



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

**CY 2021 eCQM Reporting Tools and FAQs for the Hospital IQR  
Program and Medicare Promoting Interoperability Program**

**Question and Answer Summary Document**

**Speaker**

**Veronica Dunlap, BSN, RN, CCM**  
Program Lead, Alignment of eCQM Reporting  
Inpatient VIQR Outreach and Education Support Contractor

**February 25, 2022**  
**2:00 p.m. Eastern Time (ET)**

**DISCLAIMER:** This presentation question-and-answer summary document 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 these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; given that they will remain as an archived copy, they will not be updated.

The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included 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 question-and-answer session 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.

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 and clarity.

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

**Alignment of eCQM Reporting**

**Question 1: Do the two selected quarters need to be in a row? Can they skip?**

Hospitals may submit either consecutive or nonconsecutive self-selected quarters of data for the calendar year (CY) 2021 eCQM reporting period. The successful submission of two self-selected quarters of data for each of the four self-selected electronic clinical quality measures (eCQMs) is required. CMS provided clarification in the [Fiscal Year \(FY\) 2022 Inpatient Prospective Payment System \(IPPS\)/Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule \(86 FR 45418\)](#), stating the self-selected eCQMs must be the same eCQMs across quarters in a given reporting year.

**Question 2: Where can I find the eCQM Implementation Checklist shown on slide 17?**

Visit the [eCQI Resource Center](#). Select the Eligible Hospital/Critical Access Hospital eCQMs tab and the 2021 reporting period for the [Preparation Checklist and the Implementation Checklist](#). Each checklist provides the necessary technical steps that health information technology (IT) developers, implementers, and health care organizations must take to update their systems and processes with the eCQM Annual Update. It is important to apply the most recent eCQM Annual Update to report quality data to CMS.

**Question 3: Is there a benchmark for the Safe Use of Opioids – Concurrent Prescribing measure?**

At this time, benchmarks are not available for this measure for eligible hospital and critical access hospital (CAH) eCQM reporting.

**Question 4: Is the Safe Use of Opioids – Concurrent Prescribing measure required for critical access hospitals?**

The Safe Use of Opioids – Concurrent Prescribing measure is not mandatory to report for the CY 2021 reporting period. However, eligible hospitals and CAHs are required to report eCQM data and will be required to report this measure for three self-selected quarters of data beginning in the CY 2022 reporting period.

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

**Question 5:**                    **Can you explain a situation when we don't fill out the denominator declaration form?**

CMS requests that hospitals report on eCQMs which reflect their patient population. When this is not feasible, hospitals are permitted to use a zero denominator declaration and/or a case threshold exemption. A zero denominator declaration for a particular measure can be used when the hospital does not have any patients that meet the denominator criteria of that eCQM (within the reporting quarter) and their electronic health record (EHR) system is certified to report the eCQM.

A case threshold exemption for a particular measure may be used when the hospital has five or fewer discharges applicable to the eCQM during the relevant reporting quarter and their EHR system is certified to report the eCQM. Hospitals do not have to use a case threshold exemption, but they can opt to submit Quality Reporting Document Architecture (QRDA) Category I files (five or fewer) to the Hospital Quality Reporting (HQR) System.

Confirm your hospital has met the reporting requirement by generating the Program Credit Report. If a yellow banner is displayed, review the denominator declaration criteria and determine if they are applicable to your facility. CMS has defined the successful submission of eCQM data as any combination of accepted QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures, zero denominator declarations, and case threshold exemptions.

**Question 6:**                    **How can the quality staff see the ICD-10 codes used for an eCQM, including the ICD-10 codes for a mental health exclusion for VTE-1?**

Measure-specific materials such as value sets and direct reference codes containing related ICD-10 codes are available in the Value Set Authority Center (VSAC) maintained by the National Library of Medicine.

For information on the VTE-1 measure, visit the [Eligible Hospital/Critical Access Hospital eCQMs page](#) on the eCQI Resource Center. Select the applicable reporting period. A list of eCQMs are provided under the EH/CAH eCQMs tab. Once you click on the VTE-1 measure name, select the Specifications and Data Elements tab. [A link to the value sets used for VTE-1 \(CMS108v9\)](#) is located on the bottom of the page.

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

**Question 7: When will the Hospital Inpatient Quality Reporting (IQR) Program require hybrid measures?**

Mandatory reporting of the Hybrid Hospital-Wide Readmission (HWR) measure and the Hybrid Hospital-Wide All-Cause Risk Standardized Mortality (HWM) measure includes data from July 1, 2023–June 30, 2024. The submission deadline to report the core clinical data elements generated from EHRs is October 1, 2024. Performance information for the measurement period ending in June 2024 will be available for preview and publicly reported in 2025 and will impact the FY 2026 payment determination.

