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Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

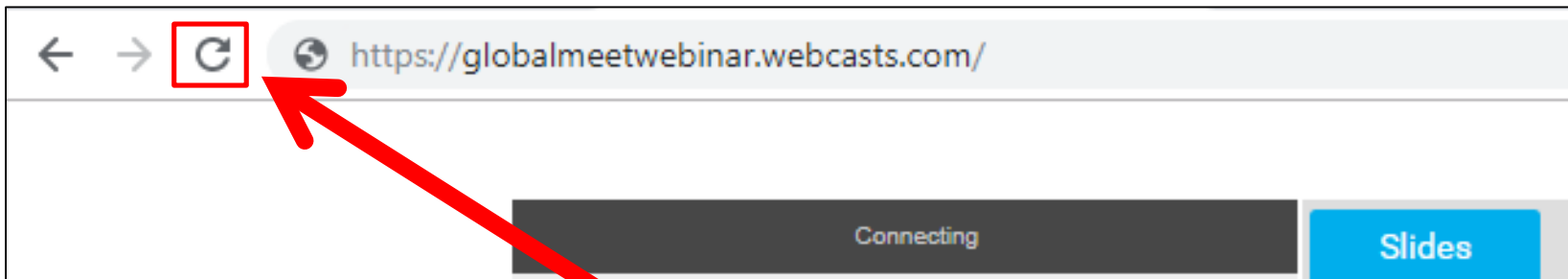
Click Refresh

– or –

Press F5



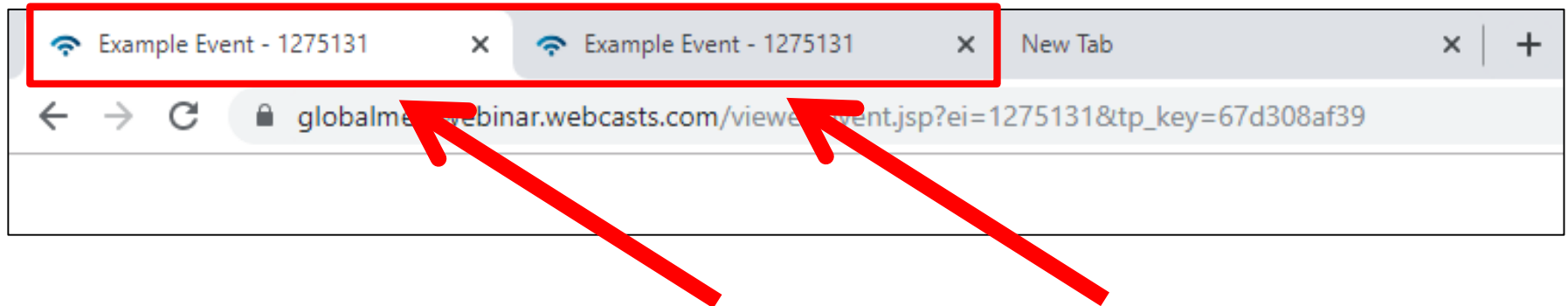
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



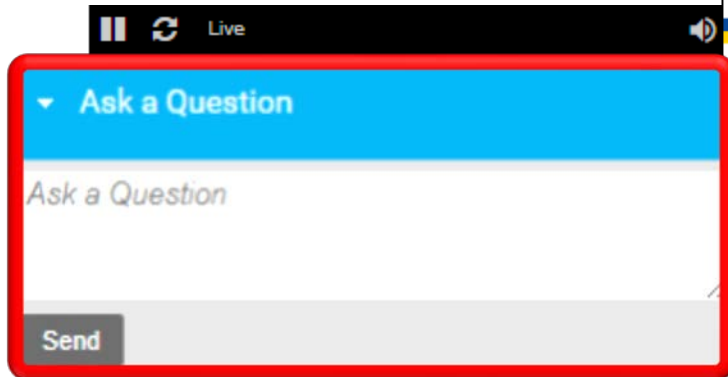
Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

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



Today's Presentation



Question and Answer Session: CY 2019 eCQM Reporting for the Hospital IQR and Promoting Interoperability Programs

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

February 11, 2020

Purpose

This session will address questions from data submitters regarding the aligned reporting of electronic clinical quality measures (eCQMs) for the Hospital Inpatient Quality Reporting (IQR) and the Promoting Interoperability Programs for calendar year (CY) 2019.

Objectives

By the end of the presentation, you will be able to:

- Quickly locate the CY 2019 eCQM reporting requirements.
- Use all available resources to answer final questions regarding CY 2019 eCQM reporting.
- Use feedback to troubleshoot issues to successfully fulfill eCQM reporting requirements to the Hospital IQR and the Promoting Interoperability Programs.

