

# Credible CQM Tool

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## Introduction

Credible’s CQM Tool performs these core functions:

- Imports QRDA XML files for Report Calculation
- Calculates measure performance directly from client data in a vendor database or by aggregating Category I QRDA’s
- Includes Report calculation and QRDA Category III “Aggregate” output
- Builds QRDA Category I "Client-Level" output XML

## Supported Measures

### Clinical Quality Measures - Eligible Provider

- CMS 2v4/NQF 0418 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- CMS 50v3 - Closing the Referral Loop: Receipt of Specialist Report
- CMS 62v3 - HIV/AIDS: Medical Visit
- CMS 68v4/NQF 0419 - Documentation of Current Medications in the Medical Record
- CMS 69v3/NQF 0421 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- CMS 82v2/NQF 1401 Maternal Depression Screening
- CMS 128v3/NQF 0105 - Anti-depressant Medication Management
- CMS 136v4/NQF 0108 - ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- CMS 137v3/NQF 0004 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- CMS 139v3/NQF 0101 - Falls: Screening for Future Fall Risk
- CMS 149v3 - Dementia: Cognitive Assessment
- CMS 155v3/NQF 0024 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- CMS 156v3/NQF 0022 - Use of High-Risk Medications in the Elderly
- CMS 159v3/NQF 0710 - Depression Remission at Twelve Months
- CMS 160v3/NQF 0712 - Depression Utilization of the PHQ-9 Tool
- CMS 161v3/NQF 0104 - Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
- CMS 165v3/NQF 0018 - Controlling High Blood Pressure
- CMS 169v3/NQF 0110 - Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
- CMS 177v3/NQF 1365 - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

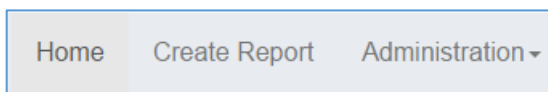
## Measures for PQRS reporting

- CMS 383v3/NQF 1879 - Adherence to Antipsychotic Medications For Individuals with Schizophrenia
- CMS 391v3/NQF 0576 - Follow-Up After Hospitalization for Mental Illness (FUH)

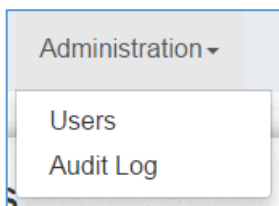
## Home Screen

Once configured, the CQM tool will be available under the Reports tab. Clicking the **CQM** link will bring you to the Queued Reports screen, pictured below.

## Ribbon Menu



- **Home** will always return you to the *Queued Reports* screen.
- **Administration** allows you to add and edit Users and view the Audit Log.



- **Create Report** lets you create a new report on the *Queue a Report* screen.

Description	CMS Measures	Measurement Period	Date Created	Type	Status	
9 Measures for John Sullivan	68,128,139,155,156...4 More	01/01/2013 - 12/31/2013	4/28/2016 3:59:12 PM	EP	Waiting	Start Evaluation
9 Measures for James Corbett	68,128,139,155,156...4 More	01/01/2013 - 12/31/2013	4/28/2016 3:59:12 PM	EP	Running	Evaluating Patients Start Evaluation
Three measures for John Sullivan	2,62,128	01/01/2015 - 12/31/2015	4/28/2016 3:56:23 PM	EP	Complete	View Results ✕
Three measures for James Corbett	2,62,128	01/01/2015 - 12/31/2015	4/28/2016 3:56:23 PM	EP	Complete	View Results ✕
CQM Report-2014 for John Sullivan	2,50,62,68,69...13 More	01/01/2014 - 12/31/2014	4/28/2016 3:51:02 PM	EP	Complete	View Results ✕
CQM Report-2014 for James Corbett	2,50,62,68,69...14 More	01/01/2014 - 12/31/2014	4/28/2016 3:51:02 PM	EP	Complete	View Results ✕
CQM Report-2013 for John Sullivan	2,50,62,68,69...13 More	01/01/2013 - 12/31/2013	4/28/2016 3:50:21 PM	EP	Complete	View Results ✕
CQM Report-2013 for James Corbett	2,50,62,68,69...14 More	01/01/2013 - 12/31/2013	4/28/2016 3:50:21 PM	EP	Complete	View Results ✕
All MU CQMs Round 15 for James Corbett	2,50,62,68,69...14 More	01/01/2013 - 12/31/2013	4/27/2016 1:35:57 PM	EP	Complete	View Results ✕
All MU CQMs Round 15 for James Corbett	2,50,62,68,69...14 More	01/01/2013 - 12/31/2013	4/27/2016 1:16:42 PM	EP	Complete	View Results ✕

Stop automatic refresh

## Queued Reports

This screen lists Quality Measure reports in reverse chronological order.

