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- Audio for this event is available via GlobalMeet® Internet streaming.
- Connect via Chrome.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please request a dial-in line via the Ask a Question box.
- This event is being recorded.



Troubleshooting Audio

Audio from computer
speakers breaking up?

Audio suddenly stop?

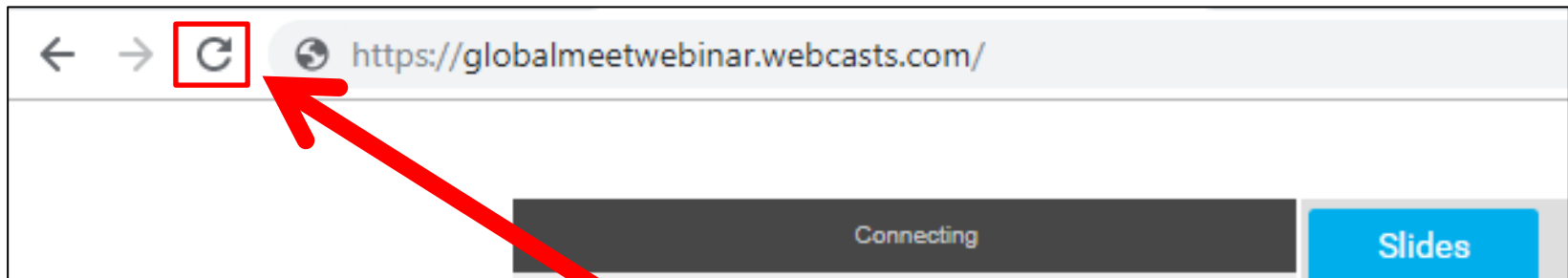
Click Refresh

– or –

Press F5



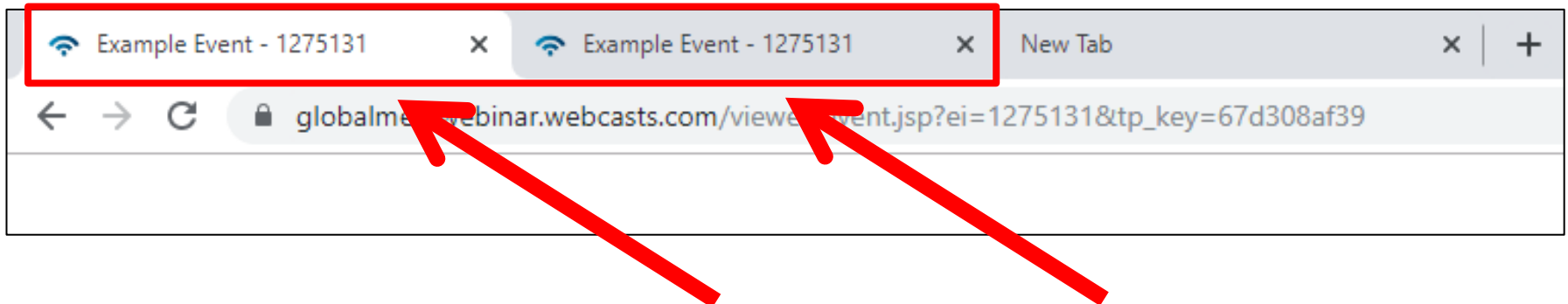
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

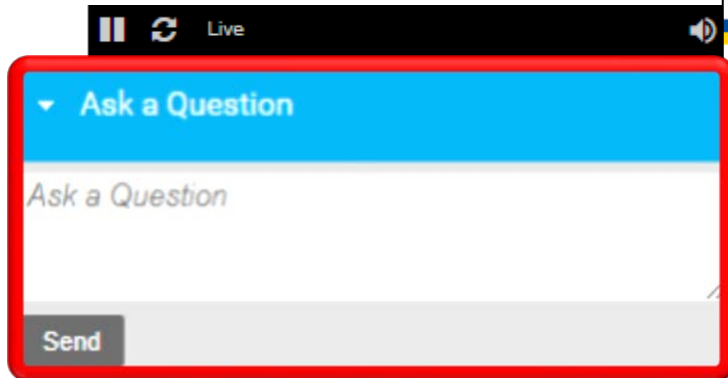
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the Ask a Question section, located on the left-hand side of your screen.



The screenshot shows a live chat window with a black header bar containing a pause icon, a refresh icon, the word "Live", and a speaker icon. Below the header is a blue bar with a downward arrow and the text "Ask a Question". Underneath is a text input field with the placeholder text "Ask a Question". At the bottom left of the input area is a grey button labeled "Send". The entire "Ask a Question" section is highlighted with a red rectangular border.



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

Today's Presentation



Steps for Successful CY 2021 Hospital eCQM Submission

Veronica Dunlap, BSN, RN, CCM

Lead, Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

December 16, 2021

Purpose

This presentation will provide hospitals and vendors with information regarding calendar year (CY) 2021 electronic clinical quality measure (eCQM) reporting requirements and data submission processes in the CMS Hospital Quality Reporting (HQR) System.

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Objectives

Participants will be able to:

- Summarize the CY 2021 eCQM reporting requirements for the Hospital IQR Program and the Medicare Promoting Interoperability Program.
- Navigate to the HQR User Interfaces for eCQM data submission.
- Understand the steps to upload eCQM data in the *HQR Secure Portal*.
- Review measure data accuracy and verify eCQM reporting requirements are met.

Acronyms

CAH	critical access hospital	HCQIS	Healthcare Quality Information System
CCN	CMS Certification Number	HQR	Hospital Quality Reporting
CEHRT	Certified EHR Technology	IPP	initial patient population
CMS	Centers for Medicare & Medicaid Services	IPPS	inpatient prospective payment system
CSV	Comma-Separated Value	IQR	inpatient quality reporting
CY	calendar year	LTCH PPS	Long-Term Care Hospital Prospective Payment System
ECE	Extraordinary Circumstances Exception	ONC	Office of the National Coordinator for Health Information Technology
eCQI	electronic clinical quality improvement	PC	Perinatal Care
eCQM	electronic clinical quality measure	QRDA	Quality Reporting Document Architecture
ED	emergency department	SO	Security Official
EH	eligible hospital	STK	stroke
EHR	electronic health record	UI	User Interface
FY	fiscal year	VIQR	Value, Incentives, and Quality Reporting
HARP	HCQIS Access Roles and Profile	VTE	venous thromboembolism

[Back](#)

Steps for Successful CY 2021 Hospital eCQM Submission

CY 2021 eCQM Reporting Overview

CY 2021 eCQM Reporting Helpful Webinars

Title of Webinar (links included)	Webinar Date	Live/ On Demand
CMS QRDA Category I Implementation Guide Changes for CY 2021 Hospital Quality Reporting	April 27, 2021	Live
Reviewing CY 2021 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program	October 28, 2021	On Demand
FY 2021 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs	October 29, 2020	Live
FY 2020 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs	September 11, 2019	Live

