



Medicare & Medicaid EHR Incentive Programs

**Meaningful Use Stage 2:
Clinical Quality Measures for Eligible Professionals
in 2014 and Beyond
National Provider Call
10-24-12**

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Today's CMS Speakers

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Today's Objectives

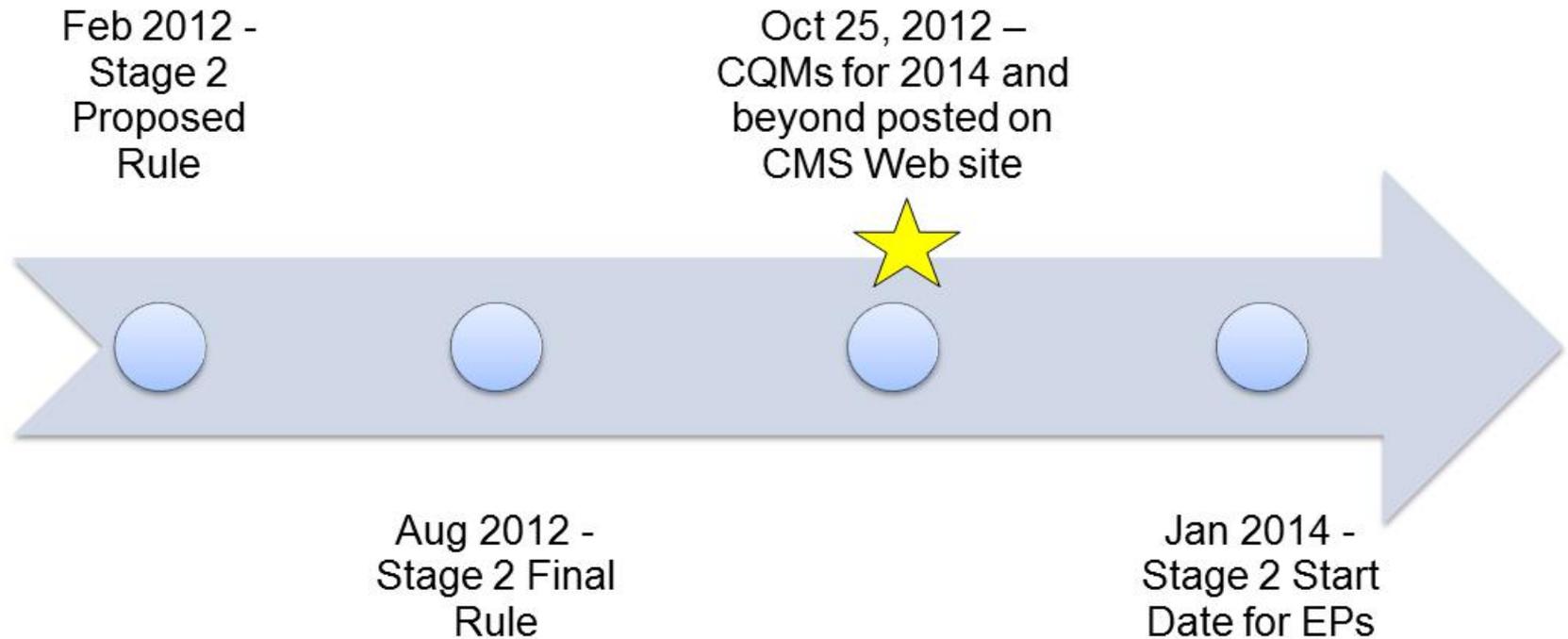
EHR Incentive Program Meaningful Use Stage 2 Requirements for Eligible Professionals (EP)

Focus: 2014 Clinical Quality Measures (CQMs)

- Present 2014 CQM Requirements for Meaningful Use
- Explain the components of electronic clinical quality measures
- Provide additional resources for more information
- Answer participants' questions

Meaningful Use Stage 2

Meaningful Use Stage 2 (MU2) Timeline



CQM Required Reporting Timelines Finalized in the Rule

CQM Reporting Time Periods:

- In the first year of Stage 1 participation, an EP can submit any continuous 90-day period. Subsequent reporting periods will be 1 calendar year.
 - EPs have a reporting period of January 1 - December 31 (calendar year).
 - Submissions must be made no more than 2 months following the end of the calendar year (Feb 28).
- EPs demonstrating meaningful use in the year 2014 will only be required to submit a 3-month period of CQM data for the year.
 - Unless an EP is in the first year of Meaningful Use, the three months must coincide with a calendar-year quarter, though EPs may select to submit data for any quarter in the year.
- Those initiating or continuing Stage 2 in 2015 will be required to report a full calendar year of data.

