



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

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

Speaker

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Veronica Dunlap: Hello, everyone. Welcome to today's On Demand webinar, *Calendar Year 2022 eCQM Reporting Tools and FAQs for the Hospital IQR Program and Medicare Promoting Interoperability Program*. My name is Veronica Dunlap, and I am the Program Lead for the Alignment of eCQM reporting for the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host and speaker for today's webinar.

Today's webinar will review helpful tips and tools for calendar year 2022 eCQM reporting. We will also be discussing some of the most frequently asked questions we have received specific to calendar year 2022 eCQM reporting.

At the end of this presentation, you will be able to access and locate eCQM reporting tools and resources, understand responses to frequently asked questions, and apply the knowledge gained to improve your data submission process.

A list of acronyms and abbreviations used during the presentation is provided for you to reference.

As stated in the slide, if you have questions that did not get addressed during this presentation, please email your question to WebinarQuestions@hsag.com and include the webinar title in the subject line. If your question is not related to the webinar, please submit your question to the [QualityNet Inpatient Question and Answer Tool](#) at the link provided in the slide.

Let's begin by pointing out some useful tips and tools applicable to the calendar year 2022 eCQM reporting period.

The reporting of eCQM data is one of the many requirements for the Hospital Inpatient Quality Reporting Program, as well as the Medicare Promoting Interoperability Program. Since calendar year 2016, hospitals participating in the Hospital IQR Program have been required to report eCQM data in alignment with the Medicare Promoting Interoperability Program.

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Participating hospitals that successfully submit eCQM data based on the calendar year requirements will fulfill their reporting requirement for each program with one submission. Just a reminder, the submission deadline is February 28, 2023, at 11:59 p.m. Pacific Time. The *HQR Secure Portal* will not allow data to be submitted and/or corrected after the deadline.

To meet the calendar year 2022 eCQM reporting requirement, hospitals must submit a total of four eCQMs per quarter. However, three quarters of data, instead of two, are required along with the mandatory Safe Use of Opioids – Concurrent Prescribing eCQM. Again, that submission deadline is February 28. The eCQMs must be the same across all three quarters of data. That means each quarter should contain the same self-selected eCQMs, those three self-selected eCQMs, plus the mandatory Safe Use of Opioids eCQM. Again, each quarter will have the same four eCQMs for three quarters of data. As a reminder, successfully meeting the Hospital IQR Program eCQM requirement also fulfills the eCQM reporting requirement with just one submission.

Each year, CMS reviews and may propose changes to the reporting requirements for a variety of quality reporting programs. After public comment is received, CMS will then publish the finalized changes in the IPPS/LTCH PPS final rule, published in the *Federal Register*. Here, I have cited page references specific to the calendar year 2022 eCQM reporting requirement as they pertain to each of the programs.

A list of program resources is available for the Hospital IQR Program, shown here on the left side of the slide, and, for the Medicare Promoting Interoperability Program, a list of program resources is available on the right side. Although eCQM reporting is aligned between the programs, each program has additional requirements in order to successfully receive their annual payment determination and/or prevent a downward payment adjustment. Also, we recommend joining both the Listserve groups, Listserve notifications. Those lists are provided on the slide, as there may be times an announcement may just pertain to one program and not the other. If you have questions on the Hospital IQR Program and eCQM reporting, please contact the Inpatient Support Team.

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Questions specific to solely to the Medicare Promoting Interoperability Program should be submitted to the [CCSQ Service Center](#).

As I just mentioned, each program has additional program-specific requirements besides the reporting of eCQM data. The annual submission of eCQM data does not fulfill ALL program requirements for either of the programs. Here on this slide is a great start to understanding the Hospital IQR Program, by reviewing the fiscal year 2024 Hospital IQR Program guide and learning more about the additional program requirements. This guide is available on the QualityNet and Quality Reporting Center websites. On the right for the Medicare Promoting Interoperability Program, that information is located on the CMS.gov website. There is a dedicated page specific to 2022 program requirements.

