



# **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:

- Locate Hospital IQR Program policy information and eCQM reporting materials on the QualityNet website.
- Navigate to Medicare Promoting Interoperability Program policy information on the CMS.gov website.
- Access resources to support electronic clinical quality improvement implementation activities on the eCQI (electronic Clinical Quality Improvement) Resource Center.

# Acronyms

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

# Webinar Questions

- Please email questions pertinent to the webinar topic to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com). 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](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**

# QualityNet Website: Overview Page

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

Home / Hospitals - Inpatient / Measures /

## Electronic Clinical Quality Measures (eCQM)

Overview eCQM Measures Participation Resources Webinars Notifications

### Electronic Clinical Quality Measures (eCQM) Overview

Beginning in Calendar Year (CY) 2013, hospitals were provided the opportunity to voluntarily submit data for eCQMs. These quality measures were developed specifically to allow an electronic health record (EHR) system, certified to the Office of the National Coordinator for Health Information Technology (ONC) standards, to capture, export, calculate, and report the measure data.

Since CY 2016, hospitals have been required to report eCQM data as a portion of the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program). Hospitals that successfully submit eCQM data to meet Hospital IQR Program requirements also fulfill the Medicare Promoting Interoperability Program requirement for reporting of eCQMs with one submission.

Refer to the Technical Specifications and Resources for the CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for the applicable reporting period, measure specification information, and program resources to support successful eCQM reporting on the eCQI Resource Center.

**More Information**

For more information, visit the eCQI Resource Center.

[eCQI Resource Center](#)

eCQM topics:

- ❖ Overview
- ❖ eCQM Measures
- ❖ Participation
- ❖ Resources
- ❖ Webinars
- ❖ Notifications

# QualityNet Website: eCQM Measures Page

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

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## eCQM Measures

Overview **eCQM Measures** Participation Resources Webinars Notifications

**CY 2022 / FY 2024**  
Previous Measures

### Measures for Calendar Year (CY) 2022 Reporting Period/Fiscal Year (FY) 2024 Payment Determination

For the CY 2022 reporting period, nine electronic clinical quality measures (eCQMs) are applicable for the Hospital Inpatient Quality Reporting (IQR) Program. The Safe Use of Opioids-Concurrent Prescribing eCQM is a mandatory eCQM.

File Name	File Type	File Size	
CY 2022 Available eCQMs Table (June 2022) Outlines the nine eCQMs applicable for reporting to the Hospital IQR and Medicare Promoting Interoperability Programs.	PDF	69 KB	Download
Hospital IQR Program FY 2024 Measures (June 2022) Provides all measures required for reporting to the Hospital IQR Program for the CY 2022 reporting period (for FY 2024 payment determination).	PDF	111 KB	Download

**Resource Name**

eCQM Specifications for Eligible Hospitals and Critical Access Hospitals [View](#)  
Includes annual updates and any applicable addenda to the electronic specifications approved for submission to CMS programs based on the reporting year. The eCQI Resource Center also provides the measure description, initial patient population, and denominator and numerator exclusions and exceptions to assist hospitals and their vendors implementing eCQM reporting.

- 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>

Home / Hospitals - Inpatient / Measures / Electronic Clinical Quality Measures (eCQM) /

## Participation

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**Requirements**

Extraordinary Circumstances

Previous Requirements

### Calendar Year (CY) 2022 Reporting Period for Fiscal Year (FY) 2024 Payment Determination

For the CY 2022 reporting period, hospitals participating in the Hospital Inpatient Quality (IQR) Program are required to report electronic clinical quality measure (eCQM) data, per the FY 2022 IPPS/LTCH PPS Final Rule. This information is available on the [CY 2022 eCQM Submission Overview](#).

Eligible hospitals and critical access hospitals (CAHs) are required to report eCQMs to the Medicare Promoting Interoperability Program, per the [FY 2022 IPPS/LTCH PPS Final Rule](#). Review the [2022 Medicare Promoting Interoperability Program Requirements Page](#) on the [CMS.gov](#) website for updates regarding the reporting requirement.

#### Hospital IQR Program Reporting Requirements for CY 2022

For the CY 2022 reporting period, hospitals participating in the Hospital IQR Program must:

- 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 (Q) of 2022 data (Q1, Q2, Q3, or Q4).
- Verify each self-selected quarter contains at least three (3) self-selected eCQMs, **plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM**.
- Submit the same eCQMs across all three quarters in a given reporting year.
- Use Health Information Technology (IT) certified to the (1) existing 2015 Edition of the ONC certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of both and certified to report all nine eCQMs.
- Submit data via the HQR Secure Portal by the deadline: **February 28, 2023, by 11:59 p.m. Pacific Time (PT)**.

➔ 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>

**Participation**

Overview eCQM Measures **Participation** Resources Webinars Notifications

Requirements  
**Extraordinary Circumstances**  
Previous Requirements

### Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request and for CMS to grant exceptions to the reporting of required quality data. These exceptions could include electronic clinical quality measure (eCQM) data when there are extraordinary circumstances beyond the control of the hospital.

