



CY 2018 eCQM Self-Directed Tools and Resources for the Hospital IQR and Promoting Interoperability Programs

Artrina Sturges, Ed.D

Alignment of eCQMs Lead, Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Veronica Dunlap, BSN, RN, CCM

Project Manager II, Hospital Inpatient VIQR Outreach and Education SC

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Purpose

This presentation will provide a high-level overview of self-directed tools and resources available to hospitals and vendors to support successful electronic clinical quality measure (eCQM) reporting to the Hospital Inpatient Quality Reporting (IQR) Program and Promoting Interoperability Program (formerly known as the Electronic Health Record [EHR] Incentive Program) for Calendar Year (CY) 2018.

Objectives

At the conclusion of this presentation, participants will be able to:

- Understand the eCQM reporting alignment between the Hospital IQR and Promoting Interoperability Programs.
- Access tools and reference materials to assist with eCQM data submission activities.
- Apply the guidance within the resources to improve eCQM data quality.

CY 2018 eCQM Self-Directed Tools and Resources for the Hospital IQR and Promoting Interoperability Programs

eCQM Reporting Alignment

Hospital IQR Program and eCQMs

- The reporting of electronic clinical quality measures (eCQMs) is a *method* of reporting quality data to the Hospital IQR Program
- Successful eCQM submission is one reporting requirement for the entire IQR Program
 - *QualityNet.org*>HIQR Program>Measures>Reference Guides
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473>

Promoting Interoperability Programs and eCQMs

Medicare and Medicaid Promoting Interoperability Programs – previously referred to as the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs

- Continues the agency's focus on interoperability and improving patients' and providers' access to health information
- Successful electronic reporting of CQMs is one reporting requirement for the entire Promoting Interoperability Program

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html>

eCQM Reporting Alignment Between IQR and Promoting Interoperability Programs

- **Participation requirements for Eligible Hospitals (EHs):**
 - IQR-eligible hospitals are *required* to participate in the IQR and the Promoting Interoperability Programs
 - Critical Access Hospitals (CAHs) are required to report to the Promoting Interoperability Programs and *encouraged* to voluntarily participate in IQR
- **Shared reporting requirements and deadline:**
 - Report on at least 4 eCQMs for a self-selected calendar quarter utilizing Certified EHR Technology (CEHRT) to the 2014 or 2015 Edition, or a combination of the two, by the February 28, 2019 deadline
- **Method and location of reporting:**
 - Supports dual-program reporting with a single submission utilizing a combination of QRDA Category I patient files, case threshold exemptions, and zero denominator declarations
 - Data reported via the *QualityNet Secure Portal*
- **Aligned measures:**
 - 15 of the 16 available eCQMs can be used for reporting to both programs (exception ED-3 outpatient measure, not aligned for IQR program credit)

CY 2018 eCQM Self-Directed Tools and Resources for the Hospital IQR and Promoting Interoperability Programs

Self-Directed Tools and Resources – *QualityNet* and *Quality Reporting Center* Websites

IQR – QualityNet Webpage

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Hospital Inpatient Quality Reporting (IQR) Program Overview

The Hospital Inpatient Quality Reporting (IQR) Program was developed as a result of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Section 5001(a) of Public Law 109-171 of the Deficit Reduction Act of 2005 provided new requirements for the Hospital IQR Program, which built on the voluntary Hospital Quality Initiative.

The Hospital IQR Program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients. The hospital quality of care information gathered through the program is available to consumers on the [Hospital Compare](#) website.

Hospital IQR Program Resources

Hospital Contact Change Form

- [Contact Change Form](#), PDF Fillable Form-122 KB (Updated 04/27/18) - Use to report any changes regarding key contacts at the hospital (e.g., CEO/administrator, IQR contact, medical records contact, National Healthcare Safety Network contact, and QualityNet Security Administrators) to help ensure the facility receives all necessary correspondence regarding the Hospital IQR Program.

