Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Question and Answer Session: CY 2018 eCQM Reporting for the Hospital IQR and Promoting Interoperability Programs

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses. The questions and answers have been edited.

Electronic Clinical Quality Measures (eCQMs)

Question 1: **We are currently without a core measure abstractor. We are trying to fill in the blanks until we can hire/train someone. None of this is familiar to us. What is an electronic clinical quality measure (eCQM)? What is Quality Reporting Document Architecture (QRDA)?**

Introductory information for understanding eCQM reporting and the connection to the Hospital IQR and the Promoting Interoperability Programs can be found on the eCQM Overview page on *QualityNet*. Additional tabs of information regarding the measures, Pre-Submission Validation Application (PSVA) tool, resources, webinars, email notifications, and technical specifications are also available on the *QualityNet* website.

Webinar materials associated with eCQM reporting are posted on *QualityReportingCenter*. Hover over the **Inpatient** tab, then click on **eCQM Archived Events** at the very bottom of the drop-down box. Hospital IQR Program and policy questions can be submitted to the Hospital Inpatient Support Team at https://cms-ip.custhelp.com or (844) 472-4477.

Questions regarding the Promoting Interoperability Program (measures, objectives, attestation process, and policy) can be directed to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 2: **Does CMS expect eCQM data to match the manually abstracted data for specific measures?**

CMS does not expect eCQM-submitted data to exactly match chart-abstracted data. There are differences in the measure specifications, the way measure logic rules are written, and how those measures are drafted and implemented.

Question 3: **What is the purpose of CMS validation of eCQM data continuing from calendar year (CY) 2018 to CY 2019? Has CMS set any performance standards yet?**

The eCQM data validation process involves comparing data that are in the medical records to the data that were submitted by hospitals and/or their vendors for QRDA Category I reporting. In addition, CMS verifies that the eCQM data submitted to the Clinical Warehouse meet the measure intent. At this time, CMS continues to develop and refine the process and currently there are no performance standard requirements. Any intention to propose performance standards in relation to eCQM data validation would be signaled in a future CMS inpatient prospective payment system (IPPS) proposed rule.

Question 4: **Are there any types of penalties that can be assigned in the absence of these performance standards?**

At this time, penalties for not meeting the eCQM validation requirement would be associated with failure to submit the requested records within the time frame requested. Hospitals selected for eCQM validation that fail to submit timely and complete data for 75 percent of requested records for eCQM validation within the time frame requested will not meet the validation requirement for the Hospital IQR Program.

The information is clarified in the FY 2017 IPPS Final Rule and posted on the *QualityNet* eCQM Data Validation - Overview page at this direct link: https://www.qualitynet.org/dcs/ContentServer?cid=1228776288801&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page.

If there are further questions regarding the eCQM validation process, reach out to the validation support contractor at validation@hcqis.org. The question-and-answer tool on *QualityNet* has a specific queue for eCQM data validation questions at https://cms-ip.custhelp.com/.

Question 5: **Is this different from the data entered into *QualityNet* from the CMS Abstraction & Reporting Tool (CART)?**

Data reported to CMS using CART are specific to chart-abstracted measures and are different from data evaluated for eCQMs, which are electronic health record (EHR)-based clinical process of care measures. eCQM data must be reported to CMS using QRDA Category I files. Visit *QualityNet* to access overview information, resources, and CART training materials.

Question 6: **Is the eCQM reporting period for CY 2018 90 days long?**

eCQM submissions via QRDA Category I files should align with one calendar quarter for CY 2018 data, not 90 days. The 90-day period is only applicable to attestation for the Promoting Interoperability Program.

Question 7: **Do you have a timeline for when you expect to publicly report eCQM data?**

As we stated earlier in the webinar, public display of eCQM data on *Hospital Compare* continues to be delayed to align with the implementation of the eCQM data validation process. CMS will signal its intention in a future proposed rule and CMS will request public feedback before a final decision is made.