QualityNet

<https://qualitynet.cms.gov/inpatient/measures/ecqm/webinars>

Quality Reporting Center

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

eCQM Reporting Requirements CY 2020 vs. CY 2021

	CY 2020	CY 2021
eCQM Measure Set	8 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1 and VTE-2	9 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2 and Safe Use of Opioids- Concurrent Prescribing*
Total number of eCQMs	4 self-selected eCQMs	4 self-selected eCQMs (must be the same across quarters)
Total number of quarters	1 self-selected quarter	2 self-selected quarters
Certified electronic health record technology (CEHRT)	2015 Edition	<ul style="list-style-type: none"> • 2015 Edition • 2015 Edition Cures Update • Combination of both

*Not mandatory until CY 2022 reporting

CY 2021 (FY 2023) eCQM Measure Set

ED-2 CMS111v9 <i>Admit Decision Time to ED Departure Time for Admitted Patients</i>	PC-05 CMS9v9 <i>Exclusive Breast Milk Feeding</i>	STK-02 CMS104v9 <i>Discharged on Antithrombotic Therapy</i>	STK-03 CMS71v10 <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i>	STK-05 CMS72v9 <i>Antithrombotic Therapy By End of Hospital Day 2</i>
STK-06 CMS105v9 <i>Discharged on Statin Medication</i>	VTE-1 CMS108v9 <i>Venous Thromboembolism Prophylaxis</i>	VTE-2 CMS190v9 <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>	Safe Use of Opioids* CMS506v3 <i>Safe Use of Opioids – Concurrent Prescribing</i> <i>*All hospitals are required to report this beginning with the CY 2022 reporting period (FY 2024 payment determination).</i>	

Note: ED=Emergency Department; PC=Perinatal Care STK=Stroke; VTE=Venous Thromboembolism

CY 2021 eCQM

Submission Deadline Extended

Hospital IQR Program and Medicare Promoting Interoperability Program eCQM data submission deadline:

Thursday, March 31, 2022, 11:59 p.m. PT*.

Submission deadline for hospitals attesting for the Medicare Promoting Interoperability Program:

Thursday, March 31, 2022, 11:59 p.m. PT*

*The original deadline was Monday, February 28, 2022, at 11:59 p.m. Pacific Time (PT).

The Listserve announcing the extensions was distributed October 28, 2021:

[Hospital Inpatient Notifications on QualityNet](#)

Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and critical access hospitals (CAHs).

Successful eCQM Submission for CY 2021 Reporting

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

- Accepted Quality Reporting Document Architecture (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** complete program requirements. Hospitals participating in the Hospital IQR Program are still responsible for all required chart-abstracted, web-based, and claims-based measures. Hospitals and CAHs participating in the Medicare Promoting Interoperability Program are still responsible to report required objectives and measures.

Polling Question #1

As a data submitter, I understand four (4) eCQMs for two (2) quarters are required for CY 2021 reporting. Can I submit a QRDA Category I file that combines data from two quarters into one file?

- A. Yes
- B. No
- C. I am not sure

CY 2021 QRDA Category I File Format Expectations

- Submit one file, per patient, per quarter.
- Each file should include all measures applicable to that patient, and all episodes of care that are applicable to the measures being reported.
- Maximum individual file size is 10 MB.
- Upload files by ZIP file (.zip).
- Maximum number of QRDA Category I files within zip file is 14,999.
 - Hospitals may submit more than one zip file.

CY 2021 QRDA Category I File Identification – Five Key Elements

Five Key Elements:

- CMS Certification Number (CCN)
- CMS Program Name
 - **HQR_PI** or **HQR_IQR** or **HQR_PI_IQR** or **HQR_IQR_VOL***
- Electronic Health Record (EHR) Patient ID
- Reporting Period specified in the Reporting Parameters Section
- EHR Submitter ID

The HQR Secure Portal assigns the EHR Submitter ID to submitters registering for system access to upload QRDA Category I files.

- Vendor EHR Submitter ID = Vendor ID
- Hospitals EHR Submitter ID = CCN

*Hospital Quality Reporting/Hospital IQR Program voluntary submissions (voluntary Hybrid HWR measure)

CY 2021 Certification and Specification Policies

- EHR technology certified by the Office of the National Coordinator for Health IT (ONC) to the existing 2015 Edition certification criteria, 2015 Edition Cures Update criteria, or a combination of both
- EHRs certified to all available eCQMs
- eCQM specifications published in CMS' eCQM Annual Update and related addenda for the applicable reporting year, available on the eCQI Resource Center website: <https://ecqi.healthit.gov/eh-cah-ecqms>
- QRDA Category I file format, using the CMS QRDA Category I Implementation Guide for the applicable reporting year: <https://ecqi.healthit.gov/qrda>

Polling Question #2

Is the *Safe Use of Opioids – Concurrent Prescribing* measure required for CY 2021 eCQM reporting?

- A. Yes
- B. No
- C. I am not sure

Steps for Successful CY 2021 Hospital eCQM Submission

eCQM Data Submission Process

Before You Start: Download the CY 2021 eCQM QRDA I File Submission Checklist

Visit [Resources & Tools](https://www.qualityreportingcenter.com/resources) of QualityReportingCenter.com

eCQM Resources for IQR

[eCQM ECE Policy Clarification Questions and Answers](#)

[eCQM Next Generation of HQR Navigation Guide](#)

[CY 2021](#)

[CY 2021 Available eCQMs Table](#)

[CY 2021 eCQM QRDA I File Submission Checklist](#)

[CY 2021 eCQM Submission Overview](#)

