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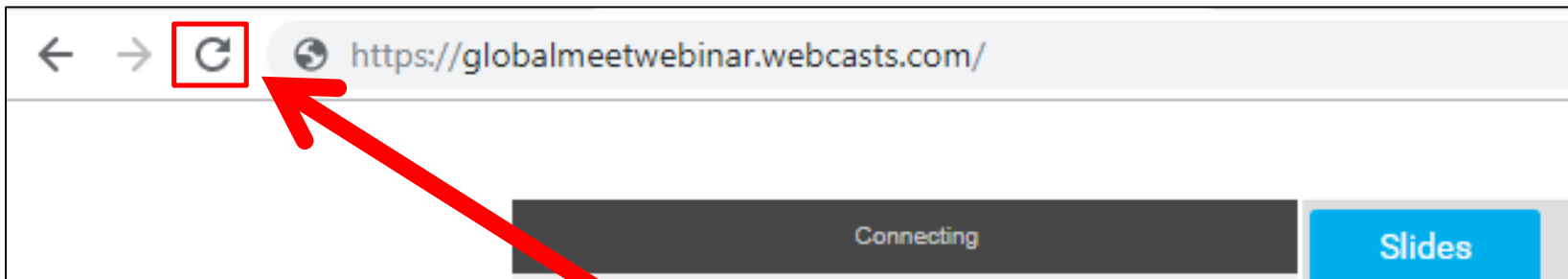**Audio from computer speakers breaking up?**
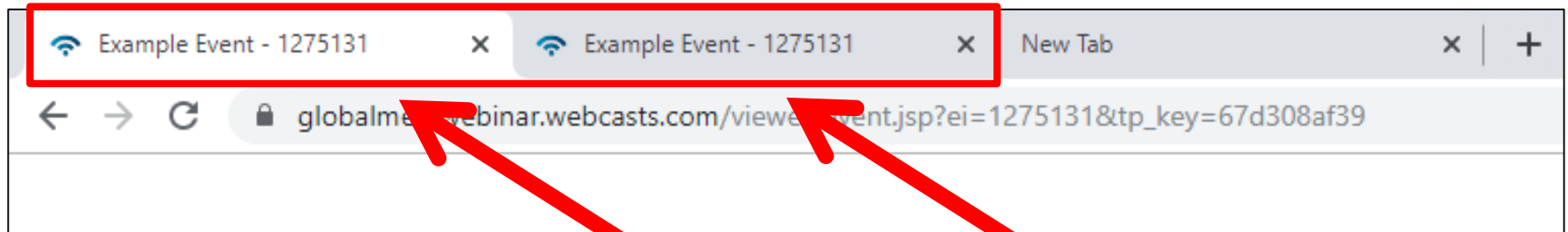
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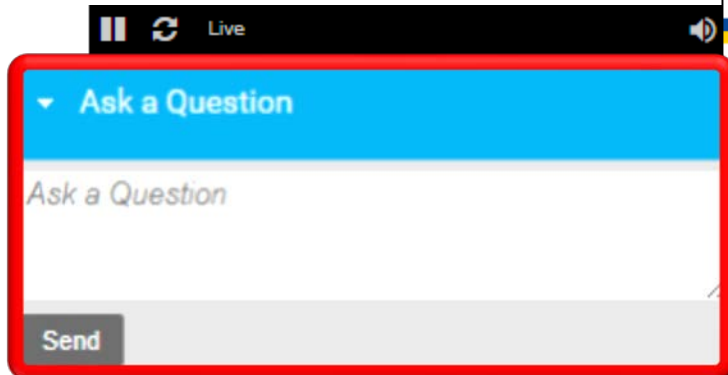- **Close all but one browser/tab and the echo will clear.**

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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Today's Presentation

CY 2019 eCQM Reporting Tips and Tools for the Hospital IQR and Promoting Interoperability Programs

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Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

January 15, 2020

Purpose

This presentation will provide helpful tips and tools for successful electronic submission of clinical quality measure (CQM) data to the Hospital Inpatient Quality Reporting (IQR) and the Promoting Interoperability Programs.

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Objectives

Participants will be able to:

- Address commonly asked questions regarding calendar year (CY) 2019 eCQM reporting.

- Quickly locate tools and resources to ensure successful eCQM reporting.

- Implement the guidance received during the Q&A session to improve the quality of your data submissions.

