



# Hospital Inpatient Quality Reporting (IQR) Program

## Support Contractor

### Submitting CY 2019 eCQM Data Using CMS' Next Generation Hospital Quality Reporting System

#### 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 and/or clarity.*

**Question 1:** Please confirm that we can still use the legacy reporting method in 2019 if we choose.

Yes, you will have the option to utilize the legacy reporting method within the *QualityNet Secure Portal* for the March 2020 submission deadline. CMS is notifying submitters of the availability of the Next Generation Hospital Quality Reporting (HQR) System within the *QualityNet Secure Portal* for the opportunity to experience the improvements. Please note that the calendar year (CY) 2019 reporting period is the last year hospitals and vendors will be able to report through the legacy system.

**Question 2:** Will there also be a presentation on attesting for the Promoting Interoperability Program?

For questions regarding Promoting Interoperability Program events, please e-mail: [cmsqualityteam@ketchum.com](mailto:cmsqualityteam@ketchum.com). Please visit the [Promoting Interoperability page](#) on the [CMS.gov](https://www.cms.gov) website to review available educational resources, deadlines, and program requirements.

**Question 3:** We have a main emergency department (ED) and an obstetrics (OB) ED in our facility. Do we include the main ED and OB ED for our ED eCQM population?

A Measure Steward Subject-Matter Expert (SME) is not present for today's webinar. Please access [The Office of the National Coordinator for Health Information Technology \(ONC\) Project Tracking System](#) and locate the eCQM Issue Tracker to perform a search to determine if another facility has submitted a similar issue. You may also create an account and enter an issue to obtain additional assistance from a measure steward. Submitting your question through the ONC Project Tracking System is the best way to ensure your organization is meeting the intent of applicable measures available for reporting based on your current situation.

**Question 4:** Is Secure File Transfer (SFT) going away, or will we have both options for submission?

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SFT will be available for eCQM submission through the CY 2019 reporting period. After that time, the goal is to have all file types, including files for the Hospital IQR Program, Outpatient Quality Reporting (OQR) Program, and other federal reporting programs uploaded to the new secure file submission tool available on the updated Next Generation HQR System within the *QualityNet Secure Portal*. Please contact the *QualityNet* Help Desk for additional questions regarding the availability of SFT at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912.

**Question 5:** **Should we still validate the Quality Reporting Document Architecture (QRDA) Category I files through the Pre-Submission Validation Application (PSVA) tool prior to uploading them to the *QualityNet Secure Portal*?**

The PSVA tool will be available through the CY 2019 reporting period. Previously, we recommended validating your QRDA Category I files file format prior to submission to CMS. You will still be able to do that through this reporting period. You are not required to use the PSVA tool; it is a tool for submitters who want to validate the format of their QRDA Category I test and/or production files prior to sending them to CMS.

**Question 6:** **Are Comma Separated Value (CSV) files still available for download from CMS but not submitters also sending them to CMS?**

CMS expects users to submit QRDA Category I Extensible Markup Language (XML) files for quality reporting. The expectation is one patient, per QRDA Category I file, per quarter. This encompasses all the measures that were applicable to the patient and all episodes of care applicable to the measures reported. The CSV files we mentioned pertain to the downloaded reports from the User Interface (UI) in the Next Generation HQR System application. As we modernize the HQR system, we will provide a report export primarily in the CSV format. Submitters are still required to submit QRDA Category I XML files as a single XML file or contained in a zip of XML files.

**Question 7:** **We are going to submit Quarter (Q) 4 2019 data. Can we start sending QRDA Category I test files for one month's worth of data as a test to check for errors?**

Yes, if you would like to test just one month to validate your file format and to validate you are receiving your expected results, it is fine to test with one month of QRDA Category I files.

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**Question 8:** Does the zip file of QRDA Category I files have to be a CY quarter or can it be any 90-day period?

QRDA Category I files being reported should be for one CY quarter of data. The requirements regarding any 90-day period are associated with the Promoting Interoperability Program's non-eCQM reporting requirements; the eCQM reporting requirements for both the Hospital IQR and Promoting Interoperability Programs must be CY quarters of data. Visit the [CMS.gov Promoting Interoperability Program](https://www.cms.gov/Regulatory-and-Compliance-Division/Compliance/Programs-and-Initiatives/Promoting-Interoperability) page for details.

**Question 9:** Are the functionalities discussed only available for the upcoming CY 2019 eCQM submission, or will they be available for use for previously submitted files?

CY 2018 eCQM reported data are available in the Next Generation HQR System for most hospitals. If folks have not had the opportunity to upload CY 2019 eCQM data, they have the option of logging in now and evaluating most of the functionality for CY 2018 eCQM reporting. There are a few caveats: The Program Credit Report and batch uploads are not available for CY 2018 reporting. (The submission deadline for CY 2018 data has passed.) Also, the file upload button on the Next Generation HQR System will not show previous uploads.

