Reviewing CY 2023 eCQM Reporting Resources

Speaker

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Webinar Questions

- Please email questions related to this webinar to WebinarQuestions@hsag.com.
  - o Subject Line: Reviewing CY 2023 eCQM Reporting Resources
  - o Include your question and the applicable slide number in the body of the email.
- For questions unrelated to the webinar topic, please submit them to the Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
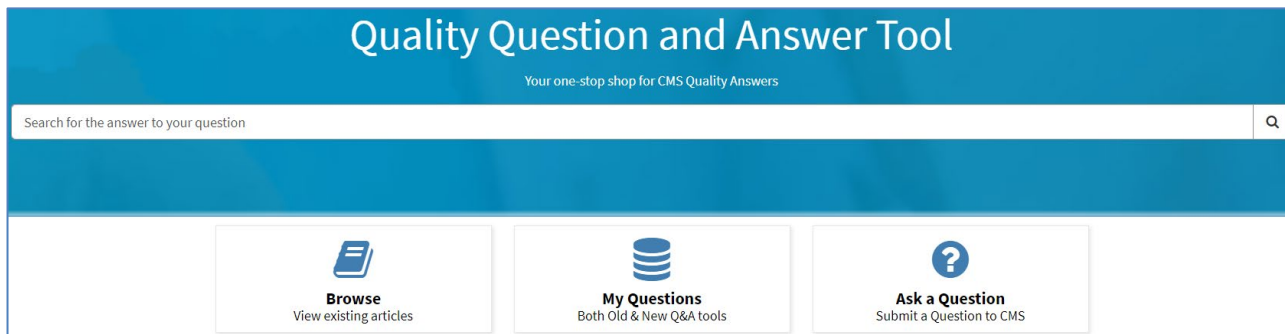
Acronyms   2

Acronyms

CAH	Critical Access Hospital	**ePC**	electronic Perinatal Care
CCSQ	Center for Clinical Standards and Quality	**HH**	Hospital Harm
CMS	Centers for Medicare & Medicaid Services	**HQR**	Hospital Quality Reporting
CY	calendar year	**IQR**	Inpatient Quality Reporting
ECE	Extraordinary Circumstances Exception	**PC**	Perinatal Care
eCQI	Electronic Clinical Quality Improvement	**PDF**	Portable Data Format
eCQM	electronic clinical quality measure	**QRDA**	Quality Reporting Document Architecture
ED	emergency department	**STK**	Stroke
EH	eligible hospital	**VTE**	venous thromboembolism

Purpose

This presentation will review resources that support calendar year (CY) 2023 eCQM reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program.

Learning Objectives

Participants will be able to:

- Locate Hospital IQR Program policy information and eCQM reporting materials on the QualityNet website.

- Navigate to Medicare Promoting Interoperability Program policy information on the CMS.gov website.

- Access technical and implementation resources on the eCQI (electronic Clinical Quality Improvement) Resource Center.

eCQM Reporting Policy Information and Tools on the QualityNet Website

QualityNet
Overview Page

https://qualitynet.cms.gov/inpatient/measures/ecqm

Home / Hospitals - Inpatient / Measures /

Electronic Clinical Quality Measures (eCQMs)

| Overview | eCQM Measures | Participation | Resources | Webinars | Notifications |

Electronic Clinical Quality Measure (eCQM) Overview

Beginning in calendar year (CY) 2013, CMS provided hospitals with the opportunity to voluntarily submit eCQM data. These quality measures were developed specifically to allow an electronic health record (EHR) system, certified to the Office of the National Coordinator for Health Information Technology (ONC) standards, to capture, export, calculate, and report measure data.

Since CY 2016, hospitals have been required to report eCQM data for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program). Hospitals that successfully submit eCQM data to meet Hospital IQR Program requirements will also fulfill the Medicare Promoting Interoperability Program requirement for eCQM reporting with one submission.

Refer to the Technical Specifications and Resources for the CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for the applicable reporting period, measure specification information, and program resources to support successful eCQM reporting on the eCQI Resource Center.

Note: Critical access hospitals (CAHs) are required to participate in the Medicare Promoting Interoperability Program and are encouraged but not required to participate in the Hospital IQR Program. Review the Medicare Promoting Interoperability Program information on the CMS.gov website for more information.

