Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor (SC)

CY 2017 eCQM Reporting
Tips and Tools for the Hospital IQR and Medicare EHR Incentive Programs

Questions and Answers

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The following questions were asked, and responses given by subject-matter experts, during the live webinar. Questions and answers may have been edited for grammar.

Question 1: **We are a surgical hospital; no obstetrics (OB), no emergency room (ER), no admissions for heart, stroke, pneumonia, etc. What should we be doing for electronic clinical quality measure (eCQM) submission?**

Hospitals utilizing certified electronic health record (EHR) technology (CEHRT) that do not have enough patients to meet the numerator inclusion criteria have the option to enter a case threshold exemption if they have five or fewer discharges in a quarter for any applicable measure. Hospitals would submit the case threshold exemption rather than the Quality Reporting Document Architecture (QRDA) Category I files.

If the hospital does not have any patients that meet the denominator criteria for a measure, but are utilizing CEHRT, then that hospital can manually enter a zero denominator on the Denominator Declaration screen within the *QualityNet Secure Portal*. Hospitals are expected to report on at least four eCQMs utilizing a combination of case threshold exemptions, zero denominator declarations, or submission of QRDA Category I files by the February 28, 2018 deadline.

Visit the eCQMs Overview web page on the *QualityNet* website for additional details: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716.

UPDATE: Submission deadline of eCQM data for the calendar year (CY) 2017 reporting period, pertaining to the fiscal year (FY) 2019 payment determination, has been extended to **Friday, March 16, 2018, at 11:59 p.m. Pacific Time (PT)**.

Question 2: **If you submit the zero denominator declaration, will you receive a response that your declaration has been accepted or approved?**

There is not a specific notification that goes out, but on the EHR Hospital Reporting–eCQM Submission Status Report (R530), it will indicate that the eCQM portion of your reporting has been met, and it will display in the following fields: Program Year Successful eCQM Data Submission [EHR Incentive Program] and [IQR-EHR].

Question 3: **If we have a vendor submitting on our behalf, does the denominator declaration need to be done?**

The hospital self-selects the measures for reporting reflective of their patient population. The hospital typically works directly with its vendor to determine which measures have patients who meet the numerator inclusion criteria and utilize that information to select at least four measures for eCQM reporting from CEHRT. If a hospital has a vendor submitting QRDA Category I files on its behalf, then that vendor would submit those QRDA Category I files and the hospital could run the EHR Hospital Reporting–eCQM Submission Status Report (R530) accordingly.

However, if the hospital is just selecting to enter a denominator declaration, then the data can be manually entered in the *QualityNet Secure Portal* on the Denominator Declaration screen by the hospital or the vendor, if the vendor is authorized to submit that data within the *QualityNet Secure Portal* on the hospital's behalf.

If you have questions about the level of authorization assigned to your vendor, contact the *QualityNet* Help Desk for assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 4: **If hospitals electronically submit QRDA data for four measures, will that action fulfill the requirements for the eCQM IQR submission requirement, as well as the eCQM meaningful use (MU) requirement, or should we do both?**

Due to alignment of the Hospital IQR Program and the Medicare EHR Incentive Program, the submission of at least four measures, whether they are reported on via QRDA Category I files, zero denominator declarations, or case threshold exemptions, are all submitted and uploaded through the *QualityNet Secure Portal*. That will meet the requirements for the Hospital IQR Program and it will also meet the clinical quality measure (CQM) requirement for the EHR Incentive Program. If the data are successfully reported, a one-time submission will meet both requirements for both programs.

Question 5: **CMS 55, version 5, ED-1 measure, Median Time from ED Arrival to ED Departure for Admitted ED Patients: If a QRDA file includes a negative ED-1 time, will it be flagged as a rejected file?**

For CY 2017 eCQM reporting, QRDA Category I files with a negative ED-1 time from ED arrival to ED departure time for admitted patients will not be rejected. CMS is developing communication to provide greater clarification regarding how CMS calculates the emergency department (ED) measures. Ensure you are receiving the most current updates by verifying you are receiving Hospital Reporting EHR Program notifications; visit the ListServe Registration web page on the *QualityNet* website.

