Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Questions and Answers

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

Question 1:	**Is there a special way to label the Quality Reporting Document Architecture (QRDA) Category I files before uploading? Should we include the organization's ID number, the core measure name, and the quarter from which the data are being sent?**

There is no special way the QRDA Category I files need to be labeled before submitting them to CMS. The information will be pulled from the QRDA Category I files to make sure it is in the correct measure set when it is being calculated. There is no need to include a special label on QRDA Category I file submissions. If there are additional questions, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 2:	**I have a question about our Certified Electronic Health Record Technology (CEHRT) ID from the Certified Health IT Product List (CHPL) website. We are using quality measures from quarter (Q)1, which is before we went live with our new electronic health record (EHR). Our Promoting Interoperability (PI) Program measures will be from Q4 using our new EHR. Must I generate two separate CEHRT IDs, one for Q1 and one for Q4? Will doing so cause any problems or flag us on *QualityNet*?**

CMS recommends, if you have multiple EHR products that are being used to create your QRDA Category I files, waiting to create your CEHRT ID until you can include all of the products that assisted you in fulfilling the CEHRT definition. The CEHRT definition must be applicable and include the base EHR items and quality reporting criteria, which is C1 to capture and export, C2 to calculate, and C3 to report. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 3:	**On the Attestation Summary Report, the Overall Program Status is indicating Complete; however, the PI Objectives Measures Sub-Status says Incomplete, but it should not. What should we do?**

If the PI Objective Measures sub-status is showing Incomplete, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 to open a ticket. In the meantime, please log into the CMS Hospital Quality Reporting (HQR) system via the *QualityNet Secure Portal* and take a screen shot of the status showing Complete on all objectives.

The Overall Program Status line of the Attestation Summary Report is expected to show Incomplete when a facility reports its CQMs via QRDA Category I file. The Overall Program Status will only update to Completed when all requirements of the program are addressed via the web-based data collection tool online entry.

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

Question 4: **Our hospitals are unable to print the eCQM Submission Reports because we are using a third-party vendor who not did supply them to us when the data submission was complete. There is no selection except Submitter to run the reports.**

As a hospital, you should have both the submission side and hospital access to the reports within the HQR System report application. Additionally, the user should be able to access the Next Generation application within the HQR System. After the user logs into the *QualityNet Secure Portal*, locate My New HQR and select the eCQM tab. All the Next Generation user interfaces (UI) and reports for eCQM are available there. If there are additional questions, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 5: **Does the 10MB max file size refer to the uncompressed size of one QRDA XML file or the total size of the compressed zip file?**

The 10MB maximum file size refers to the size of one QRDA XML file. If there are additional questions, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 6: **Does the Promoting Interoperability Program Attestation Summary Report need to be entered anywhere in *QualityNet*?**

The Promoting Interoperability Program Attestation Summary Report generated from the HQR System via the *QualityNet Secure Portal* is intended for submission status review and for the records of the hospital after the hospital or its submitter complete registration and attestation activities. If there are additional questions, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 7: **How do I know if I am using the legacy HQR System or the Next Generation HQR System?**

If the user is going to submit from the "legacy" HQR System, select Secure File Transfer from the Select Your Program in the *QualityNet Secure Portal*. That takes you to the legacy *QualityNet* page. From there, select Secure File Transfer, which allows the user to access last year's method for submitting eCQMs. Calendar year (CY) 2019 is the last year legacy access to the HQR System will be available. CY 2020 and beyond eCQM reporting will be performed in the Next Generation HQR System.

Users who want to submit eCQM data using the Next Generation HQR System should log into the *QualityNet Secure Portal* and select Hospital Quality Reporting from the program selection drop-down box. This takes the user to the Next Generation page. From there, select My New HQR and for the Next Generation platform. The user can choose to upload QRDA Category I files or select eCQM to access the new Next Generation UIs, complete with exports. If there are additional questions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 8:   **Do we need the 2015 edition of CEHRT to submit for 2019?**

Yes. That is correct. Hospitals must have the 2015 edition of CEHRT to be able to submit 2019 eCQM data. Visit the *QualityNet* website to review the eCQM reporting participation tab for the applicable reporting period.

