CY 2023 eCQM Reporting and Data Submission Updates

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Purpose

This presentation provides hospitals and vendors with a high-level overview of eCQM reporting requirements and system changes for the calendar year (CY) 2023 reporting period.

Learning Objectives

Participants will be able to:

- Summarize the CY 2023 eCQM reporting requirements for the Hospital Inpatient Quality Reporting (IQR) and Medicare Promoting Interoperability Programs.
- Identify new eCQM user interface features available in the CMS' Hospital Quality Reporting (HQR) system.
- Locate and use tools to assist with data submission.

Acronyms and Abbreviations

CAH	critical access hospital	**HARP**	Healthcare Quality Information System Access Roles and Profile
CCN	CMS Certification Number	**HH**	Hospital Harm
CCSQ	Center for Clinical Standards and Quality	**HQR**	Hospital Quality Reporting
CEHRT	Certified EHR Technology	**IPP**	Initial Patient Population
CMS	Centers for Medicare & Medicaid Services	**IQR**	inpatient quality reporting
CSV	Comma-Separated Value	**ONC**	Office of the National Coordinator for Health Information Technology
CY	calendar year	**PC**	Perinatal Care
ECE	Extraordinary Circumstances Exception	**Q**	quarter
eCQI	electronic clinical quality improvement	**QRDA**	Quality Reporting Document Architecture
eCQM	electronic clinical quality measure	**STK**	stroke
ePC	electronic Perinatal Care	**VIQR**	Value, Incentives, and Quality Reporting
ED	emergency department	**VTE**	venous thromboembolism
EHR	electronic health record		

CY 2023 eCQM Reporting Overview

eCQM Reporting Requirements CY 2022 vs. CY 2023

	CY 2022	CY 2023
eCQM Measure Set	**9** available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2 **+** **Mandatory:** Safe Use of Opioids-Concurrent Prescribing	**13** available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2, ePC-02, ePC-07, HH-01, HH-02 **+** **Mandatory:** Safe Use of Opioids–Concurrent Prescribing
Total number of eCQMs to report per quarter	**3** self-selected eCQMs (must be same across quarters) **+** **Mandatory:** Safe Use of Opioids-Concurrent Prescribing	**3** self-selected eCQMs (must be same across quarters) **+** **Mandatory:** Safe Use of Opioids-Concurrent Prescribing
Total number of quarters to report per CY	**3** self-selected quarters	**All 4 quarters**
Certified Electronic Health Record Technology (CEHRT)	• 2015 Edition • 2015 Edition Cures Update • Combination of both (CY 2022 was the final year to use 2015 Edition certification criteria.)	**2015 Edition Cures Update**

CY 2023
eCQM Reporting Requirements

Program	Hospital IQR Program* Medicare Promoting Interoperability Program**
Reporting Period	January 1, 2023 – December 31, 2023
Annual Submission Deadline	February 29, 2024, 11:59 p.m. Pacific Time
eCQM Measure Set	13 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2, ePC-02, ePC-07, HH-01, HH-02, and Safe Use of Opioids–Concurrent Prescribing***
Total number of eCQMs per quarter	3 self-selected eCQMs plus Safe Use of Opioids–Concurrent Prescribing eCQM***
Total number of quarters to report per calendar year	4 quarters (Q1, Q2, Q3 and Q4 of 2023) (eCQMs must be the same across quarters)
CEHRT	2015 Edition Cures Update

*The submission of CY 2023 eCQM data will affect the fiscal year (FY) 2025 payment determination.
**The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and affect the FY 2023 payment determination for critical access hospitals (CAHs).
***Mandatory for the CY 2023 reporting period and subsequent years

CY 2023 eCQM Measure Set

Mandatory **Safe Use of Opioids – Concurrent Prescribing*** *(CMS506v5)*	
ePC-02* *(CMS334v4)* Cesarean Birth	**ePC-07*** *(CMS1028v11)* Severe Obstetric Complications
HH-01 *(CMS816v2)* Hospital Harm - Severe Hypoglycemia	**HH-02** *(CMS871v2)* Hospital Harm – Severe Hyperglycemia
ED-2** *(CMS111v11)* Admit Decision Time to ED Departure Time for Admitted Patients	**PC-05**** *(CMS9v11)* Exclusive Breast Milk Feeding
STK-02 *(CMS104v11)* Discharged on Antithrombotic Therapy	**STK-03** *(CMS71v12)* Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05 *(CMS72v11)* Antithrombotic Therapy By the End of Hospital Day 2	**STK-06**** *(CMS105v11)* Discharged on Statin Medication
VTE-1 *(CMS108v11)* Venous Thromboembolism Prophylaxis	**VTE-2** *(CMS190v11)* Intensive Care Unit Venous Thromboembolism Prophylaxis

*This eCQM is mandatory for the CY 2024 reporting period.
**This eCQM will be removed from the measure set beginning with the CY 2024 reporting period.

CY 2023 Certification and Specification Policies

- Use Health Information Technology certified by the Office of the National Coordinator for Health Information Technology (ONC) to the 2015 Edition Cures Update criteria.
  - Visit ONC's 21st Century Cures Act final rule.
- Electronic Health Records (EHRs) are certified to all available eCQMs.
- eCQM specifications published in the CMS eCQM Annual Update for CY 2023 are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center's Eligible Hospital/Critical Access Hospital eCQMs page.
- 2023 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting: https://ecqi.healthit.gov/qrda

CY 2023 QRDA Category I File Format Expectations

- CMS expects one QRDA Category I file, per patient, per quarter.
- Each QRDA Category I file should include all measures applicable to that patient, and all episodes of care that are applicable to the measures being reported in that reporting quarter.
- Maximum individual file size is 10 megabytes.
- Upload files by ZIP file (.zip).
- The maximum number of QRDA Category I files within the zip file is 14,999.
  - Hospitals may submit more than one zip file.
  - Batches may contain QRDA files from different quarters.
  - Quarters cannot be combined within the same QRDA Category I file.

CY 2023 QRDA Category I File Identification – Five Key Elements

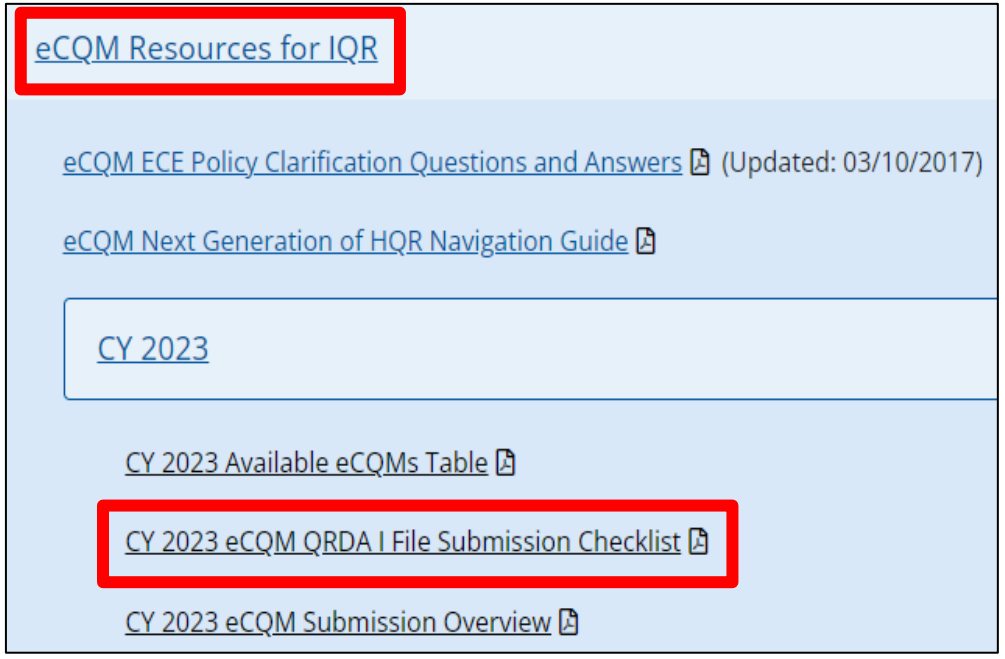
Succession Management *(applies to production file submissions only)*	
Element	**Example**
CMS Certification Number	CCN
CMS Program Name	HQR_PI or HQR_IQR or HQR_PI_IQR
EHR Patient ID	Up to 256 characters in length (numbers/letters)
Reporting Period	For Quarter 1: Low Value – "20230101" High Value –"20230331"
EHR Submitter ID	Hospitals – CCN Vendors – Vendor ID The *Hospital Quality Reporting (HQR) Secure Portal* 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 Submitter ID = CCN

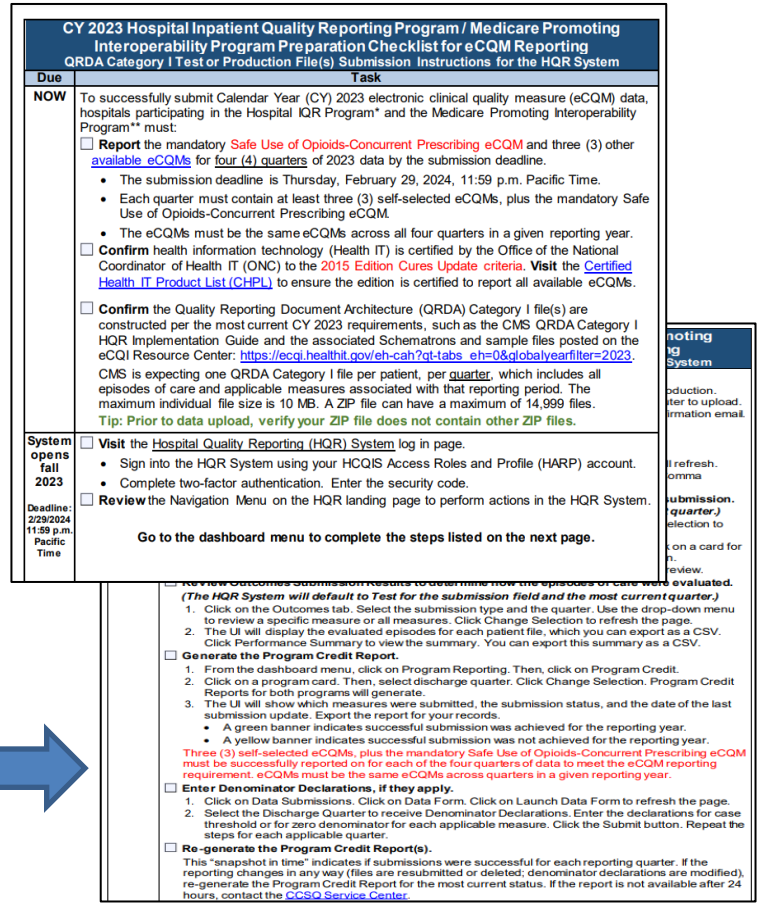
CY 2023 eCQM Reporting and Data Submission Updates

Preparing to Submit eCQM data

Before You Start: Download the CY 2023 eCQM QRDA Category I Submission Checklist

Visit Resources and Tools page on QualityReportingCenter.com.





