Hospital Inpatient Quality Reporting (IQR) Program

Walking Through the Steps to Successful eCQM Submission for CY 2018 Hospital Reporting

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: **Can we use the same CMS EHR Certification Identification Number generated on the Certified Health IT Product List website for our Promoting Interoperability objectives attestation and for our eCQM Quality Reporting Document Architecture (QRDA) I file even if some of the Certified Electronic Health Record Technology used for the objectives does not contribute to the quality measures?**

Hello, Veronica. This is Artrina. Hospitals have to use the EHR Certification ID Number that represents all of the products used to capture, export, calculate, and report the QRDA [Category I] data for the specified reporting period. Hospitals can use two different EHR Certification ID Numbers if the CEHRT number submitted for each applicable program meets the certification requirements and is applicable to that data capture and reporting period.

Question 2: **We used a vendor last year, but we will directly submit QRDA Category I files to CMS this year. Do we need to change our data upload role/authorization under *QualityNet*?**

Hello, this is Amy with PM3 [Portfolio, Program, and Project Management CMS contractor]. Please ensure that you have the EHR data upload role assigned in order to upload eCQM data, access the *MyTasks* screen to enter any denominator declarations, and generate the EHR reports. Any additional questions should be directed to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 3: **Is this method of electronic submission applicable to Medicare and Medicaid reporting?**

This is Jen with PM3. The eCQM submission process of using a QRDA [Category] I file for reporting patient data applies when participating in the Promoting Interoperability and the Hospital IQR Programs with aligned program credit with one submission. QRDA [Category] I file submissions intended for reporting to the Medicare and Medicaid Promoting Interoperability Programs are processed and information on successful submission status are passed along to their program contractors.

Question 4:   **If we're not using a vendor, how do we submit our production files to *QualityNet?***

This is Jen again. It is recommended for the hospital to work with their vendor for their EHR system to understand how to export the QRDA [Category] I format that can be submitted to the *QualityNet Secure Portal*. The steps for the data submission process outlined during this webinar are the same, whether the submitter is the hospital or a vendor.

Question 5:   **Do you have a required naming convention for the submitted zip file?**

This is Amy of PM3. There is no requirement regarding a naming convention for zip files submitted for eCQM reporting.

Question 6:   **When a vendor submits QRDA [Category] I files on a hospital's behalf, can the hospital run the submission detail report?**

This is Amy with PM3. As soon as the vendor has submitted data and the second confirmation email has been received indicating the QRDA [Category] I files have been processed, the hospital can generate the Submission Detail Report within 24 hours to determine the status of the submitted data.

Question 7:   **What type of validation will be completed on the 2018 files?**

This is Artrina. To our understanding, the same process CMS is using for data validation of CY 2017 eCQM data should be the same as what will be used for 2018. Any changes will be communicated to the data submitter community by CMS.

Question 8:   **If a hospital has five or less patients in the denominator of their QRDA [Category I] eCQM submission, do they need to submit a case threshold exemption?**

This is Amy from PM3. In reference to slide 34 of this webinar, use of the case threshold exemption is an option if the following criteria are met:

- The hospital's CEHRT must be certified to report the measure
- There are five or fewer discharges applicable to an eCQM which occurred during the relevant EHR reporting quarter.

Hospitals with five or fewer patients [within a discharge quarter for a specific measure] may either submit those patients via QRDA Category I file(s) or they may opt to manually enter a case threshold exemption. Either method will count towards a successful submission.

Question 9: **Can a designated Eligible Hospital employee submit the QRDA [Category] I files? During today's presentation, it sounded like the EHR vendor must submit.**

This is Jen. Hospitals are able to submit [QRDA Category I files] on their own if they have the appropriate EHR data upload roles and permissions in place. Please direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 10: **Do we still have the option to manually submit Promoting Interoperability [Program] data?**

Attestation of eCQM data for the Promoting Interoperability Program is available under specific circumstances. Visit the *CMS.gov* Promoting Interoperability Program webpage for information and any communication updates. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 11: **Do the files that are uploaded still need to be on a zip drive?**

Yes, test and production QRDA [Category] I file submissions should be placed in a zip file before upload to the *QualityNet Secure Portal*.

Question 12: **Can you still submit final [Production] files through the Pre-Submission Validation Application (PSVA) tool, or should we use the Secure File Transfer for the final file submission?**

The QRDA [Category] I files submitted through the PSVA tool will go through the same system evaluation with CMS whether you submit via the *QualityNet Secure Portal* or the PSVA tool.

