



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

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

Presentation Transcript

Speaker

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

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This document was edited for grammar and clarity.

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Veronica Dunlap: Good afternoon, everyone, and welcome to today's webinar. My name is Veronica Dunlap, and I'm the Lead for the Alignment of eCQM Reporting with the [Inpatient] VIQR Support Contractor. Today, I will be presenting on the calendar year 2021 eCQM reporting tools and FAQs for the Hospital IQR and Medicare Promoting Interoperability Programs. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the question-and-answer summary, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you are registered for this event, links to the slides were sent out a few hours ago. If you did not receive the email, you can download the slides from the www.QualityReportingCenter.com website. This webinar has been approved for one continuing education credit. A link to the survey will be displayed following today's event. 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 event. If you have questions as we move through today's webinar, please type your questions into the Ask A Question window with the slide number associated and we will answer questions as time allows after the event.

Today's webinar will provide the data submitter community with helpful eCQM reporting tips and tools. We will also discuss some of the most frequently asked questions that we received specific to calendar year 2021 reporting.

By the end of today's presentation, we want to ensure our attendees can easily locate eCQM reporting tools and apply the knowledge gained to improve their data submission process.

We provided a list of acronyms that are used during today's presentation for you to reference.

I would like to start out the webinar by pointing out some useful tips and tools applicable to calendar year 2021 eCQM reporting period, especially since we are approaching the submission deadline of March 31.

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The reporting of eCQM data is one of the many requirements for the Hospital Inpatient Quality Reporting Program as well as the Medicare Promoting Interoperability Program. Since calendar year 2016, hospitals participating in the Hospital IQR Program have been required to report eCQM data in alignment with the Promoting Interoperability Program, previously known as the Medicare EHR Incentive Program. Participating hospitals that successfully submit eCQM data based on the calendar year requirements will also fulfill their reporting requirement for each program with just one submission. Just a reminder, the submission deadline has been extended to Thursday, March 31, 2022.

Each year, CMS reviews and may propose changes to the reporting requirements for a variety of quality reporting programs. After public comment is received, CMS will then publish the finalized changes in the Inpatient Prospective Payment System/Long-Term Care Hospital Final Rule. This is located in the *Federal Register*. Here on this slide, I have cited the page references specific to the eCQM reporting requirement as they pertain to each of the programs for calendar year 2021 reporting.

As I previously mentioned, each program has additional program-specific requirements besides the reporting of eCQM data. The submission of eCQM data does not fulfill ALL the program requirements for either Hospital IQR Program or for the Medicare Promoting Interoperability Program. Each program does have additional requirements. Here, shown on this slide, is the Hospital IQR Program. A great start to understanding this program and learning more about its program requirements is to review the current year's program guide for IQR. This helpful document is located on the QualityNet and Quality Reporting Center websites. Here shown is the link for the fiscal year 2023 Hospital IQR Program Guide, which is relevant to this year's calendar year 2021 reporting. On the right-hand side is the Medicare Promoting Interoperability Program resources and requirements regarding a dedicated webpage to the current year's program requirements. This is also showing a 2021 user-friendly infographic. All of these helpful graphics are available on the CMS.gov website.

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First, always KNOW the reporting requirements for the calendar year data your hospital is submitting. Shown here is a quick overview on the calendar year 2021 eCQM reporting requirements. Although the Safe Use of Opioids measure is a new eCQM that was added to this year's eCQM measure set, it is not yet mandatory. However, it will be a mandatory eCQM starting with the calendar year 2022 reporting period. As shown here, hospitals can pick, self-select, any four of the nine available eCQMs, and they must submit data for two quarters from calendar year 2021. In order to meet eCQM reporting requirements, the eCQMs must be the same across the two selected quarters. For those hospitals wishing to submit more than the required eCQMs and/or more than two quarters of data, please ensure you have at least four eCQMs that are the same for two different quarters of data. EHRs must be certified to report on all the available eCQMs in the measure sets and be certified to the existing 2015 edition, the 2015 Edition Cures Update, or a combination of both.