Question and Answer Session: CY 2019 eCQM Reporting for the Hospital IQR and Promoting Interoperability Programs

CY 2019 Reporting Requirements and Resources Overview

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 eCQM requirement also satisfies the CQM electronic 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

| | | | | | |
|---|---|---|---|--|---|
| AMI-8a CMS53v7 <i>Primary PCI Received Within 90 Minutes of Hospital Arrival</i> | CAC-3 CMS26v6 <i>Home Management Plan of Care Document Given to Patient/ Caregiver</i> | ED-1 CMS55v7 <i>Median Time from ED Arrival to ED Departure for Admitted ED Patients</i> | ED-2 CMS111v7 <i>Median Admit Decision Time to ED Departure Time for Admitted Patients</i> | ED-3* CMS32v8 <i>Median Time from ED Arrival to ED Departure for Discharged ED Patients</i> | EHDI-1a CMS31v7 <i>Hearing Screening Prior to Hospital Discharge</i> |
| PC-01 CMS113v7 <i>Elective Delivery</i> | PC-05 CMS9v7 <i>Exclusive Breast Milk Feeding</i> | STK-2 CMS104v7 <i>Discharged on Antithrombotic Therapy</i> | STK-3 CMS71v8 <i>Anticoagulation Therapy for Atrial Fibrillation/ Flutter</i> | STK-5 CMS72v7 <i>Antithrombotic Therapy By End of Hospital Day 2</i> | STK-6 CMS105v7 <i>Discharged on Statin Medication</i> |
| STK-8 CMS107v7 <i>Stroke Education</i> | STK-10 CMS102v7 <i>Assessed for Rehabilitation</i> | VTE-1 CMS108v7 <i>Venous Thromboembolism Prophylaxis</i> | VTE-2 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 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 eCQMs.
- Use eCQM specifications published in the 2018 eCQM 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.
- Use the *2019 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>.

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.

CY 2019 QRDA Category I File Format Expectations

- 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.

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 CQM Reporting Form and Manner for Medicare Promoting Interoperability Program

Requirements:

- Use of QRDA Category I for CQM electronic submissions
- EHR technology certified to the 2015 Edition
 - EHR technology certified to all 16 available CQMs
 - **Does not** require recertification each time the EHR technology was updated to the most recent version of CQMs if it continues to meet 2015 Edition certification criteria
- Use of 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.

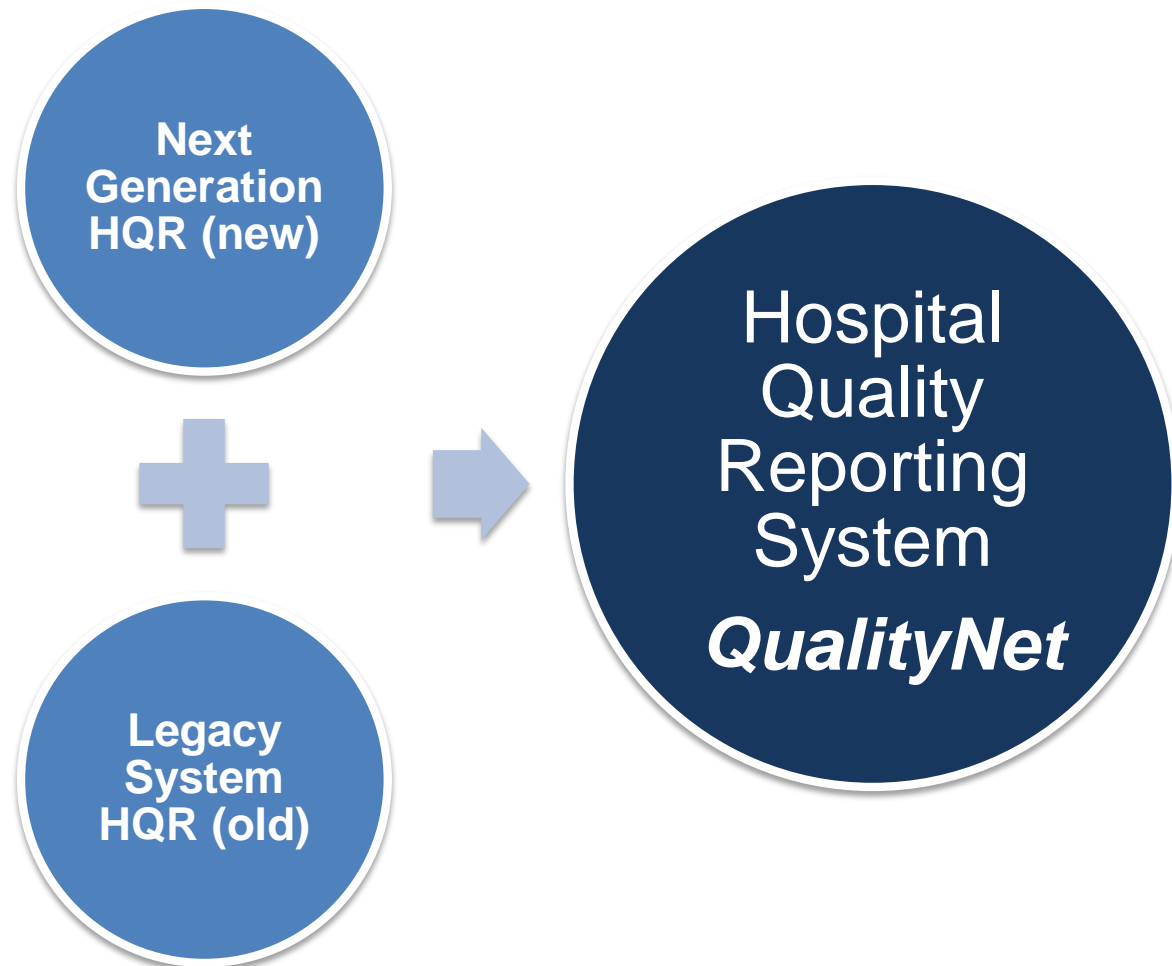
Clarification about CMS' Hospital Quality Reporting (HQR) System

