

# FAQs – eCQM submission in Excel template

## Oregon Medicaid EHR Incentive Program

### Program Year 2019

For program year 2019, users have two options for submitting electronic clinical quality measures (eCQMs) in the Clinical Quality Metrics Registry (CQMR):

1. QRDA Category 3 files
2. [Excel template](#)

### Changes for 2019

For program year 2019, there is an option to consolidate QRDA 3 files for providers who practice in multiple locations. You can find more information in the MEHRIP step-by-step guide on our CQMR [resources](#) page.

The Excel template has been updated, reflecting changes in the eCQM set for 2019. Please be sure to use the 2019 template, posted on the Medicaid EHR Incentive Program's [Program Year 2019](#) page.

### How to use the Excel template

If you use the template, enter the data for the 6 eCQMs you are reporting. If you are reporting for multiple providers, submit a separate file for each provider. You may zip files together to upload them into the CQMR, but you cannot report multiple providers as tabs within a single file.

To help avoid a common data entry problem, column L of the template will populate in **red** if you enter a numerator larger than the denominator for the measure. Please review to make sure your data is correctly entered. When you're done, save the file and submit it in the CQMR using one of the [submission options](#).

### Note about denominator v. initial patient population (IPP):

OHA has received questions about how to report denominators, given variations in EHR vendors' eCQM reports. For most of the eCQMs, the [specifications](#) define the denominator as equal to the initial patient population (IPP). Some EHR vendors, however, generate reports where denominators are listed *after* any exclusions are subtracted. Other EHR vendors generate reports that show the denominator *before* any exclusions are subtracted.

For example, [CMS2](#) (depression screening and follow-up) has an initial patient population of all patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period. The denominator is equal to the IPP. There are denominator exclusions for patients with an active diagnosis for depression or a diagnosis of bipolar disorder. In a situation where the IPP was 100 patients and 10 patients were excluded, the denominator might be presented one of these ways, depending on the EHR vendor:

*Example 1* (denominator *after* any exclusions subtracted): IPP = 100; Exclusions = 10;  
Denominator = 90.

*Example 2* (denominator *before* any exclusions subtracted): IPP = 100; Exclusions = 10;  
Denominator = 100.

If your vendor provides a report where denominators are listed *before* any exclusions are subtracted, as in Example 2, then simply enter the denominator from the report into the Excel template.

If your vendor provides a report where denominators are listed *after* exclusions are subtracted, as in Example 1, then please enter the **Initial Patient Population** from your report into the denominator column of the Excel template for all measures where the specifications define the IPP as equal to the denominator.

The exception is those eQMs where the specifications do not define the denominator as equal to the IPP. For these eQMs, please list the denominator as it is shown in your report:

1. [CMS129](#) Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
2. [CMS 135](#) Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
3. [CMS 142](#) Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
4. [CMS144](#) Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. [CMS145](#) Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
6. [CMS147](#) Preventive Care and Screening: Influenza Immunization
7. [CMS347](#) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

## Roles Reminder

To submit data in the CQMR, a user needs the Quality Reports and Data Entry or the Quality Reports and Data Entry + OneHealthPort Administrator role. Your organization's OneHealthPort administrator can assign roles in OneHealthPort. If you don't know if your organization is registered with OneHealthPort or don't know who your administrator is, please contact the OneHealthPort help desk by calling 1-800-973-4797 or submitting a [contact form](#).

For additional CQMR training materials and FAQs, please visit our [resources](#) page.