Question 8: **What format is used for eCQM data validation? Do we send a PDF of the medical record (as we do with chart-abstracted validation)?**

Hospitals submit medical records as PDF files via the *QualityNet Secure Portal* Secure File Transfer application. Visit the eCQM Data Validation - Overview page on *QualityNet* for details.

Question 9: **Can you speak to the zero denominator declaration and the case threshold exemption process?**

The zero denominator declaration and case threshold exemption processes are in place to prevent facilities without the appropriate number of cases from the penalties of the eCQM reporting aspect for those programs. The facilities must have EHRs certified to report the measure and zero cases that meet the criteria for a clinical quality measure (CQM) **OR** five or fewer patients who meet the

denominator. Zero denominator declarations and case threshold exemptions are entered onto the denominator declaration screen within the *QualityNet Secure Portal*. Contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or 1 (866) 288-8912 for assistance.

Question 10: **Can we submit more than the four required eCQMs?**

Yes, eligible hospitals are encouraged to report on at least four eCQMs by the February 28, 2019 submission deadline. **Update:** CMS notified eligible hospitals and CAHs participating in the Hospital IQR and/or Promoting Interoperability Program of a deadline extension for the CY 2018 reporting period (FY 2020 payment determination). The deadline was changed from Thursday, February 28, 2019 to Thursday, March 14, 2019 at 11:59 Pacific Time (PT).

Question 11: **Our vendor has stated that our eCQM submission does not necessarily have to be accurate (i.e., if the vendor has issues with the logic and the data are not accurate, the hospital can still submit the file). Is this true?**

Providers in the Hospital IQR Program annually sign their Data Accuracy and Completeness Acknowledgement (DACA) to fulfill the annual payment update requirement. As part of the DACA agreement, hospitals indicate that, to the best of their knowledge, at the time of submission, all of the information reported is accurate and complete. eCQM reporting is a required portion of the Hospital IQR Program.

Question 12: **I am a vendor, and we work with surgical centers with only Venous Thromboembolism Prophylaxis (VTE-1) and Intensive Care Unit Venous Thromboembolism Prophylaxis (VTE-2) populations. Can they submit zero denominator declarations for other measures even though they do not have initial patient populations (IPPs)?**

CMS requests that hospitals report on eCQMs which reflect their patient population. There are times when this is not feasible and hospitals are permitted to utilize the zero denominator declaration as long as both of the following criteria are met:

- The hospital EHR system is certified to report the eCQM.
- A hospital does not have any patients that meet the denominator criteria of that eCQM (within the reporting quarter).

The eCQM for which there is a valid zero will count as submission of one of the required eCQMs for both the Hospital IQR and Promoting Interoperability Programs.

Question 13: **Two eCQM feedback reports (the EHR Hospital Reporting Submission Status Report and the EHR Hospital Reporting Submission and Performance Feedback Report) in *QualityNet* are not returning any data despite the successful submission of QRDA Category I files. The other feedback reports in *QualityNet* return data and confirm this. Why would these reports not return data?**

Please contact the *QualityNet* Help Desk for additional assistance at qnetsupport@ hcqis.com or 1 (866) 288-8912.

Question 14: **What reports should we run in *QualityNet* to validate that our submission is complete for CY 2018?**

Generate the eCQM Submission Status Report to determine if production file submissions are meeting the CMS definition of successful eCQM reporting for the Hospital IQR and the Promoting Interoperability Programs.

Question 15: **Will there be a case detail report or summary report available for eCQM data validation submissions?**

The eCQM Validation Summary Report and the eCQM Validation Case Detail Report have not been released yet. They will be made available once the validation process is complete for CY 2017 data. The eCQM validation reports were built differently and are specific to the current data validation process. If you need assistance running or troubleshooting reports, contact the *QualityNet* Help Desk at qnetsupport@ hcqis.com or 1 (866) 288-8912.

