Hospital IQR Program Requirements for CY 2023 Reporting (FY 2025 Payment Determination)

January 24, 2023

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Purpose

This presentation highlights calendar year (CY) 2023 Hospital IQR Program requirements and reviews aligned CY 2023 eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs.

Acronyms 3

Objectives

Participants will be able to:

- Identify CY 2023 quarterly and annual requirements for the Hospital IQR Program.

- Understand CY 2023 areas of alignment between the Hospital IQR Program and Medicare Promoting Interoperability Program requirements.

- Locate resources for Hospital IQR Program and eCQM reporting.

Acronyms   4

Acronyms and Abbreviations

AMI	acute myocardial infarction	**FY**	fiscal year	**ONC**	Office of the National Healthcare Coordinator for Health IT
CAH	critical access hospital	**HAC**	Hospital-Acquired Condition	**PC**	Perinatal Care
CAUTI	Catheter-Associated Urinary Tract Infection	**HAI**	health-care associated infection	**PM**	Performance Measure
CCDE	core clinical data elements	**HARP**	HCQIS Access Roles and Profile	**PPR**	Provider Participation Report
CCSQ	Center for Clinical Standards and Quality	**HCAHPS**	Hospital Consumer Assessment of Healthcare Providers and Systems	**PRO**	Patient-Reported Outcome
CEHRT	Certified EHR Technology	**HCP**	healthcare personnel	**Q**	quarte
CLABSI	Central Line-Associated Bloodstream Infection	**HCQIS**	Health Care Quality Information Systems	**QRDA**	Quality Reporting Document Architecture
CMS	Centers for Medicare & Medicaid Services	**HF**	heart failure	**RSIR**	Risk-Standardized Improvement Rate
CY	calendar year	**HH**	Hospital Harm	**SO**	Security Official
DACA	Data Accuracy and Completeness Acknowledgement	**HQR**	Hospital Quality Reporting	**SSI**	Surgical Site Infection
eCQI	Electronic Clinical Quality Improvement	**HRSN**	Health-Related Social Needs	**STK**	stroke
eCQM	electronic clinical quality measure	**HWM**	hospital-wide mortality	**THA/ TKA**	total hip arthroplasty/ total knee arthroplasty
ED	emergency department	**HWR**	hospital-wide readmission	**VBP**	Value-Based Purchasing
EHR	electronic health record	**IPPS**	inpatient prospective payment system	**VIQR**	Value, Incentives, and Quality Reporting
ePC	electronic perinatal care	**IQR**	Inpatient Quality Reporting	**VTE**	Venous Thromboembolism
FFS	Fee for Service	**NHSN**	National Healthcare Safety Network	**YNHHSC/ CORE**	Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

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Candace Jackson, ADN
Project Lead, Hospital IQR Program
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CY 2023 Hospital IQR Program Quarterly Requirements

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

A. Clinical process of care and Healthcare Personnel (HCP) COVID-19 Vaccination measures

B. Aggregate population and sampling

C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data

D. All of the above

Acronyms

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

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B. Aggregate population and sampling

C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data

D. All of the above

Acronyms

CY 2023 Quarterly Hospital IQR Program Requirements

The following mandatory requirements are due **quarterly**:

- HCAHPS Survey data

- Population and sampling
  (for chart-abstracted measures only)

- Clinical process of care measures

- Perinatal care elective delivery measure (PC-01)

- HCP COVID-19 Vaccination measure

- Validation of medical records (if selected)

Note: The National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) measures, under the Hospital-Acquired Condition (HAC) Reduction Program, are also submitted quarterly. These measures are used for the HAC Reduction Program, the Hospital Value-Based Purchasing (VBP) Program, and public reporting.

Acronyms

Population and Sampling

For CY 2023, hospitals will be required to submit the aggregate population and sampling for the Severe Sepsis and Septic Shock (SEP-1) measure set.

Acronyms

Clinical Process of Care Measures

For CY 2023, hospitals will be required to submit the following chart-abstracted measures.

Short Name	Measure Name
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
PC-01	Elective Delivery (web-based aggregate measure)

Acronyms

Influenza Vaccination Coverage Among HCP Measure

Where:

HCP data are reported through NHSN.

