Alignment of Electronic Clinical Quality Measure (eCQM) Reporting

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

CY 2023 eCQM Reporting and Data Submission Updates Question and Answer Summary Document

Speaker

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November 14, 2023
2:00 p.m. Eastern Time

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses. The questions and answers have been edited for clarity and grammar.

Question 1: **Our hospital is not a delivery site; it only does deliveries in an emergency (<5 per year). Do we still need to submit the electronic Perinatal Care (ePC)-02 (Cesarean Birth) and ePC-07 (Severe Obstetric Complication) measures?**

Specific to calendar year (CY) 2023 eCQM reporting, the only mandatory measure is the Safe Use of Opioids-Concurrent Prescribing eCQM. Hospitals are not required to submit data for the ePC-02 or ePC-07 measures. If a hospital selects the ePC-02 or ePC-07 measure as one of their three self-selected eCQMs, data are required for four quarters during the reporting year. Each quarter must contain the Safe Use of Opioids-Concurrent Prescribing eCQM, plus three additional self-selected eCQMs. The eCQMs must be the same eCQMs across four quarters of data.

For CY 2024 eCQM reporting, hospitals that do not have an obstetrics department and do not perform deliveries will not be required to submit eCQM patient-level data for the ePC-02 and ePC-07 measures; however, they will be required to declare a zero denominator for all four quarters of data for each mandatory eCQM. If there are five or fewer discharges applicable to an eCQM during a discharge quarter, hospitals have the option to either submit patient-level data via Quality Reporting Document Architecture (QRDA) Category I files or manually enter a case threshold exemption for each quarter. Additionally, they must continue to report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three self-selected eCQMs from the CY 2024 eCQM measure set for four quarters of data.

Question 2: **Can a hospital's Hospital Quality Reporting (HQR) security official or other authorized hospital personnel upload the final data, or do we need to go through a vendor?**

Hospitals have the option to submit their own eCQM data or authorize a vendor to submit data on the hospital's behalf. Hospitals choosing to use a vendor must log into the *HQR Secure Portal* and select Vendor Management to confirm the vendor's permission.

Question 3: **Can we submit test file submissions to identify if we have any rejections before the actual production file submissions?**

Yes. Hospitals and vendors are encouraged to submit test file submissions to the *HQR Secure Portal* early and often. This allows data submitters to validate the QRDA Category I file structure and correct their rejected files.

Test file submissions will not be counted towards meeting the eCQM reporting requirement, so it is important to verify that you have successfully submitted production files prior to the submission deadline.

Question 4: **Do we still need a certified vendor to submit for our hospital if our electronic health record (EHR) system provides certified scripts to create QRDA Category I files?**

If your hospital's EHR is certified according to the applicable calendar year reporting requirements, then you can submit the files yourself. Hospitals are required to use the most current specifications, standards, and technical versions according to the CMS Annual Update for CY 2023 reporting (published in 2022).

CMS requires that data must be reported using Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the 2015 Edition Cures Update criteria beginning with the CY 2023 reporting period. For more information, refer to the ONC 21st Century Cures Act published on the *Federal Register*: https://www.federalregister.gov/documents/2020/05/01/2020-07419/21stcentury-cures-act-interoperability-information-blocking-and-the-onchealth-it-certification

Question 5: **Can you review the difference between a case threshold exemption and a zero denominator declaration?**

A side-by-side comparison is available on slide 16. A case threshold exemption may be applied when there are five or fewer discharges applicable to an eCQM within the same discharge quarter. In this instance, hospitals have the option to either submit these data via QRDA Category I files or manually enter the case threshold exemption. A zero denominator declaration is used when the hospital does not have any patients that meet the denominator criteria of that particular eCQM. In both cases, a hospital is required to report the selected measure(s) using certified EHR technology to the 2015 Edition Cures Update criteria.

