Clinical Quality Measures (CQMs)	
Objective	Report ambulatory clinical quality measures to CMS.
Measure	Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS.
Exclusion	No exclusion.

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Definition of Terms
None

Attestation Requirements

YES / NO

Eligible professionals (EPs) must attest YES to reporting to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS to meet the measure.

Additional Information
- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology.
- Attesting to the measure of this objective indicates that the EP will submit complete ambulatory clinical quality measure information as required during the attestation process. During attestation, EPs will also attest to the numerators, denominators, and exclusions for individual ambulatory clinical quality measures.

- For requirements and electronic specifications related to individual ambulatory clinical quality measures, EPs should refer to: http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage.

Related Meaningful Use FAQs

To see the FAQs, click the New ID # hyperlinks below, or visit the CMS FAQ web page at https://questions.cms.gov/ and enter the New ID # into the Search Box, clicking the "FAQ #" option to view the answer to the FAQ. (Or you can enter the OLD # into the Search Box and click the "Text" option.)

- One of the measures for the core set of CQMs for EPs is not applicable for my patient population. Am I excluded from reporting that measure? *New ID #2865*, *Old ID #10142*
- Can I use the electronic specifications for CQMs to satisfy both the PQRS and the EHR Incentive Programs? *New ID #2867*, *Old ID #10143*
- I am an EP for whom none of the core, alternate core, or additional CQMs adopted for the EHR Incentive Programs apply. Am I exempt from reporting on all CQMs? *New ID #2869*, *Old ID #10144*
- If the denominators for all three of the core CQMs are zero, do I have to report on the additional CQMs for EPs? *New ID #2871*, *Old ID #10145*
- My practice does not typically collect information on any of the core, alternate core, and additional CQMs listed in the Final Rule on the EHR Incentive Programs. Do I need to report on CQMs for which I do not have any data? *New ID #2773*, *Old ID #10072*
- Can EPs use CQMs from the alternate core set to meet the requirement of reporting three additional measures? *New ID #2779*, *Old ID #10075*
- If a provider feeds data from certified EHR technology to a data warehouse, can the provider report on meaningful use objectives and clinical quality measures from the data warehouse? *New ID #2885*, *Old ID #10153*
- If the certified EHR technology possessed by an EP generates zero denominators for all CQMs in the additional set that it can calculate, is the EP responsible for determining whether they have zero denominators or data for any remaining CQMs in the additional set that their certified EHR technology is not capable of calculating? *New ID #3275*, *Old ID #10648*
- If certified EHR technology possessed by an EP includes the ability to calculate CQMs from the additional set that are not indicated by the EHR developer or on the CHPL as tested and certified by an ONC-ATCB, can the EP submit the results of those CQMs to CMS as part of their meaningful use attestation? *New ID #3277*, *Old ID #10649*
- Who do I contact to suggest adding/deleting a code on a CQM or to suggest other CQM improvements? *New ID #3675*, *Old ID #10884*
- Will the clinical quality measure results be calculated similar to the Hospital Inpatient Quality Reporting (IQR) Program (Formerly known as Reporting Hospital Quality Data for Annual Payment Update program)? *New ID #2873*, *Old ID #10146*
- To what attestation statements must an EP agree in order to submit an attestation, successfully demonstrate meaningful use, and receive an incentive payment under the Medicare EHR Incentive Program? *New ID #3209*, *Old ID #10589*

- If data is captured using certified EHR technology, can an eligible professional use a different system to generate reports used to demonstrate meaningful use for the Medicare and Medicaid EHR Incentive Programs? *New ID #3063*, *Old ID #10465*

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	

§170.304(j) Calculate and submit clinical quality measures	(1) Calculate.
	    (i) Electronically calculate all of the core clinical measures specified by CMS for eligible professionals.
	    (ii) Electronically calculate, at a minimum, three clinical quality measures specified by CMS for eligible professionals, in addition to those clinical quality measures specified in paragraph (1)(i).

	(2) Submission. Enable a user to electronically submit calculated clinical quality measures in accordance with the standard and implementation specifications specified in §170.205(f).

Standards Criteria	
Quality reporting	§170.205(f) - CMS PQRI 2009 Registry XML Specification. Implementation specification: PQRI Measure Specifications Manual for Claims and Registry.

Related Certification FAQs

Click on the green numbers to view the answer to the FAQ.

- How many clinical quality measures must EHR technology be capable of calculating in order to get certified? *9-10-012-1*
- I plan to use a "data warehouse" to calculate and submit meaningful use clinical quality measures. Does my data warehouse need to be certified for me to be able to use it to achieve meaningful use? *9-10-013-2*