



Reviewing CY 2023 eCQM Reporting Resources

Speaker

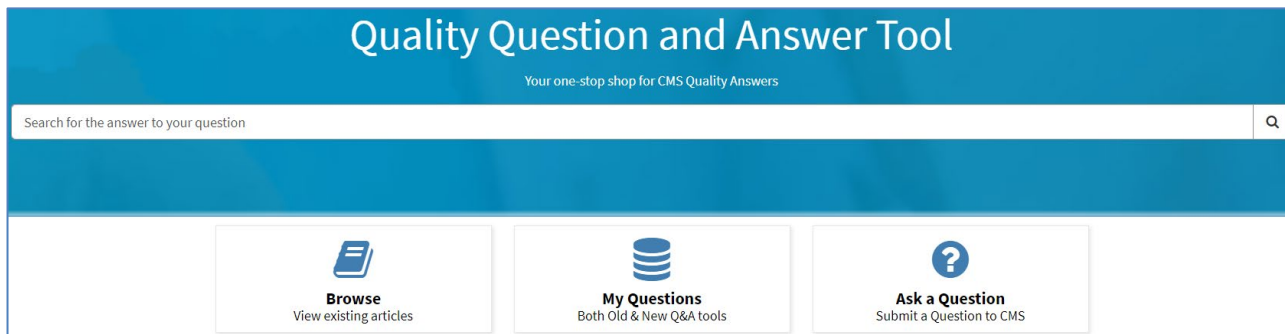
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Webinar Questions

- 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



Acronyms

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

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.

Reviewing CY 2023 eCQM Reporting Resources

eCQM Reporting Policy Information and Tools on the QualityNet Website

QualityNet Overview Page

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

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Electronic Clinical Quality Measures (eCQMs)

Overview

eCQM Measures

Participation

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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.

More Information

For more information, visit the eCQI Resource Center.

[eCQI Resource Center](#)

eCQM topics:

- ❖ Overview
- ❖ eCQM Measures
- ❖ Participation
- ❖ Resources
- ❖ Webinars
- ❖ Notifications

QualityNet eCQM Measures Page

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

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eCQM Measures

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CY 2023
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Measures for Calendar Year (CY) 2023 Reporting Period

For the CY 2023 reporting period, thirteen electronic clinical quality measures (eCQMs) are applicable for the Hospital Inpatient Quality Reporting (IQR) and the Medicare Promoting Interoperability Programs. The Safe Use of Opioids-Concurrent Prescribing eCQM is a mandatory eCQM.

File Name	File Type	File Size	
CY 2023 Available eCQMs Table (January 2023) Outlines the thirteen eCQMs applicable for reporting to the Hospital IQR and Medicare Promoting Interoperability Programs.	PDF	158 KB	Download

Resource Name

eCQM Specifications for Eligible Hospitals and Critical Access Hospitals [View](#)

Includes annual updates and any applicable addenda to the electronic specifications approved for submission to CMS programs based on the reporting year. The eCQI Resource Center also provides the measure description, initial patient population, and denominator and numerator exclusions and exceptions to assist hospitals and their vendors implementing eCQM reporting.

- ➔ The current calendar year eCQMs are available for download in a table format.
- ➔ To view Previous Measures, access the tab on the left.

QualityNet

Participation-Requirements Page

<https://qualitynet.cms.gov/inpatient/measures/ecqm/participation>

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Participation

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Requirements

[Extraordinary Circumstances](#)

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Calendar Year (CY) 2023 Reporting Period

For the CY 2023 reporting period, hospitals participating in the Hospital Inpatient Quality (IQR) Program are required to report electronic clinical quality measure (eCQM) data, per the [FY 2023 IPPS/LTCH PPS Final Rule](#). Subsection (d) hospitals that do not participate, or participate but fail to meet program requirements, are subject to a one-fourth reduction of the applicable percentage increase in their annual payment update (APU) for the fiscal year (FY) 2025 payment determination.

Eligible hospitals and critical access hospitals (CAHs) are required to report eCQMs to the Medicare Promoting Interoperability Program, per the [FY 2023 IPPS/LTCH PPS Final Rule](#). 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. Review the [2023 Medicare Promoting Interoperability Program Requirements Page](#) on the [CMS.gov](#) website for updates regarding complete program reporting requirements.

eCQM Reporting Requirements for CY 2023

For the CY 2023 reporting period, hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs must:

- Submit data for the **mandatory** Safe Use of Opioids-Concurrent Prescribing eCQM, and three (3) other available eCQMs, for four quarters (Q) of 2023 data (Q1, Q2, Q3, and Q4).
- Verify each quarter contains three (3) self-selected eCQMs, **plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM**.
- Submit the same eCQMs across all four quarters in a given reporting year.
- Use Health Information Technology (IT) certified to the 2015 Edition Cures Update criteria and certified to report all available eCQMs.
- Submit data via the HQR Secure Portal by the deadline: **February 29, 2024, by 11:59 p.m. Pacific Time (PT)**.

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

QualityNet

Participation-ECE Policy Page

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

Participation

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Requirements
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Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request an exception with respect to the reporting of required quality data. These exceptions could include electronic clinical quality measure (eCQM) data when there are extraordinary circumstances beyond the control of the hospital.

For complete information on the Hospital Inpatient Quality Reporting (IQR) Program Extraordinary Circumstances Exceptions (ECE) Policy, visit the [Participation Tab](#) located on the [Hospital IQR Program](#) page.