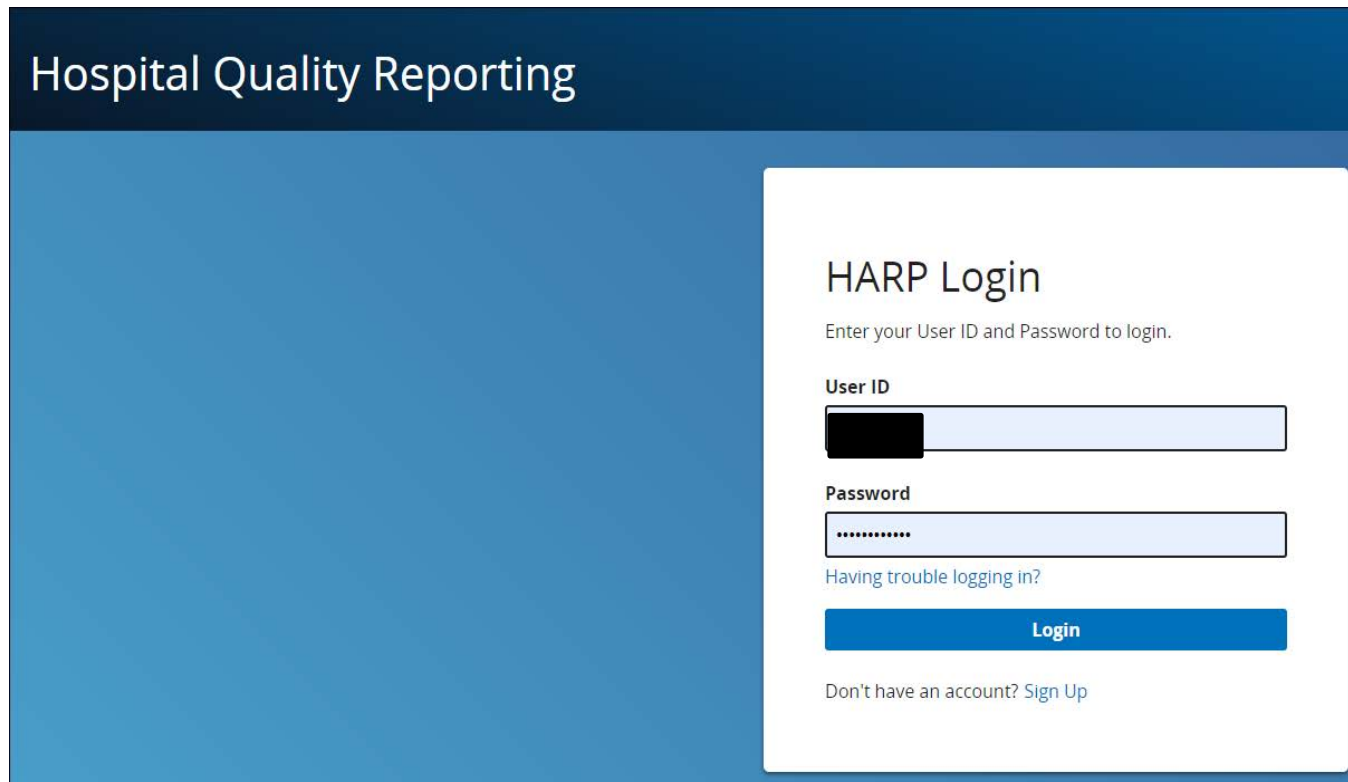
CY 2021 Hospital IQR Program / Medicare Promoting Interoperability Program Preparation Checklist for eCQM Reporting – QRDA Category I Test or Production File(s) Submission Instructions for the HQR System	
Due	Task
NOW	<p>To successfully submit Calendar Year (CY) 2021 electronic clinical quality measures (eCQMs), report on at least 4 of the 9 available eCQMs for each of the 2 self-selected quarters of 2021 data (Q1, Q2, Q3, or Q4) by the submission deadline, extended from Monday, February 28, 2022 to Thursday, March 31, 2022, 11:59 p.m. Pacific Time. The self-selected eCQMs must be the same eCQMs across quarters in a given reporting year.</p> <ul style="list-style-type: none"> Confirm health information technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both. Visit the Certified Health IT Product List (CHPL) website to ensure the edition is certified to report all eCQMs. Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the most current CY 2021 requirements, such as the CMS QRDA Category I HQR Implementation Guide and the associated Schematrons and sample files posted on the eCQI Resource Center: https://ecqi.healthit.gov/eh-cah?globalyearfilter=2301. <p>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 ZIP file can have a maximum of 14,999 files.</p>
System opens fall 2021	<ul style="list-style-type: none"> Visit the Hospital Quality Reporting (HQR) System log in page. <ul style="list-style-type: none"> Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account. Complete two-factor authentication. Enter the security code. Accept the Terms and Conditions. Review the Navigation Menu on the HQR landing page to perform actions within the HQR System.
Deadline: Extended from 2/28/22 to 3/31/22 11:59 p.m. Pacific Time	<p>Continue by completing the steps below at the dashboard menu.</p> <ul style="list-style-type: none"> Upload Test and Production QRDA Category I files. <ol style="list-style-type: none"> Click Data Submission. Locate the eCQM tab. Click on File Upload. Select where the files are going, Test or Production. Click the Select Files button to locate the QRDA Category I batch files on your computer you want to upload. Once the files load and the HQR system has processed them, you will receive an email indicating the QRDA Category I files were received and processed. Review the processing status of the QRDA Category I files. <ol style="list-style-type: none"> From the dashboard menu, click on Data Results. Then, click on eCQM. Click on the Files Upload History tab to review submissions. Select the submission type, Test or Production. Click Change Selection. The user interface (UI) will refresh. Once the status for the uploaded files says Ready, download the errors for each batch as a Comma Separated Values (CSV) report. Review the Submission Accuracy Tab and locate the files that were rejected for revision and resubmission. (The HQR System will default to Test for the submission field and the most current quarter) <ol style="list-style-type: none"> Click on the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page. The counts for the accepted and rejected files will equate to the total files submitted. Click on one of the cards to perform a closer review of the submitted files. The UI will change to reflect your selection. You can click on the Export Results button to print or download the results for closer review. Review the Outcomes Submission Results to determine how the episodes of care were evaluated. <ol style="list-style-type: none"> Click on the Outcomes tab. Select the submission type and the quarter. Use the drop down menu to review a specific measure or all measures. Click Change Selection to refresh the page. The UI will display the evaluated episodes for each patient file, which you can export as a CSV. Click Performance Summary to view the summary. You can export this summary as a CSV. Generate the Program Credit Report. <ol style="list-style-type: none"> For eCQM submissions to the Hospital IQR Program and the Medicare Promoting Interoperability Program, click on Program Reporting from the dashboard menu. Then, click on Program Credit for the page to load. Select the discharge quarter. Click Change Selection. Program Credit Reports for both programs will generate. For the CY 2021 reporting period, all nine measures are aligned so the IQR and PI reports, will look the same. The UI will show which measures were submitted, the submission status and, the date of the last submission update. Export the report for your records. <ul style="list-style-type: none"> A green banner indicates successful submission was achieved for the specified quarter. A yellow banner gives the reason submission for the specified quarter was not successful. <p>For CY 2021, at least four eCQMs must be successfully reported on for each of the 2 quarters of data to meet the eCQM reporting requirement. The self-selected eCQMs must be the same eCQMs across quarters in a given reporting year.</p>
	<ul style="list-style-type: none"> Enter Denominator Declarations if Applicable. <ol style="list-style-type: none"> Click on Data Submissions. Click on Data Form. Click on Launch Data Form to refresh the page. Select the Discharge Quarter to receive Denominator Declarations. Enter the declarations for case threshold or for zero denominator for each applicable measure. Click the Submit button. Repeat the steps for each applicable quarter. Re-generate the Program Credit Report(s). <p>This "snapshot in time" indicates if submissions were successful for each self-selected reporting quarter. If the reporting</p>

Steps to Submit CY 2021 eCQM Data

- Log Into the HQR System through HCQIS Access Roles and Profile (HARP) at <https://hqr.cms.gov>.
- Access the HQR Landing Page.
- Upload QRDA Category I Files.
- Review File Upload History User Interface (UI) and Export.
- Review eCQM Submission Accuracy UI and Export.
- Review Measure Results Outcomes UI and Export.
- Review Program Credit UI and Generate the Program Credit Report.
- Visit Denominator Declaration UI, if applicable.
- Revisit the Program Credit UI to Confirm Successful eCQM Reporting.