When:

- Facilities are only required to report data once after the conclusion of the reporting period. The reporting period is October 1 through March 31.

- Data must be entered by May 15 for the flu season.

- For CY 2023, the measure covers the flu season from 4 Quarter (Q) 2022 through 1Q 2023.

- Data will need to be entered by May 15, 2023.

Acronyms 12

HCP COVID-19 Vaccination Measure

Where:

HCP data are reported through NHSN.

When:

- Facilities are required to collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter.

- Data must be entered by the quarterly submission deadlines.

Acronyms

NHSN Reporting and Data Submissions

Allow ample time before the submission deadline to review and, if necessary, correct your HCP data.

Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be used in CMS programs, including the Hospital VBP Program and the HAC Reduction Program.

Acronyms

Hospital IQR Program Claims-Based Measures

Measure Set	Measures
Patient Safety	• Hospital-Level Risk-Standardized Complication Rate Following Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)* • CMS Death Rate among Surgical Inpatients with Serious Treatable Complications
Mortality Outcome	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke (STK)
Coordination of Care	• Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) • Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI), Heart Failure (HF), and Pneumonia
Payment	• Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for AMI, HF, Pneumonia, and THA/TKA • Medicare Spending Per Beneficiary – Hospital*

* Finalized beginning with fiscal year (FY) 2024

Hospital IQR Program
CY 2023 Dates and Deadlines

Discharge Quarter	Reporting Period	HCAHPS	Population & Sampling	Clinical & HCP COVID-19	PC-01
Q1 2023	Jan 1–Mar 31	07-05-2023	08-01-2023	08-15-2023	07-01-2023 — 08-15-2023
Q2 2023	Apr 1–Jun 30	10-04-2023	11-01-2023	11-15-2023	10-01-2023 — 11-15-2023
Q3 2023	Jul 1–Sep 30	01-03-2024	02-01-2024	02-15-2024	01-01-2024 — 02-15-2024
Q4 2023	Oct 1–Dec 31	04-03-2024	05-01-2024	05-15-2024	04-01-2024 — 05-15-2024

Validation For FY 2025 Payment Determination

To align data submission quarters, CMS will use Q1–Q4 data of the applicable calendar year for validation of both chart-abstracted measures and eCQMs.

| Finalized Updates to Quarters Required for Validation Affecting the FY 2025 Payment Determination ||
Measures Submitted	Required Quarters of Data Validation
Chart-Abstracted Measures	1Q 2022
	2Q 2022
	3Q 2022
	4Q 2022
eCQMs	1Q 2022–4Q 2022

Acronyms

Hospital IQR Program Common Challenges

- Staffing changes

- Designated second person

- Data crosswalks

- Vendor technical issues

> Prepare and submit your data early to help ensure successful submission by the deadline.

Acronyms

Hospital IQR Program
Best Practices

- Submit data early, at least 15 calendar days prior to the deadline, to correct problems identified from the review of the Provider Participation Report (PPR) and feedback reports. The *Hospital Quality Reporting Secure Portal* does not allow you to submit, update, or correct data after the deadline. CMS typically allows 4.5 months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline.

- Designate at least two QualityNet Security Officials (SOs).

- For population and sampling, blank fields do not fulfill the requirement. A zero (0) must be submitted even when there are no discharges for a particular measure set.

- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter.

Acronyms

Hospital IQR Program
Inpatient Prospective Payment System (IPPS) Measure Exception Form

Measure Exception Forms must be renewed at least annually.

- PC-01
  - Hospital does not deliver babies.
  - If form is not submitted, hospitals that do not deliver babies must enter a zero (0) for each of the data entry fields each discharge quarter.

- Surgical Site Infection (SSI) Colon and Abdominal Hysterectomy
  - Hospital performed a combined total of nine or fewer of any of the specified colon surgeries and abdominal hysterectomies combined in the calendar year prior to the reporting year.

- Catheter-Associated Urinary Tract Infection (CAUTI)/ Central Line-Associated Bloodstream Infection (CLABSI)
  - Hospitals have no units mapped as medical, surgical, medical/surgical, or as intensive care units.

Note: The same form is used for both the Hospital IQR and HAC Reduction Programs. For further guidance on SSI and CAUTI/CLABSI, refer to the NHSN Location Mapping Checklist on the QualityNet website.

