



**Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor**

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

Presentation Transcript

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Veronica Dunlap: Hello and welcome to our On Demand event, titled *Reviewing CY 2021 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program*. My name is Veronica Dunlap, and I am a Registered Nurse and Program Lead for eCQM alignment for the Inpatient Support Contractor. I will be the presenter for today's On Demand event. Before we get started, we ask that you email any questions that are pertinent to the webinar to WebinarQuestions@hsag.com and provide the title of the webinar in the subject line. If your question pertains to a specific slide, please include the slide number as well. At the end of the presentation, you will have the opportunity to complete a survey. Please complete the survey as we value your feedback regarding what works well, as well as any areas for improvement in future presentations.

The purpose of this presentation is to review resources that support calendar year 2021 eCQM reporting to the Hospital Inpatient Quality (IQR) Program and the Medicare Promoting Interoperability Program. We have provided a variety of helpful links and tools throughout the presentation to help you access these resources.

By the end of the presentation, it is our intent that you understand how and where to locate eCQM policy information and helpful materials for the Hospital IQR and Medicare Promoting Interoperability Programs, as well as where to access them on [QualityNet](#), [CMS.gov](#), and the [eCQI Resource Center](#).

We have compiled a list of commonly used acronyms mentioned throughout this presentation. A helpful tip you may not be aware of is, on the bottom of each slide, attendees may click on the acronym button which will automatically refer back to this slide. This is helpful in the event you come across an acronym you may not be familiar with as you are viewing the presentation.

So, let's jump in and, first, start off by discussing the calendar year 2021 eCQM reporting policy materials and tools, now available on the QualityNet website.

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Read all about it! Read all about it! The QualityNet website, your one-stop shop for CMS Quality Programs, has been updated, providing a centralized location for hospitals and their vendors to access the new calendar year 2021 eCQM reporting tools and materials. Just a reminder: The QualityNet website URL has changed and is now qualitynet.cms.gov. Make sure you update any bookmarks under your Favorites. Another reminder: Use Firefox, Chrome, or Edge to get the most from QualityNet, since Internet Explorer is not recommended. There are many ways to navigate to the eCQM section on QualityNet; however, the quickest way is to type eCQM in the Search field up at the top of the home page. From here, select eCQM Overview from the list of pages provided.

Under the big blue header, you will see other subject tabs that you are able to select to learn more about, such as eCQM measures, participation requirements associated with the [Hospital] IQR Program, resources to help you report and submit eCQM data, we will review these tools a little bit later, webinars, and notifications.

I would like to remain on this slide and speak to each of these tabs. Under the eCQM Measures tab, you are able to quickly view the available measures and download documents based on the calendar year and corresponding fiscal year. A table of the calendar year, or CY, 2021 eCQMs is posted here, along with the ability to download a complete list of all IQR fiscal year 2023/calendar year 2021 measures required for IQR reporting. This page also leads you to the eCQI Resource Center where you are able to access all the technical specifications and resources on eCQM reporting.

The Participation tab outlines the reporting requirements in the applicable CMS IPPS/LTCH PPS final rule. The most current reporting period information is displayed at the top, with a link to the applicable rule, reporting requirements, and submission deadline. Beneath the Requirements tab, there is a tab to review the Extraordinary Circumstances Exceptions, or ECE, policy as it relates to eCQM reporting. This page will be discussed a little bit later.

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The Resources tab provides links to education materials and helpful tools associated with policy. For instance, there is a calendar year 2021 submission overview document, including links to technical specifications, like QRDA I Schematrons, sample files, and the 2021 QRDA Category I Implementation Guide, or IG, all available for download. Also, from here, we link to additional online resources that are available, such as the ONC JIRA Issue Tracker and CHPL website. The Office of the National Coordinator for Health Information Technology JIRA Issue Tracker is available to help data submitters who have questions about different aspects of eCQM reporting that lay outside of policy. For instance, submitters may have specific questions regarding how to interpret a measure's logic or intent, QRDA file format, or IG-related questions. I would like to point out there are a variety of issue trackers housed on the ONC JIRA site such as the eCQM Issue Tracker, the QRDA Issue Tracker, the QRDA Known Issue Tracker, Cypress Issue Tracker, and even one specific to CMS hybrid measures. Anyone, without an account, may search through the trackers for an issue to see if others have submitted the same question and review the responses provided by subject-matter experts. You will need to create an account, which is free to join, to submit your own question, communicate with assigned experts, and track issues. Another online resource provided here is the CHPL website, which is the Certified Health IT Products List.

