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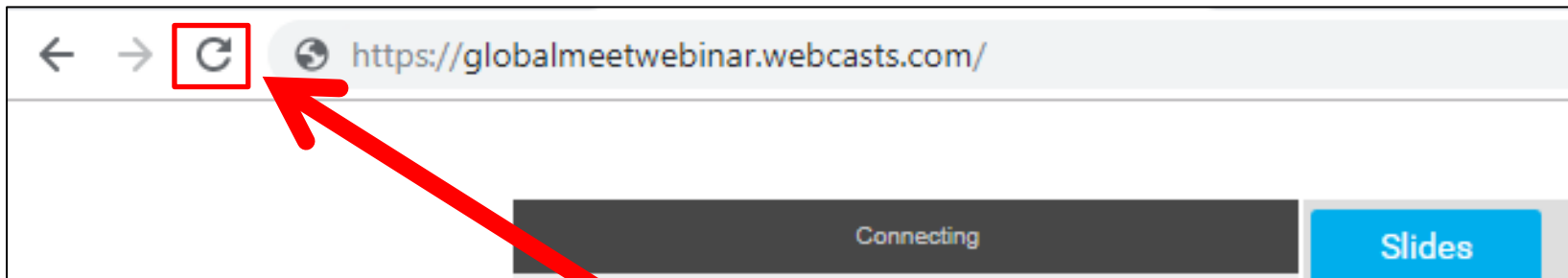
Click Refresh

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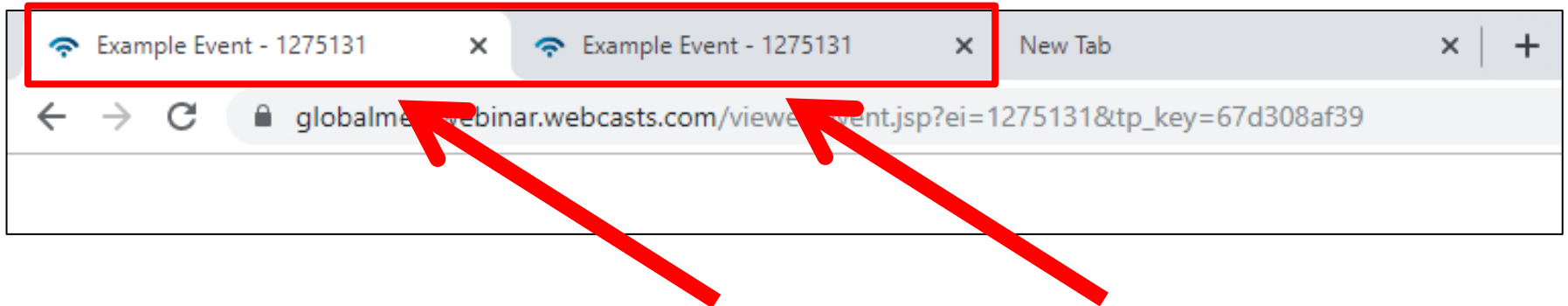
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Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
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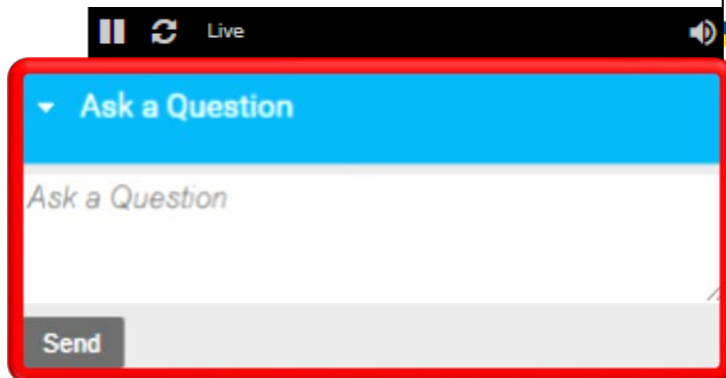
Example of 2 Browsers/Tabs Open in Same Event

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



Today's Presentation



CY 2021 eCQM Reporting Tools and FAQs for the Hospital IQR Program and Medicare Promoting Interoperability Program

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

February 25, 2022

Purpose

This presentation provides participants in the Hospital Inpatient Quality Reporting (IQR) Program and Medicare Promoting Interoperability Program helpful tips and tools for calendar year (CY) 2021 eCQM reporting, with a focus on addressing data submitter questions.

