



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

***Comprehensive Primary Care Initiative***

***Electronic Clinical Quality Measure (eCQM)***

***User Manual***

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## Overview and Purpose

The Comprehensive Primary Care (CPC) initiative offers each CPC practice the opportunity to share a portion of savings generated from improving the care of Medicare beneficiaries attributable to the practice. Annually in Program Year (PY) 2014 through PY 2016, savings to the Medicare program will be calculated at a regional level and distributed to individual practices according to their quality score, including electronic clinical quality measures (eQMs), Consumer Assessment of Healthcare Providers and Systems (CAHPS) results and utilization measures. In PY 2016, eQm performance results will be included in the calculation of the quality score for individual practices.

This User Manual details eQm reporting requirements for PY 2016. Additional details and step-by-step instructions for eQm registration and submission will be provided in the eQm Reporting Packet, which will be distributed in the Fall of 2016.

## CPC PY 2016 Mandatory eCQM Reporting Requirements

Practices must meet the requirements below to be eligible to participate in Medicare shared savings.

- All measures must be **reported** using either a **2014 or 2015 Edition Office of the National Coordinator (ONC) Certified Electronic Health record Technology (CEHRT)** which includes your EHR and/or data submissions vendor (DSV).

**NOTE: You are required to secure all upgrades from your EHR vendor in order to meet CPC eCQM reporting requirements.**

- All measures must be reported at the CPC practice site level.
- Practices must report successfully at least 9 of the 13 measures from the CPC eCQM set (see [Table 1](#)). The eCQMs reported must cover three National Quality Strategy (NQS) domains to receive Medicare Electronic Health Records (EHR) Incentive Program eCQM credit.

**NOTE: All data elements for each measure, including numerator(s), denominator(s), exclusions, exceptions, and performance rate(s) must be submitted in order to meet CPC eCQM reporting requirements.**

- All measures must be **generated** from either a **2014 or 2015 CEHRT** for the entire 12-month calendar year (CY) (January 1 through December 31, 2016).
- Measures must be submitted to CMS during the submission period of **January 1, 2017, through February 28, 2017**, via one of the following reporting options:
  - Attestation in the CPC Web Application Attestation Module; or
  - Electronic submission of a Quality Reporting Document Architecture (QRDA) 3 file through the Physician Quality Reporting System (PQRS) Portal

**NOTE: Your practice will select the reporting option, indicate your PQRS Waiver election, and provide a Taxpayer Identification Number (TIN) during CPC eCQM registration.**

- All measures must be reported using the June 2015 version of the electronic measure specification as identified in the CPC eCQM Set (see [Table 1](#)).

## PY 2016 CPC eQOM Set

CPC uses a subset of the existing eQOMs that are posted on the [eQOM Library](#). Reporting for PY 2016 will require the use of the correct eQOM version. All of the CMS ID and version numbers cited below are the June 2015 version of the measure specifications. Additional information related to these measures can be found in [Appendix A](#).

**Table 1: PY 2016 CPC eQOM Set**

CMS ID & Version	National Quality Forum (NQF) #	Clinical Quality Measure Title	Domain
165v4.0	0018	Controlling High Blood Pressure	Clinical Process/ Effectiveness
138v4.0	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/ Public Health
125v4.0	N/A <sup>1</sup>	Breast Cancer Screening	Clinical Process/ Effectiveness
130v4.0	0034	Colorectal Cancer Screening	Clinical Process/ Effectiveness
147v5.0	0041	Preventive Care and Screening: Influenza Immunization	Population/ Public Health
127v4.0	0043	Pneumonia Vaccination Status for Older Adults	Clinical Process/ Effectiveness
122v4.0	0059	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/ Effectiveness
163v4.1	NA <sup>1</sup>	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/ Effectiveness
182v5.2	NA <sup>1</sup>	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/ Effectiveness
144v4.0	0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/ Effectiveness
139v4.0	0101	Falls: Screening for Future Fall Risk	Patient Safety
2v5.0	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health
68v5.0	0419	Documentation of Current Medications in the Medical Record	Patient Safety

<sup>1</sup> CMS 125, 163, and 182 are no longer NQF endorsed.

