# 2021 CPC+ HEALTH IT REQUIREMENTS

December 7, 2020
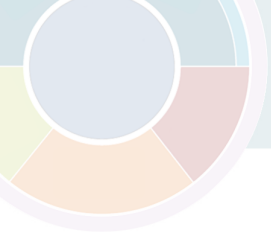
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# CPC+ Certified Health IT Requirements

Table 1 describes the 2021 health IT requirements for both CPC+ tracks: 1) overall Certified Electronic Health Record Technology (CEHRT) adoption and 2) electronic clinical quality measure (eCQM) reporting.

**Table 1.**
**2021 Health IT Requirements: Both CPC+ Tracks**

| Requirement | Notes |
|---|---|
| **Overall CEHRT Adoption** | |
| Maintain, at a minimum, health IT needed to meet the CEHRT definition required by the QPP at 42 CFR 414.1305 ⬀ | CPC+ requires adoption of relevant health IT as of January 1 for the entire Program Year. |
| **Certified Health IT for eCQM Reporting** | |
| Maintain, at a minimum, health IT meeting the definition of CEHRT required by QPP at 42 CFR 414.1305 ⬀ and the certification criteria found at 45 CFR 170.315(c)(1) - (3) ⬀[1] for eCQM reporting, using the most recent versions.[2] | For CPC+ Program Year 2021, CEHRT is the minimum required by QPP. For each Measurement Period, practices must report using the eCQM specifications listed in the eCQI Resource Center as of January 1 of the Program Year. For more information, refer to the 2021 CPC+ eCQM Reporting Requirements. |
| **Health IT for eCQM Reporting** | |
| Maintain technology with the capability to filter eCQM data for reporting at the CPC+ practice site level. | eCQM reporting must be submitted at the CPC+ practice site level [practice site location, TIN(s)/NPI(s)] and may not be submitted at the individual provider level.[3] |
| eCQM reporting submission in QRDA III format. | For the 2021 Measurement Period, all CPC+ practices must report eCQMs electronically via the qpp.cms.gov website, in the QRDA III format. Submissions must include a CMS EHR Certification ID that indicates the CEHRT used by the practice during the measurement period. The 2021 eCQM reporting period is tentatively scheduled for January 3 through February 28, 2022. For more information, refer to the 2021 CPC+ eCQM Reporting Requirements. |

CEHRT = Certified Electronic Health Record Technology; CPC+ = Comprehensive Primary Care Plus; eCQI = electronic Clinical Quality Improvement; eCQM = electronic Clinical Quality Measure; NPI = National Provider Identifier; QPP = Quality Payment Program; QRDA = Quality Reporting Document Architecture; TIN = Tax Identification Number.

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[1] For each of these sections, (c)(1) is the certification criterion for "Record and Export," (c)(2) is the certification criterion for "Import and Calculate," and (c)(3) is the certification criterion for "Report."

[2] The CPC+ eCQM Reporting Requirements for the current Program Year can be accessed on CPC+ Connect. Per the CPC+ Request for Applications and practice-facing Participation Agreement, the final measure list and requirements for each Program Year will be communicated to practices in advance.

[3] CPC+ practices may adopt and maintain the 2015 Edition certification criterion found at 45 CFR 170.315(c)(4) to filter eCQMs for reporting at the CPC+ Practice Site level (practice site location, TIN[s], NPI[s]), but this is not required.
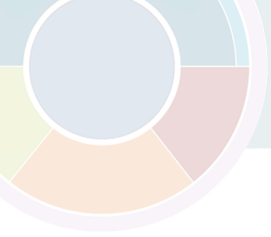
# Interoperability Health IT Requirements

To align with QPP's Promoting Interoperability requirements and with the interoperability requirements from the 21st Century Cures Act, CPC+ is adopting information blocking attestation for all practices and tracks. Table 2 describes the interoperability health IT requirement for both CPC+ tracks.

**Table 2.**
**Interoperability Health IT Requirements: Both CPC+ Tracks**

| Requirement | Timeline for Adoption | Notes |
|---|---|---|
| Refrain from information blocking as per section 3022(a) of the Public Health Service Act (PHSA) (42 USC 300jj-52), which was added by section 4004 of the 21st Century Cures Act. This requirement is in alignment with QPP's Promoting Interoperability requirements to exchange electronic information using certified electronic health record technology (CEHRT). | By start of the Program Year *(January 1, 2021)*, ongoing. | The practice must attest to refraining from information blocking in the Health IT tab in the CPC+ Practice Portal. |

# Advanced Health IT Functions Required in Track 2

Table 3 describes the advanced health IT functionalities required for CPC+ Track 2 only.

**Table 3.**
**Advanced Health IT Functionalities: Track 2 Only**

| Health IT Functionality | Objectives for Use |
|---|---|
| Maintain a display of eCQM results at the CPC+ practice site level [practice site location, TIN(s)/NPI(s)] | 1. Health IT displays the practice site level eCQM results to support population health management and continuous feedback on quality improvement efforts.<br>2. Health IT updates eCQM results at least quarterly to reflect practices' current progress. |

| Health IT Functionality | Objectives for Use |
|---|---|
| Maintain targeted care management optimized by health IT | RISK STRATIFICATION:<br>1. Health IT risk stratifies each patient that is empaneled to a practice site care team. For practices to have a view of their entire population, risk scores should be generated by an established, health IT-enabled algorithm, which can include patient diagnoses, health-related social needs, and other clinical factors.[4]<br>2. Health IT uses risk stratification results to flag patients identified as "complex patients" who require care management. Using flags, health IT should generate reports or lists of patients to support practice workflow.<br>CARE PLAN:<br>3. Health IT includes an electronic, patient-centered care planning tool for patients identified for care management. The care plan must include, at minimum:<br>   a. Patient health concerns, goals, and self-management plans; and<br>   b. Action plans to achieve patient goals.<br>The care plan should be accessible in the following ways:<br>   a. Patient: paper or electronically, for example through a patient portal<br>   b. Primary care: electronically for care team members outside of regular office hours<br>   c. Other care settings and practitioners involved in patient's care: electronically for those involved |
| Maintain assessing health-related social needs using health IT | 1. Health IT contains a screening tool that electronically assesses patients' health-related social needs.<br>2. Health IT accesses or captures an inventory of resources and supports to meet patients' identified health-related social needs. |

CPC+ = Comprehensive Primary Care Plus; eCQM = electronic Clinical Quality Measure; NPI = National Provider Identifier; TIN = Tax Identification Number.

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[4] The first step in operationalizing risk stratification is to apply an algorithm that uses a combination of clinical and historical data (e.g., EHR, utilization, claims data) to provide a general segmentation of the entire patient population. The second step is required to allow practices to apply clinical intuition and judgment to adjust and refine the estimation of risk status for individual patients. The first step must be automated within a health IT system. The level or method of automation is intentionally not defined by CMS to allow practices and health IT vendors flexibility when developing and implementing risk stratification. CMS does not require practices and health IT vendors to use any specific approach. Health IT systems that can automatically segment patients based on data within the health IT system meet this requirement.

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