



Hospital Inpatient Quality Reporting Program: Summary of Changes for Fiscal Year 2021 Payment Determination/ Calendar Year 2019 Reporting Period

Clinical Process of Care Measures

Removal of Chart-Abstracted Measures

The following table shows the three chart-abstracted measures that CMS is removing from the Hospital Inpatient Quality Reporting (IQR) Program, along with the calendar year (CY) reporting period and fiscal year (FY) payment determination in which the removal is effective.

Table 1: Chart-Abstracted Measures Removed from Hospital IQR Program

Measure Name	CY Reporting Period	FY Payment Determination
ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients	2019	2021
IMM-2: Influenza Immunization	2019	2021
VTE-6: Incidence of Potentially Preventable Venous Thromboembolism	2019	2021

Electronic Health Record-Based Clinical Process of Care Measures (electronic clinical quality measures – eCQMs)

Mandatory eCQM Reporting Requirements

For the FY 2021 payment determination/CY 2019 reporting period, the Hospital IQR Program eCQM reporting requirements are as follows:

- Report on at least four of the available eCQMs for one self-selected quarter—i.e., quarter one (Q1), Q2, Q3, or Q4 2019—using:
 - The 2015 edition of the Office of the National Coordinator for Health Information Technology standards.
 - The eCQM specifications published in the 2018 eCQM annual update for CY 2019 reporting and any applicable addenda, available on the [eCQI Resource Center](https://ecqi.healthit.gov/eh) website at this direct link: <https://ecqi.healthit.gov/eh>.
 - The 2019 *CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>.
- Submit through the *QualityNet Secure Portal* by March 2, 2020*, at 11:59 p.m. Pacific Time (*deadline extended due to original deadline falling on a weekend and/or federal holiday).

PLEASE NOTE: Meeting the Hospital IQR Program eCQM requirement also satisfies the clinical quality measure reporting requirement for the Promoting Interoperability Program.

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Claims-Based Measures

Removal of Claims-Based Measures

The following table shows the two claims-based measures that CMS is removing from the Hospital IQR Program, along with the fiscal year payment determination in which the removal is effective. **NOTE:** These two measures will remain in the Hospital Value-Based Purchasing Program.

Table 2: Claims-Based Measures Removed from Hospital IQR Program

Short Name	Measure Name	FY Payment Determination
MORT-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease Hospitalization	2021
MORT-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization	2021

Patient Experience of Care Survey Measure

Removal of Communication About Pain Questions

CMS is removing the Communication About Pain questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (commonly known as HCAHPS) Survey for the Hospital IQR Program beginning with October 2019 discharges for the FY 2021 payment determination.