



The Office of the National Coordinator for
Health Information Technology



Getting Started with Electronic Quality Measures (eCQM 101) for Quality Reporting Programs

From One Implementer to Another

March 25, 2015

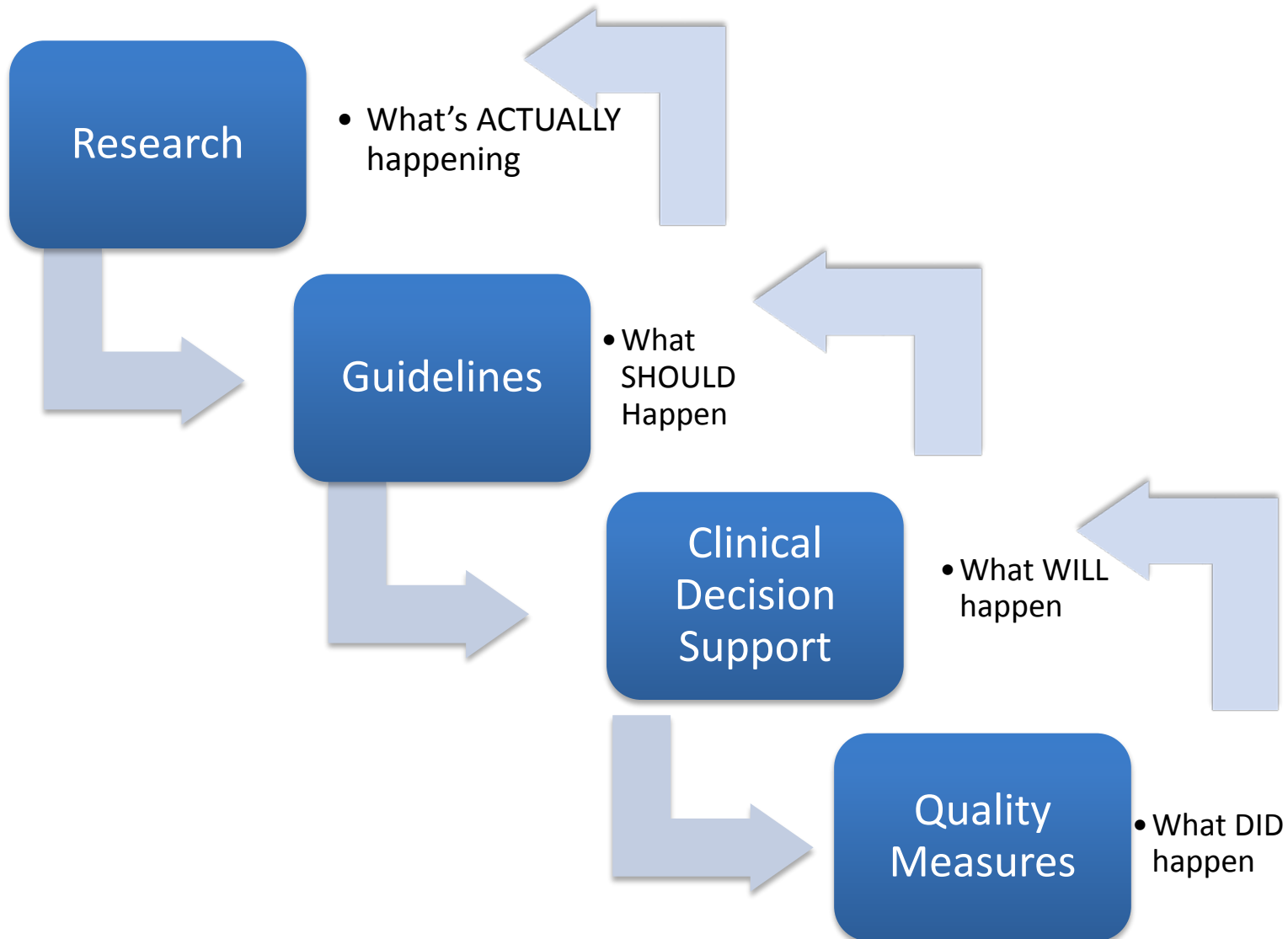


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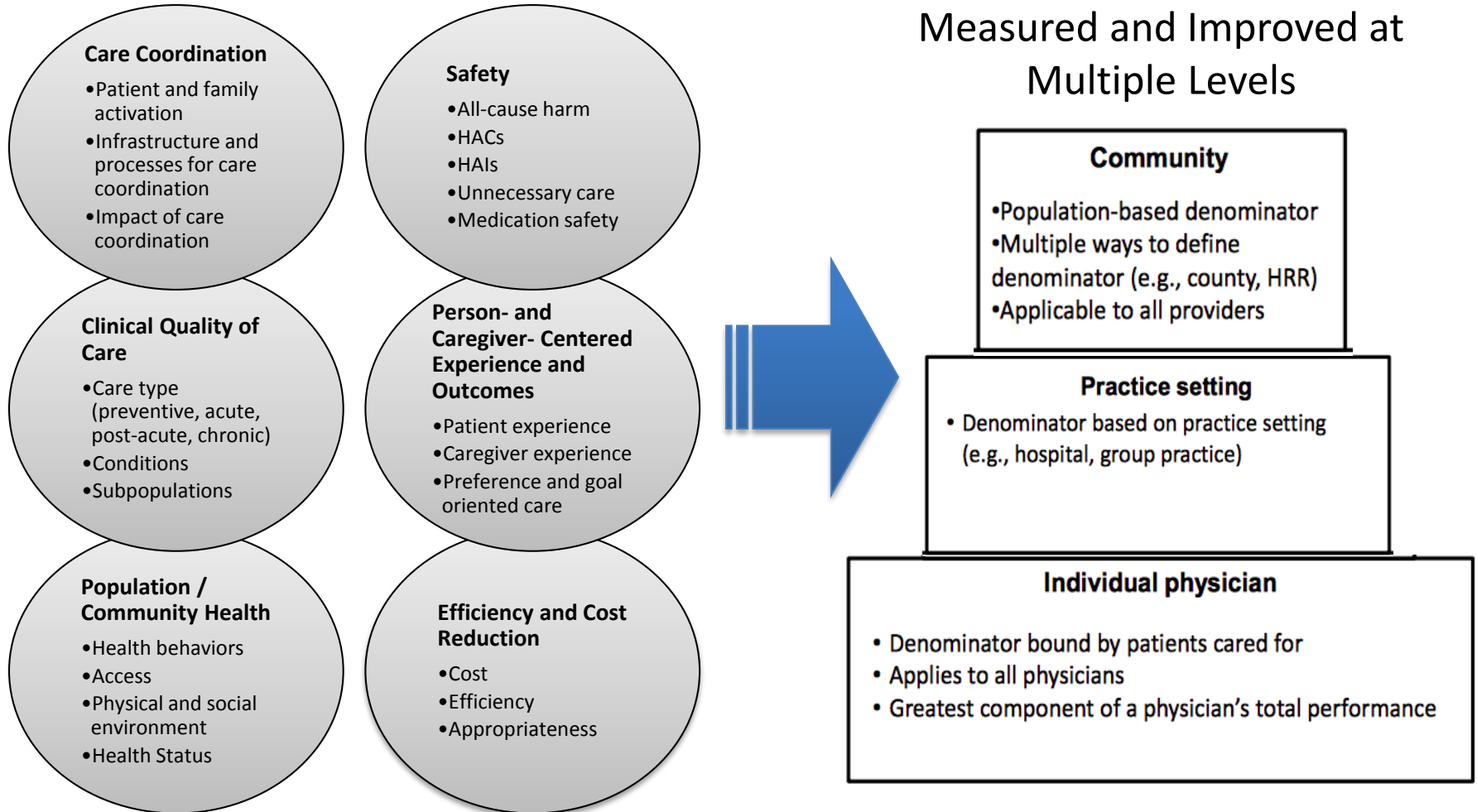
- Group of implementers, vendors, developers/contractors, and feds who volunteered during or after December 2014 CMS eCQM LEAN Kaizen event to improve the measure process
- Group charter signed in March 2015
- Primary goals:
 - To provide resources, education, and collaboration for implementers of eCQMs in every site, practice setting, location, and size
 - To help CMS/ONC develop a process to evaluate clinical workflows as the initial step in measure development and to integrate that workflow into the measure
 - To help CMS/ONC develop a curation process and centralized library for data elements required for capture in quality measure programs
 - To advocate for improved mechanisms for providing and responding to feedback from the measure community

What is the purpose of electronic clinical quality measures (eCQMs or eMeasures)?

Quality Improvement Pathway : Ideal State

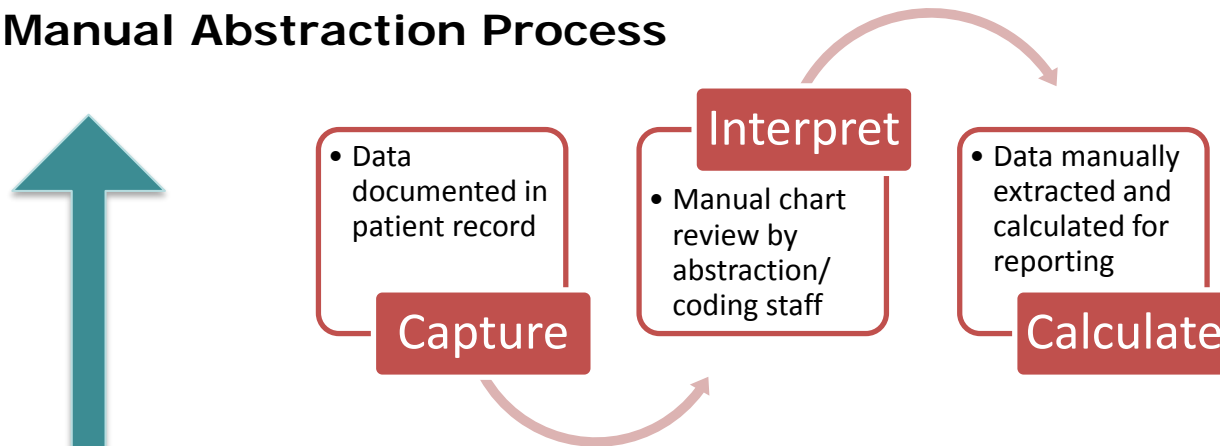


CMS Framework for Measurement Maps to the Six National Quality Strategy Priorities

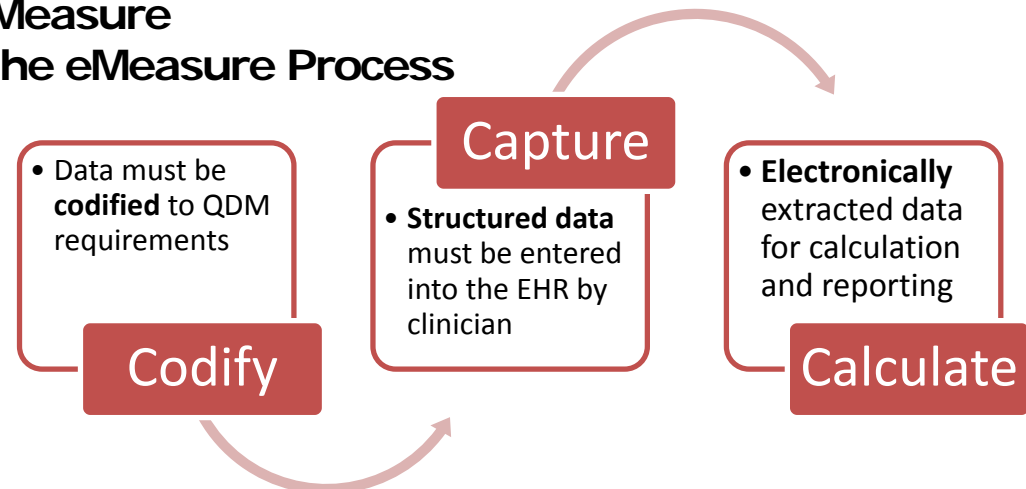


Electronic Measures vs. Manual Abstraction

Manual Abstraction Process



Transformed into Measure Specifications for the eMeasure Process



Manually-Abstracted CQMs

- Utilizes a human-readable narrative definition
 - Manual chart review allows data collection from **any documentation**
 - Inconsistent provider documentation mediated by use of abstraction/coding staff trained to **interpret** clinical process of care from patient records
 - Does not require codification of data elements captured at point of care
 - Does not require changes in electronic health care record system (or ancillary system) prior to CQM reporting periods