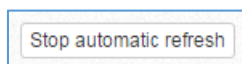
The dropdown below Queued Reports allows 10, 25, 50, 100, or 1000 records to be viewed at a time. To sort the reports by a column selection, click on the column heading.

Clicking the green **View Results** button will bring up the dashboard view for that report, with links to report details and summary views.

Clicking the red X at the far right will delete the report and all its data within the CQM Tool.



Below the list of reports is a button that toggles on and off whether the Queued Reports screen will automatically refresh with new report entries. When Automatic Refresh is active, the Queued Reports screen will refresh every 15 seconds.



## Create Report Screen

The Queue a Report screen, pictured below, opens when you select the *Create Report* menu button. This screen allows you to select the users and measures you wish to report on, and to set the parameters of the report (i.e., report name, begin date, end date, type, update year).

**Queue A Report**

Description:

Begin Date:  Add

End Date:

CQM Update year:

Type:

Use Zip Folder:

**Select Provider**  
[Select All](#) [Unselect All](#)

- Elizabeth Grandell (admin account) ( No preselected measures )
- James Corbett (3321) ( 2, 50, 62, 68, 69, 82, 128, 136, 137, 139, 149, 155, 156, 159, 160, 161, 165, 169, 177 )
- James Jeffries (3323) ( No preselected measures )
- John Sullivan (3316) ( 2, 50, 62, 68, 69, 82, 128, 136, 137, 139, 149, 155, 156, 159, 160, 161, 165, 169, 177 )
- Robert Fitzsimmons (3322) ( 2, 50, 62, 68, 69, 82, 128, 136, 137, 139, 149, 155, 156, 159, 160, 161, 165, 169, 177 )

Override all provider pre-selected measures

**Queue Report**

## Left sidebar: report details

- The *Description* field allows you to enter the name of the report.
- *Begin Date* and *End Date* fields permit you to set a time frame for the report (Measurement Period). The default is the first and last day of the previous calendar year.
- After selecting a Begin Date, the *Add* button provides a dropdown to let you quickly select a period to add to the Begin date (3, 6, 9, or 12 months).
- *Type* choices are Eligible Hospital and Eligible Professional. Credible only supports Eligible Professional at this time.

The *CQM update years* available are 2014, 2015, and PQRS\_2015.

- 2015 corresponds to the more recent Cypress 2.6 version using the CMS eCQM 2014 Update for eReporting for the 2015 Reporting Year.
- PQRS\_2015 corresponds to the logic and coding needed for reporting on measures specific to PQRS Incentive Programs:
  - CMS 383v3/NQF 1879 - Adherence to Antipsychotic Medications For Individuals with Schizophrenia
  - CMS 391v3/NQF 0576 - Follow-Up After Hospitalization for Mental Illness (FUH)
- If you check *Use Zip Folder*, a *Choose File* dialog box appears and you can browse to a zip folder containing QRDA 1 XML files. The CQM tool will perform measure calculations using client data imported from these files. If you do not check the *Use Zip Folder* checkbox, client data will originate from the data in Credible.

## Select Provider

The “pre-selected measures” assigned to each user will appear in parentheses. These are the measures that have been assigned to the user by an administrator through the Administration Menu (under Users).

Queuing a report for multiple providers will generate multiple reports – one for each provider selected. If the provider’s default pre-selected measures are not overridden, each report will be calculated for that provider’s individual pre-selected measures.

You can use the *Select All* and *Unselect All* links at the top of the section. To locate a particular provider, use the *Search* box in the upper right area. The list of providers automatically populates all corresponding results as you type.

## Select Measures

You may not have any pre-selected measures or you may want to run a report on different measures than those assigned. In this case, you can select the *Override all provider pre-selected measures* option, shown in red.

**Override all provider pre-selected measures**

This will bring up a table of measures for your report from which you can choose a la carte. Measures selected via Override will replace preselected provider measures for all selected providers.

