



# **Reviewing CY 2021 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program**

## **Speaker**

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# Purpose

This presentation will review resources that support calendar year (CY) 2021 electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) Program and 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 Promoting Interoperability Program policy 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.

# Acronyms

<b>CAH</b>	Critical Access Hospital	<b>HIT</b>	Health Information Technology
<b>CEHRT</b>	Certified Electronic Health Record Technology	<b>HQR</b>	Hospital Quality Reporting
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>HWR</b>	Hospital-Wide Readmission
<b>CY</b>	calendar year	<b>IQR</b>	Inpatient Quality Reporting
<b>ECE</b>	Extraordinary Circumstances Exception	<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>eCQI</b>	Electronic Clinical Quality Improvement	<b>PC</b>	Perinatal Care
<b>eCQM</b>	electronic clinical quality measure	<b>QDM</b>	Quality Data Model
<b>ED</b>	emergency department	<b>QRDA</b>	Quality Reporting Document Architecture
<b>EH</b>	eligible hospital	<b>STK</b>	Stroke
<b>EHR</b>	electronic health record	<b>VIQR</b>	Value, Incentives, and Quality Reporting
<b>FY</b>	fiscal year	<b>VTE</b>	venous thromboembolism
<b>HARP</b>	HCQIS Access Roles and Profile	<b>VSAC</b>	Value Set Authority Center
<b>HCQIS</b>	Health Care Quality Information Systems	<b>YNHHSC/ CORE</b>	Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

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## **Locating Aligned eCQM Reporting Policy Information and Self-Directed Tools on the QualityNet Website**

# QualityNet Website


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



- Review CY 2021 eCQM participation requirements, self-directed resources, webinar materials, and notifications.
- Contact (844) 472-4477 or the [QualityNet Q&A Tool](#) with questions about the eCQM policy for the Hospital IQR Program.

# CY 2021 eCQM Submission Overview Document

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



Calendar Year (CY) 2021 Electronic Clinical Quality Measure (eCQM) Submission Overview for the Hospital Inpatient Quality Reporting (IQR) Program			
<b>Program Requirements</b>	Submit data for at least four (4) of the nine (9) <a href="#">available eCQMs</a> for two self-selected quarters of CY 2021 data (Q1, Q2, Q3, Q4) during the same reporting period.	<b>Dual Program Acceptance</b>	Hospitals that successfully report on at least four (4) of nine (9) available eCQMs via the Hospital Quality Reporting (HQR) System will meet CQM requirements for the following: <ul style="list-style-type: none"> <li><b>Hospital IQR Program</b></li> <li><b>Promoting Interoperability Program</b> for Eligible Hospitals and Critical Access Hospitals</li> </ul>
<b>Reporting Deadline</b>	<b>February 28, 2022</b> , by 11:59 p.m. Pacific Time	<b>Successful Submission</b>	Data must be submitted through the HQR Secure Portal as any combination of the following: <ul style="list-style-type: none"> <li><b>QRDA Category I files</b> with patients meeting the initial patient population of the applicable measure(s)</li> <li><b>Zero denominator declarations</b></li> <li><b>Case threshold exemptions</b></li> </ul>
<b>Technical Requirements</b>	Hospitals submitting eCQM data will need to: <ul style="list-style-type: none"> <li>Use Health Information Technology (Health IT) certified to the 2015 Edition of Office of the National Coordinator for Health IT (ONC) criteria.</li> <li>Use eCQM specifications published in the 2020 eCQM annual update for CY 2021 reporting and applicable addenda, available on the <a href="#">eCQI Resource Center</a>.</li> <li>Use the 2021 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I, Schematron, and sample QRDA Category I files found on the <a href="#">Eligible Hospital/Critical Access Hospital eCQMs page of the eCQI Resource Center</a>.</li> </ul>	<b>System Availability</b>	The HQR System will be open for the following: <ul style="list-style-type: none"> <li><b>Test and Production File Submissions</b> (Fall 2021)</li> </ul>
		<b>File Validation Tool</b>	Via the HQR System, providers can validate QRDA Category I test and production file structure and contents and generate CSV files for feedback to correct QRDA Category I files prior to production re-submissions.
<b>Who Can Submit Data</b>	<ul style="list-style-type: none"> <li><b>Hospitals</b> with a HCQIS Access Roles and Profile (HARP) account can submit data.</li> <li><b>Electronic health record (EHR) vendors</b> can create a HARP account to submit data on their behalf. <ul style="list-style-type: none"> <li>Hospitals can log in to the HQR Secure Portal and use the Vendor Management System to assign, modify, and remove vendor access from one page. The user will receive instant confirmation that vendors are added, suspended, or removed. Contact the <a href="#">QualityNet Help Desk</a> for additional assistance at (866) 288-8912 or <a href="mailto:gnetsupport@hcqis.org">gnetsupport@hcqis.org</a>.</li> </ul> </li> </ul>	<b>Contacts</b>	<ul style="list-style-type: none"> <li>Submit questions on the Hospital IQR Program and eCQM reporting requirements to the Hospital IQR Program Support Contract Team at (844) 472-4477 or visit the <a href="#">Quality Question and Answer Tool</a>.</li> <li>Submit questions on the HQR Secure Portal, Promoting Interoperability Program, or eCQM data submission process to the <a href="#">QualityNet Help Desk</a> at (866) 288-8912 or <a href="mailto:gnetsupport@hcqis.org">gnetsupport@hcqis.org</a>.</li> <li>Visit the <a href="#">ONC Jira Issue Tracker</a> to research prior responses and submit questions to CMS subject matter experts for assistance with the eCQM Issue Tracker, QRDA Issue Tracker, CQL Issue Tracker, and CMS hybrid measures.</li> </ul>

