



CY 2023 eCQM Reporting and Data Submission Updates

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Purpose

This presentation provides hospitals and vendors with a high-level overview of eCQM reporting requirements and system changes for the calendar year (CY) 2023 reporting period.

Learning Objectives

Participants will be able to:

- Summarize the CY 2023 eCQM reporting requirements for the Hospital Inpatient Quality Reporting (IQR) and Medicare Promoting Interoperability Programs.
- Identify new eCQM user interface features available in CMS' Hospital Quality Reporting (HQR) system.
- Locate and use tools to assist with data submission.

Acronyms and Abbreviations

CAH	critical access hospital	HARP	Healthcare Quality Information System Access Roles and Profile
CCN	CMS Certification Number	HH	Hospital Harm
CCSQ	Center for Clinical Standards and Quality	HQR	Hospital Quality Reporting
CEHRT	Certified EHR Technology	IPP	Initial Patient Population
CMS	Centers for Medicare & Medicaid Services	IQR	inpatient quality reporting
CSV	Comma-Separated Value	ONC	Office of the National Coordinator for Health Information Technology
CY	calendar year	PC	Perinatal Care
ECE	Extraordinary Circumstances Exception	PI	Promoting Interoperability
eCQI	electronic clinical quality improvement	Q	quarter
eCQM	electronic clinical quality measure	QRDA	Quality Reporting Document Architecture
ePC	electronic Perinatal Care	STK	stroke
ED	emergency department	VIQR	Value, Incentives, and Quality Reporting
EHR	electronic health record	VTE	venous thromboembolism

CY 2023 eCQM Reporting and Data Submission Updates

CY 2023 eCQM Reporting Overview

eCQM Reporting Requirements CY 2022 vs. CY 2023

	CY 2022	CY 2023
eCQM Measure Set	<p>9 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2 +</p> <p>Mandatory: Safe Use of Opioids- Concurrent Prescribing</p>	<p>13 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2, ePC-02, ePC-07, HH-01, HH-02 +</p> <p>Mandatory: Safe Use of Opioids- Concurrent Prescribing</p>
Total number of eCQMs to report <u>per quarter</u>	<p>3 self-selected eCQMs (must be same across quarters) +</p> <p>Mandatory: Safe Use of Opioids- Concurrent Prescribing</p>	<p>3 self-selected eCQMs (must be same across quarters) +</p> <p>Mandatory: Safe Use of Opioids- Concurrent Prescribing</p>
Total number of quarters to report <u>per CY</u>	3 self-selected quarters	All 4 quarters
Certified Electronic Health Record Technology (CEHRT)	<ul style="list-style-type: none"> • 2015 Edition • 2015 Edition Cures Update • Combination of both (CY 2022 was the final year to use 2015 Edition certification criteria.) 	2015 Edition Cures Update

CY 2023

eCQM Reporting Requirements

Program	Hospital IQR Program* Medicare Promoting Interoperability Program**
Reporting Period	January 1, 2023 – December 31, 2023
Annual Submission Deadline	February 29, 2024, 11:59 p.m. Pacific Time
eCQM Measure Set	13 available eCQMs: ED-2, PC-05, STK-2, STK-3, STK-5, STK-6, VTE-1, VTE-2, ePC-02, ePC-07, HH-01, HH-02, and Safe Use of Opioids–Concurrent Prescribing***
Total number of eCQMs per quarter	3 self-selected eCQMs plus Safe Use of Opioids–Concurrent Prescribing eCQM***
Total number of quarters to report per calendar year	4 quarters (Q1, Q2, Q3 and Q4 of 2023) (eCQMs must be the same across quarters)
CEHRT	2015 Edition Cures Update

*The submission of CY 2023 eCQM data will affect the fiscal year (FY) 2025 payment determination.

**The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and affect the FY 2023 payment determination for critical access hospitals (CAHs).

***Mandatory for the CY 2023 reporting period and subsequent years

CY 2023 eCQM Measure Set

Mandatory

Safe Use of Opioids – Concurrent Prescribing* (CMS506v5)

ePC-02* (CMS334v4) Cesarean Birth	ePC-07* (CMS1028v11) Severe Obstetric Complications
HH-01 (CMS816v2) Hospital Harm - Severe Hypoglycemia	HH-02 (CMS871v2) Hospital Harm – Severe Hyperglycemia
ED-2** (CMS111v11) Admit Decision Time to ED Departure Time for Admitted Patients	PC-05** (CMS9v11) Exclusive Breast Milk Feeding
STK-02 (CMS104v11) Discharged on Antithrombotic Therapy	STK-03 (CMS71v12) Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05 (CMS72v11) Antithrombotic Therapy By the End of Hospital Day 2	STK-06** (CMS105v11) Discharged on Statin Medication
VTE-1 (CMS108v11) Venous Thromboembolism Prophylaxis	VTE-2 (CMS190v11) Intensive Care Unit Venous Thromboembolism Prophylaxis

*This eCQM is mandatory for the CY 2024 reporting period.

**This eCQM will be removed from the measure set beginning with the CY 2024 reporting period.

CY 2023 Certification and Specification Policies

- Use Health Information Technology certified by the Office of the National Coordinator for Health Information Technology (ONC) to the **2015 Edition Cures Update criteria**.
 - Visit [ONC's 21st Century Cures Act final rule](#).
- Electronic Health Records (EHRs) are certified to all available eCQMs.
- eCQM specifications published in the CMS eCQM Annual Update for CY 2023 are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center's [Eligible Hospital/Critical Access Hospital eCQMs page](#).
- 2023 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting: <https://ecqi.healthit.gov/qrda>

CY 2023 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 cannot be combined within the same QRDA Category I file.

