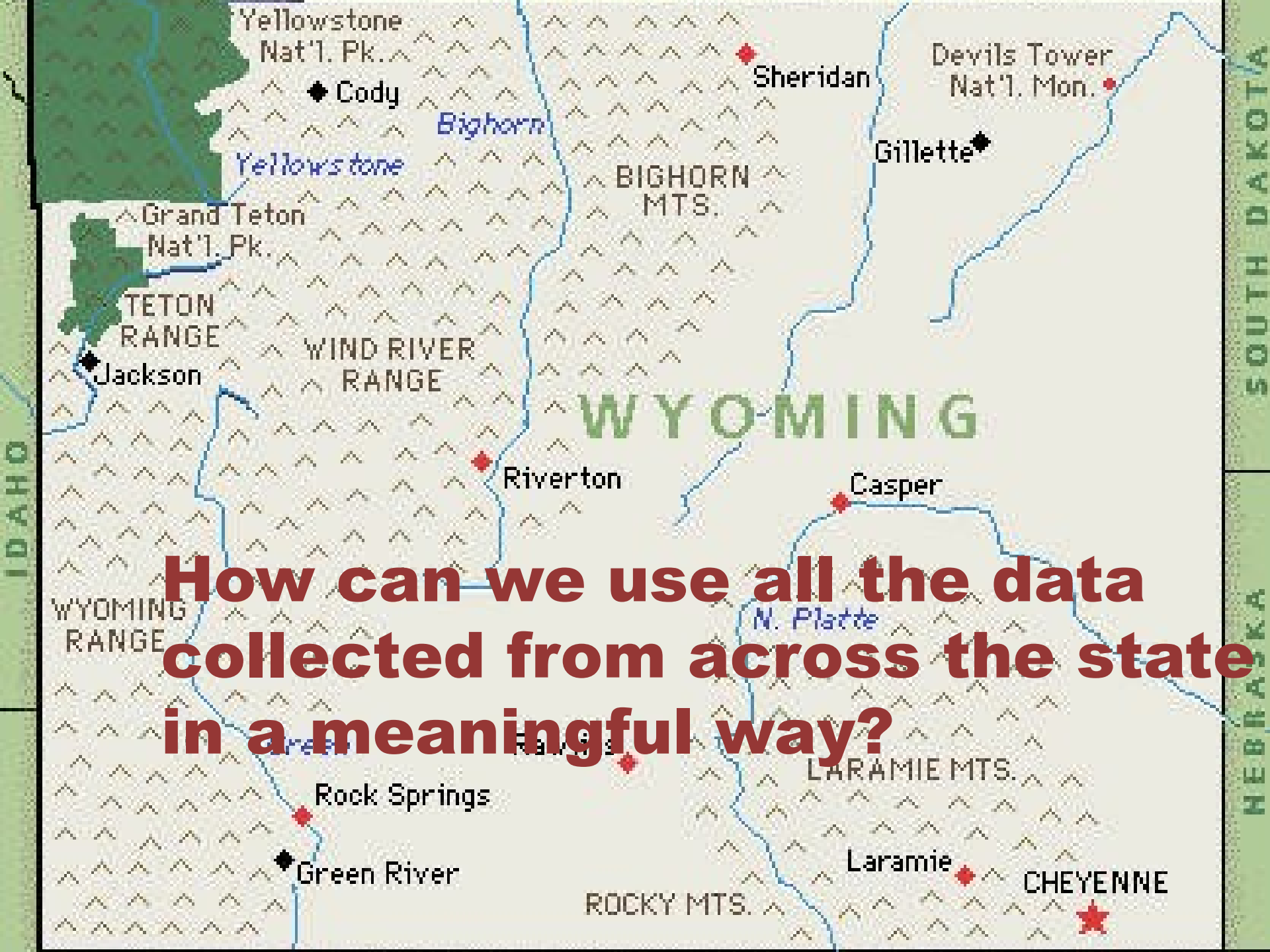


Wyoming Quality Care Coordination Program



**How can we use all the data
collected from across the state
in a meaningful way?**



Patient Centered Medical Homes in Wyoming

*29 Wyoming Practices striving for
National Committee for Quality Assurance (NCQA)
recognition as a PCMH*

Facts for these 29

- Almost 300 PCP's in these practices-
– over half the PCP's in Wyoming
- Almost 60% of Wyoming Medicaid Clients seen in these practices

Quality Care Coordination Program

Quality Based

Wyoming Medicaid is currently creating a process for enrolled providers to earn a case management fee for providing demonstrable quality care with several strategic measures.

Clinical Quality Measures (CQMs)

Stage 1 MU requires reporting of 9 CQMs out of 64 CQM

Initial Nine CQMs to be used for [Wyoming Quality Care Coordination Program](#)

- Tobacco Use Assessment and Cessation Intervention
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Childhood Immunization Status
- Diabetes: Hemoglobin A1C Poor Control
- Diabetes: Blood Pressure Management
- Diabetes: LDL Management and Control
- ADHD: Follow-Up Care for Children prescribed medication



Wyoming Strategy

- The Quality Measures for PCMH are aligned with the EHR incentive program.
- Wyoming SLR already had the capability to gather CQMs for the Medicaid EHR incentive program.
- PopHealth tool has features which meet the need of both the EHR incentive program and the Wyoming Quality initiative.

