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
Presentation Transcript

Speaker

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Veronica Dunlap	Hello. Welcome everyone to today's presentation titled *CY 2023 eCQM Reporting and Data Submission Updates.* My name is Veronica Dunlap, and I am the lead for the alignment of eCQM reporting with the inpatient support contractor. I will be today's presenter for this event. Before diving into the webinar, I'd like to cover a few housekeeping items. First, the slides for this presentation were posted to the Quality Reporting Center website prior to the event. If you did not receive the slides beforehand, please go to QualityReportingCenter.com in your web browser. On the bottom left of your screen, you will see a list of upcoming events. Click on the link for this event. There you will find the presentation slides available for download. This webinar is being recorded, and the transcripts, slides, and a recording of today's presentation will be posted to QualityNet at a later date. Secondly, we ask that you submit any questions pertinent to the webinar topic in the Question-and-Answer section. To do so, click on the question mark on the right side of the screen, and we will answer questions as time permits. Finally, today's webinar has been approved for one continuing education credit. We ask that you complete this survey following today's event, as we do value your feedback.

The goal for today's webinar is to provide hospitals and vendors the necessary information to successively report calendar year 2023 eCQM data to the CMS Hospital Quality Reporting system.

By the end of this presentation, attendees will know the calendar year 2023 eCQM reporting requirements, be able to locate useful tools for the Hospital Inpatient Quality Reporting and Medicare Promoting Interoperability Programs and learn some of the new features now available on the eCQM user interface within the HQR system.

Here is a slide of acronyms used throughout the presentation for you to reference.

So, let's jump in and review some important reminders surrounding calendar year 2023 eCQM reporting.

This slide provides data submitters a quick glance at the comparison of the eCQM reporting requirements from last year to this year. For the purposes of today's content, please reference the column on the right for calendar year 2023 reporting. First shown are the total available eCQMs that are available in the measure set. There are 13 eCQMs included. The four newly added eCQMs include two Hospital Harm measures for hypo and hyperglycemia and two maternal health measures, Cesarean Birth and Severe Obstetric Complications. This year will be the second year to submit data for the mandatory eCQM, the Safe Use of Opioids–Concurrent Prescribing measure. I would like to mention that this is the first year CMS is requiring a full calendar year of data. That means data submitters must submit all four quarters, and each quarter must contain the same three self-selected eCQMs plus the mandatory Safe Use of Opioids eCQM. Hospitals are required to use Certified EHR Technology to the 2015 Edition Cures Update and ensure their EHR is certified to report on all available eCQMs. With the introduction of the 2015 Edition Cures Update, ONC's Certified Health Product List, or CHPL, will only generate CMS EHR Certification IDs containing the "1 5 C" syntax. That means the HQR system will only accept files containing the "1 5 C" syntax and will reject files containing the "1 5 E" syntax. Please reference the 2023 CMS QRDA Implementation Guide for additional information.

Hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program can meet the eCQM reporting requirement with a single submission for both programs. The calendar year 2023 reporting period includes discharge data from January 1, 2023, through December 31, 2023. The HQR system opened September 13, and it is available through the submission deadline of February 29, 2024, at 11:59 p.m. Pacific Time. This slide summarizes the 2023 eCQM reporting requirements and references the same information that was presented on the previous slide.

The table shown here does list the 13 eCQMs available in the calendar year 2023 measure set along with the Measure ID and version number of the measure.

Please note that, listed at the top, the Safe Use of Opioids–Concurrent Prescribing eCQM remains mandatory, and hospitals are required to submit patient-level data or declare a denominator declaration for this measure for each of the four quarters. Beginning with next year, which is the calendar year 2024 reporting period, the Cesarean Birth measure, ePC-02, and the Severe Obstetric Complications measure, ePC-07, will join the list of mandatory eCQMs that hospitals must report. In addition, I wanted to bring this to your attention as you plan for next year's reporting. There are three eCQMs that will be removed from the measure set. These include ED-2, PC-05, and STK-6, as indicated on the slide.