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Acronyms

AMI	acute myocardial infarction		HQR	Hospital Quality Reporting
CAC	Children's Asthma Care		IPP	Initial Patient Population
CAH	Critical Access Hospital		IQR	Inpatient Quality Reporting
CE	continuing education		NQF	National Quality Foundation
CMS	Centers for Medicare & Medicaid Services		ONC	Office of the National Coordinator for Health Information Technology
CQM	clinical quality measure		PC	Perinatal Care
CY	calendar year		PCI	percutaneous coronary intervention
ECE	Extraordinary Circumstances Exception		PSVA	Pre-Submission Validation Application
ECQI	Electronic Clinical Quality Improvement		Q	quarter
eCQM	electronic clinical quality measure		Q&A	question and answer
ED	emergency department		QRDA	Quality Reporting Document Architecture
EH	eligible hospital		SFS	Simple File Submission
EHDI	Early Hearing Detection and Intervention		STK	stroke
EHR	electronic health record		VIQR	Value, Incentives, and Quality Reporting
HARP	Healthcare Quality Information System (HCQIS) Access, Roles and Profile		VTE	venous thromboembolism

Back

Hospital IQR and Promoting Interoperability Reporting Requirements Overview

CY 2019 Certification and Specification Policies

- Use electronic health record (EHR) technology certified to the 2015 Edition of Office of the National Healthcare Coordinator for Health IT (ONC) standards and certified to all available eCQMs.

- Use eCQM specifications published in the 2018 eCQM annual update for CY 2019 reporting and applicable addenda, available on the eCQI Resource Center website at https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=1&=Appl.

- Use the *2019 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, available at https://ecqi.healthit.gov/eh-cah-ecqms.

Note: Be sure to obtain the revised version of the 2019 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting (HQR), published in November of 2019.

CY 2019 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.

- Report **one** self-selected calendar quarter in CY 2019 (Q1, Q2, Q3, or Q4).

- Submission deadline is March 2, 2020.

  o Deadline extended due to the original deadline (February 29, 2020) falling on a weekend.

Note: Meeting the Hospital IQR Program electronic clinical quality measurement (eCQM) requirement also satisfies the eCQM reporting requirement for the Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and critical access hospitals (CAHs), **except outpatient measure ED-3, National Quality Forum (NQF) #0496**.

CY 2019 (Fiscal Year 2021) Available eCQMs

AMI-8a CMS53v7 *Primary PCI Received Within 90 Minutes of Hospital Arrival*	CAC-3 CMS26v6 *Home Management Plan of Care Document Given to Patient/ Caregiver*	ED-1 CMS55v7 *Median Time from ED Arrival to ED Departure for Admitted ED Patients*	ED-2 CMS111v7 *Median Admit Decision Time to ED Departure Time for Admitted Patients*	ED-3* CMS32v8 *Median Time from ED Arrival to ED Departure for Discharged ED Patients*	EHDI-1a CMS31v7 *Hearing Screening Prior to Hospital Discharge*
PC-01 CMS113v7 *Elective Delivery*	PC-05 CMS9v7 *Exclusive Breast Milk Feeding*	STK-2 CMS104v7 *Discharged on Antithrombotic Therapy*	STK-3 CMS71v8 *Anticoagulation Therapy for Atrial Fibrillation/ Flutter*	STK-5 CMS72v7 *Antithrombotic Therapy By End of Hospital Day 2*	STK-6 CMS105v7 *Discharged on Statin Medication*
STK-8 CMS107v7 *Stroke Education*	STK-10 CMS102v7 *Assessed for Rehabilitation*	VTE-1 CMS108v7 *Venous Thromboembolism Prophylaxis*	VTE-2 CMS190v7 *Intensive Care Unit Venous Thromboembolism Prophylaxis*	*ED-3 is an outpatient measure and is not applicable for Hospital IQR Program aligned credit.	

Note: ED=Emergency Department, PCI=Percutaneous Coronary Intervention

CY 2019 Medicare Promoting Interoperability Program eCQM Reporting Requirements

For EHs and CAHs reporting **electronically** for the Medicare Promoting Interoperability Program in CY 2019:

- The reporting period is **one** self-selected quarter of CQMs if demonstrating meaningful use for the first time or demonstrated meaningful use any year prior to 2019.

- Report on **at least four** (self-selected) available CQMs.