### Select Measures

Select All   Unselect All

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<input type="checkbox"/>	CMS 2v4/NQF 0418 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
<input type="checkbox"/>	CMS 50v3 - Closing the Referral Loop: Receipt of Specialist Report
<input type="checkbox"/>	CMS 62v3 - HIV/AIDS: Medical Visit
<input type="checkbox"/>	CMS 68v4/NQF 0419 - Documentation of Current Medications in the Medical Record
<input type="checkbox"/>	CMS 69v3/NQF 0421 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
<input type="checkbox"/>	CMS 82v2/NQF 1401 - Maternal Depression Screening

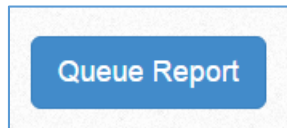
To select a measure for a report, click the checkbox to the left of the measure. A single measure or multiple measures can be selected for a report. To choose all measures listed for the report, click “Select All” under Select Measures; to remove all checked measures, click “Unselect All”.

You can use the Select All and *Unselect All* links at the top of the section. To locate a particular measure, use the *Search* box in the upper right area. The list of measures automatically populates all corresponding results as you type.

**Search:**

## Running the report

To run a report, select the appropriate users and measures and click *Queue Report* at the bottom left of the screen. This returns you to the Queued Reports screen.



While it is processing, the report's status will appear as *Running*. You can stop the report while in progress by clicking the orange *Halt Evaluation* button.



Once the report status is *Complete* you can click *View Results* to see the report dashboard, summary, and detail. Delete the report and its data by clicking the red X.

## Report Results and Outputs

Once the CQM tool has calculated the numerators, denominators, etc., for all of the measures, it outputs the results to the Dashboard, Detail, and Summary screens, as well as to a QRDA-III XML file which is viewable on screen.

For each client, the CQM tool generates a combined QRDA-I for each of the measures for which the client meets the Initial Client Population.

The data elements (encounters, diagnoses, etc.) included in each of those files may be different, as only the data required to meet that particular measure is output to the QRDA-I file. For example: a client who meets the IPP of two measures will have a QRDA-I file for each of those measures.

### Dashboard: Performance rate and counts

Clicking *View Results* on the Queued Reports screen will bring up the Dashboard view for that report.

Measure Description	Performance Rate	IPP	Denominator	Exclusions	Numerator	Exceptions	
CMS 2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	100%	19	19	1	2	0	<a href="#">View Detail</a>
CMS 30 Closing the Referral Loop: Receipt of Specialist Report	50%	2	2	0	1	0	<a href="#">View Detail</a>
CMS 32 HHA/ADS End-of-Visit	50%	2	2	0	1	0	<a href="#">View Detail</a>
CMS 68 Documentation of Current Medications in the Medical Record	40%	25	25	0	1	1	<a href="#">View Detail</a>
CMS 59 Inpatient Care and Screening: Body Mass Index (BMI); Screening and Follow-Up Plan Numerator 1: 18-64	100%	11	11	2	1	0	<a href="#">View Detail</a>
CMS 59 Inpatient Care and Screening: Body Mass Index (BMI); Screening and Follow-Up Plan Numerator 2: 65+	100%	9	9	0	9	0	<a href="#">View Detail</a>
CMS 62 Behavioral Depression Screening	50%	2	2	0	1	0	<a href="#">View Detail</a>
CMS 128 AHA/ASA Inpatient Stroke Management Numerator 1: 04 days	100%	3	3	0	1	0	<a href="#">View Detail</a>

The Dashboard contains entries for each measure included the report, as indicated by a descriptive title and measure number on the far left. If a measure has more than one numerator, each numerator will appear as a separate entry.

Each measure will display a *Performance Rate* bar which indicates the percentage of clients who meet the measure after exclusions and exceptions (i.e., numerator divided by denominator after subtracting the exclusions and exceptions). There will also be counts for Initial Client Population, Denominator, Exclusions, Numerator, and Exceptions.

- Initial Client Population (IPP): All clients (or episodes of care) that were considered for inclusion in the measure.
- Denominator: A subset of the IPP that results prior to Exclusions and Exceptions. The denominator is the population *eligible for the measure* and also the upper limit for the numerator when considering measure performance rate.
- Exclusions: A subset of the Denominator that are not considered for inclusion in the Numerator.
- Exceptions: A subset of the Denominator that *are* considered for Numerator membership after Exclusions. Clients or episodes from this smaller subset that are not ultimately included in the numerator are Exceptions.
- Numerator: A subset of the Denominator after all criteria (processes or outcomes expected) for each client, procedure, or other unit of measurement, are applied.

## Dashboard: [View Detail](#)

Each measure has client-level drill down detail. Click on *View Detail* for that measure to bring up the client detail screen.