New for calendar year 2023 reporting, hospitals participating in the program must report their data using the 2015 Edition Cures Update criteria, as discussed earlier. For additional information, please review the ONC's 21st Century Cures Act final rule. A link has been provided to you on the slide. Hospitals are required to report all their data using this certified technology and specifications, published in the spring of 2022 for the CMS Annual Update, applicable to the calendar year 2023 reporting period. The links to these technical resources are provided here on the slide, and all information is posted on the [eCQI Resource Center](#). Just a quick tip: The 2023 and the 2024 IGs have been updated with new version numbers and republished in August of 2023.

The format of the QRDA Category I file has not changed and remains one QRDA file, per patient, per quarter, and it cannot be greater than 10 megabytes. If the file contains data for more than one reporting quarter, the file will be rejected when uploaded to the HQR system. Each file for the applicable quarter should include all the measures you will be submitting for on a patient and include all the episodes of care that occurred within that discharge quarter. With hospitals required to submit a full year of data, the HQR system permits batches of files to contain QRDA I files from different quarters. Also, vendors may upload a zip file that may have a mix of QRDA files for different facilities. If a facility has more than 14,999 QRDA I files, additional zip files may be uploaded.

An important note is to remind data submitters to always verify that zip files do not contain a zip file within it prior to uploading it to the system. This can cause a significant processing delay.

The HQR system is set up to follow the rules of succession management as indicated in the 2023 CMS Implementation Guide, or IG. As you review and correct any of your rejected files, keep in mind the following five key elements noted on the slide. These include the CMS Certification Number, or CCN; the CMS program name; the EHR Patient Identification; the reporting period; and the EHR submitter ID. Succession management only applies to data submitted as production files. The HQR system does not apply succession management on test files at this time. If you have a new production file that matches all five of these key elements, it will replace, or shall I specify, overwrite, the original file, saving the user from having to delete that original file.

Now, let's review some important reminders as you prepare to submit your calendar year 2023 eCQM data.

We highly recommend all data submitters access this year's QRDA I file submission checklist, available on the Resources and Tools page on QualityNet and QualityReportingCenter.com. The checklist provides instructions on uploading test and production file submissions, locating your rejected files and error messages, reviewing your measure outcomes and performance rates, and lastly, and most importantly, verifying that you have successfully met the eCQM reporting requirement by generating your Program Credit Report. Information on where and how to manually enter denominator declarations is also included.

As previously mentioned, the focus of today's presentation is to review system updates and/or user interface changes users will experience for this year's reporting. However, we do encourage those new to eCQM reporting and/or those who would just like a refresher to watch the demonstration on the step-by-step data submission process specific to last year's submission. The link to this video tutorial has been provided to you on this slide and is available under eCQM Archived Events on the Quality Reporting Center.

The necessary submission steps have been outlined here for you, as you walk through that video tutorial.

Included here is a review on how denominator declarations are defined and applied for eCQM reporting. If a hospital does not have any patients that meet the denominator criteria of a particular eCQM, they can declare a zero denominator. If there are five or fewer discharges during the relevant quarter applicable to a specific measure, hospitals have the option to submit those QRDA I files or enter a case threshold exemption. In either scenario, it is required that the EHR system is certified to report that measure.

The definition for successful submission of eCQMs is any combination of accepted QRDA Category I files, zero denominator declarations, and case threshold exemptions. If your hospital selects to submit a zero denominator or case threshold exemption for a particular measure, it will count towards credit for that quarter for that measure. As hospitals transition their EHR systems and/or vendors, CMS is continuing to allow hospitals to use abstraction or pull data from non-certified sources into Certified EHR Technology to capture and report their QRDA Category I files.

