



# Submitting CY 2020 eCQM Data for the Hospital IQR and Medicare Promoting Interoperability Programs

## Speakers

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# Purpose

The purpose of this presentation is to provide a high-level overview of the reporting process, navigational changes, and new features for reporting and receiving feedback on calendar year (CY) 2020 electronic clinical quality measures (eCQMs) using CMS' Hospital Quality Reporting (HQR) System.

# Objectives

Participants will:

- Understand the updated HQR System to successfully report eCQMs for the CY 2020 reporting period.
- Identify new navigation and features designed to improve usability for hospitals and vendors within CMS' HQR systems.
- Understand HQR System feedback to improve data quality and verify the eCQM reporting requirement is met.

# Acronyms

<b>CAH</b>	critical access hospital	<b>HCQIS</b>	Healthcare Quality Information System
<b>CE</b>	continuing education	<b>HQR</b>	Hospital Quality Reporting
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IPP</b>	initial patient population
<b>CSV</b>	Comma-Separated Value	<b>IQR</b>	inpatient quality reporting
<b>CY</b>	calendar year	<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>ECE</b>	Extraordinary Circumstances Exception	<b>PC</b>	Perinatal Care
<b>eCQM</b>	electronic clinical quality measure	<b>QRDA</b>	Quality Reporting Document Architecture
<b>ED</b>	emergency department	<b>STK</b>	stroke
<b>EH</b>	eligible hospital	<b>UI</b>	User Interface
<b>EHR</b>	electronic health record	<b>VIQR</b>	Value, Incentives, and Quality Reporting
<b>FY</b>	fiscal year	<b>VTE</b>	venous thromboembolism
<b>HARP</b>	HCQIS Access Roles and Profile		

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## **CY 2020 eCQM Reporting Overview**

# CY 2020 (FY 2022) Available eCQMs

<b>ED-2</b> <i>Admit Decision Time to ED Departure Time for Admitted Patients</i>	<b>PC-05</b> <i>Exclusive Breast Milk Feeding</i>	<b>STK-2</b> <i>Discharged on Antithrombotic Therapy</i>	<b>STK-3</b> <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i>
<b>STK-5</b> <i>Antithrombotic Therapy By End of Hospital Day 2</i>	<b>STK-6</b> <i>Discharged on Statin Medication</i>	<b>VTE-1</b> <i>Venous Thromboembolism Prophylaxis</i>	<b>VTE-2</b> <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>

**Note:** ED=Emergency Department; PC=Perinatal Care STK=Stroke; VTE=Venous Thromboembolism

# CY 2020 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the eight available eCQMs.
- Report **one** self-selected calendar quarter in CY 2020 (Q1, Q2, Q3, or Q4).
- Submission deadline is March 1, 2021.
  - Deadline extended due to the original deadline (February 28, 2021) falling on a weekend.

**Note:** Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and critical access hospitals (CAHs).

# Successful eCQM Submission for CY 2020 Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare portion of the Promoting Interoperability Programs, report the eCQMs as any combination of:

- Accepted Quality Reporting Document Architecture (QRDA) Category I files with patients meeting the initial patient population (IPP) of the applicable measures.
- Zero denominator declarations.
- Case threshold exemptions.

**Note:** Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Medicare Promoting Interoperability Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, and claims-based measures.

# CY 2020 Certification and Specification Policies

- Electronic health Record (EHR) technology certified to the 2015 Edition (Office of the National Coordinator for Health Information Technology [ONC] certification standards)
- EHRs certified to all available eCQMs
- eCQM specifications published in CMS' eCQM Annual Update and related addenda for the applicable reporting year, available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh-cah-ecqms>
- QRDA Category I file format, using the CMS QRDA Category I Implementation Guide for the applicable reporting year, available at <https://ecqi.healthit.gov/qrda>

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## **eCQM Data Submission Process - Demonstration**

# Submitting CY 2020 eCQM Data to the HQR System Demonstration

- Sign Into the HQR System through HCQIS Access Roles and Profile (HARP)
- Access the HQR Landing Page
- Upload QRDA Category I Files
- Review File Upload History User Interface (UI) and Export
- Review eCQM Submission Accuracy UI and Export
- Review Measure Results Outcomes UI and Export
- Review Program Credit UI and Generate the Program Credit Report
- Visit Denominator Declaration UI, if applicable
- Revisit the Program Credit UI to confirm Successful eCQM Reporting

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## **Additional Tips and Information**

# Extraordinary Circumstances Exception (ECE) Policy

<https://qualitynet.org/inpatient/asures/ecqm/participation#tab2>

## Top of Page ECE Policy

## Bottom of Page ECE Request Form and Instructions

Overview eCQM Measures **Participation** Resources Webinars Notifications

Requirements  
Extraordinary Circumstances

### Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request and for CMS to grant exceptions with respect to the reporting of required quality data—including eCQM data when there are extraordinary circumstances beyond the control of the hospital.

#### eCQM Related ECEs

Hospitals may use the Extraordinary Circumstances Exceptions (ECE) form to request an exception from the Hospital Inpatient Quality Reporting (IQR) Program's eCQM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (e.g., a hospital is in an area without sufficient Internet access) or unforeseen circumstances (e.g., a hospital has health information technology (IT) vendor issues outside of the hospital's control, including a vendor product losing certification) that impact the hospital's ability to report eCQM data. For further information, reference this ECE Policy Clarification Questions and Answers.

File Name	File Type	File Size	Download
ECE Policy Clarification Questions and Answers	PDF	56 KB	<a href="#">Download</a>

#### Non-eCQM Related ECEs

Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data. Hospitals may request consideration for an exception of the requirement to submit quality data for one or more quarters. For non-eCQM related ECEs, an ECE request form must be submitted **within 90 calendar days of the extraordinary circumstance**.

### ECE Request Form Submission Instructions

In the event of such circumstances, hospitals must submit an Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required questions completed. For eCQM-related ECEs, an ECE request form must be submitted by **April 1 following the end of the eCQM reporting period calendar year (CY)\***. As an example, for data collection for the CY 2018 reporting period (through December 31, 2018), hospitals would have until April 1, 2019, to submit an ECE request.

