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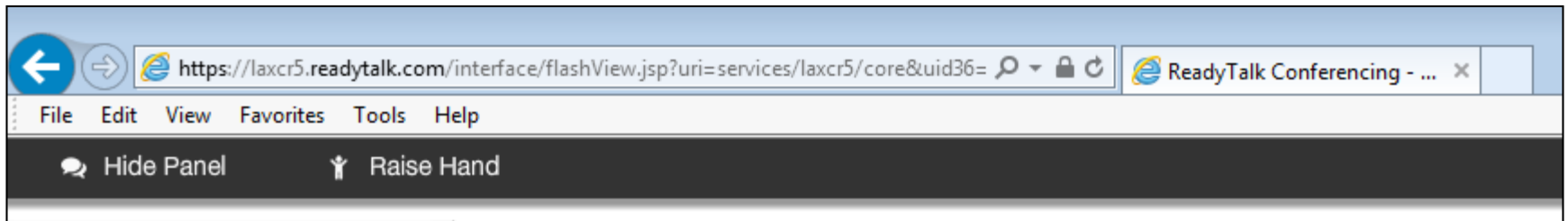
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 F5 Key
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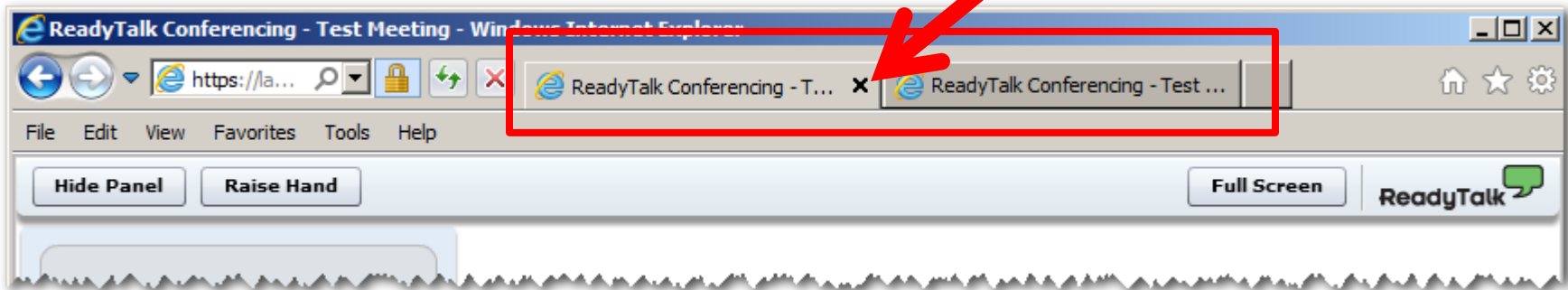


