

## Medicaid Promoting Interoperability (PI) Program

### Frequently Asked Questions: Electronic Clinical Quality Measures

#	Question and Answer
1	<p><b>Q: What is an electronic clinical quality measures (eCQMs)?</b></p> <p><b>A:</b> 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 &amp; Medicaid Services (CMS) use eCQMs in a variety of quality reporting and value-based purchasing programs.</p>
2	<p><b>Q: What is the difference between a CQM and eCQM?</b></p> <p><b>A:</b> 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><b>Q: Where can I find the eCQMs I can report for each program year?</b></p> <p><b>A:</b> Go to the eCQI Resource Center: <a href="https://ecqi.healthit.gov/ep-ec-ecqms">https://ecqi.healthit.gov/ep-ec-ecqms</a>. 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 “<b>Eligible Clinicians and Eligible Professionals Table of eCQMs</b>” 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><b>Q: How many eCQMs must the EP report on for Program Year 2019?</b></p> <p><b>A:</b> An EP must attest to 6 out of 50 available eCQMs<sup>A</sup>. 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>
5	<p><b>Q: What is an outcome measure?</b></p> <p><b>A:</b> An outcome measure<sup>A</sup> is a high-level clinical measure used to measure a change in the health of patients. Some of the outcome measures for 2019 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 2019, there are 6 outcome eCQMs.</p>

<sup>A</sup> [2019 eCQMs](#) (identifies the outcome and high priority measures)

<sup>B</sup> [Adult Core eCQMs](#)

<sup>C</sup> [Child Core eCQMs](#)

#	Question and Answer
6	<b>Q: What if no outcome measures are relevant to the eligible professional (EP)?</b>
	<b>A:</b> An EP must attest to at least one outcome measure unless no outcome measures <sup>A</sup> are relevant to the EP. In this case, the EP must report on at least one high priority measure.
7	<b>Q: What is a high priority measure?</b>
	<b>A:</b> CMS has flagged certain eQMs as high priority. These measures focus on specific health conditions that represent national public health priorities.
8	<b>Q: What if no high priority measures are relevant to the EP?</b>
	<b>A:</b> If no high priority measures <sup>A</sup> are relevant to the EP’s scope of practice, the EP may report on any six relevant measures.
9	<b>Q: What does “relevant to my scope of practice” mean when reporting eQMs?</b>
	<b>A:</b> 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.
10	<b>Q: What if the EP’s CEHRT is not certified to capture the most relevant eQM(s)?</b>
	<b>A:</b> 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.  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>
11	<b>Q: Does the state of Arizona have any additional high priority eQMs?</b>
	<b>A:</b> 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 <sup>A</sup> .

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<sup>B</sup> [Adult Core eQMs](#)

<sup>C</sup> [Child Core eQMs](#)

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12	<b>Q: When can an EP attest to a 90-day eCQM reporting period?</b>
	<p>A: If an EP is attesting to MU for the first time, the EP may attest to a 90-day eCQM reporting period.</p> <p>An EP who demonstrated MU in a previous program year must attest to a 365-day eCQM reporting period.</p>
13	<b>Q: Does the eCQM report have to come from the CEHRT?</b>
	A: Yes, numerator and denominator information for eCQMs must be reported directly from the CEHRT report.
14	<b>Q: How do I run an eCQM report from the CEHRT?</b>
	A: If the EP does not know how to pull the eCQM report directly from the CEHRT, the EP should contact the CEHRT vendor and request guidance.
15	<b>Q: How should a provider who upgrades from a 2014 Edition CEHRT to 2015 Edition CEHRT or changes CEHRT vendors report a full year of eCQMs in 2019?</b>
	<p>A: An EP does not need to have 2015 Edition CEHRT by the beginning of calendar year 2019 (or the eCQM reporting period). The data that Medicaid EPs are required to report for eCQMs 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"> <li>1) <b>EPs that have a 2014 Edition CEHRT during the eCQM reporting period and upgrade to the 2015 Edition of the same CEHRT prior to attestation</b> - The data supporting eCQMs 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 eCQM report between the end of the PI reporting period and the date of attestation and this report will calculate the eCQMs based on the data entered during the PI reporting period.</li> <li>2) <b>EPs that change vendors or practices during the reporting period</b> – The EP must provide two reports (one from each system or location) to show the reported eCQMs from both CEHRTs/locations. During attestation in ePIP, the EP must add the numbers from both reports.</li> </ol>
16	<b>Q: The eCQM specifications are updated each year. Which year(s) specifications/versions will Arizona accept from providers?</b>
	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.

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17	<p><b>Q: For the Medicaid Promoting Interoperability Program, can I report an eCQM with a zero result in the numerator and/or denominator?</b></p> <p><b>A:</b> 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><b>Q: Why does CMS recommend EPs report from the Adult<sup>B</sup> and Child<sup>C</sup> Core eCQM sets?</b></p> <p><b>A:</b> 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"> <li>• Conditions that contribute to the morbidity &amp; mortality of the most Medicare and Medicaid beneficiaries</li> <li>• Conditions that represent national public health priorities</li> <li>• Conditions that are common to health disparities</li> <li>• Conditions that disproportionately drive healthcare costs and improve with better quality measurement</li> <li>• 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</li> <li>• Measures that include patient and/or caregiver engagement</li> </ul>
19	<p><b>Q: Can I submit my eCQM in electronic format directly to the state?</b></p> <p><b>A:</b> Arizona is not currently able to accept electronic submissions of eCQMs. The eCQM report will need to be uploaded to ePIP during attestation.</p>

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#	Question and Answer
20	<p data-bbox="167 428 1114 459"><b>Q: What is the difference between Program Years 2018 and 2019 for eQMs<sup>A</sup>?</b></p> <p data-bbox="167 480 1515 619"><b>A:</b> EPs were required to attest to 6 eQMs in Program Year 2018. The required number of 6 eQMs remained the same for Program Year 2019, but the versions have been updated for 2019. However, starting in 2019, EPs are required to attest to at least 1 outcome measure relevant to the EP’s scope of practice. See FAQs 5-9 for more information regarding this requirement.</p> <p data-bbox="167 640 886 672">The eQMs listed below were <b>added</b> for Program Year 2019.</p> <ul data-bbox="215 693 1495 798" style="list-style-type: none"> <li>• CMS 249v1 (Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture)</li> <li>• CMS 349v1 (HIV Screening)</li> </ul> <p data-bbox="167 819 919 850">The eQMs listed below were <b>removed</b> for Program Year 2019.</p> <ul data-bbox="215 871 1487 1123" style="list-style-type: none"> <li>• CMS 123v6 (Diabetes: Food Exam)</li> <li>• CMS 164v6 (Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet)</li> <li>• CMS 167v6 (Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy)</li> <li>• CMS 169v6 (Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use)</li> <li>• CMS 158v6 (Pregnant women that had HBsAg testing)</li> <li>• CMS 65v7 (Hypertension: Improvement in Blood Pressure)</li> </ul>
21	<p data-bbox="167 1159 1450 1226"><b>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?</b></p> <p data-bbox="167 1264 1479 1365"><b>A:</b> AHCCCS does not anticipate this occurring, but if it does, please email <a href="mailto:ehrincentivepayments@azahcccs.gov">ehrincentivepayments@azahcccs.gov</a> 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>

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