



**Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient, Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor**

**Reviewing CY 2022 eCQM Reporting Resources for the Hospital IQR
Program and Medicare Promoting Interoperability Program**

Presentation Transcript

Speaker

Veronica Dunlap, BSN, RN, CCM
Lead, Alignment of eCQM Reporting
Inpatient VIQR Outreach and Education Support Contractor

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Veronica Dunlap: Hello and welcome to our On Demand event, titled *Reviewing CY 2022 eCQM Reporting Resources for the Hospital IQR Program and Medicare Promoting Interoperability Program*. My name is Veronica Dunlap, and I'm the Program Lead for the Alignment of eCQM Reporting for the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host and speaker for today's webinar.

This presentation will review resources that support calendar year 2022 eCQM reporting for the Hospital IQR and Medicare Promoting Interoperability Programs. We have provided a variety of helpful links and tools throughout the presentation to assist in locating, accessing, and using these key resources.

At the conclusion of today's event, participants will know how and where to locate eCQM policy and reporting information for the Hospital IQR and Medicare Promoting Interoperability Programs, as well as where to access them on [QualityNet.CMS.gov](https://www.qualitynet.org/next/v19.0/cms.gov) and [the eCQI Resource Center](#).

This slide lists the acronyms and abbreviations that will be used throughout the presentation.

As mentioned in the slide, we ask that you email any questions that are pertinent to this On Demand webinar to the email address, WebinarQuestions@hsag.com. Please provide the title of the webinar in the subject line. If your question pertains to a specific slide, please include the slide number as well. At the end of the presentation, you will have the opportunity to complete a survey. Please complete the survey, as we value your feedback regarding what works well, as well as any areas for improvement in future presentations.

Before we get started, I would like to provide an update to our listeners that the HQR System is now available to receive test and production file submissions for the calendar year 2022 eCQM reporting period. That submission deadline is February 28, 2023. A Listserve announcement was distributed on October 11, announcing this information.

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Okay, let's begin today's presentation by navigating to the QualityNet website to review important policy information and tools specific to the calendar year 2022 eCQM reporting period.

The QualityNet website is a CMS-approved website for hospitals, vendors, and all staff to access the applicable calendar year's reporting tools, materials, and policy information. The link for the QualityNet website is QualityNet.cms.gov, provided for you on this slide. As a reminder, it is best to use Chrome, Firefox, or Edge to view this information, since Internet Explorer is not recommended. There are many ways to navigate to the eCQM sections on QualityNet; however, the quickest way is to type eCQM in the Search field up at the top of the home page. From here, select eCQM Overview from the list of pages provided. As you see here, under the big blue header on the screen, you can navigate to the various topics listed, such as the eCQM Measures page, the participation requirements page, a page directly to the resources specific for the current reporting period, archived webinars, and there's even a dedicated page on communications or Listserves that have been distributed through the Listserve channels related to eCQM reporting. Over the next few slides, I would like to take a moment to briefly review each of these pages as they relate to calendar year 2022 reporting.

On the eCQM Measures page, the current reporting period's eCQM measure set will display, and users may download the CY 2022 Available eCQMs Table. It is important to mention that CMS requires hospitals participating in the Hospital IQR Program and/or the Medicare Promoting Interoperability Program to use electronic health record technology certified by the Office of the National Coordinator for Health IT, or ONC, as specified by CMS for each calendar year. CMS requires EHRs to be certified to all available eCQMs within the eCQM measure set for that corresponding year. For calendar year 2022 reporting, the available eCQMs in the measure set have not changed compared to calendar year 2021 reporting; however, CMS has implemented, for the first-time, the mandatory reporting of the Safe Use of Opioids-Concurrent Prescribing eCQM.

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Another change occurred related to the amount of data reported, which increased to three quarters of data from two quarters of data. CMS requires the same Certified EHR Technology, or CEHRT, criteria be applied, and hospitals must use CEHRT to the existing 2015 Edition certification criteria, the 2015 Edition Cures Update criteria, or a combination of both. Again, that's for all nine eCQMs listed in the available table. This year is the final year to use the 2015 Edition certification criteria. Please note that, beginning with calendar year 2023 reporting, hospitals are required to use technology certified to the 2015 Edition Cures Update criteria. That's specified in the ONC's 21st Century Cures Act final rule. In addition to the current year's measure set on this page, you may visit the Previous Measures tab, located on the left-hand side of the screen to review eCQM measure sets from previous reporting years.

