

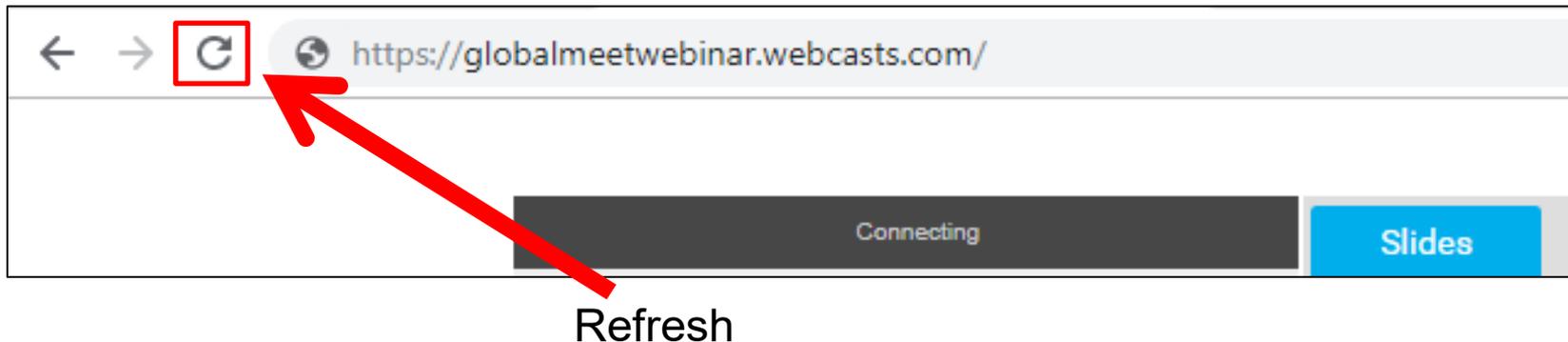
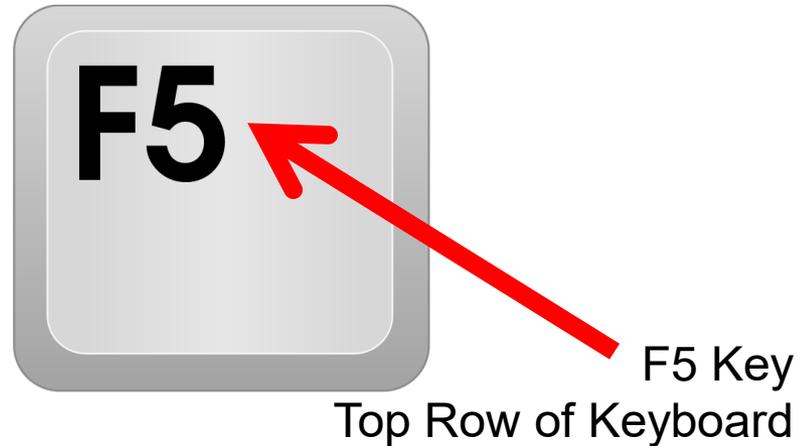
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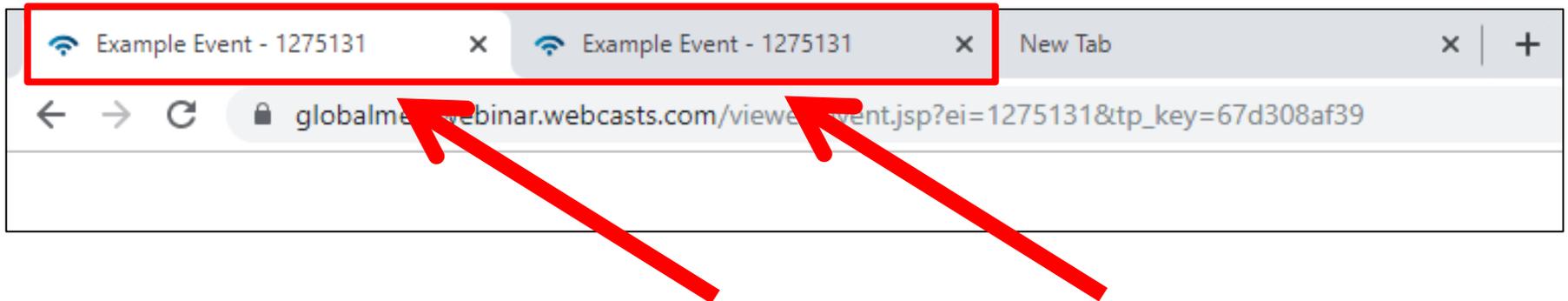
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?
Click Refresh or press F5.



Troubleshooting Echo

- Hear a bad echo on the call?
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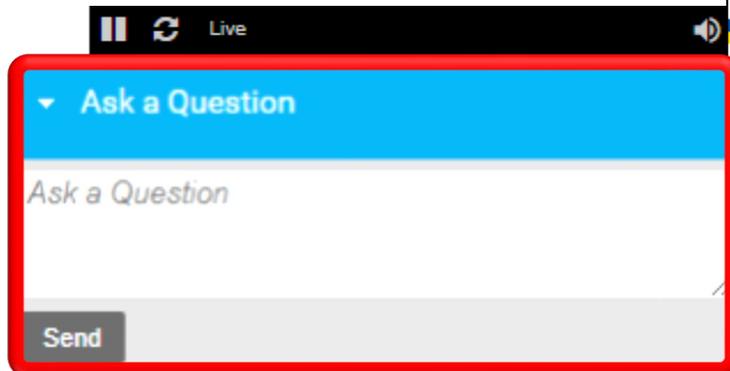
Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the Ask a Question section, located on the left-hand side of your screen.



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



Today's Presentation



CY 2022 eCQM Reporting and Data Submission Process

Veronica Dunlap, BSN, RN, CCM

Lead, Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

November 29, 2022

Purpose

This presentation discusses calendar year (CY) 2022 electronic clinical quality measure (eCQM) reporting requirements and demonstrates data submission processes in the CMS Hospital Quality Reporting (HQR) System.

Objectives

Participants will be able to:

- Summarize the CY 2022 eCQM reporting requirements for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program.
- Navigate to the HQR User Interfaces for eCQM data submission.
- Understand the steps to upload eCQM data in the *HQR Secure Portal*.
- Review measure data accuracy and verify eCQM reporting requirements are met.

Acronyms

[Back](#)

CCN	CMS Certification Number	HARP	HCQIS Access Roles and Profile
CCSQ	Center for Clinical Standards and Quality	HCQIS	Healthcare Quality Information System
CEHRT	Certified EHR Technology	HQR	Hospital Quality Reporting
CMS	Centers for Medicare & Medicaid Services	IQR	inpatient quality reporting
CORE	Center for Outcomes Research and Evaluation	ONC	Office of the National Coordinator for Health Information Technology
CSV	Comma-Separated Value	PC	Perinatal Care
CY	calendar year	QRDA	Quality Reporting Document Architecture
ECE	Extraordinary Circumstances Exception	SO	Security Official
eCQI	electronic clinical quality improvement	STK	stroke
eCQM	electronic clinical quality measure	VIQR	Value, Incentives, and Quality Reporting
ED	emergency department	VTE	venous thromboembolism
EHR	electronic health record	YNHHS	Yale New Haven Health Services Corporation

CY 2022 eCQM Reporting and Data Submission Process

CY 2022 eCQM Reporting Overview

eCQM Reporting Requirements CY 2021 vs. CY 2022

	CY 2021	CY 2022
eCQM Measure Set	9 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2, Safe Use of Opioids- Concurrent Prescribing	9 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2 + Mandatory: Safe Use of Opioids-Concurrent Prescribing
Total number of eCQMs to report <u>per quarter</u>	4 self-selected eCQMs (must be same across quarters)	3 self-selected eCQMs (must be same across quarters) + Mandatory: Safe Use of Opioids-Concurrent Prescribing
Total number of quarters to report <u>per CY</u>	2 self-selected quarters	3 self-selected quarters
Certified Electronic Health Record Technology (CEHRT)	<ul style="list-style-type: none"> • 2015 Edition • 2015 Edition Cures Update • Combination of both 	<ul style="list-style-type: none"> • 2015 Edition • 2015 Edition Cures Update • Combination of both <p><i>(CY 2022 is the final year to use the 2015 Edition certification criteria.)</i></p>

CY 2022 (Fiscal Year 2024) eCQM Reporting Requirements

Programs	Hospital IQR Program Medicare Promoting Interoperability Program
Reporting Period	January 1, 2022 – December 31, 2022
Submission Deadline	February 28, 2023, 11:59 p.m. Pacific Time
eCQM Measure Set	9 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2 + Mandatory: Safe Use of Opioids–Concurrent Prescribing
Total number of eCQMs to report <u>per quarter</u>	3 self-selected eCQMs + Mandatory: Safe Use of Opioids–Concurrent Prescribing
Total number of quarters to report <u>per CY</u>	3 self-selected quarters (eCQMs must be the same across quarters)
CEHRT	<ul style="list-style-type: none"> • 2015 Edition • 2015 Edition Cures Update • Combination of both <p>*CY 2022 is the final year to use the 2015 Edition certification criteria.</p>

CY 2022 (Fiscal Year 2024) eCQM Measure Set

Mandatory

CMS506v4

Safe Use of Opioids – Concurrent Prescribing

<p>ED-2 <i>CMS111v10</i> Admit Decision Time to ED Departure Time for Admitted Patients</p>	<p>PC-05 <i>CMS9v10</i> Exclusive Breast Milk Feeding</p>
<p>STK-02 <i>CMS104v10</i> Discharged on Antithrombotic Therapy</p>	<p>STK-03 <i>CMS71v11</i> Anticoagulation Therapy for Atrial Fibrillation/Flutter</p>
<p>STK-05 <i>CMS72v10</i> Antithrombotic Therapy By the End of Hospital Day 2</p>	<p>STK-06 <i>CMS105v10</i> Discharged on Statin Medication</p>
<p>VTE-1 <i>CMS108v10</i> Venous Thromboembolism Prophylaxis</p>	<p>VTE-2 <i>CMS190v10</i> Intensive Care Unit Venous Thromboembolism Prophylaxis</p>

CY 2022 Certification and Specification Policies

- Use Health Information Technology certified by the Office of the National Coordinator for Health Information Technology (ONC) to one of the following:
 - Existing 2015 Edition certification criteria
 - 2015 Edition Cures Update criteria
 - Combination of both
- Electronic health records (EHRs) are certified to all available eCQMs.
- eCQM specifications published in CMS' eCQM Annual Update for CY 2022 are available on the eCQI Resource Center's [Eligible Hospital/Critical Access Hospital eCQMs page](#).
- 2022 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting, using QRDA Category I file format: <https://ecqi.healthit.gov/qrda>

CY 2022 QRDA Category I File Format Expectations

- CMS expects *one QRDA Category I file, per patient, per quarter.*
- Each QRDA Category I file should include all measures applicable to that patient, and all episodes of care that are applicable to the measures being reported in that reporting quarter.
- Maximum individual file size is 10 megabytes.
- Upload files by ZIP file (.zip).
- The maximum number of QRDA Category I files within the zip file is 14,999.
 - Hospitals may submit more than one zip file.
 - Batches may contain QRDA files from different quarters.
 - Quarters can not be combined within the QRDA file.

