Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Hospital Inpatient Quality Reporting (IQR) Program

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

Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide
Presentation Transcript

Speakers

Yan Heras, PhD
Principal Informaticist, ICF
Veronica Dunlap, BSN, RN, CCM
Lead
Alignment of eCQM Reporting
Inpatient VIQR Outreach and Education Support Contractor

April 29, 2024

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

This transcript 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 transcript 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.

Veronica Dunlap: Welcome, everyone. Thank you for joining today's webinar entitled, *Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide.*

If you have questions while viewing today's presentation, please send an email to WebinarQuestions@hsag.com. Be sure to include in the subject line the title of today's event, which is *Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide*. In the body of the email, put your question along with the slide number, if applicable. If you do have questions unrelated to the webinar topic, please submit them using the QualityNet Question and Answer Tool link, provided to you on the slide. All materials for today's webinar will be posted to QualityNet and the Quality Reporting Center website. At the end of our presentation, you will have the opportunity to complete a survey. Please complete the survey as we value your feedback regarding what works well, as well as any areas for improvement in future presentations.

My name is Veronica Dunlap, and I am the Lead for the Alignment of eCQM Reporting for the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I would like to introduce our distinguished speaker joining me for today's event, Dr. Yan Heras. Yan is the Principal Informaticist with ICF.

Yan will provide an overview of the 2024 CMS Quality Reporting Document Architecture, or QRDA, Category I Implementation Guide for Hospital Quality Reporting, as well as outline the changes from calendar year 2023 to the calendar year 2024 QRDA Category I IG. She will discuss some of the common error messages that data submitters experience when their files are rejected. I will review the eCQM and hybrid measure requirements based on reporting these data using the CMS Annual Update for the 2024 performance period.

At the conclusion of this webinar, participants will be able to understand the eCQM and hybrid measure reporting requirements, locate

implementation resources, such as the HL7 and CMS Implementation Guides, and identify updates to the 2024 QRDA I IG. They will also be able to recognize some of the most common errors that cause files to reject.

This is a list of acronyms to assist you during today's webinar.

I would like to review the calendar year 2024 eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs.

The reporting of eCQM data is a requirement for the Hospital IQR Program. It is also one of many requirements for the Medicare Promoting Interoperability Program. Hospitals, with a single submission, can meet the eCQM reporting requirement for both programs. The reporting period includes discharge data from January 1, 2024, through December 31, 2024. The submission deadline occurs on an annual basis and is at the end of two months following the close of the calendar year or the next business day if the deadline falls on a weekend or federal holiday. For calendar year 2024 eCQM reporting, the submission deadline is Tuesday, February 28, 2025, affecting the fiscal year 2026 payment determination. The measure set contains 12 available eCQMs, and hospitals are required to submit data certified to the 2015 Edition Cures Update for a total of six eCQMs for each of the four quarters. Each quarter must contain the same three self-selected eCQMs, plus each of the three mandatory eCQMs. The three mandatory eCQMs include the Safe Use of Opioids–Concurrent Prescribing, Cesarean Birth, and Severe Obstetric Complications.

Let's take a closer look at the available eCQMs for calendar year 2024 reporting. As previously mentioned, there are three mandatory eCQMs, which are noted in red on the top row. As you may notice, ED-2 and STK-5 were removed, and there are two new measures that have been added to the set. These include the Hospital Harm–Opioid Related Adverse Events eCQM and the Global Malnutrition Composite Score eCQM.

All hospitals participating in the Hospital IQR and/or Medicare Promoting Interoperability Programs are required to successfully upload patient-level

data or manually enter a denominator declaration for each of their six eCQMs. CMS continues to define a successful submission as reporting the eCQMs as any combination of accepted QRDA Category I files meeting the Initial Patient Population for all episodes of care, zero denominators, and/or case threshold exemptions. EHR technology must be certified to the 2015 Cures Update criteria to report on all available eCQMs in the measure set, using the 2024 eCQM specifications published in CMS's Annual Update. An important reminder for hospitals that do not deliver babies: Two maternal eCQMs, PC-02 and PC-07, are mandatory and can be successfully met by declaring a zero denominator in the *HQR Secure Portal* for each applicable quarter.

