



**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
Question and Answer Summary Document**

Speaker

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The following document provides actual questions from audience participants. Attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: Are there benchmarks for each eCQM?

Currently, there are no benchmarks for eCQM reporting for hospitals.

Question 2: Do the three quarters need to be consecutive, or can we submit Q1, Q2 and Q4?

For calendar year (CY) 2022 eCQM reporting, hospitals may self-select any three quarters within the calendar year. The quarters can be consecutive or non-consecutive.

Question 3: Does the eCQM requirement apply to critical access hospitals?

Yes, critical access hospitals are required to participate in eCQM reporting for the Medicare Promoting Interoperability Program. Critical access hospitals are not subsection (d) hospitals; therefore, they are not required to submit eCQM data for the Hospital Inpatient Quality Reporting (IQR) Program.

Question 4: Where can we find the case thresholds?

If the question is referring to where you can submit data for case threshold exemptions, that information is manually entered on the Denominator Declaration Screen in the *Hospital Quality Reporting (HQR) Secure Portal*. For a case threshold exemption, the criteria are five or fewer discharges applicable to an eCQM that have occurred during the relevant reporting quarter and that the hospital's electronic health record (EHR) is certified to report the eCQM. Hospitals do not have to use the case threshold exemption; they can submit Quality Reporting Document Architecture (QRDA) Category I files if they choose. Additional information is located on slides 17, 63-67.

Question 5: Where can I get the checklist?

The CY 2022 Preparation Checklist for eCQM Reporting is available on the [Resources page](#) on the QualityNet website and the [eCQM Resources for IQR page](#) on the QualityReportingCenter.com website.

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Question 6: Can hospital HQR security personnel upload the final data, or do we need to go through a vendor?

Hospitals have the option to submit their eCQM data or authorize a vendor to submit data on the hospital's behalf. Hospitals choosing to use a vendor must log into the *HQR Secure Portal* and select Vendor Management to confirm the vendor's permission.

Question 7: Why is the performance summary button not on the Accuracy tab when you submit test files?

Currently, the HQR System does not have the capability to review the performance score on test file submissions. However, this feature may be available in the future.

Question 8: If a facility does not offer Obstetric services and has four other eCQMs selected, is it required to enter a zero denominator for the PC-05 measure?

Specific to CY 2022 eCQM reporting, the only mandatory measure is the Safe Use of Opioids-Concurrent Prescribing eCQM. Hospitals are not required to submit data for the PC-05 measure. If a hospital selects the PC-05 measure as one of their three self-selected eCQMs, data are required for three quarters during the reporting year. Each quarter must contain the Safe Use of Opioids-Concurrent Prescribing eCQM, plus three additional self-selected eCQMs. The eCQMs must be the same eCQMs across three quarters of data.

Question 9: Can we submit test file submissions to identify if we have any rejections before the actual production file submissions?

Yes. Hospitals and vendors are encouraged to submit test file submissions to the *HQR Secure Portal* early and often. This allows data submitters to validate the QRDA Category I file structure and correct their rejected files. Test file submissions will not be counted towards meeting the eCQM reporting requirement, so it is important to verify that you have successfully submitted production files prior to the submission deadline.

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Question 10: **You directed us to open the zip file to ensure it didn't contain additional zip files. I thought opening the zip file would "unzip" the file?**

It is important to verify, prior to uploading, that there are no hidden zip files contained within the zip file you plan on uploading to the *HQR Secure Portal*. This occurred during last year's submission period, and it caused a processing delay within the HQR system.

Question 11: **Can we submit one quarter at a time, or do we need to submit ALL quarters together? When can we start to submit?**

On October 11, 2022, CMS distributed a Listserve announcing the HQR System was accepting CY 2022 eCQM data. Data submitters can submit test and production file submissions now through the February 28, 2023, submission deadline. Each QRDA Category I file must represent a single quarter of data; however, files from different quarters may be uploaded within the same batch at the same time.