CQM Reporting Options in 2014 and Beyond

Option 1: Report through Certified EHR Technology

- 9 CQMs in at least 3 different domains
- Though not required, CMS suggests a core set of measures for both adults and children
- For this reporting option, CQMs will be submitted on an aggregate basis reflective of all patients without regard to payer

Option 2: Utilize the Physician Quality Reporting System (PQRS)* EHR Reporting Option

- Submit and satisfactorily report PQRS CQMs under PQRS EHR Reporting option using CEHRT
- EPs selecting this option will be subject to the reporting periods established for the PQRS EHR reporting option

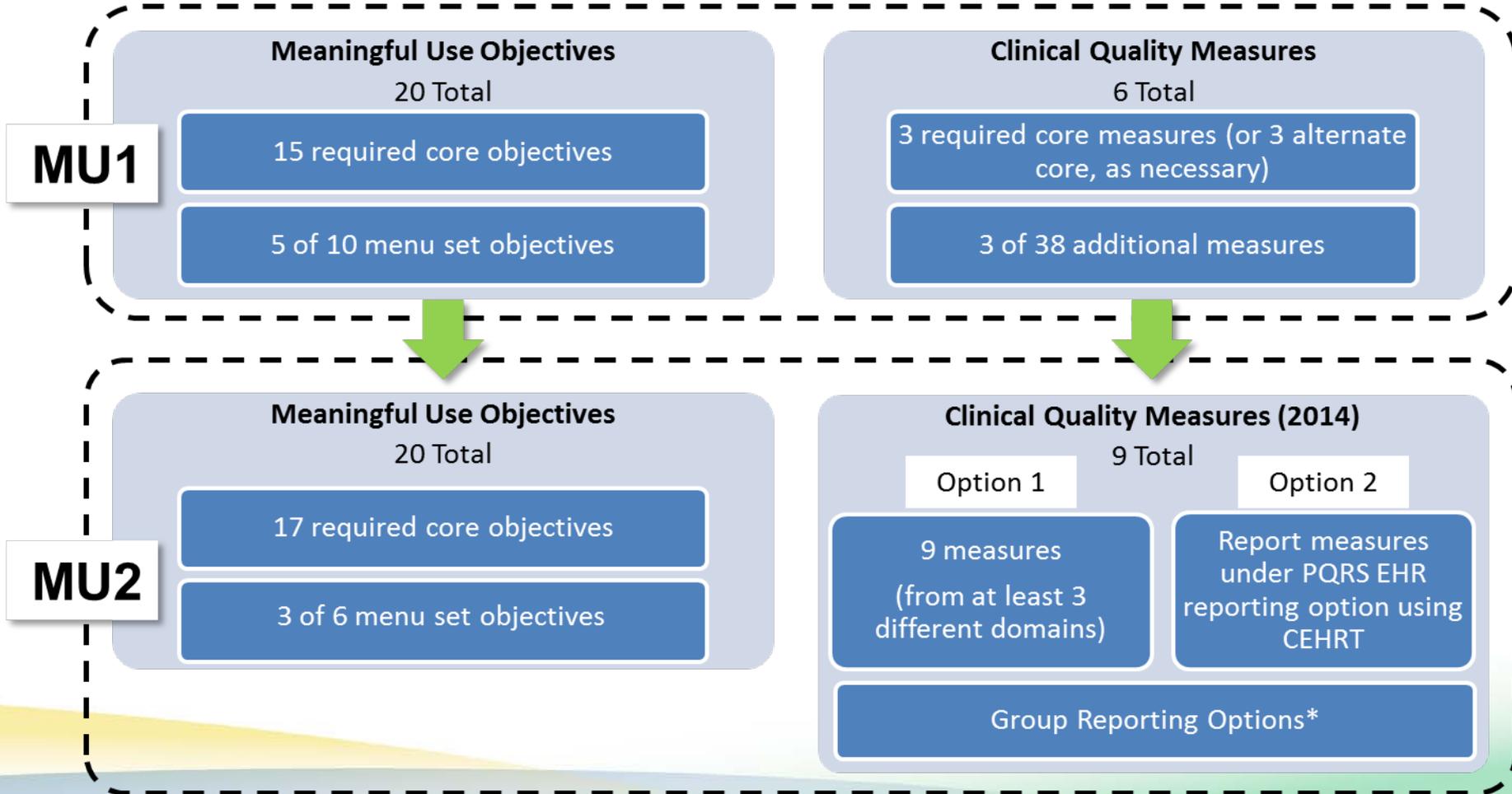
*For more information on the requirements of the PQRS, refer to 42 CFR 414.90 and the CY 2013 Medicare PFS proposed rule (77 FR 44805 through 44988)

CQM Reporting Options in 2014 and Beyond (Cont.)

