



Inpatient Quality Reporting Program

Support Contractor

Steps to Successful eCQM Submission for CY 2015

Questions & Answers

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- Question 1:** I thought with the modification of 2015 that the Manual Attestation Portal wouldn't be open until 1/4/16 and close 2/29/16. Is the 11/30/15 deadline only if you are submitting the eCQMs electronically?
- Answer 1:** That is correct. The 11/30/15 deadline applies to the e-Reporting option of eCQM data through the *QualityNet Secure Portal* utilizing QRDA Category I files.
- Question 2:** I had previously been advised by *QualityNet* not to fill out the Intent to Submit. I have already submitted my eCQMs. Do I still need to fill out the Intent to Submit?
- Answer 2:** The Intent to Submit is not required, and you do not need to go back and fill it out.
- Question 3:** Is there another way or site for this data to be submitted other than through *QualityNet*?
- Answer 3:** The *QualityNet Secure Portal* is the only option to submit eCQM data utilizing QRDA Category I files to meet IQR Program voluntary requirements and/or the e-Reporting of eCQMs for the Medicare EHR Incentive Program. A hospital can also submit aggregate data for CQMs through the CMS Registration and Attestation System to meet the CQM requirements of the Medicare EHR Incentive Program only.



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Question 4: Is this presentation only related to CY 2015 submission?

Answer 4: This presentation is relevant for CY 2015 data submissions.

Question 5: Are the data for the eQCM and MU programs the same data that is being submitted for the Hospital IQR program?

Answer 5: There are 29 available eQCMs. Those eQCMs are applicable for the Medicare EHR Incentive Program and the Hospital IQR Program. The only difference is that the ED-3 measure is an outpatient measure and therefore not applicable for IQR. A hospital that submits data for 16 eQCMs through the *QualityNet Secure Portal* can meet both programs' requirements with one data submission.

Question 6: Are the 12 measures you showed actually required or were they just an example from the 26 available measures?

Answer 6: The 12 measures that make up the Intent to Submit screen are measures that are required in 2015 for IQR Program. Those measures can be submitted either as chart-abstracted data or as eQCMs. The reason that the Intent to Submit screen is available for you to fill out is to let CMS know if you are not going to be submitting chart-abstracted data for those measures and only plan on submitting eQCM data. So, again, it's not required that you submit eQCM data, but it is required that you submit data for those measures for the IQR Program.

Question 7: Since this is voluntary this year, we don't have to enter anything in the denominator declaration, correct?

Answer 7: If you are not intending to submit eQCM data to the *QualityNet Secure Portal* to meet program requirements but you've done all the other program requirements, whether it's chart-abstraction or the different IQR Program requirements that are out there, you do not need to enter any information in *QualityNet* either on the Intent to Submit screen or the Denominator Declaration screen. Those screens are only if you intend to submit eQCM data through the *QualityNet Secure Portal*.

Question 8: Do hospitals have to follow the same process for the mandatory 2016 submission of four eQCMs?

Answer 8: The process for navigating through the screens on the *QualityNet Secure Portal* will be much the same for eQCM data submission in CY 2016. There will be updated eQCM specifications to use along with the 2016 CMS QRDA Implementation Guide, both of which can be found on the eQCM Library page of the CMS website.

Question 9: Is the process that was reviewed for the voluntary program or IPPS requirement?



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Answer 9: The process that was covered in the webinar was for the voluntary submission of eCQM data for the IQR Program. The process for navigating through the screens on the *QualityNet Secure Portal* will be much the same for eCQM data submission in CY 2016. There will be updated eCQM specifications to use along with the 2016 CMS QRDA Implementation.

Question 10: I understand that the Intent to Submit is not required, but is the Denominator Declaration required?

Answer 10: The denominator declaration screen is not required. This screen is available for eQMs for a facility does not have patients meeting the denominator but the facility would still like to submit a zero denominator for that measure to meet program requirements.

Question 11: Are most hospitals loading via *QualityNet* or third party vendor?

Answer 11: There are hospitals utilizing both solutions.

Question 12: What is the full impact to IPPS hospitals if eCQMs are not submitted? I have the understanding that we would not meet meaningful use, which would impact our annual update. Are there other impacts to CMS reimbursement?

Answer 12: For 2015, as long as all other IQR Program requirements have been met, there is no impact to not submitting eCQMs through the *QualityNet Secure Portal*. Hospitals that are participating in the Medicare EHR Incentive Program have the option to submit their clinical quality measure data through the CMS Registration and Attestation System.