More Information

For more information, visit the eCQI Resource Center.

eCQI Resource Center

eCQM topics:
- ❖ Overview
- ❖ eCQM Measures
- ❖ Participation
- ❖ Resources
- ❖ Webinars
- ❖ Notifications

QualityNet
eCQM Measures Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/measures

- ➔ The current calendar year eCQMs are available for download in a table format.
- ➔ To view Previous Measures, access the tab on the left.

Acronyms

QualityNet
Participation-Requirements Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/participation

- The current calendar year eCQM reporting requirements will display.

- To view Previous Requirements, access the tab on the left.

QualityNet
Participation-ECE Policy Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/participation#tab2

Participation

| Overview | eCQM Measures | **Participation** | Resources | Webinars | | Notifications |

Requirements

Extraordinary Circumstances

Previous Requirements

Extraordinary Circumstances Exceptions (ECE) Policy

The Centers for Medicare & Medicaid Services (CMS) offers a process for hospitals to request an exception with respect to the reporting of required quality data. These exceptions could include electronic clinical quality measure (eCQM) data when there are extraordinary circumstances beyond the control of the hospital.

For complete information on the Hospital Inpatient Quality Reporting (IQR) Program Extraordinary Circumstances Exceptions (ECE) Policy, visit the Participation Tab located on the Hospital IQR Program page.

Note: Eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program follow a different process and can apply for a hardship exception. For information on Hardship Exceptions and Payment Adjustments, please visit the Medicare Promoting Interoperability Program Resource Library page on CMS.gov.

eCQM Related ECEs

Hospitals may use the ECE form to request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program year, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (a hospital is in an area without sufficient Internet access) or unforeseen circumstances, such as vendor issues outside of the hospital's control (including a vendor product losing certification). For further information, reference the ECE Policy Clarification Questions and Answers.

In the event of such circumstances, hospitals must submit an ECE Request Form with all required sections completed, by **April 1 following the end of the reporting period calendar year (CY)***. As an example, for data collection for the CY 2023 reporting period (through December 31, 2023), hospitals would have until April 1, 2024, to submit an ECE request.

File Name	File Type	File Size	
ECE Policy Clarification Questions and Answers	PDF	56 KB	Download
Extraordinary Circumstances Exceptions (ECE) Request Form	PDF	277 KB	Download

- ➤ The Extraordinary Circumstances Exceptions (ECE) Policy is available for hospitals participating in the Hospital IQR Program.

- ➤ The Hardship Exception Policy is available for eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program.

- ➤ eCQM-related ECE Request Forms for CY 2023 eCQM reporting are due **April 1, 2024.**

QualityNet
Resources Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/resources

- → Download the current CY 2023 reporting tools:
  - ❑ eCQM Submission Overview
  - ❑ Quality Reporting Document Architecture (QRDA) Category I File Submission Checklist
  - ❑ Available eCQMs Table
- → Access direct links to technical specifications and resources

