



Electronic Clinical Quality Measures (eQMs)

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

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

Presentation Transcript

Speaker/Moderator

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**March 9, 2021
3 p.m. ET**

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Artrina Sturges: Good afternoon and thank you for joining us. My name is Artrina Sturges, and I'm your host for today's event. A few announcements before we start, this presentation is being recorded. The transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the [QualityReportingCenter.com](https://www.qualityreportingcenter.com) website, and also posted to [QualityNet](https://www.qualitynet.org) in the coming weeks. If you've registered for the event, a reminder email, as well as the link to the slides, was distributed yesterday. If you did not receive the email, the slides are available for download on our inpatient website. Again, that is [QualityReportingCenter.com](https://www.qualityreportingcenter.com).

Today's event is focused on addressing any remaining questions related to calendar year 2020 aligned eCQM reporting to the Hospital IQR and the Medicare portion of the Medicare and Medicaid Promoting Interoperability Programs.

Our intent is that you will be able to quickly locate the calendar year 2020 eCQM reporting requirements and access and use tools and reference materials to assist you with any remaining data submission activities to successfully perform eCQM data submission by the April 1, 2020, deadline.

This is a list of acronyms to assist you throughout our webinar.

Before we start the question-and-answer session, I will provide a quick overview of the reporting requirement. Hospitals participating in the IQR program will report on four of the eight available eCQM and report one self-selected calendar quarter of patient data for calendar year 2020. The submission deadline was extended to April 1, 2021. Successfully meeting the Hospital IQR Program eCQM requirement also fulfills the clinical quality measure electronic reporting requirement for the Medicare Promoting Interoperability Program with one submission.

This is a table of the eight aligned eCQMs available for reporting for calendar year 2020. There is a link in this document that takes you to the [QualityNet](https://www.qualitynet.org) website where this table is available.

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The calendar year 2020 certification and specification policies continue to require EHR technology certified to the 2015 edition, and EHRs must be certified to report on all available eCQMs. eCQM specifications are published in the CMS eCQM annual update along with related addenda for the applicable reporting year. This information is posted and available on the [eCQI Resource Center](#). Submitters continue to use the QRDA I file format, and we recommend obtaining the QRDA Category I implementation guide for the applicable reporting year as a tool to support the file formatting process. All the reference documents and many other educational resources, again, are available on the [eCQI Resource Center](#).

The calendar year 2020 QRDA category I file expectation indicates one file per patient per quarter, which should include all the episodes of care and the measures associated with the patient file for that reporting period. The maximum individual file size is 10 megabytes. Files are uploaded by zip file, with a maximum number of 14,999 QRDA I files. If a hospital has more than that volume, they are welcome to submit multiple zip files to represent your patient population for the quarter. As always, contact the *QualityNet* help desk for additional assistance.

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

For those who may not be aware, the HQR system updates Known Issues document is updated and available for download on the *QualityNet* Known Issues & Maintenance page. The link to the document is available on the slide. One thing to note, the document provides a status of known issues across the HQR system, which means any issues with ASC, eCQM, general HQR issues are all captured now in one document. The document tells you the date the issue was added, the affected system functionality or report, along with a description of the issue, whether it's still in progress or has been addressed, and any next steps if applicable. The document is updated on a regular schedule.

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Now, we will talk a little bit about the calendar year 2020 eCQM reporting requirements for the Medicare Promoting Interoperability Program. This slide will feel very familiar to you. As I stated earlier, the Medicare Promoting Interoperability Program clinical quality measure electronic reporting requirements are aligned with the hospital IQR eCQM reporting requirement. Successful submission of eCQM reporting fulfills the hospital IQR and the Medicare Promoting Interoperability requirement with one submission. Keep in mind, 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 measures, such as chart abstracted, web-based, etc.

Hospitals who choose to fulfill the Medicare Promoting Interoperability Program via attestation are permitted to report for the full calendar year which equates to four quarterly data reporting periods on all eight available CQMs. The submission deadline was extended to April 1, 2021. Again, any questions regarding the Promoting Interoperability Program should be submitted to the *QualityNet* Help Desk.

State Medicaid programs for the Promoting Interoperability Program will continue to determine whether or how electronic reporting of CQMs would occur or if they wish to allow reporting through attestation. We've provided the link to the Promoting Interoperability Program's Medicaid state information page to assist you to obtain additional details.

