Medicare & Medicaid
EHR Incentive Program for Eligible Professionals

In Depth Overview of Clinical Quality Measures
for Reporting Beginning in 2014

7-23-2013

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Today's CMS Speakers

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Today's Objectives

EHR Incentive Program for Eligible Professionals: In-depth Overview of Clinical Quality Measures for Reporting Beginning in 2014
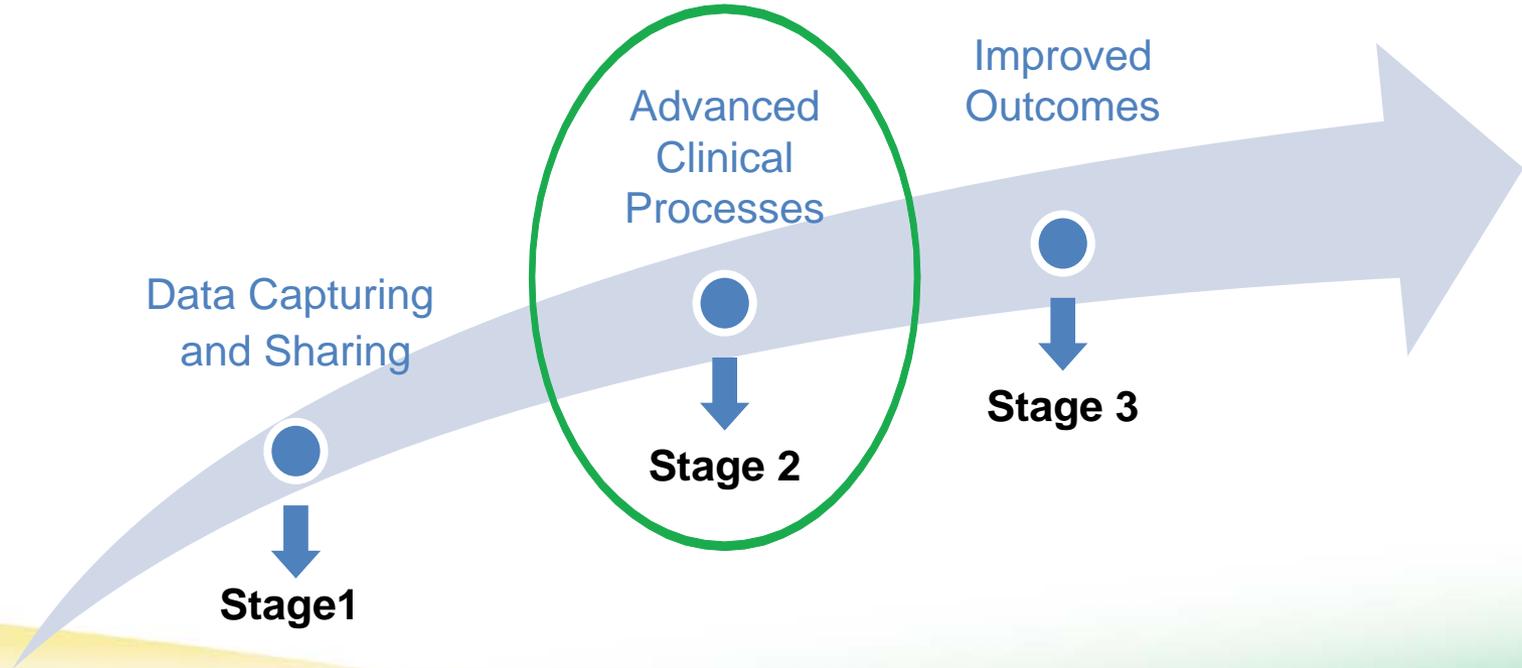
Focus: 2014 Clinical Quality Measures (CQMs)

- Review Background on EHR Incentive Program

- Present Stage 2 Meaningful Use and Certification Requirements

- Discuss Provider Measure Selection

- Answer Participants Questions

Background on EHR Incentive Program: Meaningful Use

EHR Incentive Programs Basics

- The Electronic Health Record (EHR) Incentive Programs were created by the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the American Recovery and Reinvestment Act of 2009.

