Electronic Clinical Quality Measures (eCQMs)

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

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

Speakers

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Artrina Sturges: Good afternoon and thank you for joining us. My name is Artrina Sturges, and I'm your host for today's event. A few announcements before we start: This presentation is being recorded. The transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the QualityReportingCenter.com website, and also posted to *QualityNet* in the coming weeks. If you've registered for the event, a reminder email, as well as the link to the slides was distributed yesterday. If you did not receive the email, the slides are available for download on our inpatient website. Again, that's QualityReportingCenter.com.

Dr. Yan Heras has joined us as our presenter for today's webinar. Dr. Heras is the principal informaticist for Enterprise Science and Computing. During today's presentation, Yan will outline two key pieces of information. She will provide an overview of the 2021 CMS Quality Reporting Document Architecture Category I Implementation Guide for HQR reporting, as well as an outline of the changes from calendar year 2020 to the calendar year 2021 QRDA Category I IG.

Our intent is that, by the end of this webinar, you will be able to identify the updates to the CY 2021 CMS QRDA Category I IG, easily determine the changes from calendar year 2020 to calendar year 2021, recognize the high-level changes to the Health Level Seven (HL7) base standard QRDA Category I IG, and ensure you are comfortable locating the resources associated with the CMS and the HL 7 implementation guides.

This is a list of acronyms to assist you during today's webinar.

Just a reminder: We do not recognize the raised-hand feature in the chat tool during webinars. Instead, you can submit your questions pertinent to the webinar topic to us using the chat tool. All questions received via the chat tool during this webinar that pertain to this webinar topic will be reviewed and a Q&A transcript will be made available at a later date. To maximize the usefulness of the Q&A transcript, we will consolidate the questions received during this event and focus on the most important and frequently asked questions.

Any questions received that are not related to the topic of the webinar will not be answered in the chat tool nor in the question-and-answer transcript for the webinar. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the *QualityNet* Q&A Tool. You can access the Q&A tool using the link on the slide. There, you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question to us via the Q&A tool, which again you can access at the link on this slide. At this time, I will turn the webinar over to Dr. Heras. Yan, the floor is yours.

Dr. Yan Heras: Thank you, Artrina. Thank you everyone for attending. So, I'll start to walk through the changes and updates to the 2021 CMS QRDA Category I IG for HQR.

So, CMS published the 2021 CMS QRDA Category I IG Version 1.0 in May 2020. The Schematron and sample files were also published at the same time but were later updated in December 2020. They were available for download from the eCQI Resource Center. The 2021 CMS QRDA Category I IG online requirements for eligible hospitals (EHs) and the critical access hospitals (CAHs) to report eCQMs for the CY 2021 reporting periods for the following programs: Hospital Inpatient Quality Reporting (IQR) Program and Medicare and Medicaid Promoting Interoperability Program for EH and CAHs. The 2021 CMS QRDA Category I Schematron is a companion to the 2021 CMS QRDA I IG and allows for computerized validation of QRDA documents against the IT requirements.

Beginning with the slide, we will show a side-by-side comparison of the 2020 and the 2021 CMS QRDA I IG. The 2021 IG will be used for the 2021 reporting period. The eCQM specifications published in May 2020 must be used for the 2021 reporting. The eCQMs are specified based on the CQL-based HQMF implementation guide Release 1 STU 4 as compared to the STU 3.1 Errata that was used for specifying the 2020 eCQMs. The eCQM value sets and the direct reference codes published in May 2020 can also be used for the 2021 reporting, and you can visit the eCQI Resource Center on the EH and CAH eCQM Resource Page.

Select the 2021 reporting period. It will provide you with the links to download eCQM specifications, value sets, direct reference codes, and other eCQM implementation resources.

The base HL7 QRDA I standard for the 2021 reporting period is the HL7 QRDA I, Release 1, STU Release 5.2, with errata. This is a change from the 2020 IG. For 2020 the base standard was STU 5.1 with errata. We'll go over the changes between STU 5.1 and STU 5.2 in later slides, but the main difference is that STU 5.2 supports QDM version 5.5. QDM 5.5 is the QDM version that is used by the 2021 eCQM specifications. The QRDA I standard is available on the HL7 site. You do need to set up a free HL7 account to download the standards.

