An initiative of the Center for Medicare & Medicaid Innovation

Comprehensive Primary Care Initiative

eCQM User Manual

VERSION 3.0

August 1, 2014

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Introduction

As we head into the Fall of CPC Program Year 2014, it is time to help you prepare for the PY 2014 electronic clinical quality measure (eCQM) reporting requirements. First of all, **thank you** for all the hard work involved in obtaining the required eCQMs; using your EHR to pull your eCQM data; and – crucially – beginning to use the data on a regular basis to guide improvement in your practice. By doing this work, you are blazing a trail for primary care in this country: using your own clinical data to track the quality of care you provide to your entire practice site population is a key part of the CPC and for our vision of the future of advanced primary care. Congratulations on this major step forward. As you know, successful eCQM reporting is a prerequisite for sharing in any savings with Medicare that your CPC region gained in PY 2014 (for more information about the link between eCQM reporting and Shared Savings, refer to the Collaboration site for Shared Savings Methodology located at https://collaboration.cms.gov/?q=content/111213-national-webinar-shared-savings-methodology). For PY 2015, we will be taking the next leap – from shared savings based on successful reporting to shared savings based on clinical performance of the eCQMs. As you gain experience with the eCQM reporting pipeline, CMS hopes that other participating payers will also begin to use eCQM data as a source of data for accountable payments – producing better alignment of incentives over time and narrowing the list of different quality measures in use for the same domains of your work. Again, you are blazing a trail with us.

This 2014 eCQM User Manual is designed to help you understand your practice's path through the PY 2014 eCQM requirements, including all the relevant timelines and decision points. It does not present new policy – rather, it aims to capture all the practical requirements to which you need to pay attention, in one place[1]. We know these requirements can be confusing at times; thank you for your continued engagement with the eCQM work and for the good questions and comments that we receive from you on a regular basis.

From now until the end of the program year, we will be working in several ways to help you succeed.

- The CPC Support team will continue to help with questions about eCQM reporting, forwarding them to the CMS team when necessary.
- We will hold webinars and office hours to review the requirements and answer questions.
- We will be launching EHR based affinity groups on the Collaboration Site so that you can easily link up with other CPC practices using the same EHR.
- CMS will continue to hold EHR vendor office hours on a regular basis to help them understand CPC requirements.

Again, thank you for your work in CPC.

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[1] You first heard the framework for PY 2014 requirements in the May 15, 2014 webinar given by the CPC team. Note that since the webinar, we made some important changes to the CQM process: a) we have extended the deadline for CQM attestation to May 31, 2015, although the February 28, 2015 deadline remains in place for those submitting electronically via QRDA III and/or taking advantage of the aligned reporting options (MU eCQM credit and/or PQRS Waiver); b) we have cut out the pre-registration step originally planned for September.

CPC 2014 Mandatory eCQM Reporting Requirements

The following CPC eCQM reporting requirements must be met in order to be eligible for participation in any Medicare Shared Savings for PY 2014:

- Report at least 9 of 11 measures from the CPC eCQM Set (Table 1)
- Submit measures to CMS during the applicable reporting period
    - To elect the PQRS Waiver and/or also be assessed for meeting the MU eCQM requirement, you must submit eCQMs during the following periods:
        - Electronically – January 1, 2015 through February 28, 2015; OR
        - Attestation – January 1, 2015 through February 28, 2015
    - The extended reporting period is available for CPC eCQM submission. CPC eCQMs must be submitted during the following time:
        - Attestation – March 1, 2015 through May 31, 2015
        NOTE: This extended reporting period is applicable to attestation only. CMS will not accept eCQMs submitted electronically after February 28, 2015. CPC practices who submit their CPC eCQMs after February 28, 2015 must report to the PQRS and the Medicare EHR Incentive (Meaningful Use (MU)) Programs separately prior to the applicable reporting deadline in order to receive credit for those programs. Practices who attest after February 28, 2015 will not be eligible to obtain reporting credit for the PQRS program (if they elected the PQRS Waiver during registration) or receive MU eCQM credit through CPC.
- Report all measures at the CPC Practice Site Level
- Report all measures for the entire 12 month calendar year (CY), which is January 1 through December 31, 2014. This is also considered the measurement year.
    - If your practice site did not obtain the Office of the National Coordinator (ONC) certified EHR 2014 upgrade until late in 2014 –or– you switched EHR systems during CY 2014, you must still produce a CPC Practice Site Level report for the 2014 measurement period (CY 2014). A zero numerator and denominator are acceptable eCQM results for PY 2014.
    - If your practice site adopted a new 2014 Edition ONC certified EHR during CY 2014, then you will only generate a report from the new EHR. CPC is not factoring the eCQM performance results in the 2014 shared savings calculation; therefore the requirement is to use the data that resides in your 2014 Edition ONC certified EHR. A zero numerator and denominator are acceptable eCQM results for PY 2014.
- Report all measures using the June 2013 version of the electronic measure specification as identified in the CPC eCQM Set (Table 1)
- Report eCQMs using 2014 Edition ONC Certified EHR Technology (CEHRT)

As a reminder, your practice site is expected to secure all Health Information Technology (HIT) upgrades to your EHR system for purchase or otherwise in order have the ability to report the CPC eCQMs at the practice site level and meet the terms and conditions of participation for CPC.

As long as your practice meets all of the CPC eCQM reporting requirements and reports either electronically or via attestation by the February 28, 2015 or May 31, 2015 deadline, respectively, it will be eligible to participate in Medicare Shared Savings.

CPC PY 2014 eCQM Set

Table 1: 2014 CPC eCQM Set

CMS ID & Ver.	NQF #	Clinical Quality Measure Title	Domain
165v2	0018	Controlling High Blood Pressure	Clinical Process/ Effectiveness
138v2	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/ Public Health
125v2	0031[2]	Breast Cancer Screening	Clinical Process/ Effectiveness
130v2	0034	Colorectal Cancer Screening	Clinical Process/ Effectiveness
147v2	0041	Preventive Care and Screening: Influenza Immunization	Population/ Public Health
122v2	0059	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/ Effectiveness
163v2	0064	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/ Effectiveness
182v3	0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/ Effectiveness
144v2	0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/ Effectiveness
139v2	0101	Falls: Screening for Future Fall Risk	Patient Safety
2v3	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health

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[2] NQF 0031 is no longer NQF endorsed.