For those who want more information regarding the Promoting Interoperability Program resources, visit the [CMS.gov](https://www.cms.gov) website to locate updated reference guides, webinar materials, and other resources. We will talk a little more about resources on the next two slides.

The CMS.gov website contains the Promoting Interoperability policy information as well as the program basics information for the Medicare and Medicaid portions of the Promoting Interoperability Program.

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The ECE policy exists for the IQR program as well, but this information is specific to an eCQM-related situation that the hospital believes is beyond their control. You'll see that the page gives additional details in the policy description of what can be considered beyond their control: infrastructure challenges, unforeseen circumstances, etc. One of the most important takeaways is that each situation is reviewed independently. For the top of the page in the screenshot on the left, you'll see there is an ECE policy clarification Q&A document available. If you scroll down to the bottom of the page, you'll see the ECE request form submission instructions as well as a copy of the ECE request form is available for download. That is pictured on the right. The ECE submission deadline for calendar year 2020 data is April 1, 2021.

On the previous slide we talked about the IQR eCQM-related ECE policy. The Promoting Interoperability Program provides a similar application process, referred to as a hardship exception. From the same page, if you look for the scoring payment adjustment and hardship information captured here, look toward the bottom of the page for details regarding the hardship exception. Again, any questions regarding the Promoting Interoperability hardship process should be directed to the *QualityNet* Help Desk. Next slide, please.

Our last slide provides a list of resources based on the topic, who to contact, and how to contact them. For instance, questions regarding the *QualityNet* Secure Portal within the HQR system and the Medicare and Medicaid Promoting Interoperability Programs should be directed to the *QualityNet* Help Desk. Another frequently asked question is in regard to eCQM specifications. If a submitter has questions about the code set or the measure logic, we recommend submitting your question to the ONC JIRA issue tracker for eCQMs.

At this time, we will start the Q&A session. Please continue to enter your questions into the chat box. We will try to answer as many questions as we can to assist you. In addition, we have subject matter experts available to us today to address your questions.

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All right so we'll start with our very first question. Amy, I think you may be able to assist me with this one: Which reports are needed to provide or to prove successful eCQM submission?

Amy Asche: Yes. This is Amy with PM3. To confirm we are meeting the program credit requirements, you would go in and look at the program credit report. That you can find on the left hand side of the system. It will open up for the program credit. Click on the quarter that you submitted. Then, it will show if you have met program credit or not from there.

Artrina Sturges: Great. Thank you. Joni, this one's going to be for you. What reports prove Promoting Interoperability Program requirements were met in 2020?

Joni Lutman (PM3): Thanks, Artrina. There will be two reports that you'll want to pull to prove that you were successful. The first one will be the export data function that is on the index page, where you actually enter your attestation and objective information. You'll export that data and you can print it in a PDF. That will show your overall score. Then, similar to what Amy had mentioned about the program credit report, you'd want to go over to the menu on the left and go to program reporting. You would pull the Program Credit Report for your facility based on the quarter that you submitted your data.

Artrina Sturges: Great. Thank you, Joni. Next question: Where on HQR, or where in the HQR system, should I see My Tasks?

Amy Asche: This is Amy. I can take that question. The My Task was in our legacy system. Now, when you log into our new system, it will take you to our new dashboard. Everything you found on the My Task page, all those reports will be available on the new system. So, the My Task page is going away. The only thing that is available at this point is for the PRS system, but everything else you were originally looking for reports on the My Task page is now on the new NG system.

Artrina Sturges: Great. Thank you, Amy. Next question: Our vendor submitted our eCQMs, and we received the complete submission reports.

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Our hospital submitted the PI attestation and selected the option that we are submitting our eCQMs electronically. We are still receiving a prompt to upload our eCQM files and this is causing some confusion. Is this something that should be there or is this something that would be fixed?

Joni Lutman:

This is Joni. First, I want to say thank you for that feedback. Please continue to share this type of feedback. Through this submission period, that banner will remain there if you have selected to submit CQMs electronically. We had done some research and felt that that was the easier path to remind people how to get there and give a shortcut, but this is a few times now that we've heard that that's may be a little confusing. So, we will be looking after the submission period at different ways and maybe some better verbiage that we can put on there so it will reduce the confusion.

Artrina Sturges:

Great. Thank you, Joni. Next question: Should the file submitted be all patients the hospital has seen for the quarter or just the patients that qualify for any of the measures we are submitting?

