

eCQM Update: The Future is Digital

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MI CAH Quality Network
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Stratis Health

Mission

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety and serves as a trusted expert in facilitating improvement for people and communities.

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Objectives

At the end of this session, attendees will be able to:

- Describe strategic frameworks from the Centers for Medicare and Medicaid Services (CMS) related to quality measurement.
- Identify if next steps are needed to ensure your CAH is prepared to meet increasing eCQM reporting requirements.
- Prepare for potential changes to current quality measures and be aware of anticipated new eCQMs.

CMS Quality Measures Process

- CMS quality programs and measures are regularly added and removed from CMS programs through the annual rule-making process:
 - Inpatient Prospective Payment System (IPPS) Rule for the Inpatient Quality Reporting Program (IQR) and the Medicare Promoting Interoperability (PI) Program
 - Outpatient Prospective Payment System (OPPS) Rule for the Outpatient Quality Reporting Program (OQR)
 - Physician Fee Schedule (PFS) Rule for the Quality Payment Program (QPP) and Shared Savings Program (SSP) requirements
- Before inclusion in CMS programs, measures are vetted through a public pre-rulemaking process.*



*The Battelle [Partnership for Quality Measurement](#) replaced National Quality Forum (NQF) as the CMS consensus-based entity in 2023. They now manage the Pre-Rulemaking Measure Review (PRMR) and the Endorsement and Maintenance (E&M) process

CMS Meaningful Measures 2.0

Address measurement gaps, reduce burden, and increase efficiency by:

- Using only high-value quality measures impacting key quality domains.
- Aligning measures across value-based programs and across partners, including CMS, federal, and private entities.
- Transforming measures to fully digital and incorporate all-payer data.
- Prioritizing outcome and patient-reported measures.



Source: [Meaningful Measures 2.0: Moving from Measure Reduction to Modernization | CMS](#)

CMS Universal Foundation

- Aligned set of Adult and Pediatric measures for use across all CMS Programs:
 - Wellness and prevention (e.g., cancer screening, immunizations, well-child visits)
 - Chronic conditions (e.g., diabetes, hypertension, and asthma management)
 - Behavioral health (e.g., screening and management of depression and substance use disorder, follow-up for children on antipsychotics or ADHD medications)
 - Seamless care coordination (e.g., all-cause hospital readmissions)
 - Person Centered Care (e.g., CAHPS surveys)
- Additional Universal Measure sets for specific populations and settings:
 - Hospital
 - Post-acute care
 - Maternity care

For more information, including the full set of measures and measure identification numbers:
<https://www.cms.gov/medicare/quality/cms-national-quality-strategy/aligning-quality-measures-across-cms-universal-foundation>

CMS Universal Foundation: Hospital Add-on

Domain	Measures (MBQIP measures in bold)
Chronic Conditions	<ul style="list-style-type: none"> Hybrid Hospital-Wide Risk-Standardized Mortality Measure
Person-Centered Care	<ul style="list-style-type: none"> Hospital (H) CAHPS* Outpatient and Ambulatory Surgery (OAS) CAHPS
Safety	<ul style="list-style-type: none"> NHSN Hospital-Acquired Infections: CLABSI, CAUTI, MRSA, SSI, CDI Patient Safety Indicators (PSI) 90 Severe Sepsis and Septic Shock Management Bundle Severe Obstetric Complications
Seamless Care Coordination	<ul style="list-style-type: none"> Hybrid Hospital-Wide All-Cause Readmission Median Time from ED Arrival to ED Departure for Discharged ED Patients

*Consumer Assessment of Healthcare Providers and Systems
 Source: [The Universal Foundation | CMS](#)



eCQMs



What is an eCQM?

“Electronic clinical quality measures (eCQM) use data electronically extracted from electronic health records and/or health information technology systems to measure the quality of health care provided.”

- eCQI Resource Center

CMS Vision: eCQMs

*“We believe that in the near future, collection and reporting of data elements through EHRs will greatly simplify and streamline reporting for various CMS quality reporting programs, and that **hospitals will be able to switch primarily to EHR-based data reporting** for many measures that are currently manually chart abstracted and submitted to CMS for the Hospital IQR Program.”*

Federal Register / Vol. 81, No. 81 / Wednesday, **April 27, 2016** / IPPS Proposed Rules/page **25174**

Progression of CMS eCQM reporting

Implementation of eCQMs as a primary method of hospital quality reporting is still in progress – but there has been a steady increase in requirements and alignment across CMS programs in recent years.

