



**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**

Presentation Transcript

Speaker

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Veronica Dunlap: Hello, everyone. Thank you so much for taking time out of your busy schedule to join us for today's webinar titled *Steps for Successful CY2021 Hospital eCQM Submission*. My name is Veronica Dunlap, and I am the lead for the alignment of eCQM reporting with the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor.

Our goal for today's webinar is to provide hospitals and vendors the information needed to successfully upload and submit your 2021 eCQM data to the CMS Hospital Quality Reporting System, formerly referred to as the *QualityNet Secure Portal*.

By the end of today's presentation, we want to make sure you are able to summarize the calendar year 2021 eCQM reporting requirements for the Hospital IQR as well as the Promoting Interoperability Programs, know how and where to navigate within the HQR System to successfully upload your data, understand the eCQM submission steps, and finally verify that your hospital has indeed met the eCQM reporting requirement.

Here is a slide of acronyms used throughout the presentation for you to reference.

So, let's get started with a brief overview of calendar year 2021 eCQM reporting.

I have compiled a list of webinars as they relate to this year's eCQM reporting, in case you and your staff need some refreshers. The name and date of each webinar is provided, including a direct link to each webinar. Archived webinars include both live events and events On Demand. All webinar presentations are available on the QualityNet and Quality Reporting Center websites. So, whether you would like to listen to an actual recording of a webinar or review the question-and-answer summary, please check out any or all of the related content provided on the slide.

We wanted to provide a quick-glance comparison of the eCQM reporting requirements. As you can see here from left to right, the reporting requirements have changed from calendar 2020 to calendar 2021.

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Starting this year for calendar year 2021 reporting, a new eCQM, the Safe Use of Opioids - Concurrent Prescribing measure was added to the eCQM measure set and is an available option for hospitals to submit as one of their four eCQMs. Hospitals are not required to submit the specific measure but will be required to submit it starting with the calendar year 2022 reporting period. This is also our first year to submit more than one quarter of data, although hospitals can choose which two quarters and which four eCQMs, noting that the eCQMs must be the same across quarters in order to meet the reporting requirement. If a hospital would like to submit more than the required amount of quarters and or eCQMs, the additional eCQMs do not have to be the same. CMS has also updated the calendar 2021 certification and specification policies requiring EHR technology certified to the existing 2015 edition, the 2015 Edition Cures Update criteria, or a combination of both. Please note that EHRs still must be certified to report on all available eCQMs. Just note that it is important to keep in mind that this year's eCQM data, calendar year 2021, for the first time will be publicly reported.

We have provided a table of the nine eCQMs available for calendar year 2021 reporting. Just a reminder: This document is available under the eCQM section on the QualityNet and Quality Reporting Center website.

A Listserve was distributed back in October announcing the eCQM submission deadline has been extended from February 28 to March 31, 2022. Just a reminder that successfully meeting the Hospital IQR Program eCQM requirement also fulfills the clinical quality measure electronic reporting requirement for the Medicare Promoting Interoperability Program with just one submission. This extension also applies to hospitals attesting for the Medicare Promoting Interoperability Program.

A hospital can successfully meet the eCQM reporting requirements through any of the combinations shown here, and this has not changed from previous years. These include the QRDA Category 1 file with patients meeting the IPP of the applicable measures, the zero denominator declaration, and case threshold exemptions.

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Hospitals are expected to report QRDA Category I patient-level files that are representative of their patient population for the specified reporting quarter.

Now, I would like to take a moment and ask our audience a commonly asked question that we have been receiving. As a data submitter, I understand four eCQMs for two quarters are required for calendar 2021 reporting. Can I submit a QRDA file that combines data from two quarters into one file? So, let's go ahead and take a moment and if you all could just select your response now on the screen. We'll go ahead and open our poll.

Okay. Let's give it a few more seconds.

All right. I think we can go ahead and close out our first poll.

For those that answered No, you are correct. The established submission format of a QRDA Category I file has not changed and remains one patient per file per quarter. Let's review more on the next slide.

