



Comprehensive Primary Care Initiative

Instruction Guide for the Reporting of EHR Clinical Quality Measures

Version 1.0

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Introduction

The Comprehensive Primary Care (CPC) Electronic Health Record (EHR) Clinical Quality Measure (CQM) Instruction Guide provides CPC Practices with comprehensive information regarding the requirements for reporting EHR clinical quality measures to CMS. This guide supplements the information sent to CPC practice sites in late November and December regarding CPC Quality Measures. This guide should be read by all CPC Practice providers and staff.

Background

The CPC Initiative is a 4-year multi-payer program fostering collaboration between public and private health care payers to strengthen primary care. Approximately 500 primary care practices are participating in the CPC Initiative throughout 7 U.S. regional areas.

Each CPC practice site is identified by a unique CPC Practice ID that distinguishes a CPC practice site from other CPC practice sites in the region and from other CPC practice sites participating in the Initiative. A CPC practice site is a distinct ‘brick and mortar’ location defined by a unique physical address specific to that site.

The regions and the corresponding number of participating CPC practices are listed in Table 1 below.

Table 1: Regions by State

State	Region	# of Practices ¹
Arkansas	Statewide	69
Colorado	Statewide	74
New Jersey	Statewide	70
New York	Capital District-Hudson Valley	74
Ohio and Kentucky	Cincinnati-Dayton	75
Oklahoma	Greater Tulsa	68
Oregon	Statewide	67

¹ This is representative of the number of participating CPC practices as of March 2013.

CPC EHR Clinical Quality Measures

The CPC Initiative is using a subset of the existing Clinical Quality Measures (CQMs) from Stages 1 and 2 of the Meaningful Use (MU) program. This document provides guidance to CPC practices and others that are involved in the reporting of eMeasures for CPC. All CPC CQMs are required to be reported in aggregate by each CPC practice site. In certain regions, NQF 0024 and/or NQF 0036 are also required and reported in aggregate. The CPC CQMs and their requirements are listed in Table 2 below.

Table 2: CPC Measures

NQF ID	Clinical Quality Measure Title	Required in 2013	Required in 2014 & 2015	Domain
0018	Controlling High Blood Pressure	Yes	Yes	Clinical Process/ Effectiveness
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Yes: CO, OK, OR No: AR, NJ, NY, OH	Yes: CO, OK, OR No: AR, NJ, NY, OH	Population/ Public Health
0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes	Yes	Population/ Public Health
0031 ²	Breast Cancer Screening	Yes	Yes	Clinical Process/ Effectiveness
0034	Colorectal Cancer Screening	Yes	Yes	Clinical Process/ Effectiveness
0036	Use of Appropriate Medications for Asthma	Yes: CO, NJ, NY, OH, OK, OR No: AR	Yes: CO, NJ, NY, OH, OK, OR No: AR	Clinical Process/ Effectiveness
0041	Preventive Care and Screening: Influenza Immunization	Yes	Yes	Population/ Public Health
0059	Diabetes: Hemoglobin A1c Poor Control	Yes	Yes	Clinical Process/ Effectiveness
0061	Diabetes: Blood Pressure Management	Optional ³	No	Clinical Process/ Effectiveness
0064	Diabetes: Low Density Lipoprotein (LDL) Management	Yes	Yes	Clinical Process/ Effectiveness
0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Yes	Yes	Clinical Process/ Effectiveness

² NQF 0031 is no longer NQF endorsed.

³ NQF 0061 should be reported if the CPC practice site was able to obtain the MU Stage 1 measure in their ONC Certified EHR. NQF 0061 was not included in Stage 2 MU, therefore it is considered optional.

NQF ID	Clinical Quality Measure Title	Required in 2013	Required in 2014 & 2015	Domain
0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Yes	Yes	Clinical Process/ Effectiveness
0101	Falls: Screening for Future Fall Risk	No	Yes	Patient Safety
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	No	Yes	Population/ Public Health

CPC Practice Site CQM Reporting Timeframe

All CPC practices sites are required to report eMeasures (EHR clinical quality measures) in each year of the CPC Initiative beginning in January 2014. The CPC Measurement Year for January 2014 reporting is the 2013 calendar year (January 1, 2013 to December 31, 2013). **Reporting for the 2013 Measurement Year will occur from January 1, 2014 to January 31, 2014, via the CPC Web Application Attestation Module.**

CPC Practice Site CQM reporting in January 2014 will be through the CPC Web Application Attestation Module. Therefore, CPC practice sites will be required to access the CPC Web Application Attestation Module in January 2014, manually enter data, and attest to the aggregate CQM results for the CPC practice site location by entering aggregate results (numerators and denominators and if applicable, exclusions, exceptions, performance rate) for each measure in the data entry fields. Future reporting methods will most likely be through a Quality Reporting Document Architecture (QRDA) Category 3 Electronic File Transmission. The QRDA electronic file submission is a technical feature of the ONC Certified EHR and therefore as long as the CPC practice site location is using the 2014 edition of an ONC Certified EHR it should be capable of transmitting the measure results electronically to CMS. As future reporting method details are further defined, more information will be made available.

