



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

**CY 2022 eCQM Reporting and Data Submission Process  
Presentation Transcript**

**Speaker**

**Veronica Dunlap, BSN, RN, CCM**  
Lead, Alignment of eCQM Reporting  
Inpatient VIQR Outreach and Education Support Contractor

**November 29, 2022  
2:00 p.m. Eastern Time (ET)**

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

**Veronica Dunlap:** Welcome, everyone, to today's presentation titled *Calendar Year 2022 eCQM Reporting and Data Submission Process*. 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. I will be today's speaker. Before we begin I would like to make a few announcements. This presentation is being recorded. A transcript of the presentation, along with the question-and-answer document, will be posted to the [QualityNet](#) website and the [Quality Reporting Center](#) website. If you have registered for this event, a reminder email, including the link to the slides, was sent a few hours ago. If you did not receive this email, you may download the slides from the [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com) website. Today's webinar has been approved for one continuing education credit. A link to this survey will be displayed following today's webinar. If you leave prior to the conclusion of the event, a link to the survey will be available in the summary email a few business days after the webinar. If you have any questions as we move through today's webinar, please type the questions in the Ask a Question window, and we will answer questions as time permits.

The goal for today's webinar is to provide hospitals and vendors the information needed to successfully report calendar year 2022 eCQM data to the CMS Hospital Quality Reporting System, or HQR System. We have incorporated a visual tutorial demonstrating the data submission process, and we'll show you how to confirm that you have met the eCQM reporting requirement.

By the end of today's presentation, attendees will be able to summarize the calendar year 2022 eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs. Participants will also be able to navigate to the eCQM user interface and understand the data submission process.

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

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First, let's review some important items surrounding calendar year 2022 eCQM reporting.

We wanted to provide a quick-glance comparison of the eCQM reporting requirements from last year to this year. Make sure you are referencing the column on the far right, labeled Calendar Year 2022. As you can see, the total number of eCQMs to report or the measure set have not changed. However, this is the first year hospitals must report on a mandatory eCQM, which is the Safe Use of Opioids-Concurrent Prescribing eCQM. In addition, CMS is requiring three quarters of data instead of two. Although hospitals can choose which three quarters, each quarter must contain the same four eCQMs. 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. In addition, the CEHRT criteria remains the same, requiring hospitals to use EHR technology certified to the existing 2015 Edition, the 2015 Edition Cures Update, or a combination of both. Just a reminder that your EHR must be certified to report on all available eCQMs.

Compiled here is a reference document specific to calendar year 2022 eCQM reporting requirements, which have been summarized for you. The reporting period includes three quarters of data from January 1 through December 31, 2022, and the submission deadline is February 28, 2023, at 11 59 p.m. Pacific Time. As a reminder, this year is the final year to use the 2015 Edition certification criteria, and beginning with next year's reporting calendar year 2023, hospitals are required to report their data using EHR technology certified to the 2015 Edition Cures Update.

The alignment of eCQM reporting allows hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program to successfully meet both programs with just one submission.

Here is an updated table reflecting the calendar year 2022 eCQM measure set, noting the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM listed at the top.

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Each individual eCQM and their specifications for calendar year 2022 are available on the [eCQI Resource Center](#), located under Eligible Hospitals and Critical Access Hospitals.

The calendar year 2022 certification and specification policies are provided to you on this slide. Hospitals are required to report their calendar year 2022 eCQM data using the required certified technology and specifications published in the spring of 2021 for the CMS Annual Update applicable to the calendar year 2022 reporting period. The links to these technical resources are provided here on this slide. All the technical standards and specifications, including all the available resources, are all posted on the eCQI Resource Center.

