CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting

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Purpose

- This presentation will provide an overview of the changes to the 2018 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting (HQR), including changes made from Calendar Year (CY) 2017 to CY 2018.

- It will also provide a high-level overview of updates to the Health Level Seven International (HL7) base standard QRDA Category I IG and a review of available resources.

Objectives

At the conclusion of this presentation, participants will be able to:

- Identify changes and updates to the 2018 CMS QRDA Category I IG for HQR.

- Recognize high level changes to the HL7 base standard QRDA Category I IG.

- Locate resources related to the IGs.

Changes and Updates to the 2018 CMS QRDA Category I IG for HQR

Background

- The 2018 CMS QRDA Category I IG for HQR was published on July 14, 2017.
  - Available at the eCQI Resource Center at: https://ecqi.healthit.gov/system/files/eCQM_2018QRDA_HQR_CMS_IG.pdf

- 2018 CMS QRDA Category I Schematrons and sample files
  - Updated January 2018 with Schematron file (v1.1)
  - https://ecqi.healthit.gov/system/files/eCQM_2018SchematronsSampleFilesHospital_1_0.zip

Comparison of 2018 to 2017 IGs

	2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
Reporting Period	**2018** reporting period	**2017** reporting period
eCQM Specifications	To be used with eCQM specifications for eligible hospitals (EHs)/critical access hospitals (CAHs) published **May 2017 and any applicable addenda** • September 2017 eCQM Value Sets Addendum • https://ecqi.healthit.gov/system/files/ecqm/2017/EH/eCQM_EH_CAH_May2017.zip	Used with eCQM specifications for EHs/CAHs published April 2016 • January 2017 eCQM Value Sets Addendum
Value Sets	May 2017 Release eCQM Value Sets **cannot** be used for eReporting. This is superseded by eCQM Value Sets Addendum: • eCQM Value Sets for EHs/CAHs published September 29, 2017 (for use Q1–Q4 2018)	• January 2017 eCQM Value Sets Addendum (for use Q1–Q3 2017) • September 2017 eCQM Value Sets Addendum (for use Q4 2017)

Comparison of 2018 to 2017 IGs (Cont'd)

	2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
Base HL7 Standard	HL7 IG for Clinical Document Architecture (CDA) Release 2: **QRDA Category I**, Release 1, **Standard for Trial Use (STU) Release 4**, US Realm, January 2017 http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDA_I_R1_S4_2017JAN.zip (HL7 login required to access standard)	HL7 IG for CDA R2: QRDA I, Release 1, STU Release 3.1, US Realm (April 2016)
Quality Data Model (QDM)	Supports QDM version 4.3 https://ecqi.healthit.gov/system/files/qdm_4_3_508_compliant.pdf	Supports QDM version 4.2

2018 IG Updates: CMS Program Names

2018 CMS QRDA I IG for HQR		2017 IG
HQR_EHR	Hospital Quality Reporting for the Electronic Health Record (EHR) Incentive Program	HQR_EHR
HQR_IQR	Hospital Quality Reporting for the Inpatient Quality Reporting (IQR) Program	HQR_IQR
HQR_EHR_IQR	Hospital Quality Reporting for the EHR Incentive Program and the IQR Program	HQR_EHR_IQR
CDAC_HQR_EHR	(for Clinical Data Abstraction Center [CDAC] users)	CDAC_HQR_EHR
HQR_IQR_VOL	Hospital Quality Reporting for IQR Program voluntary submissions	n/a
HQR_EPM_VOL	Hospital Quality Reporting for Episode Payment Model voluntary submissions	n/a

*Specified in ClinicalDocument/informationRecipient

2018 IG Updates: Patient Identifiers

	2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
Patient Identification Number	Required • Same as 2017	Required
Medicare Health Insurance Claim (HIC) Number	Not required, but should be submitted if the payer is Medicare and the patient has an HIC number assigned • Same as 2017	Not required, but should be submitted if the payer is Medicare and the patient has an HIC number assigned
Medicare Beneficiary Identifier (MBI)	MBI is a new data element to the 2018 IG • Not required, but should be submitted if the payer is Medicare and the patient has an MBI number assigned • Object Identifier (OID) for MBI: 2.16.840.1.113883.4.927	n/a

*Specified in ClinicalDocument/recordTarget

2018 IG Updates: Document-Level Template

The document-level template has a new version.
The correct template versions must be used.