Acronyms   20

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Operations Manager, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

CY 2023 Hospital IQR Program Annual Requirements

Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

A. Data Accuracy and Completeness Acknowledgement (DACA)

B. Two active QualityNet SOs

C. eCQMs

D. Structural Measures

E. A and C

F. A, C, and D

G. All of the above

Acronyms

Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

A. Data Accuracy and Completeness Acknowledgement (DACA)

B. Two active QualityNet SOs

C. eCQMs

D. Structural Measures

E. A and C

F. A, C, and D

G. All of the above

Annual Hospital IQR Program Requirements for CY 2023

The following mandatory requirements are due **annually:**

- DACA
- QualityNet SO
- eCQMs
- Structural measures
- Influenza Vaccination Coverage Among HCP measure

CY 2023 SO, DACA, HCP, and eCQMs

- Hospitals are required to have registered a QualityNet SO.

- DACA is submitted annually.

  - Reporting year runs from January 1 through December 31.

  - Submission deadline is May 15 for the previous reporting year.

    - Submission deadline for CY 2023 DACA is May 15, 2024.

    - Data can be entered from April 1, 2024–May 15, 2024.

  - Data are entered through the *Hospital Quality Reporting (HQR) Secure Portal.*

- HCP data are reported through NHSN.

- Hospitals must submit eCQMs.

Acronyms 26

Structural Measures

- Two mandatory structural measures for CY 2023 reporting/FY 2025 payment determination:
  - Maternal Morbidity
  - Hospital Commitment to Health Equity
- Hospitals submit responses once a year via a CMS-approved web-based tool within the *HQR Secure Portal*.
  - The submission period will be from April 1–May 15.
- The reporting period is January 1–December 31 for the CY 2023 reporting period/FY 2025 payment determination and for subsequent years.

Acronyms 27

Maternal Morbidity Structural Measure

Important Note:

If you do not provide labor/delivery care, the IPPS Measure Exception Form (used for the PC-01 measure) **cannot** be applied to the structural measure, and you will need to provide a response to the structural measure. In this case, you would select N/A.

Acronyms   28

CHECKPOINT

FY 2025 Voluntary Reporting

- Process Measures
  - Screening for Social Drivers of Health
  - Screen Positive Rate for Social Drivers of Health
- Hospital-Level, Risk Standardized Patient-Reported Outcome-Based (PRO)-Performance Measure (PM) Following Elective Primary THA/TKA
- Hybrid Measures
  - Hybrid HWR Measure
  - Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (HWM)

Voluntary Process Measures

These will follow established annual structural measure submission and reporting requirements.

- Screening for Social Drivers of Health
  - This assesses whether a hospital implements screening of all patients who are 18 years or older at time of admission for health-related social needs (HRSNs) including food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
  - To report on this measure, hospitals will provide:
    - The number of inpatients admitted to the hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
    - The total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.

Acronyms

Voluntary Process Measures
(Continued)

- Screen Positive Rate for Social Drivers of Health
  - This provides information on the percent of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, were screened for an HRSN, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety.
  - Hospitals will report this measure as five separate rates.

Acronyms

Voluntary THA/TKA PRO-PM Measure

- Measure reports the hospital-level risk-standardized improvement rate (RSIR) in patient reported outcomes following elective primary THA/TKA for Medicare Fee For Service (FFS) beneficiaries aged 65 years and older.

- Measure uses four sources of data for the calculation of the measure: (1) PRO data; (2) claims data; (3) Medicare enrollment and beneficiary data; and (4) U.S. Census Bureau survey data

- PRO data would be collected 90 to 0 days prior to surgery and 300 to 425 days following surgery.

- The measure result is calculated by aggregating all patient-level results across the hospital.