Actually, I'll take this one if you ladies don't mind. The intent is that you're going to report on at least one self-selected calendar quarter of data for 2020. So, it's Q1, Q2, Q3, or Q4. So, the expectation is that any quarter you select to report, that you would report on all the patients that would have been represented for that specific quarter. So, you just want to make sure that that you take care of that and make sure that is everybody you intended for that quarter. If you report one or more, because again the minimum is just one for 2020, just make sure that everybody's represented in your patient population.

Thank you for the question. Next question... I think, Amy, this one may be for you: I opened an incident ticket about four weeks ago for the inability to upload data for one of the 23 hospitals in our system.

Through troubleshooting, she determined she believes the issue may be on the back end of the HQR website. She successfully reported for the other 22. There are some questions because the incident still remains unresolved.

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They want to understand their best recourse. Do you want to follow up with their ticket to see where things are? They're also asking if they should file an ECE. So, Amy, after you give yours, then I'll speak to the ECE portion of the question. Amy, I don't know if you're on mute or if we lost you. It appears this is something we lost, Amy.

Joni Lutman: Artrina, I can maybe help with that a little bit.

Artrina Sturges Okay, thank you.

Joni Lutman: If you happen to have the incident number, please feel free to reach out and share that incident number with us. We can follow up on it and get you an update. If you have not heard back, they're making changes very quickly based on some changes that were needed in the system. I would recommend that you try your submission at least for one again. See if it goes through. If not, please reach out, and we will work it with high urgency. Then, I'll turn it over to Artrina about the ECE.

Artrina Sturges: Thank you, Joni. So, for the ECE, which you could file. Let's say it gets a little bit closer to the deadline and you're still having difficulty resolving the issues that you may be having with the data submission through the HQR system. You do have the option to file an ECE. You can indicate the rationale for why you're filing it. I would recommend that, if you have any supporting documentation, make sure that you provide that information as well. Really understand that when they're looking at these ECEs, you are looked at on a case-by-case basis. So, again, any supporting documentation that you have would support the request. Again, the submission deadline for ECEs is 4-1-2021. So, let's keep in mind that aligns with the same date that the eCQM data are due for this year with the extended deadline. Again, if you have any questions in the meantime regarding ECEs, visit the *QualityNet* website. We do have an eCQM page out there that has a link to the eCQM-related ECE. There is a Q&A document that's out there that kind of helps to clarify the rationale in prior years for them not necessarily being granted, but for them being requested. That might help with some of the decision making, as well.

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The most important thing is to make sure that we follow up with you to make sure that things get resolved for you because it does seem kind of odd. If you're great for 22, but we still have one out there, then we're really happy to work with you to have that resolved. So, thank you very much for the question. Amy and Joni have already jotted the ticket number down. So, they'll be in touch. Thank you all very much for that one.

Next question is, "Where would we be able to access the EHR certification number for the Promoting Interoperability portion of the attestation?" Joni, I don't know if you want to take that one.

Joni Lutman:

Certainly. So, that EHR certification number should be something that's within your system and you would obtain it from your EHR vendor or on the specifics of your system to be able to enter that into the attestation fields.

Artrina Sturges :

Thank you, Joni. Actually, I have one piece to add to that too. She's absolutely correct about that. The other place that you may be able to locate that number, the EHR certification ID, is the CHPL website. So, the Certified Health Product List, they have a tendency to keep that information out there. If they've already registered that product, which they would have had to do to be able to have that ID number assigned, then sometimes you can go out and you can find that information. There are a couple of other pieces that go with that. So, we'll make sure that when we do the question-and-answer document, then we include that information in there. Thank you.

Next question: When will a user guide for the HQR platform be available? This would be helpful when trying to troubleshoot issues and education. New menus and reports would also be helpful. It would also be beneficial if the guide included education related to user roles in our profile and what drives how the role needs to be defined in order to see all the things we saw as a vendor on the legacy system. Thank you. This is a very good question and I think we probably have a couple ways that we can answer this. I'll go ahead and start. Then, Amy, if I miss anything, please catch me in terms of stepping through the process for data submission or understanding any of those pieces.

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We actually do provide webinars. We don't have user guides at this point because there was some sense or some consensus that maybe the walkthrough with the webinars and pieces like that would be more helpful. So, we have done those. Just as a reference point, there was an On Demand webinar that was done on December 18, and it stepped users through all of the processes of submitting eCQM data. We all know that the system continues to evolve and updates continue to be made to the system. So, there are other communications that go out. I'm sure we'll talk a little more deeply about that, but there are communications in addition to bi-weekly IQR updates. We send those out, and if there are any system changes that occur at that time, we make sure to give you communication about that in that document that gets sent out. There are several other resources that we have out there but I wanted to let you know that we at least do that as a minimum. Then, I will defer to Amy for some of the other pieces that we do for education.

