



Inpatient Quality Reporting (IQR) Program

Support Contractor

Preparation Checklist for CY 2016 eCQM Reporting

Questions and Answers

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Question 1: What is the final date we can enter the four eCQMs we have picked into QualityNet?

The final submission date of the four eCQMs is February 28, 2017 by 11:59 p.m. PT.

Question 2: Where is the preparation checklist for eCQM reporting located?

The 2016 Preparation Checklist for Test Files can be located on the [Quality Reporting Center](#) website under [Inpatient], then [Resources and Tools]. Scroll down toward the bottom of the page and under the sub-header eCQM Resources is a link to the [CY 2016 Preparation Checklist – Test](#) document.



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Question 3: When do you expect the PSVA tool to be updated with the 2016 specifications?

The Pre-Submission Validation Application (PSVA) version that is currently available in production is up-to-date with the 2016 QRDA specifications and validations rules.

Question 4: If a hospital submits four ECQMs for the IQR program for either quarter three or a quarter four, will this satisfy the EHR incentive program requirement? Do we still have to submit the 16 ECQMs to attest?

Facilities that successfully submit data for at least four of the 28 available eCQMs via the QualityNet Secure Portal (QSP), will meet the eCQM Requirements for both the Hospital IQR Program and the Clinical Quality Measure (CQM) requirement for the Medicare EHR Incentive Program. Hospitals that do not participate in the Hospital IQR Program may choose to attest and submit 16 eCQMs via the CMS Registration and Attestation System.

Question 5: I submitted a QRDA test file this morning and it was rejected; however, the submission detailed report doesn't tell me why it was rejected.

Please contact the [QualityNet Help Desk](#) with this issue. Provide the batch number and a copy of the report that is displaying the rejection information/message and they will research this issue.

Question 6: When will the eCQM measures be validated by CDAC?

The validation process will be addressed in the Final Rule that will be released this August.

Question 7: Where can we find the code value set details?

The eCQI Resource Center at <https://ecqi.healthit.gov/ecqm> is a good source for information regarding the value sets. Additional information can be found on the website for the [National Library of Medicine Value Set Authority Center \(VSAC\)](#).



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Question 8: If a critical access hospital (CAH) voluntarily participates in the IQR Program, are they subject to following the electronic reporting requirement, or can they still submit their data to IQR manually?

CAHS are not required to electronically submit for the Hospital IQR Program since it is voluntary; however, CAHS are required to choose to attest to 16 eCQMs or submit 4 eCQMs to successfully meet the CQM requirement for the Medicare EHR Incentive Program. Please contact the EHR Information Center for more details: 888.734.6433 Monday – Friday 7:30 a.m. – 6:30 p.m. CT.

Question 9: Does the 15,000 file limit apply to zip files, or individual patient XML files?

The 15,000 file limit pertains to the number of files within a Zip file. A hospital may submit as many zip files as necessary to meet their reporting needs.

Question 10: Where on the *QualityNet Secure Portal (QSP)* can we find the data entry fields for these zero denominators?

The Zero denominator screen is located in the QSP on the “My Tasks” screen under the box labeled “EHR Incentive Program Hospital eCQM Reporting.”

Question 11: If the hospital’s not eligible for the Medicare EHR program but only for the Medicaid EHR program, are they still required to submit QRDA-1 files for the hospital?

Hospitals that may be eligible to participate in the Medicaid EHR Incentive Program will need to refer to their State Program Requirements. Note that all hospitals eligible for the Inpatient Quality Reporting Program will need to meet all eCQM reporting requirements to receive their annual percentage payment update (i.e., market basket update).



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Question 12: If a hospital is part of a healthcare system but it has its own CCN number, does each hospital in that hospital system submit its own data?

Yes, if each facility within the healthcare system has its own CCN, then each facility must report their data separately under their own CCN.

Question 13: How do we let CMS know which eCQMs we plan on submitting?

For 2016 reporting you do not need to notify CMS which eCQMs you are planning to submit. The Intent to Submit screen in the QSP will be grayed out. The rationale for this change is that electronically submitting is no longer an option, it is now mandatory to submit eCQMs.

Question 14: Does the EHR attestation satisfy the eCQM IQR requirement?

Attestation is only available as an option to meet the Medicare EHR Incentive Program. It will not satisfy the eCQM requirement for the Hospital IQR Program.

Question 15: What are the benefits of having a vendor submit versus a hospital?

