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A Review of eCQMs

Electronic Clinical Quality Measures (eCQMs) for the Hospital Outpatient Quality Reporting (OQR) and Rural Emergency Hospital (REH) Quality Reporting Programs

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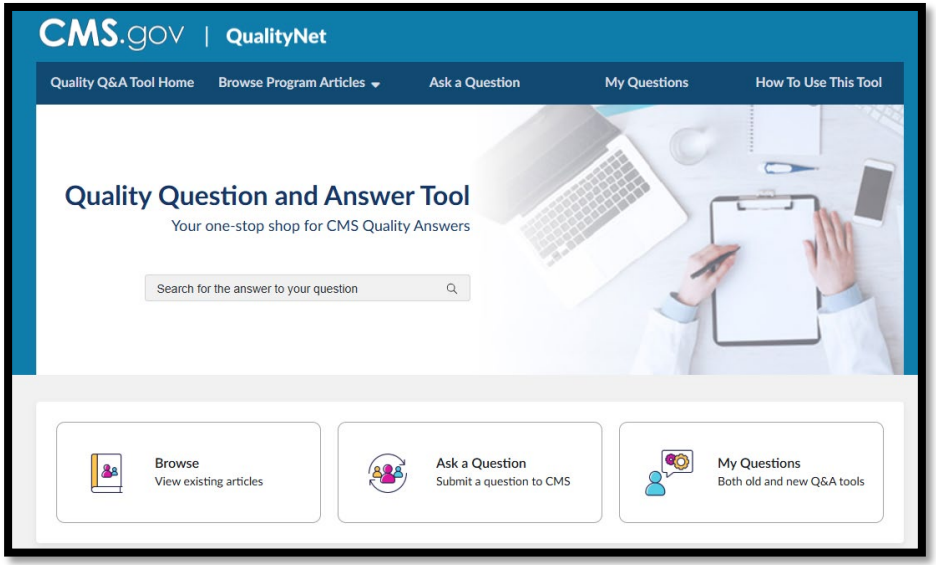
Webinar Questions

Please submit questions not addressed in the presentation to the QualityNet Question and Answer Tool:

https://cmsqualitysupport.servicenowservices.com/qnet_qa



Speakers

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Agenda

- eCQM Overview
- STEMI Measure
- ExRad Measure
- ECAT Measure
- Discussion
- QRDA Category I Files
- Discussion
- Data Submission Requirements
- Resources
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Acronyms

AMA	Against Medical Advice	**HQR**	Hospital Quality Reporting
CCN	CMS Certification Number	**ID**	identification
CDA	Clinical Document Architecture	**IG**	Implementation Guide
CMS	Centers for Medicare & Medicaid Services	**LOS**	Length of Stay
CT	Computed Tomography	**ONC**	Office of the National Coordinator for Health Information Technology
CY	calendar year	**OQR**	Outpatient Quality Reporting
ECAT	Emergency Care Access and Timeliness	**PCI**	Percutaneous Coronary Intervention
eCQI	Electronic Clinical Quality Improvement	**QRDA**	Quality Reporting Document Architecture
eCQM	electronic Clinical Quality Measure	**REH**	Rural Emergency Hospital
ED	emergency department	**SAD**	Size-Adjusted Dose
EHR	Electronic Health Record	**STU**	Standard for Trial Use
ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults	**STEMI**	Segment Elevation Myocardial Infarction
HQMR	Health Quality Measure Format	**VSAC**	Value Set Authority Center

eCQMs for the Hospital OQR and REH Quality Reporting Programs

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eCQM Overview

eCQM data are:

- Pulled directly from a hospital or provider's electronic health record (EHR) system instead of manual chart abstraction.
  - EHRs must be certified to all available eCQMs in the measure set.
- Submitted via the Hospital Quality Reporting (HQR) System using Quality Reporting Document Architecture (QRDA) Category I files by the annual submission deadline (May 15 of each year*).

*Data submission deadlines on a federal holiday or weekend (Saturday/Sunday) will default to the first business day thereafter and are reflected in this document where applicable.