The table on this slide shows the four CMS program names used by both the 2021 reporting period and the 2020 reporting period. As you can see, there were no changes to the CMS program names from 2020 to 2021. There were also no changes to the five key elements used for succession management from the 2020 IG. The key elements are still the CMS Certification Number (CCN), CMS Program Name, EHR Patient ID, EHR Submitter ID, and the reporting period specified in the reporting parameters section. For example, if you notice an error in an earlier submission and want to replace it with the corrected version, the most recently submitted and accepted production QRDA I file will override the original file based on the exact match of these five key elements.

There were no changes made 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 same is for the Medicare Health Insurance Claim number. The HIC number is not required, but it should be submitted if Medicare is the payer and the patient has a HIC number assigned.

Two document-level templates in the 2021 CMS QRDA I IG have a new version. The QRDA Category I report CMS template was updated from version 6 to version 7 with a new template extension date of 2020 February 1, which conforms to the QDM-based QRDA version 7 template, specified in QRDA I STU 5.2. This is because the 2021 CMS QRDA I IG now conforms to the QRDA 1 STU 5.2 standard, instead of the STU 5.1. So, it is important to make sure you use the correct template versions for the four required document-level templates on one QRDA I document for specific reporting periods.

This slide shows a side-by-side comparison of the section-level templates. Both the Measure Section QDM template and the Reporting Parameters Section CMS templates have remained stable. They have not had any changes to these two templates for several years; however, for the reporting period specified in the Reporting Parameters Section, it must be one of the calendar year 2021 allowable discharge quarters. eCQMs that go into the Measure Section need to be the correct version of the specific measure identifiers from the 2021 eCQM specifications. The main change is to the Patient Data Section QDM CMS section. This is where the 2021 IG is updated to conform to the Patient Data Section QDM template from the base QRDA I standard STU 5.2 with errata. As mentioned earlier, the 2021 IG now supports QDM version 5.5 instead of version 5.4 that was used for 2020. The entry templates contained by the Patient Data Section are not repeated in the CMS IG, so you will need to reference HL7 QRDA I STU 5.2 with the errata for details.

There’s a new section added to the 2021 IG. This is section 5.2.3.2: Reporting “unit” for Result Value. The intent of this section is to provide guidance on how to report units when eCQM specifications have measure logics for the result criteria. Result criteria are referred to logics that evaluate the result. For example, if the eCQM specification defines an LDL-c test result as less than 70 milligrams per deciliter, then if the LDL-c result value is provided. They must be using the milligram per deciliter as a unit which matches the eCQM specification.

If a unit is not provided or with a different unit than what is specified by the eCQM, then it is possible that the case might not meet the measure's requirement and fail the result logic. In the case of INR, the eCQM definition specifies logic such as INR lab result that result greater than 3. It does not specify a unit. So, INR must be reported using data type REAL or Interval REAL, so you can send in a result like INR equals to 2.4 or INR greater than or equal to 4.5.

There's a new section added to the 2021 IG to provide guidance for the hybrid measure and the Core Clinical Data Element voluntary submission. The 2021 IG must be used for hybrid measure CCDE voluntary submissions for reporting 2021 to 2022 data. The eCQM CMS number for the hybrid measure is CMS529v1. The measurement period for the hybrid measure and CCDE submissions is from July 1, 2021, through June 30, 2022. These are to be submitted by September 30, 2022. So, the new section is Section 6: Hybrid Measure/CCDE Voluntary Submission.

For each of the CCDEs specified in CMS529v1, the measure specification returns the specific encounter id associated with the 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 example encounter id with the CCDE. Examples are shown here for your reference. Basically, to provide the association, the SDTC id element is related to the template matching the encounter id of the encounter that you want to associate it to.