Amy Asche:

Another part that can come out is the HQR system folks do put together Listserves for communication. We'll send out communications related to each specific program on different Listserves. If there is a big change within the system that will be affecting a specific program, we try to at least update that this will be coming soon, so you do have a heads up that there are going to be a few changes that might be coming or updates within the system that way also. Like Artrina alluded to also with the new system, it is kind of continually evolving and changing. So, it's hard to throw out just one user guide with all the continuous changes going on at that point, but I do understand the transition from the legacy to the NG system that learning where you found stuff on the old system to the new system has been a little tricky. We are trying to do a little bit more with our communications at this point, making sure if we do have major updates, that it is communicated through the Listserves that we can send out and also through the IQR communications that Artrina kind of alluded to.

Artrina Sturges :

Thank you, Amy. The other thing I wanted to add as we're kind of talking through this is that we also want to look at more opportunities for us to interact like this, just like we're doing a Q&A session.

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Right now, we may look at this as another type of platform to use as we prepare for 2021 reporting, so that we can start to get those conversations moving a little bit earlier. Any changes that might be to the system, either we can look at a demo or we look at screenshots of any of the changes to make it easier for users as well, even if we don't necessarily have a user guide. We do have other tools at hand that we can use to interact with all of you more so that you feel more comfortable with the transitions as they're coming. Just something else to keep some thought to.

Next question: Should we expect an email confirming receipt if there are any issues when we do the test file submission? Amy, I will hand that off to you.

Amy Asche:

With our new system at this point, we are not sending out any email notifications with files being submitted. If you're looking to confirm if there's any issues within the file that they are accepted or rejected, that is found within the system. Navigate to the left-hand side to see the data submission results. Then, on the files tab would be the status of the files submitted except those processing at that time. Then, on the accuracy tab, you can go in there and look for any rejections or anything there. You can print and export reports to see what issues are going on within the specific batch or the submission that you have completed. No emails automatically go out but you can find that information within the UI itself.

Artrina Sturges :

Thank you, Amy. For anyone who wants to see what that screen could look like. For some of you who may not be as familiar, keep in mind the webinar that I spoke about a few moments ago was On Demand. That was held 12-18-20. If you visit the Quality Reporting Center, there will be a tab up at the top on the right-hand side that says On Demand. If you click on that there's a link in there for eCQM. If you click on that, then you'll get to the webinar that we had on 12-18 in there. So, what happens is you have a slide deck that you can download and there's also a demo that shows you all the screens. So, for those of you who feel more comfortable seeing it, make sure that you visit Quality Reporting Center and take a look at that On Demand. I think that will be very helpful. Thank you very much, Amy.

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Next question: What happens if your measure performance score is way below than expected? Joni, you have to tell me if that's something that is PI related?

Amy Asche: I'll take it. So, this would be on the outcomes tab of the UI. So, if you are getting a result that you are not expecting, then I suggest that you submit a Help Desk ticket to be looked into further and that probably is escalated if they are not finding the issues. We just would need to review the files or know what you're truly expecting and dig into the files themselves to figure out the difference for you that way, but I would suggest submitting a ticket through the Help Desk so we could look into that further.

Joni Lutman: This is Joni. Just to add on to what Amy was saying, if this question happens to be in regard 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 is on the CMS.gov website for Promoting Interoperability. If that does not answer your questions, like Amy said, please submit a Help Desk ticket including the information of what you feel the performance score should be and we can recalculate that and make sure that you're achieving what you're supposed to.

Amy Asche: I apologize, that was probably more for you, Joni.

Artrina Sturges: Thank you, ladies. It's fine. Two folks answered, more than just fine. There it is. Next question: If a facility has an ED, or an emergency department, should this measure be submitted or can another metric be chosen and zeros entered? This is a good question. Let me let me explain it this way. The expectation is that when you're reporting your data for whichever self-selected quarter you have of information, when you're reporting on your patients, the focus is not on the measure. The focus is on the patients who are meeting IPP for any particular measure. So, the thought should be that depending on how what you report for that quarter, the suggestion would be, one, take a look at how your data is processed. Two, once you see that, then generate your Program Credit Report and see which measures you met based on that patient population that you reported for that quarter.

