

# Welcome!

- **Audio for this event is available via GlobalMeet® Internet streaming.**
- **Connect via Chrome.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
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# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

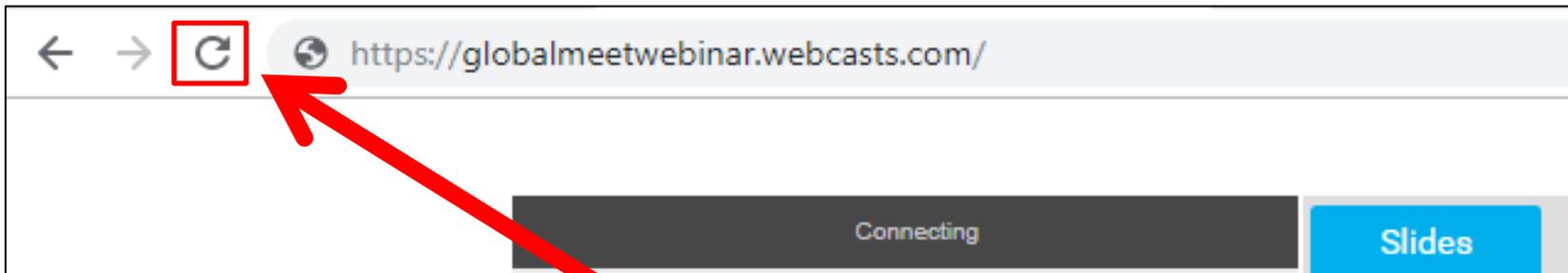
Click Refresh

– or –

Press F5



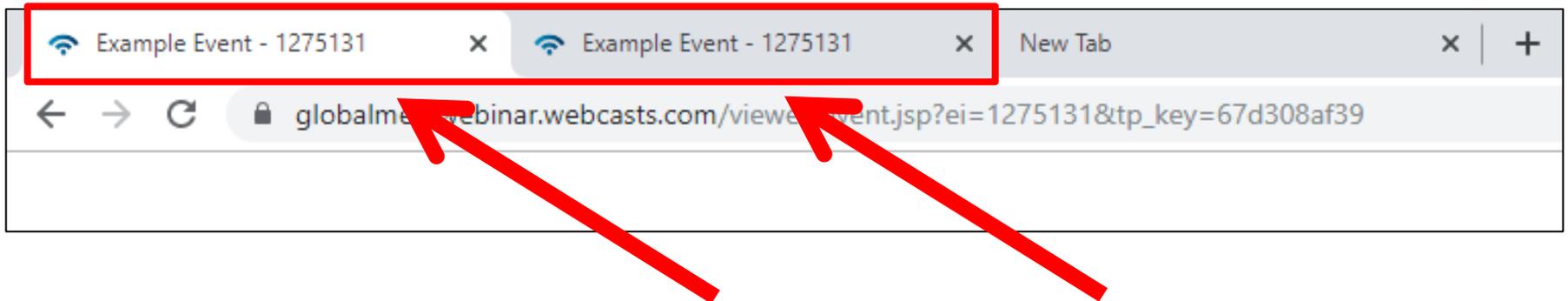
F5 Key  
Top Row of Keyboard



Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



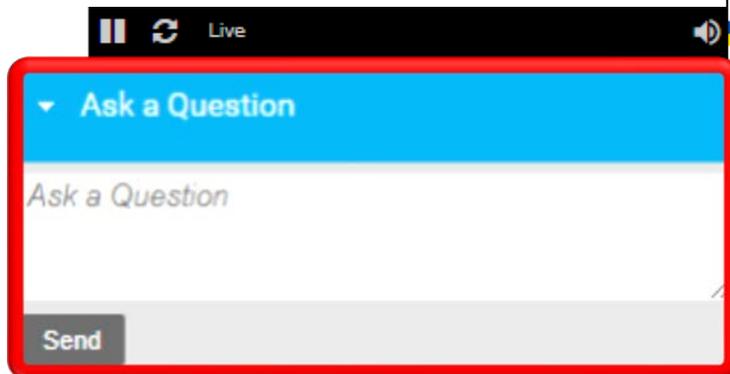
Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

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



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



**Today's Presentation**



# **Steps for Successful CY 2021 Hospital eCQM Submission**

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

**December 16, 2021**

# Purpose

This presentation will provide hospitals and vendors with information regarding calendar year (CY) 2021 electronic clinical quality measure (eCQM) reporting requirements and data submission processes in the CMS Hospital Quality Reporting (HQR) System.

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# Objectives

Participants will be able to:

- Summarize the CY 2021 eCQM reporting requirements for the Hospital IQR Program and the Medicare Promoting Interoperability Program.
- Navigate to the HQR User Interfaces for eCQM data submission.
- Understand the steps to upload eCQM data in the *HQR Secure Portal*.
- Review measure data accuracy and verify eCQM reporting requirements are met.

# Acronyms

<b>CAH</b>	critical access hospital	<b>HCQIS</b>	Healthcare Quality Information System
<b>CCN</b>	CMS Certification Number	<b>HQR</b>	Hospital Quality Reporting
<b>CEHRT</b>	Certified EHR Technology	<b>IPP</b>	initial patient population
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IPPS</b>	inpatient prospective payment system
<b>CSV</b>	Comma-Separated Value	<b>IQR</b>	inpatient quality reporting
<b>CY</b>	calendar year	<b>LTCH PPS</b>	Long-Term Care Hospital Prospective Payment System
<b>ECE</b>	Extraordinary Circumstances Exception	<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>eCQI</b>	electronic clinical quality improvement	<b>PC</b>	Perinatal Care
<b>eCQM</b>	electronic clinical quality measure	<b>QRDA</b>	Quality Reporting Document Architecture
<b>ED</b>	emergency department	<b>SO</b>	Security Official
<b>EH</b>	eligible hospital	<b>STK</b>	stroke
<b>EHR</b>	electronic health record	<b>UI</b>	User Interface
<b>FY</b>	fiscal year	<b>VIQR</b>	Value, Incentives, and Quality Reporting
<b>HARP</b>	HCQIS Access Roles and Profile	<b>VTE</b>	venous thromboembolism

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Steps for Successful CY 2021 Hospital eCQM Submission

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## **CY 2021 eCQM Reporting Overview**

# CY 2021 eCQM Reporting Helpful Webinars

Title of Webinar (links included)	Webinar Date	Live/ On Demand
<a href="#">CMS QRDA Category I Implementation Guide Changes for CY 2021 Hospital Quality Reporting</a>	April 27, 2021	Live
<a href="#">Reviewing CY 2021 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program</a>	October 28, 2021	On Demand
<a href="#">FY 2021 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs</a>	October 29, 2020	Live
<a href="#">FY 2020 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs</a>	September 11, 2019	Live

**QualityNet**  
<https://qualitynet.cms.gov/inpatient/measures/ecqm/webinars>

**Quality Reporting Center**  
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/>

# eCQM Reporting Requirements CY 2020 vs. CY 2021

	CY 2020	CY 2021
eCQM Measure Set	8 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1 and VTE-2	<b>9 available eCQMs:</b> ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2 <b>and Safe Use of Opioids- Concurrent Prescribing*</b>
Total number of eCQMs	4 self-selected eCQMs	<b>4 self-selected eCQMs (must be the same across quarters)</b>
Total number of quarters	1 self-selected quarter	<b>2 self-selected quarters</b>
Certified electronic health record technology (CEHRT)	2015 Edition	<ul style="list-style-type: none"> <li>• <b>2015 Edition</b></li> <li>• <b>2015 Edition Cures Update</b></li> <li>• <b>Combination of both</b></li> </ul>

