



# **CY 2020 eCQM Reporting Tips and Tools for the Hospital IQR Program and Medicare Promoting Interoperability Program**

**Hosted by:  
Inpatient Value, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contractor**

**January 19, 2021**

# Purpose

This presentation will provide helpful tips and tools for successful electronic submission of calendar year (CY) 2020 clinical quality measure (CQM) data to the Hospital Inpatient Quality Reporting (IQR) Program and Medicare Promoting Interoperability Program.

# Objectives

Participants will be able to:

- Address commonly asked questions regarding CY 2020 electronic clinical quality measure (eCQM) reporting.
- Quickly locate tools and resources to ensure successful eCQM reporting.
- Implement the guidance received during the session to improve the eCQM data submission process.

# Acronyms

CAH	Critical Access Hospital	FY	fiscal year
CE	continuing education	HQR	Hospital Quality Reporting
CMS	Centers for Medicare & Medicaid Services	IQR	Inpatient Quality Reporting
CQM	clinical quality measure	ONC	Office of the National Coordinator for Health IT
CSV	Comma-Separated Value	PC	Perinatal Care
CY	calendar year	Q	quarter
ECE	Extraordinary Circumstances Exception	QRDA	Quality Reporting Document Architecture
eCQI	Electronic Clinical Quality Improvement	STK	stroke
eCQM	electronic clinical quality measure	UI	user interface
ED	emergency department	VIQR	Value, Incentives, and Quality Reporting
EH	eligible hospital	VTE	venous thromboembolism
EHR	electronic health record		

CY 2020 eCQM Reporting Tips and Tools for the Hospital IQR Program  
and Medicare Promoting Interoperability Program

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**Tips and Tools**

# Q. Which reporting requirement is aligned between the Hospital IQR Program and the Medicare Promoting Interoperability Program?

**A.** 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) with **one** data submission.

**Note:** Submission of eCQM data does **not** fulfill all the program requirements for the Hospital IQR Program or the Medicare Promoting Interoperability Program.


[Hospital IQR Program Requirements](#) are on the *QualityNet* website.

[Medicare Promoting Interoperability Program Requirements](#) are on the CMS.gov website.