Question 9:   **Our system is not ready for eCQM data submission. If we are filing for a hardship exception for the Promoting Interoperability Program, must we submit for the Hospital IQR Program? If so, what is that hardship process?**

The answer is dependent on the facility type. Critical Access Hospitals (CAHs) are encouraged, but not required, to report eCQM data to the Hospital IQR Program. However, CAHs are required to report to the Promoting Interoperability Program.

IQR-eligible hospitals are required to report to the Hospital IQR and the Promoting Interoperability Programs. If you are an IQR-eligible hospital and are filing a hardship exception with the Promoting Interoperability Program, you most likely will need to file an Extraordinary Circumstances Exception (ECE) application for eCQM reporting for the Hospital IQR Program by April 1, 2020, for CY 2019 reporting. It is recommended to include supporting documentation with your application; applications are reviewed on a case-by-case basis.

Information regarding the hardship exception for the Promoting Interoperability Program can be found on the Scoring, Payment Adjustment, and Hardship Information tab of the CMS.gov website.

Information regarding the ECE policy and application for the Hospital IQR Program is available on the Participation tab of the eCQM tab within the *QualityNet.org* website. If there are additional questions, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 10: **We have the eCQM Submission Status Report (Program Year Successful eCQM Data Submission: Promoting Interoperability Program: Y and IQR-EHR: Y). I just want to confirm that we successfully submitted eCQMs and fully meet CMS eCQM requirements.**

That is correct; the two fields must display a Y for Yes on the eCQM Submission Status Report to indicate successful submission. Keep in mind the report is a snapshot in time. If there are any modifications to the submission (for example, files are deleted, resubmitted, or modifications are made to the denominator declaration screen), modifications could potentially change the status of your submission. If you make any changes after you've already received a Y in both fields, re-run the eCQM Submission Status Report to ensure that those two positive statuses are still showing. If there are additional questions, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 11: **What reports can we run in *QualityNet* (the CMS HQR System accessible via the *QualityNet Secure Portal*) to show proof of compliance for both QRDA Category I submission and Promoting Interoperability Program objectives?**

The Program Credit Report is available in the HQR system via the *QualityNet Secure Portal* for submissions using the Next Generation of the HQR System. The eCQM Submission Status Report is available via the *QualityNet Secure Portal* for submissions using the legacy HQR System. For the Promoting Interoperability Program, if the user chooses to submit CQMs using the web-based data collection tool, there is an Attestation Summary Report that is also available for download within the HQR System via the *QualityNet Secure Portal*. If there are additional questions, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 12: **Our vendor still has not fixed the errors in the QRDA tool. Worst case scenario: If it is not fixed before the submission deadline, are we able to select four or more measures that have zero denominators and only submit those to fulfill the reporting requirement? (We are a very small hospital and most measures have zero denominators.)**

CMS asks for data that are reflective of your patient population for the selected reporting period. If your EHR is certified to report the measure and there are zero patients that meet the initial patient population (IPP) of the measure, hospitals are permitted to submit the zero denominator declaration for those measures by the March 2, 2020, deadline.

Question 13: **How do we set up QRDA format or zip files? Is there a special zip file?**

The QRDA format comes directly from your EHR system and should be exported from a 2015 edition of CEHRT. Although using zip files is not required, if you are submitting 10 or more files, it may be a better way to submit your data. As an example, place the 10 files into a local zip utility on your computer workstation to create the zip file and zip the folder without a directory. If there are additional questions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 14: **I have submitted a file thru the Next Generation HQR System platform, and it says Received. How long will it be before I receive notification that it has been processed? Do we only receive one email during this process?**

Yes, that is correct if you are using the Next Generation HQR System. If you're using the Next Generation Simple File Submission process, the UI will confirm your file has been received within 24 hours. The UI will also provide your batch ID as a replacement for the first email generated by the legacy HQR System for any file submitted through Secure File Transfer. The Next Generation UI will also let you know the number of files processed, the number accepted, and the number rejected. These details typically are captured in the second email in the legacy HQR System. If there are additional questions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 15: **If a facility previously used the Pre-Submission Validation Application (PSVA) tool for submission, what tips do you have for submitting via *QualityNet* rather than the PSVA tool? Is there anything in particular to be aware of?**

The process is the same: Create a zip folder of QRDA Category I files. If using the legacy portion of the HQR System, once logged into the HQR System via the *QualityNet Secure Portal*, , access the Secure File Transfer and select the EHR Data Upload Role. Select to upload the zip folder of QRDA Category I files to the Test or Production folder.