Electronically-Extracted CQMs

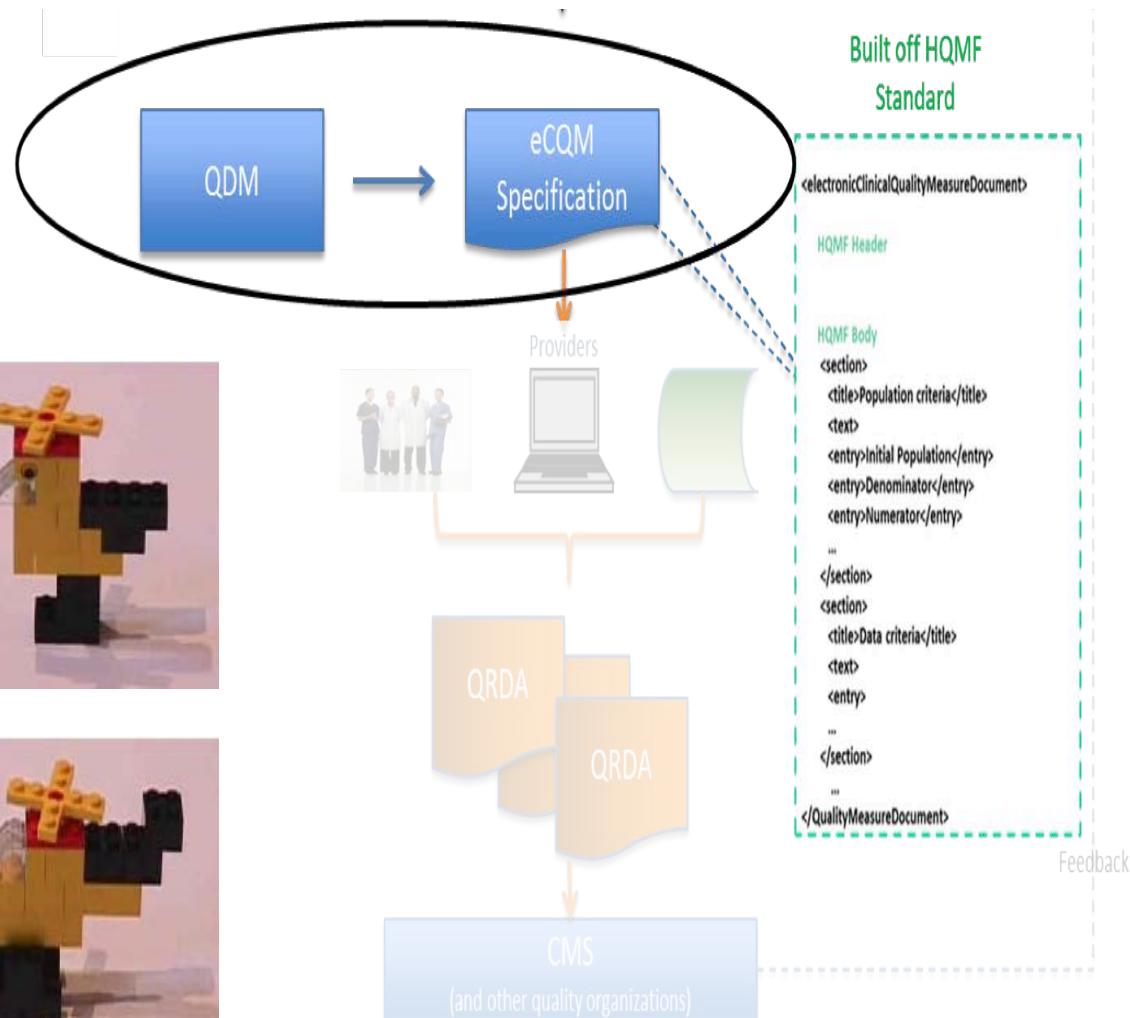
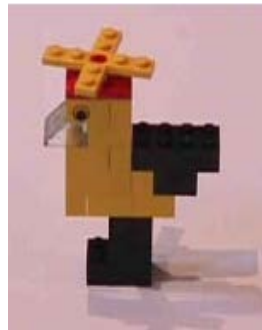
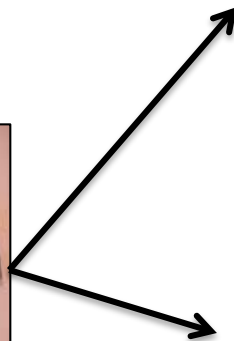
- Utilizes an eMeasure specification and value sets
 - For CMS programs, EHR certification requirements demand **specific data coding** in software.
 - Software installation (or upgrades) required **prior to** data submission, but in time to ensure codification changes are made prior to data collection
 - Consistent provider documentation is required to assure accurate analysis: workflow changes and training of staff to ensure proper data capture

What is an eMeasure?

eMeasure (or eCQM)

The electronic format for quality measures using:

- the Quality Data Model to define clinical concepts (*Lego brick specifications*) and
- the Healthcare Quality Measure Format to define quality measures (*instructions constraining the use of Lego blocks to create meaningful structures*).

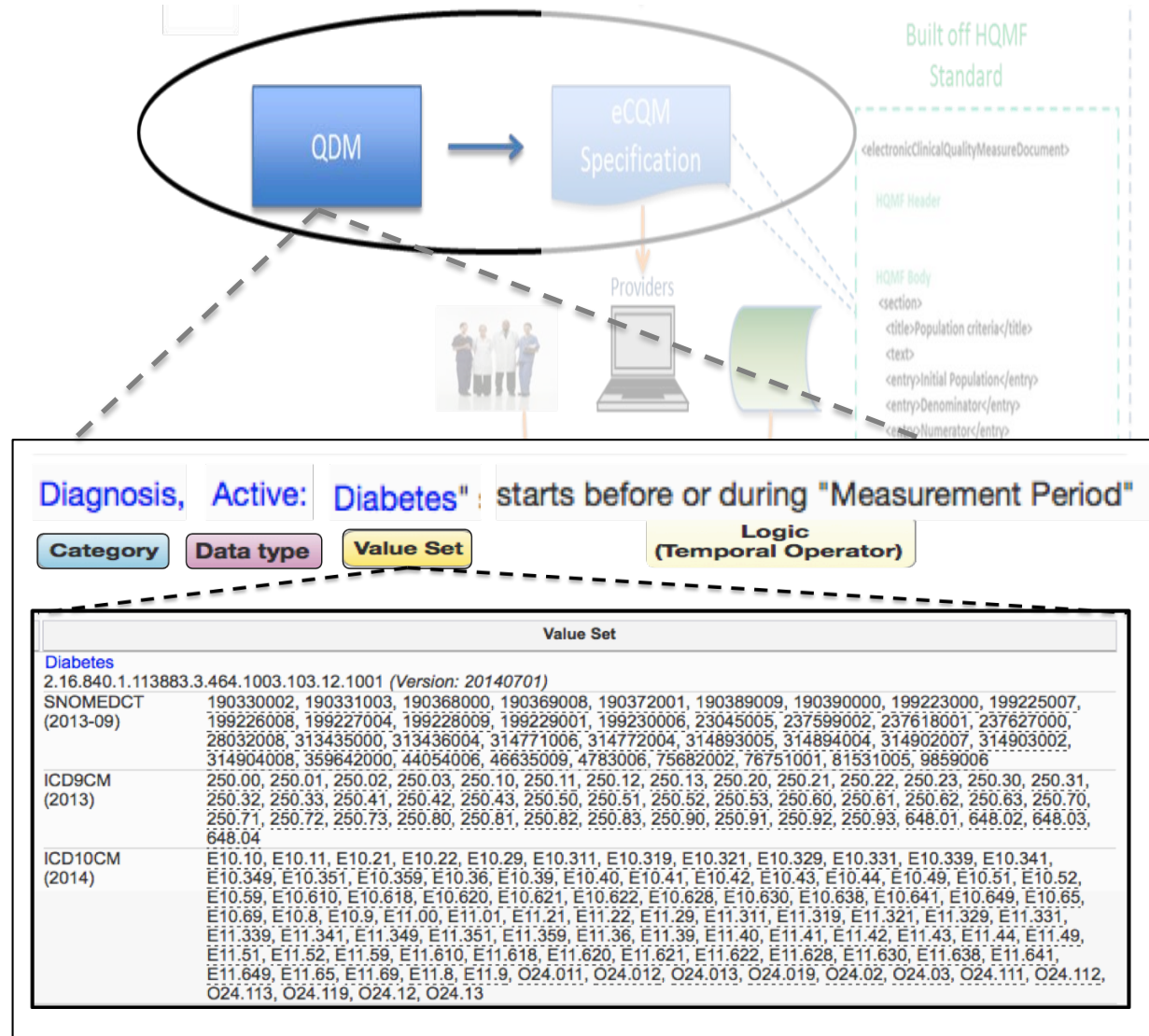


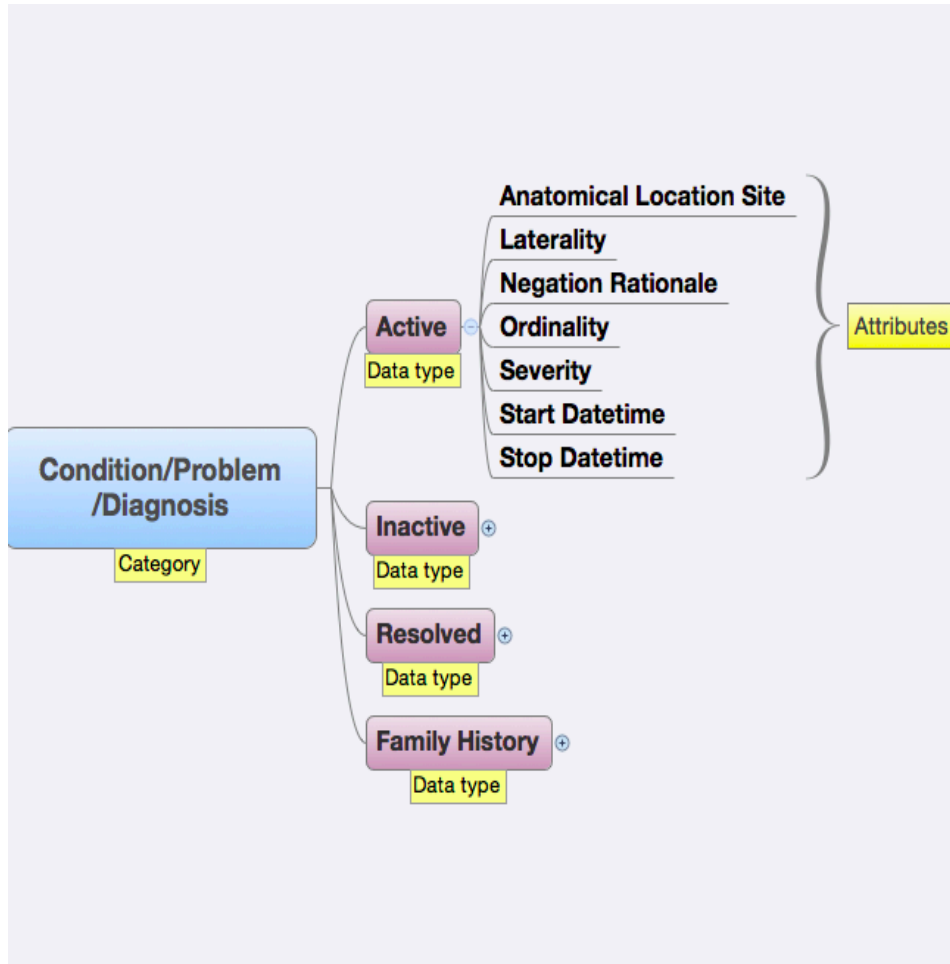
Quality Data Model (QDM)

An information model intended to **clearly** and **consistently** define concepts used in quality measures in a standardized format.