Current Outpatient eCQMs

eCQM Name	CMS eCQM ID	Program(s)	Reporting Requirements
Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)	CMS 996	Hospital OQR	**Mandatory** 2026 reporting period: 3 self-selected quarters 2027 reporting period and onwards: all 4 quarters
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (ExRad)	CMS1206	Hospital OQR	**Voluntary**
Hospital OQR and REH Quality Reporting Programs			
Emergency Care Access and Timeliness (ECAT)	CMS1244 CMS1264	Hospital OQR REH Quality Reporting	**Hospital OQR:** 2027 reporting period: Voluntary 2028 reporting period - onwards: Mandatory **REH Quality Reporting**: 2027 reporting period - onwards: Optional

STEMI Measure Specifications

Denominator	All ED encounters for patients 18 years and older at the start of the encounter with a diagnosis of STEMI during an ED encounter that ends during the measurement period
Numerator	ED encounters with a diagnosis of STEMI where: 1. Time from ED arrival to thrombolytics is 30 minutes or fewer; OR 2. Percutaneous coronary intervention (PCI) is performed within 90 minutes of arrival OR 3. Patient is discharged to an acute care facility within 45 minutes of ED arrival.

STEMI Measure Specifications

Denominator Exclusions	**During ED Encounter:** • Allergic reaction to thrombolytics • Discharge disposition of patient expired in the ED or left against medical advice (AMA) **Active at start of ED Encounter:** • Hospice status; Bleeding or bleeding diathesis (excluding menses); Malignant intracranial neoplasm; Cerebral vascular lesion; Dementia; Pregnancy[1]; Diagnosis of allergy to thrombolytics **Starts 24 hours or less before start of, or during, ED encounter:** • Aortic dissection or ruptured aortic aneurysm; Angina pectoris with documented spasm; Aneurysm of heart; Ventricular aneurysm due to and following acute myocardial infarction; Takotsubo cardiomyopathy or syndrome; Severe neurologic impairment; Mechanical circulatory assist device placement; Intubation; Cardiopulmonary emergency