Question 13:   **How long do we normally wait for the notification emails to arrive in our inbox before we should notify the *QualityNet* Help Desk?**

This is Amy. We recommend waiting 24 hours to receive the two emails, the first confirming the QRDA [Category] I files were uploaded and the second email indicating the QRDA [Category] I files have been processed. If you haven't received the emails, then reach out to the *QualityNet* Help Desk for assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 14:   **We used a vendor last year, but we plan to submit the eCQM data ourselves for CY 2018 reporting. Do we need to remove the prior vendor?**

It's recommended that if a vendor is no longer serving your hospital(s), you would go into the vendor authorization screen within the *QualityNet Secure Portal* and make those updates.

Question 15:   **Is there a difference between the EHR Incentive Program [Promoting Interoperability Program] hospital eCQM reporting versus the Hospital IQR [Program] eCQM reporting?**

When hospitals are participating in both the Hospital IQR Program and the Promoting Interoperability Program by performing eCQM reporting activities, aligned credit is available for 15 of the 16 eCQMs. Visit the *Quality Reporting Center* website and review the **eCQM Resources for IQR** tab. The list of CY 2018 eCQMs that are available for reporting is posted for your convenience. Direct link: https://www.qualityreportingcenter.com/inpatient/iqr/resources-and-tools/.

Question 16:   **What is the benefit of uploading production files through the *QualityNet* Secure File Transfer versus uploading through the PSVA tool?**

Slide 36 of this webinar presentation provides a full overview of the file validation differences between the *QualityNet Secure Portal* and the PSVA tool. In summary, the PSVA provides file format validation versus the direct submission to the *QualityNet Secure Portal*, which performs additional checks such as submission period dates and vendor authorization.

Question 17: **Can you please discuss the steps we need to take to address the files that are rejected?**

Hello, this is Amy. One initial step to perform if your files are rejected is to run the Submission Detail Report to locate the error messages that may be occurring in that QRDA [Category I] file. This information will direct you to the location where there could be a file formatting issue or information is missing within the QRDA [Category] I file.

Question 18: **Do zero denominators need to be entered if we are able to meet the four required eCQMs?**

This is Artrina. The zero denominator policy indicates that, in order to use the declaration, the hospital's EHR system must be certified to report the eCQM and the hospital does not have any patients that meet the denominator criteria of the CQM in question. In this scenario, there would be no need to use the zero denominator declaration.

Question 19: **When will we receive information on [Promoting] Interoperability Program requirements? For example, what's required beyond the eCQM reporting portion? What data elements are required to enter into *QualityNet*? What is the deadline for data entry into *QualityNet*?**

The Promoting Interoperability Program updates will be completed in the coming months. Visit the *CMS.gov* website to obtain program updates. Active link: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html.

Question 20: **Which specifications version should we use for submission of electronic measures for CY 2018?**

This is Artrina. The eCQI Resource Center provides a tab for the eCQM measure specifications and all associated technical documentation based on the eCQM reporting period. The link to the CY 2018 eCQM measure specifications is provided for you. Active link: https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2.

Question 21:   **Are rejected files okay, or do they have to be resubmitted?**

If the hospital believes those QRDA [Category] I files are intended to be part of the patient population submitted for reporting, then the expectation from CMS is that the hospitals will work with their vendors to resolve the issues with the identified rejected files.

Question 22:   **Can we run a *QualityNet* report for finding out our CY 2017 scores?**

You are able to run the eCQM Submission and Performance Feedback reports and review measure outcomes. However, the eCQM Submission Status Report isn't available for multiple or previous years.

Question 23:   **Can a hospital report on more than one quarter of data, so they can capture more patients across the various eCQMs?**

Multiple quarters can be reported, and CMS encourages hospitals to report on at least four eCQMs for the selected reporting period. If you submit multiple quarters, make sure to rerun your eCQM Submission Status Report to confirm your program requirements have been met.

Question 24:   **Do we need a new CMS EHR Certification Identification Number each year for submission?**

This is Artrina. In terms of the CMS EHR Certification Identification Number, the only reason why it would need to change or be updated is if there are modules that comprise the current Certification ID Number that need to be updated. Please direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 25:   **Do we have to include MBI (Medicare Beneficiary Number) as part of QRDA [Category] I file?**

The MBI is not required for eCQM reporting but should be submitted if the payer is Medicare and the patient has an MBI number assigned. Consult page 13 of the *2018 CMS Implementation Guide for QRDA Category I Hospital Quality Reporting* for additional details. Active link: https://ecqi.healthit.gov/system/files/eCQM_2018QRDA_HQR_CMS_IG.pdf.