The QDM includes:

- criteria for data elements,
- relationships for relating data element criteria to each other, and
- functions for filtering criteria to the subset of data elements that are of interest.





- **Category:** consists of a single clinical concept identified by a value set
'Medication', 'Laboratory Test'
- **Data Type:** The context in which each category is used to describe a part of the clinical care process
'Laboratory Test, Order'
'Laboratory Test, Performed'
- **Attribute:** provides specific detail about a QDM element
'Laboratory Test, Performed: (result)'
- **Value Set:** used to define the set of codes that can possibly be found in a patient record for a particular concept.

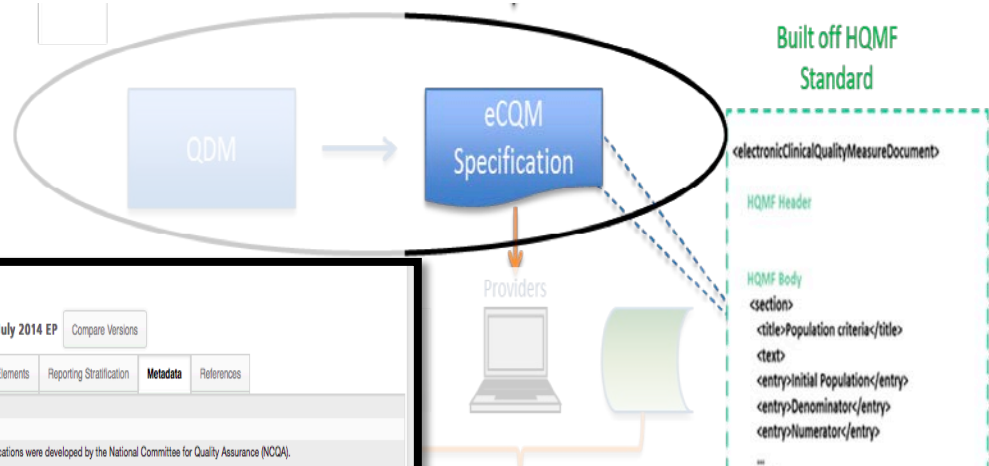
How do we describe a problem for electronic quality measurement?

Health Quality Measures Format (HQMF)

A Health Level Seven International (HL7) standard for documenting the content and structure of a quality measure.

It includes:

- **Metadata** describing the quality measure
- **Human readable** narrative description, data criteria, and measure population
- **Machine readable** translation of the measure.



Diabetes: Low Density Lipoprotein (LDL) Management
 CMS163v3
 Versions: [CMS163v1, December 2012 EP](#) • [CMS163v2, June 2013 EP](#) • [CMS163v3, July 2014 EP](#) [Compare Versions](#)

At A Glance	Downloads/Resources	Population Criteria	Data Criteria	Supplemental Data Elements	Reporting Stratification	Metadata	References
Measure Developer: National Committee for Quality Assurance Endorsed By: National Quality Forum Copyright: Physician Performance Measure (Measures) and related data specifications were developed by the National Committee for Quality Assurance (NCQA). The Measures are copyrighted but can be reproduced and distributed, with certain restrictions (see the Measure specifications for details). Commercial use is defined as the sale, licensing, or distribution of the Measure specifications for commercial gain. Commercial use of the Measure specifications is prohibited without the prior written consent of the NCQA. (c) 2008-2014 National Committee for Quality Assurance. All Rights Reserved. Limited proprietary coding is contained in the Measure specifications for the code sets. NCQA disclaims all liability for use or accuracy of any CPT codes. CPT(R) contained in the Measure specifications is copyright 2004-2013 American Medical Association. All Rights Reserved. SNOMED CT(R) copyright 2004-2013 International Health Organization. All Rights Reserved.		Disclaimer: These performance Measures are not clinical guidelines and do not establish a standard of care. THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NONINFRINGEMENT. IN NO EVENT SHALL THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE BE LIABLE FOR ANY DAMAGES, INCLUDING DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, ARISING FROM, OUT OF, OR IN CONNECTION WITH THE MEASURES AND SPECIFICATIONS, WHETHER SUCH DAMAGES BE CAUSED BY NEGLIGENCE OR OTHERWISE, EVEN IF ADVISED OF THE POSSIBILITY THEREOF. Due to technical limitations, registered trademarks are indicated by (R) or (SM).					
Stratification: None		Risk Adjustment: None					
Rate Aggregation: None		Rationale: Diabetes mellitus (diabetes) is a group of diseases characterized by high blood sugar levels. It is a leading cause of death and disability in the U.S. and is associated with complications, including poor cholesterol, specifically lipoprotein (LDL) cholesterol; weight loss; and increased physical activity (American Diabetes Association 2009).					
Clinical Recommendation Statement:		American Diabetes Association (2009): In most adult patients, measure for cholesterol > 50 mg/dl, and triglycerides < 150 mg/dl, lipid assessments					
Definition: None		American Association of Clinical Endocrinologists (2007): Aggressive management: LDL-C < 100 mg/dL (< 70 mg/dL is recommended for patients with cardiovascular disease).					
Guidance:		The patient is not numerator compliant if the result for the most recent LDL-C is missing.					

Population criteria

Initial Patient Population

AND: "Occurrence A of **Diagnosis, Active: Diabetes**" starts before or during "Measurement Period"
 AND NOT: "Occurrence A of **Diagnosis, Active: Diabetes**" ends before start of "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
 None

Numerator
 AND: MOST RECENT: "Occurrence A of **Laboratory Test, Result: LDL-C Laboratory Test**" during "Measurement Period"
 AND: "Occurrence A of **Laboratory Test, Result: LDL-C Laboratory Test** (result < 100 mg/dL)"

Denominator Exceptions
 None

Feedback

What is in an eMeasure package?

Here we walk through the download, understanding, and implementation of a single quality measure:

Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

CMS2v4

Packaged zip contents:

EP_CMS2v4_NQF418_Depression_Screening.zip

- CMS2v4 html = human readable
- CMS2v4 xml = HQMF xml machine readable
- xls folder = stylesheet

Requires UMLS license authentication:

- CMS2v4 excel = excel value sets

Measure Overview: Who and What You're Measuring

Initial Patient Population: All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.

Numerator: Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen

Exclusions: Not Applicable

Denominator:

Equals Initial Patient Population

Exceptions: Patient Reason(s)

Patient refuses to participate

OR

Medical Reason(s)

Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

OR

Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium **Exclusions:** *Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder*

Human Readable Measure Header Background, Owner, Endorsement...



Measure Developer:	Quality Insights of Pennsylvania
Endorsed By:	National Quality Forum
Copyright:	Limited proprietary coding is contained in the measure header. All necessary licenses from the owners of the measure header, including Procedural Terminology (CPT [R]) or other coding systems, LOINC (R) copyright 2004-2014 [2.46] and ICD-9-CM (R) copyright 2004-2013 [2013-09] International Health Terminology Standards Development Organization (IHST) are retained. Due to technical limitations, registered trademarks and service marks are not shown in the measure header. CPT (R) contained in the Measure specification is the property of American Medical Association (AMA). LOINC (R) copyright 2004-2014 [2.46] and ICD-9-CM (R) copyright 2004-2013 [2013-09] International Health Terminology Standards Development Organization (IHST) are retained. Due to technical limitations, registered trademarks and service marks are not shown in the measure header.
Disclaimer:	These performance measures are not for use in clinical applications. THE MEASURES AND SPECIFICATIONS ARE PROVIDED AS IS. THE MEASURES AND SPECIFICATIONS ARE NOT GUARANTEED TO BE ACCURATE, COMPLETE, OR UP-TO-DATE. THE MEASURES AND SPECIFICATIONS ARE PROVIDED WITHOUT WARRANTY OF ANY KIND, INCLUDING MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, AND NONINFRINGEMENT. THE MEASURES AND SPECIFICATIONS ARE PROVIDED AS IS, WITH ALL FAULTS AND WITHOUT WARRANTY OF ANY KIND, INCLUDING MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, AND NONINFRINGEMENT.
Stratification:	None
Risk Adjustment:	None
Rate Aggregation:	None
Rationale:	The World Health Organization (WHO), Depression causes suffering, decreases health care costs as well as with higher symptoms are associated with poor health. Persons 40-59 years of age had higher rates of depression. Depression is more prevalent among non-Hispanic White persons. In the United States, depression is more prevalent among those with higher income and higher education than those with lower income and lower education. In addition, approximately 80% of persons with depression have difficulty in daily functioning attributes such as work, get things done at home, or get a good night's sleep. Overall, approximately 80% of persons with depression have difficulty in daily functioning attributes such as work, get things done at home, or get a good night's sleep. In addition, approximately 80% of persons with depression have difficulty in daily functioning attributes such as work, get things done at home, or get a good night's sleep.

The measure header in the human readable file can be used to understand:

- Who created the measure
- Who is the measure steward
- A brief description of the measure
- What the rationale for the measure was and what evidence it is based on
- What relevant clinical guidelines exist
- What copyright restrictions exist
- What the measure type is
- How the measure is scored
- Who has endorsed the measure
- Any additional guidance
- A summary of the different fields/criteria

The measure header alone cannot be used to calculate the measure!

15-20 percent of adults older than age 65 in the United States have experienced depression (Geriatric Mental Health Foundation, 2008). 7 million adults aged 65 years and older are affected by depression (Steinman, 2007). Chronically ill Medicare beneficiaries with accompanying depression have significantly higher health care costs than those with chronic diseases alone (Unutzer, 2009). People aged 65 years and older accounted for

Human Readable: Measure Logic



Population criteria

Initial Patient Population

AND: "Patient Characteristic Birthdate: birth date" >= 12 year(s) starts before start of "Measurement Period"

Denominator Exclusions

AND: "Occurrence A of Encounter, Performed: Depression Screening Denominator Encounter Codes New" during "Measurement Period"

AND: "Initial Patient Population"

AND:

OR:

AND: MOST RECENT: "Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result: 'Depression Screening Result')" during "Measurement Period"

AND NOT: "Occurrence A of Diagnosis, Active: Depression diagnosis" ends before start of "Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result: 'Depression Screening Result')"

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OR: "Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result: 'Negative Depression Screening')" during "Measurement Period"

OR:

AND: "Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result: 'Positive Depression Screening')" during "Measurement Period"

Think of the measure logic as an equation of sorts— it relates different pieces of information together and calculates a measure result.