- Document provides an overview on CY 2021 eCQM reporting.
- CY 2021 data submissions will be publicly reported on Care Compare as early as fall 2022.

# CY 2021 eCQM Measure Set Document

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

<b>ED-2</b> Median Admit Decision Time to ED Departure Time for Admitted Patients	<b>PC-05</b> Exclusive Breast Milk Feeding	<b>STK-02</b> Discharged on Antithrombotic Therapy	<b>STK-03</b> Anticoagulation Therapy for Atrial Fibrillation/Flutter	<b>STK-05</b> Antithrombotic Therapy By End of Hospital Day 2
<b>STK-06</b> Discharged on Statin Medication	<b>VTE-1</b> Venous Thromboembolis m Prophylaxis	<b>VTE-2</b> Intensive Care Unit Venous Thromboembolism Prophylaxis	<b>Safe Use of Opioids*</b> Safe Use of Opioids– Concurrent Prescribing  <i>*All hospitals are required to report beginning with the CY 2022 reporting period (FY 2024 payment determination).</i>	

- Provides a snapshot of all CY 2021 eCQMs available for reporting to the Hospital IQR Program and Medicare Promoting Interoperability Program.
- The Safe Use of Opioids measure is now in the eCQM measure set.
  - The measure is not mandatory for CY 2021 reporting.
  - Data will be publicly reported if submitted.