CY 2023 Hospital Inpatient Quality Reporting 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
NOW	To successfully submit Calendar Year (CY) 2023 electronic clinical quality measure (eCQM) data, hospitals participating in the Hospital IQR Program* and the Medicare Promoting Interoperability Program** must: ☐ **Report** the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for four (4) quarters of 2023 data by the submission deadline. • The submission deadline is Thursday, February 29, 2024, 11:59 p.m. Pacific Time. • Each 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 four quarters in a given reporting year. ☐ **Confirm** health information technology (Health IT) is certified by the Office of the National Coordinator of Health IT (ONC) to the 2015 Edition Cures Update criteria. **Visit** the Certified Health IT Product List (CHPL) to ensure the edition is certified to report all available eCQMs. ☐ **Confirm** the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the most current CY 2023 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?qt-tabs_eh=0&globalyearfilter=2023. CMS is expecting one QRDA Category I file per patient, per quarter, 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. **Tip: Prior to data upload, verify your ZIP file does not contain other ZIP files.**
System opens fall 2023 Deadline: 2/29/2024 11:59 p.m. Pacific Time	☐ **Visit** the Hospital Quality Reporting (HQR) System log in page. • Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account. • Complete two-factor authentication. Enter the security code. ☐ **Review** the Navigation Menu on the HQR landing page to perform actions in the HQR System. **Go to the dashboard menu to complete the steps listed on the next page.**

(The HQR System will default to Test for the submission field and the most current quarter.)
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.

☐ **Generate the Program Credit Report.**
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 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.
   - 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.

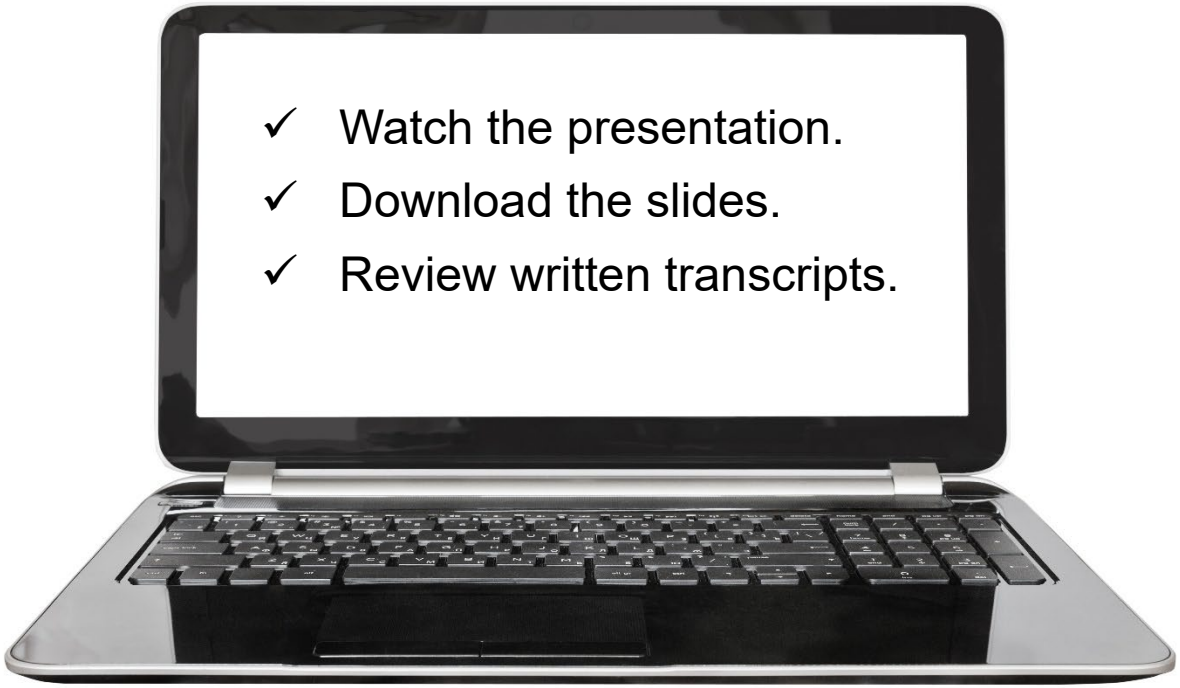
Three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM must be successfully reported on for each of the four quarters of data to meet the eCQM reporting requirement. eCQMs must be the same eCQMs across quarters in a given reporting year.

☐ **Enter Denominator Declarations, if they apply.**
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.

☐ **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.

Step-by-Step Process To Submit eCQM Data

- Visit QualityReportingCenter.com.
- Locate the eCQM Archived Events page.
- Watch demonstration in the November 29, 2022, CY 2022 eCQM Reporting and Data Submission Process webinar.



Steps to Submit CY 2023 eCQM Data

- Log Into the HQR System through Healthcare Quality Information System Access Roles and Profile (HARP) at https://hqr.cms.gov.
- Access the HQR Landing Page.
- Verify User and Vendor Permissions.
- Upload QRDA Category I Files.
- Review Data Results.
  - File Upload History User Interface and Export
  - eCQM Submission Accuracy User Interface and Export
  - Measure Results Outcomes User Interface and Export
- Generate the Program Credit Report.
- Visit Denominator Declaration User Interface, if applicable.
- Regenerate the Program Credit User Interface to Confirm Successful eCQM Reporting.

Denominator Declarations

Hospital IQR Program and Medicare Promoting Interoperability Program		
	Case Threshold Exemption	Zero Denominator Declaration
Criteria	A hospital's EHR system is certified to report the eCQM. **AND** Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter.	A hospital's EHR system is certified to report the eCQM. **AND** A hospital does not have any patients that meet the denominator criteria of that CQM.
Other	• The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program. • Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose. • Case threshold exemptions are entered on the Denominator Declaration screen within the HQR System.	• The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for the Medicare Promoting Interoperability Program and the Hospital IQR Program. • Zero denominator declarations are entered on the Denominator Declaration screen within the HQR System.

Successful eCQM Submission for CY 2023 Reporting

- To successfully submit the required eCQMs based on program year for the Hospital IQR Program and the Medicare Promoting Interoperability Program, report eCQMs as any combination of the following:
  - Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
  - Zero denominator declarations
  - Case threshold exemptions
- In all cases, a hospital is required to use an EHR that is certified to report on the selected measure(s).
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into CEHRT for capture and reporting QRDA Category I files.

Note: Submission of eCQMs does **not** complete program requirements. Hospitals participating in the Hospital IQR Program are still responsible for all required chart-abstracted, web-based, and claims-based measures. Hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program are still responsible to report required objectives and measures.

Best Practices for eCQM Reporting

- Designate at least two QualityNet Security Officials.
- Update the Hospital Contact Change Form to inform the Inpatient VIQR Support Contractor for the Hospital IQR Program about key personnel changes (e.g., CEO and quality reporting contact).
- Confirm your HQR User Roles and vendor permissions to submit data.
- Submit QRDA Category I files to the HQR system, early and often.
- Join the Listserve group to receive Email Notifications on eCQM reporting for the Hospital IQR and Medicare Promoting Interoperability Programs.

HQR System Updates

eCQM User Interface Updates

- Data Submissions – Denominator Declaration Form

  We anticipate changes to the data form for denominator declarations due to voluntary reporting of eCQMs in the Hospital Outpatient Quality Reporting Program.

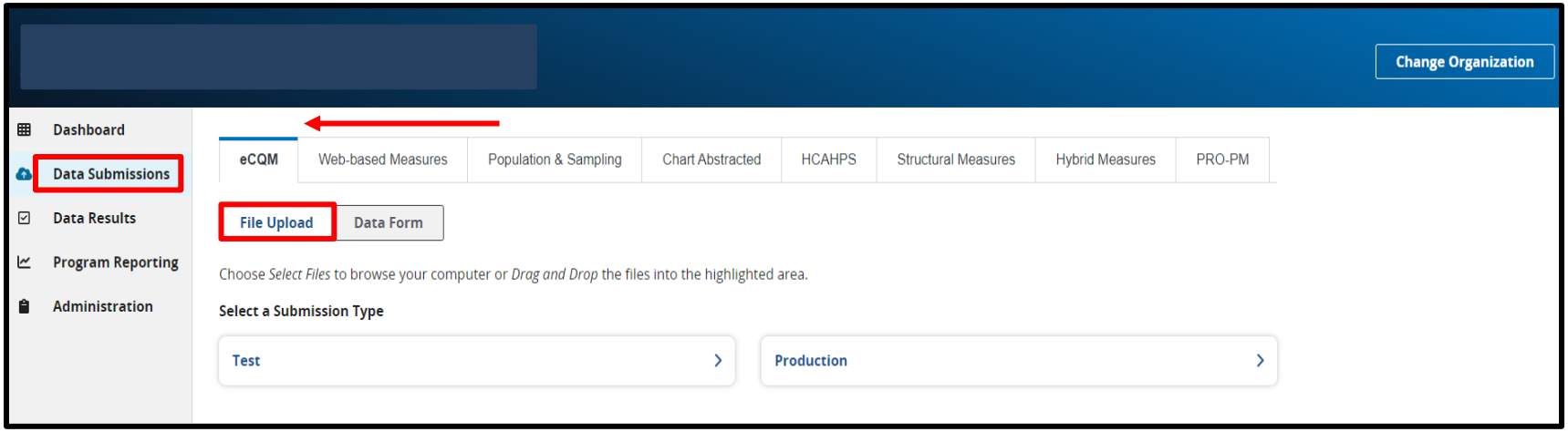
- Data Results
  - New drop-down options:
    Program, Submission, Quarter and Measure
  - New Measure Outcomes Feedback Module displays measure logic details for each episode of care.
  - eCQM Performance Summary Module displays measure outcomes and performance score with succession management
- Program Reporting – Program Credit Report
  - Updated to reflect CY 2023 requirements

Data Submissions: QRDA Category I Files

To upload QRDA Category I files, click on the eCQM tab located at the top.

1. Click on File Upload.
2. Select Submission Type as Test or Production.

Note: These submission steps will change beginning with voluntary eCQM reporting in the Hospital Outpatient Quality Reporting Program. Users will be required to select the applicable program prior to submission.

