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*

Questions and Answers

Speaker

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*Specific to the Medicare Promoting Interoperability Program

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for clarity or grammar.

Question 1: **When will the Hospital Quality Reporting (HQR) System open for calendar year (CY) 2020 eCQM reporting?**

The HQR System opened October 30, 2020, to receive test and production eCQM data. The aligned eCQM data submission deadline for the Hospital IQR and the Medicare portion of the Promoting Interoperability Programs is March 1, 2021, at 11:59 p.m. Pacific Time (PT).

On February 16, 2021, CMS extended the CY 2020 eCQM deadline to April 1, 2021.

Question 2: **Where can I find the Hybrid Hospital-Wide Readmission (HWR) measure specification?**

- Visit the eCQI Resource Center to locate the measure specification information by the reporting period.

- Select the Eligible Hospitals/CAHs button from the landing page.

- Select 2021 for the reporting period.

- Click the Hybrid Measures tab. In addition to an overview, if you scroll down the page, the measure specification is posted with value set details, technical release notes, and other educational materials.

Voluntary reporting of the Hybrid HWR measure begins fall 2022 for the July 1, 2021–June 30, 2022 reporting period.

Hybrid HWR measure policy information is posted on the *QualityNet* website. That information was reviewed on slide 25 of this webinar.

Question 3: **Will there be a presentation this year on the process to submit eCQM data for the Medicare portion of the Medicare and Medicaid Promoting Interoperability Programs and the Hospital IQR Program using HCQIS Access Roles and Profile (HARP) accounts?**

We host a webinar each year to show the eCQM data submission process from beginning to end. Screenshots and key points throughout the submission process are provided. A webinar is scheduled for later this fall; as soon as the HQR System is ready, we will compile the information for you and host a webinar.

In addition, a Listserve will be distributed to alert the community to the upcoming webinar. Visit the Quality Reporting Center website and monitor the events calendar tab to access the registration information when it becomes available.

Question 4:	**Do Critical Access Hospitals (CAHs) need to submit eCQMs?**

For the Hospital IQR Program, CAHs are encouraged but not required to participate. However, CAHs are required to participate in eCQM reporting for the Medicare portion of the Medicare and Medicaid Promoting Interoperability Program. CAHs have the option to electronically report on CQMs or to attest to meet that portion of the reporting requirement. (Attestation is only an option available for Medicare eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible.) We recommended reviewing the sections of this webinar that outline the reporting requirement on the CMS.gov website. Please submit additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 5:	**Are there any screenshots or webinars that show the changes in reporting Promoting Interoperability Program data through the new Hospital Quality Reporting feature in *QualityNet*?**

The Promoting Interoperability Programs separately offer education and materials on the CMS.gov website. The Hospital IQR Program and the Medicare portion of the Medicare and Medicaid Promoting Interoperability Programs are only aligned in the electronic reporting of CQMs; each program has additional reporting requirements in the same way that there are different application processes, criteria, data submission deadlines, and ways to report data submission difficulties. Due to this, policy information and educational materials regarding the Promoting Interoperability Programs are hosted on the CMS.gov website. On CMS.gov, look for the Promoting Interoperability Programs Events tab in the left-hand menu. Questions about upcoming webinars or previous events should be sent to cmsqualityteam@ketchum.com.

Question 6:	**How are eCQMs validated? How is compliance measured during the validation process?**

eCQMs will be validated in the same manner as the last three years. After the eCQM data reporting submission deadline, CMS will randomly select eCQM cases submitted for validation from hospitals selected for validation.

The CMS Data Abstraction Center (CDAC) will then send a medical records request to each selected hospital. The CDAC will abstract the medical record using the guidance, definitions, and logic in the eCQM specifications.

When validating cases, the CDAC reviews data found in both discrete and non-discrete fields of the records provided, and both the QRDA data and the medical record data are compared to the guidance and definitions in the eCQM specifications.

Forward additional questions to the validation contractor at validation@telligen.com. The CMS contractor hosts eCQM validation webinars each year to explain the data validation process. Also, archived webinar materials can be found on the Quality Reporting Center website.

Question 7:	**Why isn't this webinar discussing the Medicaid Promoting Interoperability Program?**

This webinar discussed the aligned reporting credit between the Hospital IQR Program and the Medicare portion of the Medicare and Medicaid Promoting Interoperability Program, meaning successful submission of electronic reporting of CQMs using the *Secure Portal* within the HQR System, allows a submitter to meet the CQM reporting requirement for both programs with ONE submission.

The Medicaid Promoting Interoperability Program's reporting requirements are specific to each state. If you review slide 28, the left-hand menu towards the bottom has a Medicaid State Information link for more information.