A facility needs to assess what is best for their situation to determine if it is better to submit data from CEHRT or to engage a vendor to submit data on their behalf.

Question 16: If we can submit test files during the production submission period, how will we designate the difference so that a test file isn't used as a production file?

When you go into the Secure Portal to submit, you have the option to select either the [Production] or [Test] folder. Those files are stored separately. When you submit to the [Production] folder, you are submitting production files that count towards program credit. When you submit to the [Test] folder, those files do not count for program credit.



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Question 17: If test files are rejected or have errors, how will we know what needs to be fixed? Is it an issue with the setup of the file creation?

If your file is rejected, it is likely an issue with the setup of the submitted file. If you use the Pre-Submission Validation Application (PSVA) to test the files, when the file is generated, the tool provides a feedback file for your review.

If you choose to bypass utilizing the PSVA tool and submit the test file directly to the test receiving system within the QualityNet Secure Portal, you will want to generate the Submission Detail Report under Run Reports in the QSP. Use the batch ID to run the EHR Feedback Report or the Submission Detail report to outline any failures.

Question 18: If a user has the Security Administrator role on *QualityNet*, do they automatically have the EHR Data Upload Role?

In order to submit data files through the QSP, any user account, including that of the Security Administrator, must have the EHR Data Upload Role assigned separately. For assistance with user accounts or roles, contact the QualityNet Help Desk at qnetssupport@hcqis.org or 866.288.8912, 7 a.m. through 7 p.m. Central time, Monday through Friday.

Question 19: Can we submit test files prior to October 1, 2016?

Yes test files are now being accepted in the QualityNet Secure Portal (QSP). Facilities are encouraged to submit test files early and often. You are also encouraged to download the PSVA tool to assist with the testing process. Please be aware, the ability to test QRDA Category I files will continue at least until the production file submission period closes (February 28, 2017).

Question 20: Will we be able to run the reports at the hospitals or will those reports only be accessible to the vendor?

Hospitals and vendors will have access to run the same reports within the QSP.



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Question 21: Are we able to submit directly to CMS for test purposes through the PSVA tool?

Yes, you are able to select the Test option through the PSVA tool and submit test files to CMS. The [CY 2016 Preparation Checklist – Test](#) document provides step-by-step details of how this can be done.

Question 22: Do test files contain real patient data?

It is permissible for test files to contain patient data. The QSP is secure to receive test and production files. The PSVA is secure because it operates on your own system. As a result, there are no implications for including Personal Health Information (PHI) or Personally Identifiable Information (PII) in those files. Test files will not be reviewed by CMS or utilized to determine if program requirements have been met.

Question 23: I will be the person submitting for our 12 hospitals. Will I need to download the PSVA tool 12 times? Also, will I need to be logged into each hospital and submit separately for each hospital?

A user should be able to download the PSVA tool once and test any files that they need to submit. Upon submission to QualityNet your authorization will be validated, but a user should not be required to log in separately to submit those files.

Question 24: If hospitals have an authorized vendor for the submission, who should use the PSVA tool, the hospital or the vendor?

Either group can utilize the PSVA tool. If the vendor is preparing and sending the QRDA –I files on the facility’s behalf, the vendor would benefit from using the PSVA tool to validate the files. In situations where the vendor is only assisting the hospital with file submissions, it would be beneficial to the hospital to test files they are outputting from their certified EHR system.



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Question 25: If you have a zero denominator in your QRDA-I file, do you still have to enter zero denominator declarations in the QualityNet Secure Portal?

The zero denominator declaration is entered on the Denominator Declaration Screen within the QualityNet Secure Portal; it is not included within a QRDA Category 1 file.

Question 26: Where can we submit questions regarding the eCQM specifications?

Questions specific to the eCQM specifications should be logged in the [JIRA](#) Tracking System, which is supported by CMS.

Question 27: Our eCQM vendor is not listed on the QualityNet vendor authorization list. Please advise.

If you are using a vendor for IQR that is not currently registered on the QualityNet vendor authorization list, the hospital and/or the vendor should contact the QualityNet Help Desk to ensure that the vendor is assigned the appropriate role in QualityNet. For assistance contact the QualityNet Help Desk at qnetssupport@hcqis.org or 866.288.8912, 7 a.m. through 7 p.m. Central time, Monday through Friday.

Question 28: Where can we find out more about the IQR Program requirements, or an outline of the explanation of the penalties?

