



Electronic Clinical Quality Measures (eCQMs)

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

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

Questions and Answers

Speaker/Moderator

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

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Question 1: What reports are needed to prove successful eCQM submission?

To confirm you are meeting eCQM reporting requirements, log into the Hospital Quality Reporting (HQR) System, go to the left-side menu, and click on Data Results to access the Program Credit Report. Select the proper discharge quarter, then click Change Selection. The screen will refresh; the user will see a tab for the Hospital IQR Program and the Promoting Interoperability Program. The data will be the same for either report for calendar year (CY) 2020. The report will have a green banner if the submission was successful. The report will have a yellow banner and instructions if it was not successful. The user can click on the Export Report button to either print or download the report for your records.

Question 2: What reports prove Promoting Interoperability Program (PI) requirements were met in 2020?

There are two reports that prove successful submission for the PI Program: the Export Data form and the Program Credit Report.

To access the Export Data form for the Promoting Interoperability Program, log into the HQR System with your HARP account. Select Data Submission>Web-Based Measures>Data Form>PI. Then, click on the Export Data button and save the report.

If your facility is reporting via Quality Reporting Document Architecture (QRDA) Category I files, the second report to generate is the Program Credit Report. Once you are in the HQR System, access the menu and click Data Results>eCQM>Program Credit Report. Select the correct discharge quarter, then click Change Selection; the page will refresh. You will see an IQR button and a PI button. The report results will be the same for each one because the measures in the measure set are the same for CY 2020. The user interface will have a green banner that tells the user the submission was successful. A yellow banner indicates submission was not successful. Instructions for the user appear. There is an Export Report button to print the report or download the report for your records.

Question 3: Where on HQR can I find the My Tasks page?

The updated HQR System takes the user to the new dashboard. The new dashboard contains all the functionality once found My Tasks page, apart from the Provider Resource System (PRS). The PRS will eventually appear on the new dashboard.

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Question 4: **Should the submitted files include all patients the hospital has seen for the quarter or just the patients that qualify for any of the measures we are submitting?**

The intent is to report on a self-selected quarter in CY 2020 (Q1, Q2, Q3 or Q4). No matter the quarter selected for reporting, it is important to report on all patients that received care during that quarter. Everyone should be represented in the patient population.

Question 5: **I opened an incident ticket nearly four weeks ago. I could not upload data for one of the 23 hospitals in our system. Through my troubleshooting, I am certain the issue is on the backend of the HQR website. Additionally, I have successfully submitted for 22 other hospitals. To date, my incident is still unresolved. The *QualityNet* Help Desk has provided very little feedback. With the deadline quickly approaching, what is our best recourse? Should we file an Extraordinary Circumstance Exception (ECE) and state HQR's inability to accept files for this hospital?**

Please provide the incident number in the chat box; the team will follow up with you to research the issue and provide an update. Due to the volume of changes to the system, and only one hospital being in question, the recommendation is to resubmit your data to determine if the data were processed.

Hospitals have the option to submit an ECE form. If the issue remains after assistance from the *QualityNet* Help Desk, you can access the application from the [eCQM ECE Policy page on the *QualityNet* website](#). Please provide supporting documentation. ECEs are reviewed on a case-by-case basis. The submission deadline is April 1, 2021, which aligns with the extended eCQM submission deadline.

Question 6: **Where would we access the electronic health record (EHR) Certification ID Number for the Promoting Interoperability Program portion of attestation?**

The information is located within your EHR system; work with your vendors to identify the location of the information in your system. The Certified Health Product List (<https://chpl.healthit.gov/#/search>) also lists the EHR Certification ID Number. Additional questions should be submitted to the *QualityNet* Help Desk at (866) 288-8912 or qnet support@hcqis.org.

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Question 7:

When will a user guide for the HQR platform be available? This would be helpful when trying to troubleshoot issues. Education related to the new menus and reports would also be helpful. It would also be beneficial if the guide included education related to our profile's user roles and how the role needs to be defined to see everything we saw as a vendor on the legacy system.