Question 26: **Is there a report to show measure compliance for test data?**

Measure performance calculations are currently available for production QRDA [Category] I file submissions when generating the eCQM Performance Summary Report within the *QualityNet Secure Portal*. CMS is aware that hospitals and vendors would like to generate this same information for test QRDA [Category] I file submissions. If this functionality is made available in the future, CMS will notify the community utilizing a variety of outlets, which include webinars and ListServes.

Question 27: **If we upload files from the CMS Abstraction & Reporting Tool (CART) into *QualityNet,* are we still in compliance for eCQM reporting? We don't currently have a contract with a vendor.**

CART is a data abstraction and reporting tool for chart-abstracted measures only (e.g., sepsis measure) and is not associated with the eCQM reporting requirement. Information regarding the use of the CART tool is available on *QualityNet.org*. The active link is: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138900279093.

The eCQM reporting process requires patient-level data to be submitted via a Quality Reporting Document Architecture (QRDA) [Category] I file and submitted to the *QualityNet Secure Portal* using Certified Electronic Health Information [EHR] Technology. Visit the *QualityNet* webpage specific to eCQM reporting for an overview of the reporting requirements. Please direct additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 28: **Where can I access a list of conformance codes?**

This is Artrina. We are actually in the midst of preparing an updated list of the conformance errors for CY 2018 eCQMs. The current version posted on the *QualityNet* website is specific to CY 2017 conformance errors associated with eCQM reporting. The updated list of error codes will be released to the data submitter community in the coming months. As soon as the information is available, communication will be distributed via ListServe and webinars.

Subject-matter experts researched and answered the following questions after the live webinar. The questions have been edited for grammar.

Question 29: **Is the process the same for submitting files for the Merit-based Incentive Payment System (MIPS) as well?**

The MIPS Program has a separate and distinct data submission process. Visit the *QPP.CMS.gov* website for additional details. The direct link is: https://qpp.cms.gov/mips/overview. Questions can be directed to phone support (866) 288-8292 or email support QPP@cms.hhs.gov.

Question 30: **Do we need 2015 Certified Electronic Health Record Technology (CEHRT) for the eligible provider program for 2019 eCQM reporting?**

Eligible Hospitals and CAHs are required to use the 2015 Edition of CEHRT for CY 2019 eCQM reporting to the Promoting Interoperability and Hospital IQR Programs.

For information about quality reporting requirements for Eligible Clinicians (previously, Eligible Professionals), visit the *QPP.CMS.gov* website for additional details. The direct link is: https://qpp.cms.gov/mips/overview. Questions can be directed to phone support (866) 288-8292 or email support QPP@cms.hhs.gov.

Question 31: **Apart from custodian node, are there any other node talks about CMS ID?**

We are unsure what this question is referring to. Please submit the question to the *QualityNet* Help Desk by emailing qnetsupport@hcqis.org or calling (866) 288-8912.

Question 32: **Regarding the EHR system, does it have to be 2015 [Edition] certified? If so, and we only have 2014, can we substitute with Fast Healthcare Interoperable Resource (FHIR) to attain the CEHRT requirements as you described?**

Pertaining to Calendar Year (CY) 2018 eCQM reporting to the Hospital Inpatient Quality Reporting (IQR) and the Promoting Interoperability Programs, the technical requirements include the use of EHR technology certified to the 2014 Edition, 2015 Edition, or a combination of both (Office

of the National Coordinator for Health Information Technology [ONC] standards) and certified to report all available eCQMs.

Question 33: **Can you submit [Promoting Interoperability Program] objectives in a different 90-day period than the eCQM [reporting discharge] quarter submitted?**

Eligible hospitals and CAHs can choose a different reporting period for attestation for the objectives and measures than for the reporting of eCQMs.

