



Comprehensive Primary Care Plus (CPC+)

A new model for primary care in America

CPC+ Electronic Clinical Quality Measure Reporting Requirements Overview for the 2020 Measurement Period

This document covers the requirements for CPC+ electronic clinical quality measures (eCQMs) reporting for the **2020 CPC+ Measurement Period, January 1, 2020, to December 31, 2020**. There are two eCQMs in the 2020 CPC+ measure set; both are outcome measures used in previous CPC+ Measurement Periods.

2020 CPC+ Quality Measure Set

- Two eCQMs (see Table 1 below)
- Patient Experience of Care survey measure
- Two claims-based utilization measures

To assess quality performance and eligibility for the CPC+ Performance-Based Incentive Payment (PBIP), both Track 1 and Track 2 practices are required to report eCQMs annually at the CPC+ Practice Site level.

Requirements for the 2020 Measurement Period:

1. Practices must successfully report both required outcome eCQMs for the **2020 Measurement Period (January 1, 2020, through December 31, 2020)**.

Table 1: CPC+ eCQM Set—2020 Measurement Period

CMS ID#	NQF #	MIPS Quality #	Measure Title	Domain	Meaningful Measure Area
CMS122v8	N/A*	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Effective Clinical Care	Management of Chronic Conditions
CMS165v8	N/A*	236	Controlling High Blood Pressure	Effective Clinical Care	Management of Chronic Conditions

CMS = Centers for Medicare & Medicaid Services; MIPS = Merit-based Incentive Payment System; NQF = National Quality Forum
*Please note that although this eCQM is not NQF endorsed, the chart-abstracted version of this measure is endorsed. CMS has determined that this eCQM is evidence-based, reliable, and valid, and has approved the eCQM for use in the 2020 Measurement Period. Additionally, the 2020 CPC+ measure set has been approved to qualify as an advanced Alternative Payment Model.

Practices must report both eCQMs for the full 2020 Measurement Period. In the event of a health IT vendor transition, practices should confirm that their health IT vendor is able to report their eCQM data for the full 12 months of the measurement period. Manual compilation of the data is not allowed.

2. Practices must submit their 2020 eCQM results to CPC+ during the **reporting period (expected dates: January 2, 2021, through February 28, 2021)**.
3. For the **2020 Measurement Period (January 1, 2020, through December 31, 2020)**, all CPC+ practices must report eCQMs electronically via the qpp.cms.gov website, in the [QRDA III format](#) specified by the 2020 Centers for Medicare and Medicaid (CMS) Quality

Reporting Document Architecture (QRDA) Category III Implementation Guide for Eligible Clinicians and Eligible Professionals Programs. As part of their submission, participants shall include a CMS EHR Certification ID that represents the CEHRT used by the practice during the measurement period.

4. Practices must retain a copy of their QRDA III file for at least 10 years. If a health IT vendor submits a QRDA III file on a practice’s behalf, the practice should obtain a copy from the vendor for their records.
5. Practices must comply with the [2020 CPC+ Health IT Requirements](#).
6. Practices must report all measures at the CPC+ practice site level, which is identified by the CPC+ Practice ID. CPC+ practice site level reporting includes all patients (including all payers and the uninsured) who were seen one or more times at the practice site location during the performance period by one or more clinicians (TIN[s]/NPI[s]) who were active on the CPC+ Practitioner Roster at any point during the measurement period and who meet the inclusion criteria for the initial population (IPOP) as specified in each measure. Please note that CPC+ clinicians can only be active on one CPC+ Practitioner Roster at a time.
7. Practices must report both eCQMs using the eCQM versions published in May 2019, which are the versions in use during the **2020 Measurement Period (January 1, 2020, through December 31, 2020)**. The measure specifications are updated annually and can be accessed by selecting “2020” in the performance/reporting period drop-down menu at the Eligible Professional/Eligible Clinician eCQMs page on the [eCQI Resource Center](#).

Practices should work with their health IT vendors to ensure use of the 2020 eCQM version and specifications during the **2020 Measurement Period (January 1, 2020, through December 31, 2020)**.

Table 2 specifies the required data elements for both 2020 CPC+ eCQMs.

Table 2: CPC+ eCQM Set—Data Elements for the 2020 Measurement Period

CMS ID#	Initial Population	Denominator	Denominator Exclusions	Numerator	Performance Rate
CMS122v8*	X	X	X	X	X
CMS165v8	X	X	X	X	X

* Inverse measure (lower score indicates better quality performance)

Both CMS122v8 and CMS165v8 are single performance rate eCQMs, and CPC+ will calculate their performance rates using the following equation:

$$Performance\ Rate = \frac{Numerator}{Denominator - Denominator\ Exclusions}$$

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