That information is available on the QualityNet.org website. Look for the [Hospital-Inpatient] dropdown menu and select the [Hospital Inpatient Quality Reporting] tab. All information regarding IQR Program requirements and penalties for failure to meet those requirements can be found in three places on the Hospital IQR Program Overview page: 1) the Reference Checklists; 2) the Program Guide for New Facilities for FY 2017; and the APU Recipients tab.



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Question 29: It was mentioned that all eCQMs are also chart-abstracted, but STK-8 and -10 are not chart-abstracted but are on the list for eCQM submission for 2016. Can you clarify?

For CY 2016 reporting, there are 8 required chart-abstracted measures (ED-1, ED-2, IMM-2, SEP-1, STK-04, VTE-5, VTE-6, and PC-01). In addition to chart-abstracting these measures for a full calendar year, hospitals are required to select at least four of the available 28 eCQMs. STK-8 and STK-10 are only available to be submitted as eCQMs.

Question 30: Although not required for IQR, my understanding is that CAHs are required to report four eCQMs or manually attest to 16 CQMs for the EHR Incentive Program (MU). Is that correct?

The reporting requirement for CAHs participating in the Medicare EHR Incentive Program can be fulfilled via two options: submission of at least four eCQMs through the QSP or aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System. Please visit the [Medicare EHR Incentive Program](#) section of the CMS.org website for more details.

Question 31: Are CAHs required to participate beyond the CY 2016 dates? Is it proposed that they submit like Acute Care beyond that CY 2016 date?

For CY 2016, CAHs are encouraged but not required to submit data for the IQR program. Any changes regarding CAH participation requirements will be outlined by CMS in future rule making.

Question 32: Are the hospitals allowed exemptions from eCQM submissions?

CMS offers a process for hospitals to request and for CMS to grant extensions or exemptions with respect to the reporting of eCQM data when there are extraordinary circumstances beyond the control of the hospital. Please visit the [QualityNet.org](#) website to review the criteria.



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Question 33: **Aside from the PSVA Manual, will there be any future PSVA live demos, from installing to uploading the files?**

Yes, future communications regarding presentation content will be distributed via ListServes as well as posted on www.qualityreportingcenter.com. Please remember there are archived presentation materials available from January 10 and March 20, 2016 posted on the Quality Reporting Center to assist data submitters to understand utilization of the PSVA tool.

Question 34: **Can a file that is not validated through the PSVA tool be submitted anyway?**

Test files and production files (fall 2016) may be submitted directly through the Secure File Transfer (SFT) in the QSP. It is highly recommended for data submitters to utilize the PSVA tool to test early and often to validate the QRDA-category 1 file structure.

Question 35: **Can a member of the hospital quality staff use the PSVA tool?**

Users with a QSP Account and the EHR Data Upload role, assigned by the QualityNet Help Desk, may download the PSVA tool to their desktop and utilize the application.

Question 36: **Can erroneous production data be deleted?**

When the QualityNet Secure Portal begins to receive production data fall 2016, data submitters will have the ability to delete erroneous production files. Please ensure when those files are resubmitted, the QRDA- Category I file includes all the episodes of care and measures associated with the patient file.



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Question 37: Can we obtain patient-level performance feedback reports following submission to QNET test, or only QNET production?

The following performance feedback reports can be generated after successfully submitting test files to the QSP: Submission Summary; Submission Detail; and the eCQM Submission and Performance Reports. The same reports, among others, will be available for generation within the QualityNet Secure Portal when production files are permitted to be submitted this fall.

Question 38: Can we submit eCQM data for three of the four measures and use the CART tool for the fourth measure?

The CART Tool is utilized for chart-abstracted data only. For CY 2016 reporting, hospitals must submit at least four eCQMs as any combination of successfully submitted QRDA -I files, zero denominator declarations, and case threshold exemptions.

Question 39: Can we use the PSVA without QualityNet access?

To use the PSVA tool you must have a QSP account with the EHR Data Upload Role assigned by the QualityNet Help Desk.

Question 40: Can you expand on the Case Threshold exemption?

The case threshold exemption can be used when both a hospital's EHR system is certified to report data as well as if there are five or fewer discharges during the relevant EHR reporting quarter. A case threshold exemption counts as a successful submission.

Question 41: Can you explain Zero denominator declarations?