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Voluntary THA/TKA PRO-PM Measure (continued)

Reporting	Pre-Op Collection	Submission Period	Post-Op Collection	Submission Period	HSRs
Voluntary	Oct 3, 2022 – June 30, 2023	2023	Oct 28, 2023 – Aug 29, 2024	2024	2025
Voluntary	April 2, 2023 – June 30, 2024	2024	April 26, 2024 – Aug 29, 2025	2025	2026
Mandatory	April 2, 2024 – June 30, 2025	2025	April 27, 2025 – Aug 29, 2026	2026	2027

Acronyms

Hospital IQR Program Resources

- **Hospital IQR Program General Questions**
  - https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
  - (844) 472-4477, 7 a.m. to 7 p.m. Eastern Time Monday through Friday (except holidays)
- **Inpatient Live Chat:** https://www.QualityReportingCenter.com/en/inpatient-quality-reporting-programs/
- **Website and Webinars:** www.QualityReportingCenter.com
- **Secure Fax:** (877) 789-4443
- **Listserves:** https://qualitynet.cms.gov/listserv-signup

Hospital IQR Program Useful Tools

Quality Reporting Center.com and QualityNet

- CMS HQR Program Overview

- Hospital IQR Program Guide

- Calendar Year and Fiscal Year Infographic

- Quick Support Reference Card

- Accessing and Using Your PPR Reference Guide

- Entering PC-01 Data Reference Guide

- Important dates and deadlines

- IPPS Measure Exception Form

- Reporting quarter for FY 2025 payment determination

- Extraordinary Circumstances Exception Form

- Hospital IQR Program FY 2025 Measures

- FY 2025 Acute Care Hospital Quality Improvement Program Measures

Acronyms

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2024 Voluntary Reporting of the Hybrid HWR and Hybrid HWM Measures for the Hospital IQR Program

Polling Question

Hospitals can voluntarily submit hybrid measure data to which of the following programs?

A. Medicare Promoting Interoperability Program

B. Quality Payment Program

C. Hospital Readmission Reduction Program

D. Hospital Inpatient Quality Reporting Program

E. Both A & D

Polling Question

Hospitals can voluntarily submit hybrid measure data to which of the following programs?

A. Medicare Promoting Interoperability Program

B. Quality Payment Program

C. Hospital Readmission Reduction Program

D. Hospital Inpatient Quality Reporting Program

E. Both A & D

FY 2025 Hybrid HWR and Hybrid HWM Measures

CMS Program	Hospital IQR Program
Reporting Period	2024 **Voluntary** Reporting
Measurement Period	7/1/2022–6/30/2023
Data Submission Deadline	October 2, 2023
Hospital-Specific Report (HSR) Distribution	Anticipate Spring 2024
Public Reporting	N/A
Annual Payment Update	N/A
Certified Electronic Health Record Technology (CEHRT)	2015 Edition Cures Update Criteria

Specifications
- Hybrid HWR (CMS529v2): Core Clinical Data Elements (CCDEs) for the Hybrid HWR Measure with Claims and Electronic Health Record Data
- Hybrid HWM (CMS844v2): CCDEs for the Hybrid HWM Measure

Reporting Resources
- eCQI Resource Center: Hybrid Measures tab under Eligible Hospital/Critical Access Hospital (CAH) eCQMs 2022 Reporting Period
- QualityNet.CMS.gov: Hospitals-Inpatient/Measures (Hybrid)

Hybrid Measure Overview

The Hybrid HWR and Hybrid HWM measures were adopted for use in the FY 2020 and FY 2022 IPPS final rules, respectively.

➡️ Hybrid measures contain claim-based specifications and electronic specifications.

➡️ Hybrid measures differ from the claims-only measures as they merge electronic health record (EHR) data elements with claims data to calculate the risk-standardized readmission and mortality rates.

➡️ To calculate hybrid measures, administrative data from the EHR (linking variables) are needed to link the CCDEs to the claims data.

2024 Voluntary Reporting Key Dates and Resources Document

2024 Voluntary Reporting Key Dates and Resources: Hybrid Hospital-Wide Readmission (HWR) and Hybrid Hospital-Wide Mortality (HWM) Measures

Introduction
This document summarizes key dates and resources for hospitals participating in the 2024 Voluntary Reporting of the Hybrid HWR or the Hybrid HWM Measure. For the 2024 Voluntary Reporting, hospitals can voluntarily submit data for (i) the Hybrid HWR Measure only, (ii) the Hybrid HWM Measure only, or (iii) both the Hybrid HWR and Hybrid HWM Measures.