2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
QRDA Category I Report – CMS (V4) urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:2017-07-01	QRDA Category I Report – CMS (V3) urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:2016-03-01
Conforms to QDM-Based QRDA (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2016-08-01).	Conforms to QDM-Based QRDA (V3) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2016-02-01).

```
<realmCode code="US" />
<typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040" />
<!-- US Realm Header (V3) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01" />
<!-- QRDA Category I Framework (V3) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2016-02-01" />
<!-- QDM-Based QRDA (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2016-08-01" />
<!-- QRDA Category I Report - CMS (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2017-07-01" />
```

2018 IG Updates: Section Templates

2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
Measure Section QDM • Same as 2017	Measure Section QDM
Reporting Parameters Section – CMS • Same as 2017 • Must be one of the CY 2018 allowable discharge quarters	Reporting Parameters Section – CMS
Patient Data Section QDM (V4) – CMS (2.16.840.1.113883.10.20.24.2.1.1:2017-07-01) • Conforms to Patient Data Section QDM (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2016-08-01) • Supports QDM v4.3	Patient Data Section QDM (V3) – CMS (2.16.840.1.113883.10.20.24.2.1.1:2016-03-01) • Conforms to Patient Data Section QDM (V3) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2016-02-01) • Supports QDM v4.2

Additional 2018 IG Updates

HQR Validations

- CMS_0073
  - The error description was updated to validate that submitted QRDA I files must conform to the 2018 CMS QRDA I IG.

```
<realmCode code="US" />
<typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040" />
<!-- US Realm Header (V3) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01" />
<!-- QRDA Category I Framework (V3) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2016-02-01" />
<!-- QDM-Based QRDA (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2016-08-01" />
<!-- QRDA Category I Report - CMS (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2017-07-01" />
```

- CMS_0074
  - The error description was updated to validate that each measure must reference the eCQM Version Specific Measure Identifier and that only the eCQM Specifications for EHs/CAHs for 2018 reporting period will be accepted.

- Validation rules for CDAC users removed from the 2018 IG.

2018 CMS QRDA I Schematrons

EH CMS 2018 QRDA Category I.sch

- Version 1.1 (Updated January 2018)
- Changed from version 1.0
  (previously released 7/14/2017)
  - o Updated the assertion rule a-CMS_0009-error to correctly test for the Medicare HIC number and the MBI

2018 CMS QRDA I Schematrons (Cont'd)

Announcement on January 3, 2018

Now Available: Updated CY 2018 CMS QRDA I Schematron for Hospital Quality Reporting

The Centers for Medicare & Medicaid Services (CMS) has published an updated schematron for the 2018 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting. **This guidance is for electronic clinical quality measure (eCQM) submissions for calendar year (CY) 2018 and QRDA Category I files only.** QRDA Category I file submissions are for the following:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Hospitals and Critical Access Hospitals

The updated schematron addresses an issue in the implementation of the QRDA I conformance statement CONF: CMS_0009, which states that a patient identifier other than the Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) must be present in the *recordTarget* element. Prior to the schematron update, a file submitted without an additional patient identifier would not be flagged in error.

This update ensures the presence of the additional patient identifier beyond HICN and MBI.

High-Level Changes to the HL7 Base Standard QRDA Category I IG

Base HL7 QRDA Category I IG for CY 2018

HL7 IG for CDA Release 2: Quality Reporting Document Architecture Category I, Release 1, STU Release 4, US Realm, January 2017

- Direct link: http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDA_I_R1_S4_2017JAN.zip
- Main update was to align with QDM Version 4.3
- Addressed approved STU comments – minor updates
- Updated the Health Quality Measure Format (HQMF) QDM Datatype to QRDA template mapping tables

Quality Data Model 4.3 Changes

QDM 4.3 Appendix D: Change Log

D.1 Changes in QDM 4.3

The Quality Data Model, Version 4.3 specification, contains the following changes from the Quality Data Model, Version 4.2 specification:

- Added *Assessment, Performed* datatype
- Added *Assessment, Recommended* datatype
- Removed *Risk Category Assessment* datatype
- Removed *Functional Status, Performed* datatype
- Removed *Functional Status, Recommended* datatype
- Removed *Functional Status, Ordered* datatype
- Added clarification of timing for datatypes with *Order* actions
- Added clarification of feasibility requirements for all datatypes with *Recommended* actions