- The programs have three initial stages, each with its own conceptual approach and requirements to meet Meaningful Use (MU):

Data Capturing and Sharing

Stage1

Advanced Clinical Processes

Stage 2

Improved Outcomes

Stage 3

Medicare EHR Incentive Program Basics

- The maximum incentive payment amount for EPs in the Medicare EHR Incentive Program is $44,000 over five years if the EP begins participating in 2011.
  - NOTE: This is subject to a 2% reduction while sequestration is in effect.

- EPs who are eligible for the Medicare EHR Incentive Program fail to demonstrate meaningful (MU) use by October 1, 2014, will be subject to Medicare payment adjustments beginning in 2015.

- EPs must continue to demonstrate MU each year in order to continue to avoid the payment adjustments.

Medicaid EHR Incentive Programs Basics

- The maximum incentive payment amount for EPs in the Medicaid EHR Incentive Program is $63,750 over five years if the EP begins participating in 2011.
  - NOTE: This is NOT subject to a 2% reduction while sequestration is in effect.

- EPs who are eligible for the Medicare EHR Incentive Program, but choose to participate in the Medicaid EHR Incentive Program, must still demonstrate meaningful (MU) use by October 1, 2014 to avoid Medicare payment adjustments beginning in 2015.

EHR Incentive Program Participation

To participate in the EHR Incentive Programs, providers must:

- Meet Eligibility Criteria. ➡️

- Possess Certified Electronic Health Record Technology (CEHRT).
  - A list of certified EHR systems and modules is available at: http://healthit.hhs.gov/chpl.

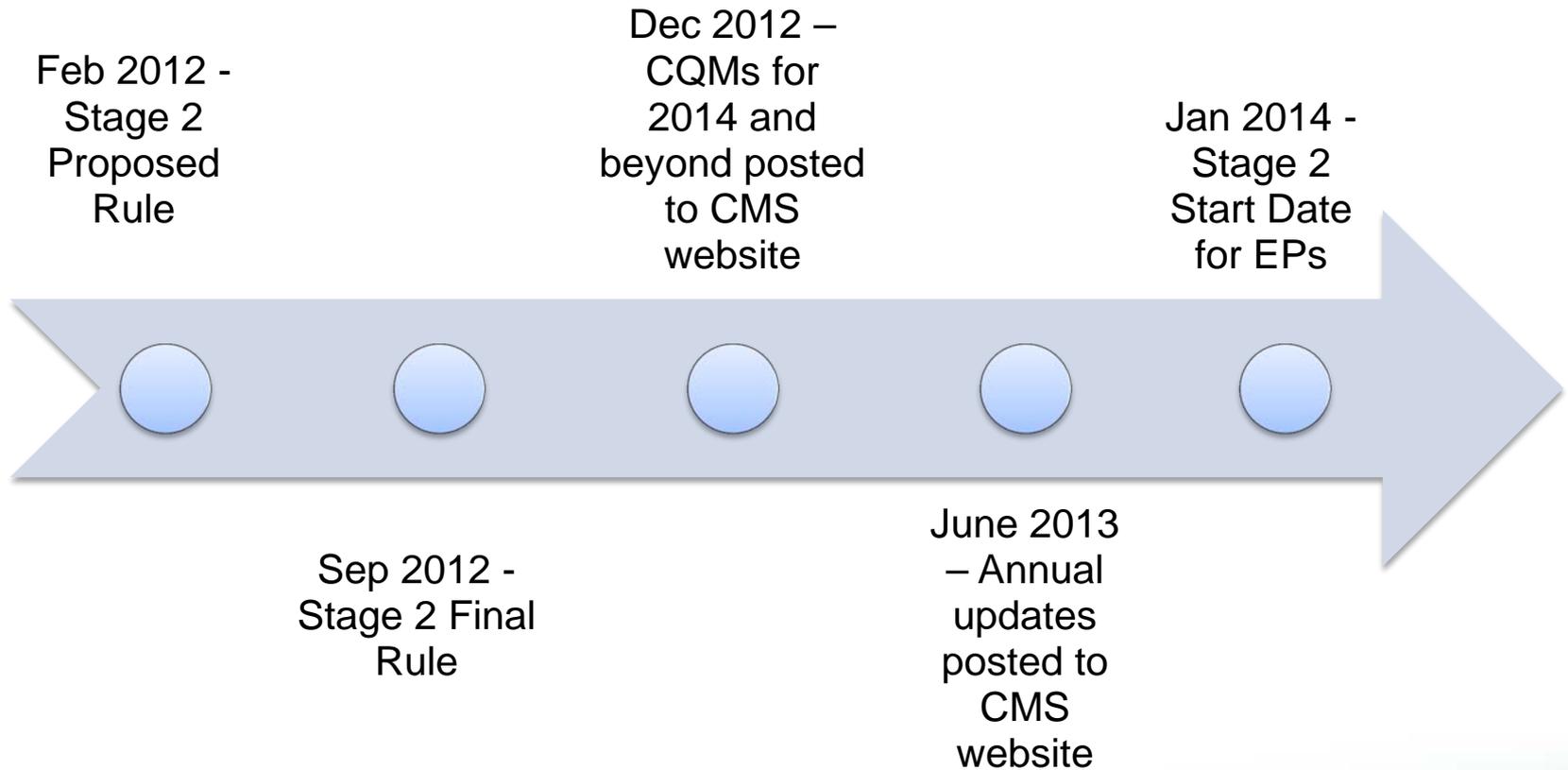| Eligibility Criteria	
Medicare EPs	**Medicaid EPs**
- Doctors of Medicine or Osteopathy - Doctors of Dental Surgery or Dental Medicine - Doctors of Podiatric Medicine - Doctors of Optometry - Chiropractors	- Physicians (primarily Doctors of Medicine or Osteopathy) - Nurse Practitioner - Certified Nurse-Midwife - Dentist - Physician Assistant who furnishes services in a Federally Qualified Health Center or Rural Clinic that is led by a Physician Assistant

