



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

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Artrina Sturges: Good afternoon and thank you for joining us. My name is Artrina Sturges, and I'm your host for today's event. A few announcements before we start today's webinar. This presentation is being recorded. The transcript of the presentation, along with the questions and answers, will be posted to the inpatient website which is the QualityReportingCenter.com website and also posted to *QualityNet* in the coming weeks. If you registered for the event, a reminder email, as well as a link to the slides, was distributed yesterday. If you did not receive the email, the slides are available for download on our inpatient website, again, QualityReportingCenter.com.

Today's webinar is intended to address questions from data submitters who are completing their eCQM reporting for the Hospital [Inpatient] Quality Reporting and the Promoting Interoperability Programs.

By the end of this presentation, our intent is that you will be able to quickly locate the calendar year 2019 eCQM reporting requirements and use all available resources to address any final questions to support successful reporting. Our subject matter experts are here to address your questions and provide the feedback you need to troubleshoot any outstanding issues.

So, very quickly, we want to do a review of the calendar year 2019 reporting requirements and provide a resources overview. 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.

We've 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 for IQR tab](#) on the [Quality Reporting Center](#) website.

Hospitals are required to use EHR technology certified to the 2015 edition of ONC Standards and certified to 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

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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, of course, are provided here on this slide. Just a quick reminder, be sure to obtain the revised version of the 2019 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting published November 2019.

The definition for successful submission of eCQMs is a combination of accepted QRDA Category I files, the patients meeting the initial patient population of the applicable measures, zero denominator declarations, and case threshold exemptions. Please remember, CMS expects that the data reported on should represent your total patient population for the self-selected reporting quarter.

With regard to how data is reported using QRDA Category I files, the expectation is one file per patient per quarter. The QRDA I should contain all episodes of care and the measures associated with the patient file in that self-selected reporting period. The maximum QRDA file size is 10 megabytes. Files are uploaded by zip file before submission to the *QualityNet Secure Portal*. The maximum number of QRDA I files within that zip file should be 14,999, and, if a hospital finds they have more than 14,999 files to report, feel free to submit the number of zip files needed to represent your patient population for the quarter. If you have any questions, please contact the *QualityNet* Help Desk.

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 CQMs. The quarter to report on is the hospital's choice. Submission deadline is March 2, 2020. Please remember that meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals.

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This slide will feel very familiar to you because the reporting form and manner is the same for the Hospital IQR and the Medicare Promoting Interoperability Program. One additional note that I'd like to point out to you is that the requirement 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.

For the Promoting Interoperability Program, reporting on clinical quality measures is one or the other, electronic reporting or attestation, but not both. Hospitals who choose to fulfill the Medicare Promoting Interoperability Program clinical quality measure reporting via attestation are permitted to report for the full calendar year, which, of course, are four quarterly data reporting periods on all 16 available clinical quality measures. The submission deadline, again, is March 2, 2020. Any questions regarding the Promoting Interoperability Program should be submitted to the *QualityNet* Help Desk.

We wanted to take a few moments to explain the Hospital Quality Reporting System, often referred to as HQR. When you're submitting your Hospital IQR and Promoting Interoperability data, it's being submitted through the *QualityNet Secure Portal*, which is accessed through the CMS *QualityNet.org* website. The HQR System, which includes *QualityNet*, is being transformed for the Next Generation of quality reporting. During this transition, you've been hearing reference to using the legacy system and the Next Generation.

Now, what that ultimately means is that the HQR System is being transformed to merge the new upgraded features with the functionality of the legacy system to create an improved Hospital Quality Reporting System within the *QualityNet Secure Portal*.

Ultimately, after the calendar year 2019 reporting period closes, we will have one unified Hospital Quality Reporting System.

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For hospitals who are using the legacy portion of the Hospital Quality Reporting System for calendar year 2019 eCQM data submission, this is just a quick reminder that the EHR hospital reports document is posted on *QualityNet*.

For those of you who are using the next generation of the HQR System to report your eCQM data, this slide provides a list of the new report user interfaces and available exports for review and troubleshooting. I would like to draw your attention to generating the Program Credit Report Export to confirm successful reporting. Keep in mind that there's one report for IQR, and there is also one report for PI submission outcomes.

Submitters who are seeking instructions for submitting your eCQM data using the next generation of HQR can visit the Quality Reporting Center website to locate the slide deck from the [November 20, 2019 webinar](#).