Question 16: **Where are the specifications for eCQMs?**

The specifications for eCQMs are posted on the eCQI Resource Center. There is a screenshot of the location of specifications on slide 26. On the eCQI Resource Center, select the Eligible Hospitals/Critical Access Hospital eCQMs tab and apply the proper calendar year of reporting to download the appropriate updates, guides, and reference tools.

Question 17: **Where can I go to research what is in the future for eCQMs?**

CMS.gov provides a webpage for Pre-Rulemaking for Measures Under Consideration. Stakeholders are invited to submit proposed quality and efficiency measures. The page includes tabs with tools and resources. Visit the page for more details at this direct link: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Pre-Rulemaking-MUC.html.

Pre-Submission Validation Application (PSVA)

Question 18: **If we send our eCQMs as QRDA Category I files through the *QualityNet* PSVA tool and completed the meaningful use attestation and registration information in *QualityNet* for the Promoting Interoperability Program, do we still need to complete EHR denominator declarations for the Hospital IQR Program?**

Data submitters should not need to fill out denominator declarations if they reported on the acceptable number of CQMs for the Hospital IQR and Promoting Interoperability Programs via QRDA Category I files. The next step is to run the eCQM Submission Status report through *QualityNet* and use the report to confirm program requirements were met.

Question 19: **This will be the first time we are directly sending our eCQMs through the PSVA tool. Is there anything we need to do to inform CMS of our direct submission?**

There's no need to notify CMS that the QRDA Category I files are being submitted. However, after the submission, you should generate the needed EHR Hospital reports, such as the EHR Hospital Reporting – eCQM Submission Status Report available in the QualityNet Secure Portal, to ensure successful submission.

Question 20: **Is there a difference between using the PSVA tool and Secure File Transfer submissions directly to the *QualityNet Secure Portal*? Do you recommend one over another?**

The only difference is some validations performed through the CMS *QualityNet Secure Portal* are not provided as part of the PSVA validation. The PSVA tool validates the QRDA Category I file format.

The CMS data receiving system via the *QualityNet Secure Portal* performs additional checks (e.g., Clinical Document Architecture [CDA] schema, submission period dates, measure outcome information, hospital assignment of vendor authorization).

Once the QRDA Category I file is submitted to CMS as a test or production file, through the PSVA or directly through the CMS *QualityNet Secure Portal*, those QRDA Category I files will undergo additional validations. If the file continues to pass validation, it will pass to the measures engine to calculate measure outcomes. Visit the *QualityNet* PSVA page for additional information.

Question 21: **We submitted one quarter of data for CY 2018 through the PSVA tool. Is that sufficient?**

The minimum eCQM reporting requirement for CY 2018 is the reporting of at least four eCQMs for one self-selected quarter (Q1, Q2, Q3 or Q4), within the same quarter, by the February 28, 2019 submission deadline. Once the QRDA Category I files are submitted, whether through the PSVA tool or through *QualityNet*, the appropriate reports should be run. Check the EHR Hospital Reporting - eCQM Submission Summary Report to confirm you've met program requirements based on those submissions.

On slide 22, a snapshot shows the test and production data submission checklists. The CY 2018 versions of the checklists are available on *QualityNet* and *Quality Reporting Center*. One checklist outlines the submission of test QRDA Category I files. The other checklist outlines the submission of production QRDA Category I files, which count toward the Promoting Interoperability Program and Hospital IQR Program credit.

The middle of each checklist explains the data submission process through the PSVA tool and through the *QualityNet Secure Portal*. Submitters who want to know the exact step-by-step process and have all links and tools available in one document will find the checklists beneficial.

Hospital IQR and Promoting Interoperability Alignment (eCQMs)

Question 22: **Which Promoting Interoperability Program CQMs will satisfy the Hospital IQR Program requirement?**

Fifteen of the sixteen eCQMs are aligned to fulfill the CQM reporting requirement for the Hospital IQR and the Promoting Interoperability Programs with one successful submission. The ED-3 measure, CMS32v7 - Median Time from ED Arrival to ED Departure for Discharged ED Patients, is an outpatient measure and only available for reporting to the Promoting Interoperability Program. Visit the *Quality Reporting Center* website to download the *CY 2018 Available eCQMs* document from the Inpatient Resources and Tools tab. The *CY 2018 Available eCQMs* document is also posted on the *QualityNet* eCQM Measure Information page.

