Reviewing CY 2023 eCQM Reporting Resources

Speaker
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December 12, 2023
Webinar Questions

• Please email questions related to this webinar to WebinarQuestions@hsag.com.
  o Subject Line: Reviewing CY 2023 eCQM Reporting Resources
  o Include your question and the applicable slide number in the body of the email.

• For questions unrelated to the webinar topic, please submit them to the Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
## Acronyms

<table>
<thead>
<tr>
<th>CAH</th>
<th>Critical Access Hospital</th>
<th>ePC</th>
<th>electronic Perinatal Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCSQ</td>
<td>Center for Clinical Standards and Quality</td>
<td>HH</td>
<td>Hospital Harm</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>HQR</td>
<td>Hospital Quality Reporting</td>
</tr>
<tr>
<td>CY</td>
<td>calendar year</td>
<td>IQR</td>
<td>Inpatient Quality Reporting</td>
</tr>
<tr>
<td>ECE</td>
<td>Extraordinary Circumstances Exception</td>
<td>PC</td>
<td>Perinatal Care</td>
</tr>
<tr>
<td>eCQI</td>
<td>Electronic Clinical Quality Improvement</td>
<td>PDF</td>
<td>Portable Data Format</td>
</tr>
<tr>
<td>eCQM</td>
<td>electronic clinical quality measure</td>
<td>QRDA</td>
<td>Quality Reporting Document Architecture</td>
</tr>
<tr>
<td>ED</td>
<td>emergency department</td>
<td>STK</td>
<td>Stroke</td>
</tr>
<tr>
<td>EH</td>
<td>eligible hospital</td>
<td>VTE</td>
<td>venous thromboembolism</td>
</tr>
</tbody>
</table>
Purpose

This presentation will review resources that support calendar year (CY) 2023 eCQM reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program.
Learning Objectives

Participants will be able to:

- Locate Hospital IQR Program policy information and eCQM reporting materials on the QualityNet website.
- Navigate to Medicare Promoting Interoperability Program policy information on the CMS.gov website.
- Access technical and implementation resources on the eCQI (electronic Clinical Quality Improvement) Resource Center.
eCQM Reporting Policy Information and Tools on the QualityNet Website

Reviewing CY 2023 eCQM Reporting Resources
QualityNet Overview Page

https://qualitynet.cms.gov/inpatient/measures/ecqm

Electronic Clinical Quality Measures (eCQMs)

Electronic Clinical Quality Measure (eCQM) Overview

Beginning in calendar year (CY) 2013, CMS provided hospitals with the opportunity to voluntarily submit eCQM data. These quality measures were developed specifically to allow an electronic health record (EHR) system, certified to the Office of the National Coordinator for Health Information Technology (ONC) standards, to capture, export, calculate, and report measure data.

Since CY 2016, hospitals have been required to report eCQM data for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program). Hospitals that successfully submit eCQM data to meet Hospital IQR Program requirements will also fulfill the Medicare Promoting Interoperability Program requirement for eCQM reporting with one submission.

Refer to the Technical Specifications and Resources for the CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for the applicable reporting period, measure specification information, and program resources to support successful eCQM reporting on the eCQI Resource Center.

Note: Critical access hospitals (CAHs) are required to participate in the Medicare Promoting Interoperability Program and are encouraged but not required to participate in the Hospital IQR Program. Review the Medicare Promoting Interoperability Program information on the CMS.gov website for more information.

eCQM topics:
- Overview
- eCQM Measures
- Participation
- Resources
- Webinars
- Notifications
The current calendar year eCQMs are available for download in a table format.

To view Previous Measures, access the tab on the left.
The current calendar year eCQM reporting requirements will display.

To view Previous Requirements, access the tab on the left.
The Extraordinary Circumstances Exceptions (ECE) Policy is available for hospitals participating in the Hospital IQR Program.

The Hardship Exception Policy is available for eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program.

eCQM-related ECE Request Forms for CY 2023 eCQM reporting are due April 1, 2024.
Download the current CY 2023 reporting tools:

- eCQM Submission Overview
- Quality Reporting Document Architecture (QRDA) Category I File Submission Checklist
- Available eCQMs Table