For complete information on the Hospital Inpatient Quality Reporting (IQR) Program Extraordinary Circumstances Exceptions (ECE) Policy, visit the [Participation Tab](#) located on the [Hospital IQR Program](#) page.

#### eCQM Related ECEs

Hospitals may use the Extraordinary Circumstances Exceptions (ECE) form to request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (a hospital is in an area without sufficient Internet access) or unforeseen circumstances, such as vendor issues outside of the hospital's control (including a vendor product losing certification). For further information, reference the ECE Policy Clarification Questions and Answers.

In the event of such circumstances, hospitals must submit an ECE Request Form with all required sections completed, by **April 1 following the end of the reporting period calendar year (CY)\***. As an example, for data collection for the CY 2022 reporting period (through December 31, 2022), hospitals would have until April 1, 2023, to submit an ECE request.

File Name	File Type	File Size	
ECE Policy Clarification Questions and Answers	PDF	56 KB	<a href="#">Download</a>
Extraordinary Circumstances Exceptions (ECE) Request Form	PDF	257 KB	<a href="#">Download</a>
Extraordinary Circumstances Exceptions (ECE) Quick Reference	PDF	63 KB	<a href="#">Download</a>

[ECE Request Form Submission Instructions](#)

- 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>

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## Resources

Overview eCQM Measures Participation **Resources** Webinars Notifications

**CY 2022 / FY 2024**

Online Resources

Previous Resources

### Calendar Year (CY) 2022 Reporting Period/FY 2024 Payment Determination Resources

Resource Name	File Type	File Size	
CY 2022 eCQM Submission Overview This provides an overview of the eCQM submission requirements and available tools for Quality Reporting Document Architecture (QRDA) Category I file validation activities.	PDF	87 KB	Download
CY 2022 eCQM QRDA I File Submission Checklist This was created for hospitals and vendors submitting test and production QRDA Category I files to the Hospital Quality Reporting (HQR) Secure Portal.	PDF	86 KB	Download
CY 2022 Available eCQMs Table This outlines the nine eCQMs applicable for reporting to the Hospital IQR and Medicare Promoting Interoperability Programs.	PDF	69 KB	Download

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

<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 (FY 2024) Hospital IQR Program / Medicare Promoting Interoperability Program eCQM Submission Overview			
<b>Program Requirements</b>	Submit data for the mandatory <b>Safe Use of Opioids – Concurrent Prescribing eCQM</b> and three (3) other available eCQMs, for each of the three self-selected quarters of CY 2022 data (Q1, Q2, Q3, Q4) during the same reporting period. <b>Each self-selected quarter must contain at least three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM.</b> The eCQMs must be the same across quarters in a given reporting year.	<b>Dual Program Acceptance</b>	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: <ul style="list-style-type: none"> <li>• <b>Hospital IQR Program</b></li> <li>• <b>Medicare Promoting Interoperability Program</b> for Eligible Hospitals and Critical Access Hospitals</li> </ul>
<b>Reporting Deadline</b>	Tuesday, February 28, 2023, 11:59 p.m. Pacific Time	<b>System Availability</b>	The HQR System will be open for <b>Test and Production File Submissions</b> in Fall 2022.
<b>Technical Requirements</b>	Hospitals submitting eCQM data will need to: <ul style="list-style-type: none"> <li>• 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.</li> <li>• Use eCQM specifications published in the 2021 eCQM annual update for CY 2022 reporting and applicable addenda, available on the <a href="#">eCQI Resource Center</a>.</li> <li>• Use the 2022 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I, Schematron, and sample QRDA Category I files on the <a href="#">Eligible Hospital/Critical Access Hospital eCQMs page of the eCQI Resource Center</a>.</li> </ul>	<b>Successful Submission</b>	Data must be submitted through the <i>HQR Secure Portal</i> as any combination of the following: <ul style="list-style-type: none"> <li>• <b>QRDA Category I files</b> with patients meeting the initial patient population of the applicable measure(s)</li> <li>• <b>Zero denominator declarations</b></li> <li>• <b>Case threshold exemptions</b></li> </ul>
		<b>File Validation Tool</b>	Via the HQR System, providers can validate QRDA Category I test and production file structure and contents and generate CSV files for feedback to correct QRDA Category I files prior to production re-submissions.
<b>Who Can Submit Data</b>	<ul style="list-style-type: none"> <li>• Hospitals with a HCQIS Access Roles and Profile (HARP) account can submit.</li> <li>• Electronic health record (EHR) vendors can create a HARP account to submit data on their behalf.</li> </ul> Hospitals can log in to the <a href="#">HQR Secure Portal</a> and the Vendor Management System to assign, modify, and remove vendor access from one page. User receive instant confirmation of the changes. Contact the <a href="#">CCSQ Service Center</a> for assistance at (866) 288-8912.	<b>Contacts</b>	<ul style="list-style-type: none"> <li>• Submit questions on the Hospital IQR Program and eCQM reporting requirements to the Hospital IQR Program Support Team at (844) 472-4477 or visit the <a href="#">QualityNet Question and Answer Tool</a>.</li> <li>• Submit questions on the <i>HQR Secure Portal</i>, Medicare Promoting Interoperability Program, or eCQM data submission process to the CCSQ Service Center at (866) 288-8912 or <a href="mailto:QNetSupport@cms.hhs.gov">QNetSupport@cms.hhs.gov</a>.</li> <li>• Visit the <a href="#">ONC Jira Issue Tracker</a> 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.</li> </ul>