Reporting Period (CY)	#of Calendar Quarters to Report	# of Inpatient Measures to Report Each Quarter
2016 - 2020	One self-selected quarter	Four self-selected eCQMs
2021	Two self-selected quarters	Four self-selected eCQMs
2022	Three self-selected quarters	Four: 3 self-selected + Safe Use of Opioids
2023	Four quarters	Four: 3 self-selected + Safe Use of Opioids
2024 & 2025	Four quarters	Six: 3 self-selected + Safe Use of Opioids, ePC-02, and ePC-07

The first outpatient eCQM was added to the OQR program in CY 2023

Sources: www.qualityreportingcenter.com, [2021 Final IPPS Rule](#), [2023 Final IPPS Rule](#)

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Inpatient eCQM Reporting Requirements

Required for CAHs as a component of the Medicare Promoting Interoperability (PI) Program (FKA the EHR Incentive Program)

- Calendar Year (CY) 2025 eCQM requirement
 - Submission of 6 measures: 3 self-selected + Safe Use of Opioids, ePC-02, and ePC-07
 - Submission Deadline: February 27, 2026
- Meeting the eCQM requirement for the Medicare PI Program also satisfies the Hospital IQR Program eCQM requirement for PPS Hospitals
- **Safe Use of Opioids is a new measure in the MBQIP 2025 Core Measure Set**

Sources: [Quality Reporting Center - eCQM Resources and Tools](#), [Promoting Interoperability Program Requirements | CMS](#), [MBQIP Data Submission Deadlines](#)

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Available Inpatient eCQM Measures

Short Name	Available Measures by Reporting Year	CY 2024	CY 2025
MCS (fka. GMCS)	Malnutrition Care Score (Global Malnutrition Composite Score)**	X	X
VTE-1	Venous Thromboembolism Prophylaxis	X	X
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	X	X
STK-2	Discharged on Antithrombotic Therapy	X	X
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	X	X
STK-5	Antithrombotic Therapy By End of Hospital Day 2	X	X
IP-ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults*		X
HH-01	Hospital Harm—Severe Hypoglycemia	X	X
HH02	Hospital Harm—Severe Hyperglycemia	X	X
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events	X	X
HH-PI	Hospital Harm – Pressure Injury		X
HH-AKI	Hospital Harm – Acute Kidney Injury		X
ePC-02	Cesarean Birth*	Required	Required
ePC-07	Severe Obstetric Complications*	Required	Required
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Required	Required

* All hospitals are required to report ePC-02 and ePC-07 starting with the CY 2024 reporting period, those that do not provide OB services should submit a zero-denominator declaration for those two measures. **Population expanded to 18+ starting with CY 2026 reporting, name updated to Malnutrition Care Score

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What does 'reporting' mean?

Submit required eCQMs through any combination of:

- Accepted (Quality Reporting Data Architecture) QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations*
- Case threshold exemptions (≤ 5 cases in the reporting quarter)*

*Submitted via Hospital Quality Reporting (HQR) system through a HARP account, EHR must have capability to report the measures.

Source: https://www.qualityreportingcenter.com/globalassets/qr2021events/ecqm030921/ecqm-webinar_qa-session-cy-2020_030921_slides_vfinal508.pdf

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Hardship Exception – Promoting Interoperability Program

“A CAH may, on a case-by-case basis, be granted an exception from this adjustment if CMS or its Medicare contractor determines, on an annual basis, that a significant hardship exists.”

For more information:

- [Calendar Year 2025 PI Program Requirements](#)
- [Promoting Interoperability Specifications Manual CY 2025](#)
- [Medicare Promoting Interoperability Program Hardship Exception Information \(slide 9\)](#)

Note: PPS hospitals would also need to submit an Extraordinary Circumstances Exception (ECE) request for eCQM reporting for the Hospital IQR Program.

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Outpatient eCQMs

First eCQM added to Outpatient Quality Reporting Program (OQR) in CY 2023

- OP-40: ST-Segment Elevation Myocardial Infarction (STEMI)
 - Clinically similar to chart-abstracted OP-2 and OP-3 which were retired after Q1 2023
 - CY 2024 submission required for OQR (one self-selected quarter)
 - CY 2025 submission for required for OQR (two self-selected quarters, etc.)
 - Technical details for OP-40 can be found here: [Outpatient Quality Reporting eCQMs](#)
- **New!** OP-ExRad: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (parallel to inpatient IP-ExRad)
 - Voluntary for CY 2025 & 2026, proposed to remain voluntary in CY 2027
- Reporting of outpatient eCQMs is **not** currently aligned with Promoting Interoperability requirements.