## CPC eCQM Reporting

The following sections outline information related to your eCQM practice level report. While a variety of scenarios are presented, please contact CPC Support for additional guidance if your unique practice situation is not included. It is critical for CPC practice sites to understand and adhere to the CPC eCQM reporting requirements.

### Patient eCQM Population

The CPC eCQM population is determined by the CPC practice site location and should include all patients (both Medicare and non-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 population inclusion criteria for the eCQM.

**NOTE: CPC's eCQM 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 \(PQRS\)](#).**

### Practice Site Level Reporting

#### *Solo-Provider*

If your CPC practice site includes only one provider, your CPC eCQM population includes all patients (both Medicare and non-Medicare) who had one or more visit(s) during the measurement year and met the initial population inclusion criteria of the eCQM.

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

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

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

If your CPC practice site includes multiple providers, your CPC eCQM population must include all patients (both Medicare and non-Medicare) 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 eCQM results if they met the initial population inclusion criteria for the eCQM.

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

If your CPC practice site is part of a larger group practice, your CPC eCQM population must include all patients (both Medicare and non-Medicare) seen by all providers that had one or more visit(s) at the 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.

If a patient was seen at a CPC practice site and a non-CPC site during the measurement year, the patient would be included in the aggregate eQIM report for the CPC practice site as long as the patient met the initial population inclusion criteria for the eQIM.

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

### ***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.

## **Practice Composition Considerations**

### ***Practice Withdrawals***

If your CPC practice site withdraws from CPC during the measurement year prior to December 31, 2016, your practice site is not eligible to submit CPC eQIM results for PY 2016 and thereby will not be eligible for shared savings. However, if your practice withdraws from CPC on December 31, 2016, your practice site will be eligible to submit your CPC eQIM results and will be eligible for shared savings if your CPC region has net shared savings.

### ***Provider Changes***

All of the patients (both Medicare and non-Medicare) who were seen at the CPC practice for one or more visit(s) during the measurement year that met the initial population inclusion criteria of the eQIM would be included in the CPC eQIM population in the aggregate report for the CPC practice site. Provider changes (withdrawals and additions) that occur throughout the measurement year do not impact the requirement for creation of the eQIM practice level report.

## **CEHRT Considerations for Practice Site Level Reporting**

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 generated at the eligible professional (EP) level and aggregated into a unique CPC practice level report.
- Should not include measure results (EP or practice level) that were manually added from two different CEHRTs to create a unique CPC practice site level report.

If you switch to a new CEHRT during the reporting period, you must be able to generate a CPC practice level report for the entire measurement period from either the new or the old CEHRT, depending on when your practice site transitions between the technologies.

**NOTE: You are not permitted to combine results from both CEHRTs to create a single aggregate report.**

Practices should secure all necessary upgrades from their EHR vendor to ensure that they can meet CPC eQIM reporting requirements.

**Example:**

CPC practice site switched EHR vendors on July 1, 2016. The practice initiated discussions early with their vendor to ensure that they purchased the upgrades necessary to allow the new EHR to extract data from the old EHR. The new EHR vendor confirms that they can obtain legacy data and produce the CPC practice level report for the entire measurement year. The CPC practice site can meet CPC eCQM reporting requirements based on the information received from the new EHR vendor and the practice level report that will be generated.

## PY 2016 eCQM Reporting Checklist

Use the following checklist to track your progress toward the completion of the required steps for the submission of your CPC eQMs.

