



# **Electronic Clinical Quality Improvement (eCQI) Resource Center Demonstration and eCQM Annual Update for 2019 Reporting/Performance Overview**

**May 10, 2018  
12:30-1:30 PM ET**

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Centers for Medicare & Medicaid Services  
and

**Edna Boone**  
ESAC/Battelle

# Topics

- Background
- eCQMs for 2019 Reporting/Performance Overview
- eCQI Resource Center Demonstration
- Contact Information
- Questions and Suggestions

# eCQI Resource Center Background

- The Resource Center serves as a one-stop-shop for the most current information to support electronic clinical quality improvement (eCQI).
- This website has the most current news, events and resources related to electronic Clinical Quality Measure (eCQM) tools and standards.
- A place to coordinate people and the activities around eCQI.

# eCQI Resource Center Background

- Contains provides the most current resources for electronic clinical quality improvement, such as:
  - eCQMs
  - eCQI Standards
    - Clinical Quality Language (CQL)
    - Quality Data Model (QDM)
    - Quality Reporting Document Architecture (QRDA)
  - Tools and Resources
    - Education
    - Implementation Resources
      - Checklists
      - eCQM Measure Logic and Implementation Guidance
      - Technical Release Notes
    - Tools Library

# eCQI Resource Center

<https://ecqi.healthit.gov>

**eCQI Resource Center**

The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement.



eCQM EP/EC eCQMs EH/CAH eCQMs Tools and Resources eCQI Standards Learn More About Contact Us



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Learn about eCQI resources and connect with the community of professionals who are dedicated to clinical quality improvement for better health

### eCQMs



The who, what, when, where, and why of electronic Clinical Quality Measures (eCQMs)

### Eligible Hospital and Critical Access Hospital eCQMs



eCQMs and supporting materials for use by Eligible Hospitals and Critical Access Hospitals

### Education



A selection of educational materials and resources to broaden your eCQI knowledge

### Eligible Professional and Clinician eCQMs



eCQMs and supporting materials for use by Eligible Professionals and Clinicians

### Latest News

- May 04 2018 **Now Available: Electronic Clinical Quality Measures (eCQM) Annual Update for 2019 Reporting/Performance**  
**Updated eCQM Specifications and New eCQM Reading Guide Now Available**  
 The Centers for Medicare & Medicaid Services (CMS) has posted the eCQM annual update for the 2019 reporting period for Eligible Hospitals and Critical Access Hospitals (CAH), and the...
- Apr 20 2018 **Now Accepting Public Comments on the Technical CQL-based Measure Specifications for the Quality Payment Program**  
**Visit the JIRA Website to Submit Official Comments by May 9, 2018**  
 The Centers for Medicare & Medicaid Services (CMS) clinical quality language (CQL)-based measure specifications for eCQMs under development for possible future consideration are now available for public...

View the full event calendar [here](#).

### Upcoming Events

- May 08 **Cypress Tech Talk**  
 1:00pm EDT  
 In order to help ensure that these calls are meeting your needs, you are invited to submit your questions to the Cypress Talk List on the Friday prior to each planned call. View a schedule of all upcoming Cypress Tech Talks at: <https://www.healthit.gov...>
- May 09 **FY 2019 IPPS Proposed Rule: Acute Care Hospital Quality Reporting Programs Overview**  
 2:00pm EDT  
 This Outreach and Education webinar for participants in

# Eligible Hospital / Critical Access Hospital eCQMs



## Eligible Hospital / Critical Access Hospital eCQMs

The electronic clinical quality measures (eCQMs) are updated for calendar year 2019 reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid Promoting Interoperability programs for Eligible Hospitals and Critical Access Hospitals. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to the Hospital IQR Program and for aligned credit for reporting of eCQMs to the Promoting Interoperability programs requires that hospitals use the most current version of the eCQMs identified below for the applicable reporting period.

In addition, CMS may publish addenda to the eCQM updates. The addenda provide updates to the codes used in value sets based on code system changes.

