



2022

IQR PROGRAM REQUIREMENTS

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1



**Report three quarters
of data for at least
four of the available
nine eQMs**



SELECT FOUR OUT OF NINE ECQMS AND REPORT THREE QUARTERS OF DATA

REQUIREMENT



Hospitals must report three quarters of data for at least four of the available nine eCQMs. Hospitals **MUST** submit the Opioid eCQM as one of their four eCQMs.

SUBMISSION



QualityNet Secure Portal (third party vendor authorization required)

DEADLINE



February 28, 2023

Electronic Clinical Quality Measures (eCQMs)

CMS506: Required: Safe Use of Opioids – Concurrent Prescribing

ED-2: Admit Decision Time to ED Departure Time for Admitted Patients

PC-05: Exclusive Breast Milk Feeding

STK-2: Discharged on Antithrombotic Therapy

STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter

STK-5: Antithrombotic Therapy by the End of Hospital Day Two

STK-6: Discharged on Statin Medication

VTE-1: Venous Thromboembolism Prophylaxis

VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis

ADDITIONAL ECQM REQUIREMENTS

1

Your vendor/EHR must be certified to the 2015 Edition of Certified EHR Technology (CEHRT) for reporting in 2021. Your vendor/EHR must also be certified to for all eight eCQMs regardless of which eCQMs you submit.

2

Hospitals must use the most recent version of the eCQM specifications.

3

All data must be submitted using the QRDA (Quality Reporting Document Architecture) Category 1 file format.

4

By submitting your eCQMs to the IQR program, you will also successfully meet your CQM requirement for the Promoting Interoperability (Meaningful Use) program.

5

Hospitals must use a combination of factors to successfully complete their eCQM requirements. If you have at least five cases in the Initial Patient Population and have no zeros in your denominators for the measures you are submitting, you have successfully met the requirements for submission. If, however, you do not have at least five cases in the Initial Patient Population field, you must submit a *Case Threshold Exemption* form. If your measure has zero in the denominator you must submit a *Zero Denominator Declaration* form.



Your results matter:

CMS will be publicly posting your 2022 performance data on [hospital.gov](https://www.hospital.gov) and Care Compare. Make sure you have a plan for measuring and improving your eCQMs.



2

**Report quarterly
on these two
chart-abstracted
measures**

REPORT QUARTERLY DATA ON THESE TWO CHART-ABSTRACTED MEASURES

REQUIREMENT



Hospitals must report on two chart-abstracted measures.

SUBMISSION



QualityNet Secure Portal
(third party vendor authorization required)

DEADLINE



Quarterly submission deadlines

Chart-Abstracted Measures

PC-01: Elective Delivery

SEP-1: Early Management Bundle. Severe Sepsis/Septic Shock

Hospitals With Five or Fewer Discharges

Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) per measure in a quarter are not required to submit patient-level data.

PC-01 Measure Submission

Hospitals are required to enter PC-01 measure data through the web-based tool on a quarterly basis. These data are manually entered. They cannot be transmitted via xml file. If you do not deliver babies at your organization, you must enter zeroes for the PC-01 measure each quarter or you can submit an *IPPS Measure Exception* form.



3

**Submit
population and
sample size
counts quarterly**

SUBMIT POPULATION AND SAMPLE SIZE COUNTS QUARTERLY

REQUIREMENT



Hospitals must submit population and sampling numbers for all chart-abstracted measures.

SUBMISSION



QualityNet Secure Portal
(third party vendor authorization required)

DEADLINE



Quarterly submission deadlines



Hospitals must submit aggregate population and sample size counts for each chart-abstracted measure. This requirement only applies to populations for the chart-abstracted measures. It must be completed quarterly through the QualityNet Secure Portal.

Hospitals With Five or Fewer Discharges

If you have five or fewer discharges per measure (Medicare and non-Medicare combined) in a quarter, you are **not required to submit patient-level data** for that specific measure and quarter. However, you must **submit the aggregate population and sample size counts** even if the population is zero. Leaving a field blank does not fulfill the requirement.



4

**Report HCAHPS
data quarterly**

REPORT HCAHPS DATA QUARTERLY

REQUIREMENT



Hospitals must report Patient Experience of Care Survey measures data.