Question 13: How and where do we indicate that we are not planning to submit any eCQM's?

Answer 13: A facility does not need to indicate that it will not be submitting eCQM data.

Question 14: Could a hospital volunteer to submit even if they are meeting the requirement with chart-abstracted files for the year?

Answer 14: A hospital can submit eCQM data even if they have met program requirements with chart-abstracted files.

Question 15: Is this separate from meaningful use data submission?

Answer 15: This is aligned with the EHR Incentive Program, and submission of data through this process can meet the meaningful use clinical quality measure requirement. Hospitals that are participating in the Medicare EHR Incentive Program have the



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option to submit their clinical quality measure data through the CMS Registration and Attestation System.

Question 16: For test files, do you recommend sending all of the CQMs we are intending to attest to or just a few?

Answer 16: It may be easier to submit just a few files the first time to make sure that your files will pass through the validation process. Once you have your files free of all the validation errors, you can send larger batches of files to check the measure calculations and confirm that the files have patients meeting the Initial Patient Population for the relevant eCQMs.

Question 17: We have one EH location with only 15 measures with denominators; so, is it acceptable to submit/use one of the other measures with zero denominators to fulfill the 16 measures, or are there any negative consequences for doing this?

Answer 17: There are not negative consequences to utilizing the zero denominator declaration, and the intention of that option is to allow you to meet program requirements when your patient population does not allow for QRDA file submission for at least 16 eCQMs.

Question 18: Can we submit multiple .xml files, or do we need to zip the files if we want to do multiple files at one time?

Answer 18: You are able to submit multiple .xml files, but batches of files will be much easier to submit if you have a large number of files to upload.

Question 19: Please explain what is uploaded to *proddata* and test data.

Answer 19: The *proddata* folder is for submission of QRDA Category I files to meet program requirements. The *testdata* folder is for submission of test files to verify that the files are formatted to pass the validation process and the measures engine for measure calculations.

Question 20: Is there a size limit on the zip files?

Answer 20: There is a limit of 15,000 files that can be zipped with a maximum uncompressed .zip file size of 4 GB.

Question 21: On slide 24 you talked about an .xml or a zip file but mentioned other files that will upload but will be rejected upon processing. What type(s) of files did you say will be rejected?



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Answer 21: Any file types other than .xml or .zip files will be rejected. The .zip files will need to contain .xml files for submission. There have been .pdf documents and other file types that have been uploaded to the system. Those files can be uploaded but they will be rejected by the system once they begin moving through the validation process.

Question 22: Are there any recommended file name formats for the data files?

Answer 22: There are not official recommendations for file name formats.

Question 23: Can you run reports on test files? I have several that have been accepted but can't get any reports on these patients.

Answer 23: Reports can be run on test files. The reports that are recommended for viewing test file data are: the Submission Detail Report provides file level data, providing information regarding the initial schematron validation acceptance or rejection, complete with any errors or warnings that were found in the file. The Submission Summary Report will show the gross numbers of files submitted with validation accepted/rejected status. Finally, the eCQM Submission and Performance Report will provide eCQM calculation only on files that have passed the initial schematron validation and accepted by the Measures Engine.

Question 24: When can we begin submission of test files?

Answer 24: For CY 2015, test submission can be submitted at any time. For CY 2016, there will be information sent out letting you know when the system updates are complete and that the system is ready to accept test submissions.

Question 25: On slide 35, what is the recommended report format? Did you say TSV? It sounded like GSV?

Answer 25: The file format recommended for viewing larger reports is CSV.

Question 26: Does the Submission Detail Report display soft and/or hard errors?

Answer 26: The Submission Detail Report will display errors and warnings. Errors are messages that cause processing to stop on the file indicating that it will be rejected by the system. Warnings are notifications that not everything is completely correct in the file, but it does not stop processing and can continue through the validation checks.

Question 27: If eCQM data is submitted by a vendor on behalf of a healthcare organization, who will run the reports to determine if data is accepted or rejected and make the needed changes?



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Answer 27: The vendor will be able to view reports for the data that they submitted on behalf of the hospital and the hospital will be able to view reports displaying detail on the information that the vendor submitted for them.

Question 28: Can hospitals opt out of submission of eQMs for FY 2016 and continue to just do chart-abstracted measures?