**Question 8: If our system does not generate any QRDA Category I files because our facility does not have any patients that meet the measure do we submit anything besides the zero denominator declaration?**

For eCQM reporting, hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs are required to submit four eCQMs for each of the two self-selected quarters of data by the March 31, 2022, deadline. The submission of QRDA Category I files applies when your hospital has patients meeting the denominator criteria of a measure during a reporting quarter or if there are five or less discharges for a measure during a reporting quarter. Whether a hospital submits QRDA Category I files or denominator declarations, the EHR must be certified to report the measure.

If your hospital participates in the Medicare Promoting Interoperability Program, there are additional requirements besides the reporting of eCQM data. Visit the [Medicare Promoting Interoperability 2021 Program Requirements page](#) on CMS.gov. Contact the Center for Clinical Standards & Quality (CCSQ) Service Center at (866) 288-8912 or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) for assistance on the Medicare Promoting Interoperability Program.

**Question 9: If there are less than five cases for an eCQM, is the hospital required to submit a case threshold exemption?**

Hospitals are not required to use a case threshold exemption when there are five or fewer discharges applicable to an eCQM during a reporting quarter. They may opt to submit QRDA Category I files for the measure. In either case, the EHR must be certified to report that measure.

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

### **Question 10: Are penalties applied for lower compliant measures?**

Hospitals that do not meet the eCQM reporting requirements of the Hospital IQR Program are at risk of having their annual payment update (APU) reduced by one-fourth of the applicable market basket update.

For the Medicare Promoting Interoperability Program, eCQM reporting is a requirement for eligible hospitals. If an eligible hospital does not report on eCQMs, this is considered an automatic program failure, resulting in a downward payment adjustment. For additional questions regarding performance-based scoring, see the most up-to-date scoring calculation sheet on the Medicare Promoting Interoperability Program page from CMS.gov: <https://www.cms.gov/files/document/scoring-methodology-fact-sheet-2021.pdf>

If the question pertains to the accuracy of validated CY 2021 eCQM data affecting the FY 2024 payment determination, the accuracy of assessed eCQM data will not impact the pass-fail determination for eCQM validation used to determine the Hospital IQR Program APU. Selected hospitals must submit at least 75 percent of sampled eCQM medical records within 30 days of the date listed on the Clinical Data Abstraction Center (CDAC) medical records request. Timely and complete submission of medical record information will impact FY 2024 payment updates for subsection (d) hospitals.

Please note that for both the Hospital IQR Program and the Medicare Promoting Interoperability Program, eCQM performance will not impact payment.

### **Promoting Interoperability Program**

### **Question 11: Will there be a webinar for submitting data for the Medicare Promoting Interoperability Program?**

A presentation providing an overview on the submission of CY 2022 data for the Medicare Promoting Interoperability Program occurred on March 1, 2022. Webinar materials related to this webinar are located on the [Promoting Interoperability Programs Events page](#) on CMS.gov. If you are requesting information concerning CY 2021 data for the Medicare Promoting Interoperability Program, a list of previous webinars and associated materials are located at the bottom of the same page. A link to the [2021 Medicare Promoting Interoperability Program Requirements webinar](#) is provided. Contact the CCSQ Service Center at (866) 288-8912 or

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

[qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) with questions on the requirements and data submission process for the Medicare Promoting Interoperability Program.

**Question 12:** I tried answering the questions on Public Health and Clinical Data Exchange, but it said I did not put in valid entries. Could someone walk me through the process?

The Public Health and Clinical Data Exchange is an objective which is required for the Medicare Promoting Interoperability Program. Detailed information on the objectives and measures is provided in the [2021 Medicare Promoting Interoperability Specification Sheets](#) on CMS.gov. Please submit a ticket to the CCSQ Service Center at (866) 288-8912 or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) for assistance.

### **Hospital Quality Reporting (HQR) System**

**Question 13:** The CY 2021 eCQM QRDA I File Submission Checklist outlines the submission process, but it doesn't discuss file creation. When we download QRDA Category I encrypted files, we are to extract those. Do we compress those again to submit the files? What types of files do we submit?

QRDA, a standard document format for the exchange of eCQM data, contains data extracted from EHRs. Each QRDA Category I file contains quality data for one patient for one or more measures. 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. The uploaded file is either a zip file containing multiple files or a single XML file. If you are unable to submit your data, contact the CCSQ Service Center at (866) 288-8912 or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

**Question 14:** Do we report this through the Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP)?

Correct. Users must create a HARP account to log into and access the HQR System for eCQM data submission. Visit the [Getting Started with QualityNet web page](#) on [QualityNet](#) to locate the HARP User Guide. Additional resources include the HARP Frequently Asked Questions document, HARP registration training video, and HARP manual proofing training video. Contact the CCSQ Service Center at (866) 288-8912 or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) for assistance.

