Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

CY 2019 eCQM Reporting Tips and Tools 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 for grammar and/or clarity.

Question 1:	**I submitted a Test Quality Reporting Data Architecture (QRDA) Category I file via the Next Generation (NG) Hospital Quality Reporting (HQR) System. I received two emails right away showing the file was processed and my file was accepted. However, there were two emails at the same time with two different batch numbers. I only submitted one file. Why would I receive two batch numbers?**
	This question should be submitted to the *QualityNet* Help Desk via qnetsupport@hcqis.org or (866) 288-8912. Include the two e-mails and the two batch IDs when creating the *QualityNet* Help Desk ticket request to help the team investigate.
Question 2:	**Will there be another webinar regarding the Promoting Interoperability Program?**
	Any questions regarding Promoting Interoperability Program presentations on attestation, educational materials, etc. should be e-mailed to the CMSQualityTeam@ketchum.com. We also encourage you to visit the Promoting Interoperability Programs page on the CMS.gov website to review any available educational resources, posted deadlines, and program requirements. For today's webinar, the information is available on slide 29.
Question 3:	**What is the deadline for the Promoting Interoperability Program?**
	The clinical quality measure (CQM) and objective reporting submission deadline for the Promoting Interoperability Program is aligned with the electronic clinical quality measure (eCQM) reporting requirement for the Hospital Inpatient Quality Reporting (IQR) Program. The deadline is March 2, 2020, 11:59 p.m. Pacific Time (PT).
Question 4:	**Where can I find old slide decks that demonstrate the upload process for eCQM QRDA Category I files?**
	Visit the Quality Reporting Center to find archived presentations. The webinar from October 24, 2018, provides screenshots of the legacy QRDA Category I file upload process. Note, calendar year (CY) 2019 data reporting is the last year the legacy file upload process will be available. The Next Generation HQR System data submission process for CY 2020 eCQM reporting and beyond was summarized in the November 20, 2019, webinar.

Question 5: **Can I submit eCQM data today?**

The HQR System, accessible via the *QualityNet Secure Portal*, is open to receive Test and Production QRDA Category I files with a submission deadline of March 2, 2020, 11:59 p.m. PT.

Question 6: **Will the accuracy of validated CY 2019 eCQM data affect payment for fiscal year (FY) 2021?**

The accuracy of assessed eCQM data will not impact the pass-fail determination for eCQM validation used to determine the Hospital IQR Program annual payment update (APU). If the hospital is chosen as part of the eCQM validation process, it is important to meet the criteria of timely and complete submission of at least 75 percent of the records requested by CMS. Not fulfilling the overall validation requirement will give the hospital an ineligible status to receive the full APU. Please direct any additional validation questions to the eCQM validation contractor at validation@telligen.com.

Question 7: **Is it acceptable to have test patients in the submitted QRDA Category I file?**

If the intent is to only submit Test QRDA Category I files, that is fine. If you are intending to submit Production QRDA Category I files for program credit, CMS expects to receive patient files reflective of your patient population for the self-selected reporting quarter. Hospitals should ensure they submit actual patients who received care during that quarter to fulfill reporting requirements.

Question 8: **Do the quarterly eCQM files need to be uploaded by the quarter or can you submit the entire year together at one time?**

Users are able to submit multiple quarters within one batch file to the *QualityNet Secure Portal* within the HQR System. CMS expects that each QRDA Category I file within the batch represents one patient, per file, per quarter which should include all patient encounters, eCQMs, and applicable data elements for those measures. The system will break down the information that specifies which quarter of data is being submitted. When the submitter generates the reports, they will see the data for the specified quarter.

Question 9: **Will there be a webinar on the other reporting aspects of the Hospital IQR and Outpatient Quality Reporting (OQR) Programs?**

Upcoming IQR and OQR webinars are maintained and communicated several ways: The Quality Reporting Center website provides an event calendar. In addition, the *QualityNet* website offers a link to join Listserves to receive email notifications about *QualityNet* programs. This information includes program notifications (webinars, program updates educational material, etc.) and discussions. Please keep in mind that the Hospital IQR and OQR Programs are two separate and distinct programs. Information for both programs is available on the *QualityNet* website.

Question 10: **Slide 25: If there are data in a measure's initial patient population (IPP), is a zero denominator declaration required when the submission status report shows that the submission requirements are met without the zero denominator?**

In order to claim a zero denominator declaration for the Hospital IQR and the Promoting Interoperability Programs, the hospital cannot have patients that meet the denominator criteria of that eCQM, and the electronic health record (EHR) system must be certified to report the eCQM. If the patient file meets IPP, there is no need to use the zero denominator and the QRDA Category I file would be submitted for reporting to CMS.