Visit the *CMS.gov* Promoting Interoperability Program webpage for information and any communication updates. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 34: **Follow-up question to my Certified Health IT Product List (CHPL) question: If the CEHRT from our emergency department (ED) does not contribute to the eCQMs (is not certified for eCQMs), should I exclude this software from the CHPL for the eCQM?**

A CMS EHR   A Certification Identification Number can represent a single health IT product that could have relied upon software (referred to as a module) or a combination of EHR products that a hospital uses to meet the CEHRT definition. If a product within the module changes for a hospital after that product is re-certified, a different CMS EHR Certification Identification Number should be generated by the hospital designee. The overall process of the CEHRT definition must be applicable and include the base EHR items and quality reporting criteria (c1 – capture and export; c2 – calculate; c3 – report). See the Electronic Code of Federal Regulations (45 CFR 170) for the full CEHRT definition.

Question 35: **According to CMS, no certification is required for the Eligible Clinician [Quality Payment] Program if you can produce a QRDA [Category] III file. Is this statement correct?**

Visit the *QPP.CMS.gov* website for additional details. Direct link: https://qpp.cms.gov/mips/overview. Questions can be directed to phone support (866) 288-8292 or email support QPP@cms.hhs.gov.

Question 36: **Do you obtain your EHR Certification Identification Number from your EHR vendor?**

:   The Certified Health Information Technology Product List (CHPL) is the comprehensive listing of health information technology (IT) certified through the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. CHPL generates the CMS EHR Certification Identification Number after the product has been passed as certified. Then, it should be used for CMS reporting. A CMS EHR Certification Identification Number can represent a single health IT product that could have relied upon software (referred to as a module) or a combination of EHR products that a hospital uses to meet the Certified EHR Technology (CEHRT) definition.

To create a CMS EHR Certification Identification Number, the hospital designee (which can be the hospital staff, third party, vendor, or whomever the hospital determines is responsible for the CEHRT ID creation) may search the CHPL website for the health IT product(s) they use to create their hospital's CMS Certification ID [Number]. Once they locate the correct health IT product(s), they click the yellow "+CertID" button to the right of the product to add to the "CMS EHR Certification ID" widget on the right-hand side of the page. Once they have entered all desired health IT products, the hospital designee will be able to generate a CMS EHR Certification ID by clicking the "Get EHR Certification ID" button, if the combination of selected health IT products meets the program requirements. Step-by-step instructions to create the CMS EHR Certification Identification Number are outlined in the *Certified Health IT Product List* (*CHPL) Public User Guide* and are available for download under the **CHPL Resources** tab on the CHPL website.

Question 37:   **Is there a limited capacity of hospitals for submission to the [*QualityNet Secure*] *Portal*?**

There is no identified limit to hospital submissions via the *QualityNet Secure Portal* for test or production QRDA [Category] I files.

Question 38:   **With The Joint Commission changing the submission process in 2019 to direct data submission, is CMS thinking of changing its processes?**

Although CMS and The Joint Commission are constantly seeking areas of alignment regarding eCQM reporting (e.g., QRDA Category I reporting format, error messages), there have been no direct discussions regarding their transition to direct data submission and changes to the CMS data receiving system.

Question 39:   **Do the uploaded files need to be in a specific format (e.g., PDF, Excel)?**

Hospitals, or vendors submitting on their behalf, are required to use the QRDA Category I file format. Submissions should be one patient, per file, per quarter, and contain all the episodes of care and the associated measures for the specified reporting period. The maximum individual QRDA [Category I] file size is 10 MBs, and files must be uploaded by zip file. The maximum number of files per zip file is 15,000. If hospitals have more than 15,000 patient files to submit per quarter, hospitals can submit additional zip files.

Question 40: **Do you have screen print examples of how to "run Submission Summary" for a file that is uploaded to "TEST"?**

Visit the *Quality Reporting Center* website and locate the materials for the October 14, 2016 webinar, *A Demonstration for Submitting QRDA Category I Files for CY 2016 Reporting*. Slides 25–38 provide screenshots of each report, the intent of the report, and how the report is utilized. The direct link to the archived events page is https://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/.

