

ELIGIBLE CLINICIAN eCQM WEBINAR: HIGHLIGHTS FOR PERFORMANCE PERIOD 2024

February 8, 2024



PRESENTATION OVERVIEW

2024 eCQM Global Changes

eCQMS that Underwent Significant Changes from Performance Period 2023 to 2024

- CMS2v13 – Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- CMS347v7 – Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- CMS56v12 – Functional Status Assessment for Total Hip Replacement

NEW eCQMS for Performance Period 2024

- CMS314v1 – HIV Viral Suppression
- CMS1188v1 – Sexually Transmitted Infection (STI) Testing for People with HIV



WEBINAR PART 1

2024 eCQM GLOBAL CHANGES



TECHNICAL RELEASE NOTES (TRNs)

TRNs provide a summary of all changes to eQMs

- Available on the eCQI Resource Center under eCQM Resources at https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=0&globalyearfilter=2024&order=field_published_date&sort=desc&global_measure_group=3716

Select Period

2024

Filter By

eQMs

Apply Filters

Find older eCQM specifications in the [eCQM Standards and Tools Version](#) table.

eCQM Resources

EC eQMs

About

2024 Performance Period Eligible Clinician Resources for **eQMs**

Filter Resources by

- Any -

Implementation Guidance

Reporting References

Standards References

Technical Specifications

eCQM Resources	Short Description	Published
Technical Release Notes (PDF)	Year over year changes to eQMs, including logic and terminology ⓘ	Nov 2023
Technical Release Notes (ZIP)	Year over year changes to eQMs, including logic and terminology ⓘ	Nov 2023



TRNs – EXAMPLE (CMS177v12)

CMS177v12 - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated the eCQM version number.	Header	eCQM Version Number	Annual Update
Removed NQF Number, measure endorsement removed.	Header	NQF Number	Measure Lead
Updated to reflect this measure is no longer NQF endorsed.	Header	Endorsed By	Measure Lead
Updated copyright.	Header	Copyright	Annual Update
Updated disclaimer.	Header	Disclaimer	Annual Update
Updated grammar, wording, and/or formatting to improve readability and consistency.	Header	Clinical Recommendation Statement	Annual Update
Updated references.	Header	Reference	Measure Lead
Added guidance to assure that all patients with major depressive disorder are assessed for suicide risk.	Header	Guidance	Measure Lead
Revised the age description to better align with measure logic.	Header	Multiple Sections	Measure Lead
Updated the names of CQL definitions, functions, and/or aliases for clarification and to align with the CQL Style Guide.	Logic	Definitions	Standards/Technical Update
Value set Major Depressive Disorder Active (2.16.840.1.113883.3.526.3.1491): Added 2 ICD-10-CM codes (F32.4, F33.41) based on review by technical experts, SMEs, and/or public feedback. Added 5 SNOMED CT codes (30605009, 33135002, 67002003, 70747007, 16265301000119106) based on review by technical experts, SMEs, and/or public feedback.	Value Set	Terminology	Measure Lead
Value set Payer (2.16.840.1.114222.4.11.3591): Added 5 SOP codes (1111, 1112, 142, 344, 141) based on review by technical experts, SMEs, and/or public feedback.	Value Set	Terminology	Measure Lead



GENERAL ANNUAL UPDATES TO HEADER

eCQM header

- Provides important general information about the eCQM
- Includes narrative fields in plain language, such as the eCQM description, rationale, definitions, guidance, initial population, denominator, exclusions, exceptions, and numerator

General annual updates to header, performed as needed, that we will not discuss

- Updated the eCQM version number by one whole number
- Updated the measure steward
- Updated the measure developer
- Updated the copyright statement
- Updated the disclaimer statement
- Updated to reflect current evidence and guidelines

Refer to Technical Release Notes (TRNs) posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-11-v2.pdf) for all 2024 updates at <https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-11-v2.pdf>



ANNUAL UPDATES TO eCQM LOGIC

Logic annual updates, performed as needed, that we will not discuss

- General updates to logic across eCQMs to conform with Quality Data Model (QDM) and Clinical Quality Language (CQL) standards updates
- Refinement of logic expressions to conform to CQL Style Guide, including updating CQL definition names, functions, and aliases

For more information on eCQM standards

- eCQI Resource Center Standards Summary page at <https://ecqi.healthit.gov/standards-summary>
- CQL Style Guide at <https://ecqi.healthit.gov/sites/default/files/CQL-Style-Guide-v7-1.pdf>



TOOLING AND STANDARDS UPDATES

You can find updates to eCQM standards and tool versions for each performance period at https://ecqi.healthit.gov/ecqi-tools-key-resources?field_ecqm_reporting_period_value=2&qt-teste=1

Reporting/Performance Period			
<div> <div>2024</div> <div>Apply</div> <div>Reset</div> </div>			
Reporting/Performance Period	eCQM Specifications and Resources	Tool and Resource Versions	Standard Versions
2024	<ul style="list-style-type: none"> 2024 EH/CAH Implementation Resources 2024 Eligible Clinicians Implementation Resources 	<ul style="list-style-type: none"> MAT V6.10 eCQM Logic and Implementation Guidance V7.0 (PDF) Cypress V7.1 Bonnie V5.1.2 QDM CQL-to-ELM Translator V1.5.3 CQL Style Guide V7.0 (PDF) 	<ul style="list-style-type: none"> QDM v5.6 (PDF) HL7 V3 IG: CQL-based HQMF IG R1 STU 4.1 HL7 CQL R1 v1.5 HL7 V3 HQMF Normative Release 1 HL7 QRDA I R1 STU R5.3 with errata HL7 QRDA III R1 Normative 2024 CMS QRDA I IG for Hospital Quality Reporting 2024 CMS QRDA III IG for Eligible Clinicians