Note: Eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program follow a different process and can apply for a hardship exception. For information on Hardship Exceptions and Payment Adjustments, please visit the [Medicare Promoting Interoperability Program Resource Library](#) page on CMS.gov.

eCQM Related ECEs

Hospitals may use the ECE form to request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (a hospital is in an area without sufficient Internet access) or unforeseen circumstances, such as vendor issues outside of the hospital's control (including a vendor product losing certification). For further information, reference the ECE Policy Clarification Questions and Answers.

In the event of such circumstances, hospitals must submit an ECE Request Form with all required sections completed, by **April 1 following the end of the reporting period calendar year (CY)***. As an example, for data collection for the CY 2023 reporting period (through December 31, 2023), hospitals would have until April 1, 2024, to submit an ECE request.

File Name	File Type	File Size	
ECE Policy Clarification Questions and Answers	PDF	56 KB	Download
Extraordinary Circumstances Exceptions (ECE) Request Form	PDF	277 KB	Download

- ➔ 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**.

QualityNet Resources Page

<https://qualitynet.cms.gov/inpatient/measure/ecqm/resources>

The screenshot shows the QualityNet Resources page for the current year (CY 2023). The page has a blue header with the word "Resources" and a navigation bar with links: Overview, eCQM Measures, Participation, Resources (selected), Webinars, and Notifications. On the left, there is a sidebar with a red box around "CY 2023", and links for "Online Resources" and "Previous Resources". The main content area is titled "Calendar Year (CY) 2023 Reporting Period" and "Resources". It contains a table with three rows of resources, each with a description, file type, size, and a download link. Below the table, there are sections for "Technical Specifications" and "Technical Resources".

Resource Name	File Type	File Size	
CY 2023 eCQM Submission Overview <small>This provides an overview of the eCQM submission requirements and available tools for Quality Reporting Document Architecture (QRDA) Category I file validation activities.</small>	PDF	129 KB	Download
CY 2023 eCQM QRDA I File Submission Checklist <small>This was created for hospitals and vendors submitting test and production QRDA Category I files to the Hospital Quality Reporting (HQR) Secure Portal.</small>	PDF	90 KB	Download
CY 2023 Available eCQMs Table <small>This outlines the thirteen eCQMs applicable for reporting to the Hospital IQR and Medicare Promoting Interoperability Programs. The Safe Use of Opioids-Concurrent Prescribing eCQM is a mandatory eCQM.</small>	PDF	158 KB	Download

Technical Specifications

File Name	
2023 CMS QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting (HQR) <small>These are found on the eCQI Resource Center website and used to validate QRDA Category I files, which conform to the 2023 CMS QRDA Category I Implementation Guide for HQR.</small>	View

Technical Resources

Resource Name	
Value Set Authority Center <small>This is a centralized repository for the official versions of value sets that support eCQMs. The National Library of Medicine (NLM) maintains the NLM Value Set Authority Center and provides downloadable access to the value sets and the Data Element Catalog.</small>	View

- ➔ 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 Submission Overview Document

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

CY 2023 Hospital Inpatient Quality Reporting Program / Medicare Promoting Interoperability Program eCQM Submission Overview			
Program Requirements	Submit data for the mandatory Safe Use of Opioids – Concurrent Prescribing eCQM and three (3) other available eCQMs , for four quarters of CY 2023 data (Q1, Q2, Q3, Q4) during the same reporting period. 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 across quarters in a given reporting year.	Dual Program Acceptance	Hospitals that successfully report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for four quarters via the Hospital Quality Reporting (HQR) System will meet the eCQM requirement for the following: <ul style="list-style-type: none"> • Hospital Inpatient Quality Reporting (IQR) Program* • Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals**
Reporting Deadline	Thursday, February 29, 2024, 11:59 p.m. Pacific Time	System Availability	The HQR System will be open for Test and Production File Submissions in Fall 2023.
Technical Requirements	<ul style="list-style-type: none"> • Use Health Information Technology (IT) certified by the Office of the National Coordinator for Health IT (ONC) to the 2015 Edition Cures Update criteria. • Use eCQM specifications published in the 2022 eCQM annual update for CY 2023 reporting and applicable addenda, available on the eCQI Resource Center. • Use the 2023 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I, Schematron, and sample QRDA Category I files on the Eligible Hospital/ Critical Access Hospital eCQMs page of the eCQI Resource Center. 	Successful Submission	Data must be submitted through the HQR Secure Portal as any combination of the following: <ul style="list-style-type: none"> • QRDA Category I files with patients meeting the initial patient population of the applicable measure(s) • Zero denominator declarations • Case threshold exemptions
		File Validation Tool	Via the HQR System, providers can validate QRDA Category I test and production file structure and contents and generate CSV files for feedback to correct QRDA Category I files prior to production re-submissions.
Who Can Submit Data	<ul style="list-style-type: none"> • Hospitals with a HCQIS Access Roles and Profile (HARP) account can submit. • Electronic health record (EHR) vendors can create a HARP account to submit data on their behalf. Hospitals can log in to the HQR Secure Portal and the Vendor Management System to assign, modify, and remove vendor access from one page. User receive instant confirmation of the changes. Contact the CCSQ Service Center for assistance at (866) 288-8912.	Contacts	<ul style="list-style-type: none"> • Submit questions on the Hospital IQR Program and eCQM reporting requirements to the Hospital IQR Program Support Team via (844) 472-4477 or the QualityNet Question and Answer Tool. • Submit questions on the HQR Secure Portal, Medicare Promoting Interoperability Program, or eCQM data submission process to the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov. • Visit the ONC Jira Issue Tracker to see prior responses, submit questions to CMS subject-matter experts, and receive assistance with the eCQM Issue Tracker, QRDA Issue Tracker, CQL Issue Tracker, and hybrid measures.
<small>*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.</small>			