IF patient is >12yo,
AND they saw a PCP or psychiatrist within last 1 yr,
UNLESS they were already being treated for depression,
THEN they should have been screened for depression
= if they were, result **1/1**; if not, measure score **0/1**

Machine Readable: Measure Header and Logic



```
1 <?xml version="1.0" encoding="UTF-8"?>
2 <?xml-stylesheet type="text/xsl" href="xslt/eMeasure.xsl"?>
3 <QualityMeasureDocument xmlns="urn:hl7-org:v3" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
4
5     <!--
6         *****
7         Measure Details Section
8         *****
9     -->
10
11     <typeId root="2.16.840.1.113883.1.3" extension="POQM_HD000001"/>
12 <id root="40280381-4555-e1c1-0145-dd4e02e44678"/>
13 <code code="57024-2" codeSystem="2.16.840.1.113883.6.1"
14     displayName="Health Quality Measure Document"/>
15 <title>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</title>
16 <text>Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using
an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the
positive screen.</text>
17 <statusCode code="InProgress"/>
18 <setId root="9a031e24-3d9b-11e1-8634-00237d5
19 <versionNumber value="4"/>
20 <author typeCode="AUT">
21     <assignedPerson classCode="ASSIGNED">
22         <representedOrganization classCode="OR
23             <id root="faf6af24-c661-40f6-bb98-8
24             <name>Quality Insights of Pennsylva
25             <contactParty classCode="CON" nullF
26         </representedOrganization>
27     </assignedPerson>
28 </author>
29 <custodian>
30     <assignedPerson classCode="ASSIGNED">
31         <representedOrganization classCode="OR
32             <id root="2.16.840.1.113883.3.560.3
33             <name>Centers for Medicare & Me
34             <contactParty classCode="CON" nullF
35         </representedOrganization>
36     </assignedPerson>
37 </custodian>
38 <verifier typeCode="VRF">
39     <assignedPerson classCode="ASSIGNED">
40         <representedOrganization classCode="ORG" determinerCode="INSTANCE">
41             <id root="2 16 840 1 113883 3 560"/>
```

The HQMF is an xml-based standard that shows the measure content, both machine-readable logic and the human-readable header, in a way that a machine can parse the content into sections and perform calculations.

While it does take some investment to create a tool that “reads” the HQMF, it can be used to import the measure and generate the measure results automatically.

Bipolar Diagnosis ICD10

Value Set Members Expansion ID: 20140513

Expanded Code List

View Toggle Clear Page 1 of 6 20 View 1 - 20 of 113

Code	Descriptor	Code System	Version	Code System OID
10875004	Severe mixed bipolar I disorder with psychotic features, mood-incongruent (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90
10981006	Severe mixed bipolar I disorder with psychotic features (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90
111485001	Mixed bipolar I disorder in full remission (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90
1196001	Chronic bipolar II disorder, most recent episode major depressive (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90
13313007	Mild bipolar disorder (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90
13581000	Severe bipolar I disorder, single manic episode with psychotic features, mood-congruent (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90
13746004	Bipolar disorder (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90
14495005	Severe bipolar I disorder, single manic episode without psychotic features (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90
1499003	Bipolar I disorder, single manic episode with postpartum onset (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.90

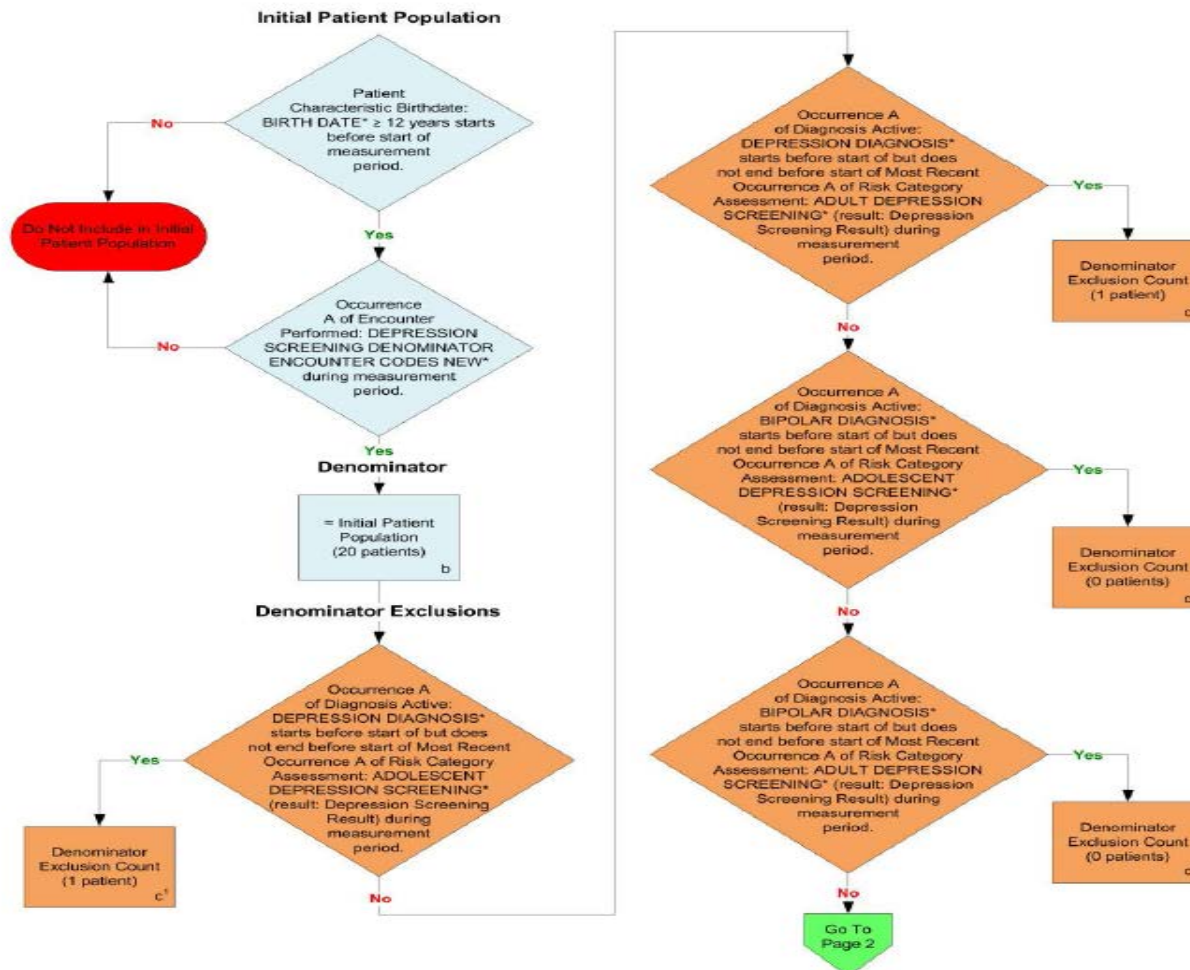
Bipolar Diagnosis (Grouping)

Grouping Members

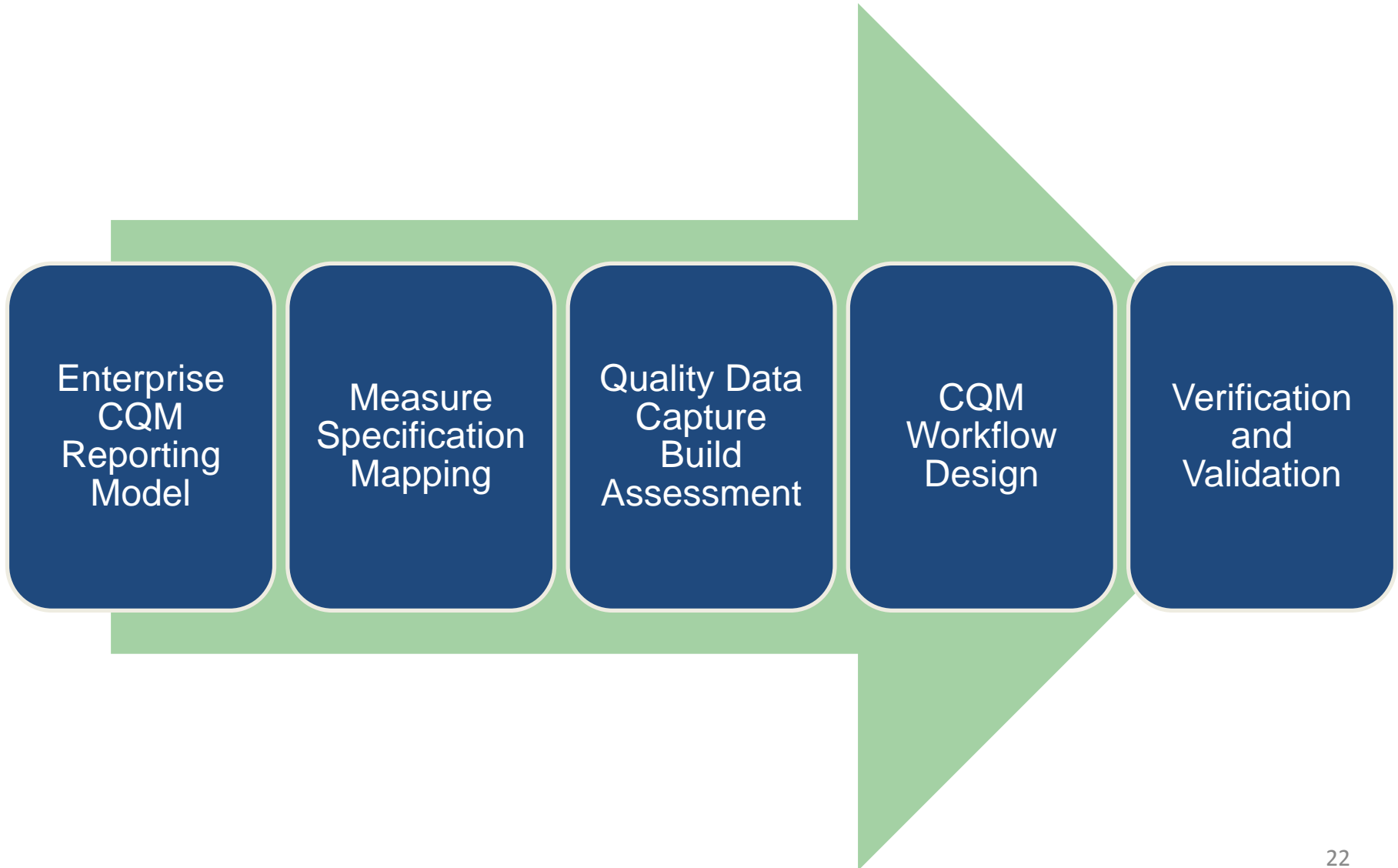
Name	OID
Bipolar Diagnosis ICD10	2.16.840.1.113883.3.600.448
Bipolar Diagnosis ICD9	2.16.840.1.113883.3.600.447
Bipolar Diagnosis SNOMED	2.16.840.1.113883.3.600.449