# Q. Is there an overview document for the eCQM reporting requirements?

A. Yes! CY 2020 eCQM Submission Overview

<https://qualitynet.cms.gov/inpatient/measures/ecqm/resources>



Calendar Year (CY) 2020 Electronic Clinical Quality Measure (eCQM) Submission Overview for the Hospital Inpatient Quality Reporting (IQR) Program			
Program Requirements	Submit data for at least four (4) of the eight (8) available eCQMs for one self-selected quarter of CY 2020 data (Q1, Q2, Q3, or Q4) during the same reporting period.	Dual Program Acceptance	Hospitals that successfully report on at least four (4) of eight (8) available eCQMs via the <i>QualityNet Secure Portal</i> will meet CQM requirements for the following: <ul style="list-style-type: none"> <li>Hospital IQR Program</li> <li>Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals</li> </ul>
Reporting Deadline	March 1, 2021, by 11:59 p.m. Pacific Time (Deadline extended due to original deadline falling on a weekend and/or holiday.)	Successful Submission	Data must be submitted through the <i>QualityNet Secure Portal</i> as any combination of the following: <ul style="list-style-type: none"> <li>QRDA Category I files with patients meeting the initial patient population of the applicable measure(s)</li> <li>Zero denominator declarations</li> <li>Case threshold exemptions</li> </ul>
Technical Requirements	Hospitals submitting eCQM data will need to: <ul style="list-style-type: none"> <li>Use health information technology (Health IT) certified to the 2015 Edition of Office of the National Coordinator for Health IT (ONC) criteria.</li> <li>Use eCQM specifications published in the 2019 eCQM annual update for CY 2020 reporting and applicable addenda, available on the <a href="#">eCQI Resource Center</a>.</li> <li>Use the 2020 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I, Schematron, and sample QRDA Category I files found on the <a href="#">Eligible Hospital/Critical Access Hospital eCQMs page of the eCQI Resource Center</a>.</li> </ul>	System Availability	The Hospital Quality Reporting (HQR) System in the <i>QualityNet Secure Portal</i> will be open for the following: <ul style="list-style-type: none"> <li>Test File Submissions (Fall 2020)</li> <li>Production File Submissions (Fall 2020)</li> </ul>
		File Validation Tool	Via the HQR System, providers can validate QRDA Category I test and production file structure and contents and generate CSV files for feedback to correct QRDA Category I files prior to production re-submissions.
Who Can Submit Data	<ul style="list-style-type: none"> <li>Hospitals with a <i>QualityNet Secure Portal</i> account can submit data.</li> <li>EHR vendors selected by hospitals can submit data on their behalf. <ul style="list-style-type: none"> <li>Hospitals will need to log in to the <i>QualityNet Secure Portal</i> and use the Vendor Authorization screen to provide authorization to the vendor.</li> <li>EHR vendors will need to have a <i>QualityNet Secure Portal</i> account.</li> </ul> </li> </ul>	Contacts	<ul style="list-style-type: none"> <li>Submit questions on the Hospital IQR Program and eCQM reporting requirements to the Hospital IQR Program Support Contract Team at (844) 472-4477 or visit the <a href="#">Quality Question and Answer Tool</a>.</li> <li>Submit questions on the <i>QualityNet Secure Portal</i>, Promoting Interoperability Program, or eCQM data submission process to the <i>QualityNet Help Desk</i> at (866) 288-8912 or <a href="mailto:gnetsupport@hcaais.org">gnetsupport@hcaais.org</a>.</li> <li>Submit eCQM implementation questions (eMeasure specifications, logic, code sets, and measure intent) to the <a href="#">ONC JIRA eCQM Issue Tracker</a>.</li> <li>Submit technical questions/issues identified during implementation/reporting with the QRDA Category I standard to the <a href="#">ONC JIRA QRDA Issue Tracker</a>.</li> </ul>

July 2020

# Q. Where is the list of CY 2020 eCQMs?

A. You can find the list on *QualityNet*:

<https://qualitynet.cms.gov/inpatient/measures/ecqm/measures>

<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



# Q: What are the CY 2020 QRDA Category I file format expectations?

A: The requirements are below:

- One file, per patient, per quarter
- Includes all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 10 MB
- Files uploaded by ZIP file (.zip)
  - Maximum number of Quality Reporting Document Architecture (QRDA) Category I files within a zip file is 14,999
  - If a hospital has more than 14,999 QRDA Category I files to report, they are welcome to submit more than one zip file

# Q: Are there checklists to implement eCQM reporting?

A: Yes! The eCQI Resource Center has a preparation checklist and an implementation checklist: <https://ecqi.healthit.gov/ecqm-implementation-checklist>

## eCQM Implementation Checklist

[Receive updates on this topic](#)

The Centers for Medicare & Medicaid Services (CMS) requires an eligible professional (EP), eligible clinician (EL), eligible hospital (EH) or critical access hospital (CAH) to use the most current version of the eCQMs for quality reporting programs.

The [Preparation and Implementation Checklists \(PDF\)](#) assume that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps health information technology (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in CMS electronic quality reporting.

### Preparation Checklist

- 1) [Sign up for a Unified Medical Language System \(UMLS\) account](#)
- 2) [Sign up for an ONC Project Tracking Jira account](#)
- 3) [Sign up for eCQM page change notifications on the eCQI Resource Center](#)
- 4) [Review the code system versions used in the eCQM specification for the upcoming reporting/performance year](#)
- 5) [Review the standards, tools, and documents used to support the eCQM specification for the upcoming reporting/performance year](#)

### Implementation Checklist

- 1) [Access the appropriate eCQM Annual Update](#)
- 2) [Secure detailed information about each measure](#)
- 3) [Download value sets](#)