# CY 2021 QRDA Category I File Submission Checklist

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

CY 2021 Hospital IQR Program/Promoting Interoperability Program Preparation Checklist for eCQM Reporting – QRDA Category I Test or Production File(s) Submission Instructions for the HQR System	
Due	Task
NOW	<p>To successfully submit Calendar Year (CY) 2021 electronic clinical quality measures (eCQMs), report on at least 4 of the 9 available eCQMs for each of the 2 self-selected quarters of 2021 data (Q1, Q2, Q3, or Q4) by the submission deadline of Monday, February 28, 2022, 11:59 p.m. Pacific Time. The self-selected eCQMs must be the same eCQMs across quarters in a given reporting year.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm health information technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) 2015 Edition. Visit the <a href="#">Certified Health IT Product List (CHPL)</a> website to ensure the edition is certified to report all eCQMs.</li> <li><input type="checkbox"/> Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the most current CY 2021 requirements, such as the CMS QRDA Category I HQR Implementation Guide and the associated Schematrons and sample files posted on the eCQI Resource Center: <a href="https://ecqi.healthit.gov/eh-cah?globalyearfilter=2021">https://ecqi.healthit.gov/eh-cah?globalyearfilter=2021</a></li> </ul> <p>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 10 MB. A ZIP file can have a maximum of 14,999 files.</p>
System opens fall 2021  Deadline: 2/28/22 11:59 p.m. Pacific Time	<ul style="list-style-type: none"> <li><input type="checkbox"/> Visit the <i>QualityNet</i> website to locate the <i>Hospital Quality Reporting System</i> log in page. <ul style="list-style-type: none"> <li>Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account.</li> <li>Complete two-factor authentication. Enter the security code. Accept the Terms and Conditions.</li> </ul> </li> <li><input type="checkbox"/> Review the Navigation Menu on the HQR landing page to perform actions within the HQR System. Continue by completing the steps below at the dashboard menu.</li> <li><input type="checkbox"/> Upload Test and Production QRDA Category I files. <ol style="list-style-type: none"> <li>Click Data Submission. Locate the eCQM tab. Click on File Upload. Select where the files are going, Test or Production.</li> <li>Click the Select Files button to locate the QRDA Category I batch files on your computer you want to upload.</li> <li>Once the files load and the HQR system has processed them, you will receive an email indicating the QRDA Category I files were received and processed.</li> </ol> </li> <li><input type="checkbox"/> Review the processing status of the QRDA Category I files. <ol style="list-style-type: none"> <li>From the dashboard menu, click on Data Results. Then, click on eCQM.</li> <li>Click on the Files Upload History tab to review submissions.</li> <li>Select the submission type, Test or Production. Click Change Selection. The user interface (UI) will refresh. Once the status for the uploaded files says Ready, download the errors for each batch as a Comma Separated Values (CSV) report.</li> </ol> </li> <li><input type="checkbox"/> Review the Submission Accuracy Tab and locate the files that were rejected for revision and resubmission. (The HQR System will default to Test for the submission field and the most current quarter) <ol style="list-style-type: none"> <li>Click on the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page.</li> <li>The counts for the accepted and rejected files will equate to the total files submitted. Click on one of the cards to perform a closer review of the submitted files. The UI will change to reflect your selection.</li> <li>You can click on the Export Results button to print or download the results for closer review.</li> </ol> </li> <li><input type="checkbox"/> Review the Outcomes Submission Results to determine how the episodes of care were evaluated. <ol style="list-style-type: none"> <li>Click on the Outcomes tab. Select the submission type and the quarter. Use the drop down menu to review a specific measure or all measures. Click Change Selection to refresh the page.</li> <li>The UI will display the evaluated episodes for each patient file, which you can export as a CSV. Click Performance Summary to view the summary. You can export this summary as a CSV.</li> </ol> </li> </ul>

- CY 2021 Submission Checklist available!
  - Combines instructions for test and production QRDA Category I submissions.
  - Shows steps to submit denominator declarations (case threshold or zero denominator).
- **Reminder:** Generate the most current Program Credit Report to determine your submission status for each quarter.
  - CY 2021 requires successful submission of two quarters of data by the deadline.