In order to claim a case threshold exemption for the Hospital IQR and the Promoting Interoperability Programs, the hospital must have five or less discharges applicable for the self-selected quarter with an EHR certified to report the eCQM.

Question 11: **What specific security access do I need to submit eCQMs within the *QualityNet Secure Portal*?**

In addition to having a *QualityNet* account, hospitals and vendors must have the EHR Data Upload Role to upload data, run EHR reports, etc. In addition, vendors must have authorization from the hospital to upload EHR data on their behalf. Contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 for assistance ensuring the proper roles have been assigned.

Question 12: **What is the eCQI Resource Center? How does it relate to *QualityNet*? When do I go to the eCQI Resource Center instead of *QualityNet*?**

The eCQI Resource Center is the one-stop shop that provides everything associated with quality improvement and implementing eCQMs at your hospital. Reference materials, such as QRDA Category I Implementation Guide and the eCQM Implementation Checklist, provide the technical steps needed to update the EHR system and process with the eCQM Annual Update and associated addenda.

The *QualityNet* website provides policy implementation information for the aligned reporting of eCQMs to the Hospital IQR and the Promoting Interoperability Programs, including an eCQM overview and tabs on available eCQM measures, participation guidelines, resources, and webinars. Those tabs house information regarding the Pre-Submission Validation Application (PSVA) tool, the Extraordinary Circumstances Exceptions (ECE) policy, and link back to the eCQI Resource Center when technical documentation is referenced. For additional follow-up please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 13: **Can you quickly review the outcomes tab of the HQR System, or is there a resource for this? For example, what is IPP met versus numerator versus denominator?**

Visit the eCQI Resource Center website to access the HTML version for each one of the measure specifications to clarify the definition for IPP met, numerator, and denominator as they relate to each one of the measures reported. The eCQI Resource Center also offers eCQM Measure Flows specific to each reporting period for readers who may benefit from a visual representation of the measure workflow. For additional follow-up please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 14: **What if the hospital designee (hospital or vendor creating the EHR Certification ID Number for the hospital) tries to generate a CMS EHR certification ID number, but the EHR product is not available for selection because it is not yet certified or several EHR products are implemented at different times? What do we do?**

CMS recommends that the hospital designee waits to create the CMS EHR certification ID number until they can include all the products used to fulfill that definition of CEHRT (Certified EHR Technology). That CEHRT definition must include base EHR items and quality reporting criteria (C1- capture and export; C2 - calculate; C3 – report). For additional assistance, contact the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org.

Question 15: **I submitted my eCQMs to the Test system and received an email saying the file was accepted. The EHR Hospital Reporting – eCQM Submission and Performance Feedback Report in the legacy portion of the HQR System did not provide any detailed information regarding rejections, inclusion, or exclusion. Are there any reports available for this information?**

The EHR Hospital Reporting – Submission Summary Report will show the total files submitted and accepted. For error messages or details for rejected QRDA Category I files, generate the EHR Hospital Reporting – Submission Detail Report. If you want measure-based information regarding meeting the correct measure outcome, generate the EHR Hospital Reporting – eCQM Submission and Performance Feedback Report.

The Next Generation HQR System provides the following feedback information for Test and Production QRDA Category I file submissions: the File Upload History and File Accuracy results can be exported to create a CSV file to review file status and identify any errors; the Measure Results can be reviewed based on the self-selected quarter and exported for closer review; and the Program Credit report can be generated for the Hospital IQR and Promoting Interoperability Programs to determine fulfillment of the successful eCQM submission requirement for the aligned programs. For additional follow-up please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 16: **If we use a vendor for chart abstractions, will they be the ones submitting our eCQM data for 2019?**

That decision is made at the hospital level because some hospitals have different vendors who perform different activities on their behalf. In some cases, hospitals may have one vendor who submits their chart-abstracted data and another who creates their QRDA Category I files and reports their eCQMs. This is a conversation to have with your internal hospital staff to determine the ways your vendors are aligned to perform CMS reporting tasks on behalf of your hospital.

Question 17: **During the attestation process within the HQR System (after logging on via the *QualityNet Secure Portal*) there is a question asking if we will submit our CQMs now via attestation. If we submit case threshold exemptions or zero denominator declarations, how should we answer the question?**

If a hospital chooses to submit CQMs via attestation, attestation is required for all 16 eCQMs for four calendar quarters of data. Contact the *QualityNet* Help Desk for additional questions at qnetsupport@hcqis.org or (866) 288-8912.

