



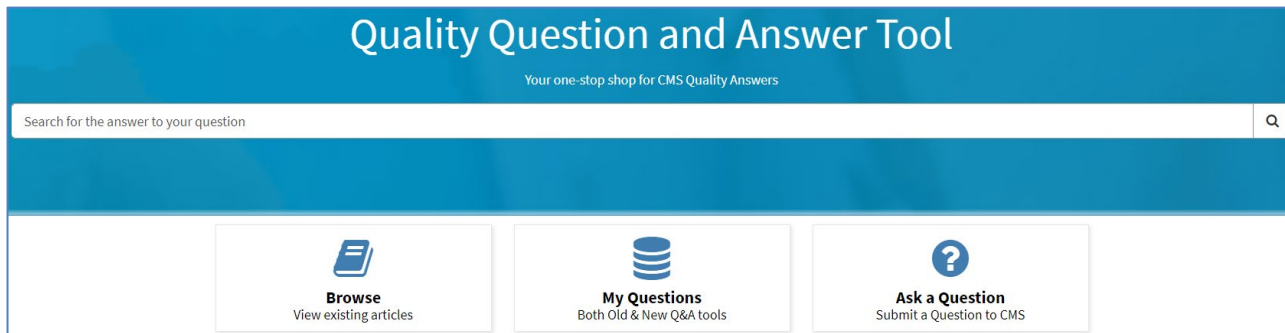
# **Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide**

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**April 29, 2024**

# Webinar Questions

- Please email questions related to this webinar to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com).
  - Subject Line: Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide
  - 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:  
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# Speakers

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# Purpose

This presentation will review changes to the 2024 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting (HQR), including common rejection errors and requirements for reporting eCQM and hybrid measure data.

# Objectives

Participants will be able to:

- Identify changes and updates to the 2024 CMS QRDA Category I IG for HQR.
- Recognize common errors that cause file rejections.
- Locate implementation resources related to the CMS and Health Level Seven International® (HL7®) IGs.
- Summarize the eCQM and hybrid measure reporting requirements.

# Acronyms and Abbreviations

<b>CAH</b>	critical access hospital	<b>ID</b>	identification
<b>CCDE</b>	core clinical data element	<b>IG</b>	Implementation Guide
<b>CCN</b>	CMS Certification Number	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CDA</b>	Clinical Document Architecture	<b>IQR</b>	Inpatient Quality Reporting
<b>CEHRT</b>	Certified EHR Technology	<b>LTCH</b>	Long-Term Care Hospital
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>CY</b>	calendar year	<b>ORAE</b>	Opioid Related Adverse Events
<b>eCQI</b>	Electronic Clinical Quality Improvement	<b>PC</b>	Perinatal Care
<b>eCQM</b>	electronic clinical quality measure	<b>PPS</b>	Prospective Payment System
<b>EHR</b>	electronic health record	<b>PY</b>	Payment Year
<b>FFS</b>	Fee for Service	<b>Q</b>	quarter
<b>FY</b>	fiscal year	<b>QDM</b>	Quality Data Model
<b>GMCS</b>	Global Malnutrition Composite Score	<b>QRDA</b>	Quality Reporting Document Architecture
<b>HH</b>	Hospital Harm	<b>STK</b>	stroke
<b>HL7</b>	Health Level 7 International	<b>V</b>	version
<b>HQR</b>	Hospital Quality Reporting	<b>VTE</b>	venous thromboembolism
<b>HWM</b>	Hospital-Wide Mortality	<b>XML</b>	Extensible Markup Language
<b>HWR</b>	Hospital-Wide Readmission		<a href="#">BACK</a>

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## **CY 2024 eCQM Reporting Overview**

# CY 2024

## eCQM Reporting Requirements

<b>Program</b>	Hospital Inpatient Quality Reporting (IQR) Program* Medicare Promoting Interoperability Program**
<b>Reporting Period</b>	January 1, 2024–December 31, 2024
<b>Annual Submission Deadline</b>	February 28, 2025, 11:59 p.m. Pacific Time
<b>eCQM Measure Set</b>	12 available eCQMs: STK-2, STK-3, STK-5, VTE-1, VTE-2, PC-02***, PC-07***, HH-01 (Hypo), HH-02 (Hyper), HH-ORAE, GMCS, and Safe Use of Opioids–Concurrent Prescribing***
<b><u>Total Number of eCQMs Per Quarter</u></b>	6 eCQMs (3 self-selected eCQMs plus 3 CMS-selected eCQMs) The 3 CMS-selected eCQMs are: <b>1. Safe Use of Opioids–Concurrent Prescribing eCQM***</b> <b>2. PC-02***</b> <b>AND</b> <b>3. PC-07***</b>
<b>Total Number of Quarters to Report per Calendar Year (CY)</b>	4 Quarters (Qs) (Q1, Q2, Q3 and Q4 of 2024) (eCQMs must be the same across quarters.)
<b>Certified Electronic Health Record Technology (CEHRT)</b>	2015 Edition Cures Update

\*The submission of calendar year (CY) 2024 eCQM data will affect the fiscal year (FY) 2026 payment determination.