Hospital IQR Important Dates and Deadlines - Third Quarter 2017 through Fourth Quarter 2018

- [Important Dates and Deadlines](#), PDF-74 KB (Updated 06/22/18)

Inpatient Prospective Payment System (IPPS) Measure Exception Form

Hospitals participating in the Inpatient Quality Reporting Program may now file an Inpatient

Hospitals Selected for Inpatient Chart-Abstracted Data Validation

- FY 2020 List, PDF
- FY 2020 List, XLSX

Quality Reporting Center Newsletters

- Spring 2018 - Vol. 2, Issue 2, PDF
- Winter 2018 - Vol. 2, Issue 1, PDF
- Fall 2017 - Vol. 1, Issue 4, PDF
- Summer 2017 - Vol. 1, Issue 3, PDF
- Spring 2017 - Vol. 1, Issue 2, PDF
- Winter 2017 - Vol. 1, Issue 1, PDF
- Previous Years' Newsletters

Hospital Inpatient Quality Reporting Program

- How to Participate
- Notice of Participation
- Measures
- APU Recipients
- APU Reconsideration
- QIN-QIO Contacts
- Web-Based Data Collection
- Extraordinary Circumstances Form
- Support Contact
- Webinars/Calls

IQR Program Guide – New Hospitals

CMS

Hospital IQR Program Guide for New Hospitals FY 2020 Payment Determination CY 2018 Reporting Period



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<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>

eCQMs – QualityNet Webpage

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716>

The screenshot displays the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a search box, and a login link for the 'QualityNet Secure Portal (formerly MyQualityNet)'. Below this is a main navigation menu with tabs for 'Home', 'My QualityNet', and 'Help'. A secondary menu lists various facility types: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is titled 'Electronic Clinical Quality Measures (eCQMs) Overview'. On the left, a sidebar menu is circled in red, containing items like 'Electronic Clinical Quality Measures (eCQMs) Reporting', 'Measure Information', 'Pre-Submission Validation Application (PSVA)', 'Extraordinary Circumstances (ECE) Request Form', 'Resources', 'Technical Specifications', 'E-mail Notifications', and 'Webinars'. The main text explains that starting in 2013, hospitals could voluntarily report eCQMs, but from 2016 onwards, it became a requirement for Hospital IQR and Medicare EHR Incentive Programs. A 'Note' section specifies that Critical Access Hospitals (CAHs) are encouraged but not required to participate. At the bottom, a section titled 'CY 2018 Reporting Period for FY 2020 Payment Determination' states that eligible hospitals must report eCQMs for the 2018 period.

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Electronic Clinical Quality Measures (eCQMs) Reporting

Measure Information

Pre-Submission Validation Application (PSVA)

Extraordinary Circumstances (ECE) Request Form

Resources

Technical Specifications

E-mail Notifications

Webinars

Electronic Clinical Quality Measures (eCQMs) Overview

Beginning in Calendar Year (CY) 2013, hospitals were provided the opportunity to voluntarily submit data for electronic clinical quality measures (eCQMs). These quality measures were developed specifically to allow an electronic health record (EHR) system certified to the Office of the National Coordinator (ONC) standards to capture, export, calculate, and report the measure data.

Effective CY 2016, hospitals are required to electronically report clinical quality measures as a portion of the Hospital Inpatient Quality Reporting (IQR) and the Medicare EHR Incentive Programs.

Hospitals that successfully submit eCQM data to meet Hospital IQR Program requirements will also fulfill the Medicare EHR Incentive Program requirement for electronic reporting of CQMs with one submission.

There are additional program requirements for the Hospital IQR and the Medicare and Medicaid EHR Incentive Programs. For more information, refer to the [Hospital IQR Program](#) pages of *QualityNet* and the [EHR Incentive Programs](#) pages of the Centers for Medicare & Medicaid Services (CMS) website. See [Technical Specifications and Resources](#) for technical guides, measure specifications information and program resources to support successful program reporting.

Note: Critical access hospitals (CAHs) are encouraged, but not required, to participate in the Hospital IQR Program. CAHs **are** required to participate in the Medicare EHR Incentive Program. Review the [EHR Incentive Programs](#) information on the CMS.gov website for more information.