Log Into HQR System Using HARP

HQR Secure Portal login page: <https://hqr.cms.gov>



The screenshot displays the 'Hospital Quality Reporting' (HQR) Secure Portal login page. The page has a dark blue header with the text 'Hospital Quality Reporting'. Below the header is a large blue rectangular area. On the right side of this area is a white box containing the 'HARP Login' form. The form includes the title 'HARP Login', a prompt 'Enter your User ID and Password to login.', and two input fields: 'User ID' and 'Password'. The 'User ID' field contains a blacked-out placeholder, and the 'Password' field contains a masked password represented by dots. Below the password field is a link 'Having trouble logging in?'. At the bottom of the form is a blue 'Login' button. Below the button is a link 'Don't have an account? Sign Up'.

Hospital Quality Reporting

HARP Login

Enter your User ID and Password to login.

User ID

████████████████████

Password

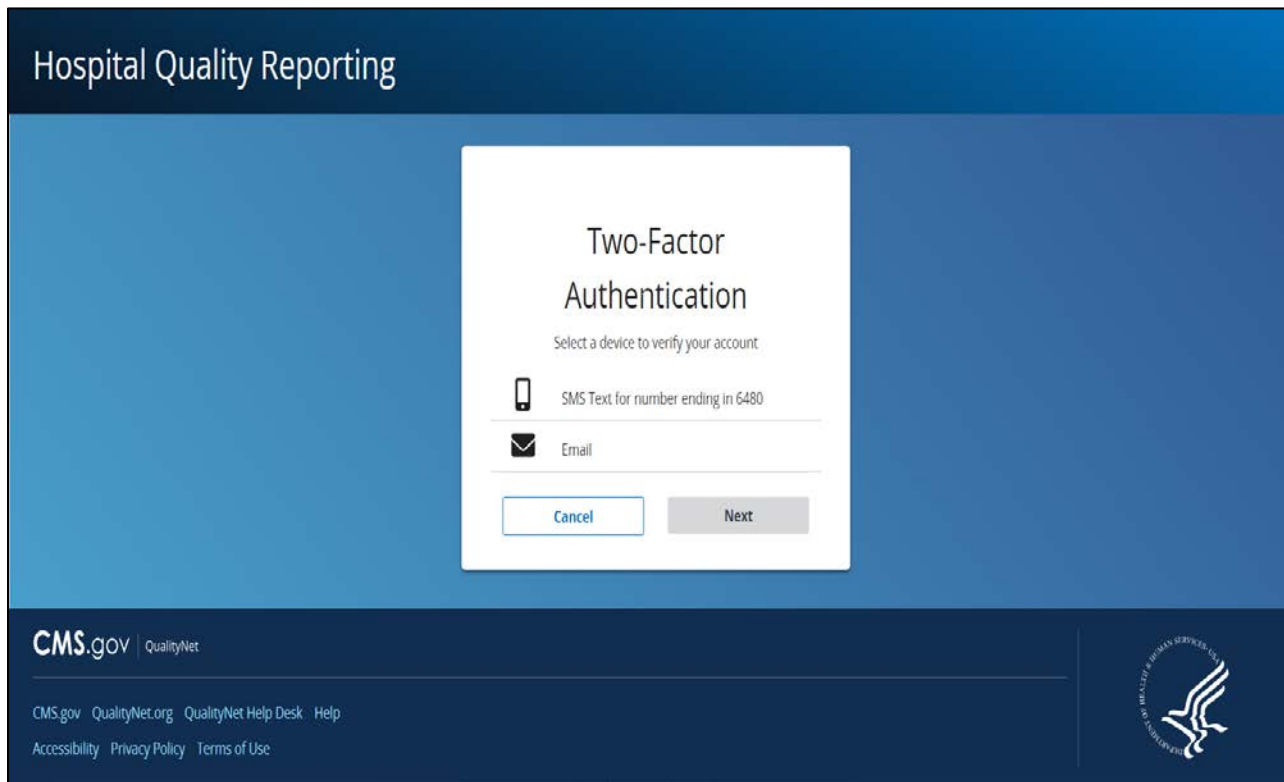
.....

[Having trouble logging in?](#)

Login

Don't have an account? [Sign Up](#)

Request Two-Factor Authentication Security Code



The screenshot shows a web interface for 'Hospital Quality Reporting'. In the center, a white box titled 'Two-Factor Authentication' prompts the user to 'Select a device to verify your account'. Two options are listed: 'SMS Text for number ending in 6480' (with a mobile phone icon) and 'Email' (with an envelope icon). At the bottom of the box are 'Cancel' and 'Next' buttons. The footer of the page includes 'CMS.gov | QualityNet', a list of links (CMS.gov, QualityNet.org, QualityNet Help Desk, Help, Accessibility, Privacy Policy, Terms of Use), and the Department of Health & Human Services logo.

Select the two-factor authentication device option to receive a security code.

Select **Next**.

Enter Two-Factor Authentication

Hospital Quality Reporting

Two-Factor Authentication


For your security, we need to authenticate your request. We've sent a verification code via:

SMS Text

Please enter it below.

Enter Code

[Continue](#)


Code sent 

[Change two factor authentication](#)

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CMS.gov | QualityNet.org | QualityNet Help Desk | Help

Accessibility | Privacy Policy | Terms of Use



Enter the security code you received via text or phone call.

Select **Continue.**

Accept Terms & Conditions

The screenshot shows a web interface for 'Hospital Quality Reporting'. A central dialog box titled 'Terms & Conditions' is displayed. The dialog contains two paragraphs of text: 'stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.' and 'Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.' Below the text is a checkbox labeled 'I accept the above Terms and Conditions'. At the bottom of the dialog are two buttons: 'Cancel' and 'Accept'. The background of the web page is blue with a dark blue header and footer. The footer contains the CMS.gov logo, links to QualityNet, QualityNet Help Desk, Help, Accessibility, Privacy Policy, and Terms of Use, and the Department of Health & Human Services logo.

