



Hospital IQR Program: Summary of Changes for CY 2021 Reporting Period/FY 2023 Payment Determination

EHR-Based Clinical Process of Care Measures (eCQMs)

QRDA Category I File Identification – Five Key Elements

CMS finalized the addition of the EHR Submitter ID to the four key elements for a total of five key elements:

- CMS Certification Number (CCN)
- CMS Program Name
- EHR Patient ID
- Reporting Period specified in the Reporting Parameters Section
- **EHR Submitter ID**

The *Hospital Quality Reporting* system assigns the EHR Submitter ID to submitters registering for system access to upload QRDA Category I files.

- Vendor EHR Submitter ID = Vendor ID
- Hospitals EHR Submitted ID = CCN

Certification and File Format Requirements of Hybrid Measures

CMS finalized the policy that requires hospitals to using EHR technology certified to the Office of the National Coordinator (ONC) for Health Information Technology’s 2015 Edition certification standards or the [2015 Edition Cures Update](#) to submit data on the Hybrid Hospital-Wide Readmission measure and to expand this requirement to apply to any future hybrid measures that are adopted into the Hospital IQR Program measure set.

Form, Manner, and Timing of eCQM Data Submission

CMS finalized the proposal to progressively increase reporting quarters for eCQMs. This table outlines the finalized eCQM reporting and submission requirements:

CY Reporting Period/FY Payment Determination	Number of Calendar Quarters to Report	Number of Measures to Report On Each Quarter
CY 2021/FY 2023	Two self-selected quarters	Four self-selected eCQMs
CY 2022/FY 2024	Three self-selected quarters	3 self-selected eCQMs + Safe Use of Opioids eCQM
CY 2023/FY 2025 and beyond	Four quarters	3 self-selected eCQMs + Safe Use of Opioids eCQM

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program.

Publicly Reporting eCQMs

CMS finalized the proposal to begin publicly reporting eCQM data, beginning with the eCQM data that are reported by hospitals for the CY 2021 reporting period and for subsequent years.

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These data could be made available to the public as early as the fall of 2022. As with other Hospital IQR Program measures, hospitals would have the opportunity to review their data before they are made public during the 30-day preview period.

Validation

Overview of Finalized Validation Changes

CMS will incrementally combine the validation process for chart-abstracted measure data and eCQM data, including the related policies in a stepwise process. These incremental changes to CMS data validation affect FY 2023 and FY 2024 payment determinations.

Validation Changes Affecting FY 2023 Payment Determination

Instead of validating chart-abstracted measure data from Q3 2020 through Q2 2021, as per the current process, CMS will instead validate measure data only from Q3 and Q4 of 2020. CMS will not require facilities to submit data for chart-abstracted validation for Q1 and Q2 2021 for FY 2023 payment determination. The eCQM validation quarters will remain unchanged, still validating CY 2020 data for the FY 2023 payment determination.

Finalized Updates to Quarters Required for Validation Affecting the FY 2023 Payment Determination	
Measures Submitted	Required Quarters of Data Validation
Chart-Abstracted Measures	Q3 2020 – Q4 2020
eCQMs	Q1 2020 - Q4 2020

Validation Changes Affecting FY 2024 Payment Determination

For the FY 2024 payment determination, to align data submission quarters, CMS will use Q1 through Q4 data of the applicable calendar year for validation of both chart-abstracted and eCQM measures.

Quarter Alignment Used for Validation Affecting the FY 2024 Payment Determination	
Measures Submitted	Required Quarters of Data Validation
Chart-Abstracted Measures	Q2 2021 – Q4 2021
eCQMs	Q1 2021 - Q4 2021

Beginning with the FY 2024 payment determination, CMS finalized one single sample of hospitals to be selected through random selection and one sample of hospitals to be selected using targeting criteria for both chart-abstracted measures and eCQMs. Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for both chart-abstracted measures and eCQMs. CMS has also finalized a reduction in the total number of randomly selected hospitals from 400 to up to 200.

Validation Process Beginning with Validation Affecting FY 2024 Payment Determination		
Submission Process	Number of Hospitals	Measure Type
Random Selection	Up to 200	Chart-Abstracted and eCQM
Targeted Selection	Up to 200	Chart-Abstracted and eCQM

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Total:	Up to 400	Chart-Abstracted and eCQM
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Beginning with the FY 2024 payment determination, CMS has finalized a combined validation score. This single score will reflect a weighted combination of the hospital’s validation performance for chart-abstracted clinical processes of care measures and eCQMs. The eCQM portion of the combined agreement rate will be multiplied by a weight of 0 percent and chart-abstracted measure agreement rate will be weighed at 100 percent. Although the accuracy of eCQM data and the validation of measure reporting will not affect payment at this time, hospitals will pass or fail the eCQM validation criteria based on the timely and complete submission of at least 75 percent of the records CMS requests.

Finalized Process for Validation Affecting FY2024 Payment Determination and Subsequent Years		
	Quarters of Data Required for Validation	Payment Determination Criteria
<p style="text-align: center;">COMBINED Process: (Chart-abstracted and eCQM validation):</p> <p style="text-align: center;">Up to 200 Random Hospitals + Up to 200 Targeted Hospitals</p>	<p>Q1 2021 – Q4 2021</p>	<p style="text-align: center;">Chart-abstracted Measures: At least 75% validation score (weighted at 100%) AND eCQM: Successful submission of at least 75% of required medical records</p>

Beginning with the FY 2024 payment determination and Q1 of 2021, hospitals will be required to submit PDF copies of medical records using direct electronic file submission via Managed File Transfer (MFT).

CMS has finalized an increase in the number of eCQM cases randomly selected for validation, in a stepwise fashion, relative to the eCQM reporting requirements. As the number of reporting quarters for eCQMs increases, the case selection for validation will also increase. The number of cases randomly selected per quarter remains steady at eight, but the total number of cases selected in each CY will increase relative to the number of reported quarters.

Total # of eCQM Reporting Quarters	Total # of eCQM Cases for Validation (8 cases/quarter)	Validation FY Payment Determination	Reporting CY
1	8	2023	2020
2	16	2024	2021
3	24	2025	2022
4	32	2026	2023

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Acronyms

CCN	CMS Certification Number	FY	fiscal year
CMS	Centers for Medicare and Medicaid Services	ID	Identification
CQM	clinical quality measure	IQR	Inpatient Quality Reporting
CY	calendar year	PDF	portable document format
EHR	electronic health record	Q	quarter
eCQM	electronic clinical quality measure	QRDA	Quality Reporting Document Architecture