Page 1 of 1 5

NQF 0418: Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan

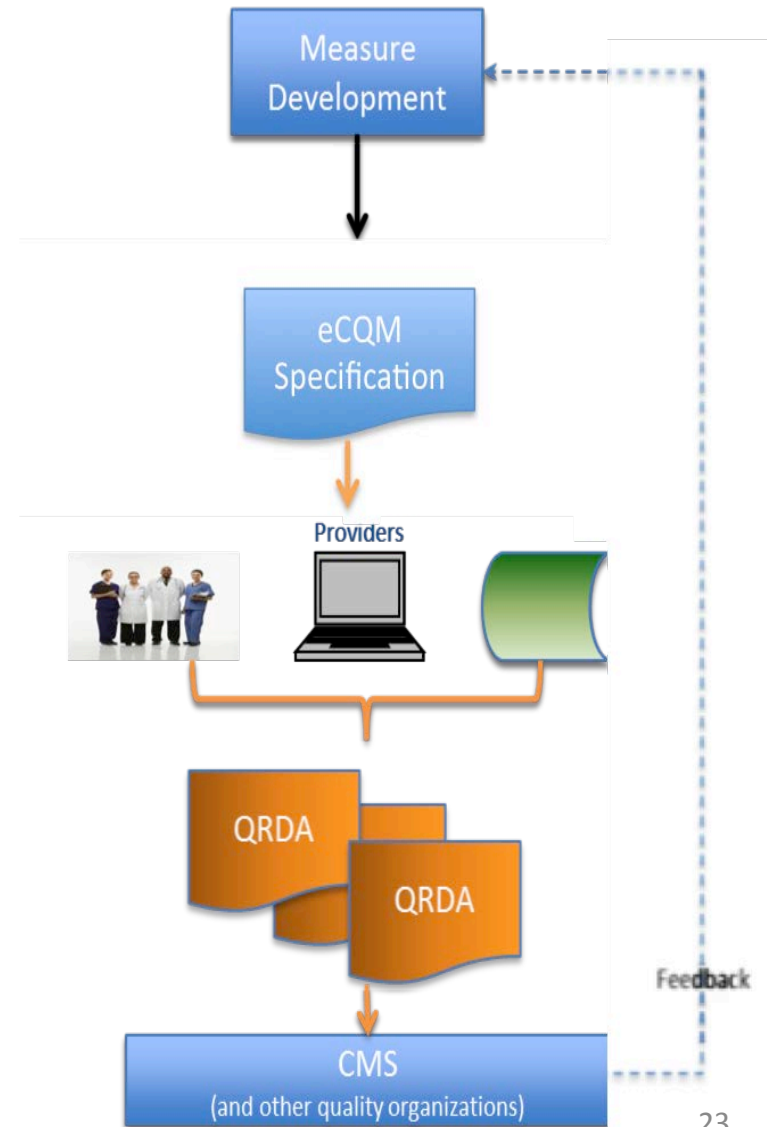


What are the basic steps in implementing an eMeasure?



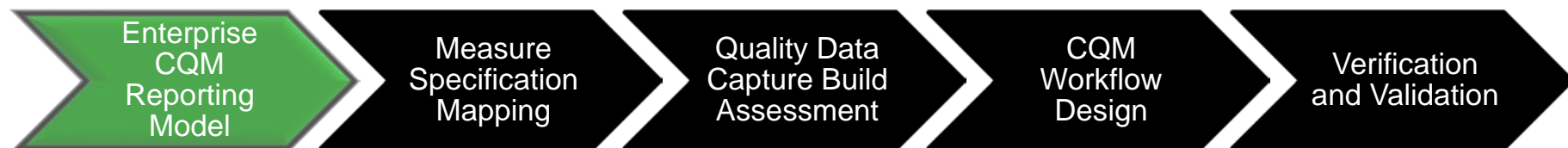
Implementation is:

- The **system of processes** between the organization's decision to adopt an intervention and the routine use of that intervention.
- The transition period during which targeted stakeholders become increasingly **skillful, consistent, and committed** in their use of an intervention.
- A social process that is **intertwined with the context** in which it takes place.



The Challenge of Data Capture

Types of Elusive Data	Examples
Discrete value available in electronic format but usually in devices or standalone special software systems	Ejection Fraction from Echocardiogram and PR or QT intervals in ECG
Structured data captured but available in a different setting of care/EHR system	Ambulatory or Long Term Care data not available in Acute Care Hospital EHR
Data usually captured on paper and not electronically	Clinician Notes
Data captured electronically but not as structured elements	Transcribed Notes



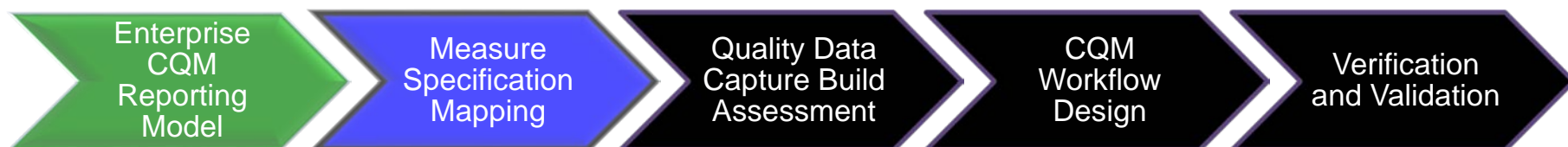
The Enterprise CQM Model outlines the organizational strategy for measurement and reporting to deliver a more effective and streamlined approach for satisfying Accreditation, Certification, and Regulatory Program requirements.

- Outline quality measures to be reported for programs across all settings/sites of care and specialty programs for the organization
- Identify complementary and overlapping quality measures addressed in various programs
- Identify common populations and disease states/care processes of focus across measures

Enterprise CQM Reporting Model



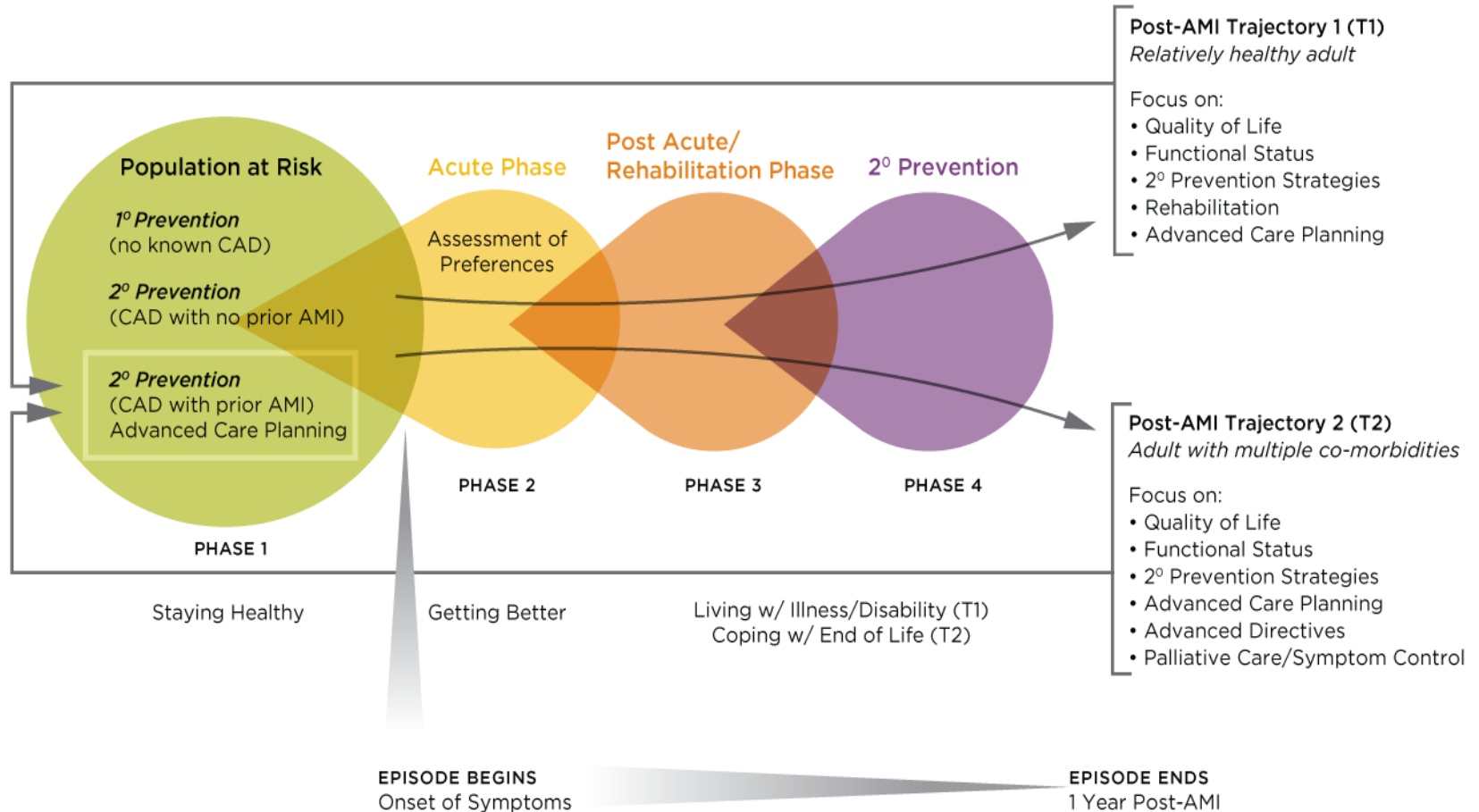
My	Short Name	NQF Measure Number and System Status	Measure Title	IQR Required	IQR: Chart Abstracted	IQR: EHR Direct	Claims	IQR: Web-based	PATIENT SURVEY	IQR: NRSN	Readmissions Reduction Program	HAC Reductions Program	IC: Abstraction	IC: EHR	OOB	PQRS: Claims	PQRS: CSV	PQRS: Registry	PQRS: EHR	PQRS: CPRO Web Interface	PQRS: Measures Group	VBRM
	READM-30-HF	0330 Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure hospitalization	X		X				X												
	READM-30-AMI	0505 Endorsed	Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.	X		X				X												
	READM-30-PN	0506 Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization	X		X				X												
	READM-30-TH/TKA	1551 Endorsed	Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and / or total knee arthroplasty (TKA)	X		X				X												
	CPD READMIT	1891 Endorsed	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	X		X				X												
	STK READMIT	2027 Not Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization	X		X				X												
	CABG READMIT	N / A Not Endorsed	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary artery Bypass Graft (CABG) Surgery	X		X				X												
	OP-4	0286	Aspirin at arrival									X		X								
	OP-2	0288	Fibrinolytic therapy received within 30 minutes									X		X								
	OP-5	0289	Median time to ECG									X		X								
	OP-3	0290	Median time to transfer to another facility for acute coronary intervention									X		X								
	PC-05	0480	Exclusive breast milk feeding and the subset measure PC-05a Exclusive breast milk feeding considering mother's choice			X						X	X									
	OP-18	0496	Median time from ED arrival to ED departure for discharged ED patients									X		X								
	Sepsis	0500	Severe sepsis and septic shock: management bundle	X	X																	
	OP-11	0513	Thorax CT-Use of Contrast Material											X								
	OP-8	0514	MRI Lumbar Spine for Low Back Pain											X								
	OP-7	0528	Prophylactic antibiotic selection for surgical patients									X										
	OP-29	0658	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use											X								
	OP-30	0659	Endoscopy/Polyp Surveillance: Colonoscopy																			



Quality measures are grouped by families based on common care processes, conditions, and disease states and specifications/quality data elements for 'like' measures are mapped.

- Create a quality data element inventory for each measure family by identifying unique data elements and workflow requirements base on measure specifications.
- For duplicative or overlapping clinical concepts, map data element attributes and value sets to define a single data element that satisfies requirements for use in all applicable measures.