Acronyms

CY 2023 eCQM Submission Overview Document

https://qualitynet.cms.gov/inpatient/measures/ecqm/resources

CY 2023 Hospital Inpatient Quality Reporting Program / Medicare Promoting Interoperability Program eCQM Submission Overview			
Program Requirements	Submit data for the mandatory **Safe Use of Opioids – Concurrent Prescribing eCQM** and three (3) other available eCQMs, for four quarters of CY 2023 data (Q1, Q2, Q3, Q4) during the same reporting period. **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 across quarters in a given reporting year.	**Dual Program Acceptance**	Hospitals that successfully report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three (3) other available eCQMs for four quarters via the Hospital Quality Reporting (HQR) System will meet the eCQM requirement for the following: • **Hospital Inpatient Quality Reporting (IQR) Program*** • **Medicare Promoting Interoperability Program** for Eligible Hospitals and Critical Access Hospitals**
Reporting Deadline	Thursday, **February 29, 2024,** 11:59 p.m. Pacific Time	**System Availability**	The HQR System will be open for **Test and Production File Submissions** in Fall 2023.
Technical Requirements	• Use Health Information Technology (IT) certified by the Office of the National Coordinator for Health IT (ONC) to the 2015 Edition Cures Update criteria. • Use eCQM specifications published in the 2022 eCQM annual update for CY 2023 reporting and applicable addenda, available on the eCQI Resource Center. • Use the 2023 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I, Schematron, and sample QRDA Category I files on the Eligible Hospital/Critical Access Hospital eCQMs page of the eCQI Resource Center.	**Successful Submission**	Data must be submitted through the HQR Secure Portal as any combination of the following: • **QRDA Category I files** with patients meeting the initial patient population of the applicable measure(s) • **Zero denominator declarations** • **Case threshold exemptions**
		File Validation Tool	Via the HQR System, providers can validate QRDA Category I test and production file structure and contents and generate CSV files for feedback to correct QRDA Category I files prior to production re-submissions.
Who Can Submit Data	• Hospitals with a HCQIS Access Roles and Profile (HARP) account can submit. • Electronic health record (EHR) vendors can create a HARP account to submit data on their behalf. Hospitals can log in to the HQR Secure Portal and the Vendor Management System to assign, modify, and remove vendor access from one page. User receive instant confirmation of the changes. Contact the CCSQ Service Center for assistance at (866) 288-8912.	**Contacts**	• Submit questions on the Hospital IQR Program and eCQM reporting requirements to the Hospital IQR Program Support Team via (844) 472-4477 or the QualityNet Question and Answer Tool. • Submit questions on the HQR Secure Portal, Medicare Promoting Interoperability Program, or eCQM data submission process to the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov. • Visit the ONC Jira Issue Tracker to see prior responses, submit questions to CMS subject-matter experts, and receive assistance with the eCQM Issue Tracker, QRDA Issue Tracker, CQL Issue Tracker, and hybrid measures.
*The submission of CY 2023 eCQM data will affect the FY 2025 payment determination. **The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and the FY 2023 payment determination for CAHs.			

CY 2023 eCQM reporting:

➤ Report mandatory Safe Use of Opioids-Concurrent Prescribing eCQM.

➤ Self-select three (3) eCQMs.

➤ Report four (4) quarters of data.

➤ Use 2015 Edition Cures Update criteria.

➤ Data are publicly reported.

➤ Submission deadline is February 29, 2024.

Acronyms

CY 2023 eCQM QRDA Category I File Submission Checklist

https://qualitynet.cms.gov/inpatient/measures/ecqm/resources

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	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:
	☐ **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.
	• 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.
	☐ **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.
	☐ **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**	☐ **Visit** the Hospital Quality Reporting (HQR) System log in page. • Sign into the HQR System using your HCQIS Access Roles and Profile (HARP) account. • Complete two-factor authentication. Enter the security code. ☐ **Review** the Navigation Menu on the HQR landing page to perform actions in the HQR System. **Go to the dashboard menu to complete the steps listed on the next page.**
	*The submission of CY 2023 eCQM data will affect the FY 2025 payment determination. **The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and the FY 2023 payment determination for CAHs. Note: The eCQM reporting requirement is an aligned requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program. The successful submission of eCQM data will meet the eCQM reporting requirement for both programs. In addition to eCQM reporting, there are other requirements to meet for both the Hospital IQR Program and the Medicare Promoting Interoperability Program. Contact the Inpatient Support Team at (844) 472-4477 or https://cmsqualitysupport.servicenow.services.com for information on the Hospital IQR Program. Contact the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov for information on the Medicare Promoting Interoperability Program.

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

System opens fall 2023 **Deadline: 2/29/2024 11:59 p.m. Pacific Time**	☐ **Upload Test and Production QRDA Category I files.** 1. Click Data Submission. Locate the eCQM tab. Click on File Upload. Select Test or Production. 2. Click the Select Files button to locate the QRDA Category I batch files on your computer to upload. 3. Once the files load and the HQR System has processed them, you will receive a confirmation email. ☐ **Review the processing status of the QRDA Category I files.** 1. From the dashboard menu, click on Data Results. Then, click on eCQM. 2. Click on the Files Upload History tab to review submissions. 3. Select the submission type, Test or Production. Click Change Selection. The page will refresh. 4. Once the uploaded file status says Ready, download the errors for each batch as a Comma Separated Values (CSV) report. ☐ **Review the Submission Accuracy Tab. Locate the rejected files for revision and resubmission.** *(The HQR System will default to Test for the submission field and the most current quarter.)* 1. Click the Accuracy tab. Select Test or Production. Select the quarter. Click Change Selection to refresh the page. 2. The counts for the accepted and rejected files will equal the total files submitted. Click on a card for a closer review of the submitted files. The User Interface (UI) will reflect your selection. 3. You can click on the Export Results button to print or download the results for closer review. ☐ **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 CCSQ Service Center.