This slide summarizes the calendar year 2022 eCQM reporting requirements specific to the CMS quality reporting programs listed on the slide. This is the first year hospitals are required to submit data for the mandatory Safe Use of Opioids – Concurrent Prescribing eCQM for three quarters of data. This is the last year to submit data using Certified EHR Technology to the 2015 Edition. Beginning with next year’s reporting, calendar year 2023, data must be reported using Certified EHR Technology to the 2015 Edition Cures Update. Hospitals participating in the Hospital IQR Program, submitting data related to 2022 discharges, will affect the hospital’s Medicare reimbursement for the payment year 2024, also referred to as “fiscal year.” This also applies to eligible hospitals participating in the Medicare Promoting Interoperability Program. However, for the critical access hospitals required to report for the Medicare Promoting Interoperability Program, that payment year affected is fiscal year 2022.

We have provided a table of the nine available eCQMs in the calendar year 2022 measure set. This tool is available under the eCQM section on the QualityNet and Quality Reporting Center websites, or you may access it here by clicking on the link provided at the bottom.

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The calendar year 2022 eCQM fact sheet provides a high-level review of the eCQM reporting requirements for the Medicare Promoting Interoperability Program and includes specific information pertinent to eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program. This document is located on the CMS.gov website and a link has been provided for you.

Another tool applicable to calendar year 2022 reporting is the eCQM Submission Overview document which provides hospitals and vendors a high-level overview on the reporting of eCQM data as it pertains to the Hospital IQR and Medicare Promoting Interoperability Programs. A summary of the calendar year requirements is provided. Just to note, the public display of eCQM data, which began with calendar year 2021 data, will continue apply to calendar year 2022 eCQM data. That is anticipated for the October of 2023 release. Again, calendar year 2022 eCQM data, the submission period we are currently working in, CMS does anticipate for that data to be released for public reporting for the October 2023 release. Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for both chart-abstracted measures and eCQMs.

Available for eCQM reporting, another helpful document is the Calendar Year 2022 QRDA Category I Submission Checklist and the eCQM Implementation Checklist. The submission checklist, preparation checklist, prepares the data submitters walking through the steps of the data submission process. They are shown on the left hand slide. It reviews the requirements and goes through each step by showing the user how to log into the system, navigate to the user interface where files are uploaded, and review measure outcomes and performance scores. Just a reminder that the HQR System only evaluates production file submissions for performance. Test file submissions will not display a performance score under the Outcomes tab under Data Results and will not be counted towards program credit. The checklist also instructs users on how to manually enter their denominator declarations, if applicable, and, very importantly here, how to confirm that your hospital has met the eCQM

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reporting requirement by running the Program Credit Report. So, all those steps are spelled out for you to walk you through that data submission process. The checklist there on the right, the implementation checklist, outlines the technical steps in order for your hospital to successfully report calendar year 2022 data. If you have submitted QRDA I files that may have unfortunately rejected, you may find it useful to re-review this checklist to ensure that you are using the updated value sets and accurately capturing the data and reviewing the general logic guidance provided, specific for calendar year 2022.

As you are troubleshooting your measure logic and referencing the calendar year 2022 implementation resources, it is a good idea to bookmark the webpage on the [eCQI Resource Center](#) specific for the current reporting period. Again, make sure that you are selecting 2022. Always confirm that you are researching those resources under the correct reporting year. For calendar year 2022 reporting, all the versions shown are the most current and were published in the 2021 CMS annual update.

A few of the implementation resources provided here are the technical release notes, implementation guide, Schematron and sample files, eCQM flows, and value sets are also located here. To delve a little bit deeper here, the technical release notes provide an overview of the logic and terminology changes to each eCQM, noting which section the change took place and the source of the change, like if it stemmed from the measure lead or perhaps the annual update. For submitters who have questions on QRDA I file format for reporting eCQMs, they can access the CMS QRDA I IG, or Implementation Guide. If there are questions surrounding how the logic is expressed and performance rates are calculated, please check out the eCQM flows available for each measure. Lastly, the Schematrons and sample files provide technical guidance on the HL7 standard and rules to validate that QRDA I files conform to the requirements specified in the IG.