Question 6: **Can I submit from two different certified electronic medical record systems, two quarters from one system and two quarters from another system?**

Yes, hospitals may upload data using certified EHR technology to the 2015 Edition Cures Update criteria from different EHRs and/or authorized vendors. This would include having different vendors submit for different quarters of data within the calendar year.

Each vendor will require the hospital's authorization to permit them to upload and review data results on their behalf. Keep in mind the submission format requires one QRDA Category I file, per patient, per quarter.

Question 7: **Must we correct all rejections before we can receive credit for our submission?**

Hospitals should analyze their rejected files by reviewing any error message(s), correcting the data within the relevant files, and resubmitting the revised files as production file submissions to the *HQR Secure Portal* by the submission deadline. CMS expects the reporting of eCQM data to be representative of the entire patient population for the timeframe in question. To confirm your eCQM submission status, run the Program Credit Report and verify the display of a green banner. If you need assistance evaluating rejected files or files that do not meet the expected measure outcome, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288 -8912 or QNetSupport@cms.hhs.gov.

Question 8: **If we have two quarters, not four, of Stroke (STK)-05 patient-level data, would we submit two quarters of data and two quarters with a zero denominator?**

The definition of a successful submission includes any combination of the following: accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures, zero denominator declarations, and/or case threshold exemptions. If your hospital does not have any patients meeting the denominator criteria for one of the self-selected eCQMs, a zero denominator may be used for the applicable quarter. A hospital may have patient-level file data for STK-05 and submit QRDA Category I files for one quarter, but it may not have any patients meeting the denominator criteria for STK-05 in a different quarter. In that case, the hospital would need to select a zero denominator for the applicable quarter(s). To meet the CY 2023 eCQM reporting requirement, hospitals are required to submit the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM, plus three self-selected eCQMs for four quarters of data. The self-selected eCQMs must be the same eCQMs across quarters.

Question 9: **Must we submit the same four measures for all four quarters?**

Yes, each quarter must contain the same four eCQMs for all four calendar quarters. Furthermore, each quarter must contain the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM, plus three additional self-selected eCQMs from the CY 2023 measure set. If your hospital does not have any patient-level data on the Safe Use of Opioids-Concurrent Prescribing eCQM, you must enter a denominator declaration for each of the four quarters.

If your hospital has five or fewer discharges in a discharge quarter applicable to the Safe Use of Opioids measure, you must submit those QRDA Category I files or enter a case threshold exemption for each of the quarters.

Question 10: **Is the 2015 Edition Cures Update mandatory when we report?**

Beginning with the CY 2023 reporting period, hospitals are required to report their eCQM data using Health IT certified by the ONC to the 2015 Edition Cures Update criteria. To check whether a Health IT product has been certified to the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List (CHPL). To learn more about the update, visit ONC's 21st Century Cures Act final rule.

Question 11: **Since the HQR system is now accepting production files for CY 2023 reporting, will it overwrite the first file if we submit a different file for the same quarter? Can we continue to upload a new file up until February 29, 2024?**

The HQR system will identify QRDA Category I files with five matching key elements within each file. The newest QRDA Category I production file submission will overwrite the previous file submission if each file contains these same five key elements: CMS Certification Number (CCN); CMS Program Name; EHR Patient ID; Reporting Period; and EHR Submitter ID. Succession management is only applicable to production data in the HQR system. QRDA Category I files uploaded as test submission files will not overwrite those files with the same five key elements. CMS recommends deleting any previous batches or files prior to resubmitting corrected test file submission data.

Question 12: **What if I switched EHRs during 2023? Do I certify both EHRs?**

Hospitals are required to submit eCQM data using certified EHR technology to the 2015 Edition Cures Update criteria. For CY 2023 reporting, CMS requires four quarters of data.

If your hospital has transitioned from one EHR to a different EHR during a reporting quarter, CMS expects the hospital to import data from their old EHR into the new EHR and submit one QRDA Category I file, per patient, per quarter. Hospitals are permitted to use abstraction or pull data from non-certified sources to then input the data into Certified EHR Technology (CEHRT) to capture and report QRDA Category I files.

