Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

Speaker/Moderator

Artrina Sturges, EdD
Alignment of eCQM Reporting Lead
Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

January 15, 2020
2 p.m. Eastern Time (ET)

DISCLAIMER: This transcript was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this transcript change following the date of posting, this transcript will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the transcript and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Artrina Sturges: Good afternoon and thank you for joining us. My name is Artrina Sturges, and I'm your host for today's event. Here are a few announcements before we start today's webinar. This presentation is being recorded and the transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the Quality Recording Center.com website, and also posted to *QualityNet,* in the coming weeks. If you've registered for the event, a reminder e-mail, as well as a link to the slides, was distributed yesterday. If you did not receive the e-mail, the slides are available for download on our inpatient website, again, Quality Reporting Center.com. For attendees who would like to obtain a continuing education credit for this webinar, please stay with us through the end of the webinar to ensure the proper screen is presented to you.

Today's webinar will provide tips and tools to assist your hospital to successfully electronically submit clinical quality measure data, or eCQM data, with the Hospital Inpatient Quality Reporting and the Promoting Interoperability Programs.

By the end, the most commonly asked questions will be addressed for calendar year 2019 eCQM reporting. You'll be able to quickly locate tools and resources and will implement the guidance shared during today's question-and-answer session to improve the quality of your data submission.

This is just an acronym slide for you as a reference. That way, if we make any reference to a term you're not familiar with, please feel free to come back to slide 8 to take a look to clarify the definition.

Hospitals are required to use EHR technology certified to the 2015 Edition of ONC standards and certified to report all available eCQMs. The eCQM specifications required for reporting were published in the 2018 annual update for calendar year 2019 reporting. This also includes all applicable addenda. The specifications information and the *2019 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting* are posted on the eCQI Resource Center. The links are provided for you on the slide. If you haven't, please check the version of the *2019 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting* that you

have on hand. It was republished November 2019 and we want to make sure you have the most current version for reference.

Hospitals participating in the Hospital IQR Program are required to report on four of the 15 available eCQMs for one self-selected quarter of calendar year 2019 data by the March 2, 2020 submission deadline. For any who may have a question about an extension to the submission deadline, CMS has not communicated any intent to extend that submission deadline beyond March 2, 2020. The community will be notified as soon as possible if that changes.

We provided a chart of the available eCQMs. A similar chart is available for download under the eCQM Measure Information tab on the *QualityNet* website as well as the eCQM Resources tab for IQR on the Quality Reporting Center.com website.

For the Promoting Interoperability Program, eligible hospitals and critical access hospitals who are electronically reporting are asked to report on at least four self-selected measures for one quarter of clinical quality measures. The quarter to report on is the hospital's choice as well. Again, the submission deadline is March 2, 2020.

The information listed here is the same as what we reviewed on slide 10. One note, the requirements to have the EHR technology certified to the 2015 Edition does not require recertification each time the EHR technology was updated to the most recent version of clinical quality measures if it continues to meet the 2015 Edition certification criteria. Any questions regarding this information should be directed to the *QualityNet* Help Desk.

Hospitals who choose to fulfill the Medicare Promoting Interoperability Program via attestation are permitted to report for the full calendar year, which equates to four quarterly data reporting periods on all 16 available measures. The submission deadline is March 2, 2020. Again, any questions regarding the Promoting Interoperability Program should be submitted to the *QualityNet* Help Desk.

The definition for successful submission of eCQMs is a combination of accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures, zero denominator declaration, and case threshold exemption.

Oftentimes, submitters have questions regarding the attestation process. We encourage you to visit the Eligible Hospitals Information page on CMS.gov to obtain additional details for updated reference guides and posted webinar materials and, again, the *QualityNet* Help Desk is the primary resource for assistance.

We want to start with tips and tools and some of the frequently asked questions we've received with regard to calendar year 2019 eCQM reporting. So, the first question is, where I do I find the calendar year 2019 eCQM reporting requirements? Well, hospitals and vendors can locate that information on the updated *QualityNet* web page which we have depicted for you here.