Group Reporting:

- Option A: EPs in an ACO (Medicare Shared Savings Program or Pioneer ACO) who satisfy requirements of Medicare Shared Savings Program using Certified EHR Technology
- Option B: EPs who satisfy requirements of PQRS GPRO option using Certified EHR Technology

Changes to Meaningful Use Reporting Requirements Finalized in the Stage 2 Rule



*See previous slide

Key Changes to Meaningful Use Objective Requirements in the Final Rule

- For details regarding the requirements for meaningful use objectives in the Final Rule, see the CMS Stage 2 website (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html)
 - Stage 1 vs. Stage 2 Comparison Table for Eligible Professionals
 - Stage 1 Changes Tipsheet
 - Stage 2 Overview Tipsheet
- Note that the Final Rule makes changes to both Stage 1 (effective January 2013) and Stage 2 (effective January 2014) meaningful use objective requirements.
- Key changes:
 - CQMs are no longer a meaningful use core objective, though reporting CQMs is still a requirement for meaningful use.
 - All Clinical Quality Measures will be submitted electronically.

2014 CQM Selection Criteria

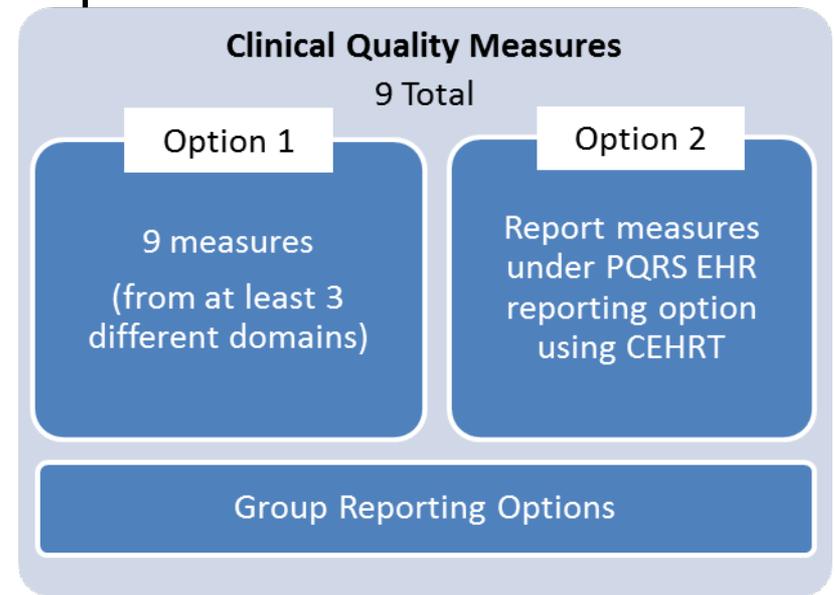
Selection of 2014 CQMs was based on:

- Statutory requirements
- Implemented within the capacity of CMS infrastructure
- Alignment with existing Quality Measure programs
- Measures that address known gaps in quality of care
- Measures that address areas of care for different types of eligible professionals
- **Support CMS and HHS priorities for improved quality of care based on the National Quality Strategy and HITPC recommendations**

CQM Reporting Requirements in 2014

CQM Domains:

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population/Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process/Effectiveness



2014 Clinical Quality Measures by Domain

Domain	Measure	Measure Title	Core (Rec.)
Patient and Family Engagement	NQF 0384*	Oncology: Medical and Radiation – Pain Intensity Quantified	
Patient and Family Engagement	TBD*	Functional status assessment for knee replacement	
Patient and Family Engagement	TBD*	Functional status assessment for hip replacement	
Patient and Family Engagement	TBD*	Functional status assessment for complex chronic conditions	A

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

2014 Clinical Quality Measures by Domain (Cont.)

Domain	Measure	Measure Title	Core (Rec.)
Patient Safety	NQF 0022*	Use of High-Risk Medications in the Elderly	A
Patient Safety	NQF 0101*	Falls: Screening for Future Fall Risk	
Patient Safety	NQF 0419*	Documentation of Current Medications in the Medical Record	A
Patient Safety	NQF 0564*	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	
Patient Safety	NQF 1365*	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	
Patient Safety	TBD*	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range.	