# Q. Where can I find eCQM implementation resources?

A. Visit the eCQI Resource Center:

<https://ecqi.healthit.gov/ehcah?globalyearfilter=2020>

Select Reporting Period: 2020

eCQM Resources | EH/CAH eCQMs | About | Hybrid Measures

Search Resources

2020 Reporting Period Eligible Hospital / Critical Access Hospital Resources

For Use	eCQM Implementation Resources	Published
2020 Q1-Q4	<a href="#">Implementation Checklist eCQM Annual Update</a>	
2020 Q1-Q4	<a href="#">Guide for Reading eCQMs v5.0 (PDF)</a>	May 2019
2020 Q1-Q4	<a href="#">Hospital Quality Reporting Table of eCQMs (PDF)</a>	May 2019
2020 Q1-Q4	<a href="#">eCQM Specifications for Hospital Quality Reporting (ZIP)</a>	May 2019
2020 Q1-Q4	<a href="#">eCQM Value Sets</a>	May 2019
2020 Q1-Q4	<a href="#">Binding Parameter Specification (BPS)</a>	May 2019
2020 Q1-Q4	<a href="#">eCQM Logic and Implementation Guidance v3.0 (PDF)</a>	May 2019
2020 Q1-Q4	<a href="#">Technical Release Notes (PDF)</a>	May 2019
2020 Q1-Q4	<a href="#">Technical Release Notes (ZIP)</a>	May 2019
2020 Q1-Q4	<a href="#">Standards and tool versions used for reporting period</a>	May 2019
2020 Q1-Q4	<a href="#">eCQM Flows (ZIP)</a>	Aug 2019
2020 Q1-Q4	<a href="#">2020 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)</a>	Dec 2019
2020 Q1-Q4	<a href="#">2020 CMS QRDA I Schematrons and Sample Files (ZIP)</a>	Mar 2020
2020 Q1-Q4	<a href="#">eCQM Annual Update Pre-Publication Document (PDF)</a>	Mar 2019

# Q: Can we use case threshold exemption and zero denominator declaration for CY 2020 eCQM reporting?

A: Yes!

	Case Threshold Exemption	Zero Denominator Declaration
<b>Program</b>	<ul style="list-style-type: none"> <li>Hospital IQR Program</li> <li>Medicare Promoting Interoperability Program</li> </ul>	<ul style="list-style-type: none"> <li>Hospital IQR Program</li> <li>Medicare Promoting Interoperability Program</li> </ul>
<b>Criteria</b>	<ul style="list-style-type: none"> <li>A hospital's electronic health record (EHR) system is certified to report the eCQM.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter.</li> </ul>	<ul style="list-style-type: none"> <li>A hospital's EHR system is certified to report the eCQM.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>A hospital does not have any patients that meet the denominator criteria of that CQM.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program.</li> <li>Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose.</li> <li>Case threshold exemptions are entered on the Denominator Declaration screen within the Hospital Quality Reporting (HQR) System.</li> </ul>	<ul style="list-style-type: none"> <li>The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for the Medicare Promoting Interoperability Program and the Hospital IQR Program.</li> <li>Zero denominator declarations are entered on the Denominator Declaration screen within the HQR System.</li> </ul>

# Q: Are CY 2020 eCQMs publicly reported?

A: No, not currently.

- Public reporting of eCQMs *will* begin with the CY 2021 reporting period/Fiscal Year (FY) 2023 payment determination and for subsequent years under the Hospital IQR Program and the Medicare Promoting Interoperability Program.
- Publicly reported eCQM data will be made available to the public as early as fall 2022.
- During a 30-day preview period, hospitals and CAHs will have the opportunity to review their data before the data become public.

# Q: What if my hospital cannot electronically report CQMs to the Medicare Promoting Interoperability Program?

**A.** Attestation is an option for EHs and CAHs when electronic reporting of CQMs is not feasible under the Medicare Promoting Interoperability Program:

- Report full CY 2020, consisting of four quarterly data reporting periods.
- Report on all eight available CQMs via the *QualityNet Secure Portal*.
- Submission deadline is. March 1, 2021  
(The deadline was extended as the original February 28, 2021 deadline fell on a weekend.)

