



Hospital Inpatient Quality Reporting (IQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Reviewing CY 2023 eCQM Reporting Resources
Presentation Transcript

Speaker

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Veronica Dunlap: Hello. Welcome, everyone, to our On Demand event, titled *Reviewing CY 2023 eCQM Reporting Resources*. My name is Veronica Dunlap, and I'm the Program Lead for the Alignment of eCQM Reporting for the Inpatient Value, Incentives and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host and speaker for today's webinar.

The slides, transcript, and questions and answers from today's webinar will be posted on both QualityNet and Quality Reporting Center websites. As you are listening to the webinar, we do encourage you to email questions related to the webinar topic to the email address noted on the slide: WebinarQuestions@hsag.com. Please make sure to include the title of today's webinar and slide number, as well. If you have additional questions not related to the webinar, we ask that you submit them directly to the [Quality Question and Answer Tool](#), and the link has been provided on the slide. At the end of the presentation, you will have the opportunity to complete a survey. Please complete the survey, as we do value your feedback regarding what works well, as well as any areas for improvement for future presentations.

This slide lists the acronyms and abbreviations that will be used throughout the presentation.

This presentation will review resources that support calendar year 2023 eCQM reporting to the Hospital Inpatient Quality Reporting Program and Medicare Promoting Interoperability Programs. We have provided a variety of helpful links and tools throughout the presentation to assist in locating, accessing, and using these key resources.

At the conclusion of today's event, participants will be able to locate eCQM policy and reporting information for the Hospital IQR and Medicare Promoting Interoperability Programs on [QualityNet](#), the [eCQI Resource Center](#), and [cms.gov](https://www.cms.gov) website.

Okay, let's begin today's presentation by navigating to the QualityNet website to review important policy information and tools specific to the calendar year 2023 eCQM reporting period.

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The QualityNet website is a CMS-approved website for hospitals, vendors, and all staff to access the applicable calendar year's reporting tools, materials, and policy information. The link for the QualityNet website is QualityNet.cms.gov. It is best to use Chrome, Firefox, or Edge to view this information since Internet Explorer is not recommended. There are many ways to navigate to the eCQM section on QualityNet; however, the quickest way, I find, is to type eCQM in the Search field located at the top of the home page. From here, select eCQM Overview from the list of pages provided. Under the big blue header, you can navigate to the various topics listed, such as the Measures page, Participation Requirements page. There's a page directly for resources specific for the current reporting period, any archived webinars, and even a dedicated page on communications that have been distributed through the Listserve channels related to eCQM reporting. A direct link to the eCQI Resource Center is available for users to quickly access technical resources such as the Implementation Guide, Schematron, and eCQM measure specs.

Let's take a closer look at each of these pages.

On the eCQM Measures page, the current reporting period of the eCQM measure set will display, and users may download the CY 2023 Available eCQMs Table. In addition to the current year's measure set, you may visit the Previous Measures tab, located on the left side of the screen to review eCQM measure sets from previous reporting years. Hospitals participating in the Hospital IQR Program and/or the Medicare Promoting Interoperability Program must report their eCQM data using Certified Electronic Health Record Technology to the 2015 Edition Cures Update, and each of the available eCQMs listed in the table must be certified to that update.

Moving from left to right, I would like to highlight a few things located here on the Participation Page. To view the current calendar year's requirements, you may select the Requirements tab, as indicated here. The current eCQM reporting requirements for calendar year 2023 will display.

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This page outlines the reporting requirements in the applicable CMS IPPS/LTCH PPS final rule and provides a direct link to the rule. Users may also visit the Previous Requirements Tab, located on the far-left side of the screen to preview any requirements specific to eCQM reporting for previous years. For this year's reporting, calendar year 2023, hospitals are required to submit the same four eCQMs for each one of the four quarters of data. Again, that is four eCQMs for four quarters of data. The breakdown of the four eCQMs is the same as last year and should include the mandatory Safe Use of Opioids–Concurrent Prescribing eCQM as one of the mandatory eCQMs, plus the three self-selected eCQMs from the table. So, again, that's four eCQMs for four quarters.

