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# Troubleshooting Audio

Audio from computer speakers breaking up?

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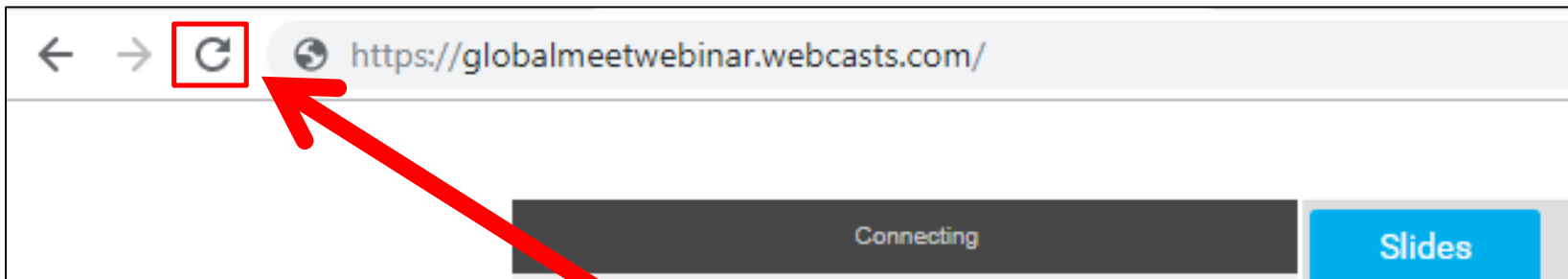
Click Refresh

– or –

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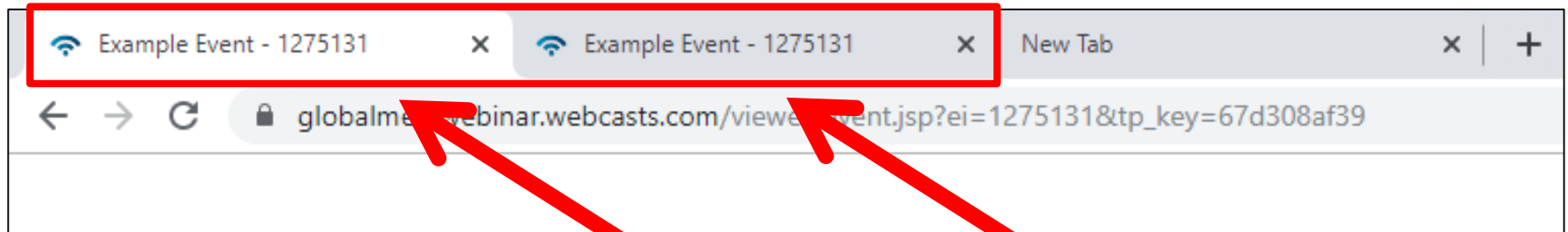
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# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
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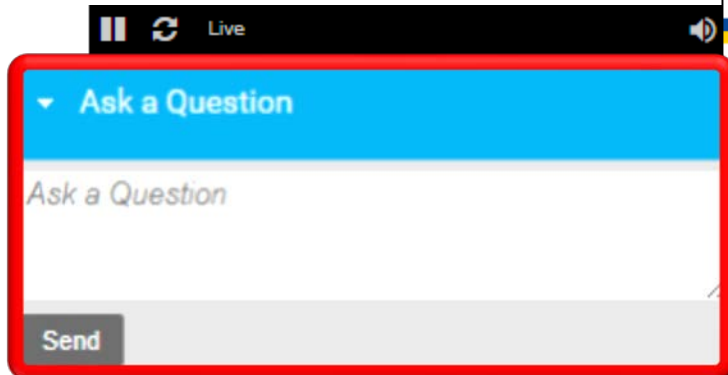
Example of Two Browsers/Tabs Open in Same Event

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**Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**



**Today's Presentation**



# **CY 2019 eCQM Reporting Tips and Tools for the Hospital IQR and Promoting Interoperability Programs**

**Artrina Sturges, EdD**

***Alignment of eCQM Reporting Lead***

**Inpatient Value, Incentives, and Quality Reporting  
Outreach and Education Support Contractor**

**January 15, 2020**

# Purpose

This presentation will provide helpful tips and tools for successful electronic submission of clinical quality measure (CQM) data to the Hospital Inpatient Quality Reporting (IQR) and the Promoting Interoperability Programs.