CY 2022 QRDA Category I File Identification – Five Key Elements

Succession Management

(applies to production file submissions only)

Element	Example
CMS Certification Number	CCN
CMS Program Name	HQR_PI or HQR_IQR or HQR_PI_IQR or HQR_IQR_VOL
EHR Patient ID	Up to 256 characters in length (numbers/letters)
Reporting Period	For Quarter 1: Low Value – “20220101” High Value – “20220331”
EHR Submitter ID	Hospitals – CCN Vendors – Vendor ID The <i>HQR Secure Portal</i> assigns the EHR Submitter ID to submitters registering for system access to upload QRDA Category I files. Vendor EHR Submitter ID = Vendor ID Hospitals EHR Submitter ID = CCN

Successful eCQM Submission for CY 2022 Reporting

- To successfully submit the required eCQMs based on program year for the Hospital IQR Program and the Medicare Promoting Interoperability Program, report eCQMs as any combination of the following:
 - Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
 - Zero denominator declarations
 - Case threshold exemptions
- In all cases, a hospital is required to use an EHR that is certified to report on the selected measure(s).
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into Certified Electronic Health Record Technology for capture and reporting QRDA Category I files.

Note: Submission of eCQMs does **not** complete program requirements. Hospitals participating in the Hospital IQR Program are still responsible for all required chart-abstracted, web-based, and claims-based measures. Hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program are still responsible to report required objectives and measures.

Reviewing Denominator Declarations

	Case Threshold Exemption	Zero Denominator Declaration
Program	<ul style="list-style-type: none"> Hospital IQR Program Medicare Promoting Interoperability Program 	<ul style="list-style-type: none"> Hospital IQR Program Medicare Promoting Interoperability Program
Criteria	<ul style="list-style-type: none"> A hospital's EHR system is certified to report the eCQM. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter. 	<ul style="list-style-type: none"> A hospital's EHR system is certified to report the eCQM. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> A hospital does not have any patients that meet the denominator criteria of that CQM.
Other	<ul style="list-style-type: none"> The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program. Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose. Case threshold exemptions are entered on the Denominator Declaration screen within the HQR System. 	<ul style="list-style-type: none"> The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for the Medicare Promoting Interoperability Program and the Hospital IQR Program. Zero denominator declarations are entered on the Denominator Declaration screen within the HQR System.

CY 2022 eCQM Reporting and Data Submission Process

Demonstration

Before You Start: Download the CY 2022 eCQM QRDA I File Submission Checklist

Visit [Resources & Tools](#) on QualityReportingCenter.com.

eCQM Resources for IQR

[eCQM ECE Policy Clarification Questions and Answers](#) 📄 (Updated: 03/10/2017)

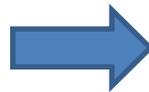
[eCQM Next Generation of HQR Navigation Guide](#) 📄

CY 2022

[CY 2022 Available eCQMs Table](#) 📄

[CY 2022 eCQM QRDA I File Submission Checklist](#) 📄

[CY 2022 eCQM Submission Overview](#) 📄



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"> <input type="checkbox"/> 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. <ul style="list-style-type: none"> • 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 quarter, 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>
System opens fall 2022	<ul style="list-style-type: none"> <input type="checkbox"/> Visit the Hospital Quality Reporting (HQR) System log in page. <ul style="list-style-type: none"> • Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account. • Complete two-factor authentication. Enter the security code. Accept Terms and Conditions. <input type="checkbox"/> Review the Navigation Menu on the HQR landing page to perform actions in the HQR System. <p style="text-align: center;">Go to the dashboard menu to complete the steps listed on the next page.</p>

- 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.
 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.
 - 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 quarters of data to meet the eCQM reporting requirement. eCQMs must be the same eCQMs across quarters 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](#).

Interoperability Program

for the HQR System

Test or Production. your computer to upload. receive a confirmation email.

The page will refresh. batch as a Comma

and resubmission. (not current quarter.) Click Change Selection to

mitted. Click on a card for your selection. ts for closer review.

of care were evaluated. Use the drop down menu refresh the page. u can export as a CSV. umentary as a CSV.

Steps to Submit CY 2022 eCQM Data

- ❑ Log Into the HQR System through HCQIS Access Roles and Profile (HARP) at <https://hqr.cms.gov>. (Slides 34–36)
- ❑ Access the HQR Landing Page. (Slide 37)
- ❑ Verify User and Vendor Permissions. (Slides 38–41)
- ❑ Upload QRDA Category I Files. (Slides 42–48)
- ❑ Review Data Results. (Slides 49–59)
 - ❑ File Upload History User Interface UI and Export
 - ❑ eCQM Submission Accuracy UI and Export
 - ❑ Measure Results Outcomes UI and Export
- ❑ Generate the Program Credit Report. (Slides 60–62)
- ❑ Visit Denominator Declaration UI, if applicable. (Slides 63–67)
- ❑ Regenerate the Program Credit UI to Confirm Successful eCQM Reporting. (Slide 68)

CY 2022 eCQM Reporting and Data Submission Process

Additional Tips and Information

Best Practices for eCQM Reporting

- Designate at least two QualityNet Security Officials (SOs).
- Update the [Hospital Contact Change Form](#) to inform the Inpatient VIQR Support Contractor for the Hospital IQR Program about key personnel changes (e.g., CEO and quality reporting contact).
- Confirm your HQR User Roles and vendor permissions to submit data.
- Submit QRDA Category I files to the HQR system, early and often.
- [Join the Listserve group](#) to receive Email Notifications on eCQM reporting for the Hospital IQR and Promoting Interoperability Programs.

Troubleshooting QRDA Category I Files

- Work with your vendor by identifying and resolving error messages.
- Visit [QRDA Resource page](#) on the eCQI Resource Center.
- Visit the [ONC QRDA Known Issues Tracker](#) on the ONC Project Tracking System.
- Contact the [CCSQ Service Center](#).

Promoting Interoperability Program Policy and eCQMs Basics Information

Policy Information

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

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Home > Regulations & Guidance > Promoting Interoperability

Promoting Interoperability

Promoting Interoperability Programs

Latest News

- On May 11, 2020 CMS published the *Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment System Proposed Rule*. For more information on the proposed changes for the 2021 program year, visit the [Federal Register](#) and view this [fact sheet](#).

Dates to Remember

January 1 - December 31, 2020
2020 Promoting Interoperability Programs Reporting Year.
September 1, 2020
Deadline for eligible hospitals to submit a hardship exception application
November 30, 2020
Deadline for critical access hospitals (CAHs) to submit a hardship exception application

Promoting Interoperability Programs Milestones

eCQMs Basics

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

Promoting Interoperability

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 professionals (EPs), 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. 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 2015 Edition of certified electronic health record technology (CEHRT). For more information on 2015 Edition certified electronic health record technology (CEHRT), review this [fact sheet \(PDF\)](#) or [visit Health IT Certification for eCQM Reporting](#).

Medicare Promoting Interoperability Program eCQMs Requirements for 2020

Extraordinary Circumstances Exception (ECE) Policy – Hospital IQR Program

<https://qualitynet.org/inpatient/measure/ecqm/participation#tab2>

Top of Page ECE Policy

Bottom of Page ECE Request Form and Instructions

The screenshot shows the top of the ECE Policy page. It includes a navigation menu with 'Overview', 'eCQM Measures', 'Participation', 'Resources', and 'Webinars'. The 'Participation' tab is active. Below the navigation, there are two tabs: 'Requirements' and 'Extraordinary Circumstances'. The 'Extraordinary Circumstances' tab is selected, showing the title 'Extraordinary Circumstances Exceptions (ECE) Policy'. The main content area contains text explaining the ECE policy, a section for 'eCQM Related ECEs' with a table, and a section for 'Non-eCQM Related ECEs'. The table has three columns: 'File Name', 'File Type', and 'File Size'. The first row shows 'ECE Policy Clarification Questions and Answers', 'PDF', and '56 KB'. A red box highlights the 'Download' link in the table.

File Name	File Type	File Size	
ECE Policy Clarification Questions and Answers	PDF	56 KB	Download

The screenshot shows the bottom of the ECE Policy page, titled 'ECE Request Form Submission Instructions'. It contains text explaining that hospitals must submit an ECE Request Form with all required questions completed. It specifies that the form must be submitted by April 1 following the end of the eCQM reporting period calendar year (CY)*. Below the text is a table with three columns: 'File Name', 'File Type', and 'File Size'. The first row shows 'Extraordinary Circumstances Exceptions (ECE) Request Form', 'PDF', and '141 KB'. A red box highlights the 'Download' link in the table. Below the table, there is text stating that the form must be signed by the hospital's chief executive officer (CEO) or designee and submitted via one of the following methods:

- QualityNet Secure Portal Secure File Transfer to: WAIVER EXCEPTION WITHHOLDING group
- Secure fax to: (877) 789-4443
- Email to: qrfomssubmission@hsag.com
- Conventional mail to:

HSAG
ATTN: Hospital Inpatient Quality Reporting Program Support Contractor
3000 Bayport Drive, Suite 300
Tampa, FL 33607

The support contractor will forward the form, as directed, to CMS.

Note: This process does not preclude CMS from granting exceptions to hospitals when it is determined that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS may also grant an exception if it is determined that a systemic problem with one of its data collection systems directly affected the ability of the hospitals to submit data. If CMS makes the determination to grant a blanket exception, CMS will communicate this decision to hospitals, vendors, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) through routine communication channels, including memos, emails, and notices on QualityNet.