CY 2018 Reporting Period for FY 2020 Payment Determination

For the CY 2018 reporting period, eligible hospitals (EHs) are required to report eCQMs to the Hospital IQR Program. Per the [FY 2018 IPPS Final Rule](#), EHs and CAHs are required to electronically report to the Medicare EHR Incentive Program. Attestation will only be permitted as a reporting option for the Medicare EHR Incentive Program in certain circumstances where electronic reporting is not feasible. (Review the CMS.gov website for updates regarding the attestation criteria.)

Hospital Reporting EHR Notifications

- ListServe Registration

Pre-Submission Validation Application (PSVA) Tool

- Allows submitters to locate and correct QRDA Category I file formatting errors prior to data submission to CMS
NOTE: The CMS data receiving system performs additional checks, including the Clinical Document Architecture (CDA) schema, submission-period dates, and authorization for a vendor to submit on a hospital's behalf.
- Serves as a free, voluntary tool (CMS recommends hospitals and vendors to test early and often)
- Installs on your system – PSVA is downloadable from the Secure File Transfer in the *QualityNet Secure Portal*
- PSVA will be available Summer 2018 to validate CY 2018 test and production QRDA Category I files
NOTE: Test and production files will be able to be submitted via the PSVA tool to the *QualityNet Secure Portal* once the CMS data receiving system opens for file submissions. CMS will provide written notification to the submitter community as updates regarding system functionality are available.

Please contact the *QualityNet* Help Desk for additional information at qnetsupport@hcqis.org; (866) 288-8912, 7 a.m. to 7 p.m. CT, Monday through Friday.

Locating the Reports Online Help Manual and EHR HQR Program Reports

The screenshot shows the CMS QualityNet website interface. At the top, there is a navigation bar with the following items: Home, Quality Programs, My Reports, and Help. The Help menu is expanded, showing Hospital Quality Reporting and HQR Online Help. The HQR Online Help menu item is circled in red. A red arrow points from this menu item to a list of reports on the right side of the page. The list includes: Electronic Health Record (EHR) Hospital Quality Reporting Program Reports, Electronic Health Record (EHR) HQR Program Reports, EHR Hospital Reporting: Submission Reports, EHR HR Submission Reports Category, EHR HR Submission Detail Report, EHR HR Submission Summary Report, EHR HR eCQM Submission Status Report, EHR HR eCQM Submission and Performance Feedback Report, EHR HR eCQM Performance Summary Report, and Hospital Reporting Vendors Authorized to Upload Data Report [Inpatient and Outpatient].

CMS .gov | QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ **Help ▾**

Home>Go Home

Welcome

Hospital Quality Reporting ▸

HQR Online Help

HQR Reports Online Help

CMS Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

**Hospital Quality Reporting (HQR)
Release 12.0.0
Reports Online Help**

Version 1.0
09/12/2017

Document Number: N/A
Contract Number: HHSM-500-2007-000171, Task Order HHSM-500-TO002

- Electronic Health Record (EHR) Hospital Quality Reporting Program Reports
- Electronic Health Record (EHR) HQR Program Reports
- EHR Hospital Reporting: Submission Reports
- EHR HR Submission Reports Category
- EHR HR Submission Detail Report
- EHR HR Submission Summary Report
- EHR HR eCQM Submission Status Report
- EHR HR eCQM Submission and Performance Feedback Report
- EHR HR eCQM Performance Summary Report
- Hospital Reporting Vendors Authorized to Upload Data Report [Inpatient and Outpatient]