**Question 10:** How did you get to the eCQM submission page for the Next Generation HQR System?

Click on the *QualityNet Secure Portal* as before. From the Choose Your QualityNet destination page, select Hospital Quality Reporting from the drop-down menu. Enter your user ID, password, and two-factor authentication. That will take you to the HQR System landing page. In the right-hand upper corner of the Hospital landing page, select Next Generation Hospital Quality Reporting System for a new dashboard. When you land on your new dashboard, you should see your username at the top and you should see your organization as a header within that user interface. From there, you will see the eCQM card. Click that eCQM card to open up a page that provides three different tabs: Upload History, Data Accuracy, and Measure Outcome.

**Question 11:** If you submit production data but want to resubmit another file to overwrite the data, do you just delete the first production file and submit another?

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With eCQM reporting, users have an option. You can either select that file for deletion or delete the entire batch. If you only want to replace one QRDA Category I file, you have the option of deleting that file or resubmitting that file, as long as the five key identifiers match. Those identifiers are reporting quarter, CMS Certification Number, patient identification number, CMS program, and EHR Submitter ID. If those five key fields match, the system automatically overwrites the older file. Contact the *QualityNet* Help Desk for additional assistance at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912.

**Question 12:** **If we have a vendor complete our eCQM data submission, can we still access the functionality of the File Upload, Accuracy, and Outcomes tabs and the Program Credit Reports?**

Yes, you'll be able to access those all through the eCQMs card in the Next Generation HQR System. Again, if you didn't upload the zip file you will be able to access the File Upload tab and see the file(s) that have been uploaded for your hospital. You will be able to see all the data submitted by another vendor or another organization on your behalf.

**Question 13:** **What is the reasonably expected turnaround time for feedback after a production submission of QRDA Category I files?**

The turnaround time depends on the size of the submission. We expect to return results in near real time. There are several factors: submission size, resources, and the volume of submissions coming in at that point in time. We expect a fairly quick turnaround (within 24 hours). Contact the *QualityNet* Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912 if your report feedback is not available within 24 hours of data submission.

**Question 14:** **I understand that users can access multiple facilities once they initially log in. Do users have to continue to maintain and keep active each individual login for each facility?**

CMS expects you to maintain each one of those user IDs in an active state until the HQR System transitions over to the new user management system, HCQIS Access Roles and Profile (HARP). HARP, which will streamline ID management security with one login, will be released shortly. This ensures you have access to your data whether you are logging into the SFT legacy system or the Next Generation HQR System. More details regarding the HARP transition will be communicated over the coming weeks.

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**Question 15:**        **If we start using the Next Generation HQR System, will we be able to use all the processes that were shown today?**

Yes, the functionality reviewed today is available in the *QualityNet Secure Portal* for CY 2019 eCQM reporting. As Amy indicated, you can use the previous process (the legacy system) or you can use the new process we are showing for the Next Generation HQR System.

**Question 16:**        **If our QRDA Category I file is rejected, who can we use as a technical resource to discuss the errors?**

Submitters will have several resources available in the coming weeks. Visit the [eCQI Resource Center](#) to locate supporting documentation, including the Conformance Statement Resource to be released in the coming weeks for CY 2019 reporting. This document lists the most common submission errors with tips to troubleshoot and resubmit QRDA Category I files. Another option, which we encourage, is to contact the *QualityNet* Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912. Have a copy of your submission and batch number to allow them to research the issues.

**Question 17:**        **Is there a report that shows the percentage of the numerator/denominator by measure?**

For eCQMs, we don't have reports specific to that information as we do for the Hospital IQR and OQR Programs. The EHR Hospital Reporting – Performance Summary Report provides the details closest to reports currently produced for other inpatient and outpatient, chart-abstracted measures. This report is only available in the legacy HQR system, but there are plans underway to develop a similar report for the Next Generation HQR System. For CY 2019, the EHR Hospital Reporting – Performance Summary Report is available. Review the appendix of this webinar slide deck (slides 56–64) to review steps to generate EHR Hospital Reports in the legacy HQR system.

**Question 18:**        **Epic creates multiple files that contain a maximum of 500 patients. Can we submit multiple QRDA Category I files or must they be zipped into one file? What is the maximum number of files that can be placed in a zip file?**

Data submission is easier with one batch placed in a zip file rather than submitting each individual QRDA Category I file; the maximum number of QRDA Category I files that can be placed into a zip file is 14,999. Hospitals are welcome to submit more than one zip file if needed.

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**Question 19:** Will the test and production checklists available on the *Quality Reporting Center* website be updated to reflect changes related to the Next Generation HQR System processes?

We expect to update the test and production QRDA Category I submission checklists for CY 2020 reporting and beyond. It is our understanding that quite a few submitters use the resources for data submission. So, once updates to the documents are finalized, we will make sure we communicate to the community that those documents are available for you to download.

**Question 20:** Can we submit test files now, or do we wait for our onboarding date?

It is unclear what is meant by onboarding date; but, if your hospital is ready to submit test QRDA Category I files now, as we mentioned earlier, you have two options. Submitters can test the QRDA Category I file format within the PSVA tool or submit your test files directly to the *QualityNet Secure Portal*. In either case, the *QualityNet Secure Portal* is open for test and production QRDA Category I file submissions.