* *Hardship Exceptions for the Medicare Promoting Interoperability Program (previously known as the Electronic Health Record (EHR) Incentive Program) follow a different process and different timeline. For additional information on this process, refer to the CMS Payment Adjustments & Hardship Information web page on CMS.gov.*

Join the ListServe to receive email notifications about QualityNet programs [Join Now](#)

**Deadline to Submit
ECE Form for IQR is
April 4, 2023!**

Hardship Policy – Medicare Promoting Interoperability Program

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

Scoring, Payment Adjustment, and Hardship Information

Performance-based Scoring Methodology

In the Fiscal Year 2019 Inpatient Prospective Payment System [final rule](#), the Centers for Medicare & Medicaid Services (CMS) finalized a new performance-based scoring methodology for eligible hospitals and critical access hospitals (CAHs) that submit an attestation to CMS under the Medicare Promoting Interoperability Program.

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 100 possible points for each eligible hospital or CAH. A total score of 50 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 50 points will not be considered meaningful EHR users.

Medicare Hardship Exception Information

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 hardship. To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must have completed and submitted a hardship exception application by September 1, 2021. If approved, the hardship exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and ***in no case may an eligible hospital or CAH be granted an exception for more than five years.***

Medicare Hardship Exception Application

- The hardship exception application period for performance year 2020 closed on September 1, 2021
- More information on the Medicare Hardship Exception Application can be found [here \(PDF\)](#).
- For questions regarding the hardship exception application please contact the QualityNet help desk for assistance at qnetsupport@hcqis.org or 1-866-288-8912.

eCQM and Hybrid Measure Support Resources

Topic	Contact
<ul style="list-style-type: none"> HQR System (HARP, vendor roles, uploading files, reports, troubleshooting file errors) Medicare Promoting Interoperability Program (attestation, objectives, policy) 	<p>CCSQ Service Center (866) 288-8912 QNetSupport@cms.hhs.gov CCSQ Support Central</p>
<p>Hospital IQR Program and Policy</p>	<p>Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenowservices.com/qnet_qa</p>
<ul style="list-style-type: none"> 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) 	<p>ONC JIRA Issue Trackers eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary CMS Hybrid Measure Issue Tracker https://oncprojecttracking.healthit.gov/support/browse/CHM</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) CMSHybridmeasures@yale.edu</p>
<p>eCQM Data Validation</p>	<p>Validation Support Team (validation@telligen.com)</p>

CY 2022 eCQM Reporting and Data Submission Process

Questions

CY 2022 eCQM Reporting and Data Submission Process

Thank You

Continuing Education Approval

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

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

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

Disclaimer

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Survey

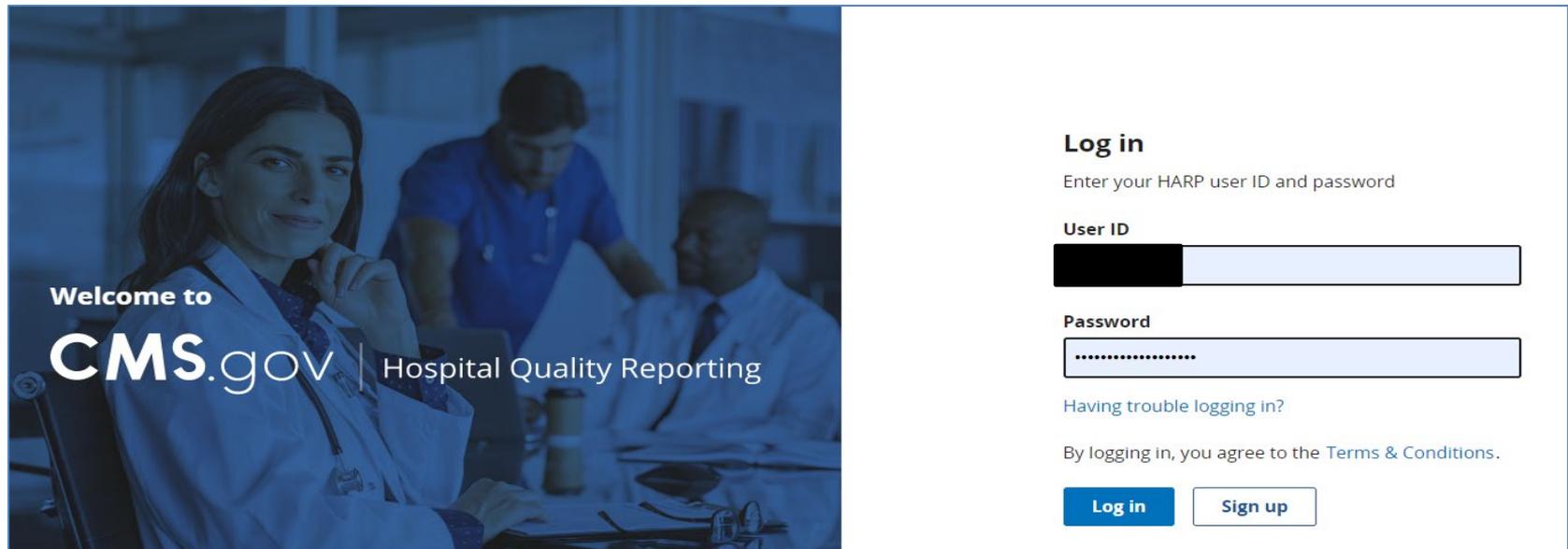
Please click here to complete a short survey.

CY 2022 eCQM Reporting and Data Submission Process

**Appendix - CY 2022 eCQM Data Submission Process
Screenshots**

Log Into HQR System via HARP

HQR Secure Portal login page: <https://hqr.cms.gov>



Welcome to
CMS.gov | Hospital Quality Reporting

Log in
Enter your HARP user ID and password

User ID

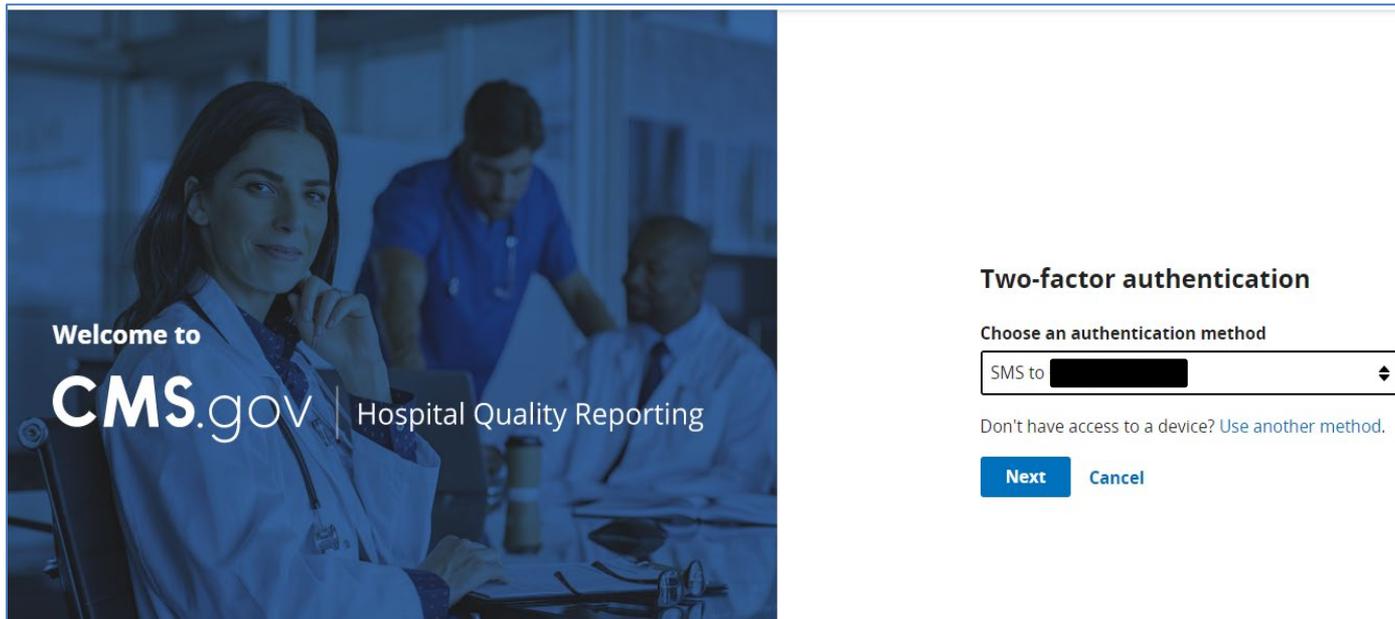
Password

[Having trouble logging in?](#)

By logging in, you agree to the [Terms & Conditions](#).

Request Two-Factor Authentication Security Code

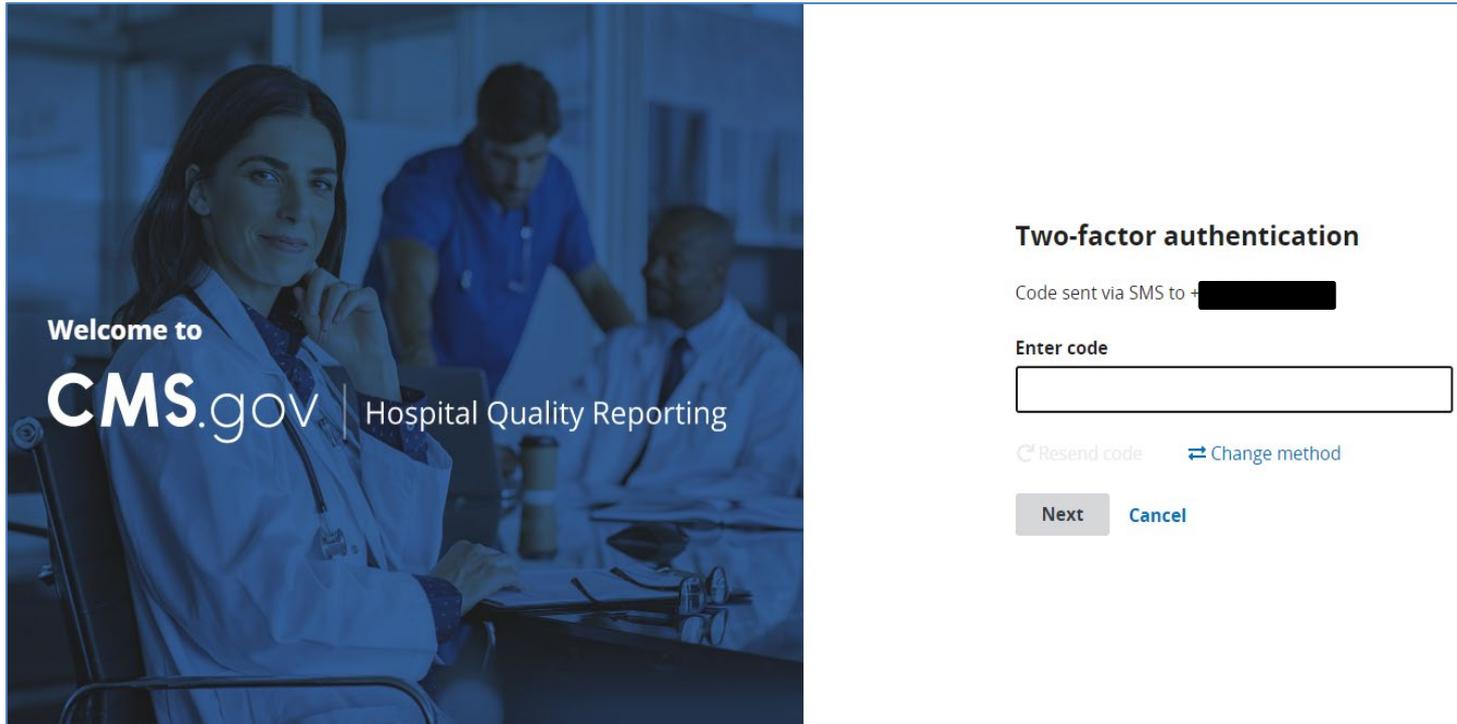
Select the two-factor authentication device option to receive a security code. Select **Next**.