There are three new HQR validations added to the 2021 IG. There are validations for Hybrid Measure/CCDE submissions. CMS_0084 requires that QRDA I files for Hybrid Measure/CCDE submissions contain either a HIC number or an MBI number. CMS_0085 requires the CMS program name code HQR_IQR_VOL must be used for Hybrid Measure/CCDE submission. CMS_0086 requires that Hybrid Measure/CCDE submissions cannot be submitted in the same file as eCQM submissions.

In other words, Hybrid Measure/CCDE submissions have to have its own QRDA I file that contains the CMS529v1 only.

This slide is to make you aware of this new ONC QRDA Known Issues Project that was created on the ONC Project Tracking System. The purpose of this QRDA Known Issues is to provide a way to document and communicate to the public known non-critical technical issues that are under development but may not be published.

There were several trackers submitted to both eCQM and the QRDA ONC JIRA trackers with questions related to relevantDatetime and relevantPeriod for the 2021 reporting period. QKI-2 was then created to help provide guidance for reporting eCQMs with QDM data types allowing either relevantDatetime or relevantPeriod attributes. For all eCQMs where QDM data types support both relevantDatetime and relevantPeriod attributes, the separate *QualityNet* and The Joint Commission systems will allow submitters to submit data either as relevantDatetime, which is relevantDatetime value, or relevantPeriod, which is effectiveTimelow and [effectiveTime]high in the QRDA Category I file. For example, for CMS71v10, even though the measure specification uses relevantPeriod for [“Procedure, Performed:” “Atrial Aberration], submitters may submit the timing of this data element either as relevantDatetime or relevantPeriod in QRDA I. For purposes of a hospital measure calculation, if a relevantDatetime is reported, it will be converted to a relevantPeriod. When a relevantPeriod is reported and the relevantDatetime is needed for evaluation, the low value will be used unless not provided. Then, the high time will be used. So, again, this guidance is for the QDM data types that support both relevantDatetime and the relevantPeriod attributes as specified by QDM 5.5. Some of the QDM data types only have relevantDatetime or only have relevantPeriod specified. So, reporting for those timing attributes, submitters should follow the eCQM specifications.

So, beginning from this slide, we’ll now walk through the high-level changes to the HL7 QRDA I IG base standard.

The base standard for the 2021 reporting period is the HL7 QRDA I Release 1 STU 5.2 with errata. The errata were published in June 2020 and, when you go to the HL7 product page, make sure you select STU 5.2 with errata. There's currently no plan to develop another errata release under HL7 other than the June 2020 errata application. Just to be aware: The 2021 CMS IG is specified to use the STU 5.2 and its subsequent errata updates. The direct link and the product page link are provided on this slide.

Main updates to the STU 5.2 include updates to support QDM version 5.5 changes, applies changes to the approved STU comments with "Errata Report" and "Clarification" as the disposition, and updates to the HQMF QDM data types to QRDA template mapping tables. The June 2020 Errata updates include changes to correct issues reported through the HL7 STU comment process and accepted as Errata. The Errata update also added clarification for issues reported through the HL7 STU comment process that are accepted as clarification and considered important for inclusion. In the downloaded zip file package for the STU 5.2 with June errata, there's a spreadsheet that lists all the errata changes in detail with their corresponding STU comment numbers.

For detailed QDM changes, please review the QDM v5.5 Guidance Update Change Log. There are four change log sections all documenting updates made in the QDM 5.5 in great detail. Those are good sections to review as the changes made in QRDA STU 5.2 are mainly driven by the QDM 5.5 changes.

So, at a high level, QDM 5.5 added a new data type (Related Person) and removed Provider Characteristic.

QDM v5.5 made many QDM attribute changes. They added the rank attribute to Encounter Performed as a component of diagnosis. The rank attribute also is added to Procedure Performed, Procedure Order, Procedure Recommended, and the priority attribute to Encounter Order, Encounter Performed, Procedure Order, and Procedure Performed is added as well.