Question 6: **If you submit an Extraordinary Circumstances Exceptions (ECE) request form, will you receive a notice of acceptance or approval of the ECE request?**

CMS offers hospitals the opportunity to submit an ECE request if they are unable to submit their eCQM data for the applicable reporting period by the submission deadline. The ECE request form is posted on the *QualityNet* and *Quality Reporting Center* websites, along with a very helpful document that explains and clarifies the policy on your ECE request. Once the ECE form is completed, and all additional supporting documentation has been submitted along with the ECE request by April 1, 2018, then CMS will consider each request and provide a response via a FedEx letter to the chief executive officer (CEO) or administrator indicated by the hospital on the ECE request form.

Question 7: **Since the ED-3 is not eligible for electronic submission, does this measure still need to be reported if we are submitting QRDA Category I files?**

To clarify, the ED-3 measure (Median Time from ED Arrival to ED Departure for Discharged ED Patients) can be submitted electronically via QRDA Category I files. However, it only counts towards EHR Incentive Program requirements since it is not an inpatient measure. There is no aligned credit available for the Hospital IQR Program, but the ED-3 measure can be reported via QRDA Category I file.

Question 8: **If we are submitting four eCQMs, we do not need to do anything with the zero denominator or case threshold exemption, correct?**

That is correct. CMS recommends confirming that your eCQMs submitted meet program requirements by generating the EHR Hospital Reporting–eCQM Submission Status Report (R530) available within the *QualityNet Secure Portal*.

Question 9: **What if we have a vendor to submit our QRDA Category I files? What action is needed on the hospital's side?**

It depends on the interaction between your facility and your vendor. If the vendor is submitting your QRDA Category I files and providing any feedback regarding performance, outcomes, or status, then you would work with your vendor for that information. If the vendor is not, then it is recommended that you generate the EHR Hospital Reporting–eCQM Submission Status Report (R530) and potentially the eCQM Performance Summary Report (R547) to verify your facility's status.

Question 10: **Regarding slide 21, which report lists the reasons for file rejection?**

The EHR Hospital Reporting–eCQM Submission Detail Report (R529) displays how the QRDA Category I files were processed at the file level and shows the conformance or error statements within rejected files.

Question 11: **For an EHR to be compliant and requirements to be met, do all QRDA Category I files need to be accepted or is it acceptable if a few of them are rejected?**

CMS expects the reporting of eCQMs to be representative of the entire patient population for the time frame in question. For example, if the hospital intends to report on four eCQMs from third quarter, all of those files that are intended to be submitted into the *QualityNet Secure Portal* should be evaluated for the total patient population. Any QRDA Category I files that are rejected due to conformance errors should be corrected, adjusted, and resubmitted. Once the rejected files are resubmitted, it is highly recommended to rerun the Hospital EHR Reporting–eCQM Submission Status Report (R530) to ensure the report indicates successful reporting.

Question 12: **Can we submit the attestation process objective measures for MU prior to submitting QRDA Category I files for eCQMs for IQR and MU?**

Yes, hospitals can enter that data into the *QualityNet Secure Portal* prior to entering or submitting your QRDA Category I files by the February 28, 2018 submission deadline.

UPDATE: Submission deadline of eCQM data for the CY 2017 reporting period, pertaining to the FY 2019 payment determination, has been extended to **Friday, March 16, 2018, at 11:59 p.m. Pacific Time (PT)**. The Medicare EHR Incentive Program attestation deadline for eligible hospitals and critical access hospitals (CAHs) has similarly been extended to **Friday, March 16, 2018, at 11:59 p.m. Pacific Time (PT)**.