Also located under Participation is the Extraordinary Circumstances Exceptions page as it relates to eCQM reporting. Although the Hospital IQR Program and Medicare Promoting Interoperability Programs are aligned for eCQM reporting, the ECE policy only applies to hospitals participating in the Hospital IQR Program. Eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program follow a different process and can apply for a Hardship Exception. I will review this a little bit later in the presentation. Hospitals participating in the Hospital IQR Program who are unable to meet the calendar year 2023 eCQM reporting requirement by the February 29th submission deadline are strongly encouraged to reference the information located on this page and submit the eCQM ECE request form. CMS understands hospitals may experience unforeseen circumstances, such as vendor issues outside of the hospital's control or infrastructure challenges. All ECE request forms for the Hospital IQR Program related to eCQM program are due to the support contractor by April 1, 2024. It is very important to complete all the mandatory fields on the form and include any supporting documentation. Only ECE request forms specific to calendar year 2023 should be submitted. If your hospital requests consideration for an exception other than eCQMs such as chart-abstracted measures, population and sampling, validation, please review the non-eCQM ECE-related information as the deadline and criteria do differ.

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If you are unsure or need additional assistance regarding an ECE, please don't hesitate to submit your questions to the Quality Question and Answer Tool.

Located on the Resources page, data submitters can access and locate the calendar year 2023 eCQM reporting tools, which include the eCQM Submission Overview document, the Available eCQMs Table, and the submission checklist. Users can also access direct links to the 2023 technical resources, posted on the eCQI Resource Center and the Value Set Authority Center. Over the next three slides, we will review each of the reporting tools that I just mentioned.

The first tool is the Calendar Year 2023 eCQM Submission Overview, which provides hospitals and vendors a high-level overview of the calendar year 2023 eCQM reporting requirements as they pertain to the Hospital IQR and Medicare Promoting Interoperability Programs. A summary of the calendar year requirements is provided. I would like to remind our listeners that the public reporting of eCQM data began with calendar year 2021 data and will continue with this year's data and future years.

The next tool is the Calendar Year 2023 eCQM QRDA Category I File Submission Checklist. This checklist is strictly for eCQM reporting to the HQR System and walks the data submitter through the steps on how to upload their QRDA I test and production files, manually enter denominator declarations and case threshold exemptions as applicable, how to review and correct your rejected files, and evaluate your measure outcomes. The checklist enables staff to verify they have successfully met the eCQM requirement by explaining how to access, run, and interpret the program Credit Report. It is important to generate the Program Credit Report for each program your hospital participates in, whether it be the [Hospital] IQR Program and/or the PI Program. This will help the hospital to determine if you have successfully submitted and met the eCQM reporting requirement. A key takeaway that I want to point out is to understand that the Program Credit Report is a "snapshot" in time.

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As files are resubmitted by the hospital staff or the vendor, the files are deleted, and/or denominator declarations are modified. This may change the outcome of your Program Credit Report. So, it is very important to make sure that, once all your data are in, that this report be regenerated to see if your hospital has met the eCQM reporting requirement, as your status could possibly change if the hospital staff is submitting data and/or the vendor is submitting data, as well, without communicating. Again, please make sure to rerun your Program Credit Report. You can save a PDF copy of that. Keep in mind that, although the requirement for eCQM reporting applies to both programs, each program ultimately has additional, separate requirements to successfully meet in order to receive the Annual Payment Update.

The last tool I would like to mention, again, is the Calendar Year 2023 Available eCQMs Table which lists a total of 13 eCQMs, along with their name and version number in the measure set. We encourage you to take a close look at the footer information at the bottom of the table to help you prepare for the following reporting year. For example, asterisks have been added next to the two maternal health eCQMs, ePC-02 and ePC-07, indicating they will be joining the Safe Use of Opioids measure and will be mandatory beginning with the calendar year 2024 reporting period.

