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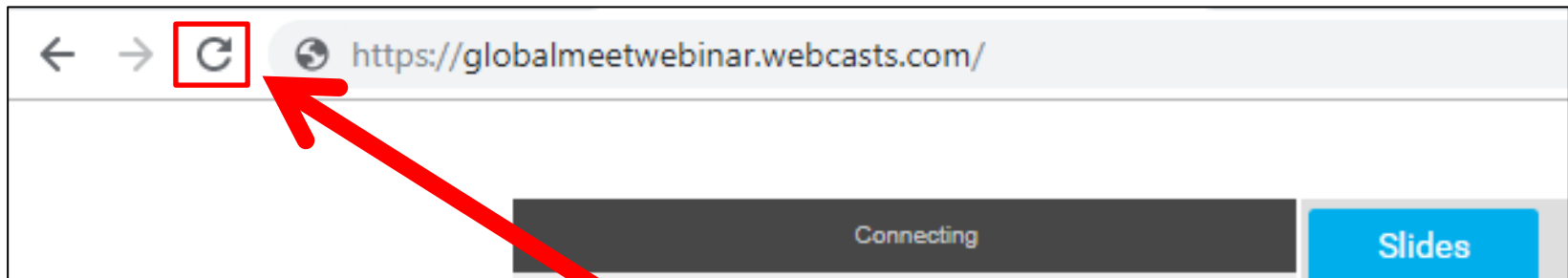
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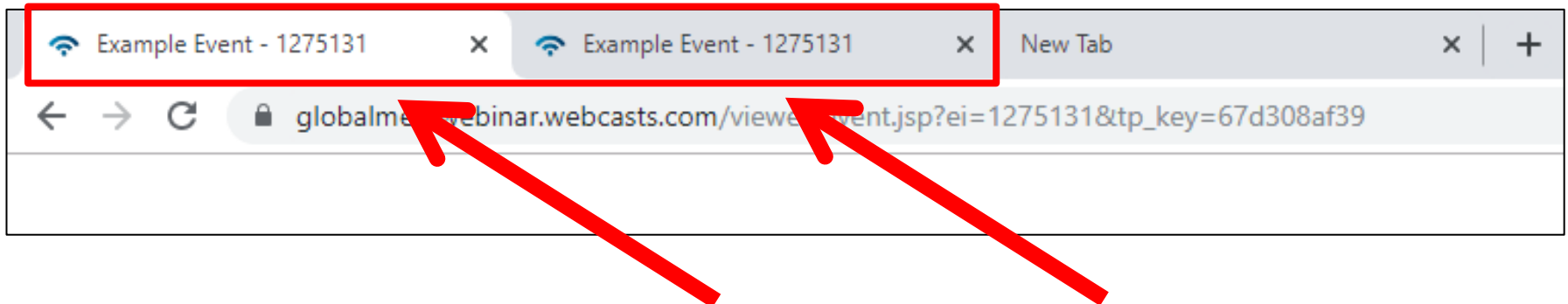
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**Inpatient Value, Incentives, and Quality  
Reporting (VIQR) Outreach and Education  
Support Contractor**

A screenshot of a web interface for asking questions. At the top, there is a black bar with a pause icon, a refresh icon, the word "Live", and a speaker icon. Below this is a blue header with a downward arrow and the text "Ask a Question". Under the header is a text input field with the placeholder text "Ask a Question". At the bottom left of the input field is a grey button with the text "Send". The entire interface is enclosed in a red rectangular border.

**Today's Presentation**



# **Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data**

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**May 25, 2022**

# Speakers

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**Project Lead**

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**Veronica Dunlap, BSN, RN, CCM**  
**Lead**

Alignment of Electronic Clinical Quality Measure (eCQM) Reporting  
Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach  
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**Principal Informaticist**  
**ICF**

# Purpose

This presentation will provide an overview of the reporting requirements, focusing on the implementation resources for reporting eCQM and Hybrid Hospital-Wide Readmission (HWR) measure data for the fiscal year (FY) 2024 payment determination.

# Objectives

Participants will be able to:

- Understand the 2023 voluntary reporting requirement for the Hybrid HWR measure for the Hospital Inpatient Quality Reporting (IQR) Program.
- Identify aligned calendar year (CY) 2022 eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs.
- Locate implementation resources to help ensure successful submission of eCQM and Hybrid HWR measure data.