Under the Tools and Key Resources section on the eCQI Resource Center, the versions used to create and support the implementation of the specifications for calendar year 2022 are available.

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A link is provided for each tool or standard version specific to calendar year 2022 such as the measure authoring tool, or MAT, the CQL style guide, the HL7 IG, and the eCQM logic and implementation guidance.

Then, you can visit the eCQM Data Element Repository, also located on the eCQI Resource Center. It is a central storage area with an advanced filtering function that enables users to locate their data element information and definitions for eCQMs based on information combined from the Value Set Authority Center, or VSAC, the eCQM specification, and the QDM. This is found under the Measure Collaboration Workspace, users can filter information by a data element, or eCQM, or specific to the QDM category, datatype, or attributes. To learn more about this, there is a helpful Measure Collaboration User Guide and educational sessions that are available. Again, that link is provided for you here.

Another useful resource you may find yourself referring to is the HQR Known Issues Document located on QualityNet. It outlines system issues based on the reporting program within the HQR System. It provides the date and a description of the known issue, what affect it has to the end user, including if there are any report issues and the current status of that known issue. If you are having an issue while working in the HQR System, please reach out to the CCSQ Service Center who can assist you in troubleshooting that issue. Again, if it is a known widespread issue, it will be updated on this document.

We recently hosted a webinar that took place on November 29 that provided a video tutorial on the calendar year 2022 eCQM data submission process. Watching the presentation recording or reviewing the transcripts may assist you and your staff in learning how to achieve successful submission. Archived events are all located on the Quality Reporting Center. The link for this specific tutorial has been provided for you on this slide.

Lastly, available is a series of YouTube video tutorials on the HQR System that is accessible for everyone to click and play. They are less than a minute in length and provide quick, simple instructions on how to do

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something in the *HQR Secure Portal*. I have included the names of a few of the tutorials that are helpful for eCQM data submitters, such as How to Review Data Results, How to Upload an eCQM File, and, most importantly, instructions on how to go about checking your Program Credit Report.

Now, let's review some of the frequently asked questions.

Our first FAQ: Is it required to submit the Safe Use of Opioids – Concurrent Prescribing eCQM for calendar year 2022 reporting? The answer is yes. The Safe Use of Opioids measure was added to the calendar year 2021 measure set as one of the available eCQMs data submitters could self-select. However, for calendar year 2022, this measure is mandatory and three quarters of data are required. An important tip is for hospitals that do not have patient-level data meeting the denominator criteria for this measure. They must submit a zero denominator for each of their three self-selected quarters. Since the denominator is defined by the initial population for this measure, if there are no inpatients 18 years of age and older at the start of the encounter that were prescribed one or more new or continuing opioid or benzodiazepine at discharge, you must access the *HQR Secure Portal* and navigate to Data Submissions. Then, you will launch the data form to enter a zero denominator for each of the three quarters. Again, as this is a mandatory measure, this must be submitted either by QRDA I file, case threshold exemption, or a zero denominator in order to meet the program credit requirements. We will review this a little bit more in the next FAQ.

Where do I enter denominator declarations, such as zero denominators or case threshold exemptions? If your EHR is certified to report the Safe Use of Opioids – Concurrent Prescribing eCQM but your hospital does not have any inpatients meeting the denominator criteria we just discussed, you must log into the *HQR Secure Portal*, select Data Submissions, and launch the data form, shown here on the slide. The system will default to the most current quarter, which is Q4 2022. So, it is important to verify your discharge quarter and confirm your selection.