**Table 2: PY 2016 eCQM Reporting Checklist**

CEHRT Readiness	eCQM Reporting Readiness	Practice Composition	Registration	Submit (QRDA 3 Option)	Submit (Attestation Option)
<b>Now</b>	<b>Fall 2016</b>	<b>Now – 10/7/16</b>	<b>11/14/16 – 12/16/16</b>	<b>1/1/17 – 2/28/17</b>	<b>1/1/17 – 2/28/17</b>
<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 for PY 2016.</li> <li><input type="checkbox"/> Confirm your EHR and/or DSV has either a 2014 or 2015 CEHRT 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 a practice level eCQM report for PY 2016 (1/1/2016 – 12/31/2016). Full year reporting is required from one EHR, even if the EHR has changed during the year.</li> <li><input type="checkbox"/> Confirm all eQMs are reported using the June 2015 version of the measure specifications.</li> </ul>	<p>Review the eCQM Reporting Packet:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the steps to successfully report PY 2016 CPC eQMs. The eCQM Reporting Packet will include a step-by-step guide to PY 2016 CPC eCQM reporting and will be distributed in the Fall of 2016.</li> </ul>	<p>Report practice composition updates:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete 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, Point of Contact (POC)). Complete documentation must be submitted to CPC Support by 10/7/16. You will not be able to add providers to your practice roster after the deadline with effective dates in 2016.</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, etc.).</li> <li><input type="checkbox"/> Elect one CPC eCQM submission method (i.e. Attestation or QRDA 3). Test QRDA 3 electronic file submission before choosing QRDA 3 option.</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>Submit your eQMs 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 eQMs via QRDA 3.</li> <li><input type="checkbox"/> Test QRDA 3 electronic file submission through the PQRS Portal’s Submission Engine Validation Testing (SEVT) tool.</li> <li><input type="checkbox"/> Retain a copy of your PY 2016 QRDA 3 file for CMS monitoring and auditing purposes.</li> </ul>	<p>Submit your eQMs via Attestation:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Report your eQMs via attestation through the CPC Web Application</li> <li><input type="checkbox"/> Retain a copy of your PY 2016 practice level report for CMS monitoring and auditing purposes.</li> </ul>

## PY 2016 Aligned CMS Quality Reporting Program Options

All CPC practice sites must submit eQMs to CPC in order to meet PY 2016 CPC eQM 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 eQMs to these programs separately. While this is ultimately your decision, basic information regarding the aligned CMS quality reporting options is listed in the following subsections. Refer to program specific publications for the full details. Please ensure that you fully understand the features of aligned reporting as this decision cannot be changed.

### Physician Quality Reporting System (PQRS)

CPC offers an aligned reporting option with [PQRS](#) through the PQRS Waiver. The PQRS Waiver is an option for aligned reporting between CPC and PQRS programs. If you choose to accept the PQRS Waiver, you are electing to report only to the CPC program to receive credit for both CPC and PQRS programs. If you choose **to decline** the PQRS Waiver, you will need to report to both the CPC program and PQRS separately.

The PQRS Waiver is a CPC practice site decision, which is made during eQM Registration and can be applied to only one TIN. If your CPC practice site decides to take advantage of the PQRS Waiver, the list of EPs identified during Registration and who remain at the CPC practice site as of 12/31/2016 will be provided by CPC to the PQRS program.

**NOTE: 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 those providers will be subject to the 2018 PQRS negative payment adjustment for that TIN. This also applies to non-CPC EPs who work at your practice site that are not included on the list of EPs presented during the registration process.**

If your CPC practice elects the PQRS Waiver and successfully meets all of the CPC eQM reporting requirements for PY 2016, the CPC EPs under the TIN elected during Registration will not be subject to the 2018 PQRS negative payment adjustment. If your CPC practice elects the PQRS Waiver, but is unsuccessful in meeting all of the CPC eQM reporting requirements for PY 2016, the CPC EPs under the TIN elected during Registration will be subject to the 2018 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 2016, you cannot take advantage of the PQRS Waiver. Your CPC practice site must report PQRS data via GPRO as well as report CPC eQMs separately to CPC during the applicable submission periods.
- If your CPC practice site bills Medicare using multiple TINs, you 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 2018 PQRS negative payment adjustment for each unique TIN. The PQRS Waiver election only applies to the TIN selected for CPC during the eQM Registration.

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

## **CMS Medicare EHR Incentive Program**

CPC offers an aligned reporting option with the [Medicare EHR Incentive Program](#). CPC practices must report 9 eCQMs that cover 3 domains and successfully meet all CPC reporting requirements in order to receive eCQM credit for the Medicare EHR Incentive Program. Additionally, CPC EPs must satisfy all other requirements for the Medicare EHR Incentive Program to avoid the payment adjustment.

CPC aligned reporting with the Medicare EHR Incentive Program applies to all CPC providers at the practice site location, except EPs who are demonstrating meaningful use for the first time in calendar year 2016. Those first time participants **must also** successfully report CQMs by attestation through the EHR Incentive Program's Registration and Attestation System. Please refer to the [Medicare EHR Incentive Program](#) website and the Medicare EHR Incentive [final rule](#) that specifies criteria for eligible professionals.