CPC eCQM Population and Composition Considerations

The CPC eCQM population is defined by the practice site and should include all patients (not just Medicare patients) who:

- Had at least one or more visit(s) at the CPC practice site location during the measurement year; and
- Met the initial patient population inclusion criteria for the eCQM

CPC eCQM practice site aggregate reporting is significantly different from the current reporting method used by the Meaningful Use program, which is at the individual Eligible Professionals (EP) level. For CPC, the 2014 Edition ONC CEHRT must calculate aggregate eCQM results for all patients who have had at least one or more visit(s) at the CPC practice site location. The results generated from your EHR should not be aggregated at the EP level. It is also not acceptable to add the measure results manually for each EP in the practice to create a practice site level report.

Practice Site Level Reporting and Practice Composition Considerations

Solo-Provider
If your CPC practice site is considered a solo-provider site, your CPC eCQM population would include all patients who had one or more visit(s) during the measurement year and met the initial patient population inclusion criteria of the eCQM.

Example:
CPC practice site 1234 had 1,000 patients who had one or more visit(s) during the measurement year. All 1,000 patients (not just Medicare patients) seen at CPC practice site 1234 would be eligible for inclusion in the CPC practice site eCQM population. These patients would also be eligible for inclusion in an eCQM if they met the eCQM initial patient population inclusion criteria.

Provider who Practices at Multiple Locations
If you are a provider who sees patients at a CPC practice site and non-participating site(s), your CPC eCQM population would include all patients who had one or more visit(s) during the measurement year at the CPC practice site and who met the initial patient population inclusion criteria of the eCQM.

Unlike other reporting programs in which an EP aggregates patients across all sites, CPC reporting is based solely on patients seen at the CPC practice site.

Example:
CPC practice site 1234 is a participating CPC practice. Dr. Smith saw 500 patients at CPC practice site 1234 during the measurement year. Dr. Smith also saw 350 patients at a non-CPC practice site. Only the 500 patients that Dr. Smith saw at CPC practice site 1234 during the measurement year would be included in the CPC eCQM population for the CPC practice site. Those patients would also be included in the aggregate eCQM results, if the 500 patients met the initial patient population inclusion criteria for the measure.

Multiple Providers at the Same Location
If your practice site includes multiple providers, your CPC eCQM population must include all patients seen by all providers that had one or more visit(s) at the CPC practice site location during the measurement year. Those patients would also be included in the eCQM results, if they met the initial patient population inclusion criteria for the eCQM.

Example:

CPC practice site 1234 is a participating CPC practice site and has four participating CPC providers who serve 2,000 patients. Those patients would be included in the CPC eCQM population if they had one or more visit(s) at CPC practice site 1234 during the measurement year and met the initial patient population inclusion criteria for the eCQM.

Single CPC Practice Site within a Group Practice

If your CPC practice site is part of a larger group practice, the population of your CPC practice site must be defined to include only patients who had one or more visit(s) at your CPC practice site location during the measurement year. Most EHR systems contain fields or database tables that identify a patient visit location. This may include: 'Location ID' or 'Encounter location', etc. This or similar information will be needed to generate your aggregate practice site level report for your CPC practice site population. The CPC Practice ID is currently used to identify separate CPC practice site locations.

The aggregate reports must include only those patients seen at the CPC practice site location. If a patient was seen at a CPC practice site and a non-participating site during the measurement year, the patient would be included in the aggregate eCQM report for the CPC practice site as long as the patient met the initial patient population inclusion criteria for the eCQM.

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

Example 1: Patients Seen at the CPC Location Only

CPC practice site 1234 is part of a larger group practice that has four other locations, which are <u>not CPC practice sites</u>. The entire group practice (consisting of four non-CPC practice sites and one CPC practice site) saw 5,000 unique patients for one or more visit(s) during the measurement year, but only 1,000 of the 5,000 patients were seen at the CPC practice site location. Only the 1,000 patients who were seen at the CPC practice site would be included in the CPC eCQM population. If any of the 1,000 patients also met the initial patient population inclusion criteria for the CPC eCQM, they would be included in the aggregate eCQM results for that CPC practice site.

Example 2: Patients Seen at Multiple Sites

CPC practice site 1234 is part of a larger group practice that has four other locations, which are <u>not CPC practice sites</u>. The entire group practice (consisting of four non-CPC practice sites and one CPC practice site) saw 5,000 unique patients for one or more visit(s) during the measurement year. Five hundred of the 5,000 unique patients were seen at both CPC practice site 1234 and also at one of the other non-CPC practice sites during the measurement year. All 500 patients who were seen at both sites would be included in the CPC eCQM population for CPC practice site 1234 and also included in the aggregate eCQM results if the patients also met the initial patient population inclusion criteria for the measure.

Multiple CPC Practice Sites within a Group Practice

If your group practice has multiple CPC practice sites, each CPC practice site must generate a separate aggregate practice site level report.

Example:

Your group practice has four sites, but only two sites are participating in CPC. The two CPC practice sites must produce their own practice site level reports and may not submit a combined report.

Reporting Periods for CPC eCQMs

All CPC practice sites are required to report aggregate eCQM practice site level results for each year of the CPC initiative. The CPC measurement year is a 12-month period and is the same as the calendar year. For PY 2014, the measurement year is January 1, 2014 - December 31, 2014. This may be different from the measurement period for reporting eCQMs used in Stage 1 of the Medicare or Medicaid EHR Incentive Programs, which was 90 days.

Table 2: PY 2014 CPC eCQM Reporting Methods and Periods

Reporting Method	Reporting Period	Aligned Reporting Options – PQRS and MU
QRDA III electronic file submission to CMS	January 1, 2015– February 28, 2015	-Practices who wish to elect the PQRS Waiver and be assessed for MU eCQM credit should report during this period. -CPC practice sites will identify their PQRS Waiver election in the Registration Module that will open in the CPC web application on November 17, 2014. There is no PQRS Waiver election for MU. CPC practices will automatically be assessed for MU eCQM credit if they meet CPC eCQM reporting requirements. -Practices who do not wish to elect the PQRS Waiver must report to the PQRS program using any accepted reporting method in order to avoid the PQRS payment adjustment. -CPC practices must meet CPC eCQM reporting requirements in order to be assessed for MU eCQM credit. The submitted measures must also cover three domains to receive this credit. EPs can also report to MU and PQRS through any other acceptable reporting method.
Attestation via the CPC eCQM Attestation Module	January 1, 2015 – February 28, 2015	-Practices who wish to elect the PQRS Waiver and be assessed for MU eCQM credit should report during this period. -CPC practice sites will identify their PQRS Waiver election in the Registration Module that will open in the CPC web application on November 17, 2014. There is no PQRS Waiver election for MU. CPC practices will automatically be assessed for MU eCQM credit if they meet CPC eCQM reporting requirements. -Practices who do not wish to elect the PQRS Waiver must report to the PQRS program using any accepted reporting method in order to avoid the PQRS payment adjustment. -CPC practices must meet CPC EHR CQM reporting requirements in order to be assessed for MU eCQM credit. The submitted measures must also cover three domains to receive this credit. EPs can also report to MU and PQRS through any other acceptable reporting method.

