Final CPC+ Electronic Clinical Quality Measure (eCQM) Reporting Requirements: Overview for the 2019 Measurement Period

This document covers the final requirements for CPC+ electronic clinical quality measures (eCQMs) reporting for the 2019 CPC+ Measurement Period, January 1, 2019 to December 31, 2019. This overview contains key information about eCQMs for CPC+ practices, CPC+ health IT vendor partners, CPC+ payers, and other CPC+ stakeholders to assist with their planning for the 2019 Measurement Period.

There are two eCQMs in the 2019 CPC+ measure set; both were used in the 2018 CPC+ Measurement Period, and both are for intermediate outcomes. The reduction in the number of eCQMs from 2018 to 2019 reflects CMS leadership work to reduce reporting burden for practices. The two eCQMs in the 2019 CPC+ measure set align with Merit-Based Incentive Payment System (MIPS) measures identified in the 2019 Quality Payment Program (QPP) Final Rule, which was published in the Federal Register on November 2, 2018 (https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions).

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 CPC+ Practice-Site level.

Requirements for the 2019 Measurement Period are as follows:

1. Practices must successfully report both required outcome eCQMs for the 2019 Measurement Period that begins on January 1, 2019 and ends on December 31, 2019.

2. Practices must submit their 2019 eCQM results to CPC+ during the reporting period, which is expected to be January 1, 2020 to February 29, 2020.

Table 1: CPC+ eCQM Set – 2019 Measurement Period

<table>
<thead>
<tr>
<th>CMS ID#</th>
<th>NQF #</th>
<th>MIPS Quality #</th>
<th>Measure Title</th>
<th>Domain</th>
<th>Meaningful Measure Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS165v7</td>
<td>0018</td>
<td>236</td>
<td>Controlling High Blood Pressure</td>
<td>Effective Clinical Care</td>
<td>Management of Chronic Conditions</td>
</tr>
<tr>
<td>CMS122v7</td>
<td>0059</td>
<td>001</td>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</td>
<td>Effective Clinical Care</td>
<td>Management of Chronic Conditions</td>
</tr>
</tbody>
</table>
3. **For the 2019 Measurement Period, all CPC+ practices must report eCQMs by logging into the qpp.cms.gov website, and submitting using the QRDA III format.** Based on results submitted for the 2017 Measurement Period, practices reporting by QRDA III are less likely to have calculation errors in the data submitted to CMS. Use of QRDA III also makes a potential audit easier for practices to manage.

4. Practices must comply with the 2019 CPC+ Certified Health IT Requirements.

5. All measures must be reported at the CPC+ Practice Site level that is identified by the CPC+ Practice ID. 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 Measurement Period by one or more CPC+ clinicians (Taxpayer Identification Number (TIN(s))/National Provider Identifier (NPI(s))), and who meet the inclusion criteria for the initial patient population (IPOP) as specified in each measure.


   The Resource Center also publishes a full set of supporting resources at [https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms](https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms); use ‘2019’ in the drop-down menu.

   Practices should work with their health IT vendors to secure necessary support to report using specifications in the eCQM version for use during 2019; the eCQI Resource Center publishes a conversion checklist at [https://ecqi.healthit.gov/ecqm-implementation-checklist](https://ecqi.healthit.gov/ecqm-implementation-checklist).

Questions about eCQM reporting may be submitted to CPCPlus@telligen.com or at 1-888-372-3280.