CPC EPs who wish to report separately may report their eCQMs as individual EPs to satisfy the eCQM requirement of the Medicare EHR Incentive Program. More information about the Medicare EHR Incentive Program requirements is available at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>.

## **Value-Based Payment Modifier (Value Modifier)**

Per the [Medicare Physician Fee Schedule \(MPFS\) Final Rule](#), in the CY 2018 payment adjustment period, the application of the Value Modifier is waived for groups and solo practitioners, as identified by TIN, if at least one EP who billed for PFS items and services under the TIN during the applicable performance period for the Value Modifier participated in the CPC initiative during the 2016 performance period.

This includes CPC EPs as well as non-CPC EPs that bill for PFS items and services under the TIN during the applicable performance period. The Value Modifier program assesses both the quality and the cost of care. More information about the Value Modifier program is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

## CMS Quality Program Alignment at a Glance

All CPC practice sites are required to report aggregate eQTM 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, 2016 through December 31, 2016). The following information summarizes details regarding alignment between CPC program and other CMS quality programs outlined in the previous sections.

**Table 3: PY 2016 CPC eQTM Reporting and Aligned CMS Quality Programs**

PQRS	Medicare EHR Incentive Program – eQTM credit ONLY	Value-Based Payment Modifier
<p>Determine if your practice is eligible to take advantage of the CPC and PQRS program alignment. For additional details, review <a href="#">PQRS Waiver Considerations</a>.</p> <p>If your practice is eligible to take advantage of the CPC and PQRS program alignment and report once to receive credit for CPC and PQRS, make your practice level decision to elect the PQRS Waiver during Registration. For additional details, review <a href="#">PY 2016 eQTM Reporting Checklist</a>.</p> <p>Practices who <u>do not</u> elect the PQRS Waiver <b>should report</b> to PQRS separately via one of the available PQRS reporting options to avoid the 2018 PQRS negative payment adjustment.</p>	<p>There is no practice level Waiver election for the Medicare EHR Incentive Program. CMS will automatically assess your CPC practice site for Medicare EHR Incentive Program eQTM credit.</p> <p><b>NOTE: For PY 2016, the eQTM reported must cover three NQS domains to receive Medicare EHR Incentive Program eQTM credit.</b></p> <p>If your CPC practice site meets CPC eQTM reporting requirements and submits eQTM that cover three NQS domains, participating CPC NPIs as of 12/31/2016 will be provided to the Medicare EHR Incentive Program automatically.</p> <p>EPs may also report to the Medicare EHR Incentive Program for eQTM credit through any other acceptable reporting mechanism.</p>	<p>There is no practice level Waiver election for the Value-Based Payment Modifier Program. CMS will provide the CPC TIN(s) that participated in the CPC initiative during the 2016 performance period to the Value Modifier program and the application of the Value Modifier will be waived in 2018.</p>

## eCQM Reporting Mechanisms

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

### eCQM Attestation

As in previous CPC program years, attestation will be an option for your eCQM reporting in PY 2016. 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 Submission

As in PY 2015, 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 to CMS directly via your CPC practice site or by using a 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 2016 CPC Sample QRDA 3 file is 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 generated by your CEHRT and must conform to the 2016 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).

#### **For successful submission, your file must include:**

- CPC CMS Program Identifier
  - Include "CPC" as the Program Identifier
  - Do not include Program Identifiers for other CMS quality programs. If you are submitting to other CMS quality programs via QRDA 3, you will need to submit separate files for these additional submissions
- CPC practice site ID
- One file must contain at least nine CPC measures (multiple files with less than 9 measures will not be accepted)
- 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 fields as required in the 2016 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.

### ***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 in the Fall of 2016 will include details on this process.

### ***Submission***

The PQRS Portal will open on January 1, 2017. 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 of February 28, 2017. You will receive confirmation of a successful submission or a report of errors.