Question 13: **Will the eCQM measure result only display in the Performance Summary Report if the submission was in production? Will it display for a test file?**

The HQR system only calculates and displays the performance score for measure data submitted as production file submissions. Test file submissions are not calculated for performance and do not count towards program credit.

Question 14: **Are new performance score calculations only available at the facility level?**

The HQR system calculates and displays eCQM performance scores at the facility level within the eCQM Outcomes User Interface (UI) under Data Results. Additional performance score calculations (e.g., state rate, national rate and top 10%) are located within the Preview UI under Public Reporting.

Question 15: **We are planning to submit QRDA Category I files for the following eCQMs to the Hospital Inpatient Quality Reporting (IQR) and Medicare Promoting Interoperability Programs: STK-2; STK-3; STK-6; ED-2; and Safe Use of Opioids-Concurrent Prescribing. We are also planning to submit the following voluntary eCQMs: ePC-02; ePC-07; Hospital Harm (HH)-01; HH-02; and Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (OP-40).**

Must all of these eCQMs be in a single set of QRDA Category I files for submission? We would like to submit the required eCQMs in a set of QRDA Category I files and meet program requirements, then submit voluntary eCQM QRDA Category I files. Also, we would separately submit OP-40. (We use Epic, and it has a separate build page for outpatient eCQMs/QRDA Category I files). Is this doable? Will the HQR system overwrite earlier submissions with the latest submission? What about the requirement to submit one file per patient, per quarter?

Hospitals participating in the Hospital IQR and/or Medicare Promoting Interoperability Programs are required to meet the eCQM reporting requirement using the submission format for one QRDA Category I production

file, per patient, per quarter.
The file should include all episodes of care and the measures your hospital intends to report for that patient.

Please keep in mind that the OP-40 eCQM is voluntary for the Hospital Outpatient Quality Reporting (OQR) Program. The HQR system validates the program name within the QRDA Category I file based on the current year's CMS Implementation Guide.

At this time, the HQR system will not accept QRDA Category I files that contain more than one program name. Data submitters will be required to submit two different QRDA Category I files, one for the Hospital IQR/Promoting Interoperability Programs and one for the Hospital OQR Program. Additional information may be found in the most current Implementation Guide (Version 1.3, revised on August 31, 2023). You'll find it on the eCQI Resource Center at the following link: https://ecqi.healthit.gov/sites/default/files/QRDA-HQR-2023-CMS-IG-v1.3-508.pdf. Please review the following HQR validations: CMS_0074 and CMS_0089.

CMS encourages hospitals to submit data for additional measures and/or quarters even once the eCQM reporting requirement has been met. Please make sure to always run your Program Credit Report and verify that the green banner is displayed prior to the February 29, 2024, deadline. CMS will publicly report all inpatient eCQM data submitted to the HQR system as production file submissions.

Question 16: **Must a vendor be certified to all of the eCQMs in the eCQM measure set that hospitals can select from? Does this include OP-40?**

In the FY 2020 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System final rule (https://www.govinfo.gov/content/pkg/FR-2019-08-16/pdf/2019-16762.pdf) on pages 462 and 463, CMS finalized the requirement that EHRs be certified to all available eCQMs used in the Hospital IQR Program for the CY 2020 reporting period and subsequent years.

The STEMI eCQM (OP–40) is a voluntary measure set to become a requirement only for the Hospital OQR Program beginning with the CY 2024 reporting period/CY 2026 payment determination and is not available for inpatient quality reporting. At this time, the Hospital OQR Program has not explicitly stated that EHR vendors must certify all program eCQMs, such as mandated by the FY IPPS final rule with comment period. However, the use of CEHRT is required for compliant submission. Additional information on the measure submission requirements can be found in the CY 2022 OPPS/ASC final rule with comment period (86 FR 63867).