Domain	Measure	Measure Title	Core (Rec.)
Care Coordination	TBD*	Closing the referral loop: receipt of specialist report	A

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

2014 Clinical Quality Measures by Domain (Cont.)

Domain	Measure	Measure Title	Core (Rec.)
Population/ Public Health	NQF 0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	P
Population/ Public Health	NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	A
Population/ Public Health	NQF 0033	Chlamydia Screening for Women	P
Population/ Public Health	NQF 0038	Childhood Immunization Status	P
Population/ Public Health	NQF 0041	Preventive Care and Screening: Influenza Immunization	
Population/ Public Health	NQF 0418*	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	P, A
Population/ Public Health	NQF 0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	A
Population/ Public Health	NQF 1401*	Maternal depression screening	
Population/ Public Health	TBD*	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

2014 Clinical Quality Measures by Domain (Cont.)

Domain	Measure	Measure Title	Core (Rec.)
Efficient Use of Healthcare Resources	NQF 0002	Appropriate Testing for Children with Pharyngitis	P
Efficient Use of Healthcare Resources	NQF 0052	Use of Imaging Studies for Low Back Pain	A
Efficient Use of Healthcare Resources	NQF 0069*	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	P
Efficient Use of Healthcare Resources	NQF 0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

2014 Clinical Quality Measures by Domain (Cont.)

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	
Clinical Process/ Effectiveness	NQF 0018	Controlling High Blood Pressure	A
Clinical Process/ Effectiveness	NQF 0031	Breast Cancer Screening	
Clinical Process/ Effectiveness	NQF 0032	Cervical Cancer Screening	
Clinical Process/ Effectiveness	NQF 0034	Colorectal Cancer Screening	
Clinical Process/ Effectiveness	NQF 0036	Use of Appropriate Medications for Asthma	P
Clinical Process/ Effectiveness	NQF 0043	Pneumonia Vaccination Status for Older Adults	
Clinical Process/ Effectiveness	NQF 0055	Diabetes: Eye Exam	
Clinical Process/ Effectiveness	NQF 0056	Diabetes: Foot Exam	
Clinical Process/ Effectiveness	NQF 0059	Diabetes: Hemoglobin A1c Poor Control	
Clinical Process/ Effectiveness	NQF 0060*	Hemoglobin A1c Test for Pediatric Patients	

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

2014 Clinical Quality Measures by Domain (Cont.)

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	NQF 0062	Diabetes: Urine Protein Screening	
Clinical Process/ Effectiveness	NQF 0064	Diabetes: Low Density Lipoprotein (LDL) Management	
Clinical Process/ Effectiveness	NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	
Clinical Process/ Effectiveness	NQF 0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy— Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	
Clinical Process/ Effectiveness	NQF 0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	
Clinical Process/ Effectiveness	NQF 0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	
Clinical Process/ Effectiveness	NQF 0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

2014 Clinical Quality Measures by Domain (Cont.)

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	NQF 0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	
Clinical Process/ Effectiveness	NQF 0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	
Clinical Process/ Effectiveness	NQF 0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	
Clinical Process/ Effectiveness	NQF 0104*	Major Depressive Disorder (MDD): Suicide Risk Assessment	
Clinical Process/ Effectiveness	NQF 0105	Anti-depressant Medication Management	
Clinical Process/ Effectiveness	NQF 108*	ADHD: Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	P
Clinical Process/ Effectiveness	NQF 110*	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

2014 Clinical Quality Measures by Domain (Cont.)

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	NQF 0385	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	
Clinical Process/ Effectiveness	NQF 0387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	
Clinical Process/ Effectiveness	NQF 0403*	HIV/AIDS: Medical Visit	
Clinical Process/ Effectiveness	NQF 0405*	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	
Clinical Process/ Effectiveness	TBD* (proposed as NQF 0407)	HIV/AIDS: RNA control for Patients with HIV	
Clinical Process/ Effectiveness	NQF 0565*	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	
Clinical Process/ Effectiveness	NQF 0608*	Pregnant women that had HBsAg testing	
Clinical Process/ Effectiveness	NQF 0710*	Depression Remission at Twelve Months	

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

2014 Clinical Quality Measures by Domain (Cont.)

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	NQF 0712*	Depression Utilization of the PHQ-9 Tool	
Clinical Process/ Effectiveness	TBD*	Children who have dental decay or cavities	P
Clinical Process/ Effectiveness	TBD*	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	
Clinical Process/ Effectiveness	TBD*	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	
Clinical Process/ Effectiveness	TBD*	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	
Clinical Process/ Effectiveness	TBD*	Dementia: Cognitive Assessment	
Clinical Process/ Effectiveness	TBD*	Hypertension: Improvement in blood pressure	

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014

Stage 1 CQMs Dropped from Requirements in 2014

Measure No.	Measure Title	Core? (MU1)
NQF 0001	Asthma Assessment	
NQF 0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	
NQF 0013	Hypertension: Blood Pressure Management	Core
NQF 0014	Prenatal Care: Anti-D Immune Globulin	
NQF 0027	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies	
NQF 0047	Asthma Pharmacologic Therapy	
NQF 0061	Diabetes: Blood Pressure Management	
NQF 0067	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	
NQF 0073	Ischemic Vascular Disease (IVD): Blood Pressure Management	
NQF 0074	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	
NQF 0084	Heart Failure(HF): Warfarin Therapy Patients with Atrial Fibrillation	
NQF 0575	Diabetes: Hemoglobin A1c Control (<8.0%)	

Where Can I Find Out More Information About CQMs?

