

CY 2022 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
<p>NOW</p>	<p>To successfully submit Calendar Year (CY) 2022 electronic clinical quality measure (eCQM) data for the Fiscal Year (FY) 2024 payment determination:</p> <p><input type="checkbox"/> Report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for three (3) quarters of 2022 data by the submission deadline.</p> <ul style="list-style-type: none"> • The submission deadline is Tuesday, February 28, 2023, 11:59 p.m. Pacific Time. • You may select consecutive or nonconsecutive quarters from Q1, Q2, Q3, or Q4 of 2022. • Each self-selected 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 three quarters in a given reporting year. <p><input type="checkbox"/> 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 available eCQMs.</p> <p><input type="checkbox"/> Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the most current CY 2022 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=2022.</p> <p>CMS is expecting one QRDA Category I file per patient, per <u>quarter</u>, 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.</p> <p><i>Tip: Prior to data upload, verify your ZIP file does not contain other ZIP files.</i></p>
<p>System opens fall 2022</p> <p>Deadline: 2/28/2023 11:59 p.m. Pacific Time</p>	<p><input type="checkbox"/> Visit the Hospital Quality Reporting (HQR) System log in page.</p> <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 Terms and Conditions. <p><input type="checkbox"/> Review the Navigation Menu on the HQR landing page to perform actions in the HQR System.</p> <p style="text-align: center;">Go to the dashboard menu to complete the steps listed on the next page.</p>

Submission of eCQMs does **not** meet the complete program requirements for the Hospital Inpatient Quality Reporting (IQR) Program. Hospitals are responsible for data submission for all required chart-abstracted, web-based, and claims-based measures. For questions regarding the *Hospital IQR Program*, please contact the Hospital IQR Program Support Contractor at (844) 472-4477 or <https://cmsqualitysupport.servicenowservices.com>. For questions regarding the complete program requirements for the *Promoting Interoperability Program*, please contact the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov.

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<p>System opens fall 2022</p> <p>Deadline: 2/28/2023 11:59 p.m. Pacific Time</p>	<ul style="list-style-type: none"><input type="checkbox"/> Upload Test and Production QRDA Category I files.<ol style="list-style-type: none">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.<input type="checkbox"/> Review the processing status of the QRDA Category I files.<ol style="list-style-type: none">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.<input type="checkbox"/> 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.)<ol style="list-style-type: none">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.<input type="checkbox"/> Review Outcomes Submission Results to determine how the episodes of care were evaluated.<ol style="list-style-type: none">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.<input type="checkbox"/> Generate the Program Credit Report.<ol style="list-style-type: none">1. For Hospital IQR and the Medicare Promoting Interoperability Programs eCQM submissions, click on Program Reporting from the dashboard menu. Then, click on Program Credit to load the page.2. Select the 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.<ul style="list-style-type: none">• 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.<p>Three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM must be successfully reported on <u>for each</u> of the 3 self-selected quarters of data to meet the eCQM reporting requirement. eCQMs must be the same eCQMs across quarters in a given reporting year.</p><input type="checkbox"/> Enter Denominator Declarations, if they apply.<ol style="list-style-type: none">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.<input type="checkbox"/> 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 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.</p>
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