



Inpatient Quality Reporting (IQR) Program

Support Contractor

Question and Answer Session I Calendar Year (CY) 2016 eCQM Reporting

Questions & Answers

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EHR Hospital Reports

Question 1: When will the *QualityNet* report function be available for providers and vendors to run reports?

There have been some issues with reports in the CMS data receiving system, including issues related to parameters, delays in processing reports, and the reports potentially dropping. At this time, these issues continue to occur intermittently. CMS has teams focused directly on triaging and troubleshooting the issues that we are seeing with reports right now, and we hope to have some resolution soon.

Effective March 20, 2017, hospitals and their vendors were able to generate the EHR Hospital Reports through the *QualityNet Secure Portal* to assess outcomes and begin process improvement activities based on CY 2016 eCQM reporting to the Hospital IQR and EHR Incentive Programs.

Question 2: I am new to eCQM. What is the purpose of the feedback report? How should we use it properly?

For electronic clinical quality measures (eCQMs), the following are three key reports that you should use to track your Quality Reporting Document Architecture (QRDA) Category I file submissions:

- The EHR Hospital Reporting-Submission Detail Report should be utilized to review rejected files for errors. This is a key report to use as you are testing and beginning submissions to the production system.
- Once your files are accepted, use the EHR Hospital Reporting-eCQM Submission and Performance Feedback Report to ensure that the measure outcomes are reflecting the patient care that you expect. Please note that this report can be generated through the Submission category.
- Finally, use the EHR Hospital Reporting-eCQM Submission Status Report to confirm that you have met the eCQM reporting requirements for the applicable programs. The report will display a "Y" for Yes for successful Meaningful Use (MU) submission and successful IQR-EHR submission.



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Question 3: What causes the following error message to occur: “Error occurred while retrieve Report Parameter Values, please contact Administrator to correct Report Meta Data!”? I just tried to run the EHR Hospital Reporting-eCQM Submission and Performance Feedback Report – IQR Report and received this error message.

This is one of the production issues that we have seen intermittently and that we have teams working on for resolution. I suggest backing out and attempting to run the report again at this point.

Question 4: There is a known issue with the eCQM submission and performance feedback reports with *QualityNet*. Do you know when this will be fixed?

At this time, the EHR Hospital Reporting-eCQM Submission and Performance Feedback Report has been disabled through the Feedback category. The report can be generated through the Submission category. Updates to the report functionality will be reported on the Known Issues document located on the [QualityNet](#) website.

Question 5: I’m logged into *QualityNet* and only see EHR Hospital Reporting-Submission Reports as an option. Feedback Reports is not listed. Please advise.

The same reports are available through the Submission and the Feedback categories, with the exception of the EHR Hospital Reporting-eCQM Submission and Performance Feedback Report, which is only available through the Submission category, at this time. If you have the Submission category, you have the ability to run those reports. If you think that you should have also the Feedback category, contact the *QualityNet* Help Desk at qnetssupport@hcqis.org or (866) 288-8912 and request a review of your user role or status to determine if you should have the Feedback category.

Question 6: On the EHR Hospital Reporting-eCQM Submission Status Report on slide 22, there are EHR and IQR Domain Counts. Are a certain amount of domains required for CY 2016?

The domain count was removed from reporting requirements; therefore, a domain count is not necessary. However, the code has not yet been removed from this report. It will be removed in a future release.



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Question 7: If we have a vendor submit the eCQMs on our behalf, is there any reason to download the PSVA? Do we only need to generate the EHR Hospital Reporting-Feedback Report to review our hospital results?

Hospitals have the option to test QRDA Category I files utilizing the *QualityNet Secure Portal* without using the Pre-Submission Validation Application (PSVA) tool. However, hospitals have found the PSVA tool to be useful as an initial tool to locate and troubleshoot validation errors that would cause the file to be rejected by the CMS data receiving system within the *QualityNet Secure Portal*.

Question 8: For Submission category reports, what dates should be entered for Upload Start Date and Upload End Date? Are these the dates covering the report?

The Upload Start Date and Upload End Date will be the date range for which the report will return cases that were uploaded. The Upload Start Date should be the earliest date for cases you uploaded. The Upload End Date should be the latest date for cases you uploaded.

Question 9: If you submit a zero denominator, will it show on the eCQM Submission Status Report?

Zero denominator submissions will display on the eCQM Submission Status Report. That report shows program success. In the Submitted category or column where it says Submitted or Not Submitted, it will display if one of the denominator declarations was indicated there.

Question 10: Which report is recommended to confirm that I have met the eCQM reporting criteria for both the Hospital IQR Program and the EHR Incentive Program?

That would be the eCQM Submission Status Report. And that is the one that has the indicator for successful program submission for each of those listed. And you want to confirm that that is a "Y" for either of the programs for which you are reporting.



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Question 11: **When we submit a test file, have rejected files, and then run the Submission Detail Report, what do we do with this information to find out how to fix the rejected files?**

The Submission Detail Report lists the conformance number(s) (CONF) and the errors that are found within a particular file.

Depending on the error, you will want to use either of the two following implementation guides:

- *2016 CMS Implementation Guide for Quality Reporting Document Architecture Category I and Category III: Eligible Professional Programs and Hospital Quality Reporting (HQR)*, also known as, 2016 CMS QRDA IG
- *Health Level Seven (HL7) Implementation Guide for Clinical Document Architecture (CDA) Release 2*, also known as, HL7 Base Standard IG

If it is a CMS error, you should say CMS_00xx, and the number you would search for in the 2016 CMS QRDA IG is the CONF number.