It's best to designate at least two QualityNet Security Officials for your organization. The SOs can approve access requests for a program and onboard new staff to be able to log in to the system and assist with the data submission and reports. As we approach the submission deadline, the inpatient support contractor may be reaching out to key staff at your hospital. It's best practice to make sure your contacts are current and up to date with CMS. Updates and/or changes must be updated on the Hospital Contact Change Form, located on the QualityReportingCenter.com home page. There's a link on the slide provided for you. So, now is a great time to check your staff's roles and your vendor permissions within the HQR system, so they are able to submit files early and often. Lastly, CMS communicates important announcements on program-specific information, such as upcoming submission deadlines, any extensions as relevant, upcoming webinars, and system issues through Listserve announcements.

You can locate the Join Now link on the QualityNet home page to join the Listserve group.

OK. It's time to jump in and review some of the newly added features and system updates within the *HQR Secure Portal*.

Over the next few slides, we will highlight some of the changes that users will notice as they navigate through the eCQM user interfaces. These updates were made to reflect calendar year 2023 requirements and as the Hospital Outpatient Quality Reporting Program, or Hospital OQR Program, begins voluntary reporting eCQM data. First, located under Data Submissions, users will be required to select the applicable program prior to uploading QRDA files and/or launching the related denominator declaration form. Under Data Results, users can access the Files, Accuracy, and Outcomes tabs related to the measure outcomes. There are new drop-down options available, and the defaults have been removed. There's a new Measure Outcomes and Feedback pop-up modal that we'll discuss, along with a new eCQM Performance Summary module that we'll review.

Currently, users select the eCQM tab under Data Submissions in order to upload their QRDA I files for reporting eCQM data to the Hospital IQR and/or Medicare Promoting Interoperability Programs. Due to voluntary eCQM reporting beginning in the Hospital OQR Program, users will be required to perform an additional step and select the program labeled IQR/PI prior to submission.

The same will apply for users submitting a zero denominator declaration or a case threshold exemption. The correct data form for the applicable program must be launched. For purposes of this webinar, submitters will be required to launch the form for the IQR/PI Program.

The denominator declaration form has been updated for calendar year 2023 reporting, and all 13 measures are listed on the form. The system will default to Quarter 4 2023, so it is important to confirm the discharge quarter prior to submitting.

If a user needs to enter a denominator declaration for a different quarter, they must select a new discharge quarter from the drop-down box, complete the form, and click on the blue button at the bottom: "I'm ready to submit." Users will need to complete the form for each quarter as it pertains to their submission status. One thing to keep in mind: The submission of QRDA files or the resubmission of this form will overwrite previous submissions.

Next, users will continue to review their test or production files at the batch level, under the Files tab. They will need to select IQR/PI Program from the drop-down options. Once all drop-down selections are completed, the Select button will turn blue, and it is ready for you to click on it.

Next, users will continue to review their individual test or production files data under the Accuracy tab by selecting IQR/PI Program, the Submission File Type, which is test or production, and the applicable quarter. After each drop-down selection has been made, go ahead and click on the blue Select button.

Users will continue to review measure results under the Outcomes tab. Select IQR/PI Program, the Submission File Type, quarter, and the measure. You can select to view all measures or select an individual measure. Again, all drop-down selections must be completed prior to clicking on the blue Select button. If a different quarter is selected, the Measure drop-down box will change, and the user must then re-select the individual measure, or they must select All Measures. The Program field and the Submission File Type field will not change. So, anytime the user modifies their selections, such as changing from Quarter 3 to Quarter 4, or would like to review a different measure, remember to always click on the Change Selection button.

A New Measure Outcomes Feedback module is available for test and production file submissions. A Listserve was distributed in August announcing this new feature. Click on the asterisk next to the desired patient file name, located in the far-left column.

A pop-up box will display the admission and discharge dates, the measure logic details for each episode of care, and any feedback messages pertaining to that episode of care. This enables a user to confirm which file is receiving the outcome. This new function is available by selecting an individual measure or by selecting All Measures. To view these details as a CSV, you would go ahead and click on the blue Export button.