Moving from left to right, as shown here on the screen, I would like to highlight a few things located under the Participation page. To view the current calendar year's requirements, you may select the Requirements tab as shown. The current eCQM reporting requirements for calendar year 2022 will display. This page outlines the reporting requirements as stated in the applicable CMS IPPS/LTCH PPS final rule and provides a direct link to the rule. Users may also visit the previous Requirements tab, located on the far left, to preview previous requirements in previous calendar years for eCQM reporting. For calendar year 2022 reporting, I did want to point out that hospitals are required to submit data for a total of four eCQMs, for a total of three quarters of data. The breakdown of the four eCQMs is as follows: Hospitals are required to select three self-selected eCQMs PLUS submit the data for the mandatory Safe Use of Opioids eCQM. As for the quarters, the quarters may be consecutive or nonconsecutive for those three quarters. Please note that each quarter must contain the same three self-selected eCQMs, plus the Safe Use of Opioids. So, each quarter that you are submitting for, please make sure that the same four eCQMs are across all three quarters. Just a reminder that the HQR System did open on October 11, and the submission deadline will close at 11:59 p.m. Pacific Time on February 28, 2023.

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Also located under Participation is the Extraordinary Circumstances page, or ECE Policy page, as it relates to eCQM reporting. Although the Hospital IQR Program and Medicare Promoting Interoperability Program are aligned for eCQM reporting, the ECE policy only applies to those hospitals participating in the Hospital IQR Program. Eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program follow a different process and can apply for a Hardship Exception. Hospitals participating in the Hospital IQR Program who are unable to meet the calendar year 2022 eCQM requirement may use the ECE form to request an exception from the eCQM reporting requirement for the applicable program year. I want to point out what that means. A hospital who experiences unforeseen circumstances, such as vendor issues outside of the hospital's control or infrastructure challenges, and finds they are unable to successfully report their eCQM data by February 28 should visit the link provided on the slide and may submit an ECE request form. These forms are due to the support contractor by April 3, 2023. All the information you need to complete the form is on the actual form. Please complete all the mandatory fields as it states on the form. Again, only ECE forms specific to calendar year 2022 eCQM reporting should be submitted. If your hospital requests consideration for an exception for other IQR program requirements, such as validation or chart-abstracted data, please review the non-eCQM related information, as the deadline and criteria to complete the ECE form are different. Again, if you are unsure or need additional assistance, please don't hesitate to reach out to our team to seek guidance.

On the Resources page, you will have direct access to the available educational tools, documents and CMS-approved materials such as the 2022 CMS QRDA I Implementation Guide, the technical specifications, and sample files for the current eCQM reporting period. Links to the Value Set Authority Center, or VSAC, and the eCQI Resource Center are also available. Materials and resources are also available for previous reporting years.

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I encourage you to take the time and review the following tools listed on the slide as you submit your calendar year 2022 eCQM data. I would like to talk briefly about each one of these tools over the next few slides.

The first tool is the CY 2022 eCQM Submission Overview document, which provides hospitals and vendors a high-level overview on the reporting of eCQM data as it pertains to the Hospital IQR and Medicare Promoting Interoperability Programs. A summary of the calendar year requirements is provided. I would like to remind our listeners that the public reporting of eCQM data did begin with calendar year 2021 data and will continue with this year's data for eCQMs and future years. So, again, this is a nice, helpful document that puts everything available for you, the links, who to contact, and the technical requirements.

The next tool is the CY 2022 eCQM QRDA Category I File Submission Checklist. This checklist is strictly for eCQM reporting to the HQR System, which, again, is a requirement for both the Hospital IQR and Medicare Promoting Interoperability Programs. The checklist walks the data submitter through the steps on how to upload QRDA I test and production files, how to manually enter the denominator declarations if applicable, review rejected files, and interpret measure outcomes. The checklist enables staff to verify that they have successfully met the eCQM requirements by explaining how to access, run, and review the Program Credit Report. As for the Program Credit Report, I want to point out that it is important to generate the report for each program that the hospital participates in, whether it is for the Hospital IQR Program or the Medicare Promoting Interoperability Program to determine if you have successfully submitted and met the eCQM reporting requirements. A key takeaway is to understand the Program Credit Report is a snapshot in time. As files are resubmitted or deleted and denominator declarations modified within the HQR System, that could affect the number of eCQMs that were submitted and, therefore, this report must be re-generated after any types of edits or changes are made within the HQR System. That confirms to make sure your hospital's most current status is reflected on that Program Credit Report, as those things may change.

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Keep in mind that, although the requirement for eCQM reporting applies to both programs, each program has additional and separate requirements to successfully meet in order to receive their annual payment update.

