Inpatient Quality Reporting (IQR) Program

Support Contractor

Question and Answer Session II
CY 2016 eCQM Reporting

Questions & Answers

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Inpatient Quality Reporting (IQR) Program

Critical Access Hospitals (CAHs)

Question 1: **For critical access hospitals that have a zero denominator, and show up on the eCQM Submission Status Report as submitted, do we need to fill out an attestation?**

Please contact the Electronic Health Record Information Center (EHRIC) for additional details at 1-888-734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT. Also visit the Electronic Health Record (EHR) Incentive Program page on the CMS.gov website to review the EHR Incentive Program reporting requirements listed by reporting period.

Question 2: **There is a billing requirement from CMS for CAHs that indicates that patients admitted through the emergency department (ED) must have their ED record billed separately from the inpatient (IP) record, although the documentation is all combined in the IP record.**

As a result, all the documentation in our EHR is under the IP record, even though there is an ED record with the appropriate codes and charges based on the CMS CAH requirement.

Since all the documentation is under a separate patient encounter ID, there is no data in electronic fields to answer the ED questions. How is this being addressed since our billing department is following CMS requirements?

Visit the JIRA website, located at https://oncprojectracking.healthit.gov/support/projects/CQM/issues/CQM-2528?filter=allopenissues and search the database to determine if someone has a similar question to your own. You have the option to create an account, if one is not already in place, and enter the question into the database for assistance. Measure stewards are available through this format to address questions.

QRDA File Errors

Question 3: **I have one file that has an error stating, "This effective Time SHALL contain exactly one [1..1] low (CONF:1098-14838)." Where do I find info on how to fix this error?**

The Quality Reporting Document Architecture (QRDA) Category I Conformance Statement Resource – CY 2016 eCQM Reporting is posted in two locations: *QualityNet* under Hospitals - Inpatient > Electronic Clinical Quality Measures (eCQMs) Reporting, and *Quality Reporting Center* under Inpatient > Hospital IQR Program > Resources and Tools, in the eCQM Resources section toward the bottom of the page.

If you want to locate the original source, obtain a copy of the Health Level Seven (HL7) Base Standard from the HL7 website and search for the conformance number, located at http://www.hl7.org/implement/standards/product_brief.cfm?product_id=35.

Question 4: **When will the *QualityNet* CMS data receiving system be fixed so it will accept files with discharges on the last day of the quarter, late in the day, in a time zone different from Eastern time (ET) zone? The data we send in the file is correct (discharge 12/31/16 10 p.m. Pacific); however, *QualityNet* is rejecting it as being outside the reporting period, stating the discharge date is 1/1/2017 at 0100 a.m. Eastern.**

CMS has documented in JIRA and in the Known Issues document posted on the *QualityNet* website that varying system issues are occurring due to identified time zone issues for reporting CY 2016 eCQM data files (Universal Time Coordinated [UTC] offset, daylight savings time, and the system adjusting times to ET). They understand that due to these system issues, some files may be rejected during the file-validation process and cannot be corrected by the hospital or their vendors. CMS is working to resolve the time zone issues for the submission of CY 2017 eCQM data. CMS recommends that hospitals unable to remedy file errors, including an EHR vendor being unable to generate a "fix" prior to the submission deadline, may submit an eCQM ECE requesting to waive the requirement to submit 100% of the required QRDA files by the submission deadline.

Question 5: **Our vendor is Office of the National Coordinator for Health Information Technology (ONC) 2014 certified. However, our eCQM submission is rejected by the CMS Pre-Submission Validation Application (PSVA), which generates cryptic error codes. Is there a frequently-asked-questions (FAQs) document or README file to diagnose eCQM error messages?**

Review the *CMS Implementation Guide for Quality Reporting Document Architecture Category I and Category III: Eligible Professional Programs and Hospital Quality Reporting (HQR) Supplementary Implementation Guide for 2016, Version 1.0* (aka 2016 CMS QRDA IG) and Appendix. Both are available on the eCQM Library at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html and on the Electronic Clinical Quality Improvement (eCQI) Resource Center at https://ecqi.healthit.gov/qrda.