\*Not mandatory until CY 2022 reporting

# CY 2021 (FY 2023) eCQM Measure Set

<b>ED-2</b> <b>CMS111v9</b> <i>Admit Decision Time to ED Departure Time for Admitted Patients</i>	<b>PC-05</b> <b>CMS9v9</b> <i>Exclusive Breast Milk Feeding</i>	<b>STK-02</b> <b>CMS104v9</b> <i>Discharged on Antithrombotic Therapy</i>	<b>STK-03</b> <b>CMS71v10</b> <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i>	<b>STK-05</b> <b>CMS72v9</b> <i>Antithrombotic Therapy By End of Hospital Day 2</i>
<b>STK-06</b> <b>CMS105v9</b> <i>Discharged on Statin Medication</i>	<b>VTE-1</b> <b>CMS108v9</b> <i>Venous Thromboembolism Prophylaxis</i>	<b>VTE-2</b> <b>CMS190v9</b> <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>	<b>Safe Use of Opioids*</b> <b>CMS506v3</b> <i>Safe Use of Opioids – Concurrent Prescribing</i>  <i>*All hospitals are required to report this beginning with the CY 2022 reporting period (FY 2024 payment determination).</i>	

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

# CY 2021 eCQM

## Submission Deadline Extended

Hospital IQR Program and Medicare Promoting Interoperability Program eCQM data submission deadline:

**Thursday, March 31, 2022, 11:59 p.m. PT\*.**

Submission deadline for hospitals attesting for the Medicare Promoting Interoperability Program:

**Thursday, March 31, 2022, 11:59 p.m. PT\***

\*The original deadline was Monday, February 28, 2022, at 11:59 p.m. Pacific Time (PT).

The Listserve announcing the extensions was distributed October 28, 2021:

[\*Hospital Inpatient Notifications on QualityNet\*](#)

Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and critical access hospitals (CAHs).

# Successful eCQM Submission for CY 2021 Reporting

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

- Accepted Quality Reporting Document Architecture (QRDA) Category I files with patients meeting the initial patient population (IPP) of the applicable measures.
- Zero denominator declarations.
- Case threshold exemptions.

**Note:** Submission of eCQMs does **not** complete program requirements. Hospitals participating in the Hospital IQR Program are still responsible for all required chart-abstracted, web-based, and claims-based measures. Hospitals and CAHs participating in the Medicare Promoting Interoperability Program are still responsible to report required objectives and measures.

# Polling Question #1

As a data submitter, I understand four (4) eCQMs for two (2) quarters are required for CY 2021 reporting. Can I submit a QRDA Category I file that combines data from two quarters into one file?

- A. Yes
- B. No
- C. I am not sure

# CY 2021 QRDA Category I File Format Expectations

- Submit one file, per patient, per quarter.
- Each file should include all measures applicable to that patient, and all episodes of care that are applicable to the measures being reported.
- Maximum individual file size is 10 MB.
- Upload files by ZIP file (.zip).
- Maximum number of QRDA Category I files within zip file is 14,999.
  - Hospitals may submit more than one zip file.

# CY 2021 QRDA Category I File Identification – Five Key Elements

## Five Key Elements:

- CMS Certification Number (CCN)
- CMS Program Name
  - **HQR\_PI** or **HQR\_IQR** or **HQR\_PI\_IQR** or **HQR\_IQR\_VOL\***
- Electronic Health Record (EHR) Patient ID
- Reporting Period specified in the Reporting Parameters Section
- EHR Submitter ID

The HQR Secure Portal assigns the EHR Submitter ID to submitters registering for system access to upload QRDA Category I files.

- Vendor EHR Submitter ID = Vendor ID
- Hospitals EHR Submitter ID = CCN

\*Hospital Quality Reporting/Hospital IQR Program voluntary submissions (voluntary Hybrid HWR measure)

# CY 2021 Certification and Specification Policies

- EHR technology certified by the Office of the National Coordinator for Health IT (ONC) to the existing 2015 Edition certification criteria, 2015 Edition Cures Update criteria, or a combination of both
- EHRs certified to all available eCQMs
- eCQM specifications published in CMS' eCQM Annual Update and related addenda for the applicable reporting year, available on the eCQI Resource Center website: <https://ecqi.healthit.gov/eh-cah-ecqms>
- QRDA Category I file format, using the CMS QRDA Category I Implementation Guide for the applicable reporting year: <https://ecqi.healthit.gov/qrda>

# Polling Question #2

Is the *Safe Use of Opioids – Concurrent Prescribing* measure required for CY 2021 eCQM reporting?

- A. Yes
- B. No
- C. I am not sure

Steps for Successful CY 2021 Hospital eCQM Submission

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## **eCQM Data Submission Process**

# Before You Start: Download the CY 2021 eCQM QRDA I File Submission Checklist

Visit [Resources & Tools](#) of [QualityReportingCenter.com](#)

eCQM Resources for IQR

[eCQM ECE Policy Clarification Questions and Answers](#)

[eCQM Next Generation of HQR Navigation Guide](#)

CY 2021

[CY 2021 Available eCQMs Table](#)

[CY 2021 eCQM QRDA I File Submission Checklist](#)

[CY 2021 eCQM Submission Overview](#)