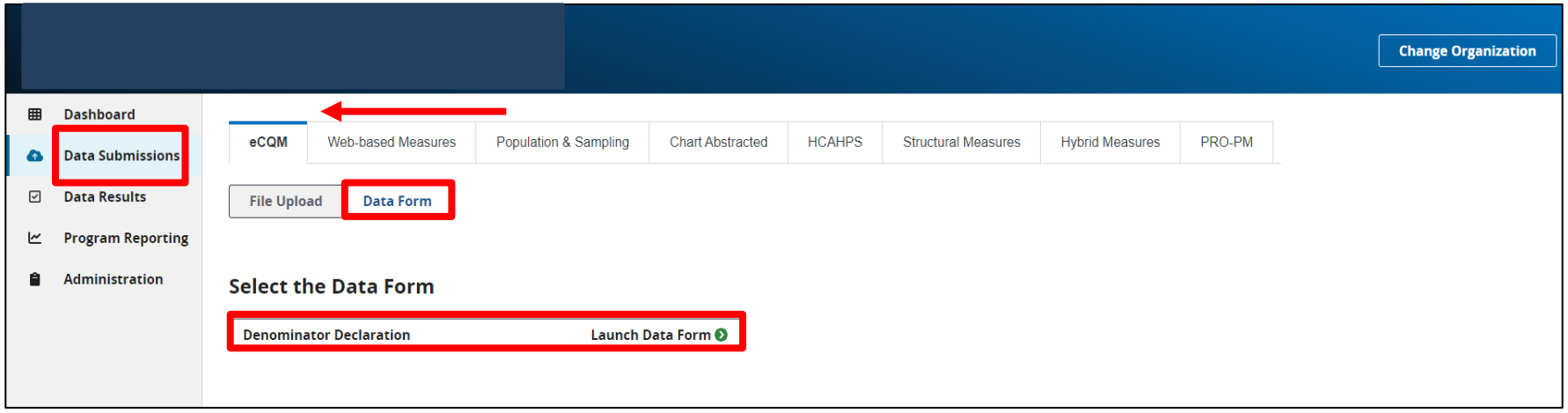


Data Submissions: Denominator Declarations

To submit denominator declarations, click on the eCQM tab at the top.

1. Click on the Data Form box.
2. Launch the Denominator Declaration form (green arrow).

Note: These submission steps will change beginning with voluntary eCQM reporting in the Hospital Outpatient Quality Reporting Program. Users will be required to launch the form for the applicable program.



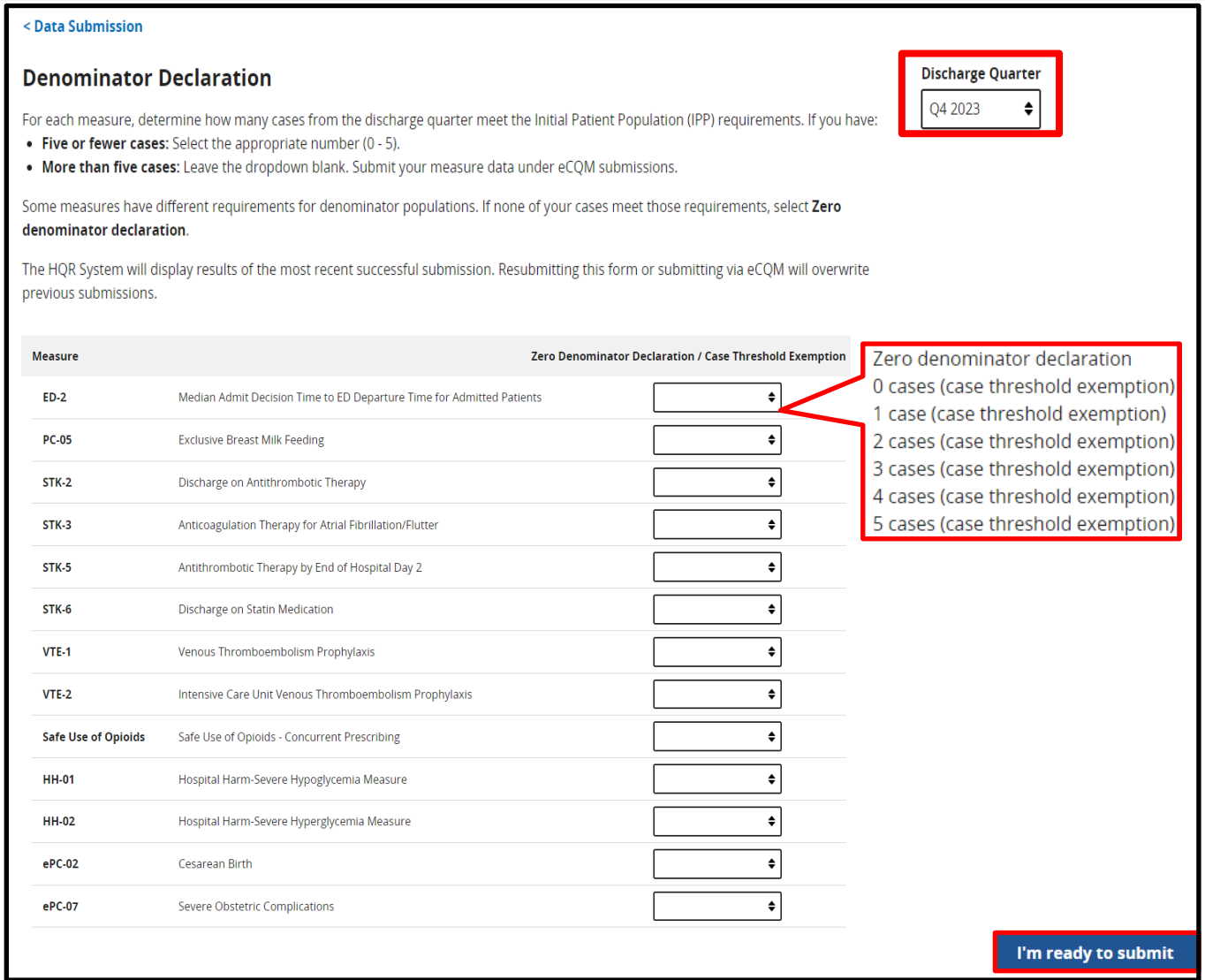
Data Submissions: Denominator Declarations

Launch the Denominator Declaration data form to submit zero denominator declarations and/or case threshold exemptions for any applicable quarter(s) and measure(s).

1. Select the Discharge Quarter. (System defaults to Q4 2023.)
2. For each applicable measure, select the declaration:
   - Zero denominator declaration
   - Case threshold exemption (0 – 5 cases)
3. Click on the blue “I’m ready to submit” button located at the bottom.
4. To modify denominator declarations, verify Discharge Quarter, and click on the Edit button under the green banner.

Note: Submitting QRDA Category I files or resubmitting this form will overwrite previous submissions.

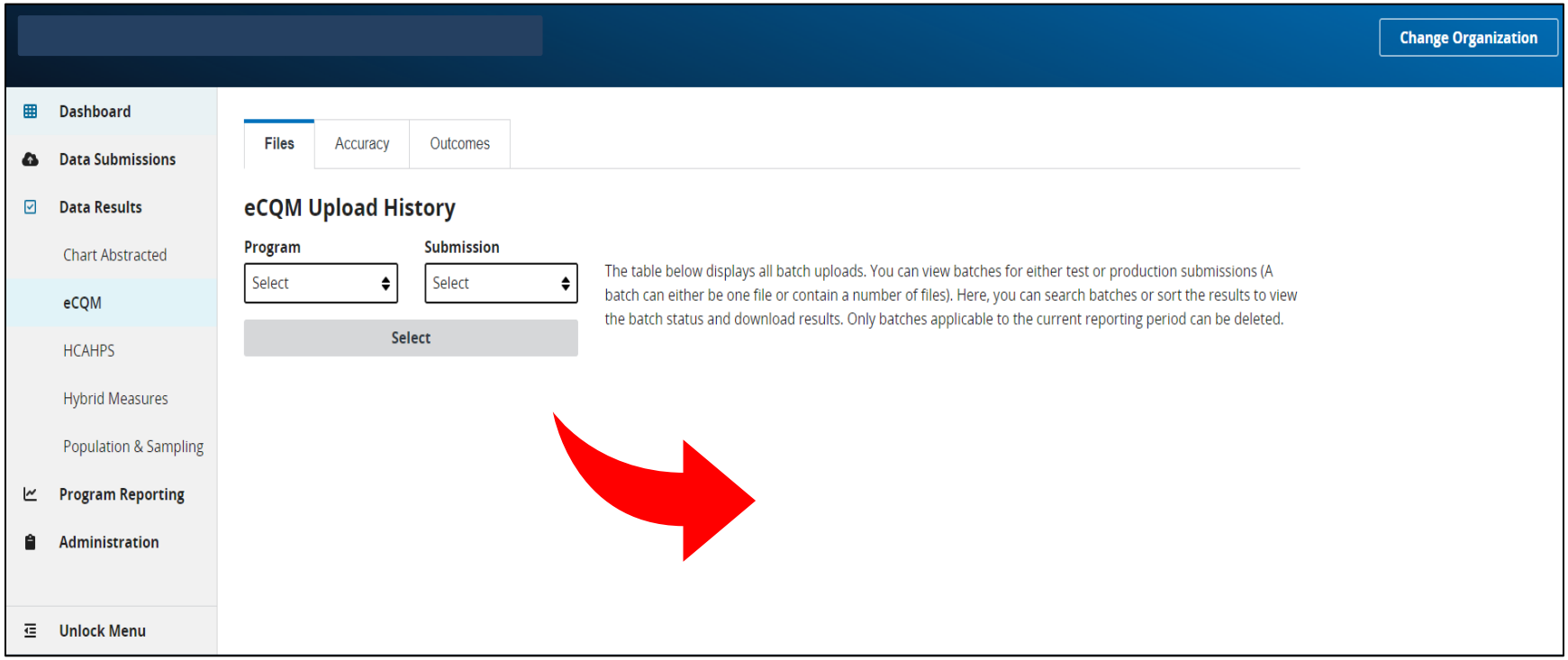
Data Submissions: Denominator Declarations



Data Results: Files Tab

To review files at the batch level, click on the Files Tab at the top.

