

02

INTERMEDIATE



» An Introduction to  
**EHR INCENTIVE PROGRAMS  
FOR ELIGIBLE HOSPITALS:**  
**2014 CLINICAL QUALITY MEASURE (CQM)  
ELECTRONIC REPORTING GUIDE**



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# 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 and critical access hospitals (CAHs) within our health care system.

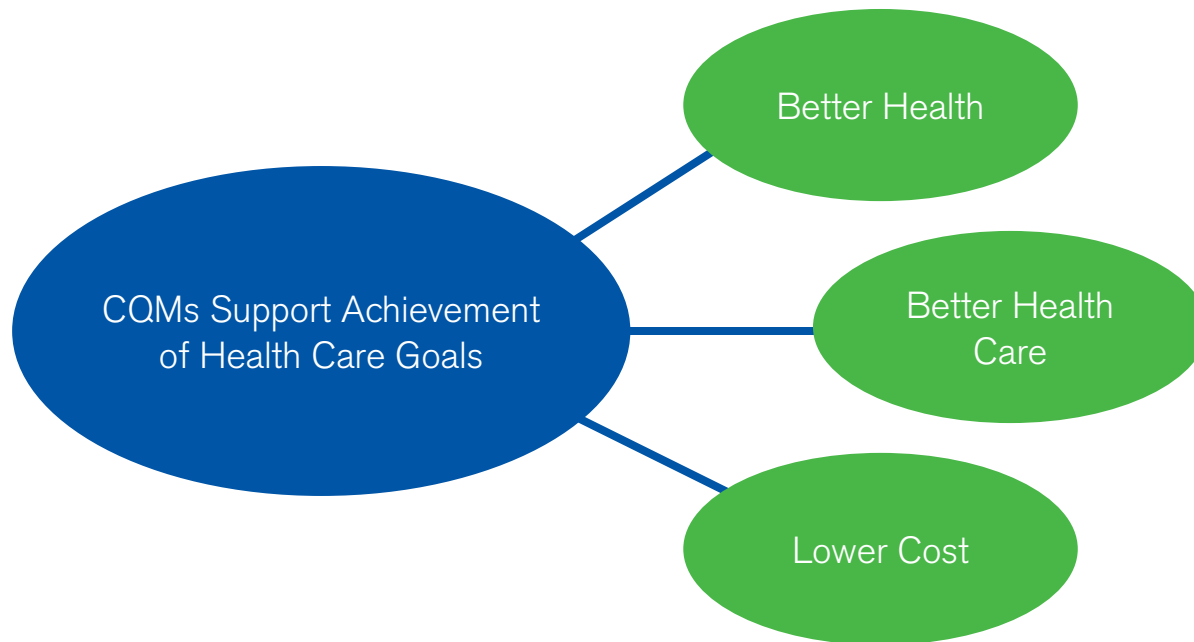
CQMs use a wide variety of data that are associated with your ability to deliver high-quality care or relate to long term goals for health care quality.

### **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.



# What will change for CQMs in 2014?

Beginning in 2014, requirements for CQMs will change for all eligible hospitals and CAHs, 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 16 CQMs. 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.