Question 13: **Value sets have been revised twice in 2017 and once in January 2018; which of the value sets should we utilize to validate our CY 2017 submission?**

The 2017 value sets were updated after the International Classification of Diseases, Tenth Revision (ICD-10) master code list update. For hospitals intending to submit quarter one (Q1), quarter two (Q2), or quarter three (Q3) 2017 data, the January 2017 addendum is applicable. Hospitals intending to report quarter four (Q4) 2017 data should utilize the September 2017 addendum update. All value set information is posted on the Eligible Hospital/Critical Access Hospital eCQMs web page on the electronic Clinical Quality Improvement (eCQI) Resource Center website.

Question 14: **On slide 35, the first item on the checklist says to select at least eight eCQMs. I thought we only had to select four eCQMs.**

That is an error on our part as the final rule did adjust from eight to four eCQMs. But just to clarify, once more, for the CY 2017 checklists, the current versions are located on the *QualityNet* and *Quality Reporting Center* websites. Submitters are advised to make sure they access the online versions to ensure they are obtaining the most current versions of the test and production preparation checklists. Again, the requirement is to report on at least four eCQMs from at least one quarter from either Q1, Q2, Q3, or Q4.

Question 15: **In November, our vendor sent us a *QualityNet* screenshot of the EHR Hospital Reporting–eCQM Submission Status Report (R530) verifying successful submission of our eCQM files. When I run the EHR Hospital Reporting–eCQM Submission Status Report (R530) within *QualityNet* now, it states, "No eCQM requirements have been met." Can you give me some guidance why there is a discrepancy?**

You should confirm if any subsequent submissions have been made via QRDA Category I files to verify if there may have been an unintentional overwrite of your data. If you have any other questions, contact the *QualityNet* Help Desk and open a ticket to allow the team to assist you to review the details: qnetsupport@hcqis.org or (866) 288-8912.

Question 16: **Is there a detailed report I can run in *QualityNet* that show the reasons for not meeting the numerator?**

The EHR Hospital Reporting–eCQM Submission and Performance Feedback Report (R546) provides some guidance as to the outcome of a particular case for a patient. At this time, a report is not available that will provide more specific detail. A more detailed report is being considered for future availability.

Question 17: **Why is there a test and production checklist? What is the difference or meaning of the two different submissions?**

The test and production checklists share a similar format; the difference is related to whether the submitter intends to submit test or production QRDA Category I files to the appropriate folder.

The test checklist is utilized to assist submitters step through the test QRDA Category I file submission process via the Pre-Submission Validation Application (PSVA) tool or the *QualityNet Secure Portal*.

Files submitted to the production folder will be processed for data submission and the submitter would utilize the production checklist to aid in the submission process via the PSVA tool or directly into the *QualityNet Secure Portal*.

Question 18: **My EHR vendor has already accepted my eCQM reporting for third quarter 2017. Do I still need to report via *QualityNet*?**

You need to confirm with your vendor that it has submitted your files and that those files have been successfully submitted through the *QualityNet Secure Portal*. This can be confirmed by generating the EHR Hospital Reporting–eCQM Submission Status Report (R530). When you generate the report, locate the following fields on this report, which indicate successful submission of eCQM reporting: Program Year Successful eCQM Data Submission [EHR Incentive Program] and [IQR-EHR].

Question 19: **Do hospitals have to complete the zero denominator declaration for all of the measures in the *QualityNet Secure Portal* or just those that they are not submitting?**

If a hospital has the ability to successfully report on at least four eCQMs utilizing QRDA Category I files, then there is no need to utilize the zero denominator declaration. There is not a requirement to indicate anything on the Denominator Declaration screen that a hospital does not intend to report.

The following questions were researched and answered by subject-matter experts after the live webinar.

QualityNet

Question 20: **We have received an email confirming submission to *QualityNet,* but have not received the email with the batch number and details on files. What should we do?**

If your hospital has not received the second email confirming your QRDA Category I files have been received, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 and request to open a ticket to assist them to review your submission.

Question 21: **Currently, there is no logout when on the Secure File tab. This was identified last year. When can we expect this to be corrected?**

The addition of a logout on the Secure File tab within the *QualityNet Secure Portal* should be addressed spring/summer 2018. Communication will be distributed via ListServe notifying hospitals and vendors of the system modification.

