

Reviewing CY 2022 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program

Speaker

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Purpose

This presentation will review resources that support calendar year (CY) 2022 electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program.

Objectives

Participants will be able to:

- → Navigate to Medicare Promoting Interoperability
 Program policy information on the CMS.gov website.

Acronyms

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

- Please email questions pertinent to the webinar topic to <u>WebinarQuestions@hsag.com</u>. Include the following information:
 - Subject Line: Reviewing CY 2022 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program
 - Email Body: If your question pertains to a specific slide, please include the slide number.
- If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the Quality Inpatient Questions and Answers tool:
 https://cmsqualitysupport.servicenowservices.com/qnet_qa
 If you do not find an answer, submit your question to us using the same tool.

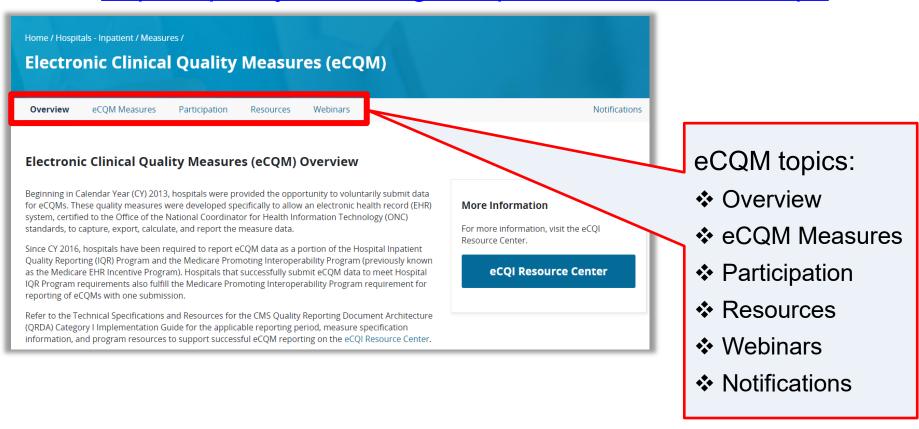
Reviewing CY 2022 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program

eCQM Reporting Policy Information and Self-Directed Tools on the QualityNet Website

10/24/2022

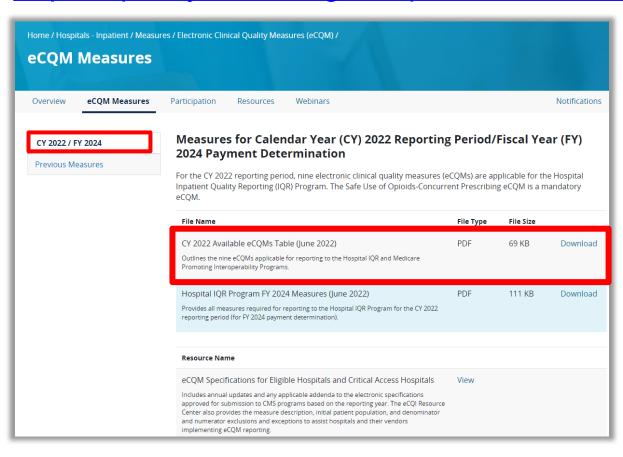
QualityNet Website: Overview Page

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



QualityNet Website: eCQM Measures Page

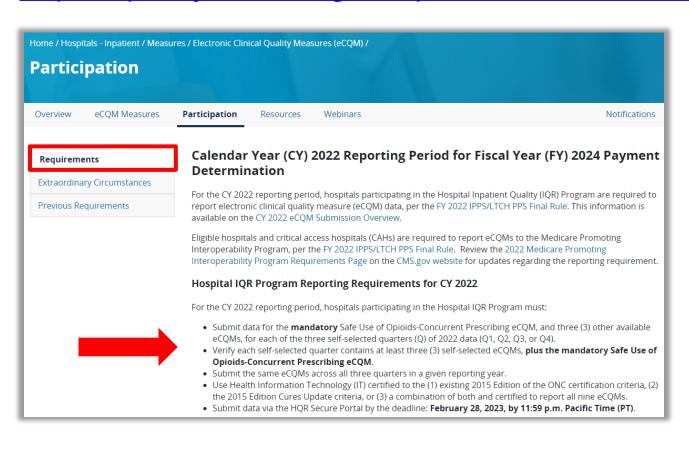
https://qualitynet.cms.gov/inpatient/measures/ecqm/measures



- The current calendar year eCQMs are available for download in a table format.
- A list of all measures required for reporting to the Hospital IQR and Medicare Promoting Interoperability Programs is available.
- To view Previous Measures, access the tab on the left.

