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Troubleshooting Audio

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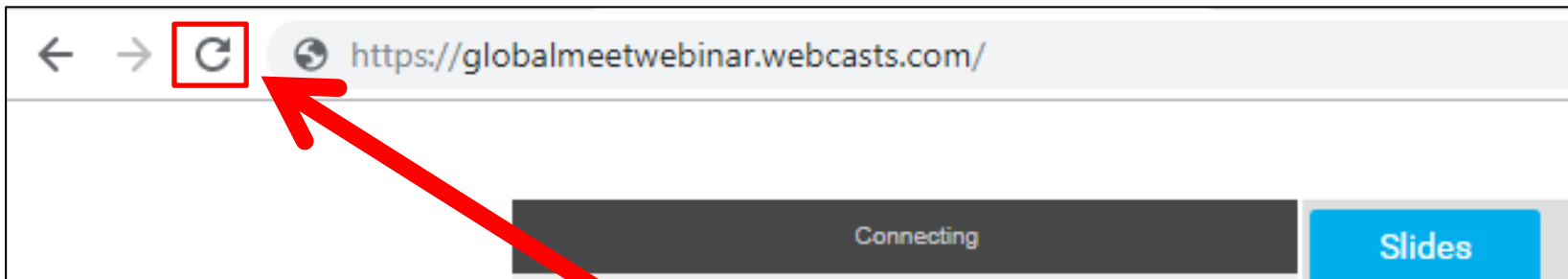
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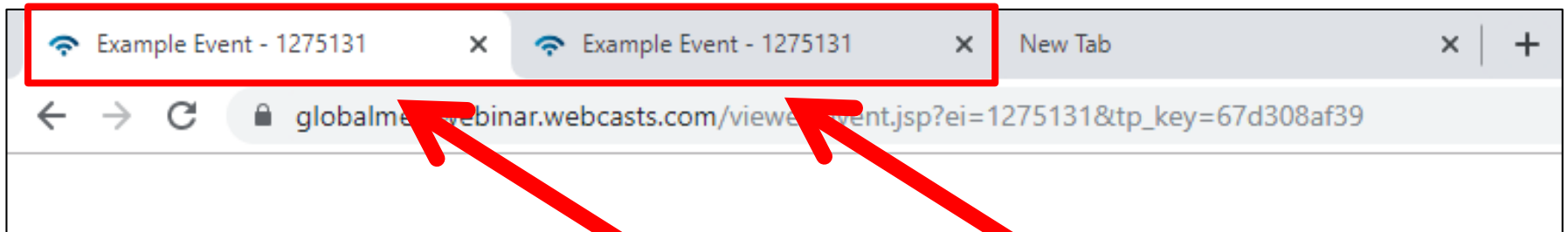
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Troubleshooting Echo

- Hear a bad echo on the call?
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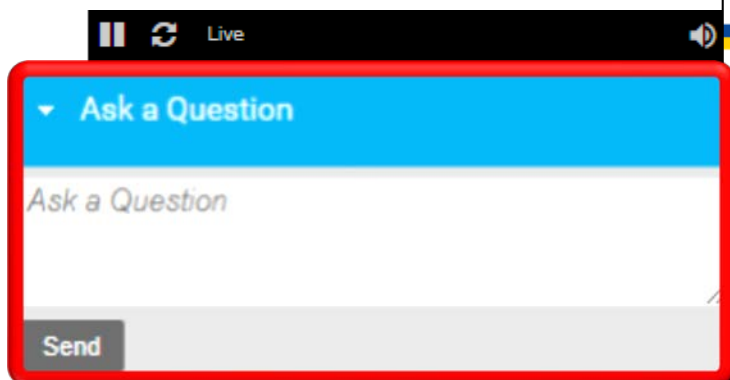
Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

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



Today's Presentation



Reviewing CY 2020 eCQM Resources for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Program*

***Specific to the Medicare Promoting Interoperability Program**

Artrina Sturges, EdD

Alignment of eCQM Reporting Lead

Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

October 26, 2020

Purpose

This presentation will review resources that support calendar year (CY) 2020 electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid Promoting Interoperability Program.*

*Specific to the Medicare Promoting Interoperability Program

Objectives

Participants will be able to:

- Locate Hospital IQR Program policy information and eCQM reporting materials on the *QualityNet* website.
- Navigate to the Medicare and Medicaid Promoting Interoperability Program* information on the CMS.gov website.
- Access resources to support electronic clinical quality improvement implementation activities on the eCQI (electronic Clinical Quality Improvement) Resource Center.

*Specific to the Medicare Promoting Interoperability Program

Acronyms

CMS	Centers for Medicare & Medicaid Services	IPPS	Inpatient Prospective Payment System
CY	calendar year	IQR	Inpatient Quality Reporting
ECE	Extraordinary Circumstances Exception	LTCH	Long-Term Care Hospital
eCQI	electronic clinical quality improvement	MC	Measure Collaboration
eCQM	electronic clinical quality measure	ONC	Office of the National Coordinator for Health Information Technology
EH	eligible hospital	PPS	Prospective Payment System
EHR	electronic health record	QDM	Quality Data Model
HCQIS	Healthcare Quality Information System	QRDA	Quality Reporting Document Architecture
HQR	Hospital Quality Reporting	VIQR	Value, Incentives, and Quality Reporting
HWR	hospital-wide readmission	VSAC	Value Set Authority Center

Reviewing CY 2020 eCQM Resources for the Hospital IQR Program
and the Medicare and Medicaid Promoting Interoperability Program*

*Specific to the Medicare Promoting Interoperability Program

eCQM Policy Information and Educational Materials on *QualityNet*

QualityNet Website Landing Page

<https://www.qualitynet.org/>

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July 16, 2020

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I am looking for quality information associated with...



Hospitals - Inpatient



Hospitals - Outpatient



Ambulatory Surgical Centers



PPS-Exempt Cancer Hospitals



ESRD Facilities



Inpatient Psychiatric Facilities

Hospital Inpatient Overview (1 of 2)

<https://qualitynet.org/inpatient>

The screenshot displays the CMS.gov QualityNet website. At the top, there is a navigation bar with the CMS.gov logo, a search bar, and links for Quality Programs, Help, Log into Secure Portal, and Register. Below the navigation bar is a blue header with the text "Home / Hospitals - Inpatient". A secondary navigation bar contains links for Overview, Measures, Public Reporting, Data Management, Resources, and Notifications. The main content area features a "Hospital Inpatient Overview" section with a description of CMS's initiatives and a "Read more" button. To the right, there are buttons for "Download Q1/Q2 2021 Specs" and "Download Q3/Q4 2020 Specs", along with a link to "View all Specifications Manuals". Below this is a section titled "Hospital Inpatient Quality Programs" which includes four cards: "Hospital Inpatient Quality Reporting (IQR) Program", "Hospital Value-Based Purchasing (HVPB) Program", "Hospital-Acquired Condition (HAC) Reduction Program", and "Hospital Readmissions Reduction Program (HRRP)". Each card has a "Learn more" button.

