



*An initiative of the Center for  
Medicare & Medicaid Innovation*

# *Comprehensive Primary Care Initiative*

## *eCQM User Manual*

VERSION 4.0

**May 8, 2015**



## Table of Contents

CPC PY 2015 Mandatory eCQM Reporting Requirements .....	1
CPC PY 2015 eCQM Set.....	2
CPC eCQM Population and Composition Considerations.....	3
Practice Site Level Reporting and Practice Composition Considerations .....	3
Reporting Period for CPC eQMs .....	6
PY 2015 eCQM Reporting Checklist .....	7
PY 2015 Aligned CMS Quality Reporting Program Options.....	8
Physician Quality Reporting System (PQRS) .....	8
CMS Medicare EHR Incentive Program.....	9
eCQM Submission Information .....	10
eCQM Attestation .....	10
QRDA 3 File .....	10
Resources .....	12
CPC .....	12
PQRS.....	12
Medicare EHR Incentive Program .....	12
VM.....	12
QRDA 3 .....	12
eCQM References .....	13
Acronyms and Abbreviations .....	14
Appendix A: 2015 Measurement Year eQMs.....	15
Revision History .....	22

## List of Tables

Table 1: 2015 CPC eCQM Set.....	2
Table 2: PY 2015 CPC eCQM Reporting Mechanisms.....	6
Table 3: PY 2015 eCQM Reporting Checklist .....	7
Table A1. CPC eQMs .....	15

## CPC PY 2015 Mandatory eCQM Reporting Requirements

In CPC, there are three performance periods for shared savings: Program Year (PY) 2014, PY 2015 and PY 2016. For each program year, CMS calculates savings to the Medicare program at the regional level, and quality scores for each practice in the summer of the year following each program year. **All eCQM reporting for PY 2014 is now complete:** your practice should expect to learn your CMS PY 2014 shared savings results early this Fall (2015). **This Manual covers eCQM reporting requirements for PY 2015.** Your practice will complete PY 2015 eCQM reporting in January through February of 2016. The eCQM requirements for PY 2015 are similar to those for PY 2014: however, for the first time in PY 2015, CMS will use eCQM performance results to calculate your practice's quality score: this means that your eCQMs will be compared with benchmarks to form scores. This is in contrast to PY 2014, when points are being awarded based only on correct submission of the CQMs.

Your CPC practice site must meet the requirements below and report your measures by the deadline to be eligible for participation in any Medicare shared savings generated by the CPC practice sites in your region:

- Successfully report at least 9 of the 13 measures from the [CPC eCQM set](#). For **PY 2015 ONLY**, the eCQMs reported must cover two NQS domains to receive [Medicare EHR Incentive Program](#) eCQM credit. **NOTE: All data elements for the eCQM (e.g. numerator, denominator, exclusions, exceptions, and performance rates) are required to be reported in order to meet CPC eCQM reporting requirements. For measures with multiple data elements, all elements must be reported (e.g. three performance rates, two numerators).**
- Measures must be submitted to CMS during the submission period of **January 1 through February 29, 2016** via one of the following reporting options:
  - Attestation in the CPC Web Application Attestation Module
  - Electronic submission of a QRDA 3 file through the Physician and Other Health Care Professionals Quality Reporting PQRS Portal (PQRS Portal)

**NOTE: Election of the reporting mechanism as well as PQRS Waiver and TIN will be completed during CPC eCQM registration.**

- All measures must be reported at the CPC Practice Site Level.
- All measures must be reported using a 2014 Edition Office of the National Coordinator (ONC) Certified EHR Technology (CEHRT) which includes your EHR, report writer and/or data submissions vendor.
- All measures must be generated from your 2014 Edition CEHRT for the entire 12-month calendar year (CY) (January 1 through December 31, 2015).
- All measures must be reported using the [July 2014 version](#) of the electronic measure specification as identified in the [CPC eCQM set](#)

As a reminder, your CPC practice site is expected to secure all Health Information Technology (HIT) upgrades to your EHR system for purchase or otherwise in order have the ability to report the CPC eCQMs at the practice site level and meet the terms and conditions of participation for CPC.