HL7 QRDA Category I IG STU R4 Changes

New templates
(new QDM data types in QDM 4.3):

- Assessment Performed
  (urn:oid:2.16.840.1.113883.10.20.24.3.144)
- Assessment Recommended
  (urn:oid:2.16.840.1.113883.10.20.24.3.145)

HL7 QRDA Category I IG
STU R4 Changes (Cont'd)

Removed templates
(QDM data types removed from QDM 4.3):

- Functional Status Order (V3)
  (urn:hl7ii:2.16.840.1.113883.10.20.24.3.25:2016-02-01)

- Functional Status Performed (V3)
  (urn:hl7ii:2.16.840.1.113883.10.20.24.3.26:2016-02-01)

- Functional Status Recommended (V3)
  (urn:hl7ii:2.16.840.1.113883.10.20.24.3.27:2016-02-01)

- Risk Category Assessment (V3)
  (urn:hl7ii:2.16.840.1.113883.10.20.24.3.69:2016-02-01)

HL7 QRDA Category I IG STU R4 Changes (Cont'd)

Document template

- No change to US Realm Header (V3) template
- No change to QRDA Category I Framework (V3) template
- QDM-Based QRDA (V4) (urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2016-08-01)
  - Now references the updated Patient Data Section QDM (V4) template, which supports QDM v4.3

HL7 QRDA Category I IG STU R4 Changes (Cont'd)

Section template

- No change to Measure Section QDM template
- No change to Reporting Parameter Section template
- Patient Data Section QDM (V4) (urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2016-08-01)
  - Updated to support QDM 4.3 changes
    - Added references to new templates for new QDM data types (Assessment Performed, Assessment Recommended)
    - Removed references to templates for the removed QDM data type templates (e.g., Functional Status Performed)

HL7 QRDA Category I IG
STU R4 Changes (Cont'd)

Change logs

- Volume 1, Appendix B – High Level Change Log summarizes changes in both Volume 1 and Volume 2

- Volume 2, Chapter 9 – Changes from Previous Version
  - Patient Data Section QDM (V4)
  - Diagnosis Concern Act (V2)
  - Symptom Concern Act (V2)
  - Fulfills (V2)

Resources Related to the Implementation Guides

Resources

- 2018 CMS QRDA Category I IG for HQR (7/14/2017)
  - Direct link to IG from eCQI Resource Center: https://ecqi.healthit.gov/system/files/eCQM_2018 QRDA_HQR_CMS_IG.pdf
- Accompanying Schematrons and sample files (updated January 2018)
  - Direct link to download from eCQI Resource Center: https://ecqi.healthit.gov/system/files/eCQM_2018 SchematronsSampleFilesHospital_1_0.zip

Resources (Cont'd)

- [Additional QRDA-related resources](#) can be found on the eCQI Resource Center:
  - Current and past IGs
  - QRDA educational resources
    https://ecqi.healthit.gov/qrda/qrda-educational-resources
  - QRDA Conformance Statement Resource
    https://ecqi.healthit.gov/system/files/cms-qrda-i-conformance-statement-resource.pdf
- Value Set Authority Center (VSAC)
  - https://vsac.nlm.nih.gov
  - https://vsac.nlm.nih.gov/download/ecqm?rel=2018

Resources (Cont'd)

QRDA Conformance Statement Resource

- Provides detailed information on how to resolve a list of common errors seen during submissions

- Content will be updated for CY 2018

- Example list of conformation statements included in the QRDA Conformance Statement Resource for CY 2017