As we move on to the next page on QualityNet, the Online Resources page contains direct links to the ONC JIRA Issue Trackers, eCQI Resource Center, and the Certified Health IT Product List. There are a few different trackers that are made available by the ONC for anyone to submit their questions. These include the eCQM Issue Tracker, QRDA Issue Tracker, CQL Tracker, and there's even one specific for hybrid measures. For example, the eCQM Issue Tracker provides a centralized place to submit questions and issues related to the eCQM specifications. Many times, there are others experiencing the same questions that you may have, so it is highly recommended to perform a search first and see if a current response or solution has been made public. Otherwise, you may create your own issue for a subject-matter expert to research and address your questions.

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As I mentioned, a direct link to the eCQI Resource Center and the CHPL website is also available. A quick reminder that, starting with 2023 reporting, the HQR system will only accept QRDA I files containing the 15C syntax and will reject files containing the 15E syntax due to the new CEHRT requirement to the 2015 Edition Cures Update.

Also available is a page dedicated to all eCQM-related webinars, past and present. You can access the recording to watch the webinar presentation at your convenience or review archived materials, such as reading the transcript or reviewing the question-and-answer document.

Finally, there's a page specific to notifications, containing direct links to each communication that has been distributed through the Electronic Health Record Listserve group surrounding eCQM reporting. Please make sure to join the Listserve distribution list to receive important email updates sent directly to your email box on eCQM reporting and hybrid measure reporting.

Next, let's head to the cms.gov website. That houses important information about the Medicare Promoting Interoperability Program.

The CMS.gov website contains important policy information, dates to remember, and the list of requirements for the Medicare Promoting Interoperability Program. Eligible hospitals and critical access hospitals are required to participate in this program. The PI Program's landing page contains links to program requirements, the resource library, frequently asked questions, and archived webinars.

The first page I would like to focus on provides a list of all the calendar year 2023 reporting requirements for the Medicare Promoting Interoperability Program. A link to the finalized changes is provided, reminding hospitals of the 90-day self-selected EHR reporting period, as well as the new CEHRT requirement to the 2015 Edition Cures Update criteria. As a reminder, that although critical access hospitals are not required to participate in the Hospital IQR Program, they are required to participate in the Medicare Promoting Interoperability Program.

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After you have familiarized yourself with the 2023 program requirements, visit the resource library to seek out specific resources for the reporting period. This page is updated on an ongoing basis, and we encourage you to bookmark it as a favorite. As noted here, CMS posts the program's specification sheets, objectives, measures, and the SAFER Guides Infographic. Hospitals can also locate information on the Hardship Exceptions Policy, and CMS will announce when hardship requests will be accepted for calendar year 2023. Eligible hospitals and critical access hospitals who are unable to successfully meet the Medicare Promoting Interoperability Program requirements may be exempt from a downward payment adjustment and can submit a Hardship Exception application. The deadline for eligible hospitals to submit a Hardship Exception application is July 31, 2024. The deadline for critical access hospitals to submit a Hardship Exception application is September 30, 2024. In either case, a limit of five hardships may be granted per CCN. CMS will not grant a hospital more than five hardships.

To review pertinent webinar materials, such as watching the recording or reading the transcript from a webinar, select the Webinars & Events link located on the left side of the navigation menu.

Our last page here on cms.gov I would like to point out is the Help & Support page where eligible hospitals and critical access hospitals can visit to learn more about where to submit their questions. All program and policy specific questions related to the PI Program requirements and Hardship Exceptions Process should be directly submitted to the Quality Question and Answer Tool. For system-related questions about HARP account, user roles, permissions, uploading data, and running reports, please contact the [CCSQ Service Center](#). Also located on this page is the link to sign up or access your subscriber preferences for the Medicare Promoting Interoperability Program Listserve. It is strongly recommended for you and your staff to sign up for the Listserves on QualityNet that I previously mentioned and this Listserve specific to the PI Program on cms.gov.