Patient-Focused Episode of Care





Regulatory build analysts work together to outline the alignment strategy for quality data across care settings and to define build rules and flexibilities based on:

- quality measure specifications and the EHR system's ability to code and reuse data for quality measurement,
- data requirements for Meaningful Use objectives and organizational documentation standards and policy, and
- patient oriented and shared data as a result of a single MUSC health record and health information exchange

Meaningful Use Core Data Set

Clinical Decision Support

- Alerts and Reminders
- Evidence Based Order Sets
- Patient Safety Checks

Patient Engagement

- Patient Education
- Patient Health Information in Patient Portal
- Health Maintenance
- Outreach

Internal Reporting and Registries

- Creating lists of patients for preventive health care, chronic condition management, identification of care gaps, etc.

Care Coordination

- Health Information Exchange for referrals and discharges
- Patient initiated information exchange

Public Health Reporting

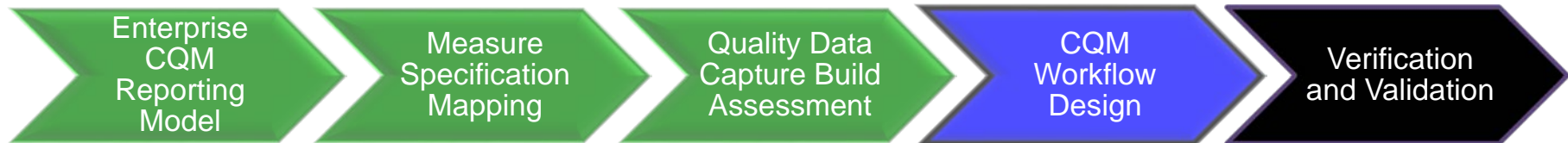
- Immunization Registry
- Syndromic Surveillance Registry
- Cancer Registries

Quality Measurement and Reporting

- Inpatient Quality Reporting
- Joint Commission Core Measures
- PQRs/Value Based Physician Modifier

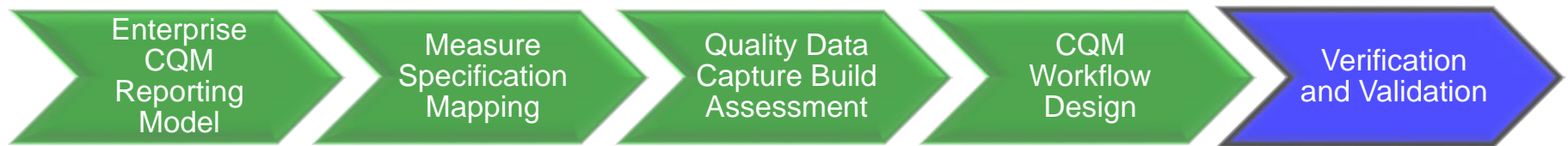
1. Patient name
2. Sex
3. Date of birth
4. Race **
5. Ethnicity **
6. Preferred language
7. Care team member(s)
8. Allergies **
9. Medications **
10. Care plan
11. Problems **
12. Laboratory test(s) **
13. Laboratory value(s)/result(s) **
14. Procedures **
15. Smoking status **
16. Vital signs

NOTE: Data requirements marked with a double asterisk (**) also have a defined vocabulary which must be used.



eCQM Implementation and Analysis Teams are formed for each measure family to finalize and confirm design for **data capture**, **CDS tools** and **reporting** needs, and to develop an **implementation strategy** based on:

- An understanding of the measure's clinical recommendation statement and targeted quality action
- A review of the build assessment supplied by the regulatory analysts and clear understanding of data capture requirements and flexibilities
- The culture of individual care settings, specialties, and services and anticipated problems that threaten the adoption and consistent use of new EHR workflows and data capture requirements



Regulatory build analysts and eCQM Implementation and Analysis Teams work together to confirm that the build functions properly for correct inputs, and to determine adequacy of implementation and utilization of supporting data capture.

- Identify deficiencies as related to data capture or true quality gaps
- Determine root cause for failures related to documentation (*Build strategy? Implementation strategy?*)
- Innovate and optimize.

What resources are available to help me understand the eCQMs?

The one-stop shop for the most current resources to support electronic clinical quality improvement.

The one-stop shop for the most current resources to support electronic clinical quality improvement

Learn about eCQI resources and connect with the community of professionals who are dedicated to clinical quality improvement for better health

Getting Started

A *gentle* introduction to understanding electronic clinical quality improvement and measures

[More information](#)

Putting eCQMs to Work

An overview of the eCQM lifecycle, including actors and their responsibilities

[More information](#)

Latest News

Thu 12 Mar **Advance Notice of Proposed Changes for the 2015 eCQM Annual Update**
In response to feedback from the community, CMS and ONC are providing here links to the

Events

Mar **25** **Getting Started with Electronic Quality Measures (eCQM 101) for Quality Reporting Programs**

Value Set Authority Center

<http://vsac.nlm.nih.gov/>



Value Sets | BH Acute I... | BH Assessm... | BH Individ... | BH Counsel... | **BH Cogniti...**

[Export Value Set Details \(Excel\)](#) Search by OID or name

Name: BH Cognitive impairment diagnosis Version: **Draft** Status: Private Draft Query: Search

OID: 2.16.840.1.113883.3.1257.1.1627

Purpose: **Hide**

Clinical Focus:

Inclusion Criteria:

Type: Grouping Steward: ONC/S...

Code System: ICD10CM,ICD9CM,SNOMEDCT

Code Validation (Page 6 of 7) View 76 - 90 of 96

Code	Descriptor	Status
229676007	Language-related cognitive disorder (disorder)	Active
300.11	Conversion disorder	Active
300.15	Dissociative disorder or reaction, unspecified	Active
300.12	Dissociative amnesia	Active
300.13	Dissociative fugue	Active
308.1	Predominant disturbance of consciousness	Active
437.7	Transient global amnesia	Active
315.31	Expressive language disorder	Active
780.02	Transient alteration of awareness	Active
294.0	Amnesic disorder in conditions classified elsewhere	Active
799.51	Attention or concentration deficit	Active

Close

Grouping Value Set

Name	OID	Code System
BH Cognitive impairment diagnosis ICD9CM	2.16.840.1.113883.3.1257.1.1863	SNOMEDCT
BH Cognitive impairment diagnosis ICD10CM	2.16.840.1.113883.3.1257.1.1862	ICD9CM

Page 1 of 1 View 1 - 3 of 3

Edit Submit Clone Delete

Clinical Quality Measures

Please note: USHIK provides the specifications for all versions of eQMs published by CMS for the Meaningful Use Incentive Payment Program for a user to view and/or download. The release packages are referenced by the year it was released, i.e. "April 2014 EH". Please note, each release package is applicable to the following year's reporting period, for example, the 2014 eQMs for eligible hospitals titled, "April 2014 EH" is applicable to the 2015 Reporting Year. The only exception is the 2012 release packages which are no longer valid for reporting purposes. Please refer to the CMS Implementation Guides as the source of truth for which version of an eQM is associated with which reporting year. http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eQM_Library.html

| «first «previous 1 next» last» |

Results 1 - 93 of 93

10 25 50 100

Compare/Download Selected

- [Compare](#)
- [Download HQMF XML](#)
- [Download Excel](#)
- [Download Value Set SVS](#)
- [Download PDF](#)
- [Download Flat File CSV](#)
- [Download Single File XML](#)

2011 – 2013 **Beginning in 2014**

[Clear Filters](#)



Select	▼ CQM ID	▼ NQF	▼ Short Name	▼ Name	▼ Eligibility	▼ Version	▼ Release Package	▼ Domain
<input type="checkbox"/>	0 selected	0 selected	<input type="text"/>	<input type="text"/>	0 selected	0 selected	2 selected	0 selected
<input type="checkbox"/>	CMS2v4	0418		Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Eligible Professionals	4	July 2014 EP	Population/Public Health
<input type="checkbox"/>	CMS9v3	0480	BF	Exclusive Breast Milk Feeding	Eligible Hospitals	3	April 2014 EH	Clinical Processes/Effectiveness
<input type="checkbox"/>	CMS22v3	Not Applicable		Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Eligible Professionals	3	July 2014 EP	Population/Public Health
<input type="checkbox"/>	CMS26v2		HMPC	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Eligible Hospitals	2	April 2014 EH	Patient and Family Engagement
<input type="checkbox"/>	CMS30v4	0639	AMI10	Statin Prescribed at Discharge	Eligible Hospitals	4	April 2014 EH	Clinical Processes/Effectiveness
<input type="checkbox"/>	CMS31v3	1354	EHDI_1a	Hearing Screening Prior To Hospital Discharge	Eligible Hospitals	3	April 2014 EH	Clinical Processes/Effectiveness

Welcome to the
ONC Issue Tracking System

The ONC Issue Tracking System is a collaboration platform that supports the implementation of health information technology by providing a space in which internal and external users can transparently log, prioritize, and discuss issues with appropriate subject matter experts on a host of topics.

Have a question about MU Policy/Program or PQRS and IQR Policy/Program?

Find Your Project

These are the projects currently hosted on the ONC Issue Tracking System. Use the tool below to locate your project.

If you do not see your project listed, please log into JIRA to view.

Filter By Category

- Certification
- Quality-Measures
- Other
- All

Filter By Keyword

Search for a word or phrase

Clear Search

Project Title	Project Key	Project Category	Project Description
2014 Edition Release Two Criteria	ERTWO	Certification	This project tracks the public comments on updated test procedures for 2014 Edition Release 2. To leave a comment or to view test procedures, please visit: http://www.healthit.gov/EHR-Cert-2014-R2
BONNIE Issue Tracker	BONNIE	Quality-Measures	The BONNIE Issue Tracker is used to track issues related to the Bonnie Clinical Quality measure testing tool. This tool is used to test CQMs under development by building synthetic test patient records. This tracker captures questions, feature requests, and issues related to the Bonnie tool.
C-CDA Issue Tracker	CCDA	Quality-Measures	The C-CDA Issue Tracker is used to track implementation and policy issues related to the Consolidated-Clinical Document Architecture (C-CDA) standards adopted for Meaningful Use.
CDS Issue Tracker	CDS	Quality-Measures	The CDS Issue Tracker is used to collect comments on content, format and clinical aspects of CDS standards and artifacts.
CMS HQR and EP Supplementary Implementation Guides	HQRIG	Quality-Measures	This project is used to collect feedback and track change requests for the CMS QRDA Implementation Guide
Comments on eCQMs under development	PCQM	Quality-Measures	The eCQMs under development project is used to secure comments and feedback on proposed HHS clinical quality measures including questions on feasibility of implementation.
CQM Issue Tracker	CQM	Quality-Measures	The CQM Issue Tracker is used to track issues related to electronic clinical quality measures used in Meaningful Use program including questions on implementation (e.g., the specifications, logic, code sets, measure intent) or policy (e.g., reporting requirements). Please note that the issue review period for the 2015 annual update has closed. While we will make every attempt to respond promptly to your issue, we cannot guarantee corrections will be made to respond in time for the 2015 annual update measure publication.
CYPRESS Issue Tracker	CYPRESS	Certification	The CYPRESS Issue Tracker is used to track issues related to Meaningful Use certification testing tools such as questions on the test cases.