Question 23: **Are critical access hospitals (CAHs) required to participate in the Hospital IQR and/or the Promoting Interoperability Program?**

CAHs are encouraged, but not required, to participate in the submission of quality data for the Hospital IQR Program. CAHs are required, however, to participate in the Promoting Interoperability Program. This information is posted on the eCQM Overview page of *QualityNet*. Visit the Program Requirements – Medicare page on *CMS.gov* for details regarding the Promoting Interoperability Program reporting requirements for CAHs.

Question 24: **If we are participating in the Hospital IQR and the Promoting Interoperability Programs, do we submit our eCQM data twice?**

If you use QRDA Category I files to successfully submit the appropriate measures (with ED-3 being the exception for the Hospital IQR Program), you fulfill the CQM reporting requirement for both the Hospital IQR and the Promoting Interoperability Programs with one submission. After your submission process, re-run the EHR Hospital Reporting - eCQM Submission Status Report through *QualityNet* to confirm that portion of your reporting is successful.

Question 25: **When we submit the files through *QualityNet Secure Portal*, which program should we choose, eCQM and Promoting Interoperability and Hospital IQR?**

A table of the program names are provided on page 17 of the CY 2018 CMS IG for QRDA Category I for HQR. The document is available for download on the eCQI Resource Center. If you are reporting for the Promoting Interoperability and Hospital IQR Programs, is it best to use the appropriate program code. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or 1 (866) 288-8912.

Question 26: **Can a CAH submit eCQMs electronically through the *QualityNet Secure Portal* for the Hospital IQR Program with ED-3 as one of the measures and receive the eCQM credit for Promoting Interoperability?**

Yes. The ED-3 measure can be reported as an eCQM for Promoting Interoperability Program credit.

Promoting Interoperability

Question 27: **Is there an updated step-by-step guide to submit our Promoting Interoperability Program data or is the process the same as last year?**

The data submission process has not changed. The step-by-step guide available on the Promoting Interoperability Program Eligible Hospital Information page of the CMS.gov website will assist you with the data submission process for the Promoting Interoperability Program: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Eligible_Hospital_Information.html.

Question 28: **When attesting, we were brought to stage 2 rather than stage 3. Where do we go to get to stage 3?**

When a user locates the screen to enter objectives and measures and select a program year, the next screen allows the user to select

Modified Stage 2 or Stage 3. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or 1 (866) 288-8912.

Question 29: **In the 2019 Promoting Interoperability Program, Security Risk Analysis is not an objective measure, but it is still a requirement. Will a specification become available? I cannot find any information in the CY 2019 Promoting Interoperability Program specifications.**

The specification for Security Risk Analysis is available on the CMS.gov website: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicareEHStage3_Obj1.pdf.

Question 30: ***QualityNet*** **no longer gives the option to write in the number of specialized registries we use for the Promoting Interoperability Program. What should we do if we are attesting to two specialized registries and one other public health measure? We need a total of three to be compliant.**

Please contact the *QualityNet* Help Desk for additional assistance to address your question at qnetsupport@hcqis.org and 1 (866) 288-8912.

Question 31: **How do we find out if our attestation was accepted?**

An Attestation Summary Report is available through *QualityNet.* The report should indicate the status of the attestation and permit submitters to review the data submitted. Please contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.com or 1 (866) 288-8912.

Question 32: **If we are sending eCQMs in the form of QRDA Category I files, do we still need to complete the Promoting Interoperability Program eCQM section on the Manage Measures page of *QualityNet*?**

On the Manage Measures page, use the checkbox to indicate you are submitting QRDA Category I files for that portion; there should not

be a need to complete aggregate data. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.com or 1 (866) 288-8912.