Where do I submit my data and view information about my submission?

Hospitals reporting quality data to CMS use CMS' **Hospital Quality Reporting (HQR) System**.

- As Hospital Inpatient Quality Reporting Program and Promoting Interoperability Program participants, you report data through the global *QualityNet Secure Portal*, *QualityNet*, at the CMS website:
<https://www.QualityNet.org>
- The HQR System, including *QualityNet*, is transforming into an improved system—the “**next generation**” of quality reporting. During this transition, some aspects of the current, or “**legacy**,” system are used. Components of both old and new systems are referenced in our communications until the transition is complete.

Hospital Quality Reporting (HQR) System for CY 2019 Reporting



Hospital Quality Reporting (HQR) System *after* CY 2019 Reporting



Hospital Quality
Reporting System
QualityNet

After the CY 2019 reporting period, there will be one unified Hospital Quality Reporting System.

Legacy QualityNet Secure Portal EHR Hospital Reports Document

Visit *QualityNet* and download the EHR hospital reports document.

<https://www.qualitynet.org/inpatient/asures/ecqm/resources>

EHR Hospital Reports Available in *QualityNet Secure Portal* Calendar Year (CY) 2019/Fiscal Year (FY) 2021 eCQM Reporting



| Frequently Asked Questions | Report Name | Report Purpose | Report File Type |
|--|--|---|--|
| Which report displays how the Quality Reporting Document Architecture (QRDA) Category I files were processed at the file level for electronic health record (EHR) reporting? | EHR Hospital Reporting – Submission Detail Report (R529) | File-level validation shows the conformance or error statements within rejected files. | Generate for test and production QRDA Category I files through the feedback and submission report categories. |
| Which report provides a summary of the total individual files (submitted within a batch file) that were accepted, deleted, or rejected? | EHR Hospital Reporting – Submission Summary Report (R528) | This is a summary report; therefore, the counts display every accepted, rejected, and deleted file submitted for the selected quarter. This count includes files that have been submitted more than once. NOTE: This report only evaluates if the measure template is in the file and should not be utilized to determine reporting success. | Generate for test and production QRDA Category I files through the feedback and submission report categories. |
| Which report can provide a summary level of measure performance calculations? | EHR Hospital Reporting – eCQM Performance Summary Report (R547) | This report provides performance calculations (such as denominator and numerator populations), continuous variable observations, etc. | Generate for production QRDA Category I files through the feedback and submission report categories. |
| Which report shows if our hospital's production file submissions are meeting the CMS definition of successful electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) Program and Promoting Interoperability (PI) Program for eligible hospitals and critical access hospitals (CAHs)? | EHR Hospital Reporting – eCQM Submission Status Report (R530) | The PI Program for Hospitals and Successful IQR-EHR Submission fields in this report indicate successful submission of eCQM data when a Y, for Yes, is displayed for each field. NOTE: The definition of successful submission is a combination of QRDA Category I files, zero denominator declarations, and/or case threshold exemptions reported via the <i>QualityNet Secure Portal</i> by the reporting deadline. | Generate for production QRDA Category I files through the feedback and submission report categories. NOTE: This is a snapshot in time. If the reporting changes in any way, regenerate the report for the most current status of the PI Program for eligible hospitals and CAHs and IQR-EHR submission categories. |
| Which report is available to review measure calculations at the patient level, measure level, and for each episode of care? | EHR Hospital Reporting – eCQM Submission and Performance Feedback Report (R546) | The aforementioned measure calculations are available on accepted files and can be tracked by discharge quarter. | Generate for test and production QRDA Category I files (only available through the submission report category). |

QualityNet Secure Portal – New Report User Interfaces and Exports

- Files Upload History Tab and Export
- eCQM Submission Accuracy tab and Export
- eCQM Measure Results Outcomes Tab and Export
- Program Credit Interface and Report Export

Resources

Do you need more technical details on how to submit your eCQM data?

Instructions on how to submit your CY 2019 eCQMs, including screenshots shown at our *Tips to Successful eCQM Submission for CY 2019 Hospital Quality Reporting* webinar, are available on QualityReportingCenter.com on the [Archived Events](#) page.

Resources

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

Question and Answer Session: CY 2019 eCQM Reporting for the Hospital IQR and Promoting Interoperability Programs

Question and Answer Session

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Thank You

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