Hospital Inpatient Overview (2 of 2)

Hospitals - Inpatient

[Overview](#)[Measures](#)[Public Reporting](#)[Data Management](#)[Resources](#)[Notifications](#)

Hospital Inpatient Overview

Through its hospital quality improvement initiatives, the Centers for Medicare & Medicaid Services (CMS) strives to improve the care provided by the nation's hospitals and publicly display (on *Hospital Compare*) quality information to consumers and others.

CMS uses a variety of measures to determine the quality of care provided during inpatient hospital stays:

- For [Claims-Based measures](#), CMS uses Medicare enrollment data and Part A and Part B claims data.
- For [Chart-Abstracted Clinical Process of Care measure data submission](#), the hospital or the hospital's vendor abstracts data for these measures from medical records and submits the data to CMS.
- Electronic Health Record (EHR)-Based Clinical Process of Care measures are [electronic clinical quality measures \(eCQMs\)](#) that are expressed and formatted to use data from EHRs and/or health information technology systems to measure healthcare quality, specifically, data captured in structured formats during the process of patient care. Please Note: Any data submitted as an eCQM will not be posted on the *Hospital Compare* website. Public reporting of eCQM data will be addressed in future rulemaking.
- [Healthcare-Associated Infection \(HAI\) measure](#) data are submitted by hospitals to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN) application. The CDC sends HAI data to CMS prior to each submission deadline.
- The [Hospital Consumer Assessment of Healthcare Providers and Systems \(HCAHPS\) Survey](#) is a standardized survey to gather patient perspectives on hospital care. Hospitals or their vendors report data obtained from the survey to CMS.

Participating in the Hospital IQR Program?

[Download Q3/Q4 2020 Specs Manual](#)[Download Q1/Q2 2020 Specs Manual](#)

[View all Specifications Manuals](#)

eCQM Overview Tab

<https://qualitynet.org/inpatient/measures/ecqm>

The screenshot displays the CMS.gov QualityNet website interface. At the top, there is a navigation bar with the CMS.gov logo, a search bar labeled "Search QualityNet", and links for "Quality Programs", "Help", "Log into Secure Portal", and "Register". Below the navigation bar is a breadcrumb trail: "Home / Hospitals - Inpatient / Measures /". The main heading is "Electronic Clinical Quality Measures (eCQM)". A secondary navigation bar includes "Overview", "eCQM Measures", "Participation", "Resources", "Webinars", and "Notifications". The "Overview" section is active, featuring a sub-heading "Electronic Clinical Quality Measures (eCQM) Overview". The text explains that starting in CY 2013, hospitals could voluntarily submit eCQM data to their EHR systems, and from CY 2016, reporting became mandatory for Hospital IQR and Medicare Promoting Interoperability programs. A "More Information" box on the right contains a link to the "eCQI Resource Center". At the bottom, there is a "Join Now" button for a ListServe.

CMS.gov | QualityNet

Search QualityNet

Quality Programs ▾ Help ▾ Log into Secure Portal Register

Home / Hospitals - Inpatient / Measures /

Electronic Clinical Quality Measures (eCQM)

Overview eCQM Measures Participation Resources Webinars Notifications

Electronic Clinical Quality Measures (eCQM) Overview

Beginning in Calendar Year (CY) 2013, hospitals were provided the opportunity to voluntarily submit data for eCQMs. 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 the measure data.

Since CY 2016, hospitals have been required to report eCQM data as a portion of 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 also fulfill the Medicare Promoting Interoperability Program requirement for reporting of eCQMs 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 encouraged, but not required, to participate in the Hospital IQR Program. CAHs **are** required to participate in the Medicare Promoting Interoperability 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](#)

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List of eCQM Measures

<https://qualitynet.org/inpatient/measures/ecqm/measures>

The screenshot shows the CMS.gov QualityNet website. The header includes the CMS.gov logo, a search bar, and navigation links for Quality Programs, Help, Log into Secure Portal, and Register. The main content area is titled "eCQM Measures" and includes a breadcrumb trail: Home / Hospitals - Inpatient / Measures / Electronic Clinical Quality Measures (eCQM) / eCQM Measures. A navigation menu below the header lists Overview, eCQM Measures, Participation, Resources, Webinars, and Notifications. The main content is organized into a sidebar and a main area. The sidebar contains a list of reporting periods: CY 2020 / FY 2022 (selected), CY 2019 / FY 2021, CY 2018 / FY 2020, and CY 2017 / FY 2019. The main area features a heading "Measures for Calendar Year (CY) 2020 Reporting Period/Fiscal Year (FY) 2022 Payment Determination" and a paragraph explaining that eight eCQMs are applicable for the Hospital Inpatient Quality Reporting (IQR) Program. Below this is a table with columns for File Name, File Type, and File Size. The table lists two resources: "CY 2020 Available eCQMs Table" (PDF, 31 KB) and "Hospital IQR FY 2022 Measures" (text). The "CY 2020 Available eCQMs Table" resource includes a description: "outlines the eight eCQMs applicable for reporting to the Hospital IQR and Promoting Interoperability Programs." The "Hospital IQR FY 2022 Measures" resource includes a description: "provides all measures required for Hospital IQR Program reporting for CY 2020 (for FY 2022 payment determination) - Coming Soon". Below the table is a section for "Resource Name" with a link to "eCQM specifications for Eligible Hospitals and Critical Access Hospitals page" and a "View" button. The description for this resource states: "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 details such as the measure description, the initial patient population, and denominator and numerator exclusions and exceptions to assist hospitals and their vendors as they implement eCQM reporting."

File Name	File Type	File Size
CY 2020 Available eCQMs Table outlines the eight eCQMs applicable for reporting to the Hospital IQR and Promoting Interoperability Programs.	PDF	31 KB
Hospital IQR FY 2022 Measures provides all measures required for Hospital IQR Program reporting for CY 2020 (for FY 2022 payment determination) - <i>Coming Soon</i>		

Resource Name	
eCQM specifications for Eligible Hospitals and Critical Access Hospitals page 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 details such as the measure description, the initial patient population, and denominator and numerator exclusions and exceptions to assist hospitals and their vendors as they implement eCQM reporting.	View

eCQM Reporting Requirements

<https://qualitynet.org/inpatient/measures/ecqm/participation>

The screenshot shows the CMS.gov QualityNet website. The header includes the CMS.gov logo, a search bar, and navigation links for Quality Programs, Help, Log into Secure Portal, and Register. The main content area is titled "Participation" and includes a breadcrumb trail: Home / Hospitals - Inpatient / Measures / Electronic Clinical Quality Measures (eCQM) / Participation. A navigation menu below the title includes Overview, eCQM Measures, Participation (selected), Resources, Webinars, and Notifications. On the left, there are two tabs: "Requirements" (selected) and "Extraordinary Circumstances". The main content area features a section titled "Calendar Year (CY) 2020 Reporting Period for Fiscal Year (FY) 2022 Payment Determination". This section contains text explaining that eligible hospitals must report eCQMs to the Hospital Inpatient Quality Reporting (IQR) Program. It also states that eligible hospitals and critical access hospitals (CAHs) are required to report eCQMs to the Medicare Promoting Interoperability Program. A sub-section titled "Hospital IQR Program Reporting Requirements for CY 2020" lists the requirements for participating hospitals. At the bottom, there is a table with one row: "CY 2020 Available eCQMs", which is a PDF file, 31 KB in size, with a "Download" link.