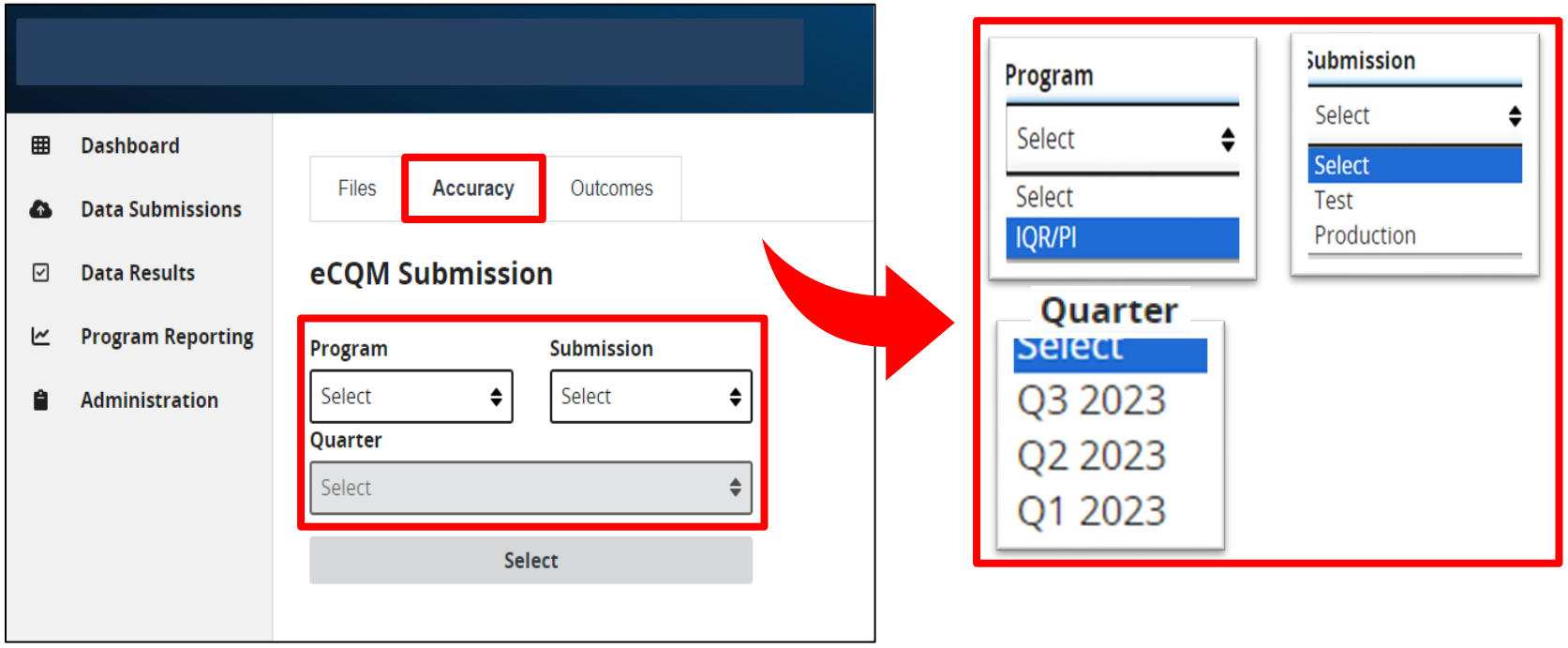
1. Select Program IQR/PI.
2. Select Submission file type as Test or Production.
3. Click on the blue Select button.



Data Results: Accuracy Tab

To review individual files, click on the Accuracy Tab at the top.

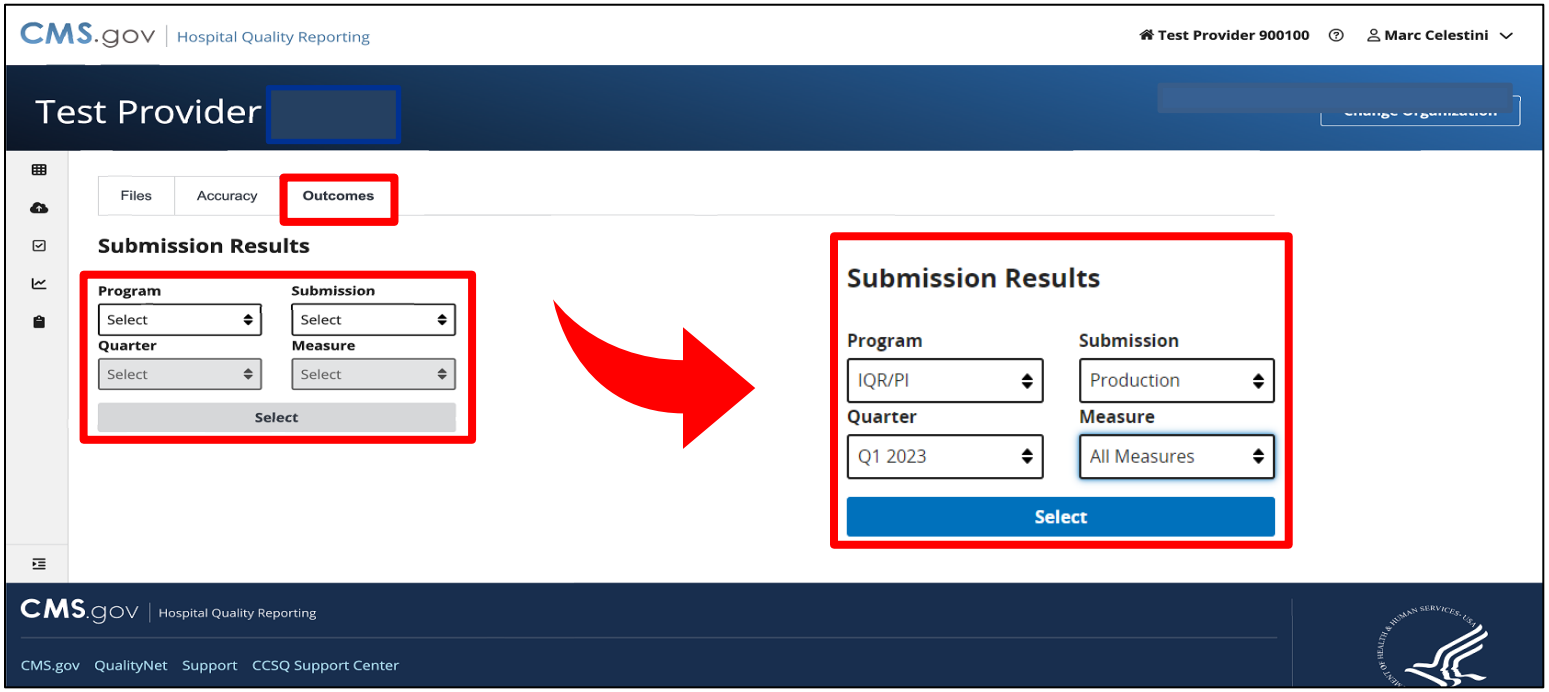
1. Select Program IQR/PI.
2. Select Submission file type as Test or Production.
3. Select Quarter.
4. Click on the blue Select button.



Data Results: Outcomes Tab

To review how measure logic evaluates episodes of care, click on the Outcomes Tab.

1. Select Program IQR/PI.
2. Select Submission file type as Test or Production.
3. Select Quarter.
4. Select Measure.
5. Click on the blue Select button.

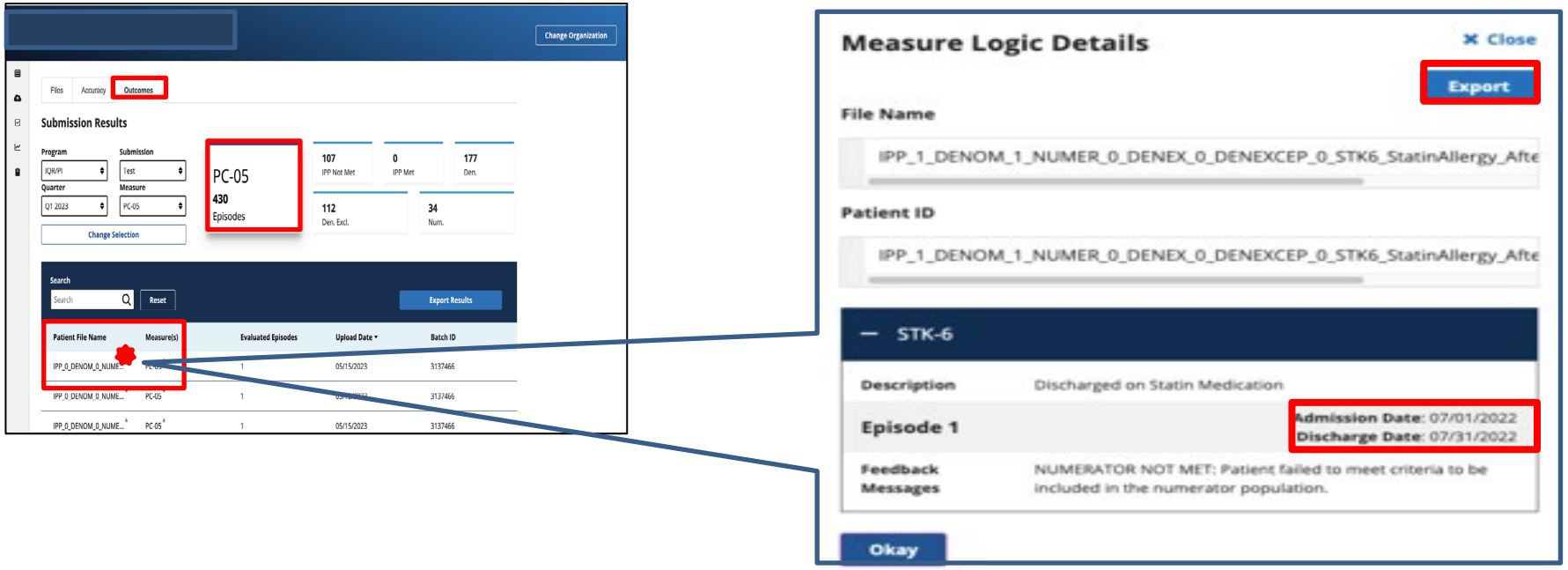


Data Results: Measure Outcomes Feedback Module

Users can review measure logic details for each episode of care.

1. From drop-down boxes, confirm your selections.
2. Click on the desired card at the top. (The card will display a purple banner.)
3. Under Patient File Name column in the table below, click asterisk (*) after file name.
4. A pop-up box will display admission and discharge dates for each Episode of Care.
5. Click on the blue Export button to view details as a CSV.

Note: This feature is available for test and production file submissions.