CQM Issue Tracker / CQM-330




Stroke guidance regarding carotid intervention

5 of 79 ▲ ▾
[Return to Search](#)





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[Share](#) [Export ▾](#)

Details

Type: [Intent/Governance](#) Status:  Closed
Priority:  Major [\(View Workflow\)](#)
Component/s: None Resolution: Fixed
Labels: None
Solution:  The missing or inaccurate data guidance initially listed in the eligible hospital (EH) chart-based measures was carried over into the eCQM per the measure steward's original direction. This guidance has been removed from Stroke measures NQF/CMS: 0441/102, 0435/104, 0436/71, 0437/91, 0438/72, 0439/105, and 0440/107.
2014 EH Measures: CMS102v1/NQF441, CMS104v1/NQF435, CMS105v1/NQF439, CMS107v1/NQF440, ... (2)

People

Assignee:  Ngoc Nguyen
[Assign to me](#)
Reporter:  Julia Skapik
Votes:  0
Watchers:  [Stop watching this issue](#)

Dates

Created: 14/Jan/13 2:27 PM
Updated: 15/Feb/13 3:35 PM
Resolved: 15/Feb/13 3:35 PM

Agile

[View on Board](#)

Description

The logic for Carotid Interventions seems as though there is potential for encounters to be excluded that are not intended to be excluded. Recommend: Standardize the logic across all measures.

Activity

[All](#) **[Comments](#)** [History](#) [Activity](#) [Transitions](#) [Commits](#)

There are no comments yet on this issue.

**Have a question about MU Policy/Program
or PQRS and IQR Policy/Program?**

Direct *MU Policy and Program* Questions to the following:

The Electronic Health Record (EHR) Information Center

EHR Information Center Hours of Operation:

7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.

1-888-734-6433* (primary number) *(press option 1) or 888-734-6563 (TTY number)

Direct *PQRS and IQR Policy and Program* Questions to the following:

QualityNet Help Desk (secure)

E-mail: qnetsupport@hcqis.org

Phone: (866) 288-8912

TTY: (877) 715-6222

Fax: (888) 329-7377

What resources are available to help me test the eCQMs?

Bonnie: An eCQM Testing Tool

<https://bonnie.healthit.gov/>

BONNIE

measure period: 2012

Dashboard Account Help - Logout

MEASURES	UPLOAD	EXPECTED	STATUS	TEST PATIENTS
ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range CMS179v3	UPDATE	100	PASS	16 /16
Anti-depressant Medication Management CMS128v3	UPDATE			21
Population: Population 1		100	PASS	21 /21
Population: Population 2		100	PASS	21 /21
Appropriate Testing for Children with Pharyngitis CMS146v3	UPDATE	100	PASS	16 /16
Appropriate Treatment for Children with Upper Respiratory Infection (URI) CMS154v3	UPDATE	100	PASS	18 /18
Breast Cancer Screening CMS125v3	UPDATE	100	PASS	20 /20

<https://bonnie.healthit.gov/#measures/A5E96A45-8132-4E72-BF4F-E8C81DB9E641>

Clinical Quality Measure (CQM) Sandbox

Cypress is the official testing tool for the Electronic Health Record (EHR) Certification program for Meaningful Use (MU) Stage 2 Clinical Quality Measures (CQM). Cypress enables repeatable and rigorous testing of an EHR's ability to accurately calculate MU Stage 2 Eligible Provider (EP) and Eligible Hospital (EH) CQMs. Cypress has been designed to support both the EHR vendor and Authorized Testing Labs responsible for testing EHR technologies as part of the certification process. Cypress is sponsored by the Office of the National Coordinator for Health Information Technology (ONC) and has been designed and developed by The MITRE Corporation.



CYPRESS KNOWLEDGE BASE

The Cypress Knowledge Base is a starting point for vendors and Authorized Testing Labs responsible for testing EHR technologies. The Knowledge Base has Frequently Asked Questions, as well as links to additional eCQM resources.



FORUM

The Cypress Forum enables conversations among community members around topics related to the certification and testing of clinical quality measure calculations with the Cypress toolset.



ISSUE TRACKER

The Cypress Issue Tracker helps to track questions and issues which require input from the Cypress team. The issues are tracked through a simple workflow to interact and collaborate with the Cypress team.



SAMPLE REPOSITORY

The QRDA Sample Data Repository contains a collection of sample QRDA Category I and Category III documents.



INSTALL CYPRESS

Download your own instance of Cypress to test and experiment with prior to certification with an Accredited Testing Laboratory.

For support:
project-cypress-talk@googlegroups.com



DEMO CYPRESS

Experiment with the current Cypress Baseline (Note: You will be prompted to log in with your NLM UMLS credentials)



Version: 2.6.0

Welcome, Julia [account](#) [about](#) [feedback](#) [help](#) [logout](#)

CERTIFICATION DASHBOARD

[Master Patient List](#)[Add EHR Vendor](#)

Welcome to Cypress! This is the Certification Dashboard that displays the names of the EHR vendors and the status of their products being tested. You can begin by adding an EHR vendor or simply explore the complete Cypress Test Deck by clicking on "Master Patient List" above.

EHR VENDOR NAME	PRODUCTS TESTED	PASSING	NOT PASSING	DATE OF LAST TEST
▶ MPT	4 / 5 products	0 products	5 products	delete
▶ MDO	0 / 1 products	0 products	1 products	delete
▶ KHOAN	0 / 1 products	0 products	0 products	delete
▶ MDDDDF	0 / 1 products	0 products	1 products	delete
▶ abc	0 / 1 products	0 products	0 products	delete
▶ dscz	1 / 1 products	0 products	1 products	delete
▶ test	1 / 1 products	0 products	1 products	delete
▶ ICTHEALTH	0 / 1 products	0 products	0 products	delete
▶ Sabiamed	1 / 1 products	0 products	1 products	delete
▶ xyz	0 / 1 products	0 products	0 products	delete
▶ MDF	1 / 1 products	1 products	0 products	delete
▶ rgs	1 / 1 products	1 products	0 products	delete
▶ MD	0 / 1 products	0 products	0 products	delete

Error Report Indicators: ○ passing ● insufficient info ● failing

How do I certify/get help with certification?

Cypress: Meaningful Use Stage 2 Testing and Certification Tool

The Office of the National Coordinator for Health Information Technology

[Home](#) [About](#) [Resources](#) [Timeline](#) [Release Notes](#) [FAQ](#)

Meaningful Use Stage 2 Clinical Quality Measure Testing And Certification Tool

Join Announcement List

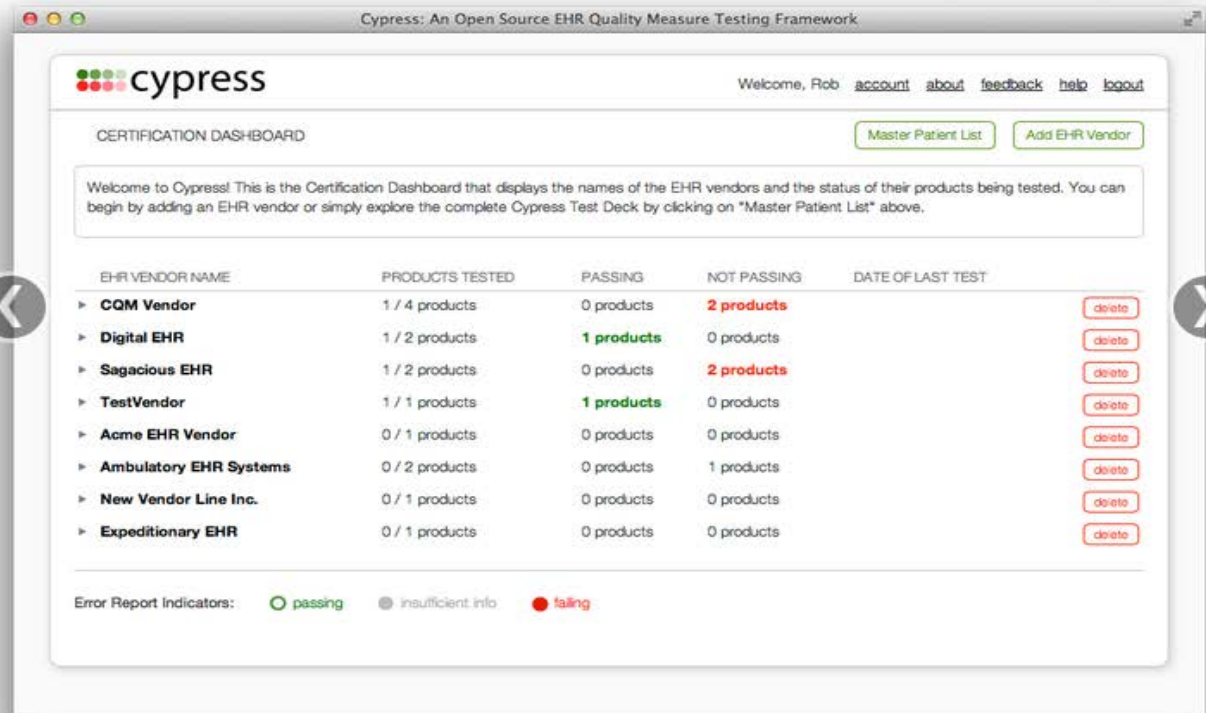
Submit Comments

Post a Jira Issue

Timeline

Download Cypress v2.6.0

Download Cypress v2.5.1



Cypress: An Open Source EHR Quality Measure Testing Framework

cyprcss

Welcome, Rob [account](#) [about](#) [feedback](#) [help](#) [logout](#)

CERTIFICATION DASHBOARD [Master Patient List](#) [Add EHR Vendor](#)

Welcome to Cypress! This is the Certification Dashboard that displays the names of the EHR vendors and the status of their products being tested. You can begin by adding an EHR vendor or simply explore the complete Cypress Test Deck by clicking on "Master Patient List" above.

EHR VENDOR NAME	PRODUCTS TESTED	PASSING	NOT PASSING	DATE OF LAST TEST
▶ CQM Vendor	1 / 4 products	0 products	2 products	delete
▶ Digital EHR	1 / 2 products	1 products	0 products	delete
▶ Sagacious EHR	1 / 2 products	0 products	2 products	delete
▶ TestVendor	1 / 1 products	1 products	0 products	delete
▶ Acme EHR Vendor	0 / 1 products	0 products	0 products	delete
▶ Ambulatory EHR Systems	0 / 2 products	0 products	1 products	delete
▶ New Vendor Line Inc.	0 / 1 products	0 products	0 products	delete
▶ Expeditionary EHR	0 / 1 products	0 products	0 products	delete

Error Report Indicators: ○ passing ● insufficient info ● failing

Certified Health IT Product List (CHPL)

<http://oncchpl.force.com/ehrcert>



Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology

The Certified Health IT Product List (CHPL) provides the authoritative, comprehensive listing of Complete Electronic Health Records (EHRs) and EHR Modules that have been tested and certified under the ONC HIT Certification Program, maintained by The Office of the National Coordinator for Health Information Technology (ONC).

Each Complete EHR and EHR Module listed on CHPL has been tested and certified by an authorized testing and certification body against applicable standards and certification criteria adopted by the HHS Secretary. EHR technologies that have been certified under the ONC HIT Certification Program are eligible to be used for the Centers for Medicare and Medicaid (CMS) EHR Incentive Programs. The CHPL provides CMS EHR Certification ID for qualified products to be used in the CMS EHR Incentive Programs.

Eligible providers have the ability to use EHR technology that is certified to 2011 edition certification criteria, 2014 edition certification criteria, and a combination of 2011 and 2014 edition certification criteria to generate CMS EHR Certification ID that is submitted to CMS as part of attesting to meaningful use of certified EHR technology.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact their certification body that certified their product.

STEP 1: TO WHICH EDITION OF ONC HIT EHR CERTIFICATION ARE YOU ATTESTING?