The format of the QRDA Category I file has not changed and remains one QRDA category I file, per patient, per quarter. Additional quarters of data should not be included within that individual QRDA Category I file and will be rejected within the HQR System. Each file for the applicable quarter should include all the measures that you will be submitting for on a patient and include all the patient discharges for that specific quarter. With hospitals being required to submit additional quarters of data, the HQR System does allow batches of files to contain QRDA I files from different quarters. Also, vendors may upload a zip file that may have a mix of QRDA I files for different facilities, as well as different quarters. The maximum number of QRDA I files allowed within a zip file, shown here, is 14,999. Hospitals may submit multiple zip files; however, it is very important to confirm your zip file does not already contain a zip file within it prior to uploading it. If you have any questions, please reach out to the CCSQ Service Center for additional assistance.

As you are correcting your submission files, keep in mind these five key elements used in succession management. If a new production file is submitted, matching all five of these key elements, it will replace or overwrite the original file, saving the user from having to delete that original file. This information is further described under Succession Management in the CMS 2022 Implementation Guide, or IG, for QRDA Hospital Quality Reporting.

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The definition for a successful submission of eCQMs is any combination of the accepted QRDA I files, zero denominators, and case threshold exemptions. If your hospital selects to submit a zero denominator or case threshold exemption for a particular measure, it will count towards credit for that measure for that quarter. As hospitals are transitioning their EHR systems and/or vendors, CMS is continuing to allow hospitals to use abstraction or use data from non-certified sources into their Certified EHR Technology in order to capture and report their QRDA Category I files.

Included here is a review on how denominator declarations are defined and applied to eCQM reporting. If a hospital does not have any patients that meet the denominator criteria of a particular eCQM, they can declare a zero denominator. If there are five or fewer discharges during the relevant quarter applicable to a specific measure, they have the option to submit QRDA I files or enter a case threshold exemption. In either scenario, it is required that the EHR system is certified to report that measure.

Now, it's time to walk through steps on the eCQM data submission process.

To get started, we recommend hospitals and vendors access the calendar year 2022 QRDA I file submission checklist, shown here. The checklist provides instructions on uploading test and production file submissions, locating the rejected files, how to review measure outcomes, and generating the program credit report. Information on where and how to manually enter denominator declarations, if applicable, is also included.

Now this slide outlines the necessary steps we will be demonstrating today for our tutorial. The steps detailed on the slide include accessing the HQR site and landing page, confirming your user role and vendor role permissions, uploading and reviewing your QRDA I files, checking whether your hospital has met the eCQM reporting requirement, and lastly entering any denominator declarations, as applicable. As you can see next to each step, screenshots have been provided on the reference slides, which are available in the appendix section of the webinar materials.

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We will begin our demonstration on how to submit calendar year 2022 eCQM data to the Hospital Quality Reporting System by first typing in the link: [HQR.cms.gov](https://hqr.cms.gov). Next, here on the login page, we're going to enter our User ID and password from your HCQIS Access Roles and Profile, or HARP, account. If you do not have an account or need assistance logging into the *HQR Secure Portal*, please reach out to the Center for Clinical Standards and Quality, or CCSQ, Support Center, at [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov). After entering this information, click the blue Login button. A two-factor authentication will need to be selected. Select your option from the drop-down box, and then click Next. Once you receive the security code, go ahead and enter it. Then, click Next.

The HQR landing page will appear, displaying the navigation menu located on the top left side. This is where you access all the tasks available such as the dashboard, data submissions, data results, program reporting, and administration. Depending on the access and your role that you've been granted, some of you may not have these same tasks that my screen is currently showing. If you prefer to keep the navigation menu open, displaying all tasks, so you can move freely about, go ahead and click the Lock Menu on the bottom left. If you don't see it at first, make sure you scroll all the way down. Select Lock Menu. An important reminder is to always make note which organization your screen is displaying, as we understand many of you submit data for more than one facility. Since, for today's purposes, I'm going to be entering data from my hospital, I will click on the Change Organization button on the top right. Then, I can perform a search or select my hospital from the drop-down box below. Then, click the blue Change Org button.

Our next step is for the Security Officials to verify your staff's permissions by selecting Administration and then Access Management.

