

Medicaid Promoting Interoperability (PI) Program

Frequently Asked Questions: Program Year 2020 Electronic Clinical Quality Measures

| # | Question and Answer |
|---|--|
| 1 | <p>Q: What is an electronic clinical quality measures (eCQMs)?</p> <p>A: 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.</p> |
| 2 | <p>Q: What is the difference between a CQM and eCQM?</p> <p>A: A CQM can be calculated outside of the CEHRT (i.e. via chart abstraction), whereas eCQMs are calculated electronically by the CEHRT. The phrase “eCQM” does not indicate the data was <i>transmitted</i> electronically. An eCQM can be calculated electronically by CEHRT and still transmitted to the agency manually via attestation in ePIP. All CQMs reported for the purposes of the PI program must be calculated by the CEHRT. Although the terms eCQM and CQM are used interchangeably for the PI program, only CQMs generated by the CEHRT are accepted as sufficient for the program.</p> |
| 3 | <p>Q: Where can I find the eCQMs I can report for each program year?</p> <p>A: Go to the eCQI Resource Center: https://ecqi.healthit.gov/ep-ec-ecqms. Select the appropriate year from the “Select Performance/Reporting Period” drop-down menu and then click on the Apply Button. Scroll down past the list of eCQM materials to see the available measures.</p> <p>To download a complete list of the eCQMs select “Eligible Clinicians and Eligible Professionals Table of eCQMs” from the eCQM Materials column to see a printable list of the available measures. Check your CEHRT to determine which of the measures are available in your system.</p> |
| 4 | <p>Q: How many eCQMs must the EP report on for Program Year 2020?</p> <p>A: An EP must attest to 6 out of 47 available eCQMs^A. We recommend that the EP run a complete eCQM report from his/her CEHRT in case of vendor or other issues. ePIP will only allow the EP to attest to exactly 6 eCQMs; however, the CEHRT eCQM report contains more than 6 eCQMs.</p> |

^A [eCQMs](#)

^B [Adult Core eCQMs](#)

^C [Child Core eCQMs](#)

| # | Question and Answer |
|----|---|
| 5 | <p>Q: What is an outcome measure?</p> <p>A: An outcome measure^A is a high-level clinical measure used to measure a change in the health of patients. Some of the outcome measures for 2020 focus on diabetes, cataracts, high blood pressure, and dental decay in children. An outcome measure is different from a process measure which measures a specific health care process such as screenings and monitoring of patients. For Program Year 2020, there are 6 outcome eQMs.</p> |
| 6 | <p>Q: What if no outcome measures are relevant to the eligible professional (EP)?</p> <p>A: An EP must attest to at least one outcome measure unless no outcome measures^A are relevant to the EP. In this case, the EP must report on at least one high priority measure.</p> |
| 7 | <p>Q: What is a high priority measure?</p> <p>A: CMS has flagged certain eQMs as high priority. These measures focus on specific health conditions that represent national public health priorities.</p> |
| 8 | <p>Q: What if no high priority measures are relevant to the EP?</p> <p>A: If no high priority measures^A are relevant to the EP’s scope of practice, the EP may report on any six relevant measures.</p> |
| 9 | <p>Q: What does “relevant to my scope of practice” mean when reporting eQMs?</p> <p>A: The EP should report on measures that best reflect the types of services the EP provides and the EP’s patient population. For example, if the EP is a pediatrician, he/she may select the Childhood Immunization Status (CMS117v7) as a relevant eQM. Use of High-Risk Medications in the Elderly (CMS156v7) would not be a relevant eQM for a pediatrician. Ultimately, it is up to each EP to determine which eQMs are most relevant to the EP’s scope of practice.</p> |
| 10 | <p>Q: What if the EP’s CEHRT is not certified to capture the most relevant eQM(s)?</p> <p>A: For providers’ EHR technology to be certified, the Office of the National Coordinator (ONC, the agency which certifies that an EHR solution meets the PI Incentive Program requirements) requires the EHR technology solution to support a provider that is reporting its eQMs for MU purposes. However, ONC allows vendors to certify selectively which eQMs their software will support. This means it is very important for a provider to understand which eQMs a CEHRT will support. Depending on the population a provider serves, the provider may find that some CEHRTs may not support the reporting of the eQMs applicable to that practice.</p> <p>If there is not a relevant eQM that the CEHRT is certified to capture, <u>the EP is able to report on what the CEHRT is capable of calculating.</u></p> |

^A [eQMs](#)

^B [Adult Core eQMs](#)