QualityNet Website: Participation-Requirements Page

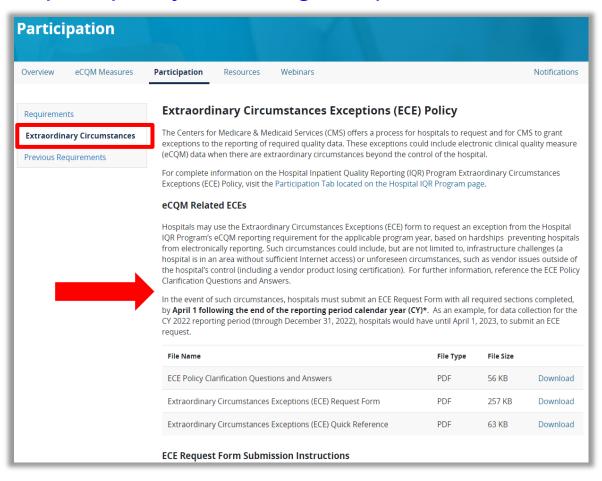
https://qualitynet.cms.gov/inpatient/measures/ecqm/participation



- The current calendar year eCQM reporting requirements will display.
- ★ To view Previous Requirements, access the tab on the left.

QualityNet Website: Participation-Extraordinary Circumstances Page

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



- The Extraordinary Circumstances Exceptions (ECE) Policy is available for eCQM related and non-eCQM related ECEs for hospitals participating in the Hospital IQR Program.
- ECE Request Forms for CY 2022 eCQM reporting are due by April 3, 2023.
- The Medicare Promoting Interoperability Program offers a Hardship Exception.

QualityNet Website: Resources Page

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



CY 2022 eCQM reporting resources:

- eCQM Submission Overview
- eCQM Quality Reporting Document Architecture (QRDA)
 Category I File Submission Checklist
- Available eCQMs Table

CY 2022 eCQM Submission Overview Document

CY 20:	CY 2022 (FY 2024) Hospital IQR Program / Medicare Promoting Interoperability Program eCQM Submission Overview				
Program Requirements	Submit data for the mandatory Safe Use of Opioids – Concurrent Prescribing eCQM and three (3) other available eCQMs, for each of the three self-selected quarters of CY 2022 data (Q1, Q2, Q3, Q4) during the experience of the off selected and the composition of the selected selected and the selected s		Hospitals that successfully report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for three self-selected quarters via the Hospital Quality Reporting (HQR) System will meet the eCQM requirement for the following: • Hospital IQR Program • Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals		
Reporting Deadline	Tuesday, February 28, 2023, 11:59 p.m. Pacific Time	System Availability	The HQR System will be open for Test and Production File Submissions in Fall 2022.		
Technical Requirements	Hospitals submitting eCQM data will need to: Use Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both. Use eCQM specifications published in the 2021 eCQM annual update for CY 2022 reporting and applicable addenda, available on the eCQI Resource Center. Use the 2022 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I, Schematron, and sample QRDA Category I files on the Eligible Hospital/Critical Access Hospitale CQMs page of the eCQI Resource Center.	Successful Submission File Validation Tool			
			re-submissions. Submit questions on the Hospital IQR Program and eCQM reporting requirements to the Hospital IQR Program Support Team at		
Who Can Submit Data	Hospitals with a HCQIS Access Roles and Profile (HARP) account can submit. Electronic health record (EHR) vendors can create a HARP account to submit data on their behalf. Hospitals can log in to the HOR Secure Portal and the Vendor Management System to assign, modify, and remove vendor access from one page. User receive instant confirmation of the changes. Contact the CCSQ Service Center for assistance at (866) 288-8912.	Contacts	(844) 472-4477 or visit the QualityNet Question and Answer Tool. Submit questions on the HQR Secure Portal, Medicare Promoting Interoperability Program, or eCQM data submission process to the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov. Visit the QNC Jira Issue Tracker to see prior responses, submit questions to CMS subject-matter experts, and receive assistance with the eCQM Issue Tracker, QRDA Issue Tracker, CQL Issue Tracker, and hybrid measures.		

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

CY 2022 eCQM reporting overview:

- Report mandatory Safe Use of Opioids-Concurrent Prescribing eCQM
- Report three quarters of data
- → Deadline: February 28, 2023
- Last year to report using 2015 Edition of Certified Electronic Health Record Technology (CEHRT)
- Data publicly reported