Question 12: **Do we still need a certified vendor to submit for our hospital if our EHR system provides certified scripts to create QRDA Category I files?**

If your hospital's electronic health record is certified according to the applicable calendar year reporting requirements, then you can submit the files yourself. Hospitals are required to use the most current specifications, standards, and technical versions according to the CMS Annual Update for CY 2022 reporting (published in 2021). This includes the standards and code system versions used to report eCQM data. For CY 2022 eCQM reporting, CMS requires that data must be reported using Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the existing 2015 Edition certification criteria, the 2015 Edition Cures Update, or a combination of both. Visit the [eCQI Resource Center](#) for implementation resources and the correct versions for the CY 2022 eCQM reporting period.

CMS is requiring hospitals use certified technology to the 2015 Cures Update beginning with the CY 2023 reporting period. For more information, refer to the ONC 21st Century Cures Act published on the *Federal Register*:

<https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification>

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Question 13: Can you review the difference between a case threshold exemption and a zero denominator declaration?

A side-by-side comparison is available on slide 17. A case threshold exemption may be applied when there are five or fewer discharges applicable to an eCQM within the same discharge quarter. In this instance, hospitals have the option to either submit these data via QRDA Category I files or manually enter the case threshold exemption. A zero denominator declaration is used when the hospital does not have any patients that meet the denominator criteria of that particular eCQM. In both cases, a hospital is required to report the selected measure(s) using certified EHR technology.

Question 14: Can I submit from two different electronic medical record systems, one quarter from one system and two quarters from another system?

Yes, hospitals may authorize more than one certified EHR vendor to submit data on their behalf. This would include having different vendors submit for different quarters of data within the calendar year. Each vendor will require the hospital's authorization to permit them to upload and review data results on their behalf. Keep in mind the submission format requires one QRDA Category I file, per patient, per quarter.

Question 15: Must we submit the same four measures for all three quarters?

Yes, each self-selected quarter must contain the same four eCQMs. Furthermore, each quarter must contain the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM, plus three additional self-selected eCQMs from the CY 2022 measure set. If your hospital does not have any patient-level data on the Safe Use of Opioids-Concurrent Prescribing eCQM, you must enter a denominator declaration for each of the three self-selected quarters. If your hospital has five or fewer discharges in a discharge quarter applicable to the Safe Use of Opioids measure, you must submit those QRDA Category I files or enter a case threshold exemption for each of the three self-selected quarters.

Question 16: I didn't zip my files, but they were all accepted, and numerators and denominators were as expected. Is that, okay?

It is recommended to upload a zip file containing individual QRDA Category I files instead of submitting each individual file at a time; however, it is not required. The maximum number of QRDA Category I files within a zip file is 14,999. Once you have confirmed your production

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data files have met the expected measure outcomes, it is necessary to run the Program Credit Report in the *HQR Secure Portal* to confirm reporting requirements have been met.

A green banner will display indicating that your hospital has successfully met the eCQM reporting requirement. As files are resubmitted, they will overwrite previously submitted production files, so it is important to rerun the Program Credit report to confirm that the banner did not change.

Question 17: Must we correct all rejections before we can receive credit for our submission?

Hospitals should analyze their rejected files by reviewing any error message(s), correcting the data within the relevant files, and resubmitting the revised files as production file submissions to the *HQR Secure Portal*. CMS expects the reporting of eCQM data to be representative of the entire patient population for the timeframe in question. If you need assistance evaluating rejected files or files not meeting the expected measure outcome, contact the CCSQ Service Center.

Question 18: What if I switched EHRs during 2022? Do I certify both EHRs?

Hospitals are required to submit eCQM data using certified EHR technology to the existing 2015 Edition criteria, the 2015 Edition Cures Update criteria, or a combination of both. For CY 2022 reporting, CMS requires three quarters of consecutive or non-consecutive quarters of data. Specific to your question, it depends on when the transition occurred and which three quarters your hospital has selected.

If your hospital has transitioned from one EHR to a different EHR during a reporting quarter, CMS expects the hospital to import data from their old EHR into the new EHR and submit one QRDA Category I file, per patient, per quarter. Hospitals are permitted to use abstraction or pull data from non-certified sources to then input the data into Certified EHR Technology (CEHRT) to capture and report QRDA Category I files.

If you need additional clarification, contact the Inpatient Support Team: https://cmsqualitysupport.servicenowservices.com/qnet_qa.