There's a Webinars tab which links to previous webinars, slides, and actual recordings. As some of you may know, these materials are also available on the Quality Reporting Center.

Finally, on the far right, is the Notifications tab that provides the list of all the email notifications, or Listserves, that have been communicated based on calendar year. To stay in the know with everything eCQM, please take the time and sign you and your staff up for these email notifications by visiting the bottom of the page where it says Join Now. These Listserves are available to everyone and you don't require a HARP ID or Hospital Quality Reporting, HQR, System account.

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Okay, so now, it's time to review our eCQM-related resources for calendar year 2021 reporting that are now available on both the QualityNet and Quality Reporting Center websites. The first one is our eCQM Submission Overview which provides hospitals and vendors a high-level overview on the reporting of eCQM data as it pertains to the Hospital IQR and Promoting Interoperability Programs. For this year, calendar year 2021, it will be the first year hospitals are required to submit eCQM data for more than one quarter. To meet eCQM reporting requirements for the [Hospital] IQR and PI Programs, hospitals must successfully submit four eCQMs for two quarters of data during the same reporting period. It is important to keep in mind that the four eCQMs selected for one quarter must be the same for the second quarter the hospital chooses to submit on. Hospitals have the option to select any four from the nine available eCQMs as shown on the available eCQMs table, which will be discussed on the next slide. The eCQM reporting submission deadline is February 28, 2022. CMS will announce any updates or changes to reporting deadlines through Listserve notifications. So, again, please ensure you and your staff, I say the more the better, receive these important notices. In addition, CMS will announce when the Hospital Quality Reporting System is open and available for hospitals and vendors to submit their eCQM data for calendar year 2021 reporting, so please stay tuned. Another key take away that I want data submitters to be aware of is that, for the first time, eCQM data will be publicly reported with this year's data, again, we are talking about calendar year 2021 data, as early as fall 2022.

Our next tool available includes the eCQM measure set, in a table format, which lists out the nine eCQMs available to hospitals to self-select from for calendar year 2021 eCQM reporting. Once again, hospitals must successfully submit four eCQMs for two quarters of data. All four eCQMs must be the same across quarters. A reminder: Data must be submitted through the *HQR Secure Portal* and successful submission includes any combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator

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declarations, and/or case threshold exemptions. For calendar year 2021, Safe Use of Opioids – Concurrent Prescribing is a new measure which has been added to the eCQM measure set, but it is not a required eCQM. Again, let me repeat, Safe Use of Opioids – Concurrent Prescribing is an available eCQM for calendar year 2021 reporting, but it is NOT mandatory. However, starting with next year’s reporting of calendar year 2022 data, the Safe Use of Opioids measure is required and will be a mandatory selection for hospitals to submit as one of their eCQMs. As a reminder, calendar year 2021 eCQM data must be reported using Health Information Technology, Health IT, certified by the ONC to the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both.

The last tool I would like to review is our CY 2021 QRDA I File Submission Checklist. This checklist is strictly for eCQM reporting to the HQR System for the Hospital IQR Program and eCQM reporting for the Medicare Promoting Interoperability Program. Each program has additional and separate requirements to successfully meet in order to receive their annual payment update. The checklist combines instructions for the uploading of QRDA Category I test files as well as the uploading of QRDA Category I production files. The process is the same, except the hospitals and/or vendors select where the files are going within the HQR System, to either test or production. Within the HQR System, data submitters are able to locate the files that were rejected for revision and resubmission via the Submission Accuracy tab. To further understand how the episodes of care were evaluated, data submitters can click on the Outcomes tab and review the outcomes submission results. Finally, the Program Credit Report is very important to generate for each of the programs your hospital participates in, whether it be the [Hospital] IQR Program and/or the PI Program, to determine if you have successfully submitted the same four eCQMs for two quarters of data to meet the eCQM reporting requirement. Just as a reminder, this program credit report is a “snapshot” in time and, as files are resubmitted or deleted and denominator declarations modified, this report must be re-generated to see

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your hospital's most current status. For all your customer service needs concerning the HQR System, such as HARP user roles, uploading QRDA files, generating reports, and troubleshooting error messages, please reach out to the QualityNet Service Center. They are also your go-to for questions on the Medicare Promoting Interoperability Program, like attestation, policy, objectives, and hardships.