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	<p>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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <ul style="list-style-type: none"> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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	<ul style="list-style-type: none"> <input type="checkbox"/> Visit the Hospital Quality Reporting (HQR) System log in page. <ul style="list-style-type: none"> Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account. Complete two-factor authentication. Enter the security code. <input type="checkbox"/> Review the Navigation Menu on the HQR landing page to perform actions in the HQR System. <p>Go to the dashboard menu to complete the steps listed on the next page.</p>
	<p>*The submission of CY 2023 eCQM data will affect the FY 2025 payment determination.</p> <p>**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.</p> <p>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) 472-4477 or https://cmsqualitysupport.servicenow.com for information on the Hospital IQR Program. Contact the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov for information on the Medicare Promoting Interoperability Program.</p>

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	
System opens fall 2023	Task
Deadline: 2/29/2024 11:59 p.m. Pacific Time	<ul style="list-style-type: none"> <input type="checkbox"/> Upload Test and Production QRDA Category I files. <ol style="list-style-type: none"> Click Data Submission. Locate the eCQM tab. Click on File Upload. Select Test or Production. Click the Select Files button to locate the QRDA Category I batch files on your computer to upload. Once the files load and the HQR System has processed them, you will receive a confirmation email. <input type="checkbox"/> Review the processing status of the QRDA Category I files. <ol style="list-style-type: none"> From the dashboard menu, click on Data Results. Then, click on eCQM. Click on the Files Upload History tab to review submissions. Select the submission type, Test or Production. Click Change Selection. The page will refresh. Once the uploaded file status says Ready, download the errors for each batch as a Comma Separated Values (CSV) report. <input type="checkbox"/> Review the Submission Accuracy Tab. Locate the rejected files for revision and resubmission. (The HQR System will default to Test for the submission field and the most current quarter.) <ol style="list-style-type: none"> Click the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page. 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. You can click on the Export Results button to print or download the results for closer review. <input type="checkbox"/> Review Outcomes Submission Results to determine how the episodes of care were evaluated. (The HQR System will default to Test for the submission field and the most current quarter.) <ol style="list-style-type: none"> 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. 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. <input type="checkbox"/> Generate the Program Credit Report. <ol style="list-style-type: none"> From the dashboard menu, click on Program Reporting. Then, click on Program Credit. Click on a program card. Then, select discharge quarter. Click Change Selection. Program Credit Reports for both programs will generate. 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. <ul style="list-style-type: none"> 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. <p>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.</p> <input type="checkbox"/> Enter Denominator Declarations, if they apply. <ol style="list-style-type: none"> Click on Data Submissions. Click on Data Form. Click on Launch Data Form to refresh the page. 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. <input type="checkbox"/> Re-generate the Program Credit Report(s). <p>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.</p>

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 eCQMs 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 Update criteria**. To learn more about the update, visit [ONC's 21st Century 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 [eCQI Resource Center eCQM](#) page.

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

*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.

***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

<https://qualitynet.cms.gov/inpatient/measures/ecqm/resources#tab2>

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Resources

Overview eCQM Measures Participation **Resources** Webinars

CY 2023

Online Resources

Previous Resources

Online Resources

Resource Name
ONC - Jira Issue Tracker The Office of the National Coordinator for Health Information Technology (ONC) Jira Issue Tracker is available for data submitters to review, research, and post questions for multiple projects. There are several trackers associated with aspects of eCQM reporting for assistance (eCQM Issue Tracker, CQL issue Tracker, eCQM Known Issues, QRDA Issue Tracker, CMS Hybrid Measures, etc.).
eCQI Resource Center The eCQI Resource Center is considered the one-stop shop for the most current resources to support electronic clinical quality improvement. This website assists hospitals and their vendors learning about eCQI resources by connecting them with the community of professionals who are dedicated to clinical quality improvement for better health.
Certified Health IT Product List (CHPL) The website offers a comprehensive and authoritative listing of all certified Health Information Technology that has been successfully tested and certified by the ONC Health IT Certification Program. All products listed on the CHPL have been tested by an ONC-Accredited Testing Laboratory and certified by an ONC-Authorized Certification Body to meet criteria adopted by the Secretary of the Department of Health and Human Services.

- **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:**
https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf

QualityNet Webinars Page

<https://qualitynet.cms.gov/inpatient/measures/ecqm/webinars>

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Webinars

Overview eCQM Measures Participation Resources **Webinars** Notifications

2023

2022

2021

2020

2019

2018

2017

2016

2015

2014

Electronic Clinical Quality Measures (eCQM) 2023 Webinars & Calls

Call	Topic(s)	Resources
August 11	Submitting Voluntary Hybrid Measure Data	<ul style="list-style-type: none">Recorded Webinar (55 min.)Webinar transcript (PDF-353 KB)Handout - 1 slide per page (PDF-2.8 MB)QA Summary (PDF-39 KB)
April 17	Resources for Reporting FY 2025 eCQM and Hybrid Measure Data	<ul style="list-style-type: none">Recorded Webinar (61 min.)Webinar transcript (PDF-291 KB)Handout - 1 slide per page (PDF-1.2 MB)
January 24	Hospital IQR Requirements for CY 2023 Reporting (FY 2025 Payment Determination)	<ul style="list-style-type: none">Recorded Webinar (56 min.)Webinar transcript (PDF-265 KB)Handout - 1 slide per page (PDF-910 KB)

Review archived webinar materials:

- ☐ Watch recording.
- ☐ Read transcript.
- ☐ Review Question & Answer document.