## CPC PY 2015 eCQM Set

**Table 1: PY 2015 CPC eCQM Set**

CMS ID & Ver.	NQF #	Clinical Quality Measure Title	Domain
165v3	0018	Controlling High Blood Pressure	Clinical Process/ Effectiveness
138v3	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/ Public Health
125v3	N/A <sup>1</sup>	Breast Cancer Screening	Clinical Process/ Effectiveness
130v3	0034	Colorectal Cancer Screening	Clinical Process/ Effectiveness
147v4	0041	Preventive Care and Screening: Influenza Immunization	Population/ Public Health
127v3	0043	Pneumonia Vaccination Status for Older Adults	Clinical Process/ Effectiveness
122v3	0059	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/ Effectiveness
163v3	0064	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/ Effectiveness
182v4	0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/ Effectiveness
144v3	0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/ Effectiveness
139v3	0101	Falls: Screening for Future Fall Risk	Patient Safety
2v4	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
68v4	0419	Documentation of Current Medications in the Medical Record	Patient Safety

<sup>1</sup> CMS 125 v3 is no longer NQF endorsed.

## CPC eQIM Population and Composition Considerations

The CPC eQIM population is defined by the CPC practice site location and should include all patients (not just Medicare patients) who:

- Had at least one or more visit(s) at the [CPC practice site location](#) during the measurement year; and
- Met the initial patient population inclusion criteria for the eQIM.

CPC's eQIM [practice site \(aggregate\)](#) reporting is significantly different from the current reporting mechanism used by other CMS Quality Reporting Programs such as the [Medicare EHR Incentive Program](#) or the [Physician Quality Reporting System \(PQRS\)](#). For CPC, the CEHRT must calculate aggregate eQIM results for all patients who have had at least one or more visit(s) at the CPC practice site location and be able to generate a CPC practice site level report. The results generated from your CEHRT should not be aggregated at the eligible professional (EP) level or include aggregate results for multiple CPC practice site locations within the same report. It is also not acceptable to add the measure results manually for each EP in the practice to create a CPC practice site level report.

### Practice Site Level Reporting and Practice Composition Considerations

#### ***Solo-Provider***

If your CPC practice site is considered a solo-provider site, the CPC eQIM population would include all patients who had one or more visit(s) during the measurement year and met the initial patient population inclusion criteria of the eQIM.

#### **Example:**

CPC practice site 1234 had 1,000 patients who had one or more visit(s) during the measurement year. All 1,000 patients (not just Medicare patients) seen at CPC practice site 1234 would be eligible for inclusion in the CPC practice site eQIM population. These patients would also be eligible for inclusion in an eQIM if they met the eQIM initial patient population inclusion criteria.

#### ***Provider who Practices at Multiple Locations***

If you are a provider who sees patients at a CPC practice site and non-participating site(s), your CPC eQIM population would include all patients who had one or more visit(s) during the measurement year at the CPC practice site location and who met the initial patient population inclusion criteria of the eQIM.

Unlike other reporting programs in which an EP aggregates patients across all sites, CPC reporting is based solely on patients seen at the CPC practice site location only.

#### **Example:**

CPC practice site 1234 is a participating CPC practice. Dr. Smith saw 500 patients at CPC practice site 1234 during the measurement year. Dr. Smith also saw 350 patients at a non-CPC practice site. Only the 500 patients that Dr. Smith saw at CPC practice site 1234 during the measurement year would be included in the CPC eQIM population for the CPC practice site. Those patients would also be included in the aggregate eQIM results, if the 500 patients met the initial patient population inclusion criteria for the measure.

### ***Multiple Providers at the Same Location***

If your CPC practice site includes multiple providers, your CPC eQm population must include all patients seen by all providers that had one or more visit(s) at the CPC practice site location during the measurement year regardless of whether all providers are participating in CPC. Those patients would also be included in the eQm results, if they met the initial patient population inclusion criteria for the eQm.