Two attributes were removed: *ordinality* and also *principal diagnosis.* There are also some attributes that have been modified. The *diagnosis* attribute of Encounter Performed has been up modified to reference two components: diagnosis (code) and a new item, presentOnAdmissionIndicator. The other modification is minor. So, *relationships* attribute of Family History is changed from plural to singular. Updates and clarifications have been applied to timing attributes. For example, a *relevantPeriod* has been added to Assessment Performed and *relevantdateTime* has been added to some QDM data types. This affected many templates that are not all listed here.

QDM 5.5 also added a new QDM item called Entities, including Patient, Care Partner, Practitioner, and Organization, and allow greater expressivity in requesting information about performer-type attributes. This has resulted in changes to almost all the QDM data types to include these new entities. These new entities are referenced differently. They could be referenced as a *performer*, *requester*, *participant.* It also depends on the context of the QDM data types that were used.

Based on the QDM 5.5 changes, a new template, Related Person, is added to QRDA STU R5.2. There are also new templates for QDM attribute and attribute component: Rank, Present on Admission Indicator, and Encounter Diagnosis QDM. QRDA STU 5.2 also removes the Provider Characteristic Observation Assertion and the Principal Diagnosis template.

Not all of the QDM 5.5 changes are used by the EH and CAH eCQM specification for the 2021 reporting period, but some have more impact. I would like to call out that the diagnosis is represented in Encounter Performed as being updated, so you may want to pay attention to that. We have another slide later on this.

There are four new templates added to the STU 5.2 to support the new entities: Entity Patient, Entity Practitioner, Entity Organization, Entity Care Partner. All these new templates are added to most of the QRDA templates for QDM data types that have those new entities added.

For document templates, there are no changes to the US Realm Header. There are no changes to the QRDA Category I framework template. It is still version 4. The QDM-based QRDA template is updated from version 6 to version 7. It now references the updated Patient Data Section QDM version 7 template, which supports QDM version 5.5.

For section-level templates, there are no changes to the Measure Section QDM template and there are no changes to the Reporting Parameter Section template for the Patient Data Section QDM version 7. The template id extension is updated from 2018-10-01 to 2019-12-01. They have been updated to support QDM version 5.5 changes. It added reference to the new Related Person template and removed reference to the Provider Characteristic Observation Assertion template and also updated the references for those QDM data types that have a new template version for the template id versions with 2019 December 1 date.

Because QDN 5.5 had made many timing-related changes, the QRDA templates for these QDM data types are also updated to support those changes. For example, Adverse Event has changed from Relevant Period to Received dateTime. Communication Performed changed from Relevant Period to Received dateTime and Sent dateTime. Relevant dateTime has been added to a number of QDM data types. For example, Assessment Performed, Device Applied, Diagnostic Study Performed, Laboratory Test Performed, etc. The QRDA templates have also been updated to use the author template for *author dateTime* for consistency.

This slide shows the Errata changes made to the STU 5.2. If you go to the errata details spreadsheet, you can see the errata changes detailed there. Some of the highlights include the “Related To” template was added to Laboratory Test Performed and “Physical Exam Performed 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.

So, removals of the id conformance statements from the act wrapper and object examples were made. The id in the contained template in those cases will be used for ensuring data uniqueness. Updating conformance statement “this effectiveTime SHALL contain either low or @value but not both.” to “This effectiveTime SHALL contain exactly one of @value, @nullFlavor or low.” This change is to allow nullFlavor also be allowed for *relevantDateTime*.

In the Encounter Performed template in STU 5.2, the *principal diagnosis* attribute is removed from QDM 5.5; therefore, from the QRDA STU 5.2. Principal diagnosis is now represented using the new *rank* attribute with an integer value of 1. Schematron rules released in December 2020 include an update to enforce that there will be at most one diagnosis with the rank of 1 for an encounter. This is essentially to enforce there will be at most one principal diagnosis included for an encounter.

For additional details of the changes made in QRDA STU 5.2, both Volume 1 and Volume 2 include change logs. Volume 1, Appendix B, has a high-level change log that summarizes changes in both Volume 1 and Volume 2. Volume 2 has Chapter 10 changes from previous sections. It has a list of tables that show a side-by-side comparison of the template version that is in STU 5.2 and the version that is in previous STU 5.1 if there were changes to it.