# Acronyms and Abbreviations

|              |  |             |  |
|--------------|--|-------------|--|
| <b>CAH</b>   | critical access hospital                 | <b>HQMF</b> | Health Quality Measure Format            |
| <b>CCDE</b>  | core clinical data element               | <b>HQR</b>  | Hospital Quality Reporting               |
| <b>CCN</b>   | CMS Certification Number                 | <b>HSR</b>  | Hospital-Specific Report                 |
| <b>CDA</b>   | Clinical Document Architecture           | <b>HWR</b>  | Hospital-Wide Readmission                |
| <b>CEHRT</b> | Certified EHR Technology                 | <b>IG</b>   | Implementation Guide                     |
| <b>CMS</b>   | Centers for Medicare & Medicaid Services | <b>IPPS</b> | inpatient prospective payment system     |
| <b>CQL</b>   | Clinical Quality Language                | <b>IQR</b>  | Inpatient Quality Reporting              |
| <b>CY</b>    | Calendar Year                            | <b>MBI</b>  | Medicare Beneficiary Identifier          |
| <b>DOB</b>   | date of birth                            | <b>ONC</b>  | Office of the National Coordinator       |
| <b>ECQI</b>  | Electronic Clinical Quality Improvement  | <b>PC</b>   | perinatal care                           |
| <b>ECQM</b>  | electronic clinical quality measure      | <b>Q</b>    | quarter                                  |
| <b>ED</b>    | emergency department                     | <b>QDM</b>  | Quality Data Model                       |
| <b>EH</b>    | eligible hospital                        | <b>QRDA</b> | Quality Reporting Document Architecture  |
| <b>EHR</b>   | electronic health record                 | <b>STK</b>  | stroke                                   |
| <b>FFS</b>   | Fee for Service                          | <b>STU</b>  | Standard for Trial Use                   |
| <b>FY</b>    | fiscal year                              | <b>UCUM</b> | Unified Code for Units of Measure        |
| <b>HARP</b>  | HCQIS Access Roles and Profile           | <b>V</b>    | version                                  |
| <b>HICN</b>  | Health Insurance Claim Number            | <b>VIQR</b> | Value, Incentives, and Quality Reporting |
| <b>HL7</b>   | Health Level 7                           | <b>VSAC</b> | Value Set Authority Center               |

Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data

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**Before We Begin . . .**

# Talking Points

- An eCQM is different than a hybrid measure.
- It is important to understand the timeline for each type of measure and to use the correct tool for the applicable reporting period.

# Background

- Since CY 2016, eCQM reporting is an aligned mandatory requirement for the Hospital IQR and Promoting Interoperability Programs.
- The Hybrid HWR measure, was developed to increase the use of electronic health record (EHR) data in quality measurement for the Hospital IQR Program, as outlined in the FY 2020 Inpatient Prospective Payment System (IPPS) Final Rule.
  - Adopted as a voluntary measure

# Reminder on Reporting and Submission Requirements

Hospitals are required to:

- Submit data on each specified measure in accordance with the measure specifications for a certain time period.
- Use technical specifications in the CMS Annual Update for the Hospital Quality Reporting (HQR) Programs.
- Reference the most current version documents and implementation guidance.
- Report using the Quality Reporting Document Architecture (QRDA) Category I File Format.

# eCQM vs Hybrid HWR Measure: FY 2024 General Overview

| Topic            | eCQM  | Hybrid HWR Measure  |
|------------------|---|---|
| Program(s)       | <ul style="list-style-type: none"> <li>Hospital IQR Program</li> <li>Medicare Promoting Interoperability Program</li> </ul> | Hospital IQR Program  |
| Requirement      | Mandatory   | Voluntary*<br>(This will not impact FY 2024 payment determination.) |
| Public Reporting | Yes<br>Provider Data Catalog<br>(data.medicare.gov)   | No**  |
| Validation       | Yes   | No  |

\*Mandatory reporting starts with the 7/1/2023–6/30/2024 reporting period impacting FY 2026 payment determination.

\*\*Public Reporting will begin with data collected from the 7/1/2023–6/30/2024 reporting period impacting FY 2026 payment determination. It is anticipated to be included in the July 2025 refresh on Care Compare.

# eCQM vs Hybrid HWR Measure: FY 2024 Submission Overview

| Topic   | eCQM  | Hybrid HWR Measure  |
|---|---|---|
| Measurement/<br>Performance Period  | January 1, 2022 –<br>December 31, 2022  | July 1, 2021 – June 30, 2022  |
| Reporting Period  | CY 2022   | 2023 Voluntary Reporting  |
| Payment<br>Determination  | FY 2024   | FY 2024<br>(This will not impact FY 2024 payment determination.)  |
| Submission Deadline   | February 28, 2023   | September 30, 2022  |
| Submission<br>Requirements  | <ul style="list-style-type: none"> <li>Report three self-selected eCQMs plus Safe Use of Opioids-Concurrent Prescribing eCQM</li> <li>Report three self-selected calendar quarters in CY 2022 (Q1, Q2, Q3 or Q4)</li> </ul> | <ul style="list-style-type: none"> <li>Submit <b>linking variables on 95% or more of discharges</b> with a Medicare Fee for Service (FFS) claim for the same hospitalization during the measurement period.</li> <li>Report <b>vital signs for 90% or more of hospital discharges</b> for Medicare FFS patients, 65 years or older in the measurement period (determined from claims submitted to CMS for admissions ending during the same reporting period).</li> <li>Submit the <b>laboratory test results for 90% or more of discharges</b> for non-surgical patients (those not included in the surgical specialty cohort of the Hybrid HWR measure).</li> </ul> |
| Submission Method<br>(test and production<br>files via the HQR<br>System) | QRDA Category I<br>Files, zero denominator<br>declarations and case<br>threshold exemptions   | QRDA Category I File(s)   |

# eCQM vs Hybrid HWR Measure: FY 2024 Policy Requirements

| Policy Requirement   | eCQM   | Hybrid HWR Measure   |
|--|--|--|
| Certified Electronic Health Record Technology (CEHRT)  | 2015 Edition Certification Criteria, 2015 Edition Cures Update Criteria, or a combination of both*   | 2015 Edition Certification Criteria, 2015 Edition Cures Update Criteria, or a combination of both*   |
| CMS QRDA Category I Implementation Guide (IG) for HQR  | 2022 IG  | 2021 IG  |
| Technical Electronic Specifications  | 2021 CMS Annual Update (published in 2021) for the CY 2022 reporting period<br><a href="https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1">https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1</a> | 2020 CMS Annual Update (published in 2020) for the CY 2021 reporting period<br><a href="https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3">https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3</a> |
| File Format: <ul style="list-style-type: none"> <li>• 1 QRDA file, per patient, per quarter</li> <li>• Contain 5 Key Elements</li> </ul> | QRDA Category I File   | QRDA Category I File   |

\*Beginning with the FY 2025 payment determination, CEHRT updated to the 2015 Edition Cures Update is required.



Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data

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## **Voluntary Reporting of the Hybrid HWR Measure**

# Hybrid HWR Measure Overview

|  |  |
|--|--|
| <b>CMS Program</b>   | Hospital IQR Program   |
| <b>Reporting Period</b>                                      | 2023 <b>Voluntary</b> Reporting  |
| <b>Payment Determination</b>                                 | FY 2024 (will not affect annual payment update)  |
| <b>Measurement Period</b>                                    | 7/1/2021– 6/30/2022  |
| <b>Data Submission Deadline</b>                              | September 30, 2022   |
| <b>Hospital-Specific Report (HSR) Distribution</b>           | Anticipate Spring 2023   |
| <b>Public Reporting</b>                                      | No   |
| <b>Certified Electronic Health Record Technology (CEHRT)</b> | 2015 Edition Certification Criteria, 2015 Edition Cures Update Criteria, or a combination of both  |
| <b>Specifications (CMS529v1)</b>                             | <a href="#">Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data</a>   |
| <b>Resources</b>   | <ul style="list-style-type: none"> <li>• eCQI Resource Center: <a href="#">Hybrid Measures tab under Eligible Hospital/CAH eCQMs 2021 Reporting Period</a></li> <li>• QualityNet.CMS.gov: <a href="#">Hospitals-Inpatient/Measures (Hybrid)</a></li> </ul> |

# What is the Hybrid HWR Measure?

- A hybrid measure uses both claims data and core clinical data elements (CCDEs) from the electronic health records (EHR) for measure calculation.
- The Hybrid HWR Measure is an all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization
- The measure includes the following:
  - Medicare FFS beneficiaries
  - Patients ages 65 years or older
  - Patients discharged alive from non-federal acute care hospitals
  - Patients not transferred to another acute care facility
- Measure methodology aligns with the claims-based HWR measure currently used in the Hospital IQR Program, with the difference that the hybrid measure uses CCDE as part of the risk adjustment.
- To calculate the hybrid HWR measure, administrative data from the EHR (linking variables) are needed to link the CCDE to the claims data.

# Voluntary Reporting of the Hybrid HWR Measure

Hospitals participate by submitting 13 CCDEs (6 vital signs + 7 laboratory test results) and 6 linking variables by **September 30, 2022**.

| 6 Vital Signs           | 7 Laboratory Test Results | 6 Linking Variables   |
|-------------------------|---------------------------|---|
| Heart rate              | Hematocrit                | CMS Certification Number (CCN)  |
| Respiratory rate        | White blood cell count    | Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) |
| Temperature             | Sodium                    | Date of birth (DOB)   |
| Systolic blood pressure | Potassium                 | Sex   |
| Oxygen saturation       | Bicarbonate               | Admission Date  |
| Weight                  | Creatinine                | Discharge Date  |
|                         | Glucose                   |   |

# Hospital IQR Program Hybrid HWR Measure Participation Requirements












The FY 2020 IPPS Final Rule stated that a hospital will successfully meet Hospital IQR Program participation requirements for the Hybrid HWR measure if they:

1. Submit **linking variables on 95% or more of discharges** with a Medicare FFS claim for the same hospitalization during the measurement period.
2. Report **vital signs for 90% or more of the hospital discharges** for Medicare FFS patients, 65 years or older in the measurement period (as determined from the claims submitted to CMS for admissions that ended during the same reporting period).
3. Submit the **laboratory test results for 90% or more of discharges** for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure.

# Resources for Voluntary Reporting

Electronic specifications of the measure are on the eCQI Resource Center: [https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=3&globalyearfilter=2301](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&globalyearfilter=2301)

## 2021 Reporting Period Eligible Hospital / Critical Access Hospital Resources

| For Use  | eCQM Implementation Resources   | Published  |
|---|---|---|
| 2021 Q1-Q4  | <a href="#">Implementation Checklist eCQM Annual Update</a>    |   |
| 2021 Q1-Q4  | <a href="#">eCQM Specifications for CMS529v1 (ZIP)</a>   | May 2020  |
| 2021 Q1-Q4  | <a href="#">eCQM Value Sets Hybrid</a>                      | May 2020  |
| 2021 Q1-Q4  | <a href="#">2023 Voluntary Reporting Key Dates and Resources (PDF)</a>   | Aug 2020  |
| 2021 Q1-Q4  | <a href="#">Binding Parameter Specification (BPS)</a>   | May 2020  |
| 2021 Q1-Q4  | <a href="#">Technical Release Notes Hybrid for CMS529v1 (Excel)</a>    | May 2020  |
| 2021 Q1-Q4  | <a href="#">eCQM Annual Update Pre-Publication Document (PDF)</a>    | Oct 2020  |

# Resources for Voluntary Reporting

## (continued)

Claims-based specifications of the measure are/will be located on the QualityNet website at these pages.