CY 2023 QRDA Category I File Identification – Five Key Elements

Succession Management

(applies to production file submissions only)

Element	Example
CMS Certification Number	CCN
CMS Program Name	HQR_PI or HQR_IQR or HQR_PI_IQR
EHR Patient ID	Up to 256 characters in length (numbers/letters)
Reporting Period	For Quarter 1: Low Value – “20230101” High Value – “20230331”
EHR Submitter ID	Hospitals – CCN Vendors – Vendor ID The <i>Hospital Quality Reporting (HQR) Secure Portal</i> assigns the EHR Submitter ID to submitters registering for system access to upload QRDA Category I files. Vendor EHR Submitter ID = Vendor ID Hospitals EHR Submitter ID = CCN

CY 2023 eCQM Reporting and Data Submission Updates

Preparing to Submit eCQM data

Before You Start: Download the CY 2023 eCQM QRDA Category I Submission Checklist

Visit [Resources and Tools](#) page on QualityReportingCenter.com.

[eCQM Resources for IQR](#)

[eCQM ECE Policy Clarification Questions and Answers](#) (Updated: 03/10/2017)

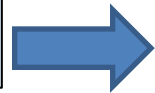
[eCQM Next Generation of HQR Navigation Guide](#)

[CY 2023](#)

[CY 2023 Available eCQMs Table](#)

[CY 2023 eCQM QRDA I File Submission Checklist](#)

[CY 2023 eCQM Submission Overview](#)



CY 2023 Hospital Inpatient Quality Reporting Program / Medicare Promoting Interoperability Program Preparation Checklist for eCQM Reporting QRDA Category I Test or Production File(s) Submission Instructions for the HQR System

Due	Task
NOW	<p>To successfully submit Calendar Year (CY) 2023 electronic clinical quality measure (eCQM) data, hospitals participating in the Hospital IQR Program* and the Medicare Promoting Interoperability Program** must:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for four (4) quarters of 2023 data by the submission deadline. <ul style="list-style-type: none"> • The submission deadline is Thursday, February 29, 2024, 11:59 p.m. Pacific Time. • Each quarter must contain at least three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM. • The eCQMs must be the same eCQMs across all four quarters in a given reporting year. <input type="checkbox"/> Confirm health information technology (Health IT) is certified by the Office of the National Coordinator of Health IT (ONC) to the 2015 Edition Cures Update criteria. Visit the Certified Health IT Product List (CHPL) to ensure the edition is certified to report all available eCQMs. <input type="checkbox"/> Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the most current CY 2023 requirements, such as the CMS QRDA Category I HQR Implementation Guide and the associated Schematrons and sample files posted on the eCQI Resource Center: https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0&globalyearfilter=2023. CMS is expecting one QRDA Category I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. The maximum individual file size is 10 MB. A ZIP file can have a maximum of 14,999 files. Tip: Prior to data upload, verify your ZIP file does not contain other ZIP files.
System opens fall 2023 Deadline: 2/29/2024 11:59 p.m. Pacific Time	<ul style="list-style-type: none"> <input type="checkbox"/> Visit the Hospital Quality Reporting (HQR) System log in page. <ul style="list-style-type: none"> • Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account. • Complete two-factor authentication. Enter the security code. <input type="checkbox"/> Review the Navigation Menu on the HQR landing page to perform actions in the HQR System. <p style="text-align: center;">Go to the dashboard menu to complete the steps listed on the next page.</p>

Review Outcomes Submission Results to determine how the episodes of care were evaluated.

(The HQR System will default to Test for the submission field and the most current quarter.)

1. Click on the Outcomes tab. Select the submission type and the quarter. Use the drop-down menu to review a specific measure or all measures. Click Change Selection to refresh the page.
2. The UI will display the evaluated episodes for each patient file, which you can export as a CSV. Click Performance Summary to view the summary. You can export this summary as a CSV.

Generate the Program Credit Report.

1. From the dashboard menu, click on Program Reporting. Then, click on Program Credit.
2. Click on a program card. Then, select discharge quarter. Click Change Selection. Program Credit Reports for both programs will generate.
3. The UI will show which measures were submitted, the submission status, and the date of the last submission update. Export the report for your records.
 - A green banner indicates successful submission was achieved for the reporting year.
 - A yellow banner indicates successful submission was not achieved for the reporting year.

Three (3) self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM must be successfully reported on for each of the four quarters of data to meet the eCQM reporting requirement. eCQMs must be the same eCQMs across quarters in a given reporting year.

Enter Denominator Declarations, if they apply.

1. Click on Data Submissions. Click on Data Form. Click on Launch Data Form to refresh the page.
2. Select the Discharge Quarter to receive Denominator Declarations. Enter the declarations for case threshold or for zero denominator for each applicable measure. Click the Submit button. Repeat the steps for each applicable quarter.

Re-generate the Program Credit Report(s).

This "snapshot in time" indicates if submissions were successful for each reporting quarter. If the reporting changes in any way (files are resubmitted or deleted, denominator declarations are modified), re-generate the Program Credit Report for the most current status. If the report is not available after 24 hours, contact the [CCSO Service Center](#).

Additional resources available on the [Resources](#) page on the QualityNet website.

