hellohealth®

Clinical Quality Measures

Hello Health v7 Guide for Eligible Professionals

CQMs for Meaningful Use 2014 - Overview

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Introduction

> *"Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical access hospitals (CAHs) within our health care system."*
>
> Source: CMS

There are a few very important things to know if you wish to attest for Meaningful Use, or if you want to use CQMs as a tool.

Appointment Types

Starting in v7, providers who want to claim for Meaningful Use 2014 will need to document appointment types from their visit note. This can be done by adding specific procedures to the Care Plan section of a visit note.

For example, a standard office visit must be coded using one of the "Office Visit" CPT codes (99201 to 99205, or 99211 to 99215, depending on the level of service provided). This should be the same code used for your Superbill. You will find that documenting the visit type in the note will save you time, as this procedure will automatically transfer to the Superbill, while helping with your Quality Measures.

Please note that, even if you are not billing from Hello Health, it is still important that you document this procedure in the visit note if you want to attest to MU. Failure to document the appointment type in the visit note means your patients will not show up in CQM's denominators. As it is NOT currently possible to add coded procedures to a closed visit note, it is important that procedures are added before finishing your note if you want to use Clinical Quality Measures to your advantage.

Setting up "Frequently Used Procedures"

To speed up the documentation process, we recommend you use the "Frequently Used Procedures" list. After configuring this list, you will have quick access to the visit types you use, with a few clicks of the mouse. Simply click "Select From List" in the Procedure section of your Care Plan. You'll be able to select multiple procedures to add to the plan, including the visit type.

You can follow these easy steps, or contact our Customer Experience Team who can help you configure a default list of appointment types.

1. Go to the "Admin" section of your account
2. Select "Settings" and then "Billing and Procedures"
3. From the "Procedure List", click "Add"
4. Here, you can choose an appointment type you use. In this example, let's add an Office Visit type.
    a. In the Procedure field, type the desired code (e.g. 99201).

b. In the Category field, type a group name. Grouping elements will make it easier to find them in the selection screen. For Office Visits, we suggest you create 2 groups: one for new patients, and one for established ones. In this example, let's create the group "Office Visit – New Patient".
c. Do not click "Add to Superbill" unless you want this procedure to be added in the Superbill even if you do not add it to the visit note.
d. You may add modifiers if you typically use them in your Superbills.
e. You may set a price if you usually charge extra for this item. Do not add a price if it is already included in your visit fee.
f. Save.

5. Repeat for other visit types (e.g. 99202-99205, and 99211-99215 with grouping "Office Visit – Established")

▾Office Visit - Established Select all | Deselect all

99211 - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising the...

99212 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counse...

99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of ...

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling an...

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling an...

99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counsel...

▾Office Visit - New Patient Select all | Deselect all

99201 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordinatio...

99202 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counselin...

99203 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care wi...

99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordina...

99205 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination...

Cancel Select

Finishing Visit Notes

Many CQMs require that your visit notes are "finished" (or "signed") before being considered in the denominator. Please make sure that you have included a procedure code to your appointment type or level of service before finishing your visit note (see "Appointment Types").

CMS 124 - Cervical Cancer Screening [NQF 0032]

Overview

Measure

Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

How to improve your score

Women should have a Pap Test, documented in HH as a laboratory test result, at the most, 2 years before the measurement period.

CMS 165 – Controlling High Blood Pressure [NQF 0018]

Overview

Measure

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

How to improve your score

The measure considers that appropriate treatment was done if the most recent visit note in the measurement period has a documented diastolic blood pressure below 90 mmHg, and a documented systolic blood pressure below 140 mmHg.

CMS 156 – Use of High-Risk Medications in the Elderly [NQF 0022]

Overview

Measure

Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.

a. Percentage of patients who were ordered at least one high-risk medication.

b. Percentage of patients who were ordered at least two different high-risk medications.

How to improve your score

For both rates, avoid prescribing high-risk medication to an elderly patient for more than 90 (cumulative) days.

Note: contrary to most percentage-based CQMs, in this case, lower score indicates better quality.

CMS 75 – Children Who Have Dental Decay or Cavities

Overview

Measure

Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

How to improve your score

There is nothing to document in Hello Health that can directly improve your score, but you can use the Patient Education module to send documentation about oral hygiene for child patients, and use the Portal to communicate tips with parents. The goal here is to have fewer child patients with cavities.

Note: contrary to most percentage-based CQMs, in this case, lower score indicates better quality.

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CMS 62 – HIV/AIDS: Medical Visit [NQF 0403]

Overview

Measure

Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.

How to improve your score

You can create patient reminder lists, or even clinical decision support notifications to make sure you see patients diagnosed with HIV/AIDS at least twice in the measurement year. Online patients can also book their appointments online, which can help improve your score.

CMS 154 – Appropriate Treatment for Children with Upper Respiratory Infection (URI) [NQF 0069]

Overview

Measure

Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

How to improve your score

Children with URI should only be prescribed antibiotic for upper respiratory infection if seen within 3 days of the episode.

CMS 148 – Hemoglobin A1c Test for Pediatric Patients [NQF 0060]

Overview

Measure

Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period

How to improve your score

Pediatric patients with diabetes should have a documented HbA1c test result during the measurement period

CMS 117 – Childhood Immunization Status [NQF 0038]

Overview

Measure

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

How to improve your score

Document vaccines given to your patients as Immunizations in Hello Health, and document diagnoses that may have prevented (or rendered useless) some of the vaccines (e.g. a child who had varicella counts as vaccinated against it).

CMS 146 – Appropriate Testing for Children with Pharyngitis [NQF 0002]

Overview

Measure

Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

How to improve your score

Have a documented Group A streptococcus test at most 3 days after the diagnosis of pharyngitis.

For more details, see CMS information

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html

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