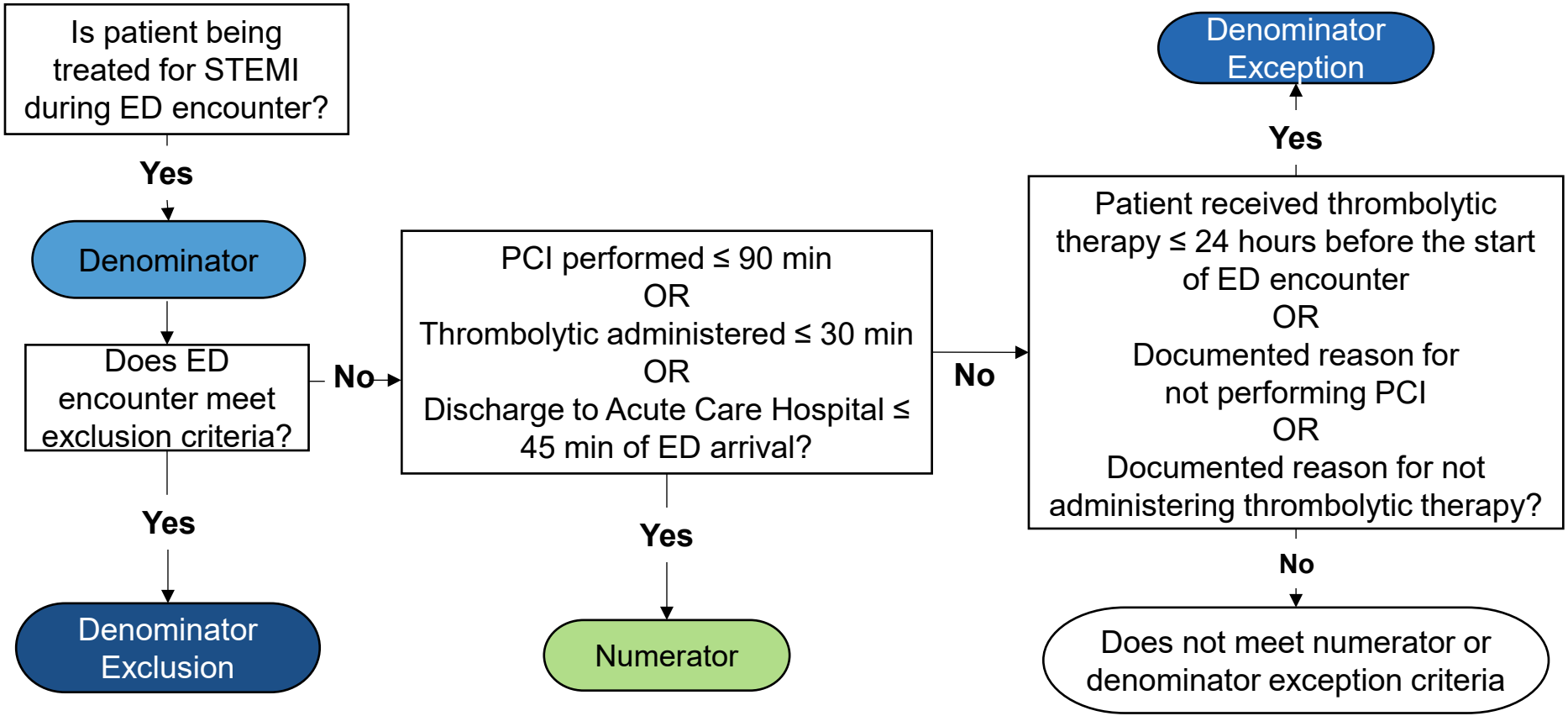
[1] Pregnancy exclusion removed starting with the 2027 reporting period

STEMI Measure Specifications

Denominator Exclusions (Continued)	**21 days or less before start of, or starts during, ED encounter:** Major surgery **At the start of ED encounter or within 90 days or less before start of ED encounter:** Ischemic stroke; Significant facial and/or closed head trauma; Peptic ulcer; Active oral anticoagulant therapy **90 days or less before start of ED encounter**: Intracranial or intraspinal surgery **6 months or less before start of ED encounter:** Documentation of hospice services
Denominator Exceptions[1]	• Patient received thrombolytic therapy at another facility within 24 hours or less before start of ED encounter • Documented reason for not administering thrombolytic therapy • Documented reason for not performing a PCI

[1] Denominator exceptions remove the ED encounter from the denominator only when the numerator is not met.

STEMI Measure Logic



STEMI Measure Sample Calculations

Scenario 1

Patient **arrives at ED** at **1pm** and **STEMI** was diagnosed at 1:10pm. Patient has a diagnosis of **dementia** with an onset date of **7/26/2025** and received **PCI** at **2:30pm**.

Denominator	Denominator Exclusion	Numerator	Denominator Exception
✓	✓	N/A	N/A

Encounter is removed from denominator in measure calculation and numerator is not evaluated as it meets one of the exclusion criteria.

Scenario 2

Patient **arrives at ED** at **1pm** and **STEMI** was diagnosed at 1:10pm. Patient is taken to the cath lab at 1:30pm. **PCI is documented as not indicated** due to clear coronaries at **2:10pm**. Patient **admitted as inpatient** (**ED encounter ends**) at **2:45pm**.

Denominator	Denominator Exclusion	Numerator	Denominator Exception
✓	X	X	✓

Numerator is evaluated, as it does not meet exclusion criteria. Since numerator is not met and encounter meets denominator exception criteria, the encounter is removed from denominator in measure calculation.

STEMI Measure Sample Calculations

Scenario 3

Patient **arrives at ED** at **1pm** and **STEMI** was diagnosed at 1:10pm. Patient **does not consent to PCI** at 1:20pm and **refusal is documented at 1:25pm**. Patient **receives thrombolytic** at **1:30pm**. **ED encounter ends** at **3:20pm**.

