



Electronic Clinical Quality Measures (eCQMs)

Hospital Inpatient Quality Reporting (IQR) Program

Reviewing CY 2020 eCQM Resources for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Program*

Transcript

Speaker

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*Specific to the Medicare Promoting Interoperability Program

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Artrina Sturges: Thank you, Matt. Good afternoon, everyone. I'm Artrina Sturges, and I'm your host for today's event. We have a few announcements for you. This presentation is being recorded. The transcript of the presentation along with the questions and answers will be posted to the inpatient website, QualityReportingCenter.com, and to QualityNet in the coming weeks. If you have registered for the event, a reminder email and a link to the slides were distributed Friday. If you did not receive the email, the slides are available for download from our inpatient website, QualityReportingCenter.com.

Today's webinar will review currently available resources to support calendar year 2020 eCQM reporting to the Hospital Inpatient Quality Reporting Program and the Medicare portion of the Promoting Interoperability Program.

After this presentation, it is our intent that you will be able to easily locate Hospital IQR Program policy information on the *QualityNet* site, navigate to the Medicare portion of the Promoting Interoperability Program information posted on the CMS.gov website, and access quality improvement implementation activities on the [eCQI Resource Center](http://eCQIResourceCenter).

We have provided a slide of acronyms to assist with terminology.

We will begin the webinar today by reviewing the eCQM policy information and education materials posted on the *QualityNet* website.

Before we start, I want to draw your attention to the links that are provided above each screenshot that is provided throughout the slide deck. The link will take you directly to the webpage shown to assist you in locating information more quickly. Most of you are familiar with the updated *QualityNet* website. Our focus today is to find eCQM-related information. To find eCQM information, click on the Hospitals-Inpatient button.

When the Hospitals-Inpatient page loads you will see Hospital Inpatient Overview. Click on the Read More button to locate the link for eCQMs.

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The page details that there are a variety of measures used to determine the quality of care provided during inpatient hospital stays. eCQM reporting is considered one of those methods to report quality data to CMS, specifically the EHR-based process of care measures which, when successfully reported, provides aligned credit to fill a portion of the Medicare Promoting Interoperability Program requirements. We will discuss this a little more, later in the webinar. A third bullet provides a quick definition of what eCQMs are, how the data are captured, and expressed. To proceed, click on the eCQM text.

The page that uploads provides an eCQM overview. I want to draw your attention to the other tabs on the page: eCQM Measures, Participation, Resources, Webinars, Notifications (which are Listserve notifications), and the eCQI Resource Center website. We'll review each tab for greater clarity.

When users click on the eCQM Measures tab, you will see a menu on the left that allows you to download documents to review eCQMs based on the calendar year and corresponding fiscal year. A table of the calendar year 2020 eCQMs is posted here, along with the ability to download a complete list of all IQR fiscal year 2022/calendar year 2020 measures required for IQR reporting. This page also will take you to the eCQI Resource Center to obtain the eCQM specifications which includes the measure description, the definition of the patient population, exclusions, exceptions, etc. All of this is intended to aid hospitals and vendors to implement eCQM reporting.

The Participation tab outlines the reporting requirements in the applicable CMS IPPS/LTCH PPS final rule. The most current reporting period information is permanently displayed at the top of the loaded page, providing the link to the applicable rule, the reporting requirements, and the submissions deadline. Beneath the Requirements tab, in the left-hand menu, is a tab to review the Extraordinary Circumstances Exceptions, or ECE, policy. The ECE policy exists for the IQR program as well, but this information is specific to eCQM-related situations that the hospital believes is beyond their control. You'll see the page gives additional details in the policy description of what is considered beyond their control: infrastructure

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challenges, unforeseen circumstances, etc. One of the most important takeaways is that each situation is reviewed independently. At the top of the page, on the screenshot on the left, you will see that there is an ECE policy clarification Q&A document available. If you scroll down to the bottom of the page, you will see the ECE request form, submission instructions, as well as a copy of the ECE request form available for download.

