

# Hospital Electronic Clinical Quality Measures (eCQM) Reporting

*Educational Briefing for IT Professionals*

## Executive Summary

CMS requires hospitals to electronically submit Clinical Quality Measures (eCQM) data generated by certified EHR technology (CEHRT) as part of the **Inpatient Quality Reporting (IQR)** program and the **Promoting Interoperability (PI)** program for Medicare hospitals. The electronic eCQM reporting requirements are aligned between these two programs. Hospitals can electronically submit eCQM data to the CMS QualityNet secure portal to simultaneously satisfy the eCQM reporting component for both IQR and PI programs.

CMS establishes the reporting requirements in the annual Inpatient Prospective Payment System (IPPS) final rule. Successful participation in these programs is not determined by eCQM reporting alone. Rather, the IQR program also requires hospitals to submit chart-abstracted clinical quality measure data, and the PI program includes additional measures that assess whether a hospital is a “meaningful user” of CEHRT.

## Why Is This A Key Issue For Hospitals?

Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) must satisfy CMS quality reporting requirements year-over-year in order to avoid hefty Medicare penalties. Both EHs and CAHs participate in the PI program, whereas only EHs are required to participate in IQR. The table below summarizes how the relevant penalties are applied to EHs and CAHs.

Hospital	Program	Penalty Amount	Penalty Year
EH	IQR	25%	Penalty applies <b>two years</b> after the performance year
	PI	75%	
CAH	PI	100%	Penalty applies in the <b>same year</b> as the performance year

## Where Did These Requirements Originate From?

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 established the Hospital IQR program. The goal of this legislation was to improve care quality and patient outcomes by mandating that hospitals report designated quality measures. Hospitals that failed to fully satisfy all reporting requirements incurred a penalty which was a percentage reduction of the annual IPPS market basket update. The market basket update is a measure of inflation in costs of goods and services used by hospitals in treating Medicare patients.

Originally, the MMA imposed the penalty at the rate of 0.4 percentage points to the market basket update, and the Deficit Reduction Act of 2005 increased it to 2.0 percentage points. Subsequently, the American Recovery and Reinvestment Act (ARRA) of 2009 and the Affordable Care Act of 2010 further modified the IQR penalty form and rate to be a 25% reduction in the annual market basket update, which went into effect as of fiscal year (FY) 2015.

As part of ARRA, the Health Information Technology for Economic and Clinical Health (HITECH) Act established incentives and penalties to encourage providers to adopt and “meaningfully use” health information technology (HIT), such as electronic health record (EHR) systems. Penalties under EHR Incentive Program (also known as Meaningful Use and subsequently renamed Promoting Interoperability) went into effect in FY 2015.

## CEHRT

Hospitals must adopt and use CEHRT according to Office of the National Coordinator for Health Information Technology (ONC) standards to support eCQM reporting. Beginning 2019, hospitals are required to use only the 2015 ONC Edition CEHRT. Hospitals can only submit certified eCQMs to CMS.

## Electronic CQM Data Submission

CMS made electronic submission of eCQM data available on a pilot or voluntary basis from 2012-2015 in both IQR and PI programs. Beginning 2016, CMS began to mandate electronic submission in the IQR program. The PI program first required electronic submission in 2018—but also offered attestation options when an electronic submission of eCQM data was not feasible. However, attestation only meets the CQM reporting component of the PI program. It will not satisfy the eCQM reporting component of the IQR program.

The number of eCQMs hospitals must report, the reporting period, measures available to report, and the required electronic specification version are established each year in the IPPS rule. For reference, the eCQM reporting requirements for 2020 are available in the [PI Program Update webconference](#). Hospitals use CEHRT to generate eCQM data files, which can be submitted directly to CMS via QualityNet by the hospital or through a third party intermediary.

### How Might Hospital eCQM Reporting Affect Hospitals?

#### Technical Readiness and Resources to Report

Hospitals cannot achieve eCQM electronic submission success without their vendor's delivery of certified and updated eCQMs. Many hospitals require additional resources to map data elements and validate reports for the annual updates to the electronic specifications.

#### Changing Reporting Requirements

CMS establishes each year's reporting requirements in the annual IPPS, and may add or remove certain eCQMs. Hospitals need staff assigned to monitor and implement changes to their reporting requirements to ensure compliance.

#### Data Validation and Audits

Since 2018, CMS selects 200 hospitals each year for additional data validation of patient-level data for 75% of cases previously submitted. Failure to comply with the request will result in IQR program failure and hospitals need to be ready to respond if selected to participate in data validation.

#### Certified eCQMs

Hospitals must confirm with their EHR vendor that the specific measures they wish to report are certified and configured to the most recent annual electronic specification, otherwise CMS will not accept the eCQM data submission.

### Questions That Hospital Executives Should Ask Themselves

- 1 Who manages our eCQM reporting initiative?
- 2 When will we receive our annual eCQM updates for the certified measures we plan to submit and do we have resources to validate the reports?
- 3 Can our audit team provide patient-level data if selected for additional validation by CMS?

### Additional Advisory Board research and support available

- **Annual Updates:** [Promoting Interoperability \(PI\) Program Toolkit](#)
- **Tool:** [Medicare Hospital PI Programs Penalty Estimator](#)
- **Cheat Sheet:** [PI Program for Medicare Hospitals](#)