Question 22: **How often is the Known Issues document updated? We have issues with reports we've been seeing since December and they still aren't on the document. *QualityNet* has confirmed they are issues, but we need a place to point our hospitals for reference.**

The Known Issues document is updated as needed (system updates, system fixes, etc.). CMS is aware hospitals and vendors rely on the utilization of the document and are in discussions to expand the frequency of updates and usability of the form.

Question 23: **Why does the second email not include the CMS Certification Number (CCN)? I submit for 13 CCNs and, because there is no identifying information in the email, it is very confusing as to which email goes with which CCN.**

The format of the second email, which outlines the status of the submitted QRDA Category I files, has been updated to include the CCNs for hospitals associated with the batch submission. If you continue to have questions about the data elements contained within the confirmation emails, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 24: **We have received notice from *QualityNet* that there was a backlog of files and "confirmation/second emails" would be delayed through yesterday. To date, I have not received it and, after opening a ticket, they suggested I wait another day or two—or resubmit. Do you have any thoughts or feedback on this?**

It has been confirmed with the *QualityNet* Help Desk that the backlog of QRDA Category I file submissions was addressed as of February 12, 2018. CMS recommends verifying if the second email was received in order to generate your EHR Hospital Reports within the *QualityNet Secure Portal*.

If the second email (confirming the QRDA Category I files have been received and processed) has not been received, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 again for secondary follow up.

Question 25: **I uploaded a test file and received an email that it was accepted with a summary of my cases and volume. When I tried to submit it using the PSVA tool, I got an error message and *QualityNet* told me to unzip my folder. However, each time I try, the tool uploads the file prior to me unzipping it.**

If you are unable to resolve the issue by referencing the test file checklist available on the *Quality Reporting Center* website, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 to request assistance with the PSVA tool.

Question 26: **Multiple people at our organization attempted to run the EHR submission reports today and *QualityNet* appeared to be running very slow and would not let us run the reports. Is there a known issue?**

CMS released a ListServe on Friday, February 16, 2018, thanking *QualityNet* users for alerting CMS staff to their challenges as they relate to CY 2017 eCQM data submissions to meet reporting requirements for the Hospital IQR and EHR Incentive Programs. In this ListServe, CMS acknowledged the issues data submitters had experienced while submitting QRDA Category I data files to the CMS data receiving system via the *QualityNet Secure Portal.*

CMS also advised data submitters system changes were made to help reduce the time obtaining EHR Hospital Reports and to process batch QRDA Category I file submissions. In addition, data submitters were notified the CMS data receiving system had processed all of the backlogged QRDA Category I file submissions and was processing new file submissions within the expected time frame.

Question 27: **This piggybacks on the earlier question about rejected files and CMS expecting them to be corrected/adjusted. Our detailed report is stating the admission date is greater than the discharge date. We believe this could be related to internal system processing and cannot be easily corrected at this time. If we keep documentation supporting this, would that be acceptable?**

If the CEHRT is having trouble processing the files and the vendor is indicating this cannot be addressed in a timely manner, it may be best to visit the web page titled, Extraordinary Circumstances Exceptions Policy–Electronic Clinical Quality Measures (eCQMs) Reporting on the QualityNet website. Review the information for submitting an ECE request form specific to eCQM reporting to determine if you meet the criteria. Bear in mind that the application deadline (with all supporting documentation) for the eCQM-related ECE request is April 1, 2018.

Question 28: **Are there "known issues" with initial patient population (IPP) in the eCQM Performance Summary Report (R547) where all have been accepted with no errors and all files contain accurate qualifying diagnoses for eCQMs?**

At this time, there are no known issues associated with the EHR Hospital Reporting–eCQM Performance Summary Report (R547). Contact the *QualityNet* Help Desk to research your specific concerns: qnetsupport@hcqis.org or (866) 288-8912.