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

**Question 15:**            **Where do we check to see if the requirements have been met? Where is the Program Credit Report located?**

Hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program will access the HQR System and generate the Program Credit Report. Select Program Reporting from the dashboard menu and select Program Credit for the page to load.

Select the discharge quarter and applicable program to review your submission status. A green banner will display indicating submission requirements were met. A yellow banner will display if the requirements have not been met.

**Question 16:**            **How do we check to see if we're using the updated Medication Discharge template (ending in .119a)?**

Visit the Health Level Seven (HL7) website to find the [QRDA Category I product page and the HL7 QRDA Category I R1 Standard for Trial Use \(STU\) Release 5.2 with errata](#). This is the base standard that is used by the CMS QRDA Category Implementation Guide for the CY 2021 reporting period. This information is also available on the [eCQM Standards and Tools Versions page](#) of the eCQI Resource Center. Confirm you are selecting the applicable reporting/performance period and click Apply. The most current versions are located under the Standard Versions column on the right. The correct template versions, for CY 2021 reporting, are provided in the [HL7 QRDA Category I R1 STU Release 5.2 with errata](#).

**Question 17:**            **I have at least 50 episodes for each eCQM, in each quarter. The Outcomes tab under Submission Results shows 57 episodes, 0 OPP Not Met, 0 IPP Met, 2 Den, 9 Den Excl, and 45 Num. Do I still fill out the denominator declaration form for this measure and quarter?**

The submission of denominator declarations is an option for hospitals that do not have patients that meet the denominator criteria of a measure(s) during a reporting quarter. We recommend running the Program Credit Report to confirm if the eCQM reporting requirements are met. A green banner will display on the report if your hospital has successfully submitted four eCQMs for each of the two self-selected quarters of data. Please submit a ticket to the CCSQ Service Center at (866) 288-8912 or [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org).

## Alignment of Electronic Clinical Quality Measure (eCQM) Reporting

### **Inpatient Value, Incentives, and Quality Reporting (VIQR)**

#### **Outreach and Education Support Contractor**

**Question 18:** Can you clarify the process when there is one rejected file out of one quarter? Should the hospital contact QualityNet to correct the error?

CMS expects submitted data to be fully representative of the patient population for the self-selected quarter of reported data. Hospitals should continue to work with their vendors to troubleshoot rejected files through the submission deadline. Confirm your hospital has met the eCQM reporting requirement by generating the Program Credit Report.

#### **Public Reporting**

**Question 19:** Slide 25: What will the reporting format be for public reporting of eCQMs? Will you publicly report each measure set by quarter or will you combine quarters to display a calendar year set of data?

CMS plans to publish CY 2021 reporting period eCQM data on the [data.medicare.gov](https://data.medicare.gov) website. CMS will communicate updates and provide information as it becomes available.

**Question 20:** We submitted and have Program Credit Reports for the same four measures for two quarters for both the Promoting Interoperability Program and the Hospital IQR Program. We typically only submit the measures for the Promoting Interoperability Program. Why did we receive a Hospital IQR Program credit? Is this because the data will be publicly reported?

The Program Credit Report User Interface will display the same information for eCQM data submitted to the HQR System for the Hospital IQR Program and the Medicare Promoting Interoperability Program. The eCQM requirement is aligned for reporting eCQM data to both programs. Hospitals should select the card applicable to the program(s) to export report results and maintain for your records.

Specific to the public reporting of CY 2021 eCQM data, hospitals will access a different UI in the HQR System to preview their data prior to it being publicly reported. CMS will notify providers when the preview period begins.

**Question 21:** Will eCQM data be publicly reported for the first time on the Provider Data Catalog (PDC) in October of 2022?

As finalized in the [FY 2021 IPPS/LTCH PPS Final Rule](#), CMS will begin publicly reporting CY 2021 eCQM data on the Provider Data Catalog as

## **Alignment of Electronic Clinical Quality Measure (eCQM) Reporting**

### **Inpatient Value, Incentives, and Quality Reporting (VIQR)**

#### **Outreach and Education Support Contractor**

early as the October 2022 release. All eCQM production data submitted to the HQR System will be evaluated by CMS for public display. During the 30-day preview period, hospitals will have the opportunity to review their data before they are made public. CMS will communicate updates and provide information as it becomes available.