Where can I find the most current technical resources? Those resources are currently available on the eCQI Resource page. Again, we have a snapshot of the information for you here, and I want to remind everyone, once again, the updated implementation guide is dated November 2019, which is captured here in the green square. Please make sure this is the version you're referencing as you finish up your calendar year 2019 eCQM reporting.

Oftentimes we receive the question, is there a checklist for implementing eCQM reporting? Absolutely, yes, there is. And, again, it's available on the eCQI Resource Center. This is available to help hospitals and vendors to ensure that you've fulfilled the technical steps to update your EHR and your processes for the applicable performance period.

Again, typically, we get the question, can we still use the HQR legacy process for calendar year 2019 reporting? Yes, that information is all still available. Are the legacy file submission preparation checklists available? Yes and yes. Everything is still posted on *QualityNet* for you to access.

Many of you know, if you attended the November 20 webinar, you were introduced to the steps for submitting calendar year 2019 eCQM data using that Next Generation for Hospital Quality Reporting system within the *QualityNet Secure Portal*. For those of you who prefer to use the Hospital Quality Reporting legacy process, again, the submission process remains available only for calendar year 2019 and, again, as I indicated, the preparation checklists are available for download.

We typically need to review the calendar year 2019 QRDA Category I file format expectations. So, let's run through those really quickly. The expectation is one file per patient per quarter. The QRDA I file should contain all episodes of care and the measures associated with the patient file and that self-selected reporting period. The maximum QRDA file size is 10 megabytes. Files are uploaded by zip files before submission to the *QualityNet Secure Portal*. The maximum number of QRDA I files within that zip file should be 14,999. If a hospital finds that you have more than that volume for reporting, please feel free to submit the number of zip files needed to represent your patient population for the quarter. If you have questions, again, please contact the *QualityNet* Help Desk.

We continue to receive the question is the PSVA tool, or the Pre-Submission Validation Application, is that still available? Absolutely. You can still use the PSVA tool to submit test and production files to *QualityNet*. Again, the PSVA tool can be downloaded within the *QualityNet Secure Portal*. So, I want you to keep in mind that the CMS data receiving system performs additional checks outside of what the PSVA tool does, in terms of validating the file format. Those additional checks, which include but are not limited to the following: Clinical Document Architecture, or CDA schema; the submission period dates; measure outcome information; hospital assignment of vendor authorization for the user to submit on a hospital's behalf. As always, we want to reinforce to you that CMS recommends testing files early and often.

Typically, the question is, can we use case threshold exemption and zero denominator declaration for calendar year 2019 eCQM reporting? You

absolutely can. That is still available for hospitals and their vendors. So, for those who might be a little unclear, we'll do a quick review of the similarities and the differences between when to use the case threshold exemption and zero denominator. Both are applicable to the IQR and the Promoting Interoperability programs to achieve successful reporting. Whether your hospital selects the case threshold exemption or is able to report a zero denominator, it is required that your EHR system is certified to report that particular eCQM. As you see on the left-hand side, case threshold exemption can be used when there are five or fewer discharges applicable to an eCQM during the relevant discharge quarter. Keep in mind that even if a case threshold is applicable, a hospital does not have to use a case threshold exemption. Then, they decide to go ahead and submit the QRDA category one files instead. That's perfectly acceptable. On the right-hand side of the table, a zero denominator can be used when a hospital does not have any patients that meet the denominator criteria for a particular clinical quality measure. In both cases, case threshold exemptions and zero denominator declarations are manually entered on the denominator declaration screen within the *QualityNet Security Portal*.

Okay. So, we wanted to make sure we address this question up front for everyone. Calendar year 2019 eCQMs will not be publicly reported. 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.

eCQM-related Extraordinary Circumstances Exceptions are available for calendar year 2019. Please visit the *QualityNet* website to review the ECE policy. If you have questions specific to your hospital's situation, download the ECE Policy Clarification Questions and Answers document to review the criteria.

