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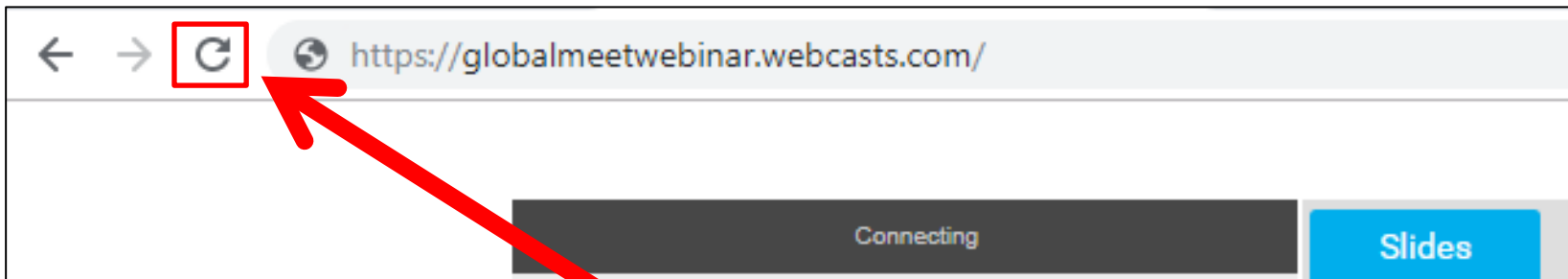
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– or –

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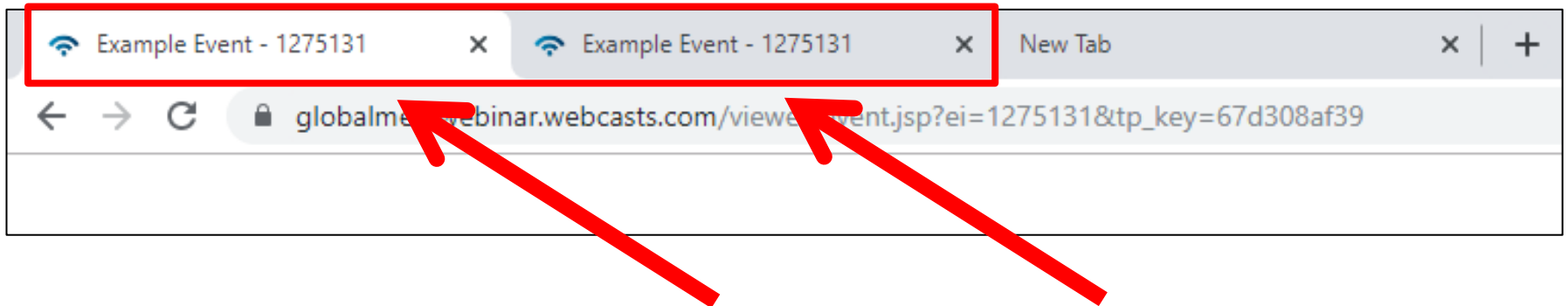
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# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
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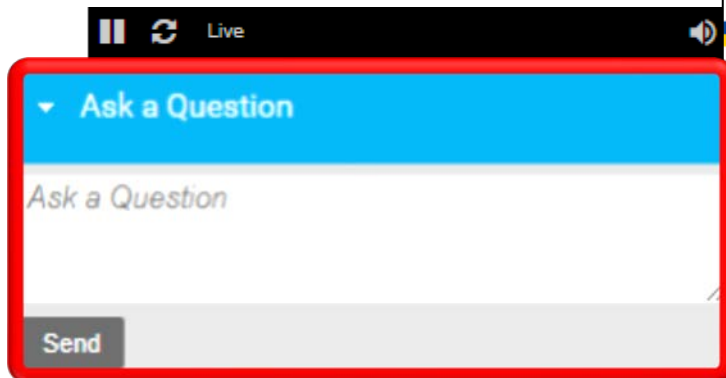
Example of Two Browsers/Tabs Open in Same Event

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Type questions in the Ask a Question section, located on the left-hand side of your screen.



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



**Today's Presentation**



# **Q&A Session: CY 2020 eCQM Reporting Using the HQR System**

**Artrina Sturges, EdD**

***Alignment of eCQM Reporting Lead***

**Inpatient Value, Incentives, and Quality Reporting  
Outreach and Education Support Contractor**

**March 9, 2021**

# Purpose

This session is devoted to addressing data submitter questions related to the aligned reporting of electronic clinical quality measures (eCQMs) for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare portion of the Medicare and Medicaid Promoting Interoperability Program for calendar year (CY) 2020.

# Objectives

Participants will be able to:

- Locate the CY 2020 eCQM reporting requirements.
- Locate and use tools and reference materials to assist with submission activities.
- Perform the steps necessary for successful eCQM submission of Quality Reporting Document Architecture (QRDA) Category I files.

