12356 For the Medicare Promoting Interoperability Program, can I report a CQM with a zero result in the numerator and/or denominator?

No. While we strongly encourage providers to report CQMs which are relevant to their patient population, zero is an acceptable result provided that this value was produced by certified EHR technology.

2873 Can a hospital receive credit for the Medicare and Medicaid Incentive Programs if it submits CQMs that are relevant to its patient population, even if there are zero cases in the numerator and/or denominator?

Yes, a hospital will be able to receive credit for the EHR Incentive Program and IQR by electronically submitting the CQMs (also referred to as “CQMs” for the EHR Incentive Program, using the IQR system [QualityNet.org]). There are 16 CQMs that are shared by the two programs, and these shared measures are organized into four measure sets, stroke (seven measures), venous thromboembolism (six measures), emergency department (two measures), and perinatal care (one measure). Hospitals choosing to report the specified measure sets electronically must meet the CQM requirements for them, which may include the quarter of the year for the Medicare Promoting Interoperability Program, or the IQR Program, or both. The set of measures to be reported will be identified in the IQR program data set. (Note: the March 2014 IQR Program data set includes additional measures not included in the IQR Program data set as of March 2014). A provider reports measures electronically, they are not required to report the same measures by via chart abstraction or validation. Please note that both the IQR Program and the Promoting Interoperability Program have additional requirements which must be reported IQR Program. For the IQR Program, a hospital must continue to submit all of the remaining IQR measure sets each quarter if it wishes to fulfill the requirements for the IQR program. The 14 measure sets include data for the following: Clinical, HCAHPS, Aggregate, HAI, Claims, and Structural Measures.

12873 For eligible hospitals and critical access hospitals (CAHs) under the Medicare and Medicaid Promoting Interoperability Programs, which clinical quality measures (CQMs) should be calculated similar to the Hospital Inpatient Quality Reporting (IQR) Program for eligible hospitals and CAHs under the Medicare and Medicaid Promoting Interoperability Programs?

Clinical, HCAHPS, Aggregate, HAI, Claims, and Structural Measures. Hospitals participating in the IQR Program must also sign a notice of participation, provide a security administrator and complete the Data Accuracy and Completeness Acknowledgement. For more information regarding the program and participation requirements, please go to the Inpatient Quality Reporting Program Tab How to participate on http://www.qualitynet.org/PromotingInteroperabilityProgram Electronic Submission of the 16 CQMs will meet the CQM requirement for the Medicare Promoting Interoperability Program. Hospitals also need to attest to their care and definitions for meaningful use as well as the corresponding certification requirements. Starting in FY 2014, the IQR will have 2014 Certified EHR Technology and will be required to only submit results generated by EHR technologies certified to the 2014 edition criteria.

3601 Does a provider have to record all clinical data in their certified EHR technology in order to accurately report complete clinical quality measure data for the Medicare and Medicaid Promoting Interoperability Programs?

We recognize that providers are continuing to implement new workflow processes to accurately capture clinical data in their certified EHR technology, but many providers are not able to capture all data at this time. Although we encourage providers to capture complete clinical data in order to provide the best care possible for their patients, for the purpose of reporting clinical quality measure data, CMS does not require providers to record all clinical data in their certified EHR technology at this time. CMS recognizes this may yield numerator, denominator, and exclusions values for clinical quality measures in the certified EHR technology that are not consistent with clinical data from other sources or with other quality measurement methods (such as record extraction). However, at this time CMS requires providers to report the clinical quality measure data exactly as it is generated as output from the certified EHR technology in order to successfully demonstrate meaningful use &amp; be eligible to continue to work with our partners in the Office of the National Coordinator for Health Information Technology and industry stakeholders to make further headway in system interoperability, standards for EHR data, as well as certification of vendor products.
When new versions of clinical quality measure (CQM) specifications are released by the Centers for Medicare and Medicaid Services (CMS), do developers of Promoting Interoperability need to seek retesting/recertification of their certified complete EHR or certified EHR module in order to keep its certification valid?

No. The minimum version required for 2014 Edition certification is the version of CQM specifications released by CMS in December 2012. EHR technology that has been issued a certification based on the December 2012 version will remain certified even when CMS releases new versions of CQM specifications. We strongly encourage EHR technology developers to update to the newest CQMs specifications as they become available since those updates include new codes, logic corrections and clarifications. We also recommend EHR technology developers consider that other CMS programs (beyond the EHR Incentive Programs) and other private sector programs generally update CQMs on an annual basis. As a result, an EHR technology developer’s customers continued ability to successfully participate and report in those other programs could be impacted if the CQM data generated by the EHR technology is based on older specification versions (and no longer accepted by the other programs). Please see FAQ 8898 and 8890 for additional information pertaining to the relationship between EHR certification and the CQM specification updates. For more information on the 2014 CQM specifications, please visit: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html For more information on ONC Health Information Technology (HIT) Certification, please visit: http://www.healthit.gov/policy-researchers-implementers/about-certification

If Electronic Health Records (EHR) technology is not yet certified to the clinical quality measure (CQM) criteria (45 CFR 170.314(c)(1) through (3)), can the EHR technology be tested and certified to only the newest available version of the CQMs specifications or must be tested and certified to the December 2012 specifications (first as well)?