QualityReportingCenter.com

<https://www.qualityreportingcenter.com/>

The screenshot shows the homepage of the Quality Reporting Center. At the top left is the logo, which consists of a stylized 'Q' and 'R' with the words 'QUALITY REPORTING CENTER' to its right. To the right of the logo is a search bar with the text 'Search this site...' and a 'Search' button. Further right is a 'Change Text Size: A A' link. Below the logo and search bar is a navigation menu with the following items: HOME (highlighted in orange), EVENTS CALENDAR, INPATIENT >, OUTPATIENT >, ASC >, and QIN-QIO >. Below the navigation menu are three blue boxes with white text, each containing a list of quick links. The first box is titled 'Inpatient Quick Links' and contains links for 'Overview' and 'Tools and Resources'. The second box is titled 'Outpatient Quick Links' and contains links for 'Tools and Resources' and 'Lookup Tools'. The third box is titled 'ASC Quick Links' and contains links for 'Tools and Resources' and 'Lookup Tools'. Below these boxes is a large blue box with white text that reads: 'Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Centers. Here you will find resources to assist acute care hospitals, critical access hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:'. Below this text is a list of seven items: 'Reference and training materials', 'Educational presentations', 'Timelines and calendars', 'Data collection tools', 'Contact information', 'Helpful links to resources', and 'Question and answer tools'. To the right of this list is an orange box with the word 'Announcements' in white. Below this box is the date 'January 22, 2018' and a link to 'Website Design Update'. Below the link is another link that says 'See more announcements'. At the bottom of the page is a paragraph of text: 'The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) and Outpatient Quality Reporting (OQR) Outreach and Education Support Centers, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.' Below this paragraph is a single link: 'Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Center'.

QUALITY REPORTING CENTER

Change Text Size: A A

Search this site... Search

HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > ASC > QIN-QIO >

Inpatient Quick Links

- [Overview](#)
- [Tools and Resources](#)

Outpatient Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

ASC Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Centers. Here you will find resources to assist acute care hospitals, critical access hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

Announcements

January 22, 2018
[Website Design Update](#)

[See more announcements](#)

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) and Outpatient Quality Reporting (OQR) Outreach and Education Support Centers, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Center](#)

QualityReportingCenter.com – Resources and Tools Webpage

<https://www.qualityreportingcenter.com/inpatient/iqr/resources-and-tools/>

Resources and Tools

Click a topic to view resources

- IQR Resources for 1st Quarter 2018 Reporting
- IQR Resources for FY 2020 Payment Determination
- IQR Program Resources
- Video Tutorials
- IQR Program Resources for New Staff and New Hospitals
- eCQM Resources IQR

[CY 2018 Available eCQMs](#)

[eCQM ECE Policy Clarification Questions and Answers](#) (Updated: 03/10/2017)

[CY 2018 EHR Report Overview](#)

[CY 2018 eCQM Overview](#)

[Archived eCQM Resources](#)

- Hospital Value-Based Purchasing (VBP) Resources
- Hospital Compare Resources
- Extraordinary Circumstances Exceptions (ECE) Requests
- Forms
- APU Reconsideration Resources

[Log In](#) to Access QIO Section



Search this page:

Upcoming Events



July 12, 2018
[PCHQR Program: A Review and What's New for August 2018 Submissions](#)
— 1 C.E.

[See the full calendar](#)

CMS Tweets

 **CMSGov** 
@CMSGov

Attn. clinicians! Your #MIPS final score and performance feedback for 2017 are now available! Visit qpp.cms.gov today to view your feedback! #MACRA #QPP

  Jun 29, 2018

Test and Production QRDA Category I File Submission Checklists

CY 2018 versions will be available on QualityNet.org and QualityReportingCenter.com late summer 2018

