

All Clinical Quality Measures in the Promoting Interoperability/EHR Incentive Program are referred to as “eQMS” because they must be **generated by** a provider's Certified Electronic Health Record system. Eligible Professionals participating in the Vermont Medicaid PIP/EHRIP are not required to submit eQMs electronically.

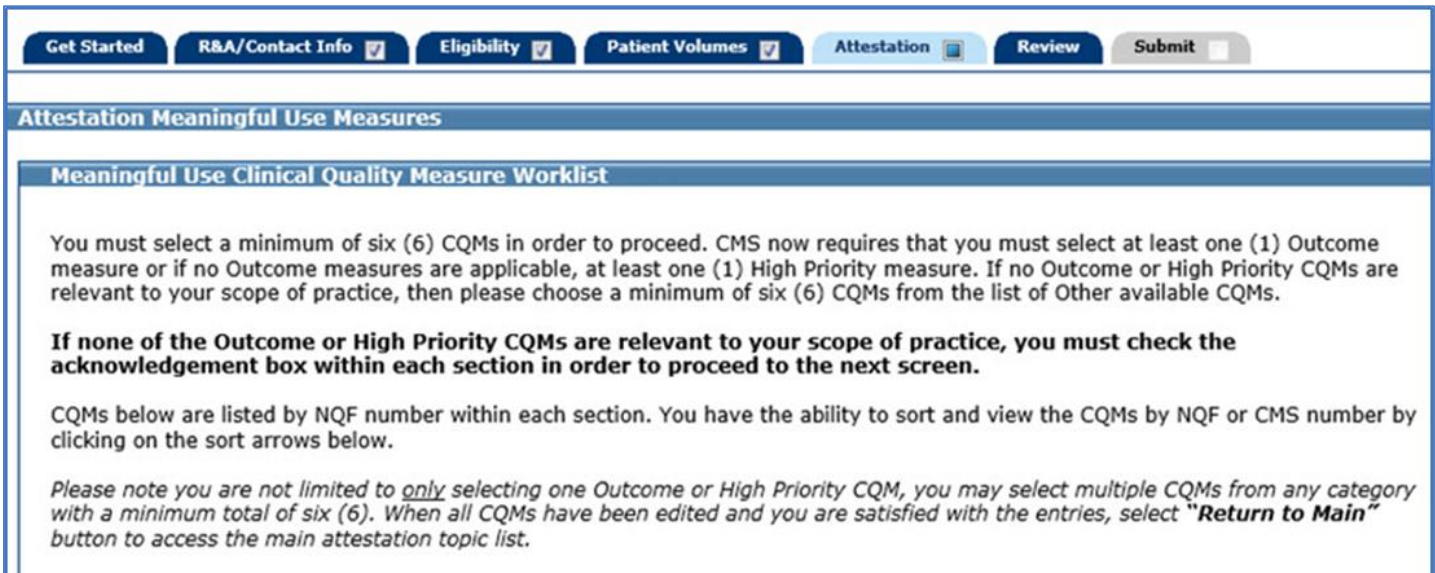
The 2021 eQm reporting period is any continuous 90-day period within calendar year 2021.

Important changes to Program Year 2021 Clinical Quality Measures for the Medicaid Promoting Interoperability Program:

- All participating EPs are required to report on any **six** eQMs relevant to their scope of practice from the set of 47 available.
- In addition, EPs must report on at least **one outcome measure**.
- If no outcome measure is relevant to his or her scope of practice, the EP must report on **one high priority measure**.
- If no high priority measures are relevant to their scope of practice, they may report on any six relevant measures.

For additional guidance on documenting and reporting data, please contact the Vermont Medicaid PIP/EHRIP Team: ahs.dvhaEHRIP@vermont.gov

The following screenshots from MAPIR illustrate the instructions and selection process for reporting on eQMs for Program Year 2021.



Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist

You must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outcome measure or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQMs are relevant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.

If none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the acknowledgement box within each section in order to proceed to the next screen.

CQMs below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

Please note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any category with a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to Main" button to access the main attestation topic list.

Outcome Clinical Quality Measures

| NQF# | Measure# | Title | Selection |
|----------------|-----------------|--|--------------------------|
| 0565e | CMS133 v9.2.000 | Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery | <input type="checkbox"/> |
| 0710e | CMS159 v9.4.000 | Depression Remission at Twelve Months | <input type="checkbox"/> |
| Not Applicable | CMS75 v9.2.000 | Children Who Have Dental Decay or Cavities | <input type="checkbox"/> |
| Not Applicable | CMS122 v9.3.000 | Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) | <input type="checkbox"/> |
| Not Applicable | CMS165 v9.2.000 | Controlling High Blood Pressure | <input type="checkbox"/> |
| Not Applicable | CMS771 v2.2.000 | Urinary Symptom Score Change 6 - 12 Months After Diagnosis of Benign Prostatic Hyperplasia | <input type="checkbox"/> |

None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.

