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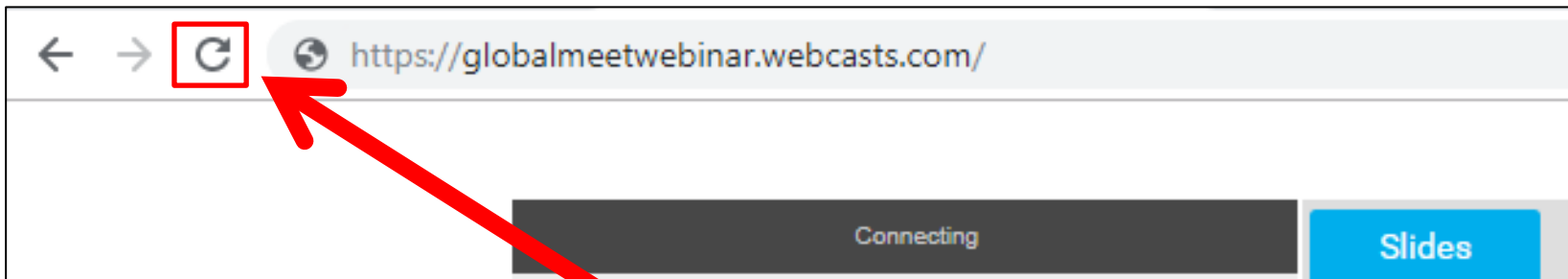
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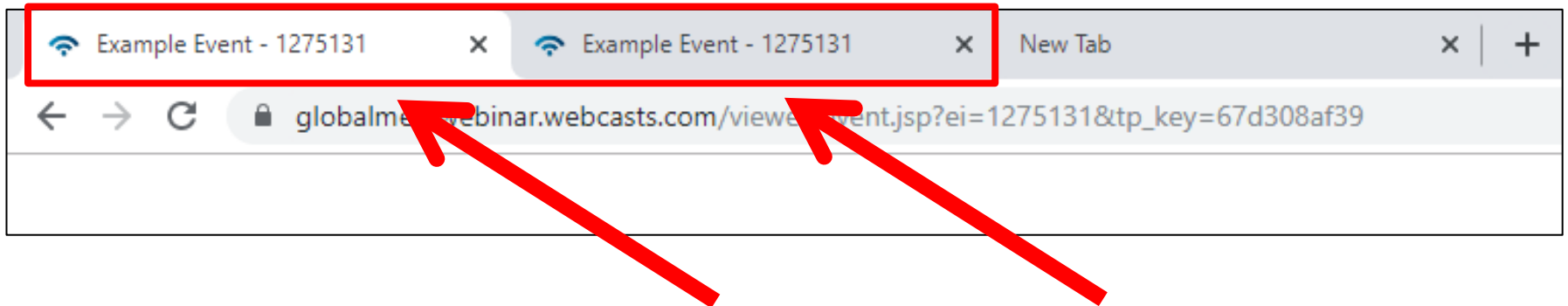
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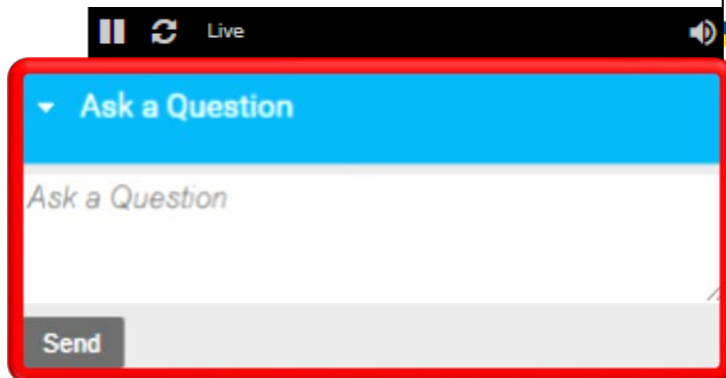
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**Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**



**Today's Presentation**



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

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# Purpose

This presentation will provide an overview of the changes to the 2021 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting (HQR), including changes made from CY 2020 to CY 2021.