A Listserve was distributed back in October announcing that the eCQM submission deadline was extended from February 28 to March 31. This extension also applies to hospitals attesting for the Medicare Promoting Interoperability Program. If you and your staff would like to review any of the previous Listserve notifications that you may have missed, please check out the link provided on this slide. All past notifications are saved here on QualityNet and are categorized by calendar year.

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

Also, a useful tool, is the calendar year 2021 eCQM submission overview document which provides a high-level overview of the reporting requirements. The document contains direct links to helpful resources such as the eCQM measure set table, the [eCQI Resource Center](#), including all of the implementation resources, and support contacts. I wanted to point out that this will be the first year for eCQM data to be publicly reported on Data.cms.gov for the October 2022 release. I will touch base on this public reporting of eCQM data a little bit later during the presentation.

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As a reminder, always use the most current version of these tools by going back to the website and checking the version at the bottom. For example, this submission overview document, at the bottom of the website, does say November of 2021. At this time, all of our tools and documents have been updated and are posted on those websites reflecting November 2021.

Locating the calendar year 2021 reporting tools is important as they provide the foundation and the steps on the submission process. Available for eCQM reporting, is the QRDA Category I Submission Checklist and the eCQM Implementation Checklist. Shown here on the left is the QRDA submission checklist. It walks the data submitter through each step of the data submission process. It starts off by showing how to log into the HQR System, navigating to the User Interface where files are uploaded, reviewing measure outcomes, and checking performance scores. Just a reminder: The HQR System only evaluates production file data for performance. Test file submissions will not display a performance score and will not be counted towards program credit. Towards the bottom of this checklist, it also instructs users on how to manually enter their denominator declarations (if applicable) and how to generate their program credit report. As for our other checklist on the right, our implementation checklist, shown here does outline the technical steps that your organization has already completed in order to be able to report this year's calendar year 2021 data. If you have submitted QRDA files that may have been unfortunately rejected, or not producing the correct outcome, you may find it useful to re-review this checklist to ensure you are using the most updated value sets, your system is accurately mapped in capturing the data, and reviewing the general logic guidance provided.

As you are troubleshooting measure logic through the use of these implementation resources, it is a great idea to bookmark the webpage on the eCQI Resource Center for the applicable reporting period. For this year, that is calendar year 2021. Always confirm that you are researching under the correct reporting period. So, the most important implementation resources are showing for you. For calendar year 2021 reporting, all the versions shown are the most current and were published in 2020.

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I wanted to point out a few of the implementation resources here on this page. CMS provides technical release notes, which are helpful to receive an overview of the logic and terminology changes to each individual eCQM. For submitters who have questions about how the logic is expressed and how performance rates are calculated, access the eCQM Flows located on this page. The Schematrons and sample files are here which show how the HL7 standard is implemented in order to report that patient-level data to CMS.

We also want you to visit the eCQM Data Element Repository, located on the eCQI Resource Center. It is a great area, the central storage area place, with an advanced filtering function that enables users to locate data element information and definitions for eCQMs based on information combined from the VSAC (Value Set Authority Center), the eCQM specification, and the Quality Data Model, QDM. Found under the Measure Collaboration Workspace, users can filter information by data element, the individual eCQM, or by QDM category, datatype, or attributes. To learn more about this repository, a link to the Measure Collaboration User Guide and educational sessions are also included on this slide.

Another useful resource you may find yourself REFERRING to is the HQR Known Issues Document, which is located on QualityNet. It outlines any system issues based on the reporting program within the HQR System. It provides the date of the issue, a description of the known issue, what affect it has to the end user, including any report issues that you might see. The status is also updated to reflect whether this issue still remains or if it has even been resolved. If you find yourself having an issue while working in the HQR System in the *HQR Secure Portal*, please reach out to the QualityNet Service Center who can assist you in troubleshooting any of those issues.

We recently hosted a webinar outlining the step-by-step process for submitting eCQM data, and that was posted on December 16.

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Watching the presentation recording or reviewing the transcripts may assist you and your staff in learning how to achieve successful submission and meet that reporting requirement. Events we hosted in the past are located under Archived Events on the QualityReportingCenter.com website.