Question 29: **I ran reports after a test upload to *QualityNet* as illustrated on your slide, but the report still doesn't provide specifics as to why the test files were rejected.**

The EHR Hospital Reporting–Submission Detail Report (R529) available for generation within the *QualityNet Secure Portal* shows conformance or error statements within the rejected files at the file level. This report can be generated for test or production QRDA Category I file submissions. If you are having difficulties deciphering the reports, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 30: **Do you suggest we upload all production files to the test folder (to verify if there are errors) before uploading the files to the production folder?**

Although it is not required, it is recommended that hospitals submit their test and production QRDA Category I files to the PSVA tool to determine QRDA Category I file formatting issues.

Question 31: **I have been unable to obtain the eCQM Submission Status Report (R530) for two hospitals, although I do get the Submission Summary Report (R528) for these hospitals. Should I be concerned?**

If you are having difficulties obtaining reports, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 and open a ticket for assistance.

Question 32: **Once a provider submits production QRDA Category I files, when should the provider receive the email stating how many files were processed/accepted/rejected?**

The second email confirming receipt of QRDA Category I files and clarifying which files were processed/accepted/rejected should arrive within 24 hours of data submission. If the second email has not been received, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 and open a ticket for assistance.

Question 33: **If all test files are accepted, can they be moved to the production folder, or does there need to be another separate upload to the production folder?**

QRDA Category I files intended for final submission should be uploaded to the production folder via the PSVA tool (which links to the *QualityNet Secure Portal* for production file submissions) or directly into the *QualityNet Secure Portal*.

Question 34: **We submitted our data as the *QualityNet* Help Desk suggested. For some reason, our numerator is zero and our denominator was according to what we submitted. Why do we get zero in our numerator?**

The patients may not be meeting the IPP as defined for each eCQM your system is certified to report. Follow up with the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 for additional assistance and provide sample QRDA Category I files to improve their ability to assist your hospital.

Question 35: **How do you fix a file that is greater than five MB?**

Contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 to determine if they can assist you to linearize your file (remove extraneous data) to meet the five MB limit. If the QRDA Category I file is representative of your patient population, CMS expects facilities to troubleshoot the issues to have the QRDA Category I files submitted prior to the deadline.

Question 36: **Is the size limit of the uploaded ZIP file or an individual file within the ZIP file no more than five MB? Is there a maximum size for the ZIP file itself?**

The maximum file size for each QRDA Category I patient-level file is five MB. Facilities can submit up to 15,000 QRDA Category I files within a ZIP file. If a hospital needs to report more than 15,000 patient files, they are able to submit additional zip files. For additional assistance, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Data Submission

Question 37: **Can you still submit data if you only have two patients in your denominator?**

Hospitals have the option to submit their QRDA Category I files if they have five or fewer cases for an eCQM rather than enter the case threshold exemption on the Denominator Declaration screen within the *QualityNet Secure Portal*.

Question 38: **In our eCQM Submission Status Report (R530), we have "Yes" for our four measures, but some of the data submitted are incorrect. Do we need to correct this prior to the February 28, 2018 deadline? Will we meet the eCQM reporting requirement?**

CMS expects hospitals to submit data to the Hospital IQR Program that are accurate to the best of their knowledge, as outlined in the Data Accuracy and Completeness Acknowledgement (DACA). In addition, the CY 2017 eCQM data submitted by the February 28, 2018 deadline will be utilized for the spring 2018 data validation activities. Having the most accurate data reported will assist CMS as the data are analyzed.

UPDATE: Submission deadline of eCQM data for the CY 2017 reporting period, pertaining to the FY 2019 payment determination, has been extended to **Friday, March 16, 2018, at 11:59 p.m. Pacific Time (PT)**.

Question 39: **What should we do if the vendor that submits files for us no longer supports the eCQM program?**

Visit the *QualityNet* Extraordinary Circumstances Exceptions Policy web page, review the eCQM ECE policy criteria, and locate the request form to determine if the criteria are applicable to your hospital's situation. There is also an ECE Policy Clarification Questions and Answers document that should be helpful in your decision making. Contact the Hospital IQR Program and Policy support team for additional assistance at https://cms-ip.custhelp.com, or by calling (866) 800-8765 or (844) 472-4477, 7 a.m. to 7 p.m. CT, Monday through Friday (except holidays).