Location of Buttons

 Refresh

Troubleshooting Echo

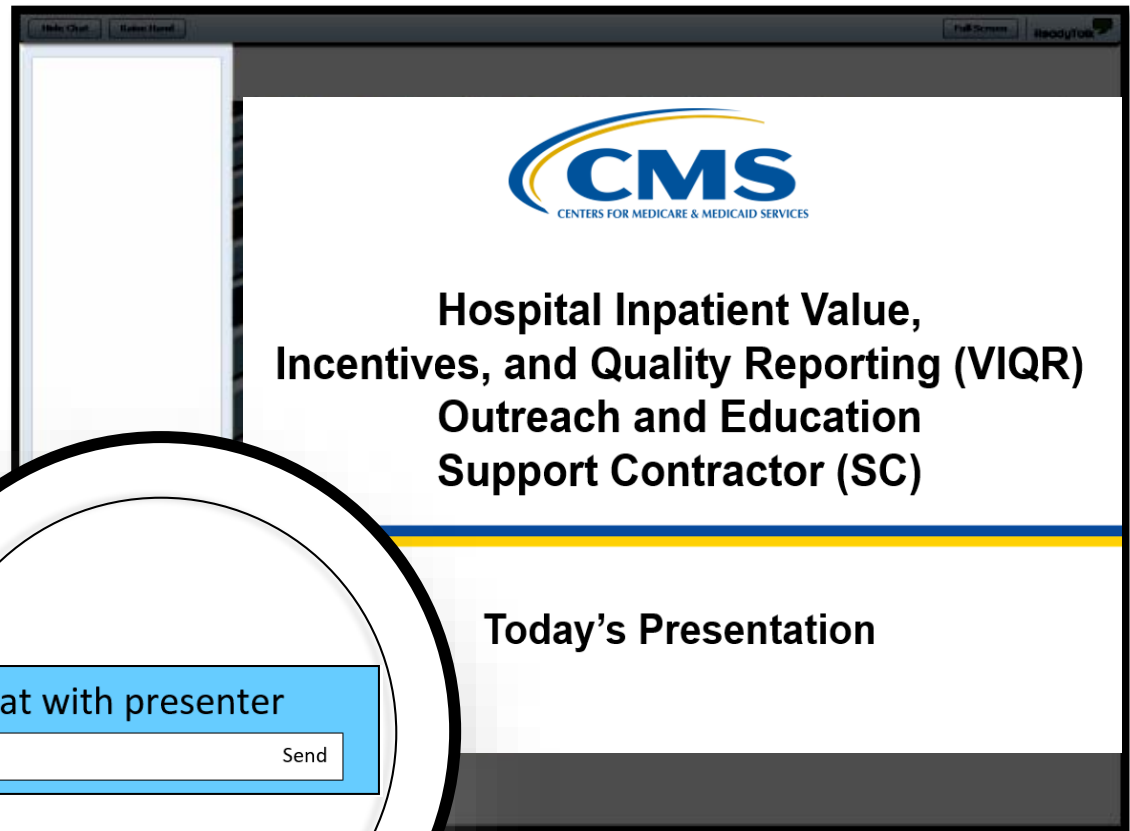
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Question and Answer Session: CY 2018 eCQM Reporting for the Hospital IQR and Promoting Interoperability Programs

Artrina Sturges, EdD

Alignment of Electronic Clinical Quality Measures (eCQMs) Lead
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

Veronica Dunlap, BSN, RN, CCM

Project Manager II
Hospital Inpatient VIQR Outreach and Education SC

January 29, 2019

Purpose

This session is devoted to addressing data-submitter questions related to the aligned reporting of electronic clinical quality measures (eCQMs) for the Hospital Inpatient Quality Reporting (IQR) and the Promoting Interoperability* Programs for calendar year (CY) 2018.

*Previously known as the EHR Incentive Program

Objectives

At the conclusion of this presentation, participants will be able to perform the following:

- Quickly locate the CY 2018 eCQM reporting requirements
- Locate and use tools and reference materials to assist with submission activities
- Perform the steps necessary for successful eCQM submission of Quality Reporting Document Architecture (QRDA) Category I files

Question and Answer (Q&A) Session: CY 2018 eCQM Reporting
for the Hospital IQR and Promoting Interoperability Programs

Hospital IQR and Promoting Interoperability Reporting Requirements Review

CY 2018 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs
- Report **one** self-selected calendar quarter in CY 2018 (quarter [Q] 1, Q2, Q3, or Q4)
- Submission deadline: February 28, 2019

NOTE: Meeting the Hospital IQR Program eCQM requirement also satisfies the clinical quality measure (CQM) electronic reporting requirement for the Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs), **except outpatient measure ED-3, National Quality Forum (NQF) #0496.**

CY 2018 Certification and Specification Policies

Technical Requirements

- Use electronic health record (EHR) technology certified to the 2014 Edition, 2015 Edition, or a combination of both (Office of the National Coordinator for Health Information Technology [ONC] standards) and certified to all available eCQMs
- Use eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and applicable addenda, available on the Electronic Clinical Quality Improvement (eCQI) Resource Center website at <https://ecqi.healthit.gov/eh>
- Use *2018 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>

Defining Successful eCQM Submission for CY 2018 eCQM Reporting

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

- Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

NOTE: Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Promoting Interoperability Programs.

Questions regarding the complete program requirements for the Promoting Interoperability Program should be directed to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

CY 2018 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- Should include all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 10 megabytes
- Files uploaded by ZIP file (.zip)
- Maximum submission of 15,000 files per ZIP file
(If a hospital has more than 15,000 patient files per quarter, the hospital can submit additional ZIP files.)

CY 2018 Public Reporting of eCQM Data

- Public display of eCQM data on *Hospital Compare* continues to be delayed in conjunction with the implementation of the eCQM data validation process.
- Public display of eCQM data will be addressed in a future CMS inpatient prospective payment system rule.