QRDA=Quality Reporting Document Architecture

# Extraordinary Circumstances Exceptions (ECE) Policy

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

The screenshot shows the 'Participation' tab selected in the CMS QualityNet interface. The page title is 'Extraordinary Circumstances Exceptions (ECE) Policy'. It explains that CMS offers a process for hospitals to request exceptions from the Hospital IQR Program's eCQM reporting requirement. The page is divided into two sections: 'eCQM Related ECEs' and 'Non-eCQM Related ECEs'. Under 'eCQM Related ECEs', there is a table with one row: 'ECE Policy Clarification Questions and Answers', which is a PDF file, 56 KB in size, with a 'Download' link. The 'Non-eCQM Related ECEs' section mentions that hospitals may request exceptions for various quality reporting requirements due to extraordinary circumstances beyond the control of the facility, such as natural disasters or systemic problems with CMS data collection systems.

File Name	File Type	File Size	
ECE Policy Clarification Questions and Answers	PDF	56 KB	<a href="#">Download</a>

- Request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program year.
- Circumstances can include infrastructure challenges and Health Information Technology vendor issues outside of the hospital's control.
- Application deadline for CY 2021 is April 1, 2022.

**Reminder:** The Medicare Promoting Interoperability Program has a hardship process separate and distinct from the Hospital IQR Program. Visit the *Scoring, Payment Adjustment and Hardship Information* page for details: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/paymentadj\\_hardship](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/paymentadj_hardship)

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## **Locating CY 2021 Medicare Promoting Interoperability Program Requirements**

# CMS.gov Website

## Promoting Interoperability Programs Page

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

The screenshot shows the CMS.gov website with the 'Promoting Interoperability Programs' page selected. The left-hand menu includes links for 'Promoting Interoperability Programs', 'Requirements for Previous Years', 'Events', 'Certified EHR Technology', 'Registration & Attestation', 'Scoring, Payment Adjustment, and Hardship Information', 'Electronic Clinical Quality Measures Basics', 'Medicare and Medicaid Promoting Interoperability Program Basics', 'Annual Call For Measures', 'Educational Resources', '2021 Program Requirements Medicare', '2020 Program Requirements Medicare', '2020/2021 Program Requirements Medicaid', '2019 Program Requirements Medicare', '2019 Program Requirements Medicaid', '2018 Program Requirements Medicare', and '2018 Program Requirements Medicaid'. The main content area is titled 'Promoting Interoperability Programs' and includes a 'Latest News' section with a link to the 'Fiscal Year (FY) 2022 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Proposed Rule'. It also features a 'Dates to Remember' table with key dates and deadlines for 2021.

Dates to Remember	
January 1 - December 31, 2021	2021 Promoting Interoperability Programs Reporting Year.
June 30, 2021	Annual Call for Measures Proposal Submission Deadline
September 1, 2021	Deadline for eligible hospitals and critical access hospitals (CAHs) to submit a hardship exception application

- This is the landing page for the Medicare Promoting Interoperability Program policy information.
- Left-hand menu includes links to registration and attestation process.
- Eligible Hospital Information tab contains requirements for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs).
- **Reminder:** EHs and CAHs are required to participate in Promoting Interoperability Programs.

# Promoting Interoperability Program Requirements Page

<https://www.cms.gov/regulations-guidance/promoting-interoperability/2021-program-requirements>

The screenshot shows the CMS.gov website with the 'Promoting Interoperability' section selected. The page title is '2021 Program Requirements'. The main content area includes a search bar, a list of links for various CMS programs (Medicare, Medicaid/CHIP, etc.), and a detailed section for the 2021 Program Requirements. This section includes a summary of the final rule, a list of key changes to the 2015 Edition Cures Update, and links to related resources.

**2021 Program Requirements**

In the *Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-term Care Hospital (LTCH) Prospective Payment System* Final Rule, CMS finalized changes to the Medicare Promoting Interoperability Program for eligible hospitals, critical access hospitals (CAHs), and dual-eligible hospitals attesting to CMS.

The final rule adopted policies that will continue the advancement of certified electronic health record technology (CEHRT) utilization, further reduce burden, and increase interoperability and patient access to their health information.