The screenshot shows a user interface for two-factor authentication. On the left, there is a blue-tinted image of a doctor in a white coat with a stethoscope, sitting at a desk. Overlaid on this image is the text "Welcome to CMS.gov Hospital Quality Reporting". On the right, the interface is white with the heading "Two-factor authentication". Below this, it says "Choose an authentication method" followed by a dropdown menu currently showing "SMS to [redacted]". Below the dropdown is a link: "Don't have access to a device? Use another method." At the bottom of the form are two buttons: "Next" (highlighted in blue) and "Cancel".

Enter Two-Factor Authentication

Enter the security code you received via text or phone call. Select **Next**.



Welcome to
CMS.gov | Hospital Quality Reporting

Two-factor authentication

Code sent via SMS to + [REDACTED]

Enter code

[Resend code](#) [Change method](#)

Next [Cancel](#)

Access the HQR Landing Page

Click the symbol at the bottom left of the screen to **unlock** the menu to read the options.

The image shows a screenshot of the CMS.gov QualityNet HQR landing page. A navigation menu is overlaid on the left side, listing the following options:

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration

The landing page content includes:

- Header: CMS.gov | QualityNet
- Message: **My Tasks page is being retired.** Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports & PRS are still on the My Tasks page. [My Tasks](#)
- Section: **The New HQR is Coming**
- Text: We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.
- Section: **New! Check out the navigation on the left:**
- List:
 - All features and functions are now available in the navigation
 - Tasks are clearly divided - move from one to another with ease
- Section: **Here are some of the key features of the new Hospital Quality Reporting**
- Four feature cards:
 - Intuitive Interfaces:** Intuitive interfaces means you always know where you are within the system.
 - Simple Submissions:** We've taken the guess work out of submitting data, via a file or a form. All from one central location.
 - Advanced Security:** Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.
 - Reliable Calculations:** Accurate data, with real-time validation. No second guessing. No more waiting.
- Footer: CMS.gov | QualityNet
CMS.gov | QualityNet.org | QualityNet Help Desk | Help
Accessibility | Privacy Policy | Terms of Use

Red boxes highlight the navigation menu in the screenshot and the 'Unlock Menu' button at the bottom left of the page.

Verify User Permission

Click Administration and **Select** Access Management.

The screenshot displays the CMS.gov Hospital Quality Reporting dashboard. The top navigation bar includes the CMS.gov logo, the text 'Hospital Quality Reporting', and a user profile dropdown menu. A 'Change Organization' button is located in the top right corner. The left-hand navigation menu is expanded, showing several options: Dashboard, Data Submissions, Data Results, Program Reporting, Administration, and Access Management. Both 'Administration' and 'Access Management' are highlighted with red rectangular boxes. A red arrow points from the 'Access Management' box to the main content area. The main content area features a large heading 'HQR is Coming' and an illustration of a computer monitor with various icons, a keyboard, and a mouse. Below the heading, there is text about modernizing Hospital Quality Reporting and a section titled 'Here are some of the key features of the new Hospital Quality Reporting' with sub-points like 'Simple Submissions', 'Advanced Security', and 'Reliable Calculations'.

Verify User Permission

Select User. Confirm their eCQM permissions under Data Submissions and Submission Results.

The screenshot shows the 'Access Management' interface. The 'Access Management' title is highlighted with a red box. Below the title are tabs for 'Users' and 'Access Requests'. There are search and filter fields for 'Search', 'User Type', and 'Status'. A table lists 3 users, with the first two rows visible. The first row shows a user with a redacted name and email, 'Security Official' user type, and 'Active' status. The second row shows a similar user. A blue 'Add User' button is visible in the top right of the table area.

Name	Email	User Type	Status
[Redacted]	[Redacted]	Security Official	Active
[Redacted]	[Redacted]	Security Official	Active

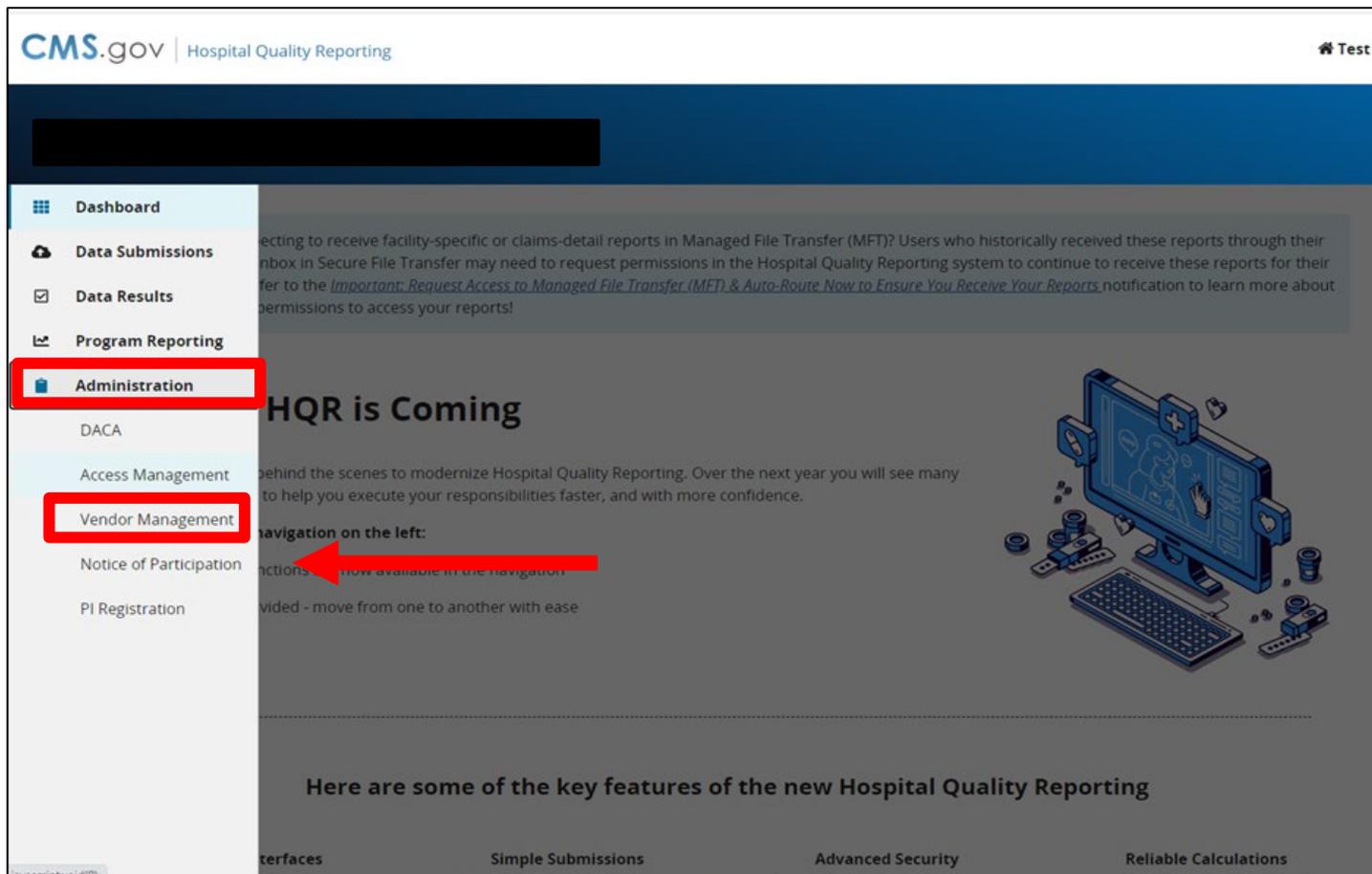
The screenshot shows the 'Assign Access' interface. The 'Assign Access' title is visible. Below the title are sections for 'Users', 'User Type', and 'Permissions'. The 'Permissions' section is expanded to show 'Data Submissions' and 'Program Access'. The 'Data Submissions' section lists various submission types, and the 'Program Access' section lists the access level for each. The 'eCQM' row is highlighted, and the 'Edit' button next to it is highlighted with a red box.

Data Submissions	Program Access
Chart Abstracted	None Add
DACA	None Add
eCQM	None Add Edit
HCAHPS (Data Form)	None Add
HCAHPS (File Upload)	None Add
Population & Sampling	None Add
Web-Based Measures	None Add

Additional information on access management is available on the [HQR YouTube playlist](#).