Measure Specifications, Technical Release Notes, and Supporting Documentation can be found at:

- <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>
- On the CMS EHR Incentives Program Web site, click “Clinical Quality Measures”

The screenshot shows the CMS.gov website with the following content:

CMS.gov
Centers for Medicare & Medicaid Services

Medicare | Medicaid/CHIP | Medicare-Medicaid Coordination

Home > Regulations and Guidance > EHR Incentive Programs > Clinical Quality Measures

EHR Incentive Programs

- Path to Payment
- Eligibility Hospital Information
- Registration
- Clinical Quality Measures (CQMs)**
- CMS EHR Meaningful Use Overview
- Attestation
- Medicare and Medicaid EHR Incentive Program Basics
- Medicaid State Information
- Medicare Advantage
- Spotlight and Hearing Events

Clinical Quality Measures (CQMs)

Clinical Quality Measures, also known as CQMs, are a mechanism for assessing observations, treatment, processes, experience, and/or outcomes of patient care.

CQMs are required as part of meaningful use requirements for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

This webpage provides information and resources on the CQMs and how to successfully report them in the Medicare and Medicaid EHR Incentive Programs.

Click on the links below to learn more about a particular topic:

- [General Program Definitions](#)
- [EP CQMs Program Year 2011-2012](#)
- [Eligible Hospital and CAH CQMs for Program Year 2011-2012](#)
- [Information on the EHR Incentive Program Electronic Reporting Pilot](#)

http://www.cms.gov/Outreach-and-Education/Outreach-and-Education.html

For More Specifics on Changes to Meaningful Use with Final Rule

Visit – CMS.gov EHR Incentive Programs Stage 2 Web page

- <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/>

Download – 2014 Clinical Quality Measures Tipsheet

- (See CMS Stage 2 link above)

Listen – Previous Medicare Learning Network (MLN) Fee-For-Service (FFS) National Provider Calls

- <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html>
- *E.g., Stage 2 Requirements for the Medicare and Medicaid EHR Incentive Programs (9/13/2012)*

Read – Federal Register: Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 2, Final Rule

- <http://federalregister.gov/a/2012-21050>

Electronic Clinical Quality Measures (eCQM)

eCQM Specifications

There are 3 components of an eCQM. Each component helps users view, understand, and implement the measure.

XML

Description: A CQM written in Health Quality Measures Format (HQMF) syntax. HQMF is the industry (HL7) standard for representing a CQM as an electronic document.

Likely User: EHR system developers and administrators, analysts.

Use: To enable the automated creation of queries against an EHR or other operational data store for quality reporting.

Value Sets

Description: A value set is comprised of code groupings drawn from multiple code systems that represent clinical concepts. Value sets provide definitions of the data elements necessary to calculate the CQM.

Likely User: EHR users, system developers and administrators, analysts.

Use: To provide the necessary vocabulary to understand and implement the CQM.

Human-Readable

Description: The human-readable HTML equivalent of the XML file content.

Likely User: EHR users.

Use: To identify the details of the CQM in a human-readable format, so that the user can understand both how the elements are defined and the underlying logic of the measure calculation.

eCQM Components: XML

XML

Description: A CQM written in Health Quality Measures Format (HQMF) syntax. HQMF is the industry (HL7) standard for representing a CQM as an electronic document.

Likely User: EHR system developers and administrators, analysts.

Use: To enable the automated creation of queries against an EHR or other operational data store for quality reporting.

The Basics:

- The XML component contains important details about the measure, how the data elements are defined, and the underlying logic of the measure calculation.
- It is organized with the same structure and contains the same information as the human readable file, though it is written in XML programming language.

What's new in 2014

- The XML component was not provided during Stage 1.
- This component provides information that will help programmers in automating different aspects of quality measurement and reporting.



eCQM Components: Value Sets

Value Sets

Description: A value set is comprised of code groupings drawn from multiple code systems that represent clinical concepts. Value sets provide definitions of the data elements necessary to calculate the CQM.

Likely User: EHR users, system developers and administrators, analysts.

Use: To provide the necessary vocabulary to understand and implement the CQM.

The Basics

- Value sets convey information about how different data elements within the CQM are defined, based on code groupings.
- The value set includes a unique identifier, a list of codes, and descriptions of those codes.



What's New in 2014

- The National Library of Medicine will be the oversight authority for value sets, overseeing validation and support, and warehousing a controlled collection of publicly-available value sets.

eCQM Components: Value Sets (Cont.)

Value Sets

Description: A value set is comprised of code groupings drawn from multiple code systems that represent clinical concepts. Value sets provide definitions of the data elements necessary to calculate the CQM.