# 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 QRDA Category I Test or Production File(s) Submission Instructions for the HQR System	
Due	Task
NOW	<p>To successfully submit Calendar Year (CY) 2022 electronic clinical quality measure (eCQM) data for the Fiscal Year (FY) 2024 payment determination:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Report</b> the mandatory <b>Safe Use of Opioids-Concurrent Prescribing eCQM</b> and three (3) other <b>available eCQMs</b> for three (3) quarters of 2022 data by the submission deadline. <ul style="list-style-type: none"> <li>• The submission deadline is Tuesday, February 28, 2023, 11:59 p.m. Pacific Time.</li> <li>• You may select consecutive or nonconsecutive quarters from Q1, Q2, Q3, or Q4 of 2022.</li> <li>• Each self-selected quarter must contain at least three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM.</li> <li>• The eCQMs must be the same eCQMs across all three quarters in a given reporting year.</li> </ul> </li> <li><input type="checkbox"/> <b>Confirm</b> 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. <b>Visit</b> the <a href="#">Certified Health IT Product List (CHPL)</a> website to ensure the edition is certified to report all available eCQMs.</li> <li><input type="checkbox"/> <b>Confirm</b> 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: <a href="https://ecqi.healthit.gov/eh-cah?globalyearfilter=2022">https://ecqi.healthit.gov/eh-cah?globalyearfilter=2022</a>. CMS is expecting one QRDA Category I file per patient, per <b>quarter</b>, 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. <i>Tip: Prior to data upload, verify your ZIP file does not contain other ZIP files.</i></li> </ul>
System opens fall 2022  Deadline: 2/28/2023 11:59 p.m. Pacific Time	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Visit</b> the <a href="#">Hospital Quality Reporting (HQR) System</a> log in page. <ul style="list-style-type: none"> <li>• Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account.</li> <li>• Complete two-factor authentication. Enter the security code. Accept Terms and Conditions.</li> </ul> </li> <li><input type="checkbox"/> <b>Review</b> the Navigation Menu on the HQR landing page to perform actions in the HQR System.</li> </ul> <p style="text-align: center;"><b>Go to the dashboard menu to complete the steps listed on the next page.</b></p>

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 opens fall 2022  Deadline: 2/28/2023 11:59 p.m. Pacific Time	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Upload Test and Production QRDA Category I files.</b> <ol style="list-style-type: none"> <li>1. Click Data Submission. Locate the eCQM tab. Click on File Upload. Select Test or Production.</li> <li>2. Click the Select Files button to locate the QRDA Category I batch files on your computer to upload.</li> <li>3. Once the files load and the HQR System has processed them, you will receive a confirmation email.</li> </ol> </li> <li><input type="checkbox"/> <b>Review the processing status of the QRDA Category I files.</b> <ol style="list-style-type: none"> <li>1. From the dashboard menu, click on Data Results. Then, click on eCQM.</li> <li>2. Click on the Files Upload History tab to review submissions.</li> <li>3. Select the submission type, Test or Production. Click Change Selection. The page will refresh.</li> <li>4. Once the uploaded file status says Ready, download the errors for each batch as a Comma Separated Values (CSV) report.</li> </ol> </li> <li><input type="checkbox"/> <b>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.)</b> <ol style="list-style-type: none"> <li>1. Click the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page.</li> <li>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.</li> <li>3. You can click on the Export Results button to print or download the results for closer review.</li> </ol> </li> <li><input type="checkbox"/> <b>Review Outcomes Submission Results to determine how the episodes of care were evaluated.</b> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> <li><input type="checkbox"/> <b>Generate the Program Credit Report.</b> <ol style="list-style-type: none"> <li>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.</li> <li>2. Select the discharge quarter. Click Change Selection. Program Credit Reports for both programs will generate.</li> <li>3. 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. <ul style="list-style-type: none"> <li>• A green banner indicates successful submission was achieved for the reporting year..</li> <li>• A yellow banner indicates successful submission was not achieved for the reporting year.</li> </ul> <p style="color: red; font-weight: bold;">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 quarters of data to meet the eCQM reporting requirement. eCQMs must be the same eCQMs across quarters in a given reporting year.</p> </li> </ol> </li> <li><input type="checkbox"/> <b>Enter Denominator Declarations, if they apply.</b> <ol style="list-style-type: none"> <li>1. Click on Data Submissions. Click on Data Form. Click on Launch Data Form to refresh the page.</li> <li>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.</li> </ol> </li> <li><input type="checkbox"/> <b>Re-generate the Program Credit Report(s).</b> 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 <a href="#">CCSQ Service Center</a>.</li> </ul>