High Priority Clinical Quality Measures

| NQF# | Measure# | Title | Selection |
|----------------|------------------|--|--------------------------|
| 0028e | CMS138 v9.2.000 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | <input type="checkbox"/> |
| 0041e | CMS147 v10.2.000 | Preventive Care and Screening: Influenza Immunization | <input type="checkbox"/> |
| 0384e | CMS157 v9.2.000 | Oncology: Medical and Radiation - Pain Intensity Quantified | <input type="checkbox"/> |
| 0389e | CMS129 v10.3.000 | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients | <input type="checkbox"/> |
| 0418e | CMS2 v10.2.000 | Preventive Care and Screening: Screening for Depression and Follow-Up Plan | <input type="checkbox"/> |
| 0419e | CMS68 v10.3.000 | Documentation of Current Medications in the Medical Record | <input type="checkbox"/> |
| 1365e | CMS177 v9.2.000 | Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment | <input type="checkbox"/> |
| 3475e | CMS249 v3.2.000 | Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture | <input type="checkbox"/> |
| Not Applicable | CMS50 v9.2.000 | Closing the Referral Loop: Receipt of Specialist Report | <input type="checkbox"/> |
| Not Applicable | CMS56 v9.2.000 | Functional Status Assessment for Total Hip Replacement | <input type="checkbox"/> |
| Not Applicable | CMS66 v9.3.000 | Functional Status Assessment for Total Knee Replacement | <input type="checkbox"/> |
| Not Applicable | CMS90 v10.2.000 | Functional Status Assessments for Congestive Heart Failure | <input type="checkbox"/> |
| Not Applicable | CMS125 v9.2.000 | Breast Cancer Screening | <input type="checkbox"/> |
| Not Applicable | CMS128 v9.2.000 | Antidepressant Medication Management | <input type="checkbox"/> |
| Not Applicable | CMS130 v9.2.000 | Colorectal Cancer Screening | <input type="checkbox"/> |
| Not Applicable | CMS136 v10.2.000 | Follow-Up Care for Children Prescribed ADHD Medication (ADD) | <input type="checkbox"/> |
| Not Applicable | CMS137 v9.3.000 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | <input type="checkbox"/> |
| Not Applicable | CMS139 v9.2.000 | Falls: Screening for Future Fall Risk | <input type="checkbox"/> |
| Not Applicable | CMS142 v9.2.000 | Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care | <input type="checkbox"/> |

| | | | |
|----------------|-----------------|---|--------------------------|
| Not Applicable | CMS146 v9.2.000 | Appropriate Testing for Pharyngitis | <input type="checkbox"/> |
| Not Applicable | CMS153 v9.2.000 | Chlamydia Screening for Women | <input type="checkbox"/> |
| Not Applicable | CMS154 v9.2.000 | Appropriate Treatment for Upper Respiratory Infection (URI) | <input type="checkbox"/> |
| Not Applicable | CMS155 v9.2.000 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | <input type="checkbox"/> |
| Not Applicable | CMS156 v9.3.000 | Use of High-Risk Medications in Older Adults | <input type="checkbox"/> |

None of the High Priority Clinical Quality Measures listed above pertain to my scope of practice.

Other Clinical Quality Measures

| NQF# | Measure# | Title | Selection |
|----------------|-----------------|--|--------------------------|
| 0070e | CMS145 v9.2.000 | Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) | <input type="checkbox"/> |
| 0081e | CMS135 v9.2.000 | Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) | <input type="checkbox"/> |
| 0083e | CMS144 v9.2.000 | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | <input type="checkbox"/> |
| 0086e | CMS143 v9.2.000 | Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation | <input type="checkbox"/> |
| 0104e | CMS161 v9.2.000 | Adult Major Depressive Disorder (MDD): Suicide Risk Assessment | <input type="checkbox"/> |
| 2872e | CMS149 v9.2.000 | Dementia: Cognitive Assessment | <input type="checkbox"/> |
| Not Applicable | CMS22 v9.3.000 | Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented | <input type="checkbox"/> |
| Not Applicable | CMS69 v9.3.000 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | <input type="checkbox"/> |
| Not Applicable | CMS74 v10.2.000 | Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists | <input type="checkbox"/> |
| Not Applicable | CMS117 v9.2.000 | Childhood Immunization Status | <input type="checkbox"/> |
| Not Applicable | CMS124 v9.1.000 | Cervical Cancer Screening | <input type="checkbox"/> |
| Not Applicable | CMS127 v9.2.000 | Pneumococcal Vaccination Status for Older Adults | <input type="checkbox"/> |
| Not Applicable | CMS131 v9.2.000 | Diabetes: Eye Exam | <input type="checkbox"/> |
| Not Applicable | CMS134 v9.3.000 | Diabetes: Medical Attention for Nephropathy | <input type="checkbox"/> |
| Not Applicable | CMS347 v4.3.000 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | <input type="checkbox"/> |
| Not Applicable | CMS645 v4.1.000 | Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy | <input type="checkbox"/> |
| Not Applicable | CMS349 v3.3.000 | HIV Screening | <input type="checkbox"/> |

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