If it is a base standard error, again, it will just list that CONF number, and you would look at the HL7 Base Standard IG to obtain additional information on how to resolve the issue.

Reference the *QRDA Category I Conformance Statement Resource – CY 2016 eCQM Reporting* for the most commonly occurring errors. This CONF resource is posted on *QualityNet* under the Electronic Clinical Quality Measures (eCQMs) Reporting [Technical Specifications and Resources](#) web page. This troubleshooting resource is also posted on the *Quality Reporting Center* website under the Hospital IQR Program [Resources and Tools](#) web page. Questions and assistance on troubleshooting QRDA conformance issues may be submitted to the [JIRA QRDA Issue Tracker](#).

Question 12: **Is there a recommended time frame for submitting production files to generating reports?**

The reports should be available after you receive your confirmation email for your submission. Once you receive that second email, you should have data on your reports for that submission.



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Question 13: Will there be a future report created that shows the exact end data element that resulted in the measure category assignment?

We are working on a similar report. We understand that it is difficult to track down some of the issues. Although we don't have an anticipated release date for that yet, it is something about which we have received feedback and are considering for the future.

Question 14: If a hospital uses a vendor for submission, can the hospital still run the submission reports, or are these only available to the vendor?

It depends on the user roles established by the hospital. A hospital may have a vendor authorized that could run those reports and may also have basic users within the hospital who would be able to see those reports. Please have the *QualityNet* Security Administrator review the roles of the individual users and confirm those roles with the *QualityNet* Help Desk or update as necessary.

Question 15: We have two facilities. We have downloaded the PSVA tool. We can only sign in with one facility ID so that we can run the report from our other facility. How do we fix this? Do we have to download the PSVA tool for our other facility?

The PSVA tool shouldn't be specific to the facility, meaning that it is only validating the file format. If someone is using PSVA who is authorized to submit for one of those facility CCNs but not the other, the user is only able to submit on behalf of the facility for which it has authorization. PSVA does not consider authorization unless it is being used for submission. At that time, if the user is not authorized to submit for both facilities, either another user needs to submit for that facility, or have the other user download a second application. But, the PSVA isn't specific to the facility.

Question 16: Slide 11 explains the difference between the Feedback category and the Submission category. Slide 28 shows the EHR Report Overview; is this an overview about the Submission category only?

Slide 28 provides an overview of the report titles that are located under both the Feedback and Submission categories. The reports are the same under both categories, yet the parameters may differ.



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Question 17: I submitted our data for four measures for fourth quarter 2016 last week via the PSVA tool. I received the two *QualityNet* emails per each measure, and all files were accepted, with zero files rejected. When I ran the Submission Status Report, it showed that only one measure of the four was submitted and “No” to the queries for meeting Meaningful Use (MU) and eCQM. Why is that?

If files are accepted by the measure engine and zero files are rejected, but the Submission Status Report continues to show successful submission has not occurred, the next step is to review the eCQM Submission and Performance Feedback Report to review rejection errors. There is a possibility the Initial Patient Population (IPP) was not met due to missing required data elements from specific templates, e.g., the diagnosis template.

Please remember the eCQM Submission Status Report will only display submissions for those files that were submitted into the production system, were accepted, and met the criteria for each individual eCQM requirement of IPP. If you have reviewed the eCQM Submission and Performance Feedback Report and are unsure how to troubleshoot the listed errors, contact the *QualityNet* Help Desk for additional assistance to evaluate the files, at qnetsupport@hcqis.org or (866) 288-8912.

Question 18: Please confirm, only QRDA Category I files should be submitted, correct?

That is correct. File submission is defined as one QRDA Category I file per patient, per quarter, to include all episodes of care and the measures associated with the patient file. QRDA Category I files are patient-level data files.

Question 19: Why would I need the Feedback Report category if I already have the submission reports? I thought they were the same.

Vendors are only able to access the Submission Report category. The same report titles are located under each category; however, there may be different parameters.



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Question 20: I am not able to access my hospital’s report due to “all” listed and not the name of the hospital.

For assistance on accessing reports, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 21: For the eCQM Performance Summary Report, why is there no data in the denominator for the un-stratified ED measures?

There is no denominator data for the un-stratified measures because while these episodes of care made the IPP, they did not meet “In Measure Population” for this measure, which is equal to “Denominator” for ED-1 and ED-2. Until the file meets the “In Measure Population,” it is not evaluated for stratum designation.

Conformance Errors

Question 22: After we submit, we get an error saying we can’t associate my login with our NPI. What do we have to do?

The nature of the error cannot be determined based on the description provided. Locate page 20 of the 2016 CMS QRDA IG available on the [eCQM Library](#) to review how national provider identifiers (NPIs) are utilized for HQR and how they should be identified within the QRDA Category I file. If this does not address your concerns, contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 23: Is there an updated listing of the top errors that are currently being seen with submission?

The *QRDA Category I Conformance Statement Resource – CY 2016 eCQM Reporting* is a CONF resource posted on *QualityNet* under the Electronic Clinical Quality Measures (eCQMs) Reporting [Technical Specifications and Resources](#) web page.