Question 40: **We are a small hospital. We have two patients that will meet the IPP for four [stroke] STK (STK-2, 3, 5, 6) measures. Will that meet the submission requirement for MU and IQR?**

The key is ensuring that the patient data reported are fully representative of the patient population for the self-selected quarter without regard for the hospital size. Successful submission is defined as a combination of accepted QRDA Category I files with patients meeting the IPP of the applicable measures, zero denominator declarations, and case threshold exemptions. Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for eligible hospitals and CAHs, **except outpatient measure ED-3 (National Quality Forum [NQF] #0496)**.

Question 41: **I am a new clinical quality initiative (QI) nurse. What data should I obtain for the two eCQMs that our surgical hospital can submit ([venous thromboembolism] VTE-1 and VTE-2)? The remaining eCQMs reported will be zero denominator. If we had 167 patients (for the selected quarter) loaded into the CMS Abstraction & Reporting Tool (CART) and then to a zip drive through the *QualityNet Secure Portal* for population sampling, is this the same for eCQMs?**

The method and data format for reporting to the Hospital IQR Program utilizing CART differ from reporting eCQMs to the Hospital IQR and the Medicare EHR Incentive Programs.

Reporting eCQMs for the Hospital IQR and the Medicare EHR Incentive Programs requires hospitals to have CEHRT to submit their QRDA Category I files via the *QualityNet Secure Portal* and to enter zero denominator and case threshold exemptions on the Denominator Declaration screen within the *QualityNet Secure Portal*. (The CEHRT has to be permitted to report on the self-selected measures.)

Contact the Hospital IQR Program and Policy support team for additional assistance at https://cms-ip.custhelp.com, or by calling (866) 800-8765 or (844) 472-4477, 7 a.m. to 7 p.m. CT, Monday through Friday (except holidays).

Question 42: **Do we need an inpatient EHR to report eCQMs? Do the denominator patients need to be inpatient only?**

Hospitals need to obtain CEHRT that is permitted to electronically report eCQMs for the Hospital IQR and the Medicare EHR Incentive Programs. CEHRT can contain a variety of modules to assist hospitals that serve a variety of populations (outpatient, inpatient, etc.). Visit the Certified Health IT Product List to gather more information about different types of CEHRT that exist to assist your hospital in its decision making.

Hospital IQR Program/Policy

Question 43: **Where do you find the percentage payment reduction/increase for hospitals based on submission of eCQMs?**

For annual payment update (APU) information, the *QualityNet* website has a web page entitled APU Recipients that explains hospitals that did not satisfactorily meet the criteria for the Hospital IQR Program will receive their annual market basket update with a reduction by one-fourth of the applicable market basket update.

The successful reporting of eCQMs by the applicable deadline is one of multiple criteria that determine satisfactory fulfillment of the Hospital IQR Program. This information is outlined in the Important Dates and Deadlines document on the Hospital IQR Program Overview web page posted on the *QualityNet* website for each reporting period.

Question 44: **If we are a Medicare/Medicaid facility, what exactly will we need to submit to be compliant for all the required CMS programs? We have submitted the four eCQM for one quarter, chart-abstracted measures for all of 2017, and we will fill out structural measures. We are stage two according to our EHR information.**

Reporting requirements vary based on the program in question. Visit the *QualityNet* website to review the Hospital IQR Program reporting requirements. There are multiple criteria that determine satisfactory fulfillment of the Hospital IQR Program. This information is outlined in the Important Dates and Deadlines document on the Hospital IQR Program Overview web page posted on the *QualityNet* website for each reporting period.

For the Medicare EHR Incentive Program reporting requirements, visit the CMS.gov EHR Incentive Programs Eligible Hospital Information web page for additional details. The objectives to report based on the EHR Incentive Program stage are clarified on this website.

eCQM Specifications

Question 45: **We are having mothers showing up in the Hearing Screening Prior to Discharge (EHDI-1a) population. Is there an error in the modeling?**

The measure specification is located on the Hearing Screening Prior to Hospital Discharge web page on the eCQI Resource Center website. We recommend working with your vendor to determine how it is defining the IPP.