User guides are not currently available. It would be difficult to continually update a user guide due to the large amount of updates to the HQR System. However, webinars are available to walk users through the data submission process. An On Demand webinar, *Submitting CY 2020 eCQM Data for the Hospital IQR and Medicare Promoting Interoperability Programs*, was posted on December 18, 2020, to the [Quality Reporting Center website](#). The presentation walked users through the eCQM data submission process.

The HQR System continues to evolve and additional communication continues to be distributed through a number of outlets. The Hospital IQR Program offers bi-weekly updates via Listserve that review and summarize any system updates. Also, the HQR System team releases Listserves for each specific program, providing advance notice of system updates when feasible. Visit the [QualityNet website](#) to sign up for email updates.

Question 8:

Should we expect an email confirming receipt or notification of issues when we perform a test QRDA Category I file submission?

The updated HQR System does not send email notifications regarding the status of submitted test or production QRDA Category I files. Confirmation of how the files were processed can be found within the HQR System. Navigate to the left-hand side menu, locate Data Submission, then Data Results. The Files tab displays the upload history and status of submitted test and production QRDA Category I files. The Accuracy tab provides the status and the number of errors found. The user also can export the report to identify the issues in a specific batch of QRDA Category I files that are causing the files to reject. Contact the [QualityNet Help Desk](#) for additional assistance at (866) 288-8912 or qnetsupport@hcqis.org.

Question 9:

What happens if your measure performance score is well below expected?

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In the Promoting Interoperability Program, this would be found on the Outcomes tab of the user interface. If you are receiving a result that you are not expecting, open a *QualityNet* Help Desk Ticket to request further investigation and possible escalation if you are unable to locate the issue.

If the question pertains to the performance score based on your individual objective scores, please make sure that you're using the most up-to-date scoring calculation sheet. That sheet is available for download on the Promoting Interoperability Program page of the CMS.gov website: <https://www.cms.gov/files/document/scoring-methodology-fact-sheet.pdf>

If that does not address your questions, please submit a *QualityNet* Help Desk ticket, and include what you feel the performance score should be. We can recalculate the score to ensure you are achieving what was intended. Contact the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org.

Question 10: Does the HQR platform contain logic that excludes any cases of certain patient classification types (for example, rehabilitation, skilled nursing facility, trauma, etc.) for eCQM QRDA Category I files, or are classification types solely excluded on the hospital side prior to submission? If so, where can we find the guidance on which patient classifications should be included for each measure?

The logic is dependent on the type of measure that is being submitted. eCQM [measure specifications](#) are published on the [eCQI Resource Center](#). They provide the guidance to define the criteria to determine if the patient meets the initial patient population (IPP). The eCQI Resource Center also provides [eCQM Flows](#) which take the user through the measure logic process to determine if the patient meets IPP. The eCQI Resource Center is the one-stop shop for information associated with eCQM reporting implementation activities.

Question 11: Just to clarify, is this a calendar quarter (first day of quarter, last day of quarter) or a 90-day window?

The Promoting Interoperability Program refers to a continuous 90-day period for CY 2020; for CY 2021 data and beyond, the Promoting Interoperability Program will follow the guidelines of the Hospital IQR Program for eCQM submissions and reference a calendar quarter.

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Question 12: On the CMS.gov site, we have a notice “eCQM file uploaded needed.” It asks us to upload our eCQM files to complete the clinical quality measures through QRDA Category I submission. Our concern is that our vendor submits our eCQM measures. Do we need to ask them to submit to the CMS site as well?

It appears this question is related to the eCQM banner that displays on the Promoting Interoperability Program page. The banner is there to serve as a reminder and a shortcut for those who elect to submit via QRDA Category I files. The banner will remain there throughout the entirety of the CY 2020 submission period. If your vendor has already submitted your eCQM measures for the Hospital IQR Program, please generate the Program Credit Report for either the Hospital IQR or Promoting Interoperability Program to ensure you have achieved the program credit requirement.

Question 13: Should we anticipate that *QualityNet* eCQM outcome performance summary scores are the same as The Joint Commissions results?

Performance outcomes in the HQR System and The Joint Commission system should be very close. The difference when comparing the eCQM outcomes is usually due to the way each system rounds numbers. If there are differences that you would like reviewed, contact the *QualityNet* Help Desk to open a ticket: (866) 288-8912 or qnetsupport@hcqis.org.