#### **Example 1: All providers are participating in CPC**

CPC practice site 1234 is a participating CPC practice site and has four participating CPC providers who serve 2,000 patients. The patients seen by all four providers would be included in the CPC eQm population if they had one or more visit(s) at CPC practice site 1234 during the measurement year and met the initial patient population inclusion criteria for the eQm.

#### **Example 2: Some, but not all providers are participating in CPC**

CPC practice site 1234 is a participating CPC practice site and has two participating CPC providers and two non-participation providers who serve 2,000 patients. The patients seen by all four providers (CPC and non-CPC) would be included in the CPC eQm population if they had one or more visit(s) at CPC practice site 1234 during the measurement year and met the initial patient population inclusion criteria for the eQm regardless of the provider's CPC participation status.

### ***Single CPC Practice Site within a Group Practice***

If your CPC practice site is part of a larger group practice, the population of your CPC practice site must be defined to include only patients who had one or more visit(s) at your CPC practice site location during the measurement year. Most EHR systems contain fields or database tables that identify a patient visit location. This may include: 'Location ID' or 'Encounter location', etc. This or similar information will be needed to generate your aggregate practice site level report for your CPC practice site population. The CPC Practice ID is currently used to identify separate CPC practice site locations.

Additionally, the aggregate reports must include only those patients seen at the CPC practice site location. If a patient was seen at a CPC practice site and a non-participating site during the measurement year, the patient would be included in the aggregate eQm report for the CPC practice site as long as the patient met the initial patient population inclusion criteria for the eQm.

If a patient was seen only at a non-participating practice site, but the data resides within the EHR of the larger group practice, the patient would be excluded from any CPC practice aggregate eQm report.

#### **Example 1: Patients seen at the CPC location only**

CPC practice site 1234 is part of a larger group practice that has four other locations, which are not CPC practice sites. The entire group practice (consisting of four non-CPC practice sites and one CPC practice site) saw 5,000 unique patients for one or more visit(s) during the measurement year, but only 1,000 of the 5,000 patients were seen at the CPC practice site location. Only the 1,000 patients who were seen at the CPC practice site would be included in the CPC eQm population. If any of the 1,000 patients also met the initial patient population inclusion criteria for the CPC eQm, they would be included in the aggregate eQm results for that CPC practice site.

**Example 2: Patients seen at both the CPC location and non-CPC locations**

CPC practice site 1234 is part of a larger group practice that has four other locations, which are not CPC practice sites. The entire group practice (consisting of four non-CPC practice sites and one CPC practice site) saw 5,000 unique patients for one or more visit(s) during the measurement year. Five hundred of the 5,000 unique patients were seen at both CPC practice site 1234 and also at one of the other non-CPC practice sites during the measurement year. All 500 patients who were seen at both sites would be included in the CPC eQIM population for CPC practice site 1234 and also included in the aggregate eQIM results if the patients also met the initial patient population inclusion criteria for the measure.

***Multiple CPC Practice Sites within a Group Practice***

If your group practice has multiple CPC practice sites, each CPC practice site must generate a separate aggregate practice site level report.

**Example:**

CPC practice site 1234 and CPC practice site 9876 are part of a larger group practice that has four other locations, which are non-CPC practice sites. The entire group practice (consisting of two CPC practice sites and four non-CPC practice sites) saw 5,000 unique patients for one or more visit(s) during the measurement year. Five hundred of the 5,000 unique patients were seen at both CPC practice site 1234 and CPC practice site 9876 and were also seen at one of the other non-CPC practice sites during the measurement year. All 500 patients who were seen at both CPC practice sites and non-CPC practice site would be included in the CPC eQIM population and included in the aggregate reports for CPC practice site 1234 and CPC practice site 9876, if the patients also met the initial patient population inclusion criteria for the measures. However, both CPC practice site 1234 and CPC practice site 9876 must generate a separate aggregate practice site level report.

## Reporting Period for CPC eQMs

All CPC practice sites are required to report aggregate eQm practice site level results for each year of the CPC initiative. The CPC measurement year is a 12-month period and is the same as the calendar year (January 1, 2015 through December 31, 2015). This may be different from the measurement period for reporting eQMs to the Medicare or Medicaid EHR Incentive Programs, which is 90 days.