Promoting Interoperability Program CQM Reporting Requirements for CY 2018

Requirements

For eligible hospitals and CAHs reporting **electronically** for the Promoting Interoperability Program in CY 2018:

- The reporting period is **one** self-selected quarter of eCQM data if demonstrating meaningful use (MU) for the first time or demonstrated MU any year prior to 2018.
- Report on **at least four** (self-selected) of the available eCQMs.
- The Promoting Interoperability Program submission deadline is February 28, 2019 (two months following the close of the calendar year).

NOTE: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Promoting Interoperability Program for eligible hospitals and CAHs, **except outpatient measure ED-3, NQF #0496.**

Promoting Interoperability Program CQM Reporting Requirements for CY 2018

Attestation

Attestation is only an option available for eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible under the Promoting Interoperability Program.

- Full CY 2018, consisting of four quarterly data reporting periods
- Report on all 16 available CQMs via the *QualityNet Secure Portal*
- Submission deadline: February 28, 2019

NOTE: For eligible hospitals and CAHs demonstrating MU for the first time under their state's Medicaid Promoting Interoperability Program, the reporting period is any continuous 90-day period within CY 2018. Visit the CMS.gov Promoting Interoperability Programs [Eligible Hospital Information](#) page for additional details.

Promoting Interoperability Programs Attestation via *QualityNet Secure Portal* for CY 2018

On January 2, 2018, eligible hospitals and CAHs began submitting MU attestations through the *QualityNet Secure Portal* with the CY 2017 reporting period.

- Visit the CMS.gov [CMS Promoting Interoperability Programs](#) website for more information, including reference guides and webinar presentation materials.
- Submit questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

CY 2018 Medicaid

Promoting Interoperability Program

- State Medicaid programs continue to be responsible for determining whether or how electronic reporting of eCQMs would occur or if they wish to allow reporting through attestation.
- Visit the CMS.gov Promoting Interoperability Program [Medicaid State Information](#) page for details.

Q&A Session: CY 2018 eCQM Reporting for the Hospital
IQR and Promoting Interoperability Programs

Q&A Session

Q&A Session: CY 2018 eCQM Reporting for the Hospital
IQR and Promoting Interoperability Programs

Appendix: Self-directed Tools and Resources

QualityNet: eCQMs Overview

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716>

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet)

Home **My QualityNet** **Help**

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Electronic Clinical Quality Measures (eCQMs) Reporting

- Measure Information
- Pre-Submission Validation Application (PSVA)
- Extraordinary Circumstances (ECE) Request Form
- Resources
- Technical Specifications
- E-mail Notifications
- Webinars

Electronic Clinical Quality Measures (eCQMs) Overview

Beginning in Calendar Year (CY) 2013, hospitals were provided the opportunity to voluntarily submit data for electronic clinical quality measures (eCQMs). These quality measures were developed specifically to allow an electronic health record (EHR) system certified to the Office of the National Coordinator (ONC) standards to capture, export, calculate, and report the measure data.

Effective CY 2016, hospitals are required to electronically report clinical quality measures as a portion of the Hospital Inpatient Quality Reporting (IQR) and the Medicare EHR Incentive Programs.

Hospitals that successfully submit eCQM data to meet Hospital IQR Program requirements will also fulfill the Medicare EHR Incentive Program requirement for electronic reporting of CQMs with one submission.

There are additional program requirements for the Hospital IQR and the Medicare and Medicaid EHR Incentive Programs. For more information, refer to the [Hospital IQR Program](#) pages of *QualityNet* and the [EHR Incentive Programs](#) pages of the Centers for Medicare & Medicaid Services (CMS) website. See [Technical Specifications and Resources](#) for technical guides, measure specifications information and program resources to support successful program reporting.

Note: Critical access hospitals (CAHs) are encouraged, but not required, to participate in the Hospital IQR Program. CAHs are required to participate in the Medicare EHR Incentive Program. Review the [EHR Incentive Programs](#) information on the CMS.gov website for more information.

CY 2018 Reporting Period for FY 2020 Payment Determination

For the CY 2018 reporting period, eligible hospitals (EHs) are required to report eCQMs to the Hospital IQR Program. Per the [FY 2018 IPPS Final Rule](#), EHs and CAHs are required to electronically report to the Medicare EHR Incentive Program. Attestation will only be permitted as a reporting option for the Medicare EHR Incentive Program in certain circumstances where electronic reporting is not feasible. (Review the CMS.gov website for updates regarding the attestation criteria.)