Previously, comments to HL7 QRDA I standard needed to be entered on the HL7 STU comment site. HL7 has now transitioned to use the HL7 JIRA tracker system for all CDA specifications as well. To report issues, go to JIRA.HL7.org. Create a JIRA tracker by selecting project “CDA Specification Feedback” and specification “Quality Reporting Document Architecture Category I.” The HL7.org/stucomments site is no longer active. Thank you, everyone. I’ll now turn it back to Artrina

Artrina Sturges: Thank you very much, Yan, for your presentation today. At this time, we’ll just review several resources. This slide contains the links to several documents housed on the eCQI Resource Center website.

Again, you'll find a number of references there which include the 2021 CMS QRDA Category I IG that we discussed today as well as the related Schematrons and sample files. For those who may not have been aware, there is now a link for QRDA Known Issues on the ONC JIRA website.

As I mentioned a few moments ago, the eCQI Resource Center functions as the one-stop shop for all information associated with implementing eCQMs for CMS reporting.

Questions related to the guidance offered in today's webinar should be directed to the ONC QRDA JIRA Issue Tracker. If you need to locate information on the associated value sets, visit the Value Set Authority Center. If you do not have an established account, be aware the creation of the account has no charge; however, they do have a user validation process, and, when the account is first established, it may take a few days.

Our last slide provides a list of resources based on the topic, who to contact, and how to contact them. For instance, questions regarding the HQR system and the Medicare and Medicaid Promoting Interoperability Programs should be directed to the *QualityNet* Help Desk. Another frequently asked question regards eCQM specifications, If a submitter has questions about the code sets or the measure logic, we recommend submitting your question to the identified tracker found on the ONC JIRA issue tracker website.

At this time, we will start the question-and-answer session. Please continue to enter your questions into the chat box. We will try to answer as many questions as we can to assist you.

For today, our first question is, "Is there a reason why the 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.

Dr. Yan Heras: We received a similar comment with the 2022 QRDA I IG. The HQR team and The Joint Commission team discussed this issue and comments. For the 2022 reporting, they will be accepting the TQ units for INR to use either with ratio or INR.

For the final published 2022 QRDA I IG that will be coming out soon, we will have the language updated. So, we do have to follow-up with them to confirm whether they will apply similar changes in 2021 reporting. I currently know The Joint Commission allowed the ratio. They are accepting it but not for INR and also HQR. So, there could be some inconsistencies how each system is accepting right now, but both accept REAL. We will a follow-up and confirm if those changes will be applied through 2021.

Artrina Sturges: We do have others that are frequently asked questions as you continue to put questions in the chat box for us. We certainly want to review those for you as well. Can you tell us when the HQR system will open to receive calendar year 2021eCQM data?

At this time, a definitive date has not been identified. The HQR system is anticipated to be open to receive Test and Production data in fall 2021. The submission deadline for calendar year 2021 data is Monday, February 28, 2022, at 11:59 p.m. Pacific Time. As always, when the official date the system is noted as available, you will receive communication from CMS in a variety of outlets. We will communicate through webinars, communications, HQR updates, and any other place that we have. That includes the *QualityNet* website and any other place we can provide that information we certainly will.

Another frequently asked question: What if I want to learn more about the data elements that are used in eCQM reporting? Let's say I want definitions or the clinical relevance, where do I go to find that information? The eCQM Data Element Repository actually provides those details. If you visit eCQM Resource Center, we have a link to that for you on slide 42. You can locate the Measure Collaboration Workspace. From the main page, hover over Resources and a menu will appear.

You will see the Measure Collaboration Workspace. Once the page loads, under the title, you'll see tabs that will appear. Select the fifth tab, and that will take you to the eCQM Data Element Repository. The user can filer information by data element, eCQM, QDM attribute, QDM category, or QDM data type data element.