CY 2023 Available eCQMs Table

Hospital Inpatient Quality Reporting (IQR) and Medicare Promoting Interoperability Programs

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CY 2023 Available eCQMs

For calendar year (CY) 2023 eCQM reporting, hospitals participating in the Hospital IQR Program* and the Medicare Promoting Interoperability Program** are required to successfully submit data for the mandatory Safe Use of Opioids – Concurrent Prescribing electronic clinical quality measure (eCQM) and three (3) other available eCQMs from the table below, for four quarters, every quarter of the calendar year. **Each quarter must contain at least three self-selected eCQMs, plus the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM.** The eCQMs must be the same eCQMs across quarters in a given reporting year.

Hospitals can use any combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions to reflect its total inpatient population. The 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. To learn more about the update, visit ONC's 21st Century Cures Act final rule.

The eCQM reporting deadline is **Thursday, February 29, 2024, 11:59 p.m. Pacific Time**. For additional information, visit the QualityNet eCQMs Overview page and the eCQI Resource Center eCQM page.

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

*The submission of CY 2023 eCQM data will affect the FY 2025 payment determination.
**The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and the FY 2023 payment determination for CAHs.
***This eCQM is mandatory for CY 2024 reporting.
****This eCQM will not be part of the measure set for CY 2024 reporting.

HH = Hospital Harm   ED = Emergency Department   PC = Perinatal Care   STK = Stroke   VTE = Venous Thromboembolism

Acronyms

QualityNet
Online Resources Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/resources#tab2

- ➤ ONC Jira Issue Trackers:
  - ❖ eCQM Issue Tracker (CQM)
  - ❖ eCQM Known Issues (EKI)
  - ❖ QRDA Issue Tracker (QRDA)
  - ❖ QRDA Known Issue Tracker (QKI)
  - ❖ CQL Issue Tracker (CGLIT)
  - ❖ CMS Hybrid Measures (CHM)
- ➤ eCQI Resource Center:
  Eligible Hospital (EH)/Critical Access Hospital (CAH)
- ➤ Certified Health Information Technology Product List Public User Guide:
  https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf

QualityNet Webinars Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/webinars

Review archived webinar materials:

- ☐ Watch recording.
- ☐ Read transcript.
- ☐ Review Question & Answer document.

Visit the Quality Reporting Center for eCQM archived events:
https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/other-programs/ecqm-archived-events/

QualityNet Notifications Page

https://qualitynet.cms.gov/inpatient/measures/ecqm/notifications

➤ Review the CY 2023 Email Notifications page for communications about eCQM Reporting.

➤ Join the ListServe to receive email updates: https:// qualitynet.cms.gov / listserv-signup