This interactive resource guide for troubleshooting QRDA Category I conformance errors is also available on the *Quality Reporting Center* website under the Hospital IQR Program [Resources and Tools](#) web page. A webinar



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was hosted February 17, 2017, entitled [How to Correct Common Schema Validation Errors for 2016 QRDA I Submissions](#) and is posted on the [eCOI Resource Center](#) beneath the QRDA Educational Resources heading.

Question 24: **During my facility’s first validation test, we received the error “Patient Characteristic Payer,” which prompted translating our coding standard from 96 to 96^SOP. We did a PSVA validation on Friday, and it is still returning same errors. Would CMS consider a bypass of this error or workarounds?**

Review page 29 of the 2016 CMS QRDA IG available on the [eCQM Library](#) to review the Patient Characteristic Payer Template requirements. If this does not address your concerns, contact the *QualityNet* Help Desk for additional assistance at qnetssupport@hcqis.org or (866) 288-8912.

Question 25: **I would like to know more about the stratum timing issue for ED-1 and ED-2. We were told it was a known issue for 2016 by our submission vendor. Our stratum is also zero, as another caller mentioned, but the question was to be taken off line.**

There is a “Hospital Quality Reporting System Electronic Health Records (EHR) Known Issues” document (which includes eCQMs for the Inpatient Quality Reporting Program) available for download from www.qualitynet.org. You can find the document in the lower left hand corner of the home page, under Know Issues – Hospital Reporting > Inpatient > EHR Incentive Program. The issue dated 2/17/17 describes an issue with the eCQM Performance Summary Report whereby the IPP case numbers for measures that contain strata need to be totaled across all represented populations in order to determine the total IPP count for the measure.

Please see the *Pioneers in Quality: Expert to Expert* slide presentation (direct link) https://www.jointcommission.org/assets/1/6/piq-ExperttoExpert_eED-1_eED-2.pdf, in particular, slides 21–22, slides 25–26, and slides 35–36 for details regarding issues with the eCQM specifications for the 2016 reporting period. If your question is not answered in the slide presentation, you may enter an issue through the [CQM Tracker JIRA project](#), and the measure developer will be able to respond to your question.



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Critical Access Hospitals (CAHs)

Question 26: Please address if CAHs are required to report eCQMs for the Hospital IQR Program.

In terms of the Hospital IQR Program, with respect to impact on payment adjustment, which only applies to eligible hospitals (EHs) paid under the Inpatient Prospective Payment System (IPPS), CAHs are not required to participate in the Hospital IQR Program but are highly encouraged to voluntarily report quality data, including eCQM data.

Question 27: Since CAHs are not required to submit for the Hospital IQR Program, will there be a “Y” for Successful MU Submission and an “N/A” for Successful IQR-EHR Submission?

There will be a “Y” for both Successful MU and Successful IQR-EHR Submission.

QRDA Category I Files

Question 28: My hospital is submitting four stroke measures for eCQMs for quarter four. Can you clarify the IPP, which is the initial patient population, for the QRDA files to submit? Will the QRDA files only consist of those patients who meet the IPP for stroke measures, or will it consist of all the inpatient discharges during quarter four?

The clarification in regards to the IPP is, the patient must be 18 years or older, and must have an active diagnosis starting within that encounter, as well as, the other specified criteria in the [eCQM specifications](#). The question – will the QRDA file only consist of those patients who meet the IPP – is dependent on how your system generates your QRDA files and the triggers. We suggest discussing this topic with your EHR vendor.



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Question 29: We were asked by our EHR vendor to provide certain parameters that were to be part of the QRDA Category I file. One grouping of those was the legal parameters, e.g., legal entity assigned person, etc. We know what to provide for that and the other associated legal parameters, but we do not know what to provide for Legal Time, which is to be in the format of YYYYMMDDHHMMSS. Can you tell us what CMS is looking for in the Legal Time?

Review page 42 of the [2016 CMS QRDA IG](#) for additional details. The Legal Authenticator indicates a time value. If this isn't what the vendor is requesting, please contact the *QualityNet* Help Desk for additional guidance at qnetsupport@hcqis.org or (866) 288-8912. Additionally, this data element may be discussed in the HL7 Base Standard IG.

Question 30: We currently have five remaining errors when sending the test through the PSVA tool. These errors are all CMS_0062 errors. My EHR vendor says this will not affect our submission. I was under the impression that we had to submit an error-free file and that any errors would reject that patient QRDA file. Do we need to make sure all CMS_0062 errors are resolved?

CONF: CMS_0062 is a file-validation error, which will cause the file to reject when attempting to submit the QRDA Category I file for test or production eCQM reporting.

CONF: CMS_0062 is generated in any one of the following scenarios:

- The Encounter Performed Admission Date (effectiveTime/low value) included in the QRDA Category I file occurs after the Encounter Performed Discharge Date (effectiveTime/high value).
- The Admission Date or Discharge Date values are null.
- The values were entered in an invalid format.

A ListServe was distributed on September 12, 2016, to help hospitals troubleshoot this specific error. In addition, this conformance error is outlined in the [QRDA Category I Conformance Statement Resource – CY 2016 eCQM Reporting](#) posted on the *Quality Reporting Center* website. The only messages the CMA data receiving system generates that will not cause a file to reject are warning messages.