For an early preview, look for the eCQMs Annual Update Pre-Publication Document for the 2024 Reporting/Performance Period (<https://ecqi.healthit.gov/sites/default/files/2023-eCQM-PrePublication.pdf>) on the eCQI Resource Center



REVISED LOGIC FOR TIMING PRECISION UPDATE

Updated the timing precision in the definitions from datetime to date by adding 'day of'

- Intended to resolve time zone offset issues when comparing datetime to interval as days
- Adds date level precision to the logic in cases where an interval of dates is compared



REVISED LOGIC FOR TIMING PRECISION UPDATE

(cont.)

Example of numerator logic change in CMS50 (Closing the Referral Loop: Receipt of Specialist Report)

- CMS50V11 (2023):
Has Encounter during Measurement Period
exists ((["Encounter, Performed": "Office Visit"]
union ["Encounter, Performed": "Ophthalmological Services"]...
where Encounter.relevantPeriod **during "Measurement Period"**)
- CMS50v12 (2024):
Has Encounter during Measurement Period
exists ((["Encounter, Performed": "Office Visit"]
union ["Encounter, Performed": "Ophthalmological Services"]...
where Encounter.relevantPeriod **during day of "Measurement Period"**)



REVISED LOGIC FOR TIMING PRECISION UPDATE

(cont.)

Update applied to the following Eligible Clinician eCQMs:

CMS22v12	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	CMS124v12	Cervical Cancer Screening
CMS50v12	Closing the Referral Loop: Receipt of Specialist Report	CMS125v12	Breast Cancer Screening
CMS56v12	Functional Status Assessment for Total Hip Replacement	CMS127v12	Pneumococcal Vaccination Status for Older Adults
CMS68v13	Documentation of Current Medications in the Medical Record	CMS128v12	Anti-depressant Medication Management
CMS69v12	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS130v12	Colorectal Cancer Screening
CMS74v13	Primary Caries Prevention Intervention as Offered by Dentists	CMS131v12	Diabetes: Eye Exam
CMS75v12	Children Who Have Dental Decay or Cavities	CMS135v12	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)
CMS90v13	Functional Status Assessments for Heart Failure		
CMS117v12	Childhood Immunization Status		
CMS122v12	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)		



REVISED LOGIC FOR TIMING PRECISION UPDATE

(cont.)

Update applied to the following Eligible Clinician eCQMs:

CMS136v13	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	CMS146v12	Appropriate Testing for Pharyngitis
CMS137v12	Initiation and Engagement of Substance Use Disorder Treatment	CMS147v13	Preventive Care and Screening: Influenza Immunization
CMS138v12	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS153v12	Chlamydia Screening in Women
CMS139v12	Falls: Screening for Future Fall Risk	CMS154v12	Appropriate Treatment for Upper Respiratory Infection (URI)
CMS142v12	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	CMS155v12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
CMS144v12	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	CMS156v12	Use of High-Risk Medications in Older Adults
CMS145v12	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF)	CMS157v12	Oncology: Medical and Radiation - Pain Intensity Quantified
		CMS165v12	Controlling High Blood Pressure



REVISED LOGIC FOR TIMING PRECISION UPDATE

(cont.)

Update applied to the following Eligible Clinician eCQMs:

CMS347v7	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
CMS646v4	Intravesical Bacillus-Calmette-Guerin for non-muscle invasive bladder cancer
CMS771v5	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia
CMS951v2	Kidney Health Evaluation



UPDATES TO LIBRARY VERSIONS

- Updated the version number of the Advanced Illness and Frailty Exclusion eCQM Library to v8.0.000
- Updated the version number of the Hospice Library to v5.0.000
- Updated the version number of the Palliative Care Exclusion ECQM Library to v3.0.000

Please make sure you are using the correct library version



ADVANCED ILLNESS AND FRAILITY EXCLUSION ECQM LIBRARY TO V8.0.000

CMS122v12	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS125v12	Breast Cancer Screening
CMS130v12	Colorectal Cancer Screening
CMS131v12	Diabetes: Eye Exam
CMS165v12	Controlling High Blood Pressure



HOSPICE LIBRARY TO V5.0.000

CMS56v12	Functional Status Assessment for Total Hip Replacement	CMS137v12	Initiation and Engagement of Substance Use Disorder Treatment
CMS69v12	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS138v12	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
CMS74v13	Primary Caries Prevention Intervention as Offered by Dentists	CMS139v12	Falls: Screening for Future Fall Risk
CMS75v12	Children Who Have Dental Decay or Cavities	CMS146v12	Appropriate Testing for Pharyngitis
CMS90v13	Functional Status Assessments for Heart Failure	CMS147v13	Preventive Care and Screening: Influenza Immunization
CMS117v12	Childhood Immunization Status	CMS153v12	Chlamydia Screening in Women
CMS122v12	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	CMS154v12	Appropriate Treatment for Upper Respiratory Infection (URI)
CMS124v12	Cervical Cancer Screening	CMS155v12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
CMS125v12	Breast Cancer Screening	CMS156v12	Use of High-Risk Medications in Older Adults
CMS127v12	Pneumococcal Vaccination Status for Older Adults	CMS165v12	Controlling High Blood Pressure
CMS128v12	Anti-depressant Medication Management	CMS347v7	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
CMS130v12	Colorectal Cancer Screening	CMS951v2	Kidney Health Evaluation
CMS131v12	Diabetes: Eye Exam		



