Electronic Clinical Quality Measures (eCQMs)

Inpatient, Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

CMS QRDA Category I Implementation Guide Changes for CY 2021 Hospital Quality Reporting

Questions and Answers

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 1: **Is there a reason why the international normalized ratio (INR) must be reported as xsi:datatype REAL or IVL_REAL? UCUM has units of {INR} and {ratio} for INR Lab Tests. The reporter should be able to represent the PQ.unit as PQ with PQ.unit in UCUM.**

A similar comment was made during the Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) Workgroup with The Joint Commission team. For the 2022 reporting period, the CMS QRDA Category I IG language indicates that the HQR System will accept the units with the INR ratio. The final 2022 QRDA Category I IG will be released soon with updated language, but it is not known if the HQR System will apply similar changes for 2021 reporting. The Joint Commission is accepting the ratio, but not with INR or PQ, so there may be inconsistencies with how the CMS HQR System currently accepts the data versus Joint Commission. We will consider the feasibility of applying those changes to the HQR System for the 2021 reporting period. The clarification will be communicated by CMS to the community once a determination has been made.

Question 2: **Can you tell us when the Hospital Quality Reporting (HQR) System will open to receive calendar year (CY) 2021 electronic clinical quality measure (eCQM) data?**

The HQR System is anticipated to open to receive Test and Production eCQM data in fall 2021, but a definitive date has not been identified. The submission deadline for CY 2021 eCQM data is Monday, February 28, 2022, at 11:59 p.m. Pacific Time (PT). CMS will communicate through various outlets when the HQR System is open to receive eCQM data. The outlets include webinars, Listserves, and Hospital Inpatient Quality Reporting (IQR) Program updates. Please visit *QualityNet* to ensure you are receiving updates: https://qualitynet.cms.gov/listserv-signup. You may also contact the *QualityNet* Help Desk with any additional questions: qnetsupport@hcqis.org or (866) 288-8912.

Question 3: **What is the eCQM reporting requirement for CY 2021?**

To successfully meet the CY 2021 eCQM data submission requirements, hospitals are required to report on at least four of the nine available eCQMs for each of the two self-selected quarters of 2021 data (Q1, Q2, Q3, or Q4) by the Monday, February 28, 2022, 11:59 p.m. PT deadline.

The data can be reported as a combination of QRDA Category I files, case threshold exemptions, or zero denominator declarations submitted to the HQR System.

Hospitals will need to report the same measures for both quarters. However, the quarters do not need to be consecutive. For instance, it is acceptable for a hospital to select Q1 2021 and Q4 2021, as long as the same measures are reported for each quarter. Contact the *QualityNet* Help Desk with any additional questions at qnetsupport@hcqis.org or (866) 288-8912.

Question 4: **I understand that two quarters of self-selected data are required to be reported. Are we permitted to report more than the minimum? Is only one quarter of data allowed per QRDA Category I file?**

CMS allows you to report more than the minimum. CMS expects one patient, per file, per quarter. The file should include all the episodes of care and the measures associated with the patient file in that reporting period. Contact the *QualityNet* Help Desk with any additional questions at qnetsupport@hcais.org or (866) 288- 8912.

Question 5: **Can you tell us more about the Hybrid Hospital-Wide Readmission (HWR) measure?**

The Hybrid Hospital-Wide Readmission (HWR) measure is an all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days after discharge from an acute hospitalization. The measure uses both claims data and core clinical data elements (CCDE) from the electronic health record (EHR) for measure calculation. The measure includes Medicare Fee for Service (FFS) beneficiaries, patients ages 65 or older, who are discharged alive from non-federal acute care hospitals. These patients are not transferred to another acute care facility. This measure uses the CCDE as part of the risk adjustment. As slide 20 clarifies, the voluntary submission of the Hybrid HWR measure measurement period is July 1, 2021 through June 30, 2022; the submission deadline is September 30, 2022.

