

March 9, 2017

Kate Goodrich, M.D.
Director, Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Electronic Clinical Quality Measure Submission Deadline

Dear Dr. Goodrich:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, **the American Hospital Association (AHA) urgently requests that the Centers for Medicare & Medicaid Services (CMS) extend the deadline for the submission of electronic clinical quality measure (eCQM) data for the 2016 reporting period for the Hospital Inpatient Quality Reporting (IQR) and for the Electronic Health Record (EHR) Incentive Programs beyond the current deadline of March 13.** Hospitals and health systems report significant challenges with completing their eCQM data reporting, putting at risk their successful completion of their IQR reporting and meaningful use attestation.

We appreciate the Jan. 17 announcement that extended the eCQM submission deadline to March 13 in the Hospital IQR program and the Feb. 6 announcement that extended the EHR Incentive Program deadline to align with the Hospital IQR. However, we believe that additional time is required for hospitals to successfully meet the eCQM data submission requirements and for CMS to successfully manage the influx of eCQM data files. Failure to successfully submit eCQM data to both programs places hospitals at risk for an annual payment reduction equal to the applicable market basket update in a future payment year (25 percent reduction under the IQR program and 75 percent reduction under meaningful use). **In the event that CMS is unable to extend the current March 13, 2017 eCQM submission deadline, the AHA requests that CMS forgive the payment penalties that would otherwise be imposed on hospitals unable to successfully submit eCQM data to the Hospital IQR and the EHR Incentive Programs.**

Hospitals and health systems report several system issues that challenge their successful eCQM submissions. These issues include QRDA-I files that are too large to be accepted in the Quality Net secure portal, system down time because too many people are trying to access the portal, and



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the receipt of vague error messages that require assistance from Quality Net or the Quality Net contractor to understand. Hospitals also have reported vendor issues, including certified technology that supports test file submission but not production file submission and receipt of last minute software patches that yield inaccurate measure data.

Additionally, some hospitals that electronically submitted eCQMs and attested to meaningful use inform us that their meaningful use attestation submission status is shifting from “in progress” to “pending eReporting” and back to “in progress” without any action on their part. A reversion in submission status for hospitals with a documented attestation and a submission receipt is a cause for concern, as hospitals with an “in progress” status will be considered unsuccessful in meeting meaningful use, and therefore subject to financial penalties. Impacted hospitals are weighing next steps, including resubmission of eCQM data to the already taxed QualityNet Secure Portal.

We recognize that CMS has taken steps to improve the functioning of its systems to receive eCQM data. For example, the decision to temporarily disabled access to eCQM submission summary and performance summary reports at the QualityNet secure portal may alleviate the very slow processing times on the portal. However, we are concerned that the eCQM submission status report workaround does not provide complete information or confirmation of a successful submission. We understand there is one data feed from Hospital IQR to the EHR Incentive Program and a hospital’s successful eCQM submission to satisfy requirements in both programs may not be confirmed until after the close of the submission deadline. This lack of confirmation about whether a submission was successful is not fair to hospitals, given the financial penalties that result from an unsuccessful submission.

Thank you for your consideration of this request for a submission deadline extension. Should you have any questions concerning this letter, please contact me or Diane Jones, senior associate director of policy, at (202) 626-2305 or djones@aha.org.

Sincerely,

/s/

Ashley Thompson
Senior Vice President
Public Policy Analysis and Development

cc: Pierre Yong, Center for Clinical Standards and Quality, Center for Medicare and Medicaid Services