CY 2017 Inpatient Quality Reporting (IQR) – Electronic Health Record (EHR) Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Test File(s) Instructions		
Due	Task	✓
NOW	<ul style="list-style-type: none"> <input type="checkbox"/> Select at least eight (8) of the electronic clinical quality measures (eCQMs) from the CY 2017 available eCQMs. <input type="checkbox"/> Confirm EHR System is certified to either the 2014 or 2015 Edition – visit the CHPL website to review which measures the system is certified to report. <input type="checkbox"/> Contact the QualityNet Help Desk to obtain a <i>QualityNet Secure Portal</i> account and the EHR Data Upload Role. <input type="checkbox"/> Confirm Quality Reporting Document Architecture Category I (QRDA I) file(s) are constructed per the 2017 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) (July 2016) and 2017 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting and use the Addendum to eCQMs for eReporting for the 2017 Reporting Period for Eligible Hospitals on the eCQI Resource Center. <input type="checkbox"/> Download the most recent version of the Pre-Submission Validation Application (PSVA) tool and the User Manual from the Secure File Transfer of the QualityNet Secure Portal to validate the QRDA I file(s) for submission. <p>NOTE: CMS is expecting one QRDA I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. Report the same 8 selected eCQMs for all quarters. Maximum individual file size is 5 MB. A maximum of 15,000 files can be submitted per Zip file.</p>	<input type="checkbox"/>
5/1/17 - 2/28/18 11:59 p.m. PT	<p>Submit Test File(s) either via the PSVA tool or directly to the QualityNet Secure Portal. For questions, contact the QualityNet Help Desk.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Use the PSVA tool - validates file structure only: <ol style="list-style-type: none"> 1. Log into PSVA tool using your <i>QualityNet</i> User ID and password. 2. Select the Program [HQR_EHR_IQR] for dual patient. 3. Select the [Add Files] button and the File Selected Table will display the file(s) to be added. 4. Locate the Zip file(s) on the workstation and check the file(s) to be added. The File Details Table will display the file(s) to be added. 5. Select the file(s) for validation from the File Details Table. 6. Check the status of the file(s), result will indicate if the file(s) are valid. <p>NOTE: Warnings and errors are located in the feedback messages.</p>	<input type="checkbox"/>
CY 2017 Inpatient Quality Reporting (IQR) – Electronic Health Record (EHR) Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Production File(s) Instructions		
Due	Task	✓
NOW	<ul style="list-style-type: none"> <input type="checkbox"/> Select at least eight (8) of the electronic clinical quality measures (eCQMs) from the CY 2017 available eCQMs. <input type="checkbox"/> Confirm EHR System is certified to either the 2014 or 2015 Edition – visit the CHPL Website to review which measures the system is certified to report. <input type="checkbox"/> Contact the QualityNet Help Desk to obtain a <i>QualityNet Secure Portal</i> account and the EHR Data Upload Role. <input type="checkbox"/> Confirm Quality Reporting Document Architecture Category I (QRDA I) file(s) are constructed per the 2017 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) (July 2016), the 2017 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting, and the Addendum to eCQMs for eReporting for the 2017 Reporting Period for Eligible Hospitals on the eCQI Resource Center. <input type="checkbox"/> Download the most recent version of the Pre-Submission Validation Application (PSVA) tool and the User Manual from the Secure File Transfer of the QualityNet Secure Portal to validate the QRDA I file(s) for submission. <p>NOTE: CMS is expecting one QRDA I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. Report the same 8 selected eCQMs for all quarters. Maximum individual file size is 5 MB. A maximum of 15,000 files can be submitted per Zip file.</p>	<input type="checkbox"/>
5/1/17 - 2/28/18 11:59 p.m. PT	<p>Submit Production File(s) either via the PSVA tool or directly to the QualityNet Secure Portal. For questions, contact the QualityNet Help Desk.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Use the PSVA tool - validates file structure only: <ol style="list-style-type: none"> 1. Log into PSVA tool using your <i>QualityNet</i> User ID and password. 	<input type="checkbox"/>

EHR Reports Overview Document

CY 2018 version posted on QualityReportingCenter.com under eCQM Resources IQR, will be posted on QualityNet.org under the eCQM Resources tab late summer 2018

**EHR Hospital Reports Available in *QualityNet Secure Portal*
Calendar Year (CY) 2018/Fiscal Year (FY) 2020 eCQM Reporting**