Key components identified to make vision into reality

1. Leveraging the current technology
2. Need a format that will track MU measures
3. Template that can track quality care, improvement and show provider comparison

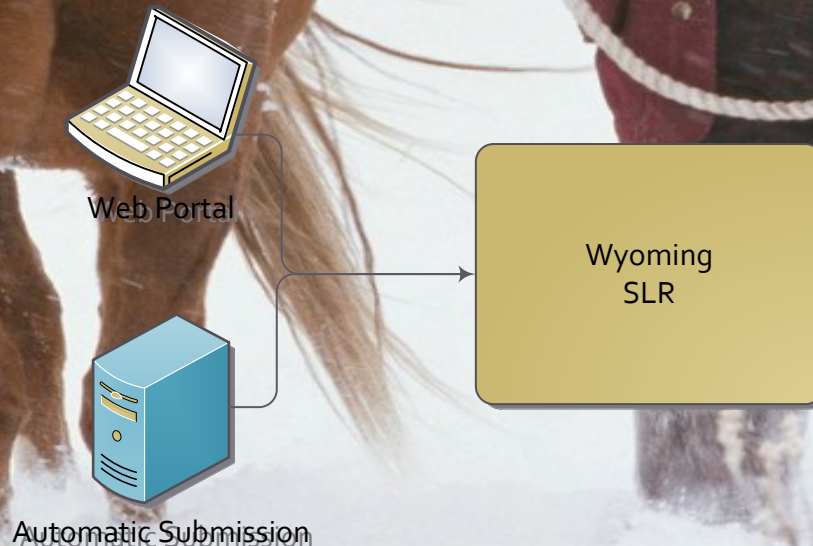
SLR Capabilities



- Originally developed for providers participating in the EHR Incentive Payment Program
- Self-enrollment and data submission functions already for CQMs
- Lends itself to be utilized for both the EHR Incentive Payment Program and PCMH case coordination programs
- Capability to receive electronic CQMs using Quality Reporting Document Architecture (QRDA)

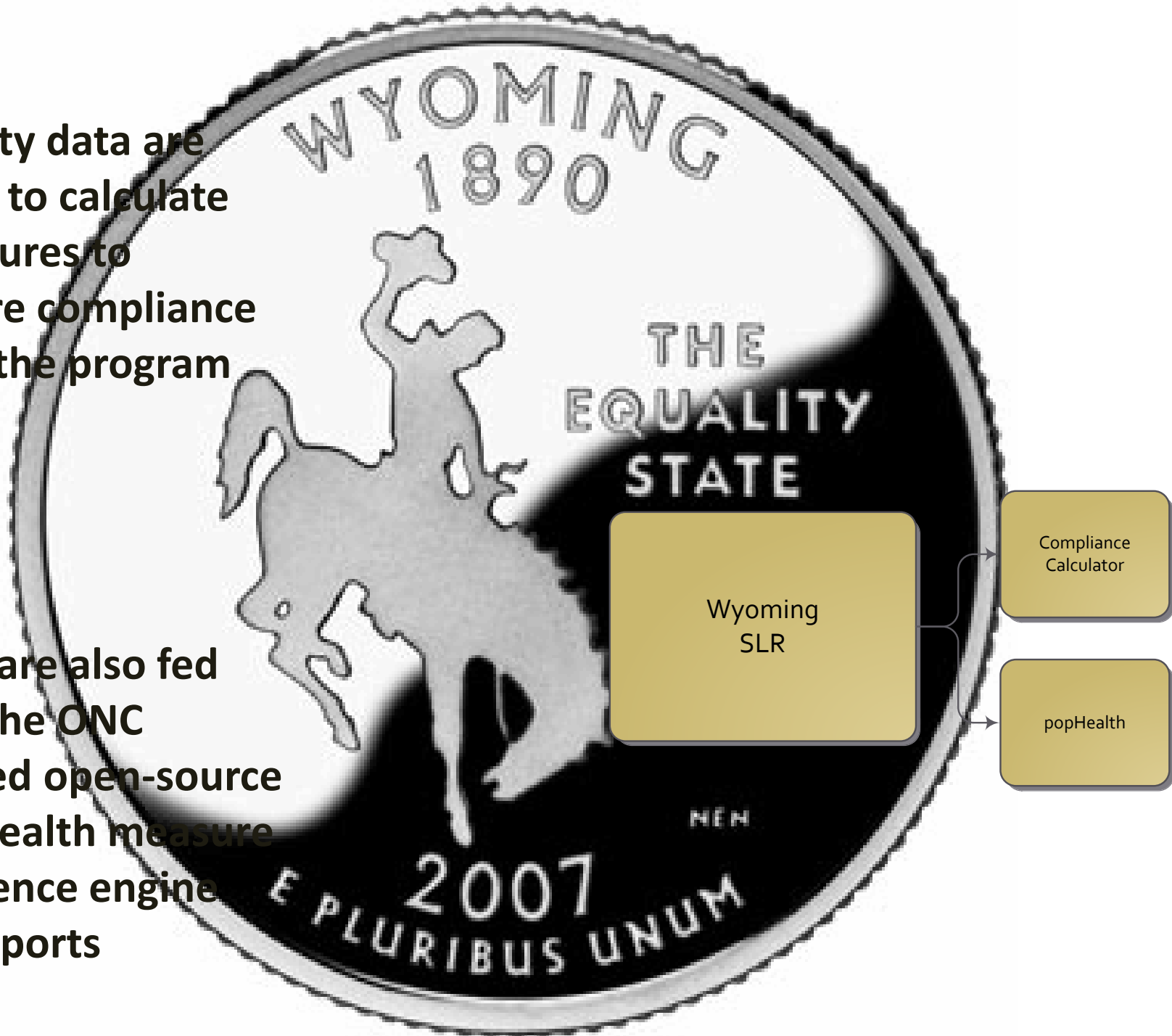
Submission of Quality Data

- Providers submit quality data to the Wyoming Department of Health
- Data can currently be submitted manually data into the existing WYSLR
- With the 2014 CEHRT requirements, data using HL7 Quality Reporting Document Architecture will be available