File Name	File Type	File Size	Download
Extraordinary Circumstances Exceptions (ECE) Request Form	PDF	141 KB	<a href="#">Download</a>

The form must be signed by the hospital's chief executive officer (CEO) or designee and submitted via one of the following methods:

- QualityNet Secure Portal Secure File Transfer to: WAIVER EXCEPTION WITHHOLDING group
- Secure fax to: (877) 789-4443
- Email to: [qrfomssubmission@hsag.com](mailto:qrfomssubmission@hsag.com)
- Conventional mail to:

HSAG  
ATTN: Hospital Inpatient Quality Reporting Program Support Contractor  
3000 Bayport Drive, Suite 300  
Tampa, FL 33607

The support contractor will forward the form, as directed, to CMS.

**Note:** This process does not preclude CMS from granting exceptions to hospitals when it is determined that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS may also grant an exception if it is determined that a systemic problem with one of its data collection systems directly affected the ability of the hospitals to submit data. If CMS makes the determination to grant a blanket exception, CMS will communicate this decision to hospitals, vendors, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) through routine communication channels, including memos, emails, and notices on QualityNet.

\* *Hardship Exceptions for the Medicare Promoting Interoperability Program (previously known as the Electronic Health Record (EHR) Incentive Program) follow a different process and different timeline. For additional information on this process, refer to the CMS Payment Adjustments & Hardship Information web page on CMS.gov.*

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# Promoting Interoperability Program Policy and eCQMs Basics Information

## Policy Information

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

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**CMS.gov**  
Centers for Medicare & Medicaid Services

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Home > Regulations & Guidance > Promoting Interoperability

### Promoting Interoperability Programs

Latest News

- On May 11, 2020 CMS published the *Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System Proposed Rule for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Proposed Rule*. For more information on the proposed changes for the 2021 program year, visit the [Federal Register](#) and view this [fact sheet](#).

Dates to Remember

January 1 - December 31, 2020
2020 Promoting Interoperability Programs Reporting Year
September 1, 2020
Deadline for eligible hospitals to submit a hardship exception application
November 30, 2020
Deadline for critical access hospitals (CAHs) to submit a hardship exception application

Promoting Interoperability Programs Milestones

## eCQMs Basics

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures>

### Electronic Clinical Quality Measures Basics

Electronic clinical quality measures (eCQMs) are tools that help measure and track the quality of health care services that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) provide, as generated by a provider's electronic health record (EHR). Measuring and reporting eCQMs helps to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable, and timely care. eCQMs measure many aspects of patient care, including:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population/Public Health
- Efficient Use of Healthcare Resources
- Clinical Process/Effectiveness

Health care providers are required to electronically report eCQMs, which use data from EHRs and/or health information technology systems to measure health care quality. To report eCQMs successfully, health care providers must adhere to the requirements identified by the CMS quality program in which they intend to participate.

Each year, CMS makes updates to the eCQMs approved for CMS programs to reflect changes in:

- Evidence-based Medicine
- Code Sets
- Measure Logic

To successfully participate in the Medicare and Medicaid Promoting Interoperability Programs, CMS requires EPs, eligible hospitals, CAHs, and dual-eligible hospitals to report on eCQMs. These eCQMs are determined by CMS and require the use of 2015 Edition of certified electronic health record technology (CEHRT). For more information on 2015 Edition certified electronic health record technology (CEHRT), review this [fact sheet \(PDF\)](#) or [visit Health IT Certification for eCQM Reporting](#).

**Medicare Promoting Interoperability Program eCQMs Requirements for 2020**

# Resources

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

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## **Questions**

# Webinar Questions

Please email any question pertinent to the webinar topic to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com) with the following information:

- Subject Line: Submitting CY 2020 eCQM Data For the Hospital IQR and Medicare Promoting Interoperability Programs
- Email Body: if your question pertains to a specific slide, please include the slide number.

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the Quality Inpatient Questions and Answers tool, at [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa). If you do not find an answer, submit your question to us using the same tool.

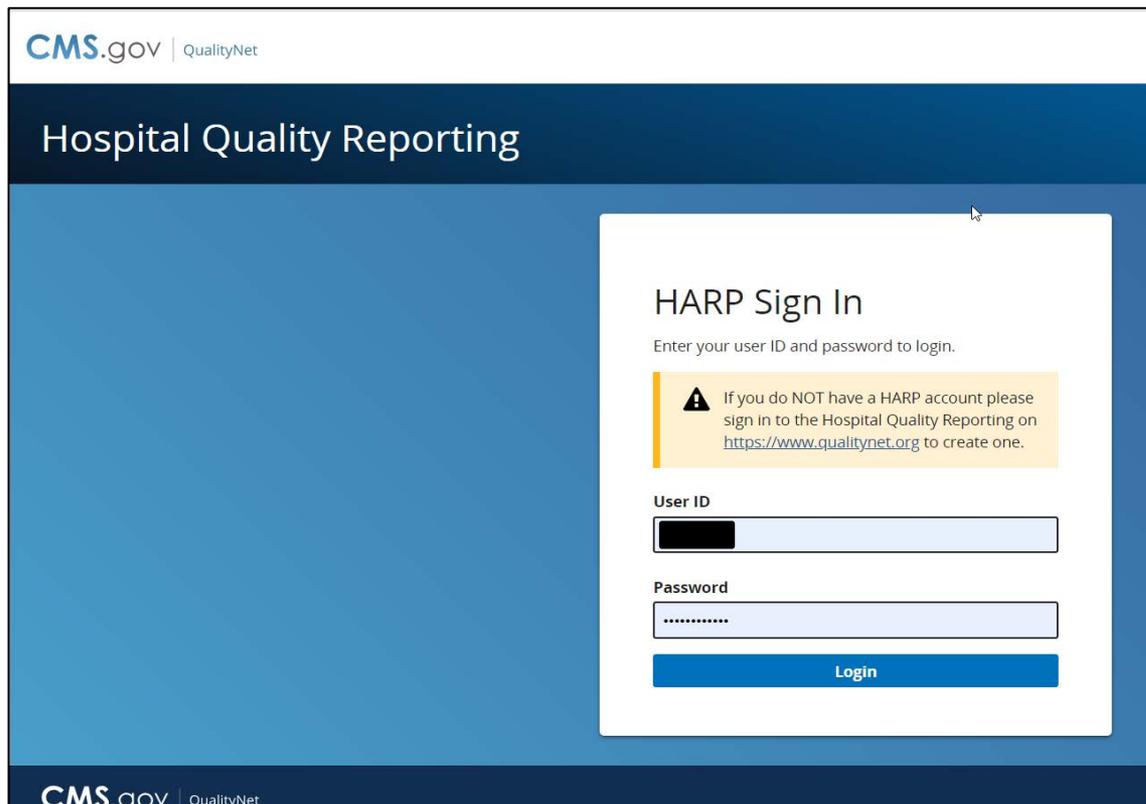
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## **Appendix – CY 2020 eCQM Data Submission Process Screenshots**