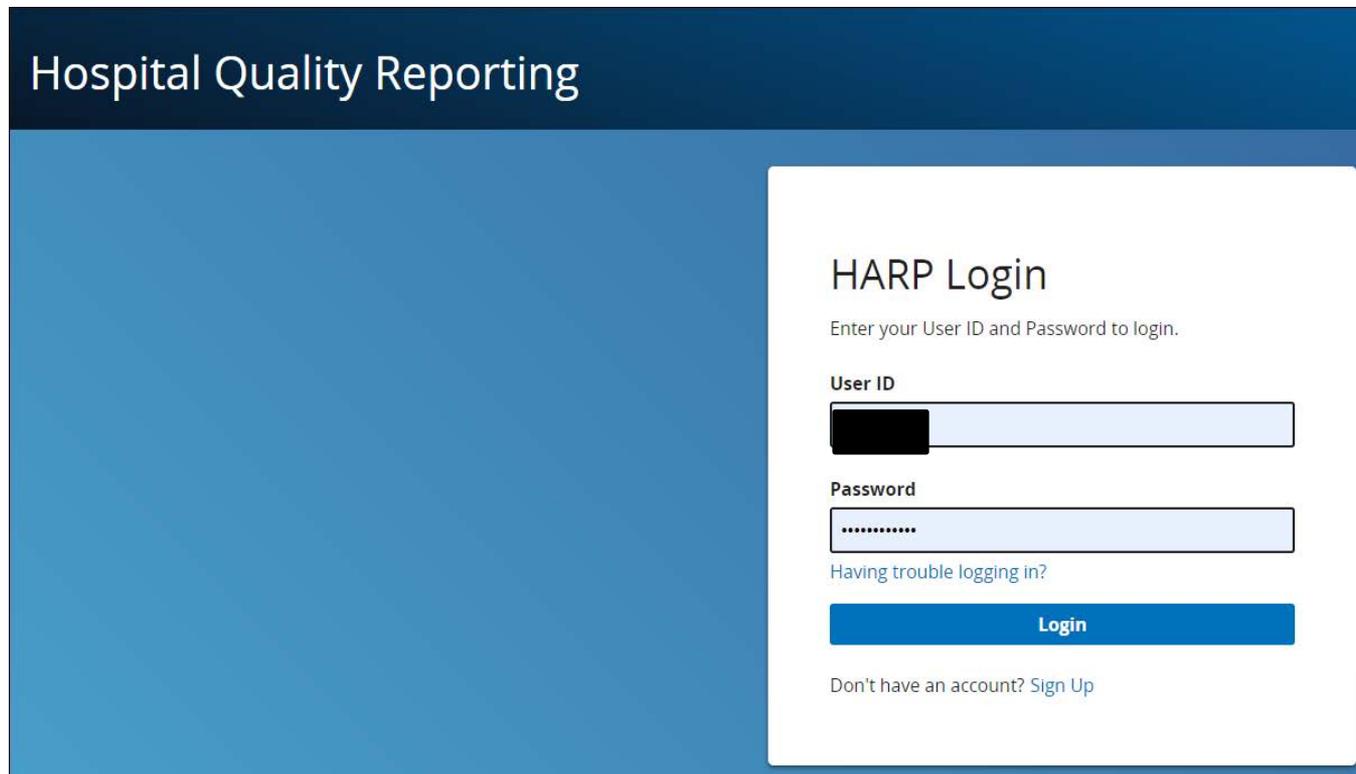
CY 2021 Hospital IQR Program / Medicare Promoting Interoperability Program Preparation Checklist for eCQM Reporting – QRDA Category I Test or Production File(s) Submission Instructions for the HQR System	
Due	Task
NOW	<p>To successfully submit Calendar Year (CY) 2021 electronic clinical quality measures (eCQMs), report on at least 4 of the 9 available eCQMs for each of the 2 self-selected quarters of 2021 data (Q1, Q2, Q3, or Q4) by the submission deadline, extended from Monday, February 28, 2022 to Thursday, March 31, 2022, 11:59 p.m. Pacific Time. The self-selected eCQMs must be the same eCQMs across quarters in a given reporting year.</p> <ul style="list-style-type: none"> <li>Confirm health information technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both. Visit the <a href="#">Certified Health IT Product List (CHPL)</a> website to ensure the edition is certified to report all eCQMs.</li> <li>Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the most current CY 2021 requirements, such as the CMS QRDA Category I HQR Implementation Guide and the associated Schematrons and sample files posted on the eCQI Resource Center: <a href="https://ecqi.healthit.gov/eh-cah?globalvarfilter=2301">https://ecqi.healthit.gov/eh-cah?globalvarfilter=2301</a>.</li> </ul> <p>CMS is expecting one QRDA Category I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. Maximum individual file size is 10 MB. A ZIP file can have a maximum of 14,999 files.</p>
System opens fall 2021	<ul style="list-style-type: none"> <li>Visit the <a href="#">Hospital Quality Reporting (HQR) System</a> log in page. <ul style="list-style-type: none"> <li>Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account.</li> <li>Complete two-factor authentication. Enter the security code. Accept the Terms and Conditions.</li> </ul> </li> <li>Review the Navigation Menu on the HQR landing page to perform actions within the HQR System.</li> </ul>
Deadline: Extended from 2/28/22 to 3/31/22 11:59 p.m. Pacific Time	<p>Continue by completing the steps below at the dashboard menu.</p> <ul style="list-style-type: none"> <li>Upload Test and Production QRDA Category I files. <ol style="list-style-type: none"> <li>Click Data Submission. Locate the eCQM tab. Click on File Upload. Select where the files are going, Test or Production.</li> <li>Click the Select Files button to locate the QRDA Category I batch files on your computer you want to upload.</li> <li>Once the files load and the HQR system has processed them, you will receive an email indicating the QRDA Category I files were received and processed.</li> </ol> </li> <li>Review the processing status of the QRDA Category I files. <ol style="list-style-type: none"> <li>From the dashboard menu, click on Data Results. Then, click on eCQM.</li> <li>Click on the Files Upload History tab to review submissions.</li> <li>Select the submission type, Test or Production. Click Change Selection. The user interface (UI) will refresh. Once the status for the uploaded files says Ready, download the errors for each batch as a Comma Separated Values (CSV) report.</li> </ol> </li> <li>Review the Submission Accuracy Tab and locate the files that were rejected for revision and resubmission. (The HQR System will default to Test for the submission field and the most current quarter) <ol style="list-style-type: none"> <li>Click on the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page.</li> <li>The counts for the accepted and rejected files will equate to the total files submitted. Click on one of the cards to perform a closer review of the submitted files. The UI will change to reflect your selection.</li> <li>You can click on the Export Results button to print or download the results for closer review.</li> </ol> </li> <li>Review the Outcomes Submission Results to determine how the episodes of care were evaluated. <ol style="list-style-type: none"> <li>Click on the Outcomes tab. Select the submission type and the quarter. Use the drop down menu to review a specific measure or all measures. Click Change Selection to refresh the page.</li> <li>The UI will display the evaluated episodes for each patient file, which you can export as a CSV. Click Performance Summary to view the summary. You can export this summary as a CSV.</li> </ol> </li> <li>Generate the Program Credit Report. <ol style="list-style-type: none"> <li>For eCQM submissions to the Hospital IQR Program and the Medicare Promoting Interoperability Program, click on Program Reporting from the dashboard menu. Then, click on Program Credit for the page to load.</li> <li>Select the discharge quarter. Click Change Selection. Program Credit Reports for both programs will generate. For the CY 2021 reporting period, all nine measures are aligned so the IQR and PI reports, will look the same.</li> <li>The UI will show which measures were submitted, the submission status and, the date of the last submission update. Export the report for your records. <ul style="list-style-type: none"> <li>A green banner indicates successful submission was achieved for the specified quarter.</li> <li>A yellow banner gives the reason submission for the specified quarter was not successful.</li> </ul> </li> </ol> <p>For CY 2021, at least four eCQMs must be successfully reported on for each of the 2 quarters of data to meet the eCQM reporting requirement. The self-selected eCQMs must be the same eCQMs across quarters in a given reporting year.</p> </li> <li>Enter Denominator Declarations if Applicable. <ol style="list-style-type: none"> <li>Click on Data Submissions. Click on Data Form. Click on Launch Data Form to refresh the page.</li> <li>Select the Discharge Quarter to receive Denominator Declarations. Enter the declarations for case threshold or for zero denominator for each applicable measure. Click the Submit button. Repeat the steps for each applicable quarter.</li> </ol> </li> <li>Re-generate the Program Credit Report(s). <p>This "snapshot in time" indicates if submissions were successful for each self-selected reporting quarter. If the reporting</p> </li> </ul>

# Steps to Submit CY 2021 eCQM Data

- Log Into the HQR System through HCQIS Access Roles and Profile (HARP) at <https://hqr.cms.gov>.
- Access the HQR Landing Page.
- Upload QRDA Category I Files.
- Review File Upload History User Interface (UI) and Export.
- Review eCQM Submission Accuracy UI and Export.
- Review Measure Results Outcomes UI and Export.
- Review Program Credit UI and Generate the Program Credit Report.
- Visit Denominator Declaration UI, if applicable.
- Revisit the Program Credit UI to Confirm Successful eCQM Reporting.

# Log Into HQR System Using HARP

HQR Secure Portal login page: <https://hqr.cms.gov>



The screenshot displays the login interface for the Hospital Quality Reporting (HQR) system. At the top, a dark blue header contains the text "Hospital Quality Reporting". Below this, a white login box is centered on a blue background. The box is titled "HARP Login" and includes the instruction "Enter your User ID and Password to login." There are two input fields: "User ID" with a blacked-out placeholder and "Password" with a masked placeholder of eight dots. A blue "Login" button is positioned below the password field. A link "Having trouble logging in?" is located below the button. At the bottom of the login box, there is a link "Don't have an account? Sign Up".

