



**Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient, Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor**

Steps for Successful CY 2021 Hospital eCQM Submission

Question and Answer Summary Document

Speaker

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**Subject-matter experts researched and answered the following participant questions.
The text was edited for clarity and grammar.**

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CY 2021 eCQM Reporting

Question 1: When does the submission period open?

The submission period opened December 6, 2021. The Centers for Medicare & Medicaid Services (CMS) distributed a Listserve communication to inform stakeholders that the Hospital Quality Reporting (HQR) System opened for calendar year (CY) 2021 test and production electronic clinical quality measure (eCQM) data submissions. The Listserve also noted that CMS extended the submission deadline from February 28, 2022, to March 31, 2022, at 11:59 p.m. Pacific Time (PT).

Question 2: Can we submit Safe Use of Opioids – Concurrent Prescribing (a voluntary measure) as one of the four required eCQMs?

Yes. To successfully meet the CY 2021 eCQM data submission requirements, hospitals are required to report on at least four of the nine available eCQMs for each of the two self-selected quarters of 2021 data (Q1, Q2, Q3, or Q4). Hospitals may choose any four eCQMs to submit data on, as long as the eCQMs are the same for both quarters. The Safe Use of Opioids – Concurrent Prescribing measure is one of the nine available eCQMs and can be submitted as one of the four required eCQMs. Starting with the CY 2022 reporting period, it is mandatory to report the Safe Use of Opioids – Concurrent Prescribing measure, including three self-selected eCQMs, for each of the three self-selected quarters of data.

Question 3: What if my critical access hospital (CAH) has data for four measures for the first quarter but, for the second and third quarters, I don't have any data for one of the measures I submitted in the first quarter? I have checked all other measures I could submit, but there are no other options to assure four measures for two quarters.

Hospitals are required to submit four eCQMs for only two quarters of CY 2021 data. Hospitals can successfully meet the reporting requirement through any combination of Quality Reporting Document Architecture (QRDA) Category I files with patients meeting the initial patient population (IPP) of the applicable measures, zero denominator declarations, and case threshold exemptions.

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For a reporting quarter, hospitals that do not have any cases that meet a measure's denominator criteria can declare a zero denominator for that specific measure. If there are five or less cases that do not meet the IPP for a measure during a quarter, hospitals can select a case threshold exemption. In both instances, the hospital's electronic health record (EHR) must be certified to report the measure. Slide 39 provides instructions on accessing the denominator declaration screen within the HQR System.

Question 4: Can you submit more than four eCQMs?

Absolutely. CMS encourages hospitals and their vendors to submit additional eCQM data as test or production submissions to the HQR System. It is important to confirm you have met the reporting requirement by generating the Program Credit Report prior to the submission deadline. A green banner indicates that submission requirements were met. As a reminder, production data submissions uploaded to the HQR System will be publicly reported as part of the October of 2022 refresh of CMS' Provider Data Catalog.

Question 5: We do not have an obstetrics unit. For PC-05 (Exclusive Breast Milk Feeding), do we select a zero denominator declaration or zero case threshold exemptions?

Specific to the PC-05 measure, hospitals that do not have inpatient hospitalizations for newborns can declare a zero denominator or select [0 Case Threshold Exemptions] since the denominator criteria is equivalent to the initial patient population.

A zero denominator declaration may be used when a hospital does not have patients that meet the denominator criteria for a measure. A case threshold exemption may be used when there are five or less discharges during a quarter that meet the IPP. Either option requires the hospital's EHR system to be certified to report the eCQM. Submitters can enter zero denominator declarations and/or case threshold exemptions for each selected reporting quarter by launching the data form in the HQR System. Slide 39 provides instructions on accessing the denominator declaration screen within the HQR System.

Question 6: If we cannot fix rejected files, and other files are accepted, will that meet eCQM reporting requirements?

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CMS expects submitted data to be fully representative of the patient population for the self-selected quarter of reported data. Hospitals should continue to work with their vendors to troubleshoot rejected files through the submission deadline. Confirm your hospital has met the eCQM reporting requirements by generating the Program Credit Report.

Question 7: If we don't submit eCQMs, do we need to submit anything else using this process?

