

Distributed January 24, 2019:



Now Available: eCQM Tools, Resources, & Collaboration (InfoTRAC) Graphic and Annual Timeline on the eCQI Resource Center

The Centers for Medicare & Medicaid Services (CMS) recently updated the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) website based on user feedback. It is the one-stop shop for the most current resources to support electronic clinical quality improvement. The website serves as a centralized location for federal eCQI initiatives and includes the most current Electronic Clinical Quality Measure (eCQM) specifications, as well as links to the tools, standards, education, and materials critical to support development, testing, implementation, and reporting of eCQMs. The eCQI Resource Center is excited to offer two new resources based on stakeholder feedback.

The new [eCQM Tools, Resources, & Collaboration \(InfoTRAC\)](#) previously named eCQM Tools & Resources, has been revised and redeveloped based on user input. This interactive graphic provides an in-depth overview of the tools, standards, and resources used in the various stages of the eCQM lifecycle. Stakeholders will find references and links to tools and resources specific to their areas of interest.

The [Annual Timeline](#) is a new interactive tool that improves awareness of eCQM resources and timeframes for measure developers, implementers, and end users to plan and provide feedback looking from a calendar year. It is a general guide for referencing scheduled updates affecting programs that use eCQMs including eCQM specifications, tools, reporting, proposed and final rules, public comments, and more.

Tell us what you think! Visit the [eCQI Resource Center](#) to learn more. Send any suggestions for improvement, news, events, and content for posting to ecqi-resource-center@hhs.gov.

For More Information

Submit specific questions regarding eCQMs, eCQM standards, and eCQM tools to the [eCQI Resource Center](#). You can also find the most updated measure specifications and supplemental materials on the [eCQI Resource Center](#).

Distributed January 31, 2019:



NOTICE: Submission of 2018 Electronic Clinical Quality Measure (eCQM) Data Due February 28, 2019

For hospitals participating in the Hospital Inpatient Quality Reporting (IQR) and/or Promoting Interoperability Programs, the deadline to submit data to CMS on at least four electronic clinical quality measures (eCQMs) from one self-selected quarter (Q) of calendar year (CY) 2018 (i.e., Q1 2018 [January 1–March 31]; Q2 2018 [April 1–June 30]; Q3 2018 [July 1–September 30]; or Q4 2018 [October 1–December 31]) is **Thursday, February 28, 2019, at 11:59 p.m. Pacific Time (PT)**.

To meet CY 2018 eCQM reporting requirements, successful submission is defined as reporting on at least four eCQMs from the [CY 2018 Available eCQMs Table](#) using electronic health record (EHR) technology certified to the 2014 Edition, the 2015 Edition, or a combination of both editions. Data must be submitted through the *QualityNet Secure Portal* in any combination of the following: Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions.

The successful submission of eCQM data will apply towards the Hospital IQR Program and the Promoting Interoperability Program (formerly known as the EHR Incentive Program) for determining fiscal year (FY) 2020 payment update determinations.

Note: The attestation deadline for the Promoting Interoperability Program is **Thursday, February 28, 2019, at 11:59 p.m. PT**. Additional details regarding attestation via the *QualityNet Secure Portal* are available on the [Promoting Interoperability Program](#) web page of *CMS.gov*. Questions regarding the Promoting Interoperability Program, including the attestation process, can be directed to the *QualityNet* Help Desk at gnetsupport@hcqis.org or (866) 288-8912.

To verify the status of your eCQM data submission, you may run your eCQM Submission Status Report, Submission Summary Report, and other applicable reports available within the *QualityNet Secure Portal*. Please refer to the [CY 2018 eCQM Preparation Checklist for Production Files](#) for further information.

Extraordinary Circumstances Exceptions (ECEs)

Hospitals participating in the Hospital IQR Program that are unable to successfully report eCQM data by the submission deadline can review the [Extraordinary Circumstances Exceptions Policy](#) information and ECE request form located on the *QualityNet* website. ECE requests related to eCQM reporting for the Hospital IQR Program are due by **April 1, 2019**.

Note: Hardship exceptions for the Promoting Interoperability Program follow a different request process and different timeline. For additional information on this process, refer to the [Payment Adjustments & Hardship Information](#) web page on *CMS.gov*.

Hospital Contact Information

To ensure your hospital receives critical communications about meeting the requirements of the Hospital IQR Program (and other CMS quality reporting programs), including submission deadline reminders and program updates, it is important that we have the complete contact information for the key roles at your hospital. Updates to your contact information can be submitted, if needed, using the [Hospital Contact Change Form](#).

Contacts

- For questions concerning the *QualityNet Secure Portal*, Pre-Submission Validation Application (PSVA) tool, file-error messages, and the Promoting Interoperability Program, please contact the *QualityNet* Help Desk at gnetsupport@hcqis.org or (866) 288-8912.
- For questions regarding eCQM specifications, value sets, and appropriateness of mapping, please submit questions to the Office of the National Coordinator for Health Information Technology (ONC) eCQM Issue Tracker at <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>.
- For questions regarding the Hospital IQR Program, please contact the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contract Team at <https://cms-ip.custhelp.com> or (844) 472-4477.

Please do not respond directly to this email. This email box is not monitored.

Distributed February 1, 2019:



The Deadline to Submit Your Registration and Attestation Information for the Promoting Interoperability Programs is February 28

The deadline to submit 2018 attestation data for the Promoting Interoperability Programs is **February 28, 2019**.

Last year, the Centers for Medicare & Medicaid Services (CMS) transitioned to the [QualityNet System](#) for hospitals that attest to CMS for the Promoting Interoperability Programs. By transitioning to one system, CMS continues the effort to streamline data submission methods and reduce burden.

Specific submission details for each program is listed below.

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** - Must attest through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs) and Eligible Hospitals** - Follow the requirements of your State Medicaid agencies to submit your meaningful use attestation.

Registering on Behalf of a Medicaid EP?

An EP can designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password) and be associated with the EP's National Provider Identifier (NPI). If you are working on behalf of one or more EPs and you do not have an I&A web user account, please visit [I&A Security Check](#) to create one.

Note: States and territories will not necessarily offer the same functionality for registration and attestation in the Promoting Interoperability Program. Check with your state or territory to see what functionality is offered.

Additional Resources

- [QualityNet Secure Portal](#)
- [Eligible Hospital Information Webpage](#)
- [QualityNet Secure Portal Enrollment and Login User Guide](#)

For More Information

Visit the [Registration and Attestation](#) page on the [CMS Promoting Interoperability Programs website](#).

Distributed February 1, 2019:



Now Available: 2019 CMS QRDA III EP/Eligible Clinician IG Addendum

The Centers for Medicare & Medicaid Services (CMS) has released an [addendum to the 2019 CMS Quality Reporting Document Architecture \(QRDA\) Category III Implementation Guide \(IG\) for Eligible Clinicians and Eligible Professionals Programs](#) to support Calendar Year (CY) 2019 electronic clinical quality measure (eCQM), Improvement Activity, and Promoting Interoperability reporting. The addendum includes an updated universal unique identifier (UUID) table to reflect the [2019 performance period eCQM specifications](#) that occurred as a result of the [CY 2019 Medicare Physician Fee Schedule Final Rule](#).

The 2019 QRDA III IG and addendum provide technical instructions for reporting for:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)
- Comprehensive Primary Care Plus (CPC+)
- MIPS Promoting Interoperability Performance Category

The addendum also includes Improvement Activity identifiers and Promoting Interoperability Performance Category objectives and measure identifiers finalized by CMS for the MIPS CY 2019 performance period based on the [CY 2019 Physician Fee Schedule Final Rule](#) released in November 2018. For 2019, MIPS eligible clinicians and groups are required to submit data for a full calendar year for the Quality performance category, a minimum of 90 continuous days for the Improvement Activities performance category, and a minimum of 90 continuous days for the Promoting Interoperability performance category.

Additional Guidance on Certified EHR Technology (CEHRT) ID:

For the 2019 performance period, participants will submit a single set of Promoting Interoperability Objectives and Measures and must use 2015 Edition CEHRT. As part of their submission, participants shall include a CMS EHR Certification ID that represents the CEHRT used by the individual or group during the performance period. Groups should ensure that their CMS EHR Certification ID reflects all products used by clinicians within the group before generating the ID. Only **one** CMS EHR Certification ID should be submitted for group reporting. To obtain a CMS EHR Certification ID, participants should enter their product information in the ONC Certified Health IT Product List (CHPL) website search tool and select all certified products or certified health IT modules used during the performance period. Full instructions on how to generate a CMS EHR Certification ID are found on pages 20-28 of the [CHPL Public User Guide](#).

QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past IGs, are found on the [Electronic Clinical Quality Improvement Resource Center](#).

For questions related to the QRDA IGs and/or Schematrons visit the [ONC QRDA JIRA Issue Tracker](#).

For questions related to Quality Payment Program/MIPS data submissions visit the [Quality Payment Program website](#), contact by phone 1-866-288-8292, or email QPP@cms.hhs.gov.

Distributed February 4, 2019:



Learn More about Changes to the Promoting Interoperability Programs for 2019 in the IPPS Final Rule Fact Sheet

On August 17, 2018, the Centers for Medicare & Medicaid Services (CMS) released the *Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and Long-term Care Hospital (LTCH) Prospective Payment System* final rule. In this final rule, CMS adopted policies to continue the advancement of certified electronic health record technology (CEHRT) utilization, improve interoperability, and reduce administrative burden on clinicians.