Visit the Quality Reporting Center for eCQM archived events:

<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/>

QualityNet Notifications Page

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Notifications

Overview eCQM Measures Participation Resources Webinars **Notifications**

2023

2022

2021

2020

2019

2018

2017

2016

2023 Email Notifications

The following email notifications regarding the Hospital Inpatient Quality Reporting (IQR) Program have been issued to those registered for the notifications.

Reference Number	Date	Subject
2023-140-IP	09/13/23	CMS HQR System Now Accepting CY 2023 eCQM Data
2023-139-IP	09/13/23	Now Available: 2023 Change Review Process (CRP)
2023-135-IP	09/06/23	Now Available: 2024 Eligible Clinicians and Eligible Hospitals/Critical Access Hospitals Electronic Clinical Quality Measure Flows
2023-132-IP	09/01/23	NOTICE: Voluntary Submission of 2024 Hybrid HWR and/or Hybrid HWM Measure Data to the Hospital IQR Program Due October 2, 2023
2023-130-IP	08/31/23	Now Available: Updated 2023 and 2024 CMS QRDA I Implementation Guides (IGs), Schematrons, and Sample Files for Hospital Quality Reporting (HQR)

Join the ListServe to receive email notifications about QualityNet programs **Join Now**

- 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](https://qualitynet.cms.gov/listserv-signup)

Reviewing CY 2023 eCQM Reporting Resources

Medicare Promoting Interoperability Program on CMS.gov

CMS.gov

Promoting Interoperability Program Page

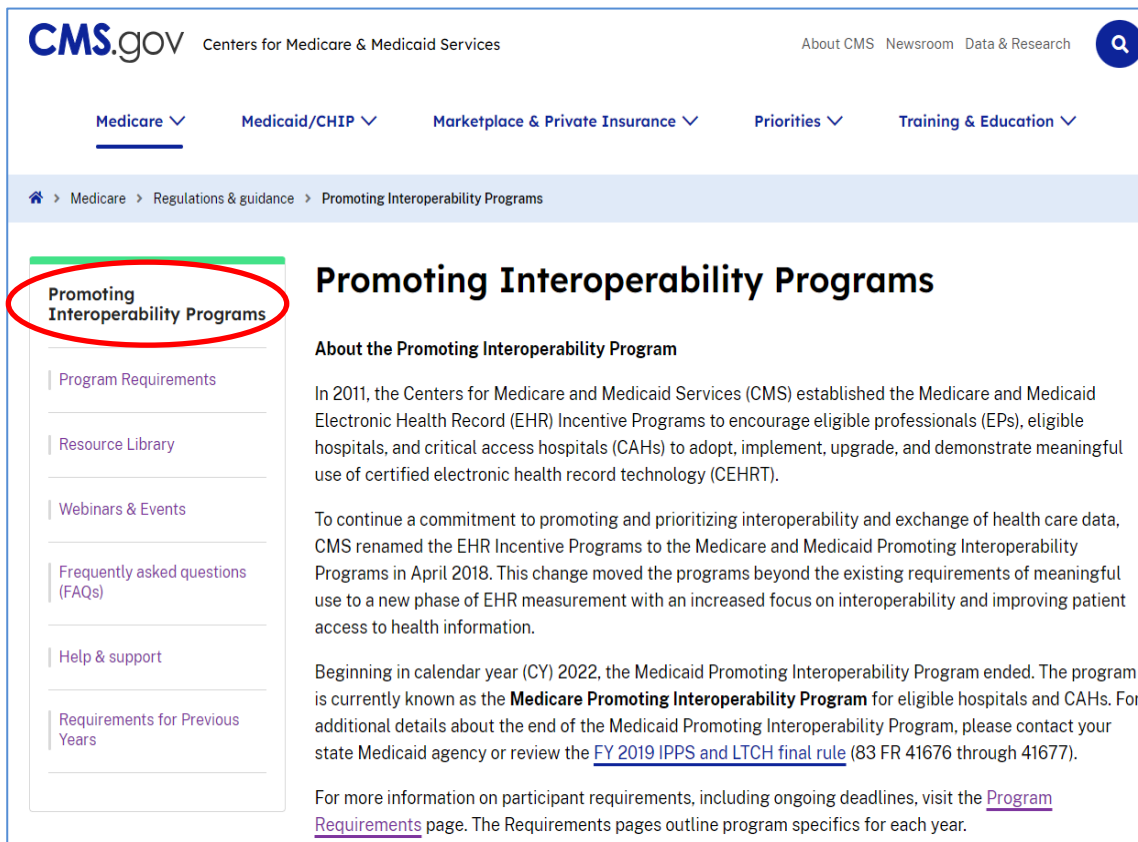
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

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.



