# Hospital Inpatient Quality Reporting (IQR) Program

## Support Contractor

# Calendar Year (CY) 2017/Fiscal Year (FY) 2019 Steps to Successful Electronic Clinical Quality Measure (eCQM) Submissions for Hospital Reporting

## Questions & Answers


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# CY 2017 eCQM Reporting Requirements

**Question 1:** **Since The Joint Commission (TJC) is only requiring six eCQMs for CY 2017 does CMS plan to align with TJC and require only six eCQMs or will CMS require eight eCQMs that are currently required for CY 2017?**

CMS and TJC make every attempt to align where possible. CMS released modified CY 2017 eCQM reporting requirements for the Hospital IQR and the Medicare Electronic Health Record (EHR) Incentive Programs in the FY 2018 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule on August 2, 2017 to offer greater time and flexibility for hospitals to meet eCQM reporting requirements. CMS is requiring the reporting of at least four self-selected eCQMs for one self-selected quarter (Q1, Q2, Q3 or Q4) by the February 28, 2018 deadline.

On August 15, 2017, TJC provided new guidance regarding the 2017 and 2018 ORYX Measure Reporting Requirements. Review the updates posted on TJC website: https://www.jointcommission.org/performance_measurement.aspx.

**Question 2:** **Are all hospitals required to submit eCQMs electronically or is manual submission allowed as in years past via MU attestation?**

Hospitals participating in the Hospital IQR Program are required to submit electronically to meet program requirements. The EHR Incentive Program allows electronic submission of CQMs or manual attestation for CY 2017 reporting.

**Question 3:** **Are critical access hospitals (CAHs) required to submit eCQMs in 2017?**

CAHs are encouraged, but not required, to voluntarily report quality data to the Hospital IQR Program, which includes eCQMs. CAHs are required to participate in the EHR Incentive Program and are subject to a payment adjustment due to lack of participation. We encourage you to keep the program differences in mind because the reporting requirements vary based on the reporting period, facility type (eligible hospital [EH] versus CAH) and program in question (Hospital IQR versus EHR Incentive Program).

**Question 4:** **Are the EHR vendors able to submit case threshold exemptions and zero denominators for CAHs?**

If an EH or CAH authorizes a vendor to report on its behalf, the vendor has the ability to submit case threshold exemptions and zero denominators for eCQM reporting. Contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 to have the Data Upload Role assigned. Once assigned, hospitals can visit the *QualityNet Secure Portal* and access the vendor authorization screen to permit the vendor to report on your behalf.

**Question 5:** **If we successfully submit the requisite number of eCQMs for the required time period, we will meet the Hospital IQR and Medicare EHR Incentive Programs requirements?**

If successfully submitted, the minimum requirement for electronic reporting of CQMs would be fulfilled with one submission. As we indicated in the slide deck and during the webinar, eCQM reporting is only a portion of what is required to meet the requirements for the Hospital IQR and Medicare EHR Incentive Programs. Visit the QualityNet.org website to review Hospital IQR reporting requirements. The CMS.gov website has a page that outlines Medicare EHR Incentive Program reporting requirements based on the reporting year.

**Question 6:** **If there is a switch between EHRs during a quarter, is there a way to send the files from two systems? If not, what is a solution for the patients that are hospitalized during cutover/the transition?**

CMS has recommended that the hospital import the data from its prior EHR into the new EHR and submit one file, per patient, per quarter. The FY 2017 IPPS Final Rule indicates hospitals are permitted to extract data from non-certified sources into CEHRT for capture and reporting through Quality Reporting Document Architecture (QRDA) Category I files. This will assist hospitals in working with their vendors to continue making progress to achieve electronic data capture and reporting.

If there are issues with the legacy system, some hospitals have worked with a data aggregation vendor to combine their data into one file per patient. Hospitals should reference the succession management portion of the 2017 CMS Implementation Guide (IG) for Hospital Quality Reporting (HQR) (starting on p. 5). There are four key identifiers the data receiving system reviews to determine duplicates and potentially

overwriting files. Those four key identifiers are as follows:

- Patient ID
- CMS Certification Number
- CMS Program Name
- Reporting period specified in the Reporting Parameters Section

If each EHR system utilizes the same aforementioned data elements, the CMS data receiving will overwrite the initial submission with the latest, or most recent, submission. Contact the *QualityNe*t Help Desk for additional feedback at qnetsupport@hcqis.org or (866) 288-8912.