Finally, a series of You Tube video tutorials on the HQR System is accessible for everyone to check out. They are less than a minute in length and provide quick, simple instructions on how to do something in the HQR System. I have included the names of a few of the tutorials that I have reviewed and found are helpful for users in submitting their eCQMs data. There is one on how to generate your Program Credit Report and one on how to upload an eCQM QRDA file. I highly recommend that you take the time to check these videos out.

Now, it's time to move on and review some of our most Frequently Asked Questions. Hopefully, these can benefit you and your staff.

Our first FAQ: Is it required to submit the Safe Use of Opioids-Concurrent Prescribing eCQM? The answer is No. Although this measure is a newly added eCQM to the calendar year 2021 measure set, it is not a required eCQM to report on. This is not required until the calendar year 2022. Don't forget that this measure will be required for three quarters of data. As hospitals prepare for next year's mandatory submission of the Safe Use of Opioids measure, they can self-select this measure this year and submit production files to meet their four eCQM or they can upload test file submissions for this measure and prepare that way.

Our next question: Will CMS be publicly reporting our eCQM data?

Yes. The answer is yes. This reporting period marks the beginning for the public display of eCQM data. Public reporting of eCQM data begins with the calendar year 2021 reporting period and subsequent years. That is finalized in the IPPS rule. All eCQM data submitted as production file submissions to the HQR System will be evaluated by CMS for public display. If there are measures or files that you do not want CMS to review

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and you are in the testing process, please make sure those testing files are submitted as test file submissions. They are considered practice and will not be accessible to CMS or be publicly reported.

Now this leads to our next FAQ. Where will our eCQM data be displayed? CMS has indicated that calendar year 2021 eCQM data will be on display on the Data.Medicare.gov website, referred to as the Provider Data Catalog. This is in preparation for the October 2022 release. The Provider Data Catalog, PDC, website provides direct access to official data submitted to CMS. These data are compiled into datasets that are readily available in open, accessible, and machine-readable formats. The link is provided on this slide, and I suggest you check around to see the different kinds of datasets and information that is accessible there. At this time, eCQM data will not be displayed on Care Compare. CMS will address that at a later time for when it gets publicly report on Care Compare. Now it will be on the Provider Data Catalog. Hospitals will have the opportunity to review their data before they are made public. This timeframe is referred to as the “30-day preview period.” Once CMS announces the opening of the preview period, which is anticipated tentatively this summer, hospitals will need to log into the *HQR Secure Portal* and access the Preview User Interface. This is where a good tip comes in. Hospitals will then “preview their data” from this Preview UI in the HQR System. Make sure you are on those Listserve notifications and information concerning that will be communicated. Any updates on the public reporting of eCQM data, when the preview period opens, or additional information CMS will communicate that as it becomes available. Please stay tuned for that.

Next question: Can we submit more than four eCQMs for the two quarters of data? The answer is yes, absolutely, you may. Hospitals are encouraged to submit additional measures across additional quarters as either test or production file submissions. A few things I would like to mention here: Is that it is important for hospitals to confirm they have met the reporting requirement by generating the Program Credit Report within the HQR System. This is extremely important, especially if enabled users (including

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vendors) are taking the data and deleting, editing, and resubmitting files. Those files that are overwritten, or uploaded, or deleted can produce a different outcome on the Program Credit Report. If the data were changed in the system, the Program Credit Report may change from meeting requirements to not meeting requirements as files are resubmitted. Please make sure that, once you are good with your data, everything is showing that you want in production file submissions. At least wait ten to 15 minutes before any additional changes are made and then run that report. This report only analyzes the data submitted as production files and test file submissions will not be evaluated for program credit. All data submitted as production file submissions will be publicly reported. Again, CMS will communicate additional information concerning this as it becomes available.