# Request Two-Factor Authentication Security Code

The screenshot shows a web interface for 'Hospital Quality Reporting'. A central white modal window titled 'Two-Factor Authentication' prompts the user to 'Select a device to verify your account'. Two options are listed: 'SMS Text for number ending in 6480' (with a mobile phone icon) and 'Email' (with an envelope icon). At the bottom of the modal are 'Cancel' and 'Next' buttons. The background is a dark blue header with the text 'Hospital Quality Reporting' and a footer with 'CMS.gov | QualityNet' and various links. The Department of Health & Human Services logo is visible in the bottom right corner.

Select the two-factor authentication device option to receive a security code.

Select **Next**.

# Enter Two-Factor Authentication

Hospital Quality Reporting

## Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:

**SMS Text**  
Please enter it below.

Enter Code

[Continue](#)

Code sent   
[Change two factor authentication](#)

CMS.gov | QualityNet

CMS.gov | QualityNet.org | QualityNet Help Desk | Help  
Accessibility | Privacy Policy | Terms of Use



Enter the security code you received via text or phone call.

Select **Continue.**

# Accept Terms & Conditions

The screenshot shows a web interface for Hospital Quality Reporting. A central dialog box titled "Terms & Conditions" is displayed. The dialog contains the following text:

stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

I accept the above Terms and Conditions

Below the text are two buttons: "Cancel" and "Accept".

The background of the dialog is a blue gradient. At the top left of the background, the text "Hospital Quality Reporting" is visible. At the bottom left, there is a footer with "CMS.gov | QualityNet" and a list of links: "CMS.gov", "QualityNet.org", "QualityNet Help Desk", "Help", "Accessibility", "Privacy Policy", and "Terms of Use". At the bottom right, there is a circular logo for the Department of Health & Human Services.

Scroll down to end of box to review Terms & Conditions.

Select **Accept** to verify that you accept the Terms & Conditions.

# HQR Landing Page

Click the symbol at the bottom left of the screen to **unlock** the menu to read the options.

The screenshot shows the CMS.gov QualityNet landing page. At the top left, the CMS.gov logo and QualityNet text are visible. A navigation menu is located on the left side, with items: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. A red box highlights this menu. Below the navigation menu, there is a notification banner that reads: "My Tasks page is being retired. Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports & PRS are still on the My Tasks page." Below the notification, there is a "My Tasks" button. The main content area features a section titled "The New HQR is Coming" with a sub-header "Here are some of the key features of the new Hospital Quality Reporting". The features listed are: Intuitive Interfaces, Simple Submissions, Advanced Security, and Reliable Calculations. At the bottom left, there is a button labeled "Unlock Menu" with a red box around it and a red arrow pointing to it. The footer contains the CMS.gov logo, QualityNet text, and links for CMS.gov, QualityNet.org, QualityNet Help Desk, Help, Accessibility, Privacy Policy, and Terms of Use.

# Uploading QRDA Category I Files

After **clicking** on Data Submissions, **click** on the File Upload button. The following UIs will display:

**Users preparing to upload QRDA Category I files for the first time to the HQR System will see this screen...**

File Upload Data Form

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Submission  
Test

Change Selection

Search  
Search Reset

Select Files

Drag files here to upload

OR

Select Files

**After an upload history has been established, the UI will look like this...**

Upload History

Submission  
Test

Change Selection

The table below displays all file uploads. You can view files in either test or production. From here, you can search for other files, or sort the results to view file status and download results.

Search  
Search Reset

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors
VTE-1_2020-11-04_14...	3023757	373.4 KB	11/04/2020		Ready	<a href="#">Download</a>
PC-05_2020-11-04_14...	3023753	410.3 KB	11/04/2020		Ready	<a href="#">Download</a>
PC05DENEX.xml	3023749	15.5 KB	11/04/2020		Ready	<a href="#">Download</a>
PC05DENEX.xml	3023748	15.5 KB	11/04/2020		Ready	<a href="#">Download</a>
PC05Num.xml	3023746	16.7 KB	11/04/2020		Ready	<a href="#">Download</a>
PC05Testing.xml	3023745	15.2 KB	11/04/2020		Ready	<a href="#">Download</a>
PC-05_2020-11-04_09...	3023734	410.5 KB	11/04/2020		Ready	<a href="#">Download</a>

# Data Upload Process

The screenshot shows the CMS.gov QualityNet interface. The left sidebar contains navigation options: Dashboard, Data Submissions, Data Results, Chart Abstracted, eCQM, HCAHPS, Population & Sampling, Program Reporting, and Administration. The main content area is titled 'Upload History' and includes a 'Submission' dropdown menu set to 'Test', a 'Change Selection' button (highlighted with a red box), and a search bar. Below these is a table with the following columns: Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, Status, and Errors. The table contains 10 rows of data, with the 'Uploaded By' column redacted by a black box. The 'Status' column shows 'Processing' for most entries and 'Ready' for two. The 'Errors' column contains a 'Download' link for each row.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors
TEST_111803.zip	8024167	7.4 MB	11/19/2020		Processing	Download
TestBig.zip	8024158	100.9 KB	11/19/2020		Processing	Download
SingleFileTest_ED2_S...	8024152	27.9 KB	11/19/2020		Ready	Download
TEST_111803.zip	8024150	7.4 MB	11/19/2020		Processing	Download
SingleFileTest_ED2_S...	8024149	27.9 KB	11/19/2020		Ready	Download
TEST_840123.zip	8024148	7.5 MB	11/19/2020		Processing	Download
Test15000fva.zip	8024138	67.5 MB	11/19/2020		Processing	Download
Test15000fvb.zip	8024137	67.5 MB	11/19/2020		Processing	Download
Test15000fvd.zip	8024136	67.5 MB	11/19/2020		Processing	Download
Test15000fve.zip	8024135	67.5 MB	11/19/2020		Processing	Download

- Once the user selects the Data Results button, the page will refresh and show the File Upload History.
- The system will default to test for the submission type. Be sure to modify the submission type (test or production) if they are not applicable.
- If the user wants to see the Production File Upload History, use the drop-down menu to **select** Production. Then, **select** the Change Selection button; the page will refresh.
- To determine how the data were processed, download the corresponding CSV report under the Errors column (screenshot on next slide).

# Data Upload Error Report Screenshot

	A	B	C	D	E	F	G
1	FileName	CCN	BatchID	UploadDate	UploadedBy	Status	ErrorDetails
2	VendorNotAllowedProviderGoodProvider.xml	[REDACTED]	3024034	11/13/2020	[REDACTED]	REJECTED	Submitter ( %s ) is not authorized to submit for this provider ( %s ) (CONF:CMS_0067).
3							
4							
5							
6							
7							
8							
9							
10							
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23							

# eCQM Submission Accuracy Tab

The screenshot displays the 'eCQM Submission' interface on CMS.gov. It features a navigation menu with 'Files', 'Accuracy', and 'Outcomes' tabs. The 'Accuracy' tab is active. The main content area shows a summary of file uploads for a specific submission and quarter. A 'Change Selection' button is highlighted with a red box. A summary card displays '5 Total Files' and '5 Rejected Files', with the '5 Rejected Files' value circled in red. An 'Export Results' button is also highlighted with a red box. Below the summary is a table of rejected files with columns for Patient File Name, Batch ID, Batch File Name, Upload Date, Uploaded By, Status, and Errors.