Answer 28: For CY2016 data submission, a hospital will be required to submit data for four of the 28 available eQMs to meet program IQR program requirements. There will still be chart-abstracted measures that will need to be submitted, as well.

Question 29: eQm measure submission is voluntary for CY 2015. What is the timeline for mandatory eQm submission?

Answer 29: Mandatory eQm data submission begins in CY 2016 for the hospital IQR program. A hospital will need to submit data for four of the eQMs for either third or fourth quarter. The submission deadline is February 28, 2017.

Question 30: How does MU differ from eQm measures?

Answer 30: There is no difference in the eQMs for the Medicare EHR Incentive Program (meaningful use) and the hospital IQR program. Hospitals participating in the Medicare EHR Incentive Program have the option to e-Report eQm data which is the submission of QRDA files through the *QualityNet Secure Portal* or to submit aggregate data for eQMs through the CMS Registration and Attestation System.

Question 31: A question about Denominator Declaration Screen – if we did not choose certain measures, such as Children’s Asthma, do we still need to submit "0" on this form?

Answer 31: The Zero Denominator Declaration Screen is used to submit a zero denominator for eQMs that your EHR system is certified to submit data for but your patient population does not have patients that meet the Initial Patient Population for enough eQMs to meet program requirements. You do not have to submit data for eQMs beyond the 16 that you are reporting on.

Question 32: Where do you find the number for the customer help with eQm Submission?

Answer 32: If you have program questions about eQm data submission, you can reach out to the IQR Help Desk at 866.800.8765. If you have questions about the *QualityNet Secure Portal* screens or difficulty with submitting data, you can reach out to the *QualityNet* Help Desk at 866.288.8912.

Question 33: How often can a test file be submitted?



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Answer 33: You can submit a test file every five minutes if you want to. There's no limit on how many times you can submit test files, and you can submit the same test file over and over. The system has up to 24 hours to process your file. As soon as you get the second email saying that your files have been processed, you're able to login to the *QualityNet Secure Portal* and pull a report and be able to look at your test file data there.

Question 34: We are not planning on submitting data for CY 2015. Can we still submit test files in preparation for CY 2016?

Answer 34: You are able to submit test files at any time. The system will not be ready to accept test files based on the 2016 QRDA Implementation Guide until 2016. Information will be sent out once the system is updated and ready to accept test files based on the 2016 standards and specifications.

Question 35: What is the benefit of submitting eCQMs if we submit chart-abstracted data for 2015?

Answer 35: The benefit of submitting eCQM data is to assist with preparation for the requirement of eCQM data submission in 2016.

Question 36: If we chose an eCQM for CMS and The Joint Commission, will submission have access to that data or will it have to be submitted to The Joint Commission directly?

Answer 36: The Joint Commission and CMS have separate receiving systems for eCQM data and they currently do not share that data between the systems. You would need to submit the files to each of the systems.

Question 37: Are there changes to the QRDA format or submission criteria for calendar year mandatory 2016 3rd and 4th quarter submission?

Answer 37: There are changes to the QRDA format. You can find the CMS 2016 QRDA Implementation Guide on the eCQM Library page of the CMS website at https://www.cms.gov/regulations-and-guidance/legislation/ehr/incentive/programs/ecqm_library.html.

Question 38: Is data submitted through Midas+ considered QRDA?

Answer 38: Facilities utilizing a third-party or EHR vendor to submit their data will need to work with the vendor to determine if they are ready and able to submit QRDA Category I files to meet program requirements.

Question 39: In the Specifications Manual, under Measurement Period, what does 20XX mean?