Question 6: **What is the fix for files that are greater than five megabytes (MB), if there should be only one file per patient, per quarter?**

There are a reduced number of these errors being addressed. The recommendation is to linearize the file, which will remove extra spaces, extra lines, etc. This has been successful for files that are perhaps one to two megabytes over that five-megabyte limit. This currently cannot be addressed in the CMS data receiving system, so QRDA Category I files will continue to be rejected for this error. It is recommended to generate the EHR Hospital Reporting - eCQM Submission Status Report in the *QualityNet Secure Portal* to confirm the other file submissions have been accepted, and to determine your program status.

Question 7: **In our validation process through PSVA, we have been coming across a configuration 14431 error (Insurance Type); can we bypass this error and test in *QualityNet*?**

The message is called a conformance error. This means the absence of this data, incorrect data format, etc., is causing the file to fail validation. Review the 2016 CMS QRDA IG posted on the eCQM Library and search for the Patient Characteristic Payer to review how to fix the error. The IG can be located at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_2016_CMS_IG.pdf.

Question 8: **Over the past week, many hospital organizations have been receiving CMS_0072 and CMS_0073 validation errors (clinical document architecture [CDA] schema and QRDA schematron errors) on a small subset of submitted documents. We have tried to help validate the errors with schema and schematron evaluation, but are unable to replicate the errors. Should these issues be followed up with the *QualityNet* Help Desk directly?**

Contact the *QualityNet* Help Desk for assistance (1-866-288-8912; qnetsupport@hcqis.org).

Question 9: **We submitted our 3Q 2016 test files; they were processed with no errors. Now, when I try to submit them as production files, I get a pop-up window that states, "Only valid files can be selected for submission." There were no invalid files from the test submission. What do you suggest?**

Contact the *QualityNet* Help Desk for assistance (1-866-288-8912; qnetsupport@hcqis.org).

Measure Specifications

Question 10: **Within 24 hours of admission, a venous thromboembolism (VTE) assessment must be performed. When the physician says the patient is "low-risk for VTE," can that value be documented by him placing an order instead of documenting it as a "finding"?**

This question should be directed to the JIRA website to determine measure intent and the type of information that would be collected for a measure.

Visit the JIRA website, located at https://oncprojectracking.healthit.gov/support/projects/CQM/issues/CQM-2528?filter=allopenissues and search the database.

Question 11: **Where do we find the eCQM specifications manual?**

The eCQM specifications for the CY 2017 reporting period are located on the eCQI Resource Center at https://ecqi.healthit.gov/eh. Further implementation details for the CY 2017 reporting period can be found in the Electronic Clinical Quality Measure Logic and Implementation Guidance document, posted on the eCQM Library at https://ecqi.healthit.gov/system/files/ecqm-logic-and-guidance-v-1-12-04-06-2016.pdf.

Program and Policy

Question 12: **Is CMS considering an extension beyond the March 13, 2017 deadline for eCQMs?**

CMS has not communicated any intention to revise the current deadline extension of March 13, 2017.

Question 13: **What are the requirements for meaningful use (MU)?**

There are a number of requirements associated with the EHR Incentive Program for Medicare and Medicaid. Please visit the CMS.gov EHR Incentive Program page for additional details based on the year of program requirements at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html. Also contact the EHRIC to obtain additional details at 1-888-734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT.

Question 14: **What is the time frame (in terms of quarters) for eCQM validation for fiscal year (FY) 2018?**

Data will not be validated for the FY 2018 payment determination (which includes calendar year [CY] 2016 eCQM reporting). CY 2017 eCQM data will be validated in spring 2018 and impact the FY 2020 payment determination.

Question 15:   **Is the extension to March 13, 2017 for the EHR Incentive Program for eligible hospitals (EHs) also for eligible professionals (EPs)?**

Please visit the CMS.gov EHR Incentive Program page for additional details based on the year of program requirements at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html. Also contact the EHRIC to obtain additional details at 1-888-734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT.

Question 16:   **Can you clarify that there are two separate attestations required: one for EHR and another for IQR eCQMs?**

Attestation is only associated with the EHR Incentive Program. Please visit the CMS.gov EHR Incentive Program page for additional details based on the year of program requirements at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html. Also contact the EHRIC to obtain additional details at 1-888-734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT.

