

2020 PRELIMINARY CPC+ HEALTH IT REQUIREMENTS

July 25, 2019

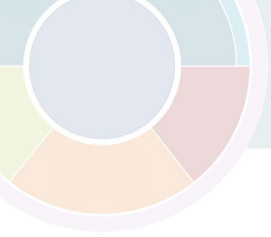


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CPC+ Certified Health IT Requirements

The table that follows describes the preliminary 2020 health IT requirements for both CPC+ tracks. 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	Notes
Overall CEHRT Adoption	
Maintain, at a minimum, health IT needed to meet the 2015 Edition CEHRT definition required by the Quality Payment Program (QPP) at 42 CFR 414.1305 .	CPC+ requires adoption of relevant health IT as of January 1 for the entire Program Year.
Certified Health IT for eCQM Reporting	
Maintain, at a minimum, health IT meeting the definition of CEHRT required by QPP at 42 CFR 414.1305 and the certification criteria found at 45 CFR 170.315(c)(1) - (3) for electronic clinical quality measure (eCQM) reporting, using the most recent versions. ⁱⁱ	For CPC+ Program Year 2020, 2015 Edition CEHRT is the minimum required by QPP. For each Measurement Period, practices must use the eCQM specifications for eReporting listed in the eCQI Resource Center as of January 1 of the Program Year. For more information, refer to the 2020 CPC+ eCQM Reporting Requirements .
Health IT for eCQM Reporting	
Maintain technology with the capability to filter eCQM data for reporting at the CPC+ practice site level.	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. ⁱⁱⁱ
eCQM reporting submission in Quality Reporting Document Architecture Category III (QRDA III) format via gpp.cms.gov	For the 2020 Measurement Period, all CPC+ practices must report eCQMs electronically via the gpp.cms.gov website, in the QRDA III format. Submissions must include a CMS EHR Certification ID that indicates the CEHRT used by the practice during the measurement period. The 2020 eCQM reporting period is tentatively scheduled for January 1 through February 28, 2021. For more information, refer to the 2020 CPC+ eCQM Reporting Requirements .

ⁱ 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."

ⁱⁱ 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.

ⁱⁱⁱ 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.

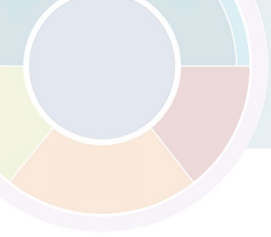
Advanced Health IT Functions Required in Track 2

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
eCQM results at the CPC+ practice-site level [practice site location, TIN(s)/NPI(s)]	<p><i>2017 Starters: Adoption Previously Completed</i></p> <p><i>2018 Starters: Adoption Previously Completed</i></p>	<ol style="list-style-type: none"> Health IT displays the practice-site level eCQM results to support population health management and continuous feedback on quality improvement efforts. Health IT updates eCQM results at least quarterly to reflect practices' current progress.
Targeted care management optimized by health IT	<p><i>2017 Starters: Adoption Previously Completed</i></p> <p><i>2018 Starters: Must Adopt by January 1, 2020</i></p>	<p><u>RISK STRATIFICATION:</u></p> <ol style="list-style-type: none"> 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.^{iv} 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. <p><u>CARE PLAN:</u></p> <ol style="list-style-type: none"> Health IT includes an electronic, patient-centered care planning tool for patients identified for care management. The care plan must include, at minimum: <ol style="list-style-type: none"> Patient health concerns, goals and self-management plans Action plans to achieve patient goals

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^{iv} The first step in operationalizing risk stratification is to apply an algorithm that uses a combination of clinical and historical data (such as EHR, utilization, and/or claims data) to provide a general segmentation of the entire patient population. The second step is required to allow practices to apply clinical intuition and judgment to adjust and refine the estimation of risk status for individual patients. The first step must be automated within a health IT system. The level or method of automation is intentionally not defined by CMS to allow practices and health IT vendors flexibility when developing and implementing risk stratification. CMS does not require practices and health IT vendors to use any specific approach. Health IT systems that can automatically segment patients based on data within the health IT system meet this requirement.



Health IT Functionality	Timeline for Adoption	Objectives for Use
		<p>The care plan should be accessible in the following ways:</p> <ul style="list-style-type: none"> a. Patient: paper or electronically, for example through a patient portal b. Primary care: electronically for care team members outside of regular office hours c. Other care settings and practitioners involved in patient's care: electronically for those involved
Assess health-related social needs using health IT	<p><i>2017 Starters: Adoption Previously Completed</i></p> <p><i>2018 Starters: Must Adopt by January 1, 2020</i></p>	<ol style="list-style-type: none"> 1. Health IT contains a screening tool that electronically assesses patients' health-related social needs. 2. Health IT accesses or capture an inventory of resources and supports to meet patients' identified health-related social needs.