Detailed changes for the Medicare Promoting Interoperability Program for 2019 can be found in the FY 2019 IPPS [fact sheet](#). Below highlights some of the finalized changes:

- A new performance-based scoring methodology, which consists of a smaller set of four objectives.
- Introduction of two new bonus measures under the Electronic Prescribing objective: Verify Opioid Treatment Agreement and Query of Prescription Drug Monitoring Program (PDMP).
- An EHR reporting period of a minimum of any continuous 90-day period in 2019 and 2020 for new and returning participants of the Promoting Interoperability Programs.

Beginning with a 2019 EHR reporting period, participants of the Promoting Interoperability Program are required to use the 2015 Edition CEHRT.

Note: This [fact sheet](#) contains information specific to the [Medicare Promoting Interoperability Program](#). More information on the Medicaid Promoting Interoperability Program can be found [here](#).

For More Information

To learn more about these and other finalized changes, visit the [Promoting Interoperability Programs website](#).

Distributed February 15, 2020:



Now Available: Updated 2019 CMS QRDA I Schematron for HQR

The Centers for Medicare & Medicaid Services (CMS) has released an [updated 2019 CMS Quality Reporting Document Architecture \(QRDA\) Category I Schematron for Hospital Quality Reporting \(HQR\)](#). The updated Schematron provides technical instructions for reporting electronic clinical quality measures (eCQMs) for the calendar year 2019 reporting period for the:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Promoting Interoperability (PI) Programs for Eligible Hospitals and Critical Access Hospitals (CAHs)

The 2019 CMS QRDA I Schematron is a companion to the 2019 CMS QRDA I Implementation Guide (IG) for HQR and allows for computerized validation of QRDA documents against the IG requirements. Changes to the Schematron include:

- A correction in the QDM-Based QRDA (V5) template. The assertion rule for conformance statement 3343-17081 has been corrected from `test="count(count(cda:structuredBody))=1"` to `test="count(cda:structuredBody)=1"` to remove the extra nested count function that was causing an invalid xpath issue in the Schematron.
- The removal of a duplicate check for conformance statement 3343-16591 in the QRDA Category I Report - CMS (V5) template so the assertion rule for 3343-16591 would be triggered only once.

Additional QRDA-Related Resources:

To find out more about QRDA, visit the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#).

For questions related to the QRDA IGs and/or Schematrons, visit the [ONC Project Tracking System \(JIRA\) QRDA project](#).

For questions about the [QualityNet Secure Portal](#), contact the [QualityNet Help Desk](#) or call (866) 288-8912, Monday through Friday, 8 a.m. – 8 p.m. ET.

Distributed February 20, 2019:



The Deadline to Submit Your Registration and Attestation Information for the Promoting Interoperability Programs is February 28

The deadline to submit 2018 attestation data for the Promoting Interoperability Programs is **February 28, 2019**.

Last year, the Centers for Medicare & Medicaid Services (CMS) transitioned to the [QualityNet System](#) for hospitals that attest to CMS for the Promoting Interoperability Programs. By transitioning to one system, CMS continues the effort to streamline data submission methods and reduce burden.

Specific submission details for each program is listed below.

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** - Must attest through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs) and Eligible Hospitals** - Follow the requirements of your State Medicaid agencies to submit your meaningful use attestation.

Registering on Behalf of a Medicaid EP?

An EP can designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password) and be associated with the EP's National Provider Identifier (NPI). If you are working on behalf of one or more EPs and you do not have an I&A web user account, please visit [I&A Security Check](#) to create one.

Note: States and territories will not necessarily offer the same functionality for registration and attestation in the Promoting Interoperability Program. Check with your state or territory to see what functionality is offered.

Additional Resources

- [QualityNet Secure Portal](#)
- [Eligible Hospital Information Webpage](#)
- [QualityNet Secure Portal Enrollment and Login User Guide](#)

For More Information

Visit the [Registration and Attestation](#) page on the [CMS Promoting Interoperability Programs website](#).

Distributed February 27, 2019:



The Deadline to Submit Your Registration and Attestation Information for the Promoting Interoperability Programs is February 28

The deadline to submit 2018 attestation data for the Promoting Interoperability Programs is **February 28, 2019**.

Last year, the Centers for Medicare & Medicaid Services (CMS) transitioned to the [QualityNet System](#) for hospitals that attest to CMS for the Promoting Interoperability Programs. By transitioning to one system, CMS continues the effort to streamline data submission methods and reduce burden.

Specific submission details for each program is listed below.

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** - Must attest through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs) and Eligible Hospitals** - Follow the requirements of your State Medicaid agencies to submit your meaningful use attestation.

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Note: States and territories will not necessarily offer the same functionality for registration and attestation in the Promoting Interoperability Program. Check with your state or territory to see what functionality is offered.

Additional Resources

- [QualityNet Secure Portal](#)
- [Eligible Hospital Information Webpage](#)
- [QualityNet Secure Portal Enrollment and Login User Guide](#)

For More Information

Visit the [Registration and Attestation](#) page on the [CMS Promoting Interoperability Programs website](#).

Distributed February 28, 2019:



CY 2018 eCQM and Medicare Promoting Interoperability Program Reporting

The Centers for Medicare & Medicaid Services (CMS) is notifying eligible hospitals and critical access hospitals (CAHs) participating in the Hospital Inpatient Quality Reporting (IQR) Program and/or the Promoting Interoperability Program of a deadline extension. The deadline for the submission of electronic clinical quality measure (eCQM) data for the calendar year (CY) 2018 reporting period, pertaining to the fiscal year (FY) 2019 payment determination, has been extended from Thursday, February 28, 2019, to **Thursday, March 14, 2019, at 11:59 p.m. Pacific Time (PT)**. The Promoting Interoperability Program attestation deadline for eligible hospitals and CAHs has similarly been extended from Thursday, February 28, 2019, to **Thursday, March 14, 2019, at 11:59 p.m. Pacific Time (PT)**. CMS understands that some hospitals and their health information technology (IT) vendors need additional time to submit their eCQM data and attest for Medicare Promoting Interoperability Program requirements. This extension is intended to reduce reporting burden and is part of CMS' continued commitment to ensuring successful data submissions to the Hospital IQR and Medicare Promoting Interoperability Programs.

For CY 2018 reporting, all other aspects of eCQM reporting requirements remain the same. Successful submission continues to be defined as reporting on at least four eCQMs utilizing a combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions. This information is reported through the *QualityNet Secure Portal*. Data submitters will continue to have access to the Pre-Submission Validation Application (PSVA) tool for test and production QRDA Category I file format validation activities. For hospitals participating in the Hospital IQR Program, the deadline for submitting an Extraordinary Circumstances Exceptions (ECE) request for CY 2018 eCQM reporting remains April 1, 2019.

The Medicare Promoting Interoperability Program has a separate hardship exception process. The Medicare Promoting Interoperability Program hardship instructions and applications for eligible hospitals and CAHs based on payment adjustment year are available on the [Payment Adjustments & Hardship Information page](#) in the Medicare Promoting Interoperability Program section of the CMS.gov website.

Note: This extension applies to the eCQM submission requirement for the Hospital IQR Program and all attestation submission requirements for the Medicare Promoting Interoperability Program for eligible hospitals and CAHs.

More Information

Visit the eCQM Reporting Overview page on QualityNet.org and the Hospital IQR Program Resources and Tools page on QualityReportingCenter.com to obtain additional information on reporting eQMs for the Hospital IQR Program. The eCQM reporting resources include an overview of the CY 2018 eCQM reporting requirements and technical documentation and archived webinar education and outreach materials.

Information regarding the 2018 Promoting Interoperability Program requirements, tip sheets, and fact sheets can be found on the CMS.gov [2018 Program Requirements](http://CMS.gov/2018-Program-Requirements) web page. Additional details regarding attestation via the *QualityNet Secure Portal* are available on the CMS.gov [Promoting Interoperability Program Eligible Hospital Information](http://CMS.gov/Promoting-Interoperability-Program-Eligible-Hospital-Information) web page.

Contact Information

- For further assistance regarding the Hospital IQR Program and policy information contained in this message, which includes questions about the eCQM ECE submission process, please contact the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contract Team at <https://cms-ip.custhelp.com> or (844) 472-4477.
- Questions regarding any aspect of the attestation process and the Promoting Interoperability Program can be directed to the *QualityNet* Help Desk at gnetssupport@hcqis.org or (866) 288-8912. The *QualityNet* Help Desk can also assist with questions regarding the PSVA tool and file-error messages.
- For questions regarding eCQM specifications, value sets, and appropriateness of mapping, please submit questions to the Office of the National Coordinator for Health Information Technology (ONC) CQM Issue Tracker at <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>.

Please do not respond directly to this email. This email box is not monitored.

Distributed March 4, 2020:



The Deadline to Submit Your Registration and Attestation Information for the Promoting Interoperability Programs is Now March 14

The deadline to submit 2018 attestation data for the Promoting Interoperability Programs has been extended to **March 14, 2019**.

Specific submission details for each program are listed below.

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** - Must attest through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs) and Eligible Hospitals** - Follow the requirements of your State Medicaid agencies to submit your meaningful use attestation.

Registering on Behalf of a Medicaid EP? An EP can designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password) and be associated with the EP's National Provider Identifier (NPI). If you are working on behalf of one or more EPs and you do not have an I&A web user account, please visit [I&A Security Check](#) to create one.

Note: States and territories will not necessarily offer the same functionality for registration and attestation in the Medicaid Promoting Interoperability Program. Check with your state or territory to see what functionality is offered.

Additional Resources

- [QualityNet Secure Portal](#)
- [Eligible Hospital Information Webpage](#)
- [QualityNet Secure Portal Enrollment and Login User Guide](#)

For More Information

Visit the [Registration and Attestation](#) page on the [CMS Promoting Interoperability Programs website](#).