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Then, if you find that let's say you have three measures that are covered, but let's say you're missing a measure, because you're using a 2015 edition of the system, then what should happen is that your system should be able to report on all of the eight measures that we talked about earlier. So, the other thing you want to do too is try to reflect your organization. Try to reflect your patient population. If it turns out that there's a measure that's available to you and they're like, "We normally have this, but we don't have that many patients or we don't have those patients for this specific quarter." Then, you can use the zero denominator, which is what you were alluding to earlier. Because, keep in mind, the criteria is the hospital EHR has to be certified to report the measure and the hospital cannot have any patients that meet the denominator criteria of that eCQM.

That's the criteria that you have to focus on. Then, of course as we spoke about earlier, eCQMs where there's a valid zero denominator that counts a submission for one of the required eCQMs for the Medicare portion of the Promoting Interoperability Program and the Hospital IQR Program. Hopefully, that helps a little bit. Yes, you want to make sure that keep that focused on the self-selected quarter of data, not so much on the measures themselves. You'll find out once you run your report which measures were applicable. Then, if you need zeros after that, then you would be able to do that zero denominator as long as your system is certified to report the eCQM. Thank you. Very good question.

Next question: Does the HQR platform contain logic that excludes any cases of certain patient classification types (for example, rehab, SNF, trauma) for eCQM/QRDA 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 classification should be included for each measure? Amy, if you can help me with the first part? Then, I can give a little more speech to the second part of the question.

Amy Asche:

It depends on the type of measure that you're going to be submitting with it meeting the requirements for that specific measure. For that specific measure being submitted, there are requirements.

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Measure specifications that are out there that we follow see if the patient is going to be meeting the requirements and meeting the initial patient population to meet that specific measure outcome. So, I don't know if, Artrina, you were going to be alluding to the measure specifications themselves to find on the eCQM website. That's going to be where I would guide them on the HQR platform itself. We do not specify each measure out. All that information we would direct you to the eCQI website to find the specific measure specifications and find the requirements from there.

Artrina Sturges: Yes, thank you, Amy. Then, in addition to that, in addition to those measures being available for review and for download, there are also what they call eCQM flows. What happens is that when you look at those flows, they have one created for all eight measures for the hospital side, they define for you what's your initial patient population. They take you through all the steps of the measure logic to show you this is the criteria that you have to meet in order to be considered for this measure. So eCQI Resource Center is it is indeed the one-stop shop. So, you really do want to go there. Locate all the educational materials that they have out there, and we do have links to that information in the slide deck. I just want to make sure that that you go back to that as your primary source because that's going to give you all the information that you need between the measure specifications that Amy mentioned and then the eCQM flows that will kind of talk you through it and really kind of show you how all those piece's work together. Those are great tools to be able to have at hand. We'll make sure we mention those.

Artrina Sturges Thank you very much, Amy. Thank you for the question. Next question: Are the program credit reports on the HARP website? Actually, it's not HARP. It's on the HQR system website. Amy, I don't know if you have any more that you want to say to that.

Amy Asche: I just want to reiterate that, on the navigation sidebar, you just go to program reporting. Under that, you can click on program credits and that will take you to the page that you need to that you can pick your quarter to see if you have met program credit. So, that's where it's on.

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Artrina Sturges: Great. Thank you, Amy. Next question: Just to clarify, is this a calendar quarter, first day of quarter, last day of quarter, or a 90-day window? I can speak to the calendar aspect and then I'll let Joni speak to the 90 day. When we're speaking specifically to hospital IQR, then we're talking about a calendar quarter. That's the first day of the quarter and the last day of the quarter. Then, when we're talking about Promoting Interoperability, that's one 90-day window. Joni, I don't know if you have any more to add.

Joni Lutman: I do just want to clarify that you are correct, Artrina. It's a 90-day window for this year; however, moving forward, it will follow the guidelines of IQR submissions and it will become quarters. So, starting with next year's submissions for the 2021 program year. it will follow the IQR guidelines.

Artrina Sturges: Great, thank you. That's good information to have. OK. Next question: "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. Our concern is that our vendor submits our eCQM measures. Do we need to ask them to submit to the CMS site as well?"

Joni Lutman: This is Joni. I'm guessing that this is regarding that eCQM banner that is showing on the Promoting Interoperability page. I just want to clarify again that that banner is there to serve as a reminder and a shortcut for those that do elect to submit via QRDA files. That will remain there throughout the entirety of the submission period. So, if your vendor has already submitted your eCQM measures for IQR, please go out and pull that Program Credit Report for Promoting Interoperability as well to see if you've achieved that program credit.