Question 17:   **We need to submit four eCQMs for either Q3 2016 or Q4 2016. We selected PC-01, PC-05, VTE-1, and VTE-2. It looks like the PC-05 measure has two populations: PC-05 is exclusive breast milk feeding and PC-5a is exclusive breast milk feeding (parental refusals excluded). For PC-05, we have 72 cases in the performance denominator; and for PC-05a, we have 0 cases in the performance denominator. Do we need to complete the zero denominator declaration on the *QNet* site? Out on the *QNet* site, it lists PC-05 and not PC-5a.**

The measure description for PC-05 is outlined on the eCQI Resource Center https://ecqi.healthit.gov/eh/ecqms-2016-reporting-period/exclusive-breast-milk-feeding. The Electronic Clinical Quality Measure Logic and Implementation Guidance document for CY 2016 is posted on the eCQM Library https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_LogicGuidance_v1-11_061915.pdf. If this information does not provide the details to address your question, please contact the *QualityNet* Help Desk for assistance (1-866-288-8912; qnetsupport@hcqis.org).

Question 18: **If an EHR that is certified for MU and eCQMs is not able to provide facilities with an acceptable QRDA file in time for the March 13, 2017 deadline, how would CMS view this? This potentially could affect hundreds of hospitals.**

CMS offers hospitals the opportunity to request an Extraordinary Circumstances Extension/Exemption (ECE) for eCQM reporting under certain circumstances. Visit the *QualityNet* website to review the overview and access the link, ECE Policy Clarification Questions & Answers at https://www.qualitynet.org/dcs/ContentServer?c= Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775554109.

Question 19: **Do we have to submit production data for third or fourth quarter 2016, or just testing data?**

Hospitals are required to report production data on at least four eCQMs for either quarter three or quarter four by the March 13, 2017 deadline.

Question 20: **Do the four eCQMs submitted have to be spread across three domains?**

Fulfilling the National Quality Forum (NQF) domains is not a requirement of eCQM reporting to the Hospital IQR Program.

Question 21: **Is there a class or tutorial for all these initials and acronyms you are using and to simply learn the process? Sorry, I am too new for this.**

Visit the *Quality Reporting Center* website and access eCQM Archived Events to review the introduction to eCQM information posted. One presentation that may assist you with more of an introduction is the February 16, 2016 webinar. It's specific to CY 2016 reporting, but the background information regarding how eCQMs align between the Hospital IQR Program and the Medicare EHR Incentive Program may be helpful to you.

Quality Reporting Document Architecture (QRDA) Category I Files

Question 22: **Do our eCQM submission files need to be human readable?**

Category I files should follow the standard QRDA Category I format, which replicates the HL7 base standard in the 2016 CMS QRDA IG.

Question 23: **Our vendor submitted the QRDA Category I file. We found one case that had two different file ID numbers for the same patient: one file is accepted and the other is rejected by the *QualityNet Secure Portal*. What we should do?**

If the patient file was submitted twice and two different outcomes were received, the recommendation is to open a *QualityNet* Help Desk ticket. Include the two files that were implicated, and any reports that you have showing the difference between the two submissions. What has happened in some cases is that a question about a measure outcome will be received, the file has been provided for review, and the result in the file has been changed. Please confirm they are reviewing the correct file(s) prior to submission for more effective feedback.

Question 24: **We still have some files being rejected on our test QRDA Category I file. Are there any eCQM measures that have logic/specification issues that will prevent a file from being accepted?**

There are no identified measure logic issues that would cause a file to be rejected during validation. However, utilizing the incorrect eCQM version number in the QRDA Category I file could cause the file to be rejected at the time of validation. For questions regarding file rejections, for instance, if you're having a difficult time understanding the rejection error or you are unable to locate available documentation, contact the *QualityNet* Help Desk. When the files are rejected, it seems you are referencing validation errors of the QRDA Category I format. Provide one or two of the impacted files for additional help (1-866-288-2912; qnetsupport@hcqis.org).

Question 25: **Should your test file be one patient only?**

QRDA Category I files, whether submitted as a test or production file, should include one patient per file per quarter, and contain all of the eCQMs and encounters for a specified quarter.

EHR Reports

Question 26: **Can you explain what reports we should choose in *QualityNet* to confirm that our vendor has submitted our data?**

There are a few different reports that you could run. The Submission Summary Report will tell you if files have been submitted, and give you a breakdown of the cases that were submitted. However, if you want to confirm your program status in regards to program eCQM requirements, you should run the eCQM Submission Status Report. That report will indicate if you have met the eCQM reporting requirements for both the Hospital IQR and the Medicare EHR Incentive Programs.