**Question 7:** **Do we need to have a vendor to submit our files? We do not, but I am not sure how to check whether the files are properly constructed by our EHR vendor.**

Hospitals can choose to submit their files directly or they can allow a vendor to submit on their behalf. Hospitals that are working closely with their vendors should be able to more quickly address any outcomes and errors that are difficult to understand to ensure your files are formatted appropriately per the 2017 CMS IG for HQR. One way to ensure proper construction of the QRDA Category I files is to utilize the Pre-Submission Validation Application (PSVA) tool to ensure the file formats are properly formatted. Hospitals can also submit the QRDA Category I files as test files to the data receiving system in *QualityNet* and generate the Submission Detail Report to perform file level validation.

Hospitals which choose to have their vendor submit on their behalf need to ensure the vendor has permission to submit for them and have the EHR Data Upload Role assigned. Contact the *QualityNet* Help Desk for additional assistance - qnetsupport@hcqis.org or (866) 288-8912.

**Question 8:** **How do we let CMS know which eCQMs we select for CY 2017?**

Hospitals are not required to signal to CMS which measures they intend to submit. Once the files are submitted, queries will be generated indicating which eCQMs were fulfilled via data submission. Hospitals and their vendors have the opportunity to generate EHR reports to ensure their submissions were processed and to determine outcomes. Refer to the EHR Reports document posted on the QualityReportingCenter.com website to learn more about the purpose of the

report and how to interpret the outcomes.

**Question 9: When was the Act Wrapper requirement added to the required specifications? Where is it located?**

The Act Wrapper was added to the 2017 CMS IG for HQR when the Guide was published July 2016 on the eCQI Resource Center. Clarifying guidance was provided June 2017 and posted on the eCQI Resource Center. The templates for the Act Wrapper are defined in the Health Level Seven (HL7) Clinical Document Architecture (CDA)® Release 2 IG: QRDA Category I; Release 1, Draft Standards for Trial Use (DSTU) Release 3.1 available on the HL7 website.

**Question 10: Will the PSVA show the Act Wrapper to be correct or incorrect?**

The PSVA assesses the QRDA Category I file structure. Hospitals and vendors need to submit test QRDA Category I files via the test system within the *QualityNet Secure Portal* to generate conformance, or error statements, and other feedback mechanisms, such as the EHR reports, to determine if the Act Wrapper information is correct or incorrect.

**Question 11: Is the PSVA tool required?**

Use of the PSVA tool is voluntary, but encouraged, to assist hospitals and Health Information Technology (HIT) vendors to ensure the QRDA Category I file format is correct for eCQM reporting. The same action can be performed by submitting the QRDA Category I file directly into the test data file in the data receiving system. Either method achieves the same result.

**Question 12: Is there a document that lists changes from last year's specifications for file creation and submission?**

The 2017 CMS IG for HQR, posted on the eCQI Resource Center, provides a change log of the modifications from the 2016 CMS IG for HQR. The change log is in the appendix of the 2017 CMS IG for HQR and starts on page 40 of the document.

**Question 13: Is there an acceptable number of errors/warnings and rejected files**

**encountered during eCQM submission?**

There is no identified volume of rejected files that is acceptable for eCQM reporting. If a hospital intended to submit the patient file to represent patient care, CMS expects the hospital to work with the vendor to troubleshoot the conformance or rejection errors and successfully resubmit the files before the February 28, 2018 data submission deadline. Hospitals that find they are not able to successfully submit files for 100 percent of the patients they intend to report may consider submitting an Extraordinary Circumstances Extension/Exemption (ECE) request prior to the April 1, 2018 deadline. Visit the eCQM page on the QualityNet.org website for more information on the CMS ECE policy for eCQM reporting, including how to obtain the ECE Request Form and to review ECE Policy Clarifying Questions and Answers.