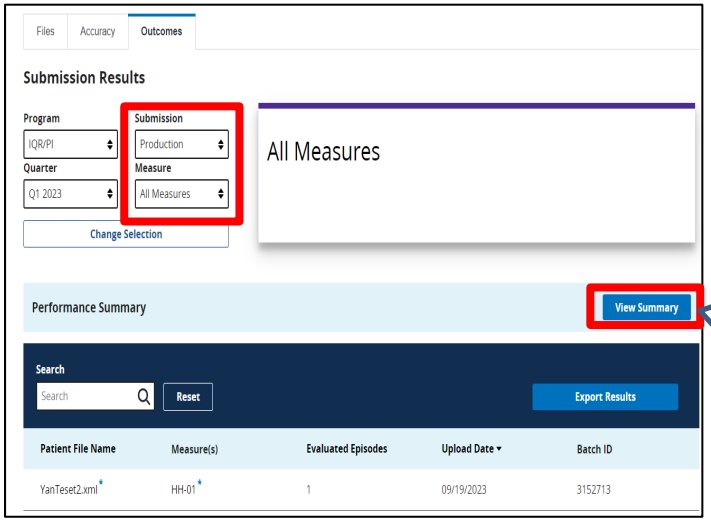


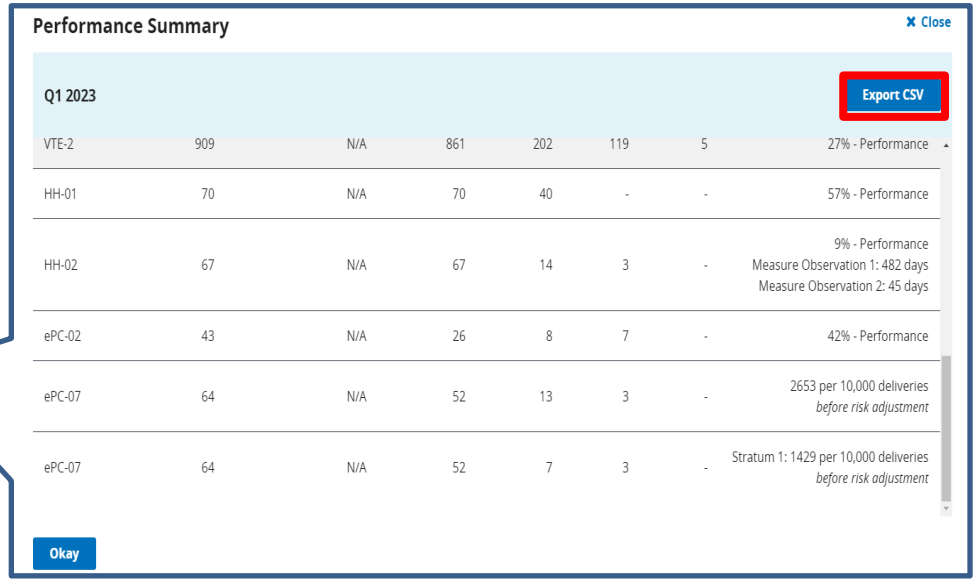
Data Results: Performance Summary Module

Users can view the performance summary for All Measures.

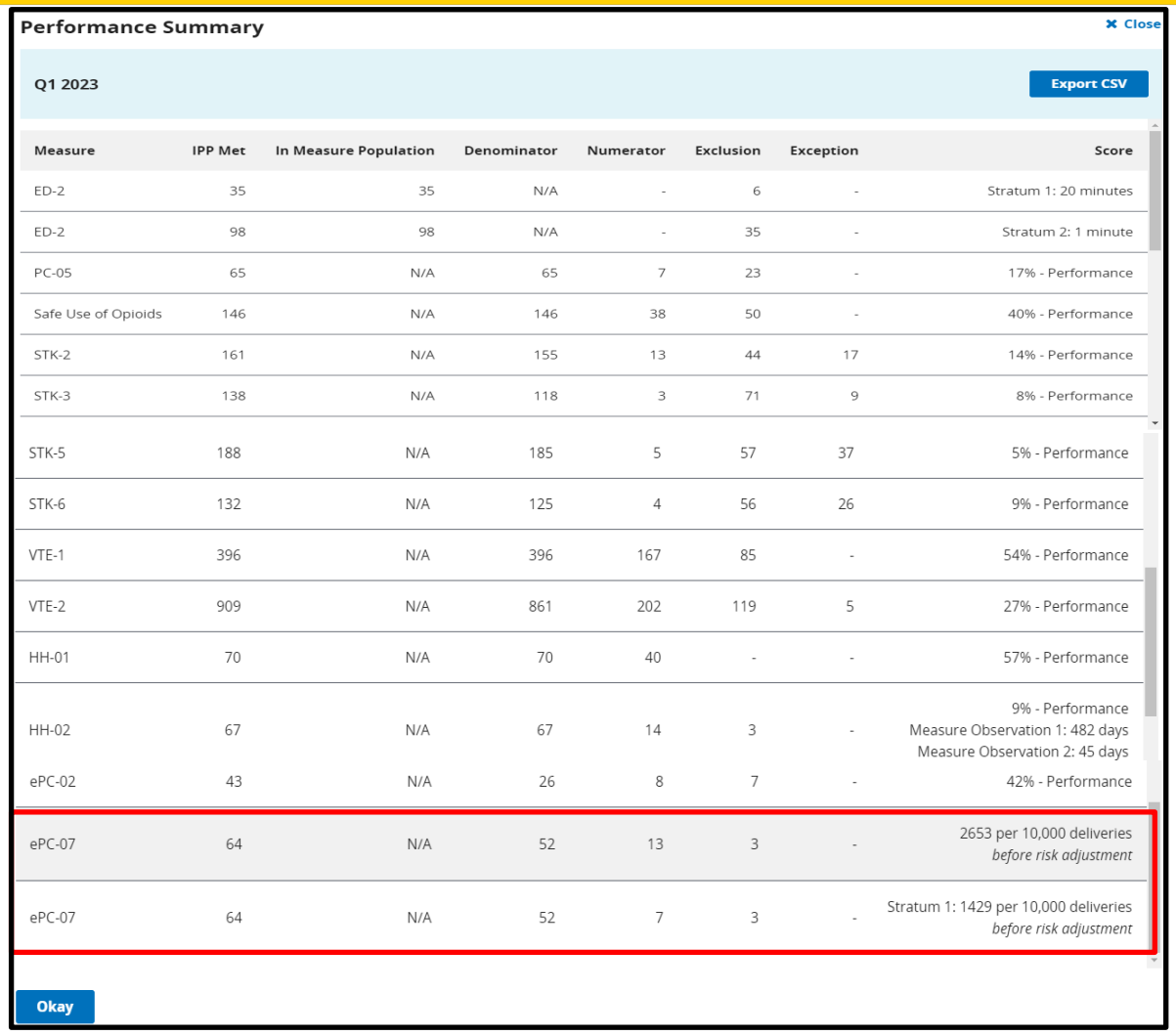
1. From drop-down boxes, confirm your selections.
   Note: Verify submission file type is Production.
2. Click on the blue Select button.
3. Click on the blue View Summary button.
4. Click on the blue Export CSV button to view details as a CSV.

Note: Succession management is applied.





Data Results: Performance Summary Module



Performance Summary

Close

Q1 2023

Export CSV

Measure	IPP Met	In Measure Population	Denominator	Numerator	Exclusion	Exception	Score
ED-2	35	35	N/A	-	6	-	Stratum 1: 20 minutes
ED-2	98	98	N/A	-	35	-	Stratum 2: 1 minute
PC-05	65	N/A	65	7	23	-	17% - Performance
Safe Use of Opioids	146	N/A	146	38	50	-	40% - Performance
STK-2	161	N/A	155	13	44	17	14% - Performance
STK-3	138	N/A	118	3	71	9	8% - Performance
STK-5	188	N/A	185	5	57	37	5% - Performance
STK-6	132	N/A	125	4	56	26	9% - Performance
VTE-1	396	N/A	396	167	85	-	54% - Performance
VTE-2	909	N/A	861	202	119	5	27% - Performance
HH-01	70	N/A	70	40	-	-	57% - Performance
HH-02	67	N/A	67	14	3	-	9% - Performance Measure Observation 1: 482 days Measure Observation 2: 45 days
ePC-02	43	N/A	26	8	7	-	42% - Performance
ePC-07	64	N/A	52	13	3	-	2653 per 10,000 deliveries *before risk adjustment*
ePC-07	64	N/A	52	7	3	-	Stratum 1: 1429 per 10,000 deliveries *before risk adjustment*

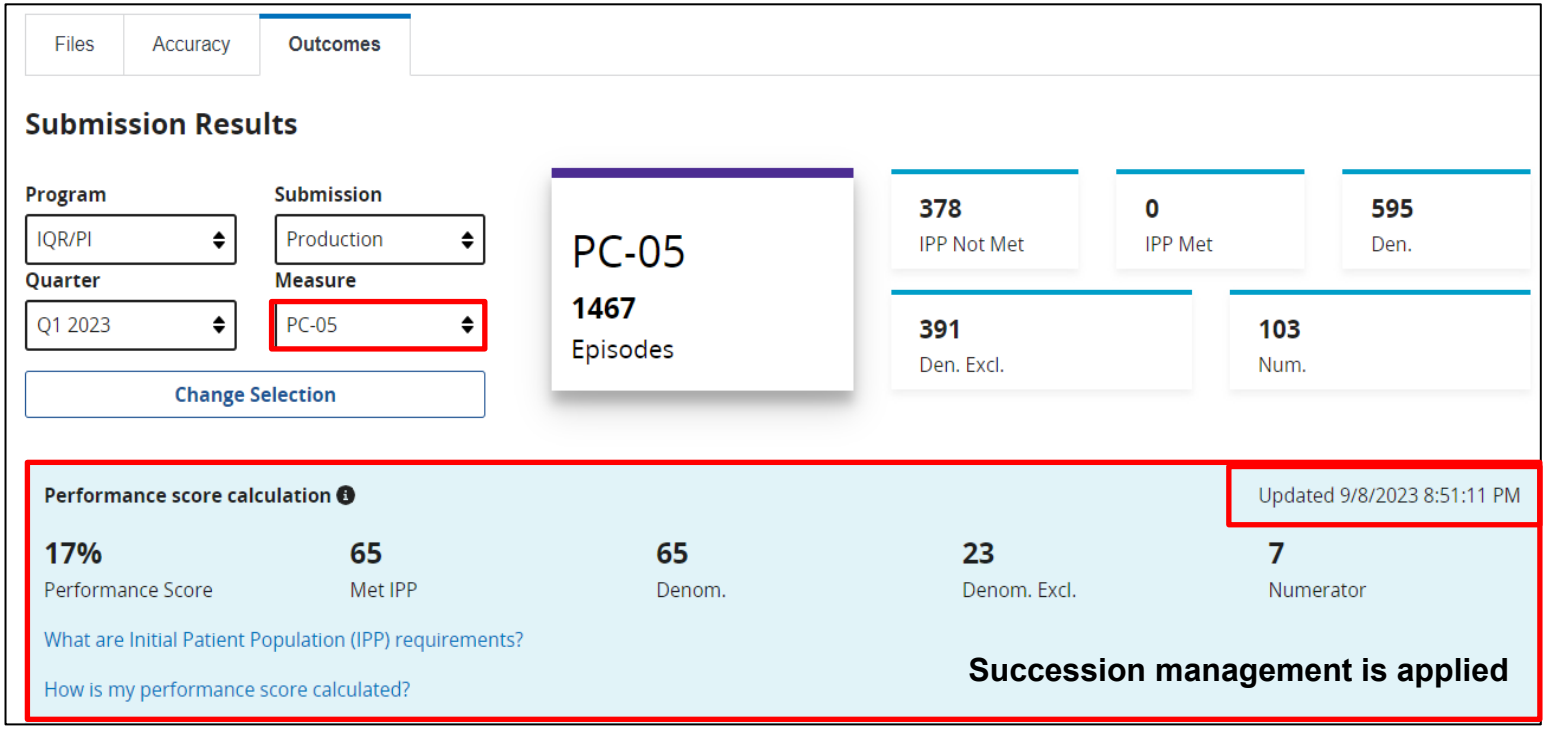
Okay

- Performance score is displayed as whole percentage rate.
- Succession management is applied.
- Rates displayed for ePC-07 are “before risk adjustment.”