PALLIATIVE CARE EXCLUSION ECQM LIBRARY TO V3.0.000

CMS69v12	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
CMS122v12	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS124v12	Cervical Cancer Screening
CMS125v12	Breast Cancer Screening
CMS130v12	Colorectal Cancer Screening
CMS131v12	Diabetes: Eye Exam
CMS156v12	Use of High-Risk Medications in Older Adults
CMS159v12	Depression Remission at Twelve Months
CMS165v12	Controlling High Blood Pressure
CMS347v7	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
CMS951v2	Kidney Health Evaluation



WEBINAR PART 2

eCQMS WITH SIGNIFICANT CHANGES



REVIEW UPDATES TO eCQMs THAT UNDERWENT SIGNIFICANT CHANGES FROM 2023 TO 2024

- **CMS2v13** – Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **CMS347v7** – Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- **CMS56v12** – Functional Status Assessment for Total Hip Replacement



CMS2v13 – *Preventive Care and Screening: Screening for Depression and Follow-up Plan*



MEASURE DESCRIPTION

CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter



KEY OVERALL CHANGES

CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- Removed denominator exclusion for prior diagnosis of depression
- Clarified denominator exceptions only exempt patients who refuse to participate in the depression screening
- Added additional settings of care for nutritionists/dietitians, home-based healthcare, and care management
- Updated the timing precision for follow-up intervention to align with the measure intent that follow-up is documented during or up to 2 days after the qualifying encounter.



KEY CHANGES: HEADER UPDATES

CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Updated Denominator Exclusions language Patients who have ever been diagnosed with ~~depression or with~~ bipolar disorder at any time prior to the qualifying encounter

Updated Denominator Exceptions language Patient refuses to participate in or complete the depression screening

Updated Guidance section to remove language related to the denominator exclusion of depression

Refer to Technical Release Notes (TRNs) posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-05.pdf) for all 2024 updates at <https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-05.pdf>



KEY CHANGES: LOGIC UPDATES

CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

CMS2v12 (2023)

History of Bipolar or Depression Diagnosis Before Qualifying Encounter

```
(["Diagnosis": "Bipolar Diagnosis"]  
  union ["Diagnosis": "Depression Diagnosis"] )  
DiagnosisBipolarorDepression  
  with "Qualifying Encounter During Measurement  
Period" QualifyingEncounter  
  such that  
DiagnosisBipolarorDepression.prevalencePeriod starts  
before QualifyingEncounter.relevantPeriod
```

CMS2v13 (2024)

History of Bipolar Diagnosis Before Qualifying Encounter

```
["Diagnosis": "Bipolar Disorder"] BipolarDiagnosis  
  with "Qualifying Encounter During Measurement Period"  
QualifyingEncounter  
  such that BipolarDiagnosis.prevalencePeriod starts before  
QualifyingEncounter.relevantPeriod
```



KEY CHANGES: LOGIC UPDATES

CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

CMS2v12 (2023)

Medical or Patient Reason for Not Screening Adult for Depression

```
["Assessment, Not Performed": "Adult depression screening  
assessment"] NoAdultScreen  
    with "Qualifying Encounter During Measurement  
Period" QualifyingEncounter  
    such that NoAdultScreen.authorDatetime during  
QualifyingEncounter.relevantPeriod  
    where ( NoAdultScreen.negationRationale in  
"Patient Declined"  
    or NoAdultScreen.negationRationale in "Medical  
Reason"  
    )
```

CMS2v13 (2024)

Medical or Patient Reason for Not Screening Adult for Depression

```
["Assessment, Not Performed": "Adult depression screening  
assessment"] NoAdultScreen  
    with "Qualifying Encounter During Measurement  
Period" QualifyingEncounter  
    such that NoAdultScreen.authorDatetime during  
QualifyingEncounter.relevantPeriod  
    where ( NoAdultScreen.negationRationale ~  
"Depression screening declined (situation)"  
    or NoAdultScreen.negationRationale in "Medical  
Reason"  
    )
```



KEY CHANGES: LOGIC UPDATES

CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

CMS2v12 (2023)

Most Recent Adult Depression Screening Positive and Follow Up Provided

from

"Most Recent Adult Depression Screening" LastAdultScreen,
"Follow Up Intervention for Positive Adult Depression Screening"
FollowUpPositiveAdultScreen,
"Qualifying Encounter During Measurement Period" QualifyingEncounter
where Global."NormalizeInterval" (LastAdultScreen.relevantDatetime,
LastAdultScreen.relevantPeriod) 14 days or less on or before day of start of
QualifyingEncounter.relevantPeriod
and LastAdultScreen.result ~ "Depression screening positive (finding)"
and (start of Global."NormalizeInterval" (
FollowUpPositiveAdultScreen.relevantDatetime,
FollowUpPositiveAdultScreen.relevantPeriod) during
QualifyingEncounter.relevantPeriod
or FollowUpPositiveAdultScreen.authorDatetime 2 days or less on or after day of
end of QualifyingEncounter.relevantPeriod
)
and Coalesce(start of
Global."NormalizeInterval"(FollowUpPositiveAdultScreen.relevantDatetime,
FollowUpPositiveAdultScreen.relevantPeriod),
FollowUpPositiveAdultScreen.authorDatetime)during "Measurement Period"