- Quality data are used to calculate measures to ensure compliance with the program

- Data are also fed into the ONC funded open-source PopHealth measure reference engine for reports



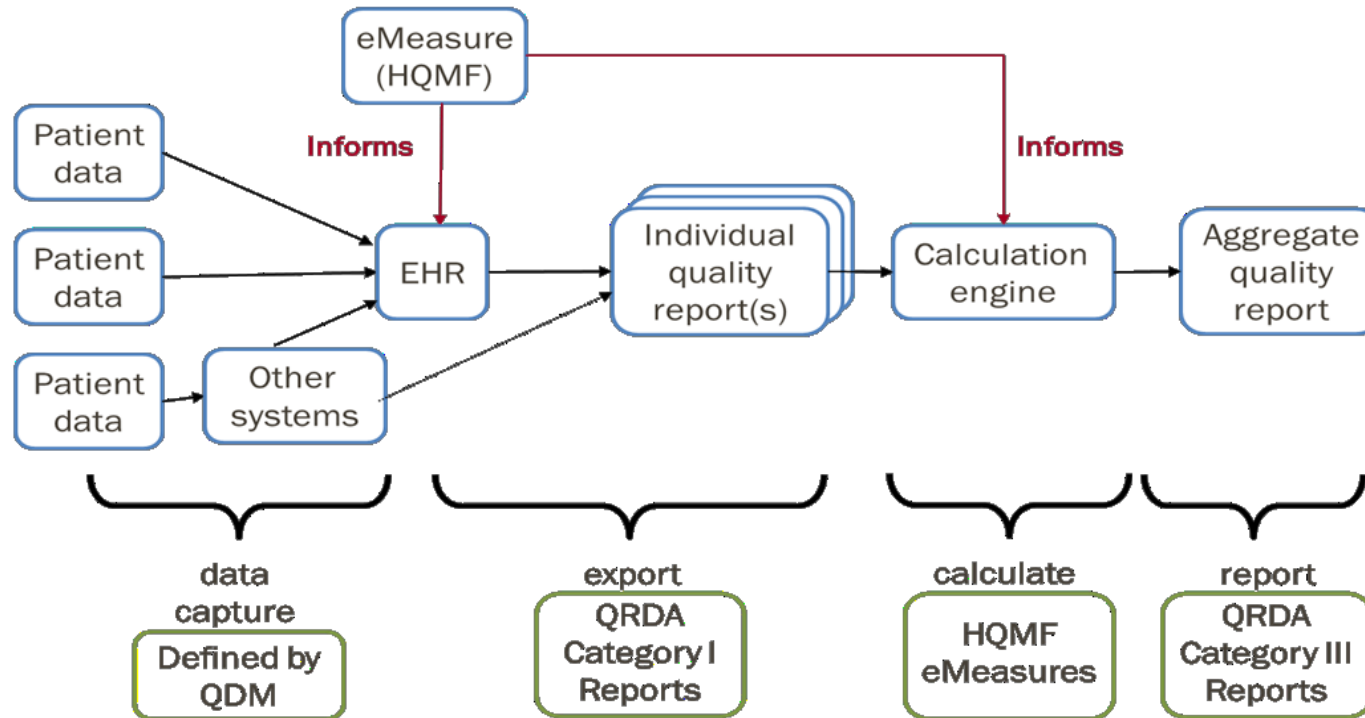
Reporting Quality Information

- Providers have options when reporting quality information
 - Direct Data Entry into the existing WYSLR web portal
 - Electronic submission of CQMs using the HL7 QRDA
- By the end of CY2014
 - EHR systems must be capable of submitting electronic quality information in order to be certified.
 - WYSLR will be capable to receive information electronically

End to End Process



Figure 1: End-to-end Quality Reporting Process



Quality Reporting Document Architecture QRDA

QRDA is a specific implementation of the HL7 Clinical Document Architecture Release 2 (CDA R2) designed to communicate health quality data between entities

- QRDA comes in two forms:

- Category I provides detailed information needed to calculate measures for each patient
- Category III communicates already computed measures

What is QRDA Cat I?

- A way to electronically communicate data for CQM calculation (Just the data, no results)
- Single patient
- Included clinical data is measure dependent and detailed
- XML Document
- CDA Based

What is QRDA Cat III?

- A way of electronically communicating aggregated calculation data for CQM calculation
(Just the results, no patient data included)
- Contains data for 1 or more CQMs
- XML Document
- CDA Based



Single Login

- **SLR login page will include a link to enter PCMH CQMs**
- **Clicking this link will launch the PCMH CQM login page**
- **Providers in the EHR incentive program can use the same login**
- **Providers not in the EHR incentive program will need to establish a login via the registration process**

SLR Login Page



Wyoming Department of Health
Healthcare Financing

WY MEDICAID EHR INCENTIVE PAYMENTS

Release 1.1.7

WY Medicaid EHR Incentive Program

Manual
CMS EHR Site
WY Medicaid EHR Site
Send E-mail

New users: If you have not received an EHR Incentive Program payment from Wyoming Medicaid, you first have to register at the [CMS Web Site](#). After approximately 48 hours after successfully registering at the CMS level, you will receive an e-mail from Wyoming Medicaid indicating that you are able to complete your application on this site.