# Objectives

Participants will be able to:

- Identify changes and updates to the 2021 CMS QRDA Category I IG for HQR.
- Recognize high-level changes to the Health Level Seven (HL7) base standard QRDA Category I IG.
- Locate resources related to the CMS and HL7 IGs.

# Acronyms and Abbreviations

<b>CAH</b>	Critical Access Hospital	<b>HL7</b>	Health Level 7
<b>CCDE</b>	Core Clinical Data Element	<b>HQMF</b>	Health Quality Measure Format
<b>CCN</b>	CMS Certification Number	<b>HQR</b>	Hospital Quality Reporting
<b>CDA</b>	Clinical Document Architecture	<b>IG</b>	Implementation Guide
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IQR</b>	Inpatient Quality Reporting
<b>CQL</b>	Clinical Quality Language	<b>MBI</b>	Medicare Beneficiary Identifier
<b>CY</b>	Calendar Year	<b>ONC</b>	Office of the National Coordinator
<b>ECQI</b>	Electronic Clinical Quality Improvement	<b>QDM</b>	Quality Data Model
<b>ECQM</b>	electronic clinical quality measure	<b>QRDA</b>	Quality Reporting Document Architecture
<b>EH</b>	Eligible Hospital	<b>STU</b>	Standard for Trial Use
<b>EHR</b>	electronic health record	<b>V</b>	Version
<b>ESAC</b>	Enterprise Science and Computing	<b>VIQR</b>	Value, Incentives, and Quality Reporting
<b>HIC</b>	Health Insurance Claim	<b>VSAC</b>	Value Set Authority Center



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If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the [QualityNet](#) Inpatient Questions and Answers tool, at [QualityNet Q&A Tool](#). If you do not find an answer, then submit your question to us via the same tool.

We will respond to questions as soon as possible.

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

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## **Changes and Updates to the 2021 CMS QRDA Category I IG for HQR**

# Background

- CMS published the 2021 CMS QRDA Category I IG, Version 1.0 (May 2020), Schematron, and Sample File for HQR (Updated December 2020)
  - <https://ecqi.healthit.gov/qrda>
- The 2021 CMS QRDA Category I IG outlines requirements for eligible hospitals and Critical Access Hospitals (CAHs) to report eCQMs for the CY 2021 reporting period for the following programs:
  - Hospital Inpatient Quality Reporting (IQR) Program
  - Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals (EHs) and CAHs
- The 2021 CMS QRDA Category I Schematron is a companion to the 2021 CMS QRDA Category I IG and allows for computerized validation of QRDA documents against the IG requirements.

# Comparing 2020 and 2021 IGs

	<u>2020</u> CMS QRDA Category I IG for HQR	<u>2021</u> CMS QRDA Category I IG for HQR
Reporting Period	<b>2020</b> reporting period	<b>2021</b> reporting period
eCQM Specifications	<p>Used with eCQM specifications for EHs/CAHs for the 2020 reporting period</p> <p>eCQMs were specified based on the Clinical Quality Language (CQL)-based Health Quality Measure Format (HQMF) Implementation Guide Release 1, Standard for Trial Use (STU) 3.1 Errata</p>	<p>To be used with eCQM specifications for EHs/CAHs published May 2020 and any applicable addenda</p> <ul style="list-style-type: none"> <li>• <a href="#">eCQI Resource Center</a> EH/CAH eCQMs, select 2021 Reporting Period</li> </ul> <p>eCQMs are specified based on the <a href="#">CQL-based HQMF Implementation Guide Release 1 STU 4</a></p>
Value Sets	eCQM Value Sets for EHs/CAHs for the 2020 reporting period	<p>eCQM Value Sets and eCQM Direct Reference Codes List for EHs published in May 2020 and any applicable addenda</p> <ul style="list-style-type: none"> <li>• <a href="#">eCQI Resource Center</a> EH/CAH eCQMs, select 2021 Reporting Period</li> </ul>