Question 8:	**What if my hospital is in Puerto Rico? Where can I find the reporting requirements for the Medicare and Medicaid Promoting Interoperability Program?**

Slide 28 of this presentation provides the link to the page where the information can be found; there is a link in the left-hand menu labeled Puerto Rico Hospitals. It provides an overview and clarifies requirements to participate in the Promoting Interoperability Program.

Hospitals in Puerto Rico are not part of the Hospital IQR Program; they are encouraged, but not required, to participate in the Hospital IQR Program.

Question 9: **Are updated documents (e.g., additions/modifications) sent to members of the *QualityNet* program notification lists? Are all documents updated with the date of the revisions?**

When a document is updated on the *QualityNet* website, a Listserve is typically distributed to notify users that updated materials are available. The Listserve includes a link to the revised documentation or information.

The Quality Reporting Center website is another location where updated educational materials and self-directed tools are posted. The materials have a header to clarify the applicable fiscal year (FY) and/or calendar year (CY) in the title and typically have the month and year of publication in the margin of the document.

The eCQI Resource Center provides a table of technical documentation and educational materials; the far-right column displays the publication date. The eCQI Resource Center material typically displays the month and year of publication toward the bottom of the document.

Archived materials are also maintained on all three of the aforementioned websites.

Question 10: **There were so many steps to eCQM submission last year. We needed authorizations to websites. Is there a resource that outlines these steps?**

There are several resources available to data submitters. Annual webinars walk users through the HQR System eCQM data submission process; *QualityNet* maintains archived webinar materials based on the program reporting requirement; and the Quality Reporting Center offers an events calendar, Events on Demand, and archived webinar materials.

The eCQI Resource Center houses two checklists: The Preparation Checklist outlines needed accounts to support eCQM reporting (for example, the Unified Medical Language System (UMLS) account needed to access the eCQM Value Sets) among other activities; and the Implementation Checklist tells users the information to gather and the steps needed to support successful data submission for the applicable reporting period.

CMS has also updated the HQR System user interfaces to reduce burden on submitters and streamline data submission. The updated HQR System is intended to be more intuitive for the user and requires fewer steps to receive near real-time data processing and outcomes for successful eCQM data reporting.

Question 11:　　　　**Where can I find pre-rulemaking eCQMs?**

Pre-rulemaking eCQMs are developed and under consideration, but they are not finalized for use in the CMS Quality Reporting Program. On the eCQI Resource Center landing page, there is a menu for eCQMs; look for EH/CAH eCQMs to locate the Pre-Rulemaking eCQMs tab. If they are available, they will be listed there.

There are also resources to determine if there is an eCQM or measure concept of interest to your organization under development. Three tools are available: Measure Collaboration Workspace eCQM Concept, CMS Measures Inventory Tool, and Measures Under Consideration (MUC) list.

Question 12:　　　　**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. Measure developers can independently load measures they built using the Measure Authoring Tool. The tool helps them test their measure logic against a patient test deck and determine if the logic matches up with the intent of the measure. Information regarding the tool, the Bonnie User Group, and other related topics are searchable on the eCQI Resource Center.

Question 13:　　　　**Do we still submit files through the Pre-Submission Validation Application (PSVA) tool?**

Data submitters will use the HQR System, not the PSVA tool. CMS sent the IQR Update newsletter during the week of August 3, 2020 to notify the community that the PSVA was retired in summer 2020.

When the HQR System opens for eCQM reporting for test and production QRDA Category I file submissions, the HQR System will check the file format and the data within the file to give users more thorough feedback. The PSVA was only able to check the file format. The outcomes for Submission Accuracy and Measure Results are available as Comma Separated Values (CSV) export files to help users quickly locate errors to revise files for resubmission to either test or production within the HQR System.

Question 14:　　　　**After the vendor submits files, where would we find the report that shows we satisfied the eCQM reporting requirement?**

The Program Credit Report tells the data submitter how the submitted data applies toward the eCQM program for the Hospital IQR Program and the Medicare portion of the Promoting Interoperability Program. A webinar is scheduled for this fall to provide more information, including the location of the report; visit the Events page of the Quality Reporting Center website to locate the registration information.

Question 15: **I noticed in *Admit Decision Time to ED Departure Time for Admitted Patients* (ED-2) that the admission time has changed to the "last decision to admit time" (when there are multiple orders). This is causing my data to show the "decision to admit time" as less than 10 minutes in a lot of cases. I thought the intent was to measure the wait in the ED prior to admission. This is not matching the chart abstracted version, or is this the intent?**

Visit the ONC Jira website and access the eCQM Issue Tracker at https://oncprojectracking.healthit.gov/. Once on the website, search for your question to determine if this has already been addressed. If you are unable to locate your question, create a login and password to enter the issue and request assistance from a measure expert.

Question 16: **We have had a change in the person who filed the attestation. Where do we go to update the contacts?**

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