CMS-3310-P: Meaningful Use Stage 3
Reporting on Clinical Quality Measures Using Certified EHR Technology by EPs, Eligible Hospitals, and Critical Access Hospitals

HIMSS North America

Key Information

- Centers for Medicare Services (CMS) Medicare EHR Incentive Program (Meaningful Use) Stage 3 criteria will start at the beginning of calendar year 2017 for Medicare eligible hospitals (EH), critical access hospitals (CAH) and eligible providers (EPs.)

- Electronic Clinical Quality Measure (eCQM) measure sets and reporting requirements will not be addressed in the Meaningful Use Stage 3 rulemaking process. eCQM measure sets and reporting requirements will be published annually in the CMS Inpatient Prospective Payment System (IPPS) rulemaking process for eligible hospitals; and in the CMS Physician Fee Schedule Rulemaking (PFS) process for eligible professionals.

- Attestation will be an eCQM reporting option for <u>Medicare</u> Meaningful Use in 2017, but EPs, EHs, and CAHs must eReport eCQMs starting in 2018 unless they demonstrate circumstances that don't allow them to eReport.

- States will continue to determine rules for collecting data and reporting for the Medicaid Meaningful Use quality reporting requirements for EHs, CAHs, and EPs

Proposed eCQM Reporting Timelines for Medicare & Medicaid EHR Incentive Program

Year	2017 only	2017 only	2018 and subsequent years	2018 and subsequent years
Reporting Method Available	Attestation	Electronic Reporting	Attestation	Electronic Reporting
Provider Type who May Use Method	All Medicare providers Medicaid providers must refer to state requirements for reporting	All Medicare Providers Medicaid providers must refer to state requirements for reporting	Medicare Providers with circumstances rendering them unable to eReport Medicaid providers must refer to state requirements for reporting	All Medicare Providers Medicaid providers must refer to state requirements for reporting
CQM Reporting Period	1 CY for Medicare 1 CY for returning Medicaid 90 days for first time meaningful user Medicaid	1 CY for Medicare 1 CY for returning Medicaid 90 days for first time meaningful user Medicaid	1 CY for Medicare 1 CY for returning Medicaid 90 days for first time meaningful user Medicaid	1 CY for Medicare 1 CY for returning Medicaid 90 days for first time meaningful user Medicaid
eCQM Version Required **(CQM electronic specifications update)**	2016 Annual Update	2016 Annual Update	2016 Annual Update or more recent version	2017 Annual Update
CEHRT Edition Required	2014 Edition Or 2015 Edition	2014 Edition Or 2015 Edition	2015 Edition	2015 Edition

Clinical Quality Measure Reporting Requirements for EPs

This rulemaking does not include eCQM measure sets or reporting requirements. CMS is proposing to publish eCQM reporting requirements for Meaningful Use in the Physician Fee Schedule rulemaking for 2017 and subsequent years. The Physician Fee Schedule (PFS) proposed rule is published annually in July.

Medicaid eCQM reporting requirements would continue to be determined by the states, subject to CMS approval.

The PFS rulemaking will include a common eCQM reporting set for both Medicare and Medicaid EPs.

CMS will continue to post the defined CQM sets and the published electronic specifications for CQM that are in use for all aligned programs on the CMS website as currently posted on the eCQM Library page:
http://www.cms.gov/Regulations-andGuidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

CQM Reporting Requirements for Eligible Hospitals and Critical Access Hospitals

This rulemaking does not include eCQM measure sets or reporting requirements. CMS is proposing to publish eCQM reporting requirements for Meaningful Use in the Inpatient Prospective Payment System (IPPS) rulemaking for 2017 and subsequent years. The IPPS proposed rule is published annually in April. The IPPS rule will include:
- new program requirements
- reporting requirements
- reporting and submission periods
- reporting methods
- information regarding the CQMs.

While Medicare and Medicaid EHs will use the same eCQM measure menu set, states will continue to determine their own eCQM reporting requirements, subject to CMS approval.

