



## **Hospital Inpatient Quality Reporting (IQR) Program**

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### **Inpatient Value, Incentives, and Quality Reporting Program (VIQR)**

#### **Outreach and Education Support Contractor**

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

#### **Speakers**

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**December 2020**

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**Artrina Sturges:** Thank you for joining the *Submitting CY 2020 eCQM Data for the Hospital IQR and Medicare Promoting Interoperability Programs On Demand* webinar. My name is Artrina Sturges. I am the Alignment of eCQMs Lead with CMS' Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I am your virtual host for today's presentation. I would like to introduce Paul Lockhart, Senior Test Engineer for FEI Systems. Paul will be joining us to provide a demonstration of the calendar year [CY] 2020 electronic clinical quality measure (eCQM) data submission process.

Today's webinar provides a high-level overview of the eCQM reporting process, navigation changes, and new features for reporting and receiving feedback for calendar year 2020 eCQM reporting using the HQR System.

Our intent is that, by the end of this presentation, you will understand how to use the Next Generation HQR system, experience greater usability of the system due to the streamlined navigation and features, and use the feedback generated by the system to improve data quality and support your efforts to achieve successful submission.

This is a slide of acronyms used throughout the presentation. Any questions related to this webinar can be submitted to the email listed on slide 17.

We will begin with a CY 2020 eCQM Reporting Overview.

We have provided a table of the eight eCQMs for CY 2020 data reporting. Just a reminder, this table is available on the [QualityNet](#) website. The eCQM information contains an eCQM Measures tab where this information is provided.

The reporting requirements have not changed from CY 2019 to CY 2020. However, the volume of measures available to report on has changed for CY 2020. Hospitals participating in the [Hospital] IQR Program will report on four of the eight available eCQMs and report one self-selected calendar quarter of patient data for CY 2020. The submission deadline is March 1, 2021.

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Just a reminder, that successfully meeting the Hospital IQR Program eCQM requirement also fulfills the clinical quality measure electronic reporting requirement for the Medicare Promoting Interoperability Program with ONE submission.

The definition for successful submission of eCQMs is a combination of accepted QRDA [Category] I files with patients meeting the initial patient population of the applicable measures, zero denominator declarations, and case threshold exemptions.

The CY 2020 certification and specification policies continue to require EHR technology certified to the 2015 edition, and EHRs must be certified to report on all available eCQMs.

eCQM specifications are published in the CMS eCQM annual update along with related addenda for the applicable reporting year. This information is posted and available on the [eCQI Resource Center](#). Submitters continue to use the QRDA I file format and we recommend obtaining the QRDA Category I Implementation Guide for the applicable reporting year as a tool to support the file formatting process. This is also available on the eCQI Resource Center.

This slide provides an overview of the eCQM data submission process and all the steps Paul will show you today. At this time, I am turning the webinar over to Paul. Paul, the floor is yours.

**Paul Lockhart:**

Hello, ladies and gentlemen. My name is Paul Lockhart. I'm a senior test engineer for FEI Systems Incorporated. We have just finished completing testing of eCQM data submissions calculations and eCQM 2020. One of the first things that we're going to need to do is go ahead and demonstrate an upload of eCQM files. We'll proceed and watch the status go from File Submission to File Accuracy and then to File Outcome to give us our outcome of how that file was processed and calculated; but, before we can do any of that, what we have to do is we have to log in on the HARP log in. As you can see, you have to submit your user ID and your password. Once you have those selected, go ahead and select Login.

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From here, you're going to get a two factor authentication. From here, there are multitudes of methods in order for you to be able to submit for two factor authentication. We have Google Authenticator; we have email; and we have SMS for getting a text via our cell phones. This is the one I typically use. So, let's go ahead and select it and select Next. We anticipate a six-digit code coming at us, which we will end up having to type in.

Once we get there, it goes to our terms and conditions. We read the terms and conditions. We scroll on down until the Acceptance button turns blue and then we go ahead and select it.

This brings us to our My Task page for our new face for QualityNet.org. In our particular case what I need to do is I need to change my organization to a provider that I typically upload for.

Once I am displaying that provider, the first thing I want to do is I want to just show you the dashboard. The dashboard right here, it takes you to your My Task page. Then, under Data Submissions, you could have a variety of different things that you can upload data for. In this particular case, we can upload for eCQMs, Web-based Measures, Population & Sampling, Chart Abstracted, and HCAHPS. For eCQMs, we have the options of uploading a file or this is where we would add access to our denominator declarations. Also, on the left-hand tab, which you'll see, are data results. When you select on Data Results, you have a variety of different options there. You can see the data results for chart abstracted, your eCQM files, HCAHPS, and Population & Sampling. We also have options for Program Reporting. When we select Program Reporting, we have options for Reporting Requirements, Performance Reports, Program Credit, Public Reporting, and Validation. Under Administration, we have options for DACA, Vendor Management, and Notice for Participation.