# 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.

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

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>

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## Resources

Overview eCQM Measures Participation **Resources** Webinars

CY 2022 / FY 2024

**Online Resources**

Previous Resources

### Online Resources

Resource Name
<b>ONC - Jira Issue Tracker</b> The Office of the National Coordinator for Health Information Technology (ONC) Jira Issue Tracker is available for data submitters to review, research, and post questions for multiple projects. There are several trackers associated with aspects of eCQM reporting for assistance (eCQM Issue Tracker, CQL Issue Tracker, eCQM Known Issues, QRDA Issue Tracker, CMS Hybrid Measures, etc.).
<b>eCQI Resource Center</b> The eCQI Resource Center is considered the one-stop shop for the most current resources to support electronic clinical quality improvement. This website assists hospitals and their vendors learning about eCQI resources by connecting them with the community of professionals who are dedicated to clinical quality improvement for better health.
<b>Certified Health IT Product List (CHPL)</b> The website offers a comprehensive and authoritative listing of all certified Health Information Technology that has been successfully tested and certified by the ONC Health IT Certification Program. All products listed on the CHPL have been tested by an ONC-Accredited Testing Laboratory and certified by an ONC-Authorized Certification Body to meet criteria adopted by the Secretary of the Department of Health and Human Services.

## ➤ 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](https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf)

# QualityNet Website: Notifications

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## Notifications

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2016

### 2022 Email Notifications

The following email notifications regarding aligned electronic reporting to the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program for hospitals (previously known as the Medicare Electronic Health Record [EHR] Incentive Program) have been issued to those registered for the notifications.

2022-109-IP08/16/22Reporting Exception Granted Due to Kentucky Severe Storms, Flooding, Landslides and Mudslides (DR-4663-KY)

Reference Number	Date	Subject
2022-119-IP	08/31/22	Hospital Quality Reporting Outreach and Education September 14, 2022, Webinar: Voluntary Reporting of the Hospital-Level THA/TKA PRO-Based Performance
2022-118-IP	08/31/22	Hospital Quality Reporting Program September 1, 2022, Webinar: FY 2023 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs
2022-117-IP	08/31/22	NOTICE: Voluntary Submission of 2023 Hybrid HWR Measure Data to the Hospital IQR Program Due September 30, 2022

Join the ListServe to receive email notifications about QualityNet programs **Join Now**

- ➔ 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.

The screenshot shows the CMS.gov website interface. At the top, the CMS.gov logo and "Centers for Medicare & Medicaid Services" are visible. A navigation menu includes links for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. A search bar is located in the top right corner. The main content area is titled "Promoting Interoperability Programs" and features a "Latest News" section with two bullet points: one about the FY 2023 Medicare Hospital Inpatient Prospective Payment System Final Rule, and another about the end of the Medicaid Promoting Interoperability Program on December 31, 2021. Below the news is a "Dates to Remember" section with a table listing key dates: January 1 - December 31, 2022; 2022 Promoting Interoperability Programs Reporting Year; and September 1, 2022. A left-hand menu lists various topics such as "Promoting Interoperability", "2022 Medicare Promoting Interoperability Program Requirements", "2020 Program Requirements Medicare", "2021 Program Requirements Medicare", "Educational Resources", "Annual Call For Measures", "Medicare and Medicaid Promoting Interoperability Program Basics", "Electronic Clinical Quality Measures Basics", and "Scoring, Payment Adjustment, and Hardship Information".

# 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)



Promoting Interoperability

**2022 Medicare Promoting Interoperability Program Requirements**

2020 Program Requirements Medicare

2021 Program Requirements Medicare

Educational Resources

Annual Call For Measures

Medicare and Medicaid Promoting Interoperability Program Basics

Electronic Clinical Quality Measures Basics

Scoring, Payment Adjustment, and Hardship Information

Registration & Attestation

## 2022 Medicare Promoting Interoperability Program Requirements

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 finalized changes to the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs) attesting to CMS.

The final rule adopted policies that will continue the advancement of certified electronic health record technology (CEHRT) utilization, further reduce burden, and increase interoperability and patient access to their health information.

### Electronic Health Record (EHR) Reporting Period in 2022

The EHR reporting period for new and returning participants attesting to CMS is a minimum of any continuous, self-selected, 90-day period. Eligible hospitals and CAHs must successfully attest to avoid a downward Medicare payment adjustment.

### CEHRT

For calendar year (CY) 2022, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs may 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 \(85 FR 84818 through 84828\)](#).