\*\*The submission of CY 2024 eCQM data will affect the FY 2026 payment determination for eligible hospitals and affect the FY 2024 payment determination for critical access hospitals (CAHs).

\*\*\*This is mandatory for the CY 2024 reporting period and subsequent years.



# CY 2024 eCQM Measure Set

<p><b>CMS-Selected</b>  <b>Safe Use of Opioids</b> (CMS506v6)            Safe Use of Opioids–            Concurrent Prescribing*</p>	<p><b>CMS-Selected</b>  <b>PC-02</b> (CMS334v5)            Cesarean Birth*</p>	<p><b>CMS-Selected</b>  <b>PC-07</b> (CMS1028v2)            Severe Obstetric Complications*            (This eCQM is risk-adjusted.)</p>
<p><b>HH-Hypo</b> (CMS816v3)            Hospital Harm–            Severe Hypoglycemia</p>	<p><b>HH-Hyper</b> (CMS871v3)            Hospital Harm–            Severe Hyperglycemia</p>	<p><b>HH-ORAE</b> (CMS819v2)            Hospital Harm–Opioid Related            Adverse Events</p>
<p><b>GMCS</b> (CMS986v2)            Global Malnutrition            Composite Score</p>	<p><b>VTE-1</b> (CMS108v12)            Venous Thromboembolism            Prophylaxis</p>	<p><b>VTE-2</b> (CMS190v12)            Intensive Care Unit Venous            Thromboembolism Prophylaxis</p>
<p><b>STK-02</b> (CMS104v12)            Discharged on            Antithrombotic Therapy</p>	<p><b>STK-03</b> (CMS71v13)            Anticoagulation Therapy for            Atrial Fibrillation/Flutter</p>	<p><b>STK-05</b> (CMS72v12)            Antithrombotic Therapy By the End            of Hospital Day 2</p>

\*All hospitals are required to report on these eCQMs during the CY 2024 reporting period. Hospitals are required to successfully submit accepted QRDA Category I files meeting the Initial Patient Population for all episodes of care, zero denominator(s), and/or case threshold exemption(s).

Note: HH-Pressure Injury; HH-Acute Kidney Injury; and Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults will be added to the CY 2025 measure set as finalized by the FY 2024 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule.

# Successful eCQM Submission for CY 2024 Reporting

- To successfully submit the required eCQMs based on program year for the Hospital IQR Program and the Medicare Promoting Interoperability Program, report the eCQMs as any combination of the following:
  - Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
  - Zero denominator declarations
  - Case threshold exemptions
- In all cases, a hospital is required to use an electronic health record (EHR) that is certified to report on available eCQMs in the measure set.
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into CEHRT for capture and reporting QRDA Category I files.

## **Important Tip:**

Hospitals that do not deliver babies are required to submit a zero denominator declaration for each quarter for PC-02 and PC-07.

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## **FY 2027 Hybrid HWR and Hybrid HWM Measure Data for the Hospital IQR Program**

# FY 2027 Hybrid Measures for the Hospital IQR Program

<b>Measures</b>	<ul style="list-style-type: none"> <li>• Hybrid Hospital-Wide All-Cause Readmission (HWR)</li> <li>• Hybrid Hospital-Wide All-Cause Risk Standardized Mortality (HWM)</li> </ul>
<b>Performance Period</b>	7/1/2024–6/30/2025
<b>Data Submission Deadline</b>	October 1, 2025
<b>Hospital-Specific Report Distribution</b>	Spring 2026
<b>Public Reporting</b>	Anticipate Summer 2026
<b>Annual Payment Update</b>	FY 2027 payment determination
<b>CEHRT</b>	2015 Edition Cures Update Criteria
<b>Specifications</b>	
<ul style="list-style-type: none"> <li>• Hybrid HWR (CMS529v4): <a href="#">Core Clinical Data Elements (CCDEs) for the Hybrid HWR Measure with Claims and Electronic Health Record Data</a></li> <li>• Hybrid HWM (CMS844v4): <a href="#">CCDEs for the Hybrid HWM Measure</a></li> </ul>	
<b>Reporting Resources</b>	
<ul style="list-style-type: none"> <li>• Electronic Clinical Quality Improvement (eCQI) Resource Center: On the Eligible Hospital/CAH eCQMs <a href="#">page</a>, select 2024 Reporting Period and filter by hybrid measures.</li> <li>• QualityNet.CMS.gov: <a href="#">Hospitals-Inpatient/Measures (Hybrid)</a></li> </ul>	