# Comparing 2020 and 2021 IGs (Cont'd)

	<u>2020</u> CMS QRDA Category I IG for HQR	<u>2021</u> CMS QRDA Category I IG for HQR
Reporting Period	<b>2020</b> reporting period	<b>2021</b> reporting period
Base HL7 Standard	HL7 IG for Clinical Document Architecture (CDA) R2: QRDA Category I, Release 1, STU Release 5.1 with errata (October 2019)	HL7 IG for CDA Release 2: <b>QRDA Category I</b> , Release 1, <b>STU Release 5.2 with errata</b> <ul style="list-style-type: none"> <li>• <a href="#">HL7 QRDA Category I product page</a></li> <li>• June 2020 errata</li> <li>• A free HL7 account is required to access the standard</li> </ul>
Quality Data Model (QDM)	Supports QDM version 5.4	Supports <a href="#">QDM version 5.5</a> <ul style="list-style-type: none"> <li>• Latest version: QDM version 5.5 Guidance Update</li> </ul>

# 2021 IG Updates: CMS Program Names

There were no changes to the CMS Program Names.

## 2020 and 2021 CMS QRDA Category I IG for HQR

HQR_PI	Hospital Quality Reporting for the Promoting Interoperability Program
HQR_IQR	Hospital Quality Reporting for the Hospital IQR Program
HQR_PI_IQR	Hospital Quality Reporting for the Promoting Interoperability Program and the Hospital IQR Program
HQR_IQR_VOL	Hospital Quality Reporting for the Hospital IQR Program voluntary submissions

CMS program names are specified in ClinicalDocument/informationRecipient.

# 2021 IG Updates: Key Elements for Succession Management

There were no changes to the five key elements used for succession management from the 2020 IG:

- CMS Certification Number (CCN)
- CMS Program Name
- EHR (electronic health record) Patient ID
- EHR Submitter ID
- Reporting period specified in the Reporting Parameters Section

# 2021 IG Updates: Patient Identifiers

There were no changes to the patient identifier requirements from the 2020 IG:

- The Patient Identification Number is required.
- The Medicare Beneficiary Identifier (MBI) is not required, but it should be submitted if Medicare is the payer, and the patient has an MBI number assigned.
- The Medicare Health Insurance Claim (HIC) Number is not required, but it should be submitted if Medicare is the payer, and the patient has an HIC Number assigned.

Patient identifiers are specified in `ClinicalDocument/recordTarget`.



# 2021 IG Updates: Document-Level Template

Two document-level templates have a new version.

## 2020 CMS QRDA Category I IG for HQR

QRDA Category I Report – CMS (V6)  
urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:2019-02-01

Conforms to QDM-Based QRDA (V6) template  
(identifier:urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2018-10-01).

## 2021 CMS QRDA Category I IG for HQR

QRDA Category I Report – CMS (V7)  
urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:2020-02-01

Conforms to QDM-Based QRDA (V7) template  
(identifier:urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2019-12-01).

The correct template versions for the four required document-level templates must be used.

```
<!-- US Realm Header (V3) -->  
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01"/>  
<!-- QRDA Category I Framework (V4) -->  
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2017-08-01"/>  
<!-- QDM-based QRDA (V7) -->  
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2019-12-01"/>  
<!-- QRDA Category I Report - CMS (V7) -->  
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2020-02-01"/>
```

# 2021 IG Updates: Section Templates

<u>2020</u> CMS QRDA Category I IG for HQR	<u>2021</u> CMS QRDA Category I IG for HQR
Measure Section QDM	Measure Section QDM <ul style="list-style-type: none"> <li>• Same as 2020</li> </ul>
Reporting Parameters Section – CMS	Reporting Parameters Section – CMS <ul style="list-style-type: none"> <li>• Same as 2020</li> <li>• Must be one of the CY 2021 allowable discharge quarters</li> </ul>
Patient Data Section QDM (V6) – CMS (2.16.840.1.113883.10.20.24.2.1.1:2019-02-01) <ul style="list-style-type: none"> <li>• Conforms to Patient Data Section QDM (V6) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2018-10-01)</li> <li>• Supports QDM v5.4</li> </ul>	Patient Data Section QDM (V7) – CMS (2.16.840.1.113883.10.20.24.2.1.1:2020-02-01) <ul style="list-style-type: none"> <li>• Conforms to Patient Data Section QDM (V7) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2019-12-01)</li> <li>• Supports QDM v5.5</li> </ul>