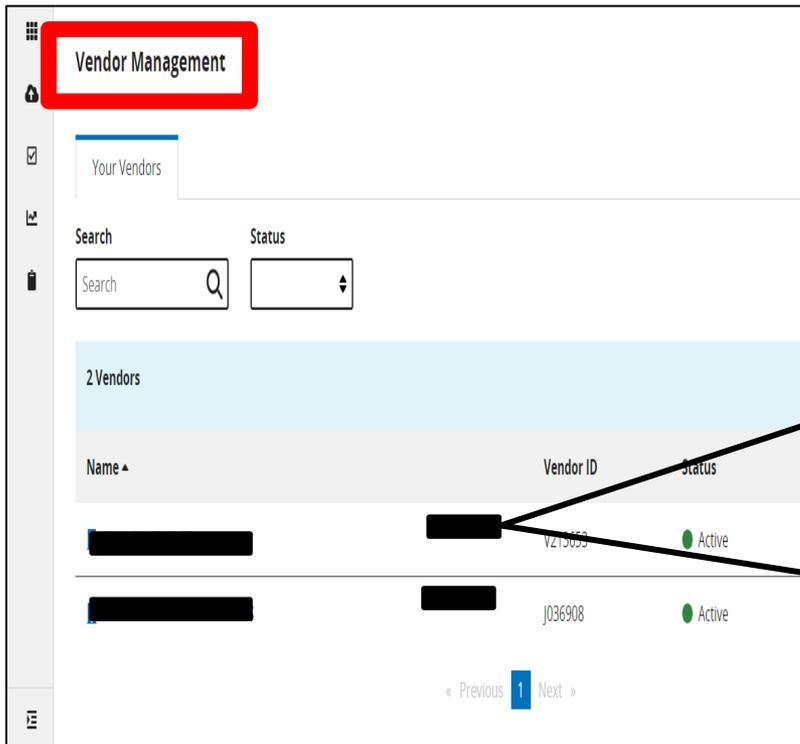
Verify Vendor Permission

Click Administration and **Select** Vendor Management.



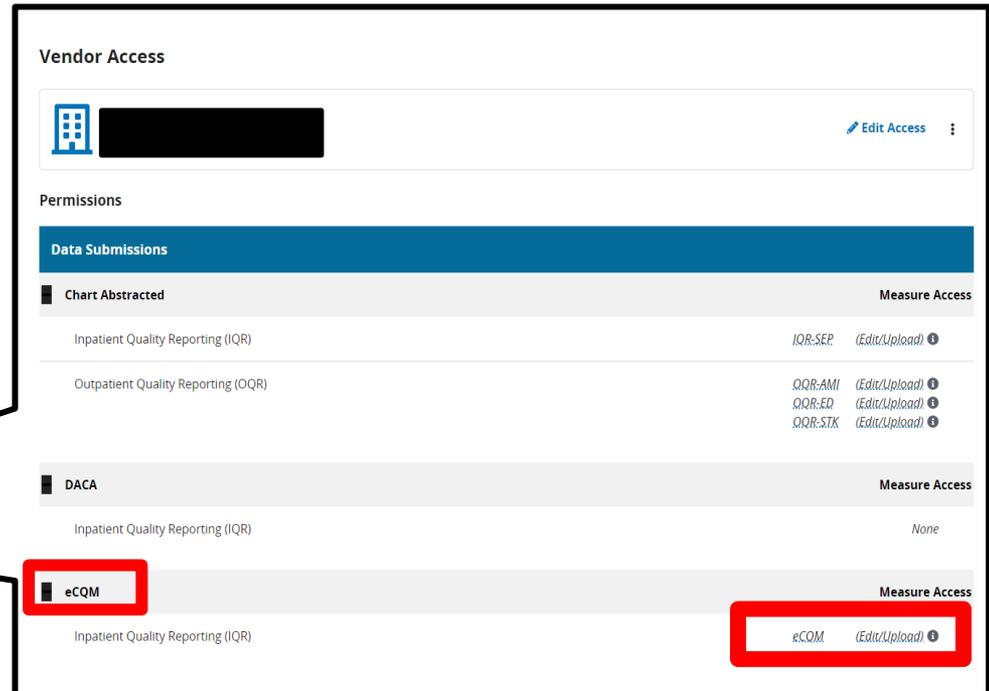
Verify Vendor Permission

Select Vendor. Confirm their eCQM permissions under Data Submissions and Submission Results.



The screenshot shows the 'Vendor Management' interface. A red box highlights the 'Vendor Management' header. Below it, there is a search bar and a status dropdown. A table lists two vendors, both with 'Active' status. A red box highlights the 'Vendor ID' column, and a callout line points to the 'Vendor ID' of the second vendor, 'J036908'.

Name	Vendor ID	Status
[Redacted]	[Redacted]	Active
[Redacted]	J036908	Active



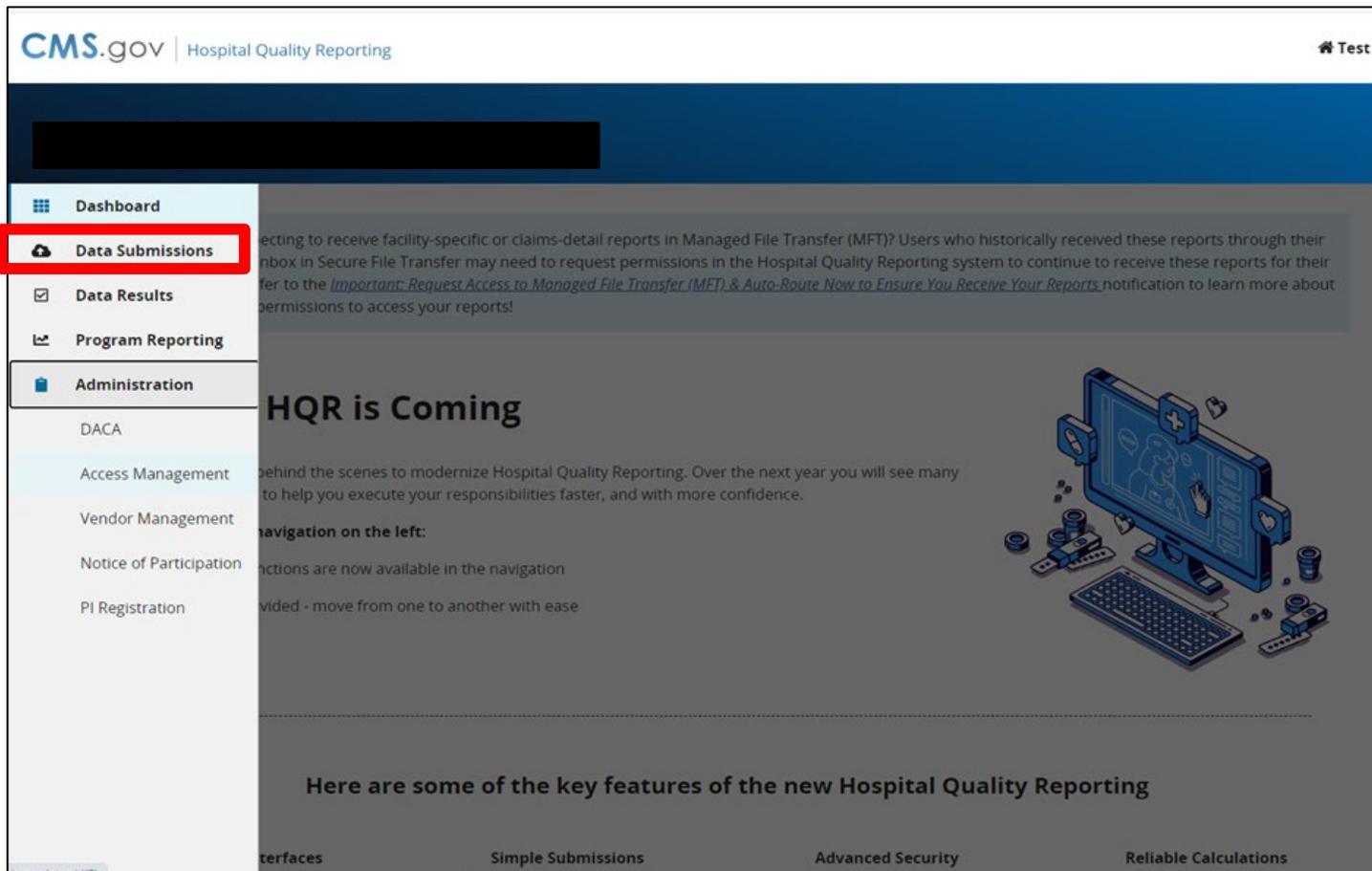
The screenshot shows the 'Vendor Access' interface for a specific vendor. A red box highlights the 'eCQM' section under 'Data Submissions'. The 'eCQM' section shows 'Inpatient Quality Reporting (IQR)' with 'eCQM' and '(Edit/Upload)' links highlighted by a red box.

Measure Access
Inpatient Quality Reporting (IQR) IQR-SEP (Edit/Upload)
Outpatient Quality Reporting (OQR) OQR-AMI (Edit/Upload) OQR-ED (Edit/Upload) OQR-STK (Edit/Upload)
DACA Measure Access
Inpatient Quality Reporting (IQR) None
eCQM (Edit/Upload)

Additional information on vendor management is available on the [HQR YouTube playlist](#)

Uploading QRDA Category I Files

From the main menu, **Select Data Submissions**



The screenshot displays the CMS.gov Hospital Quality Reporting interface. The top navigation bar includes the CMS.gov logo and the text 'Hospital Quality Reporting'. A dark blue header bar is visible below the navigation. The main content area features a sidebar menu on the left with the following items: Dashboard, Data Submissions (highlighted with a red box), Data Results, Program Reporting, Administration, and a sub-menu for Administration containing DACA, Access Management, Vendor Management, Notice of Participation, and PI Registration. The main content area contains a notification about Managed File Transfer (MFT) permissions, a section titled 'HQR is Coming' with a sub-section 'Navigation on the left', and a section titled 'Here are some of the key features of the new Hospital Quality Reporting' with sub-headers: Interfaces, Simple Submissions, Advanced Security, and Reliable Calculations. An illustration of a computer monitor with various icons is positioned on the right side of the page.

Uploading QRDA Category I Files

Select the eCQM tab. Click on File Upload.
It is important to select either Test or Production.

The screenshot shows a web application interface for uploading QRDA Category I files. The top right corner has a "Change Organization" button. A left sidebar contains navigation items: Dashboard, Data Submissions, Data Results, Program Reporting, Administration, and an Unlock Menu icon. The main content area features a horizontal menu with tabs: eCQM, Program Management, Web-based Measures, Population & Sampling, Chart Abstracted, Public Reporting, HCAHPS, and Hybrid Measures. The "eCQM" tab is highlighted with a red box. Below this menu, there are two buttons: "File Upload" (highlighted with a red box) and "Data Form". A red arrow points from the "File Upload" button to a "Select a Submission Type" dropdown menu, which is also highlighted with a red box. Below the dropdown are two buttons: "Test" and "Production", both with right-pointing chevrons. A red arrow points from the "Select a Submission Type" dropdown to the "Test" button. Below the buttons, there is a text instruction: "Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area."