Requirements

Extraordinary Circumstances

Calendar Year (CY) 2020 Reporting Period for Fiscal Year (FY) 2022 Payment Determination

For the CY 2020 reporting period, eligible hospitals are required to report electronic clinical quality measures (eCQMs) to the Hospital Inpatient Quality Reporting (IQR) Program, per the [FY 2020 IPPS/LTCH PPS Final Rule](#). This information is available on the [CY 2020 Submission Overview](#) document.

Eligible hospitals and critical access hospitals (CAHs) are required to report eCQMs to the Medicare Promoting Interoperability Program. Attestation will only be permitted as a reporting option to the Medicare Promoting Interoperability Program in certain circumstances where electronic reporting is not feasible. (Review the [CMS.gov](#) website for updates regarding the attestation criteria.)

Hospital IQR Program Reporting Requirements for CY 2020

For the CY 2020 reporting period, hospitals participating in the Hospital IQR Program must:

- Self-select and successfully report a minimum of four of the eight available eCQMs through the QualityNet Secure Portal using any combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions.
- Report data for at least one self-selected quarter (Q) of 2020 data (Q1, Q2, Q3, or Q4).
- Use Health Information Technology (IT) certified to the 2015 Edition of the ONC certification standards and certified to report all eight eCQMs.
- Submit data via the QualityNet Secure Portal by the deadline: **March 1, 2021, by 11:59 p.m. Pacific Time (PT)**. (Deadline extended due to original deadline falling on a weekend and/or holiday.)

File Name	File Type	File Size	
CY 2020 Available eCQMs	PDF	31 KB	Download

Participation Tab – eCQM Related ECEs

<https://qualitynet.org/inpatient/asures/ecqm/participation#tab2>

Top of Page Extraordinary Circumstances Exception (ECE) Policy

Bottom of Page ECE Request Form and Instructions

Overview eCQM Measures **Participation** Resources Webinars Notifications

Requirements
Extraordinary Circumstances

Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request and for CMS to grant exceptions with respect to the reporting of required quality data—including eCQM data when there are extraordinary circumstances beyond the control of the hospital.

eCQM Related ECEs

Hospitals may use the Extraordinary Circumstances Exceptions (ECE) form to request an exception from the Hospital Inpatient Quality Reporting (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 (e.g., a hospital is in an area without sufficient Internet access) or unforeseen circumstances (e.g., a hospital has health information technology [IT] vendor issues outside of the hospital's control, including a vendor product losing certification) that impact the hospital's ability to report eCQM data. For further information, reference this ECE Policy Clarification Questions and Answers.

File Name	File Type	File Size	
ECE Policy Clarification Questions and Answers	PDF	56 KB	Download

Non-eCQM Related ECEs

Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data. Hospitals may request consideration for an exception of the requirement to submit quality data for one or more quarters. For non-eCQM related ECEs, an ECE request form must be submitted **within 90 calendar days of the extraordinary circumstance**.

ECE Request Form Submission Instructions

In the event of such circumstances, hospitals must submit an Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required questions completed. For eCQM-related ECEs, an ECE request form must be submitted by **April 1 following the end of the eCQM reporting period calendar year (CY)***. As an example, for data collection for the CY 2018 reporting period (through December 31, 2018), hospitals would have until April 1, 2019, to submit an ECE request.

File Name	File Type	File Size	
Extraordinary Circumstances Exceptions (ECE) Request Form	PDF	141 KB	Download

The form must be signed by the hospital's chief executive officer (CEO) or designee and submitted via one of the following methods:

- *QualityNet Secure Portal* Secure File Transfer to: WAIVER EXCEPTION WITHHOLDING group
- Secure fax to: (877) 789-4443
- Email to: qrformsubmission@hsag.com
- Conventional mail to:

HSAG
ATTN: Hospital Inpatient Quality Reporting Program Support Contractor
3000 Bayport Drive, Suite 300
Tampa, FL 33607

The support contractor will forward the form, as directed, to CMS.

Note: This process does not preclude CMS from granting exceptions to hospitals when it is determined that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS may also grant an exception if it is determined that a systemic problem with one of its data collection systems directly affected the ability of the hospitals to submit data. If CMS makes the determination to grant a blanket exception, CMS will communicate this decision to hospitals, vendors, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) through routine communication channels, including memos, emails, and notices on QualityNet.

* *Hardship Exceptions for the Medicare Promoting Interoperability Program (previously known as the Electronic Health Record (EHR) Incentive Program) follow a different process and different timeline. For additional information on this process, refer to the CMS Payment Adjustments & Hardship Information web page on CMS.gov.*

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Resources Tab

<https://qualitynet.org/inpatient/measures/ecqm/resources>

The screenshot shows the CMS.gov QualityNet website. The header includes the CMS.gov logo, a search bar, and navigation links for Quality Programs, Help, Log into Secure Portal, and Register. The breadcrumb trail is Home / Hospitals - Inpatient / Measures / Electronic Clinical Quality Measures (eCQM) / Resources. The Resources tab is selected in the navigation menu. On the left, there is a sidebar with links for CY 2020 / FY 2022, CY 2019 / FY 2021, CY 2018 / FY 2020, CY 2017 / FY 2019, and Online Resources. The main content area is titled "Calendar Year (CY) 2020 Reporting Period/FY 2022 Payment Determination Resources". It contains two tables: one for "Technical Specifications" and one for "Resource Name".