The Resources tab provides links to education materials associated with the policy. For instance, there is a calendar year 2020 overview document, and, again, from this page, we provided links to technical specifications, like QRDA I Schematrons, sample files and the 2020 QRDA I implementation guide, and other resources, which are all available for download on the eCQI Resource Center. We'll touch on the eCQI Resource Center later in today's presentation.

From here, we link to additional online resources. The Office of the National Coordinator for Health Information Technology JIRA Issue Tracker is available to help data submitters who have questions about different aspects of eCQM reporting that lay outside of policy. For instance, submitters may have specific questions regarding how to interpret a measure's logic or intent, questions about the QRDA I format itself, or implementation guide questions. Vendors could have questions about the Bonnie tool, which is typically used by vendors to pre-test eCQMs. The JIRA Issue Tracker addresses a number of issues associated with eCQM reporting. If a user wants to search the Issue Tracker to see if someone has received a response to a similar question, a user can search the tool for responses without creating a login or password. If the user wants to post a question to the CMS measure steward or subject-matter expert, a log in and password can be quickly created to submit a request for more information. There is also a link in the online resources to the Certified Health IT Products List, or CHPL.

CHPL provides a list of Health IT modules that have been tested and certified through the ONC Health IT certification program. The CHPL website is used to obtain a CMS EHR certification ID. That ID is required for input into your QRDA files to demonstrate that the proper addition of

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CEHRT for the 2015 edition for 2020 reporting is being used to report your data. I encourage you to learn more about the CHPL website. They can provide assistance and access to general information on the web site, as well, and, if you have more specific questions regarding your organization, I recommend contacting the *QualityNet* Help Desk.

The Webinars tab links to webinar materials, recordings, transcripts, slide decks, and Q&A summaries, if applicable. Some of you know the same content is posted on the inpatient website of the Quality Reporting Center, but we wanted you to be aware the information can be found in both locations.

So, the last tab on this page provides the list of email notifications based on calendar year. In case a user has not joined the *QualityNet* Listserve to receive updates as we encourage users to do, users can always visit this page to find communication from CMS based on the program. eCQM-specific notifications are listed under Hospital Reporting-EHR. If you want to register for notification, this is the *QualityNet* page. Scroll down to the bottom of the page and click on the Join Now button to receive email notifications.

Let's take a look at a few eCQM-related resources that are available on *QualityNet*. We'll start with eCQM validation.

If you remember, we started on the Hospital-Inpatient overview page. Locate the Data Management tab and click on it.

The Hospital-Inpatient Data Management page provides a link to the eCQM validation tab. Click Learn More. The eCQM data validation provides a variety of information. The list of hospitals chosen for eCQM data validation is posted here based on fiscal year. The criteria for case selection, the medical record request process, and the data validation information is outlined as well. After reviewing this page for information, any additional questions should be directed to validation@telligen.com. You will find this information on slide 40 as well.

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Some of you participated in the voluntary reporting of the Hybrid Hospital-Wide Readmission measure in 2018. Hospitals will have an opportunity to begin volunteer reporting on the Hybrid HWR measure for July 1, 2021, to June 30, 2022, data period in the fall of 2022. The July 1, 2022, to June 30, 2023 data can be submitted fall 2023.

Quick reminder: Data will not be publicly reported during the two voluntary reporting periods. However, the Hybrid HWR measure will become mandatory for reporting July 1, 2023, to June 30, 2024, data submission in fall 2024. At that time, CMS plans to begin publicly reporting Hybrid HWR data in the July 2025 refresh. Any details regarding the updated policy and implementation will be posted on *QualityNet*. In addition, a webinar is scheduled spring 2021 for hospitals who choose to work with their vendors to begin voluntarily reporting the Hybrid HWR measure in fall 2022.

HQR has experienced a number of changes. To receive an overview of some of the most recent changes, there are navigation guides posted on *QualityNet* as well.