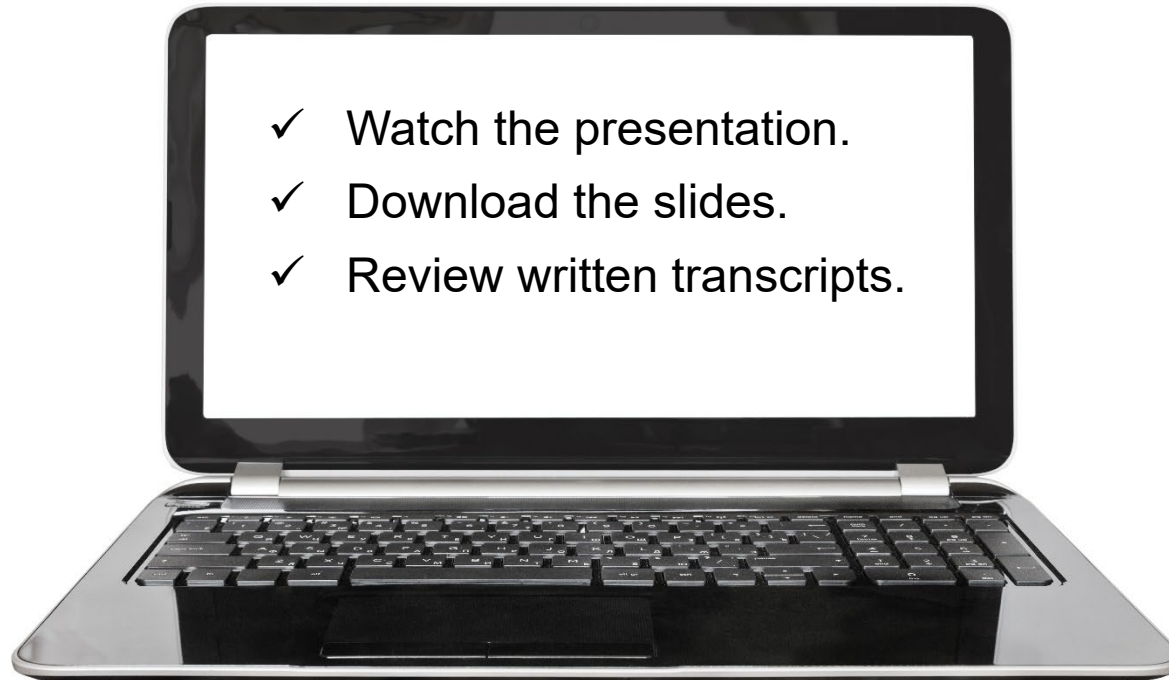
11/14/2023

Acronyms

13

Step-by-Step Process To Submit eCQM Data

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



Steps to Submit CY 2023 eCQM Data

- Log Into the HQR System through Healthcare Quality Information System Access Roles and Profile (HARP) at <https://hqr.cms.gov>.
- Access the HQR Landing Page.
- Verify User and Vendor Permissions.
- Upload QRDA Category I Files.
- Review Data Results.
 - File Upload History User Interface and Export
 - eCQM Submission Accuracy User Interface and Export
 - Measure Results Outcomes User Interface and Export
- Generate the Program Credit Report.
- Visit Denominator Declaration User Interface, if applicable.
- Regenerate the Program Credit User Interface to Confirm Successful eCQM Reporting.

Denominator Declarations

Hospital IQR Program and Medicare Promoting Interoperability Program

	Case Threshold Exemption	Zero Denominator Declaration
Criteria	<p>A hospital's EHR system is certified to report the eCQM.</p> <p>AND</p> <p>Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter.</p>	<p>A hospital's EHR system is certified to report the eCQM.</p> <p>AND</p> <p>A hospital does not have any patients that meet the denominator criteria of that CQM.</p>
Other	<ul style="list-style-type: none"> • The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare Promoting Interoperability Program and the Hospital IQR Program. • Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose. • Case threshold exemptions are entered on the Denominator Declaration screen within the HQR System. 	<ul style="list-style-type: none"> • The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for the Medicare Promoting Interoperability Program and the Hospital IQR Program. • Zero denominator declarations are entered on the Denominator Declaration screen within the HQR System.

Successful eCQM Submission for CY 2023 Reporting

- To successfully submit the required eCQMs based on program year for the Hospital IQR Program and the Medicare Promoting Interoperability Program, report 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 CEHRT 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 critical access hospitals participating in the Medicare Promoting Interoperability Program are still responsible to report required objectives and measures.

Best Practices for eCQM Reporting

- Designate at least two Security Officials for the HQR system.
- Update the [Hospital Contact Change Form](#) to inform the Inpatient VIQR Support Contractor for the Hospital IQR Program about key personnel changes (e.g., CEO and quality reporting contact).
- Confirm your HQR User Roles and vendor permissions to submit data.
- Submit QRDA Category I files to the HQR system, early and often.
- [Join the Listserve group](#) to receive Email Notifications on eCQM reporting for the Hospital IQR and Medicare Promoting Interoperability Programs.

CY 2023 eCQM Reporting and Data Submission Updates

HQR System Updates

eCQM User Interface Updates

- Data Submissions – Denominator Declaration Form

We anticipate changes to the data form for denominator declarations due to voluntary reporting of eCQMs in the Hospital Outpatient Quality Reporting Program.

- Data Results

- New drop-down options:

- Program, Submission, Quarter and Measure

- New Measure Outcomes Feedback Module displays measure logic details for each episode of care.

- eCQM Performance Summary Module displays measure outcomes and performance score with succession management

- Program Reporting – Program Credit Report

- Updated to reflect CY 2023 requirements

Data Submissions: QRDA Category I Files

To upload QRDA Category I files, click on the eCQM tab located at the top.

1. Click on File Upload.
2. Select Submission Type as Test or Production.

Note: These submission steps will change beginning with voluntary eCQM reporting in the Hospital Outpatient Quality Reporting Program. Users will be required to select IQR/PI prior to submission.

The screenshot displays a web application interface for data submissions. At the top right, there is a 'Change Organization' button. A left-hand navigation menu includes 'Dashboard', 'Data Submissions' (highlighted with a red box), 'Data Results', 'Program Reporting', and 'Administration'. The main content area features a horizontal tab bar with 'eCQM' (selected and highlighted with a red box and a red arrow pointing to it), 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', 'Structural Measures', 'Hybrid Measures', and 'PRO-PM'. Below the tabs, there are two buttons: 'File Upload' (highlighted with a red box) and 'Data Form'. A text instruction reads: 'Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.' Below this, a section titled 'Select a Submission Type' contains two buttons: 'Test' and 'Production', both with right-pointing chevrons.

Data Submissions: Denominator Declarations

To submit denominator declarations, click on the eCQM tab at the top.

1. Click on the Data Form box.
2. Launch the Denominator Declaration form (green arrow).

Note: These submission steps will change beginning with voluntary eCQM reporting in the Hospital Outpatient Quality Reporting Program. Users will be required to launch the form for the IQR/PI program.