EHR Incentive Program Participation, cont'd

Providers must also:

- Register with CMS.
  - To register with CMS, visit: https://ehrincentives.cms.gov/hitech/login.action.

- Meet MU Requirements. ➡️

MU Objectives &Measures for EPs	
STAGE 1: EPs must meet: ▪ **15** Core Objectives ▪ **5 of 10** Menu Objectives	**STAGE 2:** EPs must meet: ▪ **17** Core Objectives ▪ **3 of 6** Menu Objectives
⭐ EPs also must report Clinical Quality Measures (CQMs)	

- Attest to MU.
  - To attest to MU, visit: https://ehrincentives.cms.gov/hitech/login.action.

Stage 2 Requirements

Meaningful Use Stage 2 (MU2) Timeline

Feb 2012 - Stage 2 Proposed Rule

Dec 2012 – CQMs for 2014 and beyond posted to CMS website

Jan 2014 - Stage 2 Start Date for EPs

Sep 2012 - Stage 2 Final Rule

June 2013 – Annual updates posted to CMS website

Stage 2 Meaningful Use Requirements

MU1

Meaningful Use Objectives
20 Total

15 required core objectives

5 of 10 menu set objectives

Clinical Quality Measures
6 Total

3 required core measures (or 3 alternate core, as necessary)

3 of 38 additional measures

MU2

Meaningful Use Objectives
20 Total

17 required core objectives

3 of 6 menu set objectives

Clinical Quality Measures (2014)
9 Total

Option 1

Option 2

9 measures (from at least 3 different domains)

Report measures under PQRS EHR reporting option using CEHRT

Group Reporting Options*

* Discussed further in subsequent slides

Stage 2 EHR Technology Certification Requirements for Reporting eCQMs

- The data reported to CMS for CQMs must originate from an EP's certified EHR technology (CEHRT) that has been certified to "capture and export" and for "electronic submission"*