The question is, is there a calendar year 2019 QRDA I conformance statement resource available? Yes, there is. The document was posted December 12. A Listserve was distributed to notify the community the document was available. Just to remind you, the document is posted on the eCQI Resource Center with the intent to assist data submitters to resolve

file upload errors. After using the document, again, if you have further questions, please reach out to the *QualityNet* Help Desk for assistance.

If you need to locate Promoting Interoperability Program information, again, we spoke about this a little bit earlier. We wanted to give you a screenshot to go with this. Visit the CMS.gov website to locate the information. Again, as we've stated throughout most of the presentation, questions regarding the program should be directed to the *QualityNet* Help Desk.

Now, for those of you who are interested in more information on the Next Generation Hospital Quality Reporting System, keep in mind we hosted a webinar on November 20. So, that information is posted for you. The webinar recording and the transcript, all of those pieces of information, are currently posted on the QualityReportingCenter.com website. The question- and answer summary document from that webinar will be released in the coming weeks and posted, not only on the Quality Reporting Center website, but also on the *QualityNet* website as well.

We often receive questions about the availability of navigation guides for the changes to the Hospital Quality Reporting System. So, this is just to reiterate the current guides and future guides will be posted on the *QualityNet* website. In addition, data submitters will also be notified by Listserve when new materials are posted.

As always, we like to provide this resource table for you to help you more quickly identify, based on topic, who to contact, and how to contact for quicker assistance.

At this time we would like to begin the question-and answer-session. We are joined by a group of subject-matter experts, who are able to address your questions, and we've reduced the content of the webinar to ensure we address as many of your questions as we can during this webinar. Again, any questions that we do not address during this session will be addressed in the summary document that will be posted to the *QualityNet* and the Quality Reporting Center website in the coming weeks.

What I'd like to do now is go ahead and start with our very first question. The question is, is it acceptable to have test patients in the submitted eCQM file? Honestly, I think the answer to that question depends on what it is you're attempting to do. If you are attempting to submit test files, and you're submitting that information, then that's perfectly fine. If you're attempting to submit production files, which means that you are intending for this data to be received by CMS as what you intend to report for your hospital for that selected quarter of data, then you need to make sure that you have the actual patients that received care during that quarter of data that is being submitted. I don't know if Amy or Beth have anything else to add to that statement.

Okay. Our certification number that we use for submission of our eCQM file, does it need to be inclusive of our eCQM vendor in the event they are different than our EHR? Does the CHPL certification number need to include both our EHR and our vendor in the same number? Thank you. This is a very good question, and we have answered this question for a couple years now. So, let me help you get some additional clarity on this. Sometimes, there's a situation just like this one when a hospital attempts to create their EHR certification number and they wonder what if several products with the same function are used during the reporting period for eCQM reporting. What we've advised folks that they need to do is that all of the products that use QRDA Category I files during the reporting period for electronically reporting clinical quality measures for the Hospital IQR Program should be included for the hospital designee., That could be the hospital. They could have asked the vendor to create their ID number. It depends on how you've set that up in terms of the definition of designee. So, I want to make sure nobody gets confused about that. Whoever makes that decision about who's going to create that ID number needs to create the ID number on the CHPL website. So, of course, directions to create that are outlined in the CHPL public user guide that's posted, and it's also available for download under the CHPL resources tab on the CHPL website.

One other question, let me add to this because we've had this question as well. What if the hospital designee, and we discussed what a designee is

just a couple minutes ago, tries to generate the CMS EHR Certification ID Number but the EHR product is not available for selection because it is not yet certified or several EHR products are implemented at different times? So, we want to clarify that CMS recommends that the hospital designee waits to create the CMS EHR Certification ID Number until they can include all the products, which is to fulfill that definition of CEHRT, or the Certified EHR Technology. That CEHRT definition must be applicable and has to include base EHR items and quality reporting criteria, which means C1, capture and export; C2, calculate; C3, report. Again, if you need more information on this, you're welcome to contact the *QualityNet* Help Desk. You're also welcome to put additional questions here into the chat box, so that we can make sure that, even if we don't address it during the session verbally, we can have that written instruction for you in the QA summary that will be published at a later date. I hope that helps a little bit for folks who may have some confusion for that.