**Question 14:** **My hospital system combined CMS Certification Number (CCNs) of two acute care hospitals as of May 1, 2017. Should we submit the eCQM data under one CCN or two CCNs since the change occurred mid-year?**

CMS expects the reporting of eCQMs to be representative of the entire patient population for the timeframe in question. For CY 2017 reporting, hospitals are required to submit at least four eCQMs for one self-selected quarter of 2017 data (Q1, Q2, Q3 or Q4). In this scenario, if the hospitals merged under one CCN in May, CMS expects the hospitals to merge the data to complete one submission — one patient, per file, per reporting quarter if selecting to electronically report Q3 or Q4.

**Question 15:** **We are a small, rural hospital with no emergency room, intensive care unit (ICU), or obstetrics (OB). Do we still select the appropriate number of measures based on reporting requirements and utilize the zero denominator option, or should we send an extraordinary circumstance request form?**

Hospitals that have a Health IT system certified to report a measure can utilize the zero denominator declaration to fulfill the eCQM reporting requirement. The ECE is intended for the broader inability to report eCQMs due to hardships preventing hospitals from electronically reporting to the Hospital IQR Program. Hospitals are encouraged to select measures that are reflective of their patient population.

**Question 16:** **What if the data submitted through our eCQMs are not as accurate as our**

**abstracted data for the same measure? Is that acceptable?**

Because the eCQM embeds measure logic, there is no expectation for a one-to-one match between the chart-abstracted versus the eCQM version of any eCQM where there is a similar chart-abstracted measure.

**Question 17:** **Will CY 2017 eCQMs be publicly reported?**

CY 2017 eCQM data will not be publicly reported. CMS intends to signal in future rulemaking any potential plans for public display of eCQM data.

**Question 18:** **Will the ECE process be available next year for the inability to submit eCQMs?**

Yes. The ECE process for eCQM reporting to the Hospital IQR Program is available for CY 2017 reporting. The criteria for the ECE policy are posted on the QualityNet.org website. If you visit the page for eCQMs, there is a tab specific to ECE criteria. The deadline for submitting an ECE Request Form for CY 2017 eCQM reporting is April 1, 2018.

**Question 19:** **Would a zero denominator for a measure automatically be done via the submitted files?**

If a hospital meets the criteria for utilizing a zero denominator, this should be manually entered on the denominator declaration screen within the *QualityNet Secure Portal*. Case threshold exemptions can also be utilized to meet eCQM reporting requirements if the applicable criteria are met, and should be manually entered within the *QualityNet Secure Portal*.

## Medicare and Medicaid EHR Incentive Program

**Question 20:** **Are hospitals that are attesting to meaningful use in 2017 required to report for any 90-day period?**

In 2017, all new and returning participants in the MedicareEHR Incentive Program have a minimum of any continuous 90-day EHR reporting period for meaningful use objectives and measures. In addition, in the FY 2018 IPPS final rule, we finalized that, for EHs and CAHs demonstrating meaningful use for the first time in 2017, the CQM reporting period via attestation is any continuous 90-day period within CY 2017. The submission period for attestation is the two

months following the close of the calendar year, ending February 28, 2018.

For EHs and CAHs that demonstrated meaningful use in any year prior to 2017, the CQM reporting period via attestation is the full CY 2017 (consisting of four quarterly data reporting periods). The submission period for attestation is the two months following the close of the calendar year, ending February 28, 2018.

**Question 21: How are first time attesters permitted to report? Since the deadline for submitting attestation differs from the eCQM reporting deadline, will our hospital remain in pending status until after the Hospital IQR Program's deadline of February 28, 2018?**

First time attesters are required to report their CQMs via attestation; eReporting is not available for first time attesters. Please contact the EHR Information Center (EHRIC) to address any additional questions at (888) 734-6433, Monday through Friday, 7:30 a.m. to 6:30 p.m. CT (except holidays).