- For attestation and the aggregate electronic reporting methods, the only CQMs that can be reported are those for which an EP's CEHRT has been certified to "import and calculate"*

* For more information on these certification criteria, see 45 CFR 170.314(c)(1), (2), and (3)

Stage 2 EHR Technology Certification Requirements for Reporting eCQMs, cont'd

- In FY/CY2013, if an EP wants to use EHR technology certified only to the 2014 Edition EHR certification criteria for reporting CQMs, they can only report those measures that are included in both the Stage 1 and Stage 2 final rules.

- Core measures that were dropped during the transition from Stage 1 to Stage 2 should be replaced by one of the alternate core CQMs

Stage 2 eCQM Reporting Options

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

Stage 2 eCQM Reporting Options, cont'd

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 2014 Medicare PFS proposed rule (78 FR 43356 through 43479)

Stage 2 eCQM Reporting Options, cont'd

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

Summary: Stage 2 CQM Reporting Requirements

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**

Clinical Quality Measures
9 Total

Option 1

9 measures
(from at least 3 different domains)

Option 2

Report measures under PQRS EHR reporting option using CEHRT
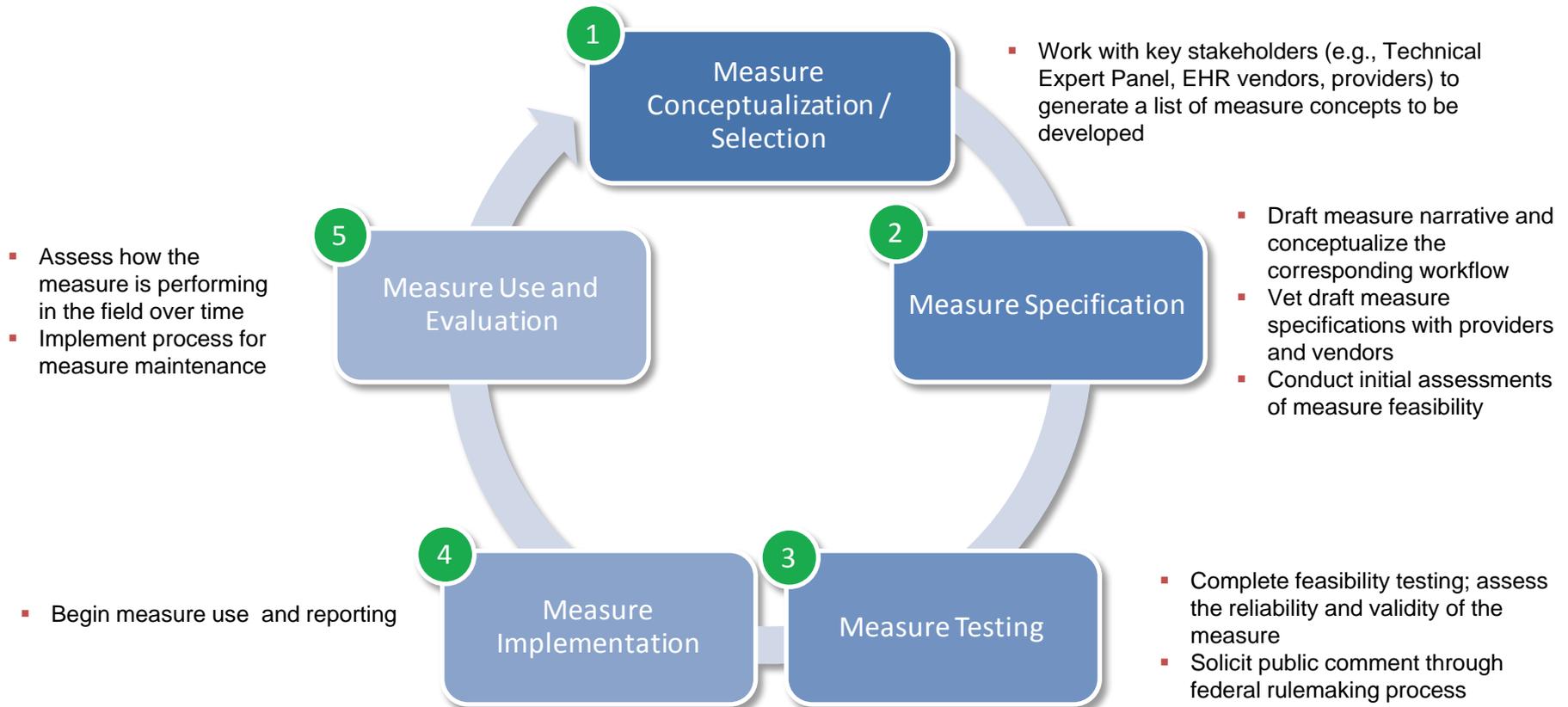
Group Reporting Options