Hospitals also can submit a Medicare Hardship Exception Application for the applicable payment adjustment year. The criteria and application are available on the [Scoring, Payment Adjustment and Hardship Information](#) tab of the [Promoting Interoperability](#) page on [CMS.gov](#).

- Submit questions to the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

# Q. What if my hospital cannot electronically report CQMs to the Hospital IQR Program?

A. Please see the Extraordinary Circumstances Exceptions (ECE) Policy: <https://qualitynet.org/inpatient/measures/ecqm/participation#tab2>

## Top of Page ECE Policy

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	Download

#### 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**.

## Bottom of Page ECE Request Form and Instructions

### 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	Download

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.*

# Q. How do I upload QRDA Category I files? (1 of 3)

**A.** The following user interfaces (UIs) will display when you click on Data Submissions, the File Upload button, or the symbol of a cloud with an arrow pointing up in the center:

**Users preparing to upload QRDA Category I files to the HQR System for the first time 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 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 icon with an upward arrow and the text "Drag files here to upload" or "Select Files".

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

The screenshot shows the "Upload History" page. It features a "Submission" dropdown menu set to "Test" and a "Change Selection" button. Below this is a search bar with a "Reset" button. The main content is a table with the following columns: Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, Status, and Errors. The table contains several rows of upload records.

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	JOHN RAN...	Ready	Download
PC-05_2020-11-04_14...	3023753	410.3 KB	11/04/2020	JOHN RAN...	Ready	Download
PC05DENEX.xml	3023749	15.5 KB	11/04/2020	JOHN RAN...	Ready	Download
PC05DENEX.xml	3023748	15.5 KB	11/04/2020	JOHN RAN...	Ready	Download
PC05Num.xml	3023746	16.7 KB	11/04/2020	JOHN RAN...	Ready	Download
PC05Testing.xml	3023745	15.2 KB	11/04/2020	JOHN RAN...	Ready	Download
PC-05_2020-11-04_09...	3023734	410.5 KB	11/04/2020	JOHN RAN...	Ready	Download

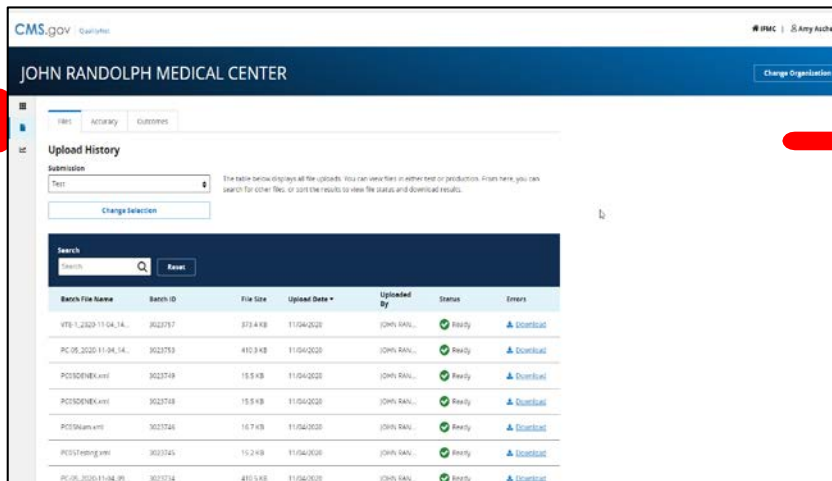


# Q. How do I upload QRDA Category I files?

## (2 of 3)

1. Select the Data Upload button. The page will refresh/show the File Upload History. The system will default to test for the submission field.
2. Modify the submission type (test or production) if it is not applicable.
3. For the Production File Upload History, use the drop-down menu to select Production.
4. Then, select the Change Selection button; the page will refresh.
5. To determine how the data were processed, download the corresponding CSV report under the Errors header. (Screenshot is on next slide.)