Question 41: **If we filed an inpatient prospective payment system Measure Exception Form for services we do not provide (e.g., Median Time from ED Arrival to ED Departure for Admitted ED Patients [ED-1] and Elective Delivery [PC-01]) for the Hospital IQR Program, do we still need to complete the case threshold exemption steps for the eCQM reporting requirement?**

The Measure Exception Form used to request exemptions for ED-1 and PC-01 are only applicable for the chart-abstracted measures reporting requirements for the Hospital IQR Program. Those exemptions do not translate to the reporting requirement associated with eCQM reporting to the Hospital IQR and the Promoting Interoperability Programs. If the EHR technology for your hospital is certified to report a measure (in this scenario the ED-1 and PC-01 measures), but your hospital has no patients to report for those measures for the self-selected reporting period, a zero denominator can be declared on the Denominator Declaration Screen within the *QualityNet Secure Portal*. Please direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 42: **Is there a reason hospitals cannot submit the objectives information for the Promoting Interoperability Program until after January 1, 2019, even though we are allowed to select any 90-day period in 2018 to meet the requirements?**

The Promoting Interoperability Program data submission timeframe for Objective information is January 1 to February 28 for respective years.

Visit the *CMS.gov* Promoting Interoperability Program webpage for information and any communication updates. Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 43:   **If I can see the proddata/testdata folder under the *QualityNet* Secure File Transfer, does this mean I have the correct upload eCQM role?**

Yes, that is correct. The EHR data upload role is required to not only upload data but to generate the EHR hospital reports.

Question 44:   **Is there an available Application Programming Interface (API) to submit eCQM data to *QualityNet* for Hospital IQR and Electronic Health Record Incentive Program [Promoting Interoperability Program] submissions?**

Beyond the ability to submit test and production QRDA Category I files using the PSVA to the *QualityNet Secure Portal*, there is only direct data submission via the CMS data receiving system within the *QualityNet Secure Portal*.

Question 45:   **I have always had to drag the file into the "Sent" folder to see an email generated. I did not see you do this step. Should I do something different?**

Contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or (866) 288-8912.

Question 46:   **We are a vendor that reports for hospital Part A and the Quality Payment Program (QPP) for Part B. In Part B, providers find us on the QPP website. Is there a website that can list us, so hospitals can find us as a vendor that can report for them?**

CMS does not provide a list of vendors for hospitals to assist with reporting activities. Hospitals may search on the CHPL website (https://chpl.healthit.gov/#/search), a comprehensive listing of health IT certified through the ONC Health IT Certification Program, for a certified product, developer or CHPL ID. (https://www.healthit.gov/topic/certification-ehrs/about-onc-health-it-certification-program). Please visit the website for additional details.

Question 47:   **If you have one or two rejected records and you fix those records, should you resubmit the entire zip file with the corrected QRDA Category I files or just resubmit the corrected files alone?**

Hospitals have the option to only resubmit the two QRDA Category I patient-level files. If the entire zip file is resubmitted with two corrections and if the four key data elements match the prior submissions, the previously submitted files will be overwritten. For additional information, review the Succession Management section (page 5) of the *2018 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I for Hospital Quality Reporting*. Direct link: https://ecqi.healthit.gov/system/files/eCQM_2018QRDA_HQR_CMS_IG.pdf

Question 48:   **Why can't a hospital run the eCQM Submission and Performance Feedback Report when its vendor submits?**

The eCQM Submission and Performance Feedback Report was disabled under the Feedback Report category and is only available to run under the Submission Report category. Contact the *QualityNet* Help Desk to obtain additional assistance accessing all available EHR hospital reports at qnetsupport@hcqis.org or (866) 288-8912.

Question 49:   **Last year, we electronically reported Venous Thromboembolism Prophylaxis (VTE-1) and Intensive Care Unit Venous Thromboembolism Prophylaxis (VTE-2) measures and claimed exemptions on the rest of the measures selected for reporting. Are we able to do that for CY 2018 reporting as well?**

The VTE-1 and VTE -2 measures are available for eCQM reporting for CY 2018. The definition of successful submission for the Hospital IQR and the Promoting Interoperability Programs is to report on at least four eCQMs as any combination of the following:

- Accepted QRDA Category I files within patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

The eCQM for which there is a valid case threshold exemption or zero denominator declaration will count as submission of one of the required eCQMs for both the Hospital IQR and Promoting Interoperability Programs.

Please direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 50:   **In the Vendor Authorization section, can we select a vendor for [chart] abstracted measures and not use a vendor for eCQMs?**

Hospitals can authorize vendors to submit on their behalf or to submit their own data directly to the *QualityNet Secure Portal*. In either case, the EHR data upload role is required to report on eCQMs from CEHRT. Please direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 51:   **A CAH submitted QRDA Category I files through the PSVA tool using the program selection HQR_EHR. The EHR Hospital Reporting – eCQM Submission Status Report has 'Yes" for IQR-EHR. Is this a glitch within the report? CAHs do not participate in the Hospital IQR Program.**

The eCQM Submission Status Report is reflective of data submission for eligible hospitals and CAHs that provide eCQM reporting for the Promoting Interoperability Program (which is mandatory for eligible hospitals and CAHs) and the Hospital IQR Program (which is mandatory for eligible hospitals but voluntary for CAHs).