Frequently Asked Questions	Report Name	Report Purpose	Report File Type
Which report displays how the Quality Reporting Document Architecture (QRDA) Category I files were processed at the file level for electronic health record (EHR) reporting?	EHR Hospital Reporting – Submission Detail Report (R529)	File-level validation shows the conformance or error statements within rejected files.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report provides a summary of the total individual files (submitted within a batch file) that were accepted, deleted, or rejected?	EHR Hospital Reporting – Submission Summary Report (R528)	This is a summary report; therefore, the counts display every accepted, rejected, and deleted file submitted for the selected quarter. This count includes files that have been submitted more than once. NOTE: This report only evaluates if the measure template is in the file and should not be utilized to determine reporting success.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report can provide a summary level of measure performance calculations?	EHR Hospital Reporting – eCQM Performance Summary Report (R547)	Performance calculations (such as denominator and numerator populations), continuous variable observations, etc.	Generate for production QRDA Category I files through the feedback or submission report categories.
Which report tells me if our hospital's production file submissions are meeting the CMS definition of successful electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) Program and Promoting Interoperability (PI) Program for Hospitals?	EHR Hospital Reporting – eCQM Submission Status Report (R530)	The PI Program for Hospitals and Successful IQR-EHR Submission fields in this report indicate successful submission of eCQM reporting when a Y, for Yes, is displayed for each field. NOTE: The definition of successful submission is a combination of QRDA Category I files, zero denominator declarations, and/or case threshold exemptions reported via the <i>QualityNet Secure Portal</i> by the reporting deadline.	Generate for production QRDA Category I files only the feedback and submission report categories. NOTE: This is a snapshot in time. If the reporting changes in any way, re-generate the report for the most current status of the PI Program for Hospitals and IQR-EHR submission categories.
Which report is available to review measure calculations at the patient level, measure level, and for each episode of care?	EHR Hospital Reporting – eCQM Submission and Performance Feedback Report (R546)	The aforementioned measure calculations are available on accepted files and can be tracked by discharge quarter.	Generate for test and production QRDA Category I files (only available through the submission report category).

CY 2018 eCQM Self-Directed Tools and Resources for the Hospital IQR and Promoting Interoperability Programs

Self-Directed Tools and Resources – eCQI Resource Center and CMS.gov

eCQI Resource Center Website

<https://ecqi.healthit.gov/>

The screenshot shows the homepage of the eCQI Resource Center. At the top left is the logo "eCQI Resource Center" with the tagline "The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement." To the right is the CMS logo, "The Office of the National Coordinator for Health Information Technology". A blue navigation bar contains the following links: eCQM, EP/EC eCQMs, EH/CAH eCQMs (circled in red), Tools and Resources, eCQI Standards, Learn More About, and Contact Us. Below the navigation bar is a search bar with a "Search" button and a "Log" button. The main content area features a heading "Learn about eCQI resources and connect with the community of professionals who are dedicated to clinical quality improvement for better health". There are four main content boxes: 1. "eCQMs" with the text "The who, what, when, where, and why of electronic Clinical Quality Measures (eCQMs)". 2. "Education" with the text "A selection of educational materials and resources to broaden your eCQI knowledge". 3. "Eligible Hospital and Critical Access Hospital eCQMs" with a hospital icon and the text "eCQMs and supporting materials for use by Eligible Hospitals and Critical Access Hospitals". 4. "Eligible Professional and Clinician eCQMs" with a person icon and the text "eCQMs and supporting materials for use by Eligible Professionals and Clinicians". At the bottom left, there is a "Latest News" section with a date "Jun 28 2018" and a link "Reminder: Medicare PI Program Call for Measures Deadline is Tomorrow." At the bottom right, there is a link "View the full event calendar here."

Annual Update Implementation Checklist

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2

eCQI Resource Center
The one-stop shop for the most current resources to support **Electronic Clinical Quality Improvement**.

CMS The Office of the National Coordinator for Health Information Technology

eCQM EP/EC eCQMs EH/CAH eCQMs Tools and Resources eCQI Standards Learn More About Contact Us

eCQMs Eligible Hospital / Critical Access Hospital eCQMs

2018

2018 REPORTING PERIOD ELIGIBLE HOSPITAL / CRITICAL ACCESS HOSPITAL ECQMS [View Archive](#)

For Use	eCQM Materials	Published	File Type
2018 Q1-Q4	Implementation Checklist eCQM Annual Update		link
2018 Q1-Q4	eCQM Addendum Checklist		link
2018 Q1-Q4	Eligible Hospitals Table of eCQMs	May 2017	pdf
2018 Q1-Q4	eCQM Specifications for Eligible Hospitals	May 2017	zip
2018 Q1-Q4	eCQM Annual Update Pre-Publication Document	Mar 2017	pdf
2018 Q1-Q4	eCQM Value Sets Addendum	Sep 2017	link
2018 Q1-Q4	Binding Parameter Specification (BPS) Addendum	Sep 2017	zip
2018 Q1-Q4	eCQM Measure Logic Guidance v1.13	May 2017	pdf