**Table 2: PY 2015 CPC eQm Reporting Mechanisms**

Reporting Mechanism	Reporting Period	Aligned Reporting Options – PQRs and Medicare EHR Incentive Program
<b>QRDA 3 electronic file submission to CMS</b>	January 1, 2016– February 29, 2016	<p>-Your CPC practice site will identify your PQRs Waiver election in the Registration Module. Practices who <u>do not</u> elect the PQRs Waiver <b>must report</b> to the PQRs program using any acceptable reporting mechanism in order to avoid the 2017 PQRs negative payment adjustment.</p> <p>-There is no Waiver election for the Medicare EHR Incentive Program. Your CPC practice site will automatically be assessed for Medicare EHR Incentive Program eQm credit if you meet CPC eQm reporting requirements.</p> <p>-For <b>PY 2015 ONLY</b>, the eQMs reported must cover two NQS domains to receive Medicare EHR Incentive Program eQm credit. As a result, if your CPC practice site meets CPC eQm reporting requirements you will also receive Medicare EHR Incentive Program eQm credit. However, EPs can also report to the Medicare EHR Incentive Program for eQm credit through any other acceptable reporting mechanism.</p>
<b>Attestation via the CPC Web Application</b>	January 1, 2016 – February 29, 2016	<p>-Your CPC practice site will identify your PQRs Waiver election in the Registration Module. Practices who <u>do not</u> elect the PQRs Waiver <b>must report</b> to the PQRs program using any accepted reporting mechanism in order to avoid the 2017 PQRs negative payment adjustment.</p> <p>-There is no Waiver election for the Medicare EHR Incentive Program. Your CPC practice site will automatically be assessed for Medicare EHR Incentive Program eQm credit if you meet CPC eQm reporting requirements.</p> <p>-For <b>PY 2015 ONLY</b>, the eQMs reported must cover two NQS domains to receive Medicare EHR Incentive Program eQm credit. As a result, if your CPC practice site meets CPC eQm reporting requirements you will also receive Medicare EHR Incentive Program eQm credit. However, EPs can also report to the Medicare EHR Incentive Program for eQm credit through any other acceptable reporting mechanism.</p>

# PY 2015 eCQM Reporting Checklist

Please use the following checklist to track your progress toward the completion of the required steps for the submission of your CPC eCQMs.