Likely User: EHR users, system developers and administrators, analysts.

Use: To provide the necessary vocabulary to understand and implement the CQM.

What's New in 2014 (Cont.)

- Updated existing value sets and added new value sets, as necessary, to align with recommendations of the Health Information Technology Standards Committee (HITSC)
- Fully specified ICD-9 and ICD-10 codes and, as applicable, sought alignment with the 2012 PQRS measures
- Code descriptors are provided
- Value set developer information is provided



eCQM Components: Human-Readable Rendition

Human-Readable

Description: The human-readable HTML equivalent of the XML file content.

Likely User: EHR users.

Use: To identify the details of the CQM in a human-readable format, so that the user can understand both how the elements are defined and the underlying logic of the measure calculation.

The Basics:

- A HyperText Markup Language (HTML) file that displays the eCQM narrative content in a human-readable format in a web browser.
- The document is divided into 2 parts:
 - Header: Provides details in a narrative format about the measure itself
 - Body: Contains data criteria and logic for how the measure is calculated

What's New in 2014

- New information added to the Header
 - More details about the measure itself
 - Narrative information to improve understanding of how the measure is calculated



eCQM Human-Readable File: Header

New fields/information were added to the Header in 2014 based on the needs of measure developers, CMS, and end-users.

- CMS Measures Management System Blueprint defines each of the pieces of information (or “metadata”) about each measure that is contained within the Header.
- For more information: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MeasuresManagementSystemBlueprint.html>
 - Download the “Blueprint Volume 1 Measure Development, v9.0” ZIP File
 - Open “Vol 1 Sect 09 eMeasure Specifications.pdf”
 - “Table 9-1 eMeasure Metadata” gives a definition of each field within the Header

Examples of new Header fields in 2014:

- Stratification
- Risk Adjustment
- Risk Aggregation
- Improvement Notation
- Initial Patient Population Definitions
- Denominator (incl. Exclusions and Exceptions)
- Numerator

eCQM Human-Readable File: Header

eCQM Title	Diabetes: Foot Exam		
eCQM Identifier (Measure Authoring Tool)	123	eCQM Version number	1
NQF Number	0056	GUID	c0d72444-7c26-4863-9b51-8080f8928a85
Measurement Period	January 1, 20xx through December 31, 20xx		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Endorsed By	National Quality Forum		
Description	Percentage of patients 18-75 years of age with diabetes who had a foot exam during the measurement period.		

=====

Initial Patient Population	Patients 18-75 years of age with diabetes with a visit during the measurement period
Denominator	Equals Initial Patient Population
Denominator Exclusions	Patients with a diagnosis of gestational diabetes during the measurement period
Numerator	Patients who received a foot exam (visual inspection with either a sensory exam or pulse exam) during the measurement period
Numerator Exclusions	Not Applicable
Denominator Exceptions	None



eCQM Human-Readable File: Body

- Population criteria
- Data criteria
- Reporting stratification
- Supplemental data elements
- Measure observations (continuous variable measures only)

eCQM Human-Readable File: Body - Population Criteria

Population Criteria:

- Defines logic for each population of a measure
- Assembled from underlying data elements using:
 - Boolean operators (e.g., AND, OR)
 - Temporal context (e.g., starts before or during)
 - Relative comparators (e.g., FIRST)
 - Logical function (e.g., NOT, COUNT)
 - Criteria nesting

eCQM Human-Readable File: Example - Population Criteria

Initial Patient Population =

AND: "Diagnosis, Active: Diabetes" starts before or during "Measurement Period"

AND: "Patient Characteristic Birthdate: birth date" >= 18 year(s) starts before start of "Measurement Period"

AND: "Patient Characteristic Birthdate: birth date" <= 75 year(s) starts before start of "Measurement Period"

AND:

OR: "Encounter, Performed: Office Visit"

OR: "Encounter, Performed: Face-to-Face Interaction"

OR: "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up"

OR: "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up"

OR: "Encounter, Performed: Home Healthcare Services"

OR: "Encounter, Performed: Annual Wellness Visit"

during "Measurement Period"

Denominator =

AND: "Initial Patient Population"

Denominator Exclusions =

AND NOT: "Occurrence A of Diagnosis, Active: Gestational Diabetes" ends before start of "Measurement Period"

AND: "Occurrence A of Diagnosis, Active: Gestational Diabetes" starts before or during "Measurement Period"

Numerator =

AND:

AND: "Physical Exam, Performed: Visual Exam of Foot"

AND:

OR: "Physical Exam, Performed: Sensory Exam of Foot"

OR: "Physical Exam, Performed: Pulse Exam of Foot"

during "Measurement Period"

Denominator Exceptions =

None

**Example: eCQM
Population Criteria -
Diabetes: Foot Exam
(NQF 0056)**

eCQM Human-Readable File: Body - Data Criteria

Data Criteria (QDM Data Elements):