All users must have the eCQM permission to be able to either View and/or Edit/Upload their eCQM data. Just a reminder that some of you listening today may not see this option, as it's only made available to QualityNet Security Officials.

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As we see here under the users list, I'm going to select the user that I would like to confirm their permissions for. I can either perform a search with their name or email or select from the list below. A list of users with access to your organization, including all removed and suspended users, will display. I'm going to go ahead and select that user and review their access. I can see that their access is showing as a green circle here, showing active. Under the Data Submission Permissions, I'm going to go under the Program Access column next to eCQM and confirm that they have the View and Upload Edit roles for both the IQR program and the Medicare Promoting Interoperability Program. Then, I'm going to scroll down further to review their permissions for submission results. Again, under Program Access, I'm going to see that they do have the ability to view results for eCQM data for both PI and IQR. However, if I found that she did not have the necessary permissions, I'm able to scroll up to the top of the page and select Edit Access, or if she is no longer employed, or I would like to change her access, I can go ahead and select the three vertical dots, and I can either suspend the user or remove the user.

After we have confirmed our user permissions, it is important for hospitals using a vendor who are submitting data on their behalf to confirm the vendor's permissions in order for them to have the ability to upload the hospital's data and review measure results. From the landing page, select Administration and then Vendor Management. Again, just like Access Management, some of you may not have this option displayed on your screen.

Search for a vendor you would like to confirm permissions for by typing in their name or email in the search field and clicking on the magnifying glass, or you may select from the list of vendors shown below. A list of vendors with access to your organization, including removed and suspended vendors, will display. Here, I have selected our current vendor, showing that they have maintained and active status. As you can see under the Data Submissions section, this vendor is showing that they do have the Edit/Upload function for eCQM data specific to the IQR program only.

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As I scroll down, I'm also able to look under the Submission Results section and confirm that this vendor has the Edit/Upload function for eCQM data, again specific to the IQR program.

If for some reason I came across that my vendor did not have all of the necessary permissions, I would once again scroll back up to the top and select Edit Access. Here, I can revise their permissions as needed. Otherwise, I'm able to suspend or remove that vendor's access by selecting on the three vertical dots.

Now, let's upload our QRDA I files. From the landing page, we're going to select Data Submissions in the navigation menu. You'll see a variety of tabs to select from at the top. Some of you may not have all the tabs shown here, depending on your user role. However, let's go ahead and select the eCQM tab. Then, we will select File Upload. This option is for QRDA I files, and on the right you should see a tab for Data Form. This is used to enter denominator declarations, and we will review this a little bit later in the demonstration. It is important to select the corresponding submission type. So, whether you're selecting test or production, please keep in mind test file submissions are not used towards program credit and will not be publicly displayed. Whereas any data submitted as production file submissions, will count towards program credit and will be publicly reported.

One thing I would like to point out that, as you select files from your computer or even drag and drop, if you will be uploading any type of zip files, please take a moment and double check and open those zip files to make sure that there's not another zip file contained within a zip file prior to uploading. This may cause a processing delay within the HQR System. So, now let's go ahead and select our files for production. We'll go ahead and select our files and highlight them and select Open.

Then, once you've selected your files a pop-up box will display for users to select the corresponding calendar year from the drop-down box. I'm going to go ahead and select calendar year 2022, and then click the Blue Continue button.

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As you see here on the right, a file exchange message will pop up, showing that the files are processing. Once you have uploaded your files, an email will be sent to the submitter's inbox, indicating the file processing status for each batch. The email includes the batch ID, file name, and displays the processing start and end times. Also included within the email is a direct link to view the file accuracy details within the HQR System. If you decide to click on this link, please keep in mind that the page that will display defaults to test and Quarter 4 2022. You will need to change the file submission type and quarter to view the data associated with the batch number in that email.