Next, let's take a moment and cover reporting requirements for the Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures for the Hospital IQR Program.

This slide outlines some of the key components on reporting Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measure data for the fiscal year 2027 payment determination. Non-submission of these data by the submission deadline, October 1, 2025, will affect a hospital's annual payment update. The performance period begins July 1, 2024, and will run through June 30, 2025, which differs from eCQM reporting as it does not fall within a calendar year. Data for these measures will be made available to hospitals via a Hospital-Specific Report sometime in the spring of 2026. CMS plans to publicly report these data publicly in summer 2026. The 2024 hybrid measure specifications published in the CMS Annual Update are posted and available on the eCQI Resource Center.

For discharge data from July 1, 2024, through June 30, 2025, for the fiscal year 2027 payment determination, CMS has expanded the measure cohort to include both Medicare Fee for Service AND Medicare Advantage patients. This includes ages 65 years and older for the Hybrid Hospital-Wide Readmission measure and ages 65 to 94 years for the Hybrid Hospital-Wide mortality measure.

The submission requirements for each hybrid measure are listed here. Hospitals are required to submit QRDA Category I files containing ALL core clinical data elements and ALL linking variables to help CMS match the data that are pulled from the electronic health record to the CMS claims data. For hospitals to successfully meet the hybrid measure reporting requirements for the Hospital IQR Program, they must submit data for all Medicare Fee For Service and Medicare Advantage claims as specified for each measure by meeting the thresholds noted on this slide. Hospitals will receive a confidential Hospital-Specific Report that will provide a summary of the hospital's submission of their core clinical data elements including whether or not they have met the reporting requirement.

I would like to turn over the presentation to Dr. Yan Heras who will discuss the 2024 CMS QRDA I Implementation Guide.

Yan Hares: Thank you, Veronica. I'll be focusing on highlighting the changes made from the 2023 Version 1.3 to the 2024 IG Version 1.1. There are actually only a few changes to cover because the changes made were pretty minimum between these two guides. I will then spend some time going over some common errors we're seeing on the HQR receiving end.

So, first, a quick background: CMS published the 2024 CMS QRDA I IG, Schematron, and Sample File for HQR last May. The most recent update is the Version 1.1, which was published in August 2023. The 2024 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report eCQMs for the calendar year 2024 reporting period for the Hospital IQR Program, Medicare Promoting Interoperability Program, and the Hospital Outpatient Quality Reporting Program. The 2024 CMS QRDA I Schematron is a companion to the 2024 CMS QRDA I IG, and it allows for computerized validation of QRDA documents against the IG requirements.

The Quality Data Model, QDM, is the data model used for specifying eCQMs. Both the 2023 and the 2024 eCQMs were specified using the same QDM version, 5.6.

Because of this, you will see that the Base HL7 QRDA Standard Use for the 2024 IG is exactly the same as the 2023 IG.

The eCQMs are updated annually. The 2024 reporting uses the eCQM specifications and the value sets that are published in May 2023. You can get the eCQM specifications from the eCQI Resource Center and the value sets from the Value Set Authority Center.

To create a QRDA I file for 2024 reporting, it is important to make sure that you use the correct template versions for the four required document-level templates. The 2024 IG uses the same document-level templates as specified in the 2023 IG. There are no changes made to the section templates and entry level templates. So, the templates for the 2024 IG are the same as in the 2023 IG.

The 2024 IG did remove the section about the documentation Of/serviceEvent where TIN and NPI could be submitted if applicable. However, the documentationOf has always been a May constraint that is optional for HQR submissions. If your QRDA files have the documentationOf/serviceEvent, you could choose to either keep or remove from your files.

There are no changes made to the five key elements used for succession management from the 2023 IG. The five key elements are still the CMS Certification Number, CCN; the CMS program name, EHR Patient ID, EHR Submitter ID, and the reporting period specified in the reporting parameters section.

We would like to highlight the importance of ensuring data uniqueness in your QRDA I files. The presence of the duplicated data could potentially lead to increased data processing time and receiving the CMS_0078 error, because the file size exceeds the 10-megabyte allowable limit. Most importantly, it could potentially lead to incorrect processing and unexpected measure results.