Another feature is the Performance Summary module, available for production file submissions only. Users can view the Performance Summary by selecting All Measures or a specific measure. Shown here, the user selected All Measures from the drop-down box. Click on the blue View Summary button to bring up the pop-up module, displaying on the right.

Here's a closer look at that performance summary pop-up for all measures I just mentioned. Measure information is displayed across the columns. They include counts on the inpatient population, in-measure population, denominator, numerator, exclusion, exception, and performance rate. The performance score, now displayed as a whole percentage rate, is displayed for each measure submitted, and succession management does apply. Note that each of the ED-2 strata are displayed per row, and the measure outcomes with and without blood transfusions for the new ePC-07 risk-adjusted eCQM are displayed in separate rows. Note that the rates provided are the raw or observed rates and have not been risk adjusted.

The Performance Summary module is available for an individual measure. As shown here, we have selected ePC-05. Our new blue box displays the measure counts and performance score with succession management applied. The updated date and time shown in the top right of the box are displayed in the user's local time zone.

As we take a closer look at this module, I wanted to call out the helpful tool tips that are available to you. For example, if a user wants to look up the inpatient population requirements for a measure, they can click on the tool tip shown, and a pop-up box will display those IPP requirements specific for PC-05, as shown here.

Another tool tip available shows how the performance score is calculated. A pop-up box provides the measure calculation, including specific information on how the numerator is calculated and so forth. These helpful tool tips have been embedded in the eCQM user interface to assist users with knowledge transfer while reviewing and analyzing their data within the *HQR Secure Portal*. Please remember to always refer back to the eCQI Resource Center as the source of truth for specific measure specification questions or any other guidance that's published in CMS's Annual Update for the applicable reporting period.

The Program Credit User Interface has been updated as well to the 2023 requirements. To verify or confirm your eCQM reporting status, go to Program Reporting. First, select a discharge quarter and note that the system will default to Quarter 4 2023. Then, select the program card labeled at the top as either PI or IQR. Whichever card you select, you will see a purple banner. In the table below, users can review a list of their measures and submission status, including the date and time they were last updated. Additional information is available by clicking on the blue asterisks to read the measure description or to learn about the type of submission. A helpful tip mentions that QRDA file submissions will overwrite denominator declarations, even if they are uploaded after the denominator declaration form has been updated, and it is recommended to click on the blue Export Report button to view the program credit details for your hospital.

As you can see, the reports still display either a green or yellow banner in a PDF format as shown here. A green banner indicates reporting requirements were met. A yellow banner indicates reporting requirements have not been met. I would like to mention that, if you modify a discharge quarter, the banner will not change. The system does analyze all four quarters, and it looks across all quarters of data to determine whether you have met program requirements or not. Be sure to always run your Program Credit Report prior to the submission deadline and rerun after any additional files have been uploaded or any additional changes have been made by your hospital or your vendor.

Let's review some important tips and helpful information.

What is succession management? Well, succession management identifies five matching key elements that are contained within an individual QRDA I file. These include the five elements that we previously discussed: the CCN, program name, EHR Patient ID, reporting period, and the Submitter ID. Again, if any of those five elements are in one file, and in another file those five same elements exist, the most recent file will overwrite the previous file submission. Again, an important reminder is that the HQR system only applies succession management to production file submissions. Multiple test files containing the same five elements will not be overwritten, and the data submitter should delete those files prior to resubmitting.

CMS recommends working with your vendor or hospital based EHR staff to identify and correct any error messages received in rejected files. The HQR system allows you to filter those rejected files and provides detailed information on the error message number and what that error message is. You may always reference the conformance number and check validations that are provided in a detailed report for you in the 2023 CMS QRDA I Implementation Guide, as well as the HL7 guide. Once you troubleshoot and have corrected any files in question, please make sure you resubmit them and that they are accepted into the HQR system. The ONC maintains the QRDA Issues and Known Issues tracker that provide guidance on the QRDA standards. That is available for data submitters to post their questions. If you require additional assistance to troubleshoot your files, please contact the Center for Clinical Standards and Quality Service Center.