Hospital Reporting EHR Notifications

- ListServe Registration

Pre-Submission Validation Application (PSVA) Tool

- Allows submitters to locate and correct QRDA Category I file formatting errors prior to data submission to CMS

NOTE: The CMS data receiving system performs additional checks, including the Clinical Document Architecture schema, submission-period dates, and authorization for a vendor to submit on a hospital's behalf.
- Serves as a voluntary tool (CMS recommends hospitals and vendors to test early and often)
- Installs on your system—PSVA is downloadable from the Secure File Transfer in the *QualityNet Secure Portal*

Please contact the *QualityNet* Help Desk for additional information at qnetsupport@hcqis.org; (866) 288-8912, 7 a.m. to 7 p.m. CT, Monday through Friday.

Test and Production QRDA Category I File Submission Checklists

CY 2018 versions available on

QualityNet.org and QualityReportingCenter.com

CY 2018 Hospital IQR – Promoting Interoperability Program Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Test File(s) Instructions	
Due	Task
NOW	<input type="checkbox"/> Select at least four (4) of the 15 available electronic clinical quality measures (eCQMs) for one self-selected quarter of 2018 data (Q1, Q2, Q3, or Q4) during the same reporting period. <input type="checkbox"/> Confirm Health Information Technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) 2014 Edition, 2015 Edition, or a combination of both. Visit the Certified Health IT Product List (CHPL) website to ensure the edition is certified to report all eCQMs. <input type="checkbox"/> Contact the QualityNet Help Desk to obtain a QualityNet Secure Portal account and the Electronic Health Record (EHR) Data Upload Role. <input type="checkbox"/> Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the 2018 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) for QRDA Category I Hospital Quality Reporting and 2018 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting under the Eligible Hospital/Critical Access Hospital (CAH) tab of the eCQI Resource Center . <input type="checkbox"/> Download the most recent version of the Pre-Submission Validation Application (PSVA) tool and the user manual from the Secure File Transfer of the QualityNet Secure Portal to validate the QRDA Category I file(s) for submission. NOTE: 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. Maximum individual file size is 5 MB. A maximum of 15,000 files can be submitted per ZIP file.
System opens mid-Sept.	<input type="checkbox"/> Submit Test File(s) either via the PSVA tool or directly to the QualityNet Secure Portal . For questions, contact the QualityNet Help Desk . <input type="checkbox"/> A. Use the PSVA tool (The CMS data receiving system performs additional checks since the PSVA tool only validates the file structure.) 1. Log into the PSVA tool using your QualityNet User ID and password. 2. Select the Program [HQR_EHR_IQR] for dual program submission. 3. Select the [Add Files] button and the File Selection Window will open. 4. Locate the ZIP file(s) on the workstation and choose the file(s) to add to the application. (The status will indicate "New" once added.) The File Details Table will display the file(s) based upon the selection in the "Select by File Status" window. 5. Select the file(s) for validation from the File Details Table and Select the [Validate Files] button.
Deadline is 2/28/19 11:59 p.m. Pacific Time	

Interoperability Program Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Production File(s) Instructions	
Due	Task
NOW	<input type="checkbox"/> Select at least four (4) of the 15 available electronic clinical quality measures (eCQMs) for one self-selected quarter of 2018 data (Q1, Q2, Q3, or Q4) during the same reporting period. <input type="checkbox"/> Confirm Health Information Technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) 2014 Edition, 2015 Edition, or a combination of both. Visit the Certified Health IT Product List (CHPL) website to ensure the edition is certified to report all eCQMs. <input type="checkbox"/> Contact the QualityNet Help Desk to obtain a QualityNet Secure Portal account and the Electronic Health Record (EHR) Data Upload Role. <input type="checkbox"/> Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the 2018 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) for QRDA Category I Hospital Quality Reporting and 2018 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting , available under the Eligible Hospital/Critical Access Hospital (CAH) tab of the eCQI Resource Center . <input type="checkbox"/> Download the most recent version of the Pre-Submission Validation Application (PSVA) tool and the user manual from the Secure File Transfer of the QualityNet Secure Portal to validate the QRDA Category I file(s) for submission. NOTE: 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. Maximum individual file size is 5 MB. A maximum of 15,000 files can be submitted per ZIP file.
System opens mid-Sept.	<input type="checkbox"/> Submit Production File(s) either via the PSVA tool or directly to the QualityNet Secure Portal . For questions, contact the QualityNet Help Desk . <input type="checkbox"/> A. Use the PSVA tool (The CMS data receiving system performs additional checks since the PSVA tool only validates the file structure.) 1. Log into the PSVA tool using your QualityNet User ID and password. 2. Select the Program [HQR_EHR_IQR] for dual program submission. 3. Select the [Add Files] button and the File Selection Window will open. 4. Locate the ZIP file(s) on the workstation and choose the file(s) to add to the application. (The status will indicate "New" once added.) The File Details Table will display the file(s) based upon the selection in the "Select by File Status" window. 5. Select the file(s) for validation from the File Details Table and Select the [Validate Files] button. 6. Check the status of the file(s). The result will indicate "Valid" or "Invalid." A feedback file is also available for review.
Deadline is 2/28/19 11:59 p.m. Pacific Time	