Distributed March 5, 2019:



Now Available: Updated 2019 CMS QRDA I Voc.xml File

The Centers for Medicare & Medicaid Services (CMS) has released an updated [2019 CMS Quality Reporting Document Architecture \(QRDA\) Category I voc.xml file](#). The updated voc.xml file is a supporting vocabulary xml file for the Schematron that provides technical instructions for reporting electronic clinical quality measures (eCQMs) for the calendar year 2019 reporting period for the:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals (CAHs)

The 2019 CMS QRDA I voc.xml file provides technical corrections to the QRDA I CMS Program Name value set that the 2019 QRDA I Schematron enforces. The program names have been updated to match the CMS program name codes listed in the table in the 2019 CMS QRDA I HQR Implementation Guide titled "Table 6: QRDA I CMS Program Name."

Additional QRDA-Related Resources:

To find out more about QRDA, visit the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#).

For questions related to the QRDA IGs and/or Schematrons, visit the [ONC Project Tracking System \(JIRA\) QRDA project](#).

For questions about the [QualityNet Secure Portal](#), contact the [QualityNet Help Desk](#) or call (866) 288-8912, Monday through Friday, 8 a.m. – 8 p.m. ET.

Distributed March 13, 2019:



The Deadline to Submit Your Registration and Attestation Information for the Promoting Interoperability Programs is Tomorrow

Remember to submit your 2018 attestation data for the Promoting Interoperability Programs by **tomorrow, March 14.**

Specific submission details for each program is listed below.

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** - Must attest through the [QualityNet Secure Portal](#).
- **Medicaid Eligible Professionals (EPs) and Eligible Hospitals** - Follow the requirements of your State Medicaid agencies to submit your meaningful use attestation.

Registering on Behalf of a Medicaid EP?

An EP can designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password) and be associated with the EP's National Provider Identifier (NPI). If you are working on behalf of one or more EPs and you do not have an I&A web user account, please visit [I&A Security Check](#) to create one.

Note: States and territories will not necessarily offer the same functionality for registration and attestation in the Medicaid Promoting Interoperability Program. Check with your state or territory to see what functionality is offered.

Additional Resources

- [QualityNet Secure Portal](#)
- [Eligible Hospital Information Webpage](#)
- [QualityNet Secure Portal Enrollment and Login User Guide](#)

For More Information

Visit the [Registration and Attestation](#) page on the [CMS Promoting Interoperability Programs website](#).

Distributed March 14, 2019:



CMS is Now Accepting Proposals for New Measures for the Medicare Promoting Interoperability Program

The Centers for Medicare & Medicaid Services (CMS) [Annual Call for Measures](#) for eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program is now open. [Submit](#) a measure proposal by **June 28, 2019**.

Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Certification Standards and Criteria;
- Promote interoperability and health information exchange;
- Improve program efficiency, effectiveness, and flexibility;
- Provide patient access to their health information;
- Reduce clinician burden; and
- Align with MIPS Promoting Interoperability Performance Category.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

Submission Details

Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submission.

Submission forms must be complete to be considered. Proposals that do not provide information for every field/section in the form will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state "N/A" or "not applicable" or the proposal will not be considered.

Resources

- [Medicare Promoting Interoperability Program Call for Measures Submission Form](#)
- [Medicare Promoting Interoperability Program Call for Measures Fact Sheet](#)

For More Information

- Visit the 2019 Call for Measures page on the [Promoting Interoperability Programs](#) website.

Distributed March 18, 2019:



Visit the **ONC Project Tracking System (JIRA) Website to Submit Official Comments by April 8, 2019**

The Centers for Medicare & Medicaid Services (CMS) has [posted](#) the draft 2020 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting (HQR) for public comment starting on **March 18, 2019** and ending on **April 8, 2019**. The 2020 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report electronic clinical quality measures for the calendar year 2020 reporting period.

The draft 2020 CMS QRDA I IG for HQR contains the following high-level changes as compared with the 2019 CMS QRDA I IG:

- The IG upon which the 2020 CMS QRDA I IG is based – the HL7 Implementation Guide for Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category I, Release 1 – has been updated from Standard for Trial Use (STU) Release 5 to [STU Release 5.1](#), published in December 2018. The main purpose of that update is to support [Quality Data Model \(QDM\) version 5.4](#).

How to submit comments:

- Ticket number: [QRDA-775](#).
- A JIRA account is required to submit a comment.
- Comments will be accepted until 5:00 p.m. ET on April 8, 2019.

Please note, this is a *draft* document and the contents are subject to change. Content may change based on final rules. We look forward to receiving your feedback on the draft 2020 CMS QRDA I IG.

Additional QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past implementation guides, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#).

For questions related to this guidance, the QRDA Implementation Guides or Schematrons, visit the [ONC Project Tracking System \(JIRA\) QRDA project](#).

Distributed March 22, 2019:



Now Available: CY 2019 eCQM Resources and Information Posted to QualityNet

The Centers for Medicare & Medicaid Services (CMS) would like to notify hospitals and vendors that, in response to provider need, CMS has developed and posted updated resources to assist with the reporting of calendar year (CY) 2019 electronic clinical quality measure (eCQM) data for the Hospital Inpatient Quality Reporting (IQR) and the Promoting Interoperability Programs for eligible hospitals and critical access hospitals. The following self-directed tools have been updated on the [QualityNet eCQM Reporting Resources page](#):

- [CY 2019 Available eCQMs](#)
- [CY 2019 eCQM Submission Overview](#)
- [CY 2019 Preparation Checklist - Test](#)
- [CY 2019 Preparation Checklist - Production](#)
- [CY 2019 EHR Report Overview](#)

You may also view these documents under the Hospital IQR Program Resources and Tools page on the [QualityReportingCenter.com](#) website. We hope that you will find them useful as you outline the steps needed for the submission of eCQM data for CY 2019.

The CY 2019 reporting requirements are located on the [eCQM Overview page](#) of *QualityNet*. As a reminder, hospitals are required to report on at least four of the available 15 eCQMs for one self-selected quarter of CY 2019 data (Q1, Q2, Q3 or Q4) by the reporting deadline of March 2, 2020*, 11:59 p.m. Pacific Time. The successful submission of eCQMs includes any combination of Quality Reporting Document Architecture (QRDA) Category I files of patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions. Zero denominators and case threshold exemptions only apply if the hospital has electronic health record (EHR) technology certified by the Office of the National Coordinator for Health Information Technology (ONC) to the 2015 Edition to report the eCQMs.

Additional Resources

- [CY 2019 QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting](#) on the [eCQI Resource Center](#):
https://ecqi.healthit.gov/system/files/eCQM_2019SchematronSampleFileHQR.zip
- *QualityNet* eCQM overview information:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716>

Contacts

- For questions concerning the *QualityNet Secure Portal*, Pre-Submission Validation Application (PSVA) tool, and file error messages, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-2912.
- For questions regarding eCQM specifications, value sets, and appropriateness of mapping, contact the ONC eCQM Issue Tracker at <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>.
- For questions regarding the Hospital IQR Program, contact the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contract team at <https://cms-ip.custhelp.com> or (844) 472-4477.
- For questions regarding the Promoting Interoperability Program contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-2912.

*Deadline extended due to original deadline falling on a weekend and/or holiday.

Please do not respond directly to this email. This email box is not monitored.

Distributed April 25, 2019:



CMS is Accepting Proposals for New Measures for the Medicare Promoting Interoperability Program until June 28

The Centers for Medicare & Medicaid Services (CMS) wants to remind eligible hospitals and critical access hospitals that the [Annual Call for Measures](#) for the Medicare Promoting Interoperability Program is still open. Submit a [measure proposal](#) by **June 28, 2019**.

Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified electronic health record technology (CEHRT) using 2015 Edition Certification Standards and Criteria;
- Promote interoperability and health information exchange;
- Improve program efficiency, effectiveness, and flexibility;
- Provide patient access to their health information;
- Reduce clinician burden; and
- Align with MIPS Promoting Interoperability Performance Category.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

Submission Details

Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submission.

Submission forms must be complete to be considered. Proposals that do not provide information for every field/section in the form will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state "N/A" or "not applicable" or the proposal will not be considered.

Resources

- [Medicare Promoting Interoperability Program Call for Measures Submission Form](#)
- [Medicare Promoting Interoperability Program Call for Measures Fact Sheet](#)

For More Information

Visit the 2019 Call for Measures [page](#) on the Promoting Interoperability Programs [website](#).

Distributed April 29, 2019:



Now Available: Quality Data Model (QDM) v5.5 Publication for 2021 Reporting/Performance Period

The Centers for Medicare & Medicaid Services has published the [Quality Data Model \(QDM\) version 5.5](#). The QDM has been aligned with the emerging standard Health Level Seven International (HL7) Fast Healthcare Interoperability Resources (FHIR). Support for these features and modifications will be implemented in the production version of the Measure Authoring Tool (MAT) to be released by Fall 2019. Electronic clinical quality measures (eQMs) produced using the QDM v5.5 publication are anticipated for the 2021 reporting/performance period, whereas eQMs produced using QDM v5.4 are for the 2020 reporting/performance period.