<https://qualitynet.cms.gov > Hospitals - Inpatient > Measures > Hybrid Measure > Methodology>

<https://qualitynet.cms.gov > Hospitals - Inpatient > Measures > Readmission Measures > Methodology>

### Hybrid Measure Methodology

The measure methodology for the Hybrid HWR Measure contains claims-based specifications and electronic specifications. This is because the Hybrid HWR measure merges electronic health record (EHR) data elements with claims data to calculate the risk-standardized readmission rate.

The measure specifications report contains all the specifications for the Hybrid HWR measure. Additionally, the electronic measure specifications documents describe how the electronic core clinical data elements (CCDE) should be extracted from the EHR for the risk model for the Hybrid HWR measure.

#### Measure Specifications Report for 2018 Voluntary Hybrid HWR Data Collection (January 1, 2018 through June 30, 2018)

| File Name   | File Type | File Size |                          |
|---|-----------|-----------|--------------------------|
| Hybrid HWR Measure with Electronic Health Record Extracted Risk Factors<br>(12/05/17) | PDF       | 1.4 MB    | <a href="#">Download</a> |

| File Name   | File Type | File Size |                          |
|---|-----------|-----------|--------------------------|
| 2021 Condition-Specific Readmission Measure Updates and Specifications Report: Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia, and Chronic Obstructive Pulmonary Disease (COPD) | PDF       | 5.4 MB    | <a href="#">Download</a> |
| 2021 AMI Readmission Measure Code Specifications supplemental file  | XLSX      | 10 MB     | <a href="#">Download</a> |
| 2021 COPD Readmission Measure Code Specifications supplemental file   | XLSX      | 10 MB     | <a href="#">Download</a> |
| 2021 HF Readmission Measure Code Specifications supplemental file   | XLSX      | 10 MB     | <a href="#">Download</a> |
| 2021 Pneumonia Readmission Measure Code Specifications supplemental file  | XLSX      | 10 MB     | <a href="#">Download</a> |
| 2021 Procedure-Specific Readmission Measure Updates and Specifications Report: Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA) and Coronary Artery Bypass Graft (CABG)            | PDF       | 872 KB    | <a href="#">Download</a> |
| 2021 CABG Readmission Measure Code Specifications supplemental file   | XLSX      | 859 KB    | <a href="#">Download</a> |
| 2021 THA/TKA Readmission Measure Code Specifications supplemental file  | XLSX      | 1 MB      | <a href="#">Download</a> |
| 2021 All-Cause Hospital-Wide Measure Updates and Specifications Report: Hospital-Wide Readmission   | PDF       | 1 MB      | <a href="#">Download</a> |
| 2021 Hospital-Wide Readmission Measure Code Specifications supplemental file  | XLSX      | 10 MB     | <a href="#">Download</a> |

Reports for 2023 voluntary reporting are not yet posted.

# Use 2021 IG: Hybrid Measure/CCDE Voluntary Submission

- The 2021 IG must be used for hybrid measure/CCDE voluntary submission for reporting 2021–2022 data.
  - Measurement period: July 1, 2021–June 30, 2022
  - Submission deadline: September 30, 2022
- Refer to Section 6: Hybrid Measure/CCDE Voluntary Submission

**Table 17: Hybrid Measure for Voluntary Submission**

| eCQM CMS# | eCQM Title  | Measurement Period                 |
|-----------|---|------------------------------------|
| CMS529v1  | Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data. | July 1, 2021 through June 30, 2022 |



# Voluntary Reporting Key Dates and Resources Document

## 2023 Voluntary Reporting Key Dates and Resources: Hybrid Hospital-Wide Readmission (HWR) Measure

### Introduction

This document summarizes key dates and resources for hospitals participating in the 2023 voluntary reporting of the Hybrid HWR Measure.

### Key Dates

For the 2023 Voluntary Reporting of the Hybrid HWR measure, participating hospitals:

- Should submit information on 13 core clinical data elements (6 vital signs and 7 laboratory test results) along with 6 linking variables:
  - For discharges occurring between **July 1, 2021 – June 30, 2022**
  - By **September 30, 2022**
- Will receive Hospital-Specific Reports (HSRs) in **Spring 2023**

### Questions?

If you have any questions about the hybrid measures, please email [cmshybridmeasures@yale.edu](mailto:cmshybridmeasures@yale.edu) or submit your question via JIRA <https://oncprojecttracking.healthit.gov/support/browse/CHM>.

### eCQI Resource Center – Hybrid Page

[https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=3&year=2021](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&year=2021)

### 2021 Reporting Period [Published May 2020]

- eCQM Specifications for CMS529v1 (Hybrid HWR) (version 1.3.000)
- Hybrid HWR Value Sets and Direct Reference Codes
- Hybrid HWR Binding Parameter Specification
- Hybrid HWR Technical Release Notes
- eCQM Annual Update Implementation Checklist and Pre-Publication Document

### eCQI Resource Center – Quality Reporting Data Architecture (QRDA)

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

- 2021 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting
- 2021 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting

### Resources on QualityNet

<https://www.qualitynet.org/inpatient/measures/hybrid>

- 2023 Claims-based HWR Measure Updates and Specifications Report (to be posted in spring 2023)
- 2023 Hybrid HWR Mock HSR (to be posted in spring 2023)
- 2023 Hybrid HWR HSR User Guide (to be posted in spring 2023)
- 2023 Hybrid HWR Frequently Asked Questions (to be posted in spring 2023)
- 2023 Hybrid HWR Fact Sheet (to be posted in spring 2023)
- Hybrid Measure Tutorial Video and Introductory Webinar

## 2021 Reporting Period Eligible Hospital / Critical Access Hospital Resources

| For Use ↕  | eCQM Implementation Resources  |
|------------|--|
| 2021 Q1-Q4 | <a href="#">Implementation Checklist eCQM Annual Update</a> ⓘ            |
| 2021 Q1-Q4 | <a href="#">eCQM Specifications for CMS529v1 (ZIP)</a> ⓘ                 |
| 2021 Q1-Q4 | <a href="#">eCQM Value Sets Hybrid</a> ⓘ ⓘ                               |
| 2021 Q1-Q4 | <a href="#">2023 Voluntary Reporting Key Dates and Resources (PDF)</a> ⓘ |
| 2021 Q1-Q4 | <a href="#">Binding Parameter Specification (BPS)</a> ⓘ ⓘ                |
| 2021 Q1-Q4 | <a href="#">Technical Release Notes Hybrid for CMS529v1 (Excel)</a> ⓘ    |
| 2021 Q1-Q4 | <a href="#">eCQM Annual Update Pre-Publication Document (PDF)</a> ⓘ      |

# Q&A Resources:

## Hybrid Measures

Stakeholders may submit questions about the Hybrid HWR measure to CMS via the JIRA tool or the QualityNet Question and Answers Site.

- [JIRA tool](https://oncprojecttracking.healthit.gov/support/projects/CHM/summary): For questions about the measure's electronic specifications:  
<https://oncprojecttracking.healthit.gov/support/projects/CHM/summary>
- [QualityNet Question and Answers Site](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question): For questions about the measure's implementation or claims-based specifications:  
[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question),
  - Select Inpatient Quality Reporting for the Program.
  - Select Hybrid Measures for the Topic.
- Please submit your feedback about the resources you would like to support Hybrid HWR measure reporting.

Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data

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## **CY 2022 eCQM Reporting Overview**

# CY 2022 (FY 2024)

## eCQM Reporting Requirements

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

\*Mandatory for the CY 2022 reporting period

# CY 2022 (FY 2024) eCQM Measure Set

## **Mandatory**

*CMS 506v4*

### **Safe Use of Opioids – Concurrent Prescribing**

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

Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data

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## **Reviewing the 2022 CMS QRDA Category I IG for HQR**

# Background

- CMS published the 2022 CMS QRDA Category I IG, Schematron, and Sample File for HQR (Updated November 2021)
  - <https://ecqi.healthit.gov/qrda>
- The 2022 CMS QRDA Category I IG outlines requirements for eligible hospitals (EHs) and critical access hospitals (CAHs) to report eCQMs for the CY 2022 reporting period for the following programs:
  - Hospital Inpatient Quality Reporting (IQR) Program
  - Medicare Promoting Interoperability Program for EHs and CAHs
- The 2022 CMS QRDA Category I Schematron is a companion to the 2022 CMS QRDA Category I IG and allows for computerized validation of QRDA documents against the IG requirements.

# Comparing 2021 and 2022 IGs

|                     | <u>2021</u> CMS QRDA<br>Category I IG for HQR  | <u>2022</u> CMS QRDA<br>Category I IG for HQR  |
|---------------------|--|--|
| Reporting Period    | <b>2021</b> reporting period   | <b>2022</b> reporting period   |
| eCQM Specifications | This is used with eCQM specifications for EHs/CAHs for the 2021 reporting period. eCQMs are specified based on the <a href="#">CQL-based HQMF Implementation Guide Release 1 STU 4</a> . | This is used with eCQM specifications for EHs/CAHs published May 2021 and any applicable addenda. Visit the <a href="#">eCQI Resource Center</a> EH/CAH eCQMs page. Select 2022 reporting period. eCQMs are specified based on the <a href="#">CQL-based HQMF Implementation Guide Release 1 STU 4</a> . |
| Value Sets          | eCQM Value Sets for EHs/CAHs for the 2021 reporting period   | eCQM Value Sets and eCQM Direct Reference Codes List for EHs/CAHs published in May 2021 and any applicable addenda. Visit the <a href="#">eCQI Resource Center</a> EH/CAH eCQMs page. Select 2022 Reporting Period.  |

CQL=Clinical Quality Language  
 HQMF=Health Quality Measure Format  
 STU=Standard for Trial Use



# Comparing 2021 and 2022 IGs (continued)

|                          | <u>2021</u> CMS QRDA<br>Category I IG for HQR  | <u>2022</u> CMS QRDA<br>Category I IG for HQR  |
|--------------------------|--|--|
| Reporting Period         | 2021 reporting period  | 2022 reporting period  |
| Base HL7 Standard        | HL7 IG for CDA Release 2:<br><b>QRDA Category I, Release 1, STU Release 5.2 with errata</b> <ul style="list-style-type: none"> <li>• <a href="#">HL7 QRDA Category I product page</a></li> <li>• June 2020 errata</li> <li>• A free HL7 account is required to access the standard.</li> </ul> | No changes <ul style="list-style-type: none"> <li>• Same base HL7 standard (STU 5.2 with errata) as used for the 2021 reporting period.</li> </ul> |
| Quality Data Model (QDM) | Supports <a href="#">QDM version 5.5</a> <ul style="list-style-type: none"> <li>• Latest version: QDM version 5.5 Guidance Update</li> </ul>   | No changes <ul style="list-style-type: none"> <li>• Same QDM version 5.5 as used for the 2021 reporting period.</li> </ul>                         |

HL7=Health Level Seven International  
CDA=Clinical Document Architecture

# 2022 IG Templates

Same templates from the 2021 reporting period are used for the 2022 reporting period, including all document, section, entry, and sub-entry templates.

