



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Tools for eCQM Implementation: eCQI Resource Center and the Collaborative Measure Workspace

Questions and Answers

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

Question 1: **Slide 18: In which section did you find the allowable responses to specific questions? For example, how can I view the acceptable responses for reasons for not ordering mechanical VTE prophylaxis? For clinicians not familiar with the more IT-related technical language, it is a little daunting to find these specific items.**

I understand the question to be, “How can a clinician who is not technically savvy or familiar with the specifications understand some of the plain language requirements of the measure?” There are a couple of places where they can look. One, when you open that electronic specification package for that measure, you’ll see that the Health Quality Measure Format (HQMF) is written in plain language. It’s a human-readable representation of the measure; the header information has some specifics about what’s acceptable, what’s not acceptable, and goes into that throughout the measure. To learn more about the HQMF, visit the [eCQI Resource Center](#) for additional details.

There is also information in the release notes and in the guidance documents that are associated with the measure and they’re updated every year. That also gives some additional plain language information in the [measure specification section](#) of the electronic Clinical Quality Improvement (eCQI) Resource Center.

I want to talk about the value sets that are within those HQMF documents that you mentioned. The HQMF documents provide measure information listing the data elements contained within each of those measures. This is also related to the question about where to find the Systematized Nomenclature of Medicine (SNOMED) value sets or Clinical Quality Measure (CQM) value sets for a measure. Within that HQMF for each element, there is a value set object identifier (a value set OID) or a direct reference code that’s identified. If you click on that value set within the [Collaborative Measure Development \(CMD\) workspace](#) or if you go directly to the [Value Set Authority Center \(VSAC\)](#) and search for that value set, you will see the list of codes that are tied to that measure, which are essentially the acceptable responses for that particular data.

Question 2: **Do you have a resource for a hospital’s validation of eCQMs? Where I can ask questions pertaining to pass or fail of a particular measure?**

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There is not a pass/fail on these measures other than the submission process, so we're assuming that the person asking the question is talking about submission. There is an [eCQM Data Receiving System Edits Document](#). This is available on the [resource center under eCQI Tools & Resources](#). It's also available directly on the [QualityNet site](#). This resource provides a list of all the error messages and system edits that an end user might receive when they are submitting data to the CMS data receiving systems. So, we believe that that would be a good resource for this particular question.

I'll also say that the *QualityNet* receiving system does provide feedback reports at near real-time for the submissions and testing of the files. So, I know that feedback information is available through *QualityNet*.

There are some additional resources that will be coming out in the near future. There's a Conformance Statement Resource where you'll be able to see the most commonly occurring errors. In addition to giving you that detail, the document will also give you clarification on how to solve those issues, where to look in the system for specific feedback, and how to address and troubleshoot errors for resubmission of those Quality Reporting Document Architecture (QRDA) I files.

So, just to give you an idea, those documents are out there. Of course, we'll continue to send communication to let you know that these educational materials are available for download.

Question 3: **If we have questions related to the logic and specification, who can clarify them for us? There are some folks who are having some issues. They're trying to see if there's some tangible tools that they can reference for clarification.**

For technical implementation questions, you would go to the [Office of the National Coordinator for Health Information Technology \(ONC\) Project Tracking System](#) and the JIRA [eCQM tracker](#). There you can search past questions that folks have submitted on implementation or submit a question on implementation itself. This can be a general or specific question tagged to a specific measure and its version.

Question 4: **Can you also talk a little bit about the logic documentation that you have posted out there, as well as the measure flows that are available?**

Yes, there are two documents within the materials section and that's something that we went over during the demonstration. One is the measure logic and guidance document. Again, this provides implementation guidance around some of the technical aspects of the

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measure. Also, the eCQM flows show each step within the measure specification and how health IT or your Electronic Health Record (EHR) might be implemented for that section of the measure. Visit the [eCQI Resource Center](#) to view the Measure Logic and Guidance document as well as the eCQM flows for the applicable reporting period. There are two references. Then if you have direct questions, you would go to the [JIRA eCQM tracker](#).

Question 5: **Do you need to have a Unified Medical Language System (UMLS) account to access the value set?**

Yes, you do, and they are free accounts. They're usually turned around in just a few days. Yes, an account is required to access the [VSAC](#) value sets. Request a UMLS license at <https://uts.nlm.nih.gov/license.html>.

