Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

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

Presentation Transcript

Speaker

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Artrina Sturges: Thank you for joining the *CY 2020 eCQM Reporting Tips and Tools for the Hospital IQR Program and the Medicare Promoting Interoperability Program* 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.

Today's webinar provides helpful tips and tools for successful electronic submission of calendar year (CY) 2020 clinical quality measure data to the Hospital IQR and Medicare Promoting Interoperability Programs.

Our intent is that, by the end of this presentation, you will be aware of the most commonly asked questions regarding CY 2020 eCQM reporting, be able to quickly locate tools and resources, and implement the guidance received during this session to improve and ensure successful eCQM reporting.

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 27.

Which reporting requirement is aligned between the Hospital IQR Program and the Medicare Promoting Interoperability Program? The electronic reporting of clinical quality measures fulfills the Hospital IQR and the Medicare portion of the Promoting Interoperability Program with ONE submission. Keep in mind, the submission of eCQM data does not fulfill all the reporting requirements of either of the programs. Links are provided to each program to ensure you have the information to meet all reporting requirements.

Is there an overview document for the eCQM reporting requirements? Yes, an eCQM overview document exists. The CY 2020 eCQM Submission Overview document reviews several pieces of information. The first section reviews the program requirements which instructs users to submit data for at least four of eight available eCQMs for one self-selected quarter of CY 2020 data; the reporting deadline is March 1, 2021, at 11:59 p.m. Pacific Time.

There is a review of the technical requirements stating that the EHR must be certified to the 2015 Edition of the Office of the National Coordinator for Health IT criteria. Be sure you're using the 2020 CMS Implementation Guide, Schematron, and sample QRDA files. In the document, we provide a link to the resources on the eCQI Resource Center. The document goes on to review who can submit eCQM data and the fact that electronically reporting clinical quality measures has dual program acceptance for the Hospital IQR and the Promoting Interoperability Programs. The definition of successful submission is outlined, indicating that data must be submitted as any combination of QRDA I files with patients meeting the initial patient population of the applicable measures, zero denominators declarations and/or case threshold exemptions. The document also talks about the HQR System availability for data submission and refers users to the HQR System to submit test and production QRDA I files. The last area reviews who the contacts are for specific questions. This document is published each year with updates for the applicable reporting period and posted to the eCQM section of the *QualityNet* website. We encourage data submitters to visit the *QualityNet* website to locate this efficient, one-page document. It's a quick way to reacquaint yourself with the reporting requirements before starting the eCQM reporting process.

Where is the list of CY 2020 eCQMs? The *QualityNet* website provides a list of the eight eCQMs available for reporting CY 2020 data. There is also a link to the page where this document is available on this slide.

What are the CY 2020 QRDA Category I file format expectations? The expectation is one file, per patient, per quarter. The QRDA I file should contain all episodes of care and the measures associated with the patient file in that self-selected reporting period. The maximum QRDA file size is 10 megabytes. Files are uploaded by zip file to the HQR System. The maximum number of QRDA files within that zip file should be 14,999. If a hospital finds they have more than 14,999 files to report, feel free to submit the number of zip files needed to represent your patient population for the quarter. If you have questions, please contact the *QualityNet* Help Desk.

One submitter asked if a checklist exists specific to implementing the annual updates for eCQM reporting to ensure the most current version of eCQMs are being submitted for quality reporting. CMS provides two documents. One is a preparation checklist. The other is an implementation checklist. The assumption is that these tools will be helpful once the submitters have determined which eCQMs they plan to report on. The preparation checklist outlines activities such as signing up for a Unified Medical Language System account, having access to this free account is needed to access the National Library of Medicine's Value Set Authority Center (also known as VSAC) to view all codes included in the eCQM value sets. VSAC is the location where submitters find CPT, ICD-10, and other value sets. The preparation checklist goes on to encourage users to sign up for the ONC Project Tracking Jira account. This is very helpful to users as they prepare their EHR for data submission and may want to see if other hospitals have had a similar experience and if CMS has provided a solution or if this is a rare scenario and additional guidance is needed from CMS subject-matter experts. Additional recommendations include signing up for the eCQM page change notifications on the eCQI Resource Center, a suggestion to review the code system version used in the eCQM specification, as well as to review the standards, tools, and documents used to support eCQM specifications for the upcoming reporting year. The implementation checklist reminds submitters to access the appropriate eCQM annual update, obtain details regarding each eCQM, download the value sets, prepare to implement the updates by understanding the changes to the eCQM. This can be accomplished by performing a gap analysis, reviewing the updated value sets, reading the technical release notes and the eCQM logic and implementation guidance, defining what system requirements are needed to implement the update, giving thought to potential impact on workflow and compiling a list, implementing the system changes to support data capture activities, and performing any needed internal education activities that effect the data entry process and workflow, if applicable. As your organization continues to prepare for data submission, be sure to reach out for help using a variety of CMS resources to aid your organization to achieve successful and timely eCQM reporting.

We hope that by breaking down the intent of each checklist, you will become more comfortable accessing the documentation to aid your process. We have provided a link to the page and a screenshot of the content to help you more quickly locate the resources.