Question 18: **Must I select the same quarter for eCQM submission for the Hospital IQR Program as the Promoting Interoperability Program or is any quarter in the calendar year fine?**

The reporting period is one self-selected calendar year quarter of data when electronically reporting CQMs to the Hospital IQR Program or the Promoting Interoperability Program. Hospitals are not required to notify CMS which quarter they will report in advance; the HQR System will determine this automatically when the definition of successful submission is met (successfully reporting on at least four eCQMs as a combination of QRDA Category I files that meet IPP, case threshold exemptions, and zero denominator declarations for one self-selected quarter by the submission deadline for the applicable reporting period). Successfully meeting the Hospital IQR Program eCQM requirement also fulfills the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program with one submission. For additional follow-up please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 19: **We will report Q1 CY 2019 data. What will be the outcome if any files outside of that quarter are included in our zip file?**

To fulfill the eCQM reporting requirement, the submitter has to ensure they are successfully reporting on four measures within the same quarter. The Program Credit Report pulls the information for one quarter and will show all measures successful submitted for the specified quarter. If the submitters included QRDA files outside of that quarter that were successfully submitted, those outcomes will show for the specified quarter when reviewed. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 20: **If the 15 available eCQMs are not applicable to our facility, are we permitted to report zero denominators for all categories to remain compliant?**

There are instances when hospitals may find the available eCQMs are not reflective of their patient population. Slide 25 provides the criteria for using case thresholds and zero denominators. The hospital EHR system has to be certified to report the eCQMs and, as you just indicated, to use a

zero denominator the hospital cannot have any patients that meet the denominator criteria of that eCQM. If that's the case, and you meet the criteria, then CMS indicates using a zero denominator declaration is permissible. If you have additional questions, please contact the *QualityNet* Help Desk qnetsupport@hcqis.org or (866) 288-8912.

Question 21: **When should we expect to see results populate in the EHR Hospital Reporting – eCQM Performance Summary Report?**

With this report, data are processed overnight. The data for the report should populate within 24 hours and become available for review. If the report does not populate within 24 hours, contact the *QualityNet* Help Desk for assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 22: **Is it safe to say that we still have time to select which quarter to submit for 2019, as long as it is done quickly since the deadline is fast approaching?**

Yes, you still have time to decide which quarter of data you'd like to submit. Keep in mind your data submission deadline is March 2, 2020, at 11:59 p.m. PT. We recommend that you generate your eCQM Submission Status Report from the legacy HQR System or the Program Credit Report from the NG HQR System to make sure the report indicates your hospital has successfully met the eCQM reporting requirement. For additional follow-up please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 23: **If we submit case threshold or zero denominator exemptions, is the reporting period one quarter?**

Yes, if that is what your hospital intended to report. Successful submission is defined as a combination of QRDA Category I files for patients who have met IPP, case threshold exemptions, or zero denominator declarations. Hospitals who wish to report more than one quarter are welcome to do so.

Question 24: **Where do we submit our numbers for objective measures?**

The submitter will need to register, attest in the web-based data collection tool, and make the decision to submit CQM data using the online tool or report using QRDA Category I files in the HQR System. Please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 to provide additional details.

Question 25:   **In test, we notice our data are not calculating correctly. The EHR vendor is addressing the file structure, but it might not be done for a week. Should we submit what we have and then submit again to overwrite?**

The recommendation is to wait for the vendor to address the file structure issue and then submit Test and Production files at that time. In addition, generate your eCQM Submission Status Report from the legacy HQR System or the Program Credit Report from the NG HQR System to make sure the report indicates your hospital has successfully met the eCQM reporting requirement. For additional follow-up please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 26:   **Do you need an updated CEHRT number to submit data to TEST via the PSVA tool?**

Yes, QRDA Category I files submitted without the correct CEHRT number in the files will receive an error message. For additional follow-up please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 27:   **If we are participating in both Hospital IQR Program eCQM reporting and the Promoting Interoperability Program, do we need to complete eCQM submission before we can complete Promoting Interoperability Program information/submission in *QualityNet*?**

Reporting does not need to be completed in any order. The submitter needs to ensure they completed reporting for the Hospital IQR and the Promoting Interoperability Programs by March 2, 2020, 11:59 p.m. PT.

Question 28:   **We are a critical access hospital (CAH) that will electronically report for the Promoting Interoperability Program. Is it required for us to submit eCQMs for the Promoting Interoperability Program as a CAH? We are not participating in the Hospital IQR Program for CY 2019.**

CAHs are required to participate in the Promoting Interoperability Program and meet eCQM reporting requirements. Visit the CMS.gov webpage to review the reporting requirements based on the reporting year. Any additional questions should be submitted to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 29:   **Is there a table that lists current CMS measures (for example, ED -1 and ED-2)?**

The list of measures is specific to each program. As an example, for the Hospital IQR Program, a list of the measures is available for FY 2021 (CY 2019) and FY 2022 (CY 2020). Visit the *QualityNet website* to review program specific measures.

Question 30:   **I completed the survey but lost the link to get my certificate. How can I access it again?**

Please send an email to asturges@hsag.com and provide the date and title of the webinar for additional assistance.