Question 27: **What is the best way to run a report on test files in the *QualityNet* site to know that all of the submissions passed?**

It is recommended to run the eCQM Submission Detail Report. This will provide a list of all the submitted files. If they were accepted, it will list them as such. If they were not accepted, it will list them as rejected; and it will also provide error information for why the file(s) failed.

Once your files have been accepted through QRDA validation, the next thing that you want to do is to evaluate your measure outcomes. That is done using the eCQM Submission and Performance Feedback Report. That report will give you the measure outcome at a patient level for each of those measures; those reports are both available on test data.

Question 28: **I am the *QualityNet* administrator. Do I have the role to run the eCQM reports?**

Contact the *QualityNet* Help Desk to ensure the EHR Data Upload Role has been assigned (1-866-288-8912; qnetsupport@hcqis.org).

Question 29: **Just to confirm, you have to have the EHR Data Upload Role to be able to run reports in the portal?**

The EHR Data Upload Role must be assigned to the account. Contact the *QualityNet* Help Desk for additional assistance (1-866-288-8912; qnetsupport@hcqis.org).

Question 30: **I've attempted to run reports, but the pages are blank without returning any results. What should I do?**

Contact the *QualityNet* Help desk for additional assistance. Be sure to specify what parameters are in place based on the reports you are attempting to generate, and provide any screenshots you may have available (1-866-288-8912; qnetsupport@hcqis.org).

Question 31: **What if the Performance Report does not match with the manually abstracted data? Is there a tool that you can recommend we can use to do the analysis?**

CMS expects variance between the eCQM Submission and Performance Feedback Report and manually abstracted data due the nature of reporting quality measures from an EHR as compared to manually abstracting the data. CMS is unaware of any tools available for analysis at this time.

Question 32: **In the eCQM Performance Summary Report, the ED-1 and ED-2 measures continuous variable are 0; but, we do have the continuous variable for ED-1 (Stratum 1), ED-1 (Stratum 2), ED-2 (Stratum 1), and ED-2 (Stratum 2). Do we meet your criteria?**

If the Submission Summary Report is showing zero cases, the case may also be showing zero for measure observation. If this is true, utilize the eCQM Submission and Performance Feedback Report to confirm patients are meeting the initial patient population (IPP) criteria of those measures. Please contact the *QualityNet* Help Desk for additional assistance (1-866-288-8912; qnetsupport@hcqis.org).

Question 33: **If there are errors when we run the Submission Detail Report, are we required to correct those errors?**

CMS suggests submitting all QRDA Category I files the hospital intended to submit to represent their total patient population for the reporting period. It is important to have the most complete submissions in preparation for the data validation that will take place in spring 2018 for CY 2017 discharge data. Hospitals unable to correct file errors, including their EHR vendor being unable to generate a "fix" prior to the submission deadline, may submit an eCQM ECE request form requesting to waive the requirement to submit 100% of the required QRDA files by the submission deadline.

Question 34: **I have submitted a report to *QNet* for eCQMs; all cases were accepted and none rejected. However, there are messages on the Feedback Report that case failed the numerator, or did not meet the numerator for submission. What does this mean? I have requested clarification from *QualityNet* as to what this means, but no response from them. Any help?**

What that means is that the patient has met the IPP criteria, and that the patient has met the criteria for inclusion in the denominator, but that "Numerator not met" message means that the patient did not meet the numerator criteria.

So that would be considered a failed case where it didn't meet the intention of the measure, as it's specified. If you believe you have cases where you're getting that message, and you believe the patient should have met the intent of the numerator with that eCQM, then reach out to the *QualityNet* Help Desk, and provide specific files and specific cases that they can help you review (1-866-288-8912; qnetsupport@hcqis.org). Questions related to eCQM specifications, logic, code sets, and or measure intent are submitted to the JIRA website.

Question 35: **When running the eCQM Performance Summary Report, the provider filter is erroring out. We have over 700 hospitals in this drop-down box. Is there a way for us to filter the list of hospitals?**

Some of those parameter timeout issues have been resolved. If you have not opened a ticket with the *QualityNet* Help Desk, please contact them for additional assistance (1-866-288-8912; qnetsupport@hcqis.org).