There is an attestation question. I'll go ahead and read the question and then I'll give some additional explanation. During the attestation process on *QualityNet*, there's a question asking if we will submit our CQMs now via attestation. We will be submitting case threshold exemptions or zero denominator declarations. How should we answer the question? This is Artrina. So, I may have to try to get additional details for you. The situation is this, and I know we have a similar question to this. There's an alignment that exists between the Hospital IQR Program and the Promoting Interoperability when you are reporting your clinical quality measures electronically. So, that means that we're reporting on them either through QRDA I files, or we're reporting on them through case threshold, or we're reporting on them through zero denominator. So, when you report on them electronically, then that means that, once you've successfully done that, that fulfills the electronic clinical quality measure requirement for both programs with one submission. So, the key to that is, if you take care of that piece of it, then that addresses that requirement for the electronic clinical quality measure portion. Now, mind you, the Promoting Interoperability Program has other aspects that need to be reported. That's

a different process that sits outside of this eCQM aspect that we're talking about now. Just like when you think about the IQR Program, there are multiple other aspects of IQR that have to be reported. So, our focus is only on electronic clinical quality measure reporting.

The other thing I want to say to you is keep in mind there are a total of 16 measures. Only 15 of them have aligned credit between IQR and Promoting Interoperability. That one measure that is not relative to Hospital IQR is ED-3, and that's the outpatient measure, so there's a no aligned credit there. For those other 15, you have the opportunity to report on those 15 for aligned credit. Beth or Amy, anything I missed or anything else you'd like to add?

Amy Asche: This is Amy. You covered it very well at this time. I don't have any extras at this time.

Artrina Sturges: Great. Thank you, Amy. Next question. Do you have to report the same time period as you submit for Promoting Interoperability when selecting the quarter for eCQM submission, or is any quarter in the calendar year fine? There's no requirement. Keep in mind that Promoting Interoperability deals with that 90-day window of reporting, so you're almost dealing with, like, two different concepts. So, let's make sure we keep that separate. When we talk about Promoting Interoperability, like I said, that's that 90-day reporting period. When we're talking about the Hospital IQR Program, which includes this eCQM reporting portion, we're talking about like a quarter, a calendar quarter, or reporting quarter, so that's that three months. So, no, you don't have to pick the same. It is not a requirement. I hope that clarifies a little bit.

Let's see here. I think someone did ask the question, is there a difference between an eCQM and a CQM? I think we just addressed that. You also asked are eCQMs for IQR/OQR and CQMs for PI? Keep in mind the eCQMs are specifically for IQR. Again, there's aligned credit with PI, if you electronically report a clinical quality measure, but OQR does not utilize eCQMs at this time. So, I just want to make sure we clarify.

Next question, if we're submitting case threshold or zero denominator exemptions, is the reporting period one quarter? Yes. It can be. If that's what you intend to report. So, if your plan is that you're only going to report the minimum of the reporting requirement, which is one quarter, then, yes, you would report that information for one quarter. For any hospital who wants to report one quarter or more, you're more than welcome to do so. You know, they don't have any limitation on how much of a volume of data that you can report. You can report anywhere from one to four quarters of data.

Let's see here. When we submit our selected quarter of eCQMs for the Hospital PI Program, does that fulfill any of the manual IQR submission requirements, or are they separate and need to be entered into *QualityNet* for each quarter of 2019? In terms of manual IQR submission requirements, I'm not really clear. I don't know if you're specifically talking about chart or if you're talking about the manual process of entering case threshold and zero denominators for eCQMs. For the person who entered this question, if you want to put a little more detail into a question for us, we'll see if we can answer that for you. Okay? Thank you. All right.

