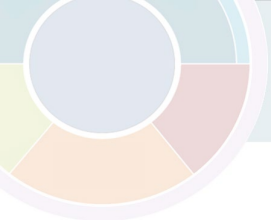


## FINAL 2019 CPC+ HEALTH IT REQUIREMENTS

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November 21, 2018



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## CPC+ Health IT Requirements (Track 1 and Track 2)

The table that follows describes the health IT requirements for both CPC+ tracks and the date by which each must be accomplished. The table begins with health IT requirements for overall Certified Electronic Health Record Technology (CEHRT) adoption, followed by the requirements for electronic clinical quality measure (eCQM) reporting.

Requirement	Date	Notes
<b>Overall CEHRT Adoption</b>		
Adopt and maintain, at a minimum, health IT needed to meet the CEHRT definition required by the Quality Payment Program (QPP) at 42 CFR 414.1305. <sup>i</sup>	No later than January 1 for each Program Year	CPC+ requires adoption of relevant health IT for the entire Program Year. For instance, if an upgrade to a new Edition of certified technology is required to meet the CEHRT definition for a given year, the upgrade must be completed by January 1.
<b>Certified Health IT for eCQM Reporting</b>		
Adopt and maintain, at a minimum, health IT meeting the definition of CEHRT required by the QPP at 42 CFR 414.1305 and the certification criteria found at 45 CFR 170.315(c)(1) - (3) <sup>ii</sup> for electronic clinical quality measure (eCQM) reporting, using the most recent update available on January 1 of the Measurement Period, for the eCQMs in the CPC+ measure set. <sup>iii</sup>	No later than January 1 for each Program Year	For each Measurement Period, practices must use the <a href="#">eCQM specifications for eReporting listed in the eCQI Resource Center</a> as of January 1 of the Program Year.
<b>Health IT for eCQM Reporting</b>		
Adopt and maintain technology with the capability to filter eCQM data for reporting at the CPC+ practice site level [practice site location, TIN(s)/NPI(s)]	No later than January 1 for each Program Year	eCQM reporting must be submitted at the CPC+ practice site level [practice site location, TIN(s)/NPI(s)] and may not be submitted at the individual provider level <sup>iv</sup> .
eCQM reporting submission in Quality Reporting Document Architecture Category III (QRDA III) format via qpp.cms.gov.	From January 1–February 29, 2020 for the 2019 Measurement Period	For the 2019 Measurement Period, all CPC+ practices must report eCQMs electronically via the qpp.cms.gov website, <a href="#">in the QRDA III format</a> .

<sup>i</sup> The CEHRT definition at 42 CFR 414.1305 specifies the use of 2015 Edition CEHRT only beginning in 2019.

<sup>ii</sup> For each of these sections, (c)(1) is the certification criterion for “Record and Export”; (c)(2) is the certification criterion for “Import and Calculate; and (c)(3) is the certification criterion for “Report”.

<sup>iii</sup> The CPC+ Quality Reporting Requirements for the current Program Year can be accessed on CPC+ Connect. Per the CPC+ Request for Applications and practice-facing Participation Agreement, the final measure list and requirements for each Program Year will be communicated to practices in advance.

<sup>iv</sup> CPC+ practices may adopt and maintain the 2015 Edition certification criterion found at 45 CFR 170.315(c)(4) in order to filter eCQMs for reporting at the CPC+ Practice Site level [practice site location, TIN(s), NPI(s)], but this is not required.

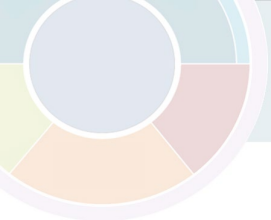
## Advanced Health IT Functions Required in Track 2

The table that follows describes the advanced health IT functionalities required for CPC+ Track 2 only, and the date by which each must be accomplished.

Health IT Functionality	Timeline for Adoption	Objectives for Use
Dashboard of eCQM results at the CPC+ practice-site level [practice site location, TIN(s)/NPI(s)]	No later than July 1 Program Year 2	<ol style="list-style-type: none"> <li>1. Health IT displays the practice-site level eCQM results to support population health management and continuous feedback on quality improvement efforts.</li> <li>2. Health IT updates eCQM results at least quarterly to reflect practices' current progress.</li> </ol>
Targeted care management optimized by health IT	No later than January 1 Program Year 3 <sup>v</sup>	<ol style="list-style-type: none"> <li>1. Health IT risk stratifies each patient that is empaneled to a practice-site care team. In order for practices to have a view of their entire population, risk scores should be generated by an established, health IT-enabled algorithm, which can include patient diagnoses, health-related social needs, and other clinical factors.</li> <li>2. Health IT uses risk stratification results to flag patients identified as “complex patients” who require care management. Using flags, health IT should generate reports or lists of patients to support practice workflow.</li> <li>3. Health IT includes an electronic, patient-centered care planning tool for patients identified for care management. The care plan is recommended to include, at minimum:               <ol style="list-style-type: none"> <li>a. Patient health concerns, goals and self-management plans</li> <li>b. Action plans to achieve patient goals</li> </ol>               The care plan should be accessible in the following ways:               <ul style="list-style-type: none"> <li>• Patient: paper or electronically, for example through a patient portal.</li> <li>• Primary care: electronically for care team members outside of regular office hours.</li> <li>• Other care settings and practitioners involved in patient's care: electronically for those involved.</li> </ul> </li> </ol>

(continued on next page)

<sup>v</sup> Replaces three previous requirements labeled “(1) Empanel patients to the practice site care team; (2) Risk stratify practice-site patient population; and (3) Establish a patient focused care plan to guide care management.”



<b>Health IT Functionality</b>	<b>Timeline for Adoption</b>	<b>Objectives for Use</b>
Assess health-related social needs using health IT	No later than January 1 Program Year 3	<ol style="list-style-type: none"><li>1. Health IT contains a screening tool that electronically assesses patients' health-related social needs.</li><li>2. Health IT accesses or captures an inventory of resources to meet patients' identified health-related social needs.</li></ol>