# Expanded Cohort of the Hybrid HWR/HWM Measures

Beginning with the FY 2027 payment determination (discharge data from July 1, 2024, through June 30, 2025), CMS expanded the cohort to include both Fee for Service (FFS) and Medicare Advantage patients, ages 65 years and older (Hybrid HWR) and ages 65 to 94 years (Hybrid HWM), per the FY 2024 IPPS/LTCH PPS final rule.

# Hybrid HWR/HWM Measure Data Submission Requirements

Hybrid HWR Measure	Hybrid HWM Measure
Submit 13 CCDEs (6 vital signs + 7 laboratory test results)  +  linking variables via QRDA Category I files	Submit 10 CCDEs (4 vital signs + 6 laboratory test results)  +  linking variables via QRDA Category I files

To successfully meet Hospital IQR Program requirements for the hybrid measures, hospitals will need to submit the following for all Medicare FFS (and Medicare Advantage) claims, where the patient is 65 years or older (Hybrid HWR) or 65–94 years (Hybrid HWM), for the same hospitalization during the measurement period:

- ✓ Submit **all linking variables on 95% or more of discharges.**
- ✓ Report **all vital signs for 90% or more of the hospital discharges.**
- ✓ Submit **all laboratory test results for 90% or more of discharges** for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure or the surgical divisions of the Hybrid HWM measure.

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**Reviewing the 2024 CMS QRDA Category I IG for HQR**

# Background

- CMS published the 2024 CMS QRDA Category I IG, Schematron, and Sample File for HQR.
  - <https://ecqi.healthit.gov/qrda>
- The 2024 CMS QRDA Category I IG outlines requirements for Eligible Hospitals and CAHs to report eCQMs for the CY 2024 reporting period for the following programs:
  - Hospital IQR Program
  - Medicare Promoting Interoperability Program
  - Hospital Outpatient Quality Reporting Program
- The 2024 CMS QRDA Category I Schematron is a companion to the 2024 CMS QRDA Category I IG and allows for computerized validation of QRDA documents against the IG requirements.



# Comparing 2023 and 2024 IGs

	2023	2024
Reporting Period	2023 reporting period	2024 reporting period
Base HL7 Standard	<p>HL7 IG for Clinical Document Architecture (CDA) Release 2: QRDA Category I, Release 1, Standard for Trial Use Release 5.3 with errata (December 2022)</p> <p><a href="#">HL7 QRDA Category I Product Page</a> Free HL7 account required to access the standard</p>	<p>NO changes. Same version as the 2023 reporting period.</p>
Quality Data Model (QDM)	<p>Supports <a href="#">QDM Version 5.6</a></p>	<p>NO changes. Same version as the 2023 reporting period.</p>
CMS IG Version	2023 CMS QRDA Category I IG, Version 1.3	2024 CMS QRDA Category I IG, Version 1.1

# 2024 IG Updates

## eCQM Specifications

	2024
eCQM Specifications	<p>The 2024 reporting period Eligible Hospitals/CAHs eCQMs published May 2023.</p> <p>Visit the <a href="#">eCQI Resource Center</a> Eligible Hospital/CAH eCQMs page and select the 2024 reporting period.</p>
Value Sets	<ul style="list-style-type: none"><li>2024 Reporting/Performance Period of eCQM &amp; Hybrid Measure Value Sets<ul style="list-style-type: none"><li>May 2023 Release eCQM &amp; Hybrid Measure Value Sets Publication Date: May 04, 2023</li></ul></li></ul>

# 2024 IG Updates: Document-level Templates

Use **same** document-level templates as specified in the 2023 IG.