**Table 3: PY 2015 eCQM Reporting Checklist**

<p style="text-align: center;"><b>STEP</b> <b>1</b> <b>NOW</b></p>	<p style="text-align: center;"><b>STEP</b> <b>2</b> <b>AUGUST 2015</b></p>	<p style="text-align: center;"><b>STEP</b> <b>3</b> <b>9/14/15 – 10/9/15</b></p>	<p style="text-align: center;"><b>STEP</b> <b>4</b> <b>11/16/15 – 12/18/15</b></p>	<p style="text-align: center;"><b>STEP</b> <b>5</b> <b>11/16/15 – 12/31/15</b></p>	<p style="text-align: center;"><b>STEP</b> <b>6</b> <b>1/1/16 - 2/29/16</b></p>
<p>Work with your IT Support or CEHRT Vendor to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review and identify 9 of the 13 CPC measures your practice will report in PY 2015</li> <li><input type="checkbox"/> Confirm your EHR, report writer and/or DSV has a 2014 EHR Certification and has been certified for each eCQM for which your practice will submit data</li> <li><input type="checkbox"/> Verify your CEHRT has the capability to collect and report practice-level data. Data cannot be derived manually by adding the results from provider-level reports.</li> <li><input type="checkbox"/> Confirm your CEHRT can generate an eCQM results file for PY 2015 (1/1/2015 – 12/31/2015). Full-year reporting is required from one EHR, even if the EHR has changed during the year.</li> <li><input type="checkbox"/> Confirm all eCQMs are reported using the July 2014 version of the measure specifications</li> </ul>	<p>Review the eCQM Reporting Packet to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm your understanding of the steps to successfully report PY 2015 CPC eCQMs. The eCQM Reporting Packet will include a step-by-step guide to PY 2015 CPC eCQM reporting and will be distributed in August 2015.</li> </ul>	<p>Report practice composition updates:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Perform quarterly composition verification during Q3 milestone reporting period in the CPC Web Application</li> <li><input type="checkbox"/> Submit all changes to your CPC practice site’s provider roster and/or practice changes (e.g. TIN, POC). Complete documentation must be submitted to CPC Support by 10/9/15. You will not be able to add providers to your practice roster after the deadline with effective dates in 2015.</li> </ul>	<p>Complete eCQM Registration in the CPC Web Application:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review your CPC practice site information</li> <li><input type="checkbox"/> Elect one TIN to use for both your CPC eCQM Reporting and CMS quality program alignment</li> <li><input type="checkbox"/> Provide EHR Information (EHR name, product name, version, and CMS EHR Certification number)</li> <li><input type="checkbox"/> Elect one CPC eCQM submission method (i.e. attestation or QRDA 3)</li> <li><input type="checkbox"/> Elect PQRS waiver to report data for CPC and obtain credit for PQRS reporting for the TIN elected in the CPC registration module or decline the PQRS waiver.</li> <li><input type="checkbox"/> Confirm your practice is able to meet CPC eCQM reporting requirements</li> </ul>	<p>Complete the following if you are planning to submit your eCQMs via QRDA 3:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify a representative from your practice has access to the PQRS Portal, if submitting CPC eCQMs via QRDA 3. Instructions for obtaining appropriate access needed for QRDA 3 submission through the PQRS Portal will be provided in the eCQM Reporting Packet.</li> <li><input type="checkbox"/> Test QRDA 3 electronic file submission through the PQRS Portal’s Submission Engine Validation Testing (SEVT) tool</li> </ul>	<p>Submit PY 2015 eCQMs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Report your eCQMs via attestation through the CPC Web Application or a QRDA 3 file through the PQRS Portal</li> <li><input type="checkbox"/> You must retain a copy of your PY 2015 practice level report or QRDA 3 file for CMS monitoring and auditing purposes</li> </ul>

## PY 2015 Aligned CMS Quality Reporting Program Options

All CPC practice sites must submit electronic clinical quality measures to CPC in order to meet PY 2015 CPC eCQM reporting requirements. Aligned reporting options are available between CPC and other CMS quality reporting programs whereby CPC practice sites can report quality measures to CPC and have their submissions apply for both the CPC initiative and other CMS quality reporting programs. If your CPC practice site chooses to take advantage of the aligned quality reporting, it eliminates the need for you to submit eCQMs to these programs separately. The details regarding the aligned CMS quality reporting options are listed in the following subsections.

### Physician Quality Reporting System (PQRS)

CPC offers an aligned reporting option with the [PQRS](#) program through the PQRS Waiver. The PQRS Waiver is a CPC practice site decision, which is made during eCQM Registration and can be elected for only one TIN. If your CPC practice site decides to take advantage of the PQRS Waiver, the list of EPs identified during Registration will be provided to the PQRS program. If the EPs at your CPC practice site bill Medicare using any other TIN(s), they must report to the PQRS program separately for each unique TIN or they will be subject to the 2017 PQRS negative payment adjustment for that TIN.

If your CPC practice elects the PQRS Waiver and successfully meets all of the CPC eCQM reporting requirements for PY 2015, the CPC EPs under the TIN elected during Registration will not be subject to the 2017 PQRS negative payment adjustment. If your CPC practice elects the PQRS Waiver, but is unsuccessful in meeting all of the CPC eCQM reporting requirements for PY 2015, the CPC EPs under the TIN elected during Registration will be subject to the 2017 PQRS negative payment adjustment.

Not all CPC practice sites will be eligible to take advantage of the PQRS Waiver. The following examples are provided to clarify when your CPC practice site will not be eligible to elect the PQRS Waiver.