The screenshot displays the eCQM application interface. On the left, a navigation menu includes 'Dashboard', 'Data Submissions' (highlighted with a red box), 'Data Results', 'Program Reporting', and 'Administration'. The main content area features a top navigation bar with tabs for 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', 'Structural Measures', 'Hybrid Measures', and 'PRO-PM'. A red arrow points to the 'eCQM' tab. Below the tabs, there are two buttons: 'File Upload' and 'Data Form' (highlighted with a red box). Underneath, the section 'Select the Data Form' contains a row with 'Denominator Declaration' and a 'Launch Data Form' button with a green checkmark icon, both highlighted with a red box. A 'Change Organization' button is visible in the top right corner.

Data Submissions: Denominator Declarations

Launch the Denominator Declaration data form to submit zero denominator declarations and/or case threshold exemptions for any applicable quarter(s) and measure(s).

1. Select the Discharge Quarter. (System defaults to Q4 2023.)
2. For each applicable measure, select the declaration:
 - Zero denominator declaration
 - Case threshold exemption
(0 – 5 cases)
3. Click on the blue “I’m ready to submit” button located at the bottom.
4. To modify denominator declarations, verify Discharge Quarter, and click on the Edit button under the green banner.

Note: Submitting QRDA Category I files or resubmitting this form will overwrite previous submissions.

Data Submissions: Denominator Declarations

< Data Submission

Denominator Declaration

Discharge Quarter
Q4 2023

For each measure, determine how many cases from the discharge quarter meet the Initial Patient Population (IPP) requirements. If you have:

- **Five or fewer cases:** Select the appropriate number (0 - 5).
- **More than five cases:** Leave the dropdown blank. Submit your measure data under eCQM submissions.

Some measures have different requirements for denominator populations. If none of your cases meet those requirements, select **Zero denominator declaration**.

The HQR System will display results of the most recent successful submission. Resubmitting this form or submitting via eCQM will overwrite previous submissions.

Measure	Zero Denominator Declaration / Case Threshold Exemption
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharge on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy by End of Hospital Day 2
STK-6	Discharge on Statin Medication
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
Safe Use of Opioids	Safe Use of Opioids - Concurrent Prescribing
HH-01	Hospital Harm-Severe Hypoglycemia Measure
HH-02	Hospital Harm-Severe Hyperglycemia Measure
ePC-02	Cesarean Birth
ePC-07	Severe Obstetric Complications

Zero denominator declaration
0 cases (case threshold exemption)
1 case (case threshold exemption)
2 cases (case threshold exemption)
3 cases (case threshold exemption)
4 cases (case threshold exemption)
5 cases (case threshold exemption)

I'm ready to submit

Acronyms

Data Results: Files Tab

To review files at the batch level, click on the Files Tab at the top.

1. Select Program IQR/PI.
2. Select Submission file type as Test or Production.
3. Click on the blue Select button.

The screenshot shows the 'Data Results' section of a web application. On the left is a navigation menu with items: Dashboard, Data Submissions, Data Results (checked), Chart Abstracted, eQIM (highlighted), HCAHPS, Hybrid Measures, Population & Sampling, Program Reporting, Administration, and Unlock Menu. The main content area has a top navigation bar with 'Files', 'Accuracy', and 'Outcomes' tabs. Below this is the 'eQIM Upload History' section. It features two dropdown menus labeled 'Program' and 'Submission', both currently set to 'Select'. A blue 'Select' button is positioned below these dropdowns. To the right of the dropdowns is a text block: 'The table below displays all batch uploads. You can view batches for either test or production submissions (A batch can either be one file or contain a number of files). Here, you can search batches or sort the results to view the batch status and download results. Only batches applicable to the current reporting period can be deleted.' A large red arrow points from the 'Select' button towards the right side of the page.

Data Results: Accuracy Tab

To review individual files, click on the Accuracy Tab at the top.

1. Select Program IQR/PI.
2. Select Submission file type as Test or Production.
3. Select Quarter.
4. Click on the blue Select button.

The screenshot shows a web interface with a sidebar on the left containing navigation items: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. The main content area has three tabs: Files, Accuracy (highlighted with a red box), and Outcomes. Below the tabs is the 'eCQM Submission' form, which includes three dropdown menus: Program (with 'Select' chosen), Submission (with 'Select' chosen), and Quarter (with 'Select' chosen). A blue 'Select' button is located at the bottom of the form. A red box highlights the Program, Submission, and Quarter dropdowns, and a red arrow points from this box to a larger, detailed view of the dropdowns on the right.

This detailed view shows three dropdown menus. The 'Program' dropdown has 'IQR/PI' selected. The 'Submission' dropdown has 'Test' selected. The 'Quarter' dropdown has 'Q3 2023' selected. A red box highlights the entire area containing these three dropdowns.

Data Results: Outcomes Tab

To review how measure logic evaluates episodes of care, click on the Outcomes Tab.

1. Select Program IQR/PI.
2. Select Submission file type as Test or Production.
3. Select Quarter.
4. Select Measure.
5. Click on the blue Select button.

The screenshot displays the CMS.gov Hospital Quality Reporting interface. At the top, the navigation bar includes 'CMS.gov | Hospital Quality Reporting' on the left and 'Test Provider 900100' and 'Marc Celestini' on the right. Below the navigation bar, the 'Test Provider' field is visible. The main content area features a sidebar with 'Files', 'Accuracy', and 'Outcomes' tabs, where 'Outcomes' is highlighted with a red box. The 'Submission Results' section contains four dropdown menus: 'Program' (set to 'Select'), 'Submission' (set to 'Select'), 'Quarter' (set to 'Select'), and 'Measure' (set to 'Select'). A blue 'Select' button is positioned below these menus. A red arrow points from this initial state to a second state where the dropdowns are populated: 'Program' is 'IQR/PI', 'Submission' is 'Production', 'Quarter' is 'Q1 2023', and 'Measure' is 'All Measures'. The 'Select' button remains blue.