**Electronic Health Record (EHR) Reporting Period in 2021**

The EHR reporting period for new and returning participants attesting to CMS is a minimum of any continuous, self-selected, 90-day period. Eligible hospitals and CAHs must successfully attest to avoid a downward Medicare payment adjustment.

**CEHRT**

For calendar year (CY) 2021, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs may use (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two in order to meet the CEHRT definition, as finalized in the *CY 2021 Physician Fee Schedule final rule* (85 FR 84818 through 84828).

For CY 2021, the CEHRT functionality must be in place by the first day of the EHR reporting period and the product must be certified by the last day of the EHR reporting period. The eligible hospital or CAH must be using their selected version's functionality for the full EHR reporting period. In many situations the product may be deployed but pending certification.

ONC's 21<sup>st</sup> Century Cures Act Final Rule made several changes to the existing 2015 Edition Health IT Certification Criteria. The following changes constitute the 2015 Edition Cures Update:

- Introduced new technical certification criteria to advance interoperability and make it easier for patients to access their own electronic health information on their smartphones.
- Added new privacy and security certification criteria.
- Revised the standards referenced by several existing 2015 Edition certification criteria, including United States Core Data for Interoperability updates.
- Removed and time-limited several 2015 Edition certification criteria.

To learn more about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act final rule](#). To check whether a health IT product has been certified to the 2015 Edition Cures Update criteria, visit the [Certified Health IT Product List](#).

- Reviews CY 2021 Certified Electronic Health Record Technology (CEHRT) requirements
- References the Office of the National Coordinator for Health Information Technology (ONC) 21st Century Cures Act final rule changes for the 2015 Edition Health Information Technology (HIT) certification criteria
- Highlights objectives and measure reporting requirements
- Shows scoring methodology
- Links to Hardship Exceptions information
- Links to educational resources

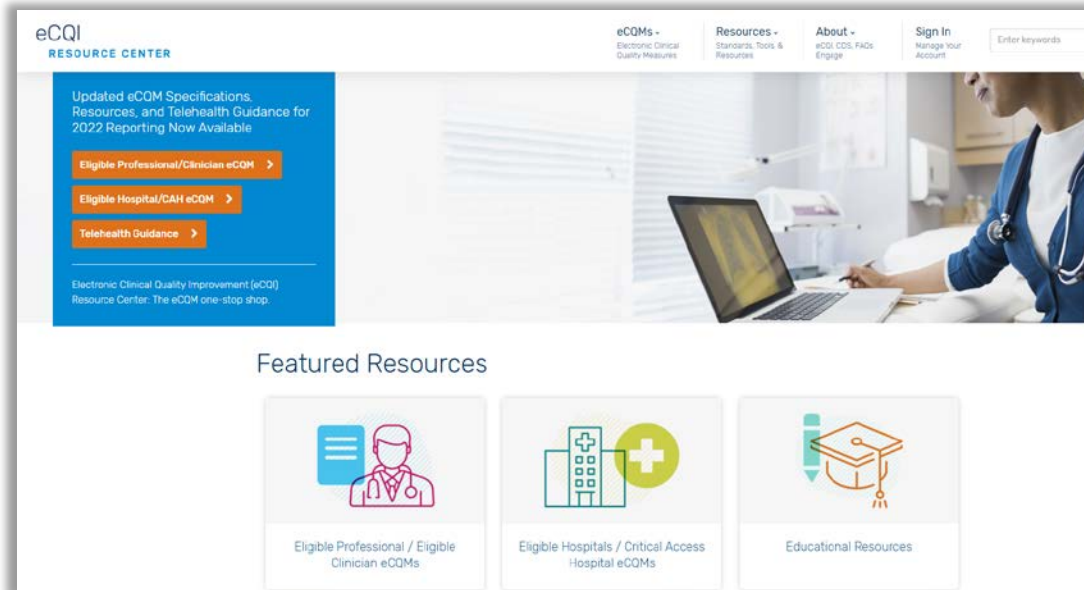
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## **eCQI Resource Center Highlights**