We've provided a resource table to help you more quickly have your questions addressed based on the topic, who to contact, and the method to request assistance.

At this time, we want to focus on your questions. We're joined by a group of subject-matter experts who are able to address your questions, and we have reduced the content of the webinar to ensure we address as many of your questions as we can during today's webinar. Questions from today's webinar will be addressed in a summary document that will be posted to the *QualityNet* and Quality Reporting Center websites in the coming weeks. However, if you find that your question is not answered during today's webinar, please use the resources table provided to you to determine the best contact to address your question to make sure you have the feedback you need to achieve successful reporting by the March 2, 2020 submission deadline. We'll go ahead and we'll start our session. The first question is, and I believe this question may go to Amy.

Is there a special way to label the files, the QRDA I files, before uploading? Does it need the organization's I.D., the core measure name, or the quarter from which the data is being sent?

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Amy Asche: Hi. Yep, this is Amy. There is no special way the files need to be labeled before submitting them. The information will be pulled within the files to make sure it's correctly in the correct measure set and everything when it's getting calculated. So, no need to include a special label on submissions.

Artrina Sturges: Great. Thank you, Amy. Okay. Next question.

We have a vendor who is saying that the hospital will not be able to run reports to obtain their QRDA I file for submission until the end of next week at the earliest. So, it looks like they will not be able to access the reports. They cannot promise they will have access to the reports prior to the March 2, 2020 deadline, and they are asking if there is anything that they can do about this.

Elizabeth Driskell: So, Artrina, this is Beth, as soon as the submission, as soon as the files are submitted, the facility should have access to reports. So, I'm not sure if it's the vendor is not going to be submitting the files until the end of next week and that's why they're referring to that, but, if the vendor would submit the files to production today, they would have access to the reports today or tomorrow.

Artrina Sturges: Great. Thank you, Beth. Okay. Next question.

I have a question about our cert ID from the CHPL website. We are using quality measures from quarter one, which is before we went live on our new EHR. Our PI measures will be quarter four out of our new EHR. Am I going to have to generate two separate cert IDs, one for Q1 and one for Q4? Will doing so cause any problems or flag us on *QualityNet*?

This is Artrina. So, Joni, we may have to partner on this one. In terms of the cert ID, what CMS has indicated is if you have multiple EHR products that are being used to create your files, then what they're asking is that you wait to create your EHR cert ID until you can include all of the products which have assisted you to fulfill the cert definition. So, the cert 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. So, I know I can speak to that much in terms of the cert IDs.

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Joni, from the PI side of it, is that going to be a problem for the user if they wait to create one cert ID?

Joni Lutman: No, ma'am, that would be fine.

Artrina Sturges: Okay. Perfect. Thank you very much. Okay. Very good questions, by the way, keep them coming. Next question.

We're having an issue with the PI Attestation Summary Report. The objective sub-status and the overall status are showing incomplete. The question is, is this a known issue and could this affect submission status.

Joni Lutman: Hi, Artrina, this is Joni. So, the Help Desk is aware of the issue with the report not showing the objective sub statuses. So, if you would like to keep track of that, just definitely call the *QualityNet* Help Desk and have them open a ticket for your facility. As far as the objectives, excuse me, showing complete or not, if the objectives are set via QRDA file, that attestation summary is going to maintain a status of incomplete and then you would look at the report on *QualityNet* to show that that requirement had been fulfilled.

Artrina Sturges: Great. Thank you, Joni. Next question, and Beth this may be related to what you just indicated, but let me just make sure.

Our hospitals are unable to print the eCQM submission reports because we are using a third-party vendor who did supply them to us when they were complete. They say there's no selection except Submitter to run the reports.

Elizabeth Driskell: So, as a provider, you should have both the submission side and the back side access to the reports within the *QualityNet Secure Portal* under the Get my Reports application. Additionally, the user should be able to go into what we're calling the Next Generation application. So, after you log into the *QualityNet Secure Portal* you can go to Go to My New HQR and from there select the eCQM tab. Then, all the Next Generation or new reports, UIs and reports available for eCQM are available there. They should be available there for the providers regardless of who submitted the files.

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Artrina Sturges: Great. Thank you. Next question.

Does the 10-megabyte maximum size refer to the uncompressed size of one QRDA XML file or the total size of the compressed zip file?

Elizabeth Driskell: This is Beth again. That's related to the uncompressed size.