2024 Voluntary Reporting Options

Option 1 Hybrid HWR Only	Option 2 Hybrid HWM Only	Option 3 Hybrid HWR and Hybrid HWM
Submit information on: • 13 CCDEs (6 vital signs and 7 laboratory test results) • 6 linking variables	Submit information on: • 10 CCDEs (4 vital signs and 6 laboratory test results) • 6 linking variables	Submit information on: • 14 CCDEs (6 vital signs and 8 laboratory test results) • 6 linking variables

Key Dates
For the 2024 Voluntary Reporting of the Hybrid Measures, participating hospitals should submit data:
• For discharges occurring between July 1, 2022 – June 30, 2023
• By October 2, 2023
Hospitals will receive Hospital-Specific Reports (HSRs) in Spring 2024.

Questions?
Please submit hybrid measure questions to the QualityNet Question and Answer tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question by selecting: (i) IQR - Inpatient Quality Reporting under "Program", and then (ii) Hybrid Measures under "Topic" or submit your questions via JIRA https://oncprojecttracking.healthit.gov/support/browse/CHM.

eCQI Resource Center – Hybrid Page	eCQI Resource Center – QRDA
https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&year=2021&globalyearfilter=2022 **2022 Reporting Period [Published May 2021]** • eCQM Specifications for CMS529v2 (Hybrid HWR) (version 2.0.000) • eCQM Specifications for CMS844v2 (Hybrid HWM) (version 2.0.000) • Hybrid HWR and Hybrid HWM Value Sets and Direct Reference Codes • Hybrid HWR and Hybrid HWM Binding Parameter Specifications • Hybrid HWR Technical Release Notes • eCQM Annual Update Implementation Checklist and Pre-Publication Document	https://ecqi.healthit.gov/qrda • 2022 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting • 2022 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting

Resources on QualityNet https://www.qualitynet.org/inpatient/measures/hybrid
• 2024 Claims-based HWR Measure Updates and Specifications Report (to be posted in spring 2024)
• 2024 Addendum to the HWM Measure Methodology Report (to be posted in spring 2024)
• 2024 Hybrid HWR and HWM Mock HSRs and HSRs User Guides (to be posted in spring 2024)
• 2024 Hybrid HWR and HWM Frequently Asked Questions (to be posted in spring 2024)
• 2024 Hybrid HWR and HWM Fact Sheets (to be posted in spring 2024)

Hybrid HWR & Hybrid HWM Measure Data Submission Requirements

Hybrid HWR Measure	Hybrid HWM Measure
Submit 13 CCDEs (6 vital signs + 7 laboratory test results) **+** six linking variables via QRDA Category I files	Submit 10 CCDEs (4 vital signs + 6 laboratory test results) **+** six linking variables via QRDA Category I files

To successfully meet Hospital IQR Program participation requirements for the hybrid measures, hospitals will need to:

- ✓ Submit **linking variables on 95% or more of discharges** with a Medicare FFS claims for the same hospitalization during the measurement period.

- ✓ Report **vital signs for 90% or more of the hospital discharges** for Medicare FFS patients, 65 years or older in the measurement period (as determined from the claims submitted to CMS for admissions that ended during the same reporting period).

- ✓ Submit the **laboratory test results for 90% or more of discharges** for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure (or the surgical divisions of the Hybrid HWM measure).

QRDA=Quality Reporting Document Architecture

Acronyms

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CY 2023 eCQM Reporting Requirements

Polling Question

Which of the following eCQMs are **mandatory** for CY 2023 reporting for the Hospital IQR and Medicare Promoting Interoperability Programs?

A. Exclusive Breast Milk Feeding (PC-05)

B. Safe Use of Opioids – Concurrent Prescribing

C. Cesarean Birth (ePC-02)

D. Severe Obstetric Complications (ePC-07)

E. B, C and D

Acronyms 44

Polling Question

Which of the following eCQMs are **mandatory** for CY 2023 reporting for the Hospital IQR and Medicare Promoting Interoperability Programs?

A. Exclusive Breast Milk Feeding (PC-05)

B. Safe Use of Opioids – Concurrent Prescribing

C. Cesarean Birth (ePC-02)

D. Severe Obstetric Complications (ePC-07)

E. B, C and D

Acronyms 45

CY 2023 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program and Medicare Promoting Interoperability Program:

- Report on **three** self-selected eCQMs **plus** the Safe Use of Opioids – Concurrent Prescribing eCQM.