The Zero denominator declaration can be used when both a hospital's EHR system is certified to report an eCQM and does not have patients that meet the denominator criteria of that eCQM. A Zero denominator declaration submission counts as a successful submission.



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Question 42: Can you overwrite the first submission?

For CY 2016, the requirement for submission of QRDA -I files is one file, per patient, per quarter. If the CCN, the patient ID, the reporting program, and the reporting period all match, a subsequent submission will overwrite the initial submission. It is important to consider that if you have different measures within the new file, you could potentially lose measures. For example, if you submit Stroke and Emergency Department (ED) measures in the first file submission, and in the second file submission, you only submit ED, only those ED measures will be recognized. That's why it's very important to have one file, one patient, per quarter and to ensure all measure information is included in one QRDA -I file.

Question 43: Can you show us examples of the three Submission Reports? Will the measure results be calculated on them?

The reports are the Submission Summary Report, the Submission Detail Report and the eCQM Submission and Performance Report located in the QSP. Examples of the reports will be featured in a future presentation.

Question 44: Do we count the eCQM records in our population and sampling numbers that have to be completed in the Portal?

Population and sampling data is not required for submission of eCQM data. It is only required for the submission of chart-abstracted measures.

Question 45: Do we know whether or not the January 1 requirement will include 16 eCQMs?

For CY 2016 reporting, hospitals are required to report at least 4 eCQMs by February 28, 2017 for the IQR program. For CY 2017 reporting, CMS will signal their intent in future interim and final rulemaking.

Question 46: Do we notify CMS prior to sending a test file?

The QSP is available now to receive QRDA Category I test files for the IQR electronic reporting requirement and does not require notification.



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Question 47: Do you have to fix the warning errors in the PSVA tool results?

Data submitters are not required to fix the warning errors received when utilizing the PSVA tool. Those will not cause the file to reject when submitting the same test file to the QSP.

Question 48: Does the patient have to be an inpatient to report on eCQM?

eCQM data for the Hospital IQR Program represents the total inpatient population.

Question 49: Does the test file email go to the secure file transfer or the user's email that is one file?

The emails regarding the accepted and processing status will be sent to the registered email on file with QualityNet.

Question 50: How do I find test files? Abstracted files or another way?

Sample QRDA Category I test files are posted on the [eCQM Library](#) on the CMS website.

Question 51: How does a hospital get a vendor authorized to submit data on their behalf?

The hospital and vendor must both have QSP accounts and obtain the EHR Data Upload role by contacting the QualityNet Help Desk. Then the hospital must go to the Authorization Screen within the QSP to authorize their vendor. For assistance with user accounts or roles, contact the QualityNet Help Desk at qnetssupport@hcqis.org or 866.288.8912, 7 a.m. through 7 p.m. Central time, Monday through Friday.



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Question 52: I take it the "one file per patient per quarter" for all visits is applicable only to inpatient visits, correct? Observation and ED visits would be excluded if the patient was not admitted as an inpatient?

One file is created for each patient. That file has to include all the episodes of care and the measures associated with that patient file. The ED-3 measure is an outpatient measure and is not applicable to the IQR program but can be reported to the Medicare EHR Incentive Program.

Question 53: How will known issues with CMS-111 when reporting via QRDA -I affect eCQM submission?

Please visit Jira to review the feedback provided by CMS on issue CQM – 1956 and other issues related to your questions regarding the ED-2 Admit Decision Time to ED Departure Time for Admitted Patients eCQM.

Question 54: If we are submitting four eCQMs for either the 3rd or 4th quarter for Meaningful Use and IQR, do we use the same reporting period for the functional measures, or is it a full year?

The reporting periods for the IQR Program and the Medicare EHR Incentive Program are aligned to reflect discharge reporting periods of Quarter 3 (July 1–September 30, 2016) or Quarter 4 (October 1–December 31, 2016) for the submission of eCQMs. The submission deadline is February 28, 2017 by 11:59 PM PT. Functional measures are associated with the Long-Term Care Hospital (LTCH) program.

Question 55: If we have our vendor specified already to enter our chart-abstracted measures, do we also have to specify them separately for the eCQMs?

A vendor must be authorized to submit eCQM data on the hospital's behalf. For assistance with user accounts or roles, contact the QualityNet Help Desk at qnetssupport@hcqis.org or 866.288.8912, 7 a.m. through 7 p.m. Central time, Monday through Friday.