Objectives

Participants will be able to:

- Locate tools and resources for successful eCQM reporting.
- Review frequently asked questions (FAQs) regarding CY 2021 eCQM reporting.
- Implement the webinar's guidance to improve the eCQM data submission process.

Acronyms

CAH	Critical Access Hospital	HQR	Hospital Quality Reporting
CCN	CMS Certification Number	IPPS	Inpatient prospective payment system
CEHRT	Certified Electronic Health Record Technology	IQR	Inpatient Quality Reporting
CMS	Centers for Medicare & Medicaid Services	LTCH PPS	Long-Term Care Hospital Prospective Payment System
CY	calendar year	ONC	Office of the National Coordinator for Health IT
ECE	Extraordinary Circumstances Exception	PC	Perinatal Care
eCQI	Electronic Clinical Quality Improvement	PDC	Provider Data Catalog
eCQM	electronic clinical quality measure	Q	quarter
ED	emergency department	QRDA	Quality Reporting Document Architecture
EHR	electronic health record	STK	stroke
FAQ	frequently asked question	VIQR	Value, Incentives, and Quality Reporting
FY	fiscal year	VTE	venous thromboembolism
HARP	Health Care Quality Information Systems (HCQIS) Access Roles and Profile		

CY 2021 eCQM Reporting Tools and FAQs for the
Hospital IQR Program and Medicare Promoting Interoperability Program

Useful Tips and Tools

Dual Program Submission

The successful submission of 4 eCQMs for 2 quarters of data prior to the submission deadline of **March 31, 2022, 11:59 p.m.**

Pacific Time, will meet the eCQM reporting requirement for the following programs:

- Hospital IQR Program
- Medicare Promoting Interoperability Program

FY 2021 IPPS/LTCH PPS Final Rule

Refer to the Fiscal Year (FY) 2021 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule in the *Federal Register*.

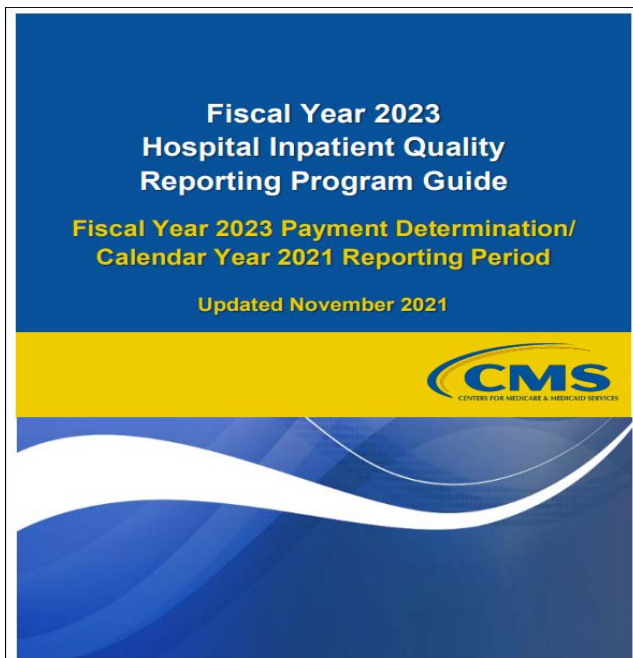
<https://www.federalregister.gov/documents/2020/09/18/2020-19637/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

- Hospital IQR Program: pp. 58926–58959
- Promoting Interoperability Program: pp. 58966–58977

Additional Program – Specific Requirements

Hospital IQR Program

- [How to Participate Page](#)
- [FY 2023 IQR Program Guide](#)



Medicare Promoting Interoperability Program

- [2021 Program Requirements Page](#)
- [2021 Medicare Promoting Interoperability Program Requirements Infographic](#)



KNOW the CY 2021 eCQM Reporting Requirements

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

*Safe Use of Opioids – Concurrent Prescribing measure is not mandatory until CY 2022 reporting.