# 2021 IG Updates:

## Reporting “unit” for Result Value

### New Section – 5.2.3.2 Reporting “unit” for Result Value

If eCQM definition uses the “unit” in the measure logic for the “result” criteria, the patient QRDA document must report the result with the exact appropriate/required unit specified in the eCQM. For example, in the measure logic for maximum LDL-c result of less than 70 mg/dL, “mg/dL” is used as “unit” by the eCQM definition. If the LDL-c result value is provided without the unit or with a different unit than specified by the eCQM, depending on the system processing the data, the case might not meet the measure’s requirement and fail the “result” logic.

If eCQM definition does not use the “unit” in the measure logic for the “result” criteria, for example, ["Laboratory Test, Performed": "INR"] INRLabTest where `INRLabTest.result > 3.0`, then the laboratory test performed result must be reported as data type REAL or Interval REAL (`xsi:datatype="REAL"` or `xsi:datatype="IVL_REAL"`) for results such as `INR=2.4` or `INR>=4.5`.

# 2021 IG Updates:

## Hybrid Measure/CCDE Voluntary Submission

- The 2021 IG must be used for hybrid measure/core clinical data element (CCDE) voluntary submission for reporting 2021–2022 data (measurement period July 1, 2021 through June 30, 2022) and to be submitted by September 30, 2022.
- New Section – 6. Hybrid Measure/CCDE Voluntary Submission

Table 17: Hybrid Measure for Voluntary Submission

eCQM CMS#	eCQM Title	Measurement Period
CMS529v1	Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data.	July 1, 2021 through June 30, 2022

# 2021 IG Updates:

## Hybrid Measure/CCDE Voluntary Submission

- Requirement: For each of the CCDEs specified in the CMS529v1, the measure specification returns the specific encounter id associated with that core clinical data element result.
- The Hybrid Measure/CCDE Voluntary Submission section provides examples for using the “Related To” template with the “Laboratory Test, Performed” and “Physical Exam, Performed” templates to associate an encounter id with a CCDE.

Figure 14: Encounter Performed Example

```
<act classCode="ACT" moodCode="EVN">
  <!--Encounter performed Act (V3) -->
  <templateId root="2.16.840.1.113883.10.20.24.3.133"
  extension="2019-12-01"/>
  <code code="ENC" codeSystem="2.16.840.1.113883.5.6"
  displayName="Encounter" codeSystemName="ActClass"/>
  <entryRelationship typeCode="SUBJ">
    <encounter classCode="ENC" moodCode="EVN">
      <templateId root="2.16.840.1.113883.10.20.22.4.49"
      extension="2015-08-01"/>
      <!-- Encounter Performed (V5)-->
      <templateId root="2.16.840.1.113883.10.20.24.3.23"
      extension="2019-12-01"/>
      <!-- The encounter id of this particular encounter that the
      clinical core data element is associated with. -->
      <id root="4836d196-85d5-480c-b640-e470790eec7d"
      extension="123"/>
      ...
    </encounter>
  </entryRelationship>
</act>
```

```
<!-- Laboratory Test, Performed(V5) -->
<observation classCode="OBS" moodCode="EVN">
  <templateId
  root="2.16.840.1.113883.10.20.24.3.38"
  extension="2019-12-01"/>
  <id root="83216def-91de-46dd-b96c-
  032aa8cb8823"/>
  <code xsi:type="CD" code="2947-0"
  codeSystem="2.16.840.1.113883.6.1"
  displayName="Sodium [Moles/volume] in Blood"
  codeSystemName="LOINC"/>

  </entryRelationship>
  <!-- Related To -->
  <sdtc:inFulfillmentOf1 typeCode="FLFS">
    <sdtc:templateId
    root="2.16.840.1.113883.10.20.24.3.150"
    extension="2017-08-01"/>
    <sdtc:actReference classCode="ENC"
    moodCode="EVN">
      <!-- The id references and matches the
      Encounter, Performed encounter id (both root
      and extension if both are present) this core
      clinical data element is associated with. -->
      <sdtc:id root="4836d196-85d5-480c-b640-
      e470790eec7d" extension="123"/>
    </sdtc:actReference>
```