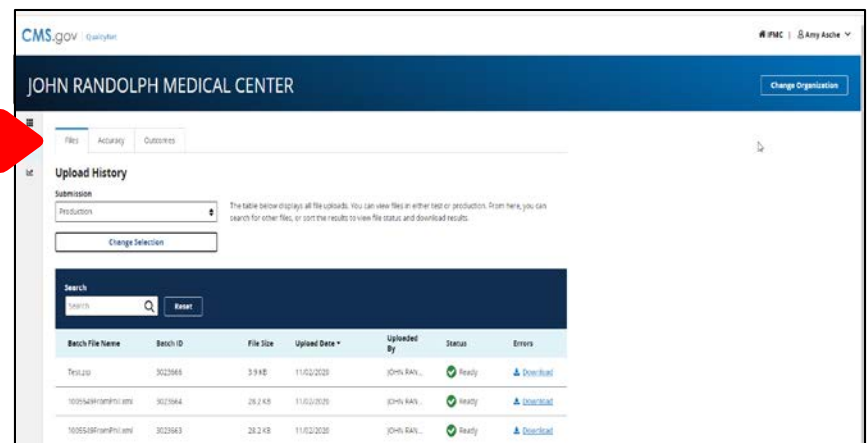
### Test Submission – Screenshot



The screenshot shows the 'Upload History' page for a Test submission. The 'Submission' dropdown menu is set to 'Test'. A red arrow points to the 'Change Selection' button. Below the search bar is a table with the following columns: Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, Status, and Errors.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors
WTR-1-2020-11-04_14...	3022757	373.4 KB	11/04/2020	JOHN RAN...	Ready	Download
PC-09-2020-11-04_14...	3022753	410.3 KB	11/04/2020	JOHN RAN...	Ready	Download
PC20DENL.csv	3022749	15.5 KB	11/04/2020	JOHN RAN...	Ready	Download
PC20DENL.csv	3022748	15.5 KB	11/04/2020	JOHN RAN...	Ready	Download
PC20den.csv	3022746	16.7 KB	11/04/2020	JOHN RAN...	Ready	Download
PC20Filing.csv	3022745	15.2 KB	11/04/2020	JOHN RAN...	Ready	Download
PC-09-2020-11-04_09...	3022742	410.3 KB	11/04/2020	JOHN RAN...	Ready	Download

### Production Submission – Screenshot



The screenshot shows the 'Upload History' page for a Production submission. The 'Submission' dropdown menu is set to 'Production'. A red arrow points to the 'Change Selection' button. Below the search bar is a table with the following columns: Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, Status, and Errors.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors
Test.csv	3022565	3.9 KB	11/02/2020	JOHN RAN...	Ready	Download
1005040101mPhi.csv	3022564	25.7 KB	11/02/2020	JOHN RAN...	Ready	Download
1005050101mPhi.csv	3022563	26.2 KB	11/02/2020	JOHN RAN...	Ready	Download

# Q. How do I upload QRDA Category I files? (3 of 3)

## 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							
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8							
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21							
22							
23							

# Q. Where do I look for any data submission errors?

CMS.gov | QualityNet

Files Accuracy Outcomes

### eCQM Submission

The table below displays all file uploads. You can view files in either test or production. From here, you can search for other files, or sort the results to view file status and download results.

Submission: Test Quarter: Q1 2020

Change Selection

1529 Total Files

1485 Accepted Files

44 Rejected Files

Search

Export Results

Patient File Name	Batch ID	Batch File Name	Upload Date	Uploaded By	Status	Errors
IPP_1_DENOM...	3022064	IPP_1_DENOM...	10/28/2020		Rejected	1*
IPP_1_DENOM...	3022070	IPP_1_DENOM...	10/28/2020		Rejected	1*
IPP_0_DENOM...	3022053	IPP_0_DENOM...	10/28/2020		Rejected	1*
IPP_1_DENOM...	3022068	IPP_1_DENOM...	10/28/2020		Rejected	1*
IPP_1_DENOM...	3022065	IPP_1_DENOM...	10/28/2020		Rejected	1*

A. Click on the Accuracy 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 and view the most current status.

This screenshot shows a user reviewing only the rejected files for revision and resubmission. **Click** on the Rejected Files button, and the details display on the lower half of the UI. **Click** the Export Results button to create a CSV file that will provide the error messages to assist with troubleshooting.