CONF: CMS_0006 – Data Validation: Missing or Multiple CMS EHR IDs	CONF: CMS_0035 – CCN length
CONF: CMS_0008 – Data Validation: Improper Extension for CMS EHR ID	CONF: CMS_0060 – Encounter Performed Discharge Date Null
CONF: CMS_0026 – Improper Extension for intendedRecipient ID	CONF: CMS_0062 – Encounter Performed Admission Date
CONF: CMS_0061 – Encounter Performed Discharge Date Error	CONF: CMS_0063 – Encounter Performed Discharge Date
CONF: CMS_0067 – Submitter Not Authorized to Submit	CONF: CMS_0066 – CCN cannot be validated
CONF: CMS_0071 – Data Validation: Not Well-Formed QRDA XML	CONF: CMS_0068 – Dummy CCN
CONF: CMS_0115 – Data Validation: NPI Should Have 10 Digits	CONF: CMS_0072 – QRDA Document Format Error
CONF: CMS_0117 – Data Validation: NPI Should Have Correct Checksum	CONF: CMS_0073 – QRDA Document Format Error
CONF: CMS_0121 – Inconsistent Use of UTC Offset	CONF: CMS_0074 – Version Specific Measure Identifier
CONF: 67-13372 – Missing or Multiple participantRole Elements	CONF: CMS_0075 – Admission Date [Effective Time / low value]
CONF: 1098-31880 – Encounter Order Status Code	CONF: CMS_0076 – Discharge Date [Effective Time / high value]
CONF: 1198-5524 – Missing Custodian Organization Name	CONF: CMS_0079 – Reporting Period Effective Date Range
CONF: 2228-14431– Missing Patient Characteristic Payer	CONF: 67-12978 – Measure Section QDM Entry
CONF: 2228-27343 – Intervention Order Author Participation	CONF: 67-13193 – eMeasure Reference QDM
CONF: 2228-28472 – Encounter Order Act Missing ID	CONF: 81-7291 – Patient Contact Information City
CONF: 2228-28480 – Encounter Performed Act Missing ID	CONF: 81-7292 – Patient Contact Information Street Address Line
	CONF: 81-9371 – Conformant Patient Name

Resources (Cont'd)

Example from the QRDA Conformance Statement
Resource for CY 2017:

CONF: CMS_0062
Encounter Performed Admission Date (1 of 2)

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

Meaning:

Possible conditions resulting in this error are:

- Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value)
- Admission Date or Discharge Date values are null or have an invalid format

CONF: CMS_0062
Encounter Performed Admission Date (2 of 2)

ERROR:
Admission Date is after the Discharge Date
<low value="2017**0131**090000"/>

```
<entry typeCode="DRIV">
  <!--"Encounter Performed: Inpatient Encounter" using "Encounter Inpatient
      SNOMEDCT Value Set (2.16.840.1.113883.3.666.5.307) -->
  <encounter classCode="ENC" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2015-08-01" />
    <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2016-02-01" />
    <id root="1024977d-e6f6-4f50-9897-a6e1c90ba14c" />
    <code code="32485007" displayName="Hospital admission (procedure)"
      codeSystem="2.16.840.1.113883.6.96"
      codeSystemName="SNOMEDCT" sdtc:valueSet="2.16.840.1.113883.3.666.5.307"/>
    <text>Encounter, Performed: Inpatient Encounter</text>
    <statusCode code="completed" />
    <effectiveTime>
      <!-- Attribute: admission datetime (or encounter start) -->
      <low value="20170129103000"/>
      <!-- Attribute: discharge datetime (or encounter end) -->
      <high value="20170131090000"/>
    </effectiveTime>
  </encounter>
</entry>
```

How to fix (example):

Resources (Cont'd)

Topic	Who to Contact?	How to Contact?
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 https://cms-ip.custhelp.com
EHR Incentive Program (meaningful use objectives, attestation, and policy)	*QualityNet* Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM specifications (code value sets, measure logic, measure intent)	ONC Jira Issue Tracker	eCQM Issue Tracker (https://oncprojectracking.healthit.gov/support/projects/CQM/summary)
QualityNet Secure Portal	*QualityNet* Help Desk	(866) 288-8912 qnetsupport@hcqis.org
Validation (eCQM and chart-abstracted)	Validation Support Team	Validation@hcqis.org or https://cms-ip.custhelp.com

CMS QRDA Category I IG Changes for CY 2018 for HQR

Q&A Session

Appendix – CY 2018 eCQM Reporting Requirements for Hospital IQR Program

CY 2018 CQMs for Electronic Reporting to the Hospital IQR and Medicare EHR Incentive Programs