Question 33: **To meet the requirements of the Promoting Interoperability Program, we submitted four eCQMs from a "self-selected quarter." Does that quarter need to be the same quarter for which we are attesting all other Promoting Interoperability Program requirements?**

The quarter selected to report eCQMs is not required to be the same quarter a hospital chooses to attest to the Promoting Interoperability Program requirements. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or 1 (866) 288-8912.

Question 34: **Last year, due to a system issue, we had to upload eCQM data after the attestation was performed. Is that still the process? Does it matter when our eCQMs are uploaded through the *QualityNet Secure Portal* during the Promoting Interoperability Program attestation?**

To clarify, when entering information into the Managing Measures section for the Promoting Interoperability Program, there is an attestation portion with the objectives for modified stage 2 or stage 3. Indicate if you're submitting QRDA Category I files for the CQM portion. If you are, you do not need to enter aggregate data there. Your QRDA Category I submissions will fulfill that electronic reporting requirement as long as both are completed before the February 28, 2019 deadline. **Update:** CMS notified eligible hospitals and CAHs participating in the Hospital IQR and/or the Promoting Interoperability Program of a deadline extension for the CY 2018 reporting period (FY 2020 payment determination). CMS notified the deadline was changed from Thursday, February 28, 2019 to Thursday, March 14, 2019 at 11:59 PT.

Question 35: **What is the name of the document to demonstrate successful eCQMs submission to attest for the Promoting Interoperability Program?**

There is not a document. You simply select the eCQM reporting method: electronically through QRDA or through online attestation. If you select the latter, you would include your CQM submission when you attest to your objectives and measures**.**

Question 36: **If a hospital received its Medicaid incentive payment, does the hospital need to change its application to Medicare only or does dual attestation not affect the attestation?**

This response is assuming that, in this scenario, the hospital received its final Medicaid incentive payment and needs to continue to attest to avoid the negative payment adjustment. In this situation, the hospital should complete attestation as dual.

Question 37: **If a CAH changed their EHR vendors after the fourth quarter and did not have the functionality to capture the data, would this qualify as a hardship and is attestation for CQMs appropriate?**

The CAH should attest for a 90-day EHR reporting period prior to the Health IT vendor transition. Contact the *QualityNet* Help Desk for assistance at qnetsupport@hcqis.org or 1 (866) 288-8912.

Question 38: **If we have demonstrated meaningful use last year with eCQMs, do we need to demonstrate meaningful use again this year?**

Yes, providers need to attest every year to avoid a negative payment adjustment.

Question 39: **Please verify that the Promoting Interoperability - Medicare Modified Stage 2, Clinical Decision Support and Computerized Provider Order entry is eliminated and Secure Messaging is no longer required.**

This is correct. For the Modified Stage 2 of the Promoting Interoperability Program, Clinical Decision Support and Computerized Provider Order Entry are eliminated; Secure Messaging is no longer required. Contact the *QualityNet* Help Desk for assistance at qnetsupport@hcqis.org or 1 (866) 288-8912.

Question 40: **Last year, we had issues with this statement on the Promoting Interoperability Program attestation screen: Please choose eCQM reporting method. We may submit our eCQM data after we complete the attestation, but one of the options says, "I have submitted my Clinical Quality Measures data electronically through QRDA files." The options seem ambiguous as the other option says "online." What is the option to select when using the PSVA to submit data?**

Select the eCQM reporting method on the attestation screen (either electronically through QRDA or through online attestation). If you select the latter, include your CQM submission when you attest to your objectives and measures**.** If you do not attest to your CQMs and neglect to submit your CQMs electronically, your attestation for the Medicare Promoting Interoperability Program will not be successful and you will be subject to the negative payment adjustment.

Question 41: **Can you speak to what is necessary for CY 2018 Meaningful Use reporting requirements beyond eCQM requirements?**

Data submitters would need to attest to the Modified Stage 2 or Stage 3 objectives and measures. For more information, visit the CMS.gov website to review the CY 2018 program reporting requirements: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2018ProgramRequirementsMedicare.html.