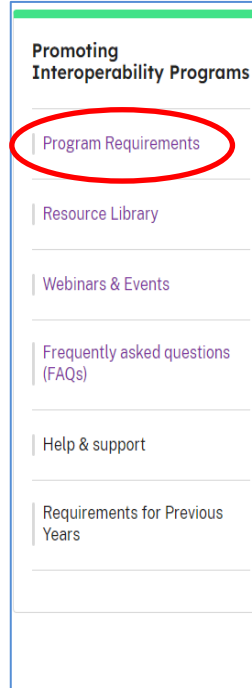
The screenshot shows the CMS.gov website. The top navigation bar includes links for Medicare, Medicaid/CHIP, Marketplace & Private Insurance, Priorities, and Training & Education. The breadcrumb trail indicates the path: Home > Medicare > Regulations & guidance > Promoting Interoperability Programs. The left-hand menu is circled in red, showing links for Program Requirements, Resource Library, Webinars & Events, Frequently asked questions (FAQs), Help & support, and Requirements for Previous Years. The main content area features the title 'Promoting Interoperability Programs' and a section 'About the Promoting Interoperability Program' which states that in 2011, CMS established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to encourage eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) to adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health record technology (CEHRT). It also mentions that in April 2018, CMS renamed the EHR Incentive Programs to the Medicare and Medicaid Promoting Interoperability Programs. A note indicates that beginning in calendar year (CY) 2022, the Medicaid Promoting Interoperability Program ended, and the program is now known as the Medicare Promoting Interoperability Program for eligible hospitals and CAHs. For more information on participant requirements, including ongoing deadlines, visitors are directed to the Program Requirements page.

2023 Program Requirements Page

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

A list of 2023 program requirements is provided:

- ❖ Electronic Health Record reporting period
- ❖ Certified Electronic Health Record Technology
- ❖ Objectives and measures
- ❖ Scoring methodology
- ❖ eCQMs



2023 Program Requirements

In the fall of 2022, CMS finalized changes to the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs) for calendar year (CY) 2023. These changes and requirements can be found below.

For information on Hardship Exceptions and Payment Adjustments, please visit the Medicare Promoting Interoperability Program Resource Library.

EHR Reporting Period in CY 2023

The Electronic Health Record (EHR) reporting period for new and returning participants attesting to CMS is a minimum of any continuous, self-selected, 90-day period.

Certified EHR Technology (CEHRT)

To be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs attesting to the Medicare Promoting Interoperability Program will be **required** to use CEHRT that has been updated to meet 2015 Edition Cures Update criteria.

The CY 2023 CEHRT requirements for the Medicare Promoting Interoperability Program are as follows:

- 2015 Edition Cures Update functionality must be used as needed for a measure action to count in the numerator during the EHR reporting period chosen by the eligible hospital or CAH (a minimum of any continuous 90 days in 2023).

CMS.gov

Resource Library Page

<https://www.cms.gov/medicare/regulations-guidance/promoting-interopability-programs/resource-library>

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

Promoting Interoperability Programs

- Program Requirements
- Resource Library**
- Webinars & Events
- Frequently asked questions (FAQs)
- Help & support
- Requirements for Previous Years

Resource Library

2023:

- [Medicare Promoting Interoperability Program Specification Sheets](#)
- [Medicare Promoting Interoperability Program Objectives & Measures](#)
- [SAFER Guides Infographic](#)

2022:

- [Medicare Promoting Interoperability Program Specification Sheets](#)
- [Scoring Methodology Fact Sheet](#)
- [Electronic Prescribing Fact Sheet](#)
- [Health Information Exchange Fact Sheet](#)
- [Provider to Patient Exchange Fact Sheet](#)
- [Public Health & Clinical Data Exchange Fact Sheet](#)
- [eCQM Reporting](#)
- [Medicare PI Program vs MIPS PI Performance Category Fact Sheet](#)
- [Additional Reporting Requirements](#)

CMS.gov

Webinars & Events Page

<https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/webinars-events>

Review 2023 webinar materials for the Medicare Promoting Interoperability Program:

- ☐ Slides
- ☐ Transcripts
- ☐ Recordings

Promoting Interoperability Programs

- Program Requirements
- Resource Library
- Webinars & Events**
- Promoting Interoperability Programs Events
- Frequently asked questions (FAQs)
- Help & support
- Requirements for Previous Years

Webinars & Events

CMS hosts regular webinars to educate the healthcare community about topics related to the Promoting Interoperability Programs. During these events, CMS program experts provide updates on program changes, requirements, and deadlines; upcoming events; and new resources. Program experts also reserve time at the end of each webinar to address audience questions.

For questions about upcoming webinars or previous events, please e-mail: cmsqualityteam@ketchum.com.

2023 Medicare Promoting Interoperability Program Overview Webinar

- [2023 Medicare PI Program Overview Webinar Slides](#)
- [2023 Medicare PI Program Overview Transcript](#)
- [2023 Medicare PI Program Overview Webinar Recording](#)

Medicare Promoting Interoperability Program 101 Webinar

- [2023 Medicare PI Program 101 Slides](#)
- [2023 Medicare PI Program 101 Transcript](#)
- [2023 Medicare PI Program 101 Recording](#)

CMS.gov

Help & Support Page

<https://www.cms.gov/medicare/regulations-guidance/promoting-interopability-programs/help-support>

- ➔ 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

Promoting Interoperability Programs

- Program Requirements
- Resource Library
- Webinars & Events
- Frequently asked questions (FAQs)
- Help & support**
- Requirements for Previous Years

Help & Support


Medicare eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program may contact the CCSQ help desk for assistance at QnetSupport@cms.hhs.gov or 1-866-288-8912.