# CMS.gov Website: eCQM Basics Page

[CMS.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures)

## Additional resources:

- ➔ [CY 2022 eCQM Fact Sheet](#)
- ➔ [eCQM Overview](#)
- ➔ [Hospital IQR Program](#)
- ➔ [eCQI Resource Center](#)

**Promoting Interoperability**

- [2022 Medicare Promoting Interoperability Program Requirements](#)
- [2020 Program Requirements Medicare](#)
- [2021 Program Requirements Medicare](#)
- [Educational Resources](#)
- [Annual Call For Measures](#)
- [Medicare and Medicaid Promoting Interoperability Program Basics](#)
- Electronic Clinical Quality Measures Basics**
- [Scoring, Payment Adjustment, and Hardship Information](#)
- [Registration & Attestation](#)
- [Certified EHR Technology](#)
- [Puerto Rico Hospitals](#)
- [Promoting Interoperability Programs Events](#)
- [Requirements for Previous Years](#)
- [CMS Promoting Interoperability Listserv](#)
- [Data and Program Reports](#)
- [Medicaid State Information](#)
- [Frequently Asked Questions \(FAQs\)](#)

## Electronic Clinical Quality Measures Basics

Electronic clinical quality measures (eCQMs) are tools that help measure and track the quality of health care services that eligible hospitals and critical access hospitals (CAHs) provide, as generated by a provider's electronic health record (EHR). Measuring and reporting eCQMs helps to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable, and timely care. CMS' eCQMs measure many aspects of patient care, including:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population/Public Health
- Efficient Use of Healthcare Resources
- Clinical Process/Effectiveness

Health care providers are required to electronically report eCQMs, which use data from EHRs and/or health information technology systems to measure health care quality. To report eCQMs successfully, health care providers must adhere to the requirements identified by the CMS quality program in which they intend to participate.

Each year, CMS makes updates to the eCQMs approved for CMS programs to reflect changes in:

- Evidence-based Medicine
- Code Sets
- Measure Logic

To successfully participate in the Medicare and Medicaid Promoting Interoperability Programs, CMS requires EPs, eligible hospitals, CAHs, and dual-eligible hospitals to report on eCQMs. These eCQMs are determined by CMS and require the use of certified electronic health record technology (CEHRT).

### Additional Resources

- [CY 2022 eCQM Fact Sheet \(PDF\)](#)
- [eCQMs Overview](#)
- [Hospital Inpatient Quality Reporting \(IQR\) 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		
# of eCQMs	Attestation	9
	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](https://www.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.

The screenshot shows a CMS.gov webpage with a navigation menu on the left and main content on the right. The navigation menu includes links for Promoting Interoperability, 2022 Medicare Promoting Interoperability Program Requirements, 2020 Program Requirements Medicare, 2021 Program Requirements Medicare, Educational Resources, Annual Call For Measures, Medicare and Medicaid Promoting Interoperability Program Basics, Electronic Clinical Quality Measures Basics, **Scoring, Payment Adjustment, and Hardship Information** (highlighted), Registration & Attestation, Certified EHR Technology, Puerto Rico Hospitals, and Promoting Interoperability Programs Events. The main content area has a heading 'Scoring, Payment Adjustment, and Hardship Information' and three sections: 'Performance-based Scoring Methodology', 'Medicare Promoting Interoperability Program Scoring', and 'Medicare Hardship Exception Information'. The 'Performance-based Scoring Methodology' section contains a paragraph about updates to the scoring methodology for eligible hospitals and critical access hospitals (CAHs) that attest to CMS under the Medicare Promoting Interoperability Program, with a link to the 'Promoting Interoperability 2022 Program Requirements page'. The 'Medicare Promoting Interoperability Program Scoring' section explains that 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. It also states that 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. The 'Medicare Hardship Exception Information' section states that eligible hospitals and CAHs may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant

# CMS.gov Website: Certified EHR Technology Page

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

- ➔ Reviews CY 2022 CEHRT requirements
- ➔ 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>).

**Certified EHR Technology**

In order to efficiently capture and share patient data, health care providers need certified electronic health record (EHR) technology (CEHRT) that stores data in a structured format. Structured data allows health care providers to easily retrieve and transfer patient information and use the EHR in ways that can aid patient care.

CMS and the [Office of the National Coordinator for Health Information Technology \(ONC\)](#) have established standards and other criteria for structured data that EHRs must meet to qualify for use in the Medicare Promoting Interoperability Program.

For calendar year (CY) 2022, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and critical access hospitals (CAHs) may 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 PFS final rule \(85 FR 84818 through 84828\)](#).

The CEHRT functionality must be in place by the first day of the EHR reporting period and the product must be certified by ONC by the last day of the EHR reporting period. The eligible hospital or CAH must be using their selected version's functionality for the full EHR reporting period.

As a reminder, ONC's 21<sup>st</sup> Century Cures Act Final Rule made several changes to the existing 2015 Edition Health IT Certification Criteria. The following changes constitute the 2015 Edition Cures Update:

- New technical certification criteria to advance interoperability and make it easier for patients to access their own electronic health information on their smartphones.
- New privacy and security certification criteria.
- Revised the standards referenced by several existing 2015 Edition certification criteria, including United States Core Data for Interoperability updates.
- Removed and time-limited several 2015 Edition certification criteria.