Return Users: If you have already registered on the CMS site and received an EHR Incentive Program payment from Wyoming Medicaid, you do not need to visit the CMS again. Please proceed with your year two attestation by entering your NPI and CMS Registration Identifier.

Please enter your NPI

Please enter the CMS assigned Registration Identifier

For SLR and Non-SLR participants who want to enter their CQM data for the Wyoming Quality Care Coordination Program click [here](#).

[Contact Us](#) | [Privacy Policy](#) | [About Wyoming](#)

Copyright © 2011 State of Wyoming

All rights reserved.

Clinical Quality Measure Login Page



Wyoming Department of Health
Healthcare Financing

Wyoming Quality Care Coordination Program

Manual

CMS EHR Site

WY Medicaid EHR Site

Send E-mail

SLR Participants- Please use your existing login information for the WY Medicaid EHR Incentive Program to login.

Non SLR Participants- Login using your assigned Username and Password. If you are a first time user please select the Register button.

QCCP UAT v0.2.0

Login

Username:

(The user name is your individual NPI)

Password:

Submit

Reset

Register

[Forgot Password?](#)



Wyoming Department of Health

Healthcare Financing

WY MEDICAID EHR INCENTIVE PAYMENTS

WY Medicaid EHR Incentive Program

Dashboard

Add/View CQMs

Logout

CQM Measure Statistics

Year: 2013

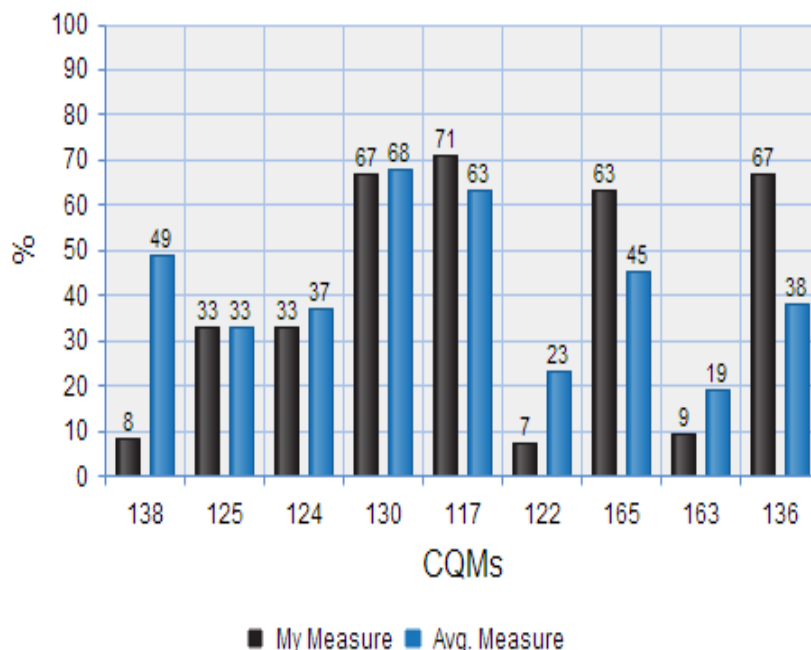


Quarter: Q3(Jul – Sep)