On the prior slide, we discussed a number of the resources pointed to by the preparation and implementation checklists. This slide provides a link to the page where those documents are housed related to the applicable reporting period. As you can see, on the eCQM Resources tab, the first listing is the implementation checklist, but the page goes on to provide a guide for reading eCQMs, a table of the eCQMs, a link to a zip file of the eCQM specifications, a link to the value sets, and to the direct reference codes list, which is related to measure logic and used to describe a data element or one of its attributes. The direct reference code list has the code description, details where the code derived, and the version in the code system. I often receive questions about the purpose of the binding parameter specification. This is a record of the value set metadata that defines the code lists and is specified by the current eCQMs. This is typically used by measure implementers and vendors to track versions and other parameters that define the code lists for the annual update. If you continue down the list, eCQM Logic and Implementation Guidance is available. CMS also provides technical release notes, which are helpful to receive an overview of the logic and terminology changes to each eCQM. For submitters who have questions about how the logic is expressed and how performance rates are calculated, access the eCQM Flows. They also include a Read Me First Guide to help readers understand how the flows are set up before you start reviewing them. Beneath the eCQM Flows, you'll see the QRDA I Implementation Guide, the Schematrons, and the sample files. The Schematrons and sample files are technical documents showing how the Health Level Seven, or HL7 standard, is implemented in order to report patient level data to CMS. The Schematron contains the rules that patient files are validated against to meet the requirements outlined in the implementation guides provided by HL7 and CMS. The last document on the list is the eCQM Annual Update Pre-Publication document.

This document is made available to the community before the annual update is released in the spring to provide pre-release information as hospitals and vendors begin to prepare for eCQM submissions for the upcoming reporting period.

We continue to receive questions regarding case threshold exemption and zero denominator declaration. Let's take a closer look and talk about the similarities and differences between the case threshold exemption and zero denominator. Both are applicable to the IQR and the Medicare Promoting Interoperability Program to achieve successful reporting. Whether your hospital selects a case threshold exemption or is able to report a zero denominator, it is required that your EHR system is certified to report that particular eCQM. As you see on the left-hand side, case threshold exemption can be used when there are five or fewer discharges applicable to an eCQM during the relevant discharge quarter. Even if a case threshold is applicable, a hospital does not have to use a case threshold exemption. They may opt to submit the five or fewer QRDA Category I files instead. On the right-hand side, a zero denominator can be used when a hospital does not have any patients that meet the denominator criteria for a particular clinical quality measure. In both cases, case threshold exemptions and zero denominator declarations are manually entered on the Denominator Declaration screen within the HQR System.

Another common question: Are CY 2020 eCQMs going to be publicly reported? No, CY 2020 eCQMs are not going to be publicly reported; however, public reporting of eCQMs will begin with the CY 2021/Fiscal Year 2023 payment determination and subsequent years for the Hospital IQR and the Medicare Promoting Interoperability Programs. At this time, it is intended for the data to be made available to the public as early as fall 2022. Hospitals and critical access hospitals (CAHs) will have a 30-day preview period to review their data before it becomes public.

Hospitals encounter situations where they cannot electronically report clinical quality measures to the Medicare Promoting Interoperability Program. Attestation is an option for eligible hospitals and critical access hospitals. The requirement for CY 2020 is to report all four quarterly data reporting periods on all eight available CQMs from an EHR with the 2015 Edition of Certified EHR Technology (CEHRT). The submission deadline is March 1, 2021. If attestation is not an option, submitters can also consider submitting a Medicare Hardship Exception Application for the applicable payment adjustment year. A link to the information on CMS.gov is available on this slide. Any questions should be submitted to the *QualityNet* Help Desk.

What if my hospital cannot electronically report CQMs to the Hospital IQR Program? The Extraordinary Circumstances Exceptions, or ECE, policy is only applicable to the Hospital IQR Program; therefore, only Eligible Hospitals would need to submit this document if an eCQM-related situation has occurred that the hospital believes is beyond their control. You'll see that the page provides 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 and submission instructions. As well, a copy of the ECE request form is available for download.

For those who may have missed the Hospital Inpatient Quality [Reporting] Program Update from the week of December 14, *the Submitting eCQM Data Using the HQR System* On Demand webinar was posted on the QualityReportingCenter.com website under the On Demand tab, where a link to eCQMs is provided. I encourage you to visit the Quality Reporting Center website to review the webinar material, which currently includes a recorded demonstration of the eCQM data submission process, a slide deck with screenshots, and a transcript. As an extension of that webinar, we want to review the steps for uploading QRDA I files:

Once a user has logged into the HQR Portal using HARP and completed the login process, users will be presented with a navigation menu. If you only see symbols, look at the bottom left of the screen and click on the Unlock Menu button; now, you should see descriptions next to the symbols. Click on Data Submissions, then click on the File Upload button. The screenshot on the left is what the user interface looks like when the submitter prepares to upload QRDA I files for the first time. After an upload history is established, the user interface looks like the screenshot on the right. You will notice the following data elements are displaying the batch file name, the batch ID, file size, upload date, who uploaded the file, the status of the file, and a link to download any errors generated by the HQR System when processing the file.