Home / Hospitals - Inpatient / Measures / Electronic Clinical Quality Measures (eCQM) / Resources

Overview eCQM Measures Participation **Resources** Webinars Notifications

CY 2020 / FY 2022

CY 2019 / FY 2021

CY 2018 / FY 2020

CY 2017 / FY 2019

Online Resources

Calendar Year (CY) 2020 Reporting Period/FY 2022 Payment Determination Resources

File Name	File Type	File Size	
CY 2020 Submission Overview (July 2020) provides an overview of the eCQM submission requirements and available tools for Quality Reporting Document Architecture (QRDA) Category I file validation activities.	PDF	109 KB	Download

Technical Specifications

File Name	File Type	File Size	
2020 CMS QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting (HQR) (found on the eCQI Resource Center website) are used to validate QRDA Category I files, which conform to the 2020 CMS QRDA Category I Implementation Guide for the Hospital Quality Reporting (HQR) program.	ZIP		View

Resource Name

2020 CMS Implementation Guide for QRDA Category I for Hospital Quality Reporting contains content, business requirements, and updates to assist with the data transmission process for CY 2020 reporting.			View
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Online Resources

<https://qualitynet.org/inpatient/measures/ecqm/resources#tab5>

The screenshot shows the CMS.gov QualityNet website. At the top, there is a search bar and navigation links for 'Quality Programs', 'Help', 'Log into Secure Portal', and 'Register'. The breadcrumb trail reads: Home / Hospitals - Inpatient / Measures / Electronic Clinical Quality Measures (eCQM) / Resources. Below this is a horizontal menu with 'Overview', 'eCQM Measures', 'Participation', 'Resources', 'Webinars', and 'Notifications'. On the left, a sidebar contains filters for 'CY 2020 / FY 2022', 'CY 2019 / FY 2021', 'CY 2018 / FY 2020', 'CY 2017 / FY 2019', and 'Online Resources'. The main content area is titled 'Online Resources' and features three resource cards:

- Jira Issue Tracker**: A card with a 'View' link. The description states: 'The Jira Issue Tracker is available for data submitters to review, research, and post questions for multiple projects. Although there are several trackers associated with aspects of eCQM reporting, the eCQM Issue Tracker addresses questions related to specification details (code sets, measure logic, and measure intent). The direct link is <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>. The QRDA Issue Tracker addresses questions on QRDA-related questions (CMS Implementation Guide, Sample Files, and Schematrons). The direct link is <https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary>.'
- eCQI Resource Center**: A card with a 'View' link. The description states: '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 with the community of professionals who are dedicated to clinical quality improvement for better health.'
- Certified Health IT Product List (CHPL)**: A card with a 'View' link. The description states: 'The website offers a comprehensive and authoritative listing of all certified Health Information Technology that has been successfully tested and certified by the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. All products listed on the CHPL have been tested by the ONC Certified Testing...

eCQM-Related Webinars

<https://qualitynet.org/inpatient/measures/ecqm/webinars>

The screenshot shows the CMS.gov QualityNet website. The header includes the CMS.gov logo, a search bar, and navigation links for Quality Programs, Help, Log into Secure Portal, and Register. The main content area is titled "Webinars" and includes a navigation menu with options for Overview, eCQM Measures, Participation, Resources, Webinars (selected), and Notifications. A sidebar on the left lists years from 2020 to 2014. The main content area is titled "Electronic Clinical Quality Measures (eCQM) 2020 Webinars & Calls" and lists several webinars with their dates, topics, and associated resources like recorded webinars, transcripts, and handouts.

Year	Webinar Title	Resources
2020	April 7 Setting Up Your HARP Account for Hospital Hospital Quality Reporting	<ul style="list-style-type: none">Recorded Webinar (19 min.)Webinar transcript (PDF-77 KB)Handout (PDF-2.3 MB)
2020	March 25 CMS QRDA Category I Implementation Guide Changes for CY 2020 Hospital Quality Reporting	<ul style="list-style-type: none">Recorded Webinar (50 min.)Webinar transcript (PDF-116 KB)Handout (PDF-423 KB)Question and Answers Summary (PDF-87 KB)
2020	March 19 Hospital IQR Program Requirements for CY 2020 Reporting (FY 2022 Payment Determination)	<ul style="list-style-type: none">Recorded Webinar (53 min.)Webinar transcript (PDF-103 KB)Handout (PDF-933 KB)Question and Answers Summary (PDF-197 KB)
2020	February 11 Question and Answer Session: CY 2019 eCQM Reporting for the Hospital IQR and Promoting Interoperability Programs	<ul style="list-style-type: none">Recorded Webinar (42 min.)Webinar transcript (PDF-148 KB)Handout (PDF-515 KB)

Email Notifications



Notifications

Overview

eCQM Measures

Participation

Resources

Webinars

Notifications

2020

2019

2018

2017

2016

2020 Email Notifications

The following email notifications regarding aligned electronic reporting to the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program for hospitals (previously known as the Medicare Electronic Health Record [EHR] Incentive Program) have been issued to those registered for the notifications.




Reference Number	Date	Subject
2020-50-IP	05/07/20	Updated eCQM Specifications and eCQM Materials for 2021 Reporting Now Available
2020-33-IP	03/23/2020	CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19
2020-32-IP	03/18/2020	Hospital IQR Program Outreach and Education March 11, 2020 Webinar: <i>Hospital IQR Program Requirements for CY 2020 Reporting (FY 2022 Payment Determination)</i>
2020-31-IP	03/13/2020	Now Available: Updated 2020 CMS QRDA Category I Schematron and Sample File for Hospital Quality Reporting
2020-30-IP	03/11/2020	Hospital IQR and Promoting Interoperability Program Outreach and Education March 25, 2020 Webinar: <i>CMS QRDA Category I Implementation Guide Changes for CY 2020 Hospital Quality Reporting</i>
2020-28-IP	03/06/2020	Hospital IQR Program Outreach and Education March 19, 2020 Webinar: <i>Hospital IQR Program Requirements for CY 2020 Reporting (FY 2022 Payment Determination)</i>
2020-27-IP	02/24/2020	Now Available: Visit the eCQM Issue Tracker to Review eCQM Draft Measures

Additional eCQM-Related Resources on *QualityNet*

- eCQM Validation
- Hybrid Measure:
Hospital-Wide Readmission (HWR) Measure
- Navigation Guides

Locating eCQM Validation Information (1 of 2)

<https://qualitynet.org/inpatient>

Search QualityNet  Quality Programs  Help 

Home / **Hospitals - Inpatient**

Overview Measures Public Reporting Data Management Resources Notifications

Hospital Inpatient Overview

Through its hospital quality improvement initiatives, the Centers for Medicare & Medicaid Services (CMS) strives to improve the care provided by the nation's hospitals and publicly display (on *Hospital Compare*) quality information to consumers and others.

[Read more](#)

Participating in the Hospital IQR Program?

[Download Q1/Q2 2021 Specs](#)

[Download Q3/Q4 2020 Specs](#)

[View all Specifications Manuals](#)

Hospital Inpatient Quality Programs

Hospital Inpatient Quality Reporting (IQR) Program	Hospital Value-Based Purchasing (HVBP) Program	Hospital-Acquired Condition (HAC) Reduction Program	Hospital Readmissions Reduction Program (HRRP)
Learn more	Learn more	Learn more	Learn more

Locating eCQM Validation Information (2 of 2)

<https://www.qualitynet.org/inpatient/data-management>

Hospital Inpatient Data Management

Learn more about data collection, data submission, and data validation.