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Next to the Safe Use of Opioids measure, click on the drop-down box and select zero denominator. Make sure you click the “I’m ready to submit” blue button located at the bottom. Again, confirm that you have successfully reported this measure for three quarters. If you have five or fewer patients for the Safe Use of Opioids measure, you can either submit those few patient-level QRDA I files or enter a case threshold exemption, which is 0 to 5 cases per discharge quarter. Again, confirm there are data entered for this mandatory measure for your three self-selected quarters. The steps to successfully submit eCQM data have been compiled for you on that calendar year 2022 QRDA I submission checklist. Refer to slide 16. In addition, I had mentioned this before, a video tutorial on the calendar year 2022 eCQM data submission process, including how and where to enter denominator declarations, is also available and can be located under the Archived Events on the Quality Reporting Center website.

Feel free to reference this slide which shows how denominator declarations are defined and applied to eCQM reporting for the Hospital IQR and Medicare Promoting Interoperability Programs. Even if you do not have patients meeting the denominator criteria or have five or fewer patients in a discharge quarter for a measure, your EHR still must be certified to report that denominator declaration for that specific eCQM. So, that is an important note.

Our next frequently asked question: Will CMS be publicly reporting our eCQM data? Yes. The answer is yes. Public reporting of eCQM data began with calendar year 2021 data and will continue with calendar year 2022 data and subsequent years. I want to point out that all eCQM data submitted as production file submissions to the HQR System will be evaluated by CMS and publicly reported. However, test file submissions are considered practice and will not be publicly reported.

Now, this leads to our next FAQ: Where will our eCQM data be displayed? These data will be publicly displayed on the Provider Data Catalog, or PDC, located on the data.medicare.gov website and will not be reported on the Care Compare website.

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For calendar year 2021 eCQM data, hospitals had the opportunity to preview their data by logging into the HQR System and accessing the preview user interface before they are made public. This timeframe, referred to as the “30-day preview period” began November 8 and recently ended on December 7, 2022, and this is for the publicly reported data for the January 2023 release. For all production file submissions submitted for calendar year 2022, CMS anticipates these data will be publicly reported for the October 2023 release. CMS will continue to communicate updates on public reporting of eCQM data and provide additional information as it becomes available.

Our next FAQ: What are the QRDA Category I file format expectations? As listed here on this slide, the format of the QRDA Category I file has not changed for calendar year 2022, and remains one QRDA Category I file, per patient, per quarter. Additional quarters of data should not be included within each individual QRDA Category I file and will be rejected in the HQR System. Each file, for the applicable quarter, should include all the measures you will be submitting for on a patient, and include all of the patient discharges for that quarter, and that quarter only. With hospitals being required to submit additional quarters of data, the HQR System does allow batches of files to contain a variety of QRDA I files across different quarters. Also, vendors may upload a Zip file that may have a mix of QRDA I files for different facilities. An important tip is to verify your ZIP file does not contain other ZIPs prior to uploading to the HQR System, as this may cause a significant system delay. If a hospital has more than 14, 999 QRDA files, they are able to submit multiple zip files. For help on uploading your files or troubleshooting rejected files, please reach out to the CCSQ Service Center.

Will the system reject our QRDA I file if we combine Quarter 1 and Quarter 2 data within an individual QRDA I file? Again, I just want to repeat that the answer is yes. This can be a confusing question. The standardized format of a QRDA Category I file has not changed and is again one QRDA I file, per patient, per quarter.

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QRDA I files are specific to just one quarter of data. The HQR System validates the file structure based on the low and high values provided for each reporting quarter. That information is within the QRDA I file. However, the HQR System does allow ZIP files that contain files from different quarters and even files with different CCN numbers across different facilities within a healthcare system. The system has that capability to sort and process those files accordingly. So, just keep in mind that the HQR System may reject files based on user permissions, especially if they vary from facility to facility. Additional guidance on the QRDA I file format is available in the 2022 QRDA I Implementation Guide. Again, that is located on the eCQI Resource Center.

For our next FAQ, why is my file processing status showing “Delayed”? The HQR System announced that a new status is now available. Users may receive a message noting that their status is delayed. The Delayed status will display when a file has failed to process for an unknown reason. It is recommended to stop and call the CCSQ Service Center to examine your file and explore the reason for the Delayed status. Do not re-upload the files, as this may lead to a significant delay within the HQR system.