The QDM v5.5 contains these changes from QDM v5.4:

- Added a new QDM item, called *Entities*, including *Patient*, *Care Partner*, *Practitioner* and *Organization* to allow greater expressivity in requesting information about performer-type attributes
- Added QDM datatype Related Person
- Added performer-type attributes to each of the existing QDM datatypes. Based on the context of the QDM datatype, a performer may be referenced as *performer*, *requester*, *participant*, *sender*, *recipient*, *prescriber* or *dispenser* (note that sender, recipient, prescriber and dispenser existed in QDM 5.4)
- Added *priority* attribute to Encounter, Order, Encounter, Performed, Procedure, Order and Procedure, Performed
- Added status dateTime to Care Goal to allow timing of care plan updates in measures
- Modified Encounter, Performed *diagnosis* attribute to reference two components: *diagnosis (code)* and a new item, *present on admission indicator*
- Modify timing options:
 - Add Relevant Period timing to Assessment, Performed
 - Add Relevant dateTime to Adverse Event; Assessment, Performed; Device Applied; Diagnostic Study, Performed; Immunization, Administered; Intervention, Performed; Laboratory Test, Performed; Medication, Active; Medication, Administered; Medication, Dispensed; Medication, Order; Physical Exam, Performed; Procedure, Performed; Substance, Administered
 - Change Communication, Performed timing to directly reference sent dateTime and received dateTime

- Prescriber.id and dispenser.id were modified to *prescriber* and *dispenser* to allow eQMs to take advantage of new QDM *Entities* to specify additional information about performers of actions consistently
- Changed Immunization, Administered timing attribute to *Relevant period* and retained *author dateTime* for *negation rationale*
- Clarified timing statement for Encounter, Performed *diagnosis* attribute
- Clarified description of timing for *negation rationale* attributes
- Removed all QDM data flow attributes (source, recorder, health record field)
- Removed QDM datatype Provider Characteristic
- Removed the *ordinality* and *principal diagnosis* attributes; added *rank* as an attribute to Encounter, Performed as a component of *diagnosis* and to Procedure, Performed, Procedure, Order and Procedure, Recommended. Rank, represented as an integer, defines the principal diagnosis as the encounter diagnosis with a rank of 1; similarly, it defines a principal procedure as a procedure with a rank of 1

The QDM will continue to evolve based on stakeholder input and feedback from the QDM User Group.

Additional Information

To join the QDM User Group, visit the Electronic Clinical Quality Improvement (eCQI) Resource Center [Events page](#).

If you have questions about QDM, contact the ESAC, Inc. QDM team at the [ONC Project Tracking System \(JIRA\) QDM project](#).

Current and past versions of the QDM, QDM User Group meeting information, and Clinical Quality Language (CQL) resources are found on the [eCQI Resource Center](#).

Distributed April 30, 2019:



Learn More About Proposed Changes to the Medicare Promoting Interoperability Program for FY 2020

On April 23, 2019, the Centers for Medicare & Medicaid Services (CMS) issued the Fiscal Year (FY) 2020 Inpatient Prospective Payment System (IPPS) and the Long-term Care Hospital (LTCH) Prospective Payment System Proposed Rule.

Proposed changes to the Promoting Interoperability Programs include:

- Establishing an EHR reporting period of a minimum of any continuous 90-day period in calendar year (CY) 2021 for new and returning participants,
- Removing the Verify Opioid Treatment Agreement measure beginning in CY 2020,
- Changing the Query of Prescription Drug Monitoring Program (PDMP) measure in CY 2020 from required to optional, and
- Converting the Query of PDMP measure from a numerator/denominator response to a yes/no attestation beginning with the EHR reporting period in CY 2019.

Additionally, CMS will be soliciting feedback on these proposed changes in the coming days. Once the proposed rule has posted to the Federal Register, the formal comment period will open. The deadline for submitting comments on the proposed rule is **June 24, 2019**. CMS will provide further instructions on how to submit comments after the rule has been published.

For More Information

To learn more about these and other proposed changes, review the [proposed rule](#) and this [fact sheet](#).

Distributed May 7, 2019:



Provide Feedback on Proposed Changes to the Promoting Interoperability Programs

On April 23, 2019, the Centers for Medicare & Medicaid Services (CMS) issued the FY 2020 Inpatient Prospective Payment System (IPPS) and Long-term Acute Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule.

Submit a Formal Comment by June 24, 2019

Comments on the FY 2020 IPPS and LTCH Proposed Rule are due no later than 5 p.m. ET, **June 24, 2019**. The public can submit comments in several ways:

- By regular mail;
- By express or overnight mail;
- By hand or courier; and
- [Electronically](#): Through the “submit a comment” instructions on the Federal Register.

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only.

More Information on the FY 2020 IPPS and LTCH Proposed Rule

The FY 2020 IPPS and LTCH Proposed Rule includes proposals to the Promoting Interoperability Programs including:

- Establishing an EHR reporting period of a minimum of any continuous 90-day period in calendar year (CY) 2021 for new and returning participants,
- Removing the Verify Opioid Treatment Agreement measure beginning in CY 2020,
- Changing the Query of Prescription Drug Monitoring Program (PDMP) measure in CY 2020 from required to optional, and
- Converting the Query of PDMP measure from a numerator/denominator response to a yes/no attestation beginning with the EHR reporting period in CY 2019.

The FY 2020 IPPS and LTCH Proposed Rule proposes three changes for reporting eQMs. These proposals align with the Promoting Interoperability Program’s Clinical Quality Measure proposals:

- For the CY 2020 reporting period/FY 2022 payment determination and CY 2021 reporting period/FY 2023 payment determination, to extend the current eCQM reporting and submission requirements finalized for the CY 2019 reporting period, such that hospitals

submit one, self-selected calendar quarter of discharge data for four self-selected eCQMs in the Hospital IQR Program measure set,

- For the CY 2022 reporting period/FY 2024 payment determination, to require hospitals to report one, self-selected calendar quarter of data for: (1) three self-selected eCQMs, and (2) the proposed Safe Use of Opioids – Concurrent Prescribing eCQM, for a total of four eCQMs,
- Require EHR technology be certified to all eCQMs available to report for the CY 2020 reporting period/FY 2022 payment determination and subsequent years.

Additionally, CMS seeks comment on topics including:

- Opioid measures based on existing efforts by National Quality Forum and the Centers for Disease Control and Prevention for potential inclusion in the Promoting Interoperability Programs,
- Measures to engage vendors and clinicians in improving the efficiency of healthcare providers use of EHRs,
- Inclusion of Medicare Promoting Interoperability Program data on the CMS Hospital Compare website,
- Integration of Patient-Generated Health Data into EHRs using CEHRT,
- Activities that promote the safety of the EHR, and
- Measure requiring the use of an open application programming interface (API), including reporting of such a measure as an alternative to the patient access measure.

For More Information

Review this [fact sheet](#) on the proposed rule (CMS-1716-P).

To view the proposed rule (CMS-1716-P), please visit the [Federal Register](#).

Distributed May 13, 2019:



Updated eCQM Specifications and eCQM Materials for 2020 Reporting Now Available

The Centers for Medicare & Medicaid Services (CMS) has posted the electronic clinical quality measure (eCQM) specifications for the 2020 reporting period for Eligible Hospitals and Critical Access Hospitals, and the 2020 performance period for Eligible Professionals and Eligible Clinicians. CMS updates the specifications annually to align with current clinical guidelines and code systems so they remain relevant and actionable within the clinical care setting. These updated eCQMs are to be used to electronically report 2020 clinical quality measure data for CMS quality reporting programs. Measures will not be eligible for 2020 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

CMS has updated eCQMs for potential inclusion in the following programs:

- The Hospital Inpatient Quality Reporting (IQR) Program
- The Medicare and Medicaid Promoting Interoperability Programs
- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Comprehensive Primary Care Plus (CPC+)

Where to Find the Updated eCQM Specifications and Materials

The updated eCQM specifications are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center for [Eligible Hospitals and Critical Access Hospitals](#) and [Eligible Professionals and Eligible Clinicians](#) under the 2020 Reporting/Performance Year. Other eCQM materials, including the Guide for Reading eCQMs, eCQM Logic and Implementation Guidance, tables of eCQMs, and technical release notes, are also available at the same locations. [The Guide to Reading eCQMs](#) and [eCQM Logic and Implementation Guidance](#) have been updated based on end user feedback and CMS continues to update these guides to assist stakeholders in understanding and implementing eCQMs.

Where to Find the 2020 eCQM Value Sets, Direct Reference Codes, and Terminology

The 2020 reporting/performance period eCQM value sets are available through the National Library of Medicine's [Value Set Authority Center](#) (VSAC). Sign up for a [Unified Medical Language System \(UMLS\) account](#) to access the value sets. The value sets are available as a complete set, as well as value sets per eCQM. The direct reference codes specified within the eCQM HQMF files are also available in a separate file for download on the [VSAC Downloadable Resources page](#).

Provide Feedback on the Updated eCQMs

To report questions and comments regarding the updated eQMs, visit the [eCQM Issue Tracker](#). To submit technical questions and issues related to the development and implementation of the CQL standard, visit the [CQL Issue Tracker](#). Note that an ONC Project Tracking System (JIRA) account is required to ask a question or comment.

For More Information

To find out more about eQMs, visit the [eCQI Resource Center](#).

Pre-Rulemaking information for Eligible Hospitals and Critical Access Hospitals – We have added a new page on the eCQI Resource Center that includes information about measures under consideration that have not been finalized for use in a CMS program.

Distributed May 13, 2019:



The 2020 CMS QRDA I Implementation Guide, Schematron, and Sample File for Hospital Quality Reporting Are Now Available

The Centers for Medicare & Medicaid Services (CMS) has posted [the 2020 CMS Quality Reporting Document Architecture \(QRDA\) Category I Implementation Guide \(IG\) for Hospital Quality Reporting \(HQR\)](#) along with its [Schematron and sample file](#). The 2020 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report electronic clinical quality measures for the calendar year 2020 reporting period for the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Promoting Interoperability Programs (formerly known as the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs) for Eligible Hospitals and Critical Access Hospitals (CAHs)

The final 2020 CMS QRDA I IG for HQR contains the following high-level change as compared with the 2019 CMS QRDA I IG:

- The IG upon which the 2020 CMS QRDA I IG is based – the HL7 Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category I, Release 1 – has been updated from Standard for Trial Use (STU) Release 5 to [STU Release 5.1](#), published in December 2018. The main purpose of that update is to support [Quality Data Model \(QDM\) version 5.4](#).
- Removed CDAC_HQR_EHR from the list of acceptable CMS Program Name codes for the 2020 reporting period.

