



Hospital IQR Program Requirements for CY 2022 Reporting (FY 2024 Payment Determination)

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Purpose

This presentation will highlight calendar year (CY) 2022 Hospital IQR Program requirements and review aligned CY 2022 eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs.

Objectives

Participants will be able to:

- Identify CY 2022 quarterly and annual requirements for the Hospital IQR Program.
- Understand CY 2022 areas of alignment between the Hospital IQR Program and Medicare Promoting Interoperability Program requirements.
- Locate resources for the Hospital IQR Program and eCQMs.

Acronyms and Abbreviations

AMI	acute myocardial infarction	EHR	electronic health record	ONC	Office of the National Healthcare Coordinator for Health IT
CAH	critical access hospital	FY	fiscal year	PC	Perinatal Care
CAUTI	Catheter-Associated Urinary Tract Infection	HAC	Hospital-Acquired Condition	PPR	Provider Participation Report
CCDE	core clinical data elements	HARP	HCQIS Access Roles and Profile	QRDA	Quality Reporting Document Architecture
CEHRT	Certified EHR Technology	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	SO	Security Official
CLABSI	Central Line-Associated Bloodstream Infection	HCP	healthcare personnel	SSI	Surgical Site Infection
CMS	Centers for Medicare & Medicaid Services	HF	heart failure	STK	stroke
CY	calendar year	HQR	Hospital Quality Reporting	THA/ TKA	total hip arthroplasty/ total knee arthroplasty
DACA	Data Accuracy and Completeness Acknowledgement	HWR	hospital-wide readmission	VBP	Value-Based Purchasing
ECE	Extraordinary Circumstances Exceptions	IPPS	inpatient prospective payment system	VIQR	Value, Incentives, and Quality Reporting
eCQI	Electronic Clinical Quality Improvement	IQR	Inpatient Quality Reporting	VTE	Venous Thromboembolism
eCQM	electronic clinical quality measure	NHSN	National Healthcare Safety Network	YNHHSC/ CORE	Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

Webinar Questions

If we do not get to your question during the webinar, please submit your question to the [QualityNet](#) Inpatient Questions and Answers tool:

https://cmsqualitysupport.servicenowservices.com/qnet_qa

- If your question is about a specific slide, please include the slide number.
- If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers tool. If you do not find an answer, then submit your question to us via the same tool.

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Inpatient VIQR Outreach and Education Support Contractor

CY 2022 Hospital IQR Program Requirements

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

- A. Clinical process of care and Healthcare Personnel (HCP) COVID-19 Vaccination measures
- B. Aggregate population and sampling
- C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- D. All of the above

Polling Question

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- C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- D. All of the above**

CY 2022 Quarterly Hospital IQR Program Requirements

The following mandatory requirements are due **quarterly**:

- HCAHPS Survey data
- Population and sampling
(for chart-abstracted measures only)
- Clinical process of care measures
- Perinatal care elective delivery measure (PC-01)
- HCP COVID-19 Vaccination measure
- Validation of medical records (if selected)

*Note: The NHSN Healthcare-Associated Infection (HAI) measures, under the Hospital-Acquired Condition Reduction Program, are also submitted quarterly. These measures are used for HACRP, HVBP, and public reporting.

Population and Sampling

For CY 2022, hospitals will be required to submit the aggregate population and sampling for the Severe Sepsis and Septic Shock (SEP-1) measure set.

Clinical Process of Care Measures

For CY 2022, hospitals will be required to submit the following chart-abstracted measures.

Short Name	Measure Name
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
PC-01	Elective Delivery (web-based aggregate measure)

Influenza Vaccination Coverage Among Healthcare Professionals (HCP) Measure

Where

HCP data are reported through the National Healthcare Safety Network (NHSN).

When

- Facilities are only required to report data once after the conclusion of the reporting period. The reporting period is October 1 through March 31.
- Data must be entered by May 15 for the flu season.
- For CY 2022, the measure covers the flu season from 4Q 2021 through 1Q 2022.
- Data will need to be entered by May 16, 2022.

COVID-19 Vaccination Coverage Among Health Care Personnel (HCP) Measure

Where

HCP data are reported through the National Healthcare Safety Network (NHSN).

When

- Facilities are required to collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter.
- Data must be entered by the quarterly submission deadlines.

NHSN Reporting and Data Submissions

Allow ample time before the submission deadline to review and, if necessary, correct your HCP data.

Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be used in CMS programs, including the Hospital Value-Based Purchasing (VBP) Program and the Hospital-Acquired Condition (HAC) Reduction Program.