- The Medicare Promoting Interoperability Program submission deadline is March 2, 2020 (two months following the close of the calendar year).
  - o Deadline extended due to the original deadline (February 29, 2020) falling on a weekend.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for EHs and CAHs **except outpatient measure ED-3, NQF #0496.**

Acronyms

CY 2019 eCQM Reporting Form and Manner for Medicare Promoting Interoperability Program

Requirements:

- QRDA Category I for eCQM submissions

- EHR technology certified to the 2015 Edition

  - EHR technology certified to all 16 available eCQMs

  - **Does not** require recertification each time the EHR technology was updated to the most recent version of eCQMs if it continues to meet 2015 Edition certification criteria

- Use eCQM specifications published in the 2018 eCQM annual update for CY 2019 reporting and any applicable addenda (available on the eCQI Resource Center website at https://ecqi.healthit.gov/eh)

- *2019 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting,* available at https://ecqi.healthit.gov/qrda

Note: QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

CY 2019 Medicare Promoting Interoperability Program eCQM Reporting Requirements

Attestation is an option for EHs and CAHs in specific circumstances when electronic reporting of CQMs is not feasible under the Medicare Promoting Interoperability Program:

- Full CY 2019, consisting of four quarterly data reporting periods
- Report on all 16 available CQMs via the *QualityNet Secure Portal*
- Submission deadline: March 2, 2020 (Deadline extended due to the original deadline of February 29, 2020 falling on a weekend.)

Note: For EHs and CAHs demonstrating meaningful use for the first time under their state's Medicaid Promoting Interoperability Program, the reporting period is any continuous 90-day period within CY 2019. Visit the CMS.gov Promoting Interoperability Programs Eligible Hospital Information page for additional details.

Successful eCQM Submission for CY 2019 Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare Promoting Interoperability Programs, report the eCQMs as any combination of the following:

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

Note: Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Medicare Promoting Interoperability Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, and claims-based measures.

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Promoting Interoperability Program Resources

- Visit the [Eligible Hospital Information page of the Promoting Interoperability Programs](#) on CMS.gov for updated reference guides, webinar presentation materials, etc.

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

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CY 2019 eCQM Reporting Tips and Tools for the
Hospital IQR and Promoting Interoperability Programs

Tips and Tools

Acronyms

Q: Where do I find the CY 2019 eCQM Reporting Requirements?

A: *QualityNet* (https://www.qualitynet.org/inpatient/measures/ecqm/participation)

Q: Where can I find the <u>most current</u> technical resources ?

A: eCQI Resource Center (https://ecqi.healthit.gov/eh-cah-ecqms)
(including the latest CMS QRDA implementation guide, Schematron, and Sample Files)

2019 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs		Pre-Rulemaking eCQMs
For Use ⬍	**eCQM Materials**	**Published ⬍**
2019 Q1-Q4	Implementation Checklist eCQM Annual Update	
2019 Q1-Q4	Implementation Checklist eCQM Addendum	
2019 Q1-Q4	Guide for Reading eCQMs (PDF)	May 2018
2019 Q1-Q4	Hospital Quality Reporting Table of eCQMs (PDF)	Jun 2018
2019 Q1-Q4	eCQM Specifications for Hospital Quality Reporting (ZIP)	May 2018
2019 Q1-Q4	eCQM Value Sets Addendum ☐	Sep 2018
2019 Q1-Q4	eCQM Value Set Addendum FAQs (PDF)	Jul 2018
2019 Q1-Q4	eCQM Direct Reference Codes List ☐	Sep 2018
2019 Q1-Q4	Binding Parameter Specification (BPS) Addendum ☐	Sep 2018
2019 Q1-Q4	eCQM Logic and Implementation Guidance v2.0 (PDF)	May 2018
2019 Q1-Q4	Technical Release Notes (code system updates only) Addendum (PDF)	Nov 2018
2019 Q1-Q4	Technical Release Notes Addendum (PDF)	Nov 2018
2019 Q1-Q4	Technical Release Notes (code system updates only) Addendum (ZIP)	Sep 2018
2019 Q1-Q4	Technical Release Notes Addendum (ZIP)	Sep 2018
2019 Q1-Q4	eCQM Flows (ZIP)	Sep 2018
2019 Q1-Q4	CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)	Nov 2019
2019 Q1-Q4	CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (ZIP)	Sep 2019
2019 Q1-Q4	eCQM Annual Update Pre-Publication Document (PDF)	Feb 2018

2019 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

Q: Is there a checklist for implementing eCQM reporting?

A: Yes! eCQI Resource Center (https://ecqi.healthit.gov/eh-cah-ecqms)

eCQM Implementation Checklist

Receive updates on this topic

The Centers for Medicare & Medicaid Services (CMS) requires an eligible professional ⓘ (EP), eligible clinician ⓘ, eligible hospital ⓘ (EH) or critical access hospital ⓘ (CAH) to use the most current version of the eCQMs ⓘ for quality reporting programs.

This Pre-Check and Checklist (PDF) assume that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps health information technology ⓘ (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM ⓘ Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in electronic quality reporting.