Question 17: **Is CMS requiring data submissions on 100 percent of the patient population? Does 100 percent of data have to be accepted? What will happen if most files are accepted, and one file is rejected due to an issue that cannot be corrected prior to the submission deadline?**

The definition of a successful submission includes any combination of the following: accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures, case threshold exemptions, and/or zero denominator declarations. CMS expects submitted data to be fully representative of the patient population. Hospitals and vendors should troubleshoot rejected files and resubmit corrected files prior to the submission deadline to count towards program credit.

Question 18: **How do we know if an EHR is certified?**

To check whether a Health IT product has been certified, visit the CHPL at https://chpl.healthit.gov/#/search. This provides the comprehensive listing of Health IT certified through the ONC Health IT Certification Program. CHPL generates the CMS EHR Certification Identification Number after the product has been passed as certified. This CEHRT ID should be used for CMS reporting.

A CMS EHR Certification Identification Number can represent a single Health IT product that could have relied upon software (module) or a combination of EHR products that a hospital uses to meet the CEHRT definition. You can also reference the CHPL Public User Guide: https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf

Question 19: **My facility's EHR will not generate the ePC-07 data on the same QRDA Category I file as my other selected measures, and the system keeps overwriting the data with the succession issue. Will succession management cause a submission error in this scenario?**

The HQR system will identify QRDA Category I files with five matching key elements within each file. The newest QRDA Category I production file submission will overwrite the previous file submission containing the same five key elements: CCN; CMS Program Name; EHR Patient ID; Reporting Period; and EHR Submitter ID. QRDA Category I files uploaded as test file submissions will not overwrite those files with the same five key elements. CMS recommends deleting any previous files prior to resubmitting corrected test files. It is important to remember the submission format is one QRDA Category I file, per patient, per quarter. This file includes all episodes of care for all measure data submitted. Succession management is discussed in the CMS IG for QRDA Category I HQR for 2023. For further assistance, please

contact the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov.

Question 20: **Under Administration/Vendor Management in the HQR system, our EHR vendor is listed. Under the vendor permissions, several data submission types are listed, including eCQM Inpatient Quality Reporting. Under the Measure Access column, it says "None" next to eCQM.**
Does this mean we have the option to initiate data submission from our EHR via the HQR.cms.gov website, or do we need to initiate that through our EHR vendor?

The HQR system will identify the permissions that a hospital has selected for their vendor(s): Edit/Upload or View eCQM data. If the vendor displayed is active but "None" appears under eCQM Measure Access, additional steps are required to allow this vendor to submit eCQM data on the hospital's behalf. Users can view the "How to Add Permissions" video tutorial to learn how to add permissions to a vendor. Hospitals submitting eCQM data without a vendor should verify the hospital staff user permissions under Access Management. For further assistance on user roles and permissions, please contact the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov.

Question 21: **Is it acceptable to submit each quarter's data at a separate time, or do we need to submit all four quarters of data all at the same time, prior to the February 2024 deadline?**

Submitters can choose to upload a batch of QRDA Category I files that represent data for one quarter or a combination of quarters upon availability of the HQR system; however, submitters are expected to report one QRDA Category I file, per patient, per quarter. Each QRDA Category I file must represent a single quarter of data; however, files from different quarters may be uploaded within the same batch at the same time. CMS encourages hospitals and vendors to access the portal as often as necessary to upload and troubleshoot their QRDA Category I files prior to the submission deadline of February 29, 2024.

Question 22: **We changed EHR systems in May of 2023. Prior to the change, a vendor submitted our data. I don't know how to start submitting. Also, what if we no longer have access to January–April data?**

CMS encourages hospitals to work towards a successful EHR transition to fulfill the CY 2023 eCQM reporting requirement. Hospital staff should collaborate with leadership, their quality department, and/or internal IT staff for assistance on creating and uploading QRDA Category I files to the *HQR*

Secure Portal. Additional training resources are available on the eCQI Resource Center. These include an eCQM 101 webinar and a video tutorial.