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- Answer 39:** This would be the year, such as 2015, The year is referenced this way in the specifications because if there is not any changes made to those specifications, a new version would not need to be published each year.
- Question 40:** Who receives email notification of QRDA submission, only the person who submits or all *QualityNet* users with the EHR Data Upload role?
- Answer 40:** It would send an email to the person that submitted the files.
- Question 41:** What is the attestation period for 2015 if we are manually submitting?
- Answer 41:** Please refer to the recently released Final Rule for the EHR Incentive Program for details on submission periods for this year. You can find the rule at: <https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications>.
- Question 42:** Which measures are required (are mandatory) for a Critical Access Hospital to report?
- Answer 42:** CAHs that are involved in the Medicare EHR Incentive Program are required to submit data to meet the clinical quality measure requirement of that program. There are two options to meet this requirement, one is to e-report eCQM data through the *QualityNet Secure Portal*; the second option is to submit aggregate eCQM data to the CMS Registration and Attestation System. CAHs are not required to participate in the Hospital IQR program.
- Question 43:** When will the Clinical Quality Measures within Meaningful Use and the eCQM definitions align?
- Answer 43:** The 29 available eCQMs align across the Medicare EHR Incentive Program and the Hospital IQR program except for ED-3 which is not applicable to IQR.
- Question 44:** Are we to use the CMS specifications fully when submitting the eCQMs?
- Answer 44:** The CMS specifications do need to be followed fully when submitting data for the eCQMs. The eCQM specifications and the QRDA Implementation Guide can be found on the eCQM Library Page of the CMS website. For 2015, you will need to use the 2014 eCQM Specifications for Eligible Hospitals Update April 2014 and the 2015 CMS QRDA Implementation Guide for Eligible Professionals and Hospital Quality Reporting along with the Addendum to the 2015 CMS QRDA Implementation Guide effective July 1, 2015.
- Question 45:** When will eCQM be required over chart abstractions? Our EHR is not ready.



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Answer 45: In CY 2016, submission of data for four of the available eCQMs will be required to meet IQR program requirements. There will still be chart-abstraction requirements. CMS has not set a timeline or a plan to discontinue chart-abstraction data.

Question 46: We were told by CMS that data can be altered if using a vendor to submit our QRDA-1 file. Specifically, if information is found within an area of the record that cannot be electronically pulled, we can add the data from the *no discrete areas* in the EHR in order to support the data element requirements. Is this correct?

Answer 46: eCQM data should be pulled directly from the EHR system and should not be manipulated.

Question 47: For 2016 eCQM submission, will MU require attestation of 16 measures in conjunction with the four eCQMs required for IQR electronic submission?

Answer 47: For 2016, the EHR Incentive Program offers two options to meet the program's clinical quality measure requirement. The first option is to e-report eCQM data through the *QualityNet Secure Portal* for four of the available eCQMs. This aligns with the IQR program requirement and hospitals can meet requirements for both programs with one submission. The second option is to submit aggregate data for 16 of the available eCQMs through the CMS Registration and Attestation System.

Question 48: If facilities are working on eCQMs for 2016, they should use those actual eCQM versions for 2016?

Answer 48: The eCQM specifications that are required for CY 2016 data submission is the June 2015 Update for eReporting for the 2016 Reporting Year. These specifications can be found on the eCQM Library page of the CMS website at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html.

Question 49: Is submission of eCQMs voluntary for 2015 and then mandatory for 2016 for Q 3 and Q 4?

Answer 49: Submission of eCQM data is voluntary for 2015. In 2016, for the IQR program, eCQM data submission for four of the available eCQMs is required. Data may be submitted for either 3rd or 4th quarter of 2016 and the submission deadline is February 28, 2017.



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Question 50: Are eCQMs going to be mandated for submission for 2017? I know right now the eCQMs are voluntary?

Answer 50: Submission of eCQM data is voluntary for 2015. In 2016, for the IQR program, eCQM data submission for four of the available eCQMs is required. Data may be submitted for either 3rd or 4th quarter of 2016 and the submission deadline is February 28, 2017.

Question 51: My healthcare system represents 28 hospitals. Does each of the hospitals have to separately fill out the intent on QualityNet regarding submission and Denominator information?

Answer 51: The Intent to Submit screen is not required for the program. The Denominator Declaration Screen is not required if the facility is able to submit QRDA Category I files to meet the requirement of 16 eCQMs across three of the national quality strategy domains. The Denominator Declaration Screen is needed when the hospital wants to submit data for an eCQM that does not have patients that meet the Initial Patient Population of that measure.

Question 52: Does MU eCQM reporting also meet the IQR reporting if measures for both programs are attested to with MU attestation, or can you explain how eCQM MU reporting impacts IQR QRDA? How are those programs being harmonized or aligned for reporting?

Answer 52: Attestation of eCQM data is only applicable for the Medicare EHR Incentive Program (Meaningful Use). The Medicare EHR Incentive Program and the Hospital IQR program are aligned on submission of eCQM data through the *QualityNet Secure Portal*. Hospitals that choose the e-reporting option for the Medicare EHR Incentive Program and submit their eCQM data through the *QualityNet Secure Portal* utilizing QRDA Category I files can meet both programs with one submission.