That information is derived from the specifications, the QDMs, and the Value Set Authority Center (VSAC). The information reflects the version used in development of the eCQM for a specific performance period. It is very important to select the correct year when using the data element repository. We will make sure to include the link in the Q&A document. when it's published.

Another question we often receive is about the resources. As you know, we talked about those earlier in the presentation. We often get questions about resources posted on the eCQI Resource Center. If we look at slides 41 and 42, because it goes across both slides, we do provide 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 documents posted there, so many that I wouldn't be able to review them all today. I will reference a few that users have found beneficial as they prepare for the eCQM reporting.

The eCQM implementation checklist is available for download from the eCQI Resource Center. The great part of the checklist is it provides two pieces. The first part is about preparation. It ensures that you have all the resources you need readily available before implementation starts. The other part focused on the implementation process itself. It makes sure the user has access to the correct eCQM annual updates, downloaded the value set from VSAC, and understands the changes in the measures and is ready to implement those updates.

Another important tool personally I refer users to quite a bit last year is the eCQM flows. It's a zip file document that's available out there. The zip file, in addition to having the measure flows for each of the measures that are involved for eCQM reporting, it also contains a read-me first guide for the EH flows to assist users to understand in the clinical quality language, or CQL, that is used to expressed the measure logic and the corresponding data elements. So, those flows highlight data criteria and organize the specifications, to not only help you interpret the logic for the measure, but to understand how the performance rates are calculated. ECQM flows do not replace the measure specifications.

They function as a high-level additional resource. So 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 that is posted to the site. Those are just a few of the resources that I personally know that have been beneficial for folks as they institute their eCQM reporting.

We also typically receive question about the five key data elements for overwriting the files. We did review that today with slide 15. When we talk about overwriting files, we also talk about what they call "succession management" and that is how it is referenced in the implementation guide. Those five key elements as you see here are CMS Certification Number, CMS program name, the EHR patient ID, EHR submitter ID, and then the reporting period specified in the Reporting Parameters section.

When you consult the IG, the information is in Section 4.3 which starts on page five of the 2021 implementation guide for QRDA Category I for HQR. The direct link to the IG is provided for you and it is contained in slide 41.

We did receive an additional question. Is the requirement to submit one quarter of data 2021 or do we have to submit two quarters of data for the 2021 reporting period? Thank you very much for your question. For calendar 2021 data, the requirement is to submit two quarters of data.

You will have at least four measures of the nine that you will report on and then submit that data over two quarters in order to meet that reporting requirement. Just remember we are talking about a combination of the way the data can be reported. We are talking QRDA I files, case threshold exemptions, and then zero denominator declarations. There are different ways to meet that definition of successful submission. Actually, since we are talking about it, I have this as an FAQ. We talked about 2021 and the two selected quarters of 2021 data. Don't forget the submission deadline. Monday, February 28, 2022, 11:59 p.m. Pacific Time is your deadline. Thank you.

What are the direct reference codes and how are they used? Direct reference codes are referenced directly in the eCQM logic to describe the data elements and the attributes. The list includes the description of the code, the code system, and the version. Keep in mind that's very important because those versions change every year as things are made different to those measures to make sure you have all of those annual updates accounted for, so you are reflecting the most current information for that reporting period. That information, again, regarding the direct reference codes are actually posted on the eCQI Resource Center. If you need that, that resource is there.

Another question: Can you tell us more about the hybrid measure information? I know Yan referenced earlier. It's on slide 20. We will do a quick overview than I have more information for you on that. The Hybrid Hospital-Wide Readmission measure is an all-cause, risk-standardized readmission measure that focuses on unplanned readmissions, 30 days of discharge from acute hospitalization. The measure uses claims data and Core Clinical Data Elements. You will hear that referred to as CCDE from the EHR for measure calculation. The measure includes Medicare fee-for-service beneficiaries, patients 65 and older, who are discharged alive from acute care hospitals. These patients are not transferred to other acute care facilities.