# Acronyms

CAH	Critical Access Hospital	IPP	Initial Patient Population
CMS	Centers for Medicare & Medicaid Services	IQR	Inpatient Quality Reporting
CQM	clinical quality measure	ONC	Office of the National Coordinator for Health Information Technology
CY	calendar year	PC	Perinatal Care
eCQI	Electronic Clinical Quality Improvement	Q	quarter
eCQM	electronic clinical quality measure	Q&A	question and answer
ED	emergency department	QRDA	Quality Reporting Document Architecture
EH	eligible hospital	STK	stroke
EHR	electronic health record	VIQR	Value, Incentives, and Quality Reporting
HQR	Hospital Quality Reporting	VTE	venous thromboembolism



Q&A Session: CY 2020 eCQM Reporting Using the HQR System

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## **CY 2020 eCQM Reporting Overview**

# 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 extended to April 1, 2021.

**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).

# CY 2020 (FY 2022) Available eCQMs for Aligned Hospital IQR and Medicare Promoting Interoperability Program Reporting

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

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

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

# CY 2020 eCQM Reporting Form and Manner for the Hospital IQR and the Promoting Interoperability Programs

- Use QRDA Category I for eCQM submissions
- Electronic Health Record (EHR) technology certified to the 2015 Edition, the 2015 Edition Update as described in the 21st Century Cures Act, or a combination of the 2015 Edition and the 2015 Edition Update.
  - Providers are required to have the EHR Technology certified to all eight available CQMs.
  - This **would not** require recertification each time the EHR Technology was updated to the most recent version of CQMs if it continues to meet 2015 Edition certification criteria.
- 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>

# CY 2020 QRDA Category I File Format Expectations

- Use one file, per patient, per quarter.
- File should include all the episodes of care and the measures associated with the patient file in that reporting period.
- Maximum individual file size is 10 MB.
- Upload files by ZIP file (.zip).
- Maximum number of QRDA Category I files within 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.

# Successful eCQM Submission for CY 2020 Reporting

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

- Accepted 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.

# HQR System Updates – Known Issues Document

- HQR System Known Issues Document is available for download on the *QualityNet* Known Issues & Maintenance page:  
<https://qualitynet.cms.gov/known-issues-maintenance#tab1>
- The document outlines the following:
  - The date the issue was added
  - Affected functionality/report
  - Description of the issue
  - Status of the known issues across the HQR System (Ambulatory Surgical Centers, eCQM, general HQR issues, Hospital IP/OP issues, etc.)
- HQR System Known Issues document is regularly updated.

Q&A Session: CY 2020 eCQM Reporting Using the HQR System

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## **CY 2020 eCQM Reporting Requirements for the Medicare Promoting Interoperability Program**



# CY 2020 Medicare Promoting Interoperability Program CQM Reporting Requirements - Electronic

For hospitals participating in the Medicare Promoting Interoperability 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 extended to April 1, 2021.

**Note:** Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for EHs and CAHs.

# CY 2020 Medicare Promoting Interoperability Program CQM Reporting Requirements - Attestation

Attestation is an option for EHs and CAHs in specific circumstances when electronic reporting of CQMs is not feasible under the Medicare Promoting Interoperability Program:

- Full CY 2020, consists of four quarterly data reporting periods.
- Report on all eight available CQMs via the Hospital Quality Reporting (HQR) System.
- Submission deadline extended to April 1, 2021.

**Note:** For EHs and CAHs demonstrating meaningful use for the first time under their state's Medicaid Promoting Interoperability Program, the reporting period is any continuous 90-day period within CY 2020. Visit the CMS.gov Promoting Interoperability Programs [Eligible Hospital Information](#) page for additional details.

# CY 2020 Medicaid

## Promoting Interoperability Program

- State Medicaid programs continue to be responsible for determining whether or how electronic reporting of CQMs would occur or if they wish to allow reporting through attestation.
- Visit the [CMS.gov Promoting Interoperability Programs Medicaid State Information](https://www.cms.gov/Regulatory-and-Program-Changes/Informational/2019/01/2019-01-01-Interoperability-Programs-Medicaid-State-Information) page for details.

