

CQM Reporting in 2013

CQM reporting will remain the same through 2013:

- ❑ 44 eligible professional CQMs
 - 3 core or alternate core (if reporting zeroes in the core) plus 3 additional CQMs
 - Report minimum of 6 CQMs (up to 9 CQMs if any core CQMs were zeroes)

Medicaid providers submit CQMs according to their state-based submission requirements

CQM Specifications in 2013

- ❑ Electronic specifications for the CQMs for reporting in 2013 **will not be updated.**
- ❑ Flexibility in implementing CEHRT certified to the 2014 Edition certification criteria in 2013
 - For eligible professionals, this includes 32 of the 44 CQMs finalized in the Stage 1 final rule
 - Excludes: NQF 0013, NQF 0027, NQF 0084
 - Since NQF 0013 is a core CQM in the Stage 1 final rule, an alternate core CQM must be reported instead since it will not be certified based on 2014 Edition certification criteria

Changes to Eligible Professionals CQMs Reporting

Prior to
2014

- Report 6 out of 44 CQMs
 - 3 core or alt. core
 - 3 menu

Beginning in
2014

- Report 9 out of 64 CQMs
- Selected CQMs must cover at least 3 of the 6 NQS domains
- Recommended core CQMs:
 - 9 for adult populations
 - 9 for pediatric populations

CQM Selection and HHS Priorities

All providers must select CQMs from at least 3 of the 6 HHS National Quality Strategy domains

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness



CQMs Beginning in 2014

- ❑ A complete list of CQMs required for reporting beginning in 2014 and their associated National Quality Strategy domains is posted on the CMS EHR Incentive Programs website

www.cms.gov/EHRIncentivePrograms

- ❑ CMS also posted a recommended core set of CQMs for eligible professionals that focus on high-priority health conditions and best-practices for care delivery on the site

- 9 for adult populations
- 9 for pediatric populations



www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/

CMS.gov
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom Center | FAQs | Archive | Share | Help | Email | Print

Learn about your *healthcare options*

Medicare | Medicaid/CHIP | Medicare/Medicaid Coordination | Insurance Oversight | Innovation Center | Regulations and Guidance | Research, Statistics, Data and Systems | Outreach and Education

Home > Regulations and Guidance > EHR Incentive Programs > EHR Incentive Programs

EHR Incentive Programs

Path to Payment
Eligibility Hospital Information
Registration
Certified EHR Technology
Clinical Quality Measures (CQMs)
CMS EHR Meaningful Use Overview
Attestation
Medicare and Medicaid EHR Incentive Program Basics
Medicaid State Information
Medicare Advantage
Spotlight and Upcoming Events
Educational Resources
Data and Reports
EHR Incentive Programs
Regulations and Notices
CMS EHR Incentive Programs Listserve
Frequently Asked Questions (FAQs)
Assets

EHR Incentive Programs

 Medicare Deadline
Get Paid for 2012
Countdown for first-year eligible professionals to begin their 90-day reporting period. **43** Days
October 1, 2012 is the last day for eligible professionals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR Incentive.

The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs

The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

Registration for the Medicare and Medicaid EHR Incentive Program is now open. Prepare early to get the maximum incentive payment!

Attestation for the Medicare EHR Incentive Program is now open. Visit the [Attestation](#) page for more information.

Check on the links below for up-to-date, detailed information about the Electronic Health Record (EHR) Incentive Programs.

- Use the [Path to Payment](#) page to find out how to participate in these programs.
- [Overview of the Medicare EHR Incentive Program](#)
- [Overview of the Medicaid EHR Incentive Program](#)
- [Calendar of important dates](#)
- [Downloads and related links](#)

Electronic Health Record (EHR) or Electronic Medical Record (EMR)?

Sometimes people use the terms "Electronic Medical Record" or "EMR" when talking about Electronic Health Record

Recommended Core CQMs for Eligible Professionals

CMS selected the recommended core CQMs 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/ population health priorities
- Conditions that are common to health disparities

Recommended Core CQMs for Eligible Professionals (cont'd)

- 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 measurement
- Measures that include patient and/or caregiver engagement

Aligning CQMs Across Programs

- ❑ CMS's commitment to alignment includes finalizing the **same CQMs used in multiple quality reporting programs** for reporting beginning in 2014
- ❑ Other programs include Hospital IQR Program, PQRS, CHIPRA, and Medicare SSP and Pioneer ACOs