Reporting Method	Reporting Period	Aligned Reporting Options – PQRS and MU
Attestation via the CPC eCQM Attestation Module	March 1 - May 31, 2015	-Practices who submit eCQMs to CPC during this period must report separately to the PQRS and MU programs during the reporting period specified by those programs, if applicable. -Practices who use the March 1 to May 31 reporting period to attest cannot have elected the PQRS Waiver and will not get PQRS reporting credit or be assessed for the MU eCQM credit through CPC.

Steps for PY 2014 CPC eCQM Reporting

The following section provides information about the required steps that your practice must complete for PY 2014 eCQM reporting. You will receive a supplemental packet of information in Fall 2014 to help outline the process for reporting eCQMs and making your PQRS Waiver election.

Table 3 provides a checklist to track your progress and compliance with the reporting requirements. If you have questions that are not addressed in these step-by-step instructions, please contact CPC Support.

Step 1 – Report Practice 'Staffing' list Changes

Now – October 24, 2014   Updating your practice composition ('Staffing' list and Taxpayer Identification Number (TIN) information) is particularly important if you are planning to take advantage of the PQRS Waiver when you report eCQMs. This information is also shared with other CMS quality reporting programs (e.g. PQRS, MU and the Physician Value-Based Payment Modifier (VM)) for aligned reporting of PY 2014 eCQMs. The key information given to these programs includes the one unique TIN that your CPC practice will identify in the Registration Module. CPC will only submit one TIN to other CMS quality reporting programs that will be used for the purposes of the payment incentive or adjustment. Additionally, this TIN will be excluded from application of the VM in 2016. If EPs at your practice site bill Medicare using other TINs, those TINs will be subject to the PQRS payment adjustment unless the EP also reports to the PQRS program separately for each TIN and meets all of the PQRS reporting requirements.

Electing the PQRS Waiver is a practice site decision. Therefore, if your CPC practice site elects the PQRS Waiver and meets all of the CPC EHR CQM reporting requirements for PY 2014, **all** EPs (as defined by the PQRS program) that are listed in your CPC 'Staffing' list as of October 24, 2014 will receive credit for 2014 PQRS reporting. If your practice site elects the PQRS Waiver and does not meet all of the CPC EHR CQM reporting requirements for PY 2014, all EPs (as defined by the PQRS program) that are listed in your CPC practice roster as of October 24, 2014 will be subject to the 2016 PQRS payment adjustment.

CPC will only accept changes to the 2014 'Staffing' list through **October 24, 2014**. All supporting documentation must be submitted to CPC Support by this deadline. If the composition change is not approved, or all documentation required to process a composition change is received after October 24, 2014, it will not be reflected in the CPC practice site staffing page. You should be actively reviewing and updating your practice 'Staffing' list regularly in the CPC web application. The 'Staffing' list will be pre-populated in the Registration Module. If your practice elects the PQRS Waiver, this decision will affect **all** EPs who are listed on your CPC 'Staffing' list and who are active in CPC as of December 31, 2014. If an EP joins your practice as a CPC provider after October 24, 2014, s/he will not be included in the PQRS Waiver election decision or be assessed for MU eCQM credit through CPC. Incomplete documentation or new requests for the addition or withdrawal of providers that are received by CPC Support after October 24, 2014 will not be processed until January 2015. Therefore, providers not listed on the 'Staffing' list as of October 24, 2014 must report to the other CMS quality programs separately. The changes to your practice composition may include:

- Addition of a provider
- Withdrawal of a provider
- TIN update
- Practice location change

You must contact CPC Support to request the necessary documentation for the completion of any changes to your practice TIN or 'Staffing' list.

Step 2 – Review the eCQM Reporting Packet

Fall 2014
An eCQM Reporting Packet will be distributed to your practice this Fall as part of a weekly Friday Roundup email and also posted on the CPC Collaboration website. Your practice should carefully review the contents of the packet because it will include important information about submitting your eCQMs, completing the mandatory Registration Module in the CPC web application, and other special considerations for reporting.

Step 3 – Complete Mandatory eCQM Reporting Registration

November 17 – December 19, 2014
The CPC eCQM Registration is a new process in PY 2014 and CMS will collect all the necessary information regarding the eCQM submissions prior to the submission start date of January 1, 2015. The Registration Module in the CPC web application will be available from November 17, 2014 through December 19, 2014. Registration information can be updated throughout this period; however, the information submitted as of December 19, 2014 at 11:59 PM (CT) will be considered final. There will be no extensions to this deadline. The following subsections outline the required reporting elements for the eCQM Registration Module.

Practice site information
You must review the list of providers associated with your CPC practice site. This can be verified in the CPC web application under the 'My Practice' tab. Please contact CPC Support immediately for any changes that need to be made to your 'Staffing' List. If your CPC practice site elects the PQRS Waiver, it will be applied to all EPs on your 'Staffing' list. Refer to Step 1 if you have questions about updating your practice composition.

Practice TIN election for CPC eCQM reporting
You must identify the TIN that will be used for CPC eCQM reporting and other CMS aligned quality program reporting (e.g. PQRS and VM). If your practice TIN is not listed in the pre-populated fields of the Registration Module, you will be able to enter a new TIN. Please be prepared to provide additional information regarding the new TIN as you will be contacted by CPC Support to validate this information.

IMPORTANT: If your CPC providers use other TINs to bill Medicare in addition to the TIN that you provide to CPC via the Registration Module, those other TINs are subject to the PQRS program reporting requirements. Your providers will need to report to PQRS separately and meet those program requirements separately to avoid the Medicare payment adjustments.