# Sign Into HQR Portal Using HARP

HQR Portal login page: <https://hqr.cms.gov>



The screenshot displays the HQR Portal login page. At the top left, the CMS.gov logo and QualityNet text are visible. Below this, a dark blue header contains the text "Hospital Quality Reporting". The main content area features a white box titled "HARP Sign In" with the instruction "Enter your user ID and password to login." A yellow warning box contains a triangle icon and the text: "If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one." Below the warning box are two input fields: "User ID" and "Password". The "User ID" field contains a blacked-out value. The "Password" field contains a series of dots. A blue "Login" button is positioned at the bottom of the form. The CMS.gov logo and QualityNet text are also present at the bottom of the page.

# Request Two-Factor Authentication Security Code

Hospital Quality Reporting

Two-Factor Authentication

Select a device to verify your account

SMS Text for number ending in 6480

Email

CMS.gov | QualityNet

[CMS.gov](#) [QualityNet.org](#) [QualityNet Help Desk](#) [Help](#)

[Accessibility](#) [Privacy Policy](#) [Terms of Use](#)



Select the two-factor authentication device option to receive a security code. Select **Next**.

# Enter Two-Factor Authentication

Hospital Quality Reporting

## Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:

**SMS Text**  
Please enter it below.

Enter Code

[Continue](#)

Code sent  [Change two factor authentication](#)

CMS.gov | QualityNet

CMS.gov | QualityNet.org | QualityNet Help Desk | Help  
Accessibility | Privacy Policy | Terms of Use



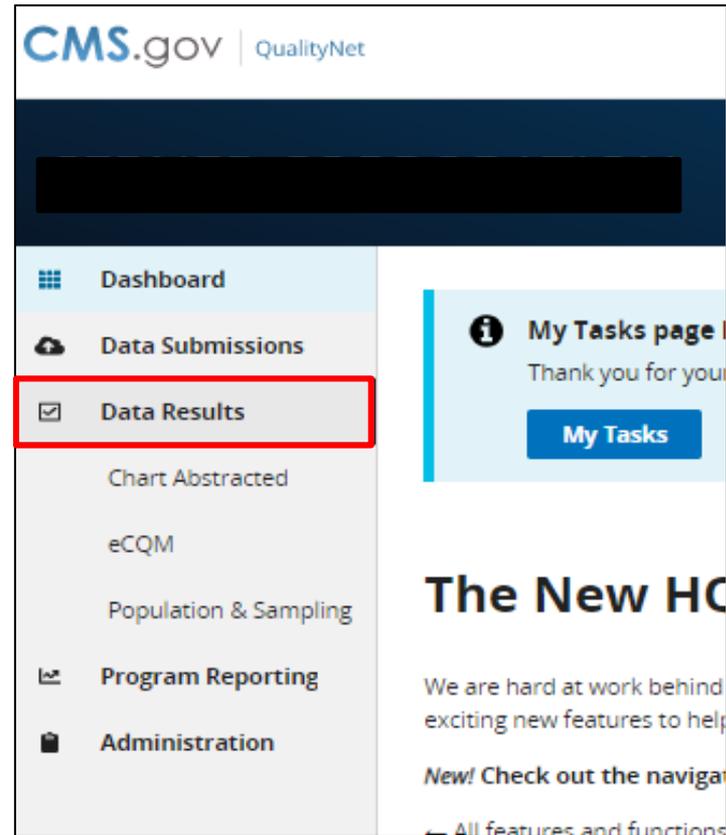
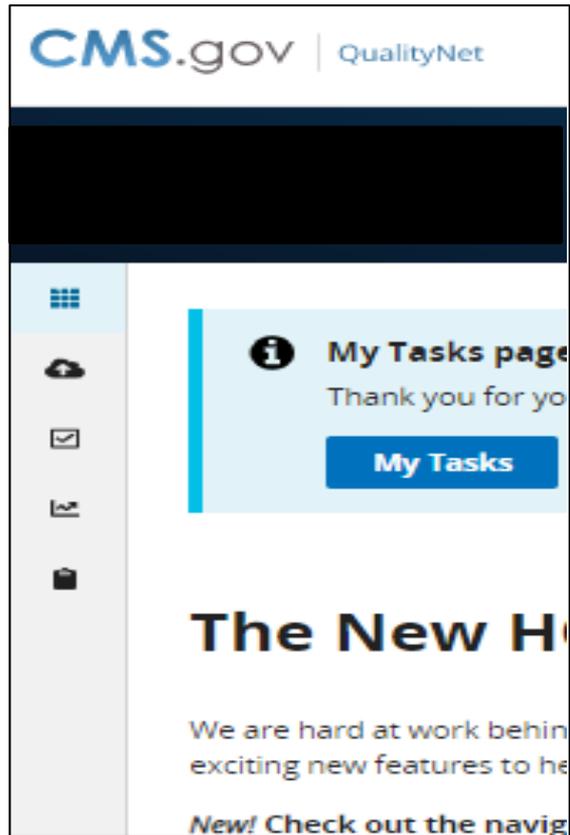
Enter the security code you received via text or phone call. Select **Continue.**

# Accept Terms & Conditions

The screenshot shows a web interface for 'Hospital Quality Reporting'. A central dialog box titled 'Terms & Conditions' is displayed. The dialog contains a scrollable text area with the following text: 'stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.' and 'Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.' Below the text area is a checkbox labeled 'I accept the above Terms and Conditions'. At the bottom of the dialog are two buttons: 'Cancel' and 'Accept'. The background of the web page is blue. The footer of the page includes 'CMS.gov | QualityNet', a list of links: 'CMS.gov', 'QualityNet.org', 'QualityNet Help Desk', 'Help', 'Accessibility', 'Privacy Policy', and 'Terms of Use', and the CMS logo.