Artrina Sturges: Great. Thank you. Beth. Next question.

Does the PI report need to be entered anywhere in *QualityNet*? Our QRDA report was submitted. I think what you might mean is QRDA I data or the QRDA I files were submitted. I'm not sure if the QRDA contains all data that are needed. So, Joni, this is a PI-focused question.

Joni Lutman: So, if, if the attestation and registration have been completed and you have selected that you're going to submit your CQMs via QRDA, then you just need to complete the objectives online and that would fulfill the requirements.

Artrina Sturges: Great. Thank you. Next question. How do I know if I'm using the legacy system or the Next Generation system? This is my first time submitting eCQMs.

Beth or Amy, I don't know which of you may want to tackle that.

Elizabeth Driskell: So, so the difference is, is if you are going to submit from what we're calling the legacy system, when you log into the *QualityNet Secure Portal*, you would login and select Secure File Transfer from Select Your Program. Then, that would take you to the legacy *QualityNet* page and from there you would hit Secure File Transfer and then that would take you to what we're calling the legacy or last year's way of being able to submit eCQMs. If you wanted to select through the NG system or Next Generation system or our new HQR improved system, you would select Hospital Quality Reporting from the program selection drop-down. That automatically drops you onto a Next Generation page. From there, you would then select Go to My New HQR and that would take you then definitely onto the Next Generation platform. From there, you could select

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Upload my files and you would upload your files there or you would select eCQM. That would be a location where you would get your new Next Generation user interfaces complete with exports.

Artrina Sturges: Great, thank you, Beth.

There is a request for more information on slide 16. So, I'm just going to summarize what's there. So, when we're talking about this information, these are the calendar year 2019 Medicare Promoting Interoperability Program eCQM reporting requirements. So, all this is saying is that, if a person chooses to attest to those clinical quality measures rather than electronically reporting them, this just indicates that what would be needed is, for the full calendar year of 2019, which means four quarterly data reporting periods, you would report on all 16 available clinical quality measures using the *QualityNet Secure Portal*. Again, that submission deadline is March 2, 2020. Just wanted to clarify that. Thank you for the question.

Next question. Did I understand that we need the 2015 ONC to submit for 2019?

This is Artrina. Yes. That's correct. You need the 2015 edition of the certified technology in order to be able to submit 2019 eCQM data.

Next question. If we are filing for a hardship for the Promoting Interoperability Program, do we still have to have submit for the Hospital IQR Program? It depends on what type of facility you are. So, I'll give you two different answers. If you're a critical access hospital, they are voluntarily submitting to the Hospital IQR Program. So, no, there's no requirement if you're a critical access hospital to participate in Hospital IQR. If you are an IQR-eligible hospital, yes. You still have to submit for the Hospital IQR Program. If it turns out that you have difficulty electronically reporting your data to the Hospital IQR Program for the eCQM portion, just as you're filing a hardship with Promoting Interoperability, we do have what we call an ECE process, or Extraordinary Circumstances Exception process. That is separate and

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totally different than what you would do for PI. So, it's two different processes you'd have to follow. That information can be found on the *QualityNet* website. So, if you go to *QualityNet.org* and you go out to eCQM information, we do have a tab specifically for the extraordinary circumstance process. It gives you the application there. It gives you a description of the policy that you can download. Just keep in mind that, for that application, it is actually due April 1 of 2020. So, yes, that is beyond that March 2, 2020 submission deadline for eCQM reporting. Again, we'll have those details for you in the transcript. Also, again, if you are confused or have additional questions, go ahead and reach out to the *QualityNet* Help Desk for assistance.

Okay. Next question. We received our eCQM submission status report, and it says Program Year Successful. eCQM data submission and Promoting Interoperability Program: Yes. IQR-EHR says yes. As we understand, we have successfully submitted eCQM and fully met the CMS eCQM requirement and they just want to confirm. That is correct. So, as long as you have Yes and Yes, or a Y in both of those fields, then you have successfully submitted eCQM reporting. Keep in mind, that is a snapshot in time. So, if you do anything, you go in, you make modifications to your submission, you delete files, you do anything beyond that point, then that means that's going to change the status, could potentially change the status of your submission. So, we encourage you, if you make any changes after you've already received a Yes, and you go back in and make changes in your system of what you submitted, rerun your eCQM submission status report and make sure that those two positive statuses are still showing.

Thank you very much. That's a very good question.