Hospital IQR Program

Claims-Based Measures

Measure Set	Measures
Patient Safety	CMS Death Rate among Surgical Inpatients with Serious Treatable Complications
Mortality Outcome	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke (STK)
Coordination of Care	<ul style="list-style-type: none"> • Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) • Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI), Heart Failure (HF), and Pneumonia
Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for AMI, HF, Pneumonia, and THA/TKA

Hospital IQR Program

CY 2022 Dates and Deadlines

Discharge Quarter	Reporting Period	HCAHPS	Population & Sampling	Clinical & HCP COVID-19	PC-01
Q1 2022	Jan 1–Mar 31		08-01-2022	08-15-2022	07-01-2022 — 08-15-2022
Q2 2022	Apr 1–Jun 30		11-01-2022	11-15-2022	10-01-2022 — 11-15-2022
Q3 2022	Jul 1–Sep 30		02-01-2023	02-15-2023	01-01-2023 — 02-15-2023
Q4 2022	Oct 1–Dec 31		05-01-2023	05-15-2023	04-01-2023 — 05-15-2023

Validation For FY 2024 Payment Determination

To align data submission quarters, CMS will use Q1–Q4 data of the applicable calendar year for validation of both chart-abstracted measures and eCQMs.

Finalized Updates to Quarters Required for Validation Affecting the FY 2024 Payment Determination

Measures Submitted	Required Quarters of Data Validation
Chart-Abstracted Measures	1Q 2021
	2Q 2021
	3Q 2021
	4Q 2021
eCQMs	1Q 2021–4Q 2021

Hospital IQR Program Common Challenges

- Staffing changes
- Designated second person
- Data crosswalks
- Vendor technical issues

Prepare and submit your data early to help ensure successful submission by the deadline.

Hospital IQR Program

Best Practices

- Submit data early, at least 15 calendar days prior to the deadline, to correct problems identified from the review of the Provider Participation Report (PPR) and feedback reports. The *Hospital Quality Reporting Secure Portal* does not allow you to submit, update, or correct data after the deadline. CMS typically allows 4.5 months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline.
- Designate at least two QualityNet Security Officials (SOs).
- For population and sampling, blank fields do not fulfill the requirement. A zero (0) must be submitted even when there are no discharges for a particular measure set.
- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter.

Hospital IQR Program

Inpatient Prospective Payment System (IPPS)

Measure Exception Form

Measure Exception Forms must be renewed at least annually.

- PC-01
 - Hospital does not deliver babies.
 - If form is not submitted, hospitals that do not deliver babies must enter a zero (0) for each of the data entry fields each discharge quarter.
- Surgical Site Infection (SSI) Colon and Abdominal Hysterectomy
 - Hospital performed a combined total of nine or fewer of any of the specified colon surgeries and abdominal hysterectomies combined in the calendar year prior to the reporting year.
- Catheter-Associated Urinary Tract Infection (CAUTI)/
Central Line-Associated Bloodstream Infection (CLABSI)
 - Hospitals have no units mapped as medical, surgical, medical/surgical, or as intensive care units.

Note: The same form is used for both the Hospital IQR and HAC Reduction Programs. For further guidance on SSI and CAUTI/CLABSI, refer to the [NHSN Location Mapping Checklist](#) on *QualityNet*.



CHECKPOINT

Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

- A. Data Accuracy and Completeness Acknowledgement (DACCA)
- B. Two active *QualityNet* SOs
- C. eCQMs
- D. Maternal Morbidity Structural Measure
- E. A and C
- F. A, C, and D
- G. All of the above

Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

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- B. Two active *QualityNet* SOs
- C. eCQMs
- D. Maternal Morbidity Structural Measure
- E. A and C
- F. A, C, and D
- G. All of the above

Annual Hospital IQR Program Requirements for CY 2022

The following mandatory requirements are due **annually**:

- DACA
- One active *QualityNet* SO
- eCQMs
- Maternal Morbidity Structural measure
- Influenza Vaccination Coverage Among HCP measure

CY 2021 SO, DACA, HCP, and eCQMs

- Hospitals are required to always maintain an active QualityNet SO.
- DACA is submitted annually.
 - Reporting year runs from January 1 through December 31.
 - Submission deadline is May 15 for the previous reporting year.
 - Submission deadline for CY 2022 DACA is May 15, 2023.
 - Data can be entered from April 1, 2023–May 15, 2023.
 - Data are entered through the Hospital Quality Reporting (HQR) Secure Portal.
- HCP data are reported through the NHSN.
- Hospitals must submit eCQMs.