Annual Update Implementation Checklist – VSAC Example

Contains Pre-Check and Checklist Items

Pre-Check

- 1) Signup for a [Unified Medical Language System \(UMLS\) account](#). This account will allow you to access the National Library of Medicine's (NLM) Value Set Authority Center (VSAC) to view all codes included in eCQM value sets.
- 2) Signup for a [JIRA account](#). This account allows you to submit issues regarding eCQM implementation and receive feedback. Key topic areas include the CQM Issue Tracker, Quality Data Model (QDM) Issue Tracker, Quality Reporting Document Architecture (QRDA) Issue Tracker, Bonnie Issue Tracker and Cypress Issue Tracker. Review [JIRA instructions](#).
- 3) Signup for eCQM page change notifications on the eCQI Resource Center. Signing up for an [eCQI Resource Center account](#) and subscribing to the [Eligible Professional/Eligible Clinician](#) and/or [Eligible Hospital](#) pages will provide you with alert when the EP or EH page has been updated.
- 4) Review the code versions used in the Annual Update (for example, SNOMED CT 2016-09) by reviewing the [eCQM Pre-Publication document](#) and the [VSAC download page](#)
 - Work with your coding department and health IT vendor to ensure your systems have been updated to the latest code versions
 - Some value sets contain "legacy codes." These codes will be inactive in the current code system version but will be considered active in one of the prior code system versions noted in the file.
- 5) Review the [eCQM Pre-Publication document](#) and [Standards and Tool versions](#) used in the Annual Update.
 - Work with your health IT vendor to ensure your systems are using updated technical standards and testing tools.
 - Prepare for using eCQMs by reviewing the Guide for Reading [eCQMs](#).

Annual eCQM
Value Set
Updates

Annual Update Implementation Checklist – VSAC Download Page

<https://vsac.nlm.nih.gov/welcome>

VSAC does not create value set content. The VSAC also provides downloadable access to all official versions of value sets specified by the Centers for Medicare & Medicaid Services (CMS) electronic Clinical Quality Measures (eCQMs). For information on CMS eCQMs, visit the [eCQI Resource Center](#). The VSAC is provided by the National Library of Medicine (NLM), in collaboration with the Office of the National Coordinator for Health Information Technology (ONC) and CMS.

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CMS eCQM Value Sets

eCQMs use data from electronic health records (EHR) and/or health information technology systems to measure health care quality. eCQM value sets specify terminology codes required for eCQM measurement and are updated by CMS one or more times each year.

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HL7 C-CDA Value Sets

Consolidated Clinical Document Architecture (C-CDA) value sets provide standardized terminology data elements for exchanging templated clinical information (e.g., Allergies, Encounters, Immunizations, Problems, Procedures, etc.) from electronic health records.

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CMS Hybrid Value Sets

Core Clinical Data Elements and Hybrid Measures use a set of core clinical data elements, clinical variables from electronic health records (EHRs), that are routinely collected and can be feasibly extracted for use in risk-adjusted hospital-level hybrid outcome measures. [Learn More](#)

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Measure Specifications – eCQI Resource Center

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2



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For Use	eCQM Materials	Published	File Type
2018 Q1-Q4	Implementation Checklist eCQM Annual Update		link
2018 Q1-Q4	eCQM Addendum Checklist		link
2018 Q1-Q4	Eligible Hospitals Table of eCQMs	May 2017	pdf
2018 Q1-Q4	eCQM Annual Update Pre-Publication Document	Mar 2017	pdf
2018 Q1-Q4	eCQM Specifications for Eligible Hospitals	May 2017	zip
2018 Q1-Q4	eCQM Value Sets Addendum	Sep 2017	link
2018 Q1-Q4	Binding Parameter Specification (BPS) Addendum	Sep 2017	zip