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. Pacific Time.** (The original deadline was Monday, February 28, 2022, at 11:59 p.m. Pacific Time).
- Submission deadline for hospitals attesting for the Medicare Promoting Interoperability Program: **Thursday, March 31, 2022, 11:59 p.m. Pacific Time** (The Listserv announcing the extensions was distributed October 28, 2021: [Hospital Inpatient Notifications on QualityNet](#))

CY 2021 (FY 2023) eCQM Measure Set

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

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

CY 2021 eCQM Submission Overview Document

<https://qualitynet.cms.gov/inpatient/measures/ecqm/resources>



Calendar Year (CY) 2021 Electronic Clinical Quality Measure (eCQM) Submission Overview for the Hospital Inpatient Quality Reporting (IQR) Program

Program Requirements	Submit data for at least four (4) of the nine (9) available eCQMs for two self-selected quarters of CY 2021 data (Q1, Q2, Q3, Q4) during the same reporting period.	Dual Program Acceptance	Hospitals that successfully report on at least four (4) of nine (9) available eCQMs via the Hospital Quality Reporting (HQR) System will meet CQM requirements for the following: <ul style="list-style-type: none"> Hospital IQR Program Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals
Reporting Deadline	February 28, 2022 , by 11:59 p.m. Pacific Time	Successful Submission	Data must be submitted through the HQR Secure Portal as any combination of the following: <ul style="list-style-type: none"> QRDA Category I files with patients meeting the initial patient population of the applicable measure(s) Zero denominator declarations Case threshold exemptions
Technical Requirements	Hospitals submitting eCQM data will need to: <ul style="list-style-type: none"> Use Health Information Technology (Health IT) certified to the 2015 Edition of Office of the National Coordinator for Health IT (ONC) criteria. Use eCQM specifications published in the 2020 eCQM annual update for CY 2021 reporting and applicable addenda, available on the eCQI Resource Center. Use the 2021 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I, Schematron, and sample QRDA Category I files found on the Eligible Hospital/Critical Access Hospital eCQMs page of the eCQI Resource Center. 	System Availability	The HQR System will be open for the following: <ul style="list-style-type: none"> Test and Production File Submissions (Fall 2021)
		File Validation Tool	Via the HQR System, providers can validate QRDA Category I test and production file structure and contents and generate CSV files for feedback to correct QRDA Category I files prior to production re-submissions.
Who Can Submit Data	<ul style="list-style-type: none"> Hospitals with a HCQIS Access Roles and Profile (HARP) account can submit data. Electronic health record (EHR) vendors can create a HARP account to submit data on their behalf. <ul style="list-style-type: none"> Hospitals can log in to the HQR Secure Portal and use the Vendor Management System to assign, modify, and remove vendor access from one page. The user will receive instant confirmation that vendors are added, suspended, or removed. Contact the QualityNet Help Desk for additional assistance at (866) 288-8912 or qnetssupport@hcqis.org. 	Contacts	<ul style="list-style-type: none"> Submit questions on the Hospital IQR Program and eCQM reporting requirements to the Hospital IQR Program Support Contract Team at (844) 472-4477 or visit the Quality Question and Answer Tool. Submit questions on the HQR Secure Portal, Promoting Interoperability Program, or eCQM data submission process to the QualityNet Help Desk at (866) 288-8912 or qnetssupport@hcqis.org. Visit the ONC Jira Issue Tracker to research prior responses and submit questions to CMS subject matter experts for assistance with the eCQM Issue Tracker, QRDA Issue Tracker, CQL Issue Tracker, and CMS hybrid measures.

- Document provides an overview of CY 2021 eCQM reporting.
- CY 2021 data submissions will be publicly reported on data.cms.gov for the October 2022 release.