Filter

Print

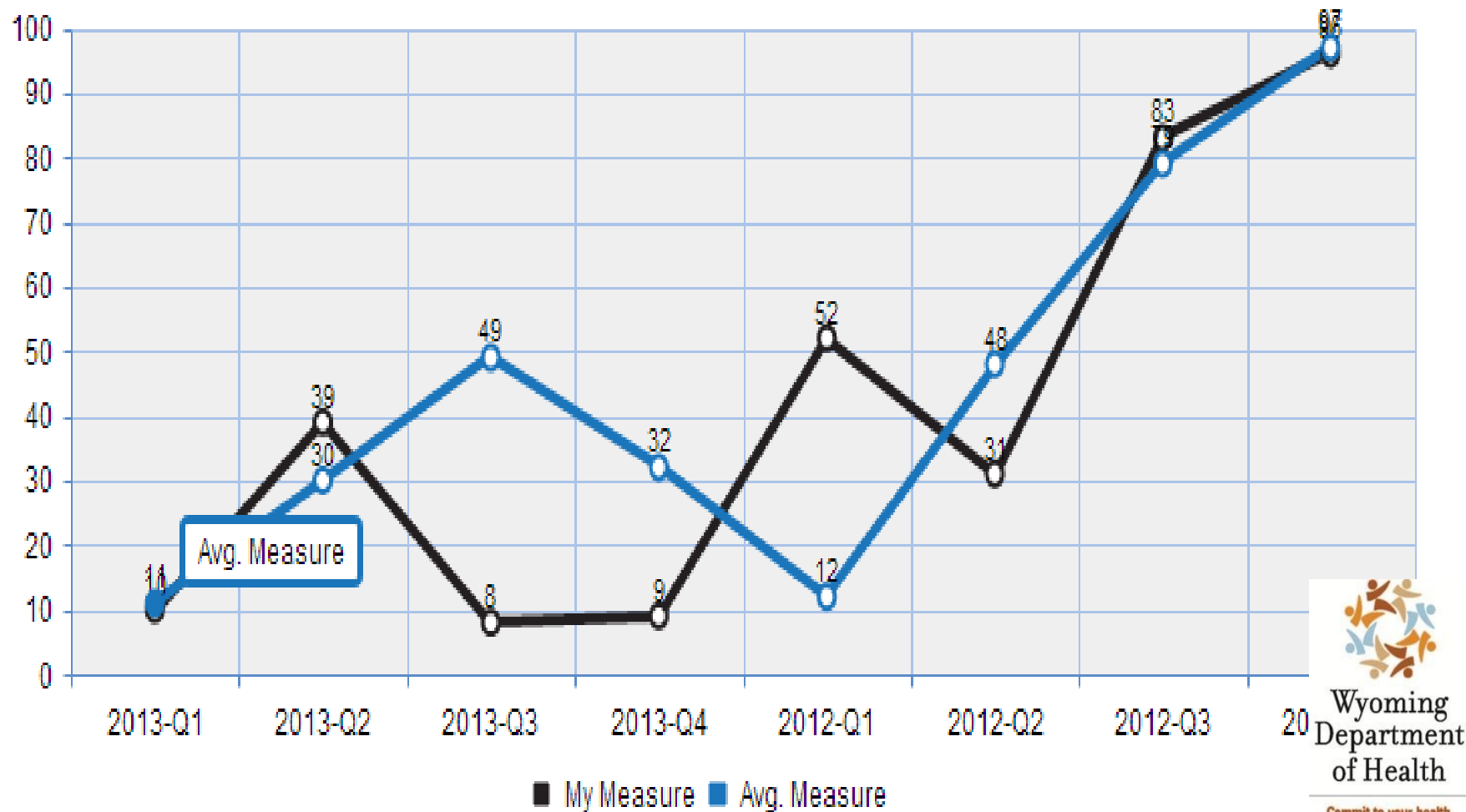


CMS ID 138: Preventive Care
CMS ID 125: Breast Cancer
CMS ID 124: Cervical Cancer
CMS ID 130: Colorectal Cancer
CMS ID 117: Childhood Immunization
CMS ID 122: Diabetes Hemoglobin
CMS ID 165: Controlling High Blood Pressure
CMS ID 163: Diabetes Low Density
CMS ID 136: ADHD

Note: Please click on the CQM Id's to view CQM Quarter Statistics

Measure: Preventive Care

Print



Wyoming
Department of Health

Commit to your health.

Add / View CQM Detail

Welcome User2 Test!



Wyoming Department of Health
Healthcare Financing

Wyoming Quality Care Coordination Program

WY Medicaid EHR Incentive
Program

Dashboard

Add/View CQMs

My Profile

Logout

CQM Details

New CQM Data

Search (Collapse...)

Year: ALL Quarter: ALL Filter Reset

Year	Quarter	Group NPI	Group Name	Individual NPI	Individual Name	Created Date	Status	Edit / View
2013	Q3(Jul-Sept)	0123456789	Test Associates	1112223335	Test User2	December 04, 2013	Complete	
2013	Q2(Apr-Jun)	0123456789	Test Associates	1112223335	Test User2	December 06, 2013	Complete	

15

Displaying items 1 - 2 of 2

[Contact Us](#) | [Privacy Policy](#) | [About Wyoming](#)

Copyright © 2011 State of Wyoming
All rights reserved.

MattRickAmy

View CQM Detail

Welcome cue John!



Wyoming Department of Health
Healthcare Financing

Wyoming Quality Care Coordination Program

WY Medicaid EHR Incentive
Program

Dashboard

Add/View CQMs

My Profile

Logout

View CQM Details

Printable Version Expand All Back

Individual NPI: 1234511111 Year: 2013 Quarter: Q3

▼ Preventive Care (CMS ID 138/PQRI 114) (Collapse...)

Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user

Denominator: 343.00 Numerator: 223.00 Exclusion: 23.00

▶ Breast Cancer (CMS ID 125 PQRI 112) (Expand...)

▼ Cervical Cancer (CMS ID 124) (Collapse...)

Title: Cervical Cancer Screening

Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for Cervical Cancer

Denominator: 453.00 Numerator: 223.00

▶ Colorectal Cancer (CMS ID 130 PQRI 113) (Expand...)

▶ Childhood Immunization (CMS ID 117) (Expand...)


▶ Diabetes Hemoglobin (CMS ID 122 PQRI 1) (Expand...)

▶ Controlling High Blood pressure (CMS ID 165) (Expand...)

▶ Diabetes Low Density (CMS ID 163 PQRI 2) (Expand...)

▶ ADHD (CMS ID 136) (Expand...)

Quality Measure Entry



Wyoming Department of Health
Healthcare Financing
Wyoming Quality Care Coordination Program

WY Medicaid EHR Incentive Program

Dashboard

Add/View CQMs

My Profile

Logout

Welcome User Name

Quality Measure Entry

Year: Quarter:

CMS ID 138 Entry



Wyoming Department of Health
Healthcare Financing

Wyoming Quality Care Coordination Program

WY Medicaid EHR Incentive
Program

Dashboard

Add/View CQMs

My Profile

Logout

Wyoming QCCP Clinical Measure Entry

Preventive Care(1 of 9)

(*) Red asterisk indicates a required field.

[CMS ID 138/PQRI 124](#)

Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24months AND who received cessation counseling intervention if identified as a tobacco user.