Our next frequently asked question is: Will the system reject our QRDA I files if we combine Q1 and Q2 data? The answer is yes. This can be a confusing question. The standardized format of a QRDA Category I file has not changed from years past. It is technically defined as one QRDA file, per patient, per quarter. So, although this year is the first year for the submission of two quarters of data, QRDA files are specific to just one quarter of data. That will be the case for QRDA files. The HQR System validates the file structure based on the low and high values provided for each reporting quarter. Again, that is in three-month increments. The HQR System does allow ZIP files that contain QRDA files from different quarters and even QRDA files that have different CCN numbers. A lot of vendors upload a variety of QRDA files for a variety of facilities. The system has the capability to sort and process those files accordingly. Just keep in mind that the HQR System may reject files based on user permissions, especially if they vary from CCN to CCN. Additional guidance on the QRDA file format is available in the 2021 QRDA I Implementation Guide, or IG, located on the eCQI Resource Center. I wanted to add while on this slide that the maximum size of a single QRDA file is 10 megabytes. A ZIP file cannot contain more than 14,999 QRDA files. Keep that in mind if you have files that have not been processed in the system and are rejected.

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Next, how does the HQR System decide how or when to overwrite previously submitted files? The HQR System applies the process of what is called Succession Management to all those QRDA files that have been uploaded as production file submissions. The HQR System validates QRDA Category I files including the following five matching key elements that are contained in each file. Here on this slide the five key elements include the CCN number, the CMS program name, the EHR patient ID, reporting period (for one quarter), and the Submitter ID. For the EHR submitter ID, the Vendor ID is used or the hospital's CCN number is used, depending on who the actual submitter is. The newest QRDA Category I production file submission will overwrite any of the previous file submission as long as each file contains all of the same five key elements just reviewed. The QRDA Category I files uploaded as test submission files will not overwrite those files even if they have the same five key elements. That's important to keep in mind. CMS does recommend deleting any of those previous batches or files under the test system prior to resubmitting any of the corrected test file data. That will make your filtering and sorting process easier. Additional information on Succession Management is discussed in the CMS IG for QRDA Category I. That is another place to learn more about Succession Management. If your hospital does submit test file data, it is recommended you delete test submissions prior to resubmitting any additional data. Hopefully, you don't have any questions on that Succession Management here.

Our next frequently asked question relates to which Author Template ID for medication discharges should I use. Although previous templates may have been accepted during previous reporting periods, the HQR System is developed to only validate template IDs based off of the most current 2021 specifications and standards, as this is in alignment with The Joint Commission. Shown here in this example, this template represents the QDM datatype Medication Discharge. Noting that the QDM attribute of Author/Date/Time is the time the discharge medication list on the discharge instruction form is authored. Hence, the Author Participation template ending with .119OID is the correct template ID to be used.

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We have found that some data submitters have not used the most recent version of the HL7 QRDA standards guidelines and were submitting files using a different author template, one that ended with .155OID. Again, this is just demonstrating the Template ID must be used to ensure you are expecting the correct measure outcome for your files.

Our next FAQ is, “Where do I enter denominator declarations?” Users will need to first log into the *HQR Secure Portal* and select Data Submissions from the menu on the left. Then, launching of the data form is required under the eCQMs tab to be able to access this page. Provided here is a screenshot of the denominator declaration screen which is per discharge quarter. If your hospital does not have any patients meeting the denominator definition for a particular measure, yet is also certified to report that measure, the user will select the applicable discharge quarter and select a zero denominator for that measure. If your hospital has patients meeting the IPP of a measure but has five or less discharges during a reporting quarter, then the user would choose a case threshold exemption from the drop-down. Once this screen is updated for that particular quarter, make sure to click the blue button on the bottom there, “I’m ready to submit.” Remember to go ahead and submit that to declare your declarations for that quarter. As a reminder, if you are filling it out for one quarter and denominator declarations are applicable to your reporting for an additional quarter, that two quarters of data are recommended [required]. Those four eCQMs must be the same. Go ahead and fill one quarter out. Then, hit your Ready to Submit button. Then, select a different discharge quarter and select your measure(s). Just a reminder that the use of denominator declarations for eCQM reporting will count towards the successful submission of a measure. It will count toward one of your four measures.

Our next question: “How can I confirm my hospital met the calendar year 2021 eCQM reporting requirement”? It is very important that the hospital takes the time, once all their data has been updated and submitted, to log into the HQR Portal and run the Program Credit Report. Also, we recommend that this is done prior to the March 31 deadline.