LOCATE the CY 2021 eCQM Reporting Tools

QRDA Category I File Submission Checklist

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	
Date	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"> <input type="checkbox"/> 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 Certified Health IT Product List (CHPL) website to ensure the edition is certified to report all eCQMs. <input type="checkbox"/> 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: https://ecqi.healthit.gov/eh-cah7/global/yearfilter=2301. <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"> <input type="checkbox"/> Visit the Hospital Quality Reporting (HQR) System log in page. <ul style="list-style-type: none"> • Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account. • Complete two-factor authentication. Enter the security code. Accept the Terms and Conditions. <input type="checkbox"/> Review the Navigation Menu on the HQR landing page to perform actions within the HQR System.
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"> <input type="checkbox"/> Upload Test and Production QRDA Category I files. <ol style="list-style-type: none"> 1. Click Data Submission. Locate the eCQM tab. Click on File Upload. Select where the files are going, Test or Production. 2. Click the Select Files button to locate the QRDA Category I batch files on your computer you want to upload. 3. 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. <input type="checkbox"/> Review the processing status of the QRDA Category I files. <ol style="list-style-type: none"> 1. From the dashboard menu, click on Data Results. Then, click on eCQM. 2. Click on the Files Upload History tab to review submissions. 3. 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. <input type="checkbox"/> 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"> 1. Click on the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page. 2. The counts for the accepted and rejected files will equal 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. 3. You can click on the Export Results button to print or download the results for closer review. <input type="checkbox"/> Review the Outcomes Submission Results to determine how the episodes of care were evaluated. <ol style="list-style-type: none"> 1. 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. 2. 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. <input type="checkbox"/> Generate the Program Credit Report. <ol style="list-style-type: none"> 1. 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. 2. 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. 3. 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"> • A green banner indicates successful submission was achieved for the reporting year. • A yellow banner indicates successful submission was not achieved for the reporting year. <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> <ul style="list-style-type: none"> <input type="checkbox"/> Enter Denominator Declarations if Applicable. <ol style="list-style-type: none"> 1. Click on Data Submissions. Click on Data Form. Click on Launch Data Form to refresh the page. 2. 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. <input type="checkbox"/> 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 changes in any way (files are resubmitted or deleted; denominator declarations are modified), re-generate the Program Credit Report for the most current status. If the report is not available after 24 hours, contact the QualityNet Service Center.</p>

Submission of eCQMs does not meet the complete program requirements for the Hospital Inpatient Quality Reporting (IQR) Program. Hospitals are responsible for data submission for all required data submitted, web-based measures. For questions regarding the Hospital IQR Program, please contact the Hospital IQR Program Support Contractor at (844) 472-4477 or help@qualityreporting.com. For questions regarding the complete program requirements for the Promoting Interoperability Program, please contact the QualityNet Service Center at (866) 288-8972.

November 2021

eCQM Implementation Checklist

eCQM Implementation Checklist

Receive updates on this topic:

The Centers for Medicare & Medicaid Services (CMS) requires an eligible professional (EP), eligible clinician (EH) or critical access hospital (CAH) to use the most current version of the eCQMs for quality reporting programs.

The [Preparation and Implementation Checklists \(PIC\)](#) assume that a health care practice/organization has determined which measures to report on, it provides the necessary technical steps health information technology (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in CMS electronic quality reporting.

Preparation Checklist

- [1\) Sign up for a Unified Medical Language System \(UMLS\) account](#)
- [2\) Sign up for an ONC Project Tracking Jira account](#)
- [3\) Sign up for eCQM page change notifications on the eCQI Resource Center](#)
- [4\) Review the code system versions used in the eCQM specification for the upcoming reporting/performance year](#)
- [5\) Review the standards, tools, and documents used to support the eCQM specification for the upcoming reporting/performance year](#)

Implementation Checklist

- [1\) Access the appropriate eCQM Annual Update](#)
- [2\) Secure detailed information about each measure](#)
- [3\) Download value sets](#)

QRDA=Quality Reporting Document Architecture

BOOKMARK the CY 2021 eCQM Implementation Resources

[eCQI Resource Center](#)

Eligible Hospital / Critical Access Hospital eCQMs

Receive updates on this topic

Select Reporting Period: 2021

Find older eCQM specifications in the [eCQM Standards and Tools Version table](#).

Buttons: eCQM Resources, EH/CAH eCQMs, About, Hybrid Measures

2021 Reporting Period Eligible Hospital / Critical Access Hospital Resources

For Use	eCQM Implementation Resources	Published
2021 Q1-Q4	Implementation Checklist eCQM Annual Update	
2021 Q1-Q4	Guide for Reading eCQMs v6.0 (PDF)	May 2020
2021 Q1-Q4	Hospital Quality Reporting Table of eCQMs (PDF)	May 2020
2021 Q1-Q4	eCQM Specifications for Hospital Quality Reporting (ZIP)	May 2020
2021 Q1-Q4	eCQM Value Sets	May 2020
2021 Q1-Q4	eCQM Direct Reference Codes List	May 2020
2021 Q1-Q4	Binding Parameter Specification (BPS)	May 2020
2021 Q1-Q4	eCQM Logic and Implementation Guidance v4.0 (PDF)	May 2020
2021 Q1-Q4	Technical Release Notes (PDF)	May 2020
2021 Q1-Q4	Technical Release Notes (ZIP)	May 2020
2021 Q1-Q4	Standards and tool versions used for reporting period	May 2020
2021 Q1-Q4	eCQM Flows (ZIP)	Aug 2020
2021 Q1-Q4	2021 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)	May 2020
2021 Q1-Q4	2021 CMS QRDA I Schematrons and Sample Files (ZIP)	Dec 2020
2021 Q1-Q4	eCQM Annual Update Pre-Publication Document (PDF)	Oct 2020