# eCQI Resource Center Website

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



- The 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

## Latest News and Upcoming Events

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

### Latest News

[Now Accepting Public Comments on the Draft 2022 CMS QRDA III Implementation Guide and Schematron for Eligible Clinicians and Eligible Professionals Programs](#)

The draft 2022 Centers for Medicare & Medicaid Services (CMS) Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG) and Schematron for Eligible Clinicians and Eligible Professionals Programs are now available for public comment starting on May 27, 2021 and ending... Posted on May 27, 2021

[2021 CMS MMS Public Webinars](#)

The Centers for Medicare & Medicaid Services (CMS) is pleased to invite the public to attend its two upcoming webinars titled CMS Quality Measurement: Where It's Headed and How We'll Get There (Webinar #1) and Driving Quality in the US: How CMS Evaluates its Measure Portfolio (Webinar #2).... Posted on May 24, 2021

[Now Available: Updated 2021 CMS QRDA III Implementation Guide \(IG\), Schematrons, and Sample Files for the Merit-Based Incentive Payment System \(MIPS\) Alternative Payment Model \(APM\) Performance Pathway \(APP\)](#)

The Centers for Medicare & Medicaid Services (CMS) has published an update of the 2021 Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG), Schematrons, and Sample Files for Eligible Clinicians and Eligible Professionals Programs. The 2021 CMS QRDA III IG... Posted on May 20, 2021

[Now Available: 2022 CMS QRDA I Implementation Guide \(IG\), Schematron, and Sample Files for Hospital Quality Reporting \(HQR\)](#)

The Centers for Medicare & Medicaid Services (CMS) has published the 2022 CMS Quality Reporting Document Architecture (QRDA) Category I

### Upcoming Events

May  
27

[Cooking with 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), Quality Data Model (QDM), and Fast Healthcare Interoperability Resources (FHIR..."

Jun  
01

[Cypress Tech Talks](#)  
**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...

Jun  
15

[Cypress Tech Talks](#)  
**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...

Jun  
15

[CMS Quality Measurement: Where It's Headed and How We'll Get There Webinar](#)  
**3:00pm EDT**

The Centers for Medicare & Medicaid Services (CMS) is pleased to invite the public to attend a webinar titled "CMS Quality Measurement: Where It's Headed and How We'll Get There". This webinar...

Jun  
16

[QDM User Group Webinar](#)  
**2:30pm EDT**

The QDM User Group responds to requests for additional clarification or content from measure developers and others submitting information to the ONC QDM Issue



# eCQI Resource Center

## EH/CAH eCQM Resources

[https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=0](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0)

eCQM Resources		
EH/CAH eCQMs		
About		
Hybrid Measures		
Search Resources		
<input type="text"/>		
Apply		
2021 Reporting Period Eligible Hospital / Critical Access Hospital Resources		
For Use	eCQM Implementation Resources	Published
2021 Q1-Q4	<a href="#">Implementation Checklist eCQM Annual Update</a> ⓘ	
2021 Q1-Q4	<a href="#">Guide for Reading eCQMs v6.0 (PDF)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">Hospital Quality Reporting Table of eCQMs (PDF)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">eCQM Specifications for Hospital Quality Reporting (ZIP)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">eCQM Value Sets</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">eCQM Direct Reference Codes List</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">Binding Parameter Specification (BPS)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">eCQM Logic and Implementation Guidance v4.0 (PDF)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">Technical Release Notes (PDF)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">Technical Release Notes (ZIP)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">Standards and tool versions used for reporting period</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">eCQM Flows (ZIP)</a> ⓘ	Aug 2020
2021 Q1-Q4	<a href="#">2021 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">2021 CMS QRDA I Schematrons and Sample Files (ZIP)</a> ⓘ	Dec 2020
2021 Q1-Q4	<a href="#">eCQM Annual Update Pre-Publication Document (PDF)</a> ⓘ	Oct 2020