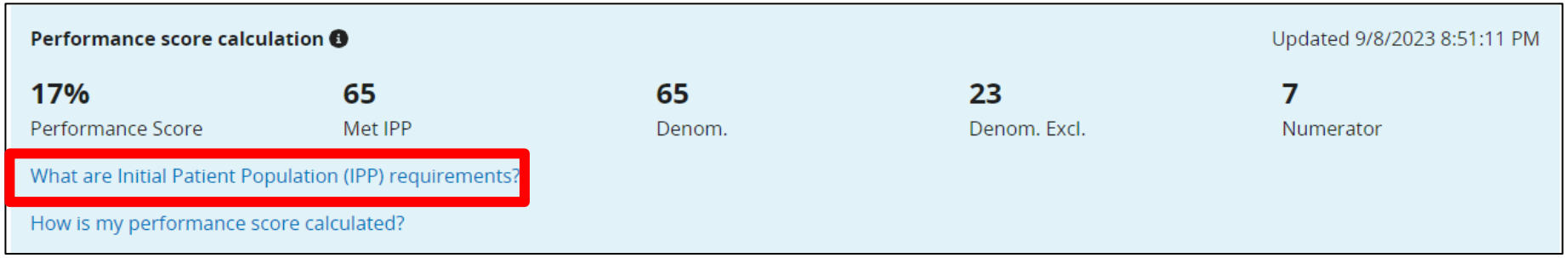
Data Results: Performance Summary Module

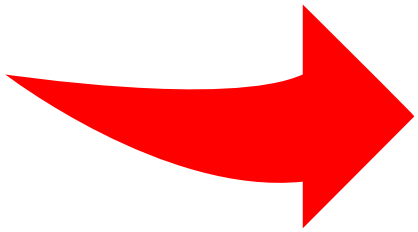
Users can view the performance summary for a specific measure.

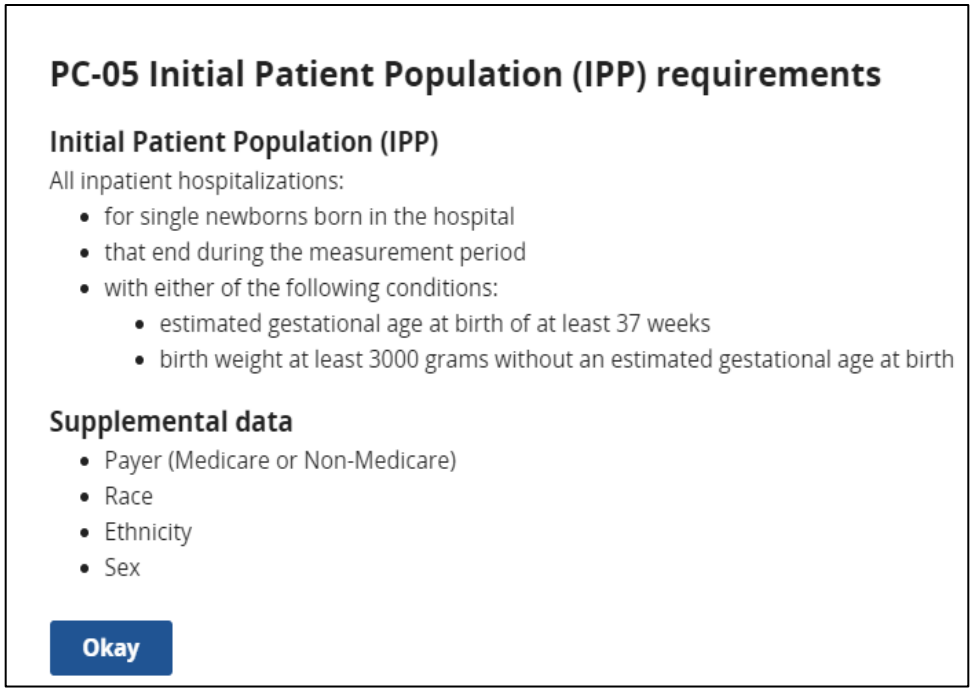
1. From drop-down boxes, confirm your selections.
   Note: Verify submission file type is Production.
2. Click on the blue Select button.



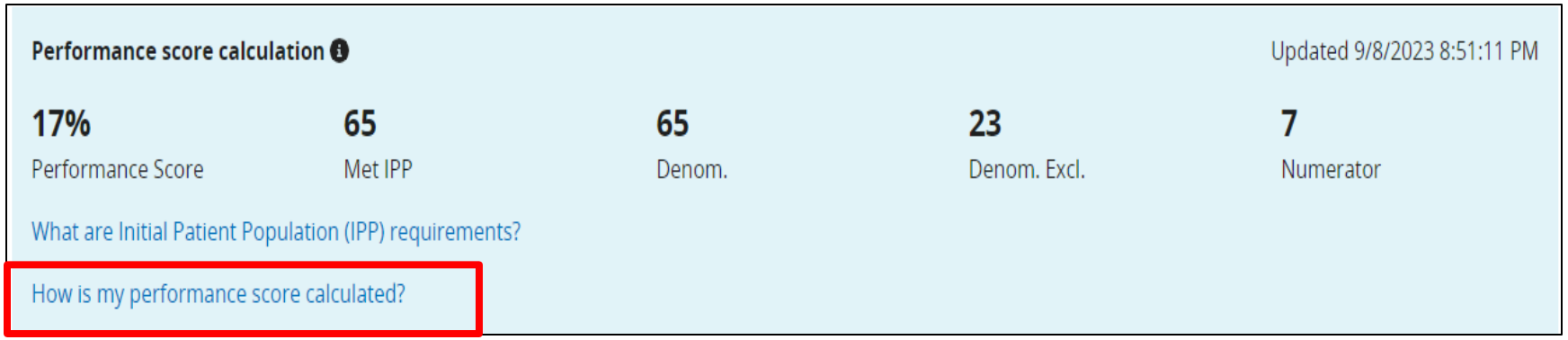
Data Results: Performance Summary Module