Here's a question. Amy, could you help with this one? We selected first quarter 2019. What will be the outcome if any files outside of that quarter are included in our zip file?

Amy Asche: To qualify for meeting the program requirement, submit four measures within the same quarter. So, you can submit for any amount of quarters, but you need to make sure four of the measures are within the same quarter that you are reporting in.

Artrina Sturges: Great. Thank you. Okay. Actually, I think I have another one for you. We have submitted calendar year 2019 QRDA production files to CMS and they have been accepted for both our hospitals. One or possibly both of the hospital submissions included test patients because occasionally we admit test patients into our production environment. Is it necessary or

recommended for us to exclude test patients and then resubmit? We've never excluded these patients in the past.

Amy Asche: The recommendation, if you're submitting it through production, would be to exclude the test patients from the submissions because, when you're submitting into the production, it should be all actual patient files that are getting submitted for the required measures.

Artrina Sturges: Thank you, Amy. Yes, this reinforces. This gives a scenario to the very first question we received so people understand this is why it's important to make sure, when you're submitting production, it's only what you intend for CMS to accept as production files. Those are your actual patients.

Next question is, will accuracy of validated calendar year 2019 eCQM data affect your payment for fiscal year 2021. As we've indicated in the last couple of years, at this time, that is not a requirement. What we have to do is look at the bigger picture in terms of every aspect of IQR reporting that you need to submit, every aspect of that needs to be completed. So, that means that, in terms of eCQM reporting, the focus is not on accuracy of your data, but it's on the importance of making sure that data is submitted on time and per the reporting requirements, reporting on at least four eCQM measures and then talking about our definition of successful submission. So, we just need to make sure that all of that is accurate. In case I read that question incorrectly, let me try this a different way. If you're actually asking about actually validated data, so your hospital is physically chosen for part of the eCQM validation process, that also, at this time, if they go through and they're reviewing your data, they have very specific criteria. You know they want you to make sure that, for the records that are requested, that you're submitting at least 75 percent of what's requested. Again, the physical validation of that data, assuming that you're selected for data validation, does not affect your payment determination. So, again, in case I interpreted the question incorrectly, I wanted to try to answer it both ways.

Let's see here. Okay. This might be an Amy or a Beth question. So whoever feels more comfortable, please feel free. In the Outcomes tab of

	the eCQM HQR System, it looks like the tool on *QualityNet*, how are ED-1 and ED-2 results configured since it is timed?
Amy Asche:	This is Amy. Go ahead, Beth. Did you want to go?
Elizabeth Driskell:	Yeah. So, if I understand the question, on the Outcomes tab for ED-1, ED-2, and ED-3, we have replaced the cards with Denominator/Numerator, Denominator Exception To, In Measure Population, Measure Population Exclusion, and Did Not Meet ICP. The calculation for these measures is the same as it has been in the previous system, so the calculation hasn't changed any. It's just the way we're displaying it. If that doesn't answer the question, then, if somebody could provide more information, I can try to address it later.
Artrina Sturges:	Great. Thank you, Beth. Next question, on slide 25, if there are data in a measure's IPP, is a zero denominator required when the submission status report shows the submission requirements are met without the zero denominator? Just to answer your question, the answer to that is no. So, keep in mind, that with zero denominator, the hospital can't have patients that meet the denominator criteria of that clinical quality measure in order to use zero denominator declaration. So if, you know, if you're showing meeting IPP and there's not a problem, then you don't need to use zero denominator. Okay? I hope that helps a little bit.
	Let's see here. Next question. Okay. Is it safe to say that we still have time to select which quarter to submit for 2019 as long as it's done quickly since the deadline is fast approaching? Yes, that is correct. You're absolutely correct. Yes, you still have time to decide which quarter of data that you'd like to submit. Just keep in mind your data submission deadline is March 2, 2020 at 11:59 Pacific Time. Okay. So, as long as that data hits the system and it's showing, you know, successfully reported, then you'll be fine. We would recommend that you generate your report to make sure, the submission status report, to make sure you are indicating that you have successfully met the eCQM reporting requirements. Good question. Thank you.