Contains reference materials to assist with eCQM implementation:

- Implementation Checklist for the eCQM Annual Update
- 2021 CMS QRDA Implementation Guide
- 2021 Schematrons and Sample Files
- eCQM Specifications for Hospital Quality Reporting (HQR)
- eCQM Value Sets
- eCQM Logic and Implementation Guidance
- eCQM Flows

# eCQI Resource Center

## EH/CAH eCQMs

[https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=1](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1)

2021 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

Total number of EH/CAH eCQMs: 9

Measure Name ▼	Short Name ◆	CMS eCQM ID ◆	NQF ID	Meaningful Measure Area ◆
<a href="#">Anticoagulation Therapy for Atrial Fibrillation/Flutter</a>	STK-3	CMS71v10	Not Applicable	Preventive Care
<a href="#">Antithrombotic Therapy By End of Hospital Day 2</a>	STK-5	CMS72v9	Not Applicable	Preventive Care
<a href="#">Discharged on Antithrombotic Therapy</a>	STK-2	CMS104v9	Not Applicable	Preventive Care
<a href="#">Discharged on Statin Medication</a>	STK-6	CMS105v9	Not Applicable	Preventive Care
<a href="#">Exclusive Breast Milk Feeding</a>	PC-05	CMS9v9	0480e	Care is Personalized and Aligned with Patient's Goals
<a href="#">Intensive Care Unit Venous Thromboembolism Prophylaxis</a>	VTE-2	CMS190v9	Not Applicable	Preventive Care
<a href="#">Median Admit Decision Time to ED Departure Time for Admitted Patients</a>	ED-2	CMS111v9	Not Applicable	Admissions and Readmissions to Hospitals
<a href="#">Safe Use of Opioids - Concurrent Prescribing</a>	Not Applicable	CMS506v3	3316e	Prevention and Treatment of Opioid and Substance Use Disorders
<a href="#">Venous Thromboembolism Prophylaxis</a>	VTE-1	CMS108v9	Not Applicable	Preventive Care

- Lists CY 2021 eCQMs for the Hospital IQR and Medicare Promoting Interoperability Programs
- Links to specifications
- Provides:
  - Measure name
  - Measure short name
  - CMS eCQM ID
  - National Quality Forum ID (if applicable)
  - Meaningful Measure Area

# eCQI Resource Center

## Hybrid Measures

[https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=3](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3)

### 2021 Reporting Period Eligible Hospital / Critical Access Hospitals

This is a voluntary hybrid measure and does not count toward eCQM submission.

Measure Name ▼	CMS eCQM ID ▼	NQF ID	Meaningful Measure Area ▼	Value Set ▼
<a href="#">Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data</a>	CMS529v1	2879e	Admissions and Readmissions to Hospitals	**Note: There is a known issue on CMS529v1. See issue EKI-9 on the ONC eCQM Known Issues Dashboard for details.

### 2021 Reporting Period Eligible Hospitals / Critical Access Hospital Resources

For Use ▼	Implementation Resources	Published ▼
2021 Q1-Q4	<a href="#">Implementation Checklist eCQM Annual Update</a> ⓘ	
2021 Q1-Q4	<a href="#">eCQM Specifications for CMS529v1 (ZIP)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">eCQM Value Sets Hybrid</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">2023 Voluntary Reporting Key Dates and Resources (PDF)</a> ⓘ	Aug 2020
2021 Q1-Q4	<a href="#">Binding Parameter Specification (BPS)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">Technical Release Notes Hybrid for CMS529v1 (Excel)</a> ⓘ	May 2020
2021 Q1-Q4	<a href="#">eCQM Annual Update Pre-Publication Document (PDF)</a> ⓘ	Oct 2020

- Page includes all Hybrid Hospital-Wide Readmission (HWR) measure information.
- IQR-eligible hospitals can voluntarily report data from the July 1, 2021–June 30, 2022, reporting period using QRDA Category I files.
- Submit data by September 2022 using the HQR System
- **Reminder:** A one-page Key Dates and Resources Document is available: <https://ecqi.healthit.gov/sites/default/files/Hybrid-HWR-Key-Dates-and-Resources-v1.1.pdf>

# eCQI Resource Center

## eCQM Data Element Repository

<https://ecqi.healthit.gov/mc-workspace-2/data-element-repository>

### 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 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, Quality Data Model (QDM) attribute, QDM category, or QDM datatype data element.