Document Available for Download from the *QualityReportingCenter.com* website

ED-1 CMS55v6 *Median Time from ED Arrival to ED Departure for Admitted ED Patients*	**ED-2** CMS111v6 *Median Admit Decision Time to ED Departure Time for Admitted Patients*	**ED-3*** CMS32v7 *Median Time from ED Arrival to ED Departure for Discharged ED Patients*	**STK-2** CMS104v6 *Discharged on Antithrombotic Therapy*	**STK-3** CMS71v7 *Anticoagulation Therapy for Atrial Fibrillation/Flutter*	**STK-5** CMS72v6 *Antithrombotic Therapy By End of Hospital Day 2*
STK-6 CMS105v6 *Discharged on Statin Medication*	**STK-8** CMS107v6 *Stroke Education*	**STK-10** CMS102v6 *Assessed for Rehabilitation*	**AMI-8a** CMS53v6 *Primary PCI Received Within 90 Minutes of Hospital Arrival*	**VTE-1** CMS108v6 *Venous Thromboembolism Prophylaxis*	**VTE-2** CMS190v6 *Intensive Care Unit Venous Thromboembolism Prophylaxis*
PC-01 CMS113v6 *Elective Delivery*	**PC-05** CMS9v6 *Exclusive Breast Milk Feeding*	**CAC-3** CMS26v5 *Home Management Plan of Care Document Given to Patient/Caregiver*	**EHDI-1a** CMS531v6 *Hearing Screening Prior to Hospital Discharge*	*ED-3 is an outpatient measure and is not applicable for Hospital IQR Program aligned credit.	

CY 2018 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.

- Report **one** self-selected calendar quarter in CY 2018 (Q1, Q2, Q3, or Q4).

- Submission deadline is February 28, 2019.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for EHs and CAHs **except outpatient measure ED-3, NQF #0496**.

CY 2018 Certification and Specification Policies

Technical Requirements

- Use EHR technology certified to the 2014 Edition, 2015 Edition, or a combination of both editions (ONC standards) and certified to all available eCQMs.

- Use eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and applicable addenda, available on the eCQI Resource Center website at https://ecqi.healthit.gov/eh.

- Use *2018 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting*, available at https://ecqi.healthit.gov/qrda.

Defining Successful eCQM Submission for CY 2018 eCQM Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare EHR Incentive Programs, report them as any combination of the following:

- Accepted QRDA I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Note: Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Medicare EHR Incentive Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, structural, and claims-based measures.

Questions regarding the complete program requirements for the Medicare EHR Incentive Program should be directed to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

CY 2018 QRDA Category I
File Format Expectations

- One file, per patient, per quarter
- Should include all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 5 MB
- Files uploaded by ZIP file (.zip)
- Maximum submission of 15,000 files per ZIP file (If a hospital has more than 15,000 patient files per quarter, hospitals can submit additional ZIP files.)

CY 2018 Public Reporting of eCQM Data

- Public display of eCQM data on *Hospital Compare* continues to be delayed in conjunction with the implementation of the eCQM data validation process.

- Public display of eCQM data will be addressed in a future CMS IPPS rule.

CY 2018 eCQM Validation Selection of Hospitals

Up to 200 hospitals will be selected for eCQM validation via random sample. The following hospitals will be excluded:

- Any hospital selected for chart-abstracted measure validation
- Any hospital that has been granted a Hospital IQR Program Extraordinary Circumstances Extensions/Exemptions (ECE) for the applicable eCQM reporting period
- Any hospital that does not have at least five discharges for at least one reported eCQM
- Episodes of care that are longer than 120 days
- Cases with a zero denominator for each measure

Note: Criteria will be applied **before** the random selection of 200 hospitals for eCQM data validation, meaning the hospitals meeting any one of the aforementioned criteria are not eligible for selection.

CY 2018 eCQM Validation Number of Cases and Scoring

- Hospitals selected for participation in eCQM data validation will be required to submit eight cases (eight cases x one quarter) from CY 2017 eCQM data (for the FY 2020 payment determination).

- The accuracy of eCQM data submitted for validation will not affect a hospital's validation score for FY 2020 payment determination.

Note: For more information, visit the Data Validation – Chart-Abstracted and eCQMs page on *QualityNet*.

CY 2018 Voluntary Reporting on Hybrid HWR Measure

Hybrid Hospital-Wide 30-Day Readmission (HWR) Measure

- CMS has access to the claims-based data.