Please remember to reference the most current version of the Implementation Guide. The 2023 IG was updated to Version 1.3 in August, and a list of these changes was provided in a Listserve communication. Some of the changes included are the updated HQR validation rules and key elements for determining data uniqueness. Data submitters can reference the change log that's located in the 2023 IG's appendix for additional information.

As I mentioned earlier, CMS requires Certified EHR Technology to the 2015 Edition Cures Update Criterion, beginning with the 2023 reporting period for eCQM and hybrid measure data. The EHR must be certified to all available eCQMs, and the CMS Certification ID must contain the "1 5 C" syntax. The two error messages shown in the blue box here are specific to the CEHRT requirements. For additional information, please refer to the ONC 21st Century Cures Act final rule at the link provided on the slide.

The Medicare Promoting Interoperability Program has additional requirements besides the aligned eCQM reporting requirement. Policy information for this program and a list of the 2023 program requirements are located on the CMS.gov website. Furthermore, the Medicare Promoting Interoperability Program offers a Hardship Exceptions Policy to those eligible hospitals and critical access hospitals who did not demonstrate Meaningful Use. CMS will announce when hardship requests for calendar year 2023 will be accepted, and hospitals may submit questions to the Quality Question and Answer Tool.

Different than the Hardship Exceptions Policy, hospitals participating in the Hospital Inpatient Quality Reporting Program, or Hospital IQR Program, may request an Extraordinary Circumstances Exception, also referred to as an ECE. eCQM-related ECE request forms are due by April 1, 2024, for the calendar year 2023 reporting period. To learn more about the ECE policy or to access the request form, please visit the QualityNet website, and you may reach out to the inpatient support contractor for further assistance.

Last, here, please reference our Support Resources slide for any questions you may have surrounding eCQM and/or hybrid measure data.

OK. We have some time to review some of our questions that our audience participants have submitted. So, we appreciate you taking the time and submitting those questions. Again, we will be only addressing questions that have been sent in regarding this webinar topic. So please keep that in mind as you're submitting those questions.

	Otherwise, any other questions not related to the webinar, you may feel free to submit them through the question-and-answer tool located on QualityNet. So, again, in order to submit your question, you can click on the Questions icon located on your screen. Then, you would go ahead and type in your question. So, let's get started. Alex, will you please read the first question?
Alex Arndt	So, our hospital is not a delivery site, and we only deliver babies in case of an emergency. In that case, would we still need to submit the ePC-02 and ePC-07 measures?
Veronica Dunlap	Thank you. This is Veronica. Specific to calendar year 2023, I want to remind everyone that the only mandatory eCQM is the Safe Use of Opioids–Concurrent Prescribing measure. Hospitals are not required to submit data for ePC-02 or ePC-07 until calendar year 2024 reporting, when they're mandatory. So, again, hospitals can self-select these measures and submit a zero denominator, if not applicable for this year. Otherwise, next year, they would need to submit a zero denominator and/or a case threshold exemption for those mandatory measures.
Alex Arndt	Do we need to go through a vendor to submit final data, or can hospital HQR security personnel upload our data for us?
Veronica Dunlap	Hospitals have the option to submit their own eCQM data or authorize a vendor to submit their data on their behalf. Hospitals choosing to use a vendor are required to log into the *HQR Secure Portal*. They select Vendor Management and confirm vendor permission, where they are, setting quarters and timeframe that they're allowing that vendor to upload on their behalf. So again, each vendor for the hospital must be authorized by the hospital in order to upload and review their data.
Alex Arndt	Thank you. Are we able to submit test file submissions to see if we have any rejections before we actually submit the production file submissions?
Veronica Dunlap	Absolutely. We encourage hospitals and vendors to submit their test file submissions as often as needed for multiple measures as often as they are able to do so.