As displayed here, the corresponding statuses under the Status column show that some files have been accepted and that some have been rejected. The HQR System provides additional status messages, including a new Delayed Submission status that will appear when a file has failed to process for an unknown reason. If you receive a Delayed status, we do recommend that you do not try to re-upload these files, and reach out to the CCSQ Service Center for further direction.

Once your files have been uploaded, it's time to select Data Results and then select eCQM from the landing page. Here, we can review any error messages, resubmit files, and evaluate our measure performance.

The system defaults to the Files tab, which is the first tab at the top. Also, it defaults to Test under the submission field. Since we uploaded our files as production files, I will go ahead and select Production from the drop-down box and click on Change Selection.

In order to view any errors for a specific batch, I can look under the Errors column and click to download the CSV file. As you can see, I received two errors. One is the Conformance CMS\_0082, explaining that the CEHRT ID does not meet the current year's version. Another Conformance error message, CMS\_0067, notes that the submitter has not been authorized yet to submit for this provider. Next, I'm going to move on to the second tab and check my file accuracy.

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As you can see, the system will default to test and the most current quarter. So, I'm going to go ahead and select Production and Quarter 1, 2022, and click Change Selection. The files displayed below correlate with the card highlighted in purple at the top. The system defaults to the card labeled Total Files. In order to view the eight accepted files, I can go ahead and click on the Accepted Files card, or I'm able to filter under the Status column. To further evaluate my error messages, I will switch and click on the Rejected File card to view the error messages within each file by clicking on the asterisk under the column.

A pop-up box will display noting the error number and what the error is. Click the blue OK button to close the pop-up box. Now, let's select the blue Export Results button to generate a CSV file on the Rejected Files and associated error messages.

To determine how the episodes of care were evaluated for each patient-level file, I have selected the Outcomes Tab and modified the system defaults, submission, and quarter. I can view the performance summary for all measures by clicking the blue View Summary button or change my selection to a specific eCQM. Shown here, I'll go ahead and select STK-2 and select Change Selection.

These cards are filters and only calculate the highest measure outcome. Just to point out, in order to calculate the performance score, we need to go ahead and calculate the total denominator by combining the counts for the numerator, denominator, any denominator exclusions, as well as any denominator exceptions.

This information can be displayed in a CSV file by clicking the blue Export Results button.

Now, it's time to verify that I have successfully met the eCQM reporting requirement. From the landing page, I will select Program Reporting and then Program Credit. The system defaults to the PI card at the top and Quarter 4 2022, as you can see.

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There is a yellow banner indicating that the submission requirements were not met. After reviewing the error messages within my rejected files and resubmitting them, I will need to rerun the Program Credit Report again. Now, as you can see, I am able to see a green banner noting that the submission requirements have been met. Keep in mind that eCQM reporting is an annual submission, and although there is an option to select a discharge quarter, the HQR System will evaluate all the data for program credit across all four quarters and determine if the requirement has been met or not. The banner message is not specific to an individual quarter and will default to Quarter 4 2022. As shown here, we have a green banner, but the only measure showing a Submitted status, as you see below, is the mandatory Safe Use of Opioids eCQM; however, we can go ahead and select a different discharge quarter and review the submitted eCQMs below.

After selecting the appropriate card at the top, whether it's Promoting Interoperability or IQR, I can go ahead and then click the blue Export Report button, and that will display the PDF version.

Our last step here in our demonstration takes us back to selecting data submissions and then the data form that I mentioned earlier. This is the location to manually enter any zero denominators and/or case threshold exemptions. We will go ahead and select the green arrow button to launch the data form. As you can see this page will just default to discharge quarter, Quarter 4 2022.

If my hospital does not deliver any babies and our EHR is certified to report let's say PC-05, I can go ahead and select a zero denominator declaration from the drop-down box. I would need to scroll down and select: I'm ready to submit.

Keep in mind that since three quarters of data are required, make sure you go into each self-selected quarter to enter the data. A green pop-up box will display, noting that you have successfully submitted your zero denominator for PC-05 [for that particular quarter].