The annual submission of eCQM data is a requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program. If you are a CAH, it is not required to report eCQM data for the Hospital IQR Program; however, it is required for the Promoting Interoperability Program. Each program is separate and has additional program requirements. The [FY 2023 Hospital IQR Program Guide](#) is available to help you understand the requirements for the Hospital IQR Program. Visit the [Promoting Interoperability Programs](#) page on the [CMS.gov](#) website to review program requirements, deadlines, and educational resources. If you need further assistance, contact the Inpatient Support Contractor for assistance at (844) 472-4477 or https://cmsqualitysupport.servicenowservices.com/qnet_ga.

Question 8: Is there a date considered “too soon” to submit?

Hospitals and vendors are encouraged to submit their data as soon as the HQR System opens each year. For CY 2021 eCQM reporting, CMS announced via a Listserve communication that the HQR System opened on December 6, 2021. CMS recommends that you upload your test file submissions early and often during the submission timeframe. This allows data submitters to troubleshoot and correct their rejected files through the submission deadline.

Question 9: Can you report the Safe Use of Opioids – Concurrent Prescribing measure as a fifth eCQM so you can test it this year?

Yes. CMS encourages hospitals and their vendors to submit additional eCQM data as test or production submissions to the HQR System. The Safe Use of Opioids measure is one of nine in the CY 2021 eCQM measure set. While it is not mandatory to report this measure until the CY 2022 reporting period, hospitals can choose to report this measure and submit data as either test file submissions or production files submissions. Production data submitted to CMS will be publicly reported as part of the October 2022 refresh of CMS' Provider Data Catalog.

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Question 10: **Where do we find the Safe Use of Opioid – Concurrent Prescribing measure benchmarks?**

Benchmarks are not available for Eligible Hospital/CAH eCQM reporting.

Question 11: **My facility only has data for ED-2, VTE-1, and the Safe Use of Opioids – Concurrent Prescribing measure. The Safe Use measure is optional, but I do not have four measures. Do I need to report on the Safe Use measure, or can I only use ED-2 and VTE-1?**

For CY 2021 eCQM reporting, hospitals are required to submit at least four eCQMs for two self-selected quarters. The eCQMs must be the same across quarters. All eCQMs available in the CY 2021 measure set are optional to report since hospitals can select four of the available nine eCQMs. The Safe Use of Opioids – Concurrent Prescribing eCQM is not mandatory to report until the CY 2022 reporting period. If your hospital does not have any cases in a reporting quarter that meet the denominator criteria for any of the other available eCQMs (PC-05, STK-02, STK-03, STK-05, STK-06, and VTE-2), you may declare a zero denominator for that measure as long as your EHR is certified to report that measure.

Question 12: **If hospitals submit more than four eCQMs, will CMS validate all eCQMs or only four eCQMs?**

For the Hospital IQR Program, eCQM data reported from Q1 2021 through Q4 2021 will be validated affecting the FY 2024 payment determination. The accuracy of eCQM data (i.e., the extent to which data abstracted for validation match the data in the QRDA Category I files submitted for validation) will not affect a hospital’s validation score for the FY 2024 payment determination. CMS will validate up to 16 cases from two calendar quarters of CY 2021 eCQM data (up to eight cases per quarter for two quarters). From each quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reported to CMS, for no more than eight cases total across all measures. This process will ensure CMS evaluates a mix of eCQMs, rather than those eCQMs reported with the greatest frequency. CMS may group eCQMs prior to selection to support this strategy.

Selected hospitals must submit at least 75 percent of sampled eCQM medical records within 30 days of the date listed on the Clinical Data Abstraction Center (CDAC) medical records request. Timely and complete submission of medical record information will impact FY 2024 payment updates for subsection (d) hospitals.

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Please direct any additional validation questions to the eCQM validation contractor at validation@telligen.com.

Question 13: What are the five key elements for succession management?

The [CMS Implementation Guide for QRDA Category I HQR for 2021 \(Section 4.3\)](#) reviews succession management and the five key elements for overwriting files. The five key elements are the CMS Certification Number (CCN), CMS Program Name, EHR Patient ID, EHR Submitter ID, and the reporting period specified in the Reporting Parameters Section. QualityNet assigns the EHR Submitter ID, and it is not submitted as an element in the QRDA Category I file. Hospitals use the CCN for the EHR Submitter ID. Vendors use their Vendor ID for the EHR Submitter ID.