Denominator	Denominator Exclusion	Numerator	Denominator Exception
✓	X	✓	N/A

Encounter meets denominator and numerator criteria.

Scenario 4

Patient **arrives at ED** at **1pm** and **STEMI** was diagnosed at **1:40pm**. Patient is taken to the cath lab at 2:00pm for **PCI. Balloon is inflated at 2:35pm.** Patient gets admitted as inpatient at **3:00pm**.

Denominator	Denominator Exclusion	Numerator	Denominator Exception
✓	X	X	X

Numerator is evaluated, as encounter does not meet exclusion criteria. Since numerator is not met and encounter does not meet denominator exception criteria, the encounter included in the denominator for measure calculation.

STEMI Measure Sample Calculations

Scenario	Denominator	Denominator Exclusion	Numerator	Denominator Exception
1	✓	✓	N/A	N/A
2	✓	X	X	✓
3	✓	X	✓	N/A
4	✓	X	X	X

$$\text{Measure Score} = \frac{\text{Numerator}}{\text{Denominator} - \text{Exclusions} - \text{Exceptions}}$$

$$= \frac{1}{4 - 1 - 1} = 50\%$$

ExRad Measure Specifications

Denominator	All CT scans for adults 18 years and older **NOT** performed in an inpatient setting that end during the measurement period and have a CT Dose and Image Quality Category
Exclusion	CT exams where Dose and Image Quality Category is “Full Body” (LOINC code LA31771-1)
Numerator	CT exams where: • The Calculated CT Size-Adjust Dose exceeds its respective category threshold OR • The Calculated CT Global Noise exceeds its respective category threshold

Calculated CT Size-Adjusted Dose: Reflects total radiation dose, risk-adjusted by patient size (XXS to XXL)

Calculated CT Global Noise: Assesses pixel data to determine image quality. Ensures reducing radiation dose does not result in “noisy” images that may hinder diagnosis.

For more information:

- Electronic Clinical Quality Improvement (eCQI) Resource Center Hospital – Outpatient eCQMs: https://ecqi.healthit.gov/oqr/ecqms
- eCQM Expert to Expert Webinar Series: https://ecqi.healthit.gov/ecqms/education

ECAT Measure Specifications

Denominator	All ED visits that end during the measurement period for all patients
Numerator	ED visits where the patient experiences any of the following quality gaps in access: 1. The patient was not placed or waited longer than 60 minutes after arrival to the ED to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination, or 2. The patient left the ED without being evaluated by a physician, advanced practice nurse, or physician's assistant, or 3. The patient was boarded in the ED for longer than 240 minutes[1], or 4. The patient had an ED length of stay (LOS) (time from ED arrival to time ED departure) of longer than 480 minutes[1].

[1] ED encounters with ED observation stays are excluded from numerator criteria #3 (boarding) and #4 (ED LOS).

ECAT Measure Numerator 3

The definition for “boarding” is different in the Hospital OQR Program and REH Quality Reporting Program versions of the ECAT measure.

Program	CMS eCQM ID	Boarding Definition
REH Quality Reporting	1264	Time from **Decision to Transfer** order to ED departure for **transferred** patients
Hospital OQR	1244	Time from **Decision to Admit** order to ED departure for **admitted** patients

A **Decision to Admit** can be captured using any of the following:

- An evaluation that results in a decision to admit
- An order to admit to inpatient
- An order for a bed assignment
- Start of inpatient admission

ECAT Measure Stratification

Stratified by Age and Mental Health Principal Diagnosis [1]

Stratification	Age at Start of ED Encounter
Pediatric with No Mental Health Diagnosis	<18
Adult With No Mental Health Diagnosis	≥ 18
Pediatric with Mental Health Diagnosis	<18
Adult with Mental Health Diagnosis	≥ 18

[1] List of clinical codes included can be found on the Value Set Authority Center (VSAC) at https://vsac.nlm.nih.gov/. Click on the "Search Value Sets" tab and enter the value set ID (2.16.840.1.113762.1.4.1046.285) to review codes included in the respective value set.