Question 14: If submitting zero denominators or case threshold exemptions, what option should we select? Is it submitted through attestation or submit eCQM data electronically?

Users should select: “I will submit my clinical quality measures electronically through QRDA file.” Please direct any additional questions to the *QualityNet* Help Desk at (866) 288- 8912 or qnetsupport@hcqis.org.

Question 15: For PI attestation objectives and measures (for example, public health and clinical data exchange where you need to choose two out of the six measures) do you leave the other objectives blank? If so, the system is not allowing us to deselect the checkmark. Is this an issue?

Users should select two of the six available registries to meet the requirement. We discussed earlier in the webinar about a few system changes that have been made.

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One of those changes was to limit users to two selections; if you previously submitted your data and check marked Yes for two of the registries and marked No for the others, the system accepted it.

As of today, users submitting the responses regarding the registries will receive an error message if more than two registries are selected. Users should select “multi,” which will meet your requirements, or select “Yes” on two of the registries and leave the others blank. If you need to have an exemption on one of those, that would also be a validation selection, but the requirement is to only mark two. If the system allowed you to select more, it will not disqualify you. This has since been corrected.

The expectation of this objective is to report on a minimum of two registries. To be successful in reporting this measure, eligible selections are one of the following: two Yes responses, one Yes and one exception, or one multi-registry selection. Please direct any additional questions to the *QualityNet* Help Desk: (866) 288- 8912 or qnetsupport@hcqis.org

Question 16:

Our critical access hospital (CAH) could not report on four eCQMs because of zero denominators for some measures. I declared the zero denominators on the denominator declaration form. Is there anything else I must do?

The definition of successful submission is a combination of zero denominator declarations, case threshold exemption, and the submission of QRDA Category I files for patients meeting the IPP. For CY 2020, whatever you are reporting for the quarter, you want to ensure you are reporting on at least four measures with a combination of those three methods. Generate the Program Credit Report to ensure you see the green banner (which indicates successful submission).

An On Demand webinar was posted December 2020 under the eCQM link on the QualityReportingCenter.com website. The webinar clarifies the next steps depending on the banner: Green means successful submission; yellow means additional steps are needed for successful submission. The webinar provides a demonstration and a slide deck available for download with screenshots to show the process. We recommend reviewing the webinar materials first; it may address your questions without the need to open a *QualityNet* Help Desk ticket.

If you continue to have questions, contact the *QualityNet* Help Desk for assistance: (866) 288-8912 or qnetsupport@hcqis.org

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Question 17: **Regarding reports showing success with attestation for the Promoting Interoperability Program, the scoring reports do not include the facility name when you export the PDF of the report. Only the CMS Certification Number (CCN) is listed for the exported file name. Can a header with the facility name print on the PDF for those of us that report on multiple hospitals?**

The development team will correct this issue. In preparation for the next submission period, we will add the facility name, the CCN, and the date to the export of the report.

Question 18: **We currently use a vendor to validate our eCQM data. Sometimes this takes multiple submissions. Is there software that exists that will allow us to validate the data ourselves?**

The HQR System has a test portion to aid in the validation of eCQM data prior to the submission of the QRDA Category I files to the production portion of the system. Test submissions are not reviewed by CMS and do not count towards program credit. When the submitter is satisfied with the outcome of the test files, submit the files to the production system. Be sure to generate the Program Credit Report to ensure the reporting requirement has been met.

Question 19: **In CY 2019, the eCQM Performance Summary Report provided count summaries for Initial Patient Population (IPP), denominator population, numerator, denominator exclusion, and denominator exception. The CY 2020 summary only provides the performance rate. Is there a report that provides summary counts?**

When a user reviews the performance score, they will see the percentage of what has been met. If the user drills down to review specific measures on the Outcomes tab, the cards provide details on the number of patient episodes counted for the specific measure, the number that met IPP, the number that did not meet IPP, and the number that met the measure population exclusion, etc.

Although the updated HQR System shows the data somewhat differently than the legacy eCQM Performance Summary Report, the measure engine is calculating the highest measure outcome for that particular episode on the specific card. This ensures that if the measure is meeting the numerator, the outcome will be marked on the numerator and not counted on any other cards. This means it will not show up on the met IPP or the denominator cards.