Select **Accept** to verify that you accept the Terms & Conditions.

# Updated Navigation Menu on HQR Landing Page



# HQR Landing Page

Click the symbol at the bottom left of the screen to unlock the menu to read the options.

CMS.gov | QualityNet

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration

**My Tasks page is being retired.**  
Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports & PRS are still on the My Tasks page.  
[My Tasks](#)

## The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

**New! Check out the navigation on the left:**

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease

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### Here are some of the key features of the new Hospital Quality Reporting

<b>Intuitive Interfaces</b> Intuitive Interfaces means you always know where you are within the system.	<b>Simple Submissions</b> We've taken the guess work out of submitting data, via a file or a form. All from one central location.	<b>Advanced Security</b> Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.	<b>Reliable Calculations</b> Accurate data, with real-time validation. No second guessing. No more waiting.
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[Unlock Menu](#)

CMS.gov | QualityNet

CMS.gov | QualityNet.org | QualityNet Help Desk | Help  
Accessibility | Privacy Policy | Terms of Use

# Uploading QRDA Category I Files

After **clicking** on Data Submissions, **click** on the File Upload button; the following UIs will display:

**Users preparing to upload QRDA Category I files for the first time to the HQR System will see this screen...**

The screenshot shows a web interface with two tabs: "File Upload" (selected) and "Data Form". Below the tabs, there is a text prompt: "Choose **Select Files** to browse your computer or **Drag and Drop** the files into the highlighted area." A "Submission" dropdown menu is set to "Test", with a "Change Selection" button below it. A search bar with a "Reset" button and a "Select Files" button is also present. The main area is a large dashed box containing a cloud upload icon, the text "Drag files here to upload", the word "or", and another "Select Files" button.

**After an upload history has been established, the UI will look like this...**

The screenshot shows the "Upload History" section. It includes a "Submission" dropdown menu set to "Test" and a "Change Selection" button. Below this is a search bar with a "Reset" button. A table displays the upload history with columns: Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, Status, and Errors. The "Uploaded By" column is redacted with a black bar. The table contains 8 rows of data, all with a "Ready" status and a "Download" link.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors
VTE-1_2020-11-04_14...	3023757	373.4 KB	11/04/2020	[Redacted]	Ready	<a href="#">Download</a>
PC-05_2020-11-04_14...	3023753	410.3 KB	11/04/2020	[Redacted]	Ready	<a href="#">Download</a>
PC05DENEX.xml	3023749	15.5 KB	11/04/2020	[Redacted]	Ready	<a href="#">Download</a>
PC05DENEX.xml	3023748	15.5 KB	11/04/2020	[Redacted]	Ready	<a href="#">Download</a>
PC05Num.xml	3023746	16.7 KB	11/04/2020	[Redacted]	Ready	<a href="#">Download</a>
PC05Testing.xml	3023745	15.2 KB	11/04/2020	[Redacted]	Ready	<a href="#">Download</a>
PC-05_2020-11-04-09...	3023734	410.5 KB	11/04/2020	[Redacted]	Ready	<a href="#">Download</a>

# Data Upload Process

The screenshot displays the 'Upload History' page in the CMS.gov QualityNet system. The interface includes a navigation menu on the left, a top navigation bar with 'Files', 'Accuracy', and 'Outcomes' tabs, and a main content area. A red box highlights the 'Change Selection' button. Below it is a search bar and a table of upload records. The table has columns for Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, Status, and Errors. The table contains 10 rows of data, including file names like 'TEST\_111803.zip' and 'Test15000fva.zip', and their respective batch IDs and upload dates.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors
TEST_111803.zip	8024167	7.4 MB	11/19/2020		Processing	Download
TestBig.zip	8024158	100.9 KB	11/19/2020		Processing	Download
SingleFileTest_ED2_S...	8024152	27.9 KB	11/19/2020		Ready	Download
TEST_111803.zip	8024150	7.4 MB	11/19/2020		Processing	Download
SingleFileTest_ED2_S...	8024149	27.9 KB	11/19/2020		Ready	Download
TEST_840123.zip	8024148	7.5 MB	11/19/2020		Processing	Download
Test15000fva.zip	8024138	67.5 MB	11/19/2020		Processing	Download
Test15000fwb.zip	8024137	67.5 MB	11/19/2020		Processing	Download
Test15000fwd.zip	8024136	67.5 MB	11/19/2020		Processing	Download
Test15000fve.zip	8024135	67.5 MB	11/19/2020		Processing	Download

- Once the user selects the Data Upload button, the page will refresh and show the File Upload History.
- The system will default to test for the submission field. Be sure to modify the submission type (test or production) if they are not applicable.
- If the user wants to see the Production File Upload History, use the drop-down menu to **select** Production. Then, **select** the Change Selection button; the page will refresh.
- To determine how the data were processed, download the corresponding CSV report under the Errors header (screenshot on next slide).