All right. Next question: If we use a vendor for chart abstractions, will they be the one submitting our eCQM data for 2019? This is Artrina again. That's really a decision that's made at the hospital level because some hospitals have different vendors who perform different activities for them. So, in some cases, hospitals may have one vendor who does their chart and someone who does their eCQMs. So, that's really a conversation that you would need to have with your internal hospital staff to determine how you are setup with that and how your vendors are aligned to perform the reporting on behalf of your hospital.

Let's see here. Next question is, I submitted a file for test this morning using the new process. So, I'm assuming, when you say new process, you must mean the Next Generation process for Hospital Quality Reporting. I received two e-mails right away showing that the file was processed and my file was accepted, but there were two e-mails at the same time with two different batch numbers. The submitter believes they only submitted one file. So, the question is, why would they receive two batch numbers? Again, I'm not sure if this is something we can answer here or if it needs to be referred to the Help Desk. I wanted to put it, actually, to Beth, if you can help us with this one, that would be great.

Elizabeth Driskell: Yes. Artrina, this is Beth. I was going to cut in on that. I think that this definitely needs to go to the Help Desk so we can see what's going on with that. If the person who encountered this issue could send the two e-mails they received with the two different batch IDs with their Help Desk ticket request, that would be great. That would help us a lot in being able to troubleshoot what exactly occurred.

Artrina Sturges: Great. Thank you, Beth. Appreciate it. Again, this is another one that I'm not sure if we'll be able to answer this here, but it asks, they ask, can you quickly review the Outcomes tab of the HQR System, or is there a resource for this? For example, what is "IPP met," versus "numerator," versus "denominator"? I don't know, Beth or Amy, who feels more comfortable with this one.

Elizabeth Driskell: This is Beth. So, if you go in the eCQI website, you will be able to pull down the HTML version for each one of the e-measures that would be able to tell you the definition for what "IPP met" means, or "numerator," or "denominator" means for each one of the measures being reported. Beyond that, I'm not sure there's any specific education or outreach materials that explain it further than that.

Artrina Sturges: Thank you, Beth. Yes. I think the only other resource that I can think of right offhand is if you visit the eCQI Resource Center, they do have what they call eCQM flows, and what these do is, it's in addition to having the measure information available that you can also download from eCQI, but for folks who may like it more visually to be able to identify, you know, what exactly is the definition. How am I meeting IPP? You know, what are the denominator exclusions and exceptions? If you want to have more of a visual depiction of what that looks like, then downloading those eCQM flows for each measure will be very beneficial to you. So, those are the only things I can think of right offhand and, again, there are a number of resources available on eCQI. What we'll also do in the question-and-answer summary is we'll do a little research, find some other documentation that might support your question, and that way we make sure that we make information available to you.

Thanks very much, Beth. Next question is what is the eCQI Resource Center and how does it relate to *QualityNet*? That is, when do I go to eCQI instead of *QualityNet*? That's a very good question. So, here's the thing about the eCQI Resource Center. It's kind of your, what we like to call, kind of like that one-stop shop that gives you everything associated with, you know, quality improvement and implementing eCQMs into your hospital. So, if you're looking for a technical resource guide like, let's say for instance, we showed you the implementation checklist. If you want to understand everything that you need to step through in terms of looking, you know, going to the Value Set Authority Center and looking that information up, signing up for a JIRA account in case you have questions about different measures or other things that you have, you know, other things that you want to get some support with, and maybe there are other