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Question 31: **When does an inpatient encounter really start? Is it when the admit order was obtained, or is it when the patient actually arrived in the inpatient nursing unit?**

It is best to consult the eMeasure specification for greater detail. The specifications are posted on the [eCQI Resource Center](#). If you have additional questions regarding interpreting the information, it is best to post your question to the [JIRA website](#). JIRA has a direct line to the measure stewards who can review and provide that level of guidance on the data in the file.

Question 32: **Can you review how we would correct an Extensible Markup Language (XML) file that gets rejected?**

Additional details are needed in order to assist you to troubleshoot rejected files. Contact the *QualityNet* Help Desk for questions at qnetsupport@hcqis.org or (866) 288-8912.

Question 33: **When we submit VTE-2 data from our EHR into the PSVA tool, we get good and bad files. Our electronic medical record (EMR) vendor states that bad files are QRDA III files. Does this format of the QRDA III files come from our EMR vendor?**

The PSVA tool does not process QRDA Category III data files, which are aggregate files. The PSVA tool is used to validate QRDA Category I files. Files that have conformance errors cause the files to be rejected, which means the files cannot be validated by the PSVA tool. At that time, the data submitter should work with the vendor to resolve the issues and then resubmit the files until they are accepted by the PSVA tool. Webinar materials from January 20 and March 10, 2016, which outline the steps to test files with the PSVA tool, are posted on the [eCOM Archived Events](#) web page of the *Quality Reporting Center* website. Contact the *QualityNet* Help Desk for additional questions regarding utilizing the PSVA tool at qnetsupport@hcqis.org or (866) 288-8912.



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Question 34: We have received errors in our rejected file. How do we correct them?

You will want to run the Submission Detail Report. Using the messages for each file on that report, you can use either the 2016 CMS QRDA IG or the HL7 Base Standard IG to troubleshoot the errors that require resolution before the file will be accepted by the CMS data receiving system in the *QualityNet Secure Portal*.

Submission

Question 35: I thought the submission deadline for submitting eCQMs was February 28, 2017, for CY 2016 data. What is the new date and why did it change?

The new date is March 13, 2017. A ListServe was distributed January 17, 2017, to let people know that the submission deadline had been extended. This was done to assist hospitals by providing more time as they were working on their submissions and being responsive to the needs of the data submitter community. Again, March 13, 2017, is the new submission deadline for CY 2016 eCQM data.

Question 36: I noticed the reporting period is 7/1 thru 9/30, which is a quarter, but is greater than 90 days. Do we have to report for only 90 days vs. a quarter (which is usually 91 to 92 days)?

CY 2016 reporting of eCQMs for the Hospital IQR Program and the CQM electronic reporting option for the Medicare EHR Incentive Program requires reporting either quarter three or quarter four 2016 data. Stipulations regarding any 90-day reporting period are specific to the attestation requirements for the EHR Incentive Program.

Please contact the Electronic Health Record Information Center (EHRIC) for additional information at (888) 734-6433; press option 1. EHRIC is open Monday through Friday from 6:30 a.m. to 5:30 p.m. ET, except federal holidays.



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Question 37: **What happens if a CAH is not able to complete one of the measures, specifically MU measure 3?**

Please contact EHRIC for additional information about MU requirements at (888) 734-6433; press option 1. EHRIC is open Monday through Friday from 6:30 a.m. to 5:30 p.m. ET, except federal holidays.

Question 38: **If our EHR vendor is not ready to submit accurate data for QRDA Category I files, should we be submitting CQM data for the same measures manually through the EHR Incentive Program website?**

IPPS hospitals are required to participate in the Hospital IQR Program, and a successful submission is defined as reporting on at least four eCQMs as a combination of QRDA Category I files, case threshold exemptions, and/or zero denominator declarations. Meeting this submission requirement also satisfies the CQM electronic reporting option requirement of the Medicare EHR Incentive Program.

Aggregate CQM data on 16 of the available CQMs can be attested through the CMS Registration and Attestation System, but this is not in alignment with the Hospital IQR Program; therefore, there is no resulting aligned credit. If your hospital is required to complete the eCQM reporting requirement for the Hospital IQR Program, your hospital is at risk of not receiving your annual payment update under the Hospital IQR Program. Review the criteria for an eCQM-related [Extraordinary Circumstances Extension/Exemption \(ECE\) request](#), available on *QualityNet* to determine if this may assist you for the Hospital IQR Program.

Question 39: **Any word on a change to the EHR attestation deadline so that it coincides with the new IQR eCQM deadline?**

On February 6, 2017, CMS announced the attestation deadline for providers participating in the Medicare EHR Incentive Program was extended to Monday, March 13, 2017, at 11:59 p.m. ET.



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Question 40: If the submitter chooses the CMS Program Name of HQR_EHR, will the hospital only receive credit for a submission to the Medicare EHR Incentive Program?

If the submitter intends to obtain dual program credit for the Hospital IQR and Medicare EHR Incentive Programs and reported under the HQR_EHR program name, credit would be awarded for both programs, regardless of the program name originally utilized. Review the [CMS CY 2016 QRDA IG](#) posted on the [eQOM Library](#).

Question 41: I know it clearly states on the MU Attestation page that we have two options to meet the CQM requirement of the EHR Incentive Program. Can we choose to submit 16 CQMs on the MU Attestation website and also submit the four eCQMs in *QualityNet* website?

The attestation data are submitted through the CMS Registration and Attestation System, whereas reporting on four eCQMs is completed through the *QualityNet Secure Portal*.