Question 14: If we miss a reporting quarter, do we still send data after the deadline?

Hospitals can update and correct their submitted production data until the CMS submission deadline of March 31, 2022, at 11:59 p.m. PT. The submission deadlines for reporting eCQM data are on an annual basis. The HQR System will be locked immediately, and any data submitted after the deadline will be rejected and will not be reflected in the data CMS uses.

Question 15: For CY 2021 eCQM reporting, is there a payment penalty for poor performance?

Hospitals that do not meet the eCQM reporting requirements of the Hospital IQR Program are at risk of having their annual payment update reduced by one-fourth of the applicable market basket update.

If the question pertains to the performance score based on your individual objective scores specific to the Promoting Interoperability Program, use the most up-to-date scoring calculation sheet from the Promoting Interoperability Program page of CMS.gov: <https://www.cms.gov/files/document/scoring-methodology-fact-sheet-2021.pdf>.

If the question pertains to the accuracy of validated CY 2021 eCQM data affecting the FY 2024 payment determination, the accuracy of assessed eCQM data will not impact the pass-fail determination for eCQM validation used to determine the Hospital IQR Program annual payment update (APU). Selected hospitals must submit at least 75 percent of sampled eCQM medical records within 30 days of the date listed on the Clinical Data Abstraction Center (CDAC) medical records request. Timely and complete submission of medical record information will impact FY 2024 payment updates for subsection (d) hospitals.

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HQR System

Question 16: **Can you explain this error code? Error Code (CONF:CMS_0079) - Reporting period effective date range does not match one of the program’s calendar year discharge quarters.**

Refer to the [CMS Implementation Guide for QRDA Category I HQR for 2021](#) to review file error messages and their descriptions. Conformance statement CMS_0079 will generate in the error details when the reporting parameter section effective date range does not exactly match one of the HQR allowable calendar year discharge quarters. Please open a ticket with the QualityNet Service Center for assistance on troubleshooting rejected files at qnetsupport@hcqis.org or (866) 288-8912.

Question 17: **What resource shows the registration requirements submitted via HCQIS Access Roles and Profile (HARP)?**

Please direct questions regarding HARP account registrations to the QualityNet Service Center at qnetsupport@hcqis.org. For additional HARP information, visit the [Getting Started with QualityNet web page](#) on [QualityNet](#) to locate the HARP User Guide. The HARP Frequently Asked Questions document, HARP Registration training video, and HARP Manual Proofing training video are also available.

Question 18: **Should files from different CCNs be in separate file uploads?**

No, that is not necessary. Submitters with the appropriate permissions may upload files for multiple facilities with different CCNs within one batch upload. Since the CCN is one of five key identifiers in a QRDA Category I file, the HQR System will be able to process those files accordingly.

Question 19: **Our Security Official found inactive accounts that should be active. Should each organization run a report since logging in isn’t enough?**

Basic users and Security Officials (SOs) must log into their accounts every 90 days to maintain an active account. It is recommended that SOs log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled.

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Users with access to multiple organizations will need to log into each organization by selecting the [Change Organization] button in the HQR System. Once an account is disabled, the user must contact the QualityNet Service Center to have the account reset. Please open a ticket with the QualityNet Service Center at qnetsupport@hcqis.org for assistance.

Question 20: Can we submit test data to your test server?

Yes. Submitters can upload QRDA Category I files as test file submissions or production file submissions. The HQR System will prompt the user to select either [Test] or [Production]. The HQR System does not calculate measure performance for test data submissions and will not display measure performance scores. Only production data displays performance rates and will count towards the CY 2021 eCQM submission requirements for the Hospital IQR and Medicare Promoting Interoperability Programs. It is important for data submitters to review and correct their production file submissions prior to the deadline, as this data will be publicly reported.

Question 21: Is the PSVA tool still available to test files?

The Pre-Submission Validation Application (PSVA) tool was retired in summer 2020. CMS sent the IQR Update newsletter during the week of August 3, 2020, to share the update. The HQR System checks the file format and the data within the file to give users more thorough feedback. The outcomes for Submission Accuracy and Measure Results are available as Comma Separated Values (CSV) export files to help users quickly locate errors to revise files for resubmission to either test or production within the HQR System.