## 2024 CMS QRDA Category I IG for HQR

QRDA Category I Report – CMS (V8)

urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:**2022-02-01**

Conforms to QDM-Based QRDA (V8) template

(identifier:urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:**2021-08-01**)

The correct template versions for the four required document-level templates must be used.

```
<!-- US Realm Header (V3) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01"/>
<!-- QRDA Category I Framework (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2017-08-01"/>
<!-- QDM-based QRDA (V8) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2021-08-01"/>
<!-- QRDA Category I Report - CMS (V8) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2022-02-01"/>
```

# 2024 IG Updates: documentationOf/serviceEvent

This removed the “documentationOf/serviceEvent” section from the 2024 IG.

- documentationOf/serviceEvent is optional for HQR.

# 2024 IG Key Elements for Succession Management

There were no changes to the five key elements used for succession management from the 2023 IG:

- CMS Certification Number (CCN)
- CMS Program Name
- EHR Patient ID
- EHR Submitter ID
- Reporting period specified in the Reporting Parameters Section

# Ensuring Data Uniqueness

The presence of duplicated data could potentially lead to the following:

- Increased data processing time
- Exceeding the allowable file size
  - CMS\_0078 QRDA file size exceeds (10) MB
- Incorrect processing and unexpected measure results

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## **File Rejection Common Errors**

# CMS\_0072

## QRDA File Schema Validation Error

**ERROR:** QRDA file does not pass Extensible Markup Language (XML) schema validation (CDA\_SDTC.xsd).

### Meaning:

QRDA structure of the submitted file does not conform to the CDA XML Schema (CDA\_SDTC.xsd) provided by HL7. The file does not pass the schema check. Processing continues on the file to identify other errors/warnings.

The CDA\_SDTC.xsd is available in the companion CMS QRDA IG Schematron and Sample File zip on the eCQI Resource Center.



# CMS\_0073

## QRDA File Format Error

**ERROR:** The document does not conform to QRDA document formats accepted by CMS.

### Meaning:

The QRDA Category I file must have all four required document level template IDs and extensions as specified in the CMS QRDA Category I IG for the reporting period.

```
<!-- US Realm Header (V3) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01"/>
<!-- QRDA Category I Framework (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2017-08-01"/>
<!-- QDM-based QRDA (V8) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2021-08-01"/>
<!-- QRDA Category I Report - CMS (V8) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2022-02-01"/>
```

This error is also produced for an empty file or any non-XML file type (e.g., PDF). Processing stops immediately on file.

# CMS\_0079

## Reporting Period Effective Date Range

**ERROR:** Reporting Period Effective Date Range does not match one of the Program's calendar year Discharge Quarters.

### Meaning:

The Reporting Parameter Section effective date range must exactly match one of the HQR allowable calendar year discharge quarters.

```
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <templateId root="2.16.840.1.113883.10.20.17.3.8.1"
      extension="2016-03-01"/>
    <id root="67e84480-1f84-4d04-9be3-cc3e8c2c6933"/>
    <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
      displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20240101"/>
      <high value="20240331"/>
    </effectiveTime>
  </act>
</entry>
```

# CMS\_0082

## CMS EHR Certification ID

**ERROR:** CMS EHR Certification (Identification) ID does not meet year/version criteria.

### **Meaning:**

The EHR system needs to be certified to 2015 Edition Cures Update for CY 2024/PY 2026. The CMS EHR Certification ID must contain “15C” in the third, fourth, and fifth places.

# CMS\_0074 Version Specific Measure Identifier (1 of 2)

**ERROR:** The Version Specific Measure Identifier is not valid for the Reporting Period and/or CMS program name.

## **Meaning:**

Each measure in the QRDA must reference the version specific identifier. The HQR system will only accept the correct version of eCQMs/CCDEs/linking variables for the current reporting period.

The QRDA file must have at least one Version Specific Measure Identifier for the current reporting period and must be supported by the CMS Program Name.

If the QRDA file does not contain at least one Version Specific Measure Identifier for the CMS Program Name and/or reporting period, it will be rejected.

If the QRDA file does contain at least one Version Specific Measure Identifier for the CMS Program Name and reporting period, Version Specific Measure Identifiers not associated with the CMS Program Name and /or reporting period within the same file will be ignored.

# CMS\_0074 Version Specific Measure Identifier (2 of 2)

To locate the Version Specific Measure Identifier in the eCQM XML file:

- Use the **QualityMeasureDocument/id/@root** XPath for eCQM Version Specific Measure Identifier.
- Submit ONLY the Version Specific Measure Identifier.
- Remember that the Version Specific Measure Identifier is not case sensitive.