# Objectives

Participants will be able to:

- Address commonly asked questions regarding calendar year (CY) 2019 eCQM reporting.
- Quickly locate tools and resources to ensure successful eCQM reporting.
- Implement the guidance received during the Q&A session to improve the quality of your data submissions.

# Acronyms

AMI	acute myocardial infarction	HQR	Hospital Quality Reporting
CAC	Children's Asthma Care	IPP	Initial Patient Population
CAH	Critical Access Hospital	IQR	Inpatient Quality Reporting
CE	continuing education	NQF	National Quality Foundation
CMS	Centers for Medicare & Medicaid Services	ONC	Office of the National Coordinator for Health Information Technology
CQM	clinical quality measure	PC	Perinatal Care
CY	calendar year	PCI	percutaneous coronary intervention
ECE	Extraordinary Circumstances Exception	PSVA	Pre-Submission Validation Application
ECQI	Electronic Clinical Quality Improvement	Q	quarter
eCQM	electronic clinical quality measure	Q&A	question and answer
ED	emergency department	QRDA	Quality Reporting Document Architecture
EH	eligible hospital	SFS	Simple File Submission
EHDI	Early Hearing Detection and Intervention	STK	stroke
EHR	electronic health record	VIQR	Value, Incentives, and Quality Reporting
HARP	Healthcare Quality Information System (HCQIS) Access, Roles and Profile	VTE	venous thromboembolism



CY 2019 eCQM Reporting Tips and Tools for the  
Hospital IQR and Promoting Interoperability Programs

## **Hospital IQR and Promoting Interoperability Reporting Requirements Overview**

# CY 2019 Certification and Specification Policies

- Use electronic health record (EHR) technology certified to the 2015 Edition of Office of the National Healthcare Coordinator for Health IT (ONC) standards and certified to all available eQMs.
- Use eQm specifications published in the 2018 eQm annual update for CY 2019 reporting and applicable addenda, available on the eCQI Resource Center website at [https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field\\_year\\_value=1&=Appl](https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=1&=Appl).
- Use the *2019 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/eh-cah-ecqms>.

**Note:** Be sure to obtain the revised version of the 2019 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting (HQR), published in November of 2019.

# CY 2019 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.
- Report **one** self-selected calendar quarter in CY 2019 (Q1, Q2, Q3, or Q4).
- Submission deadline is March 2, 2020.
  - Deadline extended due to the original deadline (February 29, 2020) falling on a weekend.

**Note:** Meeting the Hospital IQR Program electronic clinical quality measurement (eCQM) requirement also satisfies the eCQM reporting requirement for the Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and critical access hospitals (CAHs), **except outpatient measure ED-3, National Quality Forum (NQF) #0496.**

# CY 2019 (Fiscal Year 2021) Available eCQMs

<b>AMI-8a</b> CMS53v7 <i>Primary PCI Received Within 90 Minutes of Hospital Arrival</i>	<b>CAC-3</b> CMS26v6 <i>Home Management Plan of Care Document Given to Patient/ Caregiver</i>	<b>ED-1</b> CMS55v7 <i>Median Time from ED Arrival to ED Departure for Admitted ED Patients</i>	<b>ED-2</b> CMS111v7 <i>Median Admit Decision Time to ED Departure Time for Admitted Patients</i>	<b>ED-3*</b> CMS32v8 <i>Median Time from ED Arrival to ED Departure for Discharged ED Patients</i>	<b>EHDI-1a</b> CMS31v7 <i>Hearing Screening Prior to Hospital Discharge</i>
<b>PC-01</b> CMS113v7 <i>Elective Delivery</i>	<b>PC-05</b> CMS9v7 <i>Exclusive Breast Milk Feeding</i>	<b>STK-2</b> CMS104v7 <i>Discharged on Antithrombotic Therapy</i>	<b>STK-3</b> CMS71v8 <i>Anticoagulation Therapy for Atrial Fibrillation/ Flutter</i>	<b>STK-5</b> CMS72v7 <i>Antithrombotic Therapy By End of Hospital Day 2</i>	<b>STK-6</b> CMS105v7 <i>Discharged on Statin Medication</i>
<b>STK-8</b> CMS107v7 <i>Stroke Education</i>	<b>STK-10</b> CMS102v7 <i>Assessed for Rehabilitation</i>	<b>VTE-1</b> CMS108v7 <i>Venous Thromboembolism Prophylaxis</i>	<b>VTE-2</b> CMS190v7 <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>	*ED-3 is an outpatient measure and is not applicable for Hospital IQR Program aligned credit.	