Access direct links to technical specifications and resources
CY 2023 eCQM reporting:
- Report mandatory Safe Use of Opioids-Concurrent Prescribing eCQM.
- Self-select three (3) eCQMs.
- Report four (4) quarters of data.
- Use 2015 Edition Cures Update criteria.
- Data are publicly reported.
- Submission deadline is February 29, 2024.
CY 2023 eCQM QRDA Category I
File Submission Checklist

https://qualitynet.cms.gov/inpatient/measures/ecqm/resources

**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 eCMQs 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 eCMQs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM.
    - The eCMQs must be the same eCMQs across all four quarters in a given reporting year.
    - Confirm health information technology (Health IT) certification by the Office of the National Coordinator for 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 eCMQs.
    - Confirm the Quality Reporting Document Architecture (QRDA) Category I files are constructed per the most current CY 2023 requirements, such as the CMS QRDA Category I Implementation Guide and the associated schematics and sample files posted on the eCQM Resource Center: [https://eci.healthit.gov/hitml?qt-tabs_eh=0&globalsearchfilter=2023](https://eci.healthit.gov/hitml?qt-tabs_eh=0&globalsearchfilter=2023). CENS 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

- **System opens fall 2023**
  - Visit the Hospital Quality Reporting (HQR) System log in page.
  - Sign into the HQR System using your HCQS 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.**

**Acronyms**

* The submission of CY 2023 eCQM data will affect the FY 2025 payment determination.
  - The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and the FY 2023 payment determination for CAHs.

**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 Inpatient Support Team at (844) 470-4477 or [https://eci.healthit.gov/hitml?qt-tabs_eh=0&globalsearchfilter=2023](https://eci.healthit.gov/hitml?qt-tabs_eh=0&globalsearchfilter=2023) for information on the Hospital IQR Program. Contact the CCRG Support Center at (866) 288-0012 or [https://eci.healthit.gov/hitml?qt-tabs_eh=0&globalsearchfilter=2023](https://eci.healthit.gov/hitml?qt-tabs_eh=0&globalsearchfilter=2023) for information on the Medicare Promoting Interoperability Program.

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

1. Click the Accuracy tab. Select Test or Production. Select the quarter. 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. The User Interface (UI) will reflect your selection.
3. You can click on the Export Results button to print or download the results for closer review.

**Review Outcomes Submission Results to determine how the episodes of care were evaluated.**

1. Click on the On the Ons 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 patent 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 eCMQs, 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. eCQM 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 denominators 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 CCRG Support Center.
# CY 2023 Available eCQMs Table

https://qualitynet.cms.gov/inpatient/measures/ecqm/resources

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

**CY 2023 Available eCQMs**

For calendar year (CY) 2023 eCQM reporting, hospitals participating in the Hospital IQR Program* and the Medicare Promoting Interoperability Program** are required to successfully submit data for the mandatory Safe Use of Opioids – Concurrent Prescribing electronic clinical quality measure (eCQM) and three (3) other available eCQMs from the table below, for four quarters, every quarter of the calendar year. Each quarter must contain at least three self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM. The eCQMs must be the same across quarters in a given reporting year.

Hospitals can use any combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions to reflect its total inpatient population. The data must be reported using Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the 2015 Edition Cures Act final rule. The eCQM reporting deadline is Thursday, February 29, 2024, 11:59 p.m. Pacific Time. For additional information, visit the QualityNet eCQMs Overview page and the eCQM Resources Center eCQM page.

### Mandatory

<table>
<thead>
<tr>
<th>ePC-02*** (CMS334v4)</th>
<th>ePC-07*** (CMS1028v11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cesarean Birth</td>
<td>Severe Obstetric Complications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HH-01 (CMS815v2)</th>
<th>HH-02 (CMS871v2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Harm – Severe Hypoglycemia</td>
<td>Hospital Harm – Severe Hypoglycemia</td>
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</table>

<table>
<thead>
<tr>
<th>ED-2**** (CMS111v11)</th>
<th>PC-05**** (CMS9v11)</th>
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</thead>
<tbody>
<tr>
<td>Admit Decision Time to ED Departure Time for Admitted Patients</td>
<td>Exclusive Breast Milk Feeding</td>
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</table>

<table>
<thead>
<tr>
<th>STK-02 (CMS104v11)</th>
<th>STK-03 (CMS71v12)</th>
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<tbody>
<tr>
<td>Discharged on Antithrombotic Therapy</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STK-05 (CMS72v11)</th>
<th>STK-06**** (CMS105v11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antithrombotic Therapy By the End of Hospital Day 2</td>
<td>Discharged on Statin Medication</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VTE-1 (CMS108v11)</th>
<th>VTE-2 (CMS190v11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venous Thromboembolism Prophylaxis</td>
<td>Intensive Care Unit Venous Thromboembolism Prophylaxis</td>
</tr>
</tbody>
</table>

*The submission of CY2023 eCQM data will affect the FY2025 payment determination.
**The submission of CY2023 eCQM data will affect the FY2025 payment determination for eligible hospitals and the FY2023 payment determination for CAHs.
***This eCQM is mandatory for CY 2024 reporting.
****This eCQM will not be part of the measure set for CY 2024 reporting.

