

## End-to-End Electronic Reporting FAQ

**Question:** How can I submit a measure to meet the end-to-end electronic reporting bonus criteria?

**Answer:** Your end-to-end electronic submission is data submitted directly to CMS by your vendor, third party, registry, or from your Certified EHR Technology (CEHRT) system. In order to receive the end to end bonus the CEHRT system must directly send the data in the right format without any manual manipulation.

If you're only submitting eCQMs, your vendor can use the Quality Reporting Document Architecture (QRDA) III file format. The QRDA III submissions will have the EHR benchmark applied if there's an EHR benchmark available.

If you're submitting eCQMs, MIPS quality measures, and QCDR measures, your vendor can use the QPP JSON/XML file format since QRDA III only supports eCQM measure submission. If your QPP JSON/XML file format submission shows end-to-end electronic reporting, you can still earn bonus points if you've chosen the end-to-end flag. Any measure that has an eCQM equivalent will have the EHR benchmark applied if there's an EHR benchmark available. A Registry measure or QCDR measure that doesn't have an eCQM equivalent will have the registry or QCDR benchmark applied if one's available.

If your QPP JSON/XML file format submission doesn't indicate end-to-end electronic reporting, you might not earn bonus points and you might have the Registry benchmark applied. See Table 18 in the CY 2017 Quality Payment Program Performance Period final rule (81 FR 77298) for end-to-end electronic reporting requirement examples.

Table 1 gives you a high-level summary of end-to-end electronic submission.

**Table 1 – High-level Summary of End-to-End Electronic Submission**

	<b>EHR Benchmark Exists</b>	<b>EHR Benchmark Does Not Exist</b>
End-to-End Electronic Flag = <b>Yes</b>	One End-to-End Bonus Point Use EHR Benchmark	One End-to-End Bonus Point Use Registry Benchmark
End-to-End Electronic Flag = <b>No</b>	No End-to-End Bonus point Use Registry Benchmark	No End-to-End Bonus point Use Registry Benchmark

Table 2 sums up scenarios for bonus points and benchmarks applied depending on the measure type submission.

**Table 2 – Summary of Scenarios for Bonus Points and Benchmarks  
Applied Depending on Measure Type Submission**

<b>Measure Type Submission</b>	<b>End-to-End Reporting Selected in Submission File</b>	<b>Bonus Points Awarded</b>	<b>Benchmark Applied</b>	<b>Submission File Format</b>
Registry/QCDR measures only ( <b>with</b> eCQM equivalents)	Yes	Yes	EHR (if available)	QPP JSON/XML

Measure Type Submission	End-to-End Reporting Selected in Submission File	Bonus Points Awarded	Benchmark Applied	Submission File Format
Registry/QCDR measures only ( <b>without</b> eCQM equivalents)	Yes	Yes	Registry (if available)	QPP JSON/XML
Registry/QCDR measures only	No	No	Registry (if available)	QPP JSON/XML
Registry/QCDR and eCQM measures	No	No	Registry (if available)	QPP JSON/XML
eCQMs only	No*	Yes	EHR (if available)	QRDA III

\*eCQMs submitted using a CEHRT system with the QRDA III format will have the end-to-end automatically calculated consistent with MIPS scoring policy.

Table 3 gives you examples of end-to-end electronic reporting requirements from the CY 2017 Quality Payment Program final rule.

**Table 3 – Examples Illustrating How End-to-End Electronic Reporting Requirements Work**

MIPS Eligible Clinician Scenario	Actions Taken	Meets End-to-End Reporting Bonus
Uses health IT certified to § 170.314 or § 170.315(c)(1) through (3)—that is, the MIPS eligible clinician's system is certified capable of capturing, calculating, and reporting MIPS eCQMs	MIPS eligible clinician uses their e-measure-certified health IT to submit MIPS eCQM to CMS via EHR data submission mechanism (described at 42 CFR 414.1325)	Yes
Uses health IT certified to § 170.314 or § 170.315(c)(1) to capture data and export MIPS eCQM data electronically to a third-party intermediary	The third-party intermediary is certified to be in conformance with § 170.415(c)(2-3) (import data/calculate, report results) for each measure; and calculates and submits MIPS eCQMs	Yes
Uses health IT certified to § 170.314 or § 170.315(c)(1) to capture data and export a MIPS eCQM electronically to a QCDR	QCDR uses automated, verifiable software to process data, calculate and electronically report to a MIPS eCQM to CMS consistent with CMS-vetted protocols	Yes

MIPS Eligible Clinician Scenario	Actions Taken	Meets End-to-End Reporting Bonus
<p>Uses certified health IT, including but not necessarily limited to that needed to satisfy the definition of CEHRT at § 414.1305, to capture demographic and clinical data and transmit it to a QCDR using appropriate Clinical Document Architecture standard (such as QRDA or C-CDA)</p>	<p>QCDR uses automated, verifiable software to process data, calculate and electronically report to MIPS approved non-MIPS measures consistent with CMS-vetted protocols</p>	<p>Yes</p>
<p>Uses certified health IT, including but not necessarily limited to that needed to satisfy the definition of CEHRT at § 414.1305, to capture demographic and clinical data. Makes data available to a third-party intermediary via secure application programming interface (API)</p>	<p>The third-party intermediary uses automated, verifiable software to process data, calculate and electronically report to MIPS approved non-MIPS measures consistent with CMS-vetted protocols</p>	<p>Yes</p>
<p>Uses certified health IT, including but not necessarily limited to that needed to satisfy the definition of CEHRT at § 414.1305, to capture demographic and clinical data and transmit it to the third-party intermediary using appropriate standard or method (QRDA, C-CDA, API)</p>	<p>The eligible clinician or group, or a third-party intermediary uses automated, verifiable software to process data, calculate and reports to MIPS approved measures through manual entry, or manual manipulation of an uploaded file, into a CMS web portal</p>	<p>No; manual entry interrupted data flow and electronic calculation is not verified.</p>