

*The Quality Measure Information (QMI) use case and its scenarios allows all healthcare stakeholders to exchange data relevant to quality measurement through MiHIN. Quality reporting programs supported includes Michigan Medicaid Meaningful Use / Promoting Interoperability, NCQA HEDIS, and internal quality improvement programs.*

Quality measures are tools that allow for the measurement of healthcare performance and patient health outcomes by evaluating data from a number of possible sources including electronic health record systems, labs, claims, immunization registries, and others. When properly utilized, these measures form the cornerstone in the transformation of healthcare delivery from volume based to accountable care.

Electronic clinical quality measures (eCQMs), are specific clinical quality measures selected by CMS for use in programs such as Meaningful Use/Promoting Interoperability, MIPS, and CPC+ that are electronically captured or calculated locally in a clinical setting by Certified Electronic Health Record Technology (CEHRT).

Generating and submitting valid calculated eCQMs in the QRDA file format is mandated by several CMS programs including Meaningful Use/Promoting Interoperability. By sending eCQMs through the Michigan Health Information Network Shared Services (MiHIN) for State Medicaid, the quality measures are validated, and forwarded to State Medicaid or any other appropriate destination. State Medicaid can then assess the eCQMs to identify opportunities to improve care statewide and to assign credit and incentive payments for Meaningful Use attestation.

Submitting supplemental clinical data in the All-Payer Supplemental (APS) format to MiHIN's Physician-Payer Quality Collaborative (PPQC) architecture allows the data to be matched and routed to the appropriate payer(s) for use in calculating HEDIS and internal measures. Payers can also take advantage of the architecture to submit and disseminate Gaps in Care reports to maximize opportunities to close gaps and improve patient care.

### *Who will this help?*

**Janet Torres is the practice manager** for a mid-sized private medical office in Western Michigan. Thanks to this QMI use case and its scenarios, Janet can easily report on quality measures related to Medicaid Meaningful Use attestation.



Janet also appreciates that the new automation allows her to easily send quality measures to health insurance organizations. Feedback from the



measures is now more quickly available through dashboards which allow Janet to see which areas of care need improvement for patients. She is informed on how to increase adherence to national standards in ways that would benefit their entire patient population.

Janet can easily report a quality measure just once each time it is required and send that quality measure to any reporting program requiring that measure. The duplicative reporting that was once a burden on her practice is eliminated because copies will automatically route to all appropriate quality programs and insurance companies.

**Regina Klausen is a quality data analyst** with the Mayberry Medical Group. Once a month, Regina must aggregate all data within her repository, compile it into several different format specifications, and submit to the various health plans using different secure connections. Regina then has to wait for a feedback and error report. If errors are present, Regina must correct the data and resend to the health plan. These activities require a significant amount of her time.



Regina is greatly relieved to discover a new solution in which all the patient data from Mayberry's practices and physicians are automatically sorted according to quality category prior to sending to the repository using a single standard format for all payers.

When patient information reports are sent to Regina under the QMI use case and its scenarios, the data is pre-sorted by category into one single report instead of the multiple reports that Regina handles daily. This repository report is then sent over to MiHIN in a single feed, rather than in the format of multiple quality points.

### *Report Once*

This use case and its scenarios allow providers to report measures once. This “Report Once” capability greatly simplifies providers’ and payers’ workflow and removes burdens from the process of reporting quality of care.

When MiHIN receives quality-related payloads and is able to validate, convert, and route those measures to multiple quality measure reporting programs, satisfying the many different requirements providers must meet.

### *An Overview*

Providers seeking to fulfill reporting requirements of programs including Michigan Medicaid Meaningful Use / Promoting Interoperability, MIPS, or CPC+ and required to submit valid eCQMs in the QRDA file format to the appropriate portal system.

Michigan Medicaid Meaningful Use registration and attestation process begins in the CHAMPS system and when the quality reporting section is reached, users must create an account and submit their QRDAs in MiHIN’s CQMRR system.