Data Collection	Data Submission	Data Validation
<p>CMS Abstraction & Reporting Tool (CART)</p> <p>A powerful application for the collection and analysis of quality improvement data. Learn more</p>	<p>Hospital Inpatient Data Submission</p> <p>Data must be submitted in the prescribed format by the transmission deadlines established by CMS. Learn more</p>	<p>Chart-Abstracted Data Validation</p> <p>Verification that data submitted can be reproduced by a trained abstractor using a standardized protocol. Learn more</p>
<p>Abstraction Resources</p> <p>Tools for abstracting measure data. Learn more</p>	<p>Benchmarks of Care</p> <p>CMS calculates quarterly benchmarks of care, based on hospital data submitted to its clinical data warehouses. Learn more</p>	<p>eCQM Data Validation</p> <p>Validation to allow an electronic health record (EHR) system to capture, export, calculate, and report the measure data. Learn more</p>

eCQM Data Validation Page

<https://qualitynet.org/inpatient/data-management/ecqm-data-validation>

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eCQM Data Validation

[Overview](#) [Educational Reviews](#) [CDAC Information](#) [Resources](#)

eCQM Data Validation Overview

File Name	File Type	File Size
FY 2021 List - Hospitals Selected for Inpatient eCQM Data Validation	PDF	Download
FY 2021 List - Hospitals Selected for Inpatient eCQM Data Validation	XLSX	Download

The Centers for Medicare & Medicaid Services (CMS) assesses the accuracy of electronic Clinical Quality Measure (eCQM) data submitted to the Hospital Inpatient Quality Reporting (IQR) Program through the validation process. Additionally, CMS verifies that the eCQM data submitted to the Clinical Warehouse meets the measure's intent.

CMS identifies a random and targeted sample of Inpatient Prospective Payment Systems (IPPS) hospitals on an annual basis for chart-abstracted measures. CMS randomly selects an additional sample of up to 200 hospitals for eCQM validation. For Fiscal Year (FY) 2021 Annual Payment Update (APU) determination, the selection occurred in August of 2019. This process, as outlined in the FY 2018 IPPS/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (pages 38398-38402), covers calendar year (CY) 2018 (1Q18-4Q18) discharges submitted by the eCQM submission deadline of March 14, 2019. CMS will only require hospitals to participate in one of the two inpatient validation programs: chart-abstracted or eCQM validation; hospitals selected for one of the programs will not be selected for the other. Hospitals who have been approved for an eCQM Extraordinary Circumstances Exemption (ECE) will not be selected for eCQM validation. It is possible for a hospital to be selected in consecutive years.

CMS directly notifies hospitals of their selection via an email notification from the Validation Support Contractor. Additionally, CMS

Case Selection

CMS will select up to eight cases (i.e., patient charts/medical records) per hospital for a single quarter. From that one quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reports, for no more than eight cases total across all measures. For example, if the hospital reports four measures (e.g., ED-1, ED-2, VTE-1, and STK-2), CMS may randomly select two cases from each measure without exceeding eight total cases. This process will ensure CMS evaluates a mix of measures, rather than those measures reported with the greatest frequency. CMS may group measures prior to selection to support this strategy.

Medical Record Request

After hospitals have been notified of their selection as a validated hospital, the Clinical Data Abstraction Center (CDAC) will send hospitals a written request using FedEx to submit a patient medical record for each case that CMS selected for validation.

Hospitals have 30 calendar days from the date on the request to submit records to the CDAC. Hospitals will receive a written notice if the CDAC does not receive the records within 15 days of issuing the request, which is approximately 15 days before the due date. Hospitals must submit the requested medical records as a Portable Document Format (PDF) file via the *QualityNet Secure Portal* Secure File Transfer (SFT) application. If the CDAC does not receive the requested records by the deadline, the records are not eligible for validation and will not count toward the number of records submitted.

Hospitals that fail to submit timely and complete data for 75 percent of requested records for eCQM validation will not meet the validation requirement for the Hospital IQR Program. Additional information regarding medical records requested by the CDAC can be found on the eCQM CDAC Information page.

Once available, registered QualityNet users with the appropriate Reports role can access a hospital's list of cases selected for validation, including all available patient identifiers, via the *QualityNet Secure Portal*. To access the report:

1. Log in to the **QualityNet Secure Portal**.
2. Select **My Reports**, then **Run Reports**.
3. Select the **Run Reports** tab.
4. Under Report Program, select **IQR**.
5. Under Report Category, select **Hospital Reporting - Data Validation Reports**.
6. Under Report Name, select **Hospital Data Validation - eCQM Case Selection Report**.

After submitting the requested medical records to CDAC, hospitals can also view the Case Selection Report for each record. This report includes the date on which the CDAC received the record.

Data Validation

CDAC will abstract from the complete medical record submitted by the hospital. Data abstraction is based on the eCQM specifications. The abstracted results will be compared to the data in each QRDA-1 file and analyzed to assess the alignment with measure criteria. The complete medical record submitted by the hospital must contain sufficient information for CDAC to determine measure eligibility and outcome, similar to the process for chart-abstracted measure reporting.

Hybrid HWR Measure Information

<https://www.qualitynet.org/inpatient/measures>

The screenshot displays the CMS.gov QualityNet website. The header includes the CMS.gov logo, a search bar for QualityNet, and navigation links for Quality Programs, Help, Log into Secure Portal, and Register. The main content area is titled "Hospital Inpatient Measures" and features a navigation menu with links for Overview, Measures, Public Reporting, Data Management, Resources, and Notifications. Below the menu, there is a section for "Hospital Inpatient Measure Sets" which lists several measure categories, each with a "Learn more" button. The "Hybrid Measure" category is expanded, showing a description of the Hybrid Hospital-Wide Readmission (HWR) measure. Below this, there is a section for "Claims-Based Measures" with a "Complication Measure" and its "Learn more" button.

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Home / Hospitals - Inpatient /

Hospital Inpatient Measures

Overview Measures Public Reporting Data Management Resources Notifications

Hospital Inpatient Measure Sets

- ▶ Electronic Clinical Quality Measures (eCQM) [Learn more](#)
- ▶ Healthcare-Associated Infections (HAI) [Learn more](#)
- ▶ Hospital Consumer Assessment (HCAHPS) [Learn more](#)
- ▼ Hybrid Measure [Learn more](#)

The Hybrid Hospital-Wide Readmission (HWR) measure has been adopted as a voluntary measure under the Hospital Inpatient Quality Report (IQR) Program. The Hybrid HWR Measure differs from the claims-based HWR measure as it merges electronic health record (EHR) data elements with claims data to calculate the risk-standardized readmission rate.
- ▶ Payment Standardization [Learn more](#)

Claims-Based Measures

- ▶ Complication Measure [Learn more](#)