Next, how does the HQR System decide how or when to overwrite previously submitted files? The HQR System uses succession management on QRDA I files that have been uploaded as production file submissions. The tip noted there is to remind data submitters that succession management is not applied to those files submitted to test. If your hospital submits test file data, it is recommended to manually delete previous test file submissions prior to resubmitting them since they will not be overwritten. The HQR System validates QRDA Category I files, including the five matching key elements that are contained in each file. That table here reviews each of those five elements as the CCN number; CMS Program Name; the EHR Patient ID; the reporting period, which again is for one quarter; and the Submitter ID. For this element, the Vendor ID or the hospital’s CCN number is used, depending on who the actual submitter is.

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The newest QRDA Category I production file submission will overwrite the previous file submission as long as each file contains all same five key elements I just reviewed. QRDA I files uploaded as test will not be overwritten. So, if you are submitting test files with those same five elements, you will have duplicate files. Again, CMS does recommend deleting any previous batches or files prior to resubmitting corrected test file, and, if you have further questions on succession management, please reference the 2022 CMS QRDA I Implementation Guide.

Next, which CEHRT version is required for calendar year 2022 eCQM reporting? The answer is for hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs: Calendar year 2022 eCQM data must be reported using the existing 2015 Edition of CEHRT, the 2015 Edition Cures Update criteria, or a combination of both. Hospitals are required to maintain their certified EHR systems to report on all eCQMs specified in the measure set. As mentioned earlier, the calendar year 2022 eCQM specifications, including the 2022 IG, are all available and published in CMS annual update for the 2022 reporting period and are available on the eCQI Resource Center. In order to check whether a product has been certified, visit the [Certified Health Information Technology Product List](#). It's also referenced as the CHPL website, and a link has been provided for you on the slide.

Next, how can I confirm my hospital met the calendar year 2022 eCQM reporting requirement? Once data have been submitted up until the submission deadline, February 28, hospitals and vendors can review how that data applies toward program credit by running the Program Credit Report in the *HQR Secure Portal*. The Program Credit Report is accessed by first logging into the HQR System and navigating to Program Reporting. Then, select Program Credit. I did want to point out that the discharge quarter will default to Quarter 4 2022 and the PI Program card at the top. Make sure to choose the discharge quarter and click the Change Selection button. Also, select the program card at the top that is applicable to your hospital quality reporting. As you see here on the left, a green banner indicates that the submission requirements have been met.

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On the right, it shows a yellow banner which indicates the requirements have not been met. The system will evaluate the data for program credit across all quarters and all measures in the measure set. The HQR System will then determine whether the requirements have been met or not for your facility. The banner message is not specific to an individual quarter, now that three quarters of data are required. The system is reviewing the production file data submitted and confirming that there are at least three quarters of data with the same four measures in each one of those quarters. It is also confirming that one of the four eCQMs is the mandatory Safe Use of Opioids – Concurrent Prescribing eCQM. The Program Credit Report is a snapshot in time, and it may change to reflect files that might have possibly been recently deleted, overwritten, or resubmitted. It is recommended to wait at least 15 minutes after any updates have been made within the HQR System for this report to accurately reflect your hospital's reporting status. On the lower half of the report, the measure and submission status will display along with the Last Updated date and time reflected in the system.

Next FAQ: Our hospital did not meet the eCQM requirement. What can we do? If your facility was unable to successfully meet the calendar year 2022 eCQM reporting by the deadline, please take the time to review the applicable policies noted on this slide. Hospitals participating in the Hospital IQR Program should reference the Extraordinary Circumstances Exception, or ECE, policy, located on the QualityNet website. CMS understands there may be circumstances beyond the hospital's control, such as vendor issues or infrastructure challenges. ECE request forms are due for the Hospital IQR program by April 3, 2023. The Inpatient Support Team is available for questions on the Hospital IQR Program and ECE policy. There are two types of ECEs for hospitals participating in the Hospital IQR Program, non-eCQM related ECEs and eCQM-related ECEs. For eCQM reporting, hospitals may use the ECE form to request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program year. Additional information, such as the Quick Reference Guide and ECE request forms, are all available on Quality Net.