As you recall, QRDA Category I files are patient-level files to include all measures applicable to that patient and all episodes of care within that quarter. Maintaining this process is intended to reduce provider burden through the preservation of established file requirements so that submitters are familiar and experienced with eCQM reporting. However, given this is our first year to report two quarters of data, users are able to submit multiple quarters of patient data within one batch file to the HQR System. Please keep in mind that the maximum number of QRDA files within a zip file is 14,999. The HQR System then will break down that information that identifies which quarter of data are being submitted. So, when users go to review the results, they can select which quarters to view.

Provided on this slide are the five key identifiers included within each QRDA Category I file. If a new file is submitted matching all five of these key elements that are listed above, it will replace or overwrite that original file, saving the user from having to delete the original file. This is important to keep in mind when resubmitting and fixing your files within the HQR System.

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This information is also further explained under the Succession Management topic within the *CMS 2021 Implementation Guide for QRDA Hospital Quality Reporting* and can be found on the [eCQI Resource Center](#).

CMS does require hospitals to submit eCQM data according to the certification and specification policies for the applicable calendar year. The available tools to aid data submitters and their health IT vendors to prevent structural data errors are all available on the eCQI Resource Center.

Here, I have a few links for you. Just make sure that you select the appropriate reporting period, and it would be 2021. So, when you're on the eCQI Resource Center, make sure you're selecting 2021.

All right. Now, it's time for another polling question. Is the *Safe Use of Opioids – Concurrent Prescribing* measure required for calendar year 2021 eCQM reporting? Please go ahead and select your responses now.

Okay. Let's just give it another few seconds here.

Okay. Great. I think we can go ahead and close out our poll.

For those who selected No, you are correct. Although this is a new measure that has been added to the eCQM measure set for this year, hospitals are not required to submit this measure. They can choose to select it if they want as one of their four eCQMs required.

All right. Now, it's that time that the HQR System was just announced that it was open and available on December 6. So, that is ready to receive calendar year 2021 eCQM reporting data. So, let's go ahead and take a walk through the steps on submitting that data.

To get started, we do recommend hospitals and vendors access the calendar year 2021 submission checklist shown here. The checklist provides some helpful reminders about the reporting requirements, the file size, and links to some reporting resources, such as the CHPL website, which is the Certified Health IT Product List, the eCQI Resource Center and contact information for the QualityNet Service Center.

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Instructions are provided on uploading files as test and or production submissions, locating the rejected files, reviewing the measure outcome, and also how to generate the Program Credit Report. Towards the bottom of the checklist, you'll see information on where and how to enter denominator declarations if they are applicable to your facility. They are also provided there.

This slide just provides an overview of the data submission process, and we'll be taking a look at each step here.

In order to submit your eCQM data and access the HQR System, you will need to log into the *HQR Secure Portal* with your User ID and password from your HARP account. If you need any assistance with HARP or the login process, the QualityNet website has a variety of resources and training videos, such as the HARP user guide. As always, you also may reach out to the QualityNet Service Center for additional assistance.

Once we get logged in and have a HARP account, a two-factor authentication is required to access the *HQR Secure Portal*.

You will then go ahead and enter your security code and select Continue.

You'll scroll down all the way to the bottom of the terms and conditions, and select Accept.

The navigation frame on the top left of the page provides you access to all the tasks available, such as data submissions, data results, program reporting, and administration. If you prefer to keep the navigation menu open displaying all the tasks so you can move freely about from task to task, I would suggest you go ahead and click Lock Menu, which is on the bottom left-hand side of the home screen. If you don't see it at first, make sure you scroll all the way down. Again, it's on the bottom left and that way you can keep your screen locked and open. An important reminder is to always make note which organization your screen is displaying, as we understand many of you submit data from more than one facility. If you need to change the facility, make sure you click on the Change Organization button up on the top right.

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It is also a good idea to visit the Administration Task on the navigation menu and review the status, access levels, permissions, and so forth that you have a sign for your vendors under Vendor Management.