EHR Reports Overview Document


CY 2018 version posted on [QualityReportingCenter.com](https://www.qualityreportingcenter.com) under eCQM Resources for IQR and on [QualityNet.org](https://www.qualitynet.org) under eCQM Resources

EHR Hospital Reports Available in *QualityNet Secure Portal* Calendar Year (CY) 2018/Fiscal Year (FY) 2020 eCQM Reporting

Frequently Asked Questions	Report Name	Report Purpose	Report File Type
Which report displays how the Quality Reporting Document Architecture (QRDA) Category I files were processed at the file level for electronic health record (EHR) reporting?	EHR Hospital Reporting – Submission Detail Report (R529)	File-level validation shows the conformance or error statements within rejected files.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report provides a summary of the total individual files (submitted within a batch file) that were accepted, deleted, or rejected?	EHR Hospital Reporting – Submission Summary Report (R528)	This is a summary report; therefore, the counts display every accepted, rejected, and deleted file submitted for the selected quarter. This count includes files that have been submitted more than once. NOTE: This report only evaluates if the measure template is in the file and should not be utilized to determine reporting success.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report can provide a summary level of measure performance calculations?	EHR Hospital Reporting – eCQM Performance Summary Report (R547)	Performance calculations (such as denominator and numerator populations), continuous variable observations, etc.	Generate for production QRDA Category I files through the feedback or submission report categories.
Which report tells me if our hospital's production file submissions are meeting the CMS definition of successful electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) Program and Promoting Interoperability (PI) Program for Hospitals?	EHR Hospital Reporting – eCQM Submission Status Report (R530)	The PI Program for Hospitals and Successful IQR-EHR Submission fields in this report indicate successful submission of eCQM reporting when a Y, for Yes, is displayed for each field. NOTE: The definition of successful submission is a combination of QRDA Category I files, zero denominator declarations, and/or case threshold exemptions reported via the <i>QualityNet Secure Portal</i> by the reporting deadline.	Generate for production QRDA Category I files only the feedback and submission report categories. NOTE: This is a snapshot in time. If the reporting changes in any way, re-generate the report for the most current status of the PI Program for Hospitals and IQR-EHR submission categories.
Which report is available to review measure calculations at the patient level, measure level, and for each episode of care?	EHR Hospital Reporting – eCQM Submission and Performance Feedback Report (R546)	The aforementioned measure calculations are available on accepted files and can be tracked by discharge quarter.	Generate for test and production QRDA Category I files (only available through the submission report category).

Quality Reporting Center

<https://www.qualityreportingcenter.com/>

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- [Tools and Resources](#)
- [Lookup Tools](#)

ASC Quick Links

- [Tools and Resources](#)
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Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Centers. Here you will find resources to assist acute care hospitals, critical access hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- [Reference and training materials](#)
- [Educational presentations](#)
- [Timelines and calendars](#)
- [Data collection tools](#)
- [Contact information](#)
- [Helpful links to resources](#)
- [Question and answer tools](#)

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) and Outpatient Quality Reporting (OQR) Outreach and Education Support Centers, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Center](#)
- [Outpatient Quality Reporting Outreach and Education Support Center](#)
- [Ambulatory Surgical Center Quality Reporting](#)

Announcements

November 21, 2018
[CY 2019 OPPI/ASC Final Rule with Comment Period Published](#)

November 5, 2018
[CY 2019 OPPI/ASC Final Rule with Comment Period Now on Display](#)

August 1, 2018
[CY 2019 OPPI/ASC Proposed Rule published, open for comment](#)

[See more announcements](#)