This screen will list all clients relevant during the reporting period, with their date of birth and ID. On the far right, a green check will indicate whether they met the IPP, Denominator, Exclusion, Numerator, and/or Exceptions for the measure on which you are drilling down.

Clicking on any checkbox – whether marked with a green check or not – will take you to a debug screen showing how the client was evaluated for each component of the measure (IPP, Den, Excl, Num, and Excp).



CMS Measure 2				Description:			
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan				CQM Report-2013 for James Corbett			
				Created on: 2016-04-28 03:50 PM			
				Measurement Period: 2013-01-01 to 2013-12-31			
Filter by							
Last Name	First Name	Patient Id					
Last Name Filter	First Name Filter	Patient Id Filter	Filter	Clear	Default View		
Patient Name	DOB	Client ID	IPP	Den	Excl	Num	Excp
Howard, Mary	2/9/1996	1472	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Morton, Dawn	2/1/1996	1476	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Armstrong, Mary	12/1/1989	1463	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barker, Glen	2/1/1992	1464	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Briggs, Debbie	2/1/1968	1465	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Dashboard: Client-level debug screen

Clicking on any checkbox from the *Dashboard: View Detail* screen will bring up the measure debug logic for that client. This screen details each step in the logic by which the client was considered for the measure. IPP, Denominator, Exclusions, Exceptions, and Numerator are all drilled-down under separate headings. Beneath these headings the logic tree will appear, showing a blue check for each condition met, and a red X for each condition not met.

Initial Client Population logic will appear for all clients, while other components will only appear as applicable. For example, a client who does not meet the Initial Client Population will not go on to be considered for the Denominator, according to the logic by which CQMs are calculated.

Patient Name		Description:	
Howard, Mary		CQM Report-2013 for James Corbett	
DOB	2/9/1996	Created on:	2016-04-28 03:50 PM
Account #	1472	Measurement Period:	2013-01-01 to 2013-12-31
Race	American Indian or Alaska Native		
Initial Patient Population			
AND <input checked="" type="checkbox"/> ["Patient Characteristic Birthdate: birth date"] SBS OR <input checked="" type="checkbox"/> ["Measurement Period"]			
AND <input checked="" type="checkbox"/> ["Occurrence A of Encounter, Performed: Depression Screening Denominator Encounter Codes New"] DURING OR <input checked="" type="checkbox"/> ["Measurement Period"]			
Denominator			
AND <input checked="" type="checkbox"/>			
AND <input checked="" type="checkbox"/>			
Denominator Exclusion			
AND <input checked="" type="checkbox"/>			
AND <input checked="" type="checkbox"/>			
AND <input checked="" type="checkbox"/>			
OR <input checked="" type="checkbox"/>			
AND <input checked="" type="checkbox"/> ["Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result: 'Depression Screening Result')] DURING OR <input checked="" type="checkbox"/> ["Measurement Period"]			
AND NOT <input checked="" type="checkbox"/> ["Occurrence A of Diagnosis, Active: Depression diagnosis"] EBS OR <input checked="" type="checkbox"/> ["Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result: 'Depression Screening Result')]"]			

## Summary

If the report includes more than one measure, the list of measures will appear under the Index heading on the Detail screen. You can jump to information on the desired measure by selecting the measure's link.

The screenshot displays an 'Index' section with a list of CMS measures on the left and detailed population statistics for two selected measures on the right.

Measure ID	Measure Name	Initial Patient Population	Denominator	Denominator Exceptions	Denominator Exclusions	Numerator
CMS 2	CMS 2 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	19	19	0	1	2
CMS 50	CMS 50 - Closing the Referral Loop: Receipt of Specialist Report	2	2			1

## Detail (QRDA) Screen

QRDA-I and QRDA-III outputs can be downloaded directly from the Detail screen. This screen will also render the QRDA-III using a standard style sheet.

Summary Detail Dashboard

Description: CQM Report-2013 for James Corbett  
 Created on: 2016-04-28 03:50 PM  
 Measurement Period: 2013-01-01 to 2013-12-31  
[show more...](#)

[Download QRDA I](#)
[Download QRDA III](#)
[Download QRDA III PDF](#)
[Download QRDA III PQRS](#)

**QRDA Calculated Summary Report for CMS 2, 50, 62, 68, 69, 82, 128, 136, 137, 139, 149, 155, 156, 159, 160, 161, 165, 169, 177**