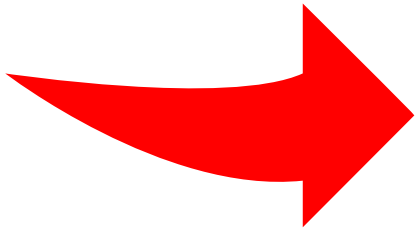


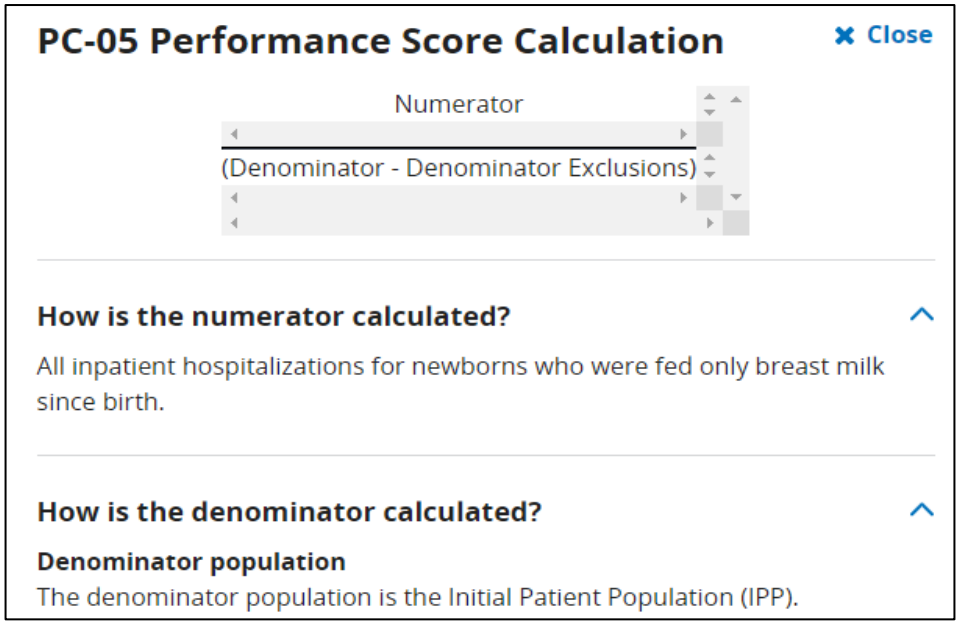




Data Results: Performance Summary Module





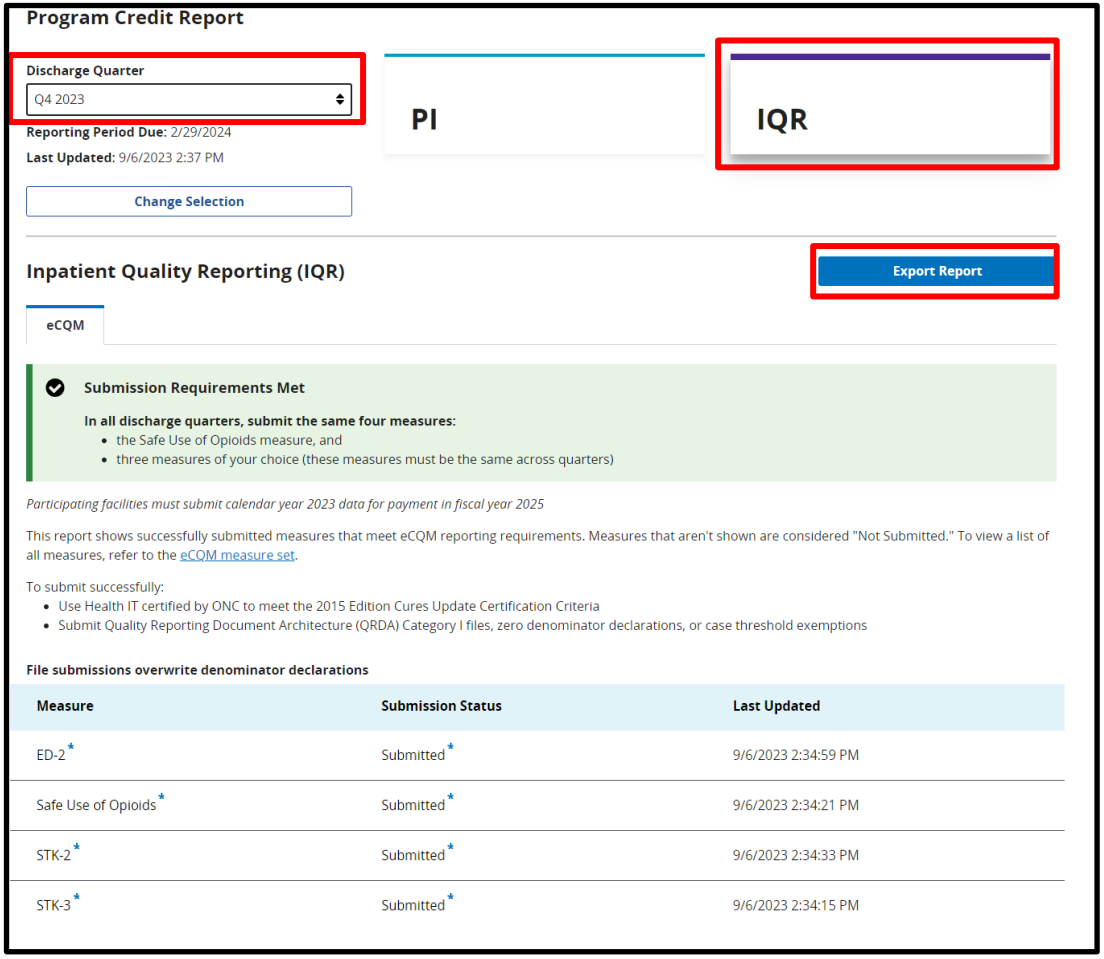


Program Reporting: Program Credit User Interface

Confirm your eCQM reporting status prior to February 29, 2024:

- Select Discharge Quarter. (System defaults to Q4 2023.)
- Click on the Program card for PI or IQR. (The card will display a purple banner).
- Review measure, submission status and last updated date/time in table below.
- Click on the blue Export Report button to view details as a CSV.
- Modify Discharge Quarter to review submissions in table below.

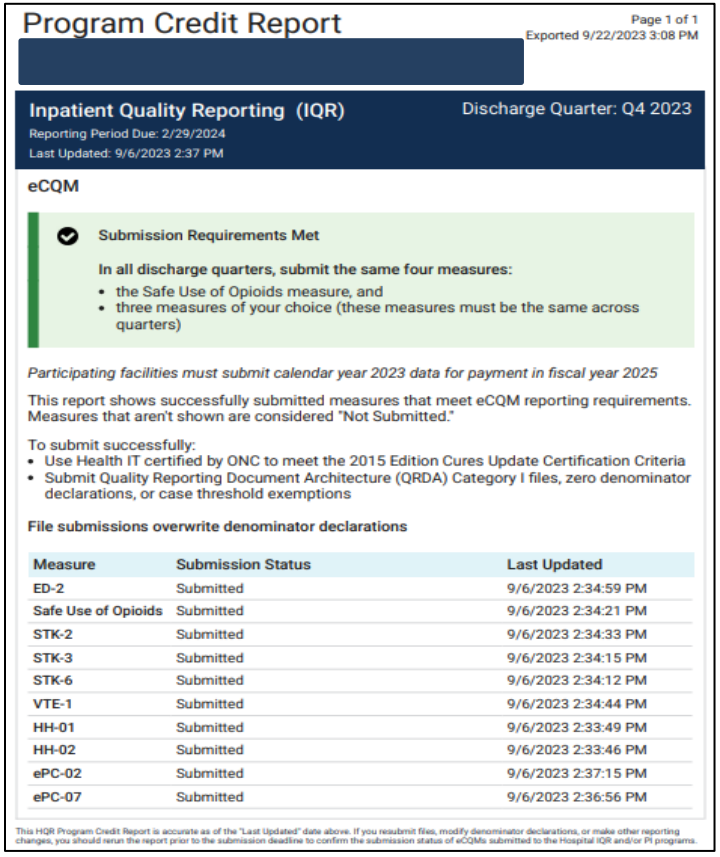
Note: File submissions overwrite denominator declarations.



Program Reporting: Program Credit Export

The report will display in a PDF format.

Green Banner = Requirements Met



Program Credit Report

Page 1 of 1
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Inpatient Quality Reporting (IQR) — Discharge Quarter: Q4 2023

Reporting Period Due: 2/29/2024
Last Updated: 9/6/2023 2:37 PM

eCQM

Submission Requirements Met

In all discharge quarters, submit the same four measures:

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2023 data for payment in fiscal year 2025

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

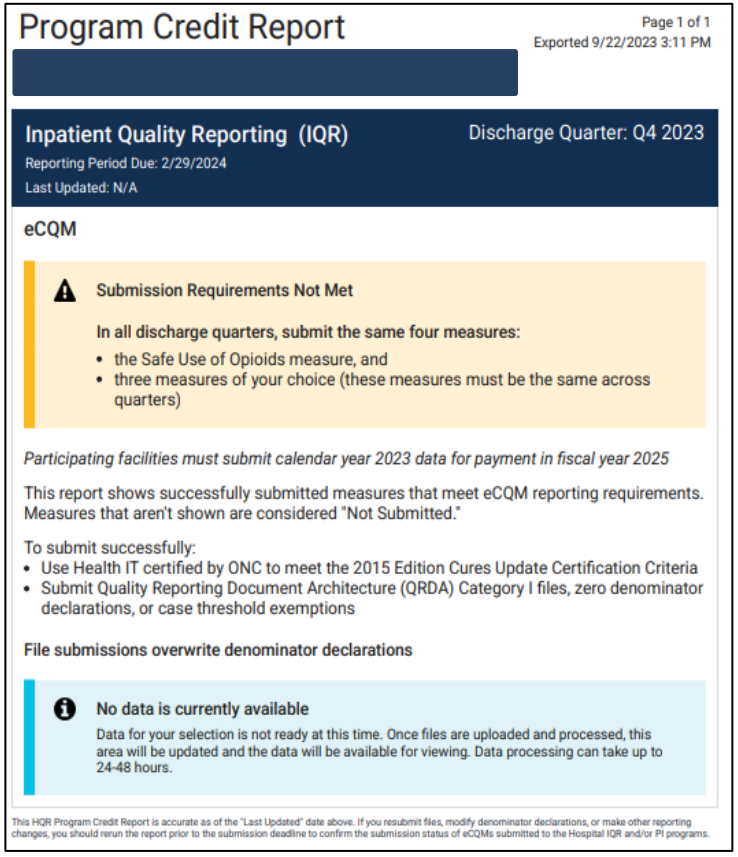
- Use Health IT certified by ONC to meet the 2015 Edition Cures Update Certification Criteria
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

File submissions overwrite denominator declarations

Measure	Submission Status	Last Updated
ED-2	Submitted	9/6/2023 2:34:59 PM
Safe Use of Opioids	Submitted	9/6/2023 2:34:21 PM
STK-2	Submitted	9/6/2023 2:34:33 PM
STK-3	Submitted	9/6/2023 2:34:15 PM
STK-6	Submitted	9/6/2023 2:34:12 PM
VTE-1	Submitted	9/6/2023 2:34:44 PM
HH-01	Submitted	9/6/2023 2:33:49 PM
HH-02	Submitted	9/6/2023 2:33:46 PM
ePC-02	Submitted	9/6/2023 2:37:15 PM
ePC-07	Submitted	9/6/2023 2:36:56 PM

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/or PI programs.

Yellow Banner = Requirements Not Met



Program Credit Report

Page 1 of 1
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[redacted]

Inpatient Quality Reporting (IQR) — Discharge Quarter: Q4 2023

Reporting Period Due: 2/29/2024
Last Updated: N/A

eCQM

Submission Requirements Not Met

In all discharge quarters, submit the same four measures:

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2023 data for payment in fiscal year 2025

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Cures Update Certification Criteria
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

File submissions overwrite denominator declarations

No data is currently available

Data for your selection is not ready at this time. Once files are uploaded and processed, this area will be updated and the data will be available for viewing. Data processing can take up to 24-48 hours.

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/or PI programs.

Additional Tips and Information

What is Succession Management?

The HQR System uses Succession Management. The HQR System will identify QRDA Category I files with five matching key elements. The newest QRDA Category I *Production* file submission will overwrite the previous file submission containing the following same elements.

Element	Example
CMS Certification Number	CCN
CMS Program Name	HQR_PI or HQR_IQR or HQR_PI_IQR
EHR Patient ID	Up to 256 characters in length (numbers/letters)
Reporting Period	For Q1: Low Value – "20230101" High Value –"20230331"
EHR Submitter ID	Hospitals – CCN Vendors – Vendor ID

Tip: Succession management applies to production file submissions only. Delete previous test file submissions prior to resubmitting your test data.

Troubleshooting QRDA Category I Files

- Work with your vendor by identifying and resolving error messages.
- Visit QRDA Resource page on the eCQI Resource Center.
- Visit the ONC QRDA Known Issues Tracker on the ONC Project Tracking System.
- Contact the Center for Clinical Standards and Quality (CCSQ) Service Center.

2023 CMS QRDA I Implementation Guide Updates

On August 31, 2023, CMS posted updates to the 2023 and 2024 CMS QRDA Category I Implementation Guides, Schematrons, and Sample Files for HQR.

- ✓ Current Version 1.3
- ✓ Listserve Notification sent August 31, 2023: https://qualitynet.cms.gov/inpatient/measures/ecqm/notifications
- ✓ Updated HQR Validation Rules (Table 14)
- ✓ Updated Key Elements for Determining Data Uniqueness (Table 26)
- ✓ For a complete list of changes, review the Change Log located in the Appendix of the Implementation Guide.

2023 CEHRT Requirement

Hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs are required to use Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the **2015 Edition Cures Update Certification Criteria.**

- ✓ This is required for eCQM and hybrid measure data, beginning with the CY 2023/FY 2025 payment determination.
- ✓ EHR must be certified to all available eCQMs.
- ✓ Refer to ONC's 21st Century Cures Act Final Rule.
- ✓ Visit the ONC's Certified Health Information Technology Product List.
- ✓ CMS EHR Certification IDs must contain the "15C" syntax.

Tip: The HQR system will reject QRDA Category I files with "15E" syntax.

CMS_0082	CMS EHR Certification ID does not meet year/version criteria.	The EHR system needs to be certified to 2015 Edition Cures Update for CY2023/PY2025. The CMS EHR Certification ID must contain "15C" in the third, fourth, and fifth places.
CMS_0083	CMS Certification ID format is not valid.	CMS EHR Certification ID must be 15 alpha numeric characters in length.