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

- [Hospital Inpatient Quality Reporting \(IQR\) Program](#) <sup>rP</sup>
- [Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals](#) <sup>if</sup> (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program)
- [Medicare Promoting Interoperability Electronic Health Record \(EHR\) Incentive Programs for Eligible Hospitals and Critical Access Hospitals](#) <sup>if</sup> (formerly known as the Medicare EHR Incentive Program)

Use the eCQM Materials and follow the [eCQM Implementation Checklist](#) to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Period Search

2019

[View Archive](#)

### 2019 REPORTING PERIOD ELIGIBLE HOSPITAL / CRITICAL ACCESS HOSPITAL ECQMS

For Use	eCQM Materials	Published	File Type
2019 Q1-Q4	<a href="#">Implementation Checklist eCQM Annual Update</a>	May 2018	link
2019 Q1-Q4	<a href="#">Guide for Reading eCQMs</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">Eligible Hospitals Table of eCQMs</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">eCQM Specifications for Eligible Hospitals</a>	May 2018	zip
2019 Q1-Q4	<a href="#">eCQM Value Sets</a> <sup>rP</sup>	May 2018	link
2019 Q1-Q4	<a href="#">Binding Parameter Specification (BPS)</a> <sup>rP</sup>	May 2018	zip
2019 Q1-Q4	<a href="#">eCQM Measure Logic Guidance v2.0</a>	May 2018	pdf
2019 Q1-Q4	<a href="#">Technical Release Notes (pdf)</a>	May 2018	pdf

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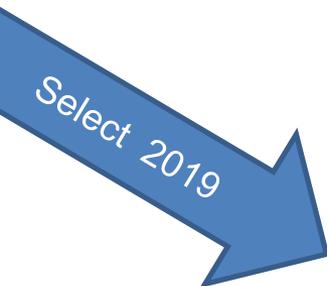
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2019 Q1-Q4	Binding Parameter Specification (BPS) <a href="#">ⓘ</a>	May 2018	zip
2019 Q1-Q4	eCQM Measure Logic Guidance v2.0	May 2018	pdf
2019 Q1-Q4	Technical Release Notes (pdf)	May 2018	pdf
2019 Q1-Q4	Technical Release Notes (zip)	May 2018	zip
2019 Q1-Q4	eCQM Annual Update Pre-Publication Document	Feb 2018	pdf
2019 Q1-Q4	2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting	May 2018	pdf
2019 Q1-Q4	2019 CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting	May 2018	zip



- eCQM Specifications
- Technical Release Notes
- Implementation Guides
- QRDA Links

-USHIK Links are not updated for the 2019 Reporting Period.

Measure Name	Short Name	CMS eCQM ID	NQF ID	Meaningful Measure Area	USHIK Version Links
Exclusive Breast Milk Feeding	PC-05	CMS9v7	0480	Preventive Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	CAC-3	CMS26v6	None	Preventive Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>
Hearing Screening Prior To Hospital Discharge	EHDI-1a	CMS31v7	1354	Preventive Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>
Median Time from ED Arrival to ED Departure for Discharged ED Patients	ED-3	CMS32v8	0496	Patients Experience of Care	<a href="#">Version Detail</a> <a href="#">Version Compare</a>



# Eligible Hospital / Critical Access Hospital eCQMs – Measure Detail

## Elective Delivery

### eCQMs for 2018 Reporting Period

- CMS102v6 - Stroke10
- CMS104v6 - Stroke12
- CMS105v6 - Stroke6
- CMS107v6 - Stroke8
- CMS108v6 - VTE1
- CMS111v6 - ED2
- CMS113v6 - PC01**
- CMS190v6 - VTE2
- CMS26v5 - HMPIC
- CMS31v6 - EHD1\_1a
- CMS32v7 - ED3
- CMS53v6 - AM18a
- CMS59v6 - ED1
- CMS71v7 - Stroke3
- CMS72v6 - Stroke5
- CMS9v6 - BF