Medicare EPs are now considered eligible clinicians and are part of the Quality Payment Program. Contact the Quality Payment Program help desk for assistance QPP@cms.hhs.gov or 1-866-288-8292.

CMS Medicare Promoting Interoperability Program Listserv

The Centers for Medicare and Medicaid Services (CMS) listserv provides regular updates on important information about the Medicare Promoting Interoperability Program. Subscribing to this listserv will keep you informed of program requirements and milestones, policy changes, upcoming events, answers to frequently asked questions, official resources and more. CMS encourages you to subscribe to the Medicare Promoting Interoperability Program listserv to stay up to date on the Medicare Promoting Interoperability Program.

To sign up or access your subscriber preferences, visit [CMS' Email Updates page](#)

 Centers for Medicare & Medicaid Services
www.cms.gov www.medicare.gov www.medicicaid.gov

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Email Address *



Reviewing CY 2023 eCQM Reporting Resources

Technical and Implementation Resources on the eCQI Resource Center

eCQI Resource Center

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

eCQI
RESOURCE CENTER

eCQMs
Electronic Clinical
Quality Measures

dQMs
Digital Quality
Measures

Resources
Standards, Tools,
& Resources

About
eCQI, CDS, FAQs
Engage

Log in
Manage Your
Account

Search keyword or phrases (phrase in quotes)

Electronic Clinical Quality Improvement (eCQI) Resource Center
Transforming eCQI through collaboration, education, and standards

Eligible Clinician eCQMs >

Eligible Hospital / Critical Access Hospital eCQMs >

Outpatient Quality Reporting eCQMs >

Featured News & Events

View All

Oct 17, 2023

Now Available: 2023 Change Review Process (CRP)...

Oct 26, 2023 @ 4:00pm EDT

Cooking with Clinical Quality Language (CQL) Webinar

ECQM
- Any -

PERIOD
- Any -

eCQM Title or CMSID
May use partial Title or ID

Find an eCQM

Get Started with eCQMs
New to eCQMs? Learn the basics about eCQMs, development, certification, and resources to get started.

Educational Resources
Educational resources available for eCQMs and eCQL, Tools, CQL, FHIR, QDM, and QRDA.

eCQM Standards
Key standards for the electronic transmission of health information used to support eCQMs.

FHIR®
Fast Healthcare Interoperability Resources® is a standard for exchanging healthcare information electronically.

Latest News

Upcoming Events

[Medicare Promoting Interoperability Program eCQM Requirements in CY 2023](#)
The Centers for Medicare & Medicaid Services (CMS) would like to remind eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program that they are required to report on a total of four electronic clinical quality measures (eCQMs) in...
Posted on Oct 18, 2023

[Now Available: 2023 Change Review Process \(CRP\)](#)
The Centers for Medicare & Medicaid Services (CMS) announces the availability of the 2023 Change Review Process (CRP) for electronic clinical quality measures (eCQMs). The CRP provides eCQM users the opportunity to review and comment on draft changes to the eCQM specifications and supporting... Posted on Oct 17, 2023

Oct
31

[Expert to Expert Series: 2024 Annual Update Webinar for Stroke eCQMs](#)
12:00pm EDT
The Expert to Expert webinar series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of eCQMs to assist hospitals to improve data use for quality improvement and...

Nov
03

[ONC Tech Forum: Aligning USCDI, FHIR US Core, C-CDI and other Health IT Standards](#)
1:00pm EDT
Join us on November 3 from 1:00-3:30 pm ET for an overview of the recently published United States Core Data for Interoperability Version 4 (USCDI v4) and its relationship to HL7® FHIR® US Core and C...

12/12/2023

Acronyms

25

eCQI Resource Center

eCQM Resources

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

Select Period
2023
Filter By
eCQMs
Apply Filters

Find older eCQM specifications in the [eCQM Standards and Tools Version](#) table.

eCQM Resources

EH/CAH eCQMs

About

2023 Reporting Period Eligible Hospital / Critical Access Hospital Resources

Filter Resources by

- Any -

Implementation Guidance

Reporting References

Standards References

Technical Specifications

eCQM Resources	Short Description	Published
Implementation Checklist eCQM Annual Update	Implementation checklist ⓘ	--
Guide for Reading eCQMs 8.0 (PDF)	Assists implementers and measured entities with information on how to read eCQM specifications ⓘ	May 2022
Hospital Quality Reporting Table of eCQMs (PDF)	List of eCQMs available for use ⓘ	Sep 2022
eCQM Specifications for Hospital Quality Reporting (ZIP)	eCQM technical specifications ⓘ	Nov 2022
Measure Authoring Tool (MAT) Global Common Library (GCL) Technical Specifications and Technical Release Notes (ZIP)	MAT-CGL specifications and technical release notes ⓘ	May 2022
eCQM and Hybrid Measure Value Sets	Value sets used with eCQMs and Hybrid Measures ⓘ	May 2022
EH/CAH Value Sets CMS334 (ZIP)	Value sets used in CMS334v4 ⓘ	Apr 2023
eCQM Direct Reference Codes List	eCQM Direct Reference Codes used in eCQMs ⓘ	May 2022
Binding Parameter Specification (BPS) (ZIP)	Value set metadata ⓘ	May 2022
eCQM Logic and Implementation Guidance v6.0 (PDF)	Assists implementers and measured entities with how to use eCQMs and report issues ⓘ	May 2022
Technical Release Notes (PDF)	Year over year changes to eCQM logic and terminology ⓘ	May 2022
Technical Release Notes (ZIP)	Year over year changes to eCQM logic and terminology ⓘ	May 2022
Standards and tool versions used for reporting period	Tools and standards versions measure developers used to create eCQMs and versions of standards and tools used for their reporting ⓘ	May 2022