Question 36: **Is there any checklist that you can offer that helps us to know how to run these reports? It is a bit hard to follow in a questions-and-answer (Q&A) format.**

The January 30, 2017 provider webinar entitled, *Question and Answer Session I – CY 2017 eCQM Reporting* provided a detailed review of the reports, their purpose, and when they can be generated (test versus production files). In addition, a webinar was hosted October 14, 2016, entitled, *A Demonstration for Submitting QRDA Category I Files for CY 2016 Reporting*, which provides screenshots of the report-generation process. Please visit the *Quality Reporting Center* website and access eCQM Archived Events.

Question 37: **Could you please review the difference between the Feedback Report categories versus the Submission Report categories within the *QualityNet Secure Portal*?**

The submission category, in general, is available to vendors. The feedback category is available to hospitals or those who submit for the hospital. In some cases, depending on your roles, you may have access to both of those categories. The January 30, 2017 provider webinar entitled, *Question and Answer Session I – CY 2017 eCQM Reporting* provided a detailed review of the reports, their purpose, and when they can be generated (test versus production files). Please visit the *Quality Reporting Center* website and access eCQM Archived Events.

Question 38: **Would you expect the <Measure Count> column in the Submission Summary Report to be equal to the total count of unique <Case IDs> by <Measure Name> in the eCQM Submission and Performance Feedback Report? We are finding some inconsistencies in these two and are looking to determine if this is an issue or is expected due to differences in the two reports.**

The Submission Summary Report measure count field calculates the number of cases submitted for a measure, whether or not the file passed validation or met IPP. So there can be a difference between the measure count field and the total number of case IDs. The eCQM Submission and Performance Feedback report only shows data for files that passed validation and those episodes of care with measures that met IPP.

Question 39: **We have a vendor submitting our eCQM data. Who will receive the two emails? Will it be the Security Administrator or the data submitter?**

The emails confirming data upload and file processing will be sent to whoever submitted the files for processing.

Question 40: **If a vendor submits the QRDA, the hospital can still log in to *QualityNet* and run the Submission Reports, correct?**

This is correct. The reports would most likely be run through the feedback category, but they can be run for any files that were submitted for your facility.

Question 41: **Is there a *QualityNet* report that can show what the numerator and denominators are for the submission?**

The eCQM Performance Summary Report indicates denominator and numerator populations. Effective March 3, 2017, the aforementioned report is temporarily unavailable until the March 13, 2017 submission deadline has passed. This is occurring due to the backlog of reports, which are considered "long running" and are slowing the processing time of the *QualityNet* EHR reports.

Submission

Question 42: **If your vendor includes an "attestation," does that count for both CMS and Medicaid, or do we need to go to the CMS (and state Medicaid) sites and attest there also?**

Please contact the EHRIC to clarify attestation requirements for the Medicare EHR Incentive Program versus state-specific Medicaid requirements. The EHRIC can be reached at 1-888-734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT. Also visit the EHR Incentive Program page on the CMS.gov website to review the program reporting requirements listed by reporting period.

Question 43: **What is the process and the timing by which eCQMs submitted to** *QualityNet* **qualify for meaningful use and the submission status get reflected on the EHR (MU) portal? I am concerned our meaningful use attestation is showing as "Pending eReporting" since we submitted earlier this month.**

The *QualityNet Secure Portal* is receiving production files until March 13, 2017. If you selected eReporting in the EHR Incentive Program Registration and Attestation System, your status will be "Pending eReporting."

After the submission deadline closes March 13, 2017, the *QualityNet Secure Portal* will process the submitted data and generate a report, indicating which EHs and CAHs have successfully reported on at least four eCQMs to the *QualityNet Secure Portal*.

The report outcomes are scheduled to be transmitted around late March 2017 to the team that oversees the EHR Incentive Program system. At that time, the outcomes will be processed for aligned electronic CQM EHR Incentive Program credit.

Hospitals will see a change in their pending status within the EHR Incentive Program Registration and Attestation System. The prior eCQM status of "Pending eReporting" will be replaced by one of two messages: "Locked for Payment" or "Expired."

If the message reads "Locked for Payment," the EHR Incentive Program is indicating the hospital successfully completed the electronic reporting option for CQMs. If the message reads "Expired," the message is indicating the hospital did not successfully complete the CQM electronic reporting option.

