Hospital Inpatient Quality Reporting (IQR) and Medicare Promoting Interoperability Programs

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

**Calendar Year (CY) 2024 Preparation Checklist for Electronic Clinical Quality Measure (eCQM) Reporting** **Quality Reporting Document Architecture (QRDA) Category I Test or Production File(s) Submission Instructions for the Hospital Quality Reporting (HQR) System**
Due	**Task**

January 2024	To successfully submit CY 2024 eCQM data, hospitals participating in the Hospital IQR Program* and the Medicare Promoting Interoperability Program** must:
	☐ **Submit** four (4) quarters of CY 2024 data by the submission deadline of Friday, February 28, 2025, 11:59 p.m. Pacific Time (PT), for the following:
	  • Three (3) CMS-selected eCQMs: Safe Use of Opioids-Concurrent Prescribing, Cesarean Birth (electronic Perinatal Care [ePC]-02), and Severe Obstetric Complications (ePC-07) AND
	  • Three (3) self-selected eCQMs from the CY 2024 Available eCQMs Table
	Each quarter must contain the same six (6) eCQMs: three (3) self-selected eCQMs, plus all three (3) of the CMS-selected eCQMs
	☐ **Confirm** health information technology (Health IT) is certified by the Office of the National Coordinator of Health IT to the 2015 Edition Cures Update criteria. To ensure the edition is certified to report all available eCQMs, visit the Certified Health IT Product List.
	☐ **Confirm** the QRDA Category I file(s) are constructed per the most current CY 2024 requirements, such as the CMS QRDA Category I HQR Implementation Guide and the associated Schematrons and sample files posted on the eCQI Resource Center.
	  • CMS is expecting one QRDA Category I file per patient, per <u>quarter</u>, with 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 2024 Deadline: 2/28/2025 11:59 p.m. PT	☐ **Visit** the HQR system log in page and sign into the HQR system using your Health Care Quality Information Systems Access Roles and Profile account. • Complete two-factor authentication. Enter the security code. ☐ **Review** Navigation Menu on the landing page to perform actions in the HQR system. ☐ **Go to** the dashboard menu to complete the steps on the next page.

*The submission of CY 2024 eCQM data will affect the FY 2026 payment determination.

**The submission of CY 2024 eCQM data will affect the FY 2026 payment determination for eligible hospitals and the FY 2024 payment determination for critical access hospitals.

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 Hospital IQR Program Support Team at (844) 472-4477 or the Quality Question and Answer Tool for information about the Hospital IQR Program and the Extraordinary Circumstances Exceptions Process. Submit questions about the Medicare Promoting Interoperability Program and Hardship Exception Process to the Quality Question and Answer Tool.

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CY 2024 Preparation Checklist for eCQM Reporting
QRDA Category I Test or Production File(s) Submission Instructions for the HQR System
Submission Deadline: 2/28/2025 11:59 p.m. PT

☐ **Upload Test and Production QRDA Category I files.**
  1. Click Data Submissions. Locate the eCQM tab. Click on File Upload. Select Test or Production.
  2. Click on Select Files 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 tab to review your file submissions.
  3. Select IQR/PI. Select the submission type, Test or Production. Click the Select button. Click Change Selection to refresh the page.
  4. Once the uploaded file status says Ready, download errors for each batch as a CSV report.

☐ **Review the Submission Accuracy tab. Locate rejected files for revision and resubmission.**
  1. Click on the Accuracy tab. Select IQR/PI. Select the submission type, Test or Production. Select the quarter. Click the Select button. 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 displaying in the table below. A purple banner will display on the selected card.
  3. You can click on the Export Results button to download the results as a CSV report.

☐ **Review Outcomes Submission Results to determine how the episodes of care were evaluated.**
  1. Click on the Outcomes tab. Select IQR/PI. Select the submission type, Test or Production. Select the quarter. Select a specific measure or all measures. Click the Select button. Click Change Selection to refresh the page.
  2. The user interface (UI) will display the evaluated episodes for each patient file, which you can export as a CSV report.
  3. Click the asterisk next to the patient file to view measure logic details for the test and/or production files.
  4. A performance summary will display for production files only. To view the performance summary for all measures, click the View Summary button. You can export this summary as a CSV report.

☐ **Generate the Program Credit Report(s). (The HQR system will default to Q4 2024).**
  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 the Select button. 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.

☐ **Enter Denominator Declarations, if they apply. (The HQR system will default to Q4 2024).**
  1. Click on Data Submissions. Click on Data Form. Launch the IQR/PI Denominator Declaration Data Form.
  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 I'm Ready to 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.