Hospital Quality Reporting

Terms & Conditions

stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

☐ I accept the above Terms and Conditions

CMS.gov | QualityNet

CMS.gov | QualityNet.org | QualityNet Help Desk | Help

Accessibility | Privacy Policy | Terms of Use

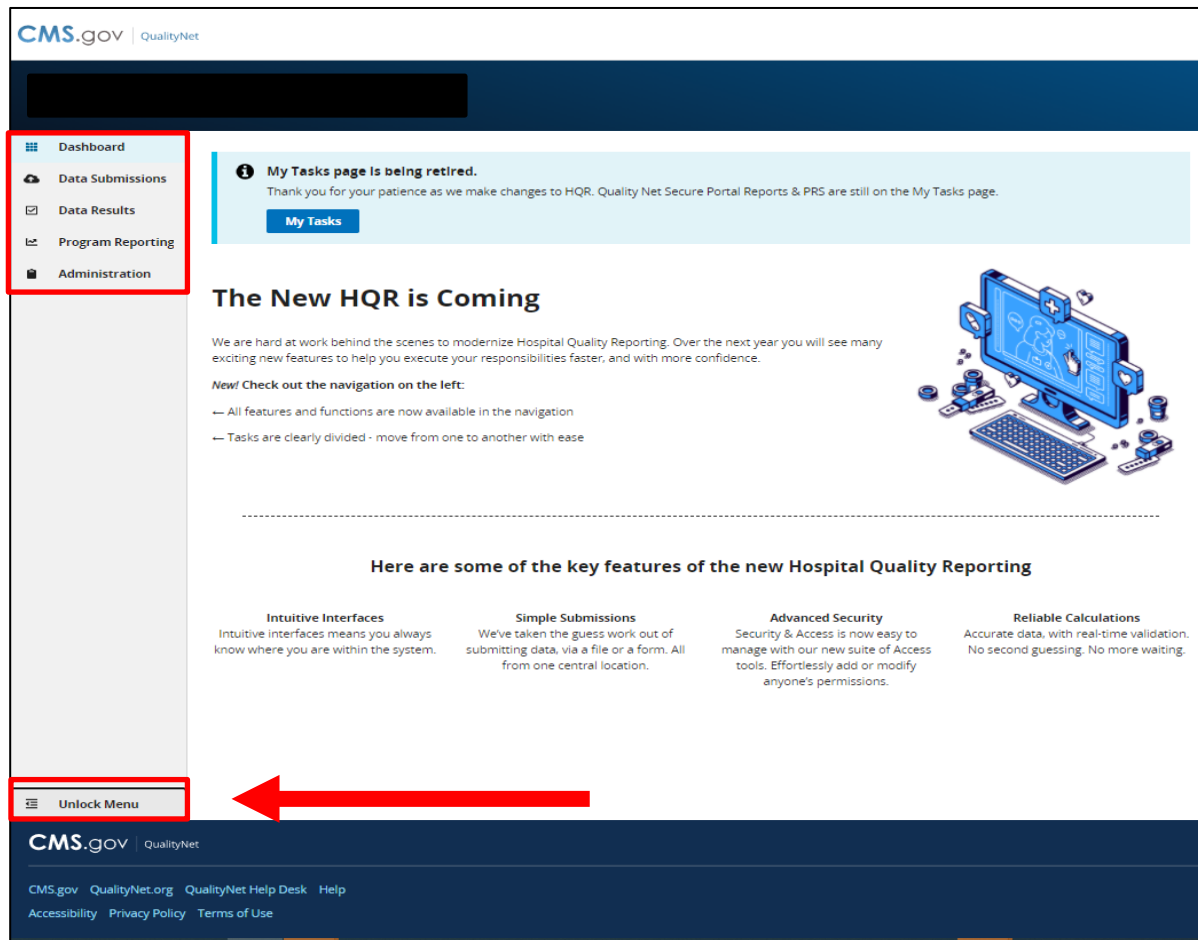
DEPARTMENT OF HEALTH & HUMAN SERVICES

Scroll down to end of box to review Terms & Conditions.

Select **Accept** to verify that you accept the Terms & Conditions.

HQR Landing Page

Click the symbol at the bottom left of the screen to **unlock** the menu to read the options.



Uploading QRDA Category I Files

After **clicking** on Data Submissions, **click** on the File Upload button. The following UIs will display:

Users preparing to upload QRDA Category I files for the first time to the HQR System will see this screen...

The screenshot shows a web interface with two tabs: 'File Upload' (highlighted with a red box) and 'Data Form'. Below the tabs, there is a text prompt: 'Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.' A 'Submission' dropdown menu is set to 'Test', with a 'Change Selection' button below it. A search bar with a 'Reset' button and a 'Select Files' button are also present. At the bottom, there is a large dashed box with a cloud upload icon and the text 'Drag files here to upload' or 'Select Files'.

After an upload history has been established, the UI will look like this...

The screenshot shows the 'Upload History' section. It includes a 'Submission' dropdown set to 'Test' and a 'Change Selection' button. Below this is a search bar with a 'Reset' button. The main part of the UI is a table displaying upload history.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors
VTE-1_2020-11-04_14...	3023757	373.4 KB	11/04/2020		Ready	Download
PC-05_2020-11-04_14...	3023753	410.3 KB	11/04/2020		Ready	Download
PC05DENEK.xml	3023749	15.5 KB	11/04/2020		Ready	Download
PC05DENEK.xml	3023748	15.5 KB	11/04/2020		Ready	Download
PC05Num.xml	3023746	16.7 KB	11/04/2020		Ready	Download
PC05Testing.xml	3023745	15.2 KB	11/04/2020		Ready	Download
PC-05_2020-11-04_09...	3023734	410.5 KB	11/04/2020		Ready	Download

Data Upload Process

The screenshot shows the CMS.gov QualityNet interface. On the left is a navigation menu with options: Dashboard, Data Submissions, Data Results (selected), Chart Abstracted, eCOM, HCAMP5, Population & Sampling, Program Reporting, and Administration. The main content area is titled 'Data Results' and has tabs for 'Files', 'Accuracy', and 'Outcomes'. Below these is the 'Upload History' section. It includes a 'Submission' dropdown menu currently set to 'Test', with a 'Change Selection' button highlighted by a red rectangle. A search bar with a 'Reset' button is also present. Below the search bar is a table of upload history. The table has columns: Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, Status, and Errors. The 'Uploaded By' column is redacted with a black box. The table lists several uploads, mostly in 'Processing' status, with 'Ready' status for some. Each row has a 'Download' link in the 'Errors' column. At the bottom of the table, there is a pagination control showing 'Previous', '1', '2', '3', '4', '5', '...', '2652', and 'Next'.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors
TEST_111303.zip	3024167	7.4 MB	11/19/2020	[Redacted]	Processing	Download
TestBig.zip	3024153	100.9 KB	11/19/2020	[Redacted]	Processing	Download
SingleFileTest_ED2_S...	3024152	27.9 KB	11/19/2020	[Redacted]	Ready	Download
TEST_111303.zip	3024150	7.4 MB	11/19/2020	[Redacted]	Processing	Download
SingleFileTest_ED2_S...	3024149	27.9 KB	11/19/2020	[Redacted]	Ready	Download
TEST_340123.zip	3024148	7.5 MB	11/19/2020	[Redacted]	Processing	Download
Test15000fwb.zip	3024138	67.5 MB	11/19/2020	[Redacted]	Processing	Download
Test15000fwb.zip	3024137	67.5 MB	11/19/2020	[Redacted]	Processing	Download
Test15000fwb.zip	3024136	67.5 MB	11/19/2020	[Redacted]	Processing	Download
Test15000fwb.zip	3024135	67.5 MB	11/19/2020	[Redacted]	Processing	Download

- Once the user selects the Data Results button, the page will refresh and show the File Upload History.
- The system will default to test for the submission field. Be sure to modify the submission type (test or production) if they are not applicable.
- If the user wants to see the Production File Upload History, use the drop-down menu to **select** Production. Then, **select** the Change Selection button; the page will refresh.
- To determine how the data were processed, download the corresponding CSV report under the Errors column (screenshot on next slide).