Source: [The Hospital OQR Times Newsletter: Spring 2023 \(qualityreportingcenter.com\)](#), page 2

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eCQMs and Public Reporting

Only limited eCQM data is currently reported on [CMS Care Compare](#)

- eCQM measures have been included in [Care Compare Preview reports](#) since January 2023
- Safe Use of Opioids is the **only** eCQM currently publicly reported on Care Compare, starting with the October 2024 Refresh (as a '*Timely and Effective Care* measure').
- For the time being, other facility level eCQM data is currently only being released in the [Provider Data Catalog](#) (*not on Care Compare*)
- It is likely that additional eCQMs will be included on Care Compare (*timeline TBD*)

Sources: www.qualityreportingcenter.com and 2021 Final IPPS Rule

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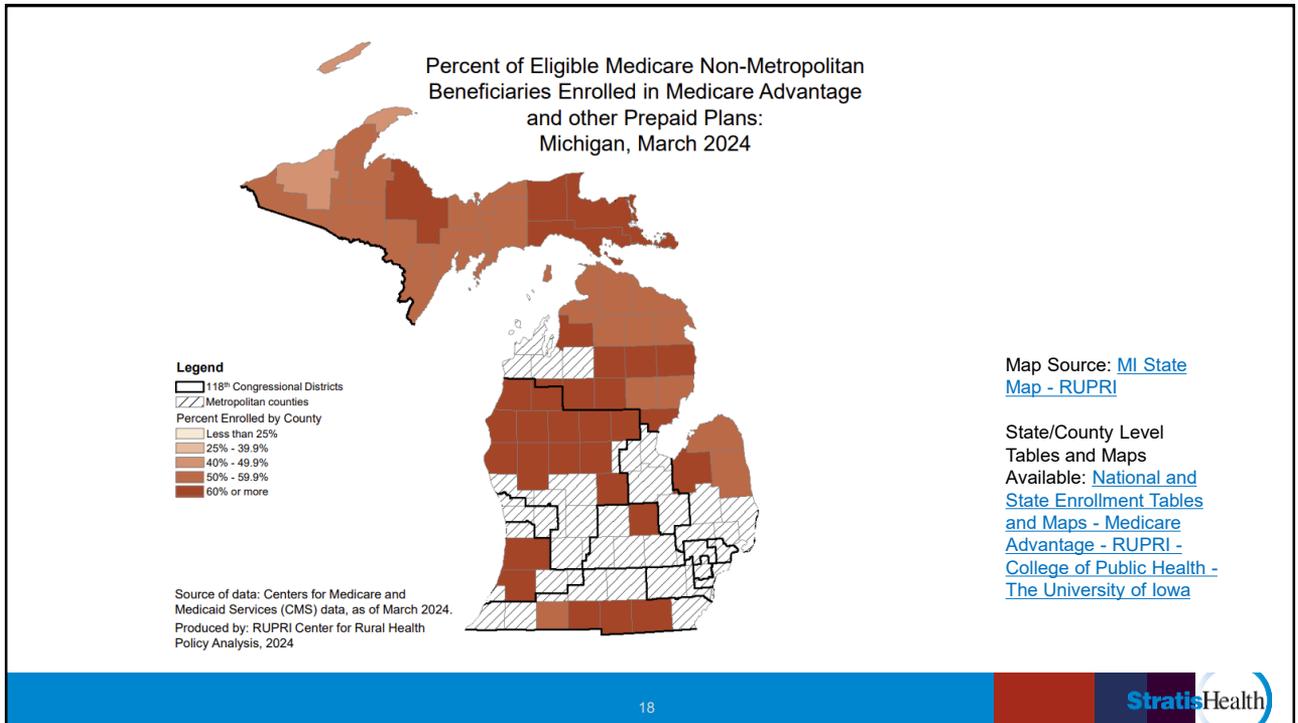
Hybrid Measures

- Submission of clinical variables and linking data elements that are combined with claims data to calculate a risk-standardized rates
- Currently two Hybrid CMS Inpatient Measures:
 - **Hybrid HWR:** Hybrid Hospital-Wide All-Cause Risk Standardized Readmissions Measure (*which is a 2025 MBQIP Measure*)
 - **Hybrid HWM:** Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure
- **New!** Patient cohort for Hybrid Hospital Wide Readmissions and Mortality measures is expanding to include Medicare Advantage patients