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If any changes have been made within the HQR System, such as resubmitting your files or modifying any denominator declarations, always go back and re-run the Program Credit Report to make sure that the green banner displaying that requirements have been met is still showing. I'm going to go ahead and select Program Credit.

As you can see here, we have a green banner displaying that submission requirements are still met. It's important to note that this report is a snapshot in time and, as files are overwritten and or deleted, this banner may change.

I hope the video tutorial was helpful to you. Now, the next few slides review additional tips and information. Slides 21 through 27, we wanted to provide them to you, and you can review these at your convenience. We are going to go ahead and get started with our [live] Q&A session.

Our first question: Are there benchmarks for each eCQM? I can answer this. Currently, there are no benchmarks for eCQM reporting for eligible hospitals or critical access hospitals.

Next question: Do the three quarters need to be consecutive, or can we submit Quarter 1, Quarter 2, and Quarter 4? I can answer this question. The three quarters of data do not have to be consecutive. You may self-select any three quarters within calendar year 2022. Yes, you can submit Quarter 1, Quarter 2, and Quarter 4.

Next question: Does the eCQM requirement apply to critical access hospitals? This is always an excellent question. The critical access hospitals are required to submit eCQM data for the Medicare Promoting Interoperability Program. That is a requirement. For the Hospital Inpatient Quality Reporting Program, critical access hospitals are not required as they are not subsection (d) hospitals, and that would be considered voluntary. For eCQM reporting, it is a requirement for critical access hospitals to submit their data for the Medicare Promoting Interoperability Program.

Next question. Where can we find the case threshold exemptions?

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**Amy Asche:** This is Amy from PM3. I think I can help with this question. I think the question is referring to where you can submit that data, the information, and that screen was reviewed but maybe this question came in early. Maybe after the demo, it answered your question. If not, let us know with further questions. It was on the denominator declaration page. You can go in there, and the drop down for the denominator declaration has both. You can choose denominator declaration or case threshold. You can choose between one, two or three, how many case thresholds from there. That is where you find the information and submit the data.

**Veronica Dunlap:** Great, thank you, Amy. Next question: Where can I get the submission checklist? I can go ahead and answer that. The submission QRDA I checklist, we put one out every year as eCQM reporting is an annual submission. The checklist is available under Tools and Resources on the QualityReportingCenter.com website. Also, our tools are also available on the QualityNet website. If you need assistance, we can walk you through to get to the tools and review that. You can contact the inpatient support team.

Our next question: Can hospital HQR security personnel -- I think that's referencing the security officials -- can they upload the final data, or do we need to go through a vendor?

**Amy Asche:** It can go either way. If you have permissions and you have all the capability within there as a Security Official, you should have the full access to upload and submit the data and review the data. So, you can submit data as a provider yourself or you can use a vendor. It can go either way.

**Veronica Dunlap:** Thank you, Amy. Our next question: How come the Performance Summary button is not on the Accuracy when you submit test submission files?

**Amy Asche:** At this time, the HQR System does not have the capability within the test submissions. It's only accessed through the production submissions. That is something that we are looking into in the future to potentially bring out and make it available, but, at this time, it is not available for test submissions.

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**Veronica Dunlap:** Thank you. If a facility does not offer OB services, and has four other eCQMs selected, do they have to enter a zero denominator for the PC-05 measure?

This is Veronica. I can answer that. This year, all hospitals, to receive your annual payment and not to have that affected, you can self-select three eCQMs and you must report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM. You may select three eCQMs plus submit data for the Safe Use of Opioids measure. The PC-05 measure is not required. You do not have to submit data for that measure for this year.

Next question: Can we do tests to identify if we have any rejections before the actual production submission?

**Amy Asche:** This is Amy. Yes, absolutely. We encourage you to do actually test submissions to see if you are getting rejections and just to verify that you are receiving the outcomes you are expecting for the file submissions. We do encourage you to do test submissions first and then production submissions. You don't have to do the test submission, but it is encouraged to get the files updated and fixed before you submit files to production.