# Data Upload Error Report Screenshot

	A	B	C	D	E	F	G
1	FileName	CCN	BatchID	UploadDate	UploadedBy	Status	ErrorDetails
2	VendorNotAllowedProviderGoodProvider.xml	[REDACTED]	3024034	11/13/2020	[REDACTED]	REJECTED	Submitter ( %s ) is not authorized to submit for this provider ( %s ) (CONF:CMS_0067).
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
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18							
19							
20							
21							
22							
23							

# eCQM Submission Accuracy Tab

The screenshot shows the eCQM Submission Accuracy Tab in the CMS.gov QualityNet system. The interface includes a navigation menu with 'Files', 'Accuracy', and 'Outcomes' tabs. The 'Accuracy' tab is active, displaying the 'eCQM Submission' section. This section provides a summary of file uploads, including a 'Change Selection' button. Below the summary is a search bar and an 'Export Results' button. A table lists the rejected files, showing details such as Patient File Name, Batch ID, Batch File Name, Upload Date, Uploaded By, Status, and Errors.

Patient File Name	Batch ID	Batch File Name	Upload Date	Uploaded By	Status	Errors
IPP_1_DENOM...	3023592	IPP_1_DENOM_...	10/29/2020	THE GALLUP OR...	Rejected	3*
IPP_1_DENOM...	3023589	IPP_1_DENOM_...	10/29/2020	THE GALLUP OR...	Rejected	1*
IPP_1_DENOM...	3023590	IPP_1_DENOM_...	10/29/2020	THE GALLUP OR...	Rejected	1*
IPP_1_DENOM...	3023588	IPP_1_DENOM_...	10/29/2020	THE GALLUP OR...	Rejected	1*
IPP_1_DENOM...	3023591	IPP_1_DENOM_...	10/29/2020	THE GALLUP OR...	Rejected	1*

The system will default to test for the submission field and the most current quarter.

Be sure to **modify** the submission and quarter if they are not applicable. **Click** the Change Selection button to refresh the UI and view the most current status.

This screenshot shows a user reviewing only the rejected files for revision and resubmission.

When the user **clicks** on the Rejected Files button, the details display on the lower half of the UI.

**Click** the Export Results button to generate a CSV file that will provide the error messages to assist with troubleshooting.

# CSV File Export of Rejected Files with Error Details

	DischargeQuart	DischargeYr	CCN	UploadedBy	SubmitterID	CMSCertificationNumbe	BatchID	PatientFileName	BatchFileName	UploadDate	Status	ErrorDetails	SubmissionTy	xPath
1	Q1	2020					3021577	IPP_1_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300_C01). TEST		
4	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
5	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300_C01). TEST		
6	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
7	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
8	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
9	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
10	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
11	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
12	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
13	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
14	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300_C01). TEST		
15	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
16	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
17	Q1	2020					3021577	IPP_1_MSRPOPL_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
18	Q1	2020					3021577	IPP_DENOM_N_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
19	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
20	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
21	Q1	2020					3021577	IPP_DENOM_N_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
22	Q1	2020					3021577	IPP_MSRPOPL_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
23	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	Discharge Date is not properly formatted (CONFTEST)		
24	Q1	2020					3021909	IPP_0_DENOM_0_IPP_0_DENOM_0_NU		10/26/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
25	Q1	2020					3021911	IPP_0_DENOM_0_IPP_0_DENOM_0_NU		10/26/2020	REJECTED	There are no Encounter Performed Discharge D.TE		

# eCQM Measure Results

## Outcomes Tab

- The system will default to test for the submission field and the most current quarter.
- Be sure to modify the submission and quarter if they are not applicable.
- Click the change selection button to refresh the UI.
- The user can choose to review all measures or a specific measure from the select measure dropdown menu.
- Export the results into a CSV file for download.
- If data are not currently available for the selected submission type and quarter, a message will display to indicate no data are currently available.

### All Measure Results

The screenshot shows the 'Outcomes' tab of the eCQM system. The 'Measure Results' section is active, displaying a table of results. A red circle highlights the 'All Measures' option in the 'SELECT MEASURES' dropdown menu. The table below shows columns for Patient File Name, Measure(s), Evaluated Episodes, Upload Date, and Batch ID.

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
Q3ReportCMSTest_STH...	VTE-1_STH-8_STH-8...	8	12/09/2020	3028127
Q3ReportCMSTest_STH...	STK-2_VTE-2_STH-8...	8	12/09/2020	3028103
IPP_1_DENOM_1_DENEK...	STK-2*	1	10/29/2020	3028617
IPP_1_DENOM_1_DENEK...	STK-2*	1	10/29/2020	3028617
IPP_1_DENOM_1_DENEK...	STK-2*	1	10/29/2020	3028617
IPP_1_DENOM_1_DENEK...	STK-2*	1	10/29/2020	3028617

### Specific Measure Results

The screenshot shows the 'Outcomes' tab of the eCQM system. The 'Measure Results' section is active, displaying a table of results. A dropdown menu is open, showing 'ED-2' selected. The table below shows columns for Patient File Name, Measure(s), Evaluated Episodes, Upload Date, and Batch ID.

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
CMS_0074_AI_2020_Na...	ED-2*	1		3020258
CMS_0074_AI_2020_Na...	ED-2*	1		3020323
IPP_0_MSRPOP_0_MSR...	ED-2*	1		3021577