# Q. How do I confirm we have met the eCQM reporting requirement?

**A.** Generate the Program Credit Reports – Hospital IQR Program and/or Medicare Promoting Interoperability Program. The examples below show an unsuccessful submission; notice the yellow banners and the messaging. Submission of eCQMs data does **not** fulfill all the program requirements for the Hospital IQR Program or the Medicare Promoting Interoperability Program.

[Hospital IQR Program Requirements](#) are on the *QualityNet* website.

[Medicare Promoting Interoperability Program Requirements](#) are on the CMS.gov website.

## Hospital IQR Program Report UI

Program Credit Report

Review how the data you have uploaded applies toward program credit.

Discharge Quarter: Q2 2020

Reporting Period Due: 3/1/2021

Last Updated: 11/4/2020 2:31 PM

Change Selection

Inpatient Quality Reporting (IQR) Export Report

eCQM

**⚠ eCQM Credit for IQR not met for this Quarter.**  
You require at least 2 additional measures of sufficient data in order 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. If a measure does not appear on this report it indicates that the measure is "Not Submitted". To see all possible measures, refer to the [program credit requirements](#).

Measure	Submission Status	Last Updated
ED-2	Submitted	11/4/2020 2:31:43 PM

## Promoting Interoperability Program Report UI

Program Credit Report

Review how the data you have uploaded applies toward program credit.

Discharge Quarter: Q2 2020

Reporting Period Due: 3/1/2021

Last Updated: 11/4/2020 2:31 PM

Change Selection

Promoting Interoperability (PI) Export Report

eCQM

**⚠ eCQM Credit for PI not met for this Quarter.**  
You require at least 2 additional measures of sufficient data in order 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. If a measure does not appear on this report it indicates that the measure is "Not Submitted". To see all possible measures, refer to the [program credit requirements](#).

Measure	Submission Status	Last Updated
ED-2	Submitted	11/4/2020 2:31:43 PM

# Q. What indicates our hospital met the eCQM reporting requirement when I review the report?

A. Generate the Program Credit Report for either the Hospital IQR Program or the Medicare Promoting Interoperability Program. Look for the green banner indicating the requirements are met.

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

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

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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 (file is resubmitted, modifications of the denominator declaration), eligible hospitals and CAHs should regenerate the report to confirm their submission status of eCQM reporting to the Hospital IQR and/or PI programs prior to the appropriate 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 completed. 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  
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**Promoting Interoperability (PI)** Discharge Quarter: Q2 2020  
 Reporting Period Due: 3/1/2021  
 Last Updated: 11/4/2020 2:31 PM

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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 (file is resubmitted, modifications of the denominator declaration), eligible hospitals and CAHs should regenerate the report to confirm their submission status of eCQM reporting to the Hospital IQR and/or PI programs prior to the appropriate submission deadline.  
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 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 completed. 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.

# Q. If I want to claim the case threshold exemption and/or the zero denominator declaration, how do I access the Denominator Declaration screen?

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

The screenshot shows the CMS.gov QualityNet interface for OKMULGEE MEMORIAL HOSPITAL. The navigation menu includes eCQM, Web-based Measures, Population & Sampling, Chart Abstracted, Public Reporting, and HCAHPS. The 'Data Form' button is highlighted with a red circle. Below the navigation, there are 'File Upload' and 'Data Form' buttons. The 'Select the Data Form' section shows a 'Denominator Declaration' option with a 'Launch Data Form' button.

The screenshot shows the Denominator Declaration screen in the CMS.gov QualityNet interface for OKMULGEE MEMORIAL HOSPITAL. The 'Discharge Quarter' is set to Q4 2020. The screen displays a table of measures with dropdown menus for 'Zero Denominator Declaration \* / Case Threshold Exemption \*\*'. The table includes the following measures:

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"/>

Footnote: [\*] 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.  
Footnote: [\*\*] 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.