**Veronica Dunlap:** [Next question]: You directed us to open zip files to ensure it didn't contain additional zip files. I thought opening the zip file would unzip the file.

**Amy Asche:** This is Amy. I can try to speak to this a little, too. We have noticed, especially in the last year's submissions and for a few coming in this year, we had a lot of submissions last year where we had zips within zips. We had some with a lot of zips within zips, causing issues within the systems with files getting processed and stuff. It's a matter of making sure, verifying that, when you zip your file, there is only one zip file within your submission and that you don't have additional zip files hidden or within the main zip file itself. It's just double checking and making sure the main zip file itself is the only zip file contained and nothing is within the zip file, any smaller ones.

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**Veronica Dunlap:** Thank you. Next question: Can we submit one quarter at a time or can we submit all of them together? I can answer that. The HQR System did open to receive both test and production file submissions early October. I don't know the exact date offhand. A Listserve announcement was distributed, announcing that the system was open.

For each data submission uploaded, keep in mind that a QRDA I file is representative of one quarter. You can submit a variety of QRDA I files across your three quarters. However, each QRDA I file is only representative of one quarter. You can submit Quarter 1 and 2 in November and then Quarter 3 data in December. Obviously, your Quarter 4 data would come after the year. Hopefully, that helps answer the question. I think that covered it. We have a lot of questions on that.

We have our next question here: Do we still need a certified vendor to submit for our hospitals if our EHR system provides certified scripts to create QRDAs?

**Amy Asche:** This is Amy. This goes back. We answered this one earlier. If you have all of the qualifications as a provider, and everything is certified, and you meet all of the requirements, you can submit the files yourself from the provider standpoint. If you are missing anything, you have to go through a vendor. If you have all of the specification requirements to do the submissions, yes, you can submit them.

**Veronica Dunlap:** Thank you. I also wanted to add to that, for calendar year 2022, we are able to use a 2015 existing edition of certified technology. However, as most of you know and have implemented for the calendar year 2023 eCQM data, CMS is requiring the use of the 2015 Edition Cures Update. That's beginning with calendar year 2023 eCQM data.

Next question: -Can you review again the difference between a case threshold exemption and a zero denominator declaration?

**Amy Asche:** I can take this. Can you go back to the screen, the slide?

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**Veronica Dunlap:** Yes. Are we able to go back to slide 17? I know this is a lot of verbiage here and at times a little bit difficult. If you look to the column on the left, the case threshold exemption is regarding when you have five or fewer discharges applicable to that measure within a quarter. It's saying it's insignificant that you have had five patients or less for that, and you don't have to submit QRDA I files for those two or three patients. You can go ahead and manually enter a case threshold exemption.

Let's say you had four discharges relevant to that eCQM for a quarter. You can manually enter the number 4 from the drop-down box on the denominator declaration screen within the HQR System. For a zero denominator declaration, the column on the right, it's when your hospital does not have patients that are meeting the denominator criteria. Depending on how the IPP is defined, you would enter a 0 or claim a zero denominator declaration. That's manually entered from the drop-down box in the same location as the case threshold exemption. Keep in mind, that in both scenarios, since you are not uploading QRDA I files, if you select a case threshold exemption or select a zero denominator declaration, your EHR must be certified to report that eCQM. That's eligible for the Hospital IQR Program and Medicare Promoting Interoperability Program. If you need any assistance with that, you can reach out to the inpatient support team, as well as CCSQ Service Center.

Our next question: Can I submit from two different EMR systems, one quarter from one system and two quarters from another system?

**Amy Asche:** This is Amy. I can take that one. Yes, if you are having two vendors or two systems trying to submit, make sure that they have the appropriate permissions for the quarters that they are supposed to have access to. Yes, you can have one submit one quarter and another for another quarter. You have to verify that the permissions for submitting and reviewing data is in order, but it is possible.