SUBMISSION



QualityNet Secure Portal

DEADLINE



Quarterly submission deadlines

Patient Experience of Care Survey Measures

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

CTM-3: 3-Item Care Transition Measure

Other considerations for the HCAHPS Survey

Hospitals with six or more HCAHPS-eligible discharges in a month must submit the total number of HCAHPS-eligible cases for the month as part of the quarterly survey data submission.

Hospitals with five or fewer HCAHPS-eligible discharges in a month are not required to submit the HCAHPS survey for that month.

If you have no HCAHPS-eligible discharges in a month, you must submit a zero for that month as a part of the quarterly data submission.



5

**On an annual
basis, complete
the DACA**

ON AN ANNUAL BASIS, COMPLETE THE DACA

REQUIREMENT



Hospitals must complete the Data Accuracy and Completeness Acknowledgment (DACA).

SUBMISSION



QualityNet Secure Portal

DEADLINE



Annual submission deadline between April 1 - May 15, 2023



The Data Accuracy and Completeness Acknowledgment (DACA) is a requirement for hospitals participating in the IQR program. The DACA is a method of electronically attesting that the data they submitted to the program is accurate and complete to the best of their knowledge. You can attest anytime between April 1 - May 15, 2023. Hospitals may complete the DACA within the QualityNet Secure Portal.



6

Report two
HAI measures

REPORT HAI MEASURES ANNUALLY

REQUIREMENT



Hospitals must report on two HAI measures.

SUBMISSION



National Healthcare Safety Network (NHSN) portal

DEADLINE



Influenza Vaccination: Annual Submission
COVID-19 Vaccination: Quarterly Submission



Thanks to the pandemic, the big change to this category was the addition of the HCP COVID-19 Vaccination measure. The HCP Influenza Vaccination measure remains an annual submission. The HCP COVID-19 Vaccination has a quarterly submission schedule.


HAI Measures

HCP Influenza Vaccination: Influenza Vaccination Coverage Among Healthcare Personnel (submission through NHSN)




HCP COVID-19 Vaccination: COVID-19 Vaccination Coverage Among Healthcare personnel



7



**Review your
Claims-Based
data**



REVIEW YOUR CLAIMS-BASED DATA

REQUIREMENT



Hospitals are evaluated for their performance on 10 Claims-Based measures in four categories.

SUBMISSION



No additional submission is required

DEADLINE



No submission deadline

Claims-Based Safety Measures

CMS PSI-04: Death Rate Among Surgical Inpatients with Serious Treatable Complications

Claims-Based Payment Measures

AMI Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)

HF Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)

PN Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia

THA/TKA Payment: Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty

Claims-Based Mortality Measures

MORT-30-STK: Hospital 30-Day, All-Cause, Risk Standardized-Mortality Rate Following Acute Ischemic Stroke

Claims-Based Coordination of Care Measures

READM-30-HWR*: Hospital-Wide All-Cause Unplanned Readmission (HWR)

AMI Excess Days: Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction

HF Excess Days: Excess Days in Acute Care after Hospitalization for Heart Failure

PN Excess Days: Excess Days in Acute Care after Hospitalization for Pneumonia

**CMS is replacing the Hospital-Wide All-Cause Unplanned Readmission claims measure with the new Hybrid Hospital-Wide Readmission measure. The two-year voluntary submission phase of the hybrid measure began on July 1, 2021. Mandatory submission of both hybrid measures begins on July 1, 2023.*



In a nutshell hospitals will receive a score for their performance on 10 Claims-Based measures in four categories: patient safety, mortality, coordination of care and payment.



GETTING HELP

Medisolv has worked with many hospitals from the very beginning of their quality improvement process. We've felt their frustration and understand their concerns. But we can assure you that we can get you through this process and provide long-term support as the regulations and requirements change.

This year there are some significant changes and we are already working with our clients on improving their Opioid eCQM and hybrid measure performance.

Medisolv's ENCOR Quality Reporting and Management software solution provides hospitals with the tools they need to meet all the CMS IQR reporting requirements. In addition to the software, our solution provides your hospital with expert clinical quality advisors that will guide your hospital through implementation, validation and submission.





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