Question 22: Can we see the eCQM populations/rates when submitting to the test system?

Data submitters can review uploaded measure data under the Accuracy and Outcomes tabs for both test and production file submissions in the *HQR Secure Portal*. Under the [Outcomes] tab, episodes of care are evaluated by the measure logic for test file submission data; performance rates are not calculated. Performance rates are only calculated for production file submissions.

Question 23: Do we submit two separate QRDA Category I files, one for each quarter, or can we submit one file containing two quarters of data?

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For CY 2021 reporting, hospitals are required to submit four eCQMs, for each of the two self-selected quarters. The self-selected eCQMs must be the same across quarters in a given reporting period. Submitters can report multiple quarters of QRDA Category I files within one batch file submission to the HQR System; however, submitters are expected to report one QRDA Category I file, per patient, per quarter. Additional information is provided in the [CMS Implementation Guide for QRDA Category I HQR for 2021](#).

Question 24: How do I download a copy of the HARP User Guide?

Visit the [Getting Started with QualityNet web page](#) on [QualityNet](#) to locate the HARP User Guide. Additional resources include the HARP Frequently Asked Questions document, HARP Registration Training video and HARP Manual Proofing training video.

Question 25: How often must a person log into HARP to keep an active status and not be locked out? Does a person need to run a report to stay active or is logging in good enough?

Hospitals submitting data via the *Hospital Quality Reporting Secure Portal* are required to designate at least one SO. Basic users and SOs are required to log into their accounts every 90 days to maintain an active account. CMS recommends that SOs log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled. Users with access to multiple organizations will need to log into each organization by selecting the [Change Organization] button in the HQR System. Once an account is disabled, the user must contact the QualityNet Service Center to have the account reset at qnetsupport@hcqis.org or (866) 288-8912.

Question 26: If multiple submissions were required due to errors or inaccuracy, how does the HQR System determine whether to overwrite previously submitted files and add new files? Is it necessary to delete previous batches before uploading updated files?

The HQR System will identify QRDA Category I files with five matching key elements within each file. The newest QRDA Category I production file submission will overwrite the previous file submission as long as each file contains the same five key elements: CCN; CMS Program Name; EHR Patient ID; Reporting Period; and EHR Submitter ID.

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Succession management is only applicable to production data in the HQR System. QRDA Category I files uploaded as test submission files will not overwrite those files with the same five key elements. CMS recommends deleting any previous batches or files prior to resubmitting corrected test file submission data. Succession management is discussed in the [CMS Implementation Guide for QRDA Category I HQR for 2021](#).

Question 27: **Once the QRDA Category I files process, will the accuracy and outcomes update right away, or do we wait overnight?**

CMS has updated the HQR System user interfaces to reduce burden on submitters and streamline data submission. It provides near real-time data processing and outcomes for eCQM data reporting. It is recommended to allow the HQR System approximately 10–15 minutes to process and display newly submitted data under the eCQM submission [Accuracy] and [Outcomes] tab. If you are unable to view your data, contact the QualityNet Service Center to open a ticket: (866) 288-8912 or qnetsupport@hcqis.org

Medicare Promoting Interoperability Program

Question 28: **Why is the Promoting Interoperability Program not showing on the Hospital IQR Program important dates and deadlines?**

CMS quality reporting program resources, such as the Hospital IQR Program Important Dates and Deadlines document, provide a timeline of need-to-know dates and submission deadlines specific to requirements for the Hospital IQR Program. The eCQM reporting deadline aligns with the attestation deadline for the Medicare Promoting Interoperability Program. A list of important dates specific to the Promoting Interoperability Program requirements is available on the [Promoting Interoperability Programs page](#) on CMS.gov.

Question 29: **Should we generate the Certified Health IT Product List (CHPL) based on the EHR used for the objectives reporting period?**

For CY 2021, eligible hospitals and CAHs are required to report data using Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both.

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Hospitals generate their CMS EHR Certification Identification Number from CHPL, the certified health product list. Certified Electronic Health Record Technology (CEHRT) functionality must be in place by the first day of the EHR reporting period and the product must be certified by the last day of the EHR reporting period.