**Note:** ED=Emergency Department, PCI=Percutaneous Coronary Intervention

# CY 2019 Medicare Promoting Interoperability Program eCQM Reporting Requirements

For EHs and CAHs reporting **electronically** for the Medicare Promoting Interoperability Program in CY 2019:

- The reporting period is **one** self-selected quarter of CQMs if demonstrating meaningful use for the first time or demonstrated meaningful use any year prior to 2019.
- Report on **at least four** (self-selected) available CQMs.
- The Medicare Promoting Interoperability Program submission deadline is March 2, 2020 (two months following the close of the calendar year).
  - Deadline extended due to the original deadline (February 29, 2020) falling on a weekend.

**Note:** Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for EHs and CAHs **except outpatient measure ED-3, NQF #0496.**

# CY 2019 eCQM Reporting Form and Manner for Medicare Promoting Interoperability Program

## Requirements:

- QRDA Category I for eCQM submissions
- EHR technology certified to the 2015 Edition
  - EHR technology certified to all 16 available eCQMs
  - **Does not** require recertification each time the EHR technology was updated to the most recent version of eCQMs if it continues to meet 2015 Edition certification criteria
- Use eCQM specifications published in the 2018 eCQM annual update for CY 2019 reporting and any applicable addenda (available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>)
- *2019 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>

**Note:** QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at <https://ecqi.healthit.gov/qrda>.

# CY 2019 Medicare Promoting Interoperability Program eCQM Reporting Requirements

Attestation is an option for EHs and CAHs in specific circumstances when electronic reporting of CQMs is not feasible under the Medicare Promoting Interoperability Program:

- Full CY 2019, consisting of four quarterly data reporting periods
- Report on all 16 available CQMs via the *QualityNet Secure Portal*
- Submission deadline: March 2, 2020 (Deadline extended due to the original deadline of February 29, 2020 falling on a weekend.)

**Note:** For EHs and CAHs demonstrating meaningful use for the first time under their state's Medicaid Promoting Interoperability Program, the reporting period is any continuous 90-day period within CY 2019. Visit the CMS.gov Promoting Interoperability Programs [Eligible Hospital Information](#) page for additional details.

# Successful eCQM Submission for CY 2019 Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare Promoting Interoperability Programs, report the eCQMs as any combination of the following:

- Accepted QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

**Note:** Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Medicare Promoting Interoperability Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, and claims-based measures.



# Promoting Interoperability Program Resources

- Visit the [Eligible Hospital Information page of the Promoting Interoperability Programs](#) on CMS.gov for updated reference guides, webinar presentation materials, etc.
- Submit questions to the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

# CY 2019 eCQM Reporting Tips and Tools for the Hospital IQR and Promoting Interoperability Programs

## **Tips and Tools**

# Q: Where do I find the CY 2019 eCQM Reporting Requirements?

A: *QualityNet* (<https://www.qualitynet.org/inpatient/measures/ecqm/participation>)

The screenshot shows the QualityNet website interface. At the top, there is a search bar and navigation links for 'Quality Programs' and 'Help'. The breadcrumb trail reads: 'Home / Hospitals - Inpatient / Measures / Electronic Clinical Quality Measures (eCQM) / Participation'. The main heading is 'Participation', with sub-tabs for 'Overview', 'eCQM Measures', 'Participation' (selected), 'Resources', 'Webinars', and 'Notifications'. A left sidebar contains a 'Requirements' section with links for 'Pre-Submission Validation' and 'Extraordinary Circumstances'. The main content area features a section titled 'CY 2019 Reporting Period for Fiscal Year (FY) 2021 Payment Determination', followed by a paragraph of text and a bulleted list of requirements. At the bottom, a table lists a downloadable PDF file.