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This report is merely a snapshot in time. It may change to reflect files that have been recently deleted, overwritten, or resubmitted. It is recommended to wait at least 15 minutes after any updates have been made within the system, for this report to accurately reflect your hospital's most current reporting status.

Here on the left, a green banner is showing that the hospital has met their submission requirements. Here on the right, a yellow banner indicates the requirements have not yet been met. The system will evaluate the data for program credit across all quarters and all measures and determine if the requirements have been met or not. The banner message displayed is not specific to an individual quarter, as it was last year.

Towards the bottom of the report, on the lower half, the measure and submission status will display along with the ;last updated date and time that the submission status is reflected in the system.

If we do not fix rejected files, will we still meet the eCQM reporting requirement? Nothing has changed in regard to the response to this question. CMS expects the submitted data to be representative of the hospital's patient population for the selected quarters they choose to report on and individual measures. The HQR System provides instant feedback, noting the rejected files and includes very detailed information concerning the error messages that are received in those reject files. CMS expects hospitals to continue to work with their vendors and the data submitters to make sure they are troubleshooting those rejected files, correcting them and resubmitting them up until the deadline. Anytime anything is uploaded or resubmitted in the HQR System, always re-run the Program Credit Report to ensure your hospital indeed met the reporting requirements. If your files are not returning the expected outcome or if you need assistance correcting the rejected files, please reach out to the QualityNet Service Center.

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

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Just to restate: Denominator declarations include zero denominators as well as case threshold exemptions. In this example, specifically, the PC-05 measure, which is the exclusive breast milk feeding measure, has a denominator statement that is actually equivalent to the initial population statement. So, in this case, with this particular measure, data submitters can enter either a zero denominator or they can select a zero case threshold exemption in order to successfully report the PC-05 measure. Either selection will suffice to meet the reporting requirement.

Our hospital did not meet the eCQM reporting requirement. What can we do? If your facility was unable to successfully meet calendar year 2021 eCQM reporting by March 31, please take the time to review the applicable policies noted for you on this slide. Hospitals participating in the Hospital IQR Program should reference the Extraordinary Circumstances Exception, or what's referred to as the ECE policy, located on the QualityNet website. CMS understands there may be circumstances beyond the hospital's control, such as vendor issues or infrastructure challenges, or products losing their certification. In that regard, you may qualify for an ECE. So, it's recommended that you complete an ECE form and submit that to the Hospital IQR Program by April 1. Those forms are all due to the support contractor by April 1. The Inpatient Support Team is available to assist you with any questions you may have regarding the Hospital IQR Program ECE policy.

On another note, hospitals, including critical access hospitals that participate in the Medicare Promoting Interoperability Program, follow a different process and should reference the Hardship Exception Policy, located on the CMS.gov website. To be considered for an exception and avoid a downward payment adjustment, hardship forms are due for the Medicare Promoting Interoperability Program by September 1, 2022. If you have any questions regarding the hardship program policy and the hardship form and that process, please reach out to the QualityNet Service Center who can assist you with that.

Our next question: How will CMS validate our calendar year 2021 eCQM data?

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Specific to the Hospital IQR Program, hospitals must meet the validation requirements to avoid a reduction in their Annual Payment Update. The eCQM data submitted for calendar year 2021 will be validated, affecting the fiscal year 2024 payment determination. Similar to last year, the accuracy of eCQM data submitted will not affect a hospital's validation score. I think that is important to point out. In order for hospitals to meet this validation requirement for the [Hospital] IQR Program, they must submit at least 75 percent of sampled records within the stated timeframe, which is within 30 days of the date listed on the medical records request. Again, that information being validation, the accuracy will not be affecting your payment. However, following the instructions and submitting at least 75 percent within the deadline will then meet the data validation requirement.

This slide provides a high-level overview of what to expect this fiscal year 2024 eCQM validation process. CMS will validate up to 16 cases from two calendar year quarters of data. From each quarter, CMS will then randomly select one to eight cases per measure, depending on how many measures a hospital has reported to CMS, but no more than eight cases total across all measures. This is also something to keep in mind for whether you are submitting your data for production or test within the HQR System. The Validation Support Contractor is available at validation@telligen.com. Any validation questions for eCQM or chart-abstraction validation will go this contractor. Reach out to them and they will assist you.