Additional QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past implementation guides, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#). For questions related to this guidance, the QRDA Implementation Guides or Schematrons, visit the [ONC Project Tracking System \(JIRA\) QRDA project](#).

Distributed May 14, 2019:



The Medicare Promoting Interoperability Program Hardship Exception Application for Eligible Hospitals and Critical Access Hospitals is Now Available

The Centers for Medicare & Medicaid Services (CMS) requires that all eligible hospitals and critical access hospitals (CAHs) use 2015 Edition certified electronic health record technology (CEHRT) to meet the requirements of the Promoting Interoperability Programs. CMS mandates downward payment adjustments be applied to eligible hospitals and CAHs that are not meaningful users of CEHRT.

Eligible hospitals and CAHs may be exempt from Medicare penalties if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. To be considered for an exemption, eligible hospitals and CAHs must complete a hardship exception application and provide proof of hardship.

The application for eligible hospitals and CAHs is **now available online** as a web-based application and can be found [here](#).

Hardship Exception Application Details

- You may now submit hardship applications electronically [here](#).
- If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912.
- The deadline for eligible hospitals to submit an application is **July 1, 2019**.
- The deadline for CAHs to submit an application is **November 30, 2019**.

For More Information

For more information about payment adjustments and hardship information, click [here](#). For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs website](#).

Distributed May 15, 2019:



Visit the **ONC Project Tracking System (JIRA)** Website to **Submit Public Comments by June 5, 2019**

The draft 2020 Centers for Medicare & Medicaid (CMS) Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG) for Eligible Clinicians and Eligible Professionals Programs is available for [public comment](#) starting today, **May 15, 2019** and ending on **June 5, 2019**. The 2020 CMS QRDA III IG outlines requirements for eligible clinicians and eligible professionals to report electronic clinical quality measures (eCQMs) for the calendar year 2020 reporting period.

The draft 2020 CMS QRDA III IG contains these high-level changes, as compared with the [2019 CMS QRDA III IG](#) and the [2019 CMS QRDA III IG Addendum](#):

- Changes to Performance Period Reporting:
 - Performance period reporting for the Quality and the Improvement Activities performance categories under the Merit-based Incentive Payment System (MIPS) is changed from either at the individual measure/activity level or performance category level to performance category level only for the 2020 performance period.
 - Performance period reporting for the Promoting Interoperability performance category remains at the performance category level only. Performance period reporting for Comprehensive Primary Care Plus (CPC+) for the Quality performance category remains at the category level only.
- Updated eCQM Universally Unique Identifiers (UUIDs) for the 2020 performance period eCQMs that were released on May 10, 2019. Please note, measures will not be eligible for 2020 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for the applicable program.
- Comprehensive Primary Care Plus (CPC+) participants **must** include a CMS EHR Certification ID that represents the CEHRT used by the CPC+ practice sites during the performance period.

How to Submit Comments

- Ticket number: [QRDA-794](#).
- A JIRA account is required to submit a comment.
- Comments will be accepted until 5:00 p.m. ET on June 5, 2019.

Please note, this is a *draft* document and the contents are subject to change. Content may change based on the Final Rule and updated measure tables are anticipated post-final rule publication. We look forward to receiving your feedback on the draft 2020 CMS QRDA III IG.

Additional QRDA-Related Resources

Additional QRDA-related resources, as well as current and past implementation guides, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#). For questions related to this guidance, the QRDA Implementation Guides or Schematrons, visit the [ONC Project Tracking System \(JIRA\) QRDA project](#).

Distributed May 29, 2019:



Provide Feedback on Proposed Changes to the Promoting Interoperability Programs

On April 23, 2019, the Centers for Medicare & Medicaid Services (CMS) issued the FY 2020 Inpatient Prospective Payment System (IPPS) and Long-term Acute Care Hospital (LTCH) Prospective Payment System (PPS) [Proposed Rule](#).

Submit a Formal Comment by June 24, 2019

Comments on the FY 2020 IPPS and LTCH Proposed Rule are due no later than 5 p.m. ET, **June 24, 2019**. The public can submit comments in several ways:

- By regular mail
- By express or overnight mail
- By hand or courier
- [Electronically](#) (due at 11:59 p.m. ET): Follow the “submit a comment” instructions on the Federal Register

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only.

Promoting Interoperability Programs Proposed Changes

The FY 2020 IPPS and LTCH Proposed Rule includes proposals affecting the Promoting Interoperability Programs, including:

- Establishing an EHR reporting period of a minimum of any continuous 90-day period in calendar year (CY) 2021 for new and returning participants;
- Removing the Verify Opioid Treatment Agreement measure beginning in CY 2020;
- Changing the Query of Prescription Drug Monitoring Program (PDMP) measure in CY 2020 from required to optional; and
- Converting the Query of PDMP measure from a numerator/denominator response to a yes/no attestation beginning with the EHR reporting period in CY 2019.

eCQM Proposed Changes

The FY 2020 IPPS and LTCH Proposed Rule proposes three changes for reporting eCQMs. These proposals align with the Promoting Interoperability Program’s Clinical Quality Measure proposals:

- For the CY 2020 reporting period/FY 2022 payment determination and CY 2021 reporting period/FY 2023 payment determination, extending the current eCQM reporting and submission requirements finalized for the CY 2019 reporting period, such that hospitals submit one, self-selected calendar quarter of discharge data for four self-selected eCQMs in the Hospital IQR Program measure set;
- For the CY 2022 reporting period/FY 2024 payment determination, requiring hospitals to report one, self-selected calendar quarter of data for: (1) three self-selected eCQMs, and (2) the proposed Safe Use of Opioids – Concurrent Prescribing eCQM, for a total of four eCQMs; and
- Requiring EHR technology be certified to all eCQMs available to report for the CY 2020 reporting period/FY 2022 payment determination and subsequent years.

Other Proposals for Public Comment

Additionally, CMS seeks comments on topics, including:

- Opioid measures based on existing efforts by National Quality Forum and the Centers for Disease Control and Prevention for potential inclusion in the Promoting Interoperability Programs;
- Measures to engage vendors and clinicians in improving the efficiency of healthcare providers' use of EHRs;
- Inclusion of Medicare Promoting Interoperability Program data on the CMS Hospital Compare website;
- Integration of Patient-Generated Health Data into EHRs using certified EHR technology;
- Activities that promote the safety of the EHR; and
- Measures requiring the use of an open application programming interface (API), including reporting of such a measure as an alternative to the patient access measure.

For More Information

To view the proposed rule (CMS-1716-P), please visit the [Federal Register](#). Review the proposed rule [fact sheet](#) on CMS.gov.

Distributed May 30, 2019:



Submit Proposals for New Measures for the Medicare Promoting Interoperability Program by June 28

The Centers for Medicare & Medicaid Services (CMS) wants to remind eligible hospitals, critical access hospitals, and other stakeholders that the [Annual Call for Measures](#) for the Medicare Promoting Interoperability Program is still open. Submit a [measure proposal](#) by **June 28, 2019**.

Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Certification Standards and Criteria;
- Promote interoperability and health information exchange;
- Improve program efficiency, effectiveness, and flexibility;
- Provide patient access to health information;
- Reduce clinician burden; and
- Align with MIPS Promoting Interoperability performance category.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

Submission Details

Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submissions.

Submission forms must be complete to be considered. Proposals that do not provide information for every field/section in the form will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state "N/A" or "not applicable" or the proposal will not be considered.

Resources

- [Medicare Promoting Interoperability Program Call for Measures Submission Form](#)
- [Medicare Promoting Interoperability Program Call for Measures Fact Sheet](#)
- [2019 Call for Measures](#) webpage of [Promoting Interoperability Programs](#) website

Distributed June 20, 2019:



Provide Feedback on Proposed Changes to the Promoting Interoperability Programs by Monday, June 24

On April 23, 2019, the Centers for Medicare & Medicaid Services (CMS) issued the FY 2020 Inpatient Prospective Payment System (IPPS) and Long-term Acute Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule.

Submit a Formal Comment by next Monday, June 24, 2019

Comments on the FY 2020 IPPS and LTCH Proposed Rule are due no later than 5 p.m. ET, **June 24, 2019**. The public can submit comments in several ways:

- By regular mail
- By express or overnight mail
- By hand or courier
- [Electronically](#) (due at 11:59 p.m. ET): Through the “submit a comment” instructions on the Federal Register

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only.

More Information on the FY 2020 IPPS and LTCH Proposed Rule

The FY 2020 IPPS and LTCH Proposed Rule includes proposals to the Promoting Interoperability Programs including:

- Establishing an EHR reporting period of a minimum of any continuous 90-day period in calendar year (CY) 2021 for new and returning participants,
- Removing the Verify Opioid Treatment Agreement measure beginning in CY 2020,
- Changing the Query of Prescription Drug Monitoring Program (PDMP) measure in CY 2020 from required to optional, and
- Converting the Query of PDMP measure from a numerator/denominator response to a yes/no attestation beginning with the EHR reporting period in CY 2019.

The FY 2020 IPPS and LTCH Proposed Rule proposes three changes for reporting eQMs. These proposals align with the Promoting Interoperability Program’s Clinical Quality Measure proposals:

- For the CY 2020 reporting period/FY 2022 payment determination and CY 2021 reporting period/FY 2023 payment determination, to extend the current eCQM reporting and submission requirements finalized for the CY 2019 reporting period, such that hospitals submit one, self-selected calendar quarter of discharge data for four self-selected eCQMs in the Hospital IQR Program measure set,
- For the CY 2022 reporting period/FY 2024 payment determination, to require hospitals to report one, self-selected calendar quarter of data for: (1) three self-selected eCQMs, and (2) the proposed Safe Use of Opioids – Concurrent Prescribing eCQM, for a total of four eCQMs,
- Require EHR technology be certified to all eCQMs available to report for the CY 2020 reporting period/FY 2022 payment determination and subsequent years.