Hospital OQR Program
ECAT Measure Sample Calculation

Scenario 1

Patient aged **25 arrives at ED** at **1pm.** Triage nurse takes **vital signs and brief history in the ED hallway at 1:30pm. ED encounter ends** at 4pm has a discharge disposition of **"left without being seen."**

Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 min	Numerator 4: ED LOS > 480 min
✓	✓	X	X

ED encounter meets numerator #1 and numerator #2 as the patient was not placed in a treatment room and has a discharge disposition of "left without being seen".

Scenario 2

Patient aged **5 arrives** with parents **at ED** at **5pm.** Child is placed in an ED room at 5:15pm. NP decides to **admit child for observation in the ED at 6:30pm**. Child is **discharged and leaves the ED** at **1:18am**.

Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 min	Numerator 4: ED LOS > 480 min
X	X	N/A	N/A

Although the ED LOS exceeds 480 minutes, observation stays are not evaluated for numerators #3 and #4.

Hospital OQR Program
ECAT Measure Sample Calculation

Scenario 3

Patient aged **65 arrives at ED** at **9am with dementia-related psychosis**. Patient is placed in a **treatment room** at **9:45am.** Doctor signs an **admit order** at **10:30am,** but no inpatients beds are available. **ED encounter ends** at **3:20pm**, when **patient leaves the ED and is admitted as an inpatient**.

Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 min	Numerator 4: ED LOS > 480 min
X	X	✓	X

ED encounter meets numerator #3 since time from the "Decision to Admit" order to ED departure (380 minutes) exceeds 240 minutes.

Scenario 4

Patient aged **35 arrives at ED** at **11am and** is **placed in** an **ED room** at **12:05pm.** Patient is **discharged and leaves the ED** at **3pm**.

Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 min	Numerator 4: ED LOS > 480 min
✓	X	X	X

ED encounter meets numerator #1, since time to treatment room (65 minutes) exceeds 60 minutes.

Hospital OQR Program
ECAT Measure Sample Calculation

Scenario	Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 Min	Numerator 4: ED LOS > 480 min
1	✓	✓	X	X
2	X	X	N/A	N/A
3	X	X	✓	X
4	✓	X	X	X

$$\text{Overall Measure Score} = \frac{\text{Numerator}}{\text{Denominator}} = \frac{3}{4} = 75\%$$

Hospital OQR Program
ECAT Measure Sample Calculation

Scenario	Numerator	Age	Mental Health Diagnosis
1	✓	≥18	X
2	X	<18	X
3	✓	≥18	✓
4	✓	≥18	X

Stratified Measure Score

Stratification	Numerator	Denominator	Measure Score
Pediatric with No Mental Health Diagnosis	0	1	0%
Adult With No Mental Health Diagnosis	2	2	100%
Adult With Mental Health Diagnosis	1	1	100%

eCQM Resources

- eCQI Resource Center Hospital – Outpatient eCQMs: https://ecqi.healthit.gov/oqr/ecqms
  - Includes information on measure specifications, definitions, value sets, flow sheets
- ONC Project Tracking System: https://oncprojectracking.healthit.gov
  - Create an account, search for an issue, and create an issue and submit technical and implementation questions in the ONC Project Tracking System (Jira)
- eCQM Expert to Expert Webinar Series: https://ecqi.healthit.gov/ecqms/education
  - Annual Updates for Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults eCQM (for both Inpatient and Outpatient Settings) - April 30, 2026