As we approach the start of the calendar year 2021 eCQM reporting season opening later this fall, I want to briefly discuss the Hospital IQR Program Extraordinary Circumstances Exceptions, or ECE, policy. This policy relates to both non-eCQM reporting requirements and eCQM-related reporting requirements. For our purposes during this webinar, hospitals participating in the Hospital IQR Program who have confirmed their inability to successfully submit calendar year 2021 eCQM data may request an ECE for eCQM reporting for circumstances such as infrastructure challenges and vendor issues outside of the hospital's control. The deadline for hospitals to request an ECE for calendar year 2021 eCQM reporting is April 1, 2022. CMS strongly encourages hospitals work with their vendors to successfully report their eCQM data by the submission deadline, February 28, 2022, and, if unable to achieve successful reporting, they may submit an ECE request form by April 1. For complete information on the ECE policy for the [Hospital] IQR program, please visit the main section under the Hospital Inpatient Quality Reporting Program on QualityNet.

As a reminder, the ECE policy only applies to the Hospital IQR Program. I want to stress to our listeners, there is a separate process for Eligible Hospitals and Critical Access Hospitals to request, what's referred to as, a hardship for the Medicare Promoting Interoperability Program. The information on the hardship application is located on CMS.gov on the corresponding Promoting Interoperability Program pages.

During this next section, I would like to make sure our hospitals and vendors know where to go to on CMS.gov for policy information concerning the Medicare Promoting Interoperability Program.

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The CMS.gov website contains the Promoting Interoperability [Program] policy information as well as the program's basic information and the Medicare portion of the Promoting Interoperability Program. The PI program's landing page contains links to Registration and Attestation, CEHRT, Eligible Hospital information, eCQM basics, and the CMS Promoting Interoperability Listserve. We highly recommend you and your staff subscribe to this Listserve to stay informed of program requirements, policy changes, upcoming events, etc. In addition, you are able to research previous Listserve notifications that were distributed based on calendar year.

On the left-hand side of the menu, there are links for program requirements based on the specific program year. Eligible Hospitals and Critical Access Hospitals should select the link labeled 2021 Program Requirements Medicare to review the fiscal year 2021 IPPS final rule and CMS's finalized changes, such as continuing the advancement of Certified Electronic Health Record Technology, or CEHRT, the objectives and measure reporting requirements, attestation information, and hardship exceptions information. There are many useful resources available towards the bottom of the page including the 2021 Medicare Hospital Objectives and Measures Table of Contents, a 2021 CEHRT Fact Sheet and a 2021 infographic on the PI Program's requirements.

As a reminder, that although CAHs are not required to participate in the Hospital IQR Program, they are required to participate in the Promoting Interoperability Program. If you are a Critical Access Hospital seeking information on the PI Program, please reach out to the QualityNet Service Center at (866.) 288-8912.

So now, for our last topic, I will be highlighting the resources posted on the eCQI Resource Center.

The Electronic Clinical Quality Improvement, or eCQI, Resource Center houses all resources on electronic quality improvement. The landing page has direct links to featured resources, such as learning the basics about eCQMs, and educational resources on tools such as FHIR and eCQM

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standards. Something to keep in mind is that eCQMs are reported by a variety of different entities such as Eligible Professionals, Eligible Clinicians, Eligible Hospitals, and Critical Access Hospitals. Our focus today is for Eligible Hospitals and Critical Access Hospitals. Also, something neat from the home page is there's even a search function to quickly find a particular measure for a certain performance period.

As you scroll down further on the landing page, you will see the latest news is posted relative to eCQM reporting. On the right-hand side, you can review upcoming events like webinars and other open forums for data submitters to gather information and provide feedback.