Submitting 16 CQMs via attestation will not provide aligned credit for the Hospital IQR Program; however, it will fulfill the Medicare EHR Incentive Program CQM reporting requirement.

Please contact EHRIC to determine if any issues would result from a dual submission, at (888) 734-6433; press option 1. EHRIC is open Monday through Friday from 6:30 a.m. to 5:30 p.m. ET, except federal holidays.

Question 42: When reporting your eCQM for Eligible Provider (EP) for Meaningful Use (MU) and Physician Quality Reporting System (PQRS), I was under the understanding that you submit a QRDA III file. Is this correct?

This webinar pertains to the Hospital IQR Program. For questions regarding submissions for PQRS, please contact the *QualityNet* Help Desk at qnetssupport@hcqis.org or (866) 800-8756.



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Question 43: We have hospitals receiving notifications from CMS stating that their attestation for the EHR Incentive Program is pending e-reporting until it is confirmed they've successfully submitted eCQMs. Their data were submitted to PROD a month ago, and we have the *QualityNet* reports for confirmation; can you clarify the timeline around the attestation approval, as our hospitals are concerned it won't be approved prior to the submission deadline?

Hospitals that submitted their CQMs electronically will see "Pending eReporting" now that the submission period has closed. Once the submission deadline passes, the reporting outcomes are transmitted, and the eCQM status will change to either "Locked for Payment" or "Expired."

If the message reads "Locked for Payment," the Medicare EHR Incentive Program is indicating that the hospital completed the electronic reporting option for CQMs successfully. If the message reads "Expired," the message is indicating that the hospital did not complete the CQM electronic reporting option successfully. For assistance on the CMS Registration and Attestation System, contact EHRIC at (888) 734-6433; press option 1. EHRIC is open Monday through Friday from 6:30 a.m. to 5:30 p.m. ET, except federal holidays.

Question 44: If more than four eCQMs are submitted successfully, will that cause any issues?

Hospitals are encouraged to submit **at least** four eCQMs that are representative of their patient mix. Submitting data on more than four eCQMs should not cause any issues with regard to meeting program requirements.

Question 45: Can I submit once and have that count towards both the Hospital IQR Program and the EHR Incentive Program?

Yes, if a facility successfully reports on a minimum of four eCQMs as a combination of zero denominator declarations, case threshold exemptions, and QRDA Category I files for quarter three or quarter four, through the *QualityNet Secure Portal* before the March 13, 2017 deadline. Successful submission would count as aligned credit for both programs. Please review the CMS.gov website to review all other EHR Incentive Program reporting requirements and the QualityNet website for Hospital IQR Program reporting requirements.



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Question 46: Does our eCQM reporting period have to match our Meaningful Use reporting period?

The eCQM reporting period is based on calendar-year quarters. The EHR Incentive Program (Meaningful Use) reporting period remains 90 consecutive days. Please contact EHRIC to address any questions regarding Meaningful Use/Medicare EHR Incentive Program at (888) 734-6433; press option 1. EHRIC is open Monday through Friday from 6:30 a.m. to 5:30 p.m. ET, except federal holidays.

Question 47: Please define what counts as a successful submission of an eCQM for CY 2016 reporting.

Successful submission is identified as a combination of reporting on at least four eCQMs for quarter three or quarter four, as a combination of either QRDA Category I files, zero denominator declarations, and/or case threshold exemptions.

Question 48: How do we know if we met the CMS CY 2016 eCQM reporting requirement?

A hospital may verify eCQM data submission by reviewing the eCQM Submission Status Report within the *QualityNet Secure Portal*. If at least four eCQMs are noted as Submitted, the eCQM requirement for the Hospital IQR Program and the CQM requirement for the Medicare EHR Incentive Program have been met. Please note, if additional files are added, deleted, and/or resubmitted, you will need to rerun and verify requirements have been met.

Question 49: When I did a test submission, it came back with one file that was rejected because of a date error. All of the rest of the files were accepted, and there were no errors. Would this constitute a valid submission, or would I have to have all files accepted?

If one file within a batch was rejected by the CMS data receiving system and the hospital intended for the file to be considered as part of the total patient population, there may be a system issue that should be addressed. Efforts should be made to address the errors in the file and resubmit it. The remaining files will be acceptable.



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Question 50: For QRDA files that have multiple encounters, what if one of the discharge dates is outside the reporting period? For example, there are three encounters in the file for quarter four, yet one of the encounters has a discharge date of January 3, 2017. Will CMS accept this file?

QRDA Category I files that contain an encounter where a discharge date falls outside the reporting period will not be rejected by the CMS data receiving system. In this scenario, if the file contains three encounters in the file for quarter four, with one encounter that has a discharge date outside the reporting period, the system will still accept the three encounters.

Question 51: Are all files created expected to be submitted without rejection; 100 percent acceptance rate, or is there an acceptable rate of compliance?

CMS expects the reporting of eCQMs to be representative of the total patient population for the time frame in question. Rejected cases should be evaluated and resubmitted accordingly. CMS acknowledges that hospitals may not be able to remedy errors, including the EHR vendor's inability to generate a "fix" prior to the submission deadline. CMS recommends that affected hospitals submit an ECE request form requesting to waive the requirement to submit 100% of the required QRDA files by the submission deadline.