Question 31:   **I submitted Test files via the *QualityNet* Next Generation HQR System. An email confirmed the files were received successfully. However, when I go to the eCQM tab for tracking status and validation of EHR patient files, nothing comes up. I submitted a ticket with IT, and they said this is a known issue that began on January 6, 2020. Has this been resolved?**

If your ticket remains open, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 and request escalation of the issue for additional review.

Question 32:   **Must a hospital that opened in 2019 report Promoting Interoperability Program measures for CY 2019?**

The following hospitals are eligible to participate in the Medicare Promoting Interoperability Program:

- Subsection (d) hospitals in the 50 states, DC, and Puerto Rico that are paid under the Inpatient Prospective Payment System (IPPS)

- CAHs

- Medicare Advantage (MA-Affiliated) Hospitals

Hospitals that meet the eligibility requirements must submit data for a 90-day continuous period during the program year to avoid any negative payment adjustment during the payment year. Please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 to provide additional details for your question. The *QualityNet* Help Desk team will discuss documentation and requirements to see if you are a participating facility.

Question 33: **When a hospital wants to report Q2 data for eCQMs and a different continuous 90-day date range (for example, Q4) for Promoting Interoperability Program measures, which CMS EHR Certification Number should I use for the QRDA Category I export? (I assume the vendor product versions changed between Q2 and Q4, so a unique CMS EHR ID is available for each reporting period.)**

Hospitals can use two different CMS EHR Certification numbers if the CEHRT number submitted for each applicable program meets the CEHRT requirements and is applicable to that data capture and reporting period. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 34: **When is the Promoting Interoperability Program Attestation Report for CY 2019 due?**

The Promoting Interoperability Program Attestation Report is not submitted to CMS. Attestation data are submitted using a web-based data collection tool and the report is generated by the user to review the reporting outcomes. Submitters can access the report by logging into the *QualityNet* website, accessing the My Tasks page, and selecting My Reports. Next, select Run Reports and, in the program drop-down menu, select PI. The next drop-down (Report Category) will default to Promoting Interoperability CMS Reports. Once View Reports is selected, choose Hospital Reporting – PI – Attestation Summary Report. Choose the parameters for the facility and request the report. Choose Search Reports; when the report has completed processing, the user will be able to view or download the report. The deadline for submitting data to the Promoting Interoperability Program is March 2, 2020, at 11:59 p.m. PT. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 35: **Is there an amount of time we should wait after we submit our attestation and before we print our reports showing successful attestation?**

It is best to wait 24 hours after submitting attestation data to allow overnight processing to complete before accessing the Promoting Interoperability Program Attestation Report. Contact the *QualityNet* Help Desk for assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 36: **Do the Hospital IQR and Promoting Interoperability Programs have eCQMs while the Hospital OQR Program has core measures?**

The Hospital IQR and Promoting Interoperability Programs both require the reporting of a shared set of electronic clinical quality measures along with additional measures that are specific to each respective program. The Hospital OQR Program does not offer reporting of electronic clinical quality measures at this time; the Hospital OQR Program does require reporting on other standardized measures of care. Details regarding Hospital OQR Program measures are available on the Hospital OQR Program Overview page on the *QualityNet.org* website.

Question 37: **Do we need to report on all 16 quality measures electronically for the Medicare Promoting Interoperability Program even if we are submitting four eCQMs for the Hospital IQR Program?**

Hospitals have two ways to meet the Medicare Promoting Interoperability Program CQM reporting requirement: through successful electronic reporting of CQMs, which fulfills the Hospital IQR and Promoting Interoperability reporting requirement with one submission, or by attestation of all available CQMs for four calendar quarters if the hospital is only participating in the Promoting Interoperability Program. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 38: **How can a measure with cases that qualify for the population have an IPP met of 0 and an IPP not met of 0?**

Access the legacy side of the HQR System and generate the EHR Hospital Reporting – Submission Summary Report to confirm the status of all QRDA Category I files as accepted or rejected. We recommend reviewing the EHR Hospital Reporting – Submission Detail Report to generate error messages, correct the errors, and resubmit the files for reprocessing.

Submitters using the Next Generation HQR System should click on the eCQM card, visit the Accuracy Tab, update the type of submission and quarter to review submitted files, and export the results for review. Users should then review the generated error messages, correct the errors, and resubmit the files for reprocessing. Direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 39: **Regarding continuing education, if I have a room full of people attending the webinar, how does each attendee obtain the continuing education credit?**

Each attendee would need to register for the webinar separately in order to obtain a continuing education credit. The registration link is located on the webinar's flyer and Listserve. The flyer and Listserve are distributed and posted in the Events Calendar section of the Quality Reporting Center website. Please forward any additional questions to asturges@hsag.com for assistance.