CQMRR will validate the file(s) submitted and indicate whether they passed or failed and provide specific reasoning for any errors. Valid files are then forwarded to the State of Michigan data warehouse for evaluation and incentive assignment.

Provider organizations, health systems, or Medicaid/Medicare/commercial insurance payers that wish to facilitate the exchange of supplemental clinical data and Gaps in Care reports as part of the HEDIS quality program activities can do so through MiHIN's PPQC infrastructure.

PPQC allows provider organizations the ability to aggregate their data on an all-payer, all-patient basis and submit one file to one location instead of building and maintaining a multitude of one-to-one connections with each payer. MiHIN will then match each data element to the appropriate payer and deliver it to them.

In a similar way, payers can generate Gaps in Care reports in the agreed upon standardized format and on an all-provider basis. MiHIN will match each Gap in Care record to the appropriate provider organization and deliver it in an aggregated report.

***The goal of PPQC is to reduce staff and technical burdens on all stakeholders involved in HEDIS reporting by streamlining, centralizing, and standardizing as much of the process as possible.***

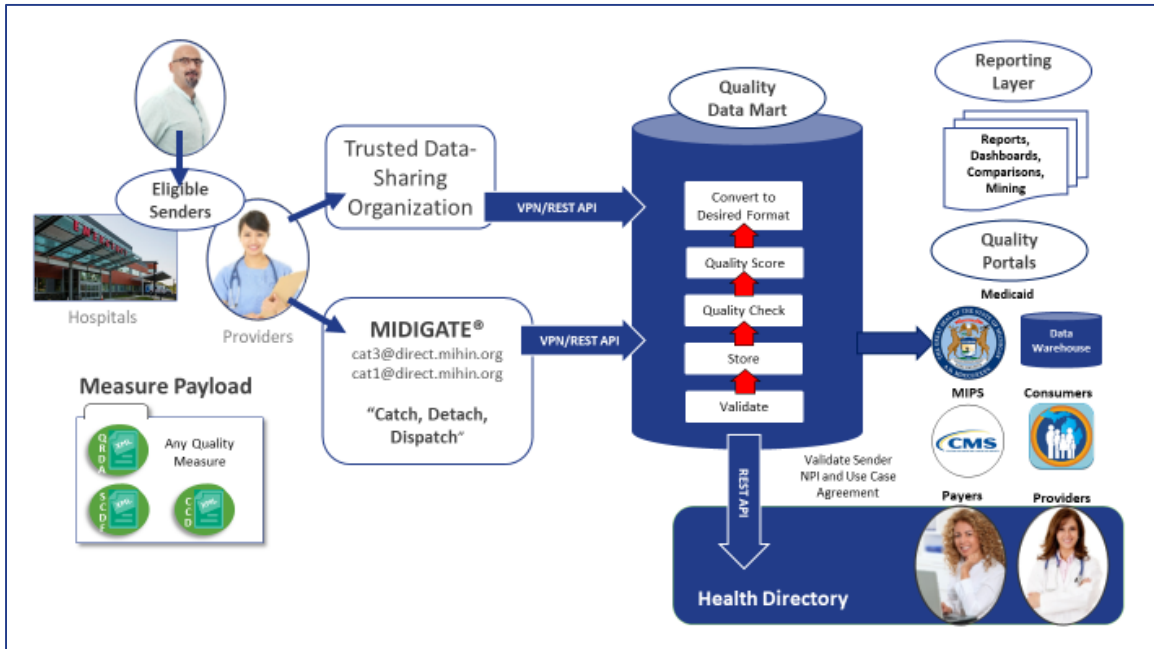
### *How It Works*

There are two distinct paths that quality measures can be flow and exchanged via MHIN.

The **PPQC data flow** facilitates and simplifies the reporting of HEDIS data by encouraging the use of APS and Gaps in Care files to reduce the burden of information exchange and ultimately improve health plan patient care and outcomes, as well as HEDIS and payment quality scores.

The **eCQM data flow** facilitates the efficient and simplified exchange of quality measure information and reporting to Medicaid/Medicare programs via eCQMs in QRDA format. Figure 1, below, presents eCQM data flow using MiHIN's CQMRR (Clinical Quality Measure Reporting and Repository) service.