Search QualityNet Q Quality Programs Help

Home / Hospitals - Inpatient / Measures / Electronic Clinical Quality Measures (eCQM) /

## Participation

Overview eCQM Measures **Participation** Resources Webinars Notifications

**Requirements**

- Pre-Submission Validation
- Extraordinary Circumstances

### CY 2019 Reporting Period for Fiscal Year (FY) 2021 Payment Determination

For the CY 2019 reporting period, eligible hospitals are required to electronically report eCQMs to the Hospital IQR Program, per the [FY 2019 IPPS/LTCH PPS Final Rule](#). This information is available on the [CY 2019 Submission Overview](#) document. Eligible hospitals and CAHs are required to electronically report eCQMs to the Medicare Promoting Interoperability Program. Attestation will only be permitted as a reporting option to the Medicare Promoting Interoperability Program in certain circumstances where electronic reporting is not feasible. (Review the [CMS.gov](#) website for updates regarding the attestation criteria.)

#### Hospital IQR Program Reporting Requirements for CY 2019

For the CY 2019 reporting period, hospitals participating in the Hospital IQR Program must:

- Self-select and successfully report a minimum of four of the 15 available eCQMs through the *QualityNet Secure Portal* using any combination of QRDA Category I files, zero denominator declarations, and/or case threshold exemptions.
- Report data for at least one self-selected quarter (Q) of 2019 data (Q1, Q2, Q3, or Q4).
- Use Health Information Technology (IT) certified to the 2015 Edition of the ONC certification standards and certified to report all 15 eCQMs.
- Submit data via the *QualityNet Secure Portal* by the deadline: **March 2, 2020, by 11:59 p.m. Pacific Time (PT)**. (Deadline extended due to original deadline falling on a weekend and/or holiday.)

File Name	File Type	File Size
CY 2019 Available eCQMs	PDF	<a href="#">Download</a>

# Q: Where can I find the most current technical resources ?

A: eCQI Resource Center (<https://ecqi.healthit.gov/eh-cah-ecqms>)  
(including the latest CMS QRDA implementation guide, Schematron, and Sample Files)

2019 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs		Pre-Rulemaking eCQMs
For Use ↕	eCQM Materials	Published ↕
2019 Q1-Q4	<a href="#">Implementation Checklist eCQM Annual Update</a>	
2019 Q1-Q4	<a href="#">Implementation Checklist eCQM Addendum</a>	
2019 Q1-Q4	<a href="#">Guide for Reading eCQMs (PDF)</a>	May 2018
2019 Q1-Q4	<a href="#">Hospital Quality Reporting Table of eCQMs (PDF)</a>	Jun 2018
2019 Q1-Q4	<a href="#">eCQM Specifications for Hospital Quality Reporting (ZIP)</a>	May 2018
2019 Q1-Q4	<a href="#">eCQM Value Sets Addendum ↗</a>	Sep 2018
2019 Q1-Q4	<a href="#">eCQM Value Set Addendum FAQs (PDF)</a>	Jul 2018
2019 Q1-Q4	<a href="#">eCQM Direct Reference Codes List ↗</a>	Sep 2018
2019 Q1-Q4	<a href="#">Binding Parameter Specification (BPS) Addendum ↗</a>	Sep 2018
2019 Q1-Q4	<a href="#">eCQM Logic and Implementation Guidance v2.0 (PDF)</a>	May 2018
2019 Q1-Q4	<a href="#">Technical Release Notes (code system updates only) Addendum (PDF)</a>	Nov 2018
2019 Q1-Q4	<a href="#">Technical Release Notes Addendum (PDF)</a>	Nov 2018
2019 Q1-Q4	<a href="#">Technical Release Notes (code system updates only) Addendum (ZIP)</a>	Sep 2018
2019 Q1-Q4	<a href="#">Technical Release Notes Addendum (ZIP)</a>	Sep 2018
2019 Q1-Q4	<a href="#">eCQM Flows (ZIP)</a>	Sep 2018
2019 Q1-Q4	<a href="#">CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)</a>	Nov 2019
2019 Q1-Q4	<a href="#">CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (ZIP)</a>	Sep 2019
2019 Q1-Q4	<a href="#">eCQM Annual Update Pre-Publication Document (PDF)</a>	Feb 2018