This will allow the data submitter to be able to validate their QRDA file structure and correct their rejected files. Test file submissions will not be counted towards eCQM reporting requirements. So, it's important to verify that, once you have played around and submitted your test files, you can successfully submit them into production as production files prior to the submission deadline.

Alex Arndt   So, if our EHR system provides certified scripts to create QRDA Category I files, do we still need a certified vendor to submit for our hospital?

Veronica Dunlap   If your hospital's EHR is certified based on the current year's requirements and, as we know, 2023 is the 2015 [Edition] Cures Update, then your hospital can submit those files or have a vendor submit those files. So, again, you still need to make sure your EHR technology is certified to the CMS requirements for the 2015 [Edition] Cures Update in order to ensure that you've met the eCQM reporting requirements.

Alex Arndt   Are you able to review the difference between a case threshold exemption and a zero denominator declaration?

Veronica Dunlap   Sure. Earlier in the presentation, there is a slide that provides the side-by-side comparison and description of those two denominator declarations. For further information, a case threshold exemption is where there are five or fewer discharges that are applicable to one particular measure within that discharge quarter. So, hospitals can either submit that data into their QRDA files, or they can manually enter a case threshold exemption by launching the denominator declaration form. A zero denominator declaration is used when the hospital does not have any patients. We chatted earlier about a hospital that does not deliver babies. They would be able to manually declare a zero denominator declaration for each quarter that they don't have any patients meeting the inpatient population. So, whether you are submitting a zero denominator or a case threshold exemption for a measure, that counts as a successful submission for that measure. Just a reminder, in both instances, a hospital is required to report those denominator declarations, noting that they're using Certified EHR Technology.

Alex Arndt	Are we able to submit from two different EMR systems, for example, two quarters of data from one system and two quarters from another system?
Veronica Dunlap	Yes. Hospitals can authorize more than one certified EHR vendor to submit data on their behalf. You can have different vendors submit for different quarters, within the same calendar year. Just a reminder that the hospital would need to assign those permissions and authorize those vendors to upload and review their data results. One thing, and we get this question often, keep in mind that, if you are switching vendors or having numerous vendors, that the vendor should be specific for that quarter. So, each QRDA file that represents one patient per quarter is contained within one file. So, you can't have half of that patient's data from one vendor in a file and then have another file from another vendor. So, again, keep that in mind if you have more than one vendor submit data for you.
Alex Arndt	Do we need to correct all rejections before we can receive credit for our data submissions?
Veronica Dunlap	CMS has always provided guidance for any rejected files that the data submitters receive is to make sure that you are looking at the file. Understand what the error message is. Go to that error message. Do further research in either the HL7 guide or the CMS QRDA IG to learn more about that error message so it doesn't happen again. Again, to correct that data within that file and then to resubmit the revised files, CMS does require 100 percent of your patient population in order to receive eCQM credit. So, again, any rejected files should be reviewed and resubmitted as production file submissions. So, if you have a rejected file and you're not understanding the error message or it's not meeting the measure intent that you thought, please open a ticket with the CCSQ Service Center.
Alex Arndt	So, if we have two quarters of STK-5 measure data and two quarters of zero STK-5 measure data, would we submit two quarters of the data and two quarters with a zero denominator declaration?