Question 42: **What are the reporting requirements for the CY 2018 Promoting Interoperability Program beyond CQM-specific reporting requirements?**

Data submitters need to attest to either the Modified Stage 2 or Stage 3 objectives and measures. For more information visit the CMS.gov website and review the CY 2018 Program Requirements: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2018ProgramRequirementsMedicare.html

QRDA Category I Files

Question 43: **Is there a size limit to zipped QRDA Category I files? If yes, should we upload multiple zipped files?**

There is not a size limit on the zip file itself, and submitters can upload multiple zip files. An individual QRDA Category I file has a size limit of 10 megabytes (MB). An initial confirmation of the zip size is not performed; the size limit applies to an individual QRDA Category I file. An individual QRDA Category I file over 10 MB will be rejected.

Question 44: **What happens if a submitted case is rejected, the hospital is unable to get it into the warehouse, and all the other cases were accepted without issue?**

It sounds like you intended to report your entire patient population for a self-selected quarter and one of your QRDA Category I files was rejected. You are asking what happens if you're unable to have the case submitted before the submission deadline.

CMS understands hospitals are still working through their data submission process, making sure patient data are there, and ensuring the system is properly mapped and all aspects of reporting are working.

If it was your intent to report on your entire patient population when a problem was detected, you tried to work with your vendor to make revisions, and you are unable to submit one or more QRDA Category I files before the submission deadline, it may be in your best interest to consider submitting an Extraordinary Circumstances Exception (ECE) application before the April 1, 2019 deadline for 2018 data. I also encourage you to visit the eCQM Overview page of *QualityNet* to review the ECE criteria and frequently asked questions.

After troubleshooting your QRDA Category I file errors, working with the *QualityNet* Help Desk and your vendor, and correcting the files to the best of your ability, we highly recommend that you wait a day after those files have been uploaded to re-run the EHR Hospital Reporting - eCQM Submission Status Report. Once you run the report, look for the Promoting Interoperability Program and

IQR-EHR fields in the top left-hand corner. If "Yes" is next to both of those programs under the Program Year is Successful header, your hospital has successfully met that requirement for CY 2018.

If you or your vendor makes any other changes to the QRDA Category I files after running that EHR Hospital Reporting - eCQM Submission Status Report, re-run the same report to make sure those QRDA Category I files are still meeting your criteria of four eCQMs from one quarter.

Question 45: **Do we use the individual license from our EHR or the overall EHR license (e.g., Epic Inpatient Suite) when adding the EHR Certification Identification Number to the QRDA Category I file?**

When you create the EHR Certification Identification Number that is required within each QRDA Category I file, the number should include every module or information technology (IT) product that was used to create that QRDA Category I file – products that capture the data, export the data, calculate, and report. For example, if the Epic Inpatient Suite was able to do all of that with one tool, then only include that when you create the EHR Certification Identification Number.

However, if you use anything else while creating and reporting QRDA Category I files, all of those modules must be included before that EHR Certification Identification Number is created. If you have an aspect of that certification that changes, and another product is used to create the QRDA Category I file, make sure that you update that EHR Certification Identification Number used in the QRDA Category I file to include the new product and ensure you're given proper credit for all of the modules or EHR product combinations used to report that data. Contact the *QualityNet* Help Desk for assistance at qnetsupport@hcqis.org or 1 (866) 288-8912.

Question 46: **Is it true that if we submit two zip files of QRDA Category I patient data, one QRDA Category I file could override the other?**

That is true if the key identifiers within the QRDA Category I file are the same. The four key identifiers for QRDA Category I files are as follows: CMS Certification Number, CMS Program Name, EHR Patient ID, and the reporting period specified in the reporting

parameters section. That is why it's very important to always run the EHR Hospital Reporting - eCQM Submission Status Report after each submission. Review the succession management section of the CY 2018 version of the CMS IG for QRDA Category I for HQR for additional details.