**Additional Resources**

- [2022 CEHRT Fact Sheet \(PDF\)](#)
- [The Office of the National Coordinator for Health Information Technology's \(ONC\) 21<sup>st</sup> Century Cures Act Final Rule](#)
- [Certified Health IT Product List](#)

# CMS.gov Website: CMS Promoting Interoperability Listserv

[CMS.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/CMS\\_EHR\\_Listserv](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/CMS_EHR_Listserv)

Visit the CMS Medicare Promoting Interoperability Program Listserv page to subscribe:  
[https://public.govdelivery.com/accounts/USCMS/subscribe/new?topic\\_id=USCMS627](https://public.govdelivery.com/accounts/USCMS/subscribe/new?topic_id=USCMS627)

Promoting Interoperability

- [2022 Medicare Promoting Interoperability Program Requirements](#)
- [2020 Program Requirements Medicare](#)
- [2021 Program Requirements Medicare](#)
- [Educational Resources](#)
- [Annual Call For Measures](#)
- [Medicare and Medicaid Promoting Interoperability Program Basics](#)
- [Electronic Clinical Quality Measures Basics](#)
- [Scoring, Payment Adjustment, and Hardship Information](#)
- [Registration & Attestation](#)
- [Certified EHR Technology](#)
- [Puerto Rico Hospitals](#)
- [Promoting Interoperability Programs Events](#)
- [Requirements for Previous Years](#)
- CMS Promoting Interoperability Listserv**

## CMS Medicare Promoting Interoperability Program Listserv

The Centers for Medicare and Medicaid Services (CMS) listserv provides regular updates on important information about the Medicare Promoting Interoperability Program. Subscribing to this listserv will keep you informed of program requirements and milestones, policy changes, upcoming events, answers to frequently asked questions, official resources and more. CMS encourages you to subscribe to the Medicare Promoting Interoperability Program listserv to stay up to date on the Medicare Promoting Interoperability Program.

To sign up or access your subscriber preferences, visit [CMS' Email Updates page](#).

### Previous CMS Promoting Interoperability Programs Listserv Messages

- [2021 \(PDF\)](#)
- [2020 \(PDF\)](#)
- [2019 \(PDF\)](#)
- [2018 \(PDF\)](#)
- [2017 \(PDF\)](#)
- [2016 \(PDF\)](#)
- [2015 \(PDF\)](#)
- [2014 \(PDF\)](#)

Page Last Modified: 01/24/2022 02:27 PM  
Help with File Formats and Plus-Ins



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

## **eCQI Resource Center Highlights**

# eCQI Resource Center Website

<https://ecqi.healthit.gov/>

The screenshot shows the eCQI Resource Center website. The header includes the eCQI logo and navigation menus for eCQMs, dQMs, Resources, About, and Log in. A search bar is located in the top right. The main banner features the text "Electronic Clinical Quality Improvement (eCQI) Resource Center" and "The 'one-stop shop' for stakeholders engaged in electronic quality improvement". Below the banner are two buttons: "Eligible Clinician eCQMs" and "Eligible Hospital / Critical Access Hospital eCQMs". A search section includes a "PERFORMANCE/REPORTING PERIOD" dropdown and a "FIND AN eCOM" search box. The "Featured Resources" section contains three cards: "Get Started with eCQMs", "Educational Resources", and "eCQM Standards". A community message reads "Connect with the Community of Professionals Who are Dedicated to Clinical Quality Improvement for Better Health". The "Latest News" section highlights "Now Available: 2023 Eligible Clinicians and Eligible Hospitals/Critical Access Hospitals Electronic Clinical Quality Measure Flows". The "Upcoming Events" section lists "ONC API Regulations and Inferno: Office Hours for Health IT Developers" on September 02 at 2:00pm EDT.

**eCQI**  
RESOURCE CENTER

**eCQMs**   
Electronic Clinical Quality Measures

**dQMs**   
Digital Quality Measures

**Resources**   
Standards, Tools & Resources

**About**   
eCQI, CMS, FAQs, Engage

**Log in**   
Manage My Account

Enter keywords

Electronic Clinical Quality Improvement (eCQI) Resource Center  
The "one-stop shop" for stakeholders engaged in electronic quality improvement

Eligible Clinician eCQMs >

Eligible Hospital / Critical Access Hospital eCQMs >

PERFORMANCE/REPORTING PERIOD  
- Any -

FIND AN eCOM  
Enter a Measure Title or CMS ID (Up to 10 results displayed initially) Find an eCOM

Featured News & Events  
View All

Aug 25, 2022  
Now Available: 2023 Eligible Clinicians and Eligible Hospitals/Critical Acc...

Sep 15, 2022 @ 2:00pm EDT  
MAT and Bonnie User Group

Featured Resources

Get Started with eCQMs  
New to eCQMs? Learn the basics about eCQMs, development, certification, and resources to get started.

Educational Resources  
Educational resources available for eCQMs and eCQI. Tools, CQL, FHIR, QDM, and QRDA.

eCQM Standards  
Key standards for the electronic transmission of health information used to support eCQMs.