I'd like to take a few moments to review the Medicare and Medicaid Promoting Interoperability Program policy information posted on CMS.gov.

The CMS.gov website contains the Promoting Interoperability policy information as well as the program's basic information and the Medicaid and Medicare portion of the Promoting Interoperability Programs.

One frequently asked question asks if the Promoting Interoperability Program has an exception policy similar to the ECE policy that exists for IQR-eligible hospitals. There is a Medicare hardship policy for eligible hospitals and critical access hospitals. The Promoting Interoperability Program has a separate and distinct exception process, which includes an application, date, etc. Please visit the provided link for additional details. Any questions should be directed to the *QualityNet* Help Desk.

The CMS.gov website also contains the latest IPPS/LTCH PPS proposed and final rules for review and download.

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Our last topic for today's webinar is a high-level overview of the content posted on the eCQI Resource Center. The eCQI Resource Center is considered the one-stop shop for the most current information to support electronic clinical quality improvement associated with eCQM reporting.

We provided a screenshot of the eCQI Resource Center landing page along with the link. eCQMs are reported by eligible professionals and eligible clinicians and eligible hospitals and critical access hospitals. Our focus today is for eligible hospitals and critical access hospitals. You'll notice that from this page on the top line from left to right, you could review the eCQMs based on reporting groups. There is a tab for standards, tools, and resources and an About tab to provide additional information. You will also notice that there is an option to create an account for the eCQI Resource Center. It is not required to create an account to access resources on the website. Under the featured resources, we would click on the Eligible Hospitals/Critical Access Hospitals eCQM tab.

On the same landing page, if you scroll down and look in the left-hand column, the latest news is posted relative to eCQM reporting. The right-hand column shows upcoming events like webinars and other open forums for data submitters to gather information and provide feedback.

One of the most important resources is the eCQM implementation checklist. Once the hospital has determined which measures they are prepared to report on, the technical steps are provided to help you update your system and processes to reflect the eCQM annual update for the upcoming reporting period. We encourage you to download the checklist to aid your efforts to prepare for successful reporting.

Often times, users have asked for a data dictionary or other types of tools to provide definitions. CMS created an eCQM Data Element Repository, or the DER. The DER provides data element information and data element definitions for eCQMs based on information from the Value Set Authority Center, the eCQM specification, and the Quality Data Model. The Quality Data Model is a way to describe clinical ideas or concepts in a standardized format to monitor the clinical performance and outcomes in a

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clear and concise manner. Earlier this summer, we hosted webinars to use the DER. Look for those tutorials on the Quality Reporting Center website. The link is provided on this slide.

The Measure Collaboration Workspace houses the DER. You'll also notice that there are a number of other tools on the page. Links are provided to the eCQM concepts, workflows, etc.

As I mentioned, we hosted a webinar August 12 that was part of the Measure Collaboration Workspace series where the DER was demoed. The webinar material is posted on the Quality Reporting Center website.

The eCQI Resource Center has material for download to assist your hospital as you prepare for eCQM reporting. The screenshot on the left displays the resources based on the reporting period. The implementation checklist we discussed earlier is available here along with a guide for reading eCQMs, the measure specification, the value set, measure logic, implementation documentation, eCQM flows, the implementation guide, Schematron, and sample files. The screenshot on the right shows the available eCQMs specifications based on the reporting period. It provides a link to the measure specifications, measure short name, the CMS eCQM ID, and the National Quality Form ID, if applicable, and the Meaningful Measure area.

For today, our last slide provides a list of resources based on the topic, who to contact, and how to contact them. For instance, questions regarding the *QualityNet Secure Portal* and the Medicare and Medicaid Promoting Interoperability Programs should be directed to the *QualityNet* Help Desk. Another frequently asked question is in regard to eCQM specifications. If a submitter has a question about the code set or the measure logic, and you've used the DER we mentioned earlier and can't find the answer that you are looking for, we recommend submitting your question to the ONC JIRA Issue Tracker for eCQMs that we also discussed earlier.