Artrina Sturges: Great. Thank you, Joni. Next question: Should we anticipate that the *QualityNet* eCQM outcome performance summary scores should be the same as The Joint Commission results?

Amy Asche: All right, I guess I can take that one. Sorry. I was trying to find that one. Is that the question? Again, will you repeat it real quick?

Artrina Sturges: Sure. Should we anticipate that *QualityNet* eCQM outcome performance summary scores should be the same as The Joint Commission's results?

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Amy Asche: They should be very close to the same. We have found a few differences in the past where the HQR system has implemented compared to The Joint Commission but, for the most part, what I am seeing, they are receiving the same outcomes. If you are not receiving something and you would like us to look into it further, you can always submit a Help Desk ticket and we can review it and see if there's an issue going on with our system or not or explain why you're receiving the result from the HQR system.

Artrina Sturges: Great. Thank you, Amy. For the next question, Joni, I think this one might be for you. If submitting zero denominators or case threshold exemptions, what options should we select? One, submit eCQM through attestation. Two, submit eCQM data electronically.

Joni Lutman: To do the zero-denominator declaration, select I Have/Will Submit my clinical quality measures electronically through QRDA files.

Artrina Sturges: Great. Thank you, Joni. The next question is, "If a vendor submits our selected eCQMs, what report do we run to verify successful submission?" Amy, I'll take this one because I know you answered this earlier. So, that one is going to be the program credit report. That's the one that you're going to want to run to make sure that you can verify successful submission. You'll notice that you'll see quite a few things, but make sure that you're choosing the correct discharge quarter. Make sure that you're clicking change selection. Then, when you start to look at your data, make sure that you're taking a look at the measures that were reported, the submission status, and check the last update. That will let you know. You'll also see a banner that kind of pops at the top of the report, and it'll let you know if you've successfully submitted. That banner will be in green. If it turns out that you haven't successfully submitted at least the four measures for one quarter, then you'll see a yellow banner. It'll give you a message there and let you know what the next step should be. Just be sure to look for that report.

OK. Thank you, Joni. Looks like we have another one for you: For PI attestation objectives and measures, the public health, and clinical data exchange, do you need to choose two measures out of the six measures?

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Do you leave the other objectives blank? If so, would the system not allow you to deselect the check mark. Is this an issue? Let me know if I need to try to explain that one again.

Joni Lutman:

No. Thank you. This is a very good question. So, thank you to whoever submitted it. The requirement for that objective is exactly that: You want to select two registries out of the six available. That's to meet the requirement; however, we discussed earlier in the call about a lot of the system changes that have been made. One of those changes was to limit to two selections. So, if you had submitted your data previously and you check marked Yes on two of your registries and marked No on the rest of them, that's fine. The system did go ahead and accept it; however, as of today, if you're submitting your answers for that it will throw an error message if you select more than two. So, you'll want to either multi, which will meet your requirements. You'll select Yes on two of the registries and then leave the rest of them blank. If you need to have an exemption on one of those that would also be a valid selection, but the requirement is only to mark two. However, if the system allowed you to select extra, that's not going to disqualify you at all, and it has been corrected in the system.

Artrina Sturges:

Great. Thank you, Joni. Next question: Our critical access hospital couldn't report on four eCQM because of zero denominators for some measures. I've declared the zero denominators on the form. Is there anything else I have to do? I'm not completely sure I understand all of the question, but I think what it is we have to keep in mind when we talk about the definition of successful submission it's a combination of zero denominators, case threshold, and the submission of QRDA I files for patients that are meeting IPP. When you think about it, think of it as a whole in terms of what you're reporting and what you expect that successful submission to look like. If you had some measures where you were able to use the zero denominators, that's fine, but you want to make sure that whatever you're reporting as a combination of those three that we just talked about you want to have at least four measures that you're reporting on.

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So, again, if you go back and you go through the process and generate your program credit report, then that will tell you if you've achieved successful submissions. Once you generate that report, if you see that you're not getting the green banner. You're getting a yellow banner telling you that you need to do, there are other things that you need to do. You need to report on some additional measures. Then, make sure that you follow that guidance. Again, if you if you have any questions about this, you're having questions about what you're seeing, you know be sure to contact the *QualityNet* Help Desk for assistance.