QRDA Category I

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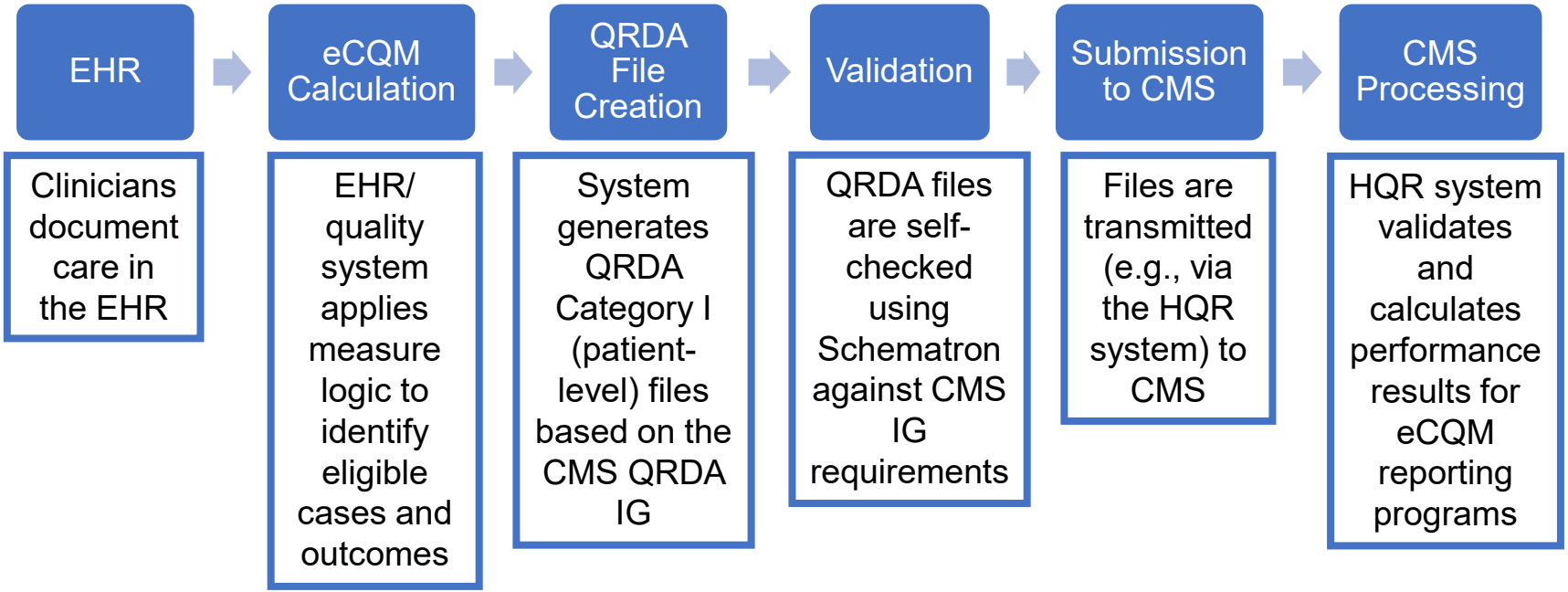
QRDA Background

- QRDA is an implementation of the HL7 Clinical Document Architecture (CDA) standard, using constrained templates to represent eCQM data for reporting.
- Hospitals are required to successfully submit QRDA Category I files for all episodes of care or submit a denominator declaration, if applicable.
- CMS published the 2026 CMS QRDA Category I Implementation Guide (IG), Schematron, and Sample File for HQR.
  - These materials outline the requirements for eligible hospitals and critical access hospitals to report eCQMs.
  - The Schematron serves as a companion to the IG and enables automated validation of QRDA documents against the specified requirements.

For detailed information, access the eCQI Resource Center: https://ecqi.healthit.gov/qrda.

QRDA Overview

A QRDA is a report file that hospitals send to CMS.