2011 Edition

Combination of 2011 and 2014 Edition

2014 Edition

USING THE CHPL WEBSITE / CERTIFICATION ID NUMBERS FOR OPTIONS UNDER THE 2014 CEHRT FLEXIBILITY RULE

UPDATE: These step-by-step instructions also would apply to providers who intend to use a certified EHR technology option identified in the [Flexibility Rule](#), which was published by CMS on September 4, 2014. The Flexibility Rule grants flexibility to providers who are unable to fully implement 2014 Edition for an EHR reporting period in 2014 due to delays in the availability of 2014 certified EHR technology. Under the Flexibility Rule, such providers participating in the Medicare and Medicaid EHR Incentive Programs in 2014 may use EHRs that have been certified under the 2011 Edition, a combination of the 2011 and 2014 Edition, or the 2014 Edition. More information on the Flexibility Rule may be found [here](#).

To browse the CHPL and review the comprehensive listing of certified EHR products, follow the steps outlined below:

1. Select the EHR Certification Criteria Edition for attestation (2011 Edition, Combination of 2011 and 2014 Edition, 2014 Edition)
2011 Edition – List of EHR products that are certified to 2011 Edition certification criteria.
2014 Edition – List of EHR products that are certified to 2014 Edition certification criteria.
Combination of 2011 and 2014 Edition – List of EHR products that are certified to 2011 Edition certification criteria AND/OR equivalent 2014 Edition certification criteria.
2. Select Practice Type (Ambulatory or Inpatient). Practice Type selection available only for '2011 Edition' and 'Combination of 2011 and 2014 Edition' attestation
3. Select the "Browse" button to view the list of all CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

Cypress Talk List and CYPRESS Jira Projects



Search for topics



Groups

NEW TOPIC



Mark all as read

Filters ▾

My groups

Home

Starred

Favorites

Click on a group's star icon to add it to your favorites

Recently viewed

HL7v2 Immunizatio...

IHE PCC Technica...


Civisur.com : 2xCtr...


AAAS karaoke roc...


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Project Cypress Talk Shared privately


35 of 1061 topics (99+ unread) ☆

 **Cypress Tech Talks for December 23rd and January 6th available at <http://projectcypress.org/timeline.html>** (1)
By dczu...@mitre.org - 1 post - 10 views

 **NOTICE: Cypress 2.5.0 requires a clean install of Cypress; it cannot be installed as an upgrade from 2.4.1 or below.** (5)
By dczu...@mitre.org - 5 posts - 31 views


 **Data on <http://demo.projectcypress.org> will be removed every Saturday at 11:59 PM Eastern Time** (1)
By dczu...@mitre.org - 1 post - 19 views


 **Cypress FAQ (Please check before posting)** (1)
By ssa...@mitre.org - 1 post - 152 views

 **Risk Category Assessment Issues with 2.4.1** (4)
By ssa...@mitre.org - 4 posts - 142 views

 **Cypress 2.4.1 Demo server** (2)
By Jeremy Blanchard - 2 posts - 1 view

 **Regarding Cypress 2.5.1** (4)
By HPN INDIA - 4 posts - 6 views

 **NQF0024 QRDA3 File** (3)
By Vinod Kumar Suthar - 3 posts - 4 views

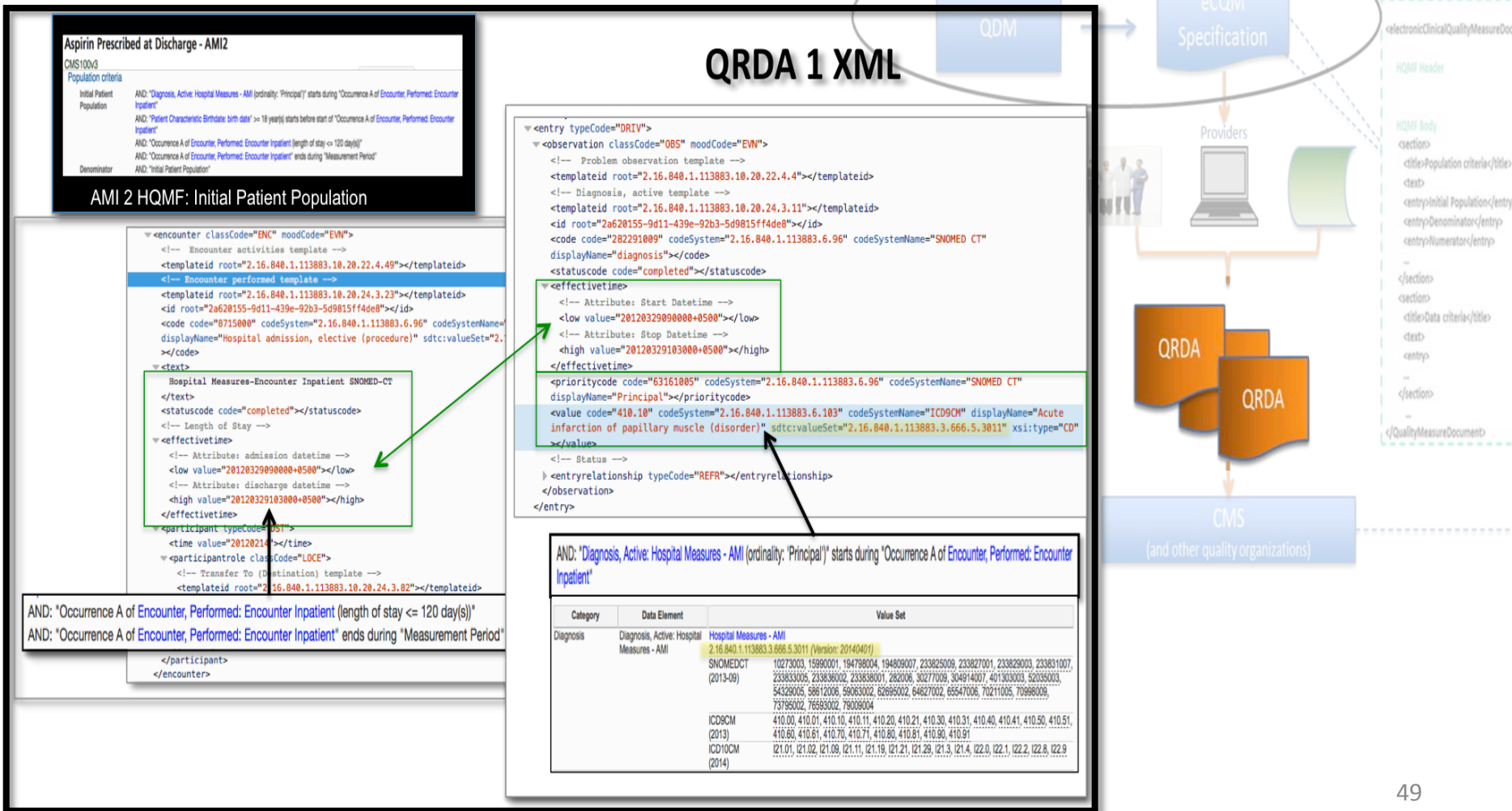
 **Cypress v2.6 Released** (1)
By Jean Colbert - 1 post - 4 views

 **Why NOT criteria not part of Denominator Exclusions section?** (2)
By John Kroubalkian - 2 posts - 3 views

Can I use my ONC-certified measure output to report to CMS?

Quality Reporting Document Architecture (QRDA)

An HL7 standard document format for the exchange of eCQM data. QRDA describes the format for reporting quality data on a single patient (Category I or II) or aggregate results on multiple patients (Category III).



- You cannot successfully report without additional QRDA restrictions in CMS IG!!**

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA EP_HQR_Guide_2015.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_EP_HQR_Guide_2015.pdf)

CMS Implementation Guide for Quality Reporting Document Architecture Category I and Category III

Eligible Professional Programs and Hospital Quality Reporting (HQR)

Supplementary Implementation Guide for 2015

Version: 1.0
07/29/2014

How do I report or attest to the measures?

1. Determine your reporting method, which measures are required, and what additional measures you will report
2. Verify your EHR product is ONC Certified– check the certification edition requirements based on your program(s)
3. Capture data required for the appropriate measures
4. Register for reporting/attestation
5. Submit eCQM data

What changes should I expect for the 2015 Annual Update?

- All 93 eCQMs to be published in HQMF R2.1
- Value sets updated to include latest 2014/2015 code systems
- Corrections to incorporate feedback from users and changes to other standards
- All measures pre-tested using BONNIE testing tool, which creates QRDA libraries

What topic do you think would be most helpful for the next webinar (April/May timeframe)?

- A. Changes in the 2015 annual update and the process expert implementers use to make updates
- B. Data capture and data mapping from user to reporting
- C. Workflow assessment and integrating quality measures into clinical practice

Discussion and Questions

Panel:

- Nalini Ambrose, Program Manager/Measure Development Contractor, Booz Allen Hamilton
- Itara Barnes, Manager of Regulatory Affairs and Accreditation, Medical University of South Carolina
- Kimberly Bodine, EHR Manager Clinical Quality Measures, HCA
- Susan McBride, Professor, Texas Tech University Health Sciences Center
- Peri Saunders, Project Coordinator, Healthcare Management Solutions LLC

Moderator:

Julia Skapik, Medical Officer, ONC

Julia.skapik@hhs.gov

What other questions/information would you like to see presented in this series and others?

Please enter a question/write into the chat with your suggestions or email psaunders@hscmsllc.com

Appendix: Other Information

Term	Definition
ACOs	Accountable Care Organizations
CEHRT	Certified Electronic Health Record Technology
CQM	Clinical Quality Measure
EHR	Electronic Health Record
HL7	Health Level Seven International (HL7)
IQR	Inpatient Quality Reporting
PQRS	Physician Quality Reporting System
QDM	Quality Data Model
QRDA	Quality Reporting Document Architecture

Term	Definition
eMeasure or eCQM	Electronic formatted clinical quality measures (here, using the HL7 standard QDM-based HQMF)
QDM	An “information model” intended to clearly define concepts used in quality measures and clinical care
HQMF	HL7 standard used to represent quality measures in an electronic format.
Value set	Lists of specific values (terms and their codes: CPT®, ICD-10-CM, LOINC®, MeSH®, RxNorm, SNOMED CT®, etc.) derived from single or multiple standard vocabularies used to define clinical concepts
VSAC	Library of value sets used by eCQM. Maintained by the National Library of Medicine
QRDA	HL7 standard document format for the exchange of eCQM data. QRDA reports represent eCQM data at the patient or organization level.

- Measure Definition Standards
 - Quality Data Model (QDM)
 - Health Quality Measure Format (HQMF)
- Measure Reporting Standards
 - Quality Reporting Document Architecture (QRDA)
 - Category I for patient level data
 - Category III for aggregate data

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](#).

To attest for the EHR Incentive Program, go to:

<https://ehrincentives.cms.gov/hitech/login.action>

For EP:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM2014_GuideEP.pdf

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

- Option 1: Attest through the EHR Registration & Attestation System
- Option 2: eReporting through PQRS
- Option 3: Satisfy requirements of PQRS Reporting Options
- Option 4: Group Reporting (GPRO)
- Option 5: Group Reporting through Pioneer ACO
- Option 6: Group Reporting through the Comprehensive Primary Care (CPC) Initiative

For EH:

<https://www.qualitynet.org/>

For Q&A:

<https://cms-ip.custhelp.com/app/home3/session/L3RpbWUvMTQyNzEzMzU1Ni9zaWQvMkEzdWwyaW0%3D>

- Option 1: Attest through the EHR Registration & Attestation System
- Option 2: eReporting through Hospital Inpatient Quality Reporting (IQR) using QualityNet (more information at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU.html>)