- Hospitals would voluntarily submit the following data for at least 50 percent of these patients, utilizing a QRDA Category I file for submission via the *QualityNet Secure Portal*:

  - **13** core clinical data elements

    - **Six** vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)

    - **Seven** laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)

  - **Six** linking variables to assist CMS to match the EHR data to the CMS claims data (CMS Certification Number, Health Insurance Claim Number or Medicare Beneficiary Identifier, date of birth, sex, admission date, discharge date)

- CMS merges the EHR data elements with the claims data and calculates the risk-standardized readmission rate.

CY 2018 Voluntary Reporting on Hybrid HWR Measure

- Measurement period: January 1–June 30, 2018 (Q1 + Q2 of CY 2018)

- Submission period: Anticipated to be late summer through fall 2018

- Measure cohort: Medicare Fee-For-Service patients, aged 65 or older, discharged from non-federal acute care hospitals

- Confidential Hospital-Specific Reports (HSRs)
  - Detail submission results from the reporting period, including accuracy of the EHR data and the hybrid measure results

CY 2018 Voluntary Reporting on Hybrid HWR Measure

- CY 2018 voluntary reporting on Hybrid HWR measure will not impact a hospital's APU determination.

- CY 2018 voluntary reporting on Hybrid HWR measure will not be publicly displayed on *Hospital Compare.*

- Outreach and Education webinars were held December 2017. Webinar-related materials, eMeasure specifications, measure methodology details, and contact information are posted on the [Voluntary Hybrid HWR Measure Overview](#) page on *QualityNet.*

- To register for upcoming webinars and locate archived IQR-EHR Incentive Program Alignment webinar materials, please visit *[QualityReportingCenter.com](#).*

Appendix – CY 2018 eCQM Reporting Requirements for Medicare and Medicaid EHR Incentive Programs

Medicare EHR Incentive Program CQM Reporting Requirements for CY 2018

For EHs and CAHs reporting **electronically** for the Medicare EHR Incentive Program in CY 2018:

- The reporting period is **one** self-selected quarter of CQM if demonstrating meaningful use for the first time or demonstrated meaningful use any year prior to 2018.

- Report on **at least four** (self-selected) of the available CQMs.

- The Medicare EHR Incentive Program submission deadline is February 28, 2019 (two months following the close of the calendar year).

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for EHs and CAHs **except outpatient measure ED-3, NQF #0496.**

Medicare EHR Incentive Program CQM Reporting Requirements for CY 2018

Attestation is only an option available for EHs and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program:

- Full CY 2018, consisting of four quarterly data reporting periods

- Report on all 16 available CQMs via the *QualityNet Secure Portal*

- Submission deadline: February 28, 2019

Note: For EHs and CAHs demonstrating meaningful use for the first time under their state's Medicaid EHR Incentive Program, the reporting period is any continuous 90-day period within CY 2018. Visit the *CMS.gov* EHR Incentive Programs [Eligible Hospital Information](#) page for additional details.

Medicare EHR Incentive Program Attestation via *QualityNet Secure Portal* for CY 2018

- On January 2, 2018, EHs and CAHs began submitting meaningful use attestations through the *QualityNet Secure Portal* for the CY 2017 reporting period.

- Visit the [CMS EHR Incentive Programs website](#) on *CMS.gov* for more details, updated reference guides, webinar presentation materials, etc.

- Submit questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

CQM Reporting Form and Manner for Hospital IQR and Medicare EHR Incentive Programs CY 2018

This requires:

- Use of QRDA Category I for CQM electronic submissions.

- EHR technology certified to the 2014 or 2015 Edition.

- EHR technology certified to all 16 available CQMs.

  - This **will not** require recertification each time updated to the most recent version of CQMs and continues to meet 2015 Edition certification criteria.

- Use of eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and any applicable addenda (available on the eCQI Resource Center website at https://ecqi.healthit.gov/eh).

- The *2018 CMS Implementation Guide for Quality Reporting Document Architecture Category I for Hospital Quality Reporting* is available at https://ecqi.healthit.gov/qrda.

Note: QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

CY 2018 Medicaid EHR Incentive Program

- State Medicaid programs continue to be responsible for determining whether or how electronic reporting of CQMs would occur or if reporting through attestation is allowed.

- Visit the *CMS.gov* EHR Incentive Programs [Medicaid State Information](#) page for details.

Disclaimer

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