Additionally, CMS seeks comment on topics including:

- Opioid measures based on existing efforts by National Quality Forum and the Centers for Disease Control and Prevention for potential inclusion in the Promoting Interoperability Programs,
- Measures to engage vendors and clinicians in improving the efficiency of healthcare providers use of EHRs,
- Inclusion of Medicare Promoting Interoperability Program data on the CMS Hospital Compare website,
- Integration of Patient-Generated Health Data into EHRs using CEHRT,
- Activities that promote the safety of the EHR, and
- Measure requiring the use of an open application programming interface (API), including reporting of such a measure as an alternative to the patient access measure.

For More Information

Review this [fact sheet](#) on the proposed rule (CMS-1716-P).

To view the proposed rule (CMS-1716-P), please visit the [Federal Register](#).

Distributed June 24, 2019:



Feedback on Proposed Changes to the Promoting Interoperability Programs is due Today!

On April 23, 2019, the Centers for Medicare & Medicaid Services (CMS) issued the FY 2020 Inpatient Prospective Payment System (IPPS) and Long-term Acute Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule.

Formal Comments must be submitted today.

Comments on the FY 2020 IPPS and LTCH Proposed Rule are due no later than 5 p.m. ET, **today, June 24, 2019**. The public can submit comments in several ways:

- By hand or courier
- [Electronically](#) (*due at 11:59 p.m. ET*): Through the “submit a comment” instructions on the Federal Register

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only.

More Information on the FY 2020 IPPS and LTCH Proposed Rule

The FY 2020 IPPS and LTCH Proposed Rule includes proposals to the Promoting Interoperability Programs including:

- Establishing an EHR reporting period of a minimum of any continuous 90-day period in calendar year (CY) 2021 for new and returning participants,
- Removing the Verify Opioid Treatment Agreement measure beginning in CY 2020,
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The FY 2020 IPPS and LTCH Proposed Rule proposes three changes for reporting eCQMs. These proposals align with the Promoting Interoperability Program’s Clinical Quality Measure proposals:

- For the CY 2020 reporting period/FY 2022 payment determination and CY 2021 reporting period/FY 2023 payment determination, to extend the current eCQM reporting and submission requirements finalized for the CY 2019 reporting period, such that hospitals

submit one, self-selected calendar quarter of discharge data for four self-selected eCQMs in the Hospital IQR Program measure set,

- For the CY 2022 reporting period/FY 2024 payment determination, to require hospitals to report one, self-selected calendar quarter of data for: (1) three self-selected eCQMs, and (2) the proposed Safe Use of Opioids – Concurrent Prescribing eCQM, for a total of four eCQMs,
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Additionally, CMS seeks comment on topics including:

- Opioid measures based on existing efforts by National Quality Forum and the Centers for Disease Control and Prevention for potential inclusion in the Promoting Interoperability Programs,
- Measures to engage vendors and clinicians in improving the efficiency of healthcare providers use of EHRs,
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- Integration of Patient-Generated Health Data into EHRs using CEHRT,
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- Measure requiring the use of an open application programming interface (API), including reporting of such a measure as an alternative to the patient access measure.

For More Information

Review this [fact sheet](#) on the proposed rule (CMS-1716-P).

To view the proposed rule (CMS-1716-P), please visit the [Federal Register](#).

Distributed June 26, 2019:



The Deadline to Submit Proposals for New Measures for the Medicare Promoting Interoperability Program Has Been Extended to July 1

The Centers for Medicare & Medicaid Services (CMS) has extended the deadline for eligible hospitals and critical access hospitals to submit their [Annual Call for Measures](#) for the Medicare Promoting Interoperability Program to **Monday, July 1 at 11:59 p.m. ET**.

Proposals submitted by the deadline will be considered for inclusion in future rulemaking.

CMS is interested in adding measures that:

- Build on the advanced use of CEHRT using 2015 Edition Certification Standards and Criteria;
- Promote interoperability and health information exchange;
- Improve program efficiency, effectiveness, and flexibility;
- Provide patient access to their health information;
- Reduce clinician burden; and
- Align with MIPS Promoting Interoperability Performance Category.

Applicants should also consider the following when submitting their proposal:

- Health IT activities that may be attested to in lieu of traditional reporting;
- Potential new Opioid Use Disorder prevention and treatment related measures; and
- Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes.

Submission Details

Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submission.

Submission forms must be complete to be considered. Proposals that do not provide information for every field/section in the form will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state "N/A" or "not applicable" or the proposal will not be considered.

Resources

- Medicare Promoting Interoperability Program [Call for Measures Submission Form](#)
- Medicare Promoting Interoperability Program [Call for Measures Fact Sheet](#)

For More Information

Visit the 2019 Call for Measures page on the [Promoting Interoperability Programs](#) website.

Distributed June 28, 2019:



The Deadline for Eligible Hospitals to Submit their Medicare Promoting Interoperability Program Hardship Exception Application is Monday, July 1

The Centers for Medicare & Medicaid Services (CMS) requires that all eligible hospitals use 2015 Edition certified electronic health record technology (CEHRT) to meet the requirements of the Promoting Interoperability Programs. CMS mandates downward payment adjustments be applied to eligible hospitals that are not meaningful users of CEHRT.

Eligible hospitals may be exempt from Medicare penalties if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. To be considered for an exemption, eligible hospitals must complete a hardship exception application and provide proof of hardship.

The application for eligible hospitals is **available online** as a web-based application and can be found [here](#).

Hardship Exception Application Details

- You may now submit hardship applications electronically [here](#).
- If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912.
- The deadline for eligible hospitals to submit an application is **July 1, 2019**.

For More Information

For more information about payment adjustments and hardship information, click [here](#). For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs website](#).

Distributed July 18, 2019:



Now Available: 2020 CMS QRDA III Implementation Guide, Schematron, and Sample Files

The Centers for Medicare & Medicaid Services (CMS) has released the [2020 CMS Quality Reporting Document Architecture \(QRDA\) III Implementation Guide \(IG\)](#) along with the [Schematron and Sample Files](#). The 2020 CMS QRDA III IG outlines requirements for eligible clinicians and eligible professionals to report electronic clinical quality measures (eCQMs), improvement activities, and promoting interoperability measures for the calendar year 2020 performance period for these programs:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)
- Comprehensive Primary Care Plus (CPC+)
- Medicaid Promoting Interoperability (PI)

The 2020 CMS QRDA III IG contains several high-level changes as compared with the 2019 CMS QRDA III IG:

- Changes to Performance Period Reporting:
 - Performance period reporting for the Quality and the Improvement Activities performance categories under MIPS is changed from either the individual measure/activity level or performance category level to performance category level only for the 2020 performance period.
 - Performance period reporting for the PI performance category and for CPC+ for the Quality performance category remain at the performance category level only.
 - Electronic clinical quality measure (eCQM) Universally Unique Identifiers (UUIDs) have been updated for the 2020 performance period eCQMs that were published on May 13, 2019. Please note, measures will not be eligible for 2020 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for the applicable program.
- Changes to the CMS EHR Certification ID requirement:
 - CPC+ participants **must** include a CMS EHR Certification ID that represents the Certified EHR Technology (CEHRT) used by the CPC+ practice sites during the performance period.

- The CMS EHR Certification ID is optional for the MIPS Quality performance category and remains required for the PI performance category.

Additional QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past implementation guides, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#). For questions related to this guidance, the QRDA IGs, Schematrons, or Sample Files, visit the Office of the National Coordinator ([ONC\) Project Tracking System \(Jira\) QRDA project](#).

Distributed August 2, 2019:



Now Available: Updated 2019 CMS QRDA III EP/Eligible Clinician IG Addendum

The Centers for Medicare & Medicaid Services (CMS) has released an [updated addendum to the 2019 CMS Quality Reporting Document Architecture \(QRDA\) Category III Implementation Guide \(IG\) for Eligible Clinicians and Eligible Professionals Programs](#) to support Calendar Year (CY) 2019 electronic clinical quality measure (eCQM), Improvement Activity, and Promoting Interoperability reporting. The 2019 QRDA III IG and addendum provides technical instructions for reporting for these programs:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)
- Comprehensive Primary Care Plus (CPC+)
- MIPS Promoting Interoperability Performance Category

This latest addendum provides an update for the retroactive change to the Query of Prescription Drug Monitoring Program (PDMP) measure based on the newly released [FY 2020 Physician Fee Schedule Notice of Proposed Rule Making \(NPRM\)](#). Based on the Promoting Interoperability category, the addendum reflects the Query of PDMP measure reporting metric change from a Numerator/Denominator measure to a Yes/No response. This change is retroactively applied to the 2019 performance period.

The addendum still includes an updated universal unique identifier (UUID) table to reflect the [2019 performance period eCQM specifications](#) that occurred as a result of the [CY 2019 Medicare Physician Fee Schedule Final Rule](#).

The addendum also still includes Improvement Activity identifiers and Promoting Interoperability Performance Category objectives and measure identifiers finalized by CMS for the MIPS CY 2019 performance period based on the [CY 2019 Physician Fee Schedule Final Rule](#) released in November 2018. For 2019, MIPS eligible clinicians and groups are required to submit data for a full calendar year for the Quality performance category, a minimum of 90 continuous days for the Improvement Activities performance category, and a minimum of 90 continuous days for the Promoting Interoperability performance category.

QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past IGs, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#).

For questions related to the QRDA IGs and/or Schematrons visit the [ONC Project Tracking System \(Jira\) QRDA project](#).

For questions related to Quality Payment Program/MIPS data submissions visit the [Quality Payment Program website](#), contact by phone 1-866-288-8292, or email QPP@cms.hhs.gov.

Distributed August 2, 2019:



Learn More about Promoting Interoperability Programs Requirements Included in the FY 2020 Medicare IPPS and LTCH Final Rule

On August 2, the Centers for Medicare & Medicaid Services (CMS) issued the Fiscal Year (FY) 2020 Inpatient Prospective Payment System (IPPS) and the Long-Term Acute Care Hospital (LTCH) Prospective Payment System (PPS) [final rule](#).

The FY 2020 IPPS and LTCH final rule changes the Query of Prescription Drug Monitoring Program (PDMP) optional measure from a numerator/denominator response to a yes/no attestation **beginning this year** (calendar year 2019).

Promoting Interoperability Programs Changes in 2020 and Beyond

The rule also includes changes to the Promoting Interoperability Programs in 2020 and beyond, including:

- Minimum EHR reporting period of any continuous 90-day period in calendar year (CY) 2021 for new and returning participants
- Conversion of Query of PDMP measure from required to optional and eligible for five bonus points in CY 2020
- Removal of Verify Opioid Treatment Agreement measure beginning in CY 2020
- Requirement that EHR technology be certified to all electronic clinical quality measures (eQMs) available to report for CY 2020 reporting period
- Aligning the CQM submission requirements with those of the Hospital IQR program for reporting period in CY 2021
- eCQM reporting period of one, self-selected quarter of discharge data for four self-selected eQMs in Hospital Inpatient Quality Reporting Program for CY 2020 and subsequent reporting years

For More Information

To learn more about the finalized changes, please review the [final rule](#) and [fact sheet](#).

For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs website](#).

Distributed August 23, 2019:



Now Available: 2020 Eligible Hospital eCQM Flows

The Centers for Medicare & Medicaid Services (CMS) has published the 2020 reporting period electronic clinical quality measure (eCQM) flows for eligible hospitals and critical access hospitals (CAHs) to the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).

The eCQM flows are designed to assist in interpretation of the eCQM logic and calculation methodology for reporting rates. These flows provide an overview of each of the population criteria components and associated data elements that lead to the inclusion or exclusions into the eCQM's quality action (numerator).

The eCQM flows supplement eCQM specifications for eligible hospitals and CAHs for the following programs:

- **Hospital Inpatient Quality Reporting (IQR) Program**
- **Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals**
- **Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals**

These flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the eCQM specification or for reporting purposes. A "Read Me First" guide to understanding the flows is also available to assist users as they navigate the flows. The guide can be found on the [eCQI Resource Center](#) website within the eCQM flows zip file.

Questions regarding the eCQM flows should be directed to the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#).

Distributed September 20, 2019:



The Updated 2019 CMS QRDA I IG and Sample File for Hospital Quality Reporting Are Now Available

The Centers for Medicare & Medicaid Services (CMS) has updated and republished the [CMS Quality Reporting Document Architecture \(QRDA\) Category I Implementation Guide](#) to include additional guidance on Reason Template Placement and to emphasize the change to not include value set Object Identifiers (OIDs) when reporting for the 2019 reporting period. The CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals (CAHs) reporting electronic clinical quality measures for the:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and CAHs

Implementation Guide Update - Reason Template

The 2019 QRDA I IG includes a new appendix in section 9, "Guidance for Reason Template Placement When Specifying 'Not Done' with a Reason". It provides detailed guidance for the placement of a Reason template when used with any negated Quality Data Model (QDM) data element, such as "Medication, Not Discharged".

Guidance on Not Reporting Value Set OIDs

The [Health Level Seven \(HL7\) QRDA I IG Standard for Trial Use \(STU\) Release 5](#) - the base standard for the 2019 reporting period - removed the SHALL @sdct:valueSet requirement for providing value set OID. It is important to implement this change and to ensure value set OID for QDM data element and coded QDM attributes are not included in QRDA I files when reporting for the 2019 reporting period. Including value set OID may lead to unexpected measure results. Note - value set OID should ONLY be used to report negation of QDM data elements.

2019 CMS QRDA I Sample File

The [2019 CMS QRDA I Sample File](#) has also been updated to clarify the Reason Template and Value Set OID guidance.

References and Resources:

- The [Base HL7 QRDA IG](#) includes a section that describes the change in Volume 1, Section 6 Quality Data Model-Based QRDA, 6.1 Introduction. All conformance statements that require sdct:valueSet were removed from volume 2 templates.

- View the webinar presentation titled [“CMS QRDA Category I IG Changes for Calendar Year 2019 HQR”](#) for more details on changes from the 2018 QRDA I IG.

Additional QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past implementation guides, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#). For questions related to this guidance, the QRDA Implementation Guides or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).

Distributed October 2, 2019:



Thursday, October 3rd is the Start of the Last 90-Day EHR Reporting Period for the Promoting Interoperability Programs

The Centers for Medicare & Medicaid Services (CMS) would like to remind Medicare Promoting Interoperability Program participants that the electronic health record (EHR) reporting period in 2019 is a minimum of any continuous 90-day period in CY 2019, through December 31, 2019.

Thursday, October 3rd is the last possible start date for the 90-day EHR reporting period for new and returning eligible hospitals, dual-eligible hospitals, and critical access hospitals (CAHs) in 2019. Failure to demonstrate that a hospital or CAH is a meaningful EHR user for a continuous 90-days will result in a downward payment adjustment.

In addition to a continuous 90-day EHR reporting period and other program requirements, Medicare Promoting Interoperability Program participants must:

- Use 2015 Edition Certified EHR Technology (CEHRT) for a minimum of any continuous 90-day period
 - Note: The 2015 Edition CEHRT did not have to be implemented on January 1, 2019, but the functionality must be in place by the first day of the EHR reporting period.
- Submit a “yes” to the Prevention of Information Blocking Attestations
- Submit a “yes” to the ONC Direct Review Attestation
- Report the required numerator and denominator or yes/no measures from each of the four objectives or claim their exclusion(s)
- Earn a minimum total score of 50 points
- Report on four self-selected eQMs from the set of 16 available

For More Information

To learn more about these requirements, please review the:

- [2019 Medicare Promoting Interoperability Program Requirements](#)
- [FY 2019 IPPS and Medicare Promoting Interoperability Program Overview Fact Sheet](#)

For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs](#) website.

Distributed October 10, 2019:



Now Available: Data Element Definitions for CMS eCQMs for 2020 Quality Reporting/Performance Period on the Collaborative Measure Development Workspace, Data Element Repository

The Electronic Clinical Quality Measure (eCQM) [Data Element Repository](#) (DERep) located on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) now includes information on the Centers for Medicare & Medicaid Services (CMS) eCQMs for both 2019 and 2020 reporting and performance periods. The DERep contains definitions for standardized eCQM data elements currently used in CMS quality and value-based programs and clearly presents data element definitions for all eCQMs used in CMS's quality reporting programs. The DERep provides clarity for clinicians, quality measurement specialists, health information technology (IT) developers/vendors, and IT staff when representing and mapping data required for eCQMs used in these programs.

In December 2018, CMS expanded the eCQI Resource Center to include the [Collaborative Measure Development \(CMD\) Workspace](#). The CMD Workspace brings together a set of interconnected resources, tools, and processes to promote clarity, transparency, and better interaction across stakeholder communities that develop, implement, and report eCQMs. The CMD Workspace includes a landing page, with information about the five planned modules housed in the Workspace, and the first module to go live, the DERep.

Look for forthcoming communication on go-live timelines for the other planned CMD Workspace modules that will include: eCQM Concepts, New eCQM Clinical Workflow, eCQM Test Results, and automated updates on eCQMs under development.

CMS encourages users to explore the CMD Workspace [DERep](#) and provide feedback at ecqi-resource-center@hhs.gov.

Distributed November 4, 2019:



Deadline for Critical Access Hospitals to Submit a Hardship Exception Application is Next Month

In 2018, the Centers for Medicare & Medicaid Services (CMS) required that all critical access hospitals (CAHs) use either the 2014 or 2015 Edition certified electronic health record technology (CEHRT) to meet the reporting requirements of the Medicare Promoting Interoperability Program and successfully demonstrate meaningful use. The law requires that downward payment adjustments be applied to CAHs that are not meaningful users of CEHRT.

CAHs may avoid the Medicare downward payment adjustments if they can show that meeting the requirements for being a meaningful EHR user would result in a significant hardship. To be considered for an exception, CAHs must complete a hardship exception application and select the reason for the hardship.

Hardship Exception Application Details

- You may now submit hardship applications electronically [here](#).
- If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912.
- The deadline for CAHs to submit an application is **December 2, 2019, at 11:59 p.m. ET**.

For More Information

For more information about payment adjustments and hardship information, click [here](#). For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs website](#).

Distributed November 26, 2019:



Deadline for Critical Access Hospitals to Submit a Hardship Exception Application is Next Monday, December 2

In 2018, the Centers for Medicare & Medicaid Services (CMS) required that all critical access hospitals (CAHs) use either 2014 or 2015 Edition certified electronic health record technology (CEHRT) to meet the reporting requirements of the Medicare Promoting Interoperability Program and successfully demonstrate meaningful use. The law requires that downward payment adjustments be applied to CAHs that are not meaningful users of CEHRT.

CAHs may avoid the Medicare downward payment adjustments if they can show that meeting the requirements for being a meaningful EHR user would result in a significant hardship. To be considered for an exception, CAHs must complete a hardship exception application and select the reason for the hardship.