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Users are accustomed to the denominator being a higher number than the numerator and this may differ from what readers expect to see. If there are additional questions, contact the *QualityNet* Help Desk for assistance: (866) 288-8912 or qnetssupport@hcqis.org

Question 20: **I submitted an ECE for Q3 and Q4 2020 in mid-December; however, I have not received communication if this ECE was granted.**

It is unclear by your question if this ECE was for the Hospital IQR Program or an eCQM-specific ECE. CMS is processing ECE applications as they are received. ECEs related to the Hospital IQR Program are submitted on rolling dates. For CY 2020, eCQM-related ECEs are due by April 1, 2021. If you have not received a request for supporting documentation, most likely CMS is reviewing your application and will provide a response when it is available. If additional information is needed, we will reach out.

Question 21: **Why does the PI Program registration option under Administration automatically submit information when selected from the menu?**

Once a user completes the registration disclaimer, the system captures the accurate time and year when registration has been done. That is the first piece of information that indicates you're going to participate. Throughout the year, users can edit the registration information for updates. For example, the user could edit the certification number in case the system or demographics (like a facility relocation) change.

Question 22: **We submitted our file today through the HQR System and it was rejected. How do we find why it was rejected?**

After logging into the HQR System, go the navigation side bar and locate Data Results. Then, locate eCQM. Click on the Accuracy Tab and select if the file was submitted to Test or Production. Select the quarter and click Change Selection. The page will refresh. Click on the Rejected Files card to see messages that explain why the patient file was rejected. The error messages can be exported by clicking on Export Results for closer review. If you are unable to determine how to troubleshoot the errors, contact the *QualityNet* Help Desk to open a ticket for assistance: (866) 288-8912 or qnetssupport@hcqis.org.

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Question 23: Will the deadline for CY 2020 eCQM data be extended as many of the others have due to COVID-19?

The eCQM deadline has already been extended. The original submission deadline was March 1, 2021, at 11:59 p.m. Pacific Time. CMS extended the deadline to April 1, 2021, at 11:59 p.m. Pacific Time.

Question 24: Is there a list to explain the file rejection codes so that I can understand what they mean?

The CMS QRDA HQR 2020 Implementation Guide is available for download on the [2020 Reporting Period EH/CAH Resources page](#) of the [eCQI Resource Center](#). The guide provides error message information to help you research why the error is occurring and how to update the QRDA Category I file to address it.

Question 25: Would it be acceptable to submit more than four eCQMs for CY 2020 data submission?

Hospitals can report more than the four eCQMs requested for the self-selected quarter of data. Submitters should confirm the submission of production data was successful by generating the Program Credit Report. Please remember, the Program Credit Report is a snapshot in time; if you make modifications to the denominator declaration screen or change the submitted data, that can change your program outcomes and status. The most current submission will count towards the eCQM reporting requirement once the data submission period closes. CMS recommends generating the Program Credit Report prior to the submission deadline to help ensure successful submission.

Question 26: Some of our patients have answered ethnicity as “declined to answer” and these patients show in red as an error when we run our data verification. How do we adjust the QRDA Category I file in order to achieve successful submissions if patients are declining to identify their ethnicity?

The CMS QRDA HQR 2020 Implementation Guide is available for download on the [2020 Reporting Period EH/CAH Resources page](#) of the [eCQI Resource Center](#). On page 13 of the document, it states that if a patient declines to specify their ethnicity, the nullFlavor=“ASKU” should be submitted. After reviewing the implementation guide, if you continue to have questions, contact the *QualityNet* Help Desk for assistance: (86) 288-8912 or qnetSupport@hcqis.org.

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Question 27: **When will access to previous Program Year reports be available?**

The Program Credit Report from CY 2019 eCQM reporting is available within the HQR System. If you are requesting eCQM reports from CY 2016 – CY 2018, contact the *QualityNet* Help Desk for assistance: (866) 288-8912 or qnetssupport@hcqis.org.