Besides eCQMs, what other requirements are there for critical access hospitals in the Medicare Promoting Interoperability Program? There are always questions surrounding critical access hospitals as they may voluntarily participate in the Hospital IQR Program. However, they are required to participate in the Promoting Interoperability Program. I wanted to point out some helpful resources for those hospitals participating in the Medicare Promoting Interoperability Program. The QualityNet User Guide is an 18-page document that has screen shots and walks you through the process. It assists in navigation throughout the HQR web-based data collection tool application.

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It outlines the steps needed to use this application to submit data for the Promoting Interoperability Program, the objectives, and clinical quality measures. The other program resource for the Promoting Interoperability Program includes the 2021 program requirement infographic. It is recommended for data submitters to reference these two resources as they are entering data in the *HQR Secure Portal*. Please reach out to the QualityNet Service Center for help as you navigate this process.

Our last FAQ here: For VTE-1, do ace wraps count as graduated compression stockings? Although this exact question may not be a commonly asked one, I wanted to provide it as an example to review questions like these, that are related to eCQM measure logic and eCQM specifications, are not addressed in the ServiceNow® Tool. Get to the right spot right out of the gate, and these questions are addressed in the ONC Jira Tracking System, specific for eCQM logic and specifications. They would be submitted to the eCQM Issue Tracker. I have provided the link here on this slide. To piggy-back off of that, the ONC has a variety of Issue Trackers on their website, such as the QRDA Issue Tracker and the Hybrid Measure Tracker, where questions are reviewed and addressed by the measure steward. Questions like these may have already been asked by the submitter community and addressed. So, it's always a good idea to head out to the issue tracker that best fits your needs and perform a quick search. If you are unable to locate an answer to your question, you will need to then create a free account in order to submit your own question to the appropriate issue tracker. Just make sure that you submit your questions under the respective tracker.

As we understand, there are a lot of moving parts in the world of eCQM reporting, from uploading data in the HQR System, mapping eCQM work flows, EHR systems with the most current versions of eCQM specifications, to validating all the data that you are submitting. Hopefully, this resource slide, which is constantly being updated and is current, is helpful to you as you reach out for assistance for any of those moving parts in the world of eCQM reporting.

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The Inpatient Support Team is available to assist with anything related to the Hospital IQR Program and policy. The QualityNet Service Center assists with all issues related to the technical components of the HQR System, updating files, and troubleshooting file errors, as well as they are also responsible to assist with Promoting Interoperability Program questions. Finally, as I previously mentioned, there are a variety of issue trackers on the ONC Jira website, and they address the technical aspects for eCQMs and hybrid specifications and so forth. This support resource slide is helpful, and again, make sure you're always using the most current documents that have been posted on the QualityNet and Quality Reporting Center websites.

Okay, we have allotted a few minutes here to address some of our attendee questions that we have received that are pertinent to today's webinar, and let's get started. Our first question is, "For the two quarters selected, do they have to be subsequent quarters, or can we skip a quarter?"

This is Veronica. I can answer that. The 2021 reporting requirements is for eCQMs for two self-selected quarters. So, they would require four eCQMs in, let's say, Quarter 1, and then those same four eCQMs could be for, let's say, Quarter 3. They do not need to be consecutive, back-to-back, but you do need to the four eCQMs for each of the quarters that you are submitting, at least two.

Our next question: The eCQM submission checklist outlines the submission process, but, in regard to file creation, when we download the QRDA files, we are to extract them. Then, do we compress them again to submit the files? I'm not clear on the types of files we submit.

Amy Asche: This is Amy at PM3. I can take this one. I believe this is discussed in one of the slides that was presented also. When you are submitting the files, they just have to be within a ZIP file to upload those files. Then, with a zip file, they'll successfully get uploaded within the system.

Veronica Dunlap: Great, thank you. Could you please repeat where to locate the eCQM implementation checklist shown on slide 17?