Maternal Morbidity Structural Measure

- Hospitals submit responses once a year via a CMS-approved web-based tool within the *HQR Secure Portal*.
 - The submission period will be from April 1–May 15.
- The reporting period is January 1–December 31 for the CY 2022 reporting period/FY 2024 payment determination and for subsequent years.



CHECKPOINT

Hospital IQR Program Resources

- **Hospital IQR Program General Questions**
 - https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
 - (844) 472-4477, 7 a.m. to 7 p.m. Eastern Time Monday through Friday (except holidays)
- **Inpatient Live Chat:**
<https://www.QualityReportingCenter.com/en/inpatient-quality-reporting-programs/>
- **Website and Webinars:** www.QualityReportingCenter.com
- **Secure Fax:** (877) 789-4443
- **ListServes:** <https://qualitynet.cms.gov/listserv-signup>

Hospital IQR Program

Useful Tools

[Quality Reporting Center.com](#) and [QualityNet](#)

- CMS Hospital Quality Reporting (HQR) Program Overview
- Hospital IQR Program Guide
- Calendar Year and Fiscal Year Infographic
- Quick Support Reference Card
- Accessing and Using Your PPR Reference Guide
- Entering PC-01 Data Reference Guide
- Important dates and deadlines
- IPPS Measure Exception Form
- Reporting quarter for FY 2024 payment determination
- Extraordinary Circumstances Exception (ECE) Form
- Hospital IQR Program FY 2024 Measures
- FY 2024 Acute Care Hospital Quality Improvement Program Measures

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Hospital IQR and Medicare Promoting Interoperability Programs CY 2022 eCQM Reporting Requirements

Polling Question

Which of the following eCQMs are required to successfully meet the CY 2022 electronic reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs?

- A. PC-05
- B. Safe Use of Opioids – Concurrent Prescribing
- C. VTE-1 and VTE-2
- D. STK-05
- E. None of the Above

Polling Question

Which of the following eCQMs are required to successfully meet the CY 2022 electronic reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs?

A. PC-05

B. Safe Use of Opioids – Concurrent Prescribing

C. VTE-1 and VTE-2

D. STK-05

E. None of the Above

CY 2022 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program and Medicare Promoting Interoperability Program:

- Report on **three** self-selected eCQMs **plus** the Safe Use of Opioids eCQM.
- Report **three** self-selected calendar quarters in CY 2022 (Q1, Q2, Q3, or Q4).
- 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).

CY 2022 (FY 2024) eCQM Measure Set

Mandatory

CMS 506v4

Safe Use of Opioids – Concurrent Prescribing

<p>ED-2 <i>CMS111v10</i> Admit Decision Time to ED Departure Time for Admitted Patients</p>	<p>PC-05 <i>CMS9v10</i> Exclusive Breast Milk Feeding</p>
<p>STK-02 <i>CMS104 v10</i> Discharged on Antithrombotic Therapy</p>	<p>STK-03 <i>CMS71v11</i> Anticoagulation Therapy for Atrial Fibrillation/Flutter</p>
<p>STK-05 <i>CMS72v10</i> Antithrombotic Therapy By the End of Hospital Day 2</p>	<p>STK-06 <i>CMS105v10</i> Discharged on Statin Medication</p>
<p>VTE-1 <i>CMS108v10</i> Venous Thromboembolism Prophylaxis</p>	<p>VTE-2 <i>CMS190v10</i> Intensive Care Unit Venous Thromboembolism Prophylaxis</p>

CY 2022 Certification and Specification Policies

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

CY 2022 QRDA Category I File Format Expectations

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

Successful eCQM Submission for CY 2022 Reporting

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






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

Program Resources for CY 2022 eCQM Reporting

Hospital IQR Program QualityNet & Quality Reporting Center	Medicare Promoting Interoperability Program - CMS.gov
eCQM Submission Overview	QualityNet User Guide for Medicare Promoting Interoperability Eligible Hospitals and CAHs
QRDA Category I File Submission Checklist	2022 Scoring Methodology Fact Sheet
Available eCQMs Table	Eligible Hospital Information
ECE Quick Reference/Form	Program Basics
FY 2024 Hospital IQR Program Guide	2022 Program Requirements Medicare
Important Dates and Deadlines	eCQM Basics
FY 2024 Measures	Registration & Attestation
FY 2024 Acute Care Hospital Quality Improvement Program Measures	Educational Resources
Listserve Notifications	Certified EHR Technology
	Scoring, Payment Adjustment, and Hardship Info
	Frequently Asked Questions (FAQs)
	CMS Promoting Interoperability Listserve

Tools for CY 2022 eCQM Reporting on the [eCQI Resource Center](#)