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There's also a video tutorial on how to locate, submit, and complete an ECE form, which is available to watch on the Quality Reporting Center website. Eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program follow a different process and should review the hardship information on the Scoring, Payment Adjustment and Hardship page on the CMS.gov website. To be considered for an exception and avoid a downward payment adjustment, hardship forms for the Medicare Promoting Interoperability program are due September 1, 2023. A reminder, CMS will review ECEs and hardship requests and make a determination on a case by case basis.

Our next FAQ, how will CMS validate calendar year 2022 eCQM data? The eCQM data submitted for calendar year 2022 will be validated, affecting the fiscal year 2025 payment determination. Specific to the Hospital IQR Program, hospitals must meet validation requirements to avoid a reduction in their annual payment update. CMS will validate up to 24 cases from three calendar quarters of data, which is up to eight cases per quarter for three quarters. From each quarter, CMS will then randomly select one to eight cases per measure, depending on how many measures a hospital reported to CMS, and for no more than eight cases total across all measures. Similarly, to last year, the accuracy of eCQM data submitted will not affect a hospital's validation score. In order to meet this requirement, selected hospitals must submit 100 percent of the requested medical records within the stated timeframe, which is within 30 days of the date listed on the medical records request. CMS finalized the change to the data submission threshold from 75 percent to 100 percent in the Fiscal Year 2023 IPPS Final Rule. Any validation questions should be directed to the eCQM validation contractor at validation@telligen.com.

Next, does documentation noting a "history of breast cancer" meet the denominator exclusion criteria for the Safe Use of Opioids eCQM? Although this exact question may not be a frequently asked one, this question is related to the Safe Use of Opioids – Concurrent Prescribing measure logic and specifications.

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These types of questions are not addressed in the Inpatient Question and Answer Tool. They are addressed by the measure stewards in the ONC JIRA Tracking System.

Now, there are a few different trackers depending on the nature of your question. Anything related to measure logic and eCQM specifications would be submitted to the eCQM Issue Tracker. Questions such as these may have been already asked by someone else in the data submitter community and already addressed. So, you may perform a quick search first, as the measure steward may have already addressed a question that is similar to yours. If you are unable to locate an answer for your question, you do need to create a free account in order to submit your own question to the respective tracker. Make sure you are selecting the correct tracker that is applicable to the nature of your question.

Our last frequently asked question, does the HQR System validate units using the PQ data type? A Listserve announcement was distributed on November 30, notifying eCQM data submitters that the HQR System will no longer be validating units reported for INR for calendar year 2022 submissions. This change was implemented within the HQR System on November 3 and affects VTE-1, VTE-02, and STK-5 measures. As you review your data that have been uploaded prior to November 3, and determine cases not meeting the numerator but perhaps are expected to, it is recommended to resubmit those files to the HQR System for them to be reprocessed, given this update. This guidance has already been changed in the 2023 IG, and the HQR System will continue this functionality next year's eCQM reporting. If you are interested in more information, please go ahead and look at the 2023 QRDA implementation guide to reference.

I would like to end the presentation by providing a list of contacts and contact information specific to various eCQM and hybrid measure topics. We encourage you and your staff to continue to ask questions and seek guidance as needed. As a reminder, email any questions pertinent to the webinar topic to WebinarQuestions@hsag.com with the webinar title in the subject line. If your question pertains to a specific slide, please include the slide number in the body as well.

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For all other questions, we recommend you submit to the Quality Inpatient Question and Answer Tool located at the link provided. That concludes today's presentation. Thank you again for taking the time to listen to the information presented in the webinar. Thank you so much. Have a great day!