If using the Next Generation HQR System, log into *QualityNet* and select Hospital Quality Reporting. Then select Go to the New HQR. Once there, select the File Upload button. The tab at the top will say eCQM. From this tab, select Test or Production. The File Upload Screen appears. Either drag-and-drop your files onto a shaded screen or select your files. If you select your files, you will see your active directory to pull your files to upload them.

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

Question 16: **Will there be an updated registration and attestation resource document posted to the CMS.gov website? The last one available is dated 2017.**

Updated documentation is being developed and you will be notified when the information is available. Please direct any additional questions regarding the documentation to CMSQualityTeam@ketchum.com.

Question 17: **We have had recurring issues with the Next Generation HQR System Program Credit Report not running and have had to revert back to the legacy HQR System reports. Is this a known issue?**

This is not a known issue. Please contact the *QualityNet* Help Desk to open a ticket. Be prepared to provide details regarding who submitted the files on the hospital's behalf, the intended reporting quarter, and the date and time the files were uploaded. Contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 18: **The vendor is not submitting for me. I have to run the report in the [EHR] system to create the QRDA Category I files, then I will report/submit. The vendor does not have the ability for me to access the data right now. In sum, I have no way to report until after the vendor updates the system, and there is no guarantee I will have access to our eCQM data before the deadline.**

If your vendor is not able to complete the EHR system updates needed for your organization to meet the March 2, 2020, deadline, make sure to visit the *QualityNet* website and locate the Hospital IQR Program ECE application. The application is due by April 1, 2020. It is recommended to provide supporting documentation; each request is reviewed on a case-by-case basis.

If this situation could potentially affect your ability to report for the Promoting Interoperability Program, visit the Scoring, Payment Adjustment, and Hardship Information tab for the Promoting Interoperability Program on the CMS.gov webpage.

Question 19: **When we are submitting QRDA Category I files using the Next Generation HQR System for eCQM submission, there is no way to designate which quarter we are submitting. Yet, the system must know based on the dates in the QRDA I Category file. Can you address this?**

That is correct. The HQR System identifies the reporting period specified in the QRDA file, and it is the same process for the Secure File Transfer upload process with the legacy HQR System. There is currently no requirement for the submitter to separately designate the quarters submitted for file upload. This is feedback that we will definitely take back to our human-centered design team. This functionality does not exist because users, especially vendors, can submit for multiple facilities and multiple quarters within one batch. The HQR System has the ability to open a zip file and identify the QRDA Category I files for a particular facility and for a particular quarter.

At this point in time, if you wanted to submit two quarters, you could submit two quarters of data within one file upload, within one zip, and, if we designate that you're only submitting for a specific quarter, that could cause issues down the line (for example, a file could reject that you weren't expecting to reject). However, we will definitely take the feedback to the human-centered design team for further research.

Question 20: **This is a follow-up question on the hardship application for the Promoting Interoperability Program. Our hospital is filing a hardship. When we select Program in the hardship application portal, what do we choose?**

The recommendation is to select HQR for PI. For additional follow-up please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 21: **This is my first time submitting. What is the best way/resources to get started?**

Visit the *QualityNet* website to review and obtain clarity regarding the eCQM reporting policy, requirements and supporting documentation to assist with the eCQM reporting process.

There are tabs to explain the eCQM measures available for reporting: Participation (reporting requirements), Resources (like the Test and Production 2019 preparation checklists), and links to webinars and associated materials. Please visit the eCQM page on *QualityNet* at https://www.qualitynet.org/inpatient/measures/ecqm.