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CMS announces and distributes important communications directly to those who sign up with a valid email address to stay informed of program requirements, policy changes, and upcoming webinars and events.

For the last part of the webinar, I would like to review the technical and implementation resources available on the eCQI Resource Center.

The eCQI Resource Center houses all resources on electronic quality improvement on eQMs for eligible clinicians, eligible hospitals, including critical access hospitals, and outpatient quality reporting. These resources can be accessed directly from the landing page and are categorized by performance period.

Towards the bottom of the page, the latest news including the EHR Listserve announcements and Save a Date reminders for upcoming events are also posted.

To locate the 2023 reporting standards, tool versions, and eQM specifications, select the 2023 reporting period for eligible hospitals and critical access hospitals from the landing page. As finalized in the final rule and published each year, CMS requires hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs to use the most current version for reporting their eQM data. After applying your filter for the 2023 period, please note the three tabs from left to right, which include eQM Resources, EH/CAH eQMs, and an About tab. As we look under the eQM Resources tab, users can filter by resource type, such as technical specifications for eQMs, implementation guidance to locate the eQM flows, or reporting references to view the CMS QRDA I Implementation Guide, Schematrons, and sample files.

As you look under the second tab, as indicated on the slide for EH/CAH eQMs, a list of the finalized eQMs in the calendar year 2023 measure set is provided. Each individual measure is listed including the measure's short name, version number, and a direct link to the measure specs.

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Effective March 2023, the NQF is no longer the consensus-based entity for CMS and the eCQI Resource Center will be updating to display the CBE number, or consensus-based entity number, in the column, currently titled as NQF Number. The last column, I'd like to point out, displays important notes about a particular measure. As reflected on the slide, a known issue does exist next to the Safe Use of Opioids eCQM, pointing submitters to the ONC's Known Issues Tracker, referred to as EKI. That, again, EKI-20, is specific to this known issue, which speaks to noting that implementors should evaluate each encounter independently and apply denominator exclusions only to the encounter in which they occur. This column, the Notes column there, also informs submitters if the eCQM is a risk-adjusted measure and provides a direct link to the Risk-Adjusted Methodology Report as indicated next to the ePC-07, Severe Obstetric Complications, measure.

After clicking on the specific eCQM you would like to further review, another page will display with two tabs at the top. These include a tab titled Measure Information and a tab for Specifications/Data Elements. As you can see on this slide, under the Measure Information tab, users can access the Compare eCQM feature which enables the user to compare two years of the measure specifications to see what's removed, new, or changed from one year to the next. The red text indicates a change from the previous year's version. Any text reflected in green indicates that this is a new update with the current version. Again, in this example, the Severe Obstetric Complications eCQM was selected to compare any changes or updates from the 2023 to the 2024 reporting period.

To locate the measure specifications and associated data elements and value sets, select the second tab located at the top. Different formats for the measure specifications are available here along with links to technical release notes as applicable, contained data elements located in the data element repository, and any related value sets.

The eCQI Resource Center also has a library that contains key tools and resources, and users can filter their search by the name of the tool, category type, or user role.

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Under the first tab displayed on the slide, users can filter through the available categories such as development and/or implementation to look up resources specific to FHIR®, or they can look up tools specific to a user's role specific for vendors and/or measure developers.

Users can select the second tab to access the standards and tools versions specific to the calendar year 2023 reporting period. There's also a standards and tools version chart available for download, if you look at the bottom of this page. You can click on that link for that PDF to display. All versions are listed in one high-level overview which start with the calendar year 2021 reporting period. It will show each year and the versions used for each reporting year, dating back from the calendar year 2021 reporting period.

A list of support contacts for eCQM and hybrid measure reporting have been updated and made available to you in this slide.

As a reminder, please email any questions pertinent to the webinar topic to WebinarQuestions@hsag.com with the name of the webinar in the subject field. If your question pertains to a specific slide, please do include the slide number in your email as well.

That concludes today's On Demand event. Thank you so much for taking the time to listen to the information presented in this webinar. Thank you again. Have a great day! Thank you.