As stated before, our focus is to point out eCQM resources available to Eligible Hospitals and Critical Access Hospitals, so make sure you are clicking on the materials associated with your type of reporting as well as the correct reporting period. The eCQM page for Eligible Hospitals and Critical Access Hospitals currently defaults to the 2022 reporting period, so please always take that extra second and change the drop down selection to 2021 since our topic today reviews calendar year 2021 reporting resources, which has the submission deadline of February 28, 2022. Starting under the first tab from the left are all the 2021 eCQM resources. One of the most important resources is the eCQM implementation checklist. Hopefully, your hospital has decided on which measures you will be reporting on and have utilized this checklist to assist with the technical steps on updating your system to the annual update. This is important since CMS requires hospitals to use the most current version of eCQMs for reporting to the Hospital IQR and PI Programs. Additional resources that can be found under the calendar year 2021 reporting page include eCQM Specifications, 2021 QRDA Implementation Guide, the 2021 Schematrons and Sample Files, eCQM value sets, logic, and flows.

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As we move from left to right, the next tab takes you to the list of eCQMs specific for that calendar year. Each individual measure is listed and provides the measure name, short name, version number, a National Quality Forum ID (if applicable), and where the measure falls into the meaningful measures framework.

There's also a tab that has been added specifically for the hybrid measures. As you know, starting this year, hospitals participating in the Hospital IQR Program can voluntarily report data on our first hybrid measure, the Hybrid Hospital-Wide Readmission (HWR) measure, using QRDA Category I files. The reporting period includes data starting July 1, 2021, through June 30, 2022, with a submission deadline of September 30, 2022. Similar to other program requirement deadlines and information, CMS will communicate via Listserve once the HQR System is open and available for hospitals and their vendors to submit the hybrid HWR measure voluntary data. Also, on this slide, I have provided the link to a helpful one-page document on the Hybrid HWR measure key dates and resources. I would like to refer our listeners to take time and view the archived webinar from May 18, 2021, titled *Reporting the Hybrid HWR Measure to the Hospital IQR Program*, located on [QualityReportingCenter.com](https://www.qualityreportingcenter.com).

Last, but not least of our eCQM reporting tools, is the eCQM Data Element Repository, located on the eCQI Resource Center. CMS has created this Data Element Repository, or DER, which provides data element information and definitions for eCQMs based on information combined from the VSAC, or Value Set Authority Center, the eCQM specification, and the QDM, or Quality Data Model. Found under the Measure Collaboration Workspace, users can filter information by data element, eCQM, or by QDM attribute, category, and datatype of entities. The QDM information displayed for an eCQM will reflect the version used in a specific reporting period. To learn more, a link has been provided for you to review the DER demonstration.

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With all the various locations to find reporting resources, as well as the various programs your hospital or vendor are responsible to submit data for, it is important to stay up to date with how to know who to contact and for what! I have included a list of eCQM contacts and corresponding links for you and your staff to reach out on for certain topics.

We hope you take the time to share this document and save it to your computer for easy access. I wanted to provide a quick recap that the QualityNet Service Center is able to assist with questions on the HQR System, the submission of data, and the Medicare Promoting Interoperability Program. Our hospital inpatient support team is accessible for questions concerning the Hospital IQR Program, requirements, and ECE policy. For technical questions, please select the most appropriate ONC JIRA issue tracker. Non-technical questions for hybrid measures can be emailed to the Yale team. See the email link provided. Finally, eCQM data validation questions should be directed to the validation support team at Telligen.

As a reminder, we ask that you email any questions pertinent to the webinar topic to WebinarQuestions@hsag.com with the webinar title in the subject line. If your question pertains to a specific slide, please include the slide number in the body of the email. For all other questions, we recommend you submit to the [Inpatient Questions and Answers Tool](#) located at the link provided.

As a reminder, you will have the opportunity to complete a survey at the end of this presentation. We value your feedback and welcome your suggestions regarding future presentations.

This concludes today's webinar titled *Reviewing CY 2021 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program*. We appreciate you and your efforts during these times and we truly thank you for everything you do and taking time to spend with us today.