Connect with the Community of Professionals Who are Dedicated to Clinical Quality Improvement for Better Health

Latest News  
Now Available: 2023 Eligible Clinicians and Eligible Hospitals/Critical Access Hospitals Electronic Clinical Quality Measure Flows  
The Centers for Medicare & Medicaid Services (CMS) developed and published the 2023 electronic clinical quality measure (eCQM) flows to the eCQI Resource Center. The eCQM flows supplement eCQM specifications for the 2023 reporting period for Eligible Hospitals/Critical Access Hospitals, and the... Posted on Aug 25, 2022

Upcoming Events  
Sep 02  
ONC API Regulations and Inferno: Office Hours for Health IT Developers  
2:00pm EDT  
The ONC Health IT Certification Program will host Inferno and API criteria office hour sessions every other week for health IT developers starting on July 22nd through December 9th, 2022, from 2:00...

# eCQI Resource Center: CY 2022 EH/CAH eCQM Resources

[https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=0](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0)

Select Reporting Period: 2022 ▾

Find older eCQM specifications in the [eCQM Standards and Tools Version](#) table.

eCQM Resources

EH/CAH eCQMs

About

Hybrid Measures

2022 Reporting Period Eligible Hospital / Critical Access Hospital Resources

Filter Resources by

- Any -

Implementation Guidance

Reporting References

Standards References

Technical Specifications

eCQM Resources	Short Description	Published
<a href="#">Implementation Checklist eCQM Annual Update</a>	Implementation checklist ⓘ	--
<a href="#">Guide for Reading eCQMs v7.0 (PDF)</a>	Assists implementers and measured entities with information on how to read eCQM specifications ⓘ	May 2021
<a href="#">Hospital Quality Reporting Table of eCQMs (PDF)</a>	List of eCQMs available for use ⓘ	May 2021
<a href="#">eCQM Specifications for Hospital Quality Reporting (ZIP)</a>	eCQM technical specifications ⓘ	May 2021
<a href="#">eCQM Value Sets</a>	Value sets used in eCQMs ⓘ	May 2021
<a href="#">eCQM Direct Reference Codes List</a>	eCQM Direct Reference Codes used in eCQMs ⓘ	May 2021
<a href="#">Binding Parameter Specification (BPS) (ZIP)</a>	Value set metadata ⓘ	May 2021
<a href="#">eCQM Logic and Implementation Guidance v5.0 (PDF)</a>	Assists implementers and measured entities with how to use eCQMs and report issues ⓘ	May 2021
<a href="#">Technical Release Notes (PDF)</a>	Year over year changes to eCQM logic and terminology ⓘ	May 2021
<a href="#">Technical Release Notes (ZIP)</a>	Year over year changes to eCQM logic and terminology ⓘ	May 2021
<a href="#">Standards and tool versions used for reporting period</a>	Tools and standards versions measure developers used to create eCQMs and versions of standards and tools used for their reporting ⓘ	May 2021
<a href="#">eCQM Flows (ZIP)</a>	Assists implementers and measured entities with steps to take to calculate an eCQM ⓘ	Aug 2021
<a href="#">2022 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)</a>	Format for reporting eCQMs to CMS ⓘ	Nov 2021
<a href="#">2022 CMS QRDA I Schematrons and Sample</a>		

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

eCQM Resources				
EH/CAH eCQMs				
About				
Hybrid Measures				
2022 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs				
Total number of EH/CAH eCQMs: 9				
Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure
<a href="#">Anticoagulation Therapy for Atrial Fibrillation/Flutter</a>	STK-3	CMS71v11	Not Applicable	Preventive Care
<a href="#">Antithrombotic Therapy By End of Hospital Day 2</a>	STK-5	CMS72v10	Not Applicable	Preventive Care
<a href="#">Discharged on Antithrombotic Therapy</a>	STK-2	CMS104v10	Not Applicable	Preventive Care
<a href="#">Discharged on Statin Medication</a>	STK-6	CMS105v10	Not Applicable	Preventive Care
<a href="#">Exclusive Breast Milk Feeding</a>	PC-05	CMS9v10	0480e	Care is Personalized and Aligned with Patient's Goals
<a href="#">Intensive Care Unit Venous Thromboembolism Prophylaxis</a>	VTE-2	CMS190v10	Not Applicable	Preventive Care
<a href="#">Median Admit Decision Time to ED Departure Time for Admitted Patients</a>	ED-2	CMS111v10	Not Applicable	Admission and Readmissions to Hospitals
<a href="#">Safe Use of Opioids - Concurrent Prescribing</a>		CMS506v4	3316e	Prevention and Treatment of Opioid and Substance Use Disorders
<a href="#">Venous Thromboembolism Prophylaxis</a>	VTE-1	CMS108v10	Not Applicable	Preventive Care

- ➔ 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>

Exclusive Breast Milk Feeding

Receive updates on this topic

**Measure Information** Specifications and Data Elements Release Notes

Compare eCQM Versions

The Compare function compares two years of the measure specifications found in the header of the measure's HTML. It does not include a comparison of any information in the body of the HTML, e.g., population criteria, Clinical Quality Language, or value sets.