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Question 56: Is the HIC number required for all Source of Payments beginning with one, or just for Medicare Source of Payment (1) for the QRDA -I files?

Please review page 12 of the 2016 CMS Implementation Guide for EPs and EHs posted on the [eCOM Library](#). The guide states the following: Patient Identification Number is required for HQR. Medicare HIC Number is not required for HQR but should be submitted if the payer is Medicare and the patient has an HIC number assigned.

Question 57: Is the PSVA version 1.1 unusable now? Do I need to switch to 1.2?

It is recommended to use the most current version of the PSVA tool which is 1.1.2.

Question 58: Is there a limit on the amount of test files you can send between now and October?

There is no limit on the number of test files which can be submitted. CMS recommends to test early and often. Testing can continue until at least the February 28, 2017 submission deadline for production files.

Question 59: Is there a report that actually shows the specific data piece that was electronically taken from the record?

Your EHR may have a report which can show you specifically where each piece of data was pulled to generate the QRDA Category I file. Please contact your internal hospital IT staff to determine if this functionality exists within your system.

Question 60: Is there an acceptable threshold of files accepted that meet the requirement of a successful submission? For example, if you submit 10,000 patients, and one patient errors out, is that considered a successful submission?

Successful submission is defined as the submission of at least four eCOMs which can be reported as any combination of accepted QRDA category I files with patients meeting the Initial Patient Population of the applicable measures; zero denominator declarations; and case threshold exemptions. The expectation is the volume of patient files submitted for either Quarter 3 or



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Quarter 4 will be reflective of the discharge reporting period timeframes.

Question 61: It is anticipated that over 75,000 new ICD codes will be implemented in October 2016. What is the anticipated impact on 4Q16 data for eQMs as a result of these codes? This occurred last year and impacted two measures during the entirety of 4Q15 until the new ICD codes from VSAC went into effect on 1/1/16.

Please visit the [Jira](#) website – a similar question was posed and is pending a response; issue CQM – 2022. This is the best forum to receive feedback and search the database to see if others in the data submitter community have resolutions to the same or similar challenges.

Question 62: Is it the eCQM Performance Summary report that shows why each case was in the denominator/numerator/IPP?

The eCQM Performance Summary report provides a summary level of measure performance calculations. This report can only be generated for the production QRDA Category I file submissions. The report that may be a better fit for this inquiry is the Submission Detail Report. This report is available now for test file submissions and in the future for production file submissions.

Question 63: My EHR does not come preloaded with the numerator and denominator built in with the diagnosis codes. We have to manually enter in the specifications for the system to pull the data. Where can I find the specifications for each measure so we can pull the appropriate case information?

[eCOM Specifications](#) can be located on the eCQM Library page on www.cms.gov.

Question 64: My facility is trying to pick the four eQMs we want to report. Any considerations we should keep in mind when deciding on these?

CMS has asked facilities to submit measure data reflective of their population. In addition, please ensure your EHR system is certified to report the eQMs you've chosen for submission.



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Question 65: My understanding is that accuracy of the data is not required, as this requirement is just to check the hospital's readiness to submit data electronically, correct?

For all measures required to be reported for the Inpatient Quality Reporting Program, hospitals must report complete and accurate data by the reporting deadlines. The Data Accuracy and Completeness Acknowledgement (DACA) which is required for all Hospital Inpatient Quality Reporting participating providers, must be completed on an annual basis in order to fulfill the Annual Payment Update (APU) requirement. For data submitted between January 1–December 31, 2016, providers will be able to complete the DACA, located in the QSP, between April 1–May 15, 2017 for FY 2018. Please note that a QRDA Category I file is considered successfully reported when the patient-level files are meeting the Initial Patient Population of the applicable measures.

Question 66: On an earlier slide it said we are required to send a file for each patient. I would have expected it to say a file for each measure, not each patient. If we are reporting 100 patients in a measure, are we sending 100 files?

The QRDA Category I files are patient-level files. Therefore, one file is created for each patient. That file has to include all the episodes of care and the measures associated with that patient file. For example, if a facility chose to report their patient-level files from the quarter 3 discharge reporting period (July 1–September 30, 2016), CMS would receive 100 individual QRDA Category I files by the February 28, 2017 11:59 p.m. PT submission deadline.

Question 67: Our hospital has not determined if a vendor will be used or if we will submit our own eCQMs. How many users can request EHR Data Upload roles for a facility?