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

https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1

eCQM Resources

EH/CAH eCQMs

About

2023 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

Total number of EH/CAH eCQMs: 13

Title	Short Name	CMS eCQM ID	NQF Number	Specifications	Notes
Hospital Harm - Severe Hypoglycemia	HH-01	CMS816v2	3503e	CMS816v2.zip (ZIP)	
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v11	Not Applicable	CMS190v11.zip (ZIP)	
Median Admit Decision Time to ED Departure Time for Admitted Patients	ED-2	CMS111v11	Not Applicable	CMS111v11.zip (ZIP)	
Safe Use of Opioids - Concurrent Prescribing	N/A	CMS506v5	3316e	CMS506v5.zip (ZIP)	*Note: There is a known issue on CMS506v5. See issue EKI-20 on the ONC eCQM Known Issues Dashboard for details.
Severe Obstetric Complications	PC-07	CMS1028v1	Not Applicable	CMS1028v1.zip (ZIP)	*This is a risk adjusted measure. Risk Adjustment Methodology Report: Severe Obstetric Complications Methodology Report (PDF)
Venous Thromboembolism Prophylaxis	VTE-1	CMS108v11	Not Applicable	CMS108v11.zip (ZIP)	
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v11	Not Applicable	CMS190v11.zip (ZIP)	

- 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)

eCQI Resource Center

Measure Information

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

Severe Obstetric Complications

[Receive updates on this topic](#)

Measure Information

Specifications and Data Elements

Compare eCQM Versions

The Compare function compares two years of the measure specifications found in the header of the measure's HTML. It does not include a comparison of any information in the body of the HTML, e.g., population criteria, Clinical Quality Language, or value sets.

Strikethrough text highlighted in red indicates information changed from the previous version. Text highlighted in green indicates information updated in the new eCQM version.

SELECT eCQM YEARS

2023 vs 2024

Compare >

Reset

FILTER MEASURE BY

All Information

DOWNLOAD

Download

Measure Information	2023 Reporting Period	2024 Reporting Period
Title	Severe Obstetric Complications	Severe Obstetric Complications
CMS eCQM ID	CMS1028v1	CMS1028v1 CMS1028v2
Guidance	<p>In the case of multiple births, map the first delivery date/time (Baby A) as the delivery date/time for the encounter.</p> <p>This measure allows for 2 approaches to determine estimated gestational age (EGA) in the following order of precedence:</p> <ol style="list-style-type: none"> 1. The EGA is calculated using the American College of Obstetricians and Gynecologists ReVITALize guidelines.* 2. The EGA is obtained from a discrete field in the electronic health record. This option is only used when the calculated EGA is not available. <p>Wherever gestational age is mentioned, relative to the delivery, the intent is to capture the last estimated gestational age prior to or at the time of delivery.</p> <p>*ACOG ReVITALize Guidelines for Calculating Gestational Age:</p>	<p>In the case of multiple births, map the first delivery date/time (Baby A) as the delivery date/time for the encounter.</p> <p>This measure allows for 23 approaches to determine estimated gestational age (EGA)(GA) in the following order of precedence:</p> <ol style="list-style-type: none"> 1. The EGAGA is calculated using the American College of Obstetricians and Gynecologists ReVITALize guidelines.* 2. The EGAGA is obtained from a discrete field in the electronic health record. This option is only used when the calculated EGAGA is not available. 3. The GA is based on ICD10 or SNOMED codes indicative of weeks gestation. This option is only used when results from items #1 and #2 (see above) are not available. <p>Wherever gestational age is mentioned, relative to the delivery, the intent is to capture the last estimated gestational age prior to or at the time of delivery.</p>

- ➔ 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

https://ecqi.healthit.gov/ecqm/eh/2023/cms1028v1#quicktabs-tab-tabs_measure-2

Severe Obstetric Complications

[Receive updates on this topic](#)

Measure Information

Specifications and Data Elements

Specifications

Attachment	Size
 CMS1028v1.html	179.97 KB
 CMS1028v1.zip (ZIP)	153.3 KB

*This is a risk adjusted measure.

Risk Adjustment Methodology Report: [Severe Obstetric Complications Methodology Report \(PDF\)](#)

Value Sets

[Value Sets to be used with CMS1028v1](#)

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

eCQI Resource Center Tools & Key Resources Library

<https://ecqi.healthit.gov/ecqi-tools-key-resources?qt-teste=0>

eCQI Tools & Key Resources

[Receive updates on this topic](#)

eCQI Tools & Resources Library

eCQM Standards and Tools Versions

Education

The eCQI Tools and Resources Library provides a foundation for electronic quality improvement, and development, testing, certification, publication, implementation, reporting, and continuous evaluation of eCQMs. You can refine the list by selecting a category of interest and/or a role that best describes your needs, or you can also click a specific tool from the list to view additional details.