hospitals out there asking questions similar to yours, like how to interpret something or how to address something at the facility. There are a number of resources out there for you. So, for instance, with this checklist, it tells you all these different pieces you can do: review the code versions that are used in the annual update; review the standards, the tools, and the documents that are used in the annual update. eCQI really gives you all of those technical resources, in terms of understanding what the program requirements are, like, you know, how many eCQMs are available for reporting for a reporting period or reporting requirements. What's the definition of successful submission? If I have questions about the PSVA tool, where can I go to learn more details about that? Keep in mind, those are more program-specific pieces of information that are maintained on *QualityNet*. User guides for *QualityNet Secure Portal*, aspects like that, versus eCQI which gives you all the technical aspects, so all those resources that support the actual reporting process, so that you know step by step what to do and what to implement at what point. I'm sorry. That was a really long explanation. But I hope that helps you kind of understand the difference between the two.

Let's go to our next question. Can I submit data today in *QualityNet*? Absolutely. The receiving system is open for test and production files and, again, don't forget that submission deadline, March 2, 2020, 11:59 p.m. Pacific Time. Okay. I apologize. Thank you for all the questions that are coming in. Some of them are duplicates, so I'm just looking through some of them.

Amy, this question may be for you. Do the quarterly eCQM files need to be uploaded by the quarter, or can you submit the entire year at one time all together?

Amy Asche: If they're submitting for more than one quarter, you can submit all your files at one time. It will be broken down within your files that specifies which quarter. So, when you're running the reports and stuff, it will show up for that specific quarter you're looking for that information. So, you can submit all at once and the information will be, come out in your reports as it's supposed to be.

Artrina Sturges: Great. Thank you, Amy. Will there be a webinar on the other reporting aspects of IQR, OQR, and Promoting Interoperability? Then, also, I received another question similar to that. So, we'll answer those all at the same time. Will there be another webinar regarding Promoting Interoperability? So, let me speak to it this way. In terms of inpatient quality reporting and outpatient quality reporting, those webinars, any upcoming webinars are maintained and communicated several ways. First of all, we have the Quality Reporting Center website and, as I indicated, that's kind of like our inpatient website. There are a number of programs that are out there where they actually have a calendar that will show you upcoming webinars. In addition to that, there are Listserves that are distributed that let you know what webinars are coming. If you're unsure of where to go to register for those Listserves to make sure you're always receiving the most current information, whether it's webinars or just program information or anything along those lines, please go to the *QualityNet* website, *QualityNet.org*, and they have a location there where you can actually register for any of the webinars, materials, or any program materials that you would like to receive, in terms of updates. So, there are a couple places where that information is maintained. In terms of the Promoting Interoperability Program, I actually have a specific, and I think we did speak to this, but I want to make sure that I reinforce this. For Promoting Interoperability, at this time, they have their own process in terms of how they manage their webinars. So, any questions regarding presentations on attestation, should be e-mailed and, again, I'll make sure that this is available in the QA summary we provide. But it's the mailto:CMSQualityTeam@ketchum.com website. Sorry, not website. Excuse me. E-mail. I want to make sure you have that, that way you can go directly to that team and ask them if they have any webinars related to attestation, or even if they have any program events, ff you want to know if they have educational materials that are coming out, anything like that that assists with the attestation process, please email them. Again, CMSQualityTeam@Ketchum.com. We also encourage you to go to the Promoting Interoperability page on the CMS.gov website to review any available educational resources, to review any deadlines that are available, and any program requirements. Again, for today's webinar, that's slide number 29.

