Program Year 2021 Electronic Clinical Quality Measures for Meaningful Use

Presented by: Priscilla Clark with Myers and Stauffer LC
February 2021
Stage 3 Learning Objectives

• Know the CQM requirements for the Medicaid Promoting Interoperability (PI) Program.
• Understand the CQM documentation requirements.
• Learn what resources are available to help you determine the appropriate CQMs to report on.
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:
    o Advanced Alternative Payment Models
    o Merit-Based Incentive Payment System
  • Advanced APM: Comprehensive Primary Care Plus (CPC+)
• Medicaid PI Program
eCQMs Support Achievement of Health Care Goals

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

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

- 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

• EPs must attest to 6 out of 47 available eCQMs.
  o 6 outcome measures
  o 27 high priority measures
  o 14 remaining measures
• **Priority Level 1**: If relevant, at least one eCQM should be an outcome measure.
  o **Priority Level 2**: If no outcome measure is relevant, at least one eCQM should be a high priority measure.
    • **Priority Level 3**: If no outcome or high priority measures are relevant, report on relevant measures if possible.
Definition of eCQM for PI Program

• 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.
• EPs must report on the most recent version of each eCQM available in the CEHRT.
• The eCQM reporting period is 90 days for all EPs.
• The eCQM reporting period must be within CY 2021 and the end of the eCQM reporting period must fall on or before October 31, 2021.
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.
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.

<table>
<thead>
<tr>
<th>CMS#</th>
<th>CMS eCQM ID</th>
<th>eCQM Title</th>
<th>NQF#</th>
<th>QPP ID</th>
<th>Core Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS75</td>
<td>CMS75v9</td>
<td>Children Who Have Dental Decay or Cavities</td>
<td>N/A</td>
<td>378</td>
<td></td>
</tr>
<tr>
<td>CMS122</td>
<td>CMS122v9</td>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt; 9%)</td>
<td>N/A</td>
<td>001</td>
<td>Adult</td>
</tr>
<tr>
<td>CMS133</td>
<td>CMS133v9</td>
<td>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</td>
<td>NQF</td>
<td>0565</td>
<td>191</td>
</tr>
<tr>
<td>CMS159</td>
<td>CMS159v9</td>
<td>Depression Remission at Twelve Months</td>
<td>NQF</td>
<td>0710</td>
<td>370</td>
</tr>
<tr>
<td>CMS165</td>
<td>CMS165v9</td>
<td>Controlling High Blood Pressure</td>
<td>N/A</td>
<td>236</td>
<td>Adult</td>
</tr>
<tr>
<td>CMS771</td>
<td>CMS771v2</td>
<td>International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia</td>
<td>N/A</td>
<td>476</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>CMS#</th>
<th>CMS eCQM ID</th>
<th>eCQM Title</th>
<th>NQF#</th>
<th>QPP ID</th>
<th>Core Set</th>
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<tbody>
<tr>
<td>CMS2</td>
<td>CMS2v10</td>
<td>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</td>
<td>NQF 0418</td>
<td>134</td>
<td>Child &amp; Adult</td>
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<tr>
<td>CMS122</td>
<td>CMS122v9</td>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt; 9%)</td>
<td>N/A</td>
<td>001</td>
<td>Adult</td>
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<tr>
<td>CMS125</td>
<td>CMS125v9</td>
<td>Breast Cancer Screening</td>
<td>N/A</td>
<td>112</td>
<td>Adult</td>
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<td>CMS128</td>
<td>CMS128v9</td>
<td>Anti-depressant Medication Management</td>
<td>N/A</td>
<td>009</td>
<td>Adult</td>
</tr>
<tr>
<td>CMS129</td>
<td>CMS129v10</td>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</td>
<td>NQF 0389</td>
<td>102</td>
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<td>CMS133</td>
<td>CMS133v9</td>
<td>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</td>
<td>NQF 0565</td>
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<tr>
<td>CMS136</td>
<td>CMS136v10</td>
<td>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</td>
<td>N/A</td>
<td>366</td>
<td>Child</td>
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<td>CMS137</td>
<td>CMS137v9</td>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
<td>N/A</td>
<td>305</td>
<td>Adult</td>
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<tr>
<td>CMS139</td>
<td>CMS139v9</td>
<td>Falls: Screening for Future Fall Risk</td>
<td>N/A</td>
<td>318</td>
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# High Priority Measures, Continued