CY 2022 eCQM QRDA Category I File Submission Checklist

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

CY 2022 Hospital IQR Program / Medicare Promoting Interoperability Program Preparation Checklist for eCQM Reporting				
	RDA Category I Test or Production File(s) Submission Instructions for the HQR System			
Due	Task			
NOW	To successfully submit Calendar Year (CY) 2022 electronic clinical quality measure (eCQM) data for the Fiscal Year (FY) 2024 payment determination:			
	☐ Report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for three (3) quarters of 2022 data by the submission deadline.			
	 The submission deadline is Tuesday, February 28, 2023, 11:59 p.m. Pacific Time. 			
	 You may select consecutive or nonconsecutive quarters from Q1, Q2, Q3, or Q4 of 2022. 			
	 Each self-selected quarter must contain at least three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM. 			
	The eCQMs must be the same eCQMs across all three quarters in a given reporting year.			
	□ Confirm health information technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both. Visit the Certified Health IT Product List (CHPL) website to ensure the edition is certified to report all available eCQMs.			
	□ Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the most current CY 2022 requirements, such as the CMS QRDA Category I HQR Implementation Guide and the associated Schematrons and sample files posted on the eCQI Resource Center: https://ecqi.healthit.gov/eh-cah?globalyearfilter=2022 .			
	CMS is expecting one QRDA Category I file per patient, per <u>quarter</u> , which includes all episodes of care and applicable measures associated with that reporting period. The maximum individual file size is 10 MB. A ZIP file can have a maximum of 14,999 files.			
	Tip: Prior to data upload, verify your ZIP file does not contain other ZIP files.			
System	☐ Visit the Hospital Quality Reporting (HQR) System log in page.			
opens fall	Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account.			
2022	Complete two-factor authentication. Enter the security code. Accept Terms and Conditions.			
	Review the Navigation Menu on the HQR landing page to perform actions in the HQR System			
Deadline: 2/28/2023 11:59 p.m. Pacific Time	Go to the dashboard menu to complete the steps listed on the next page.			

CY 2022 Hospital IQR Program / Medicare Promoting Interoperability Program Preparation Checklist for eCQM Reporting QRDA Category I Test or Production File(s) Submission Instructions for the HQR System System Upload Test and Production QRDA Category I files. 1. Click Data Submission. Locate the eCQM tab. Click on File Upload. Select Test or Production. fall 2. Click the Select Files button to locate the QRDA Category I batch files on your computer to upload. 3. Once the files load and the HQR System has processed them, you will receive a confirmation email. Review the processing status of the QRDA Category I files. 2/28/2023 From the dashboard menu, click on Data Results. Then, click on eCQM. 2. Click on the Files Upload History tab to review submissions. Pacific 3. Select the submission type, Test or Production, Click Change Selection. The page will refresh. Once the uploaded file status says Ready, download the errors for each batch as a Comma Separated Values (CSV) report. ☐ Review the Submission Accuracy Tab. Locate the rejected files for revision and resubmission. (The HQR System will default to Test for the submission field and the most current quarter.) 1. Click the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page. 2. The counts for the accepted and rejected files will equal the total files submitted. Click on a card for a closer review of the submitted files. The User Interface (UI) will reflect your selection. You can click on the Export Results button to print or download the results for closer review. ☐ Review Outcomes Submission Results to determine how the episodes of care were evaluated. 1. Click on the Outcomes tab. Select the submission type and the quarter. Use the drop down menu to review a specific measure or all measures. Click Change Selection to refresh the page. 2. The UI will display the evaluated episodes for each patient file, which you can export as a CSV. Click Performance Summary to view the summary. You can export this summary as a CSV. ☐ Generate the Program Credit Report. 1. For Hospital IQR and the Medicare Promoting Interoperability Programs eCQM submissions, click on Program Reporting from the dashboard menu. Then, click on Program Credit to load the page. 2. Select the discharge quarter. Click Change Selection. Program Credit Reports for both programs will generate. The UI will show which measures were submitted, the submission status, and the date of the last submission update. Export the report for your records. A green banner indicates successful submission was achieved for the reporting year... · A yellow banner indicates successful submission was not achieved for the reporting year. Three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM must be successfully reported on for each of the 3 self-selected guarters of data to meet the eCQM reporting requirement, eCQMs must be the same eCQMs across guarters in a given reporting year. □ Enter Denominator Declarations, if they apply. 1. Click on Data Submissions. Click on Data Form. Click on Launch Data Form to refresh the page. 2. Select the Discharge Quarter to receive Denominator Declarations, Enter the declarations for case threshold or for zero denominator for each applicable measure. Click the Submit button. Repeat the steps for each applicable quarter. ☐ Re-generate the Program Credit Report(s). This "snapshot in time" indicates if submissions were successful for each self-selected reporting quarter. If the reporting changes in any way (files are resubmitted or deleted; denominator declarations are modified), re-generate the Program Credit Report for the most current status. If the report is not available after 24 hours, contact the CCSQ Service Center.