Question 44: **If our eCQM Submission Status Report for 4Q 2016 shows a "Y" for Successful MU Submission and Successful IQR-EHR Submission, does this fulfill the requirement even though we have rejected cases in the warehouse?**

If the report indicates that you have met program requirements, you have indeed met program requirements. Please remember this report functions as a snapshot in time. You are strongly encouraged to continue to work through any errors to ensure that CY 2016 information is as accurate and complete as possible.

Question 45: **Once we see the "Y" next to submitted on the Submission Status report, are there any further actions we need to do, or just hang on and wait?**

The Successful MU Submission and Successful IQR-EHR Submission fields should indicate a "Y," which means Yes, to signal successful submission of eCQM reporting for CY 2016 eCQM reporting. However, there are program requirements for both the Hospital IQR Program and Medicare EHR Incentive Program/Meaningful Use outside of QRDA Category I submissions, and that report does not indicate that those requirements have been met. Ensure you are fulfilling other reporting requirements for the other portions of the Hospital IQR and Medicare EHR Incentive Programs.

Question 46: **Is there a threshold for the number of rejected cases a facility can have, or is it unacceptable to have any rejected cases in the final submission?**

A threshold does not exist regarding an acceptable volume of rejected cases. The expectation is to continue to troubleshoot the rejected files to achieve 100% representation of the patient population identified for reporting. CMS recommends that hospitals unable to remedy file errors, including their EHR vendor being unable to generate a "fix" prior to the submission deadline, may submit an eCQM ECE request form requesting to waive the requirement to submit 100% of the required QRDA files by the submission deadline.

Question 47: **While on *QualityNet*, attempting to complete the attestation of the 16 eCQMs for 2016, we are unclear on which option we should choose. We are reporting the 16 measures required for the MU EHR Incentive Program via attestation and using a vendor to submit the four required eCQMs to satisfy the Hospital IQR Program requirement. However, this is not an option. If we choose option two, how does the process work and how will CMS know that we have a vendor submitting the four required eCQMs in 3Q 2016 that were not applied to the EHR Incentive Program?**

Please contact the EHRIC to clarify attestation requirements for the Medicare EHR Incentive Program. The EHRIC can be reached at 1-888-734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT. If we understand your question, hospitals have the option to attest to 16 of the 29 eCQMs for a full year or electronically report on at least four eCQMs for quarter three or quarter four to fulfill the electronic CQM requirement for the Medicare EHR Incentive Program for CY 2016.

Question 48: **Aren't we able to use the PSVA tool to submit the production submission to CMS as well, or do we just have to use the *QualityNet Secure Portal*?**

The data submitter has the option to submit the production QRDA Category I files either utilizing the PSVA tool or directly through the *QualityNet Secure Portal*. Either method places the files in the CMS data receiving system for processing.

Question 49: **If we have already submitted for CY 2016, can we begin to submit additional measures through the PSVA tool without impacting the official submission, or should we leave the tool alone until after the deadline?**

If your hospital has met program requirements and this is confirmed by generating the eCQM Submission Status Report, unless you're working through measure outcome concerns or differences in trying to potentially fine-tune mapping within your system, then there may not be a great deal of value. As long as you're submitting test files, you won't impact your program status for the eCQM Submission Status Report.

Any production file submissions completed after receiving confirmation of successful submission with the "Yes" indicator should always be reconfirmed, because that report is a snapshot in time, and if you submit additional production files, you want to confirm you haven't overwritten your files, or done anything that changes your submission status.

Question 50: **Does the EHR (MU) submission requirement match the eCQM requirement to successfully transmit four measures only (meaning, performance on the measures are not necessarily expected to match chart-abstracted measures)?**

That is correct. We know that there are some inherent differences in the measures. The measure intent is the same; however, there are differences in the way the measures are specified. This may potentially result in some performance rate differences between the two versions of measures.

Question 51: **When do we start submitting production files for reporting for CY 2016?**

Submitters are able to submit production files for third or fourth quarter CY 2016 eCQM reporting until March 13, 2017.

Question 52: **Can you clarify what is needed for a successful submission?**

Successful submission is identified as the reporting on four or more eCQMs as a combination of QRDA Category I files where patients meet IPP criteria, case threshold, or zero denominator declaration.

Question 53: **Are we able to attest for MU core objectives before eCQMs have been submitted?**

Please review the information posted on the CMS.gov website regarding the attestation process at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html. If you have additional questions, contact the EHRIC at 1-888-734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT.