Patient File Name	Batch ID	Batch File Name	Upload Date	Uploaded By	Status	Errors
IPP_1_DENOM...	3023592	IPP_1_DENOM_...	10/29/2020	[REDACTED]	Rejected	3*
IPP_1_DENOM...	3023589	IPP_1_DENOM_...	10/29/2020	[REDACTED]	Rejected	1*
IPP_1_DENOM...	3023590	IPP_1_DENOM_...	10/29/2020	[REDACTED]	Rejected	1*
IPP_1_DENOM...	3023588	IPP_1_DENOM_...	10/29/2020	[REDACTED]	Rejected	1*
IPP_1_DENOM...	3023591	IPP_1_DENOM_...	10/29/2020	[REDACTED]	Rejected	1*

The system will default to test for the submission field and the most current quarter.

Be sure to **modify** the submission and quarter if they are not applicable. **Click** the Change Selection button to refresh the UI and view the most current status.

This screenshot shows a user reviewing only the rejected files for revision and resubmission.

When the user **clicks** on the Rejected Files button, the details display on the lower half of the UI.

**Click** the Export Results button to generate a CSV file that will provide the error messages to assist with troubleshooting.

# CSV File Export of Rejected Files with Error Details

	DischargeQuart	DischargeYr	CCN	UploadedBy	SubmitterID	CMSCertificationNumbe	BatchID	PatientFileName	BatchFileName	UploadDate	Status	ErrorDetails	SubmissionTy	xPath
1	Q1	2020					3021577	IPP_1_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300_C01). TEST		
4	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
5	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300_C01). TEST		
6	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
7	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
8	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
9	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
10	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
11	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
12	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
13	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
14	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300_C01). TEST		
15	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
16	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
17	Q1	2020					3021577	IPP_1_MSRPOPL_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
18	Q1	2020					3021577	IPP_DENOM_N_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
19	Q1	2020					3021577	IPP_0_DENOM_0_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
20	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-1 files if the Encn		
21	Q1	2020					3021577	IPP_DENOM_N_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
22	Q1	2020					3021577	IPP_MSRPOPL_AllFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
23	Q1	2020					3021577	IPP_1_DENOM_1_AllFiles.zip		10/15/2020	REJECTED	Discharge Date is not properly formatted (CONFTEST)		
24	Q1	2020					3021909	IPP_0_DENOM_0_IPP_0_DENOM_0_NU		10/26/2020	REJECTED	There are no Encounter Performed Discharge D.TE		
25	Q1	2020					3021911	IPP_0_DENOM_0_IPP_0_DENOM_0_NU		10/26/2020	REJECTED	There are no Encounter Performed Discharge D.TE		

# eCQM Measure Results

## Outcomes Tab

- The system will default to test for the submission field and the most current quarter.
- Be sure to modify the submission and quarter if they are not applicable.
- Click the change selection button to refresh the UI.
- The user can choose to review all measures or a specific measure from the select measure dropdown menu.
- Export the results into a CSV file for download.
- If data are not currently available for the selected submission type and quarter, a message will display to indicate no data are currently available.

### All Measure Results

The screenshot shows the 'Measure Results' page with the 'Outcomes' tab selected. The 'Submission' dropdown is set to 'Test' and the 'Quarter' is 'Q3 2020'. The 'SELECT MEASURES' dropdown is set to 'All'. A red circle highlights the 'All Measures' option in the dropdown menu. Below the dropdown is a 'Change Selection' button. A table of results is visible below the search bar.

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
Q3ReportCMSTest_STH...	VTE-1_STH-4_STH-5_STH-8...	6	12/09/2020	3025127
Q3ReportCMSTest_STH...	STK-2_VTE-2_STH-8_STH-9...	6	12/09/2020	3025103
IPP_L_DENOM_I_DENEK...	STK-2*	1	10/28/2020	3023617
IPP_L_DENOM_I_DENEK...	STK-2*	1	10/28/2020	3023617
IPP_L_DENOM_I_DENEK...	STK-2*	1	10/28/2020	3023617
IPP_L_DENOM_I_DENEK...	STK-2*	1	10/28/2020	3023617

### Specific Measure Results

The screenshot shows the 'Measure Results' page with the 'Outcomes' tab selected. The 'Submission' dropdown is set to 'Test' and the 'Quarter' is 'Q1 2020'. The 'SELECT MEASURES' dropdown is set to 'ED-2'. A red circle highlights the 'ED-2' option in the dropdown menu. Below the dropdown is a 'Change Selection' button. A summary card for 'ED-2' is displayed, showing 140 Episodes, 39 IPP Not Met, 0 IPP Met, 67 Meas. Pop., and 34 Meas. Pop. Ex. Below the summary card is a table of results.

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
CMS_0074_AI_2020_Ne...	ED-2*	1		3020258
CMS_0074_AI_2020_Ne...	ED-2*	1		3020323
IPP_O_MSRPOP_I_MSR...	ED-2*	1		3021577

# Exporting Measure Results

Click the Export Results button to produce a CSV file.