EHR information
You must report the following EHR vendor information:
- EHR Vendor Name
- EHR Vendor Product
- EHR Vendor Product Version
- 2014 CMS EHR Certification ID – To obtain this information, follow the steps below:
    1. Go to the Certified Health IT Product List site at http://oncchpl.force.com/ehrcert?q=chpl

2. Select "2014" for the CMS EHR Certification Criteria Edition
3. Search for the product by browsing all, searching by product name, product classification or criteria met
4. Select the product by clicking on "Add to Cart"
5. Click "Get CMS EHR Certification ID" under "Requesting Your CMS EHR Certification ID" section

Elect eCQM submission method

You must confirm that your CPC practice site can meet all PY 2014 eCQM reporting requirements. If your practice site cannot meet the CPC EHR CQM reporting requirements for PY 2014, you will indicate that in the Registration Module. Please refer to the CPC 2014 Mandatory eCQM Reporting Requirements section for a list of the CPC reporting requirements.

IMPORTANT: Your practice site must use the eCQM submission method (electronic file transmission via QRDA III or attestation) that was selected in the Registration Module for eCQM reporting. You will not be permitted to switch reporting methods after the Registration Module closes on December 19, 2014 at 11:59 PM (CT).

You will choose your practice site eCQM submission method for PY 2014 from the following selections:
- Electronic/QRDA III File Submission
    - Your practice should confirm with your EHR vendor or Data Submission Vendor (DSV) that their software is able to produce a QRDA III CPC program specific file. Additional details are provided in the EHR and Data Submission Vendor section.
    - Your practice will submit your eCQMs through the Physician and Other Health Care Professionals Quality Reporting Portal (also known as the PQRS portal), which will open on January 1, 2015 and close on February 28, 2015.
    - If your practice identifies an error in the QRDA III report and would like to submit another CPC eCQM file to the PQRS portal, the CMS system will determine the most current file version by the submission timestamp, the CMS program name (i.e. CPC), and the CPC practice site ID. The earlier time stamped file will not be analyzed.
    - Your practice site must only include the NPIs in the QRDA III file that are listed on your 'Staffing' list in the CPC web application.
    - It is very important that your EHR vendor or DSV include the proper program name (i.e. CPC) in the QRDA III file. If your practice is reporting via QRDA III electronic file transmission and includes a program name other than "CPC", the file will not be assessed for CPC, and your practice will not be considered successful for CPC eCQM reporting.
- Attestation
    - Attestation is an option for all CPC practices regardless of EHR vendor capability to produce an eCQM QRDA III file.
    - There will be two reporting period options for submission of eCQMs via attestation:
        - January 1, 2015 – February 28, 2015: CPC practices will attest to eCQM results during this period in order to take advantage of CPC alignment with other CMS quality programs (e.g. PQRS and MU).
        - March 1, 2015 – May 31, 2015: CPC practices who submit their CPC eCQMs during this period must report to PQRS and MU separately before the program deadline in order to receive credit for those programs. Your practice will be eligible to participate in Medicare shared savings for PY 2014 if it submits eCQMs during this extended reporting period.
- Not Able to Meet CPC eCQM Reporting Requirements
    - If you are not able to meet any of the CPC eCQM reporting requirements for PY 2014, this selection

will be auto-selected based on the answers that you provided in the Registration Module. For example, you indicated that your practice cannot produce a report on at least 9 of 11 CPC eCQMs aggregated at the CPC practice site level. Therefore, you do not meet the eCQM reporting requirements for PY 2014 and will not be eligible to participate in Medicare shared savings this year.

PQRS Waiver election

You must select whether your practice site will elect the PQRS Waiver. PQRS Waiver elections are a practice level decision and are final after the Registration Module closes on December 19, 2014 at 11:59 PM (CT). If your practice elects the PQRS Waiver, you must be confident that you will be able to meet all CPC eCQM reporting requirements. Additionally, your practice should only elect the PQRS Waiver if you will be able to report your CPC eCQMs between January 1, 2015 and February 28, 2015.

If you are not certain that your practice can meet the CPC eCQM reporting requirements for PY 2014, do not elect the PQRS Waiver. Practices that elect the PQRS Waiver, but do not meet the CPC eCQM reporting requirements, will be subject to the 2016 PQRS payment adjustment. CPC practices who do not elect the PQRS Waiver must also report to the PQRS program using any accepted PQRS reporting method in order to avoid the PQRS payment adjustment.

To assist you in making your PQRS Waiver election decision, please review the PY 2014 Aligned CMS Quality Reporting Program Options, PQRS section. If your practice elects to use the PQRS Waiver, the EPs identified on the practice 'Staffing' list and the TIN elected in the Practice TIN Confirmation section of the Registration Module will be sent to PQRS for application of a PQRS incentive or payment adjustment based on the successful reporting of your eCQM submission.

Step 4 – Submit Mandatory Report of eCQM Practice Level Results

January 1 – May 31, 2015   You must submit eCQMs to CMS between January 1 and May 31, 2015. Submission of this information must be completed by the applicable reporting period. There will be no extensions to this deadline. The following subsections outline the details for each submission type.

Your CPC eCQM results for each measure must include all of the data displayed in the eCQM screenshots located in Appendix A. Therefore, if a measure requires one or more denominator(s), numerator(s), exclusion(s), exception(s), or performance rate(s), all fields must be completed for the measure or your eCQM submission will fail. Your practice site will be considered unsuccessful for CPC eCQM reporting.

Electronic Submission via QRDA III of CPC Practice Site PY 2014 eCQM Results

You will need to work with your EHR vendor or DSV to obtain a CPC program specific QRDA III file for PY 2014 CPC eCQMs. The CPC QRDA III file will be submitted directly to CMS via the Physician and Other Health Care Professionals Quality Reporting Portal (PQRS portal) at www.qualitynet.org/pqrs. Additional details will be provided at a later date regarding updates to your CPC login information so that you may access the Physician and Other Health Care Professionals Quality Reporting Portal. The submission period opens on January 1, 2015 and closes on February 28, 2015. The TIN that you submitted in the Registration Module will be used for all CMS quality programs aligned with CPC: PQRS and VM.

File specifications for the QRDA III file are located on the CMS website at http://www.cms.gov/Regulations-and-

Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html under the 'QRDA Information' section. There will be no required activity in the CPC web application to record the completion of your practice's CPC eCQM electronic submission.