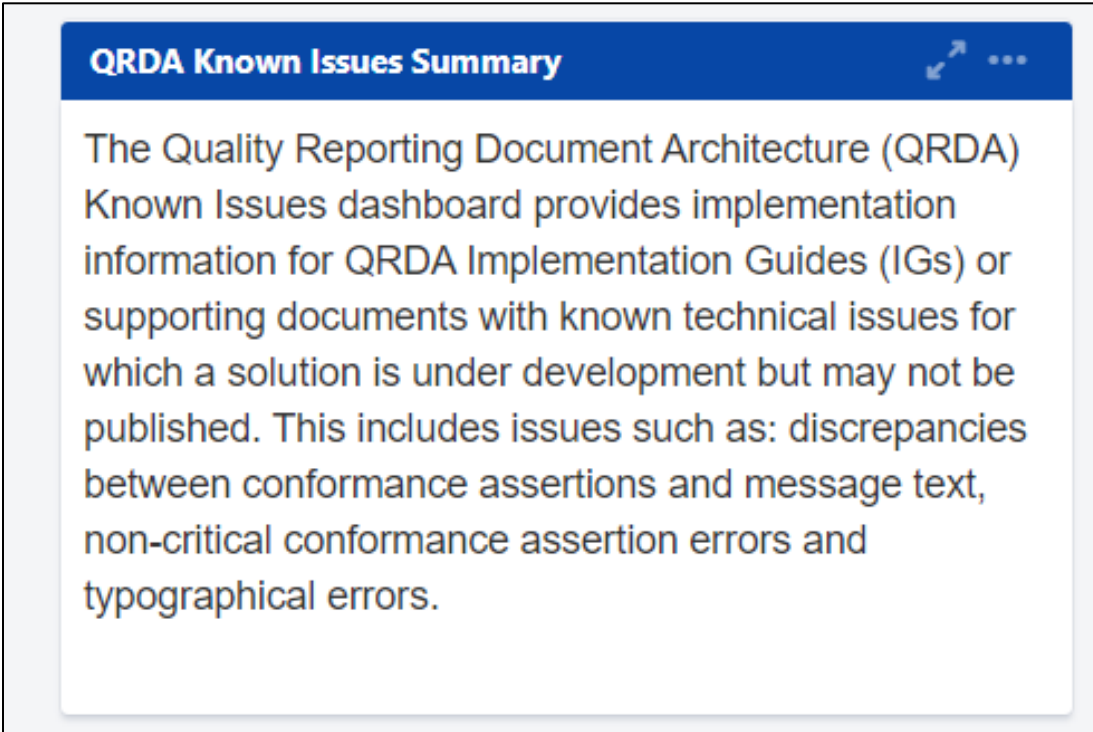
# 2021 IG Updates: New HQR Validations

## New HQR Validations for Hybrid Measure/CCDE Submissions

Confluence #	Validation Performed	Description of Error Message and File Rejection
CMS_0084	Either the Patient HIC Number or MBI is required for hybrid measure/CCDE submissions.	QRDA files for hybrid measure/CCDE submissions must contain a HIC Number or MBI.
CMS_0085	CMS program name and Measure ID are not compatible.	CMS program name for hybrid measure/CCDE submissions must be HQR_IQR_VOL.
CMS_0086	Measure type is not consistent across QRDA files within the batch.	Files containing hybrid measure/CCDE submissions and eCQMs cannot be submitted within the same batch.