What is an eCQM?

Why Are eCQMs Important?

eCQMs Support Achievement of Health Care Goals

Better Health

- Promote evidence-based utilization of clinical processes
- Measure progress on preventing and treating priority conditions
- Improve outcomes by identifying deficiencies in safety and accessibility

Better Health Care

- Reduce provider burden (e.g., administrative time and resources) by streamlining quality measurement
- Improve functional assessment of chronic conditions to more efficiently treat and manage disease
- Facilitate care coordination across settings

Lower Cost

- Reduce preventable hospital readmissions
- Decrease medication errors
- Promote appropriate usage of diagnostic testing and screening for patients

CQM Development Lifecycle

- Work with key stakeholders (e.g., Technical Expert Panel, EHR vendors, providers) to generate a list of measure concepts to be developed

1 Measure Conceptualization / Selection

2 Measure Specification

- Draft measure narrative and conceptualize the corresponding workflow
- Vet draft measure specifications with providers and vendors
- Conduct initial assessments of measure feasibility

3 Measure Testing

- Complete feasibility testing; assess the reliability and validity of the measure
- Solicit public comment through federal rulemaking process

4 Measure Implementation

- Begin measure use and reporting

5 Measure Use and Evaluation

- Assess how the measure is performing in the field over time
- Implement process for measure maintenance

The CMS Measures Management System and Blueprint can be found at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MeasuresManagementSystemBlueprint.html

Measure Selection: Things to Consider

Existing Quality Improvement Efforts

- Does your practice have quality improvement efforts underway related to any of the clinical concepts addressed by the CQMs?

Patient Population

- What demographics or conditions are prevalent in your practice? Are any related to the denominator population for any of the CQMs?

Talk to Your Vendor

- What measures is your product certified to submit?

- Is your product certified
  o To "capture and export"?
  o For "electronic submission"?
  o To "import and calculate?"

- Is your product able to submit QRDA-1 (patient level) and/or QRDA-3 (aggregate) data?

Selecting Measures to Report: Relationship of MU to Other Programs

If you choose to report….	You receive….
9 CQMs from at least 3 different domains	✓ Credit for Meaningful Use *(even if one or more CQMs has "0" in the denominator)* ✓ Credit for PQRS *(only if all CQMs have at least 1 patient in the denominator, if not an additional CQM must be reported)*
9 CQMs via the PQRS EHR Reporting Option	✓ Credit for Meaningful Use ✓ Credit for PQRS
9 CQMs via the Group Practice Reporting Option	✓ Credit for Meaningful Use ✓ Credit for PQRS

Additional Resources

EHR Incentive Programs Website

- http://www.cms.gov/EHRIncentivePrograms/

General Info on CQMs:

- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html

eCQM Library

- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

EHR Incentive Program 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.