The next resource is the eCQI Resource Center to review and obtain technical specifications, documentation, and other information based on the reporting period to help you locate the standards, tools, and resources to implement eCQM reporting.

TIP: Download the Implementation Checklist to ensure you have the most current list of requirements for the correct reporting period: https://ecqi.healthit.gov/eh-cah-ecqms?field_year_value=3.

The Quality Reporting Center website houses archived eCQM webinars and associated webinar materials: https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/.

If you're interested in submitting data using the legacy process within the HQR System, review the steps for submission at https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/archived-events/iqrecqm1024/.

Users submitting data using the Next Generation process within the HQR System should review the November 20, 2019 webinar materials at https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2019-events/ecqm112019/.

Promoting Interoperability Information can be found on the CMS.gov website at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms.

Please direct future questions to either the Q&A Tool (https://cmsqualitysupport.service-now.com/qnet_qa) or the *QualityNet* Help Desk (qnetsupport@hcqis.org or (866) 288-8912).

Question 22: **Regarding PI Program reporting, do we need to fill out the Public Health measures that we are not reporting, or should we leave the others blank once we have indicated we are in active engagement for two of the measures?**

Once you have fulfilled the requirement of two of the Public Health measures, please do not fill out any of the other ones. The rest should remain blank to prevent confusion within the system and reduce the likelihood an error will be generated. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 23: **Are hospitals paid based on data results?**

Regarding eCQM reporting to the Hospital IQR program, IQR-eligible hospitals are required to successfully report on at least four eCQMs by the March 2, 2020, 11:59 p.m. Pacific Time (PT) submission deadline.

eCQM reporting is one requirement of the Hospital IQR Program with a variety of submission deadlines. (Other requirements include, for example, chart-abstracted measure data and patient experience survey data reporting.) Visit the Hospital IQR Program information posted on the *QualityNet* website for measure set details, data management requirements, etc. If any of the data are not submitted by the identified deadline, the hospital's annual payment update (APU) may be reduced. Hospital IQR Program and policy questions can be directed to https://cmsqualitysupport.service-now.com/qnet_qa or (844) 472-4477.

Question 24: **Are there any plans to eliminate eCQMs, since they are measures that have been retired from the Hospital IQR Program and have topped out?**

Electronic Clinical Quality Measures (eCQMs) are maintained as part of the CMS Meaningful Measures framework that was launched in 2017. The Meaningful Measures Initiative identifies the highest priorities for quality measurement and improvement. The purpose is to improve outcomes for patients, their families, and providers while reducing burden on clinicians and providers.

Meaningful Measures is an ongoing effort, and stakeholder feedback is encouraged. Please visit the Meaningful Measures information on the CMS.gov website for additional details: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.

Question 25: **If a patient receives Lovenox while in observation status and is then admitted as an inpatient on the same day, should the patient pass the numerator for Venous Thromboembolism (VTE)-1 (prophylaxis)?**

The recommendation is to search the ONC Jira Issue Tracker (eCQM Issue Tracker) to determine if a similar question has been asked and answered by measure stewards. The link is https://oncprojectracking.healthit.gov/support/projects/CQM/summary. Use the search bar to find questions related to VTE-1 without creating an account. If you would like to submit the question, create a user name and password for access to the ONC Jira Issue Tracker.

Question 26: **Is the Promoting Interoperability Program registration/disclaimer needed every year? If we did it last year, and it is still showing completed, is there anything we need to do?**

The Promoting Interoperability Program registration/disclaimer is only required once per lifetime of the facility. If your facility previously completed the registration process, there is nothing further needed on this step. However, the Attestation/Disclaimer, Objectives and Measures will need to be entered each respective Program Year. Visit https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Eligible_Hospital_Information on CMS.gov. Contact the *QualityNet* Help Desk for additional assistance at https://cmsqualitysupport.service-now.com/qnet_qa or (866) 288-8912.