^C [Child Core eQMs](#)

| # | Question and Answer |
|----|---|
| # | Question and Answer |
| 11 | <p>Q: Does the state of Arizona have any additional high priority eQMs?</p> <p>A: Arizona has not selected any additional high priority eQMs. An EP should only use the list of 27 eQMs that CMS identified as high priority^A.</p> |
| 12 | <p>Q: How long is the eQm reporting period for Program Year 2020?</p> <p>A: The eQm reporting period for Program Year 2020 is 90-days for all EPs. The eQm reporting period must be within calendar year (CY) 2020.</p> |
| 13 | <p>Q: Does the eQm report have to come from the CEHRT?</p> <p>A: Yes, numerator and denominator information for eQMs must be reported directly from the CEHRT report.</p> |
| 14 | <p>Q: How do I run an eQm report from the CEHRT?</p> <p>A: If the EP does not know how to pull the eQm report directly from the CEHRT, the EP should contact the CEHRT vendor and request guidance.</p> |
| 15 | <p>Q: How should a provider who upgrades from a 2014 Edition CEHRT to 2015 Edition CEHRT or changes CEHRT vendors report during the 90-day eQm reporting period in 2020?</p> <p>A: An EP does not need to have 2015 Edition CEHRT by the beginning of calendar year 2020 (or the eQm reporting period). The data that Medicaid EPs are required to report for eQMs is a snapshot based on the data within the CEHRT, taken between the end of the PI reporting period and the date of attestation, for the reporting period.</p> <ol style="list-style-type: none"> 1) EPs that have a 2014 Edition CEHRT during the eQm reporting period and upgrade to the 2015 Edition of the same CEHRT prior to attestation - The data supporting eQMs is entered into the EP's CEHRT during the regular course of business and will be stored in the CEHRT. The CEHRT should retain data entered in the 2014 Edition within the upgraded 2015 Edition. The EP should generate an eQm report between the end of the PI reporting period and the date of attestation and this report will calculate the eQMs based on the data entered during the PI reporting period. 2) EPs that change vendors or practices during the reporting period – The EP must provide two reports (one from each system or location) to show the reported eQMs from both CEHRTs/locations. Both reports should cover the entire PI (EHR) reporting period. The numerator from both reports should be added together to determine the numerator entered into ePIP and the denominators from both reports should be added together to determine the denominator entered into ePIP. |

^A [eQMs](#)

^B [Adult Core eQMs](#)

^C [Child Core eQMs](#)

| # | Question and Answer |
|----|---|
| 16 | <p>Q: The eCQM specifications are updated each year. Which year(s) specifications/versions will Arizona accept from providers?</p> <p>A: Vendors are not required to update CEHRT each year to the latest eCQM specifications in order to retain their 2015 Edition certification. Therefore, it is possible that Medicaid providers will have CEHRTs that produce eCQMs specified to a variety of years. Arizona will accept the most recent version for each eCQM. Arizona will allow providers to report on older versions, if that is all the EP’s 2015 Edition CEHRT is able to produce.</p> <p>If an older version does not match the ePIP layout, the EP should enter the numerator and denominators from the dashboard as close as possible.</p> |
| 17 | <p>Q: For the Medicaid Promoting Interoperability Program, can I report an eCQM with a zero result in the numerator and/or denominator?</p> <p>A: A zero result in the numerator and/or denominator may indicate the eCQM is not relevant to the EP’s scope of practice. While we strongly encourage providers to report relevant eCQMs (i.e. measures that have numerators/denominators greater than zero), zero is an acceptable result provided that this value was produced by a CEHRT.</p> |
| 18 | <p>Q: Why does CMS recommend EPs report from the Adult^B and Child^C Core eCQM sets?</p> <p>A: Core measures are national standards of care and treatment processes for common conditions. These processes are proven to reduce complications and lead to better patient outcomes.</p> <p>CMS selected the recommended core set of eCQMs for EPs based on analysis of several factors:</p> <ul style="list-style-type: none"> • Conditions that contribute to the morbidity & 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 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 |
| 19 | <p>Q: Can I submit my eCQM in electronic format directly to the state?</p> <p>A: Arizona is not currently able to accept electronic submissions of eCQMs. The eCQM report will need to be uploaded to ePIP during attestation.</p> |

^A [eCQMs](#)

^B [Adult Core eCQMs](#)

^C [Child Core eCQMs](#)

| # | Question and Answer |
|----|--|
| 20 | <p>Q: What is the difference between Program Years 2019 and 2020 for eQMs^A?</p> <p>A: EPs were required to attest to 6 eQMs in Program Year 2019. The required number of 6 eQMs remained the same for Program Year 2020, but the versions have been updated for 2020. The requirement to attest to at least 1 outcome measure in 2019 stayed the same in 2020.</p> <p>The eQm listed below was added for Program Year 2020.</p> <ul style="list-style-type: none"> • CMS 771v1 (International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia) <p>The eQMs listed below were removed for Program Year 2020.</p> <ul style="list-style-type: none"> • CMS 160v8 (Depression Utilization of the PHQ-9 Tool) • CMS 82v7 (Maternal Depression Screening) • CMS 52v8 (HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis) • CMS 132v8 (Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures) |
| 21 | <p>Q: What should an EP do if during the ePIP attestation process the eQm section does not allow the EP to report on the eQm most relevant to your practice?</p> <p>A: AHCCCS does not anticipate this occurring, but if it does, please email ehrincentivepayments@azahcccs.gov and alert them of this issue. The EP should continue to attest to the best of his/her ability, write a letter of explanation, and upload to ePIP if possible.</p> |

^A [eQMs](#)

^B [Adult Core eQMs](#)

^C [Child Core eQMs](#)