eHealthUniversity
CENTERS FOR MEDICARE & MEDICAID SERVICES

02 INTERMEDIATE

» An Introduction to

EHR INCENTIVE PROGRAMS FOR ELIGIBLE PROFESSIONALS:

2014 CLINICAL QUALITY MEASURE (CQM) ELECTRONIC REPORTING GUIDE

EHR INCENTIVE PROGRAM

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Last Updated: September 2014

TABLE OF CONTENTS

What are CQMs?

Clinical quality measures, or CQMs, are tools that help us measure and track the quality of health care services provided by eligible professionals within our health care system.

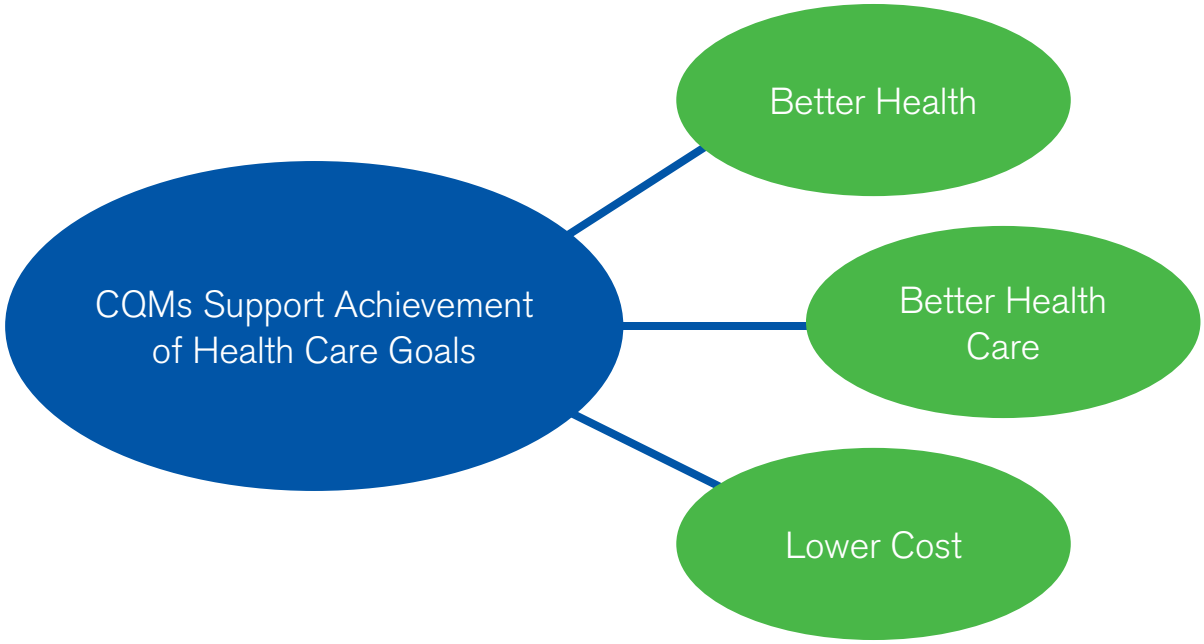
CQMs use a wide variety of data that are associated with your ability to deliver high-quality care or relate to long term goals for health care quality.

CQMs Measure Many Aspects of Patient Care Including:

- Health outcomes
- Clinical Processes
- Patient Safety
- Efficient use of health care resources
- Care coordination
- Patient engagements
- Population and public health
- Adherence to clinical guidelines

Why are CQMs important?

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



1. CQM Overview Information
2. Changes to CQMs in 2014
3. List of 2014 CQMs
4. Submitting CQM Data for the 2014 Reporting Year
5. Resources/Acronyms

What will change for CQMs in 2014?

Beginning in 2014, requirements for CQMs will change for all eligible professionals, regardless of what year of EHR Incentive Program participation you are in.

In 2014, everyone will be required to report on the 2014 CQMs finalized in the Stage 2 rule in order to demonstrate meaningful use and receive an incentive payment. This means you will need to report 9 measures. CQMs may be reported electronically, or via attestation.

Although CQM reporting has been removed as a core objective you are still required to report CQM data in order to demonstrate meaningful use.

How does the reporting period change for CQMs in 2014?

In 2014 only, you need to submit CQM data for a three-month, or 90-day, reporting period, regardless if you are demonstrating Stage 1 or Stage 2 of meaningful use.*

- Medicare beyond first year of meaningful use: Select a three-month reporting period fixed to the quarter of the calendar year.
- Medicare in first year of meaningful use: Select any 90-day reporting period. To avoid the 2015 payment adjustment, begin reporting period by July 1 and attest by October 1.

If you are eligible for multiple quality reporting programs and wish to earn CQM credit by submitting data once, you may be required to submit 12 months of CQM data to earn credit for these programs.