- If your CPC practice site is part of a larger group practice that has already self-nominated to report PQRS measures via the PQRS Group Practice Reporting Option (GPRO) in 2015, you cannot take advantage of the PQRS Waiver. Your CPC practice site must report PQRS data via GPRO as well as report CPC eCQMs separately to CPC during the applicable submission periods.
- If your CPC practice site bills Medicare using multiple TINs, it may not want to elect the PQRS Waiver. Your practice will need to report to the PQRS program separately for each TIN using an existing PQRS reporting mechanism, independent of CPC reporting, in order to avoid the 2017 PQRS negative payment adjustment for each unique TIN. The PQRS Waiver election only applies to the TIN selected for CPC during the eCQM Registration.

**PLEASE NOTE – THE ELECTION OF THE PQRS WAIVER IS A FINAL DECISION AND CANNOT BE CHANGED AFTER THE CPC eCQM REGISTRATION PERIOD CLOSSES.** If your CPC practice site is unsure whether it can meet all CPC eCQM reporting requirements, you are advised NOT to elect the PQRS Waiver and to report to the PQRS program separately.

## CMS Medicare EHR Incentive Program

CPC offers an aligned reporting option with the [Medicare EHR Incentive Program](#). For PY 2015 ONLY, the eQMs reported to CPC must cover only two of the National Quality Strategy (NQS) domains to receive Medicare EHR Incentive Program eCQM credit. As a result, if your practice meets the CPC eCQM reporting requirements, you will also receive Medicare EHR Incentive Program eCQM credit without any additional action on your part. However, your CPC practice site must still meet all other requirements of the Medicare EHR Incentive Program in order to receive the Medicare EHR Incentive Program incentive payment. Additionally, CPC EPs can report their eQMs as individual EPs to the Meaningful Use Registration and Attestation system and/or the PQRS Portal in order to satisfy the eCQM requirement of Medicare EHR Incentive Program.

## eCQM Submission Information

There are two eCQM submission reporting mechanisms available for your CPC practice site. The reporting mechanism used by your practice will be determined by your ONC CEHRT capabilities.

### eCQM Attestation

As in previous CPC program years, attestation will be an option for your eCQM reporting in PY 2015. If your CPC practice site elects this reporting mechanism, you will enter eCQM results from your CEHRT generated practice level report into the CPC Web Application Attestation Module.

### QRDA 3 File

As in PY 2014, your practice may choose to use the QRDA 3 electronic file reporting mechanism for CPC eCQM reporting. This option allows for submission of your eCQMs directly via your CPC practice site or by using a Data Submission Vendor (DSV). Your CPC practice site is encouraged to test your QRDA 3 file in the SEVT environment prior to electing this submission method. A PY 2015 CPC Sample QRDA 3 file will be made available for your reference at [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html).

### File Generation

Your CPC QRDA 3 file must be produced by your CEHRT and must conform to the 2015 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting, which can be found at [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html).

#### CPC QRDA 3 file submission validation logic includes:

- CPC CMS Program Identifier
  - ***If the file contains a CMS Program Identifier other than “CPC”, it will not be analyzed for the Comprehensive Primary Care initiative***
  - ***If you are submitting to other CMS quality programs via QRDA 3, you will need to use the appropriate CMS Program Identifier and submit separate files for these additional submissions***
- CPC Practice Site ID
- One file must contain at least nine CPC measures
- Only one TIN for your CPC Practice Site
- All CPC practice site EP NPIs
  - Please use the same TIN for each CPC NPI
- If a DSV is used, then information about the DSV (e.g. TIN) is captured as the Legal Authenticator
- All other required fields as required in the 2015 CMS QRDA 3 Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting

### ***Access to the PQRS Portal***

In order to submit your QRDA 3 file, you will need access to the PQRS Portal. If your practice has submitted to the PQRS Portal previously, please confirm your access is still active by logging into the PQRS Portal. You should be able to view the link to SEVT if your access rights are active.

If your practice has not submitted to PQRS previously through the PQRS Portal, a formal request for access is required. The eCQM Reporting Packet distributed later this year will include details on this process.

