

# MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELECTRONIC CLINICAL QUALITY MEASURES: REPORTING REQUIREMENTS FOR 2021

Electronic clinical quality measures (eCQMs) are tools that help measure and track the quality of healthcare services provided by eligible hospitals and critical access hospitals (CAHs) within our healthcare system. These measures use data reported from electronic health records that are associated with healthcare providers' ability to deliver high-quality care or relate to long-term goals for quality healthcare.

Quality measures focus on many aspects of patient care including:

- Clinical processes and outcomes
- Patient safety
- Efficient use of healthcare resources
- Care coordination
- Patient and family engagement
- Population and public health

eCQMs help ensure that our healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

To participate in the Medicare Promoting Interoperability Program and avoid a downward payment adjustment, healthcare providers are required to submit eCQM data from certified electronic health record technology (CEHRT).

The table below outlines the eCQM reporting requirements for Medicare hospitals in 2021. The submission period will be the two months following the end of the 2021 calendar year, ending on **February 28, 2022**.

<b>Medicare Promoting Interoperability Program eCQM Reporting Requirements for the 2021 Reporting Year for First-time and Returning Hospitals</b>		
<b># of eCQMs</b>	<b>Attestation</b>	9
	<b>Electronically</b>	4
<b>Reporting Period</b>	<b>Attestation</b>	Full calendar year (consisting of four quarterly data reporting periods)
	<b>Electronically</b>	Two self-selected calendar quarters of data
<b>Submission Deadline</b>		<b>February 28, 2022</b>

*\*Attestation is only an option available for Medicare eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible.*

## eCQM Reporting Form and Manner for the Medicare Promoting Interoperability Program in CY 2021

- This requires the use of Quality Reporting Document Architecture (QRDA) Category I for hospital eCQM submissions to CMS and the use of (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two in order to meet the CEHRT definition, as finalized in the [CY 2021 Physician Fee Schedule final rule \(85 FR 84818 through 84828\)](#).
- The eCQM requirement fulfillment for the Medicare Promoting Interoperability Program through electronic reporting also satisfies the eCQM reporting requirement for the Hospital Inpatient Quality Reporting (IQR) Program. Reporting CQMs via attestation does not satisfy the reporting requirement for the IQR Program.
- QRDA file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at <https://ecqi.healthit.gov/qrda>.

### 2015 Edition Cures Update

ONC's 21<sup>st</sup> Century Cures Act Final Rule made several changes to the existing 2015 Edition Health IT Certification Criteria. The following changes constitute the 2015 Edition Cures Update:

- Introduced new technical certification criteria to advance interoperability and make it easier for patients to access their own electronic health information on their smartphones.
- Added new privacy and security certification criteria.
- Revised the standards referenced by several existing 2015 Edition certification criteria, including United States Core Data for Interoperability updates.
- Removed and time-limited several 2015 Edition certification criteria.

For more information about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act final rule](#). To check whether a health IT product has been certified to the 2015 Edition Cures Update criteria, visit the [Certified Health IT Product List](#).