So, those are the changes made from 2023 IG to 2024. There are a few things that we would like to highlight. So, from this slide on, we'll review some of the file rejection common errors. Common errors that tend to have a higher occurrence amongst submitted files are listed before those that occur less frequently.

CMS_0072 is one of the most commonly seen error. This is a QRDA file schema validation error. QRDA is a CDA implementation guide. The HQR system applies the CDA XML schema to QRDA I files first to make sure they are valid CDA documents before it runs the Schematron validation check. The CDA schema is provided by HL7. A copy of that is available in the companion CMS QRDA I IG Schematron and sample zip file that is on the eCQI Resource Center. To avoid getting the schema validation error, you can always use this schema to self-check before submission.

CMS_0073 is another most commonly seen error. This error says the document does not conform to QRDA document formats accepted by CMS. As mentioned earlier, it is important to use the corrected version of the four document-level templates. The HQR receiving system uses the four document-level template IDs and extensions to identify that the files submitted are using the correct version of the CMS QRDA I IG for the reporting period. This error is also produced for an empty file or any non-XML file type. To avoid having the CMS_0073 error, make sure to use the 2024 CMS QRDA I IG for 2024 reporting and verify your QRDA I files have these four document-level template IDs and they are with the correct extension dates.

When you submit the QRDA I file to HQR, the file needs to indicate which discharge quarter the data are for using with the Reporting Parameters Act CMS template. The CMS_0079 error is triggered when the reporting period effective date range does not match one of the program's calendar year discharge quarters. The example on this slide has the low date as 2024/01/01 and the high date as 2024/03/31. It matches the start and the end dates for Q1 in 2024.

CMS EHR certification number is required for HQR. Schematron validation will throw an error if the QRDA I file does not contain a CMS EHR Certification ID. CMS_0082 is a validation that further checks if the system is certified to 2015 Edition Cures Update for CY 2024. It checks that the certification ID provided must contain 15C in the third, fourth, and fifth places.

CMS_0074 error is generated when none of the version-specific measure identifiers in the QRDA I file is valid for the reporting period and CMS program name. eCQMs are uniquely identified by their version-specific measure identifiers. When the new version is released with the same eCQM, it will have a different version-specific measure identifier. eCQMs could have other types of the measure identifiers, but only the version-specific measure identifier is required for HQR submissions. For 2024 reporting, make sure that you use version-specific measure identifiers of the eCQMs for the 2024 reporting period, and make sure the measures must also be supported by the CMS program name. If a QRDA I file contains data for multiple eCQMs, as long as it has one version-specific measure identifier that is valid for the CMS program name and reporting period for that year, the CMS_0074 error will not be triggered. However, the invalid version-specific measure identifiers within the file will be ignored. So, make sure all the version-specific measure identifiers included in your file are correct.

This slide is to show you how to locate the version-specific measure identifier for a measure. First, you will need to download the measure specifications zip from the eCQI Resource Center. After you unzip, you need to open the measure specifications that is in the Health Quality Measure Format, HQMF. For example, for CMS844v4, this will be CMS844v4.xml file. The version-specific measure identifier is the UUID that is in the QualityMeasureDocument.id. Remember that the version-specific measure identifier is not case sensitive.

Here is another error on CMS EHR Certification ID that occurred less often than CMS_0082. The Certification ID must be 15 alphanumerical characters in length.

The encounter admission and discharge days are represented using the effectiveTime, low and high, in the Encounter Performed template. The low value is the admission datetime, and the high is a discharge datetime. Your QRDA file will be rejected with a CMS _0062 error if the datetime value placed in the effectiveTime low is after the datetime value that is the effectiveTime high for encounters. The example on this slide shows the admission date of 7/8/2024 and discharge date of 7/2/2024, and the file will be rejected.

Another validation performed by the HQR system of effectiveTime is CMS_0087. CMS_0087 is to ensure the effective high datetime is after the low datetime for all data that are in a QRDA I file with effectiveTime low and high that are other than encounters.