Medicare Promoting Interoperability Program on CMS.gov

CMS.gov
Promoting Interoperability Program Page

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms
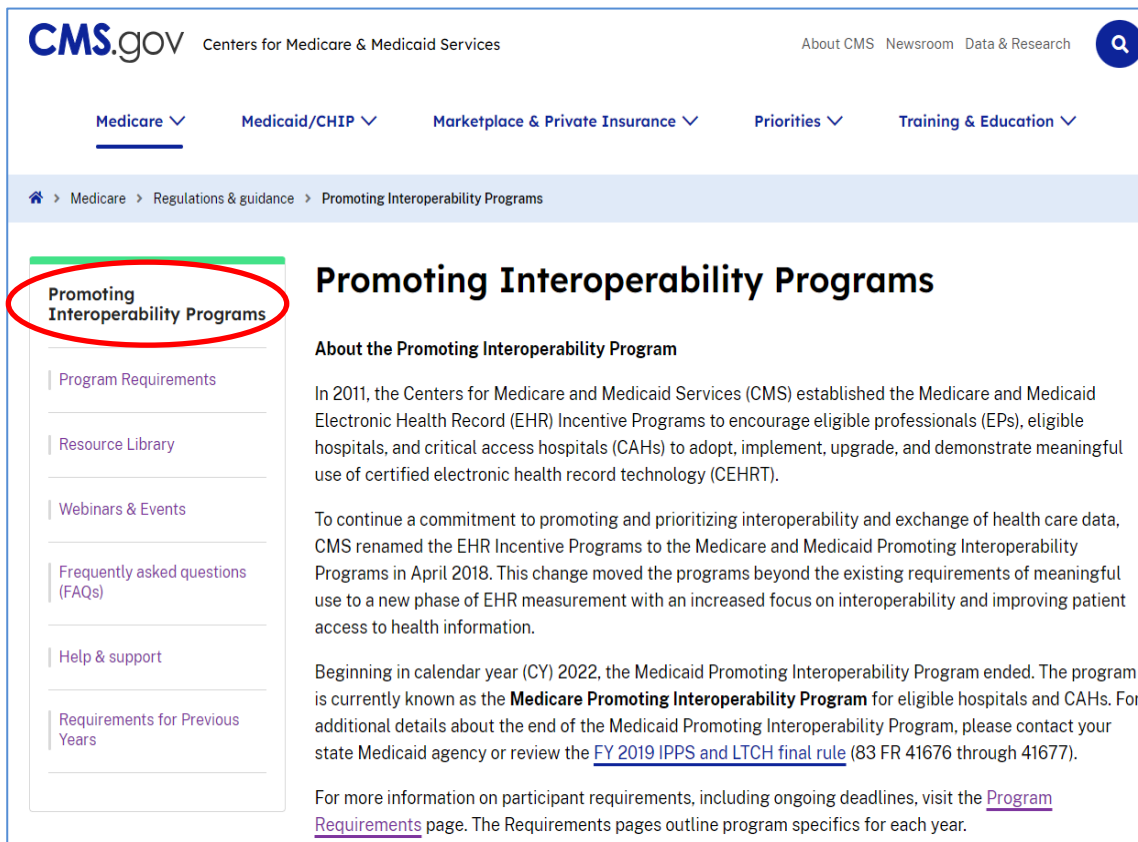
This page displays the following:

- ✓ Latest news
- ✓ Dates to remember
- ✓ History
- ✓ Contact information

The left-hand menu includes links to related topics.

Reminder: EHs and CAHs are required to participate in the Medicare Promoting Interoperability Program.

CMS.gov Centers for Medicare & Medicaid Services

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🏠 › Medicare › Regulations & guidance › Promoting Interoperability Programs

Promoting Interoperability Programs

- Program Requirements
- Resource Library
- Webinars & Events
- Frequently asked questions (FAQs)
- Help & support
- Requirements for Previous Years

Promoting Interoperability Programs

About the Promoting Interoperability Program

In 2011, the Centers for Medicare and Medicaid Services (CMS) established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to encourage eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) to adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health record technology (CEHRT).

To continue a commitment to promoting and prioritizing interoperability and exchange of health care data, CMS renamed the EHR Incentive Programs to the Medicare and Medicaid Promoting Interoperability Programs in April 2018. This change moved the programs beyond the existing requirements of meaningful use to a new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information.

Beginning in calendar year (CY) 2022, the Medicaid Promoting Interoperability Program ended. The program is currently known as the **Medicare Promoting Interoperability Program** for eligible hospitals and CAHs. For additional details about the end of the Medicaid Promoting Interoperability Program, please contact your state Medicaid agency or review the FY 2019 IPPS and LTCH final rule (83 FR 41676 through 41677).

For more information on participant requirements, including ongoing deadlines, visit the Program Requirements page. The Requirements pages outline program specifics for each year.

CMS.gov
2023 Program Requirements Page

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

A list of 2023 program requirements is provided:

❖ Electronic Health Record reporting period

❖ Certified Electronic Health Record Technology

❖ Objectives and measures

❖ Scoring methodology

❖ eCQMs

Promoting Interoperability Programs

- Program Requirements
- Resource Library
- Webinars & Events
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- Help & support
- Requirements for Previous Years
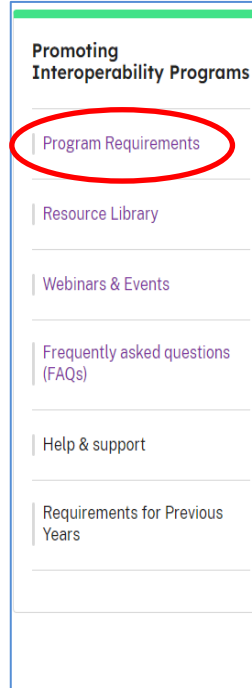
2023 Program Requirements

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.