10/24/2022

CY 2022 Available eCQMs Table

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

Hospital Inpatient Quality Reporting Program



CY 2022 (FY 2024) Available eCQMs

For calendar year (CY) 2022 reporting (fiscal year [FY] 2024 payment determination), hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program are required to successfully submit data for the mandatory **Safe Use of Opioids – Concurrent Prescribing** electronic clinical quality measure (eCQM) and three (3) other available eCQMs from the table below, for each of the three self-selected quarters. **Each self-selected quarter must contain at least three** (3) **self-selected eCQMs**, plus the mandatory **Safe Use of Opioids-Concurrent Prescribing eCQM**. The eCQMs must be the same eCQMs across quarters in a given reporting year.

Hospitals can use any combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions to reflect its total inpatient population. The data must be reported using Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both.*

The eCQM reporting deadline is **Tuesday**, **February 28**, **2023**, **11:59 p.m. Pacific Time**. For additional information, please visit the QualityNet eCQMs Overview page and the eCQI Resource Center eCQM page.

Mandatory

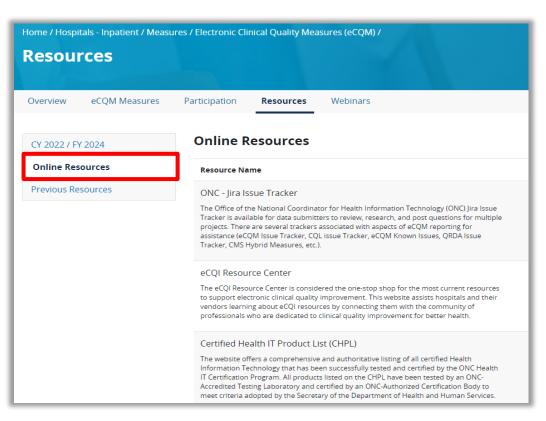
(CMS506v4) Safe Use of Opioids - Concurrent Prescribing Safe Use of Opioids-Concurrent Prescribing is mandatory beginning with the FY 2024 payment determination. **ED-2** (CMS111v10) PC-05 (CMS9v10) Admit Decision Time to ED Departure Time for Exclusive Breast Milk Feeding **Admitted Patients STK-02** (CMS104v10) **STK-03** (CMS71v11) Anticoagulation Therapy for Atrial Fibrillation/Flutter Discharged on Antithrombotic Therapy STK-05 (CMS72v10) STK-06 (CMS105v10) Antithrombotic Therapy By the End of Hospital Day 2 Discharged on Statin Medication VTE-1 (CMS108v10) VTE-2 (CMS190v10) Venous Thromboembolism Prophylaxis Intensive Care Unit Venous Thromboembolism Prophylaxis

ED = Emergency Department PC = Perinatal Care STK = Stroke VTE = Venous Thromboembolism *CY 2022 is the final year to use the 2015 Edition certification criteria in the Hospital IQR and Medicare Promoting Interoperability Programs.

May 2022

QualityNet Website: Online Resources Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/resources#tab2

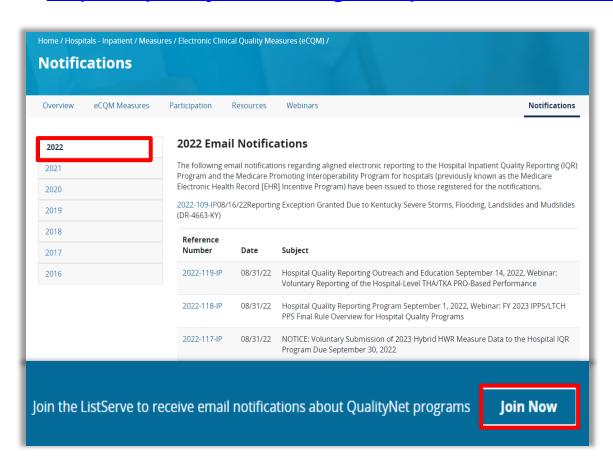


- Trackers:
 - eCQM Issue Tracker (CQM)
 - QRDA Issue Tracker (QRDA)
 - Clinical Quality Language (CQL) Issue Tracker (CGLIT)
 - eCQM Known Issues (EKI)
 - QRDA Known Issues (QKI)
- eCQI Resource Center:
 Eligible Hospital (EH)/Critical
 Access Hospital (CAH) CY
 2022 eCQM reporting
 resources, standards, specs
- Certified Health Information Technology Product List (CHPL) Public User Guide:

https://www.healthit.gov/sites/default/files/policy/chpl public user guide.pdf

QualityNet Website: Notifications

https://qualitynet.cms.gov/inpatient/measures/ecqm/notifications



- Review the CY 2022 Email Notifications page for aligned electronic reporting.
- Join the ListServe to receive email updates: https://qualitynet.cms.gov/listserv-signup