Lastly, as I previously mentioned, is the CY 2022 Available eCQMs Table., which provides the list of the nine eCQMs along with their name and version number in the measure set. Just a reminder: Data must be submitted through the *HQR Secure Portal*, and successful submission includes any combination of the following: Hospitals can submit QRDA Category I files with patients meeting the initial patient population. They can enter the zero denominator declarations, if they do not have any patients that meet the measure's initial patient population, and/or they may enter case threshold exemptions, if they have five or less patients that meet the criteria. So, again, any combination of those three will count for that one eCQM.

Also available under the Resources page is a tab specific to the online resources, such as the ONC JIRA Issue Tracker, the eCQI Resource Center, and the CHPL website. The ONC JIRA Issue Tracker is the go-to spot for data submitters to submit questions about different aspects of eCQM reporting that lay outside of policy. For instance, submitters may have specific questions regarding how to interpret a measure's logic or intent or have a question on the QRDA file format. These types of questions are not addressed in the question-and-answer tool, and the best forum for these questions should be submitted to the corresponding ONC issue tracker. As you see on this slide, there are a few issue trackers that may be pertinent to you. Specifically, eCQM specifications questions would go to the eCQM issue tracker. Any questions on how to compile the data into your QRDA files, you can submit to the QRDA issue tracker.

Next is the eCQI Resource Center. That is the primary site to access all the reporting resources, standards, and technical specifications that have been approved and should be used for this year's reporting. Lastly is the Certified Health Information Technology Product List, or CHPL, website. This allows health care providers and hospitals to generate their CMS EHR Certification ID number.

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This is used as part of your QRDA file and how you submit your data. That confirms that your data are EHR certified to the current calendar year's requirements. Also, here on the slide, is a link to the CHPL Public User Guide, in case you need assistance with generating the CEHRT IDs or have any additional questions.

Finally, on the far right of the page here, is the Notifications tab that provides the list of all the email notifications, or Listserves, that have been communicated based on calendar year. To stay in the know with anything and everything eCQM, as well as hybrid measures, please take the time and sign you and your staff up for these email notifications by visiting the bottom of the page where it says Join Now. These Listserves are available to everyone, and you don't require a HARP ID or HQR System account.

In this next section, I would like to take a moment to point out where you can locate additional information on eCQM reporting, particularly CEHRT, along with the PI [Medicare Promoting Interoperability] Program's requirements.

The CMS.gov website contains important policy information, dates to remember, and the list of requirements for hospitals participating in the Medicare Promoting Interoperability Program. The landing page here, shown here on this slide, contains links to registration and attestation, CEHRT, eligible hospital information, eCQM basics, some helpful fact sheets, as well as how to sign up for the CMS Promoting Interoperability Listserve. We highly recommend, again, you and your staff subscribe to any and all Listserves to stay informed of program requirements, policy changes, and any type of updates or upcoming events that may be helpful to you.

As shown here, on the left-hand side of the page, you will select the tab for the 2022 Medicare PI Program requirements. Similar to the QualityNet website, a link to the fiscal year final rule is available to learn more about the reporting changes and review the requirements specific to each program.

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Here, you can access helpful infographics and fact sheets to assist with attestation and reporting of the calendar year 2022 objectives and measures that are specific to only the [Medicare] Promoting Interoperability Program, not the Hospital IQR Program. As a reminder, although the critical access hospitals are not required to participate in the Hospital IQR Program, they are strongly encouraged. They are required to participate in the Medicare Promoting Interoperability Program.

Moving on here, as shown on the CMS.gov website, the eCQM Basics page provides an overview of eCQM reporting and, again, points out the calendar year 2022 requirements.

There is the CY 2022 eCQM Fact Sheet that provides a high-level review of the eCQM reporting requirements and includes additional specific information pertinent to those hospitals participating in the Medicare Promoting Interoperability Program. This document is located on the cms.gov website, and a link has been provided to you.

To learn more about the performance-based scoring methodology and program scoring specific to the Medicare Promoting Interoperability Program, there is a section for the scoring, payment adjustment, and hardship. This page is available on the link provided to you. Also, here you can learn about the Medicare Hardship Exception information and access the Hardship Exception Application form. Once CMS announces that is available, that will be provided to you on that page.

The CEHRT page provides detailed information on the functionality of Certified EHR Technology and links to helpful resources, such as the ONC 21st Century Cures Act final rule and the CHPL website. Here you can access the CEHRT fact sheet and review some of the changes that are noted in the 2015 Edition Cures Update.