<table>
<thead>
<tr>
<th>CMS#</th>
<th>CMS eCQM ID</th>
<th>eCQM Title</th>
<th>NQF#</th>
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<tbody>
<tr>
<td>CMS142</td>
<td>CMS142v9</td>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
<td>NQF 0089</td>
<td>019</td>
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<tr>
<td>CMS146</td>
<td>CMS146v9</td>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>N/A</td>
<td>066</td>
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<tr>
<td>CMS153</td>
<td>CMS153v9</td>
<td>Chlamydia Screening for Women</td>
<td>N/A</td>
<td>310 Child &amp; Adult</td>
<td></td>
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<tr>
<td>CMS154</td>
<td>CMS154v9</td>
<td>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
<td>N/A</td>
<td>065</td>
<td></td>
</tr>
<tr>
<td>CMS155</td>
<td>CMS155v9</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</td>
<td>N/A</td>
<td>239 Child</td>
<td></td>
</tr>
<tr>
<td>CMS156</td>
<td>CMS156v9</td>
<td>Use of High-Risk Medications in the Elderly</td>
<td>N/A</td>
<td>238</td>
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<tr>
<td>CMS157</td>
<td>CMS157v9</td>
<td>Oncology: Medical and Radiation – Pain Intensity Quantified</td>
<td>NQF 0384</td>
<td>143</td>
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<tr>
<td>CMS159</td>
<td>CMS159v9</td>
<td>Depression Remission at Twelve Months</td>
<td>NQF 0710</td>
<td>370</td>
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<tr>
<td>CMS165</td>
<td>CMS165v9</td>
<td>Controlling High Blood Pressure</td>
<td>N/A</td>
<td>236 Adult</td>
<td></td>
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<tr>
<td>CMS177</td>
<td>CMS177v9</td>
<td>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment</td>
<td>NQF 1365</td>
<td>382</td>
<td></td>
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<tr>
<td>CMS249</td>
<td>CMS249v3</td>
<td>Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture</td>
<td>N/A</td>
<td>472</td>
<td></td>
</tr>
</tbody>
</table>
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, Continued

<table>
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<tr>
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<th>QPP ID</th>
<th>Core Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS50</td>
<td>CMS50v9</td>
<td>Closing the Referral Loop: Receipt of Specialist Report</td>
<td>N/A</td>
<td>374</td>
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<tr>
<td>CMS56</td>
<td>CMS56v9</td>
<td>Functional Status Assessment for Total Hip Replacement</td>
<td>N/A</td>
<td>376</td>
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<tr>
<td>CMS66</td>
<td>CMS66v9</td>
<td>Functional Status Assessment for Total Knee Replacement</td>
<td>N/A</td>
<td>375</td>
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<tr>
<td>CMS68</td>
<td>CMS68v10</td>
<td>Documentation of Current Medications in the Medical Record</td>
<td>NQF 0419</td>
<td>130</td>
<td></td>
</tr>
<tr>
<td>CMS75</td>
<td>CMS75v9</td>
<td>Children Who Have Dental Decay or Cavities</td>
<td>N/A</td>
<td>378</td>
<td></td>
</tr>
<tr>
<td>CMS90</td>
<td>CMS90v10</td>
<td>Functional Status Assessments for Congestive Heart Failure</td>
<td>N.A</td>
<td>377</td>
<td></td>
</tr>
</tbody>
</table>

*CMS has not updated the list for PY 2021; however, there were no changes to the 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 – CMS125v9
  o Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
  o Measure Specifications

• Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – CMS122v9
  o Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
  o Measure Specifications
Examples of eCQMs for EPs

- Anti-Depressant Medication Management – CMS128v9
  - 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 2021.

• CEHRTs may not be certified to calculate all 47 eCQMs.
  
  o Providers should check to see which eCQMs their CEHRT is capable of calculating and select those that are relevant to their practice.
  
  o 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.
  
  o If the older version of a particular eCQM does not match the ePIP layout (for example, the older version has multiple parts, but there is only one numerator/denominator space in ePIP), the EP should enter the numerator and denominators from the dashboard as closely as possible.
Documentation Required

• Run an eCQM report from the CEHRT for the appropriate reporting period.
• Prove the eCQM data was calculated by 2015 Edition CEHRT.
  o The report must show the CEHRT name/edition; or
  o Screen shots demonstrating how the report was pulled from the CEHRT.
• The report should include the following:
  o The required number and type of eCQMs.
  o The numerator and denominator for each eCQM.
  o The most recent eCQM version the CEHRT has available.
  o The proper reporting period.
    ▪ The eCQM reporting period is 90 days for all EPs.
    ▪ The eCQM reporting period must be within CY 2021 and the end of the eCQM reporting period must fall on or before October 31, 2021.
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 the EP’s attestation in ePIP to determine if it meets the program requirements.

• AHCCCS may have follow-up questions or make additional documentation requests.
Common 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.
• 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
- Adult Core eCQMs
- Child Core eCQMs
- 2021 eCQMs
- AHCCCS Program Year 2021 eCQM Frequently Asked Questions*

*To access the FAQs click on the link above, then click on the drop down arrow labeled "Frequently Asked Questions".
## Contact Information

<table>
<thead>
<tr>
<th>Agency</th>
<th>Help With</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS</td>
<td>PI Program</td>
<td><a href="mailto:EHRIncentivePayments@azahcccs.gov">EHRIncentivePayments@azahcccs.gov</a></td>
<td>(602) 417-4333</td>
</tr>
<tr>
<td>Health Current</td>
<td>Educational Assistance &amp; Support</td>
<td><a href="mailto:ehr@healthcurrent.org">ehr@healthcurrent.org</a></td>
<td>(602) 688-7210</td>
</tr>
</tbody>
</table>
Questions?
Thank You.