**You can still choose to submit CQM data for a 12-month reporting period for 2014 participation.*

How many CQMs do I need to report in 2014?

The number of CQMs you report in 2014 differs from previous years. Beginning in 2014 you must select and report 9 from a list of 64 approved CQMs for the EHR Incentive Programs.

Below are the CQM reporting requirements from 2011 through 2013:

2011-2013

ELIGIBLE PROFESSIONALS

6 OF A POSSIBLE 44 MEASURES

- Three required core measures, or 3 alternate core, as necessary
- Three of 38 additional measures

2014 AND BEYOND

ELIGIBLE PROFESSIONALS

9 OF A POSSIBLE 64 MEASURES

- Choose from 3 different domains
- CMS has a recommended core set for adults and children

What are the National Quality Strategy (NQS) domains?

In 2014, the CQMs reported must cover at least 3 of the 6 available National Quality Strategy domains, which represent the Department of Health and Human Services' NQS priorities for health care quality improvement.

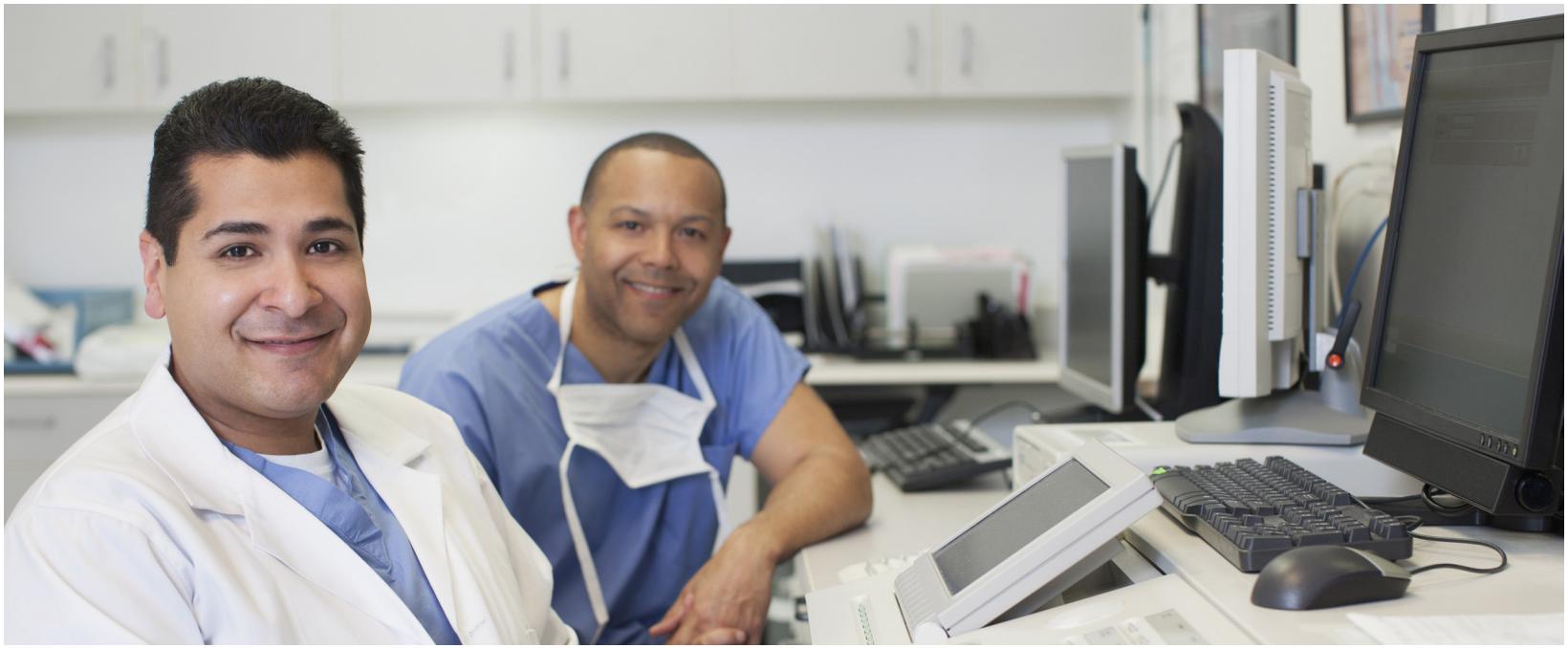
THE 6 NQS DOMAINS ARE:

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

What CQMs are available in 2014?

For a comprehensive list, see the 2014 CQMs for eligible professionals PDF.

You can find a complete list of the 2014 CQMs for the EHR Incentive Programs, the measures' electronic specifications, and their associated National Quality Strategy domains on the CMS eCQM Library webpage.



What are the recommended CQMs?