- Data criteria are the building blocks to assemble population criteria
 - QDM Element: an atomic unit of information corresponding to data criterion in an eCQM
 - Defines the data type in which the element is expected to be found (including required attributes of elements), the value set names, and value set object identifiers (OID)

Example: eCQM
Data Criteria –
Diabetes: Foot Exam
(NQF 0056)

"Diagnosis, Active: Diabetes" using "Diabetes Grouping Value Set (2.16.840.1.113883.3.464.1003.103.12.1001)"

"Diagnosis, Active: Gestational Diabetes" using "Gestational Diabetes Grouping Value Set (2.16.840.1.113883.3.464.1003.103.12.1010)"

"Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit Grouping Value Set (2.16.840.1.113883.3.526.3.1240)"

"Encounter, Performed: Face-to-Face Interaction" using "Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)"

eCQM Human-Readable File: Body - Supplemental Data Sets

Supplemental Data Sets:

- Definition: Variables used to aggregate data into subgroups
- New in 2014 to collect basic demographic data
- New information can facilitate comparing results across strata to identify disparities

4 Supplemental Data Elements required in each 2014 CQM:

- Sex
- Race
- Ethnicity
- Payer

Supplemental Data Elements

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer Source of Payment Typology Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex Administrative Sex Value Set (2.16.840.1.113762.1.4.1)"

Accessing the eCQMs

Current eCQM specifications are available through the CMS EHR Incentive Program website (www.cms.gov/EHRIncentivePrograms)

- This set of measures will apply to all participating EPs through 2013.

As of October 25, the 64 approved eCQMs for 2014 (for EPs participating in Stage 1 or Stage 2) are available on the CMS website (<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>)

Home > Regulations and Guidance > EHR Incentive Programs > Clinical Quality Measures (CQMs)

EHR Incentive Programs

- Getting Started
- Registration & Attestation
- Medicare and Medicaid EHR Incentive Program Basics
- Meaningful Use
- Stage 2
- Clinical Quality Measures (CQMs)**
- Certified EHR Technology
- Eligible Hospital Information
- Medicaid State Information
- Data and Program Reports
- Educational Resources
- Spotlight and Upcoming Events
- Medicare Advantage
- CMS EHR Incentive Programs

Clinical Quality Measures (CQMs)

Clinical quality measures, or CQMs, are tools that help us measure and track the quality of healthcare services provided by physicians, nurses, hospitals and others in our health care system. These measures use a wide variety of data that are associated with a provider's ability to deliver high-quality care or relate to long term goals for health care quality. Many factors are included in CQMs such as health outcomes, processes and systems in place at a facility, patient perceptions, and treatments provided.

Continuously measuring and reporting these CQMs helps to ensure that our health care system can deliver effective, safe, efficient, patient-centered, equitable, and timely care.

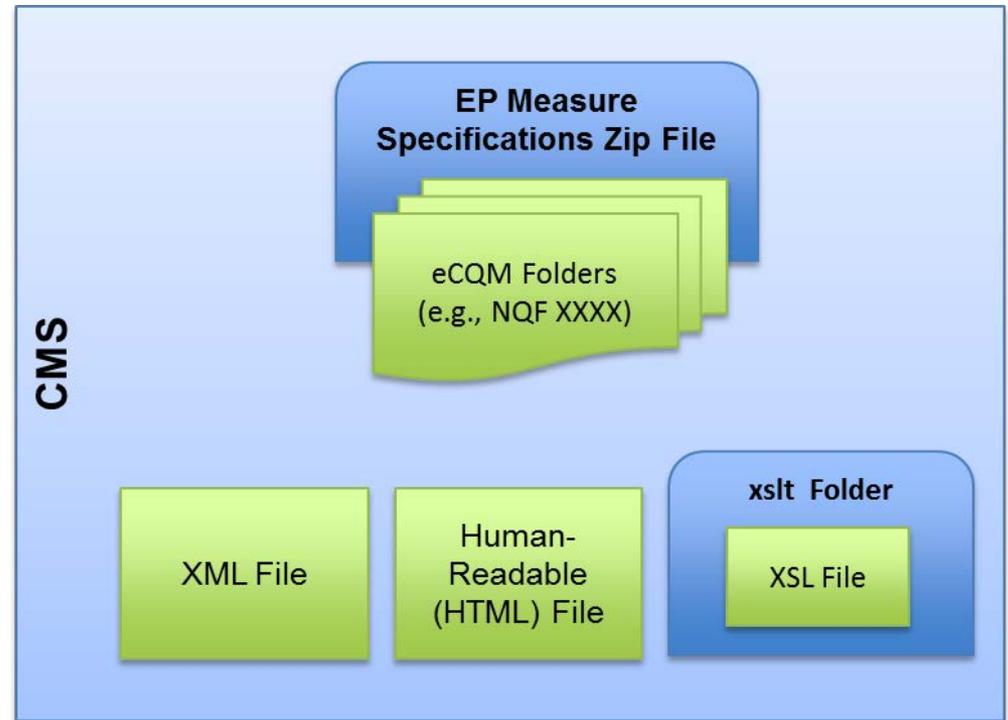
CQMs are required as part of [meaningful use requirements](#) for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Health care providers who wish to participate in the program must measure and submit data from the EHR technology for a set of related CQMs in order to receive an incentive payment in the EHR Incentive Program.