CCN	SubmitterID	UploadDate	PatientID	BatchID	UploadDate	AdmissionDate	DischargeDate	PatientID	FileName	SubmissionType	MeasureVersion	MeasureName	Strata	StrataDescription	FeedBackMessage	MessageID	MeasureDescription	CaseID
			patient_iden	8021577	10/15/2020	12/31/2019	1/1/2020	IPP_1_MSRPOPUL_TEST		3	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			-997002086
			patient_iden	8021577	10/15/2020	11/4/2019	3/1/2020	IPP_1_MSRPOPUL_TEST		7	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			-1857089694
			patient_iden	8021577	10/15/2020	9/2/2019	1/1/2020	IPP_0_MSRPOPUL_TEST		1	ED-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA_Median Admit Decision			INITIAL_PATIENT_POPULATI: INITIAL_PATIENT_POPULA_Median Admit Decision			-534789093
			patient_iden	8021577	10/15/2020	9/2/2019	1/1/2020	IPP_0_MSRPOPUL_TEST		1	ED-2	NOT IN MEASURE POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			NOT_IN_MEASURE_POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			-534789093
			patient_iden	8021577	10/15/2020	9/8/2019	1/1/2020	IPP_1_MSRPOPUL_TEST		2	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			815223615
			patient_iden	8021577	10/15/2020	9/8/2019	1/1/2020	IPP_1_MSRPOPUL_TEST		2	ED-2	Reporting Stratificat: All patients seen in the EI EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			815223615
			patient_iden	8021577	10/15/2020	11/3/2019	1/1/2020	IPP_1_MSRPOPUL_TEST		0	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			3010281339
			patient_iden	8021577	10/15/2020	11/4/2019	1/1/2020	IPP_1_MSRPOPUL_TEST		6	ED-2	Reporting Stratificat: All patients seen in the EI EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			-1857089694
			patient_iden	8021577	10/15/2020	12/31/2019	1/1/2020	IPP_1_MSRPOPUL_TEST		2	ED-2	Reporting Stratificat: All patients seen in the EI EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision			INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA_Median Admit Decision			-397001086
			patient_iden	8021577	10/15/2020	11/4/2019	1/1/2020	IPP_0_MSRPOPUL_TEST		5	ED-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA_Median Admit Decision			NOT IN MEASURE POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			-1857089694
			patient_iden	8021577	10/15/2020	11/4/2019	1/1/2020	IPP_0_MSRPOPUL_TEST		5	ED-2	NOT IN MEASURE POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			NOT_IN_MEASURE_POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			-1857089694
			patient_iden	8021577	10/15/2020	11/4/2019	1/1/2020	IPP_0_MSRPOPUL_TEST		4	ED-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA_Median Admit Decision			INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA_Median Admit Decision			-1857089694
			patient_iden	8021577	10/15/2020	11/4/2019	1/1/2020	IPP_0_MSRPOPUL_TEST		4	ED-2	NOT IN MEASURE POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			NOT_IN_MEASURE_POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			-1857089694
			patient_iden	3019509	9/30/2020	9/2/2020	1/1/2020	TEST		0	ED-2							-534789093
			patient_iden	3019509	9/30/2020	11/4/2019	1/1/2020	TEST		3	ED-2							-1857089694
			patient_iden	3019509	9/30/2020	12/31/2019	1/1/2020	TEST		1	ED-2							-397001086
			patient_iden	3019509	9/30/2020	12/31/2019	1/1/2020	TEST		0	ED-2							-997002086
			patient_iden	3019509	9/30/2020	9/3/2019	1/1/2020	TEST		2	ED-2							-1857089694
			patient_iden	3019509	9/30/2020	9/3/2019	1/1/2020	TEST		1	ED-2							815223615
			patient_iden	3019509	9/30/2020	9/3/2019	1/1/2020	TEST		0	ED-2							815223615
			patient_iden	3019509	9/30/2020	11/4/2019	1/1/2020	TEST		1	ED-2							-1857089694
			patient_iden	3019509	9/30/2020	11/4/2019	1/1/2020	TEST		0	ED-2							-1857089694
			IPP_0_MSRPOP_MMS4w4u4u	9/22/2020	12/31/2019	1/1/2020	TEST		0	ED-2								38623774
			IPP_1_MSRPOP_MMS4w4u4u	9/22/2020	11/4/2019	1/1/2020	TEST		0	ED-2								1656150227
			IPP_1_MSRPOP_MMS4w4u4u	9/22/2020	12/31/2019	1/1/2020	TEST		0	ED-2								47058123
			IPP_0_MSRPOP_MMS4w4u4u	9/22/2020	9/2/2020	1/1/2020	TEST		0	ED-2								1321572771
			IPP_0_MSRPOP_MMS4w4u4u	9/22/2020	9/2/2020	1/1/2020	TEST		0	ED-2								1023282226
			IPP_1_MSRPOP_MMS4w4u4u	9/22/2020	9/8/2019	1/1/2020	TEST		0	ED-2								-705279674
			IPP_0_MSRPOP_MMS4w4u4u	9/22/2020	11/4/2019	1/1/2020	TEST		0	ED-2								140579408
			IPP_1_MSRPOP_MMS4w4u4u	9/22/2020	9/3/2019	1/1/2020	TEST		0	ED-2								-397001086
			IPP_1_MSRPOP_MMS4w4u4u	9/22/2020	12/31/2019	1/1/2020	TEST		0	ED-2								-1199332002
			patient_iden	8021577	10/15/2020	2/29/2020	2/29/2020	IPP_1_MSRPOPUL_TEST		3	ED-2	Reporting Stratificat: All patients seen in the EI EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			1348087571
			patient_iden	8021577	10/15/2020	2/29/2020	2/29/2020	IPP_1_MSRPOPUL_TEST		2	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			1348087571
			patient_iden	8018608	9/30/2020	2/29/2020	2/29/2020	TEST		1	ED-2							1348087571
			patient_iden	3019509	9/30/2020	2/29/2020	2/29/2020	TEST		0	ED-2							1588474215
			IPP_1_MSRPOP_MMS4w4u4u	9/22/2020	2/29/2020	2/29/2020	TEST		0	ED-2								1023282226
			patient_iden	8021577	10/15/2020	3/4/2020	3/5/2020	IPP_1_MSRPOPUL_TEST		27	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			1215234651
			patient_iden	8021577	10/15/2020	11/8/2019	3/1/2020	IPP_1_MSRPOPUL_TEST		15	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			882031178
			patient_iden	8021577	10/15/2020	3/4/2020	3/5/2020	IPP_0_MSRPOPUL_TEST		26	ED-2	INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA_Median Admit Decision			INITIAL PATIENT POPULATI: INITIAL_PATIENT_POPULA_Median Admit Decision			1465244021
			patient_iden	8021577	10/15/2020	3/4/2020	3/5/2020	IPP_0_MSRPOPUL_TEST		26	ED-2	NOT IN MEASURE POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			NOT_IN_MEASURE_POPULATI: NOT_IN_MEASURE_POPULA_Median Admit Decision			1465244021
			patient_iden	8021577	10/15/2020	3/1/2020	3/1/2020	IPP_1_MSRPOPUL_TEST		56	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			1006159250
			patient_iden	8021577	10/15/2020	3/1/2020	3/1/2020	IPP_1_MSRPOPUL_TEST		7	ED-2	Reporting Stratificat: All patients seen in the EI EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			-54866735
			patient_iden	8021577	10/15/2020	3/1/2020	3/1/2020	IPP_1_MSRPOPUL_TEST		1	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			862238951
			patient_iden	8021577	10/15/2020	3/4/2020	3/5/2020	IPP_1_MSRPOPUL_TEST		25	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			1465244021
			patient_iden	8021577	10/15/2020	1/1/2020	3/1/2020	IPP_1_MSRPOPUL_TEST		2	ED-2	Reporting Stratificat: All patients seen in the EI EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			872145744
			patient_iden	8021577	10/15/2020	1/1/2020	3/1/2020	IPP_1_MSRPOPUL_TEST		24	ED-2	Reporting Stratificat: All patients seen in the EI EXCLUDED: Patient transfe MEASURE_POPULATION_E Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			1465244021
			patient_iden	8021577	10/15/2020	3/1/2020	3/1/2020	IPP_1_MSRPOPUL_TEST		3	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			1913057549
			patient_iden	8021577	10/15/2020	11/3/2019	3/1/2020	IPP_1_MSRPOPUL_TEST		31	ED-2	Reporting Stratificat: All patients seen in the EI IN MEASURE POPULATION: INCLUDED_IN_MEASURE_Median Admit Decision			INCLUDED_IN_MEASURE_Median Admit Decision			1212028662

# Program Credit Report

The Program Credit UI is available to hospitals and their vendors to review how production data applies toward program credit. A banner will indicate the hospital's reporting status. Users can click the Export Report button to download the report.

**Green Banner = Requirements Met**

**Yellow Banner = Requirements Not Met**

Program Credit Report
Page 1 of 1  
Exported 11/23/2021 2:17 PM

**Inpatient Quality Reporting (IQR)**
Discharge Quarter: Q4 2021

Reporting Period Due: 3/31/2022  
Last Updated: 11/23/2021 12:47 PM

**eCQM**

✔ **Submission Requirements Met**

**Required:**

- In two discharge quarters, submit the same four measures.

**Optional (encouraged):**

- Submit extra measures in any quarter.
- Extra measures can be different in each quarter.

*Facilities must submit calendar year 2021 data for payment in fiscal year 2023*

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

Measure	Submission Status	Last Updated
ED-2	Submitted	10/28/2021 4:03:31 PM
PC-05	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-2	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-3	Submitted	10/28/2021 4:01:01 PM
STK-5	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-6	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
Safe Use of Opioids	Submitted	10/28/2021 3:58:24 PM
VTE-1	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
VTE-2	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM

Program Credit Report
Page 1 of 1  
Exported 12/8/2021 2:16 PM

**Inpatient Quality Reporting (IQR)**
Discharge Quarter: Q4 2021

Reporting Period Due: 3/31/2022  
Last Updated: N/A

**eCQM**

⚠ **Submission Requirements Not Met**

**Required:**

- In two discharge quarters, submit the same four measures.