At this time, we would like to address the questions related to today's webinar topics that you have entered into the web chat box. As we host

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this session, please continue to ask your questions. We will address as many as we can in the remaining time. As I mentioned earlier, a summary of questions and answers will be posted on the *QualityNet* and Quality Reporting Center websites.

So, for today our first question is, “When will the HQR system be opened for eCQM reporting for calendar year 2020?” So, we make sure we cover this for everyone. CMS will notify the community by Listserves, webinars, and other communication outlets when the HQR system opens for eCQM reporting in the coming weeks. The submission deadline remains March 1, 2021, 11:59 p.m. Pacific Time.

Another question we received: Where can I find the Hybrid Hospital-Wide Readmission measure specification? If you visit the eCQI Resource Center to locate the measure specification information maintained by the reporting period, volunteer reporting of the measure begins fall of 2022 for the July 1, 2021, to June 30, 2022, reporting period. Select the Eligible Hospital/Critical Access Hospital buttons from the landing page. Select 2021 for the reporting period. Click the tab that is labeled Hybrid Measures. In addition to an overview, if you scroll down the page, you’ll see the measure specification is posted along with details regarding the value set, technical release notes, and other educational materials. The Hybrid HWR policy information, which we discussed today, is posted on *QualityNet*. We reviewed that information on slide 25 in our slide deck today.

The next question is, “Will there be an upcoming presentation this year on the actual submission of eCQM data for PI and Hospital IQR [Programs] to CMS via *QualityNet* or HARP?” The answer to that is absolutely yes. Every year, we try to host a webinar to show you how the process works from beginning to end so you have all the screenshots and any key points that you need to reference as reminders or anything else to help you out as your completing the data submission process. The plan is to have that webinar a little bit later this fall. So, as soon as that information is ready, as soon as the system is ready, we’ll get all that information compiled for you, and host the webinar. Again, we’ll send a Listserve out to let you know when that is going to be and also any upcoming webinars or any other

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interactions where you might receive that information, we'll make sure to announce when that information is available. The last place you can look is the Quality Reporting Center website. They actually have a link there for upcoming events. So, you can always monitor that site as well to make sure you have the registration information when it becomes available.

The next question is, "Do critical access hospitals need to submit eCQM?" Great question. For the Hospital IQR Program, no, you do not. It is encouraged, but it is not required for IQR. For the Promoting Interoperability Program, though, you are required to submit clinical quality measures in an electronic format. If you are not able to do that, the opportunity to submit by attestation would be the case. So, again, if you have questions regarding that, in terms of eCQMs, please use the links for the information that I provided for you so that you can be very comfortable understanding that you need to report that data specifically for Promoting Interoperability Programs.

The next question is, "Are there any screenshots or webinars showing the change when reporting the PI data through the new quality reporting feature in *QualityNet*?" That's another great question. So, the thing is about Promoting Interoperability is that they have a separate process, just like they have a separate process when it comes to the hardship process. They have a separate process for their education because we're only aligned on one aspect between IQR, and that's the electronic reporting of clinical quality measures, but there are other aspects of Promoting Interoperability reporting that sit outside of that. All of those things need to be performed as well. So, they have their own process to be able to provide that educational material. So, again, I'm going to direct you to CMS.gov. That website is specific for Promoting Interoperability because there is a tab there as well specific to any Listserves and educational events that are taking place. So, please visit CMS.gov for that information.

We have some other questions coming in. We did receive a question about the validation process, and I'm going to say to you there is a validation page. I gave you the link for that as well inside the slide deck. So, I want to make sure that we get you to the direct place for any validation

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questions. I also gave you the email on slides 40, and I believe it is validation@telligen.com. So, that's the last entry on the table. That way, if you have questions specific to how the valuation process works, in addition to any webinars that are hosted, because we have validation webinars that are hosted every year as well. That information is also available under Archived [Events] on the QualityReportingCenter.com website, but you can also visit that policy page that I gave you for validation, so you can review that information as well. If that information is not answering your question, then be sure to email validation@telligen.com.

