CY 2022 eCQM Reporting Tools and FAQs for the Hospital IQR Program and Medicare Promoting Interoperability Program

Speaker

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Purpose

This presentation provides participants in the Hospital Inpatient Quality Reporting (IQR) Program and Medicare Promoting Interoperability Program helpful tips and tools for calendar year (CY) 2022 eCQM reporting, with a focus on addressing frequently asked questions.

Acronyms

Objectives

Participants will be able to:

- Locate tools and resources for successful eCQM reporting.

- Review frequently asked questions (FAQs) regarding CY 2022 eCQM reporting.

- Implement the webinar's guidance to improve the eCQM data submission process.

Acronyms

CAH	Critical Access Hospital	**IPPS**	inpatient prospective payment system
CCN	CMS Certification Number	**IQR**	Inpatient Quality Reporting
CCSQ	Center for Clinical Standards and Quality	**IT**	Information Technology
CEHRT	Certified Electronic Health Record Technology	**LTCH**	Long-Term Care Hospital
CMS	Centers for Medicare & Medicaid Services	**ONC**	Office of the National Coordinator for Health IT
CY	calendar year	**PDC**	Provider Data Catalog
ECE	Extraordinary Circumstances Exception	**PPS**	Prospective Payment System
eCQI	Electronic Clinical Quality Improvement	**PQ**	physical quantity
eCQM	electronic clinical quality measure	**Q**	quarter
ED	emergency department	**QDM**	Quality Data Model
EHR	electronic health record	**QRDA**	Quality Reporting Document Architecture
FAQ	frequently asked question	**STK**	stroke
FY	fiscal year	**VIQR**	Value, Incentives, and Quality Reporting
HARP	HCQIS Access Roles and Profile	**VSAC**	Value Set Authority Center
HCQIS	Health Care Quality Information Systems	**VTE**	venous thromboembolism
HQR	Hospital Quality Reporting	**YNHHSC /CORE**	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. Include the following information:
  - o Subject Line: CY 2022 eCQM Reporting Tools and FAQs for the Hospital IQR Program and Medicare Promoting Interoperability Program
  - o Email Body: If your question pertains to a specific slide, please include the slide number.

- If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the Quality Inpatient Questions and Answers Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa If you do not find an answer, submit your question to us using the same tool.

Acronyms

CY 2022 eCQM Reporting Tools and FAQs for the
Hospital IQR Program and Medicare Promoting Interoperability Program

Useful Tips and Tools

Dual Program Submission

The successful submission of eCQM data prior to the submission deadline of **February 28, 2023**, **11:59 p.m. Pacific Time**, will meet the eCQM reporting requirement for the following programs:

- Hospital IQR Program
- Medicare Promoting Interoperability Program

CY 2022 eCQM Reporting

Hospitals participating in the Hospital IQR Program and Medicare Promoting Interoperability Program, must successfully report:

- ✓ **Three** self-selected eCQMs **plus** the Safe Use of Opioids eCQM.

- ✓ **Three** self-selected calendar quarters in CY 2022 (Q1, Q2, Q3, or Q4).

  The submission deadline is **February 28, 2023**.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the eCQM reporting requirement for the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs).

FY 2022 IPPS/LTCH PPS Final Rule

Refer to the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule in the *Federal Register*: https://www.federalregister.gov/documents/2021/08/13/2021-16519/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the

- Hospital IQR Program: pp. 45360–45426

- Promoting Interoperability Program: pp. 45460–45498

Program Resources for CY 2022 eCQM Reporting

Hospital IQR Program QualityNet Quality Reporting Center	Medicare Promoting Interoperability Program CMS.gov
CY 2022 eCQM Submission Overview	2022 Program Requirements Medicare
CY 2022 eCQM QRDA Category I File Submission Checklist	2022 Scoring Methodology Fact Sheet
CY 2022 Available eCQMs Table	Eligible Hospital Information
ECE Quick Reference Guide	Certified EHR Technology
ECE Request Form	Program Basics
Hospital IQR Program Guide for FY 2024	eCQM Basics
Important Dates and Deadlines	Registration & Attestation
Hospital IQR FY 2024 Measures	Educational Resources
Acute Care Hospital Quality Improvement Program Measures – FY 2024	CMS Promoting Interoperability Listserve
Listserve Notifications	