Data Upload Error Report Screenshot

	A	B	C	D	E	F	G
1	FileName	CCN	BatchID	UploadDate	UploadedBy	Status	ErrorDetails
2	VendorNotAllowedProviderGoodProvider.xml	[REDACTED]	3024034	11/13/2020	[REDACTED]	REJECTED	Submitter (%s) is not authorized to submit for this provider (%s) (CONF:CMS_0067).
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							

eCQM Submission Accuracy Tab

CMS.gov | QualityNet

Files Accuracy Outcomes

eCQM Submission

The table below displays all file uploads. You can view files in either test or production. From here, you can search for other files, or sort the results to view file status and download results.

Submission: Test Quarter: Q4 2020

[Change Selection](#)

5 Total Files

0 Accepted Files

5 Rejected Files

Search

Patient File Name	Batch ID	Batch File Name	Upload Date	Uploaded By	Status	Errors
IPP_1_DENOM...	3023592	IPP_1_DENOM...	10/29/2020		Rejected	3*
IPP_1_DENOM...	3023589	IPP_1_DENOM...	10/29/2020		Rejected	1*
IPP_1_DENOM...	3023590	IPP_1_DENOM...	10/29/2020		Rejected	1*
IPP_1_DENOM...	3023588	IPP_1_DENOM...	10/29/2020		Rejected	1*
IPP_1_DENOM...	3023591	IPP_1_DENOM...	10/29/2020		Rejected	1*

« Previous 1 Next »

The system will default to test for the submission field and the most current quarter.

Be sure to **modify** the submission and quarter if they are not applicable. **Click** the Change Selection button to refresh the UI and view the most current status.

This screenshot shows a user reviewing only the rejected files for revision and resubmission.

When the user **clicks** on the Rejected Files button, the details display on the lower half of the UI.

Click the Export Results button to generate a CSV file that will provide the error messages to assist with troubleshooting.

CSV File Export of Rejected Files with Error Details

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	DischargeQuarter	DischargeYear	CCN	UploadedBy	SubmitterID	CMS Certification Number	BatchID	PatientFileName	BatchFileName	UploadDate	Status	ErrorDetails	SubmissionType	XPath			
1	Q1	2020					3021577	IPP_1_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300, C01). TEST					
4	Q1	2020					3021577	IPP_0_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D:TEST					
5	Q1	2020					3021577	IPP_0_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300, C01). TEST					
6	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
7	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
8	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
9	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
10	Q1	2020					3021577	IPP_0_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D:TEST					
11	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
12	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
13	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
14	Q1	2020					3021577	IPP_0_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	SHALL be precise to day (CONF:1198-5300, C01). TEST					
15	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
16	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
17	Q1	2020					3021577	IPP_1_MSRPOPL_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
18	Q1	2020					3021577	IPP_0_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D:TEST					
19	Q1	2020					3021577	IPP_0_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D:TEST					
20	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	The system SHALL reject QRDA-I files if the Encn TEST					
21	Q1	2020					3021577	IPP_0_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D:TEST					
22	Q1	2020					3021577	IPP_0_DENOM_0_AlfFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D:TEST					
23	Q1	2020					3021577	IPP_1_DENOM_1_AlfFiles.zip		10/15/2020	REJECTED	There are no Encounter Performed Discharge D:TEST					
24	Q1	2020					3021909	IPP_0_DENOM_0_IPP_0_DENOM_0_NUI		10/15/2020	REJECTED	Discharge Date is not properly formatted (CONF:TEST					
25	Q1	2020					3021911	IPP_0_DENOM_0_IPP_0_DENOM_0_NUI		10/26/2020	REJECTED	There are no Encounter Performed Discharge D:TEST					

eCQM Measure Results Outcomes Tab

- The system will default to test for the submission field and the most current quarter.
- Be sure to modify the submission and quarter if they are not applicable.
- Click the change selection button to refresh the UI.
- The user can choose to review all measures or a specific measure from the select measure dropdown menu.
- Export the results into a CSV file for download.
- If data are not currently available for the selected submission type and quarter, a message will display to indicate no data are currently available.

All Measure Results

The screenshot shows the 'Measure Results' section with the 'Outcomes' tab selected. The 'All Measures' button is circled in red. Below the filters, there is a table of results.

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
Q3ReportCMSTest_STH...	VTE-1,STH-4,STH-5,STH-8...	6	12/09/2020	3025147
Q3ReportCMSTest_STH...	STH-2,VTE-2,STH-8,STH-9...	6	12/09/2020	3025153
IPP_v1_DENOM_I_DENEX...	STH-2	1	10/28/2020	3023617
IPP_v1_DENOM_I_DENEX...	STH-2	1	10/28/2020	3023617
IPP_v1_DENOM_I_DENEX...	STH-2	1	10/28/2020	3023617
IPP_v1_DENOM_I_DENEX...	STH-2	1	10/28/2020	3023617

Specific Measure Results

The screenshot shows the 'Measure Results' section with the 'Outcomes' tab selected. The 'ED-2' measure is selected, and the results are displayed in a table. The table is circled in red.

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
CMS_0074_Alt_2020_Ne...	ED-2	1		3020258
CMS_0074_Alt_2020_Ne...	ED-2	1		3020253
IPP_0_MSRPOP_L_MSR...	ED-2	1		3021577

Exporting Measure Results

Click the Export Results button to produce a CSV file.

CCN	SubmissionID	UploadDate	PatientID	BatchID	UploadDate	AdmissionDate	DischargeDate	PatientID	ICD10	SubmissionType	MeasureVersion	MeasureName	Strata	StrataDescription	FeedbackMessage	MessageID	MeasureDescription	CaseID
1	CCN																	
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
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Program Credit Report

The Program Credit UI is available to hospitals and their vendors to review how production data applies toward program credit. A banner will indicate the hospital's reporting status. Users can click the Export Report button to download the report.

Green Banner = Requirements Met

Yellow Banner = Requirements Not Met

Program Credit Report

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Inpatient Quality Reporting (IQR)

Discharge Quarter: Q4 2021
Reporting Period Due: 3/31/2022
Last Updated: 11/23/2021 12:47 PM

eCQM

✓ Submission Requirements Met

Required:

- In two discharge quarters, submit the same four measures.

Optional (encouraged):

- Submit extra measures in any quarter.
- Extra measures can be different in each quarter.

Facilities must submit calendar year 2021 data for payment in fiscal year 2023

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

Measure	Submission Status	Last Updated
ED-2	Submitted	10/28/2021 4:03:31 PM
PC-05	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-2	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-3	Submitted	10/28/2021 4:01:01 PM
STK-5	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-6	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
Safe Use of Opioids	Submitted	10/28/2021 3:58:24 PM
VTE-1	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
VTE-2	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM

Program Credit Report

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Exported 12/8/2021 2:16 PM

Inpatient Quality Reporting (IQR)

Discharge Quarter: Q4 2021
Reporting Period Due: 3/31/2022
Last Updated: N/A

eCQM

⚠ Submission Requirements Not Met

Required:

- In two discharge quarters, submit the same four measures.

Optional (encouraged):

- Submit extra measures in any quarter.
- Extra measures can be different in each quarter.