Upcoming Events

December 11, 2018
[SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.5a Measure Updates and v5.0b Through v5.2b Analysis Results — 1.5 C.E.](#)

December 12, 2018
[Question and Answer Discussion: CY 2018 Voluntary Reporting of the Hybrid Hospital-Wide Readmission Measure](#)

December 12, 2018
[IPFQR Program: Review of ISRs for CBMs — 1 C.E.](#)

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eCQI Resource Center

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

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Electronic Clinical Quality Measures (eCQMs)

eCQMs use detailed clinical data to assess the outcomes of treatment by healthcare providers and organizations, reduce the burden of manual abstraction and reporting for provider organizations, and foster the goal of access to real-time data for bedside quality improvement and clinical decision support.

[Learn More >](#)

Featured Resources

eCQI Resource Center Measure Specifications

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2

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2018 Q1-Q4	Eligible Hospitals Table of eCQMs (pdf)	May 2017
2018 Q1-Q4	eCQM Annual Update Pre-Publication Document (pdf)	Mar 2017
2018 Q1-Q4	eCQM Specifications for Eligible Hospitals (zip)	May 2017
2018 Q1-Q4	eCQM Value Sets Addendum	Sep 2017
2018 Q1-Q4	Binding Parameter Specification (BPS) Addendum	Sep 2017
2018 Q1-Q4	eCQM Measure Logic Guidance v1.13 (pdf)	May 2017
2018 Q1-Q4	Technical Release Notes (code system updates only) Addendum (pdf)	Jan 2018
2018 Q1-Q4	Technical Release Notes (code system updates only) Addendum (zip)	Oct 2017
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2018 Q1-Q4	CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (zip)	Jan 2018
2018 Q1-Q4	HL7 QRDA Category I Specifications	Jan 2017
2018 Q1-Q4	QRDA Category I Conformance Statement Resource (pdf)	Oct 2018

**This is a voluntary measure and does not count toward eCQM[®] submission*

Measure Name	CMS ID	NQF ID	Value Set
Hybrid Hospital-Wide Readmission*	CMS529v0	2879	CCDE Value Sets

eCQI Resource Center: Measure Logic and CMS Implementation Guide (IG)-related Items

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2


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2018 Q1-Q4	eCQM Addendum Checklist	
2018 Q1-Q4	Eligible Hospitals Table of eCQMs (pdf)	May 2017
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Implementation Checklist eCQM Annual Update

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2

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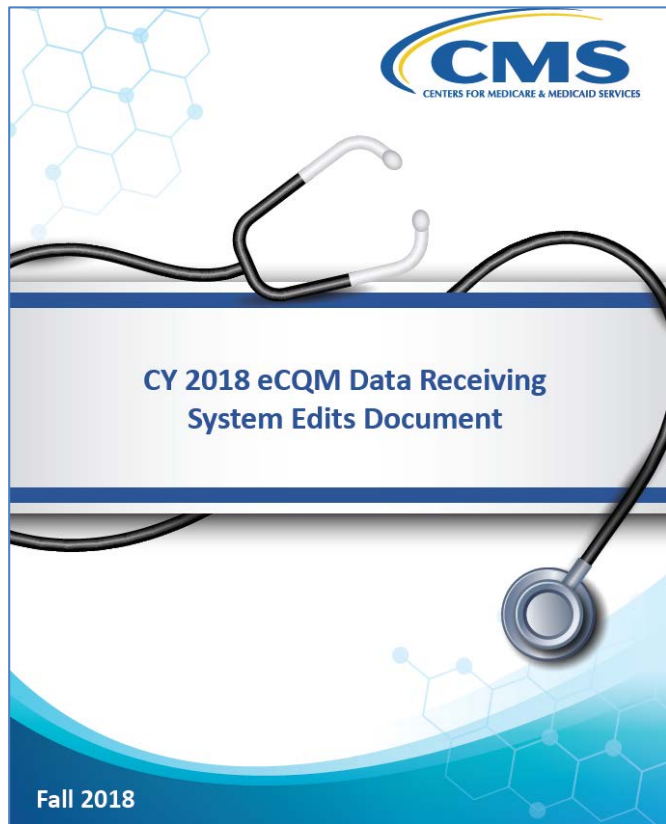
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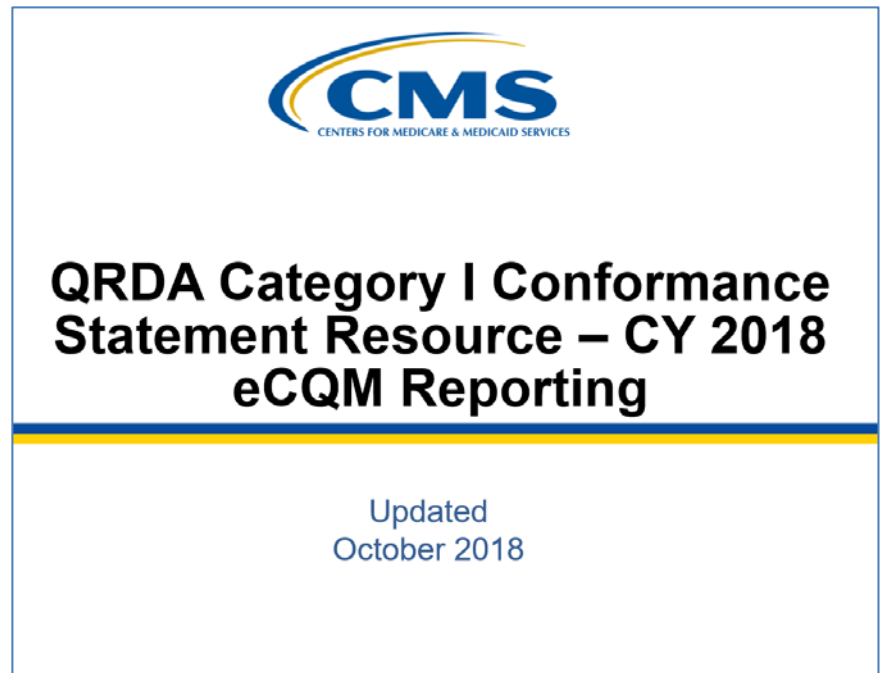
Help Guides to Troubleshoot Error Messages