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Hybrid HWR and HWM Timeline

- Timeline for **IQR** implementation:
 - Initially required for July 1, 2023 – June 30, 2024 encounters
 - Due to challenges with thresholds for completeness of data, the REQUIRED deadline for IQR was delayed:
 - July 1, 2024 – June 30, 2025 (Due October 1, 2025) Optional for IQR
 - July 1, 2025 – June 30, 2026 (Due September 30, 2026) Required for IQR
 - Thresholds for ‘completeness of data’ have been reduced
- Timeline for **MBQIP** Implementation (Hybrid Hospital Wide *Readmissions* only):
 - July 1, 2024 – June 30, 2025 (Due September 30, 2025) Optional
 - July 1, 2025 – June 30, 2026 (Due September 30, 2026) MBQIP Core Measure

Key dates and resources: [2026 Public Reporting Key Dates and Resources: Hybrid Hospital-Wide](#)

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Hybrid HWR and HWM Data Elements

Hybrid HWR (Readmissions)	Hybrid HWM (Mortality)
Vital Signs (6): Heart rate, respiratory rate, Temperature, Systolic blood pressure, Oxygen saturation, Weight	Vital Signs (4): Heart Rate, Temperature, Systolic blood pressure, Oxygen saturation
Lab Test Results (7): Hematocrit, White blood cell count, Sodium, Potassium, Bicarbonate, Creatinine, Glucose	Lab Test Results (6): Hematocrit, White blood cell count, Sodium, Bicarbonate, Creatinine, Platelet
6 Linking Variables (for both measures)	
CMS Certification Number (CCN), Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI), Date of Birth, Sex, Admission Date, Discharge Date	

Format:

- Quality Reporting Data Category (QRDA) 1 files, upload to HQR
- One file, per patient, per quarter including all Core Clinical Data Elements (CCDE) and linking variables for each eligible hospital discharge
- FIRST resulted value for EACH core clinical data element (CCDE)

Source: https://www.qualityreportingcenter.com/globalassets/igr2024events/ecqm073024ondemand/hybrid_slides_fy-2026-hybrid_7.30.24_vfinal_508.pdf

Looking to the Horizon

2025 IPPS Final Rule: New Measures

- Two new eCQMs
 - Hospital Harm - Falls with Injury
 - Hospital Harm - Postoperative Respiratory Failure
 - Available for reporting CY 2026
 - [Measure Specifications | eCQI Resource Center](#)
- Revision to current Global Malnutrition Composite Score eCQM
 - Update specifications for 18+, currently measure focuses on 65+ (starting with CY 2026)
 - Name change to Malnutrition Care Score (MCS eCQM)

Source: [2025 IPPS Final Rule](#)

2025 IPPS Final Rule: Updates to Promoting Interoperability (1)

- Progressive increase in then number of **mandatory** eCQMs*:
 - CY 2026: Reporting all four quarters for 8 eCQMs (five specified, three self- selected)
 - CY 2027: Report all four quarters for 9 eCQMs (six specified, three self-selected)
 - CY 2028: Report all four quarters for 11 eCQMs (eight specified, three self-selected)

Short Name	Full Name	CY 2025	CY 2026	CY 2027	CY 2028
HH-01	Hospital Harm—Severe Hypoglycemia	X	Required	Required	Required
HH-02	Hospital Harm—Severe Hyperglycemia	X	Required	Required	Required
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events	X	X	Required	Required
HH-PI	Hospital Harm – Pressure Injury	X	X	X	Required
HH-AKI	Hospital Harm – Acute Kidney Injury	X	X	X	Required
ePC-02	Cesarean Birth	Required	Required	Required	Required
ePC-07	Severe Obstetric Complications	Required	Required	Required	Required
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Required	Required	Required	Required

* Hospital Harm measures can be self-selected prior to when they are required. Zero-denominator declaration can be used if a hospital doesn't have any patients that meet denominator criteria. In addition to the required measures, hospitals would still self-select three available measures

2025 IPPS Final Rule: Updates to Promoting Interoperability (2)

- **Update the Public Health and Clinical Data Exchange Objective:**
Separate the Antibiotic Use and Resistance (AUR) Surveillance measure into two measures: 1) Antibiotic Use; 2) Antibiotic Resistance
 - Adds a new exclusion for eligible hospitals or critical access hospitals (CAHs) that do not have a data source containing the minimal discrete data elements that are required for AU or AR Surveillance reporting
 - [FAQs: AUR Reporting for the CMS Promoting Interoperability Program | NHSN | CDC](#)
- **Overall Scoring:** Increase performance-based scoring threshold from 60 points for CY 2024, to 70 points for CY 2025, to 80 points for CY 2026
- **Safer Guides:** Now must attest 'yes' to having conducted annual self-assessment using all eight [SAFER Guides](#) (previously could attest yes or no). Updated versions of the SAFER Guides were recently released (for use in 2026 reporting).