# Q. What comes after submitting denominator declarations?

Program Credit Report Page 1 of 1  
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**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
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1. For more information on program credit requirements, visit the Program Credit Report page on Hospital Quality Reporting.  
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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.

## A. Regenerate the Program Credit Report.

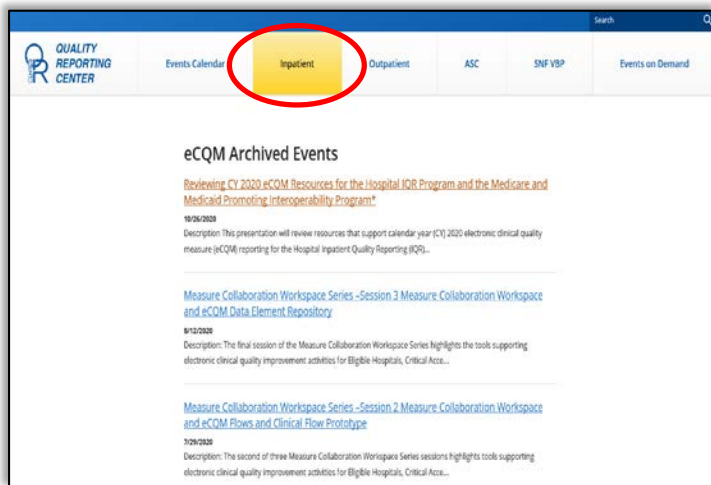
CMS recommends generating and retaining the most current report for your records.

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.

# Q: Where can I find archived CY 2020 eCQM webinars?

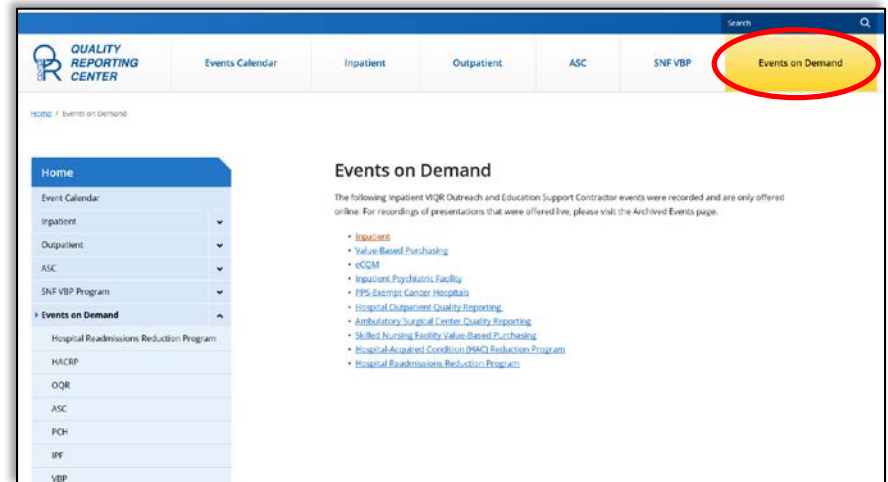
**A.** Visit the archived eCQM webinar tab on the QualityReportingCenter.com website:

<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/>



**AND** Visit the eCQM tab on the Events on Demand page:

<https://www.qualityreportingcenter.com/en/events-on-demand/>





# 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	(866) 288-2912 <a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a>
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 <a href="https://cmsqualitysupport.servicenow.com/qnet_qa">https://cmsqualitysupport.servicenow.com/qnet_qa</a>
<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	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>
eCQM Data Validation	Validation Support Team	<a href="mailto:validation@telligen.com">validation@telligen.com</a>

CY 2020 eCQM Reporting Tips and Tools for the Hospital IQR Program  
and Medicare Promoting Interoperability Program

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## **Questions**

# Webinar Questions

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

- Subject Line: CY 2020 eCQM Reporting Tips and Tools for the Hospital IQR Program and Medicare Promoting Interoperability Program
- 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.

# Survey

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

CY 2020 eCQM Reporting Tips and Tools for the Hospital IQR Program  
and Medicare Promoting Interoperability Program

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**Thank you**

# Disclaimer

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