Additional Program – Specific Requirements

Hospital IQR Program

➢ How to Participate Page
➢ FY 2024 IQR Program Guide

Medicare Promoting Interoperability Program

➢ 2022 Program Requirements Page
➢ 2022 Medicare Promoting Interoperability Program Resources Available
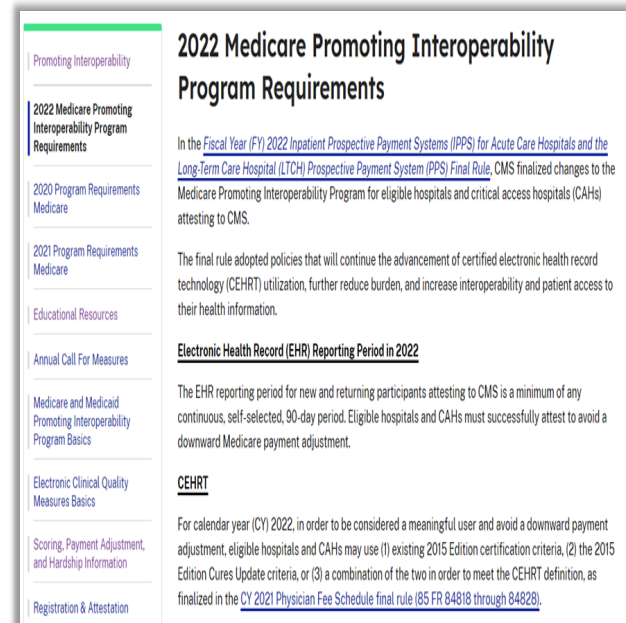
CY 2022 eCQM Reporting Requirements

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)
Certified Electronic Health Record Technology (CEHRT)	• 2015 Edition • 2015 Edition Cures Update • Combination of both (CY 2022 is the final year to use the 2015 Edition certification criteria.)

*The submission of CY 2022 eCQM data will affect the FY 2024 payment determination.
**The submission of CY 2022 eCQM data will affect the FY 2024 payment determination for eligible hospitals and the FY 2022 payment determination for critical access hospitals.

CY 2022 (FY 2024) eCQM Measure Set

Mandatory *CMS 506v4* Safe Use of Opioids – Concurrent Prescribing	
ED-2 *CMS111v10* Admit Decision Time to ED Departure Time for Admitted Patients	**PC-05** *CMS9v10* Exclusive Breast Milk Feeding
STK-02 *CMS104v10* Discharged on Antithrombotic Therapy	**STK-03** *CMS71v11* Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05 *CMS72v10* Antithrombotic Therapy By the End of Hospital Day 2	**STK-06** *CMS105v10* Discharged on Statin Medication
VTE-1 *CMS108v10* Venous Thromboembolism Prophylaxis	**VTE-2** *CMS190v10* Intensive Care Unit Venous Thromboembolism Prophylaxis

Refer to the CY 2022 Available eCQMs Table.