Veronica Dunlap	That's an excellent question. Absolutely, you can have one quarter with data that you've uploaded as QRDA files because you had that patient-level data available, and perhaps you don't have any patients for the following quarter. Then, you would need to enter a case threshold exemption or zero denominator declaration. So, again, the definition of a successful submission has been the same. CMS has stated that it includes any combination of accepted QRDA I files with patients meeting the IPP, zero denominator declarations, and/or case threshold exemptions. So, they do not have to be the same for a specific measure for each quarter. They can vary from quarter to quarter, depending on what your population is.
Alex Arndt	OK. Just to clarify, again, do we submit the same four measures for all four quarters?
Veronica Dunlap	Yet another great question. We get this a lot. Yes. The minimum requirement is each quarter must contain the same four measures. Ensure that you're aware that, again, this is the second year for the mandatory Safe Use of Opioids–Concurrent Prescribing eCQM. So, you'll have three of the same measures for each of the four quarters, plus the Safe Use of Opioids, in each one of those quarters for a total of four eCQMs per quarter. Again, that is for four quarters of data.
Alex Arndt	For the calendar year 2023 reporting period, is the 2015 Edition Cures Update mandatory when we're reporting?
Veronica Dunlap	Yes. This is the first year that CMS has required the use of the 2015 Edition Cures Update Criteria to be used in an EHR. Your EHR must be certified to that update that the ONC had introduced. That CEHRT functionality is required for eCQM reporting as well as the non-eCQM reporting requirements for the Hospital IQR Program as well as the Medicare Promoting Interoperability Program. So, again, as you are uploading your files, if you get any rejections regarding the "1 5 E" syntax that we used to use for the last couple of years, please note that the ONC has updated the CHPL website, or the Certified Health Product List, that generates your CMS CEHRT ID. It will now be using "1 5 C." So, again, the HQR system will reject files containing the "1 5 E" syntax.

Please make sure that your EHR is certified and that you've updated your CEHRT number with the CHPL website.

Alex Arndt

So, because the HQR system is now accepting production files for calendar year 2023 reporting, will it still 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?

Veronica Dunlap

Thank you. Yes, the system opened for test and production files on September 13, and you may submit files as often as you're able. If they're production files, as mentioned in the question, if they contain those same five key elements that we reviewed earlier in the presentation for succession management, any new file that contains those same five key elements will replace the previously submitted file. So, again, that's only for production files. So, if you submit a file with those five elements today and submit the same file next week, the next week's file will be the one that you'll use, and that will be evaluated for program credit. So, you can continue to upload as many of those files, and it will overwrite and replace any type of old files containing those same five elements.

Alex Arndt

What do I need to do if I switched EHRs during 2023? Do I need to certify both EHRs?

Veronica Dunlap

We have a lot of hospitals that are still transitioning their EHRs with the new requirement for the 2015 Edition Cures Update. As we know, especially having to require four quarters of data, that switch can be a little bit more tedious for some of you. So, if your old EHR is certified to report using the [2015 Edition] Cures Update criteria, and you're switching to a different EHR, then again, just keep in mind, it's one file, per patient per quarter. So, as you work with those vendors on your EHRs, you may need to input data from the old EHR into the new EHR to make sure that you get that one QRDA file to represent that quarter, especially if you have EHR vendors that are different within the same quarter. That can be a little tricky. Hospitals are still permitted to use abstraction and pull from a non-certified source.

So, if you are transitioning from a non-certified EHR to a certified EHR, CMS does expect you to work with that new vendor and get that data in to the new EHR that is certified to capture and report that data within the QRDA files. So, the best advice is to continue to work with your vendor and do the best you can in regard to any type of EHR transitioning. If you're unable to successfully meet the reporting requirement, come February 29, CMS does allow hospitals to submit an eCQM-related ECE. That would be an available option to those hospitals that don't successfully meet because of their transition for whatever reason. Then, they are able to submit an [eCQM-related] ECE request form by April 1, 2024, for the Hospital IQR Program.

It looks like it's time for us to conclude our question-and-answer session for today. We really appreciate you taking the time to submit your questions. Any questions that we were unable to get to during today's webinar, we will provide responses. That information will be in a Q&A transcript that we will post to the websites, QualityNet and Quality Reporting Center, at a later time.

We want to remind everyone that today's webinar is approved for one continuing education unit, and you can obtain the CEU link from the link provided on the slide. Make sure to complete the survey.

Thank you so much for taking time out of your busy schedules to be with us today. Hopefully, this webinar was helpful to you. Again, we do embrace any feedback that you have. So, thank you so very much. Have a great day.