Question 47: **We checked the Submission Status Report and it says "Yes" to indicate we achieved successful data submission; however, in another email, it says 11 out of 19 files were not processed successfully. We cannot find any report that shows rejections.**

The EHR Hospital Reporting Submission Detail Report, available in the *QualityNet Secure Portal,* indicates how the QRDA Category I files were processed based on file-level validation and displays the conformance or error statements within rejected QRDA Category I files. Contact the *QualityNet Help Desk* for additional assistance at qnetsupport@ hcqis.com or 1 (866) 288-8912.

Other

Question 48: **If our hospital uses a vendor, do they submit the data?**

That is dependent on the agreement between the facility and the vendor. There are hospitals that choose to submit their eCQM data directly to CMS via the *QualityNet Secure Portal*. Others establish an agreement with vendors to submit their eCQM data on their behalf.

Question 49: **What is the process to apply for an ECE in CY 2019 because of an EHR change?**

The CY 2019 ECE request process and the CY 2018 process are the same in the Hospital IQR Program. Although CMS encourages all hospitals to try to report until the deadline, if you determine the ECE criteria may be applicable to your hospital, be sure to submit the ECE application and all supporting documentation by the deadline (April 1 following the applicable submission deadline; for example, April 1, 2020 for CY 2019 eCQM reporting). Visit *QualityNet* to review ECE and criteria information currently posted for CY 2018 reporting. Updates for CY 2019 will be posted later in the year.

For the Promoting Interoperability Program, visit the Payment Adjustments & Hardship Information page on CMS.gov to review the hardship process criteria to determine if this process also applies to your hospital. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or 1 (866) 288-8912.

Question 50: **Does the Value Set Authority Center (VSAC) require a license to sign up or is access free?**

VSAC requires a Unified Medical Language System (UMLS) license/account to obtain downloadable access to all official versions of value sets specified by CMS. Obtaining a UMLS license and accessing the VSAC website are free of charge.

Question 51: **If we do not understand a measure's logic, where is the best place to obtain guidance?**

Questions regarding measure logic should be directed to the appropriate issue tracker on the Office of the National Coordinator for Health Information Technology (ONC) Jira site. Slide 31 shows questions regarding eCQM specifications, such as code sets, measure logic, and measure intent should be directed to the eCQM Issue Tracker. The tracker also allows you to search for related questions. If you are not able to locate a response relative to your question, you are welcome to submit your question within the Issue Tracker and the measure developers will research and respond. For CY 2019 eCQM reporting, CMS has published eCQM Flows on the eCQI Resource Center to assist submitters to understand measure logic.

Question 52: **Are QRDA Category III files relevant to Hospital IQR Program reporting?**

Eligible hospitals report eCQMs using QRDA Category I files. QRDA Category III files are used by Eligible Clinicians and Eligible Professionals to report eCQMs. Visit the eCQI Resource Center to review posted resources.

Question 53: **We were selected for the first round of eCQM validation and we submitted records in the middle of 2018. We still haven't received eCQM validation results. Do you know when those will be released?**

CMS has stated they will notify hospitals if they passed or failed the eCQM data validation via targeted emails. The emails may be distributed by early spring 2019. You are encouraged to reach out to the validation contractor for additional details at validation@hcqis.org.

Question 54: **For dual eligible hospitals: We exhausted the funds from Medicaid. Must we continue to have an active Medicaid Portal registration?**

For this scenario, the hospital must continue to attest to Medicare every year to avoid a negative payment adjustment.

Question 55: **Can we run reports immediately or must we wait until 24 hours after submission?**

EHR Hospital Reports are refreshed overnight with the most current data and are typically available within 24 hours of generation within the *QualityNet Secure Portal*. If your reports are not available for download after 24 hours, contact the *QualityNet* Help Desk for additional assistance at qnetsupport@ hcqis.com or 1 (866) 288-8912.

Question 56: **How many patient files for a quarter do you have to upload? Is it all the files related to inpatient measures?**

Hospitals are expected to report on their entire patient population for the self-selected quarter.