## 2021 CMS QRDA Category I IG for HQR

## 2022 CMS QRDA Category I IG for HQR

QRDA Category I Report – CMS (V7)  
urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:2020-02-01

No changes

Conforms to QDM-Based QRDA (V7) template  
(identifier:urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2019-12-01)

No changes

The correct template versions for the four required document-level templates must be used.

```
<!-- US Realm Header (V3) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01"/>
<!-- QRDA Category I Framework (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2017-08-01"/>
<!-- QDM-based QRDA (V7) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2019-12-01"/>
<!-- QRDA Category I Report - CMS (V7) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2020-02-01"/>
```

# 2022 IG

## CMS Program Names

There were no changes to the CMS program names.  
CMS program names are specified in ClinicalDocument/informationRecipient.

| 2021 and 2022 CMS QRDA Category I IG for HQR |  |
|--|--|
| HQR_PI                                       | Hospital Quality Reporting for the Promoting Interoperability Program                              |
| HQR_IQR                                      | Hospital Quality Reporting for the Hospital IQR Program  |
| HQR_PI_IQR                                   | Hospital Quality Reporting for the Promoting Interoperability Program and the Hospital IQR Program |
| HQR_IQR_VOL                                  | Hospital Quality Reporting for the Hospital IQR Program voluntary submissions                      |

# 2022 IG Key Elements for Succession Management

There were no changes to the five key elements used for succession management from the 2021 IG:

- CMS Certification Number (CCN)
- CMS Program Name
- EHR (electronic health record) Patient ID
- EHR Submitter ID
- Reporting period specified in the Reporting Parameters Section

# 2022 IG

## Patient Identifiers

There were no changes to the patient identifier requirements from the 2021 IG:

- The Patient Identification Number is required.
- The Medicare Beneficiary Identifier (MBI) is not required, but it should be submitted if Medicare is the payer, and the patient has an MBI number assigned.
- The Medicare Health Insurance Claim (HIC) Number is not required, but it should be submitted if Medicare is the payer, and the patient has an HIC Number assigned.

Patient identifiers are specified in `ClinicalDocument/recordTarget`.

# 2022 IG Updates:

## Reporting “unit” for Result Value

Language revised and footnote added.

|          | <u>2021</u> CMS QRDA<br>Category I IG for HQR   | <u>2022</u> CMS QRDA<br>Category I IG for HQR   |
|----------|---|---|
| Language | For example, in measure logic for maximum LDL-c result of less than 70 mg/dL, “mg/dL” is used as “unit” by the eCQM definition. | For example, in the measure logic for maximum LDL-c result of less than 70 mg/dL, Unified Code for Units of Measure (UCUM) code “mg/dL” is specified as “unit” by the eCQM definition. <sup>9</sup>   |
| Footnote | n/a   | The CQL specification defines a number of built-in units for timing, such as “week”, “weeks”, and “year”. eCQMs logics in CQL are expressed using these built-in units. For the 2022 reporting period, submitting either “week” and “weeks” or their corresponding UCUM representation “wk” will be accepted by the receiving system. |
| Language | n/a   | See 6.2 Reporting Result “unit” for Hybrid Measures for guidance on reporting result value “unit” for hybrid measures.  |

# 2022 IG Updates: HQR Validations

New HQR validation rules added.

| Conformance # | Validation Performed                      | Description of Error Message and File Rejection                         |
|---------------|---|---|
| CMS_0083      | CMS Certification ID format is not valid. | CMS EHR Certification ID must be 15 alpha numeric characters in length. |
| CMS_0087      | Low date is after high date.              | Fails validation check. Low dates are after high dates.                 |
| CMS_0088      | Invalid DateTime has been provided.       | Fails validation check for low and high date time format.               |

## Added to Validation Rules for Encounter Performed:

When there are multiple diagnoses for an Encounter Performed, only one diagnosis shall be identified as principal diagnosis. The following validation rule is used to enforce that only one Encounter Diagnosis Quality Data Model (QDM) template with a rank attribute equal to 1, to indicate the principal diagnosis, within an Encounter Performed template.

**SHALL** contain at most one Encounter Diagnosis QDM of rank 1, as principal diagnosis.

# 2022 IG Updates:

## Hybrid Measure/CCDE Voluntary Submission

- The 2022 IG must be used for hybrid measure/CCDE voluntary submission for reporting 2022–2023 data (measurement period July 1, 2022, through June 30, 2023) and submitted in 2023.
- The 2022 reporting period hybrid measure specification must be used.
  - Visit the eCQI Resource Center Eligible Hospital/Critical Access Hospital eCQMs web page at <https://ecqi.healthit.gov/eh-cah>. Select the Hybrid Measures tab. Then, select 2022 Reporting Period.