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This is Veronica. That checklist, which is shown on the right on your screen, that implementation checklist is part of each calendar year's reporting period. If you access the eCQI Resource Center, you're able to select Eligible Hospitals and Critical Access Hospitals and select the eCQM calendar year 2021. Those implementation resources that are located on that page will include the Schematrons, the Implementation Guide, workflows, and also that checklist will be available as well.

Next question here: Is there a benchmark for the Safe Use of Opioids – Concurrent Prescribing measure? This is Veronica. At this time, there are no benchmarks noted for the Safe Use of Opioids measure for eligible hospitals.

Our next question is, "Is the Safe Use of Opioids eCQM required for the critical access hospitals?" For calendar year 2021, it is not a required measure for any hospital that's participating in the [Hospital] IQR Program or the Medicare Promoting Interoperability Program. However, if you are a critical access hospital and you are participating in the Medicare Promoting Interoperability Program for next year, calendar year 2022, the Safe Use of Opioids measure is a required measure for all those eligible hospitals and critical access hospitals.

Our next question here: Will there be a webinar for submitting data for the Medicare Promoting Interoperability Program?

Joni Lutman:

This is Joni [PM3]. The next webinar for Promoting Interoperability is actually scheduled for Tuesday, March 1. That will cover the calendar year 2022 submission data. So, if you have questions on submitting calendar year 2021 data, I'd recommend you can either go to the past events or submit a ticket to the QualityNet Service Center, and they can help you at that point or escalate as needed.

Veronica Dunlap:

Great, thank you, Joni. Our next question here: "Are these data reported through HARP?"

Amy Asche:

This is Amy. I can answer that real quick. Yes, using your HARP account, you'll have access to the Hospital Quality Reporting site.

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That's what you'll be submitting your information through, the Hospital Quality Reporting site.

Veronica Dunlap: Thank you. Next question here: Where is the Program Credit Report that we run to check if the requirements have been met?

This is Veronica. I can answer that and also redirect you to slide 17, where, on the left-hand side of the slide, is the calendar year 2021 preparation checklist for the QRDA submissions. About three-fourths of the way down, it does walk you through to where to locate that report.

If you log in via HARP, it is the *HQR Secure Portal*, as Amy has explained. Then, you would need to click on Program Reporting, which would be located in the left-hand side of the menu. From there, when you click Program Reporting, then you will have a couple options to choose down below. Then, select Program Credit. Make sure you are picking the correct program, whether it is IQR or PI or both. You will see a green banner showing Met or a yellow banner showing Not Yet Met.

It looks like here: How do we check if we are using the updated Medication Discharge template, the one ending in .119?

Amy Asche: This is Amy. So, regarding updating that author template, it's not going to cause a rejection, if I may make that clear. What it will do, if you are not using the most current, the one that is updated, stating it needs to be used, the one ending in .119, if you don't use that one, you will probably not get the expect outcome for that specific measure that you are looking at. So, if you are questioning it, I recommend going within that file and reviewing it and looking specifically under Medication Discharge template and the Author set there and making sure that it is using the value set ending in the .119 and not one the other version that is ending in .115. So, just making sure you're using the correct one for .119. If you have any questions or if you are struggling with that too, you can always submit a help desk ticket for further assistance with it.

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

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All right, it looks like we are at the top of the hour. If we did not get to your question today, we will be following up with a Q&A summary document. That transcript will be posted to QualityNet and the Quality Reporting Center at a later date.

I'd also like to remind everyone that we do know that your time is very valuable, and we do appreciate you taking the time out and asking your questions. Hopefully, these are of benefit. If you have any recommendations or any additional information that you and your staff require, we would be glad to look at that and evaluate that to make sure that everyone is able to successfully report and submit their data.

That concludes our presentation for today. I want to remind everyone that today's webinar will be available for one continuing education unit. That has been approved. To verify your CE approval for any other state license or certification, please contact your licensing board. Also, here is the survey link that has been provided in order to obtain your CEU, and make sure that's completed. Again, we thank you for your time. Have a great rest of your day and a great weekend. Bye bye.