Reviewing CY 2022 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program

CY 2022 Medicare Promoting Interoperability Program Requirements

CMS.gov Website: Promoting Interoperability Programs Page

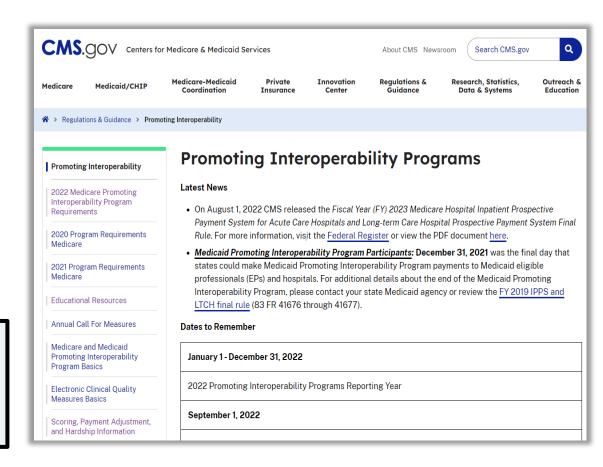
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms

The Promoting Interoperability Programs landing page displays the following:

- ✓ Latest news
- ✓ Dates to remember
- ✓ History
- ✓ Contact information

The left-hand menu includes links to related topics.

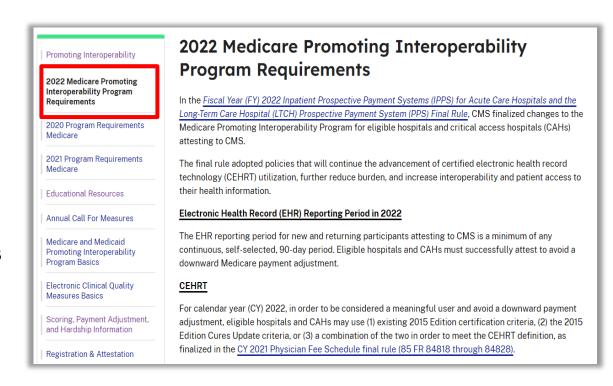
Reminder: EHs and CAHs are required to participate in the Promoting Interoperability Program.



CMS.gov Website: 2022 Program Requirements Page

https://www.cms.gov/regulations-guidance/promoting-interoperability/2022-medicare-promoting-interoperability-program-requirements

- A list of all program requirements is provided:
 - eCQM reporting requirements
 - Objectives and measures
 - Scoring methodology
- Links to CY 2022 resources (fact sheets, infographics, and specification sheets)

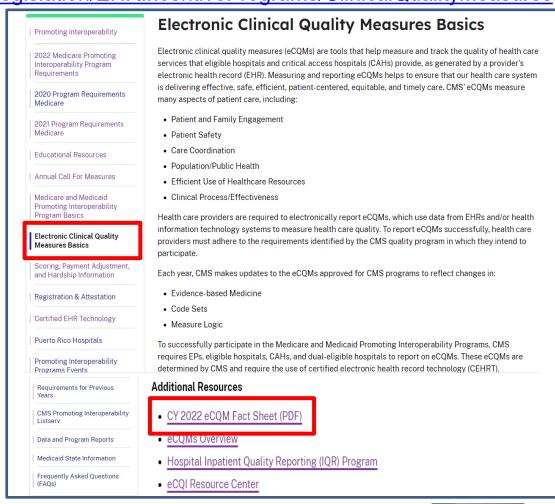


CMS.gov Website: eCQM Basics Page

CMS.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures

Additional resources:

- CY 2022 eCQM Fact Sheet
- eCQM Overview
- Hospital IQR Program
- eCQI Resource Center



CY 2022 eCQM Fact Sheet

https://www.cms.gov/files/document/2022-ecqm-reporting-requirements.pdf

Medicare Promoting Interoperability PROGRAM

2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELECTRONIC CLINICAL QUALITY MEASURES FACT SHEET

eCQM Overview

To successfully participate in the Medicare Promoting Interoperability Program, the Centers for Medicare & Medicaid Services (CMS) requires eligible hospitals and critical access hospitals (CAHs) to report on electronic clinical quality measures (eCQMs). These eCQMs are selected by CMS and require the use of certified electronic health record technology (CEHRT).

The eCQMs are tools that help measure and track the quality of healthcare services provided by eligible hospitals and CAHs within our healthcare system. These measures use data reported from electronic health records that are associated with healthcare providers' ability to deliver high-quality care or relate to long-term goals for quality healthcare. eCQMs help ensure that our healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

eCQM Reporting Period

The reporting period for eligible hospitals and CAHs that report eCQMs in the Medicare Promoting Interoperability Program is **three self-selected quarters** of calendar year (CY) 2022 data.