Question 27:   **How do you know if you are an IQR-eligible hospital?**

All sub-section (d) hospitals paid under the inpatient prospective payment system (IPPS) except the following are IQR-eligible:

- Psychiatric hospitals (as defined in section 1861(f) of the Social Security Act)

- Rehabilitation hospitals (as defined by the Secretary)

- Hospitals with inpatients who are predominately individuals under 18 years of age (e.g., children's hospitals)

- Hospitals designated as long-term acute care

- Hospitals recognized as a comprehensive cancer center or clinical cancer research center

- Hospitals designated as critical access hospitals

Please direct any additional questions to the Hospital Inpatient Support Team at https://cmsqualitysupport.service-now.com/qnet_qa or (844) 472-4477.

Question 28:   **Must we update the registration EHR ID every year? Our CHPL ID changes every year, and I enter the new ID on the attestation tab. Do I also need to update the EHR ID (CHPL ID) on the registration tab?**

Contact the *QualityNet* Help Desk for additional assistance with your situation at https://cmsqualitysupport.service-now.com/qnet_qa or (866) 288-8912.

Question 29:   **Where do we go to review the process of uploading data into *QualityNet* (CMS HQR system) from the beginning?**

Users submitting data with the Next Generation process within the HQR System should review the November 20, 2019, webinar materials posted on the Quality Reporting Center website at https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2019-events/ecqm112019/. Contact the *QualityNet* Help Desk for additional assistance at https://cmsqualitysupport.service-now.com/qnet_qa or (866) 288-8912.

Question 30:   **I am unable to run a PI Program report from my EHR. Our vendor said this is a known issue that they are working on. If I am unable to run a report before the deadline, is my only option to fill out a hardship exception this summer?**

Please provide the full details of your situation to the *QualityNet* Help Desk at https://cmsqualitysupport.service-now.com/qnet_qa or (866) 288-8912 for assistance.

Question 31:   **What do you mean by attestation/registration?**

There are four parts to participation in the Promoting Interoperability (PI) Program:

1. The facility must first register for the program. This is only required once for the facility.

2. The facility must then attest. This is an annual step and the facility enters its information on the way it is reporting. The facility will indicate if it is reporting CQMs via the web-based data collection tool or via QRDA Category I files.

3. The facility will need to complete their objectives for the program year.

4. The facility will submit CQM data via the method they chose when performing attestation.

The CMS.gov Promoting Interoperability webpage is available and features Eligible Hospital and CAH details for review. Contact the *QualityNet* Help Desk for additional assistance at https://cmsqualitysupport.service-now.com/qnet_qa or (866) 288-8912.

Question 32:   **For PI Program requirements, can we submit ED-3, as it is an outpatient measure? Our vendor tells me I can only submit on inpatient measures, but I thought it was different for the PI Program eCQM requirements.**

Yes, ED-3, Median Time from ED Arrival to ED Departure for Discharged ED Patients (National Quality Forum #0496), is an outpatient measure applicable to the Promoting Interoperability Program only; it is not aligned for Hospital IQR Program credit. For this scenario, submitters would need to ensure that, if they intend to report the ED-3 measure

electronically, a total of four inpatient measures are successfully reported *in addition* to the reporting of the ED-3 measure to receive Hospital IQR Program credit.

NOTE: Beginning with CY 2020, the ED-3 measure will no longer be available to select for CQM reporting to the Promoting Interoperability Program.

Contact the *QualityNet* Help Desk for additional assistance at https://cmsqualitysupport.service-now.com/qnet_qa or (866) 288-8912.

Question 33:	**Can the PSVA tool be used to successfully submit QRDA Category I files to meet the eCQM requirement?**

The PSVA tool is a voluntary, downloadable tool that operates on the user's system. The PSVA tool allows the user to validate the file format of QRDA Category I Test and Production files. In addition, the PSVA tool can be used to submit validated Test and/or Production QRDA Category I files directly into the HQR System via the *QualityNet Secure Portal*. For PSVA overview information, visit the *QualityNet website*. Additional questions regarding the PSVA tool are submitted to the *QualityNet* Help Desk at https://cmsqualitysupport.service-now.com/qnet_qa or (866) 288-8912.