Hardship Exception Application Details

- You may now submit hardship applications electronically [here](#).
- If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912.
- The deadline for CAHs to submit an application is **December 2, 2019 at 11:59 p.m. ET**.

For More Information

For more information about payment adjustments and hardship information, click [here](#). For more information on the Promoting Interoperability Programs, visit the [Promoting Interoperability Programs website](#).

Distributed November 27, 2019:



Updated 2020 CMS QRDA III IG for EP and EC Programs following the CY 2020 Physician Fee Schedule Final Rule Publication

The Centers for Medicare & Medicaid Services (CMS) has released an update to the [2020 CMS Quality Reporting Document Architecture \(QRDA\) Category III Implementation Guide \(IG\) for eligible clinicians and eligible professionals](#) along with the [Schematron and Comprehensive Primary Care \(CPC+\) Sample File](#) to support Calendar Year (CY) 2020 electronic clinical quality measure (eCQM) reporting. The update includes changes to the list of eCQMs finalized by CMS for the CY 2020 Performance Period based on the [CY 2020 Physician Fee Schedule Final Rule](#) released on November 15, 2019. It also includes information for Improvement Activity Identifiers, Promoting Interoperability Objectives and Measures, and Promoting Interoperability Attestation Statement Identifiers finalized by CMS for the CY 2020 Performance Period based on the CY 2020 Physician Fee Schedule Final Rule.

The updated 2020 CMS QRDA III IG outlines requirements for eligible clinicians and eligible professionals to report eCQMs, Improvement Activities, and Promoting Interoperability measures for the CY 2020 performance period for these programs:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models
- CPC+
- Medicaid Promoting Interoperability Program

Changes to the 2020 CMS QRDA III IG:

- Updates to Table 14: UUID List for MIPS CY 2020 Performance Period eCQM Specifications eligible professionals and eligible clinicians
- Updates to Table 15: Improvement Activities Identifiers for the MIPS CY 2020 Performance Period
- Updates to Table 16: 2020 Promoting Interoperability Objectives and Measures Identifiers
- Updates to Table 17: Promoting Interoperability Attestation Statements Identifiers

Changes to the 2020 CMS QRDA III Schematron

- Correction to enforce rules for Taxpayer Identification Number (TIN)/National Provider Identifier (NPI) when CMS program name code is "CPCPLUS"

Changes to the CPC+ 2020 QRDA III Sample File

- Enhanced to include further guidance using multiple TINs

Additional QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past IGs, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#). For questions related to this guidance, the QRDA IGs, Schematrons, or Sample Files, visit the Office of the National Coordinator (ONC) [Project Tracking System \(Jira\) QRDA project](#). For questions related to Quality Payment Program/MIPS data submissions visit the [Quality Payment Program website](#), contact by phone 1-866-288-8292, or email QPP@cms.hhs.gov.

Distributed December 3, 2019:



The Updated 2020 CMS QRDA I IG, Schematron, and Sample File for Hospital Quality Reporting Are Now Available

The Centers for Medicare & Medicaid Services (CMS) has updated and republished the [2020 CMS Quality Reporting Document Architecture \(QRDA\) Category I Implementation Guide \(IG\)](#), [Schematron](#), and [Sample File for Hospital Quality Reporting \(HQR\)](#) to support the [Health Level Seven International \(HL7\) QRDA I IG Release 1 Standard for Trial Use \(STU\) Release 5.1](#) (QRDA I R1 STU R5.1) Errata released in October 2019.

The CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals reporting electronic clinical quality measures for the:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals

Updates to the 2020 CMS QRDA I IG for HQR include:

- Updated language to clarify that the base IG for the 2020 CMS QRDA I IG is the HL7 QRDA I R1 STU R5.1 and its subsequent Errata update.
- Added Appendix 9 for “Guidance for Reason Template Placement When Specifying ‘Not Done’ with a Reason” to include guidance from the “Processing Consideration” section in Volume 1 of the HL7 QRDA I R1 STU R5.1 October 2019 Errata.
- Added Appendix 10 “Ensuring Data Uniqueness” to include guidance from the “Processing Consideration” section in Volume 1 of the HL7 QRDA I R1 STU R5.1 October 2019 Errata.

Updates to the 2020 CMS QRDA I Schematron:

CMS has updated the [2020 CMS QRDA I Schematron](#) in order to better align it with its base HL7 QRDA I R1 STU R5.1 and support the October 2019 Errata. Updates include:

- Changes for the Errata
- Correcting assertion texts so that they match the base IGs
- Removing old unused assertions

Updates to the 2020 CMS QRDA I Sample File:

The [2020 CMS QRDA I Sample File](#) has been updated to support the QRDA IR1 STU R5.1 October 2019 Errata.

Other Sample File Updates: The updated Sample File contains the correction of a typo:

- Incorrect example reporting period end date in the Reporting Parameters section: Incorrect line: `<high value="20200301" />`
- **Corrected line:** `<high value="20200331" />`
 - The Reporting Parameter Section effective date range must exactly match one of the HQR allowable calendar year discharge quarters.

Additional QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past implementation guides, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#). For questions related to this guidance, the QRDA Implementation Guides or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).

Distributed December 12, 2019:



The CMS QRDA I Conformance Statement Resource for 2019 Hospital Quality Reporting is Now Available

The Centers for Medicare & Medicaid Services (CMS) has updated the [Quality Reporting Document Architecture \(QRDA\) Category I Conformance Statement Resource](#) to support calendar year (CY) 2019 electronic clinical quality measure (eCQM) reporting for the:

- Hospital Inpatient Quality Reporting (IQR)
- Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

QRDA error messages are identified with a conformance (CONF) statement, or system-requirement specification, and corresponding CONF number which provides a high-level explanation of why a test or production QRDA I file was rejected and unable to be processed by the CMS data receiving system within the [QualityNet Secure Portal](#).

The Conformance Statement Resource assists data submitters by providing detailed information on how to troubleshoot the most common conformance errors and how to resolve the errors causing the file to be rejected.

Testing QRDA I Files:

- [QualityNet Secure Portal](#) – Accepts test and production file submissions.
- [Pre-Submission Validation Application \(PSVA\) tool](#) - Data submitters may also benefit from testing the QRDA Category I files with the PSVA tool which ensures that the file format issues associated with [2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting](#) are addressed before submitting the QRDA I files to the test or production system within the [QualityNet Secure Portal](#). Visit the PSVA tab on the [QualityNet website](#) for additional details regarding the PSVA tool.

Additional QRDA-Related Resources:

To find out more about QRDA and eCQMs, visit the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).

For questions related to the QRDA Implementation Guides and/or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).

For questions about the [QualityNet Secure Portal](#), contact the [QualityNet Help Desk](#) or call (866) 288-8912, Monday through Friday, 8 a.m. – 8 p.m. ET.

Distributed December 13, 2019:



Now Available: 2020 Eligible Clinician Electronic Clinical Quality Measure Flows

The Centers for Medicare & Medicaid Services (CMS) developed and published the 2020 performance period electronic clinical quality measure (eCQM) flows for eligible clinicians and eligible professionals to the [eCQI Resource Center](#). The [eCQM flows](#) are designed to assist in interpretation of the eCQM logic and calculation methodology for performance rates. eCQM flows provide an overview of each of the population criteria components and associated data elements that lead to the inclusion or exclusions into the eCQM's quality action (numerator).

eCQM flows supplement eCQM specifications for eligible clinicians and eligible professionals for the following programs:

- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Advanced APM: Comprehensive Primary Care Plus (CPC+)
- Medicaid Promoting Interoperability Program for Eligible Professionals

These flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the eCQM specification or for reporting purposes.

Questions on the eCQM flows should be directed to the [ONC Project Tracking System eCQM Issue Tracker](#).

Distributed December 20, 2019:



Now Available: New Modules on the CMS Measure Collaboration Workspace

The Centers for Medicare & Medicaid Services (CMS) is excited to announce the availability of the [Measure Collaboration \(MC\) Workspace](#). The MC Workspace emerged based on feedback received through the electronic clinical quality measure (eCQM) Strategy Project. CMS launched the eCQM Strategy Project in conjunction with the Patients over Paperwork and quality and safety initiatives focused on improving eCQM use by reducing burden, increasing value and increasing stakeholder involvement.

The December 2019 release includes three new modules to the MC Workspace: eCQM Concepts, New eCQM Clinical Workflow, and eCQM Test Results. These new modules add to the existing eCQM Data Element Repository module that contains definitions for eCQM data elements used in CMS quality reporting and value-based programs.

The MC Workspace is hosted on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#), and brings together a set of interconnected resources, tools, and processes to promote clarity, transparency, and better interaction across stakeholder communities that develop, implement, and report eCQMs. The MC Workspace provides centralized access to resources for clinicians, quality measurement specialists, health information technology (IT) developers/vendors, and IT staff when proposing eCQM concepts, analyzing clinical workflow impact, testing eCQMs, and mapping data required for eCQMs used in CMS quality reporting programs.

The MC Workspace is made up of four modules to support measure collaboration:

- **eCQM Concepts** allows users to search existing measure inventories and submit new measure concepts for consideration
- **New eCQM Clinical Workflow** allows users to review sample clinical workflows associated with new eCQMs and an opportunity to provide feedback on anticipated challenges
- The **eCQM Data Element Repository** provides data definitions to aid in measure implementation and data mapping
- **eCQM Test Results** provides transparency into how measures are tested and allow users to express interest in participating in eCQM testing activities

For additional information, visit the **Frequently Asked Questions** at <https://ecqi.healthit.gov/mcw-fqs>. CMS encourages users to explore the [Measure Collaboration \(MC\) Workspace](#) and provide feedback at ecqi-resource-center@hhs.gov.