2022 Reporting Period Eligible Hospital / Critical Access Hospital Resources

For Use 	eCQM Implementation Resources	Published 
2022 Q1-Q4	Implementation Checklist eCQM Annual Update ⓘ	
2022 Q1-Q4	Guide for Reading eCQMs v7.0 (PDF) ⓘ	May 2021
2022 Q1-Q4	Hospital Quality Reporting Table of eCQMs (PDF) ⓘ	May 2021
2022 Q1-Q4	eCQM Specifications for Hospital Quality Reporting. (ZIP) ⓘ	May 2021
2022 Q1-Q4	eCQM Value Sets  ⓘ	May 2021
2022 Q1-Q4	eCQM Direct Reference Codes List  ⓘ	May 2021
2022 Q1-Q4	Binding Parameter Specification (BPS)  ⓘ	May 2021
2022 Q1-Q4	eCQM Logic and Implementation Guidance v5.0 (PDF) ⓘ	May 2021
2022 Q1-Q4	Technical Release Notes (PDF) ⓘ	May 2021
2022 Q1-Q4	Technical Release Notes. (ZIP) ⓘ	May 2021
2022 Q1-Q4	Standards and tool versions used for reporting period ⓘ	May 2021
2022 Q1-Q4	eCQM Flows (ZIP) ⓘ	Aug 2021
2022 Q1-Q4	2022 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF) ⓘ	Nov 2021
2022 Q1-Q4	2022 CMS QRDA I Schematrons and Sample Files (ZIP) ⓘ	Nov 2021
2022 Q1-Q4	eCQM Annual Update Pre-Publication Document (PDF) ⓘ	Feb 2021

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Voluntary Reporting of the Hybrid HWR Measure

Polling Question

To which of the following programs can hospitals voluntarily submit the Hybrid Hospital-Wide Readmission (HWR) measure?

- A. Medicare Promoting Interoperability Program
- B. Quality Payment Program
- C. Hospital Readmission Reduction Program
- D. Hospital Inpatient Quality Reporting Program
- E. Both A & D

Polling Question

To which of the following programs can hospitals voluntarily submit the Hybrid Hospital-Wide Readmission (HWR) measure?

- A. Medicare Promoting Interoperability Program
- B. Quality Payment Program
- C. Hospital Readmission Reduction Program
- D. Hospital Inpatient Quality Reporting Program**
- E. Both A & D

FY 2024 Hybrid Hospital-Wide All-Cause Readmission (HWR) Measure

CMS Program	Hospital IQR Program
Reporting Period	2023 Voluntary Reporting
Measurement Period	7/1/2021– 6/30/2022
Data Submission Deadline	September 30, 2022
Hospital-Specific Report (HSR) Distribution	Anticipate Spring 2023
Public Reporting	N/A
Annual Payment Update	N/A
Certified Electronic Health Record Technology (CEHRT)	2015 Edition Certification Criteria, 2015 Edition Cures Update Criteria, or a combination of both
Specifications (CMS529v1)	Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data
Reporting Resources	<ul style="list-style-type: none"> • eCQI Resource Center: Hybrid Measures tab under Eligible Hospital/CAH eCQMs 2021 Reporting Period • QualityNet.CMS.gov: Hospitals-Inpatient/Measures (Hybrid)

Hybrid HWR Measure Overview

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.

➡ To calculate hybrid measures, administrative data from the EHR (linking variables) are needed to link the core clinical data elements (CCDEs) to the claims data.

➡ The Hybrid HWR Measure is planned for use in the Hospital IQR Program and aligns with the claims-based HWR measure. It differs by using CCDEs as part of the risk adjustment.

2023 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 cmsybridmeasures@yale.edu or submit your question via JIRA <https://oncpiojectracking.healthit.gov/support/browse/CHM>.

<p>eCQI Resource Center – Hybrid Page https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&year=2021</p> <p>2021 Reporting Period [Published May 2020]</p> <ul style="list-style-type: none">• 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	<p>eCQI Resource Center – Quality Reporting Data Architecture (QRDA) https://ecqi.healthit.gov/qrda</p> <ul style="list-style-type: none">• 2021 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting• 2021 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting
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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

Hybrid HWR Measure

Data Submission Requirements

- Submit 13 CCDE (6 vital signs + 7 laboratory test results) with six linking variables via QRDA Category I files.
- To successfully submit the Hybrid HWR measure, hospitals will need to:
 - ✓ Submit **linking variables on 95% or more of discharges** with a Medicare Fee for Service claim for the same hospitalization during the measurement period.
 - ✓ 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).
 - ✓ 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.

eCQM and Hybrid Measure Support Resources

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

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Thank You

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