QRDA information is available at: https://ecqi.healthit.gov/qrda/education

QRDA Submission Details

- CMS expects one QRDA Category I file, per patient, per quarter.
  - Each QRDA Category I file should include all measures applicable to that patient and all episodes of care that are applicable to the measures being reported.
- Maximum individual file size is 10 megabytes.
- Upload files by ZIP file (.zip).
- The maximum number of QRDA Category I files within the zip file is 14,999.
  - Hospitals may submit more than one zip file.
  - Batches may contain QRDA files from different quarters.
  - Quarters cannot be combined within the same QRDA Category I file

Hospital OQR Program Reference Checklist: https://qualitynet.cms.gov/outpatient/oqr

Ensuring Data Uniqueness

- The presence of duplicated data could potentially lead to increased data processing time.
- Key elements for determining data uniqueness are the following:
  - Data types except encounter
  - Encounter performed

QRDA Category I Requirements

- **QRDA Category I Reporting**
  - The HL7 CDA QRDA I, Release 1, Standard for Trial Use (STU) 5.3 is the base standard for CMS QRDA reporting. It defines the framework allowing for one or multiple measures to be reported.
  - CMS QRDA I IG inherits the HL7 IG's constraints, defining tighter, more CMS-specific requirements for program reporting
- **eCQM Specifications**

  The eCQM specifications for reporting define individual measure populations and associated terminologies and value sets.

HL7 QRDA Category I STU 5.3: https://www.hl7.org/implement/standards/product_brief.cfm?product_id=35

QRDA Category I Requirements

- **Succession Management**

  QRDA Category I reports use successive replacement files.
- **QRDA Category I Report Document Succession Management for HQR**

  HQR allows file resubmissions to update a previous file based on key elements.
- **Program Identifiers used in Succession Management**

  Each QRDA Category I submission must contain only one CMS program name.

See section 4.3 of the QRDA Category I IG for further details on Succession Management

Key Elements

The key elements for succession management are the following:

- CMS Certification Number (CCN)
- CMS Program Name
- EHR Patient ID
- EHR Submitter ID
- Reporting period specified in the Reporting Parameters Section

Required Templates

Templates Versioning and Validations

- *Versioning* of templates within QRDA (CDA) files are a key consideration. When constraints/requirements change within any CDA template, a new version of the template is defined (described in 4.1.3 Template Versioning of the HL7 QRDA/ STU 5.3) by assigning a new date value to the template (root) extension.
- Correct template versions that are specified by both the HL7 QRDA/STU 5.3 and the CMS IG must be used for QRDA Category I submissions.

Required Templates Example

- **For 2025 reporting**, the QRDA Category I Document template used for reporting to CMS was '*V8*' and was defined by templateId root='2.16.840.1.113883.10.20.24.1.3' and extension='*2022-02-01*'

  Note: This template was last versioned in 2022 with no new/update requirements since 2022, so that version of the template continued in use through 2025.

- **For 2026 reporting**, an update to administrativeGenderCode requirement was agreed to, so the document template was versioned and *V9* was required for reporting. *V9* was defined by templateId root='2.16.840.1.113883.10.20.24.1.3' and extension='*2025-03-01'.*
  - Same template used, so same templateId root. New template version is denoted by new extension.

All Required Templates

Required templates from the 2026 CMS QRDA Category I IG

For 2026 reporting, the following templates are required to exist in QRDA for the file to be accepted for validation:

- <templateId root="2.16.840.1.113883.10.20.22.1.1“ extension="2015-08-01"/>
- <templateId root="2.16.840.1.113883.10.20.24.1.1“ extension="2017-08-01"/>
- <templateId root="2.16.840.1.113883.10.20.24.1.2“ extension="2021-08-01"/>
- <templateId root="2.16.840.1.113883.10.20.24.1.3“ extension="2025-03-01"/>

See CONF.# ‘CMS_0073’ for this requirement (IG Section 5.3.3).

Required Measure Identifier

Submit eCQM Version Specific Measure Identifier only.

The eCQM Version Specific Measure Identifier is required to uniquely identify the version of an eCQM and submitted in QRDA Category I.

- It is recommended that eCQM Version Numbers not be included in QRDA submissions due to known data type mismatch issues between the HL7 QRDA and Health Quality Measure Format (HQMF) version.
- See Section 4.6 of the CMS QRDA Category I IG for complete guidance.