Question 52: If we submit the QRDA files through CMS, do we need to fill in zero denominators, and other case threshold exemptions, or will the processing of the QRDA files answer those questions on the *QualityNet Secure Portal*?

Those fields would only be completed on the Denominator Declaration screen within the *QualityNet Secure Portal* if the hospital meets the criteria to declare zero denominator or case threshold exemptions. If your hospital EHR does not meet that requirement, then the hospital would submit the QRDA Category I files, and there would be no need to utilize the Denominator Declaration screen.



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Question 53: **Where can the Denominator Declaration screen be found?**

The Denominator Declaration screen is located within the *QualityNet Secure Portal* under [Quality Programs] > [Hospital Quality Reporting] > [My Tasks] > [EHR Incentive Program Hospital eCQM Reporting] > [eCQM Intention/Denominator Declaration/QRDA File Deletion].

Question 54: **If we are working with a vendor, are we required to enter any information into the Denominator Declaration for the eCQM section?**

It is best to coordinate with your vendor to clarify the reporting mix. If zero denominators and/or case thresholds can be utilized, ensure the data are manually entered into the Denominator Declaration screen correctly.

Question 55: **If we are submitting without a vendor, what number do we put in the provider space?**

Locate the 2016 CMS QRDA IG available on the [eCQM Library](#). Contact the *QualityNet* Help Desk for additional questions (qnetssupport@hcqis.org; 1-866-288-8912).

Question 56: **Do hospitals need to enter “eCQM Intention/Denominator Declaration” numbers for each eCQM submitted through either the PSVA or online via the *QualityNet* Secure Portal? If so, would it be correct to assume that the “eCQM Intention/Denominator Declaration” for each must match the results of the final production submission?**

For CY 2016 reporting, hospitals are not required to notify CMS which eCQMs will be submitted. The intent-to-submit screen (IQR Measure Selection Intention) within the *QualityNet Secure Portal* has been grayed out and is inaccessible.



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Question 57: Since IQR and Meaningful Use (MU) have mutual e-measures, are the MU measures also due March 13, 2017, to align with the IQR extension?

The eCQM extension is for both the Hospital IQR Program and the Medicare EHR Incentive Program (MU) submissions.

Question 58: How does CMS plan on confirming the e-measures [eCQMs] that their software has identified in the QRDA files, actually are the measures selected since hospitals did not have to select measures in the *QualityNet Secure Portal* this year?

Confirmation is achieved based on the measure IDs contained within the QRDA Category I file. The CMS data receiving system will read the IDs out of the file, which should allow the hospital to confirm that the measures you intended to report are the ones that were reported through the *QualityNet* EHR reports.

Question 59: We are having difficulty understanding if the eCQMs reported through the *QualityNet Secure Portal* need to be accurate or not. Our EHR vendor understands that they do not have to be accurate, but we need to sign the Data Accuracy and Completeness Acknowledgment (DACA), which states we are attesting to accurate data. If the QRDA-I file doesn't need to be accurate, do we have to submit accurate data elsewhere? Can you please clarify?

Hospitals must report accurate data to the best of their knowledge at the time of submission, as indicated in the DACA. CMS understands that there is still a lot of learning with the EHR process and the QRDA process and that submission quality will improve over time. CMS will begin validating CY 2017 data in spring of 2018, and performance will be scored at that time. Note: the accuracy of eCQM data will not affect a hospital's validation score for the FY 2020 payment determination.

Question 60: How long after the test and/or production files were submitted, does the second email with details of the processed file come?

You should receive the second email within 24 hours of the submission. If the email is not received after 24 hours has elapsed, please contact the *QualityNet* Help Desk at qnetssupport@hcqis.org or (866) 288-8912.



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Question 61: Can we submit our final QRDA Category I files through the PSVA tool?

Yes, production files can be submitted through PSVA. At that time, confirm your submission. The data submitter should receive two emails after the submission: the first to confirm that the file uploaded successfully, the second to confirm processing of the file and outcomes. At that time, the data submitter should access *QualityNet* and utilize the EHR reports to ensure your data have been received as expected.

Question 62: When we ran our test submission through the PSVA tool, we did not have any files that were rejected. However, when we submitted our production data, one file was rejected. How do we see the reason this file was rejected?

The PSVA tool currently does not perform the comparison with the Clinical Document Architecture (CDA) that is performed by the CMS data receiving system. Access the *QualityNet Secure Portal*, and generate the Submission Detail Report to identify errors within rejected files.

Question 63: Can each measure be submitted in different files at different times, or does it all need to be done at one time?

The CMS data receiving system is expecting one file, per patient, per quarter. You should include all of the eCQMs and all of the encounters for that patient in one file to avoid patient data being overwritten.

Question 64: I will be submitting files through the PSVA tool. Are there certain reports to run and check in the PSVA tool, or do I run the reports in the *QualityNet Secure Portal*?

For the PSVA, the tool does provide an Excel list of the errors if a file doesn't pass validation. So, you would use the same process to look up the errors there. Once you have submitted the file to CMS, then you should utilize the EHR Hospital reports available on *QualityNet*.



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Question 65: **Is it recommended to submit test data before production data? Do we still have time since the deadline is right around the corner?**

Hospitals overall have indicated they are experiencing greater success testing files and troubleshooting file-validation errors before submitting production files. Hospitals and their vendors have access to the PSVA and the *QualityNet Secure Portal* test and production system until March 13, 2017.