VISIT the eCQM Data Element Repository (DERep)

<https://ecqi.healthit.gov/mc-workspace-2/data-element-repository>

Measure Collaboration (MC) Workspace

About eCQM Concepts eCQM Clinical Workflows eCQM Test Results eCQM Data Element Repository

Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The eCQM Data Element Repository (DERep) provides additional clarification for all the data elements associated with published eCQMs used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can filter information by data element, eCQM, Quality Data Model (QDM) attribute, QDM category, or QDM datatype data element.

The data elements provided are for use in eCQMs for 2019, 2020, and 2021 performance and reporting periods. Information contained within the eCQM DERep is derived from the eCQM specifications, QDM, and the Value Set Authority Center (VSAC). Each eCQM data element includes information about the value set or the direct reference code (DRC), along with the QDM datatype, and the QDM attributes used by that data element. The QDM information displayed for an eCQM reflects the version used in the development of the eCQM for a specific performance/reporting period. For the 2019 performance and reporting period, QDM Version 5.3 information is displayed. For 2020, QDM Version 5.4 information is displayed, and for 2021, QDM Version 5.5 Guidance Update information is displayed.

Review the [MC Workspace User Guide \(PDF\)](#) and [view past education sessions](#) on the MC Workspace.

Year: 2021 Select a Filter Option: - All Data Elements - Search: Sort by: Title Order: Asc Apply

Select a filter or search by term and click Apply to see results. Filter definitions are below:

eCQM Data Elements

- Aids in data mapping activities
- Provides measure information and data element definitions
- Includes information derived from eCQM specifications, Quality Data Model (QDM), Value Set Authority Center (VSAC), QDM datatype, and QDM attributes

REFER to the HQR System – Known Issues Document

- The Hospital Quality Reporting (HQR) System Known Issues Document is available for download on the QualityNet Known Issues & Maintenance page: <https://qualitynet.cms.gov/known-issues-maintenance#tab1>
- The document outlines the following:
 - The date the issue was added
 - Affected functionality/report
 - Description of the issue
 - Status of the known issues across the HQR System (Ambulatory Surgical Centers, eCQM, general HQR issues, Hospital inpatient/outpatient issues, etc.)
- The HQR System Known Issues Document is regularly updated.

LEARN the Step-by-Step Process for Submitting eCQM Data

Visit the eCQM Archived Events page and locate the [Steps for Successful CY 2021 Hospital eCQM Submission](#) webinar from December 16, 2021.

Refer to Slides 22–42. You can:

- ✓ Watch the presentation
- ✓ Download the slides
- ✓ Review written transcripts

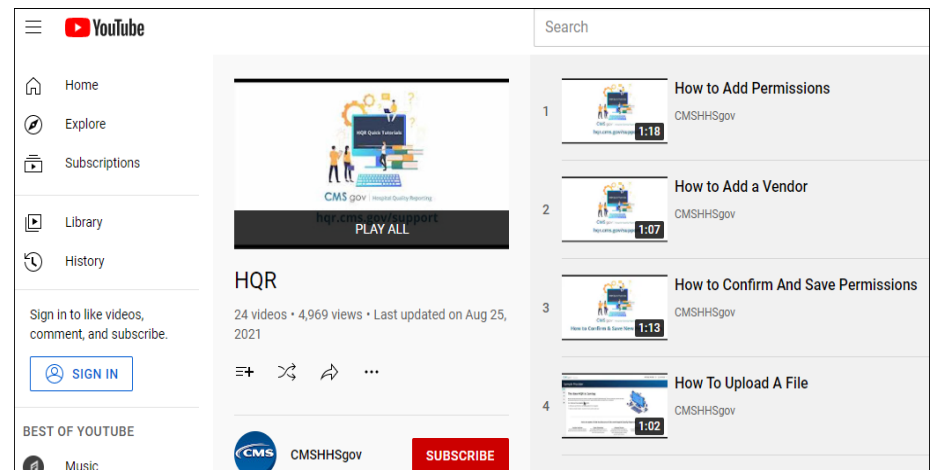
CHECK OUT the HQR Video Tutorials

CMS uses video tutorials to help you navigate the HQR System.