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

Acronyms

CY 2022 eCQM Submission Overview Document

CY 2022 (FY 2024) Hospital IQR Program / Medicare Promoting Interoperability Program eCQM Submission Overview			
Program Requirements	Submit data for the mandatory **Safe Use of Opioids – Concurrent Prescribing eCQM** and three (3) other available eCQMs, for each of the three self-selected quarters of CY 2022 data (Q1, Q2, Q3, Q4) during the same reporting period. **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 across quarters in a given reporting year.	**Dual Program Acceptance**	Hospitals that successfully report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for three self-selected quarters via the Hospital Quality Reporting (HQR) System will meet the eCQM requirement for the following: • **Hospital IQR Program** • **Medicare Promoting Interoperability Program** for Eligible Hospitals and Critical Access Hospitals
Reporting Deadline	Tuesday, February 28, 2023, 11:59 p.m. Pacific Time	**System Availability**	The HQR System will be open for **Test and Production File Submissions** in Fall 2022.
Technical Requirements	Hospitals submitting eCQM data will need to: • Use Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both. • Use eCQM specifications published in the 2021 eCQM annual update for CY 2022 reporting and applicable addenda, available on the eCQI Resource Center. • Use the 2022 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I, Schematron, and sample QRDA Category I files on the Eligible Hospital/ Critical Access Hospital eCQMs page of the eCQI Resource Center.	**Successful Submission**	Data must be submitted through the *HQR Secure Portal* as any combination of the following: • **QRDA Category I files** with patients meeting the initial patient population of the applicable measure(s) • **Zero denominator declarations** • **Case threshold exemptions**
		File Validation Tool	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.
Who Can Submit Data	• Hospitals with a HCQIS Access Roles and Profile (HARP) account can submit. • Electronic health record (EHR) vendors can create a HARP account to submit data on their behalf. Hospitals can log in to the *HQR Secure Portal* and the Vendor Management System to assign, modify, and remove vendor access from one page. User receive instant confirmation of the changes. Contact the CCSQ Service Center for assistance at (866) 288-9512.	**Contacts**	• 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 QualityNet Question and Answer Tool. • Submit questions on the *HQR Secure Portal*, Medicare Promoting Interoperability Program, or eCQM data submission process to the CCSQ Service Center at (866) 288-9512 or QNetSupport@cms.hhs.gov. • Visit the ONC Jira Issue Tracker to see prior responses, submit questions to CMS subject-matter experts, and receive assistance with the eCQM Issue Tracker, QRDA Issue Tracker, CQL Issue Tracker, and hybrid measures.

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

CY 2022 eCQM reporting overview:

➤ Report mandatory Safe Use of Opioids-Concurrent Prescribing eCQM

➤ Report three quarters of data

➤ Deadline: February 28, 2023

➤ Last year to report using 2015 Edition of CEHRT

➤ Data validated and publicly reported

Acronyms

CY 2022 eCQM Reporting Checklists

QRDA Category I File Submission Checklist

eCQM Implementation Checklist

QRDA=Quality Reporting Document Architecture

CY 2022 eCQM Reporting Implementation Resources

[eCQI Resource Center](#)

Eligible Hospital/Critical Access Hospital eCQMs

Select Reporting Period: 2022 ⌄

← Select 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

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

CY 2022 eCQM Reporting Tools and Resource Versions

eCQI Tools and Key Resources
https://ecqi.healthit.gov/ecqi-tools-key-resources?qt-teste=1

Reporting/Performance Period	eCQM Specifications and Resources	Tool and Resource Versions	Standard Versions
2022	• EH/CAH Implementation Resources • EP/Eligible Clinicians Implementation Resources	• MAT V6.04 ☐ • eCQM Logic and Implementation Guidance V5.0 (PDF) • Cypress V6.0 ☐ • Bonnie V4.2.1 ☐ • QDM CQL-to-ELM Translator V1.4.6 ☐ • CQL Style Guide V5.0 (PDF)	• QDM v5.5 Guidance Update (PDF) • HL7 V3 IG: CQL-based HQMF IG R1 STU 4* ☐ • HL7 CQL R1 STU 4 ☐ • HL7 V3 HQMF Normative Release 1* ☐ • HL7 QRDA I R1 STU R5.2 with errata ☐ (ZIP) • HL7 QRDA III R1 STU R2.1 ☐ (ZIP) • 2022 CMS QRDA I IG for Hospital Quality Reporting • 2022 CMS QRDA III IG for Eligible Clinicians/EPs

eCQM Data Element Repository (DERep)

https://ecqi.healthit.gov/mc-workspace-2/data-element-repository

Measure Collaboration (MC) Workspace

About | eCQM Concepts | eCQM Clinical Workflows | eCQM Test Results | **eCQM Data Element Repository**

Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The eCQM ⓘ Data Element Repository ⓘ (DERep) provides additional clarification for all the data elements ⓘ associated with published eCQMs used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user ⓘ can filter information by data element, eCQM, Quality Data Model (QDM) ⓘ attribute, QDM category ⓘ, or QDM datatype ⓘ data element.

The data elements provided are for use in eCQMs for 2019, 2020, and 2021 performance and reporting periods. Information contained within the eCQM DERep is derived from the eCQM specifications ⓘ, QDM, and the Value Set ⓘ Authority Center (VSAC ⓘ). Each eCQM data element includes information about the value set or the direct reference code ⓘ (DRC), along with the QDM datatype, and the QDM attributes used by that data element. The QDM information displayed for an eCQM reflects the version used in the development of the eCQM for a specific performance/reporting period. For the 2019 performance and reporting period, QDM Version 5.3 information is displayed. For 2020, QDM Version 5.4 information is displayed, and for 2021, QDM Version 5.5 Guidance Update information is displayed.