CPC reporting periods and methods are outlined below in Table 3.

Table 3: CPC Reporting Requirements

CPC Measurement Period⁴	Reporting Timeframe⁵	Reporting Method⁶
1/1/2013 to 12/31/2013	January 1 – 31, 2014	Attestation via CPC Web Application Attestation Module
1/1/2014 to 12/31/2014	January 1 – 31, 2015	Electronic File Transmission
1/1/2015 to 12/31/2015	January 1 – 31, 2016	Electronic File Transmission

Please note the CPC measurement year is a 12 month period which may be different from how you reported CQMs in Stage 1 of MU which was 90 days.

CPC CQM Population

The CPC CQM population is CPC practice site based and should include all patients (not just Medicare patients) who have had at least one or more visits at the CPC practice site location during the Measurement Year and who meet the denominator inclusion criteria for the CQM.

For CPC, the ONC Certified EHR will need to calculate aggregate CQM results for all patients who have had at least one or more visits at the CPC practice site location, NOT aggregated at the Eligible Professional level. CPC practice site aggregate reporting is a significant difference from current reporting of Meaningful Use CQMs which is at the individual eligible professional level.

⁴ CPC Measurement Period is defined as the calendar dates for the period to which the measure applies.

⁵ Reporting Timeframe is defined as the period of time when the CPC practice site location reports the aggregate CQM results to CMS.

⁶ Reporting Method is defined as how the CQM results are communicated to CMS – either they are attested to or transmitted electronically from the ONC Certified EHR to CMS.

CPC Practice Site Population Aggregation Examples

CPC Practice Site 1234 – Iowa Street

CPC Site 1234 – Iowa Street had 1000 patients who were seen at this site during 2013 for at least one visit. All 1000 patients (not just Medicare patients) who were seen at CPC Site 1234 – Iowa Street would be eligible to be included in the CPC Practice Site CQM population. These patients would be eligible to be included in a measure if they met the clinical quality measure’s denominator inclusion criteria.

CPC Practice Site 1234 – Iowa Street– Larger Group Practice

CPC Site 1234 – Iowa Street is also part of a larger group practice that has four (4) other locations, but the other four (4) locations are NOT CPC practice sites. The entire group practice (consisting of 4 non-CPC practice sites and 1 CPC practice site (CPC Site 1234 – Iowa Street) saw 5,000 unique patients for at least one or more visits during the measurement year 2013, but only 1,000 of the 5,000 were seen at CPC Site 1234 – Iowa Street. Only the 1,000 patients who were seen at CPC Site 1234 – Iowa Street would be eligible to be included in the CPC CQM population. If any of the 1,000 patients also met the denominator inclusion criteria for the CPC CQM, they would be included in the aggregate measure results for that CPC practice site.

CPC Practice Site 1234 – Iowa Street– Patient Seen at Multiple Sites

CPC Site 1234 – Iowa Street is part of a larger group practice that has four (4) other locations, but the other four (4) locations are NOT CPC practice sites. The entire group practice (consisting of 4 non-CPC practice sites and 1 CPC practice site (CPC Site 1234 – Iowa Street) saw 5,000 unique patients for at least one or more visits during the calendar year 2013. 500 of the 5,000 unique patients were seen at both CPC Site 1234 – Iowa Street and also at one of the other group practice’s non-CPC practice sites during the 2013 Measurement Year. All 500 patients who were seen at both sites would be eligible to be included in the CPC CQM population for CPC Site 1234 – Iowa Street.

Patient Seen by Multiple Practitioners

CPC Site 1234 – Iowa Street is a participating CPC practice. Dr. Smith saw 500 patients at CPC Site 1234 – Iowa Street during the calendar year 2013. Dr. Smith saw 350 patients at the non-CPC practice site, Riverside Clinic. Only the 500 patients that Dr. Smith saw at CPC Site 1234 – Iowa Street during the 2013 Measurement Year would be eligible to be included in the CPC CQM population.

Unlike other reporting programs in which a practitioner aggregates patients across all sites, CPC reporting is based solely on patients seen at the CPC participating practice site, CPC Site 1234 – Iowa Street, not based on the practitioner that saw those patients.

CPC Practices: Implementation Steps

Implementation steps for each CPC practice will vary, depending on the composition of the practice, the ONC Certified EHR and version implemented and the ongoing support of the ONC Certified EHR.