Pre-Check

▸ 1) Sign up for a Unified Medical Language System (UMLS) account

▸ 2) Sign up for a JIRA account

▸ 3) Sign up for eCQM page change notifications on the eCQI Resource Center ⓘ

▸ 4) Review the code versions used in the Annual Update

▸ 5) Review the standards, tools, and documents used in the Annual Update

Checklist

▸ 1) Access the appropriate eCQM Annual Update

▸ 2) Secure detailed information about each measure

▸ 3) Download value sets

▸ 4) Prepare to implement the updates by understanding changes to the eCQM

Q: Can we still use the HQR legacy process for CY 2019 Reporting? Are the legacy file submission preparation checklists available?

A: Yes and Yes! *QualityNet* (https://www.qualitynet.org/inpatient/measures/ecqm/resources)

	CY 2019 Hospital IQR Program-Promoting Interoperability Program Preparation Checklist for eCQM Reporting – QRDA Category I Test File(s) Instructions	
Due	**Task**	✓
NOW	☐ **Select** at least **four (4)** of the 15 available electronic clinical quality measures (eCQMs) for **one self-selected quarter** of 2019 data (Q1, Q2, Q3, or Q4) during the same reporting period. ☐ **Confirm** health information technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) 2015 Edition. **Visit** the Certified Health IT Product List (CHPL) website to ensure the edition is certified to report all eCQMs. ☐ **Contact** the *QualityNet* Help Desk to obtain a *QualityNet Secure Portal* account and the Electronic Health Record (EHR) Data Upload Role. ☐ **Confirm** the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the 2019 *CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting* and 2019 CMS QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting under the Eligible Hospital/Critical Access Hospital eCQMs section of the eCQI Resource Center. ☐ **Download** the most recent version of the Pre-Submission Validation Application (PSVA) tool and the user manual from the Secure File Transfer section of the *QualityNet Secure Portal* to validate the QRDA Category I file(s) for submission. NOTE: CMS is expecting one QRDA Category I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. Maximum individual file size is 10 MB. A maximum of 15,000 files can submitted per ZIP file.	☐
System opens fall 2019 **Deadline: 3/2/20 11:59 p.m. Pacific Time***	**Submit Test File(s) either via the PSVA tool or directly to the *QualityNet Secure Portal*.** For questions, contact the *QualityNet* Help Desk. ☐ **A. Use the PSVA tool** (The CMS data receiving system performs additional checks since the PSVA tool only validates the file structure.) 1. **Log into** the PSVA tool using your *QualityNet* User ID and password. 2. **Select** the Program **[HQR_PI_IQR]** for dual program submission. 3. **Select** the **[Add Files]** button and the "File Selection" window will open. 4. **Locate** the ZIP file(s) on the workstation and choose the file(s) to add to the application. (The status will indicate "New" once added.) The File Details Table will display the file(s) based upon the selection in the "Select by File Status" window. 5. **Select** the file(s) for validation from the File Details Table and **Select** the **[Validate Files]** button. 6. **Check** the status of the file(s). The result will indicate "Valid" or "Invalid." A feedback file is also available for review. NOTE: Warnings and errors are located in the feedback file; only *errors* need to be corrected to pass validation. Users can only submit *validated file(s)* directly from the PSVA tool to the *QualityNet Secure Portal*. 7. **Submit** file(s). One or more valid files can be submitted. A pop-up box will indicate file(s) have been successfully submitted. NOTE: This only indicates the file(s) were sent to the CMS data receiving system. • The file(s) will be sent for data upload processing and put in the Sent folder upon successful scanning. • An email notification will be sent stating the file(s) were uploaded successfully.	☐

Q: What are the CY 2019 QRDA Category I file format expectations?

A: The requirements are:

- One file, per patient, per quarter
- Includes all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 10 MB
- Files uploaded by ZIP file (.zip)
  - Maximum number of QRDA Category I files within zip file is 14,999.
  - If a hospital has more than 14,999 QRDA Category I files to report, they are welcome to submit more than one zip file.

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Q: Is the PSVA still available? Can I submit test and production files to *QualityNet* using PSVA?

A: Yes and Yes!

- The Pre-Submission Validation Application (PSVA) validates the file format of CY 2019 QRDA Category I test and production files.

- The PSVA tool is available for download within the *QualityNet Secure Portal*.

- Test and production files can be submitted using the PSVA tool *or* directly into the *QualityNet Secure Portal.*

- Visit *QualityNet* for information on the PSVA at https://www.qualitynet.org/inpatient/measures/ecqm/participation#tab2.