There are 44 measures for eligible professionals to choose from based on program requirements and 15 for eligible hospitals and critical access hospitals under the [current electronic specifications](#). In addition, the [proposed CQMs are available for review](#); however, the 2014 measures are subject to change under the Stage 2 Final Rule.

Accessing the eCQMs (Continued)

To view an individual eCQM, the specification package must be saved and extracted to your computer.

1. Download and save the zip file to your hard drive.
2. Right click on the zip file and select “extract all.”
3. Identify the destination where the extract files should be saved and select “extract.”
4. Navigate to the new folder containing the extracted files.



Accessing eCQM Value Sets

www.nlm.nih.gov/healthit/vsac.html

Value Set Authority Center - Windows Internet Explorer

https://vsac.nlm.nih.gov/

Value Set Authority Center
U.S. National Library of Medicine

Welcome Search Value Sets Help

Welcome to the NLM Value Set Authority Center (VSAC)

The Value Set Authority Center (VSAC) is provided by the National Library of Medicine (NLM), in collaboration with the Office of the National Coordinator for Health Information Technology and the Centers for Medicare & Medicaid Services. The VSAC provides downloadable access to all official versions of vocabulary Value Sets contained in the Clinical Quality Measures (CQMs) that support Meaningful Use Stage 2.

The Value Sets in the VSAC describe the specific populations included and excluded in order to properly calculate each CQM and human-readable names, drawn from standard vocabularies such as SNOMED CT® and ICD-10-CM, that are used in a quality measure (e.g., patients with diabetes, clinical visit). The content of the VSAC will gradually expand to incorporate new measures and updates to existing measures.

Viewing and/or downloading MU2 value sets requires a free Unified Medical Language System® Metathesaurus License. Codes included.

- What services does the Value Set Authority Center offer?
- What are Value Sets?
- How do I download Value Set data from the VSAC?
- What is the model used for distributing Value Set data from the VSAC?
- What are Clinical Quality Measures (CQMs)?
- How can I access official versions of the Stage 2 Meaningful Use CQMs?

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USA.gov

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First published: 21 April 2009

eCQM value sets are published in the Value Set Authority Center (VSAC) on the National Library of Medicine (NLM) website

2014 eCQM Value Sets License Requirement

Access to the Value Set Authority Center requires a free Unified Medical Language System® Metathesaurus License.

- If you or your organization do not have an UMLS license, we encourage you to apply for one as soon as possible.
- <https://uts.nlm.nih.gov//license.html>

Get help locating resources from NLM:

- On the NLM home page, click “Contact NLM” (top, right corner) to access FAQ documents and other resources, or to submit an inquiry electronically.
- Call toll free: (888) FIND-NLM (346-3656); Local and international calls: (301) 594-5983

Resources

Resources – CMS Meaningful Use Stage 2 Web Site

This site presents key criteria for Meaningful Use Stage 2 rule for EPs who would like to continue to participate in the Medicare EHR Incentive Program.

- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html
- Or, navigate to the Stage 2 webpage from the CMS EHR Incentives Program website by clicking on the menu on the left side of the screen.

What you will find:

- Reporting requirements
- Measurement specifications
- Program timeline
- Resources clarifying changes to existing Stage 1 requirements
- Resources comparing MU criteria for Stage 1 and Stage 2
- Link to the August 28, 2012, Final Rule

General Resources - Links

Link to August 2012 Final Rule:

- <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>

CMS EHR Incentive Page:

- <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

ONC EHR and Meaningful Use Page:

- <http://www.healthit.gov/policy-researchers-implementers/meaningful-use>

National Library of Medicine:

- <https://www.nlm.nih.gov>

Value Set Authority Center:

- <http://www.nlm.nih.gov/healthit/vsac.html>

How Do I Submit a Question to CMS?

For General EHR Incentive Programs Questions:

**EHR Information Center:
888-734-6433
(TTY 888-734-6563)**

Questions and Answers

Inquiring Minds?

To ask a question, please press *1 on your touchtone phone.



Evaluate Your Experience with Today's National Provider Call

To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.

All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

We appreciate your feedback!