Data Results: Measure Outcomes Feedback Module

Users can review measure logic details for each episode of care.

1. From drop-down boxes, confirm your selections.
2. Click on the desired card at the top. (The card will display a purple banner.)
3. Under Patient File Name column in the table below, click asterisk (*) after file name.
4. A pop-up box will display admission and discharge dates for each Episode of Care.
5. Click on the blue Export button to view details as a CSV.

Note: This feature is available for test and production file submissions.

Change Organization

Files Accuracy **Outcomes**

Submission Results

Program: IQRP1 Submission: Test

Quarter: Q1 2023 Measure: PC-05

Change Selection

PC-05
430 Episodes

107	0	177
IPP Not Met	IPP Met	Den.
112	34	
Den. Excl.	Num.	

Search

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
IPP_0_DENOM_0_NUME...	PC-05	1	05/15/2023	3137466
IPP_0_DENOM_0_NUME...	PC-05	1	05/15/2023	3137466
IPP_0_DENOM_0_NUME...	PC-05	1	05/15/2023	3137466

Export Results

Measure Logic Details Close

Export

File Name

IPP_1_DENOM_1_NUMER_0_DENEX_0_DENEXCEP_0_STK6_StatinAllergy_Afte

Patient ID

IPP_1_DENOM_1_NUMER_0_DENEX_0_DENEXCEP_0_STK6_StatinAllergy_Afte

STK-6

Description: Discharged on Statin Medication

Episode 1

Admission Date: 07/01/2022
Discharge Date: 07/31/2022

Feedback Messages: NUMERATOR NOT MET: Patient failed to meet criteria to be included in the numerator population.

Okay

Data Results: Performance Summary Module

Users can view the performance summary for All Measures.

1. From drop-down boxes, confirm your selections.

Note: Verify submission file type is Production.

2. Click on the blue Select button.

3. Click on the blue View Summary button.

4. Click on the blue Export CSV button to view details as a CSV.

Note: Succession management is applied.

Files Accuracy Outcomes

Submission Results

Program: IQR/PI
Submission: Production
Quarter: Q1 2023
Measure: All Measures

Change Selection

All Measures

Performance Summary

View Summary

Search: [Search] [Reset] [Export Results]

Patient File Name	Measure(s)	Evaluated Episodes	Upload Date	Batch ID
YanTese2.xml	HH-01	1	09/19/2023	3152713

Performance Summary

Q1 2023

Export CSV

VTE-2	909	N/A	861	202	119	5	27% - Performance
HH-01	70	N/A	70	40	-	-	57% - Performance
HH-02	67	N/A	67	14	3	-	9% - Performance Measure Observation 1: 482 days Measure Observation 2: 45 days
ePC-02	43	N/A	26	8	7	-	42% - Performance
ePC-07	64	N/A	52	13	3	-	2653 per 10,000 deliveries before risk adjustment
ePC-07	64	N/A	52	7	3	-	Stratum 1: 1429 per 10,000 deliveries before risk adjustment

Okay

Data Results: Performance Summary Module

Performance Summary Close

Q1 2023 Export CSV

Measure	IPP Met	In Measure Population	Denominator	Numerator	Exclusion	Exception	Score
ED-2	35	35	N/A	-	6	-	Stratum 1: 20 minutes
ED-2	98	98	N/A	-	35	-	Stratum 2: 1 minute
PC-05	65	N/A	65	7	23	-	17% - Performance
Safe Use of Opioids	146	N/A	146	38	50	-	40% - Performance
STK-2	161	N/A	155	13	44	17	14% - Performance
STK-3	138	N/A	118	3	71	9	8% - Performance
STK-5	188	N/A	185	5	57	37	5% - Performance
STK-6	132	N/A	125	4	56	26	9% - Performance
VTE-1	396	N/A	396	167	85	-	54% - Performance
VTE-2	909	N/A	861	202	119	5	27% - Performance
HH-01	70	N/A	70	40	-	-	57% - Performance
HH-02	67	N/A	67	14	3	-	9% - Performance Measure Observation 1: 482 days Measure Observation 2: 45 days
ePC-02	43	N/A	26	8	7	-	42% - Performance
ePC-07	64	N/A	52	13	3	-	2653 per 10,000 deliveries before risk adjustment
ePC-07	64	N/A	52	7	3	-	Stratum 1: 1429 per 10,000 deliveries before risk adjustment

Okay

- Performance score is displayed as whole percentage rate.
- Succession management is applied.
- Rates displayed for ePC-07 are “before risk adjustment.”

Data Results: Performance Summary Module

Users can view the performance summary for a specific measure.

1. From drop-down boxes, confirm your selections.

Note: Verify submission file type is Production.

2. Click on the blue Select button.

The screenshot displays the 'Outcomes' tab of the Performance Summary Module. It features a 'Submission Results' section with filters for Program (IQR/PI), Quarter (Q1 2023), Submission (Production), and Measure (PC-05). A 'Change Selection' button is present. The results are summarized in a central box for PC-05 (1467 Episodes) and five summary cards: IPP Not Met (378), IPP Met (0), Den. (595), Den. Excl. (391), and Num. (103). A performance score calculation summary is shown at the bottom, including a 17% score, 65 Met IPP, 65 Denom., 23 Denom. Excl., and 7 Numerator. A 'Succession management is applied' notice is also visible. A red box highlights the 'Performance score calculation' section and the 'Updated 9/8/2023 8:51:11 PM' timestamp.

Program	Submission	Quarter	Measure
IQR/PI	Production	Q1 2023	PC-05

Change Selection

Submission Results

PC-05
1467 Episodes

378 IPP Not Met	0 IPP Met	595 Den.
391 Den. Excl.	103 Num.	

Performance score calculation ⓘ

17%	65	65	23	7
Performance Score	Met IPP	Denom.	Denom. Excl.	Numerator

[What are Initial Patient Population \(IPP\) requirements?](#)
[How is my performance score calculated?](#)

Succession management is applied

Updated 9/8/2023 8:51:11 PM

Data Results: Performance Summary Module

Performance score calculation ⓘ

Updated 9/8/2023 8:51:11 PM

17%

Performance Score

65

Met IPP

65

Denom.