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2026 IPPS Final Rule: Measure Changes

- No new measure additions
- Measure removals:
 - Hospital Commitment to Health Equity (HCHE)
 - Social Drivers of Health Screening (SDOH-1)
 - Screen Positive for Social Drivers of Health (SDOH-2)
 - COVID-19 Vaccination Coverage among Healthcare Personnel
- Technical/specifications updates to several measures:
 - Adding Medicare Advantage data to condition-specific readmissions measures, Stroke Mortality Measure, and Complication Rate for Elective THA/TKA
 - Removing COVID-19 as a secondary Dx as an exclusion
 - Update the standard population data used for HAI SIR calculations to 2022 data (had been using 2015 data)

Source: [2026 IPPS Final Rule](#)

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2026 OPPS Proposed Rule

- Proposed Measure Removals:
 - Hospital Commitment to Health Equity (HCHE)*
 - COVID 19 Vaccination for Healthcare Professionals (HCP)
 - Screening for Social Drivers of Health*
 - Screen Positive Rate for Social Drivers of Health*
- Proposed New Measure: Emergency Care Access & Timeliness (ECAT) eCQM
 - For OQR: Voluntary for CY 2027, Mandatory for CY 2028
 - If adopted, CMS will remove the following measures in CY 2028:
 - OP-18: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients
 - OP-22: Left Without Being Seen

Source: [2026 OPPS Proposed Rule](#)

*Adopted in 2025 OPPS Rule, first required reporting CY 2025

Proposed New Measure: Emergency Care Access & Timeliness (ECAT) eCQM

Denominator: All ED visits that end during the measurement period for all patients

Numerator: ED visits meeting the denominator criteria and where the patient experiences any of the following quality gaps in access:

1. Waited longer than 60 minutes (1 hour) to be placed in a treatment room
2. Left the ED without being evaluated
3. Boarded in the ED for longer than 240 minutes (4 hours) – time from decision to admit to ED departure
4. Had an ED length of stay (LOS) of longer than 480 minutes (8 hours)

Results:

- Stratified by age and type of diagnosis (adult/child; with or without mental health Dx)
- Scores will be standardized by ED case volume

Measure information: [Emergency Care Access & Timeliness \(HOQR\) | eCQI Resource Center](#)

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CMS Requests for Information

2026 IPPS and OPSS Rules had several quality measurement and reporting related RFIs:

- Concepts related to continued movement towards 'digital' quality measurement
- Information on 'well-being and nutrition' measure concepts

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Provide input!

Your input is needed to improve quality measurement and reporting!

- Provide comments on proposed recommendations, rules, and regulations.
- Participate in discussions at a state and national level – share what works (or doesn't) for your hospital
- [Partnership for Quality Measurement \(p4qm.org\)](http://p4qm.org)
 - Sign up for a free membership and receive updates on measure review activities and opportunities for public comment
 - Consider joining a committee or providing input into the pre-rule making review process (PRMR)



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Learn more about Stratis Health at www.stratishealth.org



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Resources: eCQMs

- [Critical Access Hospital Electronic Clinical Quality Measure \(eCQM\) Resource List \(stratishealth.org\)](#) Links to a variety of resources and information
- [QualityNet eCQM Overview](#) eCQM requirements for IQR and PI
- [Quality Reporting Center eCQM Events on Demand](#) Reporting and submission information
- [Eligible Hospital / Critical Access Hospital eCQMs | eCQI Resource Center \(healthit.gov\)](#). Measure specifications, value sets, technical guidance
- [Joint Commission Expert to Expert Recorded Webinars](#) Focus on technical updates and descriptions on the eCQM measures
- [CMS Promoting Interoperability Program Requirements](#) All program requirements (eCQMs are just one component)

MBQIP Specific Resources:

- [RQITA Safe Use of Opioids- Concurrent Prescribing Data Submission Guide](#)
- [RQITA Hybrid Hospital-Wide Readmission Data Submission Guide](#)

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Resources cont.

- [Quality Reporting Center](#): eCQM related webinars and tools, predominantly focused on CMS reporting requirements (IQR/OQR/Promoting Interoperability Program)
- [eCQI Resource Center](#): Supported by CMS and ONC (Office of the National Coordinator), the eCQI (electronic Clinical Quality Improvement) Resource Center is a centralized location for news, information, tools, and standards related to eCQI and eCQMs (*primarily technical information*)
- [QualityNet eCQM Reporting](#): Submission portal, tools, information, resources

For questions on the **Promoting Interoperability Program** and **eCQM data submission process** contact the *QualityNet* Service Center at (866) 288-8912 or qnet-support@hcqis.org

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