Facilities must submit calendar year 2021 data for payment in fiscal year 2023

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

ⓘ No data is currently available

Data for your selection is not ready at this time. Once files are uploaded and processed, this area will be updated and the data will be available for viewing. Data processing can take up to 24-48 hours.

This IQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and PI programs.

12/16/2021

Acronyms

35

Polling Question #3

Help! My Program Credit Report has a yellow banner stating the submission requirements were not met. The deadline is next week. What can I do to meet the CY 2021 eCQM reporting deadline?

- A. Troubleshoot rejected files and resubmit.
- B. Enter Zero Denominator Declaration(s), if applicable.
- C. Regenerate the Program Credit Report.
- D. Reach out to the QualityNet Service Center or Inpatient Support Team.
- E. All of the Above.

Troubleshooting QRDA Category I Files

- Work with your vendor by identifying and resolving error messages.
- Visit [QRDA Resource page](#) on the eCQI Resource Center.
- Visit the [ONC QRDA Known Issues Dashboard](#) on the ONC Project Tracking System.
- Contact the QualityNet Service Center.

QRDA Known Issue: QKI- 7

Open issues [Switch filter](#)

Order by Priority

QKI-7
HQR data validation checks ...

QKI-6
The 2022 CMS QRDA III IG i...

QKI-5
Schematron Message Discr...

QKI-4
Patient Data Section QDM ~...

QKI-1
QRDA III CMS_54 Conform...

QKI-2
Guidance for reporting eCQ...

Details

Type: QRDA-I Standard

Status: **TO DO**

Priority: Minor

Resolution: Unresolved

Component/s: None

Labels: None

Resolution: These validations will be added to Table 14 in section 5.3.2 Other HQR Validations of the 2021 CMS QRDA I IG in a future publication.

Year: 2021

Description

Two new validations have been added to the Hospital Quality Reporting (HQR) System for 2021 reporting. These validations are to ensure data integrity for date and dateTime values.

Conf. #	Validation Performed	Description of Error Message and File Rejection
CMS_0087	Low date is after high date.	Fails validation check. Low dates are after high dates.
CMS_0088	Invalid DateTime has been provided.	Fails validation check for low and high date time format.

These validations do not impact the published 2021 CMS QRDA I Schematrons.

Accessing the Denominator Declaration Screen for Data Entry

- The system will default to the most current quarter.
- Be sure to modify the discharge quarter if it is not applicable.

The screenshot shows the CMS.gov QualityNet homepage. A red circle highlights the 'Data' icon in the left sidebar. A red box highlights the 'Data Form' button in the top navigation bar. Another red box highlights the 'Launch Data Form' button next to the 'Denominator Declaration' option in the 'Select the Data Form' section.

The screenshot shows the 'Denominator Declaration' screen. At the top, there is a 'Discharge Quarter' dropdown menu set to 'Q4 2020'. Below this, a table lists various measures with corresponding 'Zero Denominator Declaration * / Case Threshold Exemption **' dropdown menus. A red box highlights the 'I'm ready to submit' button at the bottom right.

Measure	Zero Denominator Declaration * / Case Threshold Exemption **
ED-2 Median Admit Decision Time to ED Departure Time for Admitted Patients	
PC-05 Exclusive Breast Milk Feeding	
STK-2 Discharge on Antithrombotic Therapy	
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter	
STK-5 Antithrombotic Therapy by End of Hospital Day 2	
STK-6 Discharge on Statin Medication	
VTE-1 Venous Thromboembolism Prophylaxis	
VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis	

Reviewing Denominator Declarations

	Case Threshold Exemption	Zero Denominator Declaration
Program	<ul style="list-style-type: none"> Hospital IQR Program Medicare Promoting Interoperability Program 	<ul style="list-style-type: none"> Hospital IQR Program Medicare Promoting Interoperability Program
Criteria	<ul style="list-style-type: none"> A hospital's electronic health record (EHR) system is certified to report the eCQM. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter. 	<ul style="list-style-type: none"> A hospital's EHR system is certified to report the eCQM. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> A hospital does not have any patients that meet the denominator criteria of that CQM.
Other	<ul style="list-style-type: none"> 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 Hospital Quality Reporting (HQR) System. 	<ul style="list-style-type: none"> The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for the Medicare Promoting Interoperability Program and the Hospital IQR Program. Zero denominator declarations are entered on the Denominator Declaration screen within the HQR System.

Regenerate the Program Credit Report

- These results will generate for the eCQM reporting requirement for the Hospital IQR and Medicare Promoting Interoperability Programs.
- The Program Credit Report is a snapshot in time. If the reporting changes in any way (for example, QRDA Category I files are resubmitted or denominator declarations are modified), hospitals/vendors should regenerate the report to confirm their submission status of eCQM reporting prior to the submission deadline.

Program Credit Report

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Inpatient Quality Reporting (IQR)

Discharge Quarter: Q4 2021

Reporting Period Due: 3/31/2022

Last Updated: 11/23/2021 12:47 PM

eCQM

✓ Submission Requirements Met

Required:

- In two discharge quarters, submit the same four measures.

Optional (encouraged):

- Submit extra measures in any quarter.
- Extra measures can be different in each quarter.

Facilities must submit calendar year 2021 data for payment in fiscal year 2023

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

Measure	Submission Status	Last Updated
ED-2	Submitted	10/28/2021 4:03:31 PM
PC-05	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-2	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-3	Submitted	10/28/2021 4:01:01 PM
STK-5	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
STK-6	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
Safe Use of Opioids	Submitted	10/28/2021 3:58:24 PM
VTE-1	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM
VTE-2	Case Threshold Exemption Declaration	11/23/2021 12:47:13 PM

Steps for Successful CY 2021 Hospital eCQM Submission

Additional Tips and Information

Best Practices for eCQM Reporting

- Designate at least two QualityNet Security Officials (SOs).
- Update the [Hospital Contact Change Form](#) to inform the Inpatient VIQR Support Contractor for the Hospital IQR Program about key personnel changes (e.g., CEO and quality reporting contact).
- Confirm your HQR User Roles and vendor permissions to submit data.
- Submit QRDA Category I files to the HQR system, early and often.
- [Join the Listserve group](#) to receive Email Notifications on eCQM reporting for the Hospital IQR and Promoting Interoperability Programs.

Extraordinary Circumstances Exception (ECE) Policy – Hospital IQR Program

<https://qualitynet.org/inpatient/measure/ecqm/participation#tab2>

Top of Page ECE Policy

Bottom of Page

ECE Request Form and Instructions

Overview eCQM Measures **Participation** Resources Webinars Notifications

Requirements

Extraordinary Circumstances

Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request and for CMS to grant exceptions with respect to the reporting of required quality data—including eCQM data when there are extraordinary circumstances beyond the control of the hospital.

eCQM Related ECEs

Hospitals may use the Extraordinary Circumstances Exceptions (ECE) form to request an exception from the Hospital Inpatient Quality Reporting (IQR) Program's eCQM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (e.g., a hospital is in an area without sufficient Internet access) or unforeseen circumstances (e.g., a hospital has health information technology (IT) vendor issues outside of the hospital's control, including a vendor product losing certification) that impact the hospital's ability to report eCQM data. For further information, reference this ECE Policy Clarification Questions and Answers.