Question 28: **I am confused about slide 18. Can you please clarify it?**

For CY 2020, attestation is required for reporting to the Medicare Promoting Interoperability Program. The CQM reporting requirement has two options:

- Submit data via QRDA Category I file
- Submitting data via the web form

If the facility submits via QRDA Category I file then this requirement has been fulfilled electronically and aligns with the Hospital IQR Program eCQM program requirement with one submission. A minimum of four eCQMs must be submitted to achieve program credit. If the facility elects to report CQMs via the web-based portal, there is a different requirement to become a successful participant: By the April 1, 2021, extended data submission deadline, report on a minimum of 16 of the available 20 measures. Contact the *QualityNet* Help Desk for additional assistance: (866) 288-8912 or qnetssupport@hcqis.org.

Question 29: **How do we get the biweekly Hospital IQR Program updates?**

Visit the Sign Up for Email Updates page on the *QualityNet* website: <https://qualitynet.cms.gov/listserv-signup>. Scroll down the public lists to identify which notifications you would like to receive. Then, click Submit.

Question 30: **As new users, is there a one-on-one session or handouts that may help to provide visuals?**

Visit the [Quality Reporting Center website](https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/) to review archived eCQM webinars. They provide screenshots of the eCQM data submission process for the most current reporting period and offer links to posted resources: <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/>. The On Demand webinar posted on December 18, 2020, provides a recorded demonstration of the eCQM data submission process along with snapshots of the process.

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Question 31: Is it correct that we only can view the performance score for the production submissions?

That is correct. At this time, the HQR System will only provide performance scores for production QRDA Category I submissions.

Question 32: I thought the HQR system and the HARP system were the same. What is the difference?

HARP is the HCQIS Access Roles and Profiles account. HARP is a secure identity management portal provided by CMS. The creation of a HARP account provides the user with a user ID and password that can be used to sign into many CMS applications including the Hospital Quality Reporting (HQR) System. The HQR System is where program data is submitted to fulfill CMS quality program reporting activities.

Question 33: I don't recall seeing in a ruling that PI Program objective measures would be a quarter instead of 90 days. Can you clarify?

If you view the requirements on the [cms.hhs.gov website](https://www.cms.gov/regulations-guidance/promoting-interopability/2021-program-requirements) for the Promoting Interoperability Program (<https://www.cms.gov/regulations-guidance/promoting-interopability/2021-program-requirements>), Electronic Clinical Quality Measures (eCQM) Requirements now reflects for 2021 that participants will be required to report two self-selected calendar quarters of eCQM data on four self-selected eCQMs. This change will begin with 2021 Program Year reporting.

Question 34: If a vendor is submitting on our behalf, will they receive the Program Credit Report green banner?

If a vendor submits on your behalf and generates the Program Credit Report, a green banner will appear to indicate successful submission. The text on the report confirms successful eCQM submission has been achieved for the applicable reporting period.

Question 35: Although the CSV file export is a quick option, a PDF format is important because it provides a non-editable report that can be provided to supervisors/leadership. When will all reports on HQR offer a PDF option?

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This request will be shared with the application development team for consideration.

Question 36: **How is the Promoting Interoperability Program different from eCQMs and web-based measures? Is there a resource to submit web-based measures in the Promoting Interoperability Program?**

When reporting via eCQM and with one submission, facilities can utilize data already submitted for the Hospital IQR Program to achieve the CQM requirement for the Promoting Interoperability Program. In this case, the reporting requirement is to successfully report on four of the eight available CQMs to meet program credit. If a facility chooses to report via web-based measures for the Promoting Interoperability Program, there are 29 available options. Of those, the facility will need to report a minimum of 16 selected measures to become successful. Contact the *QualityNet* Help Desk for additional assistance: (866)-288-8912 or qnet-support@hcqis.org.

Question 37: **We deleted old uploaded files and uploaded a new eCQM file, but our Program Credit page hasn't updated even though the files have processed.**

This issue is noted on the February 24, 2021 HQR System Known Issues document, published on the *QualityNet* website at <https://qualitynet.cms.gov/known-issues-maintenance>. Contact the *QualityNet* Help Desk to open a ticket for assistance: (866) 288-8912 and qnet-support@hcqis.org.