CRISP

Connecting Providers with Technology to Improve Patient Care

Use Case Description: CQM Reporting Tool

Version 1.0

Updated 01/29/2015

Overview

Eligible providers (EPs) and hospitals (EHs) are required to calculate and report clinical quality measures (CQMs) to attest for Meaningful Use. Measuring and reporting CQMs helps ensure that health care providers are delivering effective, safe, and timely care. EPs and EHs will be given access to review the aggregated quality measure data submitted by that respective provider or hospital as well as the ability to query their own patient data. CQM reporting will be transmitted to DHMH for reporting purposes.

Permitted Purpose Category

For quality assessment and improvement activities, including care coordination; defined in HIPAA as a subset of health care operations activities (permitted purpose #3)

Technical Design

Providers using EHR technology will send consolidated clinical document architecture (CCDA) or Quality Reporting Document Architecture (QRDA) category 1 files to CRISP for storage. The clinical data provided in these documents will be used to calculate EP and EH CQMs. A QRDA category 3 output file will be transmitted electronically to DHMH for Meaningful Use reporting.

Use Case Descriptions

This use case hinges primarily on four events:

1) Submitting CCDA or QRDA 1 files from EPs and EHs;
2) Storing CCDA and QRDA 1 clinical data;
3) Calculating CQMs; and
4) Generating and sending QRDA 3 files.

The CRISP CQM reporting tool is designed to provide Medicaid EPs and EHs with the ability to calculate CQMs for quality improvement of health care services in Maryland. CRISP receives and stores CCDA and QRDA 1 files sent electronically from EP's and EH's electronic health records (EHRs). This clinical information is used to calculate CQMs and generate QRDA 3 files to be submitted electronically to DHMH for Meaningful Use attestation reporting. Currently, most EHR vendors offer EPs and EHs a limited number of CQMs, and the

cost charged to for this service is often high. The CQM reporting tool will alleviate the costs associated with reporting CQMs while contributing to the improvement of health care services in Maryland.

Opt Out Applicability

There is no impact on opt out applicability when using the CQM reporting tool. QRDA 3 files consist of aggregated and de-identified data for reporting purposes. EPs and EHs will have access to review clinical data on their own patient population.

Eligible Participants

The CQM Reporting tool would be available for use by all Medicaid EPs and EHs who transmit clinical data in the specified format to CRISP. DHMH will receive QRDA 3 files from each participating EP and EH for Meaningful Use reporting. All users must be verified as the identified point of contact and must complete required steps to gain access to the system.

Approval

This Use Case Policy has been approved by the Clinical Advisory Board.

Chairperson	Dated