Review the MC Workspace User Guide (PDF) and view past education sessions on the MC Workspace ⓘ.

Year	Select a Filter Option	Search	
2022	- Any -		Apply

Select a filter or search by term and click Apply to see results. Filter definitions are:

eCQM Data Elements

- Aids in data mapping activities
- Provides measure information and data element definitions
- Includes information derived from eCQM specifications, Quality Data Model (QDM), Value Set Authority Center (VSAC), QDM datatype, and QDM attributes

HQR System –
Known Issues Document

- The Hospital Quality Reporting (HQR) System Known Issues Document is available for download on the QualityNet Known Issues & Maintenance page: https://qualitynet.cms.gov/known-issues-maintenance#tab1

- The document outlines the following:
  - The date the issue was added
  - Affected functionality/report
  - Description of the issue
  - Status of the known issues across the HQR System (Ambulatory Surgical Centers, eCQM, general HQR issues, Hospital inpatient/outpatient issues, etc.)

- The HQR System Known Issues Document is regularly updated.

Acronyms

Step-by-Step Process To Submit eCQM Data

- Visit the eCQM Archived Events page.
- Locate the [CY 2022 eCQM Reporting and Data Submission Process](#) webinar from November 29, 2022.

✓ Watch the presentation.

✓ Download the slides.

✓ Review written transcripts.

Acronyms
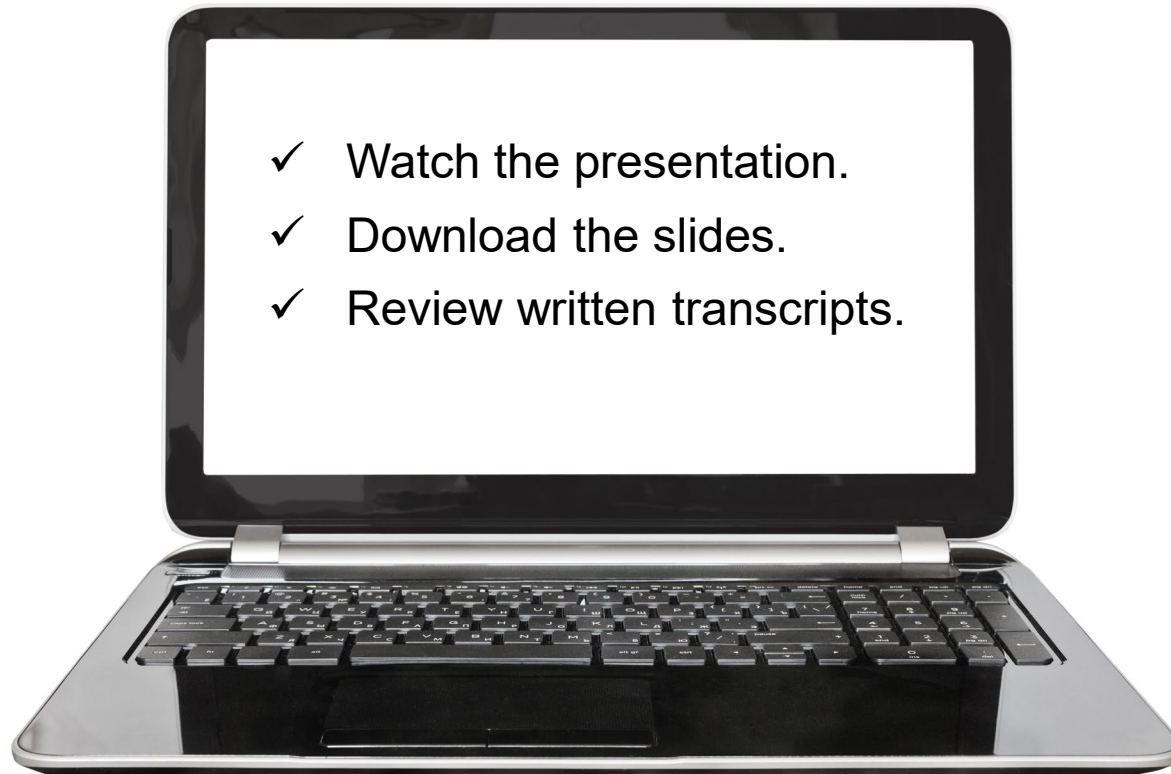
HQR Video Tutorials

CMS uses video tutorials on **YouTube** to help you navigate the HQR System: https://www.youtube.com/playlist?list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy
Available eCQM titles include:

- ✓ How to Add Permissions
- ✓ How to Add a Vendor
- ✓ How to Change Organizations
- ✓ How to Check Data Results

- ✓ How to Check Program Credit
- ✓ How to Submit Data via the Data Form
- ✓ How to Upload a File
- ✓ How to Upload an eCQM File
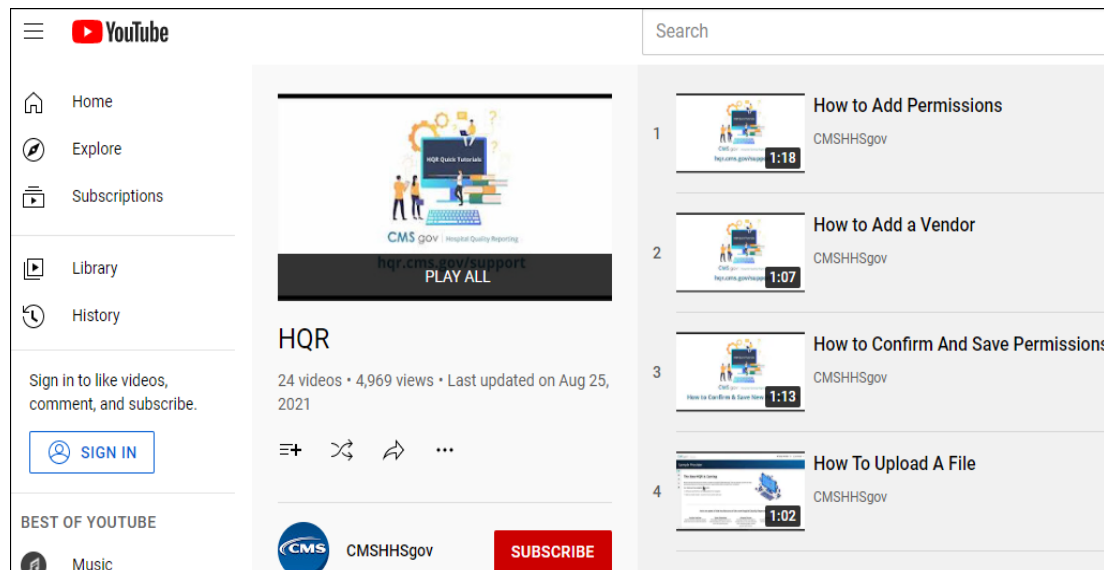
Acronyms

CY 2022 eCQM Reporting Tools and FAQs for the
Hospital IQR Program and Medicare Promoting Interoperability Program

Frequently Asked Questions (FAQs)

FAQ #1: Is it required to submit the Safe Use of Opioids eCQM?

Yes. Hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs are required to submit the *Safe Use of Opioids – Concurrent Prescribing eCQM* for 3 self-selected quarters of CY 2022 data.

Tip: Hospitals that do not have patient-level data meeting the denominator criteria, must submit a denominator declaration for each of the three self-selected quarters to successfully report this mandatory measure.

FAQ #2: Where do I enter denominator declarations?

Log into the *HQR Secure Portal*.

- A zero denominator declaration may be used if the hospital does not have any patients that meet the denominator criteria.

- A case threshold exemption may be used when there are 5 or less discharges during a quarter that meet the initial patient population.

- The system will default to the most current quarter.

> Tip: Remember to click: "I'm ready to submit." The blue button is for each self-selected quarter, if applicable.

< 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 selected date range.

I'm ready to submit

[**] 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.