As a CPC practice site, you are required to report aggregate eMeasure results for your CPC practice site from data residing within the ONC Certified EHR implemented at your CPC practice site. The CPC CQM population is CPC practice site based and should include all patients who had at least one or more visits at your CPC practice site location during the Measurement Year. These patients are eligible to be included in one or more measures if they also meet the specific measure's denominator inclusion criteria.

You will be responsible for generating a report from your ONC Certified EHR that aggregates each required eMeasure outcome for your practice's CQM population and entering those measure results manually into the CPC Web Application Attestation Module just as you did for the MU Program's CQM attestation. For 2014 reporting of 2013 CQMs, there is NO electronic file transmission requirement.

Practice Composition Considerations

If your CPC practice site is considered a solo-practitioner site, your CPC CQM population would include all patients who had one or more visits within the Measurement Year and who meet the denominator inclusion criteria of the CQM.

If the composition of your practice includes multiple practitioners, your CPC CQM population must include all patients who had one or more visits at the CPC practice site location at least once within the Measurement Year and who meet the denominator inclusion criteria of the CQM.

If your CPC practice site is part of a larger group practice, the population of your CPC practice site must be defined to include patients who had one or more visits at your CPC practice site location only. In most EHR implementations, fields or database tables will include data capturing a 'Location ID' or 'Encounter location' to identify a patient visit location. This or similar information will be needed in generating your aggregate report to pull the CQM results for your CPC practice population. Your CPC Practice ID is currently used to distinguish between separate CPC practice site locations.

The aggregate numbers must be a representation of those patients seen at the CPC practice site location only. If the patient was seen at both a CPC practice site and a non-participating site, within the same larger group practice, the aggregate CQM report for the CPC practice site would include this patient if that patient meets the denominator inclusion criteria for the measure. See CPC Practice Site Aggregation Examples, [CPC Practice Site 1234 – Iowa Street – Larger Group Practice](#).

If a patient is only seen at a non-participating practice site, but the data resides within the larger group practice ONC Certified EHR, the patient would be excluded from any CPC practice aggregate CQM report.

The same would hold true for another CPC practice site within the same larger group practice, their aggregate numbers should be separately reported from any other CPC practice site's CQM results.

EHR Implementation Support Considerations

It is recommended that you immediately reach out to your EHR technical support entity and communicate your CPC CQM reporting requirements.

It will be important to note in your discussions with your EHR technical support entity that you will be responsible for generating a report from your ONC Certified EHR that aggregates each required eMeasure result for your CPC practice site's CQM population for your manual entry of CQM results into the CPC Web Application Attestation Module. As stated previously, and very important for your EHR technical support entity to know, for 2014 reporting of 2013 CQMs, there is NO electronic file transmission requirement.

CPC Practice Support

You can reach out to your local Network Faculty or the [CPC Support Team](#) for questions as you are implementing collection of the CPC CQMs.

CPC Reporting Requirements

CPC practice sites are required to report aggregate eMeasure results for their CPC practice site location. All data results reported by CPC practices must be generated from the practice's ONC Certified EHR and must be aggregated for that CPC practice site.

ONC Certified EHR Technology

In the CMS EHR Incentive Program, for Meaningful Use Stage 1, all technology reporting the data for the program had to be reported from an ONC Certified EHR technology. The first edition of ONC certified technology used for MU Stage 1 was the "2011 Edition" ONC Certified Technology.

Beginning in 2014 EHRs reporting data for the CMS EHR Incentive Program, MU Stage 2, as well as some other CMS quality reporting programs e.g., PQRS must be using a 2014 Edition of Certified EHR technology.

Use of a 2011 Edition ONC Certified EHR

CPC Practices using a 2011 edition ONC Certified EHR must follow the MU Stage 1 (2011 – 2013) measure specifications, found at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Electronic_Reporting_Spec.html, under Electronic Specifications for 2012 and 2013.

All eMeasure results must be reported for the entire CPC practice site CQM population in aggregate. Results to be reported include Numerator, Denominator and if appropriate, Exclusions for each measure. The ONC Certified EHR must provide the CQM results for attestation in January 2014. If you are using a 2011 Edition ONC Certified EHR in January 2014 to attest to the aggregate CQM measure results, the attestations screens for each measure will be identical to those used in the CMS EHR Incentive Program CQM attestation module for MU Stage 1.

Use of a 2014 Edition ONC Certified EHR

CPC practices using a 2014 edition ONC Certified EHR will follow the MU Stage 2 measure specifications, found at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Electronic_Reporting_Spec.html, under Eligible Professionals 2014 eSpecifications. It is important to note that some of the measure specifications for MU Stage 2 are different from MU Stage 1 measure specifications. The clinical quality measure version number for the MU Stage 2 2014 CQMs will be the measure version number displayed in the MU Stage 2 specifications as CPC is using the same eMeasures. The CQM version numbers are not displayed in Table 2 referenced above because the measure version number may change, and the version of the CQM used for CPC will be the same version of the measure used in MU.