If your hospital is unable to successfully meet the eCQM reporting requirement, CMS offers a process for hospitals to request an exception to eCQM reporting when there are extraordinary circumstances beyond the control of the hospital. Information on the Extraordinary Circumstances Exceptions (ECE) policy is available on QualityNet at https://qualitynet.cms.gov/inpatient/iqr/participation#tab3).

For assistance, contact the Inpatient Support Team at (844) 472-4477 or https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.

Question 23: **When will we be able to submit data into the HQR system?**

The HQR system is currently open to receive test and production file data for the CY 2023 eCQM reporting period. The HQR system is available through the submission deadline of February 29, 2024, 11:59 p.m. Pacific Time. CMS communicated that the HQR system began accepting CY 2023 eCQM data on September 13, 2023. The Listserve notification is available on QualityNet: https://qualitynet.cms.gov/files/650da67c9631f9001cc7e931?filename=2023-140-IP.pdf

Question 24: **We changed our EHR system in 2023. We are having an issue with information from the old EHR. Can we submit a hardship for one quarter and submit data for the other three quarters for the Medicare Promoting Interoperability Program?**

CMS encourages hospitals to continue to work towards a EHR transition and submit eCQM data to fulfill the CY 2023 eCQM reporting requirement. If your hospital is unable to successfully meet the full eCQM requirement (four quarters of CY 2023 data) for the Medicare Promoting Interoperability Program, CMS does allow eligible hospitals and critical access hospitals to request a Hardship Exception for the calendar year. If approved, the Hardship Exception applies to the whole calendar year and is only valid for one payment adjustment year. CMS will not grant an exception for more than five years.

If your hospital participates in the Hospital IQR Program and is unable to meet the eCQM reporting requirement, CMS does offer a process for hospitals to request an exception to eCQM reporting when there are extraordinary circumstances beyond the control of the hospital. Information on the ECE policy is available on QualityNet at https://qualitynet.cms.gov/inpatient/iqr/participation#tab3.

Question 25: **Can you please confirm if all CEHRT IDs that meet the 2015 Edition Cures Update should start with 0015C? (It started with 0015E in previous submission years.)**

CMS requires that hospitals must use EHR technology certified to the 2015 Edition Cures Update criteria beginning with the CY 2023 eCQM reporting period. The CEHRT ID is a unique identifier generated by the ONC, and it identifies a specific bundle of EHR software. The HQR system will only accept CEHRT numbers containing the "15C" syntax.
QRDA Category I files containing the "15E" syntax will be rejected and will not count towards meeting the eCQM reporting requirement.

Question 26: **When will CMS publicly report the Safe Use of Opioids-Concurrent Prescribing eCQM?**

Public reporting of eCQM data, including Safe Use of Opioids-Concurrent Prescribing eCQM data, began with the CY 2021 reporting period. CMS will continue to publicly report eCQM data that providers submit as production file submissions to the HQR system. Currently, CMS publicly reports eCQMs on the data catalog on Data.cms.gov. Beginning with CY 2023, data for the Safe Use of Opioids-Concurrent Prescribing eCQM will move to Medicare.gov. For CY 2024, ePC-02 and ePC-07 data will join the Safe Use of Opioids-Concurrent Prescribing eCQM for display on Medicare.gov. For instructions on navigating to the data catalog, refer to the Inpatient Public Reporting Preview Help Guide (pages 3–5) on QualityNet.

Question 27: **The *HQR Secure Portal* shows that there are no data for the previous years. Only zeros appear in boxes for all quarters from 2021 and 2022. There were data in there before. Are they updating the system?**

Hospitals and vendors with the appropriate user roles and permissions should be able to view previously submitted eCQM data. Please submit your question directly to the CCSQ Service Center at QNetSupport@cms.hhs.gov.