Reviewing Denominator Declarations

|	Case Threshold Exemption	Zero Denominator Declaration
Program	• Hospital IQR Program • Medicare Promoting Interoperability Program	• Hospital IQR Program • Medicare Promoting Interoperability Program
Criteria	• A hospital's electronic health record (EHR) system is certified to report the eCQM. **AND** • Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter.	• A hospital's EHR system is certified to report the eCQM. **AND** • A hospital does not have any patients that meet the denominator criteria of that CQM.
Other	• 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.	• 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.

FAQ #3: Will CMS publicly report our eCQM data?

Yes. The public display of CY 2022 eCQM data will be made available to the public in the October 2023 release. CMS finalized public reporting of eCQM data beginning with the CY 2021 reporting period and subsequent years.

> Tip: Production data submissions uploaded to the HQR System will be publicly reported. Test file submissions are considered practice and will not be publicly reported.

FAQ #4:
Where will our eCQM data display?

CY 2022 eCQM data will publicly display on the Provider Data Catalog (PDC) website (data.cms.gov) for the October 2023 release. During a 30-day preview period, hospitals and CAHs can review their data before the data are displayed. CMS will later announce the public display of eCQM data on Care Compare.
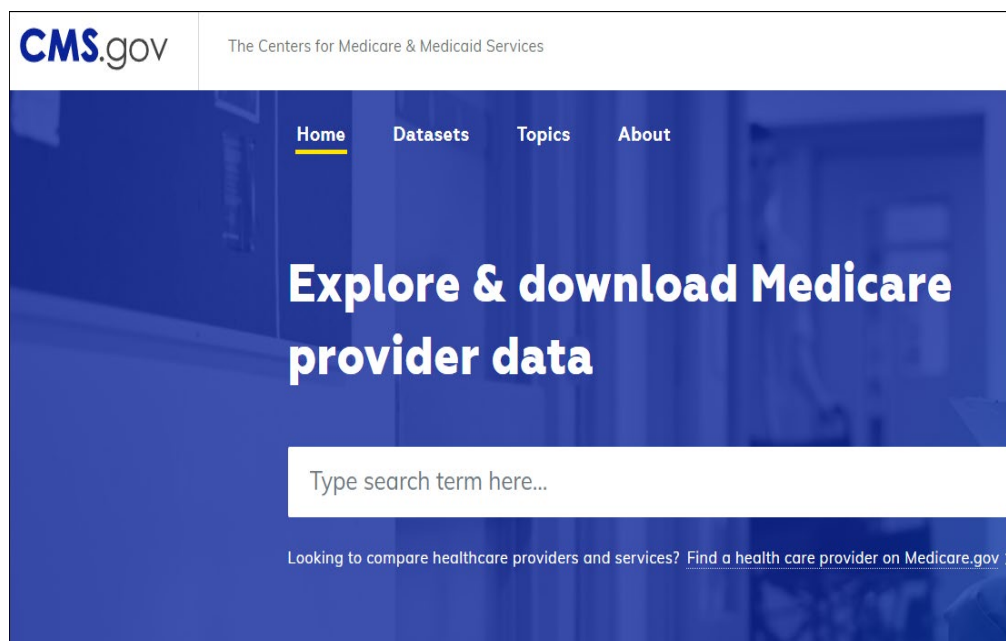
Tip: Hospitals "preview" their data on the *HQR Secure Portal's* Preview User Interface.

FAQ #5: What are the 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.

> Tip: Prior to data upload, verify your ZIP file does not contain other ZIP files. A ZIP file contained within a ZIP file will be "delayed" in the HQR system.

Acronyms

FAQ #6: Will the system reject our file if we combine Q1 and Q2 data within an individual QRDA Category I file?

Yes! The QRDA Category I file format has not changed. Submit one QRDA I file / per patient / per quarter. Each file should include all measures applicable to that patient, and all episodes of care applicable to the reported measures.

> Tip: Zip files may contain QRDA Category I files from different quarters and different CMS Certification Numbers (CCNs).

FAQ #7: Why is my file processing status showing "delayed"?

A new "delayed" submission status is now available using File Upload in the HQR System. The "Delayed" status will appear when a file has failed to process for an unknown reason.

Tip: Contact the CCSQ Service Center to examine your file and help it move through the upload process. CMS does not recommend uploading the file again.

Acronyms

FAQ #8: How does the HQR System decide when to overwrite previously submitted files?