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- Give CMS feedback about your experience with your Medicare Administrative Contractor (MAC), the contractor that processes your Medicare claims

- Your feedback will help CMS monitor performance trends, improve oversight, and increase efficiency of the Medicare program

- Only providers and suppliers who register for the MSI will be included in the random sample to rate their MAC

- For more information and to register today for the 2013 MSI, go to http://www.cms.gov/Medicare/Medicare-Contracting/MSI/

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

- Evaluations are anonymous, confidential, and voluntary.

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- We appreciate your feedback.

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Thank You

- For more information about the MLN Connects National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html

- For more information about the Medicare Learning Network (MLN), please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html

Appendix: Stage 2 CQMs

2014 Clinical Quality Measures by Domain

Domain	Measure	Measure Title	Core (Rec.)
Patient and Family Engagement	CMS130 NQF 0384*	Oncology: Medical and Radiation – Pain Intensity Quantified	
Patient and Family Engagement	CMS66 NQF TBD*	Functional status assessment for knee replacement	
Patient and Family Engagement	CMS56 NQF TBD*	Functional status assessment for hip replacement	
Patient and Family Engagement	CMS90 NQF TBD*	Functional status assessment for complex chronic conditions	A

Key: Core (Rec.) = Recommended Core Measure; A = Adult; P = Pediatric; * = New CQMs in 2014

Additional detail on the Stage 2 CQMs can be found at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

2014 Clinical Quality Measures by Domain, cont.

Domain	Measure	Measure Title	Core (Rec.)
Patient Safety	CMS156 NQF 0022*	Use of High-Risk Medications in the Elderly	A
Patient Safety	CMS139 NQF 0101*	Falls: Screening for Future Fall Risk	
Patient Safety	CMS68 NQF 0419*	Documentation of Current Medications in the Medical Record	A
Patient Safety	CMS132 NQF 0564*	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	
Patient Safety	CMS177 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	CMS50 NQF TBD*	Closing the referral loop: receipt of specialist report	A

Key: Core (Rec.) = Recommended Core Measure; A = Adult; P = Pediatric; * = New CQMs in 2014

Additional detail on the Stage 2 CQMs can be found at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

2014 Clinical Quality Measures by Domain, cont.

Domain	Measure	Measure Title	Core (Rec.)
Population/ Public Health	CMS155 NQF 0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	P
Population/ Public Health	CMS138 NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	A
Population/ Public Health	CMS153 NQF 0033	Chlamydia Screening for Women	P
Population/ Public Health	CMS117 NQF 0038	Childhood Immunization Status	P
Population/ Public Health	CMS147 NQF 0041	Preventive Care and Screening: Influenza Immunization	
Population/ Public Health	CMS2 NQF 0418*	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	P, A
Population/ Public Health	CMS69 NQF 0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	A
Population/ Public Health	CMS82 NQF 1401*	Maternal depression screening	
Population/ Public Health	CMS22 NQF 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

Additional detail on the Stage 2 CQMs can be found at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

2014 Clinical Quality Measures by Domain, cont.

Domain	Measure	Measure Title	Core (Rec.)
Efficient Use of Healthcare Resources	CMS146 NQF 0002	Appropriate Testing for Children with Pharyngitis	P
Efficient Use of Healthcare Resources	CMS166 NQF 0052	Use of Imaging Studies for Low Back Pain	A
Efficient Use of Healthcare Resources	CMS154 NQF 0069*	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	P
Efficient Use of Healthcare Resources	CMS129 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

Additional detail on the Stage 2 CQMs can be found at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

2014 Clinical Quality Measures by Domain, cont.

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	CMS137 NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	
Clinical Process/ Effectiveness	CMS165 NQF 0018	Controlling High Blood Pressure	A
Clinical Process/ Effectiveness	CMS125 NQF 0031	Breast Cancer Screening	
Clinical Process/ Effectiveness	CMS124 NQF 0032	Cervical Cancer Screening	
Clinical Process/ Effectiveness	CMS130 NQF 0034	Colorectal Cancer Screening	
Clinical Process/ Effectiveness	CMS126 NQF 0036	Use of Appropriate Medications for Asthma	P
Clinical Process/ Effectiveness	CMS127 NQF 0043	Pneumonia Vaccination Status for Older Adults	
Clinical Process/ Effectiveness	CMS131 NQF 0055	Diabetes: Eye Exam	
Clinical Process/ Effectiveness	CMS123 NQF 0056	Diabetes: Foot Exam	
Clinical Process/ Effectiveness	CMS122 NQF 0059	Diabetes: Hemoglobin A1c Poor Control	
Clinical Process/ Effectiveness	CMS148 NQF 0060*	Hemoglobin A1c Test for Pediatric Patients	