Q: Can we use case threshold exemption and zero denominator declaration for CY 2019 eCQM reporting?

A: Yes!

	Case Threshold Exemption	Zero Denominator Declaration
Program	• Hospital IQR Program • Promoting Interoperability Program	• Hospital IQR Program • Promoting Interoperability Program
Criteria	• A hospital's EHR system is certified to report the eCQM. **AND** • Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter.	• A hospital's EHR system is certified to report the eCQM. **AND** • A hospital does not have any patients that meet the denominator criteria of that CQM.
Other	• The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program. • Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose. • Case threshold exemptions are entered on the Denominator Declaration screen within the *QualityNet Secure Portal.*	• The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program. • Zero denominator declarations are entered on the Denominator Declaration screen within the *QualityNet Secure Portal.*

Acronyms

Q: Will CY 2019 eCQMs be publicly reported?

A: Not at this time.

- Any intention to publicly report eCQMs for a future reporting period would be discussed in a future proposed rule, and the public would be invited to comment.

- To ensure you are receiving emails about CMS updates, please visit the *QualityNet* website sign up page: https://qualitynet.org/listserv-signup

Q: Is the eCQM-related Extraordinary Circumstances Exception (ECE) available for CY 2019?

A: Yes! *QualityNet* (https://www.qualitynet.org/inpatient/measures/ecqm/participation#tab3)

Q: Is there a CY 2019 QRDA Category I conformance statement resource available?

A: Yes!

- Companion document to assist data submitters to resolve file upload errors
  - Provides additional explanations and reference material to support successful submission
- Releasing winter 2019
- Available on the eCQI Resource Center for the applicable reporting period at https://ecqi.healthit.gov/eh-cah-ecqms?field_year_value=2

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Q: Where do I find Promoting Interoperability Program information?

A: CMS.gov
(https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html)

Q: Where can I find more information on the Next Generation HQR System?

A: QualityReportingCenter.com

(https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/)

- Recording and transcript of November 20, 2019 webinar, *Submitting CY 2019 eCQM Data Using CMS' Next Generation Hospital Quality Reporting System,* on eCQM Archived Events page of QualityReportingCenter.com

- Appendix – Information for Generating EHR Hospital Reports in the Legacy HQR System

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Q: Where are the HARP, SFS and Next Generation of HQR navigation guides posted?

A: *QualityNet* (https://qualitynet.org/training-guides#tab2)

Secure Portal User Guides and Training

File Name	File Type	File Size	
Navigating QualityNet Secure Portal during the Implementation of HARP	PDF	307 KB	Download
eCQM Next Generation of Hospital Quality Reporting Simple File Submission Navigation Guide (10/11/19)	PDF	1.4 MB	Download
eCQM Next Generation of Hospital Quality Reporting Navigation Guide	PDF	2.7 MB	Download
HQR New User Enrollment* (19 min) (07/16/14)	WMV		Download
Quick Start Guide: QualityNet account holders (07/18/16)	PDF	278 KB	Download
Quick Start Guide: Non-QualityNet account holders (07/18/16)	PDF	273 KB	Download
Quick Start Guide: QSP Registration (04/03/14)	PDF	576 KB	Download
QualityNet Secure Portal (QSP) User Start-up Guide (04/20/17)	PDF	1.5 MB	Download
Accessing the QSP from multiple devices (03/18/14)	PDF	784 KB	Download

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HARP = Healthcare Quality Information System (HCQIS) Access Roles and Profile
SFS = Simple File Submission

Resources

Topic	Who to Contact?	How to Contact?
• *QualityNet Secure Portal* (reports, PSVA tool, uploading data, and troubleshooting file errors) • Promoting Interoperability Program and Policy (previously known as the EHR Incentive Program) (objectives, attestation and policy)	*QualityNet* Help Desk	(866) 288-2912 qnetsupport@hcqis.org
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 https://cmsqualitysupport.service-now.com/qnet_qa
• eCQM Specifications (code sets, measure logic and measure intent) • QRDA-related Questions (CMS Implementation Guide, Sample Files and Schematrons)	ONC JIRA Issue Trackers	eCQM Issue Tracker https://oncprojectracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojectracking.healthit.gov/support/projects/QRDA/summary
eCQM Data Validation	Validation Support Team	Validation@hcqis.org or https://cms-ip.custhelp.com/

CY 2019 eCQM Reporting Tips and Tools for the
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Questions

CY 2019 eCQM Reporting Tips and Tools for the
Hospital IQR and Promoting Interoperability Programs

Continuing Education

Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CY 2019 eCQM Reporting Tips and Tools for the
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Thank You

Acronyms

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