



Comprehensive Primary Care Plus (CPC+)

A new model for primary care in America

CPC+ Quality Reporting Overview for Performance Year (PY) 2017

This document details the reporting requirements of CPC+ electronic clinical quality measures (eCQM) for the PY2017 Performance Period of January 1, 2017 to December 31, 2017.

This list includes 14 eCQMs, which is four fewer than the original 18 eCQMs in the Request for Applications (RFA). **This list is final for PY 2017.** All measures listed here are also in the measure set for the new Merit-Based Incentive Payment System (MIPS) that is part of the new Quality Payment Program. More details on Quality Payment Program and MIPS can be found at <https://qpp.cms.gov/>.

To assess quality performance and eligibility for the CPC+ performance based incentive payment (PBIP), both Track 1 and Track 2 practices will be required to report eCQMs annually at the practice site level.

Requirements for the 2017 Performance Period are as follows:

1. Practices must successfully report nine of the 14 measures from the CPC+ eCQM set below for the PY2017 measurement period that begins on January 1, 2017, and ends on December 31, 2017. Practices must select at least two of the three outcome measures, at least two of the four complex care measures, and five of any of the remaining measures.

NOTE: All data elements for the eCQMs, including numerator, denominator, exclusions and exceptions (if applicable), and performance rates must be submitted in order to meet the requirements. For measures with multiple data elements, all elements must be reported (e.g., two performance rates; two numerators).

2. Practices must submit eCQMs to CPC+ during the submission period specified. The PY2017 submission period is expected to be January 1, 2018, to February 28, 2018, but is subject to change.

3. Practices must report via one of the following submission methods:
 - o Attestation in the CPC+ submission portal
 - o Electronic submission of a QRDA 3 file through the Merit-Based Incentive Payment System (MIPS) submission portal

*CMS will provide the website links and instructions prior to the submission period

4. All measures must be reported at the CPC+ practice site level. Practice site level reporting should include all patients (includes all payers and the uninsured) who were seen one or more times at the practice site location during the calendar year (CY) measurement period by CPC+ clinicians (TIN/NPI) and who met the inclusion criteria for the initial patient population (IPP)/denominator.
5. Practices must use Office of the National Coordinator for Health Information Technology (ONC) certified health IT meeting the requirements of the EHR Incentive Programs, as defined by 42 C.F.R. § 495.4. Practices can use either 2014 Edition or 2015 Edition technology in 2017, but

must use only 2015 Edition technology starting in 2018. Practices are required to secure all upgrades from their EHR vendor in order to meet CPC eCQM reporting requirements.

6. All measures must be reported using the April 2016 version of the electronic measure specifications as identified in the CPC eCQM measure set below. The measure specifications are updated at least annually and are located at the CMS [eCQM Library](#).
7. While not required, practices are **strongly** encouraged to include all CPC+ measures in their EHR even though they are only required to report nine measures. This will allow practices to report the required nine in the event that one or more eQMs are removed from the list due to future events, such as changes to clinical guidelines. Failure to report eQMs as specified may impact eligibility for the quality portion of the Performance Based Incentive Payment and ongoing participation in the model.

Questions about quality reporting may be submitted to CPCPlus@cms.hhs.gov.

CPC+ eCQM Requirements Summary

eCQM Performance Period	CY2017 (January 1 - December 31, 2017)
First eCQM Submission Period	Begins January 1, 2018 to CMS
eCQM Version	eCQM version published as the April 2016 annual update
eCQM Reporting Method	Attestation or QRDA 3 using direct EHR or a certified EHR data submission vendor, or as may be specified by CMS

CPC+ eCQM Set - 2017 Performance Period

CMS ID#	NQF#	Measure Title	Measure Type/ Data Source	Domain	
Report 2 of the Group 1 outcome measures:					
Group 1	CMS159v5	0710	Depression Remission at Twelve Months	Outcome/eCQM	Clinical Process/Effectiveness
	CMS165v5	0018	Controlling High Blood Pressure	Outcome/eCQM	Clinical Process/Effectiveness
	CMS122v5	0059	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Outcome/eCQM	Population/Public Health
Report 2 of the Group 2 complex care measures:					
Group 2	CMS156v5	0022	Use of High-Risk Medications in the Elderly	Process/eCQM	Patient Safety
	CMS149v5	N/A	Dementia: Cognitive Assessment	Process/eCQM	Clinical Process/Effectiveness
	CMS139v5	0101	Falls: Screening for Future Fall Risk	Process/eCQM	Patient Safety
	CMS137v5	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Process/eCQM	Clinical Process/Effectiveness
Report 5 of the 10 remaining measures (choice of Group 3 and remaining Groups 1 and 2 measures):					
Group 3	CMS50v5	N/A	Closing the Referral Loop: Receipt of Specialist Report	Process/eCQM	Care Coordination
	CMS124v5	0032	Cervical Cancer Screening	Process/eCQM	Clinical Process/Effectiveness
	CMS130v5	0034	Colorectal Cancer Screening	Process/eCQM	Clinical Process/Effectiveness
	CMS131v5	0055	Diabetes: Eye Exam	Process/eCQM	Clinical Process/Effectiveness
	CMS138v5	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process/eCQM	Population/Public Health
	CMS166v6	0052	Use of Imaging Studies for Low Back Pain	Process/eCQM	Efficient Use of Healthcare Resources
	CMS125v5	2372	Breast Cancer Screening	Process/eCQM	Clinical Process/Effectiveness