Complete the following information:

* Denominator:

* Numerator:

* Exclusion:

[Next](#) [Save](#) [Cancel](#)

CQM Help Links

Welcome User2 Test!



Wyoming Department of Health
Healthcare Financing

Wyoming Quality Care Coordination Program

WY Medicaid EHR Incentive
Program

Dashboard

Add/View CQMs

My Profile

Logout

Pophealth Measure

Measure Name: Preventive Care and Screening: Tobacco User: Screening and Cessation Intervention

Reporting Period: 2010 July 1 - September 30

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

Back

denominator

individual characteristic birth date
>= 18 years Starts Before Start of Measure Period

and

COUNT >= 2 of

encounter Psych Visit - Diagnostic Evaluation
During Measure Period

or

encounter Health and Behavioral Assessment - Initial
During Measure Period

or

encounter Health & Behavioral Assessment - Individual
During Measure Period

or

encounter Occupational Therapy Evaluation
During Measure Period

or

encounter Office Visit
During Measure Period

or

encounter Psych Visit - Psychotherapy
During Measure Period

or

encounter Psychoanalysis
During Measure Period

or

numerator

individual characteristic Tobacco Non-User
<= 24 months Starts Before End of Measure Period

and

not

individual characteristic Tobacco User
Starts After End of

individual characteristic Tobacco Non-User

or

individual characteristic Tobacco User
<= 24 months Starts Before End of Measure Period

and

not

individual characteristic Tobacco Non-User
Starts After End of

individual characteristic Tobacco User

and

procedure Tobacco Use Cessation Counseling
<= 24 months Starts Before End of Measure Period

or


medication Tobacco Use Cessation Pharmacotherapy
<= 24 months Starts Before End of Measure Period

or

medication Tobacco Use Cessation Pharmacotherapy

CQM Submission

Welcome User2 Test



Wyoming Department of Health
Healthcare Financing
Wyoming Quality Care Coordination Program

WY Medicaid EHR Incentive Program

Dashboard

Add/View CQMs

My Profile

Logout

Wyoming QCCP Clinical Measure Entry

Questionnaire
(*) Red asterisk indicates a required field.

Providers
NPI: 1112223335
Group NPI: 0123456789

Name: User2 Test
Group Name: Test Associates

You are about to submit your QCCP Clinical Quality Measures.

This is to certify that all the foregoing information is true, accurate, and complete. I understand that the QCCP pay for performance payments submitted under this provider number will be Federal and State funds, and any falsification, or any concealment of a material fact may be prosecuted under Federal and State laws.

* Initials:

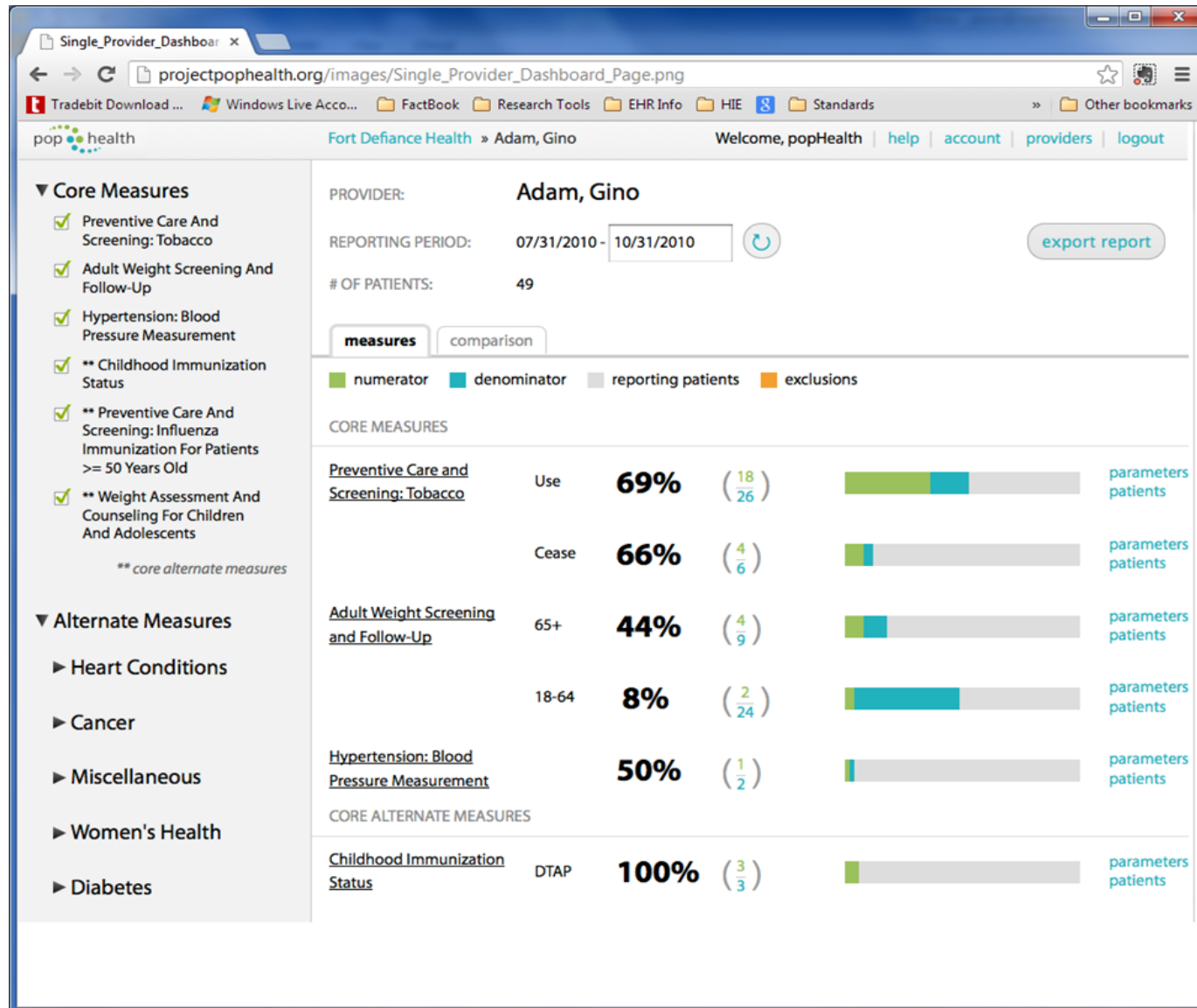
* NPI:

Note: Once you press the Submit button below, you will not be able to change your information.

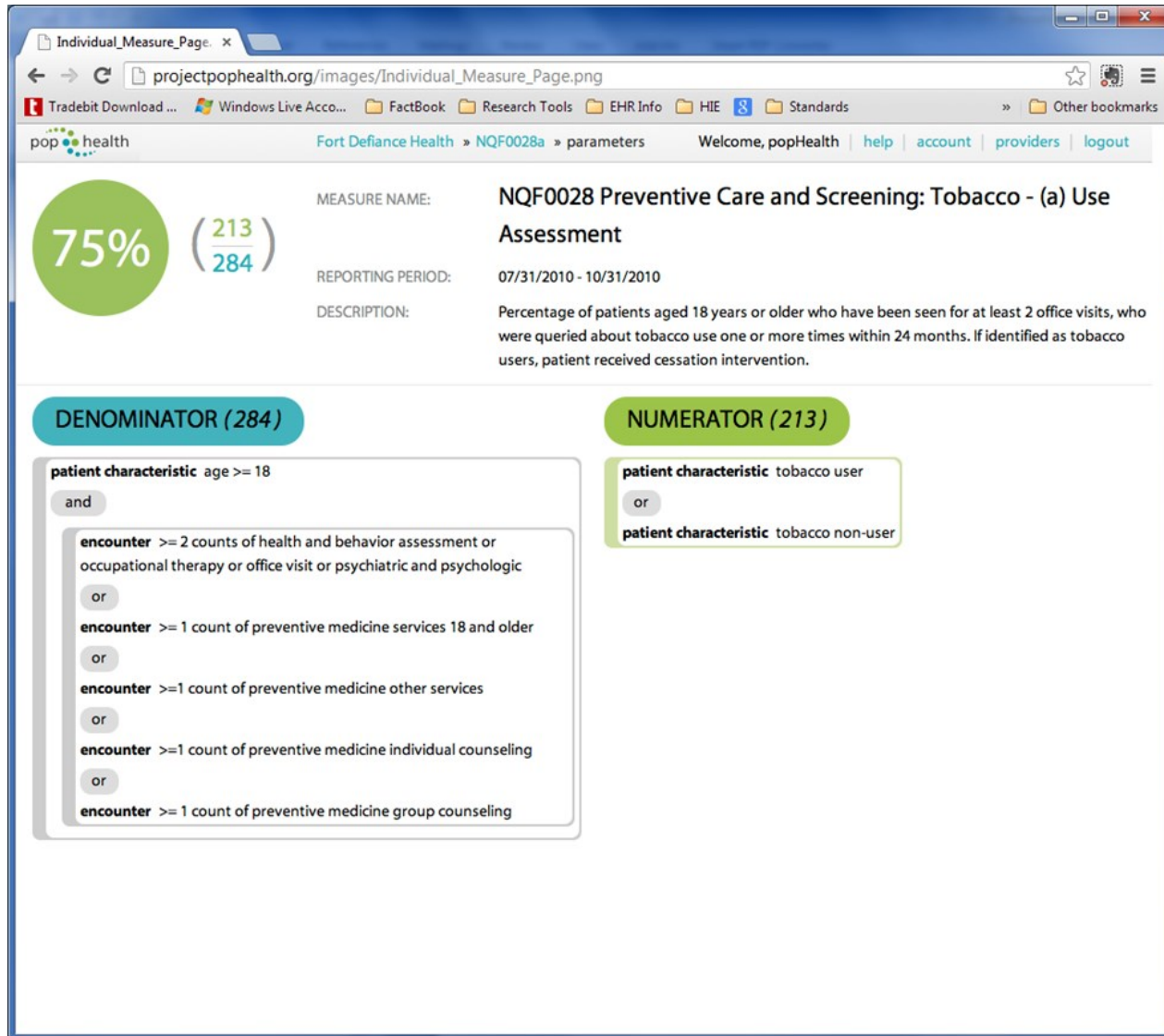
Previous

Submit

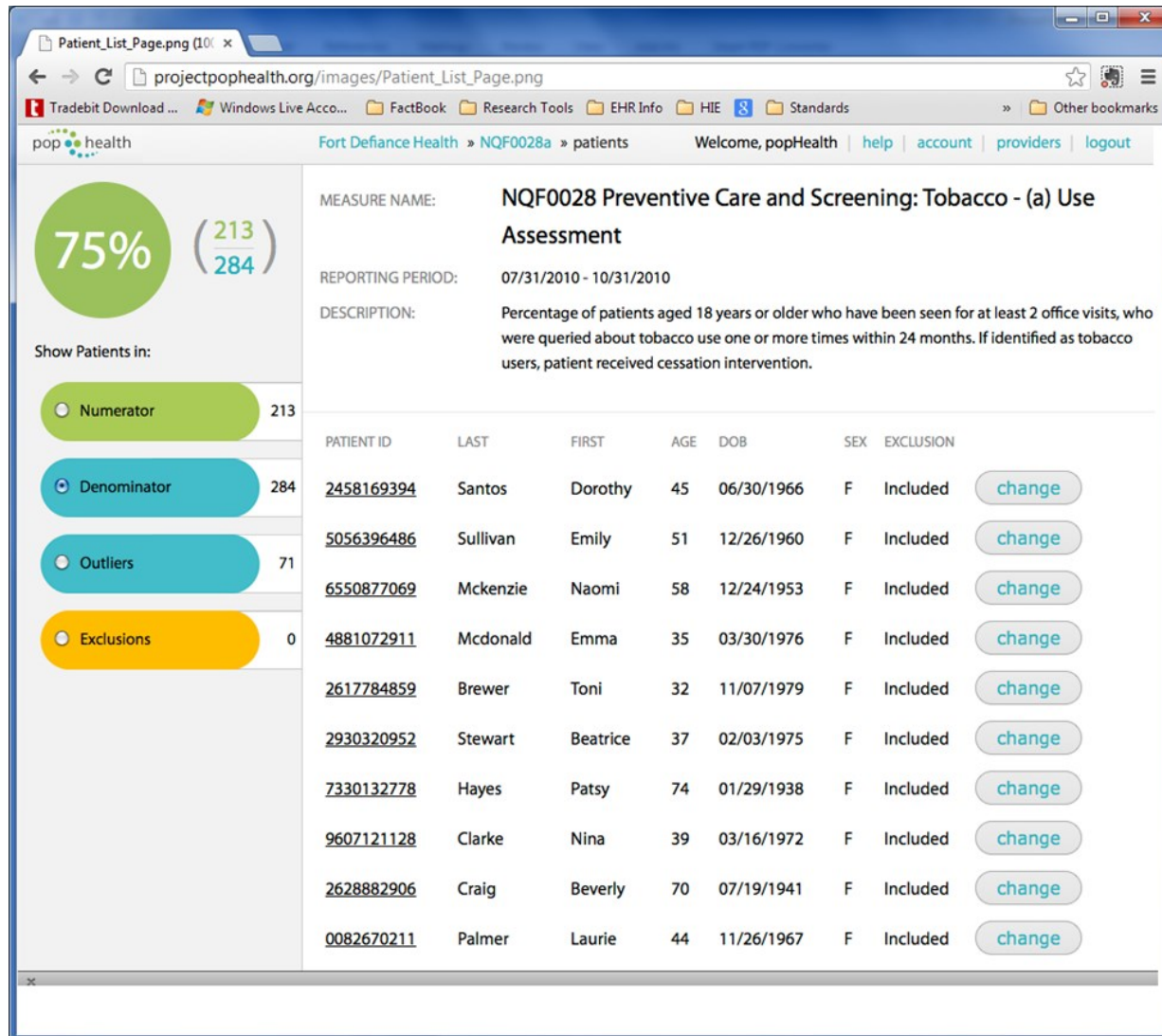
PopHealth Provider Dashboard



Individual Measure Page



Patient List Page



Measures

➤ Core

➤ Diabetes

➤ General Practice Adult

Providers

➤ 1952379547

➤ Other

➤ 1234567890

➤ 2222222222

➤ 1111111111

PRACTICE:

General Hospital

REPORTING PERIOD:

2012

Quarter 2



CORE

ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Visit within 30 days

14%

 $(\frac{556}{3868})$ [parameters](#)

Visit with 2+ followups

13%

 $(\frac{168}{1211})$ [parameters](#)

Childhood Immunization Status

73%

 $(\frac{4574}{6211})$ [parameters](#)

Controlling High Blood Pressure

1%

 $(\frac{65}{3899})$ [parameters](#)

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

48%

 $(\frac{487}{1014})$ [parameters](#)

DIABETES

Diabetes: Hemoglobin A1c Poor Control

11%

 $(\frac{446}{3990})$ [parameters](#)

Diabetes: Low Density Lipoprotein (LDL) Management

49%

 $(\frac{445}{900})$ [parameters](#)

GENERAL PRACTICE ADULT

Colorectal Cancer Screening

35%

 $(\frac{245}{688})$ [parameters](#)

Cervical Cancer Screening

48%

 $(\frac{598}{1244})$ [parameters](#)

Providers

› 1952379547

› Other

› 1234567890

› 2222222222

› 1111111111

14% ($\frac{556}{3868}$)

parameters

Measure Name: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Visit within 30 days**Reporting Period:** 2012 April 1 - June 30**Description:** Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

INDIVIDUAL PROVIDER STATISTICS

CALDWELL, Troy	0%	$\frac{0}{-}$ 0
DEBBIE, Calsarih	9%	$\frac{324}{3423}$
SMITH, Joe	0%	$\frac{0}{-}$ 0
USER, Test	0%	$\frac{0}{-}$ 0
CATTER, john	0%	$\frac{0}{-}$ 0
CUE, John	52%	$\frac{232}{445}$

Linda Cramer
HIT Manager
linda.cramer@wyo.gov
307.777.5414