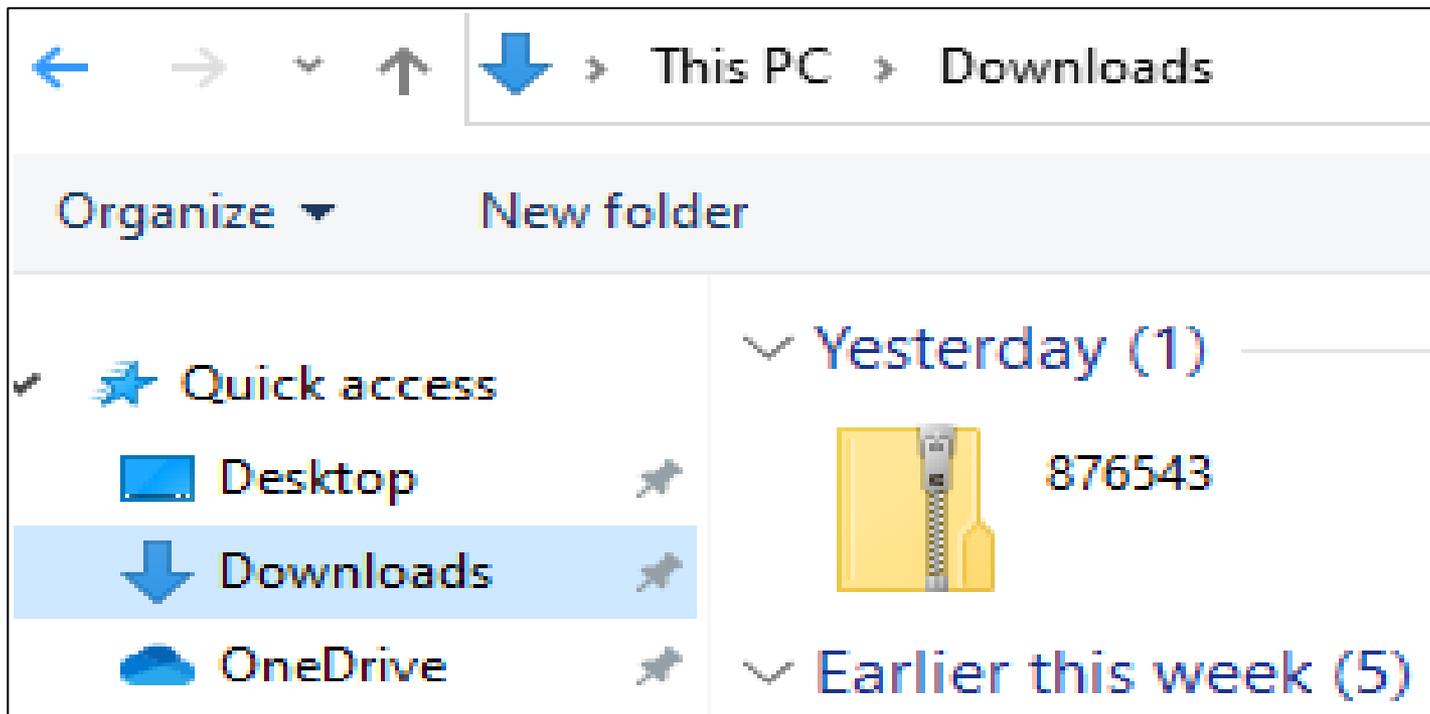
Uploading QRDA Category I Files

To search for files on your computer, **click** the blue **Select Files** button. (You can also drag and drop.)

The screenshot shows a web application interface for uploading QRDA Category I files. The interface includes a sidebar with a cloud icon, a top navigation bar with tabs for 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', and 'Hybrid Measures'. Below the tabs, there is a 'Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.' instruction. A 'Change Selection' button is visible. A 'Test' button is highlighted with a red box. At the bottom, there is a search bar with a 'Search' input field, a magnifying glass icon, and a 'Reset' button. A large blue 'Select Files' button is highlighted with a red box.

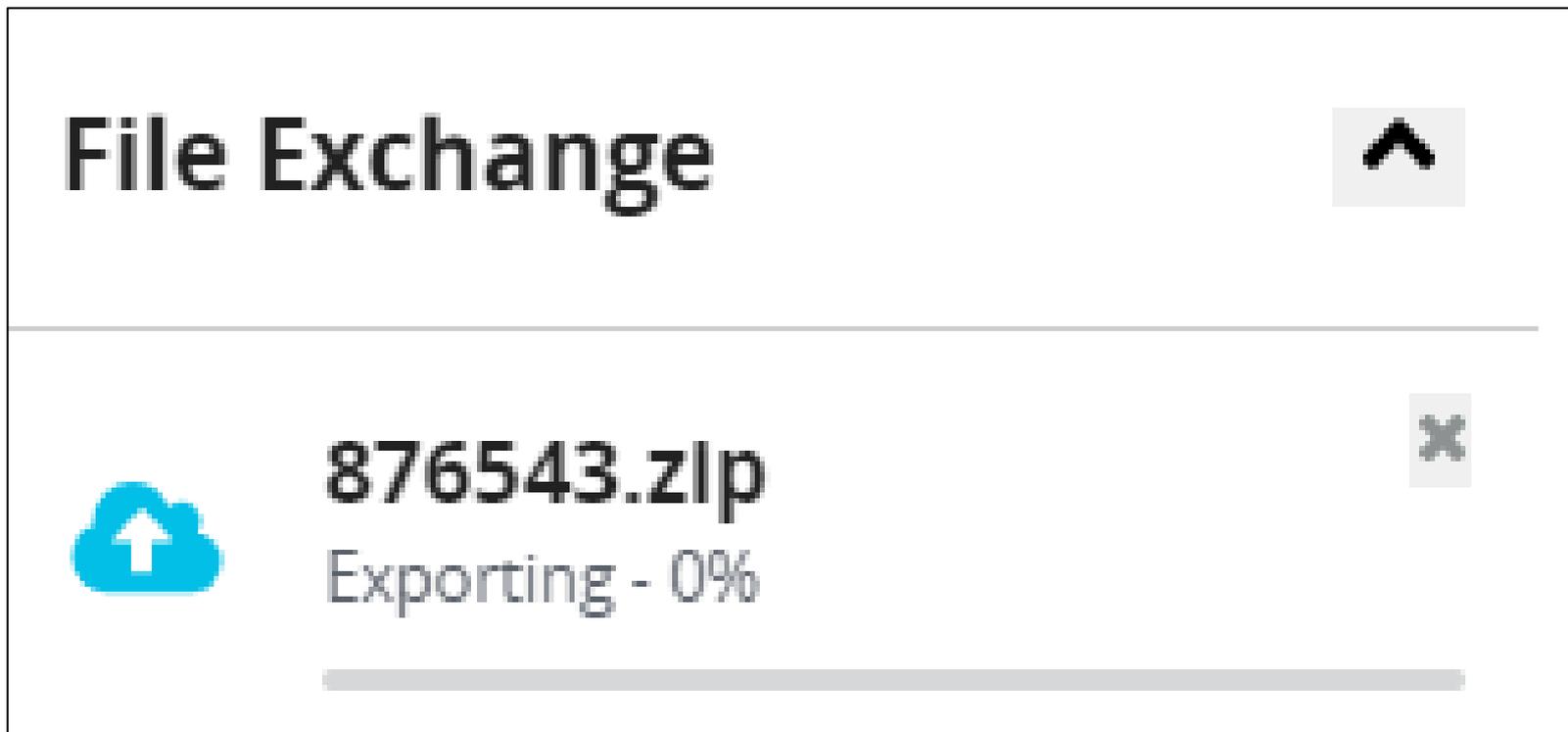
Uploading QRDA Category I Files

Verify your zip file does not contain other zip files.
Select files to upload.



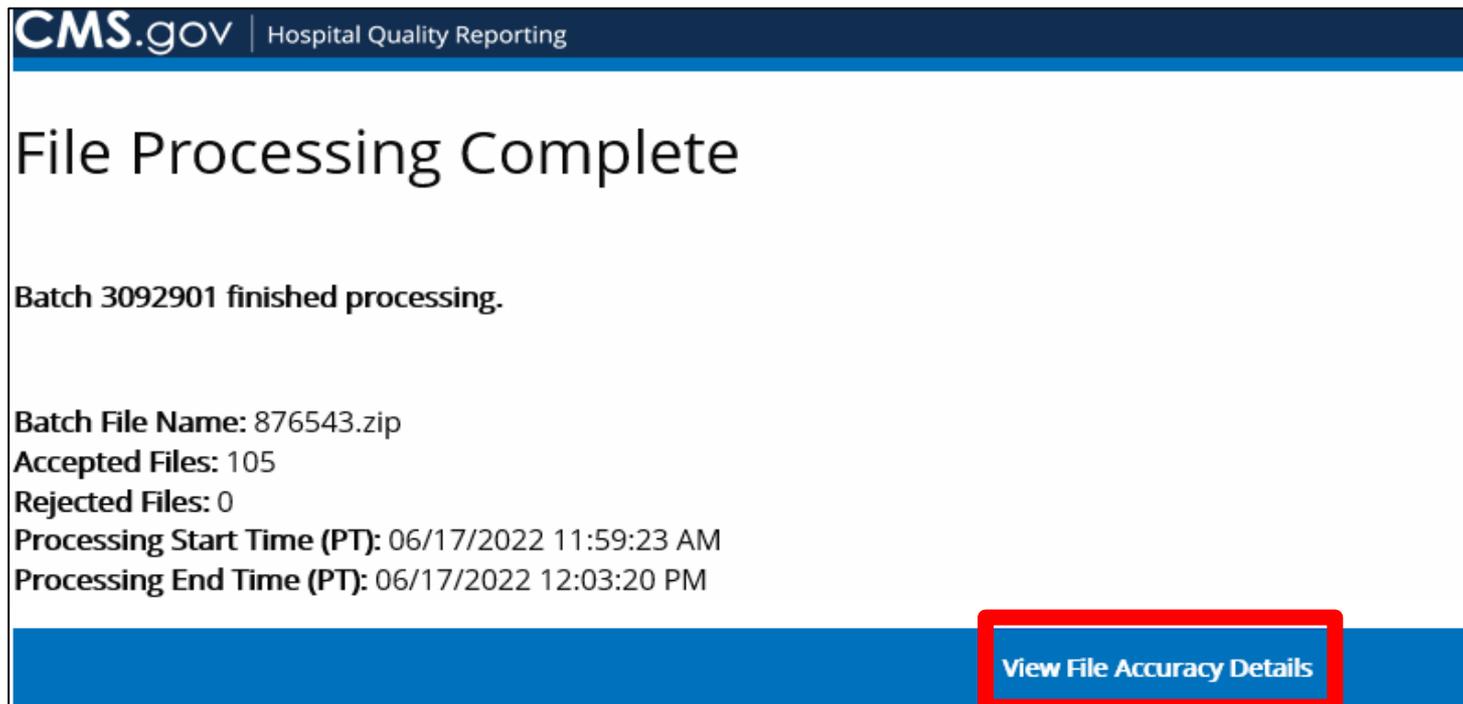
Uploading QRDA Category I Files

A file processing message will appear on your screen.



