

# Medicare and Medicaid EHR Incentive Programs

## Clinical Quality Measures: Reporting Requirements from 2017 through 2018

Last updated: March 2018

Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) within our health care system. These measures use data associated with health care providers' ability to deliver high-quality care or relate to long-term goals for quality health care.

CQMs measure many aspects of patient care including:

- Health outcomes
- Clinical processes
- Patient safety
- Efficient use of health care resources
- Care coordination
- Patient engagement
- Population and public health
- Adherence to clinical guidelines

CQMs help ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

To participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs and receive an incentive payment, health care providers are required to submit CQM data from certified EHR technology.

The tables below outline the CQM reporting requirements for Medicare and Medicaid health care providers in 2017 and 2018. The submission period for Medicare providers is two months following the end of the calendar year (January 1 through February 28).



Medicare EHR Incentive Program Clinical Quality Measure Reporting Requirements				
Reporting Year		2017		2018
Reporting Method		Hospitals (First-time)	Hospitals (Returning)	Hospitals
# of CQMs	Attestation	16	16	16*
	Electronically	4	4	4
Reporting Period	Attestation	Any continuous 90 days	Four Self-Selected Calendar Quarters	Four Self-Selected Calendar Quarters
	Electronically	One Self-Selected Calendar Quarter	One Self-Selected Calendar Quarter	One Self-Selected Calendar Quarter
Submission Deadline		February 28, 2018	February 28, 2018	February 28, 2019

Medicaid EHR Incentive Program Clinical Quality Measure Reporting Requirements					
Reporting Year		2017		2018	
Reporting Method		EPs	Hospitals	EPs	Hospitals
# of CQMs	Attestation	6	16	6	16
	Electronically	6	4	6	4
Reporting Period	Attestation	Any continuous 90 days	Full Year (except first-time meaningful users)	Full Year	Full Year
	Electronically	Any continuous 90 days	Any continuous 90 days	Full Year	Any continuous 90 days

\*Attestation is only an option available for Eligible Hospitals and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program.



## CQM Reporting Form and Manner for EHR Incentive Programs in CY 2018

This requires the following:

- Use of QRDA Category I for CQM electronic submissions
- EHR technology certified to the 2014 or 2015 Edition
  - Required to have the EHR technology certified to all 16 available CQMs
  - **Would not** require recertification each time updated to the most recent version of CQMs and continues to meet 2015 Edition certification criteria

Technical requirements:

- Use of eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and any applicable addenda; available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>
- 2018 CMS Implementation Guide for QRDA I for Hospital Quality Reporting; available at <https://ecqi.healthit.gov/grda>

Notes:

- For the Medicare EHR Incentive Program in 2018 attestation is only an option available for eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible. If electronic reporting is not possible, eligible hospitals and CAHs must report on 16 CQMs for four self-selected calendar quarters.
- Under the Medicaid EHR Incentive Program, all EPs in their first year of meaningful use have a CQM reporting period of any continuous 90 days.
- Under the Medicaid EHR Incentive Program, states have the flexibility to determine the method of reporting CQMs (attestation or electronic reporting) and submission period, subject to prior approval by CMS. States also have the flexibility to determine the specifications that may be used to electronically report CQMs under the Medicaid EHR Incentive Program.
- The CQM requirement fulfillment for the Medicare EHR Incentive Program also satisfies the eCQM reporting requirement for the Hospital IQR Program (the electronic reporting of the Outpatient Quality Reporting (OQR) Program CQM (ED-3, National Quality Forum (NQF) #0496) is not applicable when reporting on CQMs for both programs, which results in the reporting of 15 available CQMs and not 16 available CQMs).
- QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at <https://ecqi.healthit.gov/grda>.
- For more information visit the [EHR Incentive Programs website](#).

