



## **Core and Alternate Core CQMs for All Eligible Providers**

CMS finalized 44 CQMs for eligible providers, many of which overlap with the CMS Physician Quality Reporting Initiative. Three of the 44 measures are designated "core" and must be reported by all eligible professionals in stage 1. In instances where the denominator for one or more of the core CQMs is zero, the eligible provider is required to report results for up to three alternate core CQMs.

In total, eligible providers must report on six CQMs: three core measures (or alternate core measures) and three additional quality measures.

### **NQF & PQRI Identifier CQM Title**

#### **Core CQMs**

**NQF 0013:** Hypertension: Blood Pressure Measurement

**NQF 0028:** Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment; b) Tobacco Cessation Intervention

**NQF 0421 / PQRI 128:** Adult Weight Screening and Follow-up

#### **Alternate Core CQMs**

**NQF 0024:** Weight Assessment and Counseling for Children and Adolescents

**NQF 0041/PQRI 110:** Preventive Care and Screening: Influenza Immunization for Patients  $\geq$  50 Years Old

**NQF 0038:** Childhood Immunization Status

### **Eligible Provider CQMs**

CMS finalized 44 CQMs for eligible providers, many of which overlap with the CMS Physician Quality Reporting Initiative (PQRI). Four of the CQMs also align with the measure set selected under the Children's Health Insurance Program Reauthorization Act.

Three of the 44 CQMs are designated "core" and must be reported by all eligible professionals as part of stage 1 meaningful use. CMS expanded the core CQM set to include three "alternate



core” measures (see “Core and Alternate Core CQMs for All Eligible Providers,” above). In instances where the denominator for one or more of the core CQMs is zero, the eligible provider is required to report results for an alternate core CQM, up to a maximum of three alternate measures.

In total, eligible providers must report on six CQMs: three core measures (or alternate core measures) and three additional quality measures other than core or alternate. If all six core and alternate core CQMs have zeros in the denominators, the eligible professional is still required to report on three additional CQMs from the full measure set.

As with hospitals, eligible providers should clearly understand the meaningful use CQM specifications and how data will be captured and analyzed by their EHR. In addition, eligible providers must also understand which measures are best suited for their patient population while supporting multiple reporting and incentive programs.

CMS acknowledged the overlap between CQMs used for PQRI and meaningful use and clarified that eligible providers may qualify for both 2011 PQRI and stage 1 meaningful use incentives since the reporting periods for these two incentive programs are different. As with the current PQRI incentive program, CMS has proposed to offer six- and 12-month PQRI reporting options in 2011.

Text is selected from: Kallem, Crystal. "Analyzing Clinical Quality Measures for Meaningful Use." *Journal of AHIMA* 81, no.11 (November/December 2010): 56-59.