# Promoting Interoperability Program Resources

- Visit the [Eligible Hospital Information page of the Promoting Interoperability Programs](#) on CMS.gov for updated reference guides, webinar presentation materials, etc.
- Submit questions to the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

# Promoting Interoperability Program Policy and eCQMs Basics Information

## Policy Information

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

The screenshot shows the CMS.gov website with the following content:

- Header: CMS.gov, Centers for Medicare & Medicaid Services, Home | About CMS | Newsroom | Archive | Help | Print
- Navigation: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education
- Breadcrumbs: Home > Regulations & Guidance > Promoting Interoperability
- Section: Promoting Interoperability Programs
- Latest News: On May 11, 2020 CMS published the Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System 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>

The screenshot shows the CMS.gov website with the following content:

- Section: Promoting Interoperability Programs
- Section: Electronic Clinical Quality Measures Basics
- Text: 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
- Text: 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.
- Text: Each year, CMS makes updates to the eCQMs approved for CMS programs to reflect changes in:
  - Evidence based Medicine
  - Code Sets
  - Measure Logic
- Text: 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](#).
- Section: Medicare Promoting Interoperability Program eCQMs Requirements for 2020

# Extraordinary Circumstances Exceptions (ECE) Hospital IQR Program

Hospitals who have extraordinary circumstances beyond their control that impact their ability to submit eCQM data to the Hospital IQR Program may submit an Extraordinary Circumstances Exception (ECE) request.

The request form and instructions are posted on QualityNet:

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

If the ECE is approved, it will be applicable to the Hospital IQR program only. Submit questions to the Hospital Inpatient Support Team: 1-844-472-4477 or [https://cmsqualitysupport.servicenow.com/qnet\\_ga](https://cmsqualitysupport.servicenow.com/qnet_ga) or <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	
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 occurrence of the extraordinary circumstances.**

## 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	
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: [qformsubmission@hsag.com](mailto:qformsubmission@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.

# eCQM Reporting Hardship Exception Medicare Promoting Interoperability Program

The Medicare Hardship Exception is only applicable to the Medicare Promoting Interoperability Program; the Hospital IQR Program and the Medicare Promoting Interoperability Program have separate and distinct reporting requirements.

Hospitals can submit a Medicare Hardship Exception Application for the applicable payment adjustment year.

Find the criteria and application at: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj\\_Hardship](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship). Submit questions to the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

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Home > Regulations & Guidance > Promoting Interoperability > Scoring, Payment Adjustment, and Hardship Information

**Promoting Interoperability**

- 2018 Program Requirements Medicare
- 2019 Program Requirements Medicare
- 2020 Program Requirements Medicare
- 2021 Program Requirements Medicare

**Scoring, Payment Adjustment, and Hardship Information**

Performance-based Scoring Methodology

If a health care provider is eligible to participate in the Medicare Promoting Interoperability Program, they must successfully demonstrate meaningful use of their certified electronic health record (CEHRT) each year to avoid a downward payment adjustment. In the Fiscal Year 2019 Inpatient Prospective Payment System [final rule](#), the Centers for Medicare & Medicaid Services (CMS) finalized a new performance-based scoring methodology for eligible hospitals and critical access hospitals (CAHs) that submit an attestation to CMS under the Medicare Promoting Interoperability Program.

**Medicare Promoting Interoperability Program Score**

Eligible hospitals and CAHs are required to report certain measures from the Promoting Interoperability Program's four objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the eligible hospital or CAH's performance for that measure, except for the measures associated with the Public Health and Clinical Data Exchange objective, which require a yes/no attestation.

The scores for each of the individual measures are added together to calculate the total Promoting Interoperability score of up to 100 possible points for each eligible hospital or CAH. A total score of 50 points or more will satisfy the requirement to report on the objectives and measures of meaningful use, which is one of the requirements for an eligible hospital or CAH to be considered a meaningful EHR user and avoid a downward payment adjustment. Eligible hospitals or CAHs scoring below 50 points will not be considered meaningful EHR users.

Review the [2020 PDF](#) Promoting Interoperability Scoring Methodology fact sheet for more information.

## Bottom of the Page

### Medicare Hardship Exception Information

Eligible hospitals and CAHs may be exempted from the Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must complete and submit a Hardship Exception Application. If approved, the hardship exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and ***in no case may an eligible hospital or CAH be granted an exception for more than 5 years.***

### Medicare Hardship Exception Application

- The deadline for eligible hospitals and CAHs to submit [hardship forms](#) for the 2021 (eligible hospital) / 2019 (CAH) payment adjustment year are:
  - Eligible Hospitals: September 1, 2020 (*Please note: This deadline has been extended from the original date of July 1, 2020 due to COVID-19.*)
  - CAHs: November 30, 2020
- More information on the Medicare Hardship Exception Application can be found [here \(PDF\)](#).
- For questions regarding the Hardship Exception Application please contact the QualityNet help desk for assistance at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or 1-866-288-8912.

Page Last Modified: 06/30/2020 09:21 AM  
[Help with File Formats and Plug-Ins](#)

# 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>



Q&A Session: CY 2020 eCQM Reporting Using the HQR System

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## **Q&A Session**

Q&A Session: CY 2020 eCQM Reporting Using the HQR System

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**Thank You**

# Disclaimer

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