~~Strikethrough text highlighted in red indicates information changed from the previous version.~~ ~~Text highlighted in green indicates information updated in the new eCQM version.~~

SELECT eCQM YEARS TO COMPARE: 2021 vs 2022 **Compare >** Reset

FILTER MEASURE BY: All Information DOWNLOAD: Download

Measure Information	2021 Reporting Period	2022 Reporting Period
<b>Title</b>	Exclusive Breast Milk Feeding	Exclusive Breast Milk Feeding
<b>Guidance</b>	<p>A discharge to a designated cancer center or children's hospital should be captured as a discharge to an acute care facility.</p> <p>It is acceptable to calculate Gestational Age using the American College of Obstetricians and Gynecologists ReVITALize guidelines, which define Gestational Age as calculated using the best obstetrical Estimated Due Date (EDD) based on the formula:</p> $\text{Gestational Age} = (280 - (\text{EDD} - \text{Reference Date})) / 7$ <p>where Reference Date is the date on which you are trying to determine gestational age. For PC-05, Reference Date is the Birth Date.</p> <p>Note however that the calculation may yield a non-whole number and gestational age should be rounded off to the nearest completed week. For example, an infant born on the 5th day of the 36th week (35 weeks and 5/7 days) is at a gestational age of 35 weeks, not 36 weeks.</p> <p>Data shows that the majority of newborns with gestational age 37 weeks or more have a birth weight 3000 grams or more. Birth weight 3000 grams or more is a proxy to capture term newborns without gestational age recorded in EHR system. This eCQM is an episode-based measure. This version of the eCQM uses QDM version 5.5. Please refer to the <a href="#">eCQI resource center</a> for more information on the QDM.</p>	<p>A discharge to a designated cancer center or children's hospital should be captured as a discharge to an acute care facility.</p> <p><del>It is acceptable to calculate Gestational Age using the American College of Obstetricians and Gynecologists ReVITALize guidelines, which define Gestational Age as calculated using the best obstetrical Estimated Due Date (EDD) based on the formula:</del></p> <del><math display="block">\text{Gestational Age} = (280 - (\text{EDD} - \text{Reference Date})) / 7</math></del> <p><del>where Reference Date is the date on which you are trying to determine gestational age. For PC-05, Reference Date is the Birth Date.</del></p> <p><del>Note however that the calculation may yield a non-whole number and gestational age should be rounded off to the nearest completed week. For example, an infant born on the 5th day of the 36th week (35 weeks and 5/7 days) is at a gestational age of 35 weeks, not 36 weeks.</del></p> <p>Data shows that the majority of newborns with gestational age 37 weeks or more have a birth weight 3000 grams or more. Birth weight 3000 grams or more is a proxy to capture term newborns without gestational age recorded in EHR system. <b>Only one birth weight value should be recorded. In cases where there is conflicting data, use the document recording the birth weight closest to the time of delivery.</b></p> <p><b>If dextrose or glucose 40% gel is given, it is considered a medication not a feeding. This should be reflected as such in the newborn's EHR documentation.</b></p>

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

## Exclusive Breast Milk Feeding

[Receive updates on this topic](#)

Measure Information

**Specifications and Data Elements**

Release Notes

### Specifications

Attachment	Size
 <a href="#">CMS9v10.html</a>	72.96 KB
 <a href="#">CMS9v10.zip (ZIP)</a>	70.86 KB
 <a href="#">CMS9v10-TRN.xlsx (Excel)</a>	19.79 KB

### Data Element Repository

[Data Elements contained within CMS9v10](#)

### Value Sets

[Value Sets to be used with CMS9v10](#)

- ➔ 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
<ul style="list-style-type: none"> <li>Hospital Quality Reporting (HQR) System (HCQIS Access Roles and Profile (HARP), vendor roles, uploading files, reports, troubleshooting file errors)</li> <li>Medicare Promoting Interoperability (attestation, objectives, policy, hardship)</li> </ul>	<p>Center for Clinical Standards and Quality (CCSQ) Service Center (866) 288-8912 <a href="mailto:QNetSupport@cms.hhs.gov">QNetSupport@cms.hhs.gov</a> <a href="#">CCSQ Support Central</a></p>
<p>Hospital IQR Program and Policy</p>	<p>Hospital Inpatient Support Team (844) 472-4477 <a href="https://cmsqualitysupport.servicenowservices.com/qnet_ga">https://cmsqualitysupport.servicenowservices.com/qnet_ga</a></p>
<ul style="list-style-type: none"> <li>eCQM specifications (code sets, measure logic, measure intent)</li> <li>QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons)</li> <li>Hybrid measures – Technical (specifications, logic, value sets, QRDA)</li> </ul>	<p><b>ONC JIRA Issue Trackers</b> 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> CMS Hybrid Measure Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/browse/CHM">https://oncprojecttracking.healthit.gov/support/browse/CHM</a></p>
<p>Hybrid Measures – Non-Technical (policy, measure methodology)</p>	<p>Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) <a href="https://cmsqualitysupport.servicenowservices.com/qnet_ga">https://cmsqualitysupport.servicenowservices.com/qnet_ga</a></p>
<p>eCQM Data Validation</p>	<p>Validation Support Team (<a href="mailto:validation@telligen.com">validation@telligen.com</a>)</p>

# Webinar Questions

- Please email questions pertinent to the webinar topic to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com). 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](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

**Thank You**

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