Attestation of CPC Practice Site PY 2014 eCQM Results

You will enter PY 2014 eCQM practice site level results into the CPC web application between January 1, 2015 and May 31, 2015. If you indicated in the Registration Module that you will be electing the PQRS Waiver, you should submit your eCQMs by February 28, 2015 in order to avoid the 2016 PQRS payment adjustment. Likewise, if you would like CPC eCQMs to be assessed for the MU eCQM credit, you must also report your CPC eCQMs by February 28, 2015. The TIN that you submit will be used for all CMS quality programs aligned with CPC (e.g. PQRS and VM).

This process will be similar to the eCQM submission of PY 2013 data. You will need to have your eCQM report ready in order to enter the results in the measure specific fields of the CPC eCQM Attestation Module in the CPC web application. Please retain a copy of the aggregate practice site level report that is generated by your EHR in the event that your practice site is included in a CMS monitoring or auditing activity. This report should be retained by your practice site for six years.

Access to the CPC eCQM Attestation Module will be limited to those practices who are attesting to their PY 2014 eCQMs. All submissions are final. Practices will not be able to re-enter information in the CPC web application once it has been submitted. Practices will not be able to enter eCQM results after the submission period closes on May 31, 2015.

Not Able to Submit PY 2014 eCQM Results due to inability to meet one or more CPC reporting requirements

If your practice indicated that it was not able to submit eCQMs for PY 2014, there will be no required activity in the CPC web application during the eCQM submission period.

PY 2014 eCQM Reporting Checklist

Please use the following checklist to track your progress toward the completion of the required steps for the eCQM submission.

<p align="center">**Table 3: PY 2014 eCQM Reporting Checklist**</p>

Step	Timeframe	Activity	√	Required Practice Action
Step 1	Now–October 24, 2014	Identify any changes to your practice 'Staffing' list and complete all documentation for TIN and provider changes, if applicable	☐ ☐	Notify CPC Support of any CPC provider changes to your CPC practice (Refer to Step 1) Complete required documentation by October 24, 2014.
Step 2	Fall 2014	Distribution of eCQM Reporting Packet	☐ ☐ ☐	Review packet of supplemental materials sent by CPC Notify Determine your practice site's EHR reporting capabilities Obtain all information that you need to complete the information required for entry into the Registration Module, which will open on November 17, 2014.
Step 3	November 17–December 19, 2014	eCQM Reporting Registration	☐ ☐ ☐ ☐ ☐ ☐ ☐	You will acknowledge your practice 'Staffing' list in the Registration Module. The deadline for all provider changes was October 24, 2014. Elect your CPC reporting TIN that will be used and communicated to the PQRS and VM programs for aligned reporting Provide all required EHR information Elect your practice site eCQM submission method: - Electronic file via QRDA III: January 1, 2015-February 28, 2015 - Attestation: January 1, 2015 -February 28, 2015 - Attestation: March 1, 2015 -May 31, 2015 - Cannot report eCQMs because your practice site could not meet one or more CPC eCQM reporting requirements Indicate if the practice will take advantage of the PQRS Waiver Submit eCQM registration in the CPC web application Print registration information from the CPC web application for record keeping

Step	Timeframe	Activity	√	Required Practice Action
Step 4a	January 1– February 28, 2015	eCQM submission opens for electronic reporting via QRDA III	☐ ☐ ☐	If you elected to report electronically via QRDA III file transmission, complete the CPC eCQM submission via the PQRS portal Retain a copy of your practice site level report that was generated from your EHR Print a copy of your QRDA III electronic file transmission confirmation* * Please retain a copy of this information in case your practice site is included in a CMS monitoring or auditing activity.
Step 4b	January 1– February 28, 2015	eCQM submission opens for Attestation	☐ ☐ ☐	If you elected to report your CPC eCQMs via attestation, complete your CPC eCQM submission in the CPC web application Retain a copy of your practice site level report that was generated from your EHR Print a copy of your attestation confirmation and report from the CPC web application* * Please retain a copy of this information in case your practice site is included in a CMS monitoring or auditing activity.
Step 4c	March 1, 2015– May 31, 2015	eCQM Submission opens for Attestation	☐ ☐ ☐	If you elected to report your CPC eCQMs via attestation, complete your CPC eCQM submission in the CPC web application Retain a copy of your practice site level report that was generated from your EHR Print a copy of your attestation confirmation and report from the CPC web application * Please retain a copy of this information in case your practice site is included in a CMS monitoring or auditing activity.

PY 2014 Aligned CMS Quality Reporting Program Options ─────────

Aligned CMS quality reporting program options are available to all CPC participating practice sites; however, all CPC practice sites must submit eCQMs in order to meet PY 2014 CPC eCQM reporting requirements. The details regarding each CMS quality reporting program are listed in the following subsections.

Physician Quality Reporting System (PQRS)

What is the PQRS Waiver for CPC Practice Sites?

The PQRS Waiver allows CPC providers who are considered EPs under the PQRS program the benefit of satisfying quality reporting under the PQRS program by successfully reporting eCQMs as part of CPC. The PQRS Waiver election is a practice site decision. This means that all of the EPs (as defined by PQRS) in your CPC practice site must make this decision as a group.

If your CPC practice elects the PQRS Waiver and **successfully** meets all of the CPC eCQM reporting requirements for PY 2014, it will satisfy PQRS reporting, be eligible to receive the PQRS incentive payment in 2015, and not be subject to the 2016 PQRS payment adjustment. If your CPC practice elects the PQRS Waiver but is unsuccessful in meeting all of the CPC eCQM reporting requirements for PY 2014, the CPC EPs in your practice will be subject to the 2016 PQRS payment adjustment.

NOTE: Your practice must notify CPC Support and submit all supporting documentation for changes to your 'Staffing' list by **October 24, 2014**. This includes all CPC EPs who will be participating in CPC at your practice site and who will be active as of December 31, 2014. If your CPC practice site elects the PQRS Waiver, the EPs identified on your 'Staffing' list will be provided to the PQRS program for the purposes of the incentive payment or payment adjustment.

How Does My CPC Practice Site Take Advantage of the PQRS Waiver?