Once you have double checked that you're on the right organization you want to submit data for, you'll go ahead and select Data Submissions, the cloud with the little arrow on the left. Make sure you are on the far-left tab under eCQM. A blue bar will display over the current tab you have selected. Once under your eCQM, there's another set of tabs. One is for File Upload, which is for test and production. The other one is Data Form. That's where you would launch the denominator declaration form and fill out that manually, in case you had any zero denominators to declare or any case threshold exemption. Just a reminder: Make sure you're always selecting the correct submission type. As a reminder as well, files submitted as test submissions will not count towards program credit.

All right. So, now that you've uploaded your data, it's time to go back to the navigation menu. Hopefully, you have it still locked and open. Select your task called Data Result. Once you've selected eCQM, you'll see three tabs up at the top called Files, Accuracy, and Outcomes.

Under that first top tab called Files, that's where you'll look and see the status of the files you just submitted. So, whether they were accepted, received, or still processing, you'll see that indicated there on that screen. The status column indicates whether the file has been received or if it's still processing. Finally, keep in mind that the upload history will display all batch uploads. So, whether it's one file or a number of files or test or production, all those will display here from previous reporting periods from previous years. In order to view the Excel report of your files that have been uploaded, you'll go ahead and download the CSV report, located under the errors column.

The error report lists each file, its status, and specifies what the error message was, and associated conformance number, and so forth to help provide additional details for you to research and troubleshoot that rejected file.

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Under the Accuracy tab, the submission and quarter will default to test and the most current quarter, which is Quarter 4 2021. Select your submission type and corresponding quarter. Select the Change Selection button. You can then click on the cards located at the top to just view the files you want, such as your rejected files. You can select a different card and just view your deleted files or even the total files, but do know that the card you select will change and we'll have a little purple colored bar at the top. That's what information will be displayed on the lower half of the screen. That way you'll be able to know, when you do click to export the results in a CSV file, whichever card you have displayed will then populate that into the CSV report for you to review your data result.

Once again, the CSV report will contain all the rejected files and their error messages.

Just like the Accuracy tab, the Outcomes tab does the same thing. It will default to the test and Quarter 4, 2021. As always, make sure you are modifying your submission type and quarter when reviewing your files. For some reason, if you don't see any of your files, you start to panic, make sure you take a moment and verify that you've selected the correct submission type that you want and the quarter. Perhaps you might be submitting for Quarter 2, but it defaulted to Quarter 4. So, that's something to keep in mind. Users can also select All Measures, or they can select a specific measure from the drop-down box provided. Here, on this screen, ED-2 is selected showing a variety of cards at the top on the top right. The cards break it down into the number of episodes, the files that have the IPP that met or did not meet denominator exclusions and exceptions as pertinent to that measure. You can view the measure logic by clicking on each card, again turning that little bar up above purple, to further evaluate, specifically those categories. Just a reminder, users will only be able to view and export their performance summary results based off of their production file submissions. If you're looking for those categories and those specific cards that are broken down with the IPP and denominator exclusions and so forth, that information will not be provided when you submit files to the test submissions. Also test submissions are not evaluated for program credit either.

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When you click the blue Export Results button, the data displayed again will correlate from the card that you selected in the previous screen.

Once you have submitted your production files prior to the deadline, which again has been extended to March 31, 2022, it's time to run your Program Credit Report. You will need to go back to the navigation menu and select Program Reporting. Then, select Program Credit to enter the user interface. Up top, there will be two different cards. One will be a card for the Promoting Interoperability Program, and the other card is for the Hospital Inpatient Quality Reporting Program. It's not necessary to change the discharge quarter, which again will default to Quarter 4, 2021, as the system will evaluate the data that's been submitted for program credit across all quarters and all measures and will determine if the requirements have been met or not. The banner message is not specific to an individual quarter as it was last year. For example, let's say a hospital submits four eCQMs for Quarter 1 and the same eCQMs for Quarter 2 but decides not to submit anything for Quarter 3 or Quarter 4. Their Program Credit Report will display that green banner indicating that they've met the reporting requirements regardless of which discharge quarter is selected from that drop-down box. On the other side, the yellow banner will display if submission requirements have not yet been achieved. On the lower half of the report, the measure and submission status will display along with the last updated date and time that's reflected in the HQR System. After any changes are made in the system, it's best to wait at least 10 to 15 minutes prior to re-running this report so the system can then accurately capture that data or changes that you just made in in order to reflect on the Program Credit Report.