CMS2v13 (2024)

Most Recent Adult Depression Screening Positive and Follow Up Provided

from

"Most Recent Adult Depression Screening" LastAdultScreen,
"Follow Up Intervention for Positive Adult Depression Screening"
FollowUpPositiveAdultScreen,
"Qualifying Encounter During Measurement Period"
QualifyingEncounter
where Global."NormalizeInterval" (
LastAdultScreen.relevantDatetime, LastAdultScreen.relevantPeriod) 14 days or less
on or before day of start of QualifyingEncounter.relevantPeriod
and LastAdultScreen.result ~ "Depression screening positive (finding)"
and ((Coalesce(start of
Global."NormalizeInterval"(FollowUpPositiveAdultScreen.relevantDatetime,
FollowUpPositiveAdultScreen.relevantPeriod),
FollowUpPositiveAdultScreen.authorDatetime)same day as start of
QualifyingEncounter.relevantPeriod)
or (Coalesce(start of
Global."NormalizeInterval"(FollowUpPositiveAdultScreen.relevantDatetime,
FollowUpPositiveAdultScreen.relevantPeriod),
FollowUpPositiveAdultScreen.authorDatetime)2 days or less after day of
end of QualifyingEncounter.relevantPeriod



KNOWN ISSUE

CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

What is a Known Issue?

- Known implementation or technical issues for which a solution is under development but not yet available in a published eCQM specification.
- Includes discrepancies between eCQM narrative and logic, value sets, and/or technical, standard, or logic-related issues.

Where do I find Known Issues?

- Known Issues are located on the ONC Jira platform eCQM Known Issues (EKI) project

<https://oncprojecttracking.healthit.gov/support/projects/EKI/summary>



KNOWN ISSUE

CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Known issue, [EKI-22](#), related to the removal of the exclusion for depression

Description: Patients with an active diagnosis of depression who are currently receiving treatment may not meet the numerator criteria for appropriate follow-up after a positive depression screen if there are no changes to the current treatment

Solution: For patients that are advised to continue their depression care plan, clinicians can consider mapping to the following codes: SNOMED CT 410234004 (Management of mental health treatment (procedure)) or SNOMED CT 410232000 (Mental health treatment assessment (procedure)). These codes are found in the Follow Up for Adolescent Depression (2.16.840.1.113883.3.526.3.1569) and Follow Up for Adult Depression (2.16.840.1.113883.3.526.3.1568) value sets.



CMS347v7 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease



MEASURE DESCRIPTION

CMS347v7 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

1. All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR
2. Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR
3. Patients aged 40 to 75 years with a diagnosis of diabetes; OR
4. Patients aged 40 to 75 with a 10-year ASCVD risk score of ≥ 20 percent



KEY OVERALL CHANGES

CMS347v7 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

- Population 1: Reverted to previous logic to identify prior or current ASCVD diagnosis or procedure
- Population 2: Set upper age limit of 75 for patients who have ever had a low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia
- Population 3: No changes
- **NEW** Population 4: New population to assess patients with ASCVD risk score ≥ 20 percent
 - This addition was based on 2019 American College of Cardiology/American Heart Association Guidelines and was approved by the measure's expert work group



KEY CHANGES: HEADER UPDATES

CMS347v7 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Updated Description Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

- All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR
- Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR
- Patients aged 40-75 years with a diagnosis of diabetes; OR
- Patients aged 40 to 75 with a 10-year ASCVD risk score of ≥ 20 percent

Updated Rate Aggregation, Clinical Recommendation Statement, and Guidance to include the newly added patient population (patient aged 40 to 75 with a 1—year ASCVD risk score of ≥ 20 percent)

Refer to Technical Release Notes (TRNs) posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-05.pdf) for all 2024 updates at <https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-05.pdf>



KEY CHANGES: LOGIC UPDATES

CMS347v7 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

CMS347v6 (2023)

Population Criteria 1: Initial Population

exists "Active ASCVD Diagnosis or Any Prior ASCVD Procedure"

and exists "Qualifying Encounter during Measurement Period"

CMS347v7 (2024)

Population Criteria 1: Initial Population

exists "ASCVD Diagnosis or Procedure before End of Measurement Period"

and exists "Qualifying Encounter during Day of Measurement Period"

CMS347v6 (2023)

Population Criteria 2: Initial Population

"Patients Age 20 Years and Older with LDL Cholesterol Result Greater than or Equal to 190 or Hypercholesterolemia without ASCVD"

and exists "Qualifying Encounter during Measurement Period"

CMS347v7 (2024)

Population Criteria 2: Initial Population

"Patients Age 20 to 75 with LDL Cholesterol Result Greater than or Equal to 190 or Hypercholesterolemia without ASCVD"

and exists "Qualifying Encounter during Day of Measurement Period"



KEY CHANGES: LOGIC UPDATES

CMS347v7 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

CMS347v7 (2024)