Per the specification, the criteria are live birth encounters at a hospital or birthing facility where the newborn was discharged with hospital stays less than or equal to 120 days that ends during the measurement period. The *QualityNet* Help Desk is available to assist with questions regarding proper reporting of the measure at qnetsupport@hcqis.org or (866) 288-8912.

Question 46: **What is the reasoning behind requiring a practitioner to document what medication would have been ordered for VTE prophylaxis even though the medical record clearly has a contraindication for pharmacological prophylaxis documented?**

The Office of the National Coordinator for Health Information Technology (ONC) JIRA CQM Issue Tracker is available to assist hospitals address questions regarding measure specification. The issue tracking system also provides the ability to search the database to determine if another hospital has a similar question before entering your question.

Question 47: **What if a hospital submits measure CMS 32, version 6, Median Time from ED Arrival to ED Departure for Discharged ED Patients? Does CMS look at the physician-to-patient time specifically? Or is CMS only looking at ED arrival to ED departure?**

There are a variety of data elements being considered within the patient file. It may be best to visit the eCQI Resource Center and review the Extensible Markup Language (XML) measure specifications to review the data criteria: https://ecqi.healthit.gov/ecqm/measures/cms032v6.

Question 48: **Have there been problems at CMS with the PC-01 data submissions for eCQM?**

CMS is not aware of any issues regarding PC-01 data submissions. If you have additional aspects to your question, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 49: **Do we use the specifications manual that we use for chart-abstracted measures for guidance on what field to use for eCQMs?**

The eCQI Resource Center maintains the eCQM specifications hospitals and vendors should utilize for guidance regarding reporting eCQMs: https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms.

In addition to the volume of user guides available to provide greater insight, questions regarding interpreting the electronic measures should be directed to the JIRA Tracking System: https://oncprojectracking.healthit.gov/support/secure/Dashboard.jspa.

Medicare EHR Incentive Program

Question 50: **We report to EHR and IQR. If we submit four eCQMs and also have chart-abstracted measures, do we have to attest to other quality measures (non-eCQM measures)?**

Providers must attest to the objectives and measures for the 2017 program year requirements in the *QualityNet Secure Portal* to meet MU. Medicare EHR Incentive Program reporting requirements are listed on the EHR Incentive Programs Eligible Hospital Information web page on the CMS.gov website. For questions about program requirements regarding the EHR Incentive Program (reporting MU objectives and CQMs, etc.), contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 to ensure you are fulfilling all requirements by the submission deadline.

Question 51: **Can you explain slide 40 a little further? I thought we only had to report on one quarter.**

For hospitals attesting to the CQM reporting portion of the EHR Incentive Program, hospitals demonstrating MU for the first time in CY 2017 are required to report for any continuous 90-day period within CY 2017. Hospitals that have demonstrated MU in any year prior to CY 2017 are required to report for the full CY 2017 consisting of four quarterly data reporting periods via attestation on all 16 available CQMs through the *QualityNet Secure Portal*. For further assistance with attestation-related questions, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 52: **We have submitted CQMs in past years, but only manually through the CMS Registration and Attestation System, and this is our first year of electronic submission; so, is that what is referred to as "first-year reporting"?**

First-year reporting regarding the EHR Incentive Program is in reference to hospitals that are demonstrating MU for the first time in CY 2017 versus hospitals that have demonstrated MU prior to CY 2017.

Question 53: **We are only required to submit four eCQMs, but if we want to report all 15 via eCQMs, that is acceptable, as well?**

CMS encourages hospitals to report on at least four eCQMs for the self-selected reporting period. Reporting more than the minimal requirement is acceptable.