# 2022 IG Updates:

## Hybrid Measure/CCDE Voluntary Submission

Language revised.

|              | <u>2021</u> CMS QRDA<br>Category I IG for HQR  | <u>2022</u> CMS QRDA<br>Category I IG for HQR   |
|--------------|--|---|
| CCDE         | n/a  | Added “platelet count” to the list in Table 17:<br>Associating an Existing Encounter Id with a Core Clinical Data Element   |
| Language     | For example, when reporting the first resulted sodium value and datetime, it <b>must</b> also provide the encounter id that the sodium result is associated with in the same Laboratory Test, Performed (V5) template. | For example, when reporting the first resulted sodium value and datetime, it <b>should</b> also provide the encounter id that the sodium result is associated with in the same Laboratory Test, Performed (V5) template.  |
| Section 6.2  | n/a  | Added section 6.2 Reporting Result “unit” for Hybrid Measures.<br><br>For hybrid measure voluntary submissions, it is recommended for the submitters to submit “unit” of the laboratory test result or physical exam result for each of the core clinical data elements using appropriate UCUM codes, but submitters may submit units in the forms used in their EHRs for the 2022 reporting period |
| May 25, 2022 |  |   |

# ONC QRDA JIRA Issue Tracker and VSAC

- For questions related to this guidance, the QRDA Category I IGs, or Schematrons, visit the Office of the National Coordinator (ONC) QRDA JIRA Issue Tracker: <https://oncprojecttracking.healthit.gov/support/projects/QRDA>
- Value Set Authority Center (VSAC): <https://vsac.nlm.nih.gov>

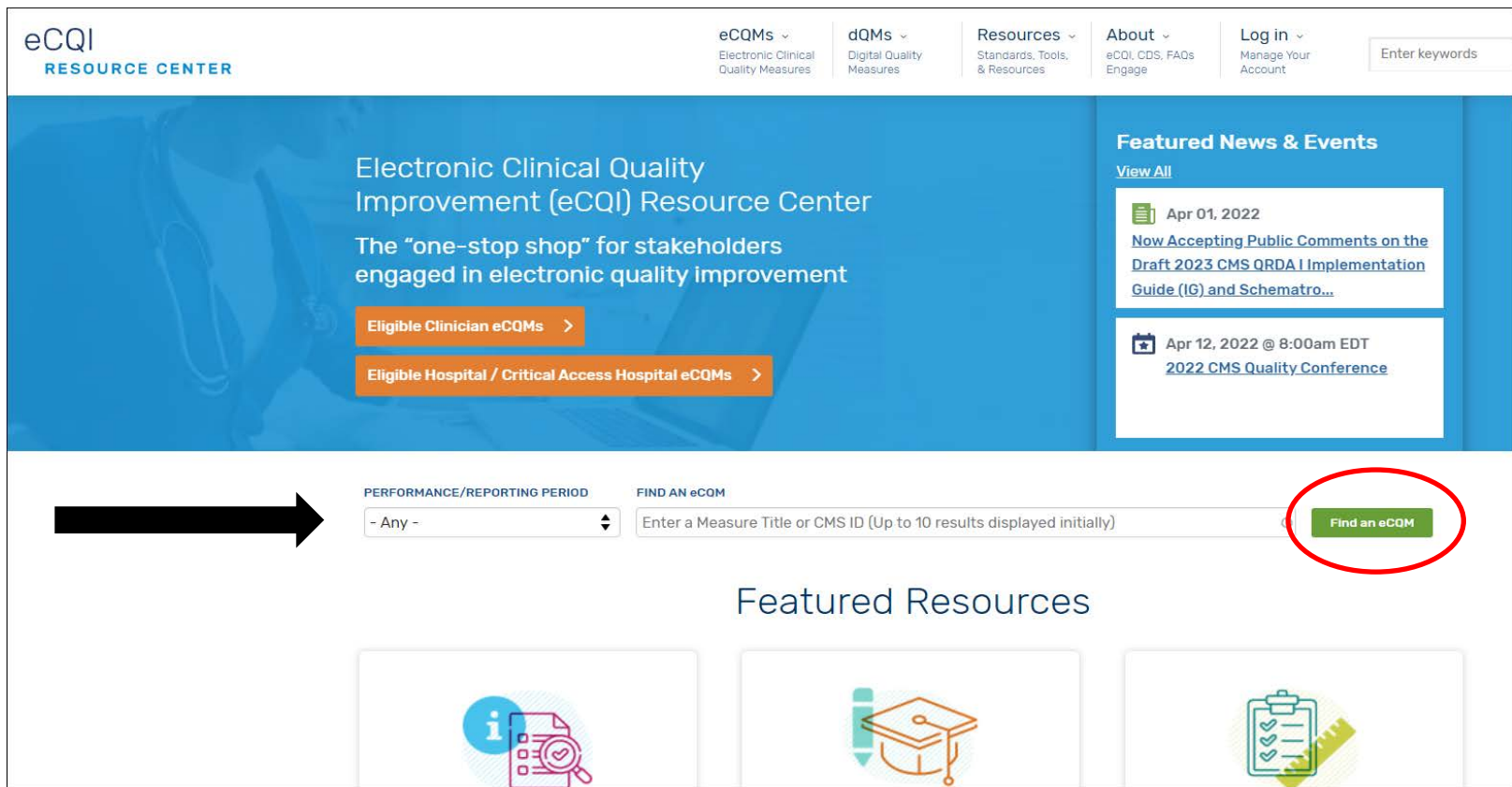
Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data

