

# CY 2016 (FY 2018) eCQM REPORTING FOR THE HOSPITAL IQR PROGRAM & MEDICARE EHR INCENTIVE PROGRAM

## Frequently Asked Questions

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IQR Program and Policy Requirements	
Question	Answer
<i>What are the calendar year (CY) 2016 electronic clinical quality measure (eCQM) reporting requirements for the Hospital Inpatient Quality Reporting (IQR) Program?</i>	Eligible hospitals (EHs) are required to submit eCQMs for the CY 2016 reporting period/fiscal year (FY) 2018 payment determination. <a href="#">Centers for Medicare &amp; Medicaid Services</a> (CMS) requires hospitals to submit one calendar quarter of discharge data from either quarter three or quarter four of CY 2016, for a minimum of four eCQMs by February 28, 2017.
<i>Are Critical Access Hospitals (CAHs) required to submit eCQM data for the Hospital IQR Program?</i>	CAHs are not required to participate in the Hospital IQR Program; therefore, they are not required to submit eCQM data. However, CMS recommends and strongly encourages CAHs to participate in quality reporting.
<i>If an EH submits one or more of the eight required chart-abstracted measures as an eCQM for the IQR Program, are we required to submit the chart-abstracted data, too?</i>	<p>There are eight required chart-abstracted measures for the Hospital IQR Program requirement for the CY 2016 reporting period / FY 2018 payment determination, including:</p> <ul style="list-style-type: none"> <li>Emergency Department, ED-1, ED-2</li> <li>Perinatal Care, PC-01</li> <li>Stroke, STK-4</li> <li>Venous Thromboembolism, VTE-5, VTE-6</li> <li>Immunization, IMM-2</li> <li>Sepsis, SEP-1</li> </ul> <p>In addition to the chart-abstracted measure requirements, an EH is required to choose a minimum of any four of the available 28 eCQMs. Please visit the <i>QualityNet</i> website to review the <a href="#">Hospital IQR Program Measures for FY 2018</a>.</p>
<i>Are EHs required to submit population and sampling data for eCQMs?</i>	Population and sampling is not required for reporting eCQMs given that all applicable patient data must be submitted via Quality Reporting Document Architecture (QRDA) Category I files (patient-level files). However, population and sampling is required for chart-abstracted measures. If you do not have any patients in that population, you still need to go into the <i>QualityNet Secure Portal</i> (QSP) and enter zeros for those chart-abstracted measures, according to the population and sampling quarterly deadlines.

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<b>IQR Program and Policy Requirements</b>	
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<i>Will the eCQM data be publicly reported on <a href="#">Hospital Compare</a>?</i>	At this time, eCQM data will not be publicly reported and will not be displayed on <i>Hospital Compare</i> . Any changes regarding the public reporting of eCQM data will be outlined in a future CMS Hospital Inpatient Prospective Payment Systems (IPPS) Final Rule.
<i>When does CMS plan to begin validating submitted eCQM data?</i>	CMS has proposed that an eCQM validation process will begin spring 2018. This validation would be for CY 2018 reported data, which would affect FY 2020 payment determinations. Details will be provided in a future CMS Hospital IPPS Final Rule.
<i>We are currently in the process of switching electronic health record (EHR) vendors and will not be able to submit from either quarter three or quarter four 2016 by the February 28, 2017, deadline. Are we able to submit an Extraordinary Circumstances Exemption (ECE) request form?</i>	The ECE Policy applies to circumstances that the hospital encounters that are unforeseen and beyond their control. Circumstances vary based on the needs of each facility; therefore, it is best to review the <a href="#">ECE information on the QualityNet website</a> to determine if the criteria apply to the situation.
<i>If our hospital submits four eCQMs for the Hospital IQR program, do we receive electronic reporting requirement credit for that same submission for the Medicare EHR Incentive Program as well?</i>	EHRs are required to successfully submit eCQMs for the CY 2016 reporting period / FY 2018 payment determination. CMS requires hospitals to submit one calendar quarter of discharge data from either quarter three or quarter four for a minimum of four eCQMs by February 28, 2017. This submission will simultaneously fulfill the CQM reporting requirement for the Medicare EHR Incentive Program.
<i>Where can we find out more about the other Hospital IQR Program requirements, or an outline of the explanation of the penalties?</i>	The information is available on the <a href="#">QualityNet</a> website. Look for the <b>Hospital-Inpatient</b> dropdown menu and select the <b>Hospital Inpatient Quality Reporting</b> tab. All information regarding IQR Program requirements and penalties for failure to meet those requirements can be found in three places on the Hospital IQR Program Overview page: 1) the Reference Checklist; 2) the Program Guide for New Facilities for FY 2018; and 3) the Annual Payment Update (APU) Recipients tab.
<i>Where can I find more information on CMS' reporting requirements for the Hospital IQR Program and Medicare EHR Incentive Program?</i>	CMS provides clarification for reporting requirements in the Hospital FY 2016 IPPS/LTCH PPS Final Rule, released on August 15, 2015.