Uploading QRDA Category I Files

The user will receive an email on the file processing status.



The screenshot displays a notification from CMS.gov regarding hospital quality reporting. The header includes the CMS.gov logo and the text 'Hospital Quality Reporting'. The main heading is 'File Processing Complete'. Below this, it states 'Batch 3092901 finished processing.' and provides the following details: 'Batch File Name: 876543.zip', 'Accepted Files: 105', 'Rejected Files: 0', 'Processing Start Time (PT): 06/17/2022 11:59:23 AM', and 'Processing End Time (PT): 06/17/2022 12:03:20 PM'. A blue button labeled 'View File Accuracy Details' is located at the bottom right of the notification area and is highlighted with a red rectangular border.

CMS.gov | Hospital Quality Reporting

File Processing Complete

Batch 3092901 finished processing.

Batch File Name: 876543.zip
Accepted Files: 105
Rejected Files: 0
Processing Start Time (PT): 06/17/2022 11:59:23 AM
Processing End Time (PT): 06/17/2022 12:03:20 PM

[View File Accuracy Details](#)

Uploading QRDA Category I Files

Users can view their uploaded file(s) by clicking on the column header to filter. A status of **Accepted** or **Rejected** will display.

The screenshot displays a web application interface for uploading QRDA Category I files. The interface includes a navigation menu with tabs for 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', and 'Hybrid Measures'. The 'eCQM' tab is selected and highlighted with a red box. Below the navigation menu, there is a section for file selection with a 'Change Selection' button and a 'Test' button. A search bar is located below the file selection area, with a 'Reset' button and a 'Select Files' button. The main content area displays a table of uploaded files with the following columns: Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, and Status. The 'Status' column is highlighted with a red box, showing two options: 'Accepted' (indicated by a green checkmark) and 'Rejected' (indicated by a red X).

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status
📁 CMS529QRDA105.....	██████████	61 kB	6/16/2022	██████████	✅ Accepted
📁 Failures.zip	██████████	16 kB	6/27/2022	██████████	❌ Rejected

Reviewing Data Results

Click Data Results. Select eCQM.

The screenshot displays the CMS.gov Hospital Quality Reporting dashboard. The top navigation bar includes the CMS.gov logo and the text 'Hospital Quality Reporting'. A 'Change Organization' button is located in the top right corner. The left-hand navigation menu is expanded, showing several categories: 'Dashboard', 'Data Submissions', 'Data Results' (highlighted with a red box and a checkmark), 'Chart Abstracted', 'eCQM' (highlighted with a red box), 'HCAHPS', 'Hybrid Measures', 'Population & Sampling', 'Program Reporting', 'Administration', and 'Unlock Menu'. A red arrow points from the 'eCQM' item in the menu to the main content area. The main content area features a section titled 'HQR is Coming' with an illustration of a computer monitor displaying a medical chart, a keyboard, and other peripherals. Below this, there is a heading 'Here are some of the key features of the new Hospital Quality Reporting' followed by a list of features: 'Interfaces', 'Simple Submissions', 'Advanced Security', and 'Reliable Calculations'.

Reviewing Data Results: Files Tab

Click on the Files tab to review the processing status.

The screenshot shows the 'eCQM Upload History' interface. At the top, there are three tabs: 'Files' (highlighted with a red box), 'Accuracy', and 'Outcomes'. Below the tabs is a 'Submission' dropdown menu set to 'Test' and a 'Change Selection' button. A search bar with a 'Reset' button is also present. The main content is a table with the following columns: Batch File Name, Batch ID, File Size, Upload Date, Uploaded By, Status, Errors, and Actions. The 'Status' column is highlighted with a red box. The table contains three rows of data:

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status	Errors	Actions
[REDACTED]	[REDACTED]	2149 kB	02/17/2022	[REDACTED]	Processing		Download
[REDACTED]	[REDACTED]	849 kB	02/17/2022	[REDACTED]	Ready		Download
[REDACTED]	[REDACTED]	849 kB	02/17/2022	[REDACTED]	Deleted		Download

Reviewing Data Results: Files Tab

After you click on Download under the Errors column, a CSV file will display the errors for each batch.

1	FileName	CCN	BatchID	UploadDate	UploadedBy	Status	ErrorDetails			
2	CMS529QRDA15.xml			6/17/2022		ACCEPTED	INFO: File Accepted			
3	CMS529QRDA74.xml			6/17/2022		ACCEPTED	INFO: File Accepted			
4	CMS529QRDA97.xml			6/17/2022		ACCEPTED	INFO: File Accepted			
5	CMS529QRDA32.xml			6/17/2022		ACCEPTED	INFO: File Accepted			
6	CMS529QRDA83.xml			6/17/2022		ACCEPTED	INFO: File Accepted			

Reviewing Data Results: Accuracy Tab

Click the Accuracy tab. Select the submission type and quarter.

eCQM Submission

The table below displays all file uploads for test or production submissions. Here, you can delete an individual file(s), search or sort results to view the file status and download results. Only files applicable to the current reporting period can be deleted.

Submission: Test | Quarter: Q4 2021

Change Selection

1318 Total Files

868 Accepted Files

450 Rejected Files

0 Deleted Files

Search: [Search] [Reset] [Export Results]

Patient File Name	Batch ID	Batch File Name	Upload Date	Uploaded By	Status	Errors	Actions
[REDACTED]	[REDACTED]	[REDACTED]	02/18/2022	[REDACTED]	Rejected	1*	
[REDACTED]	[REDACTED]	[REDACTED]	02/18/2022	[REDACTED]	Accepted	0*	

Reviewing Data Results: Accuracy Tab

Under the Accuracy tab, the user can locate rejected files for revision and resubmission.

Files **Accuracy** Outcomes

eCQM Submission

The table below displays all file uploads for test or production submissions. Here, you can delete an individual file(s), search or sort results to view the file status and download results. Only files applicable to the current reporting period can be deleted.

Submission: Test Quarter: Q4 2021

[Change Selection](#)

1318
Total Files

868
Accepted Files

450
Rejected Files

0
Deleted Files

Search

Search [Reset](#) [Export Results](#)

Patient File Name	Batch ID	Batch File Name	Upload Date	Uploaded By	Status ▲	Errors	Actions
[REDACTED]	[REDACTED]	[REDACTED]	02/18/2022	[REDACTED]	Rejected	1*	
[REDACTED]	[REDACTED]	[REDACTED]	02/18/2022	[REDACTED]	Accepted	0*	

Reviewing Data Results: Accuracy Tab

Click on a card for a closer review of the submitted files that will display below.

The screenshot displays the 'Accuracy' tab of the eCQM Submission interface. The 'Accuracy' tab is highlighted with a red box. A card showing '1318 Total Files' is highlighted with a red box and an arrow. The 'Export Results' button is also highlighted with a red box. The interface includes a sidebar with navigation icons, a search bar, and a table of submission data.

eCQM Submission

The table below displays all file uploads for test or production submissions. Here, you can delete an individual file(s), search or sort results to view the file status and download results. Only files applicable to the current reporting period can be deleted.

Submission: Test
Quarter: Q4 2021

[Change Selection](#)

Summary:

- 868 Accepted Files
- 450 Rejected Files
- 0 Deleted Files

Search: [Search] [Reset]

[Export Results](#)

Patient File Name	Batch ID	Batch File Name	Upload Date	Uploaded By	Status	Errors	Actions
[Redacted]	[Redacted]	[Redacted]	02/18/2022	[Redacted]	Rejected	1*	
[Redacted]	[Redacted]	[Redacted]	02/18/2022	[Redacted]	Accepted	0*	

Reviewing Data Results: Outcomes Tab

Click the Outcomes tab. Select the submission type and quarter. Users can either select All Measures or a specific measure.

Submission Results

Below are your submitted files. You can review how episodes of care are evaluated by measure logic or download reports.

Submission: Test
Quarter: Q4 2021

Select Measures: All Measures

Change Selection

Search

Search [] Reset [] Export Results []

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
[REDACTED]	STK-5,STK-2,ED-2,STK-3 *	4	02/21/2022	[REDACTED]
[REDACTED]	STK-5,ED-2,STK-2,STK-3 *	4	02/21/2022	[REDACTED]

Reviewing Data Results: Outcomes Tab

Shown here, the user selected the STK-2 measure.

The screenshot displays the 'Outcomes' tab of a software interface. The 'Outcomes' tab is selected, and the 'STK-2' measure is chosen in the 'Select Measures' dropdown. A summary card for STK-2 shows 217 Episodes and a 100.00% Performance Score. A table below shows two patient records for STK-2, each with 1 evaluated episode.

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
[REDACTED]	STK-2*	1	02/24/2022	[REDACTED]
[REDACTED]	STK-2*	1	02/24/2022	[REDACTED]

Reviewing Data Results: Outcomes Tab

Click the Export Results button to generate a CSV file.

Submission Results

Below are your submitted files. You can review how episodes of care are evaluated by measure logic or download reports.

Submission: Test
Quarter: Q4 2021
Select Measures: All Measures
Change Selection

Search: [Search] [Reset] [Export Results]

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
[REDACTED]	STK-5,STK-2,ED-2,STK-3 *	4	02/21/2022	[REDACTED]
[REDACTED]	STK-5,ED-2,STK-2,STK-3 *	4	02/21/2022	[REDACTED]

Reviewing Data Results: Outcomes Tab

After you click on the Export Results button, a CSV file will display the selected information.

The screenshot displays an Excel spreadsheet with the following columns: A1, CCN, ID, BatchID, UploadDate, AdmissionDate, DischargeDate, PatientFileName, SubmissionType, MeasureVersionNumber, MeasureName, Strata, StrataDescription, FeedbackMessage, MessageType, MeasureDescription, and CaseID. The data rows contain patient identifiers, dates, and test results, including entries for 'IPP_1_MSRPOPPL_TEST' and 'MSRPO XM3n4w4U'. The spreadsheet interface includes a ribbon with tabs for File, Home, Insert, Page Layout, Formulas, Data, Review, and View. The status bar at the bottom indicates 'Ready' and '80%' zoom.