23

Denom. Excl.

7

Numerator

What are Initial Patient Population (IPP) requirements?

How is my performance score calculated?

PC-05 Initial Patient Population (IPP) requirements

Initial Patient Population (IPP)

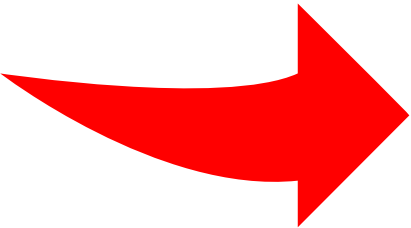
All inpatient hospitalizations:

- for single newborns born in the hospital
- that end during the measurement period
- with either of the following conditions:
 - estimated gestational age at birth of at least 37 weeks
 - birth weight at least 3000 grams without an estimated gestational age at birth

Supplemental data

- Payer (Medicare or Non-Medicare)
- Race
- Ethnicity
- Sex

Okay



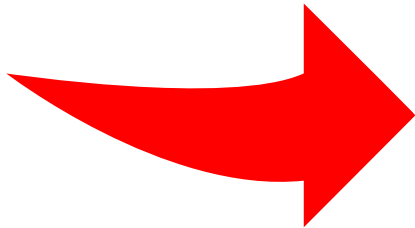
Data Results: Performance Summary Module

Performance score calculation ⓘ Updated 9/8/2023 8:51:11 PM

17%	65	65	23	7
Performance Score	Met IPP	Denom.	Denom. Excl.	Numerator

[What are Initial Patient Population \(IPP\) requirements?](#)

[How is my performance score calculated?](#)



PC-05 Performance Score Calculation [Close](#)

$$\frac{\text{Numerator}}{(\text{Denominator} - \text{Denominator Exclusions})}$$

How is the numerator calculated? [^](#)

All inpatient hospitalizations for newborns who were fed only breast milk since birth.

How is the denominator calculated? [^](#)

Denominator population
The denominator population is the Initial Patient Population (IPP).

Program Reporting: Program Credit User Interface

Confirm your eCQM reporting status prior to February 29, 2024:

- Select Discharge Quarter. (System defaults to Q4 2023.)
- Click on the Program card for PI or IQR. (The card will display a purple banner).
- Review measure, submission status and last updated date/time in table below.
- Click on the blue Export Report button to view details as a CSV.
- Modify Discharge Quarter to review submissions in table below.

Note: File submissions overwrite denominator declarations.

Program Credit Report

Discharge Quarter

Q4 2023

PI

IQR

Reporting Period Due: 2/29/2024
Last Updated: 9/6/2023 2:37 PM

[Change Selection](#)

[Export Report](#)

Inpatient Quality Reporting (IQR)

eCQM

✔ **Submission Requirements Met**

In all discharge quarters, submit the same four measures:

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2023 data for payment in fiscal year 2025

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted." To view a list of all measures, refer to the [eCOM measure set](#).

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Cures Update Certification Criteria
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

File submissions overwrite denominator declarations

Measure	Submission Status	Last Updated
ED-2*	Submitted*	9/6/2023 2:34:59 PM
Safe Use of Opioids*	Submitted*	9/6/2023 2:34:21 PM
STK-2*	Submitted*	9/6/2023 2:34:33 PM
STK-3*	Submitted*	9/6/2023 2:34:15 PM

Program Reporting: Program Credit Export

The report will display in a PDF format.

Green Banner = Requirements Met

Yellow Banner = Requirements Not Met

Program Credit Report Page 1 of 1
Exported 9/22/2023 3:08 PM

Inpatient Quality Reporting (IQR) Discharge Quarter: Q4 2023
Reporting Period Due: 2/29/2024
Last Updated: 9/6/2023 2:37 PM

eCQM

Submission Requirements Met

In all discharge quarters, submit the same four measures:

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2023 data for payment in fiscal year 2025

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

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File submissions overwrite denominator declarations

Measure	Submission Status	Last Updated
ED-2	Submitted	9/6/2023 2:34:59 PM
Safe Use of Opioids	Submitted	9/6/2023 2:34:21 PM
STK-2	Submitted	9/6/2023 2:34:33 PM
STK-3	Submitted	9/6/2023 2:34:15 PM
STK-6	Submitted	9/6/2023 2:34:12 PM
VTE-1	Submitted	9/6/2023 2:34:44 PM
HH-01	Submitted	9/6/2023 2:33:49 PM
HH-02	Submitted	9/6/2023 2:33:46 PM
ePC-02	Submitted	9/6/2023 2:37:15 PM
ePC-07	Submitted	9/6/2023 2:36:56 PM

This IQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/or PI programs.

Program Credit Report Page 1 of 1
Exported 9/22/2023 3:11 PM

Inpatient Quality Reporting (IQR) Discharge Quarter: Q4 2023
Reporting Period Due: 2/29/2024
Last Updated: N/A

eCQM

Submission Requirements Not Met

In all discharge quarters, submit the same four measures:

- the Safe Use of Opioids measure, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2023 data for payment in fiscal year 2025

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted."

To submit successfully:

- Use Health IT certified by ONC to meet the 2015 Edition Cures Update Certification Criteria
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

File submissions overwrite denominator declarations

No data is currently available

Data for your selection is not ready at this time. Once files are uploaded and processed, this area will be updated and the data will be available for viewing. Data processing can take up to 24-48 hours.

This IQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR and/or PI programs.

CY 2023 eCQM Reporting and Data Submission Updates

Additional Tips and Information

What is Succession Management?