# Q: Is there a checklist for implementing eCQM reporting?

A: Yes! eCQI Resource Center (<https://ecqi.healthit.gov/eh-cah-ecqms>)

## eCQM Implementation Checklist

[Receive updates on this topic](#)

The Centers for Medicare & Medicaid Services (CMS) requires an [eligible professional](#) (EP), [eligible clinician](#), [eligible hospital](#) (EH) or [critical access hospital](#) (CAH) to use the most current version of the [eCQMs](#) for quality reporting programs.

This [Pre-Check and Checklist \(PDF\)](#) assume that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps [health information technology](#) (IT) developers, implementers and health care organizations must take to update their systems and processes with the [eCQM](#) Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in electronic quality reporting.

### Pre-Check

- [1\) Sign up for a Unified Medical Language System \(UMLS\) account](#)
- [2\) Sign up for a JIRA account](#)
- [3\) Sign up for eCQM page change notifications on the eCQI Resource Center](#)
- [4\) Review the code versions used in the Annual Update](#)
- [5\) Review the standards, tools, and documents used in the Annual Update](#)

### Checklist

- [1\) Access the appropriate eCQM Annual Update](#)
- [2\) Secure detailed information about each measure](#)
- [3\) Download value sets](#)
- [4\) Prepare to implement the updates by understanding changes to the eCQM](#)

# Q: Can we still use the HQR legacy process for CY 2019 Reporting? Are the legacy file submission preparation checklists available?

A: Yes and Yes! [QualityNet](https://www.qualitynet.org/inpatient/measure/ecqm/resources) (<https://www.qualitynet.org/inpatient/measure/ecqm/resources>)