NEW population: Population Criteria 4: Initial Population

"Patients Age 40 to 75 Years and have a 10 Year CVD Risk of High without ASCVD and High LDL and Diabetes"
and exists "Qualifying Encounter during Day of Measurement Period"

CMS347v7 (2024)

NEW definition: Patients Age 40 to 75 Years and have a 10 Year CVD Risk of High without ASCVD and High LDL and Diabetes

AgeInYearsAt(date from start of "Measurement Period")in Interval[40, 75]
and "Ten Year CVD Risk is High"
and not (exists "ASCVD Diagnosis or Procedure before End of Measurement Period"
or exists "Hypercholesterolemia Diagnosis"
or exists "LDL Result Greater Than or Equal To 190"
or "Has Diabetes Diagnosis"



CMS56v12 – Functional Status Assessment for Total Hip Replacement



MEASURE DESCRIPTION

CMS56v12 – Functional Status Assessment for Total Hip Replacement

- Percentage of patients 19 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 300 - 425 days after the surgery



KEY OVERALL CHANGES

CMS56v12 – Functional Status Assessment for Total Hip Replacement

Adjusted measure timing to account for additional THA follow-up scenarios in the measure logic

Revised denominator exclusions

- Added exclusions to identify patients who do not receive an *elective* THA
- Revised fracture exclusion from two fractures to one lower body fracture to indicate a non-elective THA
- Updated codes used to identify patients with severe cognitive impairment



KEY CHANGES: HEADER UPDATES

CMS56v12 – Functional Status Assessment for Total Hip Replacement

Updated Initial Population Patients 19 years of age and older who had a primary THA between November two years prior to the measurement period and October of the year prior to measurement period; and who had an outpatient encounter between November of the year prior to the measurement period and the end of the measurement period

Updated Numerator Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12], Patient-Reported Outcomes Measurement Information System [PROMIS]-10-Global Health, Hip Disability and Osteoarthritis Outcome Score [HOOS], HOOS Jr.) in the 90 days prior to or on the day of the primary THA procedure, and in the 300 - 425 days after the THA procedure

Refer to Technical Release Notes (TRNs) posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-05.pdf) for all 2024 updates at <https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-05.pdf>



KEY CHANGES: HEADER UPDATES (TIMING)

CMS56v12 – Functional Status Assessment for Total Hip Replacement

2 Years prior to MP												Year prior to MP												Measurement Period (Calendar Year)																					
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12										
Initial Population/Denominator										THA: 11/1												Qualifying Encounter (November 1 of year prior to MP through end of MP)																							
										Total Hip Arthroplasty Procedure (November 1 two years prior to MP and October 31 of the year prior to MP)																																			
Numerator										90 days before												10-14 months (300-425 days after)												Follow up assessment											
Initial assessment																																													

KEY CHANGES: HEADER UPDATES

CMS56v12 – Functional Status Assessment for Total Hip Replacement

Updated Denominator Exclusions

- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients with severe cognitive impairment that starts before or in any part of the measurement period.
- Exclude patients with one or more specific lower body fractures indicating trauma in the 24 hours before or at the start of the total hip arthroplasty.
- Exclude patients with a partial hip arthroplasty procedure on the day of the total hip arthroplasty.
- Exclude patients with a revision hip arthroplasty procedure, an implanted device/prosthesis removal procedure or a resurfacing/supplement procedure on the day of the total hip arthroplasty.
- Exclude patients with a malignant neoplasm of the pelvis, sacrum, coccyx, lower limbs, or bone/bone marrow or a disseminated malignant neoplasm on the day of the total hip arthroplasty.
- Exclude patients with a mechanical complication on the day of the total hip arthroplasty.
- Exclude patients with a second total hip arthroplasty procedure 1 year before or after the original total hip arthroplasty procedure.
- Exclude patients who die on the day of the total hip arthroplasty procedure or in the 300 days after.

Refer to Technical Release Notes (TRNs) posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-05.pdf) for all 2024 updates at <https://ecqi.healthit.gov/sites/default/files/EC-TRN-2023-05.pdf>



KEY CHANGES: LOGIC UPDATES

CMS56v12 – Functional Status Assessment for Total Hip Replacement

CMS56v11 (2023)

Denominator Exclusions

Hospice."Has Hospice Services"

or "Has Total Hip Arthroplasty with 2 or More Lower Body Fractures"

or "Has Dementia Diagnosis"

CMS56v12 (2024)

Denominator Exclusions

Hospice."Has Hospice Services"

or "Has Severe Cognitive Impairment"

or "Has Total Hip Arthroplasty with 1 or More Lower Body Fractures"

or "Has Partial Hip Arthroplasty Procedure"

or "Has Revision Hip Arthroplasty Procedure or Implanted Device or Prosthesis Removal Procedure"

or "Has Malignant Neoplasm of Lower and Unspecified Limbs"

or "Has Mechanical Complication"

or "Has More Than One Elective Primary Total Hip Arthroplasty Performed"

or "Death Within 300 Days of the THA Procedure"



KEY CHANGES: LOGIC UPDATES

CMS56v12 – Functional Status Assessment for Total Hip Replacement

CMS56v11 (2023)

Total Hip Arthroplasty Procedure

["Procedure, Performed": "Primary THA Procedure"]