On November 17, 2014, the CPC Registration Module will open in the CPC web application. Your practice site must actively make the decision as to whether it will elect or not elect the PQRS Waiver in the eCQM Registration Module. **PLEASE NOTE – THE ELECTION OF THE PQRS WAIVER IS A FINAL DECISION AND CANNOT BE CHANGED AFTER THE CPC eCQM REGISTRATION PERIOD CLOSES ON DECEMBER 19, 2014**. If your practice site is unsure that it can meet all CPC eCQM reporting requirements, we advise you to not elect the PQRS Waiver and to report to the PQRS program separately.

This registration process occurs prior to January 1, 2015 when your practice site will report your practice site level eCQMs via attestation or submit a QRDA III file electronically to CMS that contains all of your practice site eCQM results.

IMPORTANT TO REMEMBER– **CPC is only reporting one TIN to the PQRS program for those CPC practice sites that elect the PQRS Waiver**. If the EPs at your CPC practice site bill Medicare using other TINs, they must report to the PQRS program **separately** for each TIN or that TIN will be subject to the 2016 PQRS payment adjustment.

Not all CPC practice sites will be eligible to take advantage of the PQRS Waiver. Below are examples to help you understand better when you are eligible to elect the PQRS Waiver.

Scenario 1: You are a solo EP CPC practice site that bills under a TIN which is not used by any other EP. This scenario is only relevant to CPC practices with only one EP as defined by PQRS.

For measurement year 2014, EPs seeking to satisfy PQRS reporting may choose to either:

- Report CQMs to separately to CPC and the PQRS program; OR
- Take advantage of the PQRS Waiver and report to CPC via QRDA III electronic file transmission or attestation by February 28, 2015; in this case, you will report once to CPC and receive credit for both CPC and PQRS if your practice site meets all CPC EHR CQM reporting requirements

If you seek to take advantage of the PQRS Waiver and CMS determines that your CPC practice site met the CPC eCQM reporting requirements, your CPC TIN will be eligible to receive the 2014 PQRS incentive payment and will not be subject to the 2016 PQRS payment adjustment. If you do not successfully meet the CPC eCQM reporting requirements, you will not receive the 2014 PQRS incentive payment, and you will be subject to the 2016 PQRS payment adjustment.

Scenario 2:

a) **All of the EPs in your CPC practice site bill under one TIN that is unique to your CPC practice site; OR**
b) **You are one of multiple CPC practice sites using the same billing TIN, AND all of the EPs that bill under this TIN are participating in CPC.**

For measurement year 2014, your CPC practice site may take advantage of the PQRS Waiver, unless you have already registered to use the Group Practice Reporting Option (GPRO) for PQRS. **If your practice site elects to participate in PQRS under the GPRO, EPs at your practice site <u>cannot</u> take advantage of the PQRS Waiver**. If your group practice has already elected to self-nominate (e.g., your TIN has already notified the PQRS program that you will be reporting under the PQRS GPRO) you cannot rescind this election, and **you must satisfy PQRS by reporting under the PQRS GPRO. In addition,** your CPC practice site must submit eCQMs to CPC separately from your GPRO reporting in order to meet PY 2014 CPC eCQM reporting requirements.

If you are not planning to use GPRO, your CPC practice site may choose to take advantage of the PQRS Waiver, and report to CPC via QRDA III or attestation by February 28, 2015 in order to obtain credit for PQRS reporting. If CMS determines that your CPC practice site met the CPC eCQM reporting requirements, CPC EPs in your practice as of December 31, 2014 (as identified on the CPC practice staffing page in the CPC web application) will be eligible to receive the 2014 PQRS incentive payment and will not be subject to the 2016 PQRS payment adjustment. If you do not successfully meet the CPC eCQM reporting requirements, CPC EPs in your practice as of December 31, 2014 (as identified on the CPC practice site staffing page in the CPC web application) will not receive the 2014 PQRS incentive payment and **will be subject to the 2016 PQRS payment adjustment**.

Scenario 3:

a) **You are a CPC practice site that shares a billing TIN with one or more EPs that are not participating in CPC; OR**
b) **You are a CPC practice site within a group practice that shares a billing TIN with practices not participating in CPC.**

For measurement year 2014, your CPC practice site may take advantage of the PQRS Waiver, unless you have already

registered to use the GPRO for PQRS. **If your practice site elects to participate in PQRS under the GPRO, EPs at your practice site <u>cannot</u> take advantage of the PQRS Waiver.** If your group practice has already elected to self-nominate (i.e., your TIN has already notified the PQRS program that you will be reporting under the PQRS GPRO) you cannot rescind this election and you must satisfy PQRS by reporting under the PQRS GPRO. In addition, your CPC practice site must submit eCQMs to CPC separately via attestation or CPC QRDA III file submitted directly to CMS through the Physician and Other Health Care Professionals Quality Reporting Portal in order to meet PY 2014 CPC eCQM reporting requirements.

If you are not planning to use GPRO, your CPC practice site may choose to take advantage of the PQRS Waiver. While the election of the PQRS Waiver is at the CPC practice site level, it only applies to CPC providers; **EPs that are part of the practice site, but who are not participating in CPC must report separately to the PQRS program.** For example, this scenario would apply to a multi-specialty practice with a mixture of CPC and non-participating CPC providers who all practice at one location.

If you take advantage of the PQRS Waiver, and CMS determines that your CPC practice site met the CPC eCQM reporting requirements, CPC EPs in your practice as of December 31, 2014 (as identified on the CPC practice site staffing page in the CPC web application) will be eligible to receive the 2014 PQRS incentive payment and will not be subject to the 2016 PQRS payment adjustment. If you do not successfully meet the CPC eCQM reporting requirements, CPC EPs in your practice as of December 31, 2014 (as identified on the CPC practice site staffing page in the CPC web application) will not receive the 2014 PQRS incentive payment and will be subject to the 2016 PQRS payment adjustment.

If your CPC Practice Site takes advantage of the PQRS Waiver, the **non-CPC participant EPs** in your TIN will need to report **as individuals to PQRS** and should follow PQRS program requirements for reporting quality measures under the PQRS individual reporting option.