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).

CMS.gov
Resource Library Page

https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/resource-library

Locate 2023 Resources for the Medicare Promoting Interoperability Program:

- ❖ Specification Sheets

- ❖ Objectives & Measures

- ❖ Safety Assurance Factors for Electronic Health Record Resilience (SAFER) Guides Infographic

- ❖ Hardship Exceptions Policy
  - ✓ Eligible hospitals deadline: July 31, 2024
  - ✓ CAH deadline: September 30, 2024

CMS.gov
Webinars & Events Page

https://www.cms.gov/medicare/regulations-guidance/
promoting-interoperability-programs/webinars-events

Review 2023 webinar materials for the Medicare Promoting Interoperability Program:

- ❑ Slides
- ❑ Transcripts
- ❑ Recordings

CMS.gov
Help & Support Page

https://www.cms.gov/medicare/regulations-guidance/
promoting-interoperability-programs/help-support

➤ For questions about the Hospital Quality Reporting (HQR) System, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov.

➤ For questions about the Medicare Promoting Interoperability Program and Hardship Exception Process, please submit questions to the Quality Question and Answer Tool at https://cmsqualitysupport.service nowservices.com/qnet_qa.

➤ Join the ListServe to receive email updates: https://public.govdelivery. com/accounts/USCMS/subscriber/ new?topic_id=USCMS_627

Promoting Interoperability Programs

| Program Requirements |
| Resource Library |
| Webinars & Events |
| Frequently asked questions (FAQs) |
| **Help & support** |
| Requirements for Previous Years |

Help & Support

Medicare eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program may contact the CCSQ help desk for assistance at QnetSupport@cms.hhs.gov or 1-866-288-8912.

Medicare EPs are now considered eligible clinicians and are part of the Quality Payment Program. Contact the Quality Payment Program help desk for assistance at QPP@cms.hhs.gov or 1-866-288-8292.

CMS Medicare Promoting Interoperability Program Listserv

The Centers for Medicare and Medicaid Services (CMS) listserv provides regular updates on important information about the Medicare Promoting Interoperability Program. Subscribing to this listserv will keep you informed of program requirements and milestones, policy changes, upcoming events, answers to frequently asked questions, official resources and more. CMS encourages you to subscribe to the Medicare Promoting Interoperability Program listserv to stay up to date on the Medicare Promoting Interoperability Program.

To sign up or access your subscriber preferences, visit CMS' Email Updates page

CMS Centers for Medicare & Medicaid Services
www.cms.gov   www.medicaid.gov   www.medicare.gov

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Email Address *

Submit   Cancel

Technical and Implementation Resources on the eCQI Resource Center

eCQI Resource Center
https://ecqi.healthit.gov/

Acronyms

eCQI Resource Center
eCQM Resources

https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0

Contains reference materials to help with eCQM implementation:

➤ Implementation Checklist and Pre-Publication Document for the eCQM Annual Update

➤ 2023 CMS QRDA Category I Implementation Guide, Schematrons and Sample Files

➤ eCQM Specifications, eCQM Flows, eCQM Logic and Value Sets

➤ Guide for Reading eCQMs

eCQI Resource Center EH/CAH eCQMs

https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1

| eCQM Resources | **EH/CAH eCQMs** | About |

2023 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs
Total number of EH/CAH eCQMs: 13

Title ⬍	Short Name ⬍	CMS eCQM ID ⬍	NQF Number ⬍	Specifications	Notes ⬍
Hospital Harm - Severe Hypoglycemia	HH-01	CMS816v2	3503e	CMS816v2.zip (ZIP)	
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v11	Not Applicable	CMS190v11.zip (ZIP)	
Median Admit Decision Time to ED Departure Time for Admitted Patients	ED-2	CMS111v11	Not Applicable	CMS111v11.zip (ZIP)	
Safe Use of Opioids – Concurrent Prescribing	N/A	CMS506v5	3316e	CMS506v5.zip (ZIP)	*Note: There is a known issue on CMS506v5. See issue EKI-20 ⧉ on the ONC eCQM Known Issues Dashboard for details.
Severe Obstetric Complications	PC-07	CMS1028v1	Not Applicable	CMS1028v1.zip (ZIP)	*This is a risk adjusted measure. Risk Adjustment Methodology Report: Severe Obstetric Complications Methodology Report (PDF)
Venous Thromboembolism Prophylaxis Hypoglycemia	VTE-1	CMS108v11	Not Applicable	CMS108v11.zip (ZIP)	
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v11	Not Applicable	CMS190v11.zip (ZIP)	

