

Appendix 5

PCMH Distinction in Electronic Quality Measure (eCQM) Reporting

Launching on Q-PASS in 2018

Distinction Purpose and Background

Health care continues to move toward a performance-based evaluation of practices, with an ever-increasing emphasis on quality measurement and quality improvement. NCQA supports this movement and has curated 35 electronic clinical quality measures (eCQM) that help primary care practices measure and improve care in key areas. By directly extracting data from EHRs, eCQMs reduce the time, expense and clinical burden that comes from manual data abstraction. Measures can be submitted through EHRs, health information exchanges, qualified clinical data registries and data analytics companies as long as they can use the electronic specifications as defined by CMS for the ambulatory quality reporting programs. Using eCQMs can also help practices earn and sustain NCQA PCMH Recognition, as there are specific criteria within the standards where performance measures may be used as evidence of meeting the criteria.

Eligibility

Practices with current NCQA PCMH Recognition are eligible for the optional distinction. Practices may pursue NCQA PCMH Recognition and Distinction in Electronic Quality Measures Reporting at the same time.

Requirements Description

Practices must submit approved