Last updated: May 3, 2018

<b>CMS Measure ID:</b>	CMS113v6
<b>Version:</b>	6
<b>NQF Number:</b>	0469
<b>Measure Description:</b>	Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed.
<b>Initial Patient Population:</b>	Patients age >= 18 years and < 45 admitted to the hospital for inpatient acute care to undergo a delivery procedure and had a length of stay less than or equal to 120 days that ends during the measurement period.
<b>Denominator Statement:</b>	Patients delivering newborns with >= 37 and < 39 weeks of gestation completed.
<b>Denominator Exclusions:</b>	Patients with conditions possibly justifying elective delivery prior to 39 weeks gestation.
<b>Numerator Statement:</b>	Patients with elective deliveries by either: - Medical induction of labor while not in labor prior to the procedure - Cesarean birth while not in labor and with no history of a prior uterine surgery.
<b>Numerator Exclusions:</b>	Not Applicable.
<b>Denominator Exceptions:</b>	None.
<b>Measure Steward:</b>	The Joint Commission
<b>Short Name:</b>	PC01
<b>Next Version:</b>	CMS113v7
<b>Previous Version:</b>	CMS113v5
<b>Improvement Notation:</b>	Improvement noted as a decrease in the rate.
<b>Guidance:</b>	<p>Stillbirth: v2017A of chart-abstracted measure PC-01: Elective Delivery contains a denominator exclusion data element for Stillbirth. The value set for eCQM Denominator Exclusion data element Assessment, Performed: Conditions Possibly Justifying Elective Delivery includes SNOMED CT and ICD-10-CM concepts representing Stillbirth and History of Stillbirth.</p> <p>Whenever the gestational age is mentioned with relative timing to delivery, the intent is to capture the estimated gestational age on the day of delivery. It is acceptable to calculate Gestational Age using the American College of Obstetricians and Gynecologists' (ACOG) guidelines, which define Gestational Age as calculated using the best obstetrical Estimated Due Date (EDD) based on the formula:</p> $\text{Gestational Age} = (\text{280} - (\text{EDD} - \text{Reference Date})) / 7$ <p>where Reference Date is the date on which you are trying to determine gestational age. For PC-01, Reference Date is the Date of Delivery.</p> <p>Note however that the calculation may yield a non-whole number and gestational age should be rounded off to the nearest completed week. For example, an infant born on the 5th day of the 36th week (35 weeks and 5/7 days) is at a gestational age of 35 weeks, not 36 weeks.</p>
<b>Notes:</b>	Value Set content updated Sept 2017

## Specifications

-  CMS113v6.html
-  CMS113v6.xml
-  CMS113v6\_SimpleXML.xml
-  EH\_CAH\_CMS113v6\_NQF0469\_PC01.zip
-  CMS113v6\_TRN\_2018.xlsx

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### Release Notes

- Header
- Incremented eMeasure Version number.



<https://ecqi.healthit.gov/ecqm/measures/cms113v6>

# Eligible Hospital / Critical Access Hospital eCQMs - QRDA

## QRDA - Quality Reporting Document Architecture

[About](#)
[Tools & Resources](#)
[Previous Versions](#)
[Education](#)
[Connect](#)

The Quality Reporting Document Architecture (QRDA) is the data submission standard used for a variety of quality measurement and reporting initiatives. QRDA creates a standard method to report quality measure results in a structured, consistent format and can be used to exchange eCQM data between systems.

### Current QRDA Reference and Implementation Guides:

#### 2019 Reporting and Performance Period

The 2019 CMS QRDA Category I Implementation Guide for Eligible Hospitals for 2019 eCQM reporting is based on the HL7 Implementation Guide for Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category I, Release 1, Standard for Trial Use Release 5 (published December 2017).

- [2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting \(pdf\)](#)
- [2019 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting \(zip\)](#)

#### 2018 Reporting and Performance Period

For 2018 reporting, there are two CMS QRDA Implementation Guides: one CMS Implementation Guide for Eligible Hospitals and a separate CMS Implementation Guide for Eligible Clinicians.

- [2018 CMS QRDA I Implementation Guide for Hospital Quality Reporting \(pdf\)](#)
- [2018 CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting \(zip\)](#)
- [2018 CMS QRDA III Implementation Guide for Eligible Professionals \(EPs\) and Eligible Clinicians \(pdf\)](#) (Updated March 2018)
- [2018 CMS QRDA III Schematrons and Sample Files for Eligible Professionals \(EPs\) and Eligible Clinicians \(zip\)](#)

#### 2017 Reporting and Performance Period

The CMS QRDA Category I Implementation Guide for Eligible Hospitals for 2017 eCQM reporting is based on the HL7 QRDA Category I, STU Release 3.1 and further constrains the base HL7 QRDA Category I standard by providing CMS-specific requirements for Eligible Hospitals, such as requiring the CMS Certification Number when submitting QRDA Category I reports.

Find 2019 QRDA here and in eCQM Materials

# Polling Question #1

- On the right hand side of your screen, see the polling option within the panel
- If your screen is maximized, you can see the options at the top panel drop down
  - Arrow on far right, select polling question

# Demonstration

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# Contact Information

- Provide feedback and suggestions to [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov)
- Submit key eCQI news and events for highlighting on the eCQI Resource Center
- Share the eCQI Resource Center with your peers and stakeholders
- Add a link to the eCQI Resource Center from your website and include in your newsletters

# Questions?