# New: ONC QRDA Known Issues Project

New [ONC QRDA Known Issues Project](#) on the Office of National Coordinator (ONC) Project Tracking System



**QRDA Known Issues Summary**

The Quality Reporting Document Architecture (QRDA) Known Issues dashboard provides implementation information for QRDA Implementation Guides (IGs) or supporting documents with known technical issues for which a solution is under development but may not be published. This includes issues such as: discrepancies between conformance assertions and message text, non-critical conformance assertion errors and typographical errors.

# QRDA Known Issue: QKI-2

[QKI-2](#) Guidance for reporting eCQMs with QDM data types allowing either relevantDatetime or relevantPeriod attributes for the 2021 reporting/performance period

For all eCQMs where QDM data types support both relevantDatetime and relevantPeriod attributes, the Cypress, QualityNet, and The Joint Commission systems will allow submitters to submit data either as relevantDatetime (effectiveTime/@value) or relevantPeriod (effectiveTime/low and effectiveTime/high) in a QRDA Category I file.

For example, for CMS129v10, even though the measure specification uses relevantPeriod for ["Procedure, Performed": "Prostate Cancer Treatment"], submitters may submit the timing of this data element either as relevantDatetime or relevantPeriod in QRDA Category I.

For purposes of hospital measure calculation:

1. If a relevantDatetime is reported, it will be converted to a relevantPeriod.
2. When a relevantPeriod is reported and a relevantDatetime is needed for evaluation, the low value will be used unless not provided, then the high time will be used.



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

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## **High-Level Changes to the HL7 Base Standard QRDA Category I IG**

# Base HL7 QRDA Category I IG for CY 2021

HL7 IG for CDA Release 2: QRDA Category I, Release 1, STU Release 5.2 with June 2020 Errata

- Direct link:  
[http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2\\_IG\\_QRDA\\_I\\_R1\\_STU5.2\\_2020FEB\\_2020JUN\\_with\\_errata.zip](http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDA_I_R1_STU5.2_2020FEB_2020JUN_with_errata.zip)
- HL7 QRDA Category I Product Page:  
[http://www.hl7.org/implement/standards/product\\_brief.cfm?product\\_id=35](http://www.hl7.org/implement/standards/product_brief.cfm?product_id=35)

Publication Date	Version	Description
June 2020 Current Version	STU 5.2 with errata	Errata: QRDA I Release 1, STU Release 5.2 , Supports QDM 5.5 CDAR2_IG_QRDA-I_R1_STU5.2_2020FEB with 2020JUN errata Note: for the 2021 reporting period (CMS and The Joint Commission)
February 2020	STU 5.2	QRDA I Release 1, STU Release 5.2 , Supports QDM 5.5 CDAR2_IG_QRDA-I_R1_STU5.2_2020FEB

# Base HL7 QRDA Category I IG for CY 2021

- Main updates include the following:
  - Updates to support QDM Version 5.5 changes
  - Addressed approved STU comments with “Errata Report” and “Clarification” as the disposition
  - Updates the HQMF QDM datatype to QRDA template mapping tables
- June 2020 Errata updates include the following:
  - Corrected issues reported through the STU Comments process and accepted as errata
  - Added clarifications for issues reported through the STU Comments process that are accepted as clarification and considered important for inclusion
  - Detailed errata changes are listed in the spreadsheet: 2020JUN\_QRDA\_I\_R1\_STU5.2\_Errata\_List.xlsx

# Quality Data Model Changes

## QDM v5.5

For detailed QDM changes, review QDM v5.5 Guidance Update (May 2020) Change Log.

