AHCCCS
Arizona Health Care Cost Containment System

Electronic Clinical Quality Measures for Meaningful Use

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What is an Electronic Clinical Quality Measure?

- Electronic clinical quality measures (eCQMs) use data electronically extracted from certified electronic health records technology (CEHRT) and/or health information technology systems to measure the quality of health care provided. The Centers for Medicare & Medicaid Services (CMS) use eCQMs in a variety of quality reporting and value-based purchasing programs.
- Hospitals, professionals, and clinicians use eCQMs to provide feedback on their care systems and to help them identify opportunities for clinical quality improvement. eCQMs are also used in reporting to CMS, The Joint Commission, and commercial insurance payers in programs that reimburse providers based on quality reporting.

Reporting Similarities Between PI and Other Programs

- CMS has updated eCQMs for potential inclusion in the following programs for EPs:
- Quality Payment Program:
  - Advanced Alternative Payment Models
  - Merit-Based Incentive Payment System
- Advanced APM: Comprehensive Primary Care Plus (CPC+)
- **Medicaid Promoting Interoperability (PI) Program**

eCQMs Support Achievement of Health Care Goals

Better Health

- Promote evidence-based clinical processes
- Measure preventing and treating priority conditions
- Improve outcomes by identifying deficiencies in safety and accessibility

Better Health Care

- Reduce provider burden (e.g., administrative time by streamlining measurement)
- Improve functional assessment of chronic conditions.
- Facilitate care coordination across settings

Lower Cost

- Reduce preventable hospital readmissions.
- Decrease medication errors.
- Promote appropriate usage of diagnostic testing and screening

CMS Guidance

- CMS is moving from having each EP simply report eCQMs to having each EP's performance assessed based on reported eCQMs.
- CMS is urging Medicaid providers to choose measures aligned with their practice. The agency advises reporting on measures containing numerators and denominators before reporting measures containing zeros.

Definition of eCQM for PI Program

- **EP eCQM Requirements for Program Year 2019:**
  - Attest to 6 out of 50 available eCQMs
  - 1 of the 6 reported eCQMs must be an outcome measure. There are six outcome measures.
  - If no outcome measure is relevant to the EP, the EP must report on at least one high priority measure. There are 27 high priority measures.
  - As established in the Physician Fee Schedule rule, high priority measures for the PI Program are determined via three methods:
    1) High priority measures under MIPS
    2) Measures included in the Adult and Child Core Sets
    3) Any additional measures selected by individual states. **Arizona has not selected any additional high priority eCQMs.**

Definition of eCQM for PI Program

- If no high priority measures are relevant to the EP's scope of practice, they may report on any six relevant measures.
- EPs must report on the most recent version of each eCQM available in the CEHRT.

- The eCQM reporting period will be 90 days for EPs attesting to their first year of MU.
- The eCQM reporting period will be 365 days for returning EPs.

Electronic Calculation Versus Submission

- Distinction between CQM and eCQM:
  - CQM – CQMs can be calculated outside of the CEHRT (i.e. via chart abstraction).
  - eCQM – CQMs calculated electronically by the CEHRT.
    - The phrase "eCQM" does not indicate the data was ***transmitted*** electronically.
    - eCQMs can be calculated electronically by CEHRT and still transmitted to the agency manually via attestation in ePIP.
- All CQMs reported for purposes of the PI program must be calculated by the CEHRT.
- Therefore, the terms eCQM and CQM are used interchangeably for the PI program in many CMS resources.

Adult and Child Core Measure Sets

- CMS identified two recommended core sets of eCQMs, one for adults and one for children.
- We encourage EPs to report from the recommended core set to the extent those eCQMs are applicable to the EPs' scope of practice and patient population.
- CMS selected the recommended core set of eCQMs for EPs 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 healthcare 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 (simplest model with the least assumptions/variables but with the greatest explanatory power) measurement
  - Measures that include patient and/or caregiver engagement

Adult Core eCQMs Child Core eCQMs

Outcome Measures

- At least one of the reported eCQMs must be an outcome measure.

CMS#	CMS eCQM ID	eCQM Title	NQF#	QPP ID	Core Set
CMS122	CMS122v7	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	NQF 0059	001	Adult
CMS132	CMS132v7	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	NQF 0564	192	
CMS133	CMS133v7	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	NQF 0565	191	
CMS159	CMS159v7	Depression Remission at Twelve Months	NQF 0710	370	
CMS165	CMS165v7	Controlling High Blood Pressure	NQF 0018	236	Adult
CMS75	CMS75v7	Children Who Have Dental Decay or Cavities	N/A	378	

Outcome Measures

High Priority Measures

- If no outcome measures are relevant to the EP's scope of practice, the EP must report on at least one high priority measure.