Generate Program Credit Report

Click Program Reporting and **Select** Program Credit.

The screenshot displays the CMS.gov Hospital Quality Reporting dashboard. The top navigation bar includes the CMS.gov logo and the text 'Hospital Quality Reporting'. A 'Change Organization' button is visible in the top right corner. The left-hand navigation menu is open, showing several categories: Dashboard, Data Submissions, Data Results, Program Reporting, Reporting Requirements, Performance Reports, Public Reporting, Validation, and Administration. The 'Program Reporting' item is highlighted with a red box, and a red arrow points to the 'Program Credit' sub-item within its dropdown menu. The main content area features a large heading 'HQR is Coming' and an illustration of a computer monitor displaying a medical chart, surrounded by various icons representing data and technology.

Generate Program Credit Report

Select the Discharge Quarter. Click Change Selection for the desired program. Users can click the Export Report button to download the report

Program Credit Report
Review how the data you have uploaded applies toward program credit.

Discharge Quarter: Q1 2022
Reporting Period Due: 2/28/2023
Last Updated: 10/4/2022 3:36 PM

Change Selection

Promoting Interoperability (PI)

eCQM

Submission Requirements Met

In three discharge quarters, submit the same four measures

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Facilities must submit calendar year 2022 data for payment in fiscal year 2024

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted." To view a list of all measures, refer to the [eCQM measure set](#).

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

Measure	Submission Status	Last Updated
ED-2	Zero Denominator Declaration	10/4/2022 3:36:23 PM
PC-05	Zero Denominator Declaration	10/4/2022 3:36:23 PM
STK-2	Zero Denominator Declaration	10/4/2022 3:36:23 PM
Safe Use of Opioids	Zero Denominator Declaration	10/4/2022 3:36:23 PM

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/or PI programs.

This view facilitates monitoring of submissions to the HQR system. It does not confirm or deny that a provider qualifies for the annual payment update.

Generate Program Credit Report

The report will display in a PDF format.

Green indicates reporting requirements were met.

Yellow indicates reporting requirements were not met.

Green Banner = Requirements Met

Yellow Banner = Requirements Not Met

Program Credit Report Page 1 of 1
Exported 10/5/2022 5:21 PM

Inpatient Quality Reporting (IQR) Discharge Quarter: Q2 2022

Reporting Period Due: 2/28/2023
Last Updated: 10/5/2022 4:10 PM

eCQM

✓ Submission Requirements Met

In three discharge quarters, submit the same four measures

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Facilities must submit calendar year 2022 data for payment in fiscal year 2024

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

Measure	Submission Status	Last Updated
ED-2	Submitted	10/5/2022 4:10:42 PM
PC-05	Submitted	10/5/2022 4:09:47 PM
STK-2	Submitted	10/5/2022 4:09:47 PM
STK-3	Submitted	10/5/2022 4:10:33 PM
STK-5	Submitted	10/5/2022 4:09:47 PM
STK-6	Submitted	10/5/2022 4:09:47 PM
Safe Use of Opioids	Submitted	10/5/2022 4:10:28 PM
VTE-1	Submitted	10/5/2022 4:09:47 PM
VTE-2	Submitted	10/5/2022 4:09:47 PM

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/or PI programs. This view facilitates monitoring of submissions to the HQR system. It does not confirm or deny that a provider qualifies for the annual payment update.

Program Credit Report Page 1 of 1
Exported 10/5/2022 5:32 PM

Inpatient Quality Reporting (IQR) Discharge Quarter: Q1 2022

Reporting Period Due: 2/28/2023
Last Updated: N/A

eCQM

⚠ Submission Requirements Not Met

In three discharge quarters, submit the same four measures

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Facilities must submit calendar year 2022 data for payment in fiscal year 2024

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

i No data is currently available

Data for your selection is not ready at this time. Once files are uploaded and processed, this area will be updated and the data will be available for viewing. Data processing can take up to 24-48 hours.

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/or PI programs. This view facilitates monitoring of submissions to the HQR system. It does not confirm or deny that a provider qualifies for the annual payment update.

Accessing the Denominator Declaration Screen for Data Entry

From Data Submissions, **Select** the eCQM tab.
Click on Data Form.

The screenshot displays a web application interface for data submissions. On the left is a vertical navigation menu with the following items: 'Dashboard', 'Data Submissions' (highlighted with a red box), 'Data Results', 'Program Reporting', and 'Administration'. The main content area features a horizontal tabbed interface with tabs for 'eCQM' (highlighted with a red box), 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', 'Structural Measures', and 'Hybrid Measures'. Below the 'eCQM' tab, there are two buttons: 'File Upload' and 'Data Form' (highlighted with a red box). Below these buttons, there is instructional text: 'Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.' Further down, there is a section titled 'Select a Submission Type' with two buttons: 'Test' and 'Production'.

Accessing the Denominator Declaration Screen for Data Entry

Launch the Data Form by clicking on the green arrow.

The screenshot displays a software interface with a sidebar on the left and a main content area on the right. The sidebar contains a menu with the following items: Dashboard, Data Submissions (highlighted with a red box), Data Results, Program Reporting, and Administration. The main content area features a navigation bar with tabs: eCQM (highlighted with a red box), Web-based Measures, Population & Sampling, and Chart Abstracted. Below the navigation bar, there are two buttons: File Upload and Data Form (highlighted with a red box). The main content area is titled "Select the Data Form" and contains a table with one row: Denominator Declaration and Launch Data Form (highlighted with a red box). A red arrow points from the "Data Form" button down to the "Launch Data Form" button.

eCQM	Web-based Measures	Population & Sampling	Chart Abstracted
File Upload	Data Form		
Denominator Declaration		Launch Data Form 	

Accessing the Denominator Declaration Screen for Data Entry

Select the Discharge Quarter from the drop-down box.

Denominator Declaration

If your total cases are 5 or less for your reporting quarter please use the drop down below to identify Zero Denominator Declaration or Case Threshold Exemptions.

Discharge Quarter
Q4 2022

Measure	Zero Denominator Declaration * / Case Threshold Exemption **
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharge on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy by End of Hospital Day 2
STK-6	Discharge 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

[*] Select if there was no denominator patient population for the certified measure for the selected date range.

[**] Enter 0-5 for quarter selection. Leave blank if eCQM is to be submitted.

Successful QRDA production submissions that meet the program requirements for the selected reporting quarter will override corresponding denominator declaration entries and are displayed on the Program Credit Report and Export.

I'm ready to submit

Accessing the Denominator Declaration Screen for Data Entry

Enter a Zero Denominator Declaration and/or a Case Threshold Exemption next to the applicable measure(s).

The screenshot shows a web application interface for data submission. At the top, there is a navigation bar with a home icon, a back arrow, and a menu icon. Below the navigation bar, the page title is "< Data Submission". The main heading is "Denominator Declaration". To the right of the heading is a "Discharge Quarter" dropdown menu set to "Q4 2022". Below the heading is a note: "If your total cases are 5 or less for your reporting quarter please use the drop down below to identify Zero Denominator Declaration or Case Threshold Exemptions." The main content is a table with columns for "Measure" and "Zero Denominator Declaration * / Case Threshold Exemption **". The table lists several measures with their descriptions and corresponding dropdown menus. A red box highlights the header of the second column, and a red arrow points to the dropdown menu for the "STK-3" measure. At the bottom right of the table is a blue button labeled "I'm ready to submit". Below the table are two footnotes: "[*] Select if there was no denominator patient population for the certified measure for the selected date range." and "[**] Enter 0-5 for quarter selection. Leave blank if eCQM is to be submitted." At the very bottom, there is a note: "Successful QRDA production submissions that meet the program requirements for the selected reporting quarter will override corresponding denominator declaration entries and are displayed on the Program Credit Report and Export."

Measure	Zero Denominator Declaration * / Case Threshold Exemption **
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharge on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy by End of Hospital Day 2
STK-6	Discharge 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

Accessing the Denominator Declaration Screen for Data Entry

Repeat for each applicable quarter.
Click the I'm Ready to Submit blue button.

< Data Submission

Denominator Declaration

If your total cases are 5 or less for your reporting quarter please use the drop down below to identify Zero Denominator Declaration or Case Threshold Exemptions.

Discharge Quarter
Q4 2022

Measure		Zero Denominator Declaration * / Case Threshold Exemption **
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients	
PC-05	Exclusive Breast Milk Feeding	
STK-2	Discharge on Antithrombotic Therapy	
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	
STK-5	Antithrombotic Therapy by End of Hospital Day 2	
STK-6	Discharge 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	

[*] Select if there was no denominator patient population for the certified measure for the selected date range.

[**] Enter 0-5 for quarter selection. Leave blank if eCQM is to be submitted.

Successful QRDA production submissions that meet the program requirements for the selected reporting quarter will override corresponding denominator declaration entries and are displayed on the Program Credit Report and Export.

I'm ready to submit

Regenerate the Program Credit Report

- These results will generate for the eCQM reporting requirement for the Hospital IQR and Medicare Promoting Interoperability Programs.
- The Program Credit Report is a snapshot in time. If the reporting changes in any way, hospitals and vendors should regenerate the report to confirm their submission status of eCQM reporting prior to the submission deadline.
- For example, if QRDA Category I files are resubmitted or denominator declarations are modified, hospitals and vendors should regenerate the report.

Program Credit Report

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Page 1 of 1
Exported 10/5/2022 5:21 PM

Inpatient Quality Reporting (IQR)

Reporting Period Due: 2/28/2023
Last Updated: 10/5/2022 4:10 PM

Discharge Quarter: Q2 2022

eCQM

Submission Requirements Met

In three discharge quarters, submit the same four measures

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Facilities must submit calendar year 2022 data for payment in fiscal year 2024

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Certification Criteria, the 2015 Edition Cures Update Certification Criteria, or both
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

Measure	Submission Status	Last Updated
ED-2	Submitted	10/5/2022 4:10:42 PM
PC-05	Submitted	10/5/2022 4:09:47 PM
STK-2	Submitted	10/5/2022 4:09:47 PM
STK-3	Submitted	10/5/2022 4:10:33 PM
STK-5	Submitted	10/5/2022 4:09:47 PM
STK-6	Submitted	10/5/2022 4:09:47 PM

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/or PI programs. This view facilitates monitoring of submissions to the HQR system. It does not confirm or deny that a provider qualifies for the annual payment update.