CY 2023 Hospital Inpatient Quality Reporting 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	To successfully submit Calendar Year (CY) 2023 electronic clinical quality measure (eCQM) data, hospitals participating in the Hospital IQR Program* and the Medicare Promoting Interoperability Program** must: ☐ **Report** the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for four (4) quarters of 2023 data by the submission deadline. • The submission deadline is Thursday, February 29, 2024, 11:59 p.m. Pacific Time. • Each quarter must contain at least three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM. • The eCQMs must be the same eCQMs across all four quarters in a given reporting year. ☐ **Confirm** health information technology (Health IT) is certified by the Office of the National Coordinator of Health IT (ONC) to the 2015 Edition Cures Update criteria. **Visit** the Certified Health IT Product List (CHPL) to ensure the edition is certified to report all available eCQMs. ☐ **Confirm** the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the most current CY 2023 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?qt-tabs_eh=0&globalyearfilter=2023. 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 maximum individual file size is 10 MB. A ZIP file can have a maximum of 14,999 files. **Tip: Prior to data upload, verify your ZIP file does not contain other ZIP files.**
System opens fall 2023 Deadline: 2/29/2024 11:59 p.m. Pacific Time	☐ **Visit** the Hospital Quality Reporting (HQR) System log in page. • Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account. • Complete two-factor authentication. Enter the security code. ☐ **Review** the Navigation Menu on the HQR landing page to perform actions in the HQR System. **Go to the dashboard menu to complete the steps listed on the next page.**
	*The submission of CY 2023 eCQM data will affect the FY 2025 payment determination. **The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and the FY 2023 payment determination for CAHs. **Note:** The eCQM reporting requirement is an aligned requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program. The successful submission of eCQM data will meet the eCQM reporting requirement for both programs. In addition to eCQM reporting, there are other requirements to meet for both the Hospital IQR Program and the Medicare Promoting Interoperability Program. Contact the Inpatient Support Team at (844) 472-4477 or https://cmsqualitysupport.servicenow.services.com for information on the Hospital IQR Program. Contact the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov for information on the Medicare Promoting Interoperability Program.

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System opens fall 2023 Deadline: 2/29/2024 11:59 p.m. Pacific Time	☐ **Upload Test and Production QRDA Category I files.** 1. Click Data Submission. Locate the eCQM tab. Click on File Upload. Select Test or Production. 2. Click the Select Files button to locate the QRDA Category I batch files on your computer to upload. 3. Once the files load and the HQR System has processed them, you will receive a confirmation email. ☐ **Review the processing status of the QRDA Category I files.** 1. From the dashboard menu, click on Data Results. Then, click on eCQM. 2. Click on the Files Upload History tab to review submissions. 3. Select the submission type, Test or Production. Click Change Selection. The page will refresh. 4. Once the uploaded file status says Ready, download the errors for each batch as a Comma Separated Values (CSV) report. ☐ **Review the Submission Accuracy Tab. Locate the rejected files for revision and resubmission.** *(The HQR System will default to Test for the submission field and the most current quarter.)* 1. Click the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page. 2. The counts for the accepted and rejected files will equal the total files submitted. Click on a card for a closer review of the submitted files. The User Interface (UI) will reflect your selection. 3. You can click on the Export Results button to print or download the results for closer review. ☐ **Review Outcomes Submission Results to determine how the episodes of care were evaluated.** *(The HQR System will default to Test for the submission field and the most current quarter.)* 1. 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. 2. 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.** 1. From the dashboard menu, click on Program Reporting. Then, click on Program Credit. 2. Click on a program card. Then, select discharge quarter. Click Change Selection. Program Credit Reports for both programs will generate. 3. 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. • A green banner indicates successful submission was achieved for the reporting year. • A yellow banner indicates successful submission was not achieved for the reporting year. Three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM must be successfully reported on for each of the four quarters of data to meet the eCQM reporting requirement. eCQMs must be the same eCQMs across quarters in a given reporting year. ☐ **Enter Denominator Declarations, if they apply.** 1. Click on Data Submissions. Click on Data Form. Click on Launch Data Form to refresh the page. 2. 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).** This "snapshot in time" indicates if submissions were successful for each reporting quarter. If the reporting changes in any way (files are resubmitted or deleted; denominator declarations are modified), re-generate the Program Credit Report for the most current status. If the report is not available after 24 hours, contact the [CCSQ Service Center](#).