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## **Additional Resources**

# eCQI Resource Center: Home Page

Visit the home page to find an eCQM by reporting period.  
Enter a measure title or enter a CMS ID. Then, click Find an eCQM



The screenshot shows the eCQI Resource Center Home Page. The header includes the eCQI Resource Center logo, navigation links for eCQMs, dQMs, Resources, About, and Log in, and a search bar. The main content area features a blue banner with the text "Electronic Clinical Quality Improvement (eCQI) Resource Center" and "The 'one-stop shop' for stakeholders engaged in electronic quality improvement". Below this are two orange buttons: "Eligible Clinician eCQMs" and "Eligible Hospital / Critical Access Hospital eCQMs". To the right, there is a "Featured News & Events" section with two news items. At the bottom, there is a search section with a large black arrow pointing to a dropdown menu for "PERFORMANCE/REPORTING PERIOD" (set to "- Any -"), a text input field for "FIND AN eCQM" (placeholder: "Enter a Measure Title or CMS ID (Up to 10 results displayed initially)"), and a green "Find an eCQM" button circled in red. Below the search section is a "Featured Resources" section with three icons: a magnifying glass over a document, a graduation cap, and a clipboard with a checklist.

eCQI  
RESOURCE CENTER

eCQMs  
Electronic Clinical  
Quality Measures

dQMs  
Digital Quality  
Measures

Resources  
Standards, Tools,  
& Resources

About  
eCQI, CDS, FAQs  
Engage

Log in  
Manage Your  
Account

Enter keywords

Electronic Clinical Quality  
Improvement (eCQI) Resource Center

The "one-stop shop" for stakeholders  
engaged in electronic quality improvement

Eligible Clinician eCQMs >

Eligible Hospital / Critical Access Hospital eCQMs >

Featured News & Events  
[View All](#)

Apr 01, 2022  
[Now Accepting Public Comments on the  
Draft 2023 CMS QRDA I Implementation  
Guide \(IG\) and Schemat...](#)

Apr 12, 2022 @ 8:00am EDT  
[2022 CMS Quality Conference](#)

PERFORMANCE/REPORTING PERIOD  
- Any -

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

Find an eCQM

Featured Resources

i

graduation cap

clipboard

# eCQI Resource Center: Tools and Resources

Visit the eCQI Tools and Key Resources page for information on development, implementation, and reporting tools and resources (DERep, MAT, VSAC and ONC JIRA).

## eCQI Tools & Key Resources

[Receive updates on this topic](#)

About

eCQM Standards and Tools Versions

eCQI Tools & Resources Library

Education

### Tools & Resources

The eCQM Informational Tools, Resources, and Collaboration (InfoTRAC) referenced in this section are openly available and are provided for stakeholder use. They provide a foundation for the development, implementation, reporting, help, and feedback of quality measures and their improvement.

#### eCQM Informational Tools, Resources, & Collaboration

```
graph LR; Development --> Implementation --> Reporting --> HelpFeedback[Help & Feedback]; HelpFeedback --> Development;
```

Development Implementation Reporting Help & Feedback

Find the Tools and Resources You Need

# ONC QRDA

## Known Issues Project

Visit the [ONC QRDA Known Issues Project](#) on the  
ONC Project Tracking System

**QRDA Known Issues Summary**

The Quality Reporting Document Architecture (QRDA) Known Issues dashboard provides implementation information for QRDA Implementation Guides (IGs) or supporting documents with known technical issues for which a solution is under development but may not be published. This includes issues such as: discrepancies between conformance assertions and message text, non-critical conformance assertion errors and typographical errors.

# Resources: CY 2022 eCQM Reporting

- 2022 CMS QRDA Category I IG for HQR (Updated November 2021)
  - QRDA page of the [eCQI Resource Center](#)
  - Direct link: <https://ecqi.healthit.gov/sites/default/files/QRDA-HQR-2022-CMS-IG-v1.1-508.pdf>
- Accompanying Schematrons and sample files and any applicable updates (Updated November 2021)
  - QRDA page of the [eCQI Resource Center](#)
  - Direct link: <https://ecqi.healthit.gov/sites/default/files/2022-CMS-QRDA-I-v1.0.1-Support-Files.zip>
- QRDA Known Issues Project
  - [ONC QRDA Known Issues Project](#)

# Resources: 2023 Voluntary Hybrid HWR Measure Reporting

- 2021 CMS QRDA Category I IG for HQR (Published May 2020)
  - QRDA page of the [eCQI Resource Center](#)
  - Direct link: <https://ecqi.healthit.gov/sites/default/files/QRDA-HQR-2021-CMS-IG-508.pdf>
- Accompanying Schematrons and sample files and any applicable updates (Updated December 2020)
  - QRDA page of the [eCQI Resource Center](#)
  - Direct link: <https://ecqi.healthit.gov/sites/default/files/2021-CMS-QRDA-I-Support-Files.zip>
- QRDA Known Issues Project
  - [ONC QRDA Known Issues Project](#)



# eCQM & Hybrid Measure Support Resources

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

Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data

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## **Question & Answer Session**

# Continuing Education Approval

This program has been approved for [continuing education 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.

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