Question 54: **How do we submit the file to the *QNet* secure file transfer? Is there a document with specifics?**

On the *QualityNet* website, under Hospitals - Inpatient > Electronic Clinical Quality Measures (eCQMs) Reporting > Resources, locate the CY 2016 IQR-EHR Alignment Preparation Checklist for eCQM Reporting – QRDA Category I File Production Instructions, which steps users through the submission process. This production preparation checklist is located at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228773851775.

The same checklist is posted on the *Quality Reporting Center* website under Inpatient > Hospital IQR Program > Resources and Tools, in the eCQM Resources section toward the bottom of the page, or access the instructions directly at http://www.qualityreportingcenter.com/wp-content/uploads/2017/01/IQR_EHR_Alignment_CY-16-PRODUCTION-FILE_Checklist_20160118_vFINAL508.pdf.

Question 55: **If our files are approved through the PSVA tool, will they be accepted through *QualityNet*?**

There are additional validations that are performed through the CMS secure portal submission process, such as the validation of the CMS Certification Number (CCN), etc. Some of those are specific to authorizations for users on some of the more specific dates. There are also schema validations that are performed that can cause rejections after testing with the PSVA tool.

Question 56: **Our test files are coming back with messages regarding numerator or denominator issues for the measures. Would it then be correct that we have met the criteria for initial patient population?**

Contact the *QualityNet* Help Desk and provide a copy of your reports and identify the expected outcomes for the QRDA Category I submissions (1-866-288-8912; qnetsupport@hcqis.org).

Question 57: **Our submission failed. We were told that we entered the incorrect transmission date in *QualityNet*. We tried to change that date, but it is greyed out. We contacted the help desk and received a ticket number, however, it remains unresolved. Do you know how we can change the transmission date in *QNet* for our vendor selection?**

Follow up with the *QualityNet* Help Desk and ask to have your ticket reopened and to obtain additional guidance (1-866-288-8912; qnetsupport@hcqis.org).

Question 58: **For this first submittal of eCQMs, our eCQM file submittal is correct, and the format is correct, but does not reflect the care given to our patients. Is this acceptable for this submission?**

Hospitals should continue to work with their vendors to ensure all aspects of patient workflow are captured within the EHR. Data validation will begin with CY 2017 discharge data and occur in spring 2018. This is a good time to review quality assurance lessons learned from the first year of reporting, and identify process-improvement activities.

Question 59: **We have successfully authorized a vendor in *QualityNet* to submit our eCQM data. However, when our vendor submitted the file to *QualityNet*, they are receiving a "Reject Message." What could be the reason(s) for the rejection of our file?**

Contact the *QualityNet* Help Desk and provide a copy of your reports for additional details regarding the rejection message; it is unclear if the file has error messages, or if a different type of reject message is being referenced (1-866-288-8912; qnetsupport@hcqis.org).

Question 60: **For submissions into production, are there checks in place for potential duplicates, or would our Submission Status Report show an error?**

The criteria for succession management allows a match on four key fields to overwrite the prior submission. Please review page 7 of the 2016 CMS QRDA IG for additional details. The IG is available on the eCQM Library at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html.

Question 61: **Are duplicate files allowed in our total submission for Q4 2016? We noticed a discrepancy in the number of files we submitted to our vendor versus the number of files noted in the Total Files Submitted section of the Submission Summary Report.**

If there were duplicate files submitted to your vendor, they would not be counted, but on the right-hand side of the report, the column provides a count of the cases. Sometimes the patient has multiple encounters where the same eCQM may have been applied that actually represents the individual cases. If the actual submission file numbers don't match, then it is recommended to contact your vendor to confirm that all of the files were submitted to begin to identify the discrepancy.

Question 62: **We've been notified of potential duplicate records in the IQR clinical warehouse. Is there a way to tell if these duplicates are because of eCQMs or are they from our usual quarterly submission? If eCQM, shouldn't we have gotten some error messages?**

Contact the *QualityNet* Help Desk and provide a copy of your notification to obtain feedback (1-866-288-8912; qnetsupport@hcqis.org).

Question 63: **Are duplicate files (not cases) allowed in our total submission for Q4 2016?**

Duplicate files would be overwritten. If the four key elements are the same (CCN, CMS Program Name, EHR Patient ID, and reporting period specified in the Reporting Parameters section), the most recent submission of that file is the only one that will be counted toward program credit. However, the most recent submission may show on some of the reports.