**Veronica Dunlap:** Next question: Is the requirement that the same four measures need to be used for all three quarters? This is Veronica. I can answer that. Yes, each quarter must have four measures, and those four measures should be the

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same, must be the same, for the additional three quarters. All three quarters must have four of the same eCQMs. As we know, the Safe Use of Opioids is a mandatory eCQM. You will have three quarters of the Safe Use of Opioids eCQMs, plus the three same self-selected eCQMs. Each quarter must have the same eCQMs across all three quarters. If you want to go above and beyond and want to submit additional data, you surely can, but at minimum, make sure you have the Safe Use of Opioids and the same three self-selected eCQMs across the three quarters that you are submitting data for. If you don't have any patients regarding the Safe Use of Opioids for some reason, you will need to make sure you enter a zero denominator. If you have five or less, you may have to select the case threshold exemption. Again, the Safe Use of Opioids is a mandatory eCQM regardless of if whether you are submitting QRDA I files or if you are entering a denominator declaration.

Next question: I did not zip my files, but they were all accepted and numerators and denominators were as expected. Is that okay?

**Amy Asche:** This is Amy. So, we just highly recommend that, if there is a vendor submitting or a provider too, has a large number of files they are submitting, it's easier to put it all in one zip file to do one big submission at a time instead of individually submitting files. You don't have to have a zip file for the submission. As long as you went in, verified all your files were accepted, and you are getting what you need as an outcome, you are good to go.

**Veronica Dunlap:** Great. I want to add to that. Don't forget the last step is to make sure you run your Program Credit Report and look out for the green banner. Again, if any changes were made to the files, or if your staff went in or clicked something by mistake, or something or reevaluating a file or resubmitting it, please always make sure you rerun the Program Credit Report to make sure that the banner is green, noting that your requirements have been met.

Our next question: Do all rejections have to be corrected before we can get credit for our submittal? I can go ahead and address this. That's a good question. CMS does expect that hospitals submit data for 100 percent of

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their patient population for the four measures you are submitting for. Please work with your vendor if you have one, correct those files, and resubmit them. All data submitted to production will be used for public reporting. Keep that in mind as well. Yes, you should go ahead and fix the files. If you need assistance or if you have an error message that you need more guidance on, please reach out to us.

Next question: What if I switched EHR in year 2022? Do I have to certify both EHRs? I know Amy addressed this a little bit here.

I wanted to point out that if you're transitioning and for some reason you are not able to clearly submit. First of all, EHRs must be certified to the 2015 edition. If you are in the scenario for some reason, you can enter the correct vendor permissions and have Vendor 1 submit for Quarter 1 and Quarter 2 and Vendor 2 submit for Quarter 3 and Quarter 4. However, if you are moving to a certified edition or transitioning, you may qualify for an Extraordinary Circumstance Exception, or ECE, because this year we are requiring three quarters of data. So, if you are transitioning your EHR, some hospitals might not be able to successfully submit the three quarters of data. So, if you have any questions on that, please reference this slide in the materials and/or you can reach out to the inpatient support team regarding that. For the Medicare Promoting Interoperability Program, you may be eligible to apply for a hardship. Again, probably need more information on that question to better answer that.

Okay, I really appreciate everyone's questions. That concludes our live Q&A session. Hopefully, everything was pertinent and we got to most of your questions. Anything we didn't speak to, they were irrelevant to the webinar content and/or may require additional research, and we'll get the question-and-answer transcript posted to the Quality Reporting Center and QualityNet website.

Lastly here, for our continuing education, we want to remind everyone that today's webinar is approved for one continuing education unit. You can obtain the CEU from the link provided on the CE slide, and make sure you complete the survey.

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At the end of the day here, we want to thank you again for your time and your questions and wish you well. Please reach out to us if you need assistance with your eCQM reporting. Thank you so much. Thank you to our subject-matter experts, and have a great day. Thank you so much.