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

Element	Example
CMS Certification Number	CCN
CMS Program Name	HQR_PI or HQR_IQR or HQR_PI_IQR
EHR Patient ID	Up to 256 characters in length (numbers/letters)
Reporting Period	For Q1: Low Value – “20230101” High Value – “20230331”
EHR Submitter ID	Hospitals – CCN Vendors – Vendor ID

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

Troubleshooting QRDA Category I Files

- Work with your vendor by identifying and resolving error messages.
- Visit [QRDA Resource page](#) on the eCQI Resource Center.
- Visit the [ONC QRDA Known Issues Tracker](#) on the ONC Project Tracking System.
- Contact the [Center for Clinical Standards and Quality \(CCSQ\) Service Center](#).

2023 CMS QRDA I Implementation Guide Updates

On August 31, 2023, CMS posted updates to the 2023 and 2024 CMS QRDA Category I Implementation Guides, Schematrons, and Sample Files for HQR.

- ✓ Current Version 1.3
- ✓ Listserve Notification sent August 31, 2023:
<https://qualitynet.cms.gov/inpatient/measure/ecqm/notifications>
- ✓ Updated HQR Validation Rules (Table 14)
- ✓ Updated Key Elements for Determining Data Uniqueness (Table 26)
- ✓ For a complete list of changes, review the Change Log located in the Appendix of the Implementation Guide.

2023 CEHRT Requirement

Hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs are required to use Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the [2015 Edition Cures Update Certification Criteria](#).

- ✓ This is required for eCQM and hybrid measure data, beginning with the CY 2023 reporting period.
- ✓ EHR must be certified to all available eCQMs.
- ✓ Refer to [ONC's 21st Century Cures Act Final Rule](#).
- ✓ Visit the [ONC's Certified Health Information Technology Product List](#).
- ✓ CMS EHR Certification IDs must contain the "15C" syntax.

Tip: The HQR system will reject QRDA Category I files with "15E" syntax.

CMS_0082	CMS EHR Certification ID does not meet year/version criteria.	The EHR system needs to be certified to 2015 Edition Cures Update for CY2023/PY2025. The CMS EHR Certification ID must contain "15C" in the third, fourth, and fifth places.
CMS_0083	CMS Certification ID format is not valid.	CMS EHR Certification ID must be 15 alpha numeric characters in length.

Medicare Promoting Interoperability Program: 2023 Requirements

Policy Information

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

2023 Program Requirements

<https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/requirements>

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Help, and Print. Below this is a search bar. The main navigation menu includes categories like Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The current page is titled 'Promoting Interoperability Programs' under the 'Regulations & Guidance' section. The page content includes a 'Latest News' section with a link to a 2021 Medicare Hospital Inpatient Prospective Payment System rule, and a 'Dates to Remember' section with a table of key dates.

Date	Event
January 1 - December 31, 2020	2020 Promoting Interoperability Programs Reporting Year.
September 1, 2020	Deadline for eligible hospitals to submit a hardship exception application
November 30, 2020	Deadline for critical access hospitals (CAHs) to submit a hardship exception application

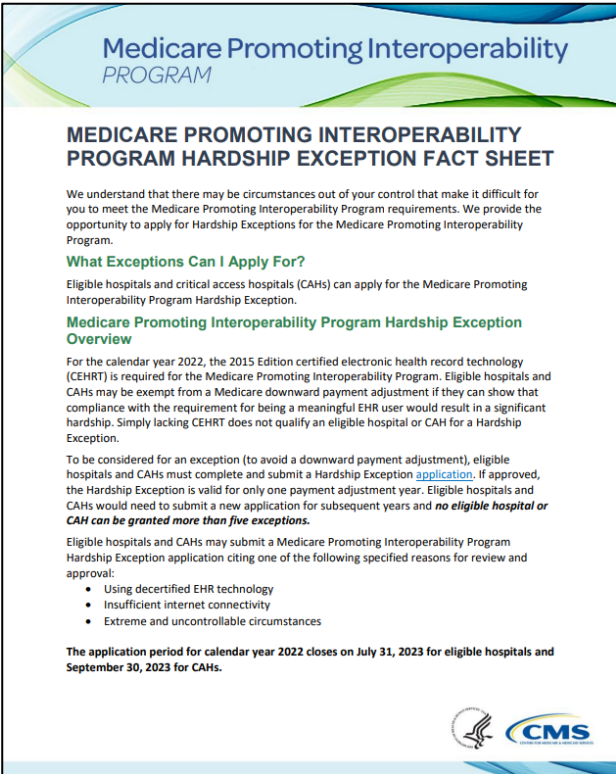
The screenshot shows the '2023 Program Requirements' page on CMS.gov. It features a sidebar with navigation links such as 'Program Requirements', 'Resource Library', 'Webinars & Events', 'Frequently asked questions (FAQs)', 'Help & support', 'Requirements for Previous Years', 'Educational Resources', 'Data and Program Reports', and 'Medicare and Medicaid Promoting Interoperability Program Basics'. The main content area is titled '2023 Program Requirements' and contains several key sections: 'In the fall of 2022, CMS finalized changes to the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs) for calendar year (CY) 2023. These changes and requirements can be found below.', 'For information on Hardship Exceptions and Payment Adjustments, please visit the Medicare Promoting Interoperability Program Resource Library.', 'EHR Reporting Period in CY 2023: The Electronic Health Record (EHR) reporting period for new and returning participants attesting to CMS is a minimum of any continuous, self-selected, 90-day period.', 'Certified EHR Technology (CEHRT): To be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs attesting to the Medicare Promoting Interoperability Program will be required to use CEHRT that has been updated to meet 2015 Edition Cures Update criteria.', and 'The CY 2023 CEHRT requirements for the Medicare Promoting Interoperability Program are as follows: 2015 Edition Cures Update functionality must be used as needed for a measure action to count in the numerator during the EHR reporting period chosen by the eligible hospital or CAH (a minimum of any continuous 90 days in 2023). In some situations, the product may be deployed during the EHR reporting period but pending certification. In such cases, the product must be updated to the 2015 Edition Cures Update criteria by the last day of the EHR reporting period. Eligible hospitals and CAHs must provide their EHR's CMS Identification code from the Certified Health IT Product List (CHPL), available on HealthIT.gov, when submitting their data. To learn more about the 2015 Edition Cures Update, please review ONC's 21st Century Cures Act Final Rule'.