Key: Core (Rec.) = Recommended Core Measure; A = Adult; P = Pediatric; * = New CQMs in 2014

Additional detail on the Stage 2 CQMs can be found at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

2014 Clinical Quality Measures by Domain, cont.

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	CMS134 NQF 0062	Diabetes: Urine Protein Screening	
Clinical Process/ Effectiveness	CMS163 NQF 0064	Diabetes: Low Density Lipoprotein (LDL) Management	
Clinical Process/ Effectiveness	CMS164 NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	
Clinical Process/ Effectiveness	CMS145 NQF 0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	
Clinical Process/ Effectiveness	CMS182 NQF 0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	
Clinical Process/ Effectiveness	CMS135 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	CMS144 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

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http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

2014 Clinical Quality Measures by Domain, cont.

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	CMS143 NQF 0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	
Clinical Process/ Effectiveness	CMS167 NQF 0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	
Clinical Process/ Effectiveness	CMS142 NQF 0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	
Clinical Process/ Effectiveness	CMS161 NQF 0104*	Major Depressive Disorder (MDD): Suicide Risk Assessment	
Clinical Process/ Effectiveness	CMS128 NQF 0105	Anti-depressant Medication Management	
Clinical Process/ Effectiveness	CMS136 NQF 108*	ADHD: Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	P
Clinical Process/ Effectiveness	CMS169 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

Additional detail on the Stage 2 CQMs can be found at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

2014 Clinical Quality Measures by Domain, cont.

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	CMS141 NQF 0385	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	
Clinical Process/ Effectiveness	CMS140 NQF 0387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	
Clinical Process/ Effectiveness	CMS62 NQF 0403*	HIV/AIDS: Medical Visit	
Clinical Process/ Effectiveness	CMS52 NQF 0405*	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	
Clinical Process/ Effectiveness	CMS77 TBD* (proposed as NQF 0407)	HIV/AIDS: RNA control for Patients with HIV	
Clinical Process/ Effectiveness	CMS133 NQF 0565*	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	
Clinical Process/ Effectiveness	CMS158 NQF 0608*	Pregnant women that had HBsAg testing	
Clinical Process/ Effectiveness	CMS159 NQF 0710*	Depression Remission at Twelve Months	

Key: Core (Rec.) = Recommended Core Measure; A = Adult; P = Pediatric; * = New CQMs in 2014

Additional detail on the Stage 2 CQMs can be found at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

2014 Clinical Quality Measures by Domain, cont.

Domain	Measure	Measure Title	Core (Rec.)
Clinical Process/ Effectiveness	CMS160 NQF 0712*	Depression Utilization of the PHQ-9 Tool	
Clinical Process/ Effectiveness	CMS75 NQF TBD*	Children who have dental decay or cavities	P
Clinical Process/ Effectiveness	CMS74 NQF TBD*	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	
Clinical Process/ Effectiveness	CMS61 NQF TBD*	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	
Clinical Process/ Effectiveness	CMS64 NQF TBD*	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	
Clinical Process/ Effectiveness	CMS149 NQF TBD*	Dementia: Cognitive Assessment	
Clinical Process/ Effectiveness	CMS65 NQF TBD*	Hypertension: Improvement in blood pressure	

Key: Core (Rec.) = Recommended Core Measure; A = Adult; P = Pediatric; * = New CQMs in 2014

Additional detail on the Stage 2 CQMs can be found at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

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%)	