THAProcedure

where Global."NormalizeInterval" (

THAProcedure.relevantDatetime,

THAProcedure.relevantPeriod) starts 12 months or less on
or before start of "Measurement Period"

CMS56v12 (2024)

Total Hip Arthroplasty Procedure

["Procedure, Performed": "Primary THA Procedure"] THAProcedure

where Global."NormalizeInterval" (

THAProcedure.relevantDatetime, THAProcedure.relevantPeriod)

starts during day of Interval["November 1 Two Years Prior to the
Measurement Period", "October 31 Year Prior to the Measurement
Period"]



KEY CHANGES: LOGIC UPDATES

CMS56v12 – Functional Status Assessment for Total Hip Replacement

CMS56v11 (2023)

Has Qualifying Encounter

exists ((["Encounter, Performed": "Outpatient Consultation"]
union ["Encounter, Performed": "Office Visit"]
union ["Encounter, Performed": "Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure"]
union ["Encounter, Performed": "Telephone Visits"]
union ["Encounter, Performed": "Online Assessments"])

ValidEncounters

where ValidEncounters.relevantPeriod during day of
"Measurement Period"

CMS56v12 (2024)

Has Qualifying Encounter

exists ((["Encounter, Performed": "Outpatient Consultation"]
union ["Encounter, Performed": "Office Visit"]
union ["Encounter, Performed": "Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure"]
union ["Encounter, Performed": "Telephone Visits"]
union ["Encounter, Performed": "Online Assessments"])

ValidEncounters

where ValidEncounters.relevantPeriod during day of
Interval["November 1 Year Prior to the Measurement Period",
end of "Measurement Period"])



KEY CHANGES: LOGIC UPDATES

CMS56v12 – Functional Status Assessment for Total Hip Replacement

CMS56v11 (2023)

Has THA with Initial and Follow Up HOOS Assessments

exists (("Total Hip Arthroplasty Procedure" THAProcedure
return Global."NormalizeInterval" (THAProcedure.relevantDatetime,
THAProcedure.relevantPeriod)) TotalHip
with "Time HOOS Total Assessment Completed"
InitialHipAssessmentHOOS
such that TotalHip starts 90 days or less on or after
InitialHipAssessmentHOOS
with "Time HOOS Total Assessment Completed"
FollowUpHipAssessmentHOOS
such that FollowUpHipAssessmentHOOS during day of
Interval[
end of TotalHip + 270 days,
end of TotalHip + 365 days]
)

CMS56v12 (2024)

Has THA with Initial and Follow Up HOOS Assessments

exists (("Total Hip Arthroplasty Procedure" THAProcedure
return Global."NormalizeInterval" (THAProcedure.relevantDatetime, THAProcedure.relevantPeriod))
TotalHip
with "Date HOOS Total Assessment Completed"
InitialHipAssessmentHOOS
such that TotalHip starts 90 days or less on or after day of
InitialHipAssessmentHOOS
with "Date HOOS Total Assessment Completed"
FollowUpHipAssessmentHOOS
such that date from FollowUpHipAssessmentHOOS during day of
Interval[date from
end of TotalHip + 300 days, date from
end of TotalHip + 425 days]
)



WEBINAR PART 3

OVERVIEW OF NEW eCQMS



REVIEW NEW eCQM FOR PERFORMANCE PERIOD 2024

HRSA- CMS314v1 (HIV Viral Suppression)



MEASURE OVERVIEW

CMS314v1 – HIV Viral Suppression

Description	Percentage of patients, regardless of age, diagnosed with HIV prior to or during the first 90 days of the measurement period, with an eligible encounter in the first 240 days of the measurement period, whose last HIV viral load test result was less than 200 copies/mL during the measurement period
Measure steward	Health Resources & Services Administration
Measure scoring	Proportion measure
Measure type	Intermediate Clinical Outcome
Improvement notation	Higher score indicates better quality

Refer to the CMS314v1 measure specification: <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS314v1.html>



MEASURE OVERVIEW *(cont.)*

CMS314v1 – HIV Viral Suppression

Clinical Recommendation Statement

Adult Guidelines:

- "The primary goal of antiretroviral therapy (ART) is to prevent HIV-associated morbidity and mortality. This goal is accomplished by using effective ART to achieve and maintain a plasma HIV-1 RNA (viral load) below the quantification limits of commercially available assay [confirmed viral load < 200 copies/mL]. (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022, p. E-1).
- "ART is recommended for all individuals with HIV to reduce the morbidity and mortality associated with HIV infection and to prevent HIV transmission to sexual partners and infants." (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022, p. E-2).



MEASURE OVERVIEW *(cont.)*

CMS314v1 – HIV Viral Suppression

Clinical Recommendation Statement

Pediatric guidelines:

"Based on accumulated experience with currently available assays, the current definition of virologic suppression is a plasma viral load below the detection limit of the assay used (generally <20 to 75 copies/mL)" (Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, 2022, p. D-5).



MEASURE OVERVIEW *(cont.)*

CMS314v1 – HIV Viral Suppression

Guidance

- This eCQM is a patient-based measure.
- HIV viral load data should be captured either as a numeric value or as a character/text value, depending on whether a given viral load result falls above or below the lab's lower limit of detection. For viral loads at or above the lower limit of detection, the viral load should be captured as a numeric value (expressed as the number of copies/mL). For viral loads below the lower limit of detection, the viral load should be populated with a character/text value equivalent to "Below lower limit of detection." The EHR need not record this character value using this exact wording (for example, the character value could be recorded as "<20 copies/mL" or "not detected"), but values below the lower limit of detection should be documented to allow the submitter to accurately map them to a value of "Below lower limit of detection" for reporting purposes.
- This version of the eCQM uses QDM version 5.6. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.