Hospital Quality Reporting (HQR) System Navigation Guides

<https://qualitynet.org/training-guides#tab2>

Secure Portal User Guides and Training


File Name	File Type	File Size	
Navigating QualityNet Secure Portal during the Implementation of HARP	PDF	307 KB	Download
eCQM Next Generation of Hospital Quality Reporting Simple File Submission Navigation Guide (10/11/19)	PDF	1.4 MB	Download
eCQM Next Generation of Hospital Quality Reporting Navigation Guide	PDF	2.7 MB	Download
HQR New User Enrollment* (19 min) (07/16/14)	WMV		Download
Quick Start Guide: QualityNet account holders (07/18/16)	PDF	278 KB	Download
Quick Start Guide: Non-QualityNet account holders (07/18/16)	PDF	273 KB	Download
Quick Start Guide: QSP Registration (04/03/14)	PDF	576 KB	Download
QualityNet Secure Portal (QSP) User Start-up Guide (04/20/17)	PDF	1.5 MB	Download
Accessing the QSP from multiple devices (03/18/14)	PDF	784 KB	Download

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Reviewing CY 2020 eCQM Resources for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Program*

*Specific to the Medicare Promoting Interoperability Program

Medicare and Medicaid Promoting Interoperability Program Policy Information on the CMS.gov Website

Locate Medicare and Medicaid Promoting Interoperability Program Policy and eCQMs Basics Information

Policy Information

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

Date	Event
January 1 - December 31, 2020	2020 Promoting Interoperability Programs Reporting Year.
September 1, 2020	Deadline for eligible hospitals to submit a hardship exception application
November 30, 2020	Deadline for critical access hospitals (CAHs) to submit a hardship exception application

eCQMs Basics

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

Electronic Clinical Quality Measures Basics

Electronic clinical quality measures (eCQMs) are tools that help measure and track the quality of health care services that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) provide, as generated by a provider's electronic health record (EHR). Measuring and reporting eCQMs helps to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable, and timely care. eCQMs measure many aspects of patient care, including:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population/Public Health
- Efficient Use of Healthcare Resources
- Clinical Process/Effectiveness

Health care providers are required to electronically report eCQMs, which use data from EHRs and/or health information technology systems to measure health care quality. To report eCQMs successfully, health care providers must adhere to the requirements identified by the CMS quality program in which they intend to participate.

Each year, CMS makes updates to the eCQMs approved for CMS programs to reflect changes in:

- Evidence-based Medicine
- Code Sets
- Measure Logic

To successfully participate in the Medicare and Medicaid Promoting Interoperability Programs, CMS requires EPs, eligible hospitals, CAHs, and dual-eligible hospitals to report on eCQMs. These eCQMs are determined by CMS and require the use of 2015 Edition of certified electronic health record technology (CEHRT). For more information on 2015 Edition certified electronic health record technology (CEHRT), review this [fact sheet \(PDF\)](#) or visit [Health IT Certification for eCQM Reporting](#).

Medicare Promoting Interoperability Program eCQMs Requirements for 2020

For first-time and returning participants, the 2020 reporting period for eligible hospitals and CAHs who report electronically is one **self-selected quarter** of calendar year (CY) data. The submission period will be the two months following the close of the each CY. If they submit electronically for 2020, they must submit four eCQMs from the list of eight available eCQMs.

- 2020 Electronic Reporting Requirements
 - Required to report on 4 self-selected eCQMs from the set of eight available

eCQM Reporting Hardships – Medicare Promoting Interoperability Program

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

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Help, and Print. Below this is a search bar. The main navigation menu includes categories like Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail indicates the current location: Home > Regulations & Guidance > Promoting Interoperability > Scoring, Payment Adjustment, and Hardship Information. The main content area is titled 'Promoting Interoperability' and 'Scoring, Payment Adjustment, and Hardship Information'. It features a sidebar with various links and a main text area with sub-sections for 'Performance-based Scoring Methodology' and 'Medicare Promoting Interoperability Program Score'.

Bottom of the Page

Medicare Hardship Exception Information

Eligible hospitals and CAHs may be exempted from the Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must complete and submit a Hardship Exception Application. If approved, the hardship exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and ***in no case may an eligible hospital or CAH be granted an exception for more than 5 years.***

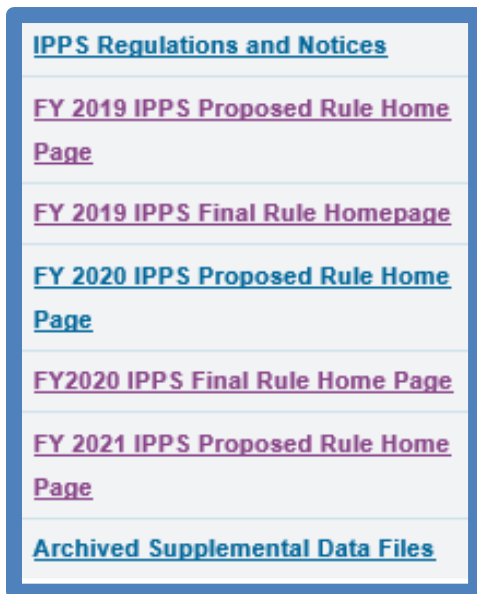
Medicare Hardship Exception Application

- The deadline for eligible hospitals and CAHs to submit [hardship forms](#) for the 2021 (eligible hospital) / 2019 (CAH) payment adjustment year are:
 - Eligible Hospitals: September 1, 2020 (*Please note: This deadline has been extended from the original date of July 1, 2020 due to COVID-19.*)
 - CAHs: November 30, 2020
- More information on the Medicare Hardship Exception Application can be found [here \(PDF\)](#).
- For questions regarding the Hardship Exception Application please contact the QualityNet help desk for assistance at qnetssupport@hcqis.org or 1-866-288-8912.

Page Last Modified: 06/30/2020 09:21 AM
[Help with File Formats and Plug-Ins](#)

Locating IPPS/LTCH PPS Final Rule Policy Information

<https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/AcuteInpatientPPS>



[IPPS Regulations and Notices](#)

[FY 2019 IPPS Proposed Rule Home Page](#)

[FY 2019 IPPS Final Rule Homepage](#)

[FY 2020 IPPS Proposed Rule Home Page](#)

[FY2020 IPPS Final Rule Home Page](#)

[FY 2021 IPPS Proposed Rule Home Page](#)

[Archived Supplemental Data Files](#)



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Medicare | Medicaid/CHIP | Medicare-Medicaid Coordination | Private Insurance | Innovation Center | Regulations & Guidance | Research, Statistics, Data & Systems | Outreach & Education

Home > Medicare > Acute Inpatient PPS

Acute Inpatient PPS

- [Direct Graduate Medical Education \(DGM\)](#)
- [Disproportionate Share Hospital \(DSH\)](#)
- [PPS-Exempt Cancer Hospitals \(PCHs\)](#)
- [Hospital-Acquired Condition Reduction Program \(HACRP\)](#)
- [Indirect Medical Education \(IME\)](#)
- [MS-DRG Classifications and Software](#)
- [New Medical Services and New Technologies](#)
- [Outlier Payments](#)
- [Hospital Readmissions Reduction Program \(HRRP\)](#)
- [Three Day Payment Window](#)
- [Wage Index](#)
- [Acute Inpatient - Files for Download](#)
- [Historical Impact Files for FY 1994 through Present](#)
- [Wage Index Files](#)
- [IPPS Regulations and Notices](#)
- [FY 2016 IPPS Proposed Rule Home Page](#)
- [FY 2016 IPPS Final Rule Home Page](#)

Acute Inpatient PPS

Section 1886(d) of the Social Security Act (the Act) sets forth a system of payment for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates. This payment system is referred to as the inpatient prospective payment system (IPPS). Under the IPPS, each case is categorized into a diagnosis-related group (DRG). Each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG.