CY 2019 Hospital IQR Program-Promoting Interoperability Program Preparation Checklist for eCQM Reporting – QRDA Category I Test File(s) Instructions		
Due	Task	✓
NOW	<ul style="list-style-type: none"> <li><input type="checkbox"/> Select at least four (4) of the 15 <a href="#">available electronic clinical quality measures (eCQMs)</a> for one self-selected quarter of 2019 data (Q1, Q2, Q3, or Q4) during the same reporting period.</li> <li><input type="checkbox"/> Confirm health information technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) 2015 Edition. Visit the <a href="#">Certified Health IT Product List (CHPL) website</a> to ensure the edition is certified to report all eCQMs.</li> <li><input type="checkbox"/> Contact the <a href="#">QualityNet Help Desk</a> to obtain a <i>QualityNet Secure Portal</i> account and the Electronic Health Record (EHR) Data Upload Role.</li> <li><input type="checkbox"/> Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the <a href="#">2019 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting</a> and <a href="#">2019 CMS QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting</a> under the <a href="#">Eligible Hospital/Critical Access Hospital eCQMs section of the eCQI Resource Center</a>.</li> <li><input type="checkbox"/> Download the most recent version of the Pre-Submission Validation Application (PSVA) tool and the user manual from the <a href="#">Secure File Transfer section of the QualityNet Secure Portal</a> to validate the QRDA Category I file(s) for submission.</li> </ul> <p><b>NOTE: CMS is expecting one QRDA Category I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. Maximum individual file size is 10 MB. A maximum of 15,000 files can be submitted per ZIP file.</b></p>	<input type="checkbox"/>
System opens fall 2019  Deadline: 3/2/20 11:59 p.m. Pacific Time*	<p>Submit Test File(s) either via the PSVA tool or directly to the <i>QualityNet Secure Portal</i>. For questions, contact the <a href="#">QualityNet Help Desk</a>.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>A. Use the PSVA tool</b> (The CMS data receiving system performs additional checks since the PSVA tool only validates the file structure.)               <ol style="list-style-type: none"> <li>1. Log into the PSVA tool using your <i>QualityNet</i> User ID and password.</li> <li>2. Select the Program [HQR_PI_IQR] for dual program submission.</li> <li>3. Select the [Add Files] button and the "File Selection" window will open.</li> <li>4. Locate the ZIP file(s) on the workstation and choose the file(s) to add to the application. (The status will indicate "New" once added.) The File Details Table will display the file(s) based upon the selection in the "Select by File Status" window.</li> <li>5. Select the file(s) for validation from the File Details Table and Select the [Validate Files] button.</li> <li>6. Check the status of the file(s). The result will indicate "Valid" or "Invalid." A feedback file is also available for review. <b>NOTE: Warnings and errors are located in the feedback file; only errors need to be corrected to pass validation. Users can only submit validated file(s) directly from the PSVA tool to the QualityNet Secure Portal.</b></li> <li>7. Submit file(s). One or more valid files can be submitted. A pop-up box will indicate file(s) have been successfully submitted. <b>NOTE: This only indicates the file(s) were sent to the CMS data receiving system.</b> <ul style="list-style-type: none"> <li>• The file(s) will be sent for data upload processing and put in the Sent folder upon successful scanning.</li> <li>• An email notification will be sent stating the file(s) were uploaded successfully.</li> </ul> </li> </ol> </li> </ul>	<input type="checkbox"/>

# Q: What are the CY 2019 QRDA Category I file format expectations?

A: The requirements are:

- One file, per patient, per quarter
- Includes all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 10 MB
- Files uploaded by ZIP file (.zip)
  - Maximum number of QRDA Category I files within zip file is 14,999.
  - If a hospital has more than 14,999 QRDA Category I files to report, they are welcome to submit more than one zip file.

# Q: Is the PSVA still available? Can I submit test and production files to *QualityNet* using PSVA?

A: Yes and Yes!

- The Pre-Submission Validation Application (PSVA) validates the file format of CY 2019 QRDA Category I test and production files.
- The PSVA tool is available for download within the *QualityNet Secure Portal*.
- Test and production files can be submitted using the PSVA tool *or* directly into the *QualityNet Secure Portal*.
- Visit *QualityNet* for information on the PSVA at <https://www.qualitynet.org/inpatient/asures/ecqm/participation#tab2>.



# Q: Can we use case threshold exemption and zero denominator declaration for CY 2019 eCQM reporting?

A: Yes!

	Case Threshold Exemption	Zero Denominator Declaration
<b>Program</b>	<ul style="list-style-type: none"> <li>Hospital IQR Program</li> <li>Promoting Interoperability Program</li> </ul>	<ul style="list-style-type: none"> <li>Hospital IQR Program</li> <li>Promoting Interoperability Program</li> </ul>
<b>Criteria</b>	<ul style="list-style-type: none"> <li>A hospital's EHR system is certified to report the eCQM.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter.</li> </ul>	<ul style="list-style-type: none"> <li>A hospital's EHR system is certified to report the eCQM.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>A hospital does not have any patients that meet the denominator criteria of that CQM.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program.</li> <li>Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose.</li> <li>Case threshold exemptions are entered on the Denominator Declaration screen within the <i>QualityNet Secure Portal</i>.</li> </ul>	<ul style="list-style-type: none"> <li>The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program.</li> <li>Zero denominator declarations are entered on the Denominator Declaration screen within the <i>QualityNet Secure Portal</i>.</li> </ul>

# Q: Will CY 2019 eCQMs be publicly reported?

A: Not at this time.