Filter Tools & Resources

BY TITLE

BY CATEGORY

- Any -

BY ROLE

- Any -

Apply

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Title	Category	Role	Description
Bonnie_FHIR	Development, Implementation, Testing	Health IT Developer/Vendor, Measure Developer/Steward	Bonnie is a software tool that allows eCQM developers to test and verify the behavior of their eCQM logic. The Bonnie Fast Healthcare Interoperability Resources (FHIR) application allows eCQM developers to load FHIR measures they have constructed using the Measure Authoring Tool (MAT) , which helps measure developers execute the eCQM logic against the constructed patient test deck, and evaluates whether the logic aligns with the intent of the eCQM.
Bonnie_Prior	Testing	Health IT Developer/Vendor, Measure Developer/Steward	The Bonnie Prior tool supports an earlier version of the QDM than the Bonnie QDM environment.
Bonnie_QDM	Development, Implementation, Testing	Health IT Developer/Vendor, Measure Developer/Steward	Bonnie is a software tool allowing eCQM developers to test and verify the behavior of their eCQM logic. The Bonnie QDM application allows eCQM developers to load Quality Data Model (QDM) based eCQMs they have constructed using the Measure Authoring Tool (MAT) , helps eCQM developers execute the eCQM logic against the constructed patient test deck, and evaluates whether the logic aligns with the intent of the eCQM.
BPS	Implementation	Eligible Hospital / Critical Access Hospital, Eligible Clinician, Health IT Developer/Vendor, Implementer	The value set Binding Parameter Specification (BPS) is generated by the National Library of Medicine (NLM) and is a record of the value set metadata information that defines the code lists specified by current CMS eCQMs. eCQM implementers and vendors use the BPS to track versions and other parameters that define the code lists for each eCQM release. Users can access the BPS metadata file for any released set of CMS eCQM value set files through the NLM's Value Set Authority Center Downloadable Resources .
CDS_Connect	Continuous Evaluation/Feedback, Development,	CDS Developer/Steward, Health IT	Clinical Decision Support (CDS) Connect is an Agency for Healthcare Research and Quality (AHRQ)-sponsored online platform for sharing interoperable CDS resources. Resources include standards-based CDS logic, implementation guides, pilot

- Learn about the tools and resources available.
- Filter by title, category and role.
- Access direct links.

eCQI Resource Center Standards and Tools Versions

<https://ecqi.healthit.gov/ecqi-tools-key-resources?qt-teste=1>

eCQI Tools & Key Resources

[Receive updates on this topic](#)

eCQI Tools & Resources Library

eCQM Standards and Tools Versions

Education

The standards and tools versions listed for each reporting/performance period are the versions used to create and/or support the implementation of the specific reporting/performance period specifications. Newer versions of the standards and tools may be available, but were not used in the development of the reporting/performance period listed.

Reporting/Performance Period

2023

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Reset

Reporting/Performance Period	eCQM Specifications and Resources	Tool and Resource Versions	Standard Versions
2023	<ul style="list-style-type: none">2023 EH/CAH Implementation Resources2023 Eligible Clinicians Implementation Resources	<ul style="list-style-type: none">MAT V6.10eCQM Logic and Implementation Guidance V6.0 (PDF)Cypress V7.1Bonnie V5.1.1QDM CQL-to-FLM Translator V1.5.3CQL Style Guide V6.0 (PDF)	<ul style="list-style-type: none">QDM V5.6 (PDF)HL7 V3 IG: CQL-based HQME IG R1 STU 4.1HL7 CQL R1 v1.5HL7 V3 HQME Normative Release 1HL7 QRDA I R1 STU R5.3HL7 QRDA III R1 Normative2023 CMS QRDA I IG for Hospital Quality Reporting2023 CMS QRDA III IG for Eligible Clinicians

*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](#) (PDF) showing reporting/performance periods 2021 to the current year.

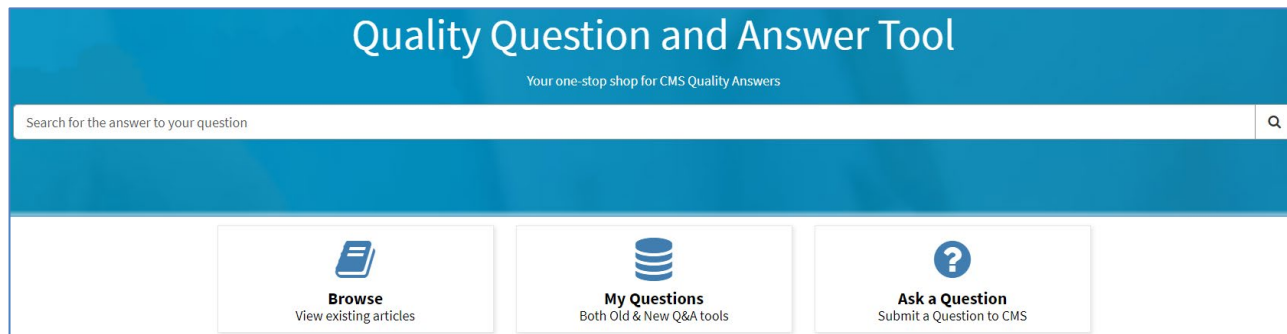
- Access the standards and tools versions specific to the CY 2023 reporting period.
- Download the eCQM Standards & Tools Version Chart (PDF).

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_ga
Hospital IQR Program and Policy	Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenowservices.com/qnet_ga
<ul style="list-style-type: none"> 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_ga
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



Reviewing CY 2023 eCQM Reporting Resources

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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