## Example Health Quality Measures Format XML snippet from CMS844v4.xml

```
<QualityMeasureDocument xmlns="urn:hl7-org:v3" xmlns:cql-ext="urn:hhs-cql:hqmf-nl-extensions:v1"
  xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <!--
    *****
    Measure Details Section
    *****
  -->
  <typeId extension="POQM_HD000001UV02" root="2.16.840.1.113883.1.3"/>
  <templateId>
    <item extension="2021-02-01" root="2.16.840.1.113883.10.20.28.1.2"/>
  </templateId>
  <id root="2c928084-83d3-1b44-0184-3a4838e816ac"/>
  <code code="57024-2" codeSystem="2.16.840.1.113883.6.1">
    <displayName value="Health Quality Measure Document"/>
  </code>
```

# CMS\_0083

## CMS EHR Certification ID

**ERROR:** CMS Certification ID format is not valid.

### **Meaning:**

CMS EHR Certification ID must be 15 alpha numeric characters in length.

# CMS\_0062

## Encounter Performed Admission Date

**ERROR:** The system SHALL reject QRDA Category I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value).

### Example of invalid admission date after the discharge date

```
<low value="20240708090000"/> <!-- July 8, 2024 -->  
<high value="20240702103000"/> <!-- July 2, 2024 -->
```

# CMS\_0087

## Low Date After High Date

**ERROR:** Low date is after high date.

**Meaning:** For effectiveTime, where low and high are provided, the high date has to be after the low date.

**Example of low date is after high date, which is invalid**

```
<low value="20240807090000"/> <!-- August 7, 2024 -->  
<high value="20240802103000"/> <!-- August 2, 2024 -->
```



# CONF:4509-14430\_C01

## Missing Patient Characteristic Payer

**ERROR:** SHALL contain at least one [1..\*] entry (CONF:4509-14430\_C01) such that it

SHALL contain exactly one [1..1] Patient Characteristic Payer (identifier: urn:oid:2.16.840.1.113883.10.20.24.3.55) (CONF:4509-14431).

### Meaning:

The Patient Data Section QDM (V8) – CMS template must contain an entry with a Patient Characteristic Payer. This indicates the payer for the patient for the reported measure(s) and is a required supplemental data element for all measures.

# CONF:4509-32546

## At Most One Principal Diagnosis

**ERROR:** If entryRelationship to Encounter Diagnosis QDM (V2) is present, SHALL contain at most one Encounter Diagnosis QDM (V2) of rank 1, as principal diagnosis (CONF:4509-32546).

### **Meaning:**

When there are multiple diagnoses for an Encounter Performed, only one diagnosis shall be identified as principal diagnosis.

# CMS\_0089

## Correct Usage of CMS Program Name

**ERROR:** CMS Program Name conflicts with the file upload location.

### **Meaning:**

CMS program name for inpatient Hybrid measures/CCDE submissions must be HQR\_IQR.

CMS program name for inpatient eCQM submissions must be HQR\_IQR, HQR\_IQR\_PI or HQR\_PI.

CMS program name for outpatient eCQM submissions must be HQR\_OQR.

# CMS\_0067

## Submitter Not Authorized

**ERROR:** Submitter ( %s ) is not authorized to submit for this provider ( %s ).

### Meaning:

Lookup performed and found that the Submitter (vendor) has not been authorized to submit data on behalf of the hospital (using the CCN in the QRDA Category I file).

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## **Additional Information & Resources**

# Reminder on Reporting and Submission Requirements

Hospitals are required to:

- Submit data on each specified measure in accordance with the measure specifications for a certain time period.
- Use technical specifications in the CMS Annual Update for the HQR Programs.
- Reference the most current version documents and implementation guidance.
- Report using the QRDA Category I File Format.

# QRDA Category I File Format Expectations

- CMS expects one QRDA Category I file, per patient, per quarter.
- Each QRDA Category I file should include all measures applicable to that patient, and all episodes of care that are applicable to the measures being reported in that reporting quarter.
- Maximum individual file size is 10 megabytes.
- Upload files by ZIP file (.zip).
- The maximum number of QRDA Category I files within the zip file is 14,999.
  - Hospitals may submit more than one zip file.
  - Batches may contain QRDA files from different quarters.
  - Quarters cannot be combined within the same QRDA Category I file.