Will voluntary submitters of the Hybrid HWR measure receive Hospital-Specific Reports, or HSRs? The answer is that, yes, HSRs will be provided. That's our understanding, and additional details should be available for a spring 2021 webinar. We ask you to stay tuned for more details.

We did receive another question: Why isn't this webinar discussing the Medicaid Promoting Interoperability Program? As we stated earlier, the intent of this webinar is to talk about the aligned reporting credit between the Hospital IQR Program and the Medicare portion of the Promoting Interoperability Program, meaning successful submission of electronic reporting of clinical quality measures using the *QualityNet Secure Portal* within the HQR system allows a submitter to meet the CQM requirements for both programs was one submission. The Medicaid Promoting Interoperability Program is state specific in terms of reporting requirements. If you take a look at slide 28, the left-hand menu towards the bottom has a link that is labeled Medicaid State Information, and that's where more information can be found.

Another question: What if my hospital is in Puerto Rico? Where can I find the reporting requirements for Medicaid and Medicare Promoting Interoperability Programs? On slide 28 of this presentation, there is a link to the page where the information can be found. There's a link in the left-hand menu, and it's labeled Puerto Rico Hospitals. It provides an overview, and it clarifies when Puerto Rican hospitals are required to participate in the Promoting Interoperability Program. For those who are

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wondering about the IQR program, hospitals in Puerto Rico are not part of the Hospital IQR Program. They are considered voluntary, similar to U.S. territories, children's hospitals, and others who meet that category. So, you are encouraged but not required to participate in the IQR program if you're a hospital in Puerto Rico.

Next question: If we are members of the Listserve, are updates to documents like additions or modifications sent out to participants, and are documents updated with the date of the revisions? Excellent question. So, when there is a new document that's posted, let's say it is to *QualityNet*, then usually there is a Listserve or a type of communication that typically goes out to let you know. In addition, some of you have been receiving the hospital IQR updates.. It has different updates, upcoming webinars, or any submission periods that are coming up across IQR, all that information. So, if there is anything about new documentation that's coming out, all that information is communicated there and then of course you can always visit the *QualityNet* website to obtain that information. Another place you can find updated documents is on the QualityReportingCenter.com website. If you go into the specific program that you are looking for, we typically have tabs in there that provide you with the most current year of information. We also have archive documents in there, but that's a separate location to find that. Anything that we post typically there is a date that shows you it is the most current version. The other thing is, if you are looking, as an example, for updated technical documentation and go to the eCQI Resource Center, those documents will show you the updated date or publication date in the right-hand column. Any changes to anything you will be able to see that the most current date available for you, and that's what you will be able to access for download or printout.

Thank you all very much for the questions that are coming in. We want to try and answer as many as we can.

Next question: There were so many steps to eCQM submission last year. We need authorizations to enter CMS websites. Is there a resource that outlines all of these steps? The intent for this year is that once we have the webinar prepared that shows you that end-to-end process, anything you

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that you would need, any type of reference to, we'll be sure to mention those things to you specifically. Of course, the good part about that being in the webinar, because there is a slide deck and a Q&A document, that are published. That will be very helpful to have those things on hand to be able to see that and reference that material. We'll try to accommodate that as much as we can during webinars. So, thank you for that question.

Where can I find pre-rulemaking eCQMs? Pre-rulemaking eCQMs are those that are developed and under consideration but not finalized for use in the CMS quality reporting program. So, on the eCQI Resource Center landing page, there is a menu for eCQMs. If you look for EH/CAH eCQMs, there is a tab, and it's labeled Pre-rulemaking eCQMs. If they are available, that is where they will be listed. In addition, there are resources to use to determine if there is an eCQM or measure concept that is of interest to your organization that might be under development. So, there are three tools that are available: the Measure Collaboration Workspace-eCQM concept, the CMS Measures Inventory Tool, and the Measures Under Consideration, or the MUC, list. So, all of that information is available for you on the eCQI Resource Center.