2014 CQM reporting does not require the submission of a core set of electronic CQMs (eCQMs). CMS has instead identified two recommended core sets of eCQMs—one for adults and one for children—that focus on high-priority health conditions and best-practices for care delivery.

- 9 eCQMs for adult populations that meet all of the program requirements
- 9 eCQMs for pediatric populations that meet all of the program requirements

These recommended core sets focus on conditions that contribute to the morbidity and mortality of most Medicare and Medicaid beneficiaries. They also focus on areas that represent national public health priorities or disproportionately drive health care costs.

CMS selected the recommended core set of CQMs based on analysis of several factors:

- Conditions that contribute to the morbidity and mortality of the most Medicare and Medicaid beneficiaries
- Conditions that represent national public health priorities
- Conditions that are common to health disparities
- Conditions that disproportionately drive health care costs and could improve with better quality measurement
- Measures that would enable CMS, States, and the provider community to measure quality of care in new dimensions, with a stronger focus on parsimonious measurement
- Measures that include patient and/or caregiver engagement

CMS encourages you to report from the recommended core set to the extent those CQMs are applicable to your scope of practice and patient population.

What are the recommended CQMs?

The 9 recommended 2014 measures for adult populations are below:

- **2014 Adult Recommended Core Measures**
  (Link to Full Table of Recommended Adult Measures)

  - Controlling High Blood Pressure
  - Use of High-Risk Medications in the Elderly
  - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
  - Use of Imaging Studies for Low Back Pain
  - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
  - Documentation of Current Medications in the Medical Record
  - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
  - Closing the referral loop: receipt of specialist report
  - Functional status assessment for complex chronic conditions

What are the recommended CQMs?

The 9 recommended 2014 measures for pediatric populations are below:

- **2014 Pediatric Recommended Core Measures**
  (Link to Full Table of Recommended Pediatric Measures)
  - Appropriate Testing for Children with Pharyngitis
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
  - Chlamydia Screening for Women
  - Use of Appropriate Medications for Asthma
  - Childhood Immunization Status
  - Appropriate Treatment for Children with Upper Respiratory Infection (URI)
  - ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
  - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
  - Children who have dental decay or cavities

What do I need to know about reporting 2014 CQMs electronically?

You have several options for submitting your 2014 eCQM data.

Reporting once: Depending on your eligibility to participate in other CMS programs, you may be able to report quality measures one time during the 2014 program year in order to satisfy the CQM component of the Medicare EHR Incentive Program and satisfactorily participate in other programs, such as the Physician Quality Reporting System (PQRS) program.

EHR incentive payment: Attestations for the Medicare EHR Incentive Program are not complete until CQM data is submitted, so EHR incentive payments will be held until the electronic submission is processed. If you are a Medicaid eligible professional, you must submit your CQM data to your State Medicaid Agency.

If you are in your second year and beyond of Medicare EHR Incentive Program participation and choose to submit your CQMs electronically to receive credit for other CMS programs that require 12 months of CQM data, you will not receive EHR payment prior to 2015.

Resources: For more information about electronic submission of CQM data, visit the CMS website.

EHR Reporting Options for Eligible Professionals in 2014

Options that only apply for the EHR Incentive Programs

Option 1: Attest through the EHR Registration & Attestation System

- Report 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
- Submit 90 days (first year of participation) or at least one quarter of data (second year and beyond)*
- Reporting occurs through the EHR Registration & Attestation System

Option 2: eReporting of Data

- Report 9 eCQMs in at least 3 different domains, using the most recent version of the 2014 eCQMs (June 2013) except for measure CMS140 (the December 2012 version, or CMS140v2, must be used to report this measure)
  - Though not required, CMS suggests a core set of eCQMs for both adults and children
- Submit 90 days (first year of participation) or at least one quarter of data (second year and beyond)*
- Reporting occurs through the PQRS Portal using the QRDA III format

**You can still choose to submit CQM data for a 12-month reporting period for 2014 participation.*

EHR Reporting Options for Eligible Professionals in 2014

Options that Align with Other Quality Programs

Option 3: Satisfy requirements of the PQRS Reporting Options for individual eligible professionals using Certified EHR Technology

- Submit and satisfactorily report PQRS eCQMs under the PQRS EHR reporting options or satisfactorily participate in a Qualified Clinical Data Registry (QCDR) using Certified EHR Technology
- Submit a full year (January through December) of data electronically to receive credit for the Medicare EHR Incentive Program and PQRS
  - Must be the most recent version of the 2014 eCQMs (June 2013) except for measure CMS140 (the December 2012 version, or CMS140v2, must be used to report this measure)
- Reporting occurs through the PQRS Portal using either the QRDA I or QRDA III formats for the PQRS EHR reporting method or the QRDA III format for the QCDR method
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

EHR Reporting Options for Eligible Professionals in 2014

Options that Align with Other Quality Programs

Option 4: Group Reporting

Option A:

- Groups in an Accountable Care Organization satisfy requirements of the Medicare Shared Savings Program using Certified EHR Technology
- ACO primary TIN reports a full year (January through December) of data using PQRS GPRO Web Interface reporting method to receive credit for the Medicare EHR Incentive Program, PQRS, and ACO
- Reporting occurs through the PQRS Portal
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

Option B:

- Groups that register to participate in the PQRS Group Practice Reporting Option (GPRO) and satisfy requirements of PQRS GPRO EHR-based reporting options using Certified EHR Technology
- Submit a full year (January through December) of data electronically to receive credit for the Medicare EHR Incentive Program and PQRS
  - Must be the most recent version of the eCQMs (June 2013) except for measure CMS140 (the December 2012 version, or CMS140v2, must be used to report this measure)
- Reporting occurs through the PQRS Portal
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

EHR Reporting Options for Eligible Professionals in 2014

Options that Align with Other Quality Programs

Option C:

- Groups that register to participate in the PQRS Group Practice Reporting Option (GPRO) and satisfy requirements of PQRS GPRO Web Interface reporting method
- Submit a full year (January through December) of data electronically to receive credit for the Medicare EHR Incentive Program and PQRS
  - Must report all measures included in Web Interface for pre-populated beneficiary sample; depending on size of group may also be required to report all 12 Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) summary survey modules
- Reporting occurs through the PQRS Portal

Option 5: Group Reporting through Pioneer ACO

- ACO primary TIN reports on all measures included in the PQRS GPRO Web Interface reporting method
- Submit a full year (January through December) of data to receive credit for the Medicare EHR Incentive Program, PQRS, and ACO
- Reporting occurs through the PQRS Portal
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

EHR Reporting Options for Eligible Professionals in 2014

Options that Align with Other Quality Programs

Option 6: Group Reporting through the Comprehensive Primary Care (CPC) Initiative

- CPC Practice Site eligible professionals must meet all CPC eCQM reporting requirements in order to be assessed for the CQM component of the Medicare EHR Incentive Program
- CPC Practice Site eligible professionals must report at least 9 of 11 CPC eCQMs that cover 3 National Quality Strategy domains in order to receive credit for the CQM component of the Medicare EHR Incentive Program
- CPC Practice Site eligible professionals may report their CPC eCQMs electronically through the QRDA III electronic file transmission via the PQRS portal or via the attestation module in the CPC Web Application
- This aligned reporting option is only available to eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

Note: CPC eligible professionals must also attest to their individual meaningful use core and menu objectives in order to demonstrate meaningful use and receive an incentive payment.

Steps for CQM Submission

1. Determine reporting method and which measures apply
2. Verify the EHR system is 2014 Edition certified
3. Document patient information in the EHR system
4. Register for an IACS account (only required for PQRS Portal CQM submission)
   - To request an IACS account:
     - Request the PQRS Submitter Role when registering for the IACS account
     - If you already have an IACS account, you will need to request adding the role to your account
     - Refer to the IACS PQRS Submitter Role Quick Reference Guide posted on the Portal home page
5. Submit 2014 CQM Data
   - If reporting through the Registration & Attestation system, review the Attestation User Guides.
   - If reporting through the PQRS Portal, review the QualityNet PQRS Submission User Guide.

What is the 2014 EHR Certification Criteria?

The data reported to CMS for CQMs must originate from your certified EHR technology (CEHRT) that has been certified for 2014 standards. EHR technology that has been certified to the 2014 standards and capabilities will contain new CQM criteria, and you will report using the new 2014 criteria regardless of whether you are participating in Stage 1 or Stage 2 of the EHR Incentive Programs.

For more information on 2014 Certification of EHR technology, please visit the Office of the National Coordinator for Health IT's (ONC's) Certified Health IT Product List webpage.

Resources

I NEED HELP WITH...	THIS WILL HELP ME
CQM Overview Information	CMS CQMs webpage
2011-2013 CQM Reporting Information	CQMs through 2013 webpage
2014 CQMs	2014 CQM webpage eCQM library
General Information on the EHR Incentive Programs	CMS EHR Incentive Programs website Stage 1 Beginner's Guide for Medicare Eligible Professionals Stage 2 Beginner's Guide
Information on PQRS and reporting once for 2014 Medicare Quality Reporting Programs for Eligible Professionals	CMS PQRS website 2014 PQRS Overview Fact Sheet How to Report Once for 2014 Medicare Quality Reporting Programs
Multiple CMS programs/eHealth	CMS eHealth website

Helpful Acronyms

CQM – Clinical Quality Measure

EHR – Electronic Health Record

PQRS – Physician Quality Reporting System

ACOs – Accountable Care Organizations

CEHRT – Certified Electronic Health Record Technology