Payer is a required supplemental data element for all eCQMs. If your QRDA I file is missing the patient characteristic payer template, errors for these two components statements, shown on the slide, will be triggered when the HQR system runs the Schematron validation. We would like to point out that a Schematron file that is available on the eCQI Resource Center for the given the reporting period is the exact copy of the Schematron file that is used by the HQR system to do Schematron validations. So, you could always download a copy and use that to help your development.

This error about the principal diagnosis occurred typically less often. If an encounter has multiple encounter diagnosis, only one diagnosis can be marked as a rank of 1. This is to allow only one principal diagnosis for an encounter.

If your file is rejected with a CMS_0089 error, you need to check and make sure you used the correct CMS program name for your intended submissions.

CMS program name is represented using the information recipient element into the document header. For hybrid measures/CCDE submissions, the same CMS program name must be HQR _IQR. Outpatient eCQM submissions must be at HQR_OQR. For inpatient eCQM submissions, it must be it to HQR_IQR, HQR_IQR_PI, or HQR_PI.

The last common error we will cover today is CMS_0067. This error indicates the submitter is not authorized to submit for this provider. HQR system uses that CCN number that is provided in the QRDA I file to look up whether the submitter has been authorized to submit data on behalf of the hospital. Thank you, all. Veronica, I'll pass it back to you.

Veronica Dunlap: Thank you, Yan. Let's take a brief moment and review some of the few key program reminders and resources.

As it pertains to today's webinar, it's important to remind hospitals to report eCQM and hybrid measure data according to CMS' Annual Update for the 2024 reporting period and reference the correlating technical and implementation guidance provided. CMS requires hospitals to submit eCQM and hybrid measure data using the QRDA Category I file format and upload files to the *HQR Secure Portal*. More detailed guidance is provided in the 2024 CMS QRDA Category I IG.

The format of the QRDA Category I File has not changed, and it remains one QRDA Category I file, per patient, per quarter, and it cannot be greater than 10 megabytes. If an individual QRDA I file contains data for more than one reporting quarter, the file will be rejected when uploaded to the HQR system. Each file, for the applicable quarter, should include all the measures you will be submitting for on a patient and include all the episodes of care that occurred within that discharge quarter.

With hospitals being required to submit a full year of data, the HQR system permits batches of files to contain QRDA I files from different quarters. Also, vendors may upload a zip file that may have a mix of QRDA files for different quarters for different facilities.

If a hospital has more than 14,999 QRDA I files, additional zip files may be uploaded. An important note is to remind data submitters to verify your zip file does not contain a zip file within it, prior to uploading. This can cause a significant processing delay.

For questions related to this guidance, please submit them to the ONC Jira QRDA Issue Tracker. To learn more about known technical issues, you may visit the QRDA Known Issues Tracker.

The eCQI Resource Center has a dedicated tools and resources page that provides information on each component, including access to the Data Element Repository, measure authoring tool, and the ONC Jira issue trackers. Users can filter by title, category, and/or by role to view the most recent guidance.

The guidance provided during today's webinar is available by locating the Eligible Hospital/Critical Access Hospital eCQMs page on the eCQI Resource Center. These documents are accessed by selecting the 2024 reporting period for eCQMs or hybrid measures. QualityNet provides many valuable program-related resources and includes a dedicated section for both eCQMs and hybrid measures. Additional tools and past webinar materials are posted and available on the Quality Reporting Center website.

A list of support contacts for eCQM and hybrid measure reporting are available here for you on this slide.

If you have questions while viewing today's presentation, please send an email to WebinarQuestions@hsag.com and include the title of today's event. If you have questions unrelated to the webinar topic, please submit them using the QualityNet Question and Answer Tool link provided to you on the slide. Once again, the materials for today's webinar will be posted to QualityNet and the Quality Reporting Center website.

That concludes our presentation. We hope that the information provided to you was beneficial to you.

I would like to thank everyone for taking the time to listen to our On Demand event today. I would also like to thank our speaker today, Dr. Heras, for her expertise in presenting today. Thank you, again. Be safe and enjoy the remainder of your day!

Please complete the short survey, as we do value your feedback regarding what works well and any future topics of interest you may have.