HH = Hospital Harm    ED = Emergency Department    PC = Perinatal Care    STK = Stroke    VTE = Venous Thromboembolism
QualityNet
Online Resources Page

ONC Jira Issue Trackers:
- eCQM Issue Tracker (CQM)
- eCQM Known Issues (EKI)
- QRDA Issue Tracker (QRDA)
- QRDA Known Issue Tracker (QKI)
- CQL Issue Tracker (CGLIT)
- CMS Hybrid Measures (CHM)

eCQI Resource Center: Eligible Hospital (EH)/Critical Access Hospital (CAH)

Certified Health Information Technology Product List Public User Guide:
Review archived webinar materials:
- Watch recording.
- Read transcript.
- Review Question & Answer document.

Visit the Quality Reporting Center for eCQM archived events:
QualityNet Notifications Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/notifications

- Review the CY 2023 Email Notifications page for communications about eCQM Reporting.
- Join the ListServe to receive email updates: https://qualitynet.cms.gov/listserv-signup
Reviewing CY 2023 eCQM Reporting Resources

Medicare Promoting Interoperability Program on CMS.gov
This page displays the following:

- Latest news
- Dates to remember
- History
- Contact information

The left-hand menu includes links to related topics.

Reminder: EHs and CAHs are required to participate in the Medicare Promoting Interoperability Program.
A list of 2023 program requirements is provided:

- Electronic Health Record reporting period
- Certified Electronic Health Record Technology
- Objectives and measures
- Scoring methodology
- eCQMs
Locate 2023 Resources for the Medicare Promoting Interoperability Program:

- Specification Sheets
- Objectives & Measures
- Safety Assurance Factors for Electronic Health Record Resilience (SAFER) Guides Infographic
- Hardship Exceptions Policy
  - Eligible hospitals deadline: July 31, 2024
  - CAH deadline: September 30, 2024
CMS.gov
Webinars & Events Page


Review 2023 webinar materials for the Medicare Promoting Interoperability Program:

- Slides
- Transcripts
- Recordings
For questions about the Hospital Quality Reporting (HQR) System, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov.

For questions about the Medicare Promoting Interoperability Program and Hardship Exception Process, please submit questions to the Quality Question and Answer Tool at https://cmsqualitysupport.service nowservices.com/qnet_qa.

Join the ListServe to receive email updates: https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_627

Reviewing CY 2023 eCQM Reporting Resources

Technical and Implementation Resources on the eCQI Resource Center
eCQI Resource Center

eCQM Resources

https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0

Contains reference materials to help with eCQM implementation:

- Implementation Checklist and Pre-Publication Document for the eCQM Annual Update
- 2023 CMS QRDA Category I Implementation Guide, Schematrons and Sample Files
- eCQM Specifications, eCQM Flows, eCQM Logic and Value Sets
- Guide for Reading eCQMs
## eCQI Resource Center

### EH/CAH eCQMs


- Lists CY 2023 eCQMs for the Hospital IQR and Medicare Promoting Interoperability Programs
- Provides the following:
  - Measure name
  - Measure short name
  - CMS eCQM ID
  - National Quality Forum ID (if applicable)
  - Direct link to individual measure specifications
  - Notes – important information about the eCQM (e.g., known issues, risk-adjusted)

### Table: CY 2023 EH/CAH eCQMs

<table>
<thead>
<tr>
<th>Title</th>
<th>Short Name</th>
<th>CMS eCQM ID</th>
<th>NQF Number</th>
<th>Specifications</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Harm - Severe Hypoglycemia</td>
<td>HH-01</td>
<td>CMS816v2</td>
<td>3505e</td>
<td>CMS816v2.zip</td>
<td>(ZIP)</td>
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<tr>
<td>Intensive Care Unit Venous Thromboembolism Prophylaxis</td>
<td>VTE-2</td>
<td>CMS190v11</td>
<td>Not Applicable</td>
<td>CMS190v11.zip (ZIP)</td>
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<tr>
<td>Median Admit Decision Time to ED Departure Time for Admitted Patients</td>
<td>ED-2</td>
<td>CMS111v11</td>
<td>Not Applicable</td>
<td>CMS111v11.zip</td>
<td>(ZIP)</td>
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<tr>
<td>Safe Use of Opioids – Concurrent Prescribing</td>
<td>N/A</td>
<td>CMS506v5</td>
<td>3316e</td>
<td>CMS506v5.zip</td>
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<tr>
<td>Severe Obstetric Complications</td>
<td>PC-07</td>
<td>CMS1028v1</td>
<td>Not Applicable</td>
<td>CMS1028v1.zip</td>
<td>(ZIP)</td>
</tr>
<tr>
<td>Venous Thromboembolism Prophylaxis</td>
<td>VTE-1</td>
<td>CMS108v11</td>
<td>Not Applicable</td>
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<tr>
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<td>CMS190v11</td>
<td>Not Applicable</td>
<td>CMS190v11.zip</td>
<td>(ZIP)</td>
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</tbody>
</table>