For those performing attestation activities for the Medicare EHR Incentive Program, whether this is a first-time attester or a hospital that has proven meaningful use in a prior year, their status would remain pending in the Registration and Attestation System until after the February 28, 2018 deadline.

When the submission period ends, the two systems (the CMS data receiving system and the Registration and Attestation System) will then transfer the information to assess successful reporting for the CQM electronic reporting portions of the Hospital IQR and Medicare EHR Incentive Programs. Hospitals and vendors have the option to generate the eCQM Submission Status Report within the *QualityNet Secure Portal* to confirm the eReporting requirements have been met. Note, if you make any modifications to the submission, re-generate the eCQM Submission Status Report for the most current data submission status.

**Question 22: How does a facility know if meaningful use has been submitted for its facility?**

Hospitals can generate the eCQM Submission Status report from the *QualityNet Secure Portal* to verify the status of electronically reported CQMs. Other program requirements associated with reporting for the Medicare EHR Incentive Program would be verified through the *QualityNet Secure Portal* starting January 2, 2018.

**Question 23:** **If I report a zero denominator exclusion, what supporting documentation must I retain to support the exclusion in the event of a Medicare EHR Incentive Program audit?**

We recommend contacting the EHRIC for additional information and tips at (888) 734-6433, Monday through Friday, 7:30 a.m. to 6:30 p.m. CT (except holidays).

**Question 24:** **45 CFR 170.302-170.306 Subpart C Certification is reserved. How does that impact the requirements for certification now?**

There is no impact on requirements at this time. "Reserved" is a term used as a place holder within the Code of Federal Regulations. An agency uses "Reserved" to indicate that it may insert regulatory information into this location sometime in the future. Occasionally "Reserved" is used to indicate that a portion of the CFR was intentionally left empty and not accidentally dropped due to a printing or computer error.

## Other

**Question 25:** **Any information on errors (CONF: CMS_0121) and (CONF:1098-31880)?**

Please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 to review conformance messages and discuss how to troubleshoot the file errors.

**Question 26:** **Does the eCQM Submission and Performance Feedback Report work on test data?**

Yes. The eCQM Submission and Performance Feedback Report is available for both test and production QRDA Category I file submissions.

**Question 27:** **Has there been a Clinical Document Architecture (CDA) stylesheet update since last year?**

The CDA stylesheet has not received any updates since last year. The HL7 website provides greater detail in the Health Level Seven (HL7) Clinical Document Architecture (CDA)® Release 2 IG: QRDA Category I; Release 1,

Draft Standards for Trial Use (DSTU) Release 3.1 (published April 2016).

**Question 28: Is a vendor required to submit to The Joint Commission (TJC)?**

TJC is a separate organization with different requirements and submission deadlines related to eCQM reporting. Please contact TJC directly for additional details at https://www.jointcommission.org/about/contactus.aspx.

**Question 29: It is my understanding that we can also use the QRDA Category I file format for TJC submission of the electronic measures submission. I hear that we can use a non-ORYX approved vendor for 2017 for this. Can you confirm?**

CMS does not require an ORYX-approved vendor to submit data on a hospital's behalf. TJC is a separate organization with different requirements and submission deadlines related to eCQM reporting. Although TJC utilizes the QRDA Category I file format, the file format requirements differ from CMS requirements. Please contact TJC directly for additional details at https://www.jointcommission.org/about/contactus.aspx.

**Question 30: Are clinical and healthcare-associated infection (HAI) data submitted via *QualityNet*?**

The required clinical data, also referred to as the chart-abstracted measures for the Hospital IQR Program, are uploaded through the QualityNet Secure Portal. HAI data are also required for the Hospital IQR Program and reported to the Centers for Disease Control's (CDC) National Healthcare Safety Network (NHSN) application, located at www.cdc.gov/nhsn/login.html. The HAI data are ultimately transmitted to CMS from the CDC and count toward fulfilling a portion of Hospital IQR Program requirements.