The other thing is, again, that webinar that we talked about, the On Demand that was held back in December. It steps you through and it explains to you what to do depending on which banner you see, the green one or yellow one. So, please go to the Quality Reporting Center website. Make sure that you look at that demo and that you download that slide deck that we have out there for you because that should address any questions that you have. I would encourage you to take a look at that educational information first before you open a ticket because I honestly think that will answer your questions. Thank you, very good question.

Next question: It looks like the system is saying that we have to submit one chosen quarter of data for 2020. That's correct. Does that mean if we already submitted Q3 2020 that we don't have to submit Q4 2020? That's correct. So, if you've already submitted your one quarter of data, you've reported on at least successfully reported on at least four eCQMs, when you generate your program credit report, and if it's giving you the green banner that tells you that you've successfully reported, then you don't have to report any additional data unless you would like to. At that point, you would have met that eCQM reporting requirement for the Hospital IQR Program and that portion of the requirement for the PI program for the CQM. Thank you, very good question.

Next question. Let me scroll down here a little bit. This question is about the reports showing success with attestation for Promoting Interoperability. Scoring reports do not include the facility name when you export the PDF.

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It looks like only the CCN is on the exported file name. Can a header with the facility name print on the PDF for those of us that report for multiple hospitals?

Joni Lutman: This is a great question. Again, I want to say thank you and please keep this type of feedback coming. Based on actually this very question, we have put in scope to correct that and we will be for the next submission period. We will be adding the facility name, and CCN number, as well as the date that the report is exported. So, the next submission period you will see all of that on your reports.

Artrina Sturges: Great. Thank you, Joni. It looks like I have another one for you. I'm not sure if this is related to the one we had earlier. What eCQM reporting method should we choose if we have entered four zero denominator declarations. The two options are I Have/Will Submit my CQM data electronically through QRDA files and I Will submit my CQM right now through online attestation.

Joni Lutman: Again, you would want to make the selection I Have/Will Submit my clinical quality measures electronically through QRDA files as that is where you would claim that zero denominator declaration.

Artrina Sturges: Great. Thank you, Joni. Next question. I think, Amy, you might be able to help me with this one. 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?

Amy Asche: Through the system, you can submit it using our Test selection. You don't have to submit it to Production. You can submit it yourself through using the Test selection there. It will not be counted. The measures will not be counted towards program credit. You have to make sure you do submit during Production to make sure they do meet the requirement. I guess that's how I'm taking that question right now. I'm not reading it correctly.

Artrina Sturges: I think you're good. That was the same thing I thought, too.
I think you're good.

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Let's see. Here we go. Amy, I think you can help me with this one, too. In calendar year 2019, the eCQM performance summary report provided count summaries for IPP, denominator population, numerator, denominator exclusion, denominator exceptions. The calendar year 2020 summary only provides the performance rate. Is there a report that provides these summary counts?

Amy Asche:

I know with the performance score, when you click on that, export just gives you the percentage of what has met. So, I guess I should start over. On navigation, if you go to data results, click on eCQM. Then, click over on the outcomes tab. On that one you will see the specific measure outcome from there. On those cards that populate is where you can come and find how many episodes were counted for that specific measure you're looking at, then IPP not met, IPP met, denominator exclusion, and numerator. I do know this is different. Our numbers are showing differently than what they used to show on the old legacy report for performance summary because on this outcomes tab here, what our measure engine is doing, it is calculating the highest measure outcome for that particular episode it's looking at and it will mark that number on that particular card. So, if it that measure is meeting the numerator, that outcome will be marked on the numerator and will not be counted anywhere else on the card. It won't show up on the IPP met or the denominator cards. It will only fully show up on the numerator card. They're kind of sorting cards that way I'm getting the information. It's been a little tricky for some with some folks understanding what their outcomes truly are.

In that aspect, I also encourage people because they're used to the denominator being a higher number than the numerator, but sometimes within the system it's not. With our systems, how it is showing currently and then probably what your expectations are, I've been encouraging people to look at what the number is on the denominator and if there's exclusions or numerator like anything that would be further, to add those up and that is probably what you would be expecting to be showing up on your denominator card that way.

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There is a change in our system this year from the old legacy performance summary report to how it is showing now. That's just kind of a very high level of how the cards function and how to read them that way. Hopefully, that made sense to folks. Those cards are again just the highest level that the measure outcome received and that will populate on that specific card.