CMS#	CMS eCQM ID	eCQM Title	NQF#	QPP ID	Core Set
CMS122	CMS122v7	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	NQF 0059	001	Adult
CMS125	CMS125v7	Breast Cancer Screening	NQF 2372	112	Adult
CMS128	CMS128v7	Anti-depressant Medication Management	NQF 0105	009	Adult
CMS129	CMS129v8	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	NQF 0389	102	
CMS132	CMS132v7	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	NQF 0564	192	
CMS133	CMS133v7	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	NQF 0565	191	
CMS136	CMS136v8	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	NQF 0108	366	
CMS137	CMS137v7	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NQF 0004	305	Adult
CMS139	CMS139v7	Falls: Screening for Future Fall Risk	NQF 0101	318	

High Priority Measures, continued

CMS#	CMS eCQM ID	eCQM Title	NQF#	QPP ID	Core Set
CMS142	CMS142v7	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	NQF 0089	019	
CMS146	CMS146v7	Appropriate Testing for Children with Pharyngitis	N/A	066	
CMS153	CMS153v7	Chlamydia Screening for Women	NQF 0033	310	Child & Adult
CMS 154	CMS154v7	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	NQF 0069	065	
CMS155	CMS155v7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NQF 0024	239	Child
CMS156	CMS156v7	Use of High-Risk Medications in the Elderly	NQF 0022	238	
CMS157	CMS157v7	Oncology: Medical and Radiation – Pain Intensity Quantified	NQF 0384	143	
CMS159	CMS159v7	Depression Remission at Twelve Months	NQF 0710	370	
CMS165	CMS165v7	Controlling High Blood Pressure	NQF 0018	236	Adult
CMS177	CMS177v7	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	NQF 1365	382	
CMS249	CMS249v1	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	N/A	472	
CMS2	CMS2v8	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	NQF 0418/ NQF 0418e	134	Child & Adult

High Priority Measures, continued

CMS#	CMS eCQM ID	eCQM Title	NQF#	QPP ID	Core Set
CMS50	CMS50v7	Closing the Referral Loop: Receipt of Specialist Report	N/A	374	
CMS56	CMS56v7	Functional Status Assessment for Total Hip Replacement	N/A	376	
CMS66	CMS66v7	Functional Status Assessment for Total Knee Replacement	N/A	375	
CMS68	CMS68v8	Documentation of Current Medications in the Medical Record	NQF 0419	130	
CMS75	CMS75v7	Children Who Have Dental Decay or Cavities	N/A	378	
CMS90	CMS90v8	Functional Status Assessments for Congestive Heart Failure	N.A	377	

If no high priority measures are relevant to the EP's scope of practice, the EP may report on any six relevant measures.

High Priority Measures

Measure Calculation (Population)

- For purposes of the PI program, the eCQMs are calculated from the total patient population or subsets of the patient population based on age, condition, etc.
- Data is not limited by payor (i.e. Medicaid)

Examples of eCQMs for EPs

- Breast Cancer Screening – CMS125v7
  - Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
  - Measure Specifications
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – CMS122v7
  - Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
  - Measure Specifications

Examples of eCQMs for EPs

- Anti-Depressant Medication Management – CMS128v7
  - Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.
    - a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
    - b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)
  - Measure Specifications

CEHRT Edition

- The provider's 2015 edition CEHRT must be used to calculate eCQMs for Program Year 2019.
- CEHRTs may not be certified to calculate all 50 eCQMs.
  - Providers should check to see which eCQMs their CEHRT is capable of calculating and select those that are relevant to their practice.
  - If there is not a relevant eCQM that the CEHRT is certified to capture, EPs should report on what their CEHRT is capable of calculating.

Documentation Required

- Run an eCQM report from the CEHRT for the appropriate reporting period.
- Prove the eCQM data was calculated by 2015 Edition CEHRT.
  - The report must show the CEHRT name/edition; or
  - Provide screen shots demonstrating how the report was pulled from the CEHRT.
- The report should include the following:
  - The required number and type of eCQMs.
  - The numerator and denominator for each eCQM.
  - The most recent eCQM version the CEHRT has available.
  - The proper reporting period.
    - The reporting period will be 90 days for EPs attesting to their first year of MU.
    - The reporting period will be 365 days for returning MU EPs.

Audit Findings

What Happens During an Audit?

- All providers that receive a Medicaid PI incentive payment could potentially be selected by AHCCCS for post payment audit.
- If selected, AHCCCS post payment analysts will conduct a thorough review of the documentation attached to your attestation in ePIP to determine if it meets the program requirements.
- AHCCCS may have follow-up questions or make additional documentation requests.

Common CQM Audit Findings

- The eCQM report does not show it was pulled from the practice's CEHRT.
- Failure to maintain documentation and practice no longer has access to the CEHRT.
- Reporting eCQMs for the wrong reporting period (i.e. using a 90-day period when a 365-day period should be used).
- Including data for the entire practice in the reported eCQMs rather than data for the individual EP.
- Not uploading the eCQM report when attesting for a payment.

Resources

- Eligible Professional eCQI Resource Center
- CMS eCQM Tip Sheet
- Federal Final Rule - Modified Stage 2 and Stage 3
- Physician Fee Schedule - Program Year 2019
- Physician Fee Schedule - Program Year 2020
- Adult Core eCQMs
- Child Core eCQMs
- Outcome Measures and High Priority Measures
- AHCCCS eCQM Frequently Asked Questions*

*To access the AHCCCS eCQM Frequently Asked Questions click on the link above, then click the drop down arrow labeled "Educational Resources". The FAQ link is included under the "Tip Sheets" header.

Questions?

Thank You