To read more about the Hybrid HWR measure, visit the eCQI Resource Center and locate the EH/CAH eCQMs tab. For 2021 information, there is a tab for the Hybrid Measures that provides an overview and links to

the measure specification, the associated value sets, and the technical release notes.

Question 6: **Is there a document, besides the webinar slide deck, that summarizes the changes from the 2020 CMS QRDA Category I IG to the 2021 CMS QRDA Category I IG?**

The appendix on page 53 of the 2021 QRDA Category I IG on the eCQI Resource Center contains a change log.

Question 7: **Can you tell us about any other resources posted on the eCQI Resource Center?**

Slides 41 and 42 contain links to the eCQI Resource Center. We encourage you to explore the eCQI Resource Center to find eCQM implementation guidance.

There are a number of other documents posted there, including the eCQM Implementation Checklist. The downloadable checklist provides information on preparation and implementation. The preparation portion helps ensure you have resources readily available before implementation. The implementation portion helps ensure the user has accessed the correct eCQM Annual Update, downloaded the value sets, understands the changes in the measures, and is ready to implement the updates.

The eCQM Flows document is also important. The zip file contains a read-me first guide for hospital flows to assist users in understanding the clinical quality language (CQL) that is used to express measure logic and the corresponding data elements. The flows highlight data criteria and organize the specifications to help you interpret the logic and to understand the method to calculate the performance rates. The eCQM Flows do not replace the measure specifications; they function as a high-level, additional resource.

Again, we encourage you to visit the eCQI Resource Center. Click the link for EH/CAH eCQM information. Select the applicable reporting period and review the material posted to the site.

Question 8: **Let's say I want to find the definitions and determine the clinical relevance of the data elements used in eCQM reporting, where do I go to find that information?**

The eCQM Data Element Repository, as part of the eCQI Resource Center, provides those details. From the main page of the eCQI Resource Center, hover over Resources, and a menu will appear. Select Measure Collaboration Workspace. Once the page loads, select the fifth tab for the eCQM Data Element Repository.

The user can filter information by data element, eCQM, Quality Data Model (QDM) attribute, QDM category, or QDM data type data element.

The information is derived from the eCQM specifications, QDM, and the Value Set Authority Center (VSAC). The information reflects the version used in the development of the eCQM for a specific performance period; it's very important to select the correct year when using the Data Element Repository.

Question 9: **Can you review the five key elements for over-writing files?**

The term for "over-writing files" is succession management. Slide 15 reviews the five key elements for over-writing files. They are CMS Certification Number (CCN), CMS Program Name, EHR (electronic health record) Patient ID, EHR Submitter ID, and reporting period specified in the Reporting Parameters Section.

The information is in section 4.3 (which starts on page 5) of the 2021 Implementation Guide for QRDA Category I for HQR. The direct link to the IG is on slide 41 and is provided here: https://ecqi.healthit.gov/sites/default/files/QRDA-HQR-2021-CMS-IG-508.pdf

Question 10: **What are the Direct Reference Codes and how are they used?**

Direct Reference Codes are referenced directly in the eCQM logic to describe a data element or one of its attributes. The list includes the description of the code, the code system, and the version. The eCQI Resource Center contains information regarding Direct Reference Codes.

Question 11: **Where can I find the definitions for the error messages provided in the HQR System after QRDA Category I files are processed?**

The 2021 CMS QRDA Category I IG contains the error messages (also known as the conformance statements). If the error message is from the base standard for HL7, you will need to create an account on the HL7

website if you have not done so. The account allows you to access the base standard. The direct link below to the Base HL7 QRDA Category I IG is also available on slide 26 of the slide deck: http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDA_I_R1_STU5.2_2020FEB_2020JUN_with_errata.zip.

Question 12: **I am new to eCQM data submissions and I'm concerned I will have trouble with the date/time formats. Is there a document that clarifies what the format should be?**

The 2021 CMS QRDA Category I Implementation Guide provides the valid HQR system format for date/time. If you visit the eCQI Resource Center and download the IG, the date/time validation information starts on page 31. It will show you the attribute, the date and time format validation rules, and an example.