- Report **four** calendar quarters in CY 2023 (Q1, Q2, Q3, or Q4).

  o Each quarter must contain at least three self-selected eCQMs <u>and</u> the mandatory Safe Use of Opioids–Concurrent Prescribing eCQM.

  o The eCQMs must be the same eCQMs across quarters.

- Submission deadline is **February 29, 2024.**

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the eCQM reporting requirement for the Medicare Promoting Interoperability Program for eligible hospitals and CAHs.

Acronyms

CY 2023 (FY 2025) eCQM Measure Set

Mandatory **Safe Use of Opioids – Concurrent Prescribing*** (CMS506v5)**	
ePC-02*** *(CMS334v4)* Cesarean Birth	**ePC-07***** *(CMS108v11)* 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)* ICU Venous Thromboembolism Prophylaxis

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

CY 2023 Certification and Specification Policies

- Use Health Information Technology certified by the Office of the National Coordinator for Health Information Technology (ONC) to the 2015 Edition Cures Update criteria.

    o Visit ONC's 21st Century Cures Act final rule.

- EHRs are certified to all available eCQMs.

- eCQM specifications published in the CMS eCQM Annual Update for CY 2023 are available on the eCQI Resource Center's Eligible Hospital/Critical Access Hospital eCQMs page.

- 2023 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting: https://ecqi.healthit.gov/qrda

CY 2023 QRDA Category I File Format Expectations

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

Acronyms

Successful eCQM Submission for CY 2023 Reporting

- To successfully submit the required eCQMs based on program year for the Hospital IQR Program and the Medicare Promoting Interoperability Program, report the eCQMs as any combination of the following:

  o Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures

  o Zero denominator declarations

  o Case threshold exemptions

- In all cases, a hospital is required to use an EHR that is certified to report on the selected measure(s).

- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into Certified Electronic Health Record Technology for capture and reporting QRDA Category I files.

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

Acronyms 50

Program Resources for CY 2023 eCQM Reporting

Hospital IQR Program QualityNet & Quality Reporting Center	Medicare Promoting Interoperability Program - CMS.gov
CY 2023 eCQM Submission Overview	2023 Program Requirements Medicare
CY 2023 QRDA Category I File Submission Checklist	Certified EHR Technology
CY 2023 Available eCQMs Table	Scoring, Payment Adjustment, and Hardship Info
ECE Quick Reference/Form	Program Basics
FY 2025 Hospital IQR Program Guide	eCQM Basics
Important Dates and Deadlines	Registration & Attestation
FY 2025 Measures	Educational Resources
FY 2025 Acute Care Hospital Quality Improvement Program Measures	Frequently Asked Questions (FAQs)
Listserve Notifications	CMS Promoting Interoperability Listserve

Tools for CY 2023 eCQM Reporting on the [eCQI Resource Center](#)

Acronyms

eCQM and Hybrid Measure Support Resources

Topic	Contact
• HQR System (HCQIS Access Roles and Profile [HARP], vendor roles, uploading files, reports, troubleshooting file errors) • Medicare Promoting Interoperability Program (attestation, objectives, policy)	Center for Clinical Standards and Quality (CCSQ) Service Center (866) 288-8912 qnetsupport@hcqis.org
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)	ONC JIRA eCQM Issue Tracker https://oncprojectracking.healthit.gov/support/projects/CQM/summary ONC JIRA QRDA Issue Tracker https://oncprojectracking.healthit.gov/support/projects/QRDA/summary ONC JIRA CMS Hybrid Measure Issue Tracker https://oncprojectracking.healthit.gov/support/browse/CHM
Hybrid Measures – Non-Technical (policy, measure methodology)	Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) https://cmsqualitysupport.servicenowservices.com/qnet_qa
eCQM Data Validation	Validation Support Team (validation@telligen.com)

Hospital IQR Program Requirements for
CY 2023 Reporting (FY 2025 Payment Determination)

Questions

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

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

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

Hospital IQR Program Requirements for
CY 2023 Reporting (FY 2025 Payment Determination)

Thank You

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