Value Sets

- **The eCQM Specified Value Sets take precedence.**

  On occasion, specified value sets in eCQMs do not align with value sets of corresponding QRDA Category I data elements. The value sets specified in eCQMs always take precedence.

- **Value Set codes are case sensitive.**
  - Codes from code systems contain alpha characters which are validated in the HQR system.
  - How codes are displayed in the Vocabulary file (voc.xml) and VSAC. VSAC exports will serve as the source for conducting case validations for value sets.

Required Time Zone

- Time comparisons or elapsed time calculations are frequently involved as part of determining measure population outcomes.
- See QRDA Category I Section 4.5 (Time Zone) for complete details.

Table 1: Time Zone Validation Rule

CONF. #	Rules
CMS_0121	A Coordinated Universal Time (UTC time) offset should not be used anywhere in a QRDA Category I file or, if a UTC time offset is needed anywhere, then it ***must*** be specified ***everywhere*** a time field is provided.

Troubleshooting and Support

For troubleshooting and support of QRDA Category I submission, refer to the Appendix of the IG for resources.

- The eCQI Resource Center: https://ecqi.healthit.gov/
- The National Library of Medicine VSAC contains the official versions of the value sets used for eCQMs and hybrid measures: https://vsac.nlm.nih.gov/
- The Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System is a tool to submit issues and request guidance on measure logic, specifications, and certification: https://oncprojectracking.healthit.gov

Data Submission Requirements

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Education Lead
Outpatient Quality Reporting Support Team

Program Reporting Requirements

STEMI Measure Reporting Requirements

Reporting Period	Quarters	Submission Deadline
CY 2023	Any quarter(s)	May 15, 2024
CY 2024	One self-selected quarter	May 15, 2025
CY 2025	Two self-selected quarters	May 15, 2026
CY 2026	Three self-selected quarters	May 17, 2027
CY 2027	Four quarters (one calendar year)	May 15, 2028

Hospital OQR Program
CY 2026 eCQM

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
Appropriate Treatment for STEMI Patients in the ED	Jan 1–Dec 31, 2026	May 17, 2027	Jan 1—Dec 31, 2028

Hospital OQR Program CY 2027 eCQMs

CY 2027 reporting period.

Measure	Reporting Period	Submission Deadline
Appropriate Treatment for STEMI Patients in the ED	Jan 1–Dec 31, 2027	May 15, 2028
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults **(voluntary)**	Jan 1–Dec 31, 2027	

CY 2027 voluntary reporting period begins with mandatory reporting the following year.

Measure	Reporting Period	Submission Deadline
Emergency Care Access & Timeliness	Jan 1–Dec 31, 2027	May 15, 2028

This measure will replace the Left Without Being Seen and Median Time from ED Arrival to ED Departure for Discharged ED Patients measures beginning with **mandatory** reporting in the CY 2028 reporting period/CY 2030 payment determination.

REH Quality Reporting Program CY 2027 eCQM

CY 2027 Reporting Period/CY 2029 Program Determination

Measure	Reporting Period	Submission Deadline	Program Determination
Emergency Care Access & Timeliness eCQM	Jan 1–Dec 31, 2027	May 15, 2028	Jan 1–Dec 31, 2029
Optional reporting begins with CY 2027 reporting period/CY 2029 program determination. If reporting this measure, it will replace the Median Time from ED Arrival to ED Departure for Discharged ED Patients measure.			

Resources

Program Resources

- The *Guide to Successful Reporting in the Hospital OQR Program* and the *Guide to Successful Reporting in the REH Quality Reporting Program* are on the Quality Reporting Center website.
- Hospital OQR Program and REH Quality Reporting Program measures and deadlines are on the QualityNet website.

Other Resources

- **Outpatient Quality Reporting Support Team**
  - Phone: 866.800.8756
  - Ask a question via QualityNet Question and Answer Tool
- **Center for Clinical Standards and Quality Service Center**
  - Phone: 866.288.8912
  - Email: qnetsupport@cms.gov

Survey

Please click here to complete a short survey.

Continuing Education Approval

This program has been approved for one credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

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