PQRS Waiver Considerations and Deadline for Practice Changes to be Included in the PQRS Waiver Election Decision:
As you consider the PQRS Waiver, please bear the following in mind:

- The election of the PQRS Waiver is a practice site election. Only one TIN will be reported to PQRS for purposes of the PQRS incentive and payment adjustment. It is very important that you make sure your CPC practice site staffing information is up-to-date in the CPC web application. All required documentation for CPC practice site composition changes (e.g. addition or withdrawal of a provider, TIN changes, etc.) effective in calendar year 2014 need to be provided to [CPC Support](#) by **October 24, 2014** for processing. All **approved** practice site composition changes will be reflected in the 2014 CPC practice site staffing page, which includes all providers who will be active in your CPC practice site as of December 31, 2014. If the composition change is not approved, or all documentation required to process a composition change is received after October 24, 2014, it will not be reflected in the CPC practice site staffing page. Therefore, if your CPC practice site elects the PQRS Waiver, only the CPC providers on your practice 'Staffing' list will be included in the list of EPs sent to the PQRS program.
- Any EP who joins a CPC practice site after **December 31, 2014, is excluded from the PQRS Waiver option for 2014,** because that EP cannot contribute data to the quality measures during measurement year 2014.
- If your CPC practice site is part of a larger group practice that has already self-nominated to report PQRS measures under the PQRS GPRO in 2014, you cannot take advantage of the PQRS Waiver. Your practice site must report PQRS data separately to the PQRS GPRO as well as report CPC eCQMs to CPC during the applicable

submission periods.

- CPC practice sites that elect the PQRS Waiver must **determine which TIN** will be submitted to PQRS. CMS will only submit **one TIN**, selected by the practice, to the PQRS program for purposes of paying the PQRS incentive or making a payment adjustment. If your practice elects the PQRS Waiver, CMS will contact you to confirm the TIN that your CPC practice site selected for the purposes of the PQRS Waiver.
- It may not be in the best interest of CPC practice sites that bill Medicare under multiple TINs to elect the PQRS Waiver. Your practice will need to report and submit each TIN separately to PQRS using an existing PQRS submission method, independent of CPC reporting, in order to receive a PQRS incentive or avoid the payment adjustment for each unique TIN.

CMS Medicare EHR Incentive Program (MU)

CPC offers an aligned reporting option with the Medicare EHR Incentive Program. A CPC practice site that successfully meets the CPC eCQM reporting requirements for PY 2014 and reports at least nine CQMs that cover three National Quality Strategy (NQS) domains will receive credit for the eCQM portion of MU. CPC practice sites must meet all CPC eCQM reporting requirements in order to be eligible for MU eCQM credit. Your CPC practice site must meet all other requirements of the MU program in order to receive the MU incentive payment.

Additionally, CPC EPs can report their eCQMs as individual EPs to the Meaningful Use Registration and Attestation system and/or PQRS in order to satisfy the eCQM requirement of MU.

NOTE: A CPC provider who is in the first year of MU must report eCQMs to the MU program at the EP level in accordance with the MU program requirements. Therefore, if your practice site has new EPs who are participating in the MU program for the first time those EPs must attest to their eCQM result in the MU Registration and Attestation system and cannot get credit for the MU eCQM reporting requirement via their CPC eCQM submission of aggregate results.

How Does My CPC Practice Site Take Advantage of the MU aligned reporting option?
CPC eCQM submissions that meet the CPC eCQM reporting requirements will automatically be assessed for meeting the MU eCQM requirement. Your CPC practice does not need to opt-in or elect a PQRS Waiver in order to take advantage of the MU aligned reporting option through CPC.

Value Based-Payment Modifier (VM)

The 2016 VM does not apply to groups of physicians in which any of the group's physicians participate in the CPC initiative. Therefore, the TIN that your practice will provide to CPC during the Registration period will be given to the VM program, and that TIN will be excluded from the VM for 2016.

EHR and Data Submission Vendor Considerations

2014 Operational Considerations for Practices for eCQM Reporting

Practice sites should be communicating with their EHR vendors NOW to ensure:
- They can report at least 9 of 11 CPC eCQMs
- CPC eCQMs follow the June 2013 versions of the measure specifications
- Their EHR has been updated and certified to the 2014 Edition ONC EHR certification criteria
- They can submit practice site level eCQM results

QRDA III File Considerations

One of the eCQM submission methods accepted for PY 2014 CPC eCQM reporting is a QRDA III file transmission. The QRDA III file must conform to the 2014 CMS QRDA III Implementation Guide for EPs, which can be found at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html under 'QRDA Information'.

Each CPC QRDA III file must contain the following:
- At least nine CPC measures in one file
- A CPC Practice Site ID
  - /ClinicalDocument/participant[@typeCode="LOC"]/associatedEntity[@classCode="SDLOC"]/id[@root="2.16.840.1.113883.3.249.5.1"][@extension="OK666333"]
    NOTE: @extension contains the value of a specific CPC practice site ID
- **IMPORTANT:** Use "CPC" as the CMS program name
  - /ClinicalDocument/informationRecipient/intendedRecipient/id[@root="2.16.840.1.113883.3.249.7"][@extension="CPC"]
  - **If the file contains a program name other than "CPC", it will not be analyzed for the Comprehensive Primary Care initiative.**
- Only one TIN for the CPC Practice Site
- All CPC EP NPIs
  - Please use the same TIN for each CPC NPI
- CPC measures should include the performance rate(s) for each measure as seen on the measure screenshots in Appendix A
- CPC measures must be reported at the CPC Practice Site Level
- If a DSV is used, then information about the DSV (e.g. TIN) is captured as the Legal Authenticator.
  - /ClinicalDocument/legalAuthenticator/assignedEntity/representedOrganization/id[@root="2.16.840.1.113883.4.2"][@extension="DSV-TIN-NUMBER"]

Additional Resources

CPC

- CPC Support:
  - **E-mail:** cpcisupport@telligen.org
  - **Telephone:** 800-381-4724
- Collaboration website: https://collaboration.cms.gov/
  - **E-mail:** cpclearning@tmf.org
  - **Telephone:** 866-439-8863

EHR

The Medicare and Medicaid 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
- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html
- EHR Incentive Program Information Center:
  - **Telephone:** 888-734-6433 / TTY: 888-734-6563

The Stage 2 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

eCQM Library: This contains the eCQM specification for the CPC measures. Please refer to the June 2013 versions of the measures.
- http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

QRDA III

QRDA JIRA tickets:
- http://oncprojectracking.org/

2014 CMS QRDA III Implementation Guides for Eligible Professionals Clinical Quality Measures: This contains the technical specifications for the CPC QRDA III IG, and it can be found under the QRDA Information section.
- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