The HQR System uses Succession Management. The HQR System will identify QRDA Category I files with 5 matching key elements. The newest QRDA Category I *production* file submission will overwrite the previous file submission containing the following same elements.

Element	Example
CMS Certification Number	CCN
CMS Program Name	HQR_PI or HQR_IQR or HQR_PI_IQR
EHR Patient ID	Up to 256 characters in length (numbers/letters)
Reporting Period	For Q1: Low Value – "20220101" High Value –"20220331"
EHR Submitter ID	Hospitals – CCN Vendors – Vendor ID

Tip: Succession management applies to production file submissions only. Delete previous test file submissions prior to resubmitting your test data.

Acronyms

FAQ #9: Which version of CEHRT is required for CY 2022 eCQM reporting?

Hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs are required to use Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the following:

- Existing 2015 Edition certification criteria
- 2015 Edition Cures Update criteria
- Combination of both

Note: EHRs must be certified to all available eCQMs.

Tip: To check whether a health IT product has been certified, visit the Certified Health Information Technology Product List (CHPL): https://chpl.healthit.gov/#/search

Acronyms

FAQ #10: How can I confirm my hospital met the CY 2022 eCQM reporting requirement?

The Program Credit User Interface is available to hospitals and their vendors to review how production data applies toward program credit. A banner indicates the hospital's reporting status. Click the Export Report button to download the report.
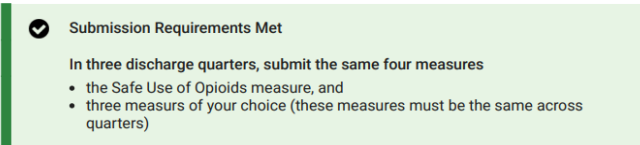
Green Banner = Requirements Met

Yellow Banner = Requirements Not Met

FAQ #11: Our hospital did not meet the eCQM requirement. What can we do?

- For the Hospital IQR Program, refer to the [Extraordinary Circumstances Exception (ECE) Policy](#). ECE Request Forms are due **April 3, 2023.**

- For the Medicare Promoting Interoperability Program, refer to the [Scoring, Payment Adjustment, and Hardship Information](#).

  o CMS will announce when the Hardship Exception Applications for the Medicare Promoting Interoperability Program are available.

Tip: CMS will review requests on a case-by-case basis and will notify the provider of the decision.

FAQ #12: How will CMS validate CY 2022 eCQM data?

For the Hospital IQR Program, eCQM data reported Q1 2022–Q4 2022 will be validated affecting the FY 2025 payment determination.

➤ CMS will validate up to 24 cases from 3 calendar quarters of CY 2022 eCQM data (up to 8 cases per quarter for 3 quarters).

➤ From each quarter, CMS will randomly select 1 to 8 cases per measure, depending on how many measures a hospital reported to CMS, for no more than 8 cases total across all measures.

➤ Selected hospitals must submit 100 percent of requested medical records within 30 days of the date listed on the medical records request.

➤ Timely and complete submission of medical record information will impact FY 2025 payment updates for subsection (d) hospitals.

➤ Please direct any additional validation questions to the eCQM validation contractor at validation@telligen.com.

Tip: Accuracy of eCQM data (i.e., the extent to which data abstracted for validation match the data in the files submitted for validation) **will not** affect a validation score for the FY 2025 payment determination.

FAQ #13: Does documentation noting a "History of Breast Cancer" meet the denominator exclusion criteria for the Safe Use of Opioids eCQM?

Questions related to eCQM logic and specifications are addressed in the ONC Jira Project Tracking System, specifically the [eCQM Issue Tracker](#).

Tip: Perform a quick search first as the measure steward may have already addressed a similar question.

Acronyms

FAQ #14: Does the HQR System validate units using the PQ data type?

For CY 2022 eCQM reporting, the HQR System has been updated and will not validate units for the International Normalized Ratio. The eCQMs impacted are VTE-1, VTE-2, and STK-5.

Tip: This guidance is in alignment with
The Joint Commission and is reflected in the
CMS QRDA Category I 2023 Implementation Guide.

PQ=physical quantity

eCQM and Hybrid Measure Support Resources

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

Webinar Questions

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

CY 2022 eCQM Reporting Tools and FAQs for the
Hospital IQR Program and Medicare Promoting Interoperability Program

Thank You

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