Medicare Promoting Interoperability Program eCQM Reporting Requirements for All Hospitals			
	Attestation	9	
# of eCQMs	Electronic Reporting	Safe Use of Opioids eCQM, plus 3 self-selected eCQMs (4 eCQMs total)	
Reporting Period Electronic Reporting Period		Three self-selected calendar quarters of data	
CY 2022 Submission Deadline		February 28, 2023	
Reminder: CY 2021 Submission Deadline		March 31, 2022	

Note: Fulfilling the eCQM requirement for the Medicare Promoting Interoperability Program through electronic reporting also satisfies the eCQM reporting requirement for the Hospital Inpatient Quality Reporting (IQR) Program. Beginning in 2023, eCQM data must be submitted electronically through the same reporting methods available for the Hospital IQR Program. Attestation is only an option available for Medicare eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible, and will not be available after CY 2022 data reporting.



eCQM Reporting Requirements

Eligible hospitals and CAHs are required to report on at least three eCQMs and the Safe Use of Opioids – Concurrent Prescribing measure for a total of four eCQMs. The below table showcases all nine eCQM options available to report on during CY 2022.

Short Name	Measure Name
ED-2	Median Admit Decision Time to ED Departure Time for Admitted
	Patients
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharged on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy by the End of Hospital Day 2
STK-6	Discharged on Statin Medication
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing

Please note for CY 2022, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs must also use (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two in order to meet the CEHRT definition, as finalized in the CY 2021 Physician Fee Schedule final rule (85 FR 84818 through 84828).

Additional Resources

- Medicare Promoting Interoperability Program eCQM Webpage
- eCQMs Overview
- Hospital Inpatient Quality Reporting (IQR) Program
- eCQI Resource Center

CMS.gov Website: Scoring, Payment Adjustment, and Hardship Page

CMS.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj Hardship

- For CY 2022, a total score of 60 points or more will satisfy the requirement to report on the objectives and measures of meaningful use.
- Medicare Hardship Exception and Application:
 - CMS will announce the opening of the application period.
 - The application period closes September 1, 2023.



Scoring, Payment Adjustment, and Hardship Information

Performance-based Scoring Methodology

In the Fiscal Year (FY) 2022 Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule, CMS made updates to its performance-based scoring methodology for eligible hospitals and critical access hospitals (CAHs) that attest to CMS under the Medicare Promoting Interoperability Program. Please see the Promoting Interoperability 2022 Program Requirements page for more information on reporting requirements for the CY 2022 reporting period.

Medicare Promoting Interoperability Program Scoring

Eligible hospitals and CAHs are required to report certain measures from the Medicare Promoting Interoperability Program's four objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the eligible hospital or CAH's performance for that measure, except for the measures associated with the Public Health and Clinical Data Exchange objective, which require a Yes/No attestation.

The scores for each of the individual measures are added together to calculate the total score of up to 105 possible points for each eligible hospital or CAH. For the CY 2022 reporting period, a total score of **60 points or more** will satisfy the requirement to report on the objectives and measures of meaningful use, which is one of the requirements for an eligible hospital or CAH to be considered a meaningful EHR user and avoid a downward payment adjustment. Eligible hospitals or CAHs scoring below 60 points will not be considered meaningful EHR users and could be subject to a downward payment adjustment.

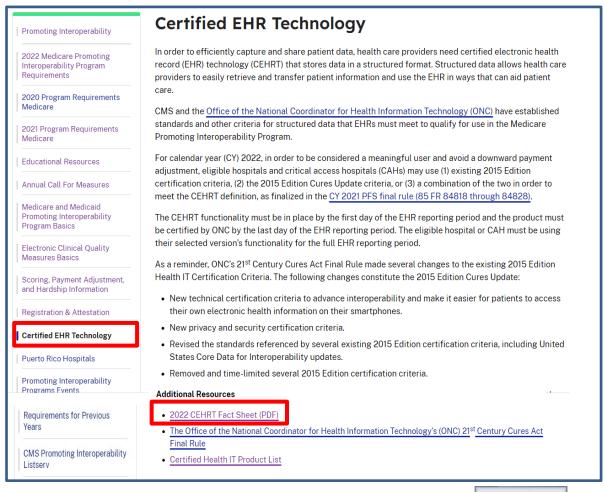
Medicare Hardship Exception Information

Eligible hospitals and CAHs may be exempt from a Medicare downward payment adjustment if they can about that compliance with the requirement for being a maniportal EHP user would require in a circuit and

CMS.gov Website: Certified EHR Technology Page

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

- Links to 2022 CEHRT Fact Sheet
- Notes CEHRT changes according to the 21st Century Cures Act final rule: https://www.healthit.gov/topic/certification-ehrs/2015-edition-cures-update-test-method).