As I mentioned earlier, please visit the CMS Promoting Interoperability Listserve page to review important communications that may have already been distributed and to sign up and stay informed of program requirements, policy changes, and upcoming events and webinars.

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The last section here, I want to point out, is the Electronic Clinical Quality Improvement, or eCQI, Resource Center, which provides common standards and shared technologies related to everything eCQM in one main location. The eCQMs are available for eligible clinicians, and there are eCQMs available for eligible hospitals and critical access hospitals. So, you always want to make sure that you are selecting the appropriate group, and, for the purposes of this webinar, we will review the eCQMs pertaining to the eligible hospitals and critical access hospitals.

As shown here on the home page of the eCQI Resource Center, the featured resources are available, including latest news and upcoming events, these resources are categorized by performance period and may be accessed directly from the home page here. To stay current and keep an eye on the latest events, webinars, or any changes to the HQR System, or to specifications, or to standards, please make sure to visit the home page, and take a moment and review the information here. Most recently, CMS announced the HQR System is open and available to receive calendar year 2022 eCQM data and that the 2023 eCQM measure files and tables have been re-published to include the newly added eCQMs, which are the Cesarean Birth eCQM and the Severe Obstetric Complications eCQM.

To locate the 2022 reporting standards, tool versions, and eCQM specifications, make sure you are selecting the 2022 reporting period. Again, that's for eligible hospitals and critical access hospitals. This is important since CMS requires hospitals to use the most current version of eCQM specs for reporting. Users can filter by the type of resource available. Here we have technical specifications, and you will be able to filter here to find the eCQM specifications, value sets, and codes list. You can select the filter by the implementation guidance to locate the technical release notes and eCQM flows. Also, you can filter by reporting references to pull up the CMS QRDA Implementation Guide and Schematrons, and sample files. There is a lot of different [choices], depending on your role and the type of resources you are looking for, you can filter resources by those specific guidelines.

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As shown here, a list of the calendar year 2022 eCQMs are available by selecting the second tab over from the left at the top. Each measure that is available for that reporting period will pop up listed and will provide the measure name, short name, version number, the National Quality Forum ID, or NQF ID, if applicable, and where the measure falls in the Meaningful Measures Framework. A direct hyperlink is included under each eCQM, and this provides direct access to that measure's information, which includes a description of the measure, definitions for the initial patient population, denominator, numerator, denominator exceptions, etc., as well as the name of the measure steward. It also will provide how the measure is scored, and any type of additional guidance is also provided.

One feature I wanted to take the time and point out is the Compare function that enables users to compare two years of the measure specifications found in the measure's header. In this example, on the slide shown here, I had selected the Exclusive Breast Milk Feeding eCQM, which is PC-05. That was selected to compare any changes or updates on the measure from 2021 to 2022. The red highlighted text shown in this example removes the guidance on calculating the gestational age, using the American College of Obstetricians and Gynecologists, the Revitalize Guidelines. So, that is showing that that was removed and different from 2021, as well as the green text highlighted was included language that is new for the 2022 reporting of this measure. It states that only one birth weight value should be recorded.

To locate the measure specifications and associated data elements and value sets, select the second tab. The title there is shown on the slide, Measure Specifications and Data Elements. The measure specs are available in the following formats, Hypertext Markup Language or HTML, which are the text-only documents. They are available in zipped or compressed files. Lastly, they are available in an Excel spreadsheet. Quick links are directly to the measure's data elements. There are quick links for the value sets and the coded QDM attributes to use with eCQMs. All that information is directly linked, which aides in your data mapping activities, and it provides definitions to that information.

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Finally, here, we always provide a list of contacts and continuously keep this updated for you and your staff. That includes the contact name and information and how to reach that contact, specific to a related topic. So, again, if you have questions for the Hospital IQR Program or policy, please contact us, the inpatient support team. The information is provided to you, if you have questions on eCQM measures, logic, and codes. Please submit your questions to the eCQM issue tracker. Again, this information will be available to you, and you can use it as a handy reference.

As a reminder, please email any questions pertinent to this webinar to the email address listed on this slide, WebinarQuestions@hsag.com, with the webinar title in the subject line. If you have a specific question on a certain slide, please include the slide number as well. For any other questions you may have, we recommend you submit them to the [Inpatient Questions and Answers Tool](#), located at the link provided.

This concludes today's webinar. Thank you so much for taking the time to listen to the webinar, and we hope you find it useful as you prepare during your calendar year 2022 eCQM reporting period. Thank you, and have a nice day.