- Any intention to publicly report eCQMs for a future reporting period would be discussed in a future proposed rule, and the public would be invited to comment.
- To ensure you are receiving emails about CMS updates, please visit the *QualityNet* website sign up page: <https://qualitynet.org/listserv-signup>

# Q: Is the eCQM-related Extraordinary Circumstances Exception (ECE) available for CY 2019?

A: Yes! *QualityNet* (<https://www.qualitynet.org/inpatient/measures/ecqm/participation#tab3>)

Requirements

Pre-Submission Validation

**Extraordinary Circumstances**

### Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request and for CMS to grant exceptions with respect to the reporting of required quality data—including eCQM data when there are extraordinary circumstances beyond the control of the hospital.

#### eCQM Related ECEs

Hospitals may use the Extraordinary Circumstances Exceptions (ECE) form to request an exception from the Hospital Inpatient Quality Reporting (IQR) Program's eCQM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (e.g., a hospital is in an area without sufficient Internet access) or unforeseen circumstances (e.g., a hospital has health information technology [IT] vendor issues outside of the hospital's control, including a vendor product losing certification) that impact the hospital's ability to report eCQM data. For further information, reference this ECE Policy Clarification Questions and Answers.

File Name	File Type	File Size	
ECE Policy Clarification Questions and Answers	PDF	56 KB	<a href="#">Download</a>

#### Non-eCQM Related ECEs

Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data. Hospitals may request consideration for an exception of the requirement to submit quality data for one or more quarters. For non-eCQM related ECEs, an ECE request form must be submitted **within 90 calendar days of the extraordinary circumstance**.

#### ECE Request Form Submission Instructions

In the event of such circumstances, hospitals must submit an Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required questions completed. For eCQM-related ECEs, an ECE request form must be submitted by **April 1 following the end of the eCQM reporting period calendar year (CY)\***. As an example, for data collection for the CY 2018 reporting period (through December 31, 2018), hospitals would have until April 1, 2019, to submit an ECE request.

File Name	File Type	File Size	
Extraordinary Circumstances Exceptions (ECE) Request Form	PDF	71 KB	<a href="#">Download</a>

# Q: Is there a CY 2019 QRDA Category I conformance statement resource available?

A: Yes!

- Companion document to assist data submitters to resolve file upload errors
  - Provides additional explanations and reference material to support successful submission
- Releasing winter 2019
- Available on the eCQI Resource Center for the applicable reporting period at [https://ecqi.healthit.gov/eh-cah-ecqms?field\\_year\\_value=2](https://ecqi.healthit.gov/eh-cah-ecqms?field_year_value=2)

# Q: Where do I find Promoting Interoperability Program information?

A: CMS.gov

(<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>)

The screenshot displays the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Share, Help, and Print. A search bar is located below the navigation bar. The main header features the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". Below the header is a horizontal menu with buttons for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Regulations and Guidance > Promoting Interoperability (PI) Programs > Promoting Interoperability (PI). The left sidebar contains a list of links under the heading "Promoting Interoperability (PI) Programs", including 2019 Program Requirements for Medicare and Medicaid, Educational Resources, Scoring, Payment Adjustment, and Hardship Information, Registration & Attestation, Audits and Appeals Overview, Data and Program Reports, Medicare and Medicaid Promoting Interoperability Program Basics, Clinical Quality Measures Basics, eCQM Library, Certified EHR Technology, Eligible Hospital Information, Medicaid State Information, Medicare Advantage, and CMS Promoting Interoperability (PI) Listserv. The main content area is titled "Promoting Interoperability (PI)" and includes a "Latest News" section with two bullet points: one about the Fiscal Year (FY) 2020 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Final Rule, and another about the FY2020 IPPS/LTCH PPS Correction Notice. Below the news is a "Dates to Remember" section with a table listing key dates: January 1 - December 31, 2019 (2019 Promoting Interoperability Programs Reporting Year), December 2, 2019 (CAH hardship exception application deadline), and January 1, 2020 (Data submission for 2019 reporting begins). The "Promoting Interoperability Programs Milestones" section states that in 2011, CMS established the Medicare and Medicaid EHR Incentive Programs (now known as the Promoting Interoperability programs) to encourage clinicians, eligible hospitals, and CAHs to adopt, implement, upgrade (AIU), and demonstrate meaningful use of CEHRT. It also notes that historically, the Promoting Interoperability Programs consisted of three stages, with Stage 1 set the foundation for the Promoting Interoperability Programs by establishing requirements for the electronic capture of clinical data, including providing patients with electronic copies of health information.