Okay. It's time for another polling question. Help! My Program Credit Report has a yellow banner stating the submission requirements were not met. The deadline is this week. What can I do to meet the CY 2021 eCQM reporting deadline?

All right. Everyone just take a moment and select your option.

Let's give it another few more seconds here.

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Okay. I think we can go ahead and close out our poll. If you've selected All of the Above, you are correct. So, let's begin with troubleshooting your files.

First and foremost, please work with your vendor or hospital-based EHR staff to identify and fix any error messages on those rejected files that you have received. The HQR System does allow you to filter rejected files and provide specific details with the conformance number and the error message information that you need to further research to learn how to know what that message is and how to fix it. You can reference that conformance number in the *2021 CMS QRDA Category 1 IG* or the HL7 guide. In addition, you can always reach out to the QualityNet Service Center, but once you have troubleshooted and corrected any of those files and questions, please make sure you follow up, submit them, and make sure that they are accepted in the HQR System. The ONC also is available to assist with troubleshooting your files. It is a great forum that has the QRDA issue tracker which poses a lot of technical questions regarding the QRDA standard, in case that's your issue. As well, there is the QRDA Known Issues tracker. This tracker is specific to providing guidance on implementation issues that have a solution that has been provided for people wanting to fix their error messages and so forth, but this information is not yet published in the IG or it was found after the fact. So again, if you need further information, I would definitely research the issue trackers available on the ONC website. As always, you can contact the QualityNet Service Center as well.

I just wanted to provide an example here for the known issue that's located on the QRDA Known Issue tracker. Here, it's issue number seven, and it just addresses two new validations surrounding the date and date/time values. Now, these values have been added to the HQR System prior to the system opening and for calendar year 2021 reporting. However, they have not been published yet, and they will be displayed in a future publication of the IG. They do have the CMS conformance numbers that have been assigned. These two are CMS_0087 and CMS_0088. So, you might view these two error messages within the error details when you are troubleshooting your files.

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Another option that may be applicable to your facility to try to help you to make sure you get to meeting those requirements is declaring either a zero denominator declaration or a case threshold exemption. Let's say your EHR is certified to report the PC-05 measure, which is the exclusive breast milk feeding measure, but your hospital does not have any inpatient hospitalizations for newborns during Quarter 3. You can access and launch the data form in the *HQR Secure Portal* as shown here. The system will default to Quarter 4, like I said, but you will need to select Quarter 3 and then head down to the PC-05 measure and make sure you select either zero denominator or case threshold. In this case, it would be zero denominator. Once you have manually entered whichever denominator declarations you're declaring for that quarter, make sure you click I'm Ready to Submit. If you have another denominator declaration that you're declaring in another quarter, make sure after you've hit I'm Ready to Submit, go back up and select the appropriate discharge quarter and complete the form the same way.

Included here is just a quick review on how denominator declarations are defined and applied to eCQM reporting for the [Hospital] IQR and the Promoting Interoperability Programs in case you need as a reference.

Finally, once you are confident you have corrected your rejected files, reached out to QualityNet Service Center, updated your data form, and entered your declarations as appropriate, you will need to wait that 10 or 15 minutes at least. Then, you will go ahead and regenerate your Program Credit Report. As data are resubmitted or modified, it's always important to confirm your submission status prior to that March 31 deadline. So, this report is a snapshot in time. Although this report indicates whether the eCQM reporting requirements were met or not, each individual program has additional requirements that must be met in order to receive their annual payment update or any payment adjustments.

I wanted to take this time to just point out some additional information related to calendar year 2021 reporting.