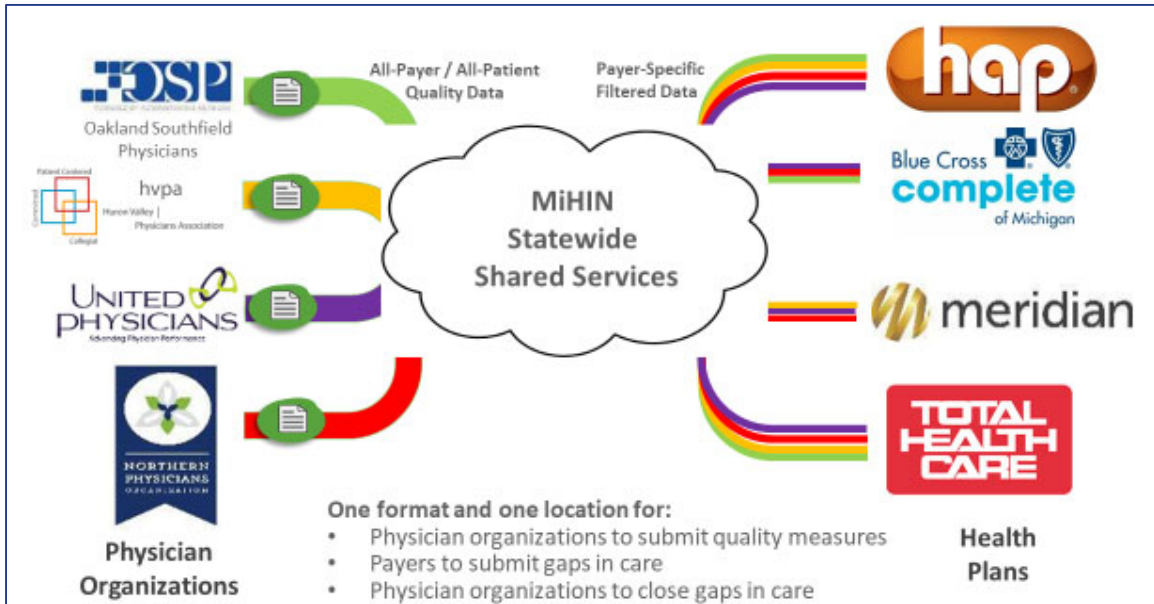


**Figure 1. MiHIN's CQMRR Solution**

Figure 1 shows MiHIN's CQMRR architecture, which allows providers to submit their eQMs to CMS endpoints as required by various quality programs.

1. Eligible Providers generate QRDA files from their CEHRT system and submit to MiHIN
2. MiHIN runs the file through a validation service which provides feedback
3. The QRDA file is submitted to appropriate Medicaid/CMS endpoints

Figure 2, below, illustrates the basic architecture of the PPQC scenario, whereby all provider organizations submit supplemental clinical data for HEDIS to MiHIN in one format, and that data is matched and distributed to participating payers. Payers also submit a unified Gaps in Care report, which is matched and disseminated back to the provider organizations.



**Figure 2. PPQC Data Flow**

### Sponsors

- State of Michigan / CMS via SIM Grant
- Michigan Department of Health and Human Services
- Michigan Health Information Network (MiHIN)

### For More Information and How to Join

For providers or those assisting them seeking to report to Medicaid Meaningful Use / Promoting Interoperability programs, please use this link to register for the portal system where you will submit your eCQM measures:

<https://healthdirectories.force.com/QMI/s/login/SelfRegister>

For provider organizations or payers interested in sending or receiving supplemental clinical data for HEDIS purposes, please contact our Help Desk at:

<https://mihin.org/requesthelp/>

More information on QMI and its different scenarios can be found online at:

<https://mihin.org/quality-reporting/>

And you can learn more about CQMRR at:

<https://mihin.org/clinical-quality-measure-reporting-and-repository/>