Question 19: When will the hybrid measure platform in the HQR System become available?

CMS will communicate through a Listserve notification on the opening of the HQR System to receive test and production file submissions of the Hybrid Hospital-Wide Readmission (HWR) and Hybrid Hospital-Wide

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All-Cause Risk Standardized Mortality (HWM) measures for the 2024 Voluntary Reporting Period.

To receive important communications and announcements specific to eCQM reporting, join the Listserve at <https://qualitynet.cms.gov/listserv-signup>.

Question 20: Can you select different quarters for different eCQMs?

Data submitted for CY 2022 eCQM reporting includes three consecutive or non-consecutive quarters of data. Each quarter must contain the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM, plus three self-selected eCQMs. Hospitals are required to submit the same eCQMs for each of the three quarters. For example, if a hospital self-selects VTE-1, VTE-2, and ED-2, each quarter must contain the Safe Use of Opioids-Concurrent Prescribing eCQM, VTE-1, VTE-2, and ED-2. Hospitals are required to submit one QRDA Category I file, per patient, per quarter, which should include all episodes of care and the measures associated with that patient for a reporting quarter.

Question 21: If we have two quarters of STK-03 measure data and two quarters of zero STK-03 data, would we submit two quarters of the data and one quarter with a zero denominator?

The definition of a successful submission includes any combination of the following: accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures, zero denominator declarations, and/or case threshold exemptions. If your hospital does not have any patients meeting the denominator criteria on one of the self-selected eCQMs, a zero denominator may be used for the applicable quarter. A hospital may have patient-level file data on a particular measure and submit QRDA Category I files for one quarter, but it may not have any patients meeting the denominator criteria for that same measure in a different quarter. In that case, the hospital would need to select a zero denominator for the applicable quarter. To meet the eCQM reporting requirement, hospitals are required to submit the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM, plus three self-selected eCQMs for three quarters of data. The self-selected eCQMs must be the same eCQMs across quarters.

Question 22: How does a new critical access hospital (CAH) submit data? We received our CAH status mid-year.

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Critical access hospitals are required to submit eCQM data for the Medicare Promoting Interoperability Program. A critical access hospital that has received a new CMS Certification Number (CCN) is considered a new CAH. The reporting period is the year in which the new CCN was registered. Specific to the 2022 payment adjustment year, the following are applicable to the reporting period for CAHs: 1) If a CAH as not successfully demonstrated it is a meaningful EHR user in a prior year, the EHR reporting period is any continuous 90-day period within CY 2022 and applies for the FY 2022 payment adjustment year. 2) If in a prior year a CAH has successfully demonstrated it is a meaningful EHR user, the EHR reporting period is any continuous 90-day period within CY 2022 and applies for the FY 2022 payment adjustment year. Information on additional EHR reporting periods is available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-495>. For additional information related to the Medicare Promoting Interoperability Program, review the [Registration & Attestation page](#) on the CMS.gov website.

Eligible hospitals and CAHs are required to submit data in the CMS Hospital Quality Reporting (HQR) System. Users must register for a HCQIS Access Roles and Profile (HARP) account to sign in and access CMS applications, such as the HQR System. Additional information is located on QualityNet at <https://qualitynet.cms.gov/getting-started#tab1>.

Critical access hospitals that choose to participate in voluntary reporting for the Hospital IQR Program must let CMS know of their participation by submitting an Optional Public Reporting Notice of Participation at any time. More information is available on QualityNet: [QualityNet.cms.gov](https://qualitynet.cms.gov) > Hospitals - Inpatient > Public Reporting > Hospital Compare Public Reporting > Participation > [Optional Public Reporting Notice of Participation](#). For questions specific to the Hospital IQR Program, please reach out to the Inpatient Support Team at (844) 472-4477 or https://cmsqualitysupport.servicenowservices.com/qnet_qa.

For help with the Medicare Promoting Interoperability Program, contact the CCSQ Service Center at qnetsupport@cms.gov or (866) 288-8912.

Question 23: **Where do we submit the hospital data that was once called Meaningful Use or Promoting Interoperability (PI) (such as eprescribe)?**

Eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program are required to report eCQM data and attest to the objectives and measures as specified in the [FY 2022 Inpatient Prospective Payment System \(IPPS\)/Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule](#).

