

eHealth Provider Webinar

September 24, 2013



Clinical Quality Measures (CQMs) for 2014: Overview on CQM Reporting Beginning in 2014

Presentation Objectives

1. Background on EHR Incentive Program
2. Stage 2 Meaningful Use and Certification Requirements
3. Provider Measure Selection



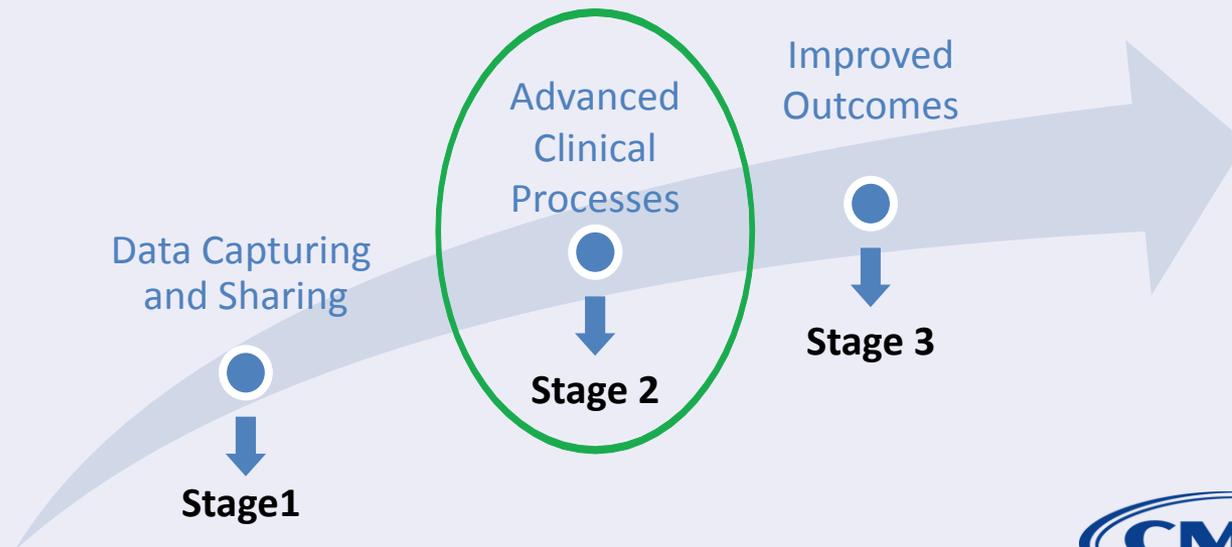
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Background on EHR Incentive Program: Meaningful Use

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).



Medicare EHR Incentive Programs 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 and fail to demonstrate meaningful use by October 1, 2014, will be subject to Medicare payment adjustments beginning in 2015.
- ❑ EPs must continue to demonstrate meaningful use 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 use by October 1, 2014 to avoid Medicare payment adjustments beginning in 2015.

EHR Incentive Programs 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://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl>
- ✓ **Register with the Centers for Medicare & Medicaid Services (CMS)**
 - To register with CMS, visit: <https://ehrincentives.cms.gov/hitech/login.action>.
- ✓ **Meet Meaningful Use Requirements**
- ✓ **Attest to Meaningful Use**
 - To attest to meaningful use, visit: <https://ehrincentives.cms.gov/hitech/login.action>.

Medicare EPs

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicaid EPs

- 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

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)

Stage 2 Requirements

Meaningful Use Stage 2 (MU2) Timeline



Stage 2 Meaningful Use Requirements

MU1

Meaningful Use Objectives

20 Total

15 required core objectives

5 of 10 menu set objectives

Clinical Quality Measures (2011-2013)

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 and beyond)

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*

* 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 also 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 (continued)

- ❑ In 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 CQMs that are included in both the Stage 1 and Stage 2 final rules
- ❑ Core CQMs 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 CQMs 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 (continued)

- ❑ Option 2: Utilize the Physician Quality Reporting System (PQRS)* EHR Reporting Option
 - Submit and satisfactorily report PQRS CQMs under PQRS EHR Reporting option using Certified EHR Technology
 - 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 (continued)

□ Group Reporting:

- Option A: EPs in an ACO who satisfy requirements of Medicare Shared Savings Program or Pioneer ACO model 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