MEASURE OVERVIEW *(cont.)*

CMS314v1 – HIV Viral Suppression

Initial Population

- All patients, regardless of age, diagnosed with HIV prior to or during the first 90 days of the measurement period with at least one eligible encounter in the first 240 days of the measurement period

Denominator

- Equals Initial Population

Denominator Exclusions

- None



MEASURE OVERVIEW *(cont.)*

CMS314v1 – HIV Viral Suppression

Numerator

- Patients with a last HIV viral load test result of less than 200 copies/mL during the measurement period

Numerator Exclusions

- Not applicable

Denominator Exceptions

- None



KEY LOGIC STATEMENTS

CMS314v1 – HIV Viral Suppression

▲ Initial Population

"Has Active HIV Diagnosis Before or in First 90 Days of Measurement Period"
and "Has Qualifying Encounter During First 240 Days of Measurement Period"

▲ Has Active HIV Diagnosis Before or in First 90 Days of Measurement Period

exists ["Diagnosis": "HIV"] HIVDx
where HIVDx.prevalencePeriod starts before day of (start of "Measurement Period" + 90 days)

▲ Has Qualifying Encounter During First 240 Days of Measurement Period

exists ((["Encounter, Performed": "Office Visit"]
union ["Encounter, Performed": "Outpatient Consultation"]
union ["Encounter, Performed": "Annual Wellness Visit"]
union ["Encounter, Performed": "Face-to-Face Interaction"]
union ["Encounter, Performed": "Home Healthcare Services"]
union ["Encounter, Performed": "Preventive Care Services Established Office Visit, 18 and Up"]
union ["Encounter, Performed": "Preventive Care Services Initial Office Visit, 18 and Up"]
union ["Encounter, Performed": "Preventive Care Services, Initial Office Visit, 0 to 17"]
union ["Encounter, Performed": "Preventive Care, Established Office Visit, 0 to 17"]
union ["Encounter, Performed": "Telephone Visits"]
union ["Encounter, Performed": "Unlisted preventive medicine service"]) QualifyingEncounter
where QualifyingEncounter.relevantPeriod during day of Interval[start of "Measurement Period", start of "Measurement Period" + 240 days]
)



KEY LOGIC STATEMENTS *(cont.)*

CMS314v1 – HIV Viral Suppression

▲ Numerator

"Most Recent Viral Load Test During Measurement Period".result < 200 '{copies}/mL'
or "Most Recent Viral Load Test During Measurement Period".result ~ "Below threshold level (qualifier value)"
or "Most Recent Viral Load Test During Measurement Period".result ~ "Not detected (qualifier value)"

▲ Most Recent Viral Load Test During Measurement Period

Last(["Laboratory Test, Performed": "HIV Viral Load"] ViralLoad
where Global."LatestOf"(ViralLoad.relevantDatetime, ViralLoad.relevantPeriod)during day of "Measurement Period"
sort by start of Global."NormalizeInterval"(relevantDatetime, relevantPeriod)
)

Terminology

- code "Below threshold level (qualifier value)" ("SNOMEDCT Code (260988000)")
- code "Not detected (qualifier value)" ("SNOMEDCT Code (260415000)")



REVIEW NEW eCQM FOR PERFORMANCE PERIOD 2024

**HRSA- CMS1188v1 (Sexually Transmitted Infection
(STI) Testing for People with HIV)**



MEASURE OVERVIEW

CMS1188v1 – Sexually Transmitted Infection (STI) Testing for People with HIV

Description	Percentage of patients 13 years of age and older with a diagnosis of HIV who had tests for syphilis, gonorrhea, and chlamydia performed within the measurement period
Measure steward	Health Resources & Services Administration
Measure scoring	Proportion measure
Measure type	Process
Improvement notation	Higher score indicates better quality

Refer to the CMS1188v1 measure specification: <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS1188v1.html>



MEASURE OVERVIEW *(cont.)*

CMS1188v1 – Sexually Transmitted Infection (STI) Testing for People with HIV

Clinical Recommendation Statement

- "Routine serologic screening for syphilis is recommended at least annually for all persons with HIV infection who are sexually active, with more frequent screening (i.e., every 3-6 months) for those who have multiple or anonymous partners" (Panel on Opportunistic Infections in Adults and Adolescents with HIV, 2022, p. Y-3).
- "Patients undergoing screening or treatment for syphilis also should be evaluated for other sexually transmitted diseases such as chlamydia and gonorrhea at anatomic sites of exposure in men and for chlamydia, gonorrhea, and trichomonas in women" (Panel on Opportunistic Infections in Adults and Adolescents with HIV, 2022, p. Y-3).



MEASURE OVERVIEW *(cont.)*

CMS1188v1 – Sexually Transmitted Infection (STI) Testing for People with HIV

Guidance

- This eCQM is a patient-based measure.
- This version of the eCQM uses QDM version 5.6. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.