The base payment rate is divided into a labor-related and nonlabor share. The labor-related share is adjusted by the wage index applicable to the area where the hospital is located, and if the hospital is located in Alaska or Hawaii, the nonlabor share is adjusted by a cost of living adjustment factor. This base payment rate is multiplied by the DRG relative weight.

If the hospital treats a high-percentage of low-income patients, it receives a percentage add-on payment applied to the DRG-adjusted base payment rate. This add-on, known as the disproportionate share hospital (DSH) adjustment, provides for a percentage increase in Medicare payment for hospitals that qualify under either of two statutory formulas designed to identify hospitals that serve a disproportionate share of low-income patients. For qualifying hospitals, the amount of this adjustment may vary based on the outcome of the statutory calculation.

Also, if the hospital is an approved teaching hospital it receives a percentage add-on payment for each case paid through IPPS. This add-on known as the indirect medical education (IME) adjustment, varies depending on the ratio of residents-to-beds under the IPPS for operating costs, and according to the ratio of residents-to-average daily census under the IPPS for capital costs.

Finally, for particular cases that are unusually costly, known as outlier cases, the IPPS payment is increased. This additional payment is designed to protect the hospital from large financial losses due to unusually expensive cases. Any outlier payment due is added to the DRG-adjusted base payment rate, plus any DSH or IME adjustments.

Transition of Inpatient Hospital Review Workload

Please see links below in the Downloads Section to some helpful informational materials on the subject of Inpatient Prospective Payment System Hospital and Long Term Care Hospital Review and Measurement.

Hospital Center

For a one-stop resource web page focused on the informational needs and interests of Medicare Fee-for-Service (FFS) hospitals, go to the Hospital Center (see under "Related Links Inside CMS" below).

IPPS=inpatient prospective payment system

LTCH PPS=long-term care hospital prospective payment system

Reviewing CY 2020 eCQM Resources for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Program*

*Specific to the Medicare Promoting Interoperability Program

eCQM Technical Documentation and Implementation Reference Materials on the eCQI Resource Center

eCQI Resource Center

- The Electronic Clinical Quality Improvement (eCQI) Resource Center serves as a one-stop shop for the most current information to support eCQI.
- This website has the most current news, events, and resources related to eCQM tools and standards.
- The center is a place to coordinate people and activities around eCQI.

eCQI Resource Center – Landing Page

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

eCQI
RESOURCE CENTER

Updated eCQMs, Implementation Resources, and Data Elements for 2021 Reporting Now Available

Eligible Professional/Clinician >

Eligible Hospital/CAH >

eCQM Telehealth Guidance Now Available >

Electronic Clinical Quality Improvement (eCQI) Resource Center: The eCQM one-stop shop.

eCQMs
Electronic Clinical Quality Measures

Resources
Standards, Tools, & Resources

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eCQI, CDS, FAQs Engage

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Featured Resources

Eligible Professional / Eligible Clinician eCQMs

Eligible Hospitals / Critical Access Hospital eCQMs

Educational Resources

eCQI Resource Center - Landing Page - Latest News and Upcoming Events

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

Connect with the Community of Professionals Who are Dedicated to Clinical Quality Improvement for Better Health

Latest News

[Now Available: Cypress™ v6](#)

The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) announce Cypress v6 with the fully integrated Cypress Validation Utility + Calculation Check (CVU+) is available as of July 24, 2020 to support 2015 Edition... Jul 24, 2020

[Webinar Recording and Feedback Opportunity Available: Advancing Technology for Quality Reporting at CMS - Burden Reduction and FHIR](#)

The Centers for Medicare & Medicaid Services (CMS) recorded a presentation on how the Fast Healthcare Interoperability Resources® (FHIR) standard can be used to advance technology to reduce quality reporting burden and increase interoperability for our healthcare community. This presentation... Jul 21, 2020

[Registration for the September Virtual HL7 FHIR® Connectathon is now open](#)

Registration for the September Virtual HL7 FHIR® Connectathon is now open! The CMS eCQM Standards Team will continue to participate in the Clinical Reasoning Track with a focus on Quality Measurement and Clinical Decision Support (CDS) Use Cases. To learn more, visit the Clinical Reasoning Track... Jul 21, 2020

[Now Available: The 2021 CMS QRDA III Implementation Guide, Schematron, and Sample Files for Eligible Clinicians and Eligible](#)

Upcoming Events

Jul
28

[Cypress Tech Talk](#)

1:00pm EDT

The Cypress Tech Talks are an open forum for discussing technical implementation and tool issues with the Cypress support team. To ensure that these calls meet your needs, please submit your...

Jul
29

[Measure Collaborative Workspace Series - Session #2 - Measure Collaboration Workspace, eCQM Flows, and Clinical Flow Prototype](#)

1:00pm EDT

This Outreach and Education webinar, Measure Collaborative Workspace Series - Measure Collaboration Workspace, eCQM Flows, and Clinical Flow Prototype, is scheduled for Wednesday, July 29, 2020, for...

Jul
30

[Cooking with CQL: or How to Express eCQMs using CQL, QDM and FHIR® Webinar](#)

4:00pm EDT

The Centers for Medicare & Medicaid Services (CMS) invites you to the "Cooking with Clinical Quality Language (CQL): or How to express Electronic Clinical Quality Measures eCQMs using Clinical..."

Aug
11

[Cypress Tech Talk](#)

1:00pm EDT

The Cypress Tech Talks are an open forum for discussing

Implementation Resources – Preparation and Implementation Checklists

<https://ecqi.healthit.gov/ecqm-implementation-checklist>

Navigation: eQMs (Electronic Clinical Quality Measures), Resources (Standards, Tools, & Resources), About (eCQI, CDS, FAQs, Engage), Sign In (Manage Your Account)

eCQM Implementation Checklist

[Receive updates on this topic](#)

The Centers for Medicare & Medicaid Services (CMS) requires an eligible professional (EP), eligible clinician, eligible hospital (EH) or critical access hospital (CAH) to use the most current version of the eCQMs for quality reporting programs.

The Preparation and Implementation Checklists (PDF) assume that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps health information technology (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in CMS electronic quality reporting.