	Okay. This question actually might be for Amy. When should we expect to see results populate to the EHR hospital reporting, eCQM performance summary report?
Amy Asche:	With this report, there's an overnight job that occurs. So, the next day, you can run this report and you'll get all the information at that time.
Artrina Sturges:	Great. Thank you, Amy. The next question is, if the 15 available eCQMs are not applicable to our facility, does reporting zero denominator for all categories keep us compliant? This is a very good question. We have had this before, because in some cases, we have hospitals that may be specialty hospitals and so there may be moments when eCQMs currently available for reporting are not applicable. So, as we indicated on that slide that talks about the use of case threshold and zero denominator, just make sure that you're meeting the criteria. So, the hospital EHR system has to be certified to report the eCQMs and, of course, as you just indicated, the hospital does not have any patients that meet the denominator criteria of that CQM. So, if that's the case, and you meet the criteria, then CMS indicates that utilizing zero denominator declaration is fine. Again, if you have any questions about that, please contact the *QualityNet* Help Desk.
	Where can I find old slide decks for demonstration of the upload process for eCQM files? Okay. So, we do have a number of archived, vintage, webinars that are available for you to review. It's a slide deck that steps you through every step of data submission. So, if you visit the QualityReportingCenter.com website and you go to eCQM Archives, once you click on that tab, it will take you to all of the archived presentations. So, you can look through there to find those. Honestly, those are typically towards, just to give you an idea, typically towards the fall and the winter when those webinars were hosted for whatever that reporting period was. We'll also make sure that when we put the QA summary together that we provide a list of those so that you can locate those more quickly. Thank you for the question.
	Quick question. What is the deadline for the Promoting Interoperability Program? It actually shares the same deadline. So, also, it is aligned with

eCQM reporting for the Hospital IQR Program. So, that deadline, no matter which you're speaking to, whether it's eCQMs that are being reported for Promoting Interoperability or for Hospital IQR is March 2, 2020, 11:59 p.m. Pacific Time. Okay? Thank you for that question.

Okay. Okay. I think we are... Okay. Amy, let me ask this one and we may allow this to be one of the last ones for today's webinar. What specific security access do I need to submit eCQMs to *QualityNet*?

Amy Asche: I'm sorry. I didn't see that question. It's asking the security need?

Artrina Sturges: Yes. That's okay. It's asking what specific security access I need to submit eCQMs to *QualityNet*. I guess we'll say to the *QualityNet Secure Portal*. We'll be very specific.

Amy Asche: So. to be able to access, you'll have to be able to log in to *QualityNet* online, and then it would have to have the correct role assigned to you to have the availability to submit files for that provider, and you would reach out to the Help Desk if you're having issues on being able to submit the files at all. Just, if you can't do it at all, or have questions about it, reaching out to the Help Desk would be the next step to make sure you have the correct roles assigned to your user ID to make sure you have all access that you are needing to submit the files.

Artrina Sturges: Great. Thank you, Amy. Then let's go ahead and we'll make this one our last question for today. I apologize, Amy. I may give you this one, too.

For the last one, I submitted my eCQMs to test and received the email saying the file was accepted. The eCQM feedback and submission report didn't provide any detailed information regarding rejections, inclusion, or exclusion detailed information. Are there any reports available for this information?

Amy Asche: You're just wanting to know if it was excluded or not? Submission summary reports will show how many total files were submitted and accepted, going that way. If you're looking for errors or ones that are specifically rejected, that would be the submission detail report on looking

to identify if any of the files were rejected or had any error message within them. If you're looking at measure-based information, if you're meeting the correct measure outcome, then you would be looking at the eCQM submission and performance feedback report. Hopefully, that helps.

Artrina Sturges: Thank you, Amy. That's great. Okay. First, I want to say thank you all very much. Very good questions were coming in. I appreciate that we had so much time to be able to spend with you today, and we really do hope that by having more time focused just on your questions that you feel a little more comfortable with the process and that we've given you some tips and some feedback that will really help you feel more encouraged and more successful as you reach the submission deadline. So, I want to say first thank you for that, and a huge thank you to our subject-matter experts for being with us today and to assist with answering so many questions.

What we're going to do now is we're going to go ahead and talk a little about continuing education. So, thank you very much. Next slide, please.

Okay. So, this program has been approved for continuing education credit for the boards listed on the slide. So, to verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

At this time, I want, again, to give a huge thank you to our subject-matter experts and to all of you for your questions, your time, and your attention today. Everyone, please have a very good afternoon.