



Comprehensive Primary Care Plus (CPC+)

A new model for primary care in America

Preliminary CPC+ Electronic Clinical Quality Measure Reporting Requirements Overview for the 2021 Measurement Period

This document covers the **preliminary** requirements for CPC+ electronic clinical quality measures (eCQMs) reporting for the **2021 CPC+ Measurement Period, January 1, 2021, to December 31, 2021**. These requirements will be finalized upon release of the 2021 Quality Payment Program Final Rule. There are two eCQMs in the 2021 CPC+ measure set; both are outcome measures used in previous CPC+ measurement periods.

2021 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, both Track 1 and Track 2 practices are required to report eCQMs annually at the CPC+ Practice-Site level.

Requirements for the 2021 Measurement Period:

1. Practices must successfully report both required outcome eCQMs for the **2021 Measurement Period (January 1, 2021, through December 31, 2021)**.

Table 1. CPC+ eCQM Set – 2021 Measurement Period

CMS ID#	NQF #	MIPS Quality #	Measure Title	Domain	Meaningful Measure Area
CMS122v9	N/A*	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Effective Clinical Care	Management of Chronic Conditions
CMS165v9	N/A*	236	Controlling High Blood Pressure	Effective Clinical Care	Management of Chronic Conditions

*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 2021 Measurement Period. Additionally, the 2021 CPC+ measure set has been approved to qualify as an advanced APM.

APM = Alternative Payment Model; CMS = Centers for Medicare & Medicaid; MIPS = Merit-based Incentive Payment System; NQF = National Quality Forum.

2. Practices must report both eCQMs for the full 2021 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.
3. Practices must submit their 2021 eCQM results to CPC+ during the **reporting period (expected dates: January 3, 2022, through February 28, 2022)**.
4. For the **2021 Measurement Period (January 1, 2021, through December 31, 2021)**, all CPC+ practices must report eCQMs electronically via the gpp.cms.gov website, in the [QRDA III format](#) specified by the 2021 Centers for Medicare and Medicaid (CMS) Quality Reporting Document

Architecture (QRDA) Category III Implementation Guide (IG) for Eligible Clinicians and Eligible Professionals Programs. As detailed in the 2021 CMS QRDA III IG, there are multiple criteria unique to CPC+ that must be adhered to. **Also, as part of their submission, participants shall include a CMS Electronic Health Record Certification ID that represents the Certified Electronic Health Record Technology used by the practice during the measurement period.**

5. 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.
6. Practices must comply with the [2021 CPC+ Health IT Requirements](#).
7. 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 location during the Performance Period. Clinicians (TIN[s]/NPI[s]) were active on the CPC+ Practitioner Roster at any point during the measurement period and meet the inclusion criteria for the initial population, as specified in each measure. A CPC+ clinician should only be active on one CPC+ Practitioner Roster at a time. Please note that if a CPC+ clinician provides care under multiple TINs, that clinician’s NPI may be active on more than one CPC+ Practitioner Roster during the measurement period.
8. Practices must report both eQMs using the eQm versions published in May 2020, which are the versions in use during the **2021 Measurement Period (January 1, 2021, through December 31, 2021)**. The measure specifications are updated annually and can be accessed by selecting 2021 in the Performance Period drop down menu at the Eligible Professional/Eligible Clinician eQMs page on the [eCQI Resource Center](#). Practices should work with their health IT vendors to ensure use of the 2021 eQm versions and specifications during the **2021 Measurement Period (January 1, 2021 through December 31, 2021)**.

Table 2 specifies the required data elements for both 2021 CPC+ eQMs.

Table 2. CPC+ eQm Set – Data Elements for the 2021 Measurement Period

CMS ID#	Initial Population	Denominator	Denominator Exclusions	Numerator	Performance Rate
CMS122v9*	✓	✓	✓	✓	✓
CMS165v9	✓	✓	✓	✓	✓

* Inverse measure (lower score indicates better quality performance).

Both CMS122v9 and CMS165v9 are single performance rate eQMs and CPC+ will calculate their performance rates using the following equation:

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

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