

Medicare Promoting Interoperability PROGRAM

2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELECTRONIC CLINICAL QUALITY MEASURES FACT SHEET

eCQM Overview

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 electronic clinical quality measures (eCQMs). These eCQMs are selected by CMS and require the use of certified electronic health record technology (CEHRT).

The eCQMs are tools that help measure and track the quality of healthcare services provided by eligible hospitals and 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. eCQMs help ensure that our healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

eCQM Reporting Period

The reporting period for eligible hospitals and CAHs that report eCQMs in the Medicare Promoting Interoperability Program is **three self-selected quarters** of calendar year (CY) 2022 data.

Medicare Promoting Interoperability Program eCQM Reporting Requirements for All Hospitals		
# of eCQMs	Attestation	9
	Electronic Reporting	Safe Use of Opioids eCQM, plus 3 self-selected eCQMs (4 eCQMs total)
Reporting Period	Electronic Reporting Period	Three self-selected calendar quarters of data
CY 2022 Submission Deadline		February 28, 2023
Reminder: CY 2021 Submission Deadline		March 31, 2022

Note: Fulfilling the eCQM requirement for the Medicare Promoting Interoperability Program through electronic reporting also satisfies the eCQM reporting requirement for the Hospital Inpatient Quality Reporting (IQR) Program. Beginning in 2023, eCQM data must be submitted electronically through the same reporting methods available for the Hospital IQR Program. Attestation is only an option available for Medicare eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible, and will not be available after CY 2022 data reporting.



eCQM Reporting Requirements

Eligible hospitals and CAHs are required to report on at least three eCQMs and the Safe Use of Opioids – Concurrent Prescribing measure for a total of four eCQMs. The below table showcases all nine eCQM options available to report on during CY 2022.

Short Name	Measure Name
ED-2	Median 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 2
STK-6	Discharged on Statin Medication
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing

Please note for CY 2022, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs must also use (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 \(85 FR 84818 through 84828\)](#).

Additional Resources

- [Medicare Promoting Interoperability Program eCQM Webpage](#)
- [eCQMs Overview](#)
- [Hospital Inpatient Quality Reporting \(IQR\) Program](#)
- [eCQI Resource Center](#)