An additional question has come in: You mentioned Bonnie earlier. What is that? Who uses it? Bonnie is a software tool that allows eCQM developers to test and verify the behavior of the eCQM logic. So, measure developers can independently load measures they build using the measure author tool to help test measure logic against the patient test deck and determine if the logic matches up with the intent of the measure. Information about the Bonnie tool, the Bonnie User Group, and other related topics are searchable on the eCQI Resource Center. Make sure you know about that as well. So, thank you for that question.

We have another question. Are we still going to submit the QRDA files through the PSVA tool? Excellent question. I'm not sure if you saw this. Back on August 3, we had a newsletter that went out to the community to let people know that the PSVA tool, the Pre-submission Validation Application, has been retired. It was retired this past summer. So, the key to it is that when the system opens for test and production data

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submissions, you can submit your QRDA I files there. Actually, you will be able to receive more thorough feedback when you submit those files to the test portion of the HQR system because whatever you see is going to be exactly what you would see if you were submitting it to production. The only difference is, in terms of getting error messages, that will let you know exactly what needs to be fixed. The difference is, of course if you submit it to test, CMS knows that you are not submitting for production. So, you have opportunities to look at those files, look at the errors that are being generated, fix those errors, and resubmit those files through test until you get a clean reading. Then, you can take those same files and submit them to production. When we had the PSVA tool, although it was very helpful to people to have the tool ahead of time, it couldn't perform the same function as what the HQR system can give you now. The only thing it checked was the file layout, the format, to make sure the system could accept the files, but it didn't tell you how the files were processed. Now, by having the test and production portion, which you always had, but most people didn't use that. Sometimes they used the PSVA first. Now you have an opportunity to see everything from the files format being checked and the data inside of the file. So, it is less work to be able to do that. You can do it all in one spot. I'm hoping that is helpful.

Next question: After our vendor completely submits our QRDA I files, where we would look for the report that our facility has satisfied this requirement? What happens is, once you submit your data, you will log back into, or the vendor does it on your behalf, you are logging back into the HQR system. Go through the Secure Portal to do this. You'll go in and you'll take a look. They have what they call a Program Credit report. That report will tell you whether or not you successfully submitted, but there are several other reports that are tied to that that will tell you what kind of errors you are having with your data. So, there are lots of different things that I think you will need to check. So, I'm going to ask you to hang in there with us until we have the webinar, and then we'll walk you through.

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When I put out the question-and-answer document, it will give you more detail about the specific reports that you can look at and how they function and things like that. That will be more beneficial to you, I believe, to actually attend the webinar. If you can't be there, no worries. We do have our webinar information that's posted on the Quality Reporting Center after the webinars are over. That way you can either view the recording or you can read the transcripts or look at the slide deck or look at all that information and the Q&A document that gets posted to be able to answer any questions and specifically look at the different reports that are available for you.

OK. So, the next question is, "Everything will be submitted on the Hospital Quality Reporting website?" That is correct. In terms of eCQM reporting, specific to the Hospital IQR Program, everything will come through the HQR website..

I'm taking one more peek. I think those are all the questions that we have for today. I will repeat one thing because I saw the question came in twice. So, the question was, "When will the system be open for reporting for eCQM reporting for calendar year 2020?" CMS will notify the community by Listserve, webinars, and other communication outlets when the HQR system opens for eCQM reporting in the coming weeks. The submission deadline remains March 1, 2021, at 11:59 p.m. Pacific Time.

Okay. So that's going to conclude our question-and-answer session. If any other questions come in, we'll be sure to address those in the Q&A document. Next slide, please.

So, really, I want to thank everyone. We're very glad that you were able to join us today. Again, as I indicated earlier, all of the webinar materials will be posted on the Quality Reporting Center and also on the *QualityNet* website in the coming weeks. Once again, thank you very much. Have a great rest of your afternoon.