Question 66: **If a hospital submits same/similar ZIP file repeatedly, with each subsequent submission including corrections, I understand old patient data get overwritten with new – when CCN + Program Name + Patient ID + Reporting Time Period are identical. When reports are run, does the Submitted Files count include the duplicated submissions, or is that a unique patient count?**

Simplified example: Hospital has 10 STK patients. On Day 1, we submit all ten; eight have errors, they're fixed, and on Day 2, all ten re-submitted; now four have errors, they're fixed, and on Day 3, all ten are resubmitted. Is the Submission Files count going to be 10 or 30 if the report uses an Upload Date range that spans all three days?

The response to the general question and simplified example differs based on the report generated. Some of the EHR hospital reports show all submissions, while some only report on the most recent production submissions.

The EHR Hospital Reporting – Submission Detail Report includes all submissions for a particular provider within the user-specified date range. This report will display the feedback messages associated with the validation of each file that was submitted.

The EHR Hospital Reporting – Submission Summary Report displays counts of accepted, rejected, and deleted files; and the count of eCQMs in those files. The file counts are counts of the total number of files submitted, accepted, deleted, and rejected.

The EHR Hospital Reporting – eCQM Submission Status Report is a per-provider report of the status of individual eCQMs and the dates and times they were submitted to CMS under the EHR Incentive Program. This report is applicable to production data only. This report does not display individual file counts, but the date and time of the last status change for



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Submission Status for the submitted, zero denominator declaration, and case threshold exemption declaration options. The value is N/A for Submission Status of Not Submitted for each individual eCQM.

The EHR Hospital Reporting – eCQM Submission and Performance Feedback Report displays detailed information for selected patient encounters and the related eCQM performance. The report includes only **accepted** submissions for a particular provider within the user-specified date range. At a minimum, there is one measure message for the final population outcome for each eCQM related to a patient episode of care associated with the uploaded record(s).

The EHR Hospital Reporting – eCQM Performance Summary Report provides information on the summary of eCQM performance calculations. The report displays aggregated totals of eCQM outcomes for IPP, Denominator Population, Denominator Exclusions, Numerator Population, Denominator Exceptions, Continuous Variable, and Performance Score for each patient encounter and eCQM submitted through the CMS data receiving system. The report excludes test submission data and duplicate eCQM submissions from the aggregated totals.

Question 67: **The email confirmation that is received after files have been uploaded and processed does not include the facility number. Could this number be added because it gets difficult when submitting data for multiple facilities?**

CMS will take this recommendation under consideration.

Question 68: **Would you recommend using the PSVA or *QualityNet Secure Portal* to submit the files?**

There is no recommendation regarding use of the PSVA tool versus the *QualityNet Secure Portal*. It is a matter of preference for the data submitter. The data will ultimately be processed by the *QualityNet Secure Portal*, no matter the method of data submission.



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Question 69: **Where is the PSVA located for download?**

The PSVA is available within the *QualityNet Secure Portal*. Use of the tool requires a *QualityNet Secure Portal* user account and the EHR Data Upload Role assigned by the *QualityNet* Help Desk.

Question 70: **If a vendor is submitting the files, who receives the email notifications, the hospital or the vendor submitting the files?**

For this scenario, the notification emails would be sent to the vendor submitting the data on the hospital's behalf. The emails are sent to whoever is submitting the data.

QualityNet Secure Portal

Question 71: **What roles can submit eCQMs?**

To submit eCQM data, the hospital and/or vendor(s) must contact the *QualityNet* Help Desk and request the EHR Data Upload Role. A hospital has to complete the vendor-authorization process to allow a vendor to submit on its behalf. Please contact the *QualityNet* Help Desk for assistance (qnetsupport@hcqis.org; (866) 288-8912).

Question 72: **We are a part of a healthcare system that is made up of multiple facilities. The main hospital has been working with our EHR company in developing the QRDA file. For the file settings, should the information for our smaller facility be listed as the custodian or authenticator or both?**

The response to this question is dependent on whether the smaller facility is reporting under its own CCN or under the CCN of the main hospital. The designation of custodian is tied to the CCN. The legal authenticator is considered the person ultimately responsible for making sure the data are accurate within the hospital or hospital system, and this designee can differ, depending on hospital protocol. Please contact the *QualityNet* Help Desk for additional assistance (qnetsupport@hcqis.org; (866) 288-8912).



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Question 73: We have identified and added our EHR vendor last summer. Do we need to add or update again if the vendor still is reflected in *QualityNet*?

An update is not needed if you have confirmed the correct vendor is authorized to submit data on your behalf.

Program and Policy

Question 74: I read on the *QualityNet* website that the eCQM data for CY 2016 and CY 2017 will not be reported to *Hospital Compare*. Is this the final rule, or will it change at some point this year?

Public reporting of eCQM data on *Hospital Compare* has been delayed until further notice. Public reporting of eCQM data will be addressed in a future CMS IPPS rule.

Question 75: Could you please explain what IPP stands for and what it means?

IPP stands for initial patient population. The IPP is comparable, when reviewing chart-abstracted measures, to the specific patient population that the measure stewards have defined to be included in the measurement for a particular eCQM.

Question 76: Can clients submit different measures for each quarter, or do they have to continue submitting the ones they originally started with?