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<b>EHR Incentive Program and Policy Requirements</b>	
<b>Question</b>	<b>Answer</b>
<i>Are CAHs required to electronically submit a minimum of four eCQMs for the Medicare EHR Incentive Program?</i>	The reporting requirement for CAHs participating in the Medicare EHR Incentive Program can be fulfilled via two options: submission of at least four eCQMs through the QSP or aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System. Please visit the <a href="#">Medicare EHR Incentive Program</a> section of the CMS.org website for more details.
<i>Where can I find more information about how to attest for the Medicare EHR Incentive Program?</i>	Please visit the CMS.gov website and locate checklists and worksheets regarding <a href="#">attesting for the Medicare EHR Incentive Program via the CMS Registration and Attestation System</a> .
<i>Who do I contact if I have questions about the Medicaid EHR Incentive Program reporting requirements?</i>	States are responsible for determining whether or how electronic reporting of Clinical Quality Measures occurs and if hospitals are permitted to report through attestation. Please visit the CMS.gov website to review the <a href="#">Medicaid State Information</a> .

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<b>eCQM Data Submission and Reporting</b>	
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<i>Are hospitals required to utilize a vendor to submit eCQM data? What are the pros or cons?</i>	Facilities submitting eCQM data may submit data themselves or may utilize vendors. It is best for hospitals to determine the pros and cons of utilizing a vendor based on a number of factors including staffing patterns, budgets, etc.
<i>What are the Certified EHR Technology (CEHRT) requirements for CY 2016 reporting?</i>	For CY 2016, hospitals should ensure that the EHR systems and modules used are certified to the 2014 or 2015 Edition of the Office of the National Coordinator (ONC) Health Information Technology (HIT) Standards. Please visit the <a href="#">Certified Health Product IT List (CHPL) website</a> to locate your vendor and the corresponding EHR system and module information.
<i>Can a hospital use a flow sheet or another non-certified source to input and capture data in the EHR for CY 2016?</i>	Hospitals may either use abstraction or pull the data from non-certified sources in order to then input the data into CEHRT to capture and report QRDA Category I files. The ability to abstract or pull data from non-certified sources to then input this data into CEHRT reinforces the importance of ensuring the system is properly mapped. Properly mapping a system ensures that data elements are consistently and correctly captured for accurate eCQM reporting.
<i>How do we authorize a vendor to submit eCQM data on our behalf for CMS' Hospital Quality Reporting (HQR) system?</i>	Hospitals may authorize their certified EHR vendor to submit data files on their behalf by logging in to the QSP and authorizing the vendor by measure set, data transmission start/end date, or discharge quarter start/end date. Vendors are required to obtain a QSP account and obtain the EHR Data Upload Role in order to submit eCQM data on the facility's behalf. Please contact the <a href="#">QualityNet Help Desk</a> for additional assistance: qnetsupport@hcqis.org or 866.288.8912.
<i>Please define what counts as a "successful submission" of an eCQM.</i>	A "successful submission" is eCQM data that is submitted through the QSP in any combination of: QRDA Category I files with patients meeting the Initial Patient Population (IPP) of the applicable measure(s), Zero Denominator Declarations, and Case Threshold Exemptions.
<i>Where on the QSP can we find the data entry fields for the zero denominator declarations?</i>	The zero denominator declaration screen is located in the <a href="#">QSP</a> on the "My Tasks" screen, under the box labeled "EHR Incentive Program Hospital eCQM Reporting."
<i>Where on the QSP can we find the data entry fields for case threshold exemptions?</i>	The case threshold exemptions screen is located in the <a href="#">QSP</a> on the "My Tasks" screen, under the box labeled "EHR Incentive Program Hospital eCQM Reporting."

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<i>If a hospital is part of a healthcare system, but it has its own CMS Certification Number (CCN), does each hospital in that hospital system submit its own data?</i>	If each facility within the healthcare system has its own CCN, then each facility must report their data separately under their own CCN.
<i>What are the QRDA Category I file format expectations from CMS for test and production file submissions for CY 2016?</i>	CMS is expecting to receive one file, per patient, per quarter. The file will include all episodes of patient care and the measures associated with that file. The maximum individual QRDA Category I file size is 5MB. These files are expected to be submitted via zip file (.zip). The maximum individual QRDA Category I files in a zip file is 15,000. If a facility has more than 15,000 files to report for one quarter, hospitals can submit additional zip files.
<i>If test files are rejected or have errors how will we know what needs to be fixed? Is it an issue with the setup of the file creation?</i>	If your file is rejected, it is likely an issue with the setup of the submitted file. If you use the Pre-Submission Validation Application (PSVA) to test the files, when the file is generated, the tool provides a feedback file for your review. If you choose to bypass the use of the PSVA tool and submit the test file directly to the test receiving system within the QSP, you will want to generate the Submission Detail Report under Run Reports in the QSP. Use the batch ID to run the EHR Feedback Report or the Submission Detail Report to outline any failures.
<i>Can we submit test files prior to October 1, 2016? How long will we be permitted to test QRDA Category I files?</i>	QRDA Category I test files are now being accepted in the Secure File Transfer (SFT) within the QSP. Facilities are encouraged to submit test files early and often. You are also encouraged to download the PSVA tool to assist with the testing process. The ability to test QRDA Category I files will continue until the production file submission period closes on February 28, 2017.
<i>When can we begin to submit production QRDA Category I files to the QSP for CY 2016?</i>	CMS anticipates the QSP will be open to receive production files in early October 2016. Additional details will be distributed through the EHR ListServe in the coming months.
<i>Can we obtain patient-level performance feedback reports following submission to QualityNet test, or only QualityNet production?</i>	The following performance feedback reports can be generated after successfully submitting test files to the QSP: Submission Summary, Submission Detail, and the eCQM Submission and Performance Reports. The same reports, among others, will be available for generation within the QSP when production files are permitted to be submitted this fall.