

2019 MEDICARE PROMOTING INTEROPERABILITY PROGRAM CLINICAL QUALITY MEASURES FACT SHEET

Overview

In order to successfully participate in the Medicare Promoting Interoperability Program, the Centers for Medicare & Medicaid Services (CMS) requires eligible hospitals and critical access hospitals (CAHs) to report on clinical quality measures (CQMs or eCQMs). These CQMs are selected by CMS and require the use of certified electronic health record technology (CEHRT).

NOTE: The information included in this fact sheet only refers to the Medicare Promoting Interoperability Program. Visit the [2019 Medicaid Program Requirements webpage](#) for more information about the Medicaid Promoting Interoperability Program.

CQM Reporting Period in 2019

As established in the Fiscal Year 2019 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals and Long-term Care Hospital Prospective Payment Systems Final Rule, the CQM reporting period in 2019 will remain the same as in 2018. Details for electronic reporting and reporting via attestation are listed below.

Reporting Period for Electronic Submission

The reporting period for eligible hospitals and CAHs that report CQMs electronically is **one self-selected quarter** of calendar year (CY) 2019 data.

The submission period will be the two months following the close of CY 2019, ending on **February 29, 2020**.

Reporting Period for Attestation

If electronic reporting is not feasible, an eligible hospital or CAH may report via attestation. The reporting period is the **full CY 2019** (consisting of four quarterly data reporting periods).

Reporting Criteria for 2019

Criteria for Electronic Submission

Eligible hospitals and CAHs are required to report on at least **four self-selected** CQMs from the set of 16 available CQMs listed below.

Criteria for Attestation

Eligible hospitals and CAHs are required to report on **all 16** CQMs.



Reporting Form and Method for 2019

CMS requires QRDA-I for CQM electronic submissions for the Medicare Promoting Interoperability Program. For more information on CQM specifications, visit the [Electronic Clinical Quality \(eCQI\) Information Resource Center](#).

CQMs for Eligible Hospitals and CAHs for CY 2019		
Short Name	Measure Name	NQF No.
AMI-8A	Primary PCI Received Within 90 Minutes of Hospital Arrival	0163
ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients	0496
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver	(+)
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	0495
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	0497
EHDI-1a	Hearing Screening Prior to Hospital Discharge	1354
PC-01	Elective Delivery (Collected in aggregate, submitted via web-based tool or electronic clinical quality measure).	0469
PC-05	Exclusive Breast Milk Feeding	0480
STK-02	Discharged on Antithrombotic Therapy	0435
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	0438
STK-06	Discharged on Statin Medication	0439
STK-08	Stroke Education	(+)
STK-10	Assessed for Rehabilitation	0441

VTE-1	Venous Thromboembolism Prophylaxis	0371
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372

Additional Resources

- [Promoting Interoperability Programs Landing page](#)
- [2019 Medicare Program Requirements webpage](#)
- [FY 2019 IPPS and Medicare Promoting Interoperability Program Overview Fact Sheet](#)
- [eCQI Resource Center](#)