# Office of the National Coordinator (ONC) Jira QRDA Trackers

- For questions related to this guidance, the QRDA Category I IGs, or Schematrons, visit the **QRDA Issue Tracker**:  
<https://oncprojecttracking.healthit.gov/support/projects/QRDA>
- To learn about known technical issues, visit the **QRDA Known Issue Tracker (Dashboard)**:  
<https://oncprojecttracking.healthit.gov/support/projects/QKI/issues/QKI-9?filter=allopenissues>



# eCQI Resource Center: Tools and Key Resources

Visit the [eCQI Tools and Key Resources page](#) for information on development, implementation, and reporting tools and resources:

- ✓ Value Set Authority Center
- ✓ Data Element Repository
- ✓ Jira

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# Reporting Tools and Resources

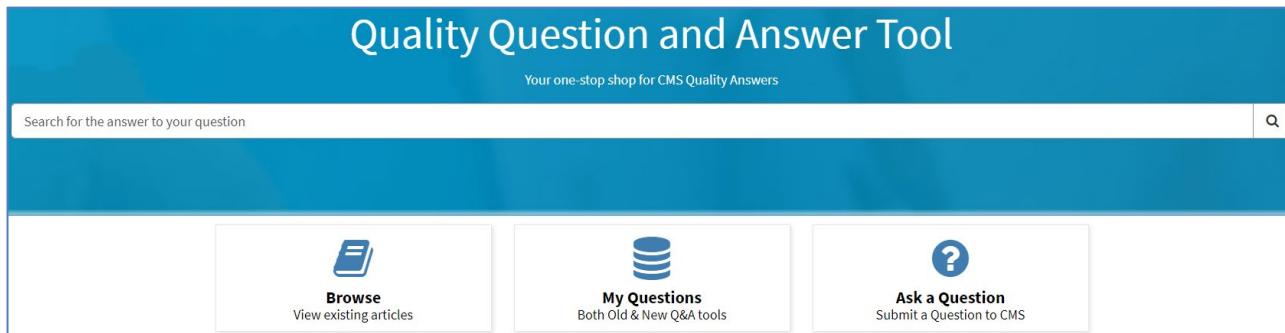
- Visit the Eligible Hospital/CAH eCQMs [page](#) of the eCQI Resource Center:
  - Select the 2024 reporting period.
  - Select eCQMs or Hybrid Measures.
- Visit the [eCQMs page](#) or [Hybrid Measure page](#) located on the CMS QualityNet website.
- Visit the Quality Reporting Center:
  - Select [Inpatient Tools and Resources](#).
  - Locate [eCQM Archived Events](#).

# 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	Center for Clinical Standards and Quality Service Center (866) 288-8912 <a href="mailto:QNetSupport@cms.hhs.gov">QNetSupport@cms.hhs.gov</a>
Medicare Promoting Interoperability (attestation, objectives, policy, hardship)	Quality Question and Answer Tool <a href="https://cmsqualitysupport.servicenowservices.com/qnet_ga">https://cmsqualitysupport.servicenowservices.com/qnet_ga</a>
Hospital IQR Program and Policy	Hospital Inpatient Support Team (844) 472-4477 <a href="https://cmsqualitysupport.servicenowservices.com/qnet_ga">https://cmsqualitysupport.servicenowservices.com/qnet_ga</a>
<ul style="list-style-type: none"> <li>eCQM specifications (code sets, measure logic, measure intent)</li> <li>QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons)</li> <li>Hybrid measures – Technical (specifications, logic, value sets, QRDA)</li> </ul>	<p><b>ONC Jira Issue Trackers</b></p> <p>eCQM Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/projects/CQM/summary">https://oncprojecttracking.healthit.gov/support/projects/CQM/summary</a></p> <p>QRDA Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary">https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary</a></p> <p>CMS Hybrid Measure Issue Tracker <a href="https://oncprojecttracking.healthit.gov/support/browse/CHM">https://oncprojecttracking.healthit.gov/support/browse/CHM</a></p>
Hybrid Measures – Non-Technical (policy, measure methodology)	Yale New Haven Health Services Corporation/ Center for Outcomes Research and Evaluation <a href="https://cmsqualitysupport.servicenowservices.com/qnet_ga">https://cmsqualitysupport.servicenowservices.com/qnet_ga</a>
eCQM Data Validation	Validation Support Team ( <a href="mailto:validation@telligen.com">validation@telligen.com</a> )

# Webinar Questions

- Please email questions related to this webinar to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com).
  - Subject Line: Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide
  - 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:  
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Reporting eCQM and Hybrid Measure Data Using the  
2024 CMS QRDA Category I Implementation Guide

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**Thank you!**

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