**Optional (encouraged):**

- Submit extra measures in any quarter.
- Extra measures can be different in each quarter.

*Facilities must submit calendar year 2021 data for payment in fiscal year 2023*

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

i **No data is currently available**

Data for your selection is not ready at this time. Once files are uploaded and processed, this area will be updated and the data will be available for viewing. Data processing can take up to 24-48 hours.

This IQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/PI programs.

# Polling Question #3

Help! My Program Credit Report has a yellow banner stating the submission requirements were not met. The deadline is next week. What can I do to meet the CY 2021 eCQM reporting deadline?

- A. Troubleshoot rejected files and resubmit.
- B. Enter Zero Denominator Declaration(s), if applicable.
- C. Regenerate the Program Credit Report.
- D. Reach out to the QualityNet Service Center or Inpatient Support Team.
- E. All of the Above.

# Troubleshooting QRDA Category I Files

- Work with your vendor by identifying and resolving error messages.
- Visit [QRDA Resource page](#) on the eCQI Resource Center.
- Visit the [ONC QRDA Known Issues Dashboard](#) on the ONC Project Tracking System.
- Contact the QualityNet Service Center.

# QRDA Known Issue: QKI- 7

**Open issues** [Switch filter](#) ▾

Order by Priority ▾ ↓

- QKI-7  
HQR data validation checks ...
- QKI-6  
The 2022 CMS QRDA III IG i...
- QKI-5  
Schematron Message Discr...
- QKI-4  
Patient Data Section QDM -...
- QKI-1  
QRDA III CMS\_54 Conform...
- QKI-2  
Guidance for reporting eCQ...

**Details**

Type:  QRDA-I Standard      Status: **TO DO**

Priority:  Minor      Resolution: Unresolved

Component/s: None

Labels: None

Resolution: These validations will be added to Table 14 in section 5.3.2 Other HQR Validations of the 2021 CMS QRDA I IG in a future publication.

Year: 2021

**Description**

Two new validations have been added to the Hospital Quality Reporting (HQR) System for 2021 reporting. These validations are to ensure data integrity for date and dateTime values.

Conf. #	Validation Performed	Description of Error Message and File Rejection
CMS_0087	Low date is after high date.	Fails validation check. Low dates are after high dates.
CMS_0088	Invalid DateTime has been provided.	Fails validation check for low and high date time format.

These validations do not impact the published 2021 CMS QRDA I Schematrons.

# Accessing the Denominator Declaration Screen for Data Entry

- The system will default to the most current quarter.
- Be sure to modify the discharge quarter if it is not applicable.

The screenshot shows the CMS.gov QualityNet interface. The top navigation bar includes 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'Public Reporting', and 'HCAHPS'. A red circle highlights the home icon in the left sidebar. Below the navigation bar, there are buttons for 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a red box. Under the heading 'Select the Data Form', there is a dropdown menu with 'Denominator Declaration' selected. A red box highlights the 'Launch Data Form' button next to the dropdown.

The screenshot shows the 'Denominator Declaration' screen. At the top, it says 'Data Submission' and 'Denominator Declaration'. There is a 'Discharge Quarter' dropdown menu set to 'Q4 2020'. Below this, there is a table of measures with a column for 'Zero Denominator Declaration \* / Case Threshold Exemption \*\*'. The table lists several measures with their respective dropdown menus for selection.

Measure	Zero Denominator Declaration * / Case Threshold Exemption **
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharge on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy by End of Hospital Day 2
STK-6	Discharge on Statin Medication
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis

At the bottom right, there is a blue button labeled 'I'm ready to submit' highlighted with a red box. Below the table, there are two footnotes: [ \* ] Select if there was no denominator patient population for the certified measure for the selected date range. The Case Threshold field will be disabled if Zero Denominator is selected. [ \*\* ] Enter 0-5 for quarter selection. Leave blank if eCQM is to be submitted. eCQM data must all be within the same single discharge quarter.

# Reviewing Denominator Declarations

	Case Threshold Exemption	Zero Denominator Declaration
<b>Program</b>	<ul style="list-style-type: none"> <li>Hospital IQR Program</li> <li>Medicare Promoting Interoperability Program</li> </ul>	<ul style="list-style-type: none"> <li>Hospital IQR Program</li> <li>Medicare Promoting Interoperability Program</li> </ul>
<b>Criteria</b>	<ul style="list-style-type: none"> <li>A hospital's electronic health record (EHR) system is certified to report the eCQM.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter.</li> </ul>	<ul style="list-style-type: none"> <li>A hospital's EHR system is certified to report the eCQM.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>A hospital does not have any patients that meet the denominator criteria of that CQM.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program.</li> <li>Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose.</li> <li>Case threshold exemptions are entered on the Denominator Declaration screen within the Hospital Quality Reporting (HQR) System.</li> </ul>	<ul style="list-style-type: none"> <li>The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for the Medicare Promoting Interoperability Program and the Hospital IQR Program.</li> <li>Zero denominator declarations are entered on the Denominator Declaration screen within the HQR System.</li> </ul>

# Regenerate the Program Credit Report

- These results will generate for the eCQM reporting requirement for the Hospital IQR and Medicare Promoting Interoperability Programs.
- The Program Credit Report is a snapshot in time. If the reporting changes in any way (for example, QRDA Category I files are resubmitted or denominator declarations are modified), hospitals/vendors should regenerate the report to confirm their submission status of eCQM reporting prior to the submission deadline.

Program Credit Report
Page 1 of 1  
Exported 11/23/2021 2:17 PM

**Inpatient Quality Reporting (IQR)**
Discharge Quarter: Q4 2021

Reporting Period Due: 3/31/2022  
 Last Updated: 11/23/2021 12:47 PM

**eCQM**

**Submission Requirements Met**

**Required:**

- In two discharge quarters, submit the same four measures.

**Optional (encouraged):**

- Submit extra measures in any quarter.
- Extra measures can be different in each quarter.

*Facilities must submit calendar year 2021 data for payment in fiscal year 2023*

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

Measure	Submission Status	Last Updated
ED-2	Submitted	10/28/2021 4:03:31 PM
PC-05	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-2	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-3	Submitted	10/28/2021 4:01:01 PM
STK-5	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-6	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
Safe Use of Opioids	Submitted	10/28/2021 3:58:24 PM
VTE-1	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
VTE-2	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM

Steps for Successful CY 2021 Hospital eCQM Submission

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## **Additional Tips and Information**

# Best Practices for eCQM Reporting

- Designate at least two QualityNet Security Officials (SOs).
- Update the [Hospital Contact Change Form](#) to inform the Inpatient VIQR Support Contractor for the Hospital IQR Program about key personnel changes (e.g., CEO and quality reporting contact).
- Confirm your HQR User Roles and vendor permissions to submit data.
- Submit QRDA Category I files to the HQR system, early and often.
- [Join the Listserve group](#) to receive Email Notifications on eCQM reporting for the Hospital IQR and Promoting Interoperability Programs.

# Extraordinary Circumstances Exception (ECE) Policy – Hospital IQR Program

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

## Top of Page ECE Policy

## Bottom of Page

## ECE Request Form and Instructions

Overview eCQM Measures **Participation** Resources Webinars Notifications

Requirements  
Extraordinary Circumstances

### Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request and for CMS to grant exceptions with respect to the reporting of required quality data—including eCQM data when there are extraordinary circumstances beyond the control of the hospital.

