What is the new CMS ECAT measure, and how should health systems prepare?

What is the Centers for Medicare & Medicaid Services' (CMS') new ECAT measure, and when will it take effect?

- **Emergency Care Access and Timeliness (ECAT) is a new quality measure CMS is using to directly target emergency department (ED) boarding.** The ECAT electronic clinical quality measure (eCQM) uses electronic health record (EHR) data to measure the percentage of ED visits that experience an access or timeliness gap.

- **A visit fails if it trips any one of four thresholds.** An ED visit is flagged if time from arrival to a treatment space exceeds 60 minutes, the patient leaves without being evaluated, an admitted patient remains in the ED more than 240 minutes after the decision to admit, or total ED length of stay exceeds 480 minutes. ECAT replaces OP-18 (Median Time from ED Arrival to Departure for Discharged Patients) and OP-22 (Left Without Being Seen), reflecting a broader federal focus on emergency care access and throughput.

- **ECAT is scored as a rate, for which lower is better.** A hospital's ECAT score is the percentage of qualifying ED visits that trip one or more thresholds. CMS compares performance among EDs with similar visit volumes and reports results by age and mental health diagnosis.

- **The clock is ticking.** Voluntary reporting begins CY2027, mandatory reporting in CY2028. CY2028 is the first scored year, with data due May 15, 2029, and payment impact beginning in CY2030.

What this means for healthcare organizations

- **ED boarding performance will become public, comparable, and tied to reimbursement.** Longstanding ED access and throughput challenges will become more transparent. Patients, payers, and other stakeholders will gain greater visibility into hospital performance.

- **Non-compliance carries financial and reputational implications.** Hospitals that fail to meet CMS Hospital Outpatient Quality Reporting (OQR) requirements face a 2.0 percentage-point cut to their annual Outpatient Prospective Payment System (OPPS) payment update. CMS will also publicly report ECAT results on Care Compare and incorporate them into the Overall Hospital Quality Star Rating.

- **Reporting is not the same as performing.** Submitting clean data protects against the reporting penalty but does not affect the score. Favorable ECAT results depend on whether patients move through the ED and into inpatient beds in a timely manner.

- **ED boarding is a hospital-wide challenge, not simply an ED problem.** Delays often reflect inpatient capacity, discharge timing, bed placement, staffing, and care coordination challenges. Improving access performance requires coordination across ED and inpatient operations. Because boarding is the greatest operational threat to emergency access, ECAT attaches federal dollars to performance—making this a problem for both compliance and operations leaders.

- **Reliable EHR data is essential.** ECAT depends on EHR documentation of patient movement and clinical decisions. Inconsistent timestamps or workflows can distort performance, making data validation and operational improvement equally important for accurate reporting.

What healthcare organizations need to do now

- **Establish governance and accountability.** Connect ED and inpatient leaders with capacity management, quality, clinical informatics, IT, and compliance leaders to coordinate priorities, decisions, and improvements.

- **Validate ED data and documentation.** Engage clinical informatics and IT to review timestamps, data extraction, and workflows so results reflect actual patient care timeliness rather than variation driven by documentation gaps and incongruencies.

- **Baseline ECAT performance today.** Calculate the four thresholds against current data to see where the facility would stand. Use the voluntary CY2027 window to test data integrity, surface gaps, and improve ED and inpatient throughput.

- **Identify the operational drivers.** Determine whether performance is driven primarily by ED intake, inpatient boarding, discharge timing, bed turnover, or other capacity constraints.

Are you ready?

We can help. Contact us to learn more about how Chartis brings together clinical operations, technology, and compliance expertise to assess ECAT readiness, validate EHR reporting data, and improve patient flow across the hospital during the voluntary CY2027 window. We'll help support better ED and inpatient throughput while maintaining compliance with EMTALA obligations.

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