PQRS

- QualityNet Help Desk:
  - **E-mail:** Qnetsupport@hcqis.org
  - **Telephone:** 866-288-8912
- Overview page: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html
- Educational Resources page: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/EducationalResources.html
- How to Get Started: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html
- Group Practice Reporting Option (GPRO): http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html
- PQRS Eligible Professionals:
  - Medicare physicians
    - Doctor of Medicine
    - Doctor of Osteopathy
    - Doctor of Podiatric Medicine
    - Doctor of Optometry
    - Doctor of Oral Surgery
    - Doctor of Dental Medicine
    - Doctor of Chiropractic
  - Providers
    - Physician Assistant
    - Nurse Practitioner*
    - Clinical Nurse Specialist*
    - Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
    - Certified Nurse Midwife*
    - Clinical Social Worker
    - Clinical Psychologist
    - Registered Dietician
    - Nutrition Professional
    - Audiologists
    - *Includes Advanced Practice Registered Nurse (APRN)*
  - Therapists
    - Physical Therapist
    - Occupational Therapist
    - Qualified Speech-Language Therapist

VM

- Overview page: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html
- Summary of Policies PDF: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/CY2015ValueModifierPolicies.pdf

Acronyms and Abbreviations

This section describes acronyms used in this user manual.

Acronym	Literal Translation
CEHRT	Certified Electronic Health Record Technology
CMS	Centers for Medicare and Medicaid Services
CPC	Comprehensive Primary Care initiative
DSV	Data Submission Vendor
eCQM	Electronic Clinical Quality Measure
CY	Calendar Year
EHR	Electronic Health Record
EP	Eligible Professional
GPRO	Group Practice Reporting Option
HIT	Health Information Technology
MU	Meaningful Use
NPI	National Provider Identifier
NQF	National Quality Forum
NQS	National Quality Strategy
ONC	Office of National Coordinator
PY	Program Year
PQRS	Physician Quality Reporting System
TIN	Taxpayer Identification Number
VM	Physician Value-Based Payment Modifier

Appendix A: Screenshots of 2014 Measurement Year eCQMs———

The following pages outline CPC eCQM details for the 2014 measurement year. These are the 2014 eCQMs and represent the information that will be displayed in the eCQM Attestation Module of the CPC web application. Additional information regarding eCQM specification can be found at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html, under eCQM Library, 2014 CQM Eligible Professionals, June 2013 Update for eReporting for the 2014 Reporting Year section.

Figure 1: CMS 165v2/NQF 0018

CMS 165 / NQF 0018

Title: Controlling High Blood Pressure

Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.

Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.

Numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Complete the following information.

(*) Red asterisk indicates a required field.

*Denominator	*Numerator	*Performance Rate		*Exclusion
			%	

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Figure 2: CMS 138v2/NQF 0028

CMS 138 / NQF 0028

Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Denominator: All patients aged 18 years and older.

Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

Complete the following information.

(*) Red asterisk indicates a required field.

*Denominator	*Numerator	*Performance Rate	*Exception
		%	

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CMS 125 / NQF 0031

Title: Breast Cancer Screening

Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Denominator: Women 41-69 years of age with a visit during the measurement period.

Numerator: Women with one or more mammograms during the measurement period or the year prior to the measurement period.

Complete the following information.

(*) Red asterisk indicates a required field.

*Denominator	*Numerator	*Performance Rate		*Exclusion
			%	

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Figure 4: CMS 130v2/NQF 0034

CMS 130 / NQF 0034

Title: Colorectal Cancer Screening

Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Denominator: Patients 50-75 years of age with a visit during the measurement period.

Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria below:
- Fecal occult blood test (FOBT) during the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period

Complete the following information.

(*) Red asterisk indicates a required field.

*Denominator	* Numerator	*Performance Rate	*Exclusion
		%	

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Figure 5: CMS 147v2/NQF 0041

CMS 147 / NQF 0041

Title: Preventive Care and Screening: Influenza Immunization

Description: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Denominator: All patients aged 6 months and older and seen for a visit between October 1 and March 31.

Numerator: Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Complete the following information.

(*) Red asterisk indicates a required field.

*Denominator	*Numerator	*Performance Rate	*Exception
		%	

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CMS 122 / NQF 0059

Title: Diabetes: Hemoglobin A1c Poor Control

Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period.

Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%.

Complete the following information.

(*) Red asterisk indicates a required field.

*Denominator	* Numerator	*Performance Rate		*Exclusion
			%	

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Figure 7: CMS 163v2/NQF 0064

CMS 163 / NQF 0064

Title: Diabetes: Low Density Lipoprotein (LDL) Management

Description: Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (< 100 mg/dL) during the measurement period.

Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period.

Numerator: Patients whose most recent LDL-C level performed during the measurement period is < 100 mg/dL.

Complete the following information.

(*) Red asterisk indicates a required field.

*Denominator	*Numerator	*Performance Rate		*Exclusion
			%	

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CMS 182 / NQF 0075

Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).

Denominator: Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) during the measurement period, or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period.

Numerator 1: Patients with a complete lipid profile performed during the measurement period.

Numerator 2: Patients whose most recent LDL-C level performed during the measurement period is < 100 mg/dL.

Complete the following information.

(*) Red asterisk indicates a required field.

*Denominator 1	*Numerator 1	* Performance Rate 1
		%

*Denominator 2	*Numerator 2	* Performance Rate 2
		%

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Figure 10: CMS 139v2/NQF 0101

Figure 11: CMS 2v3/NQF 0418

Revision History

Version	Date	Description of Changes
1.0	April 2013	PY 2013 CPC EHR CQM User Manual
2.0	October 2013	PY 2013 CPC EHR CQM User Manual – the following changes were made: - New document title to reflect additional content - Added Revision History - Updated eMeasure attestation screenshots - Added CMS Quality Aligned Reporting Options section - Added EHR Technical Requirements section - Added FAQ section - Added Appendix A with screenshots of all 2011 and 2014 Edition eMeasures - Added Acronyms and Abbreviation section
2.1	December 2013	PY 2013 CPC EHR CQM User Manual – Updated Figure 26: NQF 0036 – 2011 Edition of the CQM
2.2	December 2013	PY 2013 CPC EHR CQM User Manual – Updated all CQM Screenshots
3.0	August 2014	PY 2014 eCQM User Manual