YouTube link: https://www.youtube.com/playlist?list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy

Example eCQM titles:

- How to Add Permissions
- How to Add a Vendor
- How to Change Organizations
- How to Check Data Results
- How to Check Program Credit
- How to Submit Data via the Data Form
- How to Upload a File
- How to Upload an eCQM File



CY 2021 eCQM Reporting Tools and FAQs for the
Hospital IQR Program and Medicare Promoting Interoperability Program

Frequently Asked Questions (FAQs)

FAQ #1: Is it required to submit the Safe Use of Opioids eCQM?

No. The Safe Use of Opioids – Concurrent Prescribing measure is 1 of the 9 available eCQMs in the CY 2021 measure set. Hospitals are required to self-select 4 eCQMs and may opt to submit this measure.

❖ *Tip: Starting with the CY 2022 reporting period, hospitals will be required to submit the Safe Use of Opioids – Concurrent Prescribing eCQM for 3 self-selected quarters.*

FAQ # 2: Will CMS publicly report our eCQM data?

Yes. This will be the first year CMS will publicly report eCQM data. CMS finalized public reporting of eCQM data to begin with the CY 2021 reporting period, for the FY 2023 payment determination. eCQM data will be made available to the public in the October 2022 release.

❖ *Tip: Production data submissions uploaded to the HQR System will be publicly reported for the October 2022 release. Test file submissions are considered practice and will not be publicly reported.*

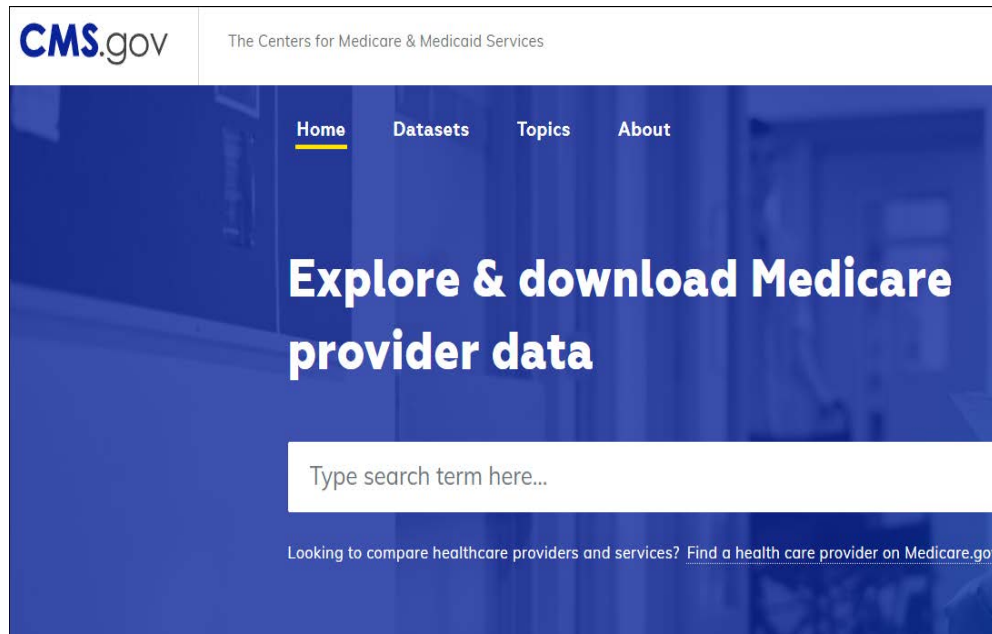
FAQ #3:

Where will our eCQM data display?

CY 2021 eCQM data will publicly display on the Provider Data Catalog (PDC) website (data.cms.gov) for the October 2022 release. During a 30-day preview period, hospitals and critical access hospitals (CAHs) can review their data before the data are displayed. CMS will later announce the public display of eCQM data on [Care Compare](#).

❖ *Tip: Hospitals “preview” data on the HQR Secure Portal’s Preview User Interface.*

Provider Data Catalog (data.cms.gov)



FAQ #4: Can we submit more than 4 eCQMs for 2 quarters of data?