What reports can we run in *QualityNet* to show proof of compliance for both QRDA I submission and PI objectives?

So, if we can start first with QRDA I submissions. Amy, if you could speak to that. Then, Joni, if you can talk about any reports for PI objectives.

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Amy Asche: The eCQM, on submitting the files would be the... Excuse me. I just drew a blank. Beth, will you fill in for me?

Elizabeth Driskell: I'm sorry. Where are we going?

Amy Asche: The program credit page beyond the Next Generation will be showing the successful completion submission. Then, on the legacy...

Elizabeth Driskell: Yes. Yes. Then, on the legacy side, it's the Submission Status Report.

Amy Asche: Yep. The detail is coming to me. Status. I apologize for that.

Four of the measures would have to show Yes or within that to get the program requirement to be successful. Then, on the PI part, I will hand that over to Joni.

Joni Lutman: Thanks, Amy. So, for PI, if you choose to submit your CQMs via the web online tool, there's an Attestation Summary Report and that's the only report available for the PI Program. You could run that through the *QualityNet Secure Portal*. If you do use the QRDA option, I apologize, to submit your CQMs, then you would use the same functionality that Amy just mentioned to make sure that you submitted all that you needed.

Artrina Sturges: Great. Thank you, ladies. Next question.

Our software is not ready to provide the data, so what should we do?

This is Artrina. So, again, this depends on which program you're speaking about. If you're talking about the Promoting Interoperability Program, then you need to look at the possibility of a hardship exception for that specific program. Again, just as I mentioned a few minutes ago, if the interest is in or the question is about the Hospital IQR Program, then you want to pursue the extraordinary exceptions, Extraordinary Circumstances Exceptions application and have that submitted by April 1 of 2020. Again, as I mentioned, it's two separate programs that we're discussing, and they have two separate processes. So, you have to pay attention to not only the applications and what type of supporting documentation that you might have to submit, but also take a look at what the submission deadline might

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be and availability. So, make sure that you're doing that. If you need to look into the hardship exception information, visit the CMS.gov website and look up the Promoting Interoperability page. There's a section there, let me get that specific page for you. It's the [Scoring, Payment Adjustment, and Hardship Information tab](#) that you're going to need to be able to locate that information.

Thank you. Next question. Okay.

Our vendor still has not fixed the errors in the QRDA. It must be in the QRDA files. Worst-case scenario, if it is not fixed before the submission deadline, are we able to select four measures that have zero denominators and do denominator declarations only? They said they are a very small hospital and most measures have zero denominators. Amy, I'm not sure if you can help me with this one.

Amy Asche: So, for the zero denominator declaration, you do not, if you have any measures that are acceptable or could be submitted then you should be submitting any of the files that do have measures within them. If there are no files, and it's zero denominator, then yes, you can submit for the zero denominator declaration at that time, but you need to be submitting any of your files that you have within the system that would be appropriate for the measures though.

Artrina Sturges: Thank you. There's a question here and I think this may need to be referred to the Help Desk. So, anyone if this may be the case, feel free to say that. The question is rather broad.

How do we set up QRDA format or zip files and is there a special zip file that has to be used?

Elizabeth Driskell: So, the QRDA format should come directly out of your EHR system. That should be something that your EHR, your 2015 EHR, certified EHR is able to export. How you set up the zip files, you just need to make sure, you don't have to set up, you don't have to submit files within a zip but, if you're submitting more than 10 files, it makes sense. You would just grab those 10 files and put them into a zip folder without a directory. So, you

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would use your local zip utility on your computer workstation in order to create that zip file, and then you would just submit the zip file as one file rather than multiple. Beyond that, I think if they probably followed-up with the Help Desk, they might be able to help them a little bit more.

Artrina Sturges: Great, thank you. Next question.

I've submitted a file through the Hospital Quality Reporting platform and it says Received. How long before I receive notification that it's been processed?

Another question: We're only receiving one email for this process, correct?

Elizabeth Driskell: Yes, that is correct. If you're using our Next Generation simple file submission, the UI will provide information back to you that your file has been received. That is the UI confirmation and, also, it will bring back your batch ID as a replacement for what used to be the first email that was generated from the system for any file that was submitted through Secure File Transfer. Because the files are still being processed by our legacy system, that's why you're getting your second email. Your second email will then let you know how many files were processed, the batch ID, how many were accepted, and how many were rejected.

Artrina Sturges: Great. Thank you. Next question.