**Question 31: Our facility has submitted 10 eCQMs for both quarter 1 and quarter 2, 2017. Our EHR eCQM Submission Summary Report reflects that all 10 batches were accepted. However, only four eCQMs are showing as "submitted" on our EHR Submission Status Report. We have logged an incident with the *QualityNet* Help Desk, but have not yet heard what is causing this to happen. Why don't both reports agree with each other?**

The Submission Summary Report indicates measure counts, which are the number of cases submitted for a measure. The eCQM Submission Status Report indicates if production files are meeting the CMS

definition of successful eCQM reporting for the Hospital IQR and Medicare EHR Incentive Programs. Please follow up with the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912 since your incident has been logged.

**Question 32: The link to locate the base HL7 IG link does not open. Can you please provide the correct one?**

The correct link is provided on slide 20: http://www.hl7.org//documentcenter/public/standards/dstu/CDAR2_QRDA_I_R1_S3.1_2016APR.zip.

**Question 33: What is the difference between the Hospital IQR and the Medicare EHR Incentive Programs?**

The Hospital IQR Program was developed as a result of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 and expanded under the Deficit Reduction Act of 2005. The Hospital IQR Program is intended to equip consumers with information on the quality and cost of care to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality and cost of inpatient care provided to all patients. The data collected through the program are available to consumers and providers on the Hospital Compare website. Data for selected measures are also used for paying a portion of hospitals, including the Hospital Value-Based Purchasing Program, Hospital-Acquired Condition Reduction Program, and Hospital Readmissions Reduction Program. Visit the QualityNet website to learn more about the Hospital IQR Program, reporting requirements, and associated educational material.

In 2011, the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs were established to encourage Eligible Professionals (EPs), EHs, and CAHs to adopt, implement, upgrade (AIU), and demonstrate meaningful use of certified EHR technology (CEHRT).Visit the EHR Incentive Program page of the CMS.gov website to learn more about the program reporting requirements and available educational material.

**Question 34: When can we get a report that shows the results of our data submitted in 2016?**

The eCQM Submission Status Report for CY 2016 was available for hospitals

to generate until the CMS data receiving system was opened for CY 2017 reporting. Please contact the *QualityNet* Help Desk for additional assistance regarding report access at qnetsupport@hcqis.org or (866) 288-8912.

## eCQM Validation

**Question 35: Besides putting the files through the PSVA tool, how do we validate the data in the files? What will an auditor look for in the QRDA Category I files?**

Initial validation of the file format can be completed through the PSVA application. Additional file format validation and opportunity to review measure outcomes may be conducted by submitting test QRDA Category I file submissions to the CMS system itself in *QualityNet*. For questions on the PSVA tool, please contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

CMS will randomly select up to 200 hospitals for eCQM data validation. CMS will select eight cases (individual patient-level reports) from the QRDA Category I files submitted by hospitals selected for eCQM data validation. The Clinical Data Abstraction Center (CDAC) will request that each of the selected hospitals submit patient medical record data for each of its eight selected cases (transmitted by the hospital to the CMS data receiving system) within 30 days of the medical record request date. This is the first reporting period that CMS is performing eCQM validation. Hospitals that submit complete medical records within the requested time frame for at least 75 percent of the requested records will meet the eCQM validation requirements. Additional eCQM data validation questions can be submitted to the validation contractor at validation@hcqis.org.

**Question 36: Has CMS developed an eCQM validation protocol yet?**

CMS will randomly select up to 200 hospitals for eCQM data validation. Hospitals selected for chart-abstracted measure validation or hospitals that have been granted an ECE) are excluded from being selected for eCQM data validation. Each eCQM validated hospital will report one quarter of its QRDA Category I files for validation. CMS will select eight cases (individual patient-level reports). Each selected case (individual patient-level report) contains

eCQM data elements for one patient for one or more eCQMs available in the Hospital IQR Program's eCQM measure set.

CDAC would then request that each of the selected hospitals submit patient medical record data for each of its eight selected cases (transmitted by the hospital to the CMS data receiving system) within 30 days of the medical record request date. Please refer to the FY 2018 IPPS/LTCH PPS Final Rule for further guidance. Additional questions regarding eCQM data validation can be directed to the validation contractor at validation@hcqis.org.