**NOTE: A successful submission only indicates that your file has been received by the PQRS Portal and does not imply successful reporting.**

## Resources

### CPC

- CPC Support:
  - **E-mail:** [cpcsupport@telligen.org](mailto:cpcsupport@telligen.org)
  - **Telephone:** 800-381-4724
- CPC Connect website: <https://app.innovation.cms.gov/CPCCConnect/cpcConnectLogin>

### 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>

### Value Modifier

- 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

- 2016 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 2016 CPC measures. Please refer to the June 2015 versions of the measures. Navigate to:

- [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 under:
  - eCQM Electronic Specifications
  - eCQMs Eligible Professionals
  - eCQMs for eReporting for the 2016 Reporting Period
  - eCQM Specifications for Eligible Professionals Update June 2015

**NOTE: 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 2016 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
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CEHRT	Certified Electronic Health Record Technology
CMS	Centers for Medicare and Medicaid Services
CPC	Comprehensive Primary Care
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
ID	Identification/Identifier
MPFS	Medicare Physician Fee Schedule
N/A	Not Applicable
NPI	National Provider Identifier
NQF	National Quality Forum
NQS	National Quality Strategy
ONC	Office of National Coordinator
PFS	Physician Fee Schedule
POC	Point of Contact
PQRS Portal	Physician and Other Healthcare Professionals Quality Reporting Portal
PY	Program Year
PQRS	Physician Quality Reporting System
QRDA	Quality Reporting Document Architecture
SEVT	Submission Engine Validation Tool
TIN	Taxpayer Identification Number
Value Modifier	Value-Based Payment Modifier

## Appendix A: 2016 Measurement Year eCQMs

The following table outlines the PY 2016 CPC eCQM details. All data elements for each eCQM are required to be reported in order to meet CPC eCQM reporting requirements. The data elements are numerator(s), denominator(s), performance rate(s), exclusions and exceptions. Additional information regarding eCQM specifications can be found on the CMS website at [eCQM Library: Annual Updates, eCQM Electronic Specifications](#) under the following headings:

eCQMs Eligible Professionals > eCQMs for eReporting for the 2016 Reporting Period > eCQM Specifications for Eligible Professionals Update June 2015

**Table A1: CPC eCQMs**

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
165v4	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
138v4	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 (eg, limited life expectancy, other medical reason)
125v4	Not Applicable <sup>1</sup>	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
130v4	0034	Clinical Process/ Effectiveness	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria below: - Fecal occult blood test (FOBT) during the measurement period - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period - Colonoscopy during the measurement period or the nine years prior to the measurement period	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
147v5	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	Documentation of medical reason(s) for not receiving influenza immunization (eg, patient allergy, other medical reasons)  Documentation of patient reason(s) for not receiving influenza immunization (eg, patient declined, other patient reasons)  Documentation of system reason(s) for not receiving influenza immunization (eg, vaccine not available, other system reasons)

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
127v4	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
122v4	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
163v4.1	Not Applicable <sup>1</sup>	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

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
182v5.2	Not Applicable <sup>1</sup>	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
144v4	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 (eg, 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 (eg, patient declined, other patient reasons) Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the healthcare system)
139v4	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 (eg, patient is not ambulatory)

CMS eMeasure ID & Version	NQF #	Domain	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Denominator Exclusions	Denominator Exceptions
2v5	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
68v5	0419	Patient Safety	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

<sup>1</sup> CMS 125, 163, and 182 are no longer NQF endorsed.

## Revision History

Version	Date	Description of Changes
1.0	April 2013	PY 2013 CPC EHR CQM User Manual
2.0	October 2013	PY 2013 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 – <ul style="list-style-type: none"> <li>- Updated Figure 26: NQF 0036 – 2011 Edition of the CQM</li> </ul>
2.2	December 2013	PY 2013 CPC EHR CQM User Manual – <ul style="list-style-type: none"> <li>- Updated all CQM Screenshots</li> </ul>
3.0	August 2014	PY 2014 eCQM User Manual
4.0	May 2015	PY 2015 eCQM User Manual
4.1	October 2015	PY 2015 eCQM User Manual – the following changes were made: <ul style="list-style-type: none"> <li>- Table 3 updated to eCQM Reporting Packet release date</li> <li>- Appendix A, CMS 147v4/ NQF00411 removed duplicative Denominator Exception</li> <li>- Appendix A, CMS 68v4/ NQF 0419 updated domain from Population/Public Health to Patient Safety</li> </ul>
5.0	May 2016	PY 2016 eCQM User Manual
5.1	July 2016	PY 2016 eCQM User Manual – the following changes were made: <ul style="list-style-type: none"> <li>- CMS Medicare EHR Incentive Program section reference to 2017 payment adjustment was updated to payment adjustment</li> </ul>