If a facility has previously used the PSVA tool, or Pre Submission Validation Application, for submission, what tips do you have for submitting in *QualityNet* without using the PSVA tool? Is there, specifically, is there anything in particular to be aware of?

Elizabeth Driskell: So, this is Beth. The process is the exact same. You would take a zip folder. You would either log into Secure File Transfer and select the EHR data upload role, upload folder and, then, either choose Test or Production from there. Or, alternatively, you would log into *QualityNet*, select Hospital Quality Reporting. Select Go to the New HQR. Once you're in there, you would select Upload Files button. From Upload Files, you would get the same selection. You would make sure that you had selected

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the eCQM tab, and on the eCQM tab you would select whether you were uploading your files to Test or Production. Then, you would either drag-and-drop your files onto a shaded screen, or you would select your files and then that would take you to your active directory to pull your files to upload them.

Artrina Sturges: Great, thank you. Next question

Is there a minimum number of patients for a particular measure?

This is Artrina, I'll take that one. For this one, no. There's really no minimum. If you don't have any patients that meet the measure, of course, you can use zero denominator, if you choose to report on that measure. Otherwise, if you have one or more patients that meet, that meet IPP, then you're able to report that data by way of either, QRDA I file or Case Threshold Exemption (5 or fewer patients for the selected quarter). I'm sorry, Amy, did you have anything you wanted to add? I'm sorry.

Amy Asche: Nope, you just said what I was going to say. So, that works.

Artrina Sturges: Okay. Thank you. Let's see here. Joni, I have a question for you.

Will there be an updated registration and attestation resource document posted to the website? It appears the last one the person was able to locate looks like it's dated 2017.

Joni Lutman: That's a very good question. They are actually working on updated documentation right now. We just finished going through and getting all new screen shots and adding some further details. So, hopefully, those will be posted very soon.

Artrina Sturges: Thank you. Okay. Let me scroll through. Okay. The reason why I'm scrolling through, folks, is because quite a few of you have asked the question about the Incomplete status for Overall Program Status. So, since Joni's already answered that question, I'm moving through and looking for some other things that we haven't addressed yet. Just give me just a second here. Okay. Okay. Beth, this question may be for you.

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We've had recurring issues with the Next Generation program credit reports not running and have had to revert back to the legacy report. Is this a known issue?

Elizabeth Driskell: This is Beth. I would say, no, that's not a known issue. So, if that user could please submit to *QualityNet* Help Desk and provide us the facility that uploaded the files, the facility that the files were uploaded for, the quarter, and when they were uploaded. So, that way we can look into it. That is not something that I believe that we are currently tracking at all here and have not heard anything from the Help Desk on that. So, that would be good. So, we can look into that.

Artrina Sturges: Great. Thank you, Beth. We do have a follow-up and, actually, I'll address this one. It looks like the way the question was posed might not have been the way she intended.

So, for this particular hospital, the vendor is not submitting on their behalf. Let's see, I have to run the report to create the files. Then, I will report or submit. Right now, they don't have the ability, the hospital doesn't have the ability to access the data. So, she has no way to report until after the updates are done. Kind of at this point, she's feeling a little stressed because she feels like she's at their mercy in terms of accessing the data.

What I would suggest is that you open a ticket with the *QualityNet* Help Desk. That's the first thing I would do. So that you have a way, and we also have a way, to help you to track what types of things you're encountering. The other thing that I would say to you is that, if you find that you're not able to have your data reported, like you said, by March 2, by that 11:59 Pacific Time deadline, make sure that you submit the extraordinary circumstance application. Okay? We have to make sure that you have that in time. If you think about it, the submission deadline is March 2, but the application deadline for the Extraordinary Circumstances Exception is April 1. So, that gives you time in case things like this happen, because it does. We're, you know, we're sorry that this has happened to you. We know that there may be other hospitals that are going through a similar situation. So, again, make sure you visit *QualityNet*,

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obtain the ECE application, and then make sure that you have that submitted with supporting documentation for assistance. Now, again, that's for the Hospital IQR Program. If you have anything that you intended to report in terms of Promoting Interoperability, again, the hardship process, theirs is a separate process. So, be sure to visit the CMS.gov website and be sure to locate, you know, the PI page. Then, go to the Scoring, Payment Adjustment, and Hardship Information tab to obtain any information that you need from there, specific to the PI Program. With any luck, they'll be able to work with you but, just in case they can't, make sure to follow those two processes that we discussed here. Again, if you have more questions or, you know, maybe you have a little trouble remembering some of the details that I just gave you because I probably said that fast, and I'll apologize now. Just contact the *QualityNet* Help Desk, and they'll be able to point you in the right direction of where to locate information. Okay? So, thank you. That's a very good question. Again, we're sorry for your current situation.