CMS will continue to post the defined CQM sets and the published electronic specifications for CQM that are in use for all aligned programs on the CMS website as currently posted on the eCQM Library page:
http://www.cms.gov/Regulations-andGuidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

CQM Reporting Period

EP eCQM Reporting Period for Stage 3
CMS is proposing to require an EHR reporting period of 1 full calendar year for meaningful use for EPs, with a limited exception for Medicaid providers demonstrating meaningful use for the first time, starting on January 1st, 2017.
Exception for Medicaid EPs in their first year of Meaningful Use-
First time Medicaid EPs will have a CQM reporting period of any continuous 90 days that is the same 90-day period as their EHR Reporting Period.

EH/CAH eCQM Reporting Period for Stage 3
For eligible hospitals and CAHs in 2017 and subsequent years, CMS proposes to require a reporting period of 1 full calendar year which consists of 4 quarterly data reporting periods for providers participating in the Medicare and Medicaid EHR Incentive Program.

Exception for Medicaid EHs in their first year of Meaningful Use-
First time Medicaid EHs will have a CQM reporting period of any continuous 90 days that is the same 90-day period as their EHR Reporting Period. More details of the form and manner will be provided in the IPPS rulemaking cycle.

eCQM Reporting Flexibility in 2017

Attestation Option for EPs, EHs, and CAHs
In 2017, EPs, EHs, and CAHs will be allowed the option to attest eCQMs to meet Meaningful Use quality reporting requirements. EPs, EHs, and CAHs, must feature the most recent (2016) version of eCQM specifications.

CMS's intent to allow attestation in 2017 is to provide flexibility for providers transitioning between versions of CEHRT. CMS feels that requiring the most recent version of the annual updates should not be a significant burden given that developers do not need to recertify a product each time CQM specifications are updated.

eReporting Option for EPs, EHs, and CAHs

EPs, eligible hospitals, and CAHs have the option to report eCQMs electronically in 2017. To eReport, EPs, EHs, and CAHs must use the most recent available electronic measure specifications, which will be published by CMS in 2016.

Medicaid eCQM Reporting in 2017

States will determine, with CMS approval, reporting methods for Meaningful Use eCQMs for Medicaid EHs, CAHs, and EPs in 2017.

eCQM Reporting in 2018 and Subsequent Years

For 2018 and subsequent years, EPs, EHs, and CAHs must eReport eCQMs sunless they demonstrate circumstances that don't allow them to eReport.

eReporting Hardships

In order to attest instead of eReport eCQMs in 2018, EHs, CAHs, and EPs must attest facing circumstances which render them unable to electronically report

- a data submission system failure
- natural disaster,
- certification issue outside the control of the provider

Medicaid eCQM Reporting in 2018 and Subsequent Years

States will determine, with CMS approval, if attestation or eReporting will be required for Meaningful Use eCQMs for Medicaid EHs, CAHs, and EPs in 2018 and in subsequent years.

Quality Reporting Data Architecture (QRDA) for Eligible Hospitals and CAHs

CMS will only allow the use of Quality Reporting Data Architecture Category I (QRDAI) patient-level data for Medicare EHs and CAHs that chose to eReport eCQMs in 2017 and subsequent years. QRDA III will not be an available reporting option for EHs and CAHs.

States can choose to utilize QRDA III or QRDA I for eReporting, subject to CMS approval, for Medicaid EPs, EHs, and CAHs.

EHR Technology Certification Requirements for Reporting of CQMs

CMS is considering different methods for requiring more the minimum (16 for EH CEHRT, 9 for EP CERHT) number of eCQMs for an electronic health record technology to become certified. Those options include:

- Option 1: vendors certify to all eCQMs that are in the EP selection list, or eligible hospital/CAH vendors certify to all eCQMs in the selection list for those stakeholders.
- Option 2: Phased approach such that the number of CQMs required for the vendors to have certified would increase each year until EHR products are required to certify all CQMs required for reporting by EPs, eligible hospitals, and CAHs.
  - Example
    - Year 1-EHRs to be certified to at least 18 of 64 available CQMs for EPs and 22 of 29 available CQMs for eligible hospitals and CAHs
    - Year 2- EHRs to be certified to at least 36 CQMs for EPs and all 29 CQMs for eligible hospitals and CAHs
    - Increase eCQMs in subsequent years.
- Option 3: Certified EHRs must include at a bare minimum a core set of certified eCQMs

Plan specifics will be outlined in the PFS and IPPS rulemaking process.