Artrina Sturges

Great. Thank you. We appreciate it. Next question, I'll take this one. I submitted an ECE for Q3 and Q4 of 2020 in mid-December. I have not received communication if this ECE was granted to the facility. Thank you for submitting this. You're correct. Part of what's happening is that we have a volume of ECE applications that have come in and CMS is processing those applications as they come in. If you know something was needed like supporting documentation, then a request by now probably would have already been received for that. Again, I'm not sure that this is an eCQM-specific ECE, but whether it's eCQM-specific or it's hospital IQR or more general ECE, CMS is processing those. Keep in mind with the hospital IQR, sometimes those ECEs have a rolling date. They don't actually have a submission date. For eCQM-specific ECEs, we have a 4-1-2021 submission date. So, those are being reviewed and processed. If any additional information is needed, we will reach out and request that from you. Thank you.

Next question. Joni, I think this one may be for you. We have time maybe for two or three more. Why does the PI registration option under administration automatically submit when selected from the menu? I then had the option to edit and I could then update the certification number, etc.

Joni Lutman:

So, on that, once you do the registration disclaimer, that is submitting that and that's so the system can capture an accurate time and year of when registration has been done. That is the first piece that represents that you're going to be participating. You will consistently throughout the year have the ability to edit the registration information such as the certification number in case your system happens to change as well as your business information such as demographics just in case your facility moves or something similar. Once you do sign that and date it, that acts as your submission.

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Artrina Sturges: Great. Thank, you Joni. Next question. Amy, I think this one may be for you. We submitted our file today through the HQR system, and it was rejected. How do we find out why it was rejected?

Amy Asche: I can take that one. To figure out rejection errors or see what is exactly going on, you will look for the results. On the navigation sidebar, go to data results. Choose eCQM. Then, you are going to click on the accuracy tab. From there, you're going to choose if you did Test or Production submission and in what quarter. Then, that will populate your submission that you did. You can click on the card that says rejected files. If you click on that specifically, the list down below at the bottom of the page will only show the rejected files. If you export the results, it will give you reports that will show error messages that were populating and give reasons why they were possibly rejected. If you are continuing to have issues with that, I would suggest, if you're not able to figure it out within your files and making the updates that you think believe needs to be made, then please submit a help desk ticket and we they will assist you on reviewing that and figuring out what needs to be updated within your files.

Artrina Sturges. Great. Thank you, Amy. Let's get a couple more. Next question: Will the deadline be extended as many of the others have due to COVID? I'll take this one. Actually, this deadline has already been extended. So, for eCQM the original submission deadline was March 1, at 11:59 p.m. Pacific Standard Time. What they've done is that eCQM has now been extended to April 1, 2021, at 11:59 Pacific Standard Time. That has already been addressed for eCQM reporting but thank you for the question. I know some people may not have been clear on that or may have already submitted their data and they're thinking about it from different terms. Thank you everybody for asking that.

Amy, this one's for you. Let me let me get two more. Is there a list with the codes when the file is rejected? The files I submitted are rejected and they show 71 and 73. What does that mean?

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Amy Asche: You know you can find this information specifically to figure out what that means. Actually, go on to the eCQI website and look under 2020 submissions and the CMS IG, or implementation guide. Within that guide, you can look up, you can find specifically, all the error messages that could happen and the reasoning behind those error messages. Dig a little bit deeper to figure out what the error is and how to update the file correctly.

Artrina Sturges: Great. Thank you, Amy. Let me squeeze in one more. Would it be acceptable to submit more than four eCQMs? I'll take that one. The answer is yes. You just want to make sure that you meet the minimum. If you report on at least four measures and you report on at least one quarter, that's acceptable as long as it's a successful submission and you generate your Program Credit Report. Make sure that you can show proof for yourself that you successfully submitted it, then you're fine. One thing I will say about that, the Program Credit Report is a snapshot in time. If anyone goes in and makes modifications to the QRDA I files that you reported, makes modifications to the denominator declaration screen, that can change your program outcomes and it can change your status. Keep in mind it's always going to be the most current submission. The last time that you touch the system, that's the one that's going to count towards whether or not you successfully submit or not. Make sure that if you make any changes to the system, regenerate that Program Credit Report and hold on to that to make sure that you have the most current information available.

Thank you all. This has been a great Q&A session. I think we need to look at doing additional ones for next year.

Let me go ahead and get to the next slide. Again, just a huge thank you to our subject matter experts. You all are fantastic, and I want to thank all of you for attending today. Thank you for your time and your attention. Have a great afternoon everyone.