Question 52:   **Will there be education for the implementation of Clinical Quality Language (CQL)?**

The eCQI Resource Center provides archived educational materials and announces upcoming webinars regarding the utilization of CQL beginning with CY 2019 eCQM reporting to the Hospital IQR and the Promoting Interoperability Programs. Visit the eCQI Resource Center Education and **Upcoming Events** sections for additional details. The direct link is: https://ecqi.healthit.gov/.

Question 53:   **How can you remove an incorrectly uploaded record?**

Instructions regarding the EHR Batch/File deletion process are in the Hospital Quality Reporting Online Help Manual and are available when logging into the *QualityNet Secure Portal.* Hospitals can also reference the succession management details in *2018 CMS Implementation Guide for Quality Reporting Document Architecture*

(QRDA) Category I for Hospital Quality Reporting (page 5) to resubmit a batch of QRDA Category I files. The direct link is: https://ecqi.healthit.gov/system/files/eCQM_2018QRDA_HQR_CMS _IG.pdf. Please direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 54:	**Using the test environment [which is the uploading of QRDA Category I test files in the testdata folder through the QualityNet Secure Portal], can we view the report for the detailed measure performance outcome?**

The EHR Hospital Reporting – eCQM Submission and Performance Feedback Report can be generated for test and production files for patient-level measure calculations and can be tracked by discharge quarter. Please direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 55:	**We are transitioning to a new EHR system and we are scheduled to go live October 2019. Can we apply for hardship for our 2019 eCQM reporting?**

As we reviewed during today's webinar, eCQMs are reported to the Promoting Interoperability and the Hospital IQR Programs. Each program has a separate and distinct application process and criteria to address difficulties reporting eCQM data to each program.

Review the information for the Promoting Interoperability Program posted on the *CMS.gov* website specific to the hardship application process based on the reporting year.

The Hospital IQR Program offers an Extraordinary Circumstances Exception (ECE) policy that applies to circumstances that the hospital encounters that are unforeseen and beyond their control. Circumstances vary based on the needs of each hospital; therefore, it is best to review the ECE information posted on the *QualityNet* website to determine if the criteria apply to your hospital's situation for the current year of reporting. The direct link is: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier3&cid=1228775554109.

Question 56:	**If we have four eCQMs with less than five patients, can we choose those four, submit case threshold exemptions, and not send any QRDA files? If we only submit case threshold exemptions, must we submit more than four measures?**

For this scenario, hospitals can use the case threshold exemption for eCQMs with less than five patients available as long as the following criteria are met:

- The hospital's CEHRT must be certified to report the measure.
- There have to be five or fewer discharges applicable to an eCQM which occurred during the relevant EHR reporting quarter.

As a reminder, hospitals do not have to use the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose. The definition of successful submission for the Hospital IQR and the Promoting Interoperability Programs is to report on at least four eCQMs as any combination of the following:

- Accepted QRDA Category I files within patients meeting the IPP of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Promoting Interoperability and the Hospital IQR Programs. Please direct any additional questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 57:	**What is the deadline to be on 2015 [Edition] CEHRT to report eCQMs for CY 2019? What is the deadline to be on 2015 [Edition] CEHRT to report objectives and measures for the Promoting Interoperability Program?**

For the reporting of eCQMs for the Hospital IQR and Promoting Interoperability Programs, hospitals are required to have the entire CEHRT definition applicable for their program participation by the close of the calendar year in which the reporting period occurs. (For example, for the CY 2019 reporting period, hospitals would need to have the CEHRT definition in place by December 31, 2019.)

For the Promoting Interoperability Program objectives and measures, the health IT product must be certified to the 2015 Edition by the last day of the reporting period. The 2015 Edition functionality must be in place for the entirety of the EHR reporting period.

Question 58: **If a patient is discharged and readmitted within the same quarter for stroke measures, does this generate one or two QRDA Category I files?**

The QRDA Category I file is intended to capture one patient per file, per quarter. For this scenario, the QRDA Category I file should contain all care provided to the patient during the selected quarter for eCQM reporting.