After the user clicks the Data Upload button, the page will show the file upload history. Keep in mind, the system defaults to "test" for the submission field. If you want to submit production files, modify the submission type to "production" and be sure to select the Change Selection button; the page will refresh. Check the status column. When the status shows ready, any errors that caused the file to reject are available for download.

Once you click the error report, the layout will look like this, showing the file name, CCN, batch ID, upload date, who uploaded the file the status and, to the far right, the error details which tell the reader why the file was rejected. The expectation is that the submitter will review the error details, fix the file, and resubmit the file until it is showing "accepted." CMS expects that the data reported is fully representative of the patient care provided during the reporting quarter.

Some users are not clear where to locate the information regarding submission accuracy. Click on the Accuracy tab. Remember, the system defaults to "test" for the submission field and the most current quarter. Be sure to modify the submission (test or production) and select the applicable quarter from the menu; then, select the Change Selection button. The user interface will refresh. In this example, you can see the total files submitted to the test portion of HQR for Q1 2020.

Of the 1529 files, 1485 were accepted, and 44 were rejected. In this example, we're focusing on the rejected files. Users can click the Rejected Files button to export results for those 44 files to aid with troubleshooting and resubmission of those QRDA patient files.

In order to confirm the eCQM reporting requirement has been met, generate the Program Credit Reports. From the navigation menu, click on Program Reporting, then Program Credit. When the user interface opens, you'll notice there are two buttons, one for IQR and one for Promoting Interoperability. The reports should contain the same information. For CY 2020, all eight measures are applicable to both programs. Select the proper discharge quarter and click Change Selection; the page will refresh. In this example, you'll notice that, for Q2 2020, the user interface shows that the hospital has not fulfilled the reporting requirement due to the yellow banner and the message within the banner. If the hospital intends to achieve successful submission for that specified quarter, it will need to report on two additional measures by the data submission deadline.

What indicates our hospital met the eCQM reporting requirement when I review the report? From the same user interface that we just reviewed, users can click the Export button to generate the Program Credit Report. This example demonstrates that the green banner is present, indicating successful submission for that specified reporting quarter. You'll also see that the report shows the measures reported, the method of submission, and the submission status, as well as the last time that data was submitted. Please remember that 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.), Eligible Hospitals and Critical Access Hospitals should regenerate the report to confirm their submission status of eCQM reporting prior to the applicable submission deadline.

If users want to claim the case threshold exemption or the zero denominator declaration, users would go back to the navigation menu and click on the Data Submission button. Click Data Form. You'll notice this is the same page where you uploaded your QRDA I files, just a different button.

The Denominator Declaration screen will load. Remember, the system defaults to the most current quarter. Select the applicable discharge quarter and enter your selections. Please note, if your hospital elects to enter a case threshold exemption or a zero denominator declaration and later goes back and uploads QRDA files that contain those measures where those selections were made, the system will recognize the QRDA I file submissions and override those entries on the denominator declaration screen. The QRDA file submission data will be presented on your Program Credit Report.

We recommend that after you have submitted your denominator declarations, you regenerate the Program Credit Report to ensure the report represents what you intended for production submission of eCQM data. Again, just a reminder, the Program Credit Report is a snapshot. If the reported data changes in any way, Eligible Hospitals and Critical Access Hospitals should regenerate and retain the report to confirm they have achieved successful submission prior to the submission deadline.

Archived webinars are available in two locations on the Quality Reporting Center website. Look for the eCQM tab either under Inpatient Webinars or under Events on Demand, shown here in the screenshot examples. Some archived webinars that may be of interest include the October 26, 2020, webinar entitled *Reviewing CY 2020 eCQM Resources for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Programs.* The webinar walks through the eCQM related information posted on *QualityNet*, the eCQI Resource Center, and CMS.gov. Another archived webinar was mentioned earlier today, the December 18, 2020, webinar entitled *Submitting CY 2020 eCQM Data for the Hospital IQR and Medicare Promoting Interoperability Programs*. This webinar provides a review of the navigational changes as we demonstrate the QRDA I file submission process; review the accuracy data to determine how files were processed; generate CSV reports of those outcomes; and step through the use of the denominator declaration screen, the Program Credit Report user interface, and associated reports used to confirm successful submission.

If you have questions regarding the eCQM data submission process, we recommend reviewing the webinar materials first. If you continue to have questions about the data submission process, reach out to the *QualityNet* Help Desk. Their contact information is available on slide 25.

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 HQR System (program credit reports, data upload questions, troubleshooting file errors) and anything related to 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 the measure logic and you have already used the Data Element Repository posted on the eCQI Resource Center and can't find the answer, then 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. 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.

We encourage you to complete the survey using this link. We would like to hear any feedback that you have about today's webinar and hear any suggestions you may have for future educational topics.

Thank you for watching our On Demand webinar, and we hope that you have a great day.