### ***Testing***

If your practice site is considering this reporting mechanism, you should verify that you can successfully submit a 'test' file to SEVT prior to electing this reporting mechanism. The system will generate either an error report or a successful submission message. The eCQM Reporting Packet distributed later this year will include details on this process.

### ***Submission***

The PQRS Portal will open on 1/1/16. CMS encourages your CPC practice site to submit early to allow for correction of any submission errors by your CEHRT vendor and resubmission prior to the deadline. You will receive confirmation of a successful submission or a report of errors. Please note that a successful submission only indicates that your file has been received and does not imply successful reporting.

## Resources

### CPC

- CPC Support:
  - **E-mail:** [cpcsupport@telligen.org](mailto:cpcsupport@telligen.org)
  - **Telephone:** 800-381-4724
- Collaboration website: <https://collaboration.cms.gov/>
  - **E-mail:** [cpclearning@tmf.org](mailto:cpclearning@tmf.org)
  - **Telephone:** 866-439-8863

### PQRS

- QualityNet Help Desk:
  - **E-mail:** [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org)
  - **Telephone:** 866-288-8912
- Overview page: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>
- PQRS Portal: <https://www.qualitynet.org/portal>

### Medicare EHR Incentive Program

- EHR Incentive Program Information Center:
  - **Telephone:** 888-734-6433 / TTY: 888-734-6563
- Overview page: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

### VM

- Physician Value Help Desk
  - **E-mail:** [pvhelppdesk@cms.hhs.gov](mailto:pvhelppdesk@cms.hhs.gov)
  - **Telephone:** 888-734-6433
- Overview page: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

### QRDA 3

- 2015 CMS QRDA 3 Implementation Guides for Eligible Professional Programs and Hospital Quality Reporting can be found under the QRDA Information section of the eCQM Library at the following link: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html)

## eCQM References

- eCQM Library: This contains the eCQM specification for the PY 2015 CPC measures. Please refer to the July 2014 versions of the measures.
  - [http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html)
- The eCQM measure specifications can be found at under 2014 CQM Eligible Professionals > July 2014 Update for eReporting for the 2015 Reporting Year > 2014 eCQM Specification for Eligible Professionals Update July 2014. This link will provide you with a download of a .zip file in which all 64 EP eCQMs will be listed. You will then need to identify the applicable eCQMs that your CPC practice site will be reporting in PY 2015 and select the human readable file (html), which will contain the associated measure specifications.

## Acronyms and Abbreviations

This section describes acronyms used in this user manual.

Acronym	Literal Translation
CEHRT	Certified Electronic Health Record Technology
CMS	Centers for Medicare and Medicaid Services
CPC	Comprehensive Primary Care initiative
CY	Calendar Year
DSV	Data Submission Vendor
eCQM	Electronic Clinical Quality Measure
EHR	Electronic Health Record
EP	Eligible Professional
GPRO	Group Practice Reporting Option
HIT	Health Information Technology
N/A	Not Applicable
NPI	National Provider Identifier
NQF	National Quality Forum
NQS	National Quality Strategy
ONC	Office of National Coordinator
PQRS Portal	Physician and Other Healthcare Professionals Quality Reporting Portal
PY	Program Year
PQRS	Physician Quality Reporting System
QRUR	Quality and Resource Use Report
SEVT	Submission Engine Validation Tool
TIN	Taxpayer Identification Number
VM	Value-Based Modifier

## Appendix A: 2015 Measurement Year eCQMs

The following table outlines the PY 2015 CPC eCQM details. All data elements for the eCQM (e.g. numerator, denominator, performance rate(s), exclusions and exceptions) are required to be reported in order to meet CPC eCQM reporting requirements. Additional information regarding eCQM specification can be found at [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html) > 2014 CQM Eligible Professionals > July 2014 Update for eReporting for the 2015 Reporting Year section.