# Exporting Measure Results

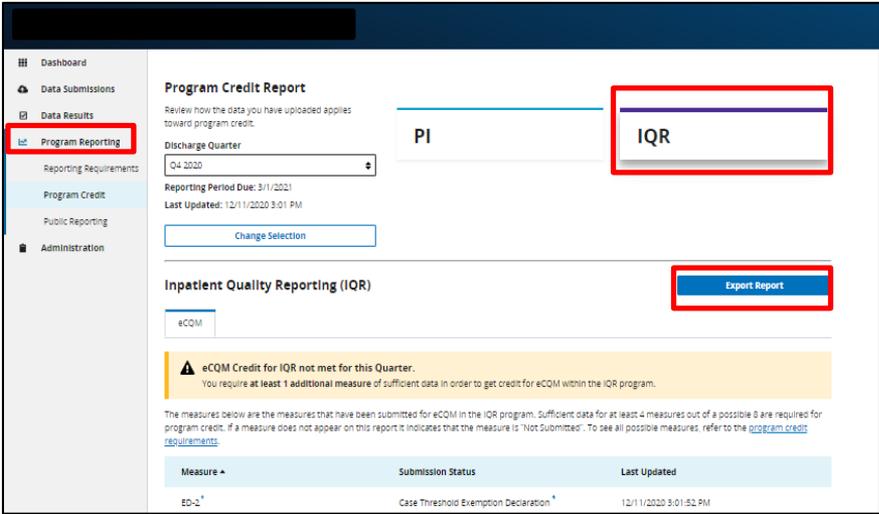
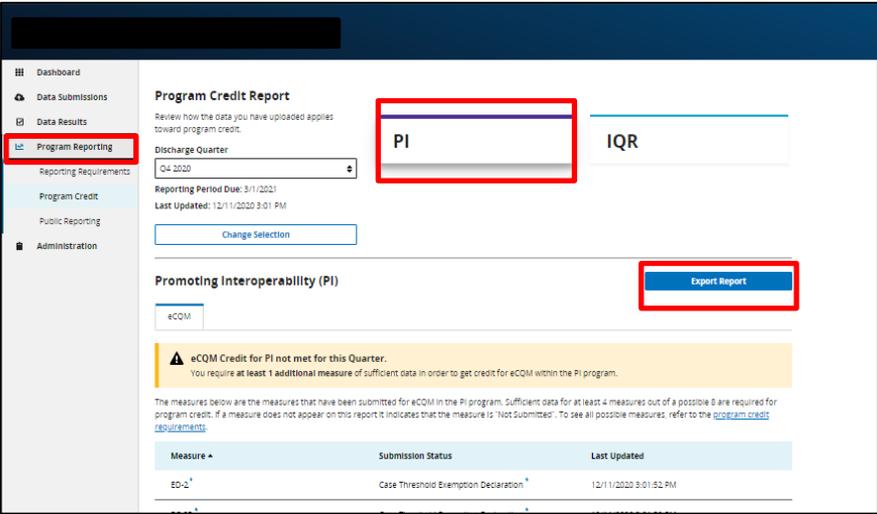
Click the Export Results button to produce a CSV file.