[CY 2018 eCQM Data Receiving System Edits Document](#) (updated Fall 2018)



<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228773851827>

[CY 2018 QRDA Category I Conformance Statement Resource](#) (updated October 2018)



https://ecqi.healthit.gov/system/files/2018_CMS_QRDA_I_Conformance_Statement_Resource_v3_508.pdf

Promoting Interoperability Program Information

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

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- [2017 Program Requirements](#)
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Promoting Interoperability (PI)

The Centers for Medicare & Medicaid Services (CMS) is dedicated to improving interoperability and patients' access to health information. To better reflect this focus, we've renamed the EHR Incentive Programs to the Promoting Interoperability (PI) Programs. Through this rulemaking, we are also streamlining the programs to reduce the time and cost required of providers to participate. Stay tuned for more information. To find out more on how this rulemaking affects Medicare eligible clinicians participating in the Promoting Interoperability (formerly Advancing Care Information) performance category of the Merit-based Incentive Payment System, visit the Quality Payment Program website at <https://qpp.cms.gov/>.

Latest News

- 2019 Medicare Electronic Health Record (EHR) Program Eligible Hospital Reconsideration Application has been posted to the Payment Adjustment and Hardship Information page. The deadline for submitting all applications is December 21, 2018. The application can be accessed [here](#).
- On August 17, 2018, CMS published the Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment System and Long Term Acute Care Hospital Prospective Payment System Final Rule. For more information on the upcoming changes for the 2019 program year, visit the [Federal Register](#), and view this [fact sheet](#).
- Now Available: CMS' electronic clinical quality measure (eCQM) annual update for calendar year (CY) 2018 reporting. For more information, the updated measure specifications are available on the [eCQI Resource Center](#) for [Eligible Hospitals and Critical Access Hospitals \(CAHs\)](#), and [Eligible Professionals \(EPs\) and Eligible Clinicians](#).
- **Page Update:** 2013, 2014, and 2015 Clinical Quality Measure information, can now be found on the eCQM Library page. Click [here](#).

Dates to Remember

January 1 through December 31, 2018
• 2018 PI Programs Reporting Period.

November 30, 2018
• Deadline for CAHs to submit hardship exception forms based on the 2017 reporting year.