Question 6: **Are case threshold exemptions and zero denominator exclusions available for calendar year (CY) 2019 eCQM reporting?**

For CY 2019 eCQM reporting, case threshold exemptions and zero denominator exclusions are available to utilize as part of meeting that definition for successful submissions.

So, in addition to doing the reporting of the QRDA Category I files, if you find that you have folks that are meeting the Initial Patient Population (IPP), but you have five or fewer folks to report on, then you have an option to use the case threshold exemption. Again, it's not a requirement, but it is an option for you. Zero denominator is used where you don't have any patients that are falling into the IPP for that measure. Keep in mind that your system has to be certified to the 2015 edition to report on those measures. So, those two pieces of criteria are in place in order for you to be able to use case threshold exemptions and zero denominator exclusions.

Question 7: **We keep getting error code 0079: reporting period date range does not match calendar or discharge quarter. They're stating they tried 4/1/2019 to 6/29/2019 and 4/1/2019 to 6/30/2019. Who should they contact for help?**

Please reach out to the *QualityNet* Help Desk. You can reach them through qnetssupport@hcqis.org or call them directly at (866) 288-8912.

Question 8: **Are submitted eCQM measure results posted on the public website or available in a dataset from the Medicare website?**

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eCQM data is not publicly reported and there are no plans at this time to do so. If CMS makes the decision that they want to propose that as an option, you'll see that in a future Inpatient Prospective Payment System (IPPS) proposed rule. This will give the public an opportunity to give their opinion to CMS on that proposal which will inform the decision in terms of public reporting in the future.

Question 9: Will the site list SNOMED codes and RxNorm value sets?

No, the SNOMED codes and RxNorm value sets are included within the VSAC and require an active UMLS license to view. The license is free and you have to go to VSAC to see the actual SNOMED codes and RxNorm value sets. Request a UMLS license at <https://uts.nlm.nih.gov/license.html>.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 10: Are there any reports to run to find out the measure results submitted as test files?

In the legacy Hospital Quality Reporting (HQR) system, the EHR Hospital Reporting – eCQM Submission and Performance Feedback Report is available to review measure calculations at the patient level, measure level, and for each episode of care.

In CMS' Next Generation Hospital Quality Reporting, which is currently available within the *QualityNet Secure Portal* to submit CY 2019 and beyond reporting, there is an eCQM Measure Results Outcomes tab which provides further analysis for test and production QRDA Category I file submissions. The user can also export the results for additional review. If you were unable to join us for the November 20, 2019 webinar, *Submitting CY 2019 eCQM Data using CMS' Next Generation Hospital Quality Reporting System*, visit the [Quality Reporting Center](#) to locate [eCQM archived events](#).

Question 11: How should we answer the question about submitting CQMs on QualityNet? It asks if we will submit CQM electronically during attestation.

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

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Question 12: Is there a test site to test QRDA Category III files?

CMS offers a [QRDA Category III Converter](#) that provides multiple functions, including the ability to test whether QRDA Category III files can be consumed for Quality Payment Program (QPP) data submission. Visit the [eCQI Resource Center Tools & Key Resources](#) for details.

Question 13: As I navigate the eCQI Resource Center, I have difficulty finding the list of medication or treatments approved for VTE, STK, etc. A few years ago, I received an Excel spreadsheet that was easier to navigate. It had the measure definition, value set, specs, and appendix showing detail of what meets or does not meet the measure. Where can I find that?

On the eCQI Resource Center, the individual measure specifications are listed, including a list of the value sets applicable to the measure (along with revisions to the value sets). The eCQM flows are other resources that may be beneficial to you. They provide an overview of the population criteria requirements and are a good resource to pair with the individual measure specifications. Visit the [eCQI Resource Center](#) for eCQM materials.

Question 14: For the CDAC validation of the eCQMs, is there a resource to ask about our cases that were selected for validation and had a mismatch?

Visit [QualityNet](#) and review the eCQM data validation page for details. Questions can be submitted to the validation@hcqis.org mailbox or entered into the Quality Question and Answer Tool at https://cmsqualitysupport.service-now.com/qnet_qa.