With regard to CY 2016 reporting, hospitals are required to submit data for either quarter three or quarter four. When considering CY 2017 eCQM reporting requirements, hospitals can select different measures from what they reported for CY 2016; however, they are expected to report the same selected measures throughout the CY 2017 reporting period.

Question 77: Can a hospital use a flow sheet or another noncertified source to input and capture data in the EHR for CY 2016?

Yes, that is permitted and may be especially helpful for hospitals that are transitioning EHR systems.



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Question 78: **What is the penalty for not reporting eCQMs in the Hospital IQR Program?**

Hospitals unable to meet IQR program requirements may receive a one-fourth reduction of the applicable percentage increase in their annual payment update (APU) for the applicable fiscal year. Please contact EHRIC regarding any payment impacts related to the requirements of the Medicare EHR Incentive Program to determine if any issues would result from a dual submission, at (888) 734-6433; press option 1). EHRIC is open Monday through Friday from 6:30 a.m. to 5:30 p.m. ET, except federal holidays.

Question 79: **Why are the directions on how to collect data different with eCQM than the manual collections? For example, we are told the time of departure is collected from the time the order for inpatient is written is where eCQM is submitted, but when collecting the manual abstractions, we use the time the patient actually left the ED.**

The [JIRA](#) website is the best place to obtain an answer to your question. Clarifications regarding specifications, eCQM logic, and other related inquiries are addressed. Prior responses are available in its searchable database.

Question 80: **Is the EHR population based on the discharge date?**

When reporting eCQMs, data submitters are expected to report on all patients who have a discharge date that falls within the reporting period in question.

Question 81: **We are currently in the process of switching EHR vendors and will not be able to submit from either quarter three or quarter four 2016 by the March 13, 2017 deadline. Are we able to submit an ECE request form?**

The [Electronic Clinical Quality Measures \(eCQMs\) Overview](#) web page on the *QualityNet* website provides a tab specific to the ECE process as it relates to eCQM reporting. That tab also provides a question-and-answer document, which clarifies the policy; please review the document to determine if the criteria apply to your situation, and then submit the ECE request form as directed. The deadline for submitting eCQMs regarding CY 2016 reporting is April 1, 2017.



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Question 82: If I submit an ECE for the electronic reporting of CQMs, does this translate to an exemption for the EHR Incentive Program, as well?

The *QualityNet* website section on ECEs for eCQM reporting clarifies that the submission of an ECE request is a separate process from submitting a Medicare EHR Incentive Program Hardship Exception application. The Medicare EHR Incentive Program information is available on the CMS.gov website.

CY 2017 Reporting

Question 83: When is the deadline for submission of 2017 eCQM files?

The deadline for submission of CY 2017 eCQM data is February 28, 2018.

Question 84: Can we send test files for quarter one 2017 since we are adding more measures that we haven't yet submitted as a test file?

The CMS data receiving system began receiving test and production files May 1, 2017.

Question 85: When will the PSVA tool begin accepting files with the 2017 specifications?

Updates to the HQR 2017 CMS QRDA I schematron for PSVA are now available. This version contains updated QRDA standards for CY 2017 reporting. A ListServe notification was distributed on April 6, 2017.

Question 86: We are required to choose eight eCQMs for CY 2017; can we still make changes as we progress in programming our system to meet other eCQMs?

Hospitals must report at least eight eCQMs for the CY 2017 reporting period. In addition, hospitals self-select the measures for reporting and are not required to notify CMS in advance of their choices.

Question 87: Could you please explain what specifically CMS is validating when



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hospitals undergo eCQM data validation for CY 2017 data?

CMS finalized the expansion of the Hospital IQR Program's data validation process, beginning with the FY 2020 payment determination. CMS will continue to validate up to 600 hospitals for chart-abstracted validation that will also include up to 200 additional hospitals for eCQM validation.

Those hospitals that are randomly selected for eCQM validation will be required to submit timely and complete medical record information for electronic health records for at least 75 percent of sampled records. Any hospital that is selected for the chart-abstracted validation, or that has been granted an ECE for the applicable eCQM reporting period, will be excluded from eCQM validation.

CMS will compare QRDA Category I files with medical record data (PDF file format) from a sample of hospitals selected for validation. The eCQM validation score will not affect FY 2020 payment determination. Rather, hospitals will pass or fail validation based on the timely and complete submission of at least 75 percent of the selected records. Please review the [FY 2017 IPPS Final Rule](#) for additional details.

Question 88: **Does CMS anticipate changing the CY 2017 eCQM requirements, potentially decreasing the number of the amount of data? I ask this based on the ListServe sent to notify facilities of the deadline extension.**

The FY 2018 IPPS proposed rule is available (released on April 14, 2017) and includes proposals addressing eCQM reporting requirements for CY 2017 and CY 2018. CMS will accept comments on the proposed rule until June 13, 2017.

Question 89: **The IPPS final rule says the CY 2017 submission must be done on a quarterly basis. Do you have an eCQM submission calendar set for CY 2017?**

The deadline for eCQM data submission for CY 2017 is February 28, 2018. CMS has announced in the FY 2017 IPPS final rule that hospitals may submit their data on a quarterly, biannual, or annual basis.



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Question 90: **Can a hospital be selected for both eCQM and chart-abstraction validation for CY 2017 data?**

Hospitals selected for chart-abstracted measures validation or granted an ECE for CY 2017 eCQM reporting would be excluded from being selected for validation for eCQM data in the same year.