Background

Support Resources

Topic	Who to Contact	How to Contact
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 https://cms-ip.custhelp.com
Promoting Interoperability Program* (objectives, attestation, and policy)	QualityNet Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM specifications (code sets, measure logic, and measure intent)	ONC JIRA Issue Trackers	eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary
QRDA-related questions (CMS IG, sample files, and Schematrons)		QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/issues/QRDA-313?filter=allopenissues
QualityNet Secure Portal (reports, PSVA tool, data upload, and troubleshooting file errors)	QualityNet Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM data validation	Validation Support Team	validation@hcqis.org or https://cms-ip.custhelp.com

*Previously known as the EHR Incentive Program

Q&A Session: CY 2018 eCQM Reporting for the Hospital
IQR and Promoting Interoperability Programs

Continuing Education

Continuing Education (CE) Approval

This program has been approved for CE 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 CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process: Three Steps

1. Complete the ReadyTalk[®] survey that will pop up after the webinar
2. Register on the HSAG Learning Management Center for the certificate
3. Print out your certificate



NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey

☐ No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

☐ Very satisfied

☐ Somewhat satisfied

☐ Neutral

☐ Somewhat dissatisfied

☐ Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

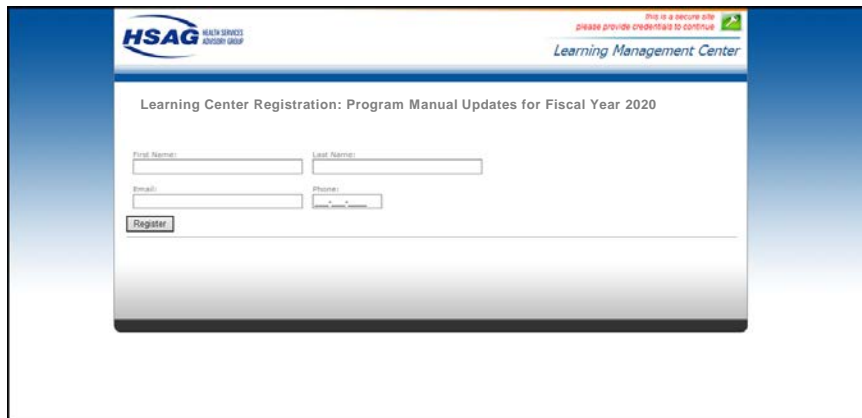
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

Register for Credit

New User

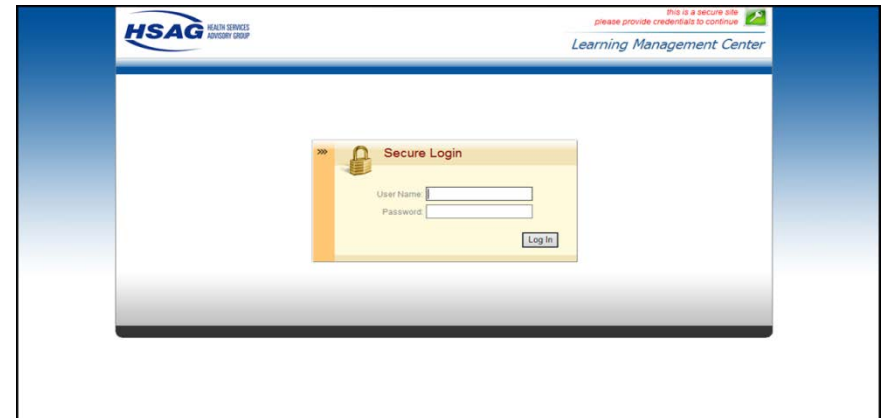
Use personal email and phone.
Go to email address; finish
process.



The screenshot shows the HSAG Learning Management Center registration page. At the top, there is a blue header with the HSAG logo and the text "HEALTH SERVICES ADVISORY GROUP". Below the header, there is a red security warning: "This is a secure site. please provide credentials to continue". The main content area is titled "Learning Center Registration: Program Manual Updates for Fiscal Year 2020". It contains a registration form with the following fields: "First Name:", "Last Name:", "Email:", and "Phone:". There is a "Register" button at the bottom of the form.

Existing User

Entire email is your user name.
You can reset your password.



The screenshot shows the HSAG Learning Management Center secure login page. At the top, there is a blue header with the HSAG logo and the text "HEALTH SERVICES ADVISORY GROUP". Below the header, there is a red security warning: "This is a secure site. please provide credentials to continue". The main content area is titled "Secure Login". It contains a login form with the following fields: "User Name:" and "Password:". There is a "Log In" button at the bottom of the form.

Thank You for Attending

Disclaimer

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