Since we're working with eCQMs and data submission, let's start off there. So, we select Data Submissions. We make sure that we're on the eCQM tab. So, what we're going to do is go to File Upload. We have the option of Production or Test.

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Let's just go ahead and select the test environment and select Change Selection. We didn't really change anything, but it's always nice just to make sure that you are where you want to be. Go ahead and select the files, and from the files that I've created I've created separate demonstration files. You can upload either a single file at a time, you can hold the Control button down and select individual files, or you can hold the Shift key down and select all files in between, if that's what you want to do, like so, or you can go ahead and create a zip file and just upload the zip file.

For demonstration, what we're going to do is, we're just going to upload these five files right here and select Open. As you see the files as they upload it goes to Upload Complete. When they have finished uploading, they will drop one at a time and disappear until they're all gone. There we go, and, as you see, each one of the files here uploaded today, they have been received.

Next thing that we're going to do is we're going to want to check the status of those files. When we check the status of those files, we simply go ahead and select Data Results. Then, we select eCQM. From the eCQM file, we have three different tabs. We have Files, Accuracy, and Outcomes. The Files tab is simply to tell us the status of the file, whether they were uploaded, whether they're processing, or whatever. The Accuracy tab, what it will tell us is whether the files were rejected or not. The Outcome tab is, if those files have been rejected, it will tell you whether those files were received as initial patient population with a 1 there, a denominator of 1, or denominator exclusions, denominator exceptions, but it will tell you the result and outcome of that particular file. So, for the demonstration purposes, let's go back to the Files tab and select one of the files.

When we look at the files, we'll just hover over it. They will tell you what that file was. In other words, in this particular file, we anticipate... Now remember, these are test files. So, we named our files with the anticipation of what we would expect when we uploaded that file. As an example, for this particular file, we would anticipate an IPP of 1, a denominator of 1, and a numerator of 1. So, we can see that the file was accepted.

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Now, we're going to go to the Accuracy tab to see how well it did. Again, we were under the Test Submission. It was under first quarter that the files were put in for. We're going to go ahead and change the selection. As you see here, the trials that we have here from today's date. We hover over the top one. Boom. There it is. Again, it's the same file we anticipate a 1 IPP, denominator of 1, and a numerator of 1. We see that we don't have any errors at the files, which is a good thing; however, if there were files that we had that were not accepted or that, in fact, they were rejected, you would see a 1 right next to here. When you click on the 1, what you should see after that is the reason why that file was in fact rejected.

So, the details of it say the submitter was not authorized to submit for this provider. Simply, the vendor that tried to upload for that provider, it didn't have a contract for. Now, we know that this file right here that we just told you about, we know what the anticipated outcome is. Let's see if we achieved that.

So, we go to Outcomes. We know that we're in the test environment. We know that we want to go down to first quarter 2020. That particular file, I believe, was STK-2. So, let's select that and change our selection. This section here shows us that, for the number of files that have been submitted for this provider, there have been a total of 92 episodes. There have not been any files that have not met an IPP of 1. There are 11 files that have; 32 of only a denominator, and that's it; 20 files that were submitted with denominator exclusions; five files with the numerator and 24 files submitted with denominator exceptions. Now, what you should be able to do is add all of these things together: 11, 32, 25, and 24. That will equal 92. So, if I just go ahead, we anticipated that that particular file that I had uploaded was with a 1 in IPP, 1 in the denominator, and a 1 in the numerator. The count will only include the highest value that was achieved. In other words, because the files that I submitted, 1 was in numerator, you will see the number increment and numerator, but not in IPP and not in denominator.

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So, let's go ahead and select five and it will tell you the number of files that have been brought up for a numerator of 1. Low and behold, when we look at it, there's our file right here. When we go to export the results, what we'll find, it'll give us the name and a time date and stamp, and CSV. We select Save. The file will be downloaded and when we upload the file, select, expand, and here's our file right here. Right here, and there we go. That file was accepted and the anticipated outcome is exactly what was anticipated.

Next thing, let's move on to data submissions. Let's talk a little bit about denominator declarations. Under Denominator Declaration, there we go. We want to select Data Form. From Data Form it takes us to this screen where we're going to select Launch Data Form. This will take us to Denominator Declarations, where we would be able to submit the files for each one of the measures, where we have not met at least five for each and every measure. As an example, and under test for the fourth quarter of 2020, for each one of these measures, we anticipated five case thresholds. That's what was selected for that particular quarter. If we had not done that at all, what you would not see is this Edit button sitting right here. It would just be blank and what you would be able to do is go ahead and select your order. This time we're going to go ahead and do third quarter 2020.

For third quarter 2020 for this particular provider for STK-5, we had selected Zero Denominator Declaration. So, what we want to do is we want to make a change. So, we're going to select Edit. When we select Edit, a wide variety of different options come up come for us to select. We have Zero Denominator Declaration that you see here with a single asterisk. What does that mean? Let's look at the footnote. The footnote tells us, "Select if there was no denominator patient population for the certified measure for the selected data range. The case threshold field will be disabled if Zero Denominator is selected."