MEASURE OVERVIEW *(cont.)*

CMS1188v1 – Sexually Transmitted Infection (STI) Testing for People with HIV

Initial Population

- All patients 13 years of age and older at the start of the measurement period with a diagnosis of HIV before the end of the measurement period with an eligible encounter during the measurement period

Denominator

- Equals Initial Population

Denominator Exclusions

- None



MEASURE OVERVIEW *(cont.)*

CMS1188v1 – Sexually Transmitted Infection (STI) Testing for People with HIV

Numerator

- Patients who were tested for each of the following at least once during the measurement period: syphilis, gonorrhea, and chlamydia

Numerator Exclusions

- Not applicable

Denominator Exceptions

- None



KEY LOGIC STATEMENTS

CMS1188v1 – Sexually Transmitted Infection (STI) Testing for People with HIV

▲ Initial Population

AgeInYearsAt(date from start of "Measurement Period") >= 13
and "Has Qualifying Encounter During Measurement Period"
and "Has HIV Diagnosis Before End of Measurement Period"

▲ Has Qualifying Encounter During Measurement Period

```
exists ( ( ["Encounter, Performed": "Office Visit"]  
  union ["Encounter, Performed": "Outpatient Consultation"]  
  union ["Encounter, Performed": "Annual Wellness Visit"]  
  union ["Encounter, Performed": "Face-to-Face Interaction"]  
  union ["Encounter, Performed": "Home Healthcare Services"]  
  union ["Encounter, Performed": "Preventive Care Services Established Office Visit, 18 and Up"]  
  union ["Encounter, Performed": "Preventive Care Services Initial Office Visit, 18 and Up"]  
  union ["Encounter, Performed": "Preventive Care Services, Initial Office Visit, 0 to 17"]  
  union ["Encounter, Performed": "Preventive Care, Established Office Visit, 0 to 17"]  
  union ["Encounter, Performed": "Telephone Visits"]  
  union ["Encounter, Performed": "Unlisted preventive medicine service"] ) QualifyingEncounter  
  where QualifyingEncounter.relevantPeriod during day of "Measurement Period"  
)
```

▲ Has HIV Diagnosis Before End of Measurement Period

exists ["Diagnosis": "HIV"] HIVDx
 where HIVDx.prevalencePeriod starts on or before day of
 end of "Measurement Period"



KEY LOGIC STATEMENTS *(cont.)*

CMS1188v1 – Sexually Transmitted Infection (STI) Testing for People with HIV

▲ Numerator

"Has Chlamydia Testing"
and "Has Gonorrhea Testing"
and "Has Syphilis Testing"

▲ Has Chlamydia Testing

exists ["Laboratory Test, Performed": "Chlamydia Screening"] ChlamydiaTest
where ChlamydiaTest.result is not null
and Global."LatestOf" (ChlamydiaTest.relevantDatetime, ChlamydiaTest.relevantPeriod) during day of "Measurement Period"

▲ Has Gonorrhea Testing

exists ["Laboratory Test, Performed": "Gonorrhea Screening"] GonorrheaTest
where GonorrheaTest.result is not null
and Global."LatestOf" (GonorrheaTest.relevantDatetime, GonorrheaTest.relevantPeriod) during day of "Measurement Period"

▲ Has Syphilis Testing

exists ["Laboratory Test, Performed": "Syphilis Tests"] SyphilisTest
where SyphilisTest.result is not null
and Global."LatestOf" (SyphilisTest.relevantDatetime, SyphilisTest.relevantPeriod) during day of "Measurement Period"



QUESTIONS?



eCQM RESOURCES

eCQI Resource Center	<ul style="list-style-type: none">• The one-stop shop for the most current resources to support electronic clinical quality improvement• The eCQI Resource Center will include CRP announcements• Contact Us if you have questions on locating, downloading, and comparing eCQM specifications.
Office of National Coordinator Project Tracking System (ONC Jira) eCQM Issue Tracker	<ul style="list-style-type: none">• CMS receives questions on eCQMs through ONC Jira, which is used as a collaborative platform for logging, tracking, and discussing issues related to program eCQMs• Jira uses platforms, known as trackers or projects. The Jira eCQM Issue Tracker addresses questions specific to eCQM specifications, from questions on measure intent, logic implementation, and value set coding, to eCQM reporting and recommendations for updates to specifications.• Measure developers use the eCQM Issue Tracker as a source for gathering new requirements for the eCQM Annual Update and are included as Change Review Process (CRP) tickets on the eCQM Issue Tracker summary page.



ADDITIONAL RESOURCES

Guide for Reading eCQMs

- To help providers, quality analysts, implementers, and health information technology vendors understand eCQMs and their related documents
- <https://ecqi.healthit.gov/sites/default/files/Guide-for-Reading-eCQMs-v9.pdf>

eCQM Logic and Implementation Guide

- Provides general implementation guidance, including defining how specific logic and data elements should be conceptualized and addressed during eCQM implementation
- <https://ecqi.healthit.gov/sites/default/files/eCQM-Logic-and-Guidance-v7.pdf>

Value Set Authority Center

- A repository for value sets across authors and stewards, with downloadable access to all official versions of value sets in the eCQMs
- <https://vsac.nlm.nih.gov/download/ecqm?rel=2024>

CQL for eCQM Developers and Implementers

- https://ecqi.healthit.gov/cql?qt-tabs_cql=2

CMS Measures Management System Blueprint

- A standardized approach to developing and maintaining quality measures used in quality initiatives and programs
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint>