Yes, EHR technology may be presented for testing and certification to only newest CQM specifications. We strongly encourage EHR technology developers to test and certify to the newest CQMs specifications as they become available since those updates include new codes, logic corrections and clarifications. In addition, other CMS programs (beyond the EHR Incentive Programs) and other private sector programs generally update CQMs on an annual basis. Upgrading EHR technology to the newest CQM version specifications enables providers to participate and report in those other programs for which are eligible as well. Please see FAQ 8898 and 8890 for additional information pertaining to the relationship between EHR certification and the CQM specification updates. For more information on the 2014 CQM specifications, please visit: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html For more information on ONC Health Information Technology (HIT) Certification, please visit: http://www.healthit.gov/

For some of the eligible professional (EP) clinical quality measures (CQMs), there are look back periods or look forward periods for which data was not available. How are these CQMs calculated for the reporting period?

CQMs that include look back periods or look forward periods may require data outside of the reporting period of a CMS quality reporting program. Look Back Period – Example CQM: An example of a CQM that includes a look back period is CMS150 (NQF 0034) Colorectal Cancer Screening. The CQM assesses performance on the percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. If the screening took place before the reporting period and/or occurred outside of the EP’s practice, it should be captured in the calculated performance rate. However, if the screening took place before the reporting period and/or occurred outside of the EP’s practice, it is possible that the screening would be omitted from the calculated performance rate. Look Forward Period – Example CQM: An example of a CQM that includes a look forward period is CMS179 (NQF 0130) Depression Remission at Twelve Months. The CQM assesses performance on adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score ≥10 who demonstrate remission at twelve months defined as PHQ-9 score less than 5 (includes newly diagnosed and existing patients with depression or dysthymia). If the assessment for remission at twelve months occurs within the reporting period and through the EP’s practice, it should be captured in the calculated performance rate. However, if the assessment takes place after the reporting period and/or occurred outside of the EP’s practice, it is possible that the occurrence of the remission would be omitted from the calculated performance rate. General Guidelines: We recommend that the information needed from the look back periods be requested from the patient as part of the encounter and recorded in the Electronic Health Records (EHR) technology, for example, as part of the patient’s history. For EHR vendors, we recommend that EHRs include the capability of capturing the type of information needed for the look back periods as part of the encounter (data in the history section of an encounter note), or from any data sources that the EHR vendor may have. In both cases, the data should be referenced in the CQM for purposes of reporting CQMs with look back periods. There is no practical way to capture information for look back periods that go into the next reporting period. In most cases, this should affect the performance rates of all EPs similarly. For EPs who are used for a pay for performance program, the collective EP performance rates should be reflected in the benchmark for each respective CQM that contains a look forward period. Since EPs who are subject to the value-based payment modifier would be assessed, in part, based on the performance rate of the CQMs they report through the Physician Quality Reporting System (PQRS), these EPs may review the CQMs available and try to report on CQMs that are not affected by look back or look forward periods to help mitigate the issues described above for programs that have the option to select CQMs. Added on 3/9/2014

CMS suggests eligible hospitals participating in the Medicare and Medicaid Promoting Interoperability Programs and/or choosing the voluntary electronic reporting option under the Hospital Inpatient Quality Reporting Program (HQR Program) not select SCIP INF-9 (CMS 179v4/NQF 0453) as one of their electronic clinical quality measures (eCQMs) and choose another eCQM for Meaningful Use reporting and/or Hospital IQR reporting in 2015. A critical error identified in the measure (CMS 179v4/NQF 0453) renders a zero denominator. The denominator error noted in the SCIP INF-9 (CMS 179v4/NQF 0453) was identified after the 2014 Annual Update posting. If the measure is used for reporting, a zero in the denominator will count as a successful submission for that CQM for both the Medicare EHR Incentive Program and the Hospital IQR Program. Eligible hospitals and CAHs reporting CQMs using certified EHR technology are required to report on a minimum of 16 CQMs across 3 National Quality Strategy Domains. If an eligible hospital or CAH reports on a CQM generating a zero denominator, it will count toward the required 16 CQMs for the Medicare EHR Incentive Program and the Hospital IQR Program. For additional clarification on reporting zero denominators, please see the page 30523 of the FY 2015 IQR Final Rule: http://www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18045.pdf Created 3/9/2014