Use the CCDE as part of the risk adjustment and, as slide 20 clarifies, the voluntary submission of the Hybrid Hospital-Wide Readmission measure measurement period is July 1, 2021, through June 30, 2022. There is a submission deadline through September 30, 2022. Some of you may remember the hybrid measure was voluntarily reported back in 2018. Some of you had experience with this. Others have not. This is a good opportunity if you like to do that to get yourself reintroduced to the process and participate in that voluntary reporting. To read more about the Hybrid Hospital-Wide Readmission measure, we encourage you to go to the eCQI Resource Center and locate the EH/CAH eCQM tab. For 2021 information, there is a tab for the hybrid measure and it provides an overview as well as links to several pieces of information that include the measure specification, associated value sets, and the technical release notes.

We wanted to provide a high-level overview today because we have a webinar that actually will be coming up, and I believe it is scheduled for next month. We will have much more detailed information for you during that webinar. A Listserve will be distributed in the next two weeks with an invite to the webinar, if you are registered to receive those through the *QualityNet* website. You are also welcomed to visit the Quality Reporting Center website. There is an event calendar that will be updated once the registration period begins. We'll make sure we put that up there for you.

I do have other questions that of come in. Thank you, everybody. Can a single hospital submit different measures for each quarter? Great question. We are waiting for clarification from CMS which may be coming out in the future proposed rule and the final rule as well. They will usually communicate what their intent is in the proposed rule. It is our understanding at this point for CMS confirmation that they preferred that you report the same measures for both quarters.

The next question I just received is, "Do the quarters need to be consecutive?" My understanding is no; they do not have to be consecutive. So, if you are a facility and you want to report quarter number one and quarter number four. That is fine.

They don't have to be consecutive quarters, but at this time, to our knowledge, CMS is requesting the same measures be reported for both quarters.

There is also a question: Are we allowed to submit more than whatever the requirement is? For 2021, typically the question is, "Can I submit three quarters or can I report for the whole year? Yes. They don't have a requirement that says you cannot report more than the minimal requirement.

Just to reiterate, yes, the hybrid measure at this time would be voluntarily reported starting with 2021 data. That measurement period is July 2021 through June 30, 2022, with a submission deadline of September 30, 2022.

Great questions, everybody. I have a couple more. Is there a document besides the webinar slide deck that summarizes the changes from the 2020 CMS QRDA I IG to the 2021 CMS QRDA I IG?

Yes. That CMS 2021 QRDA I IG is posted on the eCQI Resource Center contains a change log that is published in the appendix and that change log starts on page 53 in that document. So, again, we highly encourage you to always have that IG available. Familiarize yourself with that information that's in there so you feel more prepared for the information that you need to locate.

One more: Where can I find the definitions for the messages that are in the HQR system after those QRDA I files are processed? Again, the 2021 CMS QRDA I IG contains the error messages that are also known as conformance statements. If the error message is from the base standard from HL7, if you have not created an account, one will need to be created from the HL7 website in order for you to be able to access that base standard. Again, the direct link for the HL7 QRDA Category I IG is available on slide number 26.

It looks like we have time for one more. I am new to the eCQM data process, and I'm concerned I will have trouble with the dateTime format. Is there a document that clarifies what the format should be? Again, we are going to point you to the 2021 CMS QRDA I implementation guide.

It provides the format for the dateTime for HQR. Again, if you visit the eCQI Resource Center and download the IG, the dateTime validation information starts on page 31. It will show you the attribute, the date and time format validation rules, and it provides examples. The IG is very detailed and it tries to give you as many hints and as much help as we can so you will have successful reporting and your files are properly formatted.

I want to thank everyone for their questions. As we stated earlier, any questions not addressed during today's webinar will be posted in a future question-and-answer document that will be available on the *QualityNet* and Quality Reporting Center websites. So, next slide please.

For today's webinar, one continuing education credit has been approved. To verify continuing education approval for any other state, license, or certification, please contact your licensing or certification board.

Once again, I really just want to thank Dr. Heras for her time and for sharing her expertise. Of course, many thanks to all of you for your time and attention. Have a good afternoon.