The data elements provided are for use in eCQMs for 2019, 2020, and 2021 performance and reporting periods. Information contained within the eCQM DERep is derived from the eCQM specifications, 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. The QDM information displayed for an eCQM reflects the version used in the development of the eCQM for a specific performance/reporting period. For the 2019 performance and reporting period, QDM Version 5.3 information is displayed. For 2020, QDM Version 5.4 information is displayed, and for 2021, QDM Version 5.5 Guidance Update information is displayed.

Review the [MC Workspace User Guide \(PDF\)](#) and [view past education sessions](#) on the [MC Workspace](#).

Year	Select a Filter Option	Search	Sort by	Order	
2021	- All Data Elements -		Title	Asc	Apply

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

eCQM Data Elements

- Aids in data mapping activities
- Provides measure information and data element definitions for CMS program EH and CAH measures
- Includes information derived from eCQM specifications, Quality Data Model (QDM), Value Set Authority Center (VSAC), QDM datatype, and QDM attributes
- **Reminder:** Demonstration from August 2020 available on the [Quality Reporting Center](#) (direct link)

# eCQM Contacts

Topic	Contact
<ul style="list-style-type: none"> <li>HQR System (HARP, vendor roles, uploading files, reports, troubleshooting file errors)</li> <li>Medicare Promoting Interoperability Program (attestation, objectives, policy)</li> </ul>	<p>QualityNet Service Center (866) 288-2912 <a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a></p>
Hospital IQR Program and Policy	<p>Hospital Inpatient Support Team (844) 472-4477 <a href="https://cmsqualitysupport.servicenowservices.com/qnet_qa">https://cmsqualitysupport.servicenowservices.com/qnet_qa</a></p>
<ul style="list-style-type: none"> <li>eCQM Specifications (code sets, measure logic, measure intent)</li> <li>QRDA-related Questions (CMS Implementation Guide, Sample Files and Schematrons)</li> <li>Hybrid Measures – Technical (specifications, logic, value sets, QRDA)</li> </ul>	<p><b>ONC JIRA Issue Trackers</b> eCQM Issue Tracker <a href="https://oncprojectracking.healthit.gov/support/projects/CQM/summary">https://oncprojectracking.healthit.gov/support/projects/CQM/summary</a> QRDA Issue Tracker <a href="https://oncprojectracking.healthit.gov/support/projects/QRDA/summary">https://oncprojectracking.healthit.gov/support/projects/QRDA/summary</a> CMS Hybrid Measure Issue Tracker <a href="https://oncprojectracking.healthit.gov/support/browse/CHM">https://oncprojectracking.healthit.gov/support/browse/CHM</a></p>
Hybrid Measures – Non-Technical (policy, measure methodology)	<p>Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) <a href="mailto:CMSHybridmeasures@yale.edu">CMSHybridmeasures@yale.edu</a></p>
eCQM Data Validation	<p>Validation Support Team (<a href="mailto:validation@telligen.com">validation@telligen.com</a>)</p>

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## **Questions**

# Webinar Questions

- Please email questions pertinent to the webinar topic to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com). Include the following information:
  - Subject Line: Reviewing CY 2021 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program
  - Email Body: If your question pertains to a specific slide, please include the slide number.
- If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the Quality Inpatient Questions and Answers tool:  
[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)  
If you do not find an answer, submit your question to us using the same tool.

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**Thank You**



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