The eligible hospital or CAH must use their selected version's functionality for the full EHR reporting period. The EHR reporting period is a minimum of any continuous, self-selected, 90-day period. Further details on CEHRT and program requirements for the Medicare Promoting Interoperability Program are available on the [CEHRT page](#) of the CMS.gov website.

Question 30: When can we submit Objectives Measures information?

Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program are currently able to access the HQR System to submit their objectives, measures, and eCQM reporting. A Listserve communication announced the HQR System opened on December 6, 2021. The submission deadline for the Hospital IQR and Promoting Interoperability Programs was extended from February 28, 2022, to March 31, 2022, at 11:59 p.m. PT.

Question 31: How do we enter our data for the Medicare Promoting Interoperability Program into the HQR System?

Medicare eligible hospitals and CAHs must create a HARP account and log onto the *HQR Secure Portal* at hqr.cms.gov to submit eCQM data and access the web-based data collection tool. A [QualityNet User Guide](#) is available to assist Medicare Promoting Interoperability Program participants with navigating the HQR Web-Based Data Collection Tool located in the *HQR Secure Portal*. Contact the QualityNet Service Center for assistance with entering data for the Medicare Promoting Interoperability Program at qnetupport@hcqis.org or (866) 288-8912.

Public Reporting

Question 32: Will CY 2021 eCQM data be publicly reported on CMS' Care Compare website?

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Public reporting of eCQM data, beginning with the CY 2021 reporting period, will be publicly displayed on data.cms.gov/provider-data/, the Provider Data Catalog (PDC), for the October 2022 release. During a 30-day preview period, hospitals and CAHs will have the opportunity to review their data before the data becomes displayed on data.cms.gov/provider-data/. CMS will announce at a later time the public display of eCQM data on [Care Compare](#).

Question 33: What will be publicly reported for eCQMs?

As finalized in [Fiscal Year \(FY\) 2021 Inpatient Prospective Payment System \(IPPS\)/Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule](#), CMS will begin publicly reporting CY 2021 eCQM data. All eCQM production data submitted to the HQR System will be evaluated by CMS for public display. During the 30-day preview period, hospitals will have the opportunity to review their data before they are made public. CMS will communicate updates and provide information as it becomes available

Question 34: What is the Provider Data Catalog?

CMS plans to publish CY 2021 reporting period eCQM data on the data.medicare.gov website. The Provider Data Catalog, or PDC, is part of the Medicare Care Compare tool, which is a public facing tool that contains hospital quality data. These data are compiled into datasets that are readily available in open, accessible and machine-readable formats

Question 35: In CY 2022, when the Safe Use of Opioids – Concurrent Prescribing eCQM is required, will CMS publicly report the data?

Public reporting of eCQM data begins with the CY 2021 reporting period and subsequent years. All eCQM data submitted as production file submissions to the HQR System will be evaluated by CMS for public display. This includes data submitted for the Safe Use of Opioids measure whether it is a self-selected measure or a mandatory measure.

Question 36: Has CMS provided historical eCQM performance rates for past reporting years so hospitals can gauge where they fall with national averages? This will be helpful information prior to public reporting.

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Currently, there are no state or national benchmarks for eCQM reporting for eligible hospitals or CAHs. CMS believes eCQM data are accurate enough to publicly report, as the majority of eCQM data have agreement rates of 80 percent or better. The review is based upon an analysis of over 1,200 patient episodes of care submitted by over 190 hospitals per reporting period. As more eCQM data are progressively reported, CMS will then additionally display the information on Care Compare, when comparisons of hospital performance will be available. This gradual approach is appropriate because it accelerates the use of eCQMs in quality reporting while supporting providers as they gain familiarity and success with increasing eCQM submissions.

Question 37: When will CMS publicly report eCQMs, and what is the date range?

In the [the FY 2021 IPPS/LTCH PPS Final Rule](#), CMS finalized public reporting of eCQM data to begin with the CY 2021 reporting period. eCQM data will be made available to the public in the October 2022 release on PDC (<https://data.cms.gov/provider-data/>). During the 30-day preview period, hospitals will have the opportunity to review their data before the data become public. The preview period is anticipated to occur during the summer of 2022. This will be the first year for public reporting of eCQM data. Production data submitted to the HQR System will be publicly reported on the [PDC website](#).