What they mean by that is when we select the button, here's the available options to us. When we select Zero Denominator Declaration, that would be the one, if that's what we want, that would be the one that we would select. We just said that we were looking at STK 2.

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So, let's go ahead and put one here, and let's just pick one. Two cases are all that we received for that particular quarter; we'll say for quarter one. So, that's what we have, and when you're ready to submit just select Ready to Submit and you're done.

You see that our selection has been made for STK-2 for third quarter 2020. We have selected two cases for case threshold exemption. After waiting a predetermined amount of time; typically, it runs about 10 minutes for the changes to come through. We come down into Program Reporting. We select Program Reporting, and we select Program Credit. If Credit is selected, there is a couple of things that I just would like to point out. Number one is make your quarter change from here. We're going to go ahead and select third quarter, all right, and Change Selection, just like you do anywhere else; but, look here. We have PI and IQR, and, if you notice, if you remember, from fourth quarter 2020, each and every one of the measures for fourth quarter 2020, they were all the same. A couple other things to notice: The last date it was updated, it's time/date stamped right here.

Select Change and notice right here it says, "eCQM Credit for PI not met to this quarter." It also tells us that we are required to add two additional measures for that particular quarter to get credit for eCQMs within the PI Program, but let's do something else. Let's also select IQR and we will also notice that it's identical. So, what we would have to do to satisfy and make this term green and say, "Hey, we're raring to go," is either a) make another denominator declaration, note two denominator declarations for two different measures, or b) make sure that we have uploaded enough for two other measures to give us a green light. What do I mean by the green light? Let's just quickly go back to fourth quarter 2020 and make our change. This right here is what we would anticipate it saying. So, once again, third quarter 2020, change our selection. We see this STK-2 case threshold exemption declaration last updated. There's our date and time, been updated, and IQR is the same as PI. Again, they are identical. Now, let's just go ahead and export the report.

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It will navigate to the last place that we went, and we'll go ahead and save the report. We open the report, and the report is going to show us identically what we have. In other words, the STK-2 measure has been exempted, and so is STK-5. From here, Data Results, Data Submissions. Select Data Form, third quarter 2020. Let's just go ahead and add STK-6, three cases, and STK-3, four cases. I'm ready to submit. As you see, each and every one of the stroke measures have been exempt, STK-2, -3, -5 and -6.

Then, what we'll do is we'll go over to Program Reporting. Select Program Credit. Select third quarter 2020. Change Selection. Wait 10 minutes after the last time that we were updated. At that point, what you'll see is this green light coming. So, if you notice, time elapsed has gone 10 minutes from where it was, 12:41. It is now 12:51. Then, we go ahead and go back to quarter 3, make our change, and see you have met eCQM submission credit for PI for this quarter. So, it went from yellow to green. So, you're doing everything that you need to do to make sure that you are qualified and you get credit for eCQMs within the PI Program. Since IQR is identical, we click on IQR and we get the same output.

**Artrina Sturges:**

Paul, thank you so much for joining us today and for demonstrating the data submission process. At this time, a few tips and information will be reviewed.

The ECE Policy exists for the [Hospital] IQR Program as well, but this information is specific to an eCQM-related situation that the hospital believes is beyond their control. You'll see that the page gives additional details in the policy description of what can be considered beyond their control – infrastructure challenges, unforeseen circumstances, etc. One of the most important takeaways is that each situation is reviewed independently. Toward the top of the page, in the screenshot on the left, you'll see there is an ECE policy clarification Q&A document available. If you scroll down to the bottom of the page, you'll see the ECE Request Form submission instructions as well as a copy of the ECE Request Form is available for download.

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The [CMS.gov](https://www.cms.gov) website contains the Promoting Interoperability policy information as well as the program basics information for the Medicare and Medicaid portions of the Promoting Interoperability Programs. On the previous slide, we talked about the IQR eCQM-related ECE policy. The Promoting Interoperability Program provides a similar application process, referred to as a Hardship Exception. From the same page, if you look for the Scoring, Payment Adjustment, and Hardship Information, there's a tab on the left side of the page, and information regarding that process is posted. Any questions regarding the Promoting Interoperability hardship process should be directed to the *QualityNet* Help Desk.

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 questions about the code sets or eCQM measure logic, we recommend submitting your question to the ONC Jira Issue Tracker for eCQMs.

Please email any questions pertinent to today's webinar to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com). Please put the title of the webinar in the subject line. If you have questions about a specific slide, please include the slide number in your email. If your question is unrelated to today's topic, we recommend searching the Quality Inpatient Questions and Answers tool, which is on the *QualityNet* website. If you do not find an answer, please submit your question using the same tool.

I also want to call your attention to the Appendix, which provides screenshots of the overall data submission process that Paul demonstrated for you today. There are also tips and comments on the slides. We encourage you to use these as a reference as you perform the data submission process. If you have any questions regarding your data outcomes, please contact the *QualityNet* Help Desk for feedback.

Once again, thank you for joining us and for watching our On Demand webinar. Have a great day.