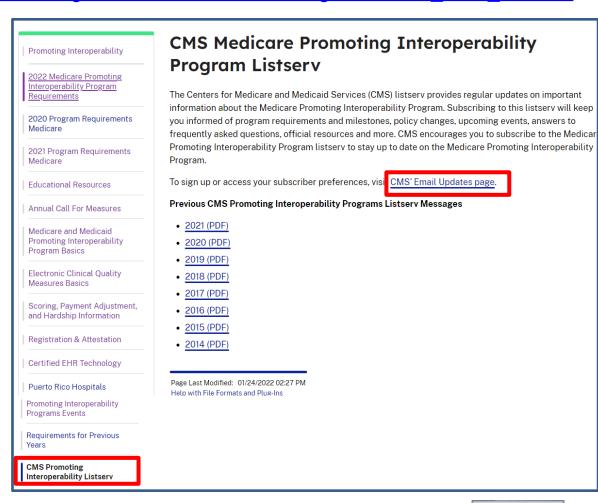


CMS.gov Website: CMS Promoting Interoperability Listserv

CMS.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/CMS_EHR_Listserv

Visit the CMS Medicare Promoting Interoperability Program Listserve page to subscribe:

https://public.govdelivery.co m/accounts/USCMS/subscri ber/new?topic_id=USCMS_ 627

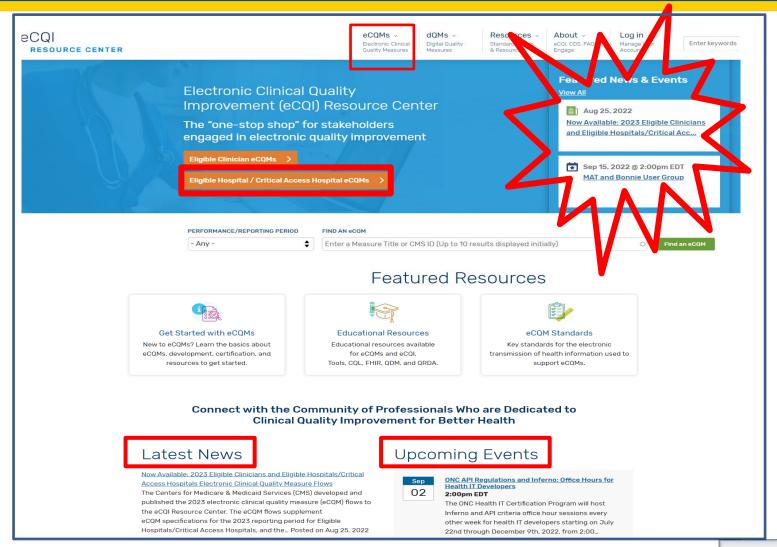


Reviewing CY 2022 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program

eCQI Resource Center Highlights

10/24/2022

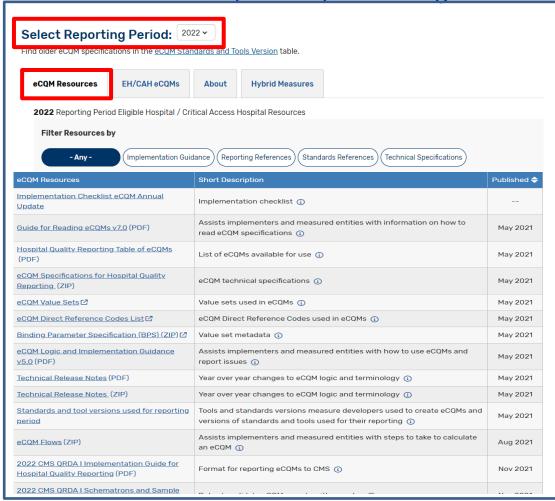
eCQI Resource Center Website https://ecqi.healthit.gov/



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eCQI Resource Center: CY 2022 EH/CAH eCQM Resources

https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0

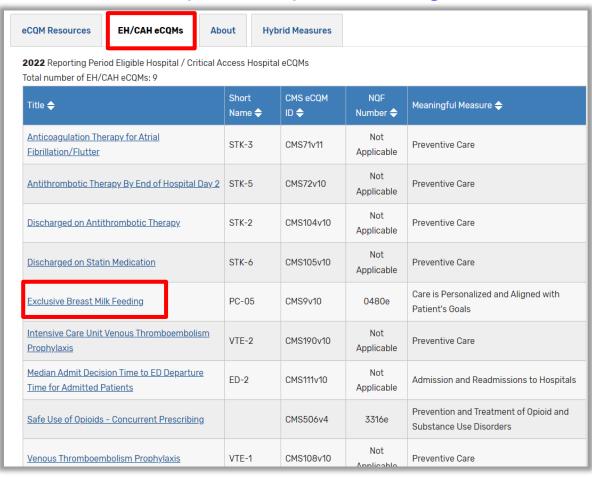


Contains reference materials to help with eCQM implementation:

- Implementation Checklist for the eCQM Annual Update
- 2022 CMS QRDA Category I Implementation Guide
- 2022 Schematrons and Sample Files
- eCQM Specifications for 2022 standards and tool versions
- eCQM Value Sets
- eCQM Flows
- eCQM Logic and Implementation Guidance

eCQI Resource Center: CY 2022 EH/CAH eCQMs

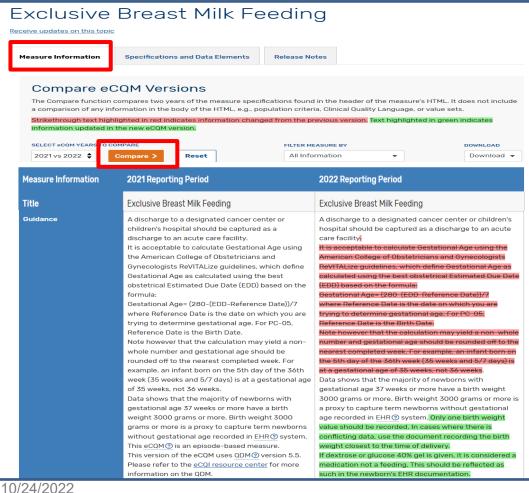
https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1



- ★ Lists CY 2022 eCQMs
 for the Hospital IQR and
 Medicare Promoting
 Interoperability Programs
- Provides:
 - Measure name
 - Measure short name
 - CMS eCQM ID
 - National Quality Forum ID (if applicable)
 - Meaningful Measure Area
- Direct link to individual measure specifications

eCQI Resource Center: CY 2022 EH/CAH eCQM Measure Information

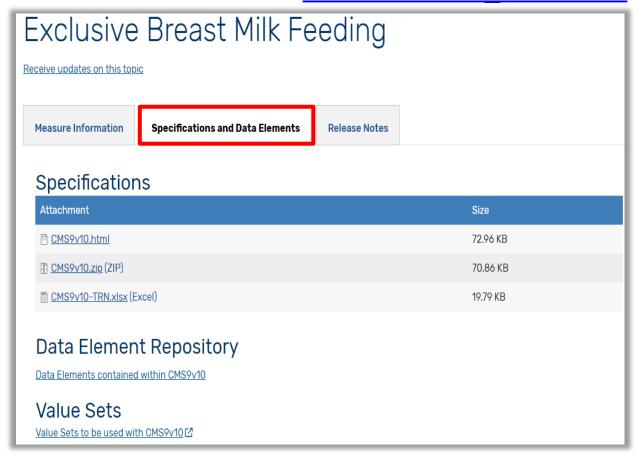
https://ecqi.healthit.gov/ecqm/eh/2022/cms105v10



- Locate the Compare function under the Measure Information tab.
- Select the reporting periods.
 - Red text indicates a change from previous version.
 - Green text indicates an update in the new version.

eCQI Resource Center: CY 2022 EH/CAH eCQMs

https://ecqi.healthit.gov/ecqm/eh/2022/cms009v10?sort_order=2021vs2022#quicktabs-tab-tabs_measure-2



- Specifications available in HTML, ZIP, and Excel
- ★ Links directly to the Data Element Repository (DERep)
- Links directly to the Value
 Set Authority
 Center (VSAC)

eCQM and Hybrid Measure Support Resources

Topic	Contact			
 Hospital Quality Reporting (HQR) System (HCQIS Access Roles and Profile (HARP), vendor roles, uploading files, reports, troubleshooting file errors) Medicare Promoting Interoperability (attestation, objectives, policy, hardship) 	Center for Clinical Standards and Quality (CCSQ) Service Center (866) 288-8912 QNetSupport@cms.hhs.gov CCSQ Support Central			
Hospital IQR Program and Policy	Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenowservices.com/qnet_qa			
 eCQM specifications (code sets, measure logic, measure intent) QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons) Hybrid measures – Technical (specifications, logic, value sets, QRDA) 	ONC JIRA Issue Trackers eCQM Issue Tracker https://oncprojectracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojectracking.healthit.gov/support/projects/QRDA/summary CMS Hybrid Measure Issue Tracker https://oncprojectracking.healthit.gov/support/browse/CHM			
Hybrid Measures – Non-Technical (policy, measure methodology)	Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) https://cmsqualitysupport.servicenowservices.com/qnet_qa			
eCQM Data Validation	Validation Support Team (validation@telligen.com)			

Webinar Questions

- Please email questions pertinent to the webinar topic to <u>WebinarQuestions@hsag.com</u>. Include the following information:
 - Subject Line: Reviewing CY 2022 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program
 - Email Body: If your question pertains to a specific slide, please include the slide number.
- If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the Quality Inpatient Questions and Answers tool:
 https://cmsqualitysupport.servicenowservices.com/qnet_qa
 If you do not find an answer, submit your question to us using the same tool.

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Thank You

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