➤ Lists CY 2023 eCQMs for the Hospital IQR and Medicare Promoting Interoperability Programs

➤ Provides the following:
- ❖ Measure name
- ❖ Measure short name
- ❖ CMS eCQM ID
- ❖ National Quality Forum ID (if applicable)
- ❖ Direct link to individual measure specifications
- ❖ Notes – important information about the eCQM (e.g., known issues, risk-adjusted)

eCQI Resource Center Measure Information

https://ecqi.healthit.gov/ecqm/eh/2023/cms1028v1

- ➤ Locate the Compare function under the Measure Information tab.
- ➤ Select the reporting periods.
  - ❖ *Red text* indicates a change from previous version.
  - ❖ *Green text* indicates an update in the new version.

Acronyms

eCQI Resource Center Specifications and Data Elements

https://ecqi.healthit.gov/ecqm/eh/2023/cms1028v1#quicktabs-tab-tabs_measure-2

Severe Obstetric Complications

Receive updates on this topic

Measure Information	**Specifications and Data Elements**

Specifications

Attachment	Size
📄 CMS1028v1.html	179.97 KB
📄 CMS1028v1.zip (ZIP)	153.3 KB

*This is a risk adjusted measure.

Risk Adjustment Methodology Report: Severe Obstetric Complications Methodology Report (PDF)

Value Sets

Value Sets to be used with CMS1028v1

Last Updated: May 02, 2023

➤ Specifications available in HTML, ZIP, and Excel

➤ Links directly to the Data Element Repository and Value Set Authority Center

➤ Risk-Adjustment Methodology Report for electronic Perinatal Care (ePC)-07

Acronyms

eCQI Resource Center
Tools & Key Resources Library

- ➤ Learn about the tools and resources available.
- ➤ Filter by title, category and role.
- ➤ Access direct links.

eCQI Resource Center Standards and Tools Versions

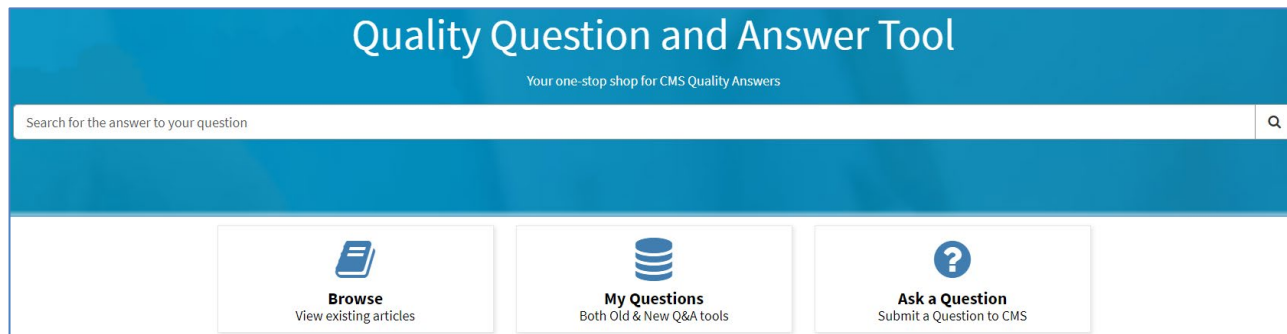https://ecqi.healthit.gov/ecqi-tools-key-resources?qt-teste=1

- → Access the standards and tools versions specific to the CY 2023 reporting period.
- → Download the eCQM Standards & Tools Version Chart (PDF).

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_qa
Hospital IQR Program and Policy	Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenowservices.com/qnet_qa
• 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_qa
eCQM Data Validation	Validation Support Team (validation@telligen.com)

Webinar Questions

- Please email questions related to this webinar to WebinarQuestions@hsag.com.

  o Subject Line: Reviewing CY 2023 eCQM Reporting Resources

  o Include your question and the applicable slide number in the body of the email.

- For questions unrelated to the webinar topic, please submit them to the Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa

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Reviewing CY 2023 eCQM Reporting Resources

Thank You

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