Question 64 **Do we have to notify the vendor that we are ready for submission, or does the vendor have access to the QRDA file?**

That would be a hospital-specific question that you need to work through with your vendor regarding the agreed-upon submission process.

Question 65: **If the first files sent through production did not meet all criteria for successful submission, how do we submit the corrected version?**

Troubleshoot the files, and then, utilize the same steps to resubmit the corrected files.

Question 66: **How do we submit the file to *QNet*? Is there a document with specifics? Do we use the Secure File Transfer area of *QNet*?**

A variety of education and outreach activities have been developed to assist submitters. If you visit the Quality Reporting Center website, there are presentation materials from June 9, 2016, which step the submitter through the data-submission process, referencing the available submission checklist.

Question 67: **What happens if you passed 3Q 2016 and failed 4Q 2016, do you still fulfill the eCQM requirement for CY 2016?**

The successful submission can take place in either quarter three or quarter four for CY 2016 eCQM reporting.

Question 68: **Where would you see "Program Requirements Met" on the *QualityNet* site after a successful submission of production files?**

The eCQM Submission Status Report provides the feedback indicating successful submission of eCQM reporting.

Question 69: **Are we allowed multiple submissions of production data? For example, we submitted 800 files, of which two had errors. We fixed the errors. Can we just upload the two fixed files and still have all of our data there? It will not be overwritten?**

Multiple submissions of production data are permitted. In your example, of the 800 files, if two are rejected, it is recommended to troubleshoot the two files, and then resubmit them. It is not required to continually resubmit the total 800 files.

The files will only be overwritten if the four key fields match a previous submission: CCN, CMS Program Name, EHR Patient ID, and the reporting period specified in the Reporting Parameters section. Review the 2016 CMS QRDA IG available on the eCQM Library or the eCQI Resource Center for additional details.

Question 70: **We have submitted files to the test system. The eCQM Submission and Performance Feedback Report shows numerator not met for multiple patients in one of the measures, which is incorrect. Is it safe to say, when we submit to production, the measures will calculate exactly the same, or have there been inconsistencies between the two?**

Whether the data is submitted through test or production, the measure calculation results for the eCQM Submission and Performance Feedback Report should be the same. Contact the *QualityNet* Help Desk for additional assistance (1-866-288-8912; qnetsupport@hcqis.org).

Question 71: **If we have selected a vendor for eCQM submission, and for whatever reason, the vendor cannot successfully load the data, can we upload data directly via *QNet*?**

Yes, the submitter can be the vendor or the hospital. In either case, the EHR Data Upload Role is required to report eCQMs. Contact the *QualityNet* Help Desk for additional assistance (1-866-288-8912; qnetsupport@hcqis.org).

Question 72: **Should I get an immediate email when I upload the data; and if not, should I start again?**

You should receive two email notifications. The first email will be sent notifying you that the file was uploaded successfully. The second email notification will be sent providing notification of the number of submitted files, accepted or rejected uploaded files, the batch number, and the time of submission. The second email should be received within 24 hours of the data upload. If it is not received, contact the *QualityNet* Help Desk for additional assistance (1-866-288-8912; qnetsupport@hcqis.org).

Question 73: **Once we successfully submit the QRDA Category I files, what do we need to do with the denominator declaration?**

The denominator declaration screen is only applicable if your hospital plans to claim any zero denominators or case threshold exemptions for measures.

CY 2017 Reporting

Question 74: **When will you begin to accept CY 2017 eCQM data?**

We're anticipating that the CMS data receiving system will be available to receive CY 2017 eCQM data near the end of April 2017. Updates to the HQR 2017 CMS QRDA I schematron for PSVA are now available. A ListServe notification will be distributed, announcing when the CMS data receiving system will open to receive test and production QRDA Category I files.

Question 75:   **If we submit the CY 2017 eCQMs on a quarterly basis, what are the deadline dates for submission?**

For CY 2017 eCQM reporting, hospitals have the option to report quarterly, biannually, or on an annual basis from a certified EHR. However, the submission deadline is February 28, 2018. There are no other specific submission deadlines before that date. For information and program updates, visit the eCQM Overview page of *QualityNet*, located at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716.