Medicare Promoting Interoperability Program: Hardship Exceptions Policy

Hardship Exception Fact Sheet

<https://www.cms.gov/files/document/medicare-pi-program-hardship-exception-fact-sheet-2023-04-06.pdf>

- Eligible hospitals and CAHs that did not demonstrate meaningful use can submit a Hardship Exception application for the Medicare Promoting Interoperability Program.
 - Eligible hospitals deadline: July 31, 2024
 - CAH deadline: September 30, 2024
- CMS will announce when hardship requests will be accepted for CY 2023.
- Limit of five hardships may be granted per CCN.
- Submit questions to the Quality Question and Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa



The image shows the cover of a fact sheet titled "Medicare Promoting Interoperability PROGRAM HARDSHIP EXCEPTION FACT SHEET". The document is from the Medicare Promoting Interoperability Program. It explains that there may be circumstances out of your control that make it difficult for you to meet the Medicare Promoting Interoperability Program requirements. It provides the opportunity to apply for Hardship Exceptions for the Medicare Promoting Interoperability Program. The document is divided into sections: "What Exceptions Can I Apply For?", "Eligible hospitals and critical access hospitals (CAHs) can apply for the Medicare Promoting Interoperability Program Hardship Exception.", "Medicare Promoting Interoperability Program Hardship Exception Overview", "For the calendar year 2022, the 2015 Edition certified electronic health record technology (CEHRT) is required for the Medicare Promoting Interoperability Program. Eligible hospitals and CAHs may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. Simply lacking CEHRT does not qualify an eligible hospital or CAH for a Hardship Exception.", "To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must complete and submit a Hardship Exception application. If approved, the Hardship Exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and no eligible hospital or CAH can be granted more than five exceptions.", "Eligible hospitals and CAHs may submit a Medicare Promoting Interoperability Program Hardship Exception application citing one of the following specified reasons for review and approval:", "• Using decertified EHR technology", "• Insufficient internet connectivity", "• Extreme and uncontrollable circumstances", "The application period for calendar year 2022 closes on July 31, 2023 for eligible hospitals and September 30, 2023 for CAHs.", and the CMS logo.

Hospital IQR Program - Extraordinary Circumstances Exception (ECE) Policy

eCQM-Related ECE Request Form

<https://qualitynet.cms.gov/inpatient/measure/ecqm/participation#tab2>

- Hospitals may request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program year.
- eCQM-related ECE Request Forms are due **April 1, 2024**
- Submit questions to the Quality Question and Answer Tool:

https://cmsqualitysupport.servicenow.com/qnet_qa

**Centers for Medicare & Medicaid Services (CMS) Quality Program
Extraordinary Circumstances Exceptions (ECE) Request Form**

A facility may request an exception, as specified by CMS, for quality reporting and value-based purchasing programs due to extraordinary circumstances beyond the control of the facility. Such circumstances may include (but are not limited to) natural disasters (such as a severe hurricane or flood), issues with CMS data-collection systems that directly affected the ability of facilities to submit data, or extreme circumstances that prevent facilities from electronic clinical quality measure (eCOM) or electronic health record (EHR)-based reporting. Please refer to the *Federal Register* and *Code of Federal Regulations* for program-specific rules on availability of this exception. To request an exception, please complete and submit this form.

For events affecting the submission of data, this form must be submitted **within 90 calendar days of the extraordinary circumstance, except the submission of eCQMs under the Hospital Inpatient Quality Reporting Program, which has an ECE Request deadline of April 1** following the end of the reporting period.

For events adversely impacting performance, for the Hospital Value-Based Purchasing, Hospital Acquired-Condition Reduction, and Hospital Readmission Reduction Programs, this form must be submitted **no later than 90 calendar days of the extraordinary circumstance.**

An asterisk (*) indicates required fields. All sections must be complete and specific in order for the CMS to consider the request.

Facility Contact Information

*Facility Name _____

*CMS Certification Number (CCN) _____

*National Provider Identifier Number (NPI) (ASC only)
(Place additional NPIs in Additional Comments section.) _____

***CEO/Designee Contact Information**

*Name _____ *Title _____

*Address (must include physical street address) _____

*City _____ *State _____ *Zip Code _____

*Telephone Number _____ *Extension _____

*Email Address _____

Additional Contact Information

Name _____ Title _____

Address (must include physical street address) _____

City _____ State _____ ZIP Code _____

Telephone Number _____ Extension _____

Email Address _____

***Dates**

*Date of Request _____ *Date of Extraordinary Circumstance _____

December 2021 Page 1 of 5

eCQM and Hybrid Measure Support Resources

Topic	Contact
HQR System, Health Care Quality Information Systems Access Roles and Profile, vendor roles, uploading files, reports, troubleshooting file errors	CCSQ Service Center (866) 288-8912 QNetSupport@cms.hhs.gov
Medicare Promoting Interoperability (attestation, objectives, policy, hardship)	Quality Question and Answer Tool https://cmsqualitysupport.servicenowservices.com/qnet_ga
Hospital IQR Program and Policy	Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenowservices.com/qnet_ga
<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) 	Office of National Coordinator 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
Hybrid Measures – Non-Technical (policy, measure methodology)	Yale New Haven Health Services Corporation/ Center for Outcomes Research and Evaluation https://cmsqualitysupport.servicenowservices.com/qnet_ga
eCQM Data Validation	Validation Support Team (validation@telligen.com)

CY 2023 eCQM Reporting and Data Submission Updates

Questions and Answer (Q&A) Session

Continuing Education Approval

This program has been approved for [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.

CY 2023 eCQM Reporting and Data Submission Updates

Thank You

Disclaimer

This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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