Question 53: Is there a way to determine if we, as a hospital organization, already may have a *QualityNet* account/login?

Answer 53: A hospital can contact the *QualityNet* Help Desk and they will be able to assist with determining if you have a *QualityNet* Account and if you have the necessary roles to be able to submit eCQM data.

Question 54: Since the eCQM Submission and Performance Feedback report seems to be created for each individual patient, is there a population-level report, e.g., that would display the QRDA file that CMS produces using our patient-level data uploaded as QRDA-1 files?



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Answer 54: The eCQM Performance Summary Report provides aggregate numerical data submitted for a Reporting quarter. This report displays eCQM outcomes for files that made Initial Patient Population, Denominator, Denominator Exclusions, Numerator, Denominator Exceptions, Measure Population and Measure Observations. This report will only show information on QRDA production files.

Question 55: If we want to test the QRDA-1 files and the eCQM submission process, can we submit the quality data as chart-abstracted measures and submit the eCQM? If we do this, will the data from the chart-abstracted data be used for the public reporting and not the eCQM?

Answer 55: A hospital can submit chart-abstracted data to meet program requirements and submit eCQM data to test their readiness for the requirement in CY 2016. Chart-abstracted data will be used for public reporting. eCQM data is not being publicly reported at this time.

Question 56: When will submission information be released for the 2015 eCQM Specifications? R/T the data collection for CY 2016 Q3 or Q4 and reported by Feb 2017.

Answer 56: The eCQM specifications for 2016 reporting are available on the eCQM Library page of the CMS website at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html. The June 2015 Update for e-Reporting for the 2016 Reporting Year is the heading on the page where the file will be found.

Question 57: The Submission Detail Report example was over 1,000 pages. Can this be exported and sorted?

Answer 57: The Submission Detail Report can be requested in .csv format. This choice will allow filtering and sorting the data. This selection is available at the bottom of the Report Parameters screen on the [Report Format] dropdown.

Question 58: I do not have the option to select "EHR Incentive Program eCQM Hospital Reporting" on the *QualityNet Secure Portal*. How do I obtain that access? I am the *QualityNet* Administrator for my hospital.

Answer 58: You will need to contact the *QualityNet* Help Desk and have the EHR Data Upload role added to your *QualityNet* account.

Question 59: How can an organization compute eCQM performance results themselves? Will CMS release the computation logic?



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- Answer 59:** At this time, there is no plan by CMS to publish measure evaluation logic. Measure outcomes can be evaluated by submitting test files to CMS.
- Question 60:** Will *QualityNet* data not go out to the warehouse as it has in the past and get to The Joint Commission that way?
- Answer 60:** eCQM data will not be shared with The Joint Commission. Data will need to be submitted directly to their system.
- Question 61:** Can you explain the difference between 'electronically submitting' and 'manual attestation'?
- Answer 61:** There are two options to satisfy the clinical quality measure requirement of the Medicare EHR Incentive Program. The first option is e-reporting of eCQM data. This is the option to submit eCQM data through the *QualityNet Secure Portal* utilizing QRDA Category I files to meet program requirements. The second option is to submit aggregate eCQM data to the CMS Registration and Attestation System.
- Question 62:** As the IPPS Final Rule mandates hospitals to submit a minimum of four eCQMs from the available 28 eCQMs, will hospitals be reporting those measures in the form of numerator and denominator only for four eCQMs, or will it be patient-level data like chart-abstracted data?
- Answer 62:** This data will be submitted as patient-level data in the form of QRDA Category I files.
- Question 63:** Will the CY 2016 submission of at least four eCQMs for the IQR program also need to be sent in QRDA Cat. I format?
- Answer 63:** The QRDA Category I format is utilized for the submission of eCQM data through the *QualityNet Secure Portal* to meet the IQR program requirements in CY 2016.
- Question 64:** Is it required to submit eCQMs to CMS via QRDA-I format for EHRs?
- Answer 64:** There are two options to satisfy the clinical quality measure requirement of the Medicare EHR Incentive Program. The first option is e-reporting of eCQM data. This is the option to submit eCQM data through the *QualityNet Secure Portal* utilizing QRDA Category I files to meet program requirements. The second option is to submit aggregate eCQM data to the CMS Registration and Attestation System. In CY 2016, hospitals participating in the Hospital Inpatient Quality Reporting Program will be required to submit eCQM data for four of the available eCQMs.