*Note: There is a known issue on CMS506v5. See issue #1 on the ONC eCQM Known Issues Dashboard for details.*

*This is a risk adjusted measure. Risk Adjustment Methodology Report: Severe Obstetric Complications Methodology Report (PDF)*
eCQI Resource Center
Measure Information

https://ecqi.healthit.gov/ecqm/eh/2023/cms1028v1

 Locate the Compare function under the Measure Information tab.

 Select the reporting periods.

 - Red text indicates a change from previous version.
 - Green text indicates an update in the new version.
eCQI Resource Center
Specifications and Data Elements


Severe Obstetric Complications

Specifications

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Size</th>
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<tbody>
<tr>
<td>CMS1028v1.html</td>
<td>179.97 KB</td>
</tr>
<tr>
<td>CMS1028v1.zip (ZIP)</td>
<td>153.3 KB</td>
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</tbody>
</table>

*This is a risk adjusted measure.

Risk Adjustment Methodology Report: Severe Obstetric Complications Methodology Report (PDF)

Value Sets

Last Updated: May 02, 2023

- Specifications available in HTML, ZIP, and Excel
- Links directly to the Data Element Repository and Value Set Authority Center
- Risk-Adjustment Methodology Report for electronic Perinatal Care (ePC)-07
Learn about the tools and resources available.

- Filter by title, category and role.
- Access direct links.

https://ecqi.healthit.gov/ecqi-tools-key-resources?qt-teste=0
# eCQI Resource Center Standards and Tools Versions

[https://ecqi.healthit.gov/ecqi-tools-key-resources?qt-teste=1](https://ecqi.healthit.gov/ecqi-tools-key-resources?qt-teste=1)

## eCQI Tools & Key Resources

Access the standards and tools versions specific to the CY 2023 reporting period.

Download the eCQI Standards & Tools Version Chart (PDF).

### Reporting/Performance Period

<table>
<thead>
<tr>
<th>Reporting/Performance Period</th>
<th>eCQM Specifications and Resources</th>
<th>Tool and Resource Versions</th>
<th>Standard Versions</th>
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</thead>
<tbody>
<tr>
<td>2023</td>
<td>2023 EH/GAH Implementation Resources</td>
<td>• MAT V6.1.0 (PDF) • eCQM Logic and Implementation Guidance V6.0 (PDF) • Cygusa V7.1.1 (PDF) • Bonnie V5.3.1 (PDF) • GDIT GCL-to-FLM Translator V1.3.3 (PDF) • CQL Style Guide V6.0 (PDF)</td>
<td>• QDM V5.6 (PDF) • HL7 V3 10: CGL-based HQR IG R1 STU 4.1 (PDF) • HL7 CQL R1 v1.5 (PDF) • HL7 V3 HQR Normative Release 3.1 (PDF) • HL7 ORDA I stag R1 STU R5.3 (PDF) • HL7 ORDA III R1 Normative (PDF) • 2023 CMS ORDA I IG for Hospital Quality Reporting • 2023 CMS ORDA III IG for Eligible Clinicians</td>
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A free HL7 account is required to access this document. You do not need to be an HL7 member to get this free account.

Download the [PDF version of the table](https://ecqi.healthit.gov/ecqi-tools-key-resources?qt-teste=1) showing reporting/performance periods 2021 to the current year.
### eCQM and Hybrid Measure Support Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact</th>
</tr>
</thead>
</table>
| 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://oncprojecttracking.healthit.gov/support/projects/CQM/summary  
QRDA Issue Tracker  
https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary  
CMS Hybrid Measure Issue Tracker  
https://oncprojecttracking.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) |
Webinar Questions

- Please email questions related to this webinar to WebinarQuestions@hsag.com.
  - Subject Line: Reviewing CY 2023 eCQM Reporting Resources
  - Include your question and the applicable slide number in the body of the email.

- For questions unrelated to the webinar topic, please submit them to the Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
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Thank You
Disclaimer

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

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