#### eCQM Related ECEs

Hospitals may use the Extraordinary Circumstances Exceptions (ECE) form to request an exception from the Hospital Inpatient Quality Reporting (IQR) Program's eCQM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (e.g., a hospital is in an area without sufficient Internet access) or unforeseen circumstances (e.g., a hospital has health information technology (IT) vendor issues outside of the hospital's control, including a vendor product losing certification) that impact the hospital's ability to report eCQM data. For further information, reference this ECE Policy Clarification Questions and Answers.

File Name	File Type	File Size	
ECE Policy Clarification Questions and Answers	PDF	56 KB	<a href="#">Download</a>

#### Non-eCQM Related ECEs

Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data. Hospitals may request consideration for an exception of the requirement to submit quality data for one or more quarters. For non-eCQM related ECEs, an ECE request form must be submitted **within 90 calendar days of the extraordinary circumstance**.

### ECE Request Form Submission Instructions

In the event of such circumstances, hospitals must submit an Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required questions completed. For eCQM-related ECEs, an ECE request form must be submitted by **April 1 following the end of the eCQM reporting period calendar year (CY)\***. As an example, for data collection for the CY 2018 reporting period (through December 31, 2018), hospitals would have until April 1, 2019, to submit an ECE request.

File Name	File Type	File Size	
Extraordinary Circumstances Exceptions (ECE) Request Form	PDF	141 KB	<a href="#">Download</a>

The form must be signed by the hospital's chief executive officer (CEO) or designee and submitted via one of the following methods:

- QualityNet Secure Portal Secure File Transfer to: WAIVER EXCEPTION WITHHOLDING group
- Secure fax to: (877) 789-4443
- Email to: [qrfomssubmission@hsag.com](mailto:qrfomssubmission@hsag.com)
- Conventional mail to:

HSAG  
ATTN: Hospital Inpatient Quality Reporting Program Support Contractor  
3000 Bayport Drive, Suite 300  
Tampa, FL 33607

The support contractor will forward the form, as directed, to CMS.

**Note:** This process does not preclude CMS from granting exceptions to hospitals when it is determined that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS may also grant an exception if it is determined that a systemic problem with one of its data collection systems directly affected the ability of the hospitals to submit data. If CMS makes the determination to grant a blanket exception, CMS will communicate this decision to hospitals, vendors, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) through routine communication channels, including memos, emails, and notices on QualityNet.

\* *Hardship Exceptions for the Medicare Promoting Interoperability Program (previously known as the Electronic Health Record (EHR) Incentive Program) follow a different process and different timeline. For additional information on this process, refer to the CMS Payment Adjustments & Hardship Information web page on CMS.gov.*



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# Hardship Policy – Medicare Promoting Interoperability Program

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj\\_Hardship](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship)

## Scoring, Payment Adjustment, and Hardship Information

### Performance-based Scoring Methodology

In the Fiscal Year 2019 Inpatient Prospective Payment System [final rule](#), the Centers for Medicare & Medicaid Services (CMS) finalized a new performance-based scoring methodology for eligible hospitals and critical access hospitals (CAHs) that submit an attestation to CMS under the Medicare Promoting Interoperability Program.

### Medicare Promoting Interoperability Program Scoring

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

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

### Medicare Hardship Exception Information

Eligible hospitals and CAHs may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must have completed and submitted a hardship exception application by September 1, 2021. If approved, the hardship exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and ***in no case may an eligible hospital or CAH be granted an exception for more than five years.***

### Medicare Hardship Exception Application

- The hardship exception application period for performance year 2020 closed on September 1, 2021
- More information on the Medicare Hardship Exception Application can be found [here \(PDF\)](#).
- For questions regarding the hardship exception application please contact the QualityNet help desk for assistance at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or 1-866-288-8912.

# Promoting Interoperability Program Policy and eCQMs Basics Information

## Policy Information

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

Home | About CMS | Newsroom | Archive | Help | Print

**CMS.gov**  
Centers for Medicare & Medicaid Services

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Home > Regulations & Guidance > Promoting Interoperability

### Promoting Interoperability Programs

Latest News

- On May 11, 2020 CMS published the *Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Proposed Rule*. For more information on the proposed changes for the 2021 program year, visit the [Federal Register](#) and view this [fact sheet](#).

Dates to Remember

January 1 - December 31, 2020
2020 Promoting Interoperability Programs Reporting Year
September 1, 2020
Deadline for eligible hospitals to submit a hardship exception application
November 30, 2020
Deadline for critical access hospitals (CAHs) to submit a hardship exception application

Promoting Interoperability Programs Milestones

## eCQMs Basics

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

### Electronic Clinical Quality Measures Basics

Electronic clinical quality measures (eCQMs) are tools that help measure and track the quality of health care services that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) provide, as generated by a provider's electronic health record (EHR). Measuring and reporting eCQMs helps to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable, and timely care. eCQMs measure many aspects of patient care, including:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population/Public Health
- Efficient Use of Healthcare Resources
- Clinical Process/Effectiveness

Health care providers are required to electronically report eCQMs, which use data from EHRs and/or health information technology systems to measure health care quality. To report eCQMs successfully, health care providers must adhere to the requirements identified by the CMS quality program in which they intend to participate.

Each year, CMS makes updates to the eCQMs approved for CMS programs to reflect changes in:

- Evidence-based Medicine
- Code Sets
- Measure Logic

To successfully participate in the Medicare and Medicaid Promoting Interoperability Programs, CMS requires EPs, eligible hospitals, CAHs, and dual-eligible hospitals to report on eCQMs. These eCQMs are determined by CMS and require the use of 2015 Edition of certified electronic health record technology (CEHRT). For more information on 2015 Edition certified electronic health record technology (CEHRT), review this [fact sheet \(PDF\)](#) or [visit Health IT Certification for eCQM Reporting](#).

**Medicare Promoting Interoperability Program eCQMs Requirements for 2020**

# eCQM Contacts

Topic	Contact
<ul style="list-style-type: none"> <li>HQR System (HARP, vendor roles, uploading files, reports, troubleshooting file errors)</li> <li>Medicare Promoting Interoperability Program (attestation, objectives, policy)</li> </ul>	<p>QualityNet Service Center (866) 288-2912 <a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a></p>
<p>Hospital IQR Program and Policy</p>	<p>Hospital Inpatient Support Team (844) 472-4477 <a href="https://cmsqualitysupport.servicenowservices.com/qnet_qa">https://cmsqualitysupport.servicenowservices.com/qnet_qa</a></p>
<ul style="list-style-type: none"> <li>eCQM Specifications (code sets, measure logic, measure intent)</li> <li>QRDA-related Questions (CMS Implementation Guide, Sample Files and Schematrons)</li> <li>Hybrid Measures – Technical (specifications, logic, value sets, QRDA)</li> </ul>	<p><b>ONC JIRA Issue Trackers</b> eCQM Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/projects/CQM/summary">https://oncprojecttracking.healthit.gov/support/projects/CQM/summary</a> QRDA Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary">https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary</a> CMS Hybrid Measure Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/browse/CHM">https://oncprojecttracking.healthit.gov/support/browse/CHM</a></p>
<p>Hybrid Measures – Non-Technical (policy, measure methodology)</p>	<p>Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) <a href="mailto:CMSHybridmeasures@yale.edu">CMSHybridmeasures@yale.edu</a></p>
<p>eCQM Data Validation</p>	<p>Validation Support Team (<a href="mailto:validation@telligen.com">validation@telligen.com</a>)</p>

Steps for Successful CY 2021 Hospital eCQM Submission

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## **Questions**

# Continuing Education Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

Steps for Successful CY 2021 Hospital eCQM Submission

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**Thank you**

# Disclaimer

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