Differences in Use Between 2011 and 2014 Edition ONC Certified EHRs

All eMeasure results must be reported for the entire CPC practice site CQM population in aggregate. If you are using a 2011 Edition ONC certified EHR in January 2014 to attest to the aggregate CQM measure results, the attestation screens for each measure may be slightly different than the attestation screens used in the CMS EHR Incentive Program CQM attestation module for MU Stage 1 for those reporting by attestation for 2013.

Below is an example (NQF 0041) of one of the required CPC CQMs included in the MU Stage 1 attestation. If the CPC practice site is using a 2011 ONC Certified EHR they will attest to the results below:

The screenshot displays a web interface for attesting to clinical quality measures. At the top, there are navigation tabs: Home, Registration, Attestation (highlighted in green), and Status. Below the tabs is a green header with the text 'Alternate Clinical Quality Measures'. The main content area is titled 'Questionnaire: (2 of 3)' and includes a note: '(*) Red asterisk indicates a required field.' The measure identifier 'NQF 0041' is shown. The title of the measure is 'Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old'. Below this, the measure description is repeated: 'Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old'. A section titled 'Complete the following information:' contains three input fields: '*Denominator:', '*Numerator:', and '*Exclusion:'. At the bottom, there is a link for 'Clinical Quality Measure Specification Page' and a paragraph of instructions: 'Please select the Previous button to go back a page. Select the Return to Attestation Progress button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the Save & Continue button to save your entry and proceed.'

If the CPC practice site is using a 2014 ONC Certified EHR, the above screen will look different. It may also include a box for entering the Performance Rate, and a box for reporting Exception(s). This measure also had changes to the denominator inclusion criteria from the same measure used in Stage 1 of Meaningful Use. The new 2014 eMeasure includes all patients that are 6 months of age and older rather than those patient 50 years and older.

2014 Attestation of eMeasures for 2013 Measurement Year

For the 2014 reporting of 2013 Measurement Year CPC CQMs, there is NO electronic file transmission requirement. CPC practice sites are required to report their aggregate CQM results within the CPC Web Application Attestation Module.

The CPC Web Application Attestation Module will allow CPC practice sites to report their results from a 2011 or 2014 Edition ONC Certified EHR. CPC practice sites will need to indicate which edition of ONC Certified EHR technology they are using when they report their results into the CPC Web Application Attestation Module. If they select the 2011 Edition ONC Certified EHR technology they will see measure reporting results screens that are used for measures from Meaningful Use in 2011-2013 reporting years. If they select the 2014 Edition ONC Certified technology they will see measure reporting result screens that are used for the 2014-2015 Meaningful Use measures. More information related to these edition differences can be found within the [CPC Reporting Requirements](#) section within this document.

One person from each CPC practice site is expected to enter the aggregate CQM results into the CPC Web Application Attestation Module during the month of January 2014. In addition, to complete the CPC EHR Quality Measure Reporting requirement for the 2013 Measurement Year, the CPC practice is also required to upload an attestation letter (a template will be provided) to the CPC Web Application. This attestation letter must be signed by all CPC practitioners (defined as Eligible Professionals) at the CPC practice site and include their NPIs.

No attestations for the 2013 Measurement Year will be accepted after January 31, 2014.

CPC practice sites should remember the following:

- All results attested to must be results reported by the ONC Certified EHR
- Reporting of zeros is acceptable provided the zeros are values that were generated by the ONC Certified EHR.
- All data reported must be data that resides in the ONC Certified EHR; CPC practice sites cannot add to the results generated by the ONC Certified EHR.
- The CPC CQM population must include all patients who were seen for at least one or more visits at the CPC practice site location during the Measurement Year. This is the CPC Practice Site population of patients that is eligible to be included in any clinical quality measure if the patient also meets the denominator inclusion criteria for the specific measure.
- Practice composition changes resulting in the withdrawal or addition of a practitioner during the Measurement Year do not matter.
- The 2013 Measurement Year CQM results will not be included in the CPC Medicare Shared Savings calculation; there is no shared savings in CPC Program Year 1.

Additional Resources

The EHR Incentive Program:

- Educational Resources page: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html>
- Interactive Stage 2 Toolkit: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_Toolkit_EHR_0313.pdf

The toolkit includes the following information:

- An overview of Stage 2
- Stage 2 FAQs
- How the Stage 2 provisions affect Stage 1 requirements
- Comparison tables of Stage 1 and Stage 2 criteria
- Details about payment adjustment and hardship exemptions
- 2014 CQMs, including descriptions, technical release notes, and the recommended core sets for EPs and eligible hospitals