- <https://ecqi.healthit.gov/sites/default/files/QDM-v5.5-Guidance-Update-May-2020-508.pdf>
- 7.1 April 2020 Guidance Changes in QDM 5.5
- 7.2 July 2019 Errata Changes in QDM 5.5
- 7.3 Changes in QDM 5.5 Implementation-based edits
- 7.4 Changes in QDM 5.5

# Quality Data Model Changes

## QDM v5.5 (Cont'd)

High-level summary of the QDM datatypes changes:

- New data type
  - Related Person
- Removed data types
  - Provider Characteristic

# Quality Data Model Changes

## QDM v5.5 (Cont'd)

High-level summary of the QDM attributes changes:

- Added
  - *rank* attribute to Encounter Performed as a component of *diagnosis*
  - *rank* attribute to Procedure Performed, Procedure Order, Procedure Recommended
  - *priority* attribute to Encounter Order, Encounter Performed, Procedure Order, and Procedure Performed
- Removed
  - *ordinality* attribute
  - *principal diagnosis* attribute
- Modified
  - *diagnosis* attribute of Encounter Performed to reference two components: *diagnosis* (code) and a new item, *presentOnAdmissionIndicator*
  - *relationships* attribute of Family History changed to *relationship* (singular)
- Updates and clarifications applied to timing attributes, for example
  - Added *relevantPeriod* to Assessment Performed
  - Added *relevant dateTime* to some QDM data types

# Quality Data Model Changes

## QDM v5.5 (Cont'd)

### High-level summary of the QDM changes - Entities

- Added a new QDM item, called Entities, including Patient, Care Partner, Practitioner, and Organization to allow greater expressivity in requesting information about performer-type attributes.
- Added performer-type attributes to each of the existing QDM datatypes. Based on the context of the QDM data type, a performer may be referenced as *performer*, *requester*, *participant*, *sender*, *recipient*, *prescriber*, or *dispenser*.

# HL7 QRDA Category I IG

## STU R5.2 Changes

- New templates for QDM datatypes
  - Related Person (urn:hl7ii:2.16.840.1.113883.10.20.24.3.170:2019-12-01)
- New templates for QDM attribute and attribute component
  - Rank (urn:hl7ii:2.16.840.1.113883.10.20.24.3.166:2019-12-01)
  - Present on Admission Indicator (urn:hl7ii:2.16.840.1.113883.10.20.24.3.169:2019-12-01)
  - Encounter Diagnosis QDM (urn:hl7ii:2.16.840.1.113883.10.20.24.3.168:2019-12-01)
- Removed templates
  - Provider Characteristic Observation Assertion (urn:hl7ii:2.16.840.1.113883.10.20.24.3.2)
  - Principal Diagnosis (urn:hl7ii:2.16.840.1.113883.10.20.24.3.152:2019-12-01)



# HL7 QRDA Category I IG

## STU R5.2 Changes (Cont'd)

### New templates for QDM Entities

- Entity Patient (urn:hl7ii:2.16.840.1.113883.10.20.24.3.161:2019-12-01)
- Entity Practitioner (urn:hl7ii:2.16.840.1.113883.10.20.24.3.162:2019-12-01)
- Entity Organization (urn:hl7ii:2.16.840.1.113883.10.20.24.3.163:2019-12-01)
- Entity Care Partner (urn:hl7ii:2.16.840.1.113883.10.20.24.3.160:2019-12-01)

# HL7 QRDA Category I IG

## STU R5.2 Changes (Cont'd)

### Document templates:

- No change to the US Realm Header (V3) template
- No change to the QRDA Category I Framework (V4) template
- QDM-Based QRDA template is updated from (V6) to (V7)
  - Now references the updated Patient Data Section QDM (V7) template, which supports QDM v5.5

# HL7 QRDA Category I IG

## STU R5.2 Changes (Cont'd)

### Section templates:

- No change to the Measure Section QDM template
- No change to the Reporting Parameter Section template
- Patient Data Section QDM (V7)  
(urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2019-12-01)
  - Template id extension is updated from “2018-10-01” to “2019-12-01”
  - Updated to support QDM v5.5 changes
    - Added reference to the new Related Person template
    - Removed reference to the Provider Characteristic Observation Assertion template
    - Updated the references for those QDM data types that have a new template version (template id extension “2019-12-01”)

# HL7 QRDA Category I IG

## STU R5.2 Changes (Cont'd)

QDM data type templates have timing attributes updates:

- Adverse Event (V2): Changed Relevant Period to Relevant dateTime
- Communication Performed (V2): Changed Relevant Period to Received dateTime and Sent dateTime
- Added Relevant dateTime
  - Assessment Performed (V3)
  - Device Applied (V6)
  - Diagnostic Study Performed (V5)
  - Immunization Administered (V3)
  - Intervention Performed (V5)
  - Laboratory Test Performed (V5)
  - Medication Active (V5)
  - Medication Administered (V5)
  - Medication Dispensed Act (V4) / Medication Dispensed (V6)
  - Physical Exam Performed (V5)
  - Procedure Performed (V6)
- Updated to use the author template for *author dateTime* for consistency
  - Patient Characteristic Observation Assertion (V5)

# HL7 QRDA Category I IG

## STU R5.2 Errata Changes

See the 2020JUN\_QRDA\_I\_R1\_STU5.2\_Errata\_List.xlsx spreadsheet for the detailed list of errata changes.

Highlights include:

- Added “Related To” template to Laboratory Test Performed (V5) and Physical Exam Performed” (V5) to support associating a lab result or a physical exam to a specific encounter.
- Several of the templates that have an act wrapper are not consistently specified to indicate whether to use the id in the contained template or the id in the act wrapper when ensuring data uniqueness. Remove the id conformance statements from the act wrapper and update examples. The id in the contained template in these cases will be used for ensuring data uniqueness.
- Updated conformance statement “This effectiveTime SHALL contain either a low or a @value but not both.” to “This effectiveTime SHALL contain exactly one of @value, @nullFlavor, or low.” to allow nullFlavor also for *relevantDateTime*

# HL7 QRDA Category I IG

## STU R5.2 – Encounter Performed

- The *principal diagnosis* attribute is removed from QDM v5.5. Principal diagnosis is now represented using the new *rank* attribute with an integer value of 1.
- The Schematron rules released in December 2020 include an update to enforce that there will be at most one diagnosis with rank of 1 (one principal diagnosis) for an encounter.

# HL7 QRDA Category I IG

## STU R5.2 Changes

### Change logs:

- Volume 1, Appendix B – High Level Change Log summarizes changes in both Volume 1 and Volume 2
- Volume 2, Chapter 10 – Changes from Previous Version

# HL7 QRDA Category I IG Specification Feedback

HL7 has transitioned to use the HL7 JIRA Tracker system for all CDA specifications.

- <https://jira.hl7.org>
- To report issues, create a JIRA tracker by selecting project “CDA Specification Feedback” and specification “Quality Reporting Document Architecture Category I (CDA).”
- hl7.org/dstucomments is no longer active.



# Resources

- 2021 CMS QRDA Category I IG for HQR (Published May 2020)
  - QRDA page of the [eCQI Resource Center](#)
  - Direct link: <https://ecqi.healthit.gov/sites/default/files/QRDA-HQR-2021-CMS-IG-508.pdf>
- Accompanying Schematrons and sample files and any applicable updates (Updated December 2020)
  - QRDA page of the [eCQI Resource Center](#)
  - Direct link: <https://ecqi.healthit.gov/sites/default/files/2021-CMS-QRDA-I-Support-Files.zip>
- New QRDA Known Issues Project
  - [ONC QRDA Known Issues Project](#)

# eCQI Resource Center

Additional QRDA-related resources can be found on the [eCQI Resource Center](#):

- Current and past IGs: <https://ecqi.healthit.gov/qrda>
- QRDA educational resources: <https://ecqi.healthit.gov/qrda/qrda-educational-resources>
- CMS QRDA Category I Conformance Statement Resource for the 2021 reporting period will be posted when available on the eCQI Resource Center.

# ONC QRDA JIRA Issue Tracker and VSAC

- For questions related to this guidance, the QRDA Category I IGs, or Schematrons, visit the ONC QRDA JIRA Issue Tracker:  
<https://ecqi.healthit.gov/qrda>
- Value Set Authority Center (VSAC):  
<https://vsac.nlm.nih.gov>

# Contacts

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

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

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**Question & Answer Session**

# Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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