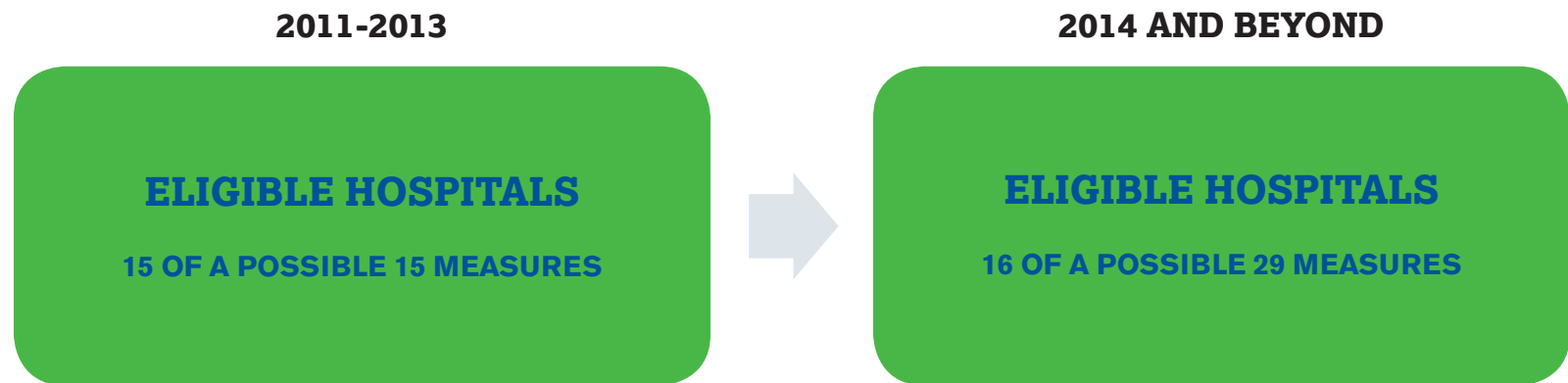
- **Medicare beyond first year of meaningful use:** Select a three-month reporting period fixed to the quarter of the fiscal year.
- **Medicare in first year of meaningful use:** Select any 90-day reporting period. To avoid the 2015 payment adjustment, begin reporting by April 1 and attest by July 1\*.

*\*Critical Access Hospitals have a different reporting and payment schedule.*

# 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 report 16 out of 29 measures.

Below are the CQM reporting requirements from **2011 through 2013**:



# What are the National Quality Strategy (NQS) domains?

In 2014, the CQMs 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 Hospitals 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 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 IQR, 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 IQR.

**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 hospital, you must submit your CQM data to your State Medicaid Agency.

**Resources:** For more information about electronic submission of CQM data, visit the [CMS website](#).

# EHR Reporting Options for Eligible Hospitals in 2014

## Option 1: Attest through the Registration & Attestation System

- Report 16 CQMs in at least 3 different domains
- Submit 90 days (first year of participation) or one quarter of data (second year and beyond); option to submit data for the full fiscal year
- Reporting occurs through the [EHR Registration & Attestation System](#)

## Option 2: eReporting

- Report 16 CQMs in at least 3 different domains
  - Choose these 16 CQMs that represent measures from all 4 measure sets (Stroke, Venous Thromboembolism, Emergency Department Throughput, and Perinatal Care) for IQR credit
- Submit one quarter of data electronically through the [IQR Portal](#) to receive credit for the Medicare EHR Incentive Program and IQR
- Reporting occurs through the [IQR Portal](#) using the QRDA I format

# Steps for CQM Submission

- 1 Determine reporting method and which measures apply
- 2 Verify the EHR system is 2014 Edition certified
  - Should also be certified for the selected eCQMs
- 3 Document patient information in the EHR system
- 4 Register for a QualityNet account (for new users only)
  - Request the EHR data upload role by contacting the QualityNet Help Desk at [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org)
- 5 Test submissions
- 6 Submit 2014 CQM Data
  - If reporting through the Registration & Attestation system, review the Attestation User Guides.
  - If reporting through the IQR Portal, review the QualityNet Hospital 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.



## CHAPTER 5: RESOURCES/ACRONYMS

# Resources

I NEED HELP WITH...	THIS WILL HELP ME
CQM Overview Information	<a href="#">CMS CQMs webpage</a>
2011-2013 CQM Reporting Information	<a href="#">CQMs through 2013 webpage</a>
2014 CQMs	<a href="#">2014 CQM webpage</a> <a href="#">eCQM Library</a>
General Information on the EHR Incentive Programs	<a href="#">CMS EHR Incentive Programs website</a> <a href="#">Eligible Hospital Information webpage</a>
Information on IQR and reporting once for 2014 Medicare quality reporting programs	<a href="#">QualityNet 2014 eCQM</a> <a href="#">2014 eCQM Submission (PDF)</a>
Multiple CMS programs/eHealth	<a href="#">CMS eHealth website</a>

# Helpful Acronyms

**CQM** – Clinical Quality Measure

**eCQM** – Electronically Specified Clinical Quality Measure

**EHR** – Electronic Health Record

**CAHs** – Critical Access Hospitals

**Hospital IQR** – Hospital Inpatient Quality Reporting Program

**CEHRT** – Certified Electronic Health Record Technology