**Question 21:** Is the PSVA tool under legacy HQR or the Next Generation HQR System?

Access to the PSVA tool is still within the *QualityNet Secure Portal* and you'll still be able to access it either way. In addition, there are user guide instructions for assistance stored in the same area.

**Question 22:** My healthcare system is considering decreasing our current vendor involvement in eCQM submission. In CY 2019, our vendor will submit, but can we utilize this new platform to upload QRDA Category I files to prepare for direct submissions in future reporting periods?

Hospitals may choose to directly submit eCQM data using QRDA Category I files to CMS. If a vendor is submitting data on a hospital's behalf, when you are uploading your QRDA Category I files directly to the test system, be careful to ensure you don't accidentally overwrite your vendor submissions. Visit the [eCQI Resource Center](#) to review the Succession Management details in the CMS 2019 QRDA Category I Implementation Guide for Hospital Quality Reporting.



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**Question 23:** Can we use the PSVA tool that was downloaded for CY 2018 files to review CY 2019 files?

One important aspect of the PSVA tool is it is updated each year, just as the receiving system within the HQR System is updated each year with the most current data elements, file format structure, etc. The PSVA tool currently available for download can perform file formatting checks for CY 2019 files only. The risk is, if you attempt to use it to review CY 2018 QRDA Category I files, you may not have much success if there were changes between 2019 and 2018 that could cause incorrect outcomes.

**Question 24:** If you submit five or fewer cases for an eCQM, do I need to indicate the Case Threshold Exemption in the denominator declaration?

Case Threshold Exemption is an option for five or fewer patients that met the Initial Patient Population (IPP), but it is not a requirement. If the hospital decides to not use the Case Threshold Exemption, that is no problem. The expectation is that you would still report those QRDA Category I files that would affect that specific measure.

*The following questions were asked, but not answered, during the webinar. Subject-matter experts researched the following questions asked during the webinar. The questions may have been edited for grammar and/or clarity.*

**Question 25:** Should QRDA Category I files submitted through Secure File Transfer (SFT) appear in the Next Generation HQR System?

The QRDA Category I files will be visible on the eCQM card and Program Credit UI in the Next Generation HQR System; however, they will not appear in the file upload. Please contact the *QualityNet* Help Desk for additional assistance at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

**Question 26:** I receive a “connection unavailable” error after I log into the HQR part of the *QualityNet* site. Is there a known outage or should I contact the *QualityNet* Help Desk?

Please contact the *QualityNet* Help Desk for additional assistance at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

**Question 27:** Is SFT still used to upload patient charts for eCQM validation?



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The *QualityNet* website indicates that hospitals selected for eCQM data validation must submit the requested medical records as a PDF file via the *QualityNet Secure Portal* SFT application. CMS and the data validation contractor will communicate any changes to the process. Contact the *QualityNet* Help Desk for additional assistance at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

**Question 28: When are eCQMs publicly reported?**

CMS has not indicated when eCQM data will be publicly reported. Any changes related to eCQM public reporting would be conveyed in a future Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule, and the public would be invited to provide feedback for consideration.

**Question 29: Are we still required to submit data if our facility changed to a strict psychiatric facility in September?**

Please contact the Inpatient Psychiatric Facility Quality Reporting Program directly for eligibility-related questions: [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com).

**Question 30: If you upload QRDA Category I Q2 data into production and then decide to submit Q4 data instead, will the Q2 data be overwritten?**

The five key identifiers must match for a QRDA Category I file to be overwritten: reporting quarter, CMS Certification Number, patient identification number, CMS program, and submitter ID. If those five key fields match, the system will automatically overwrite the previous file. However, in this scenario, the two reporting quarters are different. If the submitter does not delete the Q2 data submission within the *QualityNet Secure Portal*, the system will show that Q2 and Q4 data were reported on the hospital's behalf. Contact the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912 if you have additional questions related to this scenario.

**Question 31: How do you delete a batch if you found an error in the submission file?**

Users should access the Help tab within the *QualityNet Secure Portal* to download the HQR Online Help guide. The guide provides the steps to delete a batch of QRDA Category I files. Contact the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912 for more details.

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**Question 32:**            **Are there any YouTube videos or other videos that demonstrate the use of the system and uploading or using the report?**

No, we do not have a video available on YouTube. At this time, *QualityNet* training videos and reference materials are posted on *QualityNet* on the [QualityNet Training & Guides page](#).

**Question 33:**            **How do we submit a “0” measure for smaller facilities?**

The use of the Zero Denominator Declaration is available for the Hospital IQR and the Promoting Interoperability Programs to meet the eCQM reporting requirement. The hospital’s electronic health record (EHR) must be certified to report the clinical quality measure (CQM) and cannot have any patients that meet the denominator criteria of that CQM. Please review slides 45–50 of this webinar slide deck to review the steps to access and complete data entry activities for the Denominator Declaration screen using the Next Generation HQR System. For additional assistance, contact the *QualityNet* Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912.