Absolutely! CMS encourages hospitals to submit additional eCQM data as test or production submissions to the HQR System. It is important to confirm you have met the reporting requirement by generating the Program Credit Report prior to the submission deadline. A green banner indicates that submission requirements were met.

❖ *Tip: Production data submissions uploaded to the HQR System will be publicly reported for the October 2022 release.*

FAQ #5: Will the system reject our QRDA Category I files if we combine Q1 and Q2 data?

Yes! The QRDA Category I file format has not changed. Submit 1 QRDA I file / per patient / per quarter.

Each file should include all measures applicable to that patient, and all episodes of care applicable to the reported measures.

❖ *Tip: Zip files may contain QRDA Category I files from different quarters and different CMS Certification Numbers (CCNs).*

FAQ # 6: How does the HQR System decide when to overwrite previously submitted files?

The HQR System uses Succession Management. The HQR System will identify QRDA Category I files with 5 matching key elements. The newest QRDA Category I *production* file submission will overwrite the previous file submission containing the following same elements:

Element	Example
CMS Certification Number	CCN
CMS Program Name	HQR_PI or HQR_IQR or HQR_PI_IQR
EHR Patient ID	Up to 256 characters in length (numbers/letters)
Reporting Period	For Q1: Low Value – “20210101” High Value – “20210331”
EHR Submitter ID	Hospitals – CCN Vendors – Vendor ID

❖ *Tip: Succession management applies to production file submissions only. Delete previous test file submissions prior to resubmitting your test data.*

FAQ # 7: Which Author Template ID for Medication Discharges should I use?

Use the following:

[templateid=2.16.840.1.113883.10.20.22.4.119a](#)

3.14 Discharge Medication (V5)

[act: identifier urn:hl7ii:2.16.840.1.113883.10.20.24.3.105:2019-12-01 (open)]

Find
discharge me
Previous
Replace w

Table 45: Discharge Medication (V5) Contexts

Contained By:	Contains:
Patient Data Section QDM (V7) (optional)	Medication Activity (V2) (required) Reason (V3) (optional) Days Supplied (optional) Entity Care Partner (optional) Entity Patient (optional) Entity Organization (optional) Entity Practitioner (optional)

This template represents the QDM datatype: Medication, Discharge.

This template represents medications should be taken by or given to the patient after being discharged from an inpatient encounter.

QDM attribute: Negation Rationale is represented by setting negationInd="true" and stating the reason (rationale) in a contained Reason (V3) template. Although Reason (V3) is not explicitly contained in every template, it is available for use in any template. To negate "Medication, Discharge" data type, use the act/negationInd in this template.

QDM attribute: Author dateTime is the time the [discharge medication](#) list on the discharge instruction form is authored. This is represented through the Author Participation template contained in the Medication Activity (V2) template.

FAQ #8: Where do I enter denominator declarations?

Log into the *HQR Secure Portal*.

- A zero denominator declaration may be used if the hospital does not have any patients that meet the denominator criteria.
- A case threshold exemption may be used when there are 5 or less discharges during a quarter that meet the initial patient population.
- The system will default to the most current quarter.
- ❖ *Tip: Remember to click, “I’m ready to submit.” The blue button is for each self-selected quarter, if applicable.*

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OKMULGEE MEMORIAL HOSPITAL

< Data Submission

Denominator Declaration

If your total cases are 5 or less for your reporting quarter please use the drop down below to identify Zero Denominator Declaration or Case Threshold Exemptions.

Discharge Quarter: Q4 2020

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

[*] 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.

Successful QRD/A production submissions that meet the program requirements for the selected reporting quarter will override corresponding denominator declaration entries and are displayed on the Program Credit Report and Export.

I'm ready to submit

FAQ #9: How can I confirm my hospital met the CY 2021 eCQM reporting requirement?

The Program Credit User Interface is available to hospitals and their vendors to review how production data applies toward program credit. A banner indicates the hospital's reporting status. Click the Export Report button to download the report.

Green Banner = Requirements 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

Yellow Banner = Requirements Not Met

Program Credit Report
Page 1 of 1
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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 HQR 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.

FAQ # 10: If we do not fix rejected files, will we still meet the eCQM reporting requirement?

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

❖ *Tip: Data submitters should reach out to the QualityNet Service Center for assistance with troubleshooting their rejected files.*

FAQ # 11: Our EHR is certified to report PC-05, but we do not have a mom/baby unit. Which denominator declaration should we enter?