Measure Logic and CMS Implementation Guide (IG) related Items – eCQI Resource Center

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2

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eCQMs Eligible Hospital / Critical Access Hospital eCQMs

2018 Q1-Q4	Binding Parameter Specification (BPS) Addendum	Sep 2017	zip
2018 Q1-Q4	eCQM Measure Logic Guidance v1.13	May 2017	pdf
2018 Q1-Q4	Technical Release Notes (code system updates only) Addendum (pdf)	Jan 2018	pdf
2018 Q1-Q4	Technical Release Notes (code system updates only) Addendum (zip)	Oct 2017	zip
2018 Q1-Q4	Technical Release Notes Addendum (pdf)	Jan 2018	pdf
2018 Q1-Q4	Technical Release Notes Addendum (zip)	Oct 2017	zip
2018 Q1-Q4	CMS QRDA I Implementation Guide for Hospital Quality Reporting	Jul 2017	pdf
2018 Q1-Q4	CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting	Jan 2018	zip
2018 Q1-Q4	HL7 QRDA Category I Specifications	Jan 2017	link

**This is a voluntary measure and does not count toward eCQM submission*

Measure Name	CMS ID	NQF ID	Value Set

Promoting Interoperability Program Information

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

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Promoting Interoperability (PI) Programs

- [2016 Program Requirements](#)
- [2017 Program Requirements](#)
- [2018 Program Requirements Medicare](#)
- [2018 Program Requirements Medicaid](#)
- [2018 Call For Measures](#)
- [Educational Resources](#)
- [Payment Adjustments & Hardship Information](#)
- [Registration & Attestation](#)
- [Audits and Appeals Overview](#)
- [Data and Program Reports](#)
- [Medicare and Medicaid Promoting](#)

Promoting Interoperability (PI)

CMS is dedicated to improving interoperability and patients' access to health information. To better reflect this focus, we are renaming the EHR Incentive Programs to the Promoting Interoperability (PI) Programs. Through this rulemaking, we are also streamlining the programs to reduce the time and cost required of providers to participate. Stay tuned for more information. To find out more on how this rulemaking affects Medicare eligible clinicians participating in the Promoting Interoperability (formerly Advancing Care Information) performance category of the Merit-based Incentive Payment System, visit the Quality Payment Program website at <https://qpp.cms.gov/>.

Latest News

- CMS recently released the Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment System and Long Term Acute Care Hospital Prospective Payment System Proposed Rule, and Request for Information. Click [here](#).
- CMS' [Annual Call for Measures](#) for eligible hospitals and critical access hospitals (CAHs) participating in the PI Programs is now open. CMS is encouraging stakeholders to identify and submit measures to be considered for inclusion in rulemaking in calendar year (CY) 2019. Measure implementation will be optional in CY 2020 but required beginning in CY 2021. Submit a measure proposal [submission form](#) by June 29, 2018.
- Now Available: CMS' eCQM annual update for calendar year (CY) 2018 reporting. For more information, the

Support Resources

Topic	Who to Contact?	How to Contact?
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 https://cms-ip.custhelp.com
Promoting Interoperability Program (previously known as the EHR Incentive Program) (objectives, attestation, and policy)	<i>QualityNet</i> Help Desk	(866) 288-8912 qnetsupport@hcqis.org
<ul style="list-style-type: none"> eCQM Specifications (code sets, measure logic, and measure intent) QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons) 	ONC JIRA Issue Trackers	eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary
<i>QualityNet Secure Portal</i> (reports, PSVA tool, uploading data, and troubleshooting file errors)	<i>QualityNet</i> Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM Data Validation	Validation Support Team	Validation@hcqis.org or https://cms-ip.custhelp.com

CY 2018 eCQM Self-Directed Tools and Resources for the Hospital IQR
and Promoting Interoperability Programs

Question and Answer Session

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