Preparation Checklist

- 1) Sign up for a Unified Medical Language System (UMLS) account
- 2) Sign up for a JIRA account
- 3) Sign up for eCQM page change notifications on the eCQI Resource Center
- 4) Review the code versions used in the Annual Update
- 5) Review the standards, tools, and documents used in the Annual Update

Implementation Checklist

- 1) Access the appropriate eCQM Annual Update

Electronic Clinical Quality Measure (eCQM) Annual Update Implementation Checklist

The Centers for Medicare & Medicaid Services (CMS) requires an eligible professional (EP), eligible clinician, eligible hospital (EH) or critical access hospital (CAH) to use the most current version of the eCQMs for quality reporting programs.

The Preparation and Implementation Checklists assume that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps health information technology (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in CMS electronic quality reporting.

Preparation Checklist

- 1) Sign up for a Unified Medical Language System (UMLS) account

Implementation Tool - eCQM Data Element Repository

- Aids in data mapping activities by providing measure information and data element definitions for all the available CMS program Eligible Hospital (EH)/Critical Access Hospital (CAH) measures
- Centralizes information from:
 - Value Set Authority Center (VSAC)
 - eCQM specification
 - Quality Data Model (QDM)
- [eCQI Resource Center – Video Tutorials](#)

eCQM Data Element Repository Landing Page

Measure Collaboration (MC) Workspace

[About](#) [eCQM Concepts](#) [eCQM Clinical Workflows](#) [eCQM Test Results](#) [eCQM Data Element Repository](#)

Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The [eCQM Data Element Repository \(DERep\)](#) provides additional clarification for all the data elements associated with published and tested eCQMs used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can filter information by data element, eCQM, [QDM attribute](#), or [QDM category](#) and datatype data element.

The data elements provided are for use in eCQMs for 2019 and 2020 Performance and Reporting periods. Information contained within the DERep is derived from the [eCQM specifications](#), [Quality Data Model \(QDM\)](#), and the [Value Set Authority Center \(VSAC\)](#). Each eCQM data element includes information about the value set or, the [direct reference code \(DRC\)](#), along with the [QDM datatype](#), and the QDM attributes used by that data element. In the eCQMs for the 2019 Performance and Reporting period, QDM Version 5.3 information is displayed. In the eCQMs for the 2020 Performance and Reporting period, QDM Version 5.4 information is displayed.

Year	Select a Filter Option	Search	Sort by	Order	
2020	- All Data Elements -	<input type="text"/>	Title	Asc	<input type="button" value="Apply"/>

Select a filter or search by term and click Apply to see results. Filter definitions are below:

eCQM Data Element

The [eCQM](#) data elements provide a listing of all data elements used in eCQMs for the selected CMS quality reporting and performance periods. Each eCQM data element includes information about the [value set](#) or the [direct reference code](#), along with the [QDM datatype](#) and [QDM](#) attributes used by that data element.

Demo for eCQM Data Element Repository

Visit [QualityReportingCenter.com](https://www.qualityreportingcenter.com) – eCQM Archived Events
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/>

August 12, 2020 Webinar – *Measure Collaboration
Workspace Series – Session 3 Measure Collaboration
Workspace and eCQM Data Element Repository*

Questions? <https://ecqi.healthit.gov/contact>

Locate Reference Materials – eCQI Resource Center

<https://ecqi.healthit.gov/eh-cah-ecqms>

eCQM Implementation Resources

Use the eCQM Materials and follow the [eCQM Implementation Checklist](#) to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Period: 2020 Search Apply

2020 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs Pre-Refmaking eCQMs

For Use	eCQM Implementation Resources	Published
2020 01-04	Implementation Checklist eCQM Annual Update	
2020 01-04	Guide for Reading eCQMs v5.0 (PDF)	May 2019
2020 01-04	Hospital Quality Reporting Table of eCQMs (PDF)	May 2019
2020 01-04	eCQM Specifications for Hospital Quality Reporting (ZIP)	May 2019
2020 01-04	eCQM Value Sets	May 2019
2020 01-04	eCQM Direct Reference Codes List	May 2019
2020 01-04	Binding Parameter Specification (BPS)	May 2019
2020 01-04	eCQM Logic and Implementation Guidance v3.0 (PDF)	May 2019
2020 01-04	Technical Release Notes (PDF)	May 2019
2020 01-04	eCQM Flows (ZIP)	Aug 2019
2020 01-04	Technical Release Notes (ZIP)	May 2019
2020 01-04	2020 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)	Dec 2019
2020 01-04	2020 CMS QRDA I Schematrons and Sample Files (ZIP)	Mar 2020
2020 01-04	eCQM Annual Update Pre-Publication Document (PDF)	Mar 2019

2020 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

eCQM Specifications

2020 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

(USHIK® Links are not updated for this Reporting Period)

Total number of EH/CAH eCQMs: 8

Measure Name	Short Name	CMS eCQM ID	NQF ID	Meaningful Measure Area
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-3	CMS71v9	Not Applicable	Preventive Care
Antithrombotic Therapy By End of Hospital Day 2	STK-5	CMS72v8	Not Applicable	Preventive Care
Discharged on Antithrombotic Therapy	STK-2	CMS104v8	Not Applicable	Preventive Care
Discharged on Statin Medication	STK-6	CMS105v8	Not Applicable	Preventive Care
Exclusive Breast Milk Feeding	PC-05	CMS9v8	0480e	Care is Personalized and Aligned with Patient's Goals
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v8	Not Applicable	Preventive Care
Median Admit Decision Time to ED Departure Time for Admitted Patients	ED-2	CMS111v8	Not Applicable	Admissions and Readmissions to Hospitals
Venous Thromboembolism Prophylaxis	VTE-1	CMS108v8	Not Applicable	Preventive Care

Resources

Topic	Who to Contact?	How to Contact?
<ul style="list-style-type: none"> • <i>QualityNet Secure Portal</i> (reports, uploading data, and troubleshooting file errors) • Medicare and Medicaid Promoting Interoperability Program and Policy (previously known as the EHR Incentive Program) (objectives, attestation and policy) 	<p><i>QualityNet</i> Help Desk</p>	<p>(866) 288-2912 qnetsupport@hcqis.org</p>
Hospital IQR Program and Policy	Hospital Inpatient Support Team	<p>(844) 472-4477 https://cmsqualitysupport.servicenow.com/qnet_qa</p>
<ul style="list-style-type: none"> • eCQM Specifications (code sets, measure logic and measure intent) • QRDA-related Questions (CMS Implementation Guide, Sample Files and Schematrons) 	<p>ONC JIRA Issue Trackers</p>	<p>eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary</p>
eCQM Data Validation	Validation Support Team	<p>validation@telligen.com</p>

Reviewing CY 2020 eCQM Resources for the Hospital IQR Program
and the Medicare and Medicaid Promoting Interoperability Program*

*Specific to the Medicare Promoting Interoperability Program

Question & Answer Session

Reviewing CY 2020 eCQM Resources for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Program*

*Specific to the Medicare Promoting Interoperability Program

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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