At this time, we are not aware of a limit to the number of users with a QualityNet User account who can be assigned the EHR Data Upload role for a facility. Please contact the QualityNet Help Desk at qnetssupport@hcqis.org or 866.288.8912, 7 a.m. through 7 p.m. Central time, Monday through Friday.



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Question 68: PSVA files test files submitted. Is the content evaluated or just the format?

The PSVA tool validates file structure only. In order to have the content evaluated, data submitters are encouraged to submit their test files to the QSP.

Question 69: Should the test file just contain data for only one quarter or can it be inclusive of more than one quarter?

Test files must contain data from one calendar year quarter. Currently, providers are able to submit test files for either Quarter 1 2016 or Quarter 2 2016.

Question 70: Should we generate a Release of Information for Production files used for testing?

Utilization of the Release of Information is not required. Test files are not reviewed by CMS or utilized to determine if program requirements have been met. In addition, the Portal, where test and production files are submitted, is a secured CMS site.

Question 71: Is there a requirement for a hospital to select eCQM measures that actually have patients in the denominator? Can the zero denominator declaration be used for all four?

CMS has asked facilities to submit measure data reflective of their population.

Question 72: What does JIRA stand for?

JIRA is the name of the Office of the National Coordinator for Health Information Technology (ONC) online tracking system where all questions are submitted and tracked regarding eCQM specifications, logic, code sets, measure intent, etc. The link is <http://oncprojecttracking.org>.



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Question 73: When you say the EHR Incentive program, is this the same as Meaningful Use? If our system is set up to collect for Meaningful Use, does it mean it is set up for collecting files for eQMs as well?

The Medicare EHR Incentive Program can also be referred to as “Meaningful Use.” The EHR Incentive Program and the IQR electronic reporting requirement call for Certified EHR Technology (CEHRT) to generate the QRDA Category I patient-level files required for reporting. When QRDA Category I files are successfully submitted for the IQR program according to program criteria, credit for those submissions is also granted for the electronic reporting option of the Medicare EHR Incentive Program. There are additional reporting requirements for the IQR and Medicare EHR Incentive Programs. Please visit the [QualityNet.org website](http://QualityNet.org) for IQR reporting requirements. The CMS.gov website provides a page outlining all Medicare [EHR Incentive Program](#) reporting requirements.

Question 74: While developing measures, if the certified EHR does not capture SNOMED CT codes and only captures ICD-10 CM, ICD-10 PCS, and LOINC, then how should one proceed? The measure definitions also have SNOMED value sets.

Facilities can map their ICD-10 codes to the SNOMED Value Sets. In the Jira tool, there are several facilities asking the same questions and receiving feedback regarding this process. Please utilize the Jira issue tracker to search for CQM-1439. This will provide some details and may provide additional links to similar questions. The eCQI Resource Center provides links to the [Value Set Authority Center \(VSAC\)](#) where you can research the value sets and can also locate the [EH Measures](#) where the applicable value sets are listed for each eCQM.

Question 75: Who can help me understand if my EHR is certified? The link is somewhat confusing.

Hospitals must confirm that their EHR System is certified to either the 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) Standards on the Certified Health IT Product List which is located at: <http://oncchpl.force.com/ehrcert?q=CHPL>. The tool allows you to begin your search by vendor name. Users are then able to utilize filters on the left side of the screen to locate their product. If you are unsure, it would be best to confirm with your IT director and the EHR vendor to ensure your



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system has the proper certification.

Question 76: Who creates the QRDA –I file, the EHR vendor or *QualityNet*?

The hospital's EHR creates the QRDA Category 1 file which is submitted to CMS either by the hospital or by the vendor on the hospital's behalf for quality reporting through the QSP.

Question 77: Will the results of 2016 eCQM data be publically reported?

For CY 2016 reporting, eCQM data will not be publicly reported on the Hospital Compare website. CMS will signal, in a future Interim and Final Rule, when they intend to publically report eCQM data.

Question 78: Will there be any comparison between the eCQM patient population and ongoing abstracted measures? Is there an assumption that the numbers of cases would be close to matching?

The 2017 Final Rule is scheduled for publication August 2016. The feedback you seek may be addressed within the documentation when it is published on the Federal Register.

Question 79: Will we still be able to use a certified vendor for CY 2018 and after for submission of eCQMs?

CMS will signal their intent in future interim and final rulemaking.

END