**Table A1. CPC eCQMs**

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
CMS165v3	0018	Clinical Process/ Effectiveness	Controlling High Blood Pressure	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	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period	Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period	None
CMS138v3	0028	Population/ Public Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	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	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user	All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	None	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)
CMS125v3	Not Applicable	Clinical Process/ Effectiveness	Breast Cancer Screening	Percentage of women 40–69 years of age who had a mammogram to screen for breast cancer	Women with one or more mammograms during the measurement period or the year prior to the measurement period	Women 41–69 years of age with a visit during the measurement period	Women who had a bilateral mastectomy or for whom there is evidence of two unilateral mastectomies	None

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
CMS130v3	0034	Clinical Process/ Effectiveness	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer	<p>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria below:</p> <ul style="list-style-type: none"> <li>- Fecal occult blood test (FOBT) during the measurement period</li> <li>- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period</li> <li>- Colonoscopy during the measurement period or the nine years prior to the measurement period</li> </ul>	Patients 50-75 years of age with a visit during the measurement period	Patients with a diagnosis or past history of total colectomy or colorectal cancer	None

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
CMS147v4	0041	Population/ Public Health	Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization	All patients aged 6 months and older seen for at least two visits or at least one preventive visit during the measurement period and seen for a visit between October 1 and March 31	None	<p>Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)</p> <p>Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)</p> <p>Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)</p> <p>Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)</p> <p>Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)</p>
CMS127v3	0043	Clinical Process/ Effectiveness	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	Patients who have ever received a pneumococcal vaccination	Patients 65 years of age and older with a visit during the measurement period	None	None

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
CMS122v3	0059	Clinical Process/ Effectiveness	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%	Patients 18-75 years of age with diabetes with a visit during the measurement period	None	None
CMS163v3	0064	Clinical Process/ Effectiveness	Diabetes: Low Density Lipoprotein (LDL) Management	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period	Patients whose most recent LDL-C level performed during the measurement period is <100 mg/dL	Patients 18-75 years of age with diabetes with a visit during the measurement period	None	None
CMS182v4	0075	Clinical Process/ Effectiveness	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL)	<b>Numerator 1:</b> Patients with a complete lipid profile performed during the measurement period <b>Numerator 2:</b> Patients whose most recent LDL- C level performed during the measurement period is <100 mg/dL	Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) during the measurement period, or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period	None	None

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
CMS144v3	0083	Clinical Process/ Effectiveness	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	Patients who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	None	Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons) Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the healthcare system)
CMS139v3	0101	Patient Safety	Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period	Patients who were screened for future fall risk at least once within the measurement period	Patients aged 65 years and older with a visit during the measurement period	None	Documentation of medical reason(s) for not screening for fall risk (e.g., patient is not ambulatory)

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
CMS2v4	0418	Population/ Public Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period	Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder	Patient Reason(s) Patient refuses to participate <b>OR</b> Medical Reason(s) Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status <b>OR</b> Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
CMS68v4	0419	Population/ Public Health	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the- counters, herbals, and vitamin/mineral/ dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Eligible professional attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the- counters, herbals and vitamin/mineral/ dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route of administration.	All visits occurring during the 12 month reporting period for patients aged 18 years and older before the start of the measurement period	None	Medical Reason: Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status

## Revision History

Version	Date	Description of Changes
1.0	April 2013	PY 2013 CPC EHR CQM User Manual
2.0	October 2013	PY 2013 CPC EHR CQM User Manual – the following changes were made: <ul style="list-style-type: none"> <li>- New document title to reflect additional content</li> <li>- Added Revision History</li> <li>- Updated eMeasure attestation screenshots</li> <li>- Added CMS Quality Aligned Reporting Options section</li> <li>- Added EHR Technical Requirements section</li> <li>- Added FAQ section</li> <li>- Added Appendix A with screenshots of all 2011 and 2014 Edition eMeasures</li> <li>- Added Acronyms and Abbreviation section</li> </ul>
2.1	December 2013	PY 2013 CPC EHR CQM User Manual – Updated Figure 26: NQF 0036 – 2011 Edition of the CQM
2.2	December 2013	PY 2013 CPC EHR CQM User Manual – Updated all CQM Screenshots
3.0	August 2014	PY 2014 eCQM User Manual
4.0	May 2015	PY 2015 eCQM User Manual