File Name	File Type	File Size
ECE Policy Clarification Questions and Answers	PDF	56 KB

Download

Non-eCQM Related ECEs

Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data. Hospitals may request consideration for an exception of the requirement to submit quality data for one or more quarters. For non-eCQM related ECEs, an ECE request form must be submitted **within 90 calendar days of the extraordinary circumstance**.

**Deadline to Submit
ECE Form for IQR is
April 1, 2022!**

ECE Request Form Submission Instructions

In the event of such circumstances, hospitals must submit an Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required questions completed. For eCQM-related ECEs, an ECE request form must be submitted by **April 1 following the end of the eCQM reporting period calendar year (CY)***. As an example, for data collection for the CY 2018 reporting period (through December 31, 2018), hospitals would have until April 1, 2019, to submit an ECE request.

File Name	File Type	File Size	
Extraordinary Circumstances Exceptions (ECE) Request Form	PDF	141 KB	Download

The form must be signed by the hospital's chief executive officer (CEO) or designee and submitted via one of the following methods:

- QualityNet Secure Portal Secure File Transfer to: WAIVER EXCEPTION WITHHOLDING group
- Secure fax to: (877) 789-4443
- Email to: qrformsubmission@hsag.com
- Conventional mail to:

HSAG

ATTN: Hospital Inpatient Quality Reporting Program Support Contractor
3000 Bayport Drive, Suite 300
Tampa, FL 33607

The support contractor will forward the form, as directed, to CMS.

Note: This process does not preclude CMS from granting exceptions to hospitals when it is determined that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS may also grant an exception if it is determined that a systemic problem with one of its data collection systems directly affected the ability of the hospitals to submit data. If CMS makes the determination to grant a blanket exception, CMS will communicate this decision to hospitals, vendors, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) through routine communication channels, including memos, emails, and notices on QualityNet.

* *Hardship Exceptions for the Medicare Promoting Interoperability Program (previously known as the Electronic Health Record (EHR) Incentive Program) follow a different process and different timeline. For additional information on this process, refer to the CMS Payment Adjustments & Hardship Information web page on CMS.gov.*

Join the ListServe to receive email notifications about QualityNet programs

Join Now

Hardship Policy – Medicare Promoting Interoperability Program

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship

Scoring, Payment Adjustment, and Hardship Information

Performance-based Scoring Methodology

In the Fiscal Year 2019 Inpatient Prospective Payment System [final rule](#), the Centers for Medicare & Medicaid Services (CMS) finalized a new performance-based scoring methodology for eligible hospitals and critical access hospitals (CAHs) that submit an attestation to CMS under the Medicare Promoting Interoperability Program.

Medicare Promoting Interoperability Program Scoring

Eligible hospitals and CAHs are required to report certain measures from the Medicare Promoting Interoperability Program's four objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the eligible hospital or CAH's performance for that measure, except for the measures associated with the Public Health and Clinical Data Exchange objective, which require a Yes/No attestation.

The scores for each of the individual measures are added together to calculate the total score of up to 100 possible points for each eligible hospital or CAH. A total score of 50 points or more will satisfy the requirement to report on the objectives and measures of meaningful use, which is one of the requirements for an eligible hospital or CAH to be considered a meaningful EHR user and avoid a downward payment adjustment. Eligible hospitals or CAHs scoring below 50 points will not be considered meaningful EHR users.

Medicare Hardship Exception Information

Eligible hospitals and CAHs may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must have completed and submitted a hardship exception application by September 1, 2021. If approved, the hardship exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and ***in no case may an eligible hospital or CAH be granted an exception for more than five years.***

Medicare Hardship Exception Application

- The hardship exception application period for performance year 2020 closed on September 1, 2021
- More information on the Medicare Hardship Exception Application can be found [here \(PDF\)](#).
- For questions regarding the hardship exception application please contact the QualityNet help desk for assistance at qnetssupport@hqjis.org or 1-866-288-8912.

Promoting Interoperability Program Policy and eCQMs Basics Information

Policy Information

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

The screenshot shows the CMS.gov website with the 'Promoting Interoperability' section selected. The page includes a navigation bar with links to Home, About CMS, Newsroom, Archive, Help, and Print. Below the navigation bar is a search bar. The main content area is titled 'Promoting Interoperability Programs' and features a 'Latest News' section with a link to 'On May 11, 2020 CMS published the Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Proposed Rule'. Below this is a 'Dates to Remember' section with a table of key dates and deadlines.

Dates to Remember
January 1 - December 31, 2020
2020 Promoting Interoperability Programs Reporting Year
September 1, 2020
Deadline for eligible hospitals to submit a hardship exception application
November 30, 2020
Deadline for critical access hospitals (CAHs) to submit a hardship exception application

Below the table is a section for 'Promoting Interoperability Programs Milestones'.

eCQMs Basics

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures>

The screenshot shows the CMS.gov website with the 'Electronic Clinical Quality Measures Basics' section selected. The page includes a navigation bar with links to Home, About CMS, Newsroom, Archive, Help, and Print. Below the navigation bar is a search bar. The main content area is titled 'Electronic Clinical Quality Measures Basics' and features a 'Latest News' section with a link to 'On May 11, 2020 CMS published the Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Proposed Rule'. Below this is a 'Dates to Remember' section with a table of key dates and deadlines.

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2020 Promoting Interoperability Programs Reporting Year
September 1, 2020
Deadline for eligible hospitals to submit a hardship exception application
November 30, 2020
Deadline for critical access hospitals (CAHs) to submit a hardship exception application

Below the table is a section for 'Promoting Interoperability Programs Milestones'.

eCQM Contacts

Topic	Contact
<ul style="list-style-type: none"> HQR System (HARP, vendor roles, uploading files, reports, troubleshooting file errors) Medicare Promoting Interoperability Program (attestation, objectives, policy) 	<p>QualityNet Service Center (866) 288-2912 qnetsupport@hcqis.org</p>
Hospital IQR Program and Policy	<p>Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenowservices.com/qnet_qa</p>
<ul style="list-style-type: none"> eCQM Specifications (code sets, measure logic, measure intent) QRDA-related Questions (CMS Implementation Guide, Sample Files and Schematrons) Hybrid Measures – Technical (specifications, logic, value sets, QRDA) 	<p>ONC JIRA Issue Trackers eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary CMS Hybrid Measure Issue Tracker https://oncprojecttracking.healthit.gov/support/browse/CHM</p>
Hybrid Measures – Non-Technical (policy, measure methodology)	<p>Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) CMSHybridmeasures@yale.edu</p>
eCQM Data Validation	<p>Validation Support Team (validation@telligen.com)</p>

Steps for Successful CY 2021 Hospital eCQM Submission

Questions

Continuing Education 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.

Steps for Successful CY 2021 Hospital eCQM Submission

Thank you

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.