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

- ❖ *Tip: eCQM Specifications, Data Elements, and Release Notes are available for each individual measure on the [eCQI Resource Center](#).*

Exclusive Breast Milk Feeding

[Receive updates on this topic](#)

Measure Information Specifications and Data Elements Release Notes

Specifications

Attachment	Size
CMS9v9.html	57.5 KB
CMS9v9.zip (ZIP)	60.2 KB
CMS9v9-TRN.xlsx (Excel)	21.93 KB

Data Element Repository

[Data Elements contained within CMS9v9](#)

FAQ # 12: Our hospital did not meet the eCQM requirement. What can we do?

- For the Hospital IQR Program, reference the [Extraordinary Circumstances Exception \(ECE\) Policy](#) and submit an [ECE form](#) by **April 1, 2022**.
- For the Medicare Promoting Interoperability Program, reference the [Hardship Exception Policy](#) and submit a [Hardship Form](#) by **September 1, 2022**.

FAQ #13: How will CMS validate CY 2021 eCQM data?

For the Hospital IQR Program, eCQM data reported Q1 2021–Q4 2021 will be validated affecting the FY 2024 payment determination.

- CMS will validate up to 16 cases from 2 calendar quarters of CY 2021 eCQM data (up to 8 cases per quarter for 2 quarters).
 - From each quarter, CMS will randomly select 1 to 8 cases per measure, depending on how many measures a hospital reported to CMS, for no more than 8 cases total across all measures.
 - Selected hospitals must submit at least 75 percent of sampled eCQM medical records within 30 days of the date listed on the medical records request.
 - Timely and complete submission of medical record information will impact FY 2024 payment updates for subsection (d) hospitals.
 - Please direct any additional validation questions to the eCQM validation contractor at validation@telligen.com
- ❖ *Tip: Accuracy of eCQM data (i.e., the extent to which data abstracted for validation match the data in the files submitted for validation) **will not** affect a hospital's validation score for the FY 2024 payment determination.*

FAQ #14: Besides eCQMs, what other requirements are there for CAHs in the Medicare Promoting Interoperability Program?

Resources specific to the Medicare Promoting Interoperability Program include the following:

- [QualityNet User Guide](#) – assists with navigating the HQR Web-Based Data Collection Tool located in the *HQR Secure Portal*
- [2021 Program Requirements Infographic](#) – provides an overview of requirements
- ❖ *Tip: Contact the QualityNet Service Center for assistance with entering data for the Medicare Promoting Interoperability Program at qnetsupport@hcqis.org or (866) 288-8912.*

FAQ #15: For VTE-1, do ace wraps count as graduated compression stockings?

Questions related to eCQM logic and specifications are addressed in the Office of the National Coordinator for Health IT (ONC) Jira Project Tracking System, specifically the [eCQM Issue Tracker](#).

❖ *Tip: Perform a quick search first as the measure steward may have already addressed a similar question.*

eCQM Support Resources

Topic	Contact
<ul style="list-style-type: none"> • HQR System (HARP, vendor roles, uploading files, reports, troubleshooting file errors) • Medicare Promoting Interoperability Program (attestation, objectives, policy) 	<p>QualityNet Service Center (866) 288-8912 qnetsupport@hcqis.org</p>
<p>Hospital IQR Program and Policy</p>	<p>Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenow.com/qnet_qa</p>
<ul style="list-style-type: none"> • eCQM Specifications (code sets, measure logic, measure intent) • QRDA-related Questions (CMS Implementation Guide, Sample Files and Schematrons) • Hybrid Measures – Technical (specifications, logic, value sets, QRDA) 	<p>ONC JIRA Issue Trackers eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary CMS Hybrid Measure Issue Tracker https://oncprojecttracking.healthit.gov/support/browse/CHM</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) CMSHybridmeasures@yale.edu</p>
<p>eCQM Data Validation</p>	<p>Validation Support Team (validation@telligen.com)</p>

CY 2021 eCQM Reporting Tools and FAQs for the
Hospital IQR Program and Medicare Promoting Interoperability Program

Question & Answer Session

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 Continuing Education approval for any other state, license, or certification, please check with your licensing or certification board.

CY 2021 eCQM Reporting Tools and FAQs for the
Hospital IQR Program and Medicare Promoting Interoperability Program

Thank You

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