Question 54: **Can we fill out the Registration/Disclaimer and Attestation/Disclaimer prior to submitting the QRDA Category I file?**

CMS has published user guides associated with the registration and attestation process pertaining to the Medicare EHR Incentive Program on the CMS.gov website: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html. Questions regarding attestation can be directed to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 55: **Does it matter the order that you submit: QRDA files of eCQMs/CQM towards IQR/EHR Incentive Program and EHR Incentive Program objective measure attestation? I saw the objective measure attestation for EHR Incentive Program had an option to select that you had submitted previously for CQMs. This question made us unsure if the QRDA Category I file submission had to occur first.**

The order of submission regarding QRDA Category I files and objective measures for the Hospital IQR and EHR Incentive Programs is not required. The focus remains on submitting all requirements for each individual program prior to the identified submission deadline.

Facilities participating in the Hospital IQR Program should review the submission requirements on the Hospital IQR Program Overview web page on the *QualityNet* website.

EHR Incentive Program reporting requirements are listed on the EHR Incentive Programs Registration and Attestation web page on the CMS.gov website.

Question 56: **How can we access questions inside MU attestation step four without completing step three? We are waiting for information technology (IT) leadership to confirm responses. But we want to know ahead what questions are contained in the last step.**

The CMS.gov EHR Incentive Program Eligible Hospital Information web page provides links to recent webinar presentations and related webinar materials associated with the attestation process. Questions regarding the attestation process can be submitted to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 57: **Does the eCQM submission eliminate the need to answer the other MU attestation questions for the Medicare EHR Incentive Program?**

The CMS.gov EHR Incentive Programs Eligible Hospital Information web page provides details regarding the Medicare EHR Incentive Program reporting requirements. Questions can be directed to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 58: **Can you submit the same four eCQM measures for the Hospital IQR Program to The Joint Commission (TJC)?**

Although there are areas of alignment between TJC and the Hospital IQR Program, hospitals would benefit from comparing which eCQMs are being accepted by each program. In addition, although the QRDA Category I file is utilized for submission by both organizations, different layouts are required for the QRDA Category I file format.

Visit the eCQI Resource Center to obtain the *2017 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting* for the proper file format for data submission at https://ecqi.healthit.gov/qrda and consult with TJC to obtain file format requirements at https://www.jointcommission.org/topics/pioneers_in_quality.aspx.

Question 59: **Referencing slide 40, a CAH that has attested to the EHR Incentive Program in past years will now attest through the *QualityNet Secure Portal*. Is the reporting period a continuous 90 days or a full calendar year? In this example, the CAH also is submitting four eCQMs.**

A CAH that is reporting on four eCQMs for a self-selected reporting period (Q1, Q2, Q3, or Q4) is not required to attest to those same CQMs. For this scenario, a CAH that has demonstrated MU prior to 2017 has the option to **either** report on the four eCQMs **or** attest for the full CY 2017 on all 16 available CQMs, consisting of four quarterly reporting periods.

CAHs still have an obligation to report MU objectives among other reporting requirements. Medicare EHR Incentive Program reporting requirements are listed on the EHR Incentive Programs Eligible Hospital Information web page on the CMS.gov website.

Question 60: **Will there be a similar webinar addressing how to use the *QualityNet Secure Portal* for data submissions other than eCQMs (i.e., other MU requirements)?**

The EHR Incentive Programs Eligible Hospital Information web page on the CMS.gov website provides links to recently hosted webinars demonstrating the attestation process through the *QualityNet Secure Portal*.

Question 61: **Within our hospital system, Hospital IQR Program data are submitted by separate departments. If a CAH submits Hospital IQR Program data, do the same data have to be resubmitted for the Medicare EHR Incentive Program?**

Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for eligible hospitals and CAHs. However, there are additional criteria to fulfill for reporting requirements specific to the Hospital IQR and the Medicare EHR Incentive Programs that are separate and distinctive.

Hospital IQR Program reporting requirements are available on the Hospital IQR Program Overview web page on the *QualityNet* website.

Medicare EHR Incentive Program reporting requirements are listed on the EHR Incentive Programs Eligible Hospital Information web page on the CMS.gov website.