# Q: Where can I find more information on the Next Generation HQR System?

A: [QualityReportingCenter.com](https://www.qualityreportingcenter.com)

(<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/>)

- Recording and transcript of November 20, 2019 webinar, *Submitting CY 2019 eCQM Data Using CMS' Next Generation Hospital Quality Reporting System*, on eCQM Archived Events page of [QualityReportingCenter.com](https://www.qualityreportingcenter.com)
- Appendix – Information for Generating EHR Hospital Reports in the Legacy HQR System

# Q: Where are the HARP, SFS and Next Generation of HQR navigation guides posted?

A: *QualityNet* (<https://qualitynet.org/training-guides#tab2>)

Secure Portal User Guides and Training

File Name	File Type	File Size	
Navigating QualityNet Secure Portal during the Implementation of HARP	PDF	307 KB	<a href="#">Download</a>
eCQM Next Generation of Hospital Quality Reporting Simple File Submission Navigation Guide (10/11/19)	PDF	1.4 MB	<a href="#">Download</a>
eCQM Next Generation of Hospital Quality Reporting Navigation Guide	PDF	2.7 MB	<a href="#">Download</a>
HQR New User Enrollment* (19 min) (07/16/14)	WMV		<a href="#">Download</a>
Quick Start Guide: QualityNet account holders (07/18/16)	PDF	278 KB	<a href="#">Download</a>
Quick Start Guide: Non-QualityNet account holders (07/18/16)	PDF	273 KB	<a href="#">Download</a>
Quick Start Guide: QSP Registration (04/03/14)	PDF	576 KB	<a href="#">Download</a>
QualityNet Secure Portal (QSP) User Start-up Guide (04/20/17)	PDF	1.5 MB	<a href="#">Download</a>
Accessing the QSP from multiple devices (03/18/14)	PDF	784 KB	<a href="#">Download</a>

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HARP = Healthcare Quality Information System (HCQIS) Access Roles and Profile  
SFS = Simple File Submission

# Resources

Topic	Who to Contact?	How to Contact?
<ul style="list-style-type: none"> <li>• <i>QualityNet Secure Portal</i> (reports, PSVA tool, uploading data, and troubleshooting file errors)</li> <li>• Promoting Interoperability Program and Policy (previously known as the EHR Incentive Program) (objectives, attestation and policy)</li> </ul>	QualityNet Help Desk	(866) 288-2912 <a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a>
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 <a href="https://cmsqualitysupport.service-now.com/qnet_qa">https://cmsqualitysupport.service-now.com/qnet_qa</a>
<ul style="list-style-type: none"> <li>• eCQM Specifications (code sets, measure logic and measure intent)</li> <li>• QRDA-related Questions (CMS Implementation Guide, Sample Files and Schematrons)</li> </ul>	ONC JIRA Issue Trackers	eCQM Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/projects/CQM/summary">https://oncprojecttracking.healthit.gov/support/projects/CQM/summary</a> QRDA Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary">https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary</a>
eCQM Data Validation	Validation Support Team	<a href="mailto:Validation@hcqis.org">Validation@hcqis.org</a> or <a href="https://cms-ip.custhelp.com/">https://cms-ip.custhelp.com/</a>



# CY 2019 eCQM Reporting Tips and Tools for the Hospital IQR and Promoting Interoperability Programs

## Questions

CY 2019 eCQM Reporting Tips and Tools for the  
Hospital IQR and Promoting Interoperability Programs

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## **Continuing Education**

# Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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**Thank You**

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