Let me take a look for the next question. Okay. Beth, I think this question may be for you.

When we are submitting files using the new version of *QualityNet* for eCQM submission, or as we call it NextGen, it doesn't provide a way to designate which quarter we are submitting for, but the system must know based on the dates in the QRDA I file. Can you address this?

Elizabeth Driskell: Yes, that's correct. That's the same with our legacy Secure File Transfer upload. There's no way to designate the quarters there for file upload, but this is something that we can definitely take back to our human-centered design team and provide that kind of feedback, if that's something that folks think that they would like to have, the ability to submit for a specific quarter upon upload. The reason we don't have it, I'll just explain this just very briefly. Right now, you can submit within one batch. You can submit, especially if you're a vendor, for multiple facilities and for multiple quarters. The system has the ability to open up a zip file and identify the files for a particular facility and for a particular quarter.

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So, at this point in time, if you wanted to submit two quarters, you could submit two quarters within one file upload, within one zip. If we designate that you're only submitting for a specific quarter, that could cause a few more issues down the line. That could cause a file to reject that you weren't expecting to reject. So, right now, we don't make you select a quarter because, again, the zip file could have multiple quarters or multiple facilities submitting for multiple quarters in that file. So, that's why we don't do it, but I can definitely take that feedback back to the UX team and have them run it through research.

Artrina Sturges: All right. Thank you, Beth. Next question. Joni, this may be for you.

There was a previous question about the hardship for PI. So, they are indicating that they're submitting a hardship application for PI. They said when they get to Program on the portal, do they choose HQR only or HQR for PI? I'm not sure if that's really clear, Joni, so I'll apologize now.

Joni Lutman: They would choose the HQR for PI.

Artrina Sturges: Great. Thank you. This may be a multi-pronged answer, but this is someone who this is their first time submitting.

So, they're asking, "What is the best way or what are the resources to get started?"

So, This is Artrina. Probably, there are a couple things that you can do. The first thing I would say is to visit the Quality Reporting Center website. If you take a look through there and, if you go specifically to IQR, you'll see that there are archived eCQM events in there. My recommendation is to take a look at some of the other presentations that we've done where we step you through the data submission process. We teach you where to find the different resources that are available. Matter of fact, I think I have your email. So, what I'm going to do is I'm going to email you after this is over, so we can get some information for you. That way we make sure that we point you to all of the different resources that are out there because there are a few things. There are webinars and pieces that you can review on the slide decks that will help you because they clarify policy; then,

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there are also checklists that are available on the *QualityNet* website. There are several different places that you can go to locate information. Technical documentation is available on the eCQI Resource Center and there's also a checklist for them, as well, to step you through obtaining datasets and all of the other things that you might need. So, we'll get a few things put together to kind of help you with that, but I'll make sure that I email you after this to make sure that we get that covered for you. As a matter of fact, if there is anybody else who is new, if this is your first time submitting, please put your information in the chat box, so that I can make sure that I respond to all of you before we get too much closer to the submission deadline.

Okay? Thanks, all. Actually, looking at the time, we have time for maybe one more. Just a moment. Joni, we're going to give you the last one here.

So, regarding PI reporting, do we need to fill out the public health measures that we are not reporting on, or leave the rest blank once we have indicated that we are in active engagement for two?

Joni Lutman: That's a really great question and thank you for asking that. Once you have fulfilled the requirement of two, please do not fill out any of the other ones. The rest should remain blank, so it won't confuse the system and give you an error.

Artrina Sturges: Great. Thank you, Joni. I just really want to just extend a huge thank you to our subject-matter experts and to all of you for your questions, time, and attention. As I indicated before, if you still have questions and your questions weren't answered, please contact the *QualityNet* Help Desk. As I stated earlier, for any of you who may still be new to eCQM reporting and you're trying to pull those last-minute details together of what to do, please be sure to put your questions or put your contact information in the question here inside of the Q&A box. That way we can make sure that we reach out to you after the webinar today. So, thank you all very much and have a great afternoon. Thank you.