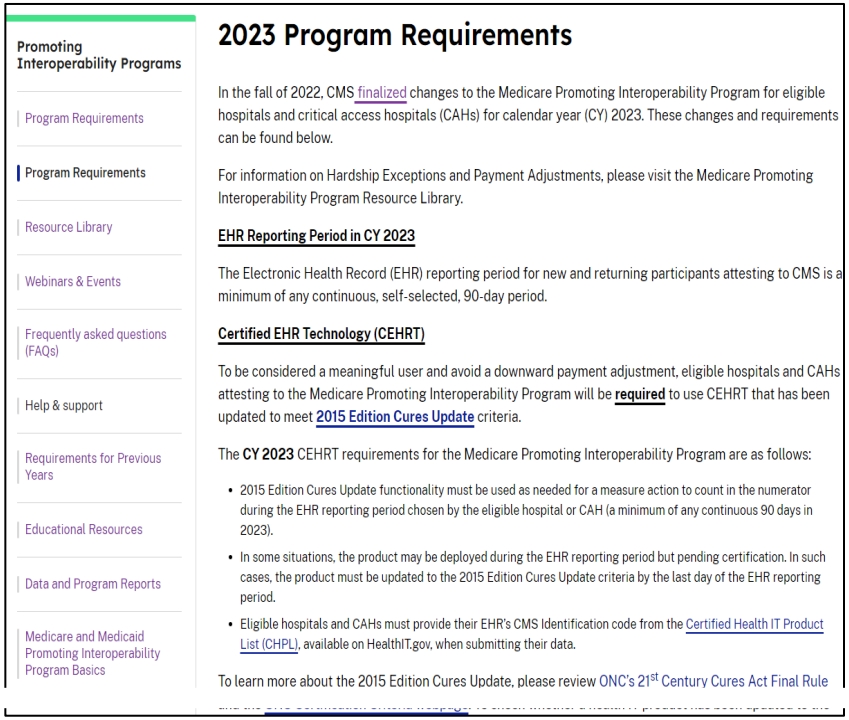
Medicare Promoting Interoperability Program: 2023 Requirements

Policy Information

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms

2023 Program Requirements

https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/requirements

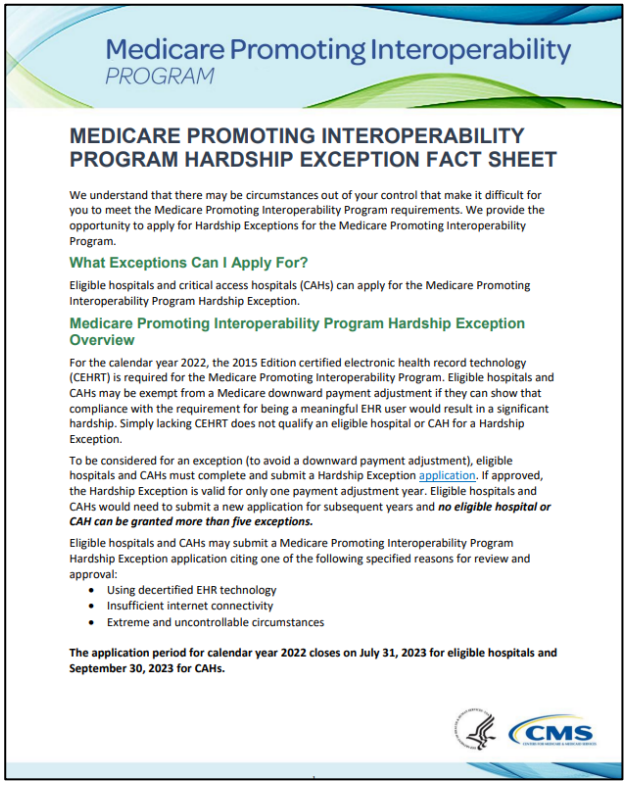


Medicare Promoting Interoperability Program: Hardship Exceptions Policy

Hardship Exception Fact Sheet

https://www.cms.gov/files/document/medicare-pi-program-hardship-exception-fact-sheet-2023-04-06.pdf

- Eligible hospitals and CAHs who did not demonstrate meaningful use can submit a Hardship Exception application for the Medicare Promoting Interoperability Program.
  - Eligible hospitals deadline: July 31, 2024
  - CAH deadline: September 30, 2024
- CMS will announce when hardship requests will be accepted for CY 2023.
- Submit questions to the Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa



Medicare Promoting Interoperability
PROGRAM

MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION FACT SHEET

We understand that there may be circumstances out of your control that make it difficult for you to meet the Medicare Promoting Interoperability Program requirements. We provide the opportunity to apply for Hardship Exceptions for the Medicare Promoting Interoperability Program.

What Exceptions Can I Apply For?

Eligible hospitals and critical access hospitals (CAHs) can apply for the Medicare Promoting Interoperability Program Hardship Exception.

Medicare Promoting Interoperability Program Hardship Exception Overview

For the calendar year 2022, the 2015 Edition certified electronic health record technology (CEHRT) is required for the Medicare Promoting Interoperability Program. Eligible hospitals and CAHs may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. Simply lacking CEHRT does not qualify an eligible hospital or CAH for a Hardship Exception.

To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must complete and submit a Hardship Exception application. If approved, the Hardship Exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and ***no eligible hospital or CAH can be granted more than five exceptions.***

Eligible hospitals and CAHs may submit a Medicare Promoting Interoperability Program Hardship Exception application citing one of the following specified reasons for review and approval:

- Using decertified EHR technology
- Insufficient internet connectivity
- Extreme and uncontrollable circumstances

The application period for calendar year 2022 closes on July 31, 2023 for eligible hospitals and September 30, 2023 for CAHs.

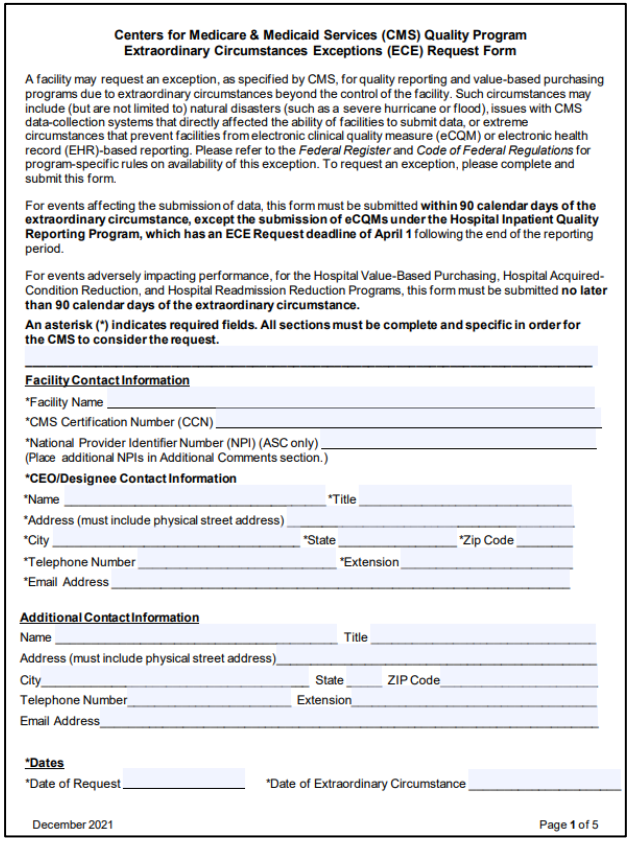
CMS

Hospital IQR Program - Extraordinary Circumstances Exception (ECE) Policy

eCQM-Related ECE Request Form

https://qualitynet.cms.gov/inpatient/measures/ecqm/participation#tab2

- Hospitals may request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program year.
- eCQM-related ECE Request Forms are due **April 1, 2024**
- Submit questions to the Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa



Centers for Medicare & Medicaid Services (CMS) Quality Program
Extraordinary Circumstances Exceptions (ECE) Request Form

A facility may request an exception, as specified by CMS, for quality reporting and value-based purchasing programs due to extraordinary circumstances beyond the control of the facility. Such circumstances may include (but are not limited to) natural disasters (such as a severe hurricane or flood), issues with CMS data-collection systems that directly affected the ability of facilities to submit data, or extreme circumstances that prevent facilities from electronic clinical quality measure (eCQM) or electronic health record (EHR)-based reporting. Please refer to the *Federal Register* and *Code of Federal Regulations* for program-specific rules on availability of this exception. To request an exception, please complete and submit this form.

For events affecting the submission of data, this form must be submitted **within 90 calendar days of the extraordinary circumstance, except the submission of eCQMs under the Hospital Inpatient Quality Reporting Program, which has an ECE Request deadline of April 1** following the end of the reporting period.

For events adversely impacting performance, for the Hospital Value-Based Purchasing, Hospital Acquired-Condition Reduction, and Hospital Readmission Reduction Programs, this form must be submitted **no later than 90 calendar days of the extraordinary circumstance.**

An asterisk (*) indicates required fields. All sections must be complete and specific in order for the CMS to consider the request.

Facility Contact Information

*Facility Name
*CMS Certification Number (CCN)
*National Provider Identifier Number (NPI) (ASC only)
(Place additional NPIs in Additional Comments section.)

***CEO/Designee Contact Information**

*Name *Title
*Address (must include physical street address)
*City *State *Zip Code
*Telephone Number *Extension
*Email Address

Additional Contact Information

Name Title
Address (must include physical street address)
City State ZIP Code
Telephone Number Extension
Email Address

***Dates**

*Date of Request *Date of Extraordinary Circumstance

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eCQM and Hybrid Measure Support Resources

Topic	Contact
HQR System, Health Care Quality Information Systems Access Roles and Profile, vendor roles, uploading files, reports, troubleshooting file errors	CCSQ Service Center (866) 288-8912 QNetSupport@cms.hhs.gov
Medicare Promoting Interoperability (attestation, objectives, policy, hardship)	Quality Question and Answer Tool https://cmsqualitysupport.servicenowservices.com/qnet_qa
Hospital IQR Program and Policy	Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenowservices.com/qnet_qa
• eCQM specifications (code sets, measure logic, measure intent) • QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons) • Hybrid measures – Technical (specifications, logic, value sets, QRDA)	**Office of National Coordinator JIRA Issue Trackers** eCQM Issue Tracker https://oncprojectracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojectracking.healthit.gov/support/projects/QRDA/summary CMS Hybrid Measure Issue Tracker https://oncprojectracking.healthit.gov/support/browse/CHM
Hybrid Measures – Non-Technical (policy, measure methodology)	Yale New Haven Health Services Corporation/ Center for Outcomes Research and Evaluation https://cmsqualitysupport.servicenowservices.com/qnet_qa
eCQM Data Validation	Validation Support Team (validation@telligen.com)

CY 2023 eCQM Reporting and Data Submission Updates

Questions and Answer (Q&A) Session

Continuing Education Approval

This program has been approved for credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

Thank You

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