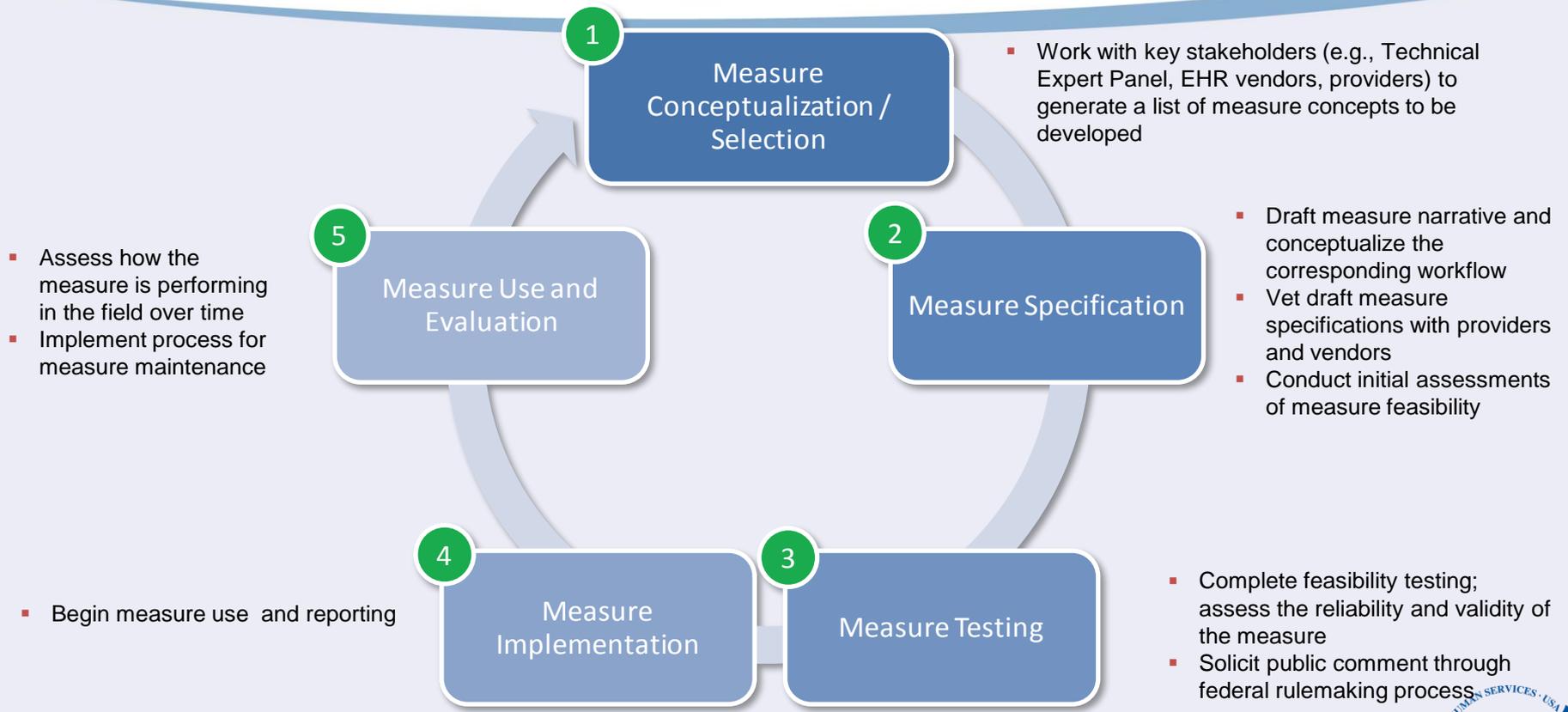
What is an eCQM?

Why Are eCQMs Important?



- Promote evidence-based utilization of clinical processes
- Measure progress on preventing and treating priority conditions
- Improve outcomes by identifying deficiencies in safety and accessibility
 - 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
- Reduce preventable hospital readmissions
- Decrease medication errors
- Promote appropriate usage of diagnostic testing and screening for patients

CQM Development Lifecycle



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
 - To “capture and export”?
 - For “electronic submission”?
 - 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	<ul style="list-style-type: none">✓ Credit for Meaningful Use (<i>even if one or more CQM has "0" in the denominator</i>)✓ Credit for PQRS (<i>only if all CQMs have at least 1 patient in the denominator, if not an additional CQM must be reported</i>)
9 CQMs via the PQRS EHR Reporting Option	<ul style="list-style-type: none">✓ Credit for Meaningful Use✓ Credit for PQRS
9 CQMs via the Group Practice Reporting Option	<ul style="list-style-type: none">✓ 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