

A streamlined quality metrics reporting solution for Medicaid providers

- Consolidates reporting for the Medicaid EHR Incentive Program and CCO Incentive Measures.
- Builds foundation for aligned reporting to serve multiple programs and value-based payment models.
- Collects a common set of eQMs built to national standards.*
- Takes in data from certified EHR systems.
- Offers new options for analysis and review.

Coordinated Care Organizations

- **Single, streamlined tool** to take in data proposals and submissions with CCO review and approval process.
- **EHR aligned** to reduce errors and the need for custom reports.
- **Glide path to enhanced analysis:**
 - Supports more frequent patient-level reporting, as providers are ready.
 - Plans to include capability to bring in enrollment data for filtering by payer.
 - Allows authorized users to export and combine their data for population management.

Providers and Clinics

- **Single, streamlined tool** with multiple submission options.
- **EHR aligned** to reduce need for custom reports and manual data entry.
- **Potential to reduce reporting burden** as more programs leverage the tool over time.
- **Glide path to enhanced analysis:**
 - Reveals disparities in care, with patient-level reporting.
 - Shows how clinics compare to benchmarks.
 - Offers customizable dashboard views.
 - Builds provider capacity through technical assistance.

The CQMR is a tool to collect and validate data, calculate measure results for comparison to established benchmarks, and supply data for analytics. Providers can use the CQMR to submit data for multiple programs in one place, and health care organizations can use it to access metrics data from their networked providers. It is not intended to displace other analytics tools, but instead to provide efficiencies in data collection and reporting.

The CQMR aligns to national standards. It leverages [measure specifications](#) for electronic clinical quality measures (eQMs) and EHRs' capability to export eQMs as [Quality Reporting Data Architecture](#) (QRDA) files. EHRs certified to [2014 or 2015 Edition standards](#) should be able to export QRDA III (aggregated data) and QRDA I (individual patient level data) files for standard eQMs.

* You can find eQCM specifications and standards [here](#); eQCMs are used for CMS programs including MIPS, Promoting Interoperability (aka Meaningful Use), and CPC+. Oregon-specific EHR-sourced CCO incentive measures will be collected as aggregated data.

What the CQMR can do now

As of January 2020, the CQMR is ready to collect eQMs for eligible professionals in [Oregon's Medicaid EHR Incentive Program](#) and to collect eQMs and home-grown [CCO incentive measures](#). Providers may also choose to use the CQMR to report their eQMs to CMS for the [Merit-based Incentive Payment System](#) (MIPS) and [Comprehensive Primary Care Plus](#) (CPC+). Oregon's vendor for the CQMR is a CMS-recognized Qualified Registry, supporting MIPS and CPC+ reporting.

Consistent with applicable [program requirements](#), the CQMR will collect data in formats that include manual entry/attestation and QRDA files. The CQMR will support multiple data submission mechanisms, including web upload, SFTP, Direct secure messaging attachment, and API.

The future of the CQMR

OHA intends for the CQMR to be available to support additional quality reporting programs that use eQMs, so providers can report once to meet multiple reporting obligations. QRDA I (patient-level) data can be filtered or rolled up to aggregated reports to meet multiple reporting needs. As providers build capacity to report QRDA I data and submit data more frequently, authorized users (including clinics, CCOs, and potentially other payers) will be able to use dashboards and reports in the CQMR and to pull their eQm data from the CQMR.

The CQMR includes functionality to filter QRDA I data by payer, as well as other fields. OHA plans to add functionality to incorporate payer enrollment data, supporting more robust patient-payer attribution. Implementation of this enhancement will begin in spring 2020. With QRDA I data and robust filtering capabilities, OHA anticipates the need for custom query reporting for standard eQMs will decline: Practices could export QRDA I data for standard eQMs from their EHRs and then use the CQMR to filter to CCO Medicaid only. Reducing custom query needs is expected to decrease reporting burdens and improve data quality.

OHA recognizes that achieving this goal will take time and is contracting with OHSU to provide [technical assistance](#) with QRDA I reporting for clinics participating in CCO incentive measure reporting.

What is out of scope for the CQMR

The CQMR is a quality metrics registry, not a warehouse of all clinical data found in EHRs. Data elements collected in the CQMR are dependent on the eQM specifications. The CQMR will not provide access to a universe of clinical data to calculate new, state-specific measures.

The CQMR will collect aggregated data for "home grown" measures in the CCO Quality Incentive Program, such as cigarette smoking prevalence and SBIRT. However, with these state-specific measures, clinics cannot generate QRDA I (patient-level) data, and OHA does not expect to collect patient-level data for these measures. Filtering capabilities are limited to QRDA I data and standard eQM specifications.

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Learn more at OregonCQMR.org