The screenshot displays a Microsoft Excel spreadsheet with a data table. The table has columns labeled A through T. The data includes patient identifiers (PatientID, BatchID), dates (UploadDate, AdmissionDate, DischargeDate), patient names (PatientName), submission types (SubmissionType), measure versions (MeasureVersion), and measure names (MeasureName). The 'Strata' column contains codes like 'E1-2' and 'E2-2'. The 'StrataDescription' column provides detailed reporting information, such as 'Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED\_IN\_MEASURE, Median Admit Decision'. The 'FeedBackMessage' and 'MessageID' columns contain specific feedback and message identifiers. The 'MeasureDescription' column lists various decision categories like 'INITIAL PATIENT POPULATI: INITIAL\_PATIENT\_POPULA Median Admit Decision'. The 'CaseID' column contains numerical identifiers. The spreadsheet is shown in a window titled 'AutoSave' with standard Excel ribbon tabs (File, Home, Insert, Page Layout, Formulas, Data, Review, View, Help) and various toolbars.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
CCN	SubmitterID	UploadDate	PatientID	BatchID	UploadDate	AdmissionDate	DischargeDate	PatientName	SubmissionType	MeasureVersion	MeasureName	Strata	StrataDescription	FeedBackMessage	MessageID	MeasureDescription	CaseID			
			patient_iden	3021577	10/15/2020	12/31/2019	1/1/2020	IPP_1_MSRPOP_L TEST	1	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						-997021086			
			patient_iden	3021577	10/15/2020	11/4/2019	1/1/2020	IPP_1_MSRPOP_L TEST	7	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						-1857089694			
			patient_iden	3021577	10/15/2020	9/2/2019	1/1/2020	IPP_0_MSRPOP_L TEST	1	E1-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA Median Admit Decision						-534789093			
			patient_iden	3021577	10/15/2020	9/2/2019	1/1/2020	IPP_0_MSRPOP_L TEST	1	E1-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA Median Admit Decision						-534789093			
			patient_iden	3021577	10/15/2020	9/3/2019	1/1/2020	IPP_1_MSRPOP_L TEST	2	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						815223615			
			patient_iden	3021577	10/15/2020	9/3/2019	1/1/2020	IPP_1_MSRPOP_L TEST	2	E1-2	Reporting Stratificati: All patients seen in the E1 EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision						815223615			
			patient_iden	3021577	10/15/2020	11/3/2019	1/1/2020	IPP_1_MSRPOP_L TEST	0	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						3010281339			
			patient_iden	3021577	10/15/2020	11/4/2019	1/1/2020	IPP_1_MSRPOP_L TEST	6	E1-2	Reporting Stratificati: All patients seen in the E1 EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision						-1857089694			
			patient_iden	3021577	10/15/2020	12/31/2019	1/1/2020	IPP_0_MSRPOP_L TEST	2	E1-2	Reporting Stratificati: All patients seen in the E1 EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision						-397001086			
			patient_iden	3021577	10/15/2020	11/4/2019	1/1/2020	IPP_0_MSRPOP_L TEST	5	E1-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA Median Admit Decision						-1857089694			
			patient_iden	3021577	10/15/2020	11/4/2019	1/1/2020	IPP_0_MSRPOP_L TEST	5	E1-2	NOT IN MEASURE POPULATI: NOT_IN_MEASURE_POPULA Median Admit Decision						-1857089694			
			patient_iden	3021577	10/15/2020	11/4/2019	1/1/2020	IPP_0_MSRPOP_L TEST	4	E1-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA Median Admit Decision						-1857089694			
			patient_iden	3019509	9/30/2020	9/2/2020	1/1/2020	TEST	0	E1-2							-534789093			
			patient_iden	3019509	9/30/2020	11/4/2019	1/1/2020	TEST	3	E1-2							-1857089694			
			patient_iden	3019509	9/30/2020	12/31/2019	1/1/2020	TEST	1	E1-2							-397001086			
			patient_iden	3019509	9/30/2020	12/31/2019	1/1/2020	TEST	0	E1-2							-997021086			
			patient_iden	3019509	9/30/2020	9/3/2019	1/1/2020	TEST	2	E1-2							-1857089694			
			patient_iden	3019509	9/30/2020	9/3/2019	1/1/2020	TEST	1	E1-2							815223615			
			patient_iden	3019509	9/30/2020	9/3/2019	1/1/2020	TEST	0	E1-2							815223615			
			patient_iden	3019509	9/30/2020	11/4/2019	1/1/2020	TEST	1	E1-2							-1857089694			
			patient_iden	3019509	9/30/2020	11/4/2019	1/1/2020	TEST	0	E1-2							-1857089694			
			IPP_0_MSRPOP_MMS4w4u4U	9/22/2020	12/31/2019	1/1/2020	TEST	0	E1-2								386237174			
			IPP_1_MSRPOP_MMS4w4u4U	9/22/2020	11/4/2019	1/1/2020	TEST	0	E1-2								1656150227			
			IPP_1_MSRPOP_MMS4w4u4U	9/22/2020	12/31/2019	1/1/2020	TEST	0	E1-2								47058123			
			IPP_0_MSRPOP_MMS4w4u4U	9/22/2020	11/4/2019	1/1/2020	TEST	0	E1-2								1321572771			
			IPP_0_MSRPOP_MMS4w4u4U	9/22/2020	9/2/2020	1/1/2020	TEST	0	E1-2								1023282226			
			IPP_1_MSRPOP_MMS4w4u4U	9/22/2020	9/3/2019	1/1/2020	TEST	0	E1-2								-705279674			
			IPP_0_MSRPOP_MMS4w4u4U	9/22/2020	11/4/2019	1/1/2020	TEST	0	E1-2								140579408			
			IPP_1_MSRPOP_MMS4w4u4U	9/22/2020	9/3/2019	1/1/2020	TEST	0	E1-2								-397021118			
			IPP_1_MSRPOP_MMS4w4u4U	9/22/2020	12/31/2019	1/1/2020	TEST	0	E1-2								-1199332002			
			patient_iden	3021577	10/15/2020	2/29/2020	2/29/2020	IPP_1_MSRPOP_L TEST	3	E1-2	Reporting Stratificati: All patients seen in the E1 EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision						1348087571			
			patient_iden	3021577	10/15/2020	2/29/2020	2/29/2020	IPP_1_MSRPOP_L TEST	2	E1-2	Reporting Stratificati: All patients seen in the E1 EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision						1348087571			
			patient_iden	3019509	9/30/2020	2/29/2020	2/29/2020	TEST	1	E1-2							-1857089694			
			patient_iden	3019509	9/30/2020	2/29/2020	2/29/2020	TEST	0	E1-2							1348087571			
			IPP_1_MSRPOP_MMS4w4u4U	9/22/2020	2/29/2020	2/29/2020	2/29/2020	TEST	0	E1-2							1588474215			
			patient_iden	3021577	10/15/2020	2/29/2020	2/29/2020	TEST	0	E1-2							1023282226			
			patient_iden	3021577	10/15/2020	3/4/2020	3/5/2020	IPP_1_MSRPOP_L TEST	27	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						-146524081			
			patient_iden	3021577	10/15/2020	11/3/2019	3/1/2020	IPP_1_MSRPOP_L TEST	15	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						882031178			
			patient_iden	3021577	10/15/2020	3/4/2020	3/5/2020	IPP_0_MSRPOP_L TEST	26	E1-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA Median Admit Decision						-146524081			
			patient_iden	3021577	10/15/2020	3/4/2020	3/5/2020	IPP_0_MSRPOP_L TEST	26	E1-2	NOT IN MEASURE POPULATI: NOT_IN_MEASURE_POPULA Median Admit Decision						-146524081			
			patient_iden	3021577	10/15/2020	3/1/2020	3/1/2020	IPP_1_MSRPOP_L TEST	56	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						1006159250			
			patient_iden	3021577	10/15/2020	3/1/2020	3/1/2020	IPP_1_MSRPOP_L TEST	7	E1-2	Reporting Stratificati: All patients seen in the E1 EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision						-54866735			
			patient_iden	3021577	10/15/2020	3/1/2020	3/1/2020	IPP_1_MSRPOP_L TEST	1	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						1462239051			
			patient_iden	3021577	10/15/2020	3/4/2020	3/5/2020	IPP_1_MSRPOP_L TEST	25	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						-146524081			
			patient_iden	3021577	10/15/2020	1/1/2020	3/1/2020	IPP_1_MSRPOP_L TEST	2	E1-2	Reporting Stratificati: All patients seen in the E1 EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision						872145744			
			patient_iden	3021577	10/15/2020	1/1/2020	3/1/2020	IPP_1_MSRPOP_L TEST	24	E1-2	Reporting Stratificati: All patients seen in the E1 EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision						-146524081			
			patient_iden	3021577	10/15/2020	3/1/2020	3/1/2020	IPP_1_MSRPOP_L TEST	3	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						-1913057549			
			patient_iden	3021577	10/15/2020	11/3/2019	3/1/2020	IPP_1_MSRPOP_L TEST	31	E1-2	Reporting Stratificati: All patients seen in the E1 IN MEASURE POPULATION: INCLUDED_IN_MEASURE, Median Admit Decision						1212025862			

# Program Credit Report UI – Hospital IQR and Promoting Interoperability Programs

- Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic requirement for the Medicare Promoting Interoperability Program for EHs and CAHs.
- This screenshot shows the Program Credit Report with a yellow banner indicating that the eCQM credit was not met for the quarter. Users can click the Export Report button to download the report.
- Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR Program or the Medicare Promoting Interoperability Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, and claims-based measures.



# If Minimum eCQM Reporting Requirements Are Not Met

If the submitter reviews the Program Credit Report and finds they are not meeting the minimum eCQM reporting requirements for the reporting period, visit the Data Form on the eCQM tab to locate the Denominator Declaration Screen to determine if you meet the criteria to claim the Zero Denominator Declaration.

# Accessing the Denominator Declaration Screen for Data Entry

- The system will default to the most current quarter.
- Be sure to modify the discharge quarter if it is not applicable.