Document Id	26442253-99f5-48e7-9274-b467c6c7f623
Document Created:	April 28, 2016
Performer	Credible Behavioral Health
Author	James Corbett, Credible Behavioral Health
Contact info	Credible Behavioral Health Tel: 757-555-1212
Information recipient:	PQRS_MU_INDIVIDUAL.2.16.840.1.113883.3.249.7
Legal authenticator	S478123680.2.16.840.1.113883.4.6 signed at April 28, 2016
Document maintained by	Credible Behavioral Health
Contact info	Tel: 757-555-1212

**Table of Contents**

- Reporting Parameters
- Measure Section

**Reporting Parameters**

- Reporting period: 01 January 2013 - 31 Dec 2013
- First encounter: 10 May 2012
- Last encounter: 20 December 2013

**Measure Section**

eMeasure Title	Version neutral identifier	eMeasure Version Number	NQF eMeasure Number	eMeasure Identifier (MAT)	Version specific identifier
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	9a031e24-3d9b-11e1-8b34-00237d5bf174	4	0418	2	40280381-4535-e1c1-0149-664e02e44678

**Member of Measure Set:**

- Performance Rate: 0.111111(Predicted = 0.00)
- Reporting Rate: 0.157895

[Delete Debug Data for Report](#)

*Download QRDA I:* Downloads the set of all QRDA-I files for all measures. Each measure is in its own zipped file. **Note that these files are client-specific and contain PHI.**

*Download QRDA III:* Downloads a single XML file for the aggregate results.

*Download QRDA III:* Downloads the aggregate results as PDF file.

*Download QRDA III PQRS:* Downloads a single XML file of the aggregate results, formatted for PQRS reporting. Use this file to upload to QualityNet.

## Administration Menu

The Administration menu allows you to add/edit users.

Home Create Report Administration

### Users

+ Add User

Username	First Name	Last Name	Email	Role	Practice	Active	
CERTIFYTEST_admin	Elizabeth	Crandell (admin account)	CERTIFYTEST@certify.com	PracticeAdmin	CertifyTest	True	<a href="#">Edit</a>
CERTIFYTEST_bobfitz	Robert	Fitzsimmons	bobfitz@certify.com	Clinician	CertifyTest	True	<a href="#">Edit</a>
CERTIFYTEST_jsullivan	John	Sullivan	js@certify.com	Clinician	CertifyTest	True	<a href="#">Edit</a>
CERTIFYTEST_jcorbett	James	Corbett	jcorbett@email.com	Clinician	CertifyTest	True	<a href="#">Edit</a>

Previous Next

## Add User and Edit Account

This screen allows you to create or edit a user's account information and select default measures.

### Edit User

**Username:**

**Email:**

- Minimum length of eight characters
- Includes 3 of the 4 following character types:
- Upper case letter (A-Z), lower case letter (a-z), number (0-9), special character.

**New Password:**

**Confirm New Password:**

**First Name:**

**Last Name:**

**External User ID:**

**Role:**

**Practice:**

**User is Active**

### Pre-Select Measures

**Select Type:**

**CQM Update year:**

[Select All](#)   [Unselect All](#)

<input checked="" type="checkbox"/>	CMS 2v4/NQF 0419 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
<input checked="" type="checkbox"/>	CMS 50v3 - Closing the Referral Loop: Receipt of Specialist Report
<input checked="" type="checkbox"/>	CMS 62v3 - HIV/AIDS: Medical Visit
<input checked="" type="checkbox"/>	CMS 68v4/NQF 0419 - Documentation of Current Medications in the Medical Record

## User types

There are 2 types of users available: Practice admin and Clinician.

**Practice admin:** This is the main account created by Credible that provide access to the CQM tool for Single-Sign On. It should not be edited. All users that log in through the Reports tab link reach the CQM tool under this account.

**Clinician:** Each employee that needs to report on Clinical Quality Measures will need to be created as a Clinician user.

- Username: your Domain name + underscore + the employee's username. For example, **MYDOMAIN\_myusername**.
- Email: the employee's work email address
- New Password and Confirm New Password: these should be blank; users will not directly log in to the CQM tool. Access to the CQM tool is controlled by the Security Matrix.
- First Name and Last Name: the employee's name as it will appear in the CQM tool. The name used in the actual reports will come from the employee's record in Credible.
- External User ID: this is the employee's ID in Credible (Employees.emp\_id)
- Role: Clinician
- Practice: not editable; will be your domain name
- User Is Active: not applicable as access is controlled via the Security Matrix. If desired, measures can be preselected.

All Credible users that have the *ReportList* and *ClinicalQualityMeasurements* security rights will have access to the CQM tool. Only users that need to run the reports should have these security rights.