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Participants must submit their attestation and report their eCQM data through the CMS HQR System (hqr.cms.gov) by the submission deadline. To learn more about these requirements, refer to the [Medicare Promoting Interoperability Program: Frequently Asked Questions](#) document on the CMS.gov website. For questions on the Medicare Promoting Interoperability Program, please contact the CCSQ Service Center at (866) 288-8912 or qnetsupport@cms.hhs.gov.

Question 24: **Will you demonstrate the hybrid measures? Since it's a different timeframe, I wondered if the process is different.**

The submission of hybrid measure data is like the annual eCQM data submission process. As stated in the FY 2020 IPPS/LTCH PPS Final rule, hospitals are expected to submit their QRDA Category I files for the Hybrid HWR and Hybrid HWM measures within three months following the end of the applicable reporting period. Upon availability of the HQR System, data submitters can access the *HQR Secure Portal* as often as necessary to upload and troubleshoot their QRDA Category I files. Please review the archived webinar *Navigating the Voluntary Hybrid HWR Measure Data Submission Process*, located on the www.QualityReportingCenter.com website. A link to the webinar recording and transcript are available here: <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2022-events/ecqm8522/>.

Question 25: **This is my first time submitting eCQM data via The Joint Commission's Direct Data Submission Platform (DDSP) and I need to upload CY 2021 data. Are their resources to help with the process?**

The demonstration shown during this webinar is specific to the eCQM data submission process for CMS Hospital Quality Reporting Programs (e.g., Hospital Inpatient Quality Reporting Program, Medicare Promoting Interoperability Program). These data are uploaded to the CMS HQR System.

DDSP is a different platform and is available to hospitals submitting data to The Joint Commission. For more information, visit [Measurement Resources](#) under Supporting Materials on [The Joint Commission's website](#). In addition, the recording, slides, and transcript are available on the Pioneers in Quality® General Sessions page for [The Joint Commission's June 2022 Direct Data Submission Platform webinar](#).

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Question 26: **If you submit for multiple facilities, do you need to submit the same three quarters for each, or can the quarters vary between facilities? (For example, can Hospital 1 submit Q1, Q3, Q4 data and Hospital 2 submit Q2, Q3, Q4 data?)**

The quarters do not have to be same if a data submitter is uploading data for two different hospitals if each hospital is billed under a different CMS Certification Number (CCN). Hospitals are required to submit three quarters of data. The quarters may be consecutive or non-consecutive. Submitters can report multiple quarters of QRDA Category I files within one batch file submission to the HQR System; however, submitters are expected to report one QRDA Category I file, per patient, per quarter.

Question 27: **Is the 2015 Edition Cures Update mandatory when you report? Do you need to use the update starting January 1, 2023?**

Beginning with the CY 2023 reporting period, hospitals are required to report their eCQM data using Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the 2015 Edition Cures Update criteria. The CEHRT functionality must be in place by the first day of the EHR reporting period, and the product must be certified by the last day of the EHR reporting period. Additionally, participants must use their selected version's functionality for the full EHR reporting period. To check whether a Health IT product has been certified to the 2015 Edition Cures Update criteria, visit the [Certified Health IT Product List](#). To learn more about the update, visit [ONC's 21st Century Cures Act final rule](#).

Question 28: **Since the HQR System is now accepting production files for CY 2022 reporting, will it overwrite the first file if we submit a different file for the same quarter? Can we continue to upload a new file up until February 28, 2023?**

The HQR System will identify QRDA Category I files with five matching key elements within each file. The newest QRDA Category I **production** file submission will overwrite the previous file submission if each file contains these same five key elements: CCN; CMS Program Name; EHR Patient ID; Reporting Period; and EHR Submitter ID. Succession management is only applicable to **production** data in the HQR System. QRDA Category I files uploaded as test submission files will not overwrite those files with the same five key elements. CMS recommends deleting any previous batches or files prior to resubmitting corrected test

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file submission data. Succession management is discussed in the [CMS IG for QRDA Category I HQR for 2022](#).