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## OKMULGEE MEMORIAL HOSPITAL

eCQM | Web-based Measures | Population & Sampling | Chart Abstracted | Public Reporting | HCAHPS

File Upload | **Data Form**

### Select the Data Form

Denominator Declaration [Launch Data Form](#)

CMS.gov | QualityNet

## OKMULGEE MEMORIAL HOSPITAL

< Data Submission

### Denominator Declaration

If your total cases are 5 or less for your reporting quarter please use the drop down below to identify Zero Denominator Declaration or Case Threshold Exemptions.

Discharge Quarter: Q4 2020

Measure	Zero Denominator Declaration * / Case Threshold Exemption **
ED-2 Median Admit Decision Time to ED Departure Time for Admitted Patients	<input type="text"/>
PC-05 Exclusive Breast Milk Feeding	<input type="text"/>
STK-2 Discharge on Antithrombotic Therapy	<input type="text"/>
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter	<input type="text"/>
STK-5 Antithrombotic Therapy by End of Hospital Day 2	<input type="text"/>
STK-6 Discharge on Statin Medication	<input type="text"/>
VTE-1 Venous Thromboembolism Prophylaxis	<input type="text"/>
VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis	<input type="text"/>

[ \* ] Select if there was no denominator patient population for the certified measure for the selected date range. The Case Threshold field will be disabled if Zero Denominator is selected.

[ \*\* ] Enter 0-5 for quarter selection. Leave blank if eCQM is to be submitted. eCQM data must all be within the same single discharge quarter.

Successful QRDA production submissions that meet the program requirements for the selected reporting quarter will override corresponding denominator declaration entries and are displayed on the Program Credit Report and Export.

**I'm ready to submit**

# Regenerate the Program Credit Report

The banner circled in the screenshot shows successful submission for the applicable reporting quarter. These results will generate for the eCQM reporting requirement for the Hospital IQR and Promoting Interoperability Programs.

The Program Credit Report is a snapshot in time. If the reporting changes in any way (for example QRDA Category I files are resubmitted or denominator declarations are modified) EHs and CAHs should regenerate the report to confirm their submission status of eCQM reporting prior to the applicable submission deadline.

Program Credit Report Page 1 of 1  
Exported 11/4/2020 2:43 PM

**Inpatient Quality Reporting (IQR)** Discharge Quarter: Q2 2020  
Reporting Period Due: 3/1/2021  
Last Updated: 11/4/2020 2:42 PM

eCQM

You have met eCQM Submission Credit for IQR this Quarter.  
You have uploaded enough data to get credit for eCQM within the IQR program.

The measures below are the measures that have been submitted for eCQM in the IQR program. Sufficient data for at least 4 measures out of a possible 8 are required for program credit. To see all possible measures, refer to the program credit requirements<sup>1</sup>.

Measure <sup>2</sup>	Submission Status <sup>3</sup>	Last Updated
ED-2	Zero Denominator Declaration	11/4/2020 2:42:56 PM
PC-05	Zero Denominator Declaration	11/4/2020 2:42:56 PM
STK-2	Submitted	11/4/2020 2:42:56 PM
STK-6	Submitted	11/4/2020 2:42:56 PM

Disclaimer: The IQR Program Credit report is a snapshot in time. If the reporting changes in any way (files are resubmitted, modifications of the denominator declarations), eligible hospitals and CAHs should regenerate the report to confirm their submission status of eCQM reporting to the Hospital IQR and/or IP programs prior to the applicable submission deadline.  
1. For more information on program credit requirements, visit the Program Credit Report page on Hospital Quality Reporting.  
2. For more information on measure types and definitions, visit the Program Credit Report page on Hospital Quality Reporting.  
3. If a measure does not appear on this report it indicates that the measure is "Not Submitted". A status of "Submitted" indicates the Provider has records that were successfully accepted. A status of "Zero Denominator Declaration" indicates that the Provider's Zero Denominator Declaration has been successfully completed. A status of "Case Threshold Exemption Declaration" indicates that the Provider's Case Threshold Exemption has been successfully completed.

Program Credit Report Page 1 of 1  
Exported 11/4/2020 2:42 PM

**Promoting Interoperability (PI)** Discharge Quarter: Q2 2020  
Reporting Period Due: 3/1/2021  
Last Updated: 11/4/2020 2:31 PM

eCQM

You have met eCQM Submission Credit for PI this Quarter.  
You have uploaded enough data to get credit for eCQM within the PI program.

The measures below are the measures that have been submitted for eCQM in the PI program. Sufficient data for at least 4 measures out of a possible 8 are required for program credit. To see all possible measures, refer to the program credit requirements<sup>1</sup>.

Measure <sup>2</sup>	Submission Status <sup>3</sup>	Last Updated
ED-2	Zero Denominator Declaration	11/4/2020 2:31:43 PM
PC-05	Zero Denominator Declaration	11/4/2020 2:31:43 PM
STK-2	Submitted	11/4/2020 2:31:43 PM
STK-6	Submitted	11/4/2020 2:31:43 PM

Disclaimer: The IQR Program Credit report is a snapshot in time. If the reporting changes in any way (files are resubmitted, modifications of the denominator declarations), eligible hospitals and CAHs should regenerate the report to confirm their submission status of eCQM reporting to the Hospital IQR and/or IP programs prior to the applicable submission deadline.  
1. For more information on program credit requirements, visit the Program Credit Report page on Hospital Quality Reporting.  
2. For more information on measure types and definitions, visit the Program Credit Report page on Hospital Quality Reporting.  
3. If a measure does not appear on this report it indicates that the measure is "Not Submitted". A status of "Submitted" indicates the Provider has records that were successfully accepted. A status of "Zero Denominator Declaration" indicates that the Provider's Zero Denominator Declaration has been successfully completed. A status of "Case Threshold Exemption Declaration" indicates that the Provider's Case Threshold Exemption has been successfully completed.

Submitting CY 2020 eCQM Data For the Hospital IQR and Medicare Promoting Interoperability Programs

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**Thank you**

# Survey

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Please [click here](#) to complete a short survey.

# Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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