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So, let's review some best practices for reporting. It is very recommended that you designate at least two QualityNet Security Officials for your organization. The SOs can quickly approve access requests for a program or application and onboard new staff to be able to log into the HQR System and assist with data submission and reports. As we approach the submission deadline, the inpatient support contractor may be reaching out to key staff that your hospital has provided us their names and contact information. So, it is best practice to also ensure that your contacts are up to date, especially, as we know, staff come and go. When we make those phone calls, we want to make sure that we're able to assist you or provide any information to the person most appropriate. You can update your hospital's information and your contacts. This Hospital Contact Change Form is located on the QualityReportingCenter.com home page. Now is also a great time to check the staff's roles and vendor permissions within the HQR System so they are able to submit files early and often. Lastly, CMS communicates important announcements on program-specific information, such as submission deadlines, if there's any extensions, when the system's opening, any upcoming webinars, as well as if there are any major system issues or delays, that will be communicated through the Listserve messages. You can locate the Join Now link on the QualityNet.CMS.gov home page, and I've provided that link for you here.

CMS offers hospitals to request an Extraordinary Circumstances Exception request regarding the reporting of required data, and this also includes eCQM-related data. This ECE policy is applicable to only those hospitals participating in the Hospital IQR Program and does not apply to critical access hospitals, as their participation in the [Hospital] IQR Program is on a voluntary basis. Additional details on this ECE policy, the request form, and instructions are all included on the link above and are on the QualityNet website. If your hospital is unable to successfully meet the requirements by the deadline, we suggest you review this policy information and determine as applicable to go ahead and submit an ECE request form. Those request forms are due by April 1, and if you have any other needs or questions, please don't hesitate to reach out to us at the inpatient support contractor for further assistance.

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Different than the ECE policy and process is eligible hospitals and critical access hospitals participating in the Promoting Interoperability Program follow what's called the Hardship Policy. The scoring payment adjustment and hardship information is located under the Promoting Interoperability section on CMS.gov. Hospitals who are unable to successfully meet the Promoting Interoperability Program requirements may be exempt from a Medicare downward payment adjustment as determined by CMS. The deadline to submit a hardship exception application will be September 1 of 2022, and that's for the 2021 performance year. So, for additional information on that process, you can go to CMS.gov and/or reach out to the QualityNet Service Center.

Provided here is the necessary information to review the complete program requirements for the Medicare Promoting Interoperability Program on the CMS.gov website. Although we know the successful reporting of eCQMs will meet both program requirements, again each program does have additional and separate requirements that must be met.

Our last slide here provides a list of related contacts on eCQM reporting based on the topic, who to contact, and their contact information. Any questions related to the HQR System, troubleshooting, uploading files, and the Medicare Promoting Interoperability Program should be directed to the QualityNet Service Center. The hospital inpatient support team is always available and ready to assist for the [Hospital] IQR Program and general policy-related questions and also can be a great starting point if you're just not sure where to start or the nature of your question. The ONC JIRA Issue Trackers, and there's a few of them listed here on the slide, are the main place to go and search for a question that most likely has been already addressed by a subject-matter expert or the measure stewards and developers on that forum. If not, if you're not able to already determine if that question has been answered for you, you may create an account, which is free. You will go ahead and submit your questions there. That's in regard to the code sets, measure logic, measure intent, any type of QRDA-related questions. As I mentioned before, the QRDA Known Issue tracker is there as well.

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All right. It's time for the subject-matter experts, including myself, to review some of the questions that we received related to the webinar today. So, let's get started. We'll start with our first question: When does the submission period open?

Amy Asche: Hey, this is Amy with PM3. I can answer that real quick. The submission period is currently open, and it was officially opened on December 6.

Veronica Dunlap: Thank you. Our next question: Is there any information regarding when the eCQM data will be publicly reported? What will that date range be? This is Veronica, and I will be able to address that question. As we know, this is our first year for public reporting of calendar year 2021 eCQM data. Again, I know this is all new for us and I want to reiterate that any data submitted to production would be publicly reported. That will be in preparation for the October of 2022 release. Again, that information will be only publicly reported on the PDC, which is the Provider Data Catalog. Hospitals will have a 30-day calendar preview period that will be announced. Then, additional educational materials and information will be provided sometime in July and August for that 30-day preview period. So, again, you will have that opportunity to review that information before it is published in October on the PDC, the Provider Data Catalog.

Our next question: Can you clarify? Do we submit two separate QRDA I files, one for each quarter, or can we submit one file containing two quarters' worth?

Amy Asche: Hey, this is Amy with PM3 again. Regarding submissions regarding QRDA files, you are going to submit one file for each quarter to be submitted. When submitting them in a zip file, you can have both of those files within that zip file for the batch submission at that time. For the quarter itself, it has to be two separate files for each quarter to be submitted.

Veronica Dunlap: Great. Thank you, Amy.

Our next question: Even though the Safe Use of Opioids is considered a voluntary measure, can it be used for one of the four required measures?

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I can address that. This is Veronica. So, again, as we know this year, we have nine available eCQMs as part of the eCQM measure set. Technically, they're all voluntary. So that's, I think, the thing that's throwing folks off. I know we have a lot of questions regarding this, but for this year hospitals are able to select four eCQMs out of any of those nine available. So, yes, the Safe Use of Opioids would be a measure that you can select; however, starting next year for calendar year 2022, it will be a required measure. So, you will have three available or optional eCQMs and then the fourth eCQM will be the Safe Use of Opioids. Again, that's not until next year. Hopefully, that answers that person's question.

All right. Our next question: Should the CHPL numbers be generated based on the EHR utilized for the objectives reporting period?

I can probably give some information towards this. The CHPL is the Certified Health Product List number, and this is a number that's generated based off of the health IT module or combination of health IT modules that your system uses. That is utilized for the EHR system that you are extracting data from.

All right our next question: How do I download a copy of the HARP user guide?

Amy Asche: You can find this information on the QualityNet website. If you just put in the search you put in HARP, it will give you an option on getting started and stuff. It will have a user guide available to view and download from there.

Veronica Dunlap: Great. Thank you. Our next question is: Can we submit test data to your test server?

Amy Asche: Hey, this is Amy again. When you are submitting your data, when you're logged in, you will have the option to choose test submissions or production submissions at that time. You can make that choice when you are doing your submissions, whether you want to do it as a test and review your files before you do the final production submissions at that time. So, yes, you are able to do test submissions at this time.

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Veronica Dunlap: Thank you, Amy. What if I am a critical access hospital that has data for four measures for one quarter, but for the second and third quarters I don't have any data for one of the metrics I submitted in the first quarter? I have checked all other metrics I could submit, but there are no options to ensure that I meet the four eCQMs for two quarters.

This is Veronica. I can go ahead and take that question. Just as a reminder, critical access hospitals are not required to submit eCQM data for the [Hospital] IQR Program; however, if you are participating in the Medicare Promoting Interoperability Program, eCQM reporting is required. Again, it's the four measures for two quarters. The data for the submission for the quarters that you submit, the definition of a successful submission does include the QRDA files. If you don't have any patients that either meet the denominator criteria or meet the IPP, you can select, as long as your EHR is certified to report that measure, so for the additional quarters you don't have actual data for, you can go ahead and manually launch that data form within the HQR System and select the zero denominator or case threshold for whichever measure is applicable where you don't have patients. Again, that is an option in order to meet the four eCQMs for those two quarters.

All right. Our next question: Can you submit more than four eCQMs?

This is Veronica, and I can answer that. Absolutely, we do encourage you. CMS encourages you, and the HQR System is up and ready to receive all of your eCQM data. Like Amy had addressed before, you can submit it as test submissions as well as production. So, again, as long as you've met the minimum requirements of the four eCQMs for two quarters and the eCQMs must be the same for those two quarters, you surely can go above and beyond. Please keep in mind that the production data that's in the HQR System is subject to public reporting since this is our first year for that. So, again, thank you for that question.

All right. Our next question is, "How long will the active status remain? Once logged in to your HARP account for HQR reporting, does it have to stay active in order for me not to have to log into the system again?"

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Elizabeth Driskell: Hi, this is Beth. I can go ahead and take this one. Hopefully, the answer I'm providing is the one that's being looked for. Logging into HQR, we identify Security Officers/Officials/Administrators active if they've logged into their organization every 90 days. So, once they've logged into the organization every 90 days, that will work. If a user has access to multiple organizations, they need to make sure that they're accessing those organizations through the top-level Select Organization drop down. For folks who only have one organization, they don't see that. Folks who have access to multiple organizations, they do, and they need to access the organization through that Change Organization button and not through the search screen, but it would be every 90 days. Even if your account does say Inactive, you are not locked out of the system. You are just marked Inactive for our support contractor folks to be able to reach out to you to make sure that the organization does have an active SA/O.

Veronica Dunlap: Great. Thank you, Beth.

All right. Our next question: If multiple submissions are required due to errors or inaccuracy, how does the HQR System determine whether to overwrite the files that were already submitted? Is it necessary to delete previous batches before uploading any updated and revised files?

Amy Asche: This is Amy. I can take this one. So, if you're wanting to resubmit for the production submission files, it will go through what we call succession management. It will be looking at five key elements identifying that file to make sure if those five key data elements do match, then the newest file submission will overwrite the previous submission that way. If you want to verify, there is the delete option out there. So, if you want to delete your previous either just file or batch, you can always do that also. For production submissions, and it is only for production submissions at this time that we do the succession management, it will overwrite if it all those five key elements are the same. Regarding our test submissions, it does not follow the succession management. So, we have found it for when people are running their reports and reviewing their data, it is easier if you do go in and delete any of your previous batch with same files previously before that.

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That way you kind of start fresh with your new upload. If you did make any updates and stuff, it just makes it easier when you export your reports in the test submissions that way, but it is your option on the production if you want to just resubmit your files or you can go in and you can delete those files also.

Veronica Dunlap: Thank you, Amy. That's very helpful.

The next question: If we do not have a mom or baby unit for the PC-05 measure, do we select zero denominator or case threshold exemption?

Elizabeth Driskell: Hi, this is Beth. I can tackle this one. For PC-05 specifically, it does not matter whether you choose zero denominator declaration or case threshold exemption, because a case threshold means that you have no cases that meet the IPP for that measure and the zero denominator declaration says that you don't have any cases that meet the denominator for that measure. For PC-05, the initial patient population equals the denominator. So, either one of them would be appropriate.

Veronica Dunlap: Okay. Great. We have a minute here for another few questions. If some files reject and can't be fixed but other files are accepted, will that meet the reporting requirements?

This is Veronica. I'll go ahead and accept that question. Just to confirm, CMS does expect that all your files submitted for that quarter represent all the patients that received care during that quarter within your facility and all that data should be represented in the patient population. Once you have uploaded your files, then if you are unsure if you have met the requirements, please wait at least 10 or 15 minutes until the system is able to generate that data and run your Program Credit Report. That Program Credit Report will display whether you've met the reporting requirements or not.

Our next question is, "Do files from different CCN numbers have to be in separate file uploads?"

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Elizabeth Driskell This is Beth. No, they do not because the CCN is one of the five key identifiers. It's one of the things that we read when we process through the files. So, you can have multiple CCN files within one batch upload.

Veronica Dunlap: Okay. It looks like we have time for one more question. Will calendar year 2021 data be publicly reported on Care Compare?

I know that this is all new for everyone, but again the data will be only displayed and publicly reported on the PDC, the Provider Data Catalog. CMS will address that at a later time, especially once hospitals are acclimated to work their way up to submitting the four quarters of data. So, again it will not be displayed on Care Compare next year.

All right. That is all we have time for in regard to our Q&A session today. I would like to personally send a big shout out to each and every one of our subject-matter experts who were able to join and take time out of their busy schedules today. I also want to thank everyone for submitting your questions and spending time with us today. Just a reminder that the transcript including the Q&A document and any of those questions pertinent to the webinar will be posted to QualityNet and Quality Reporting Center at a later date.

Finally, we do offer the continuing education credit today, for today's webinar, which has been approved. To verify your CE approval for any other state license or certification, please contact your licensing and/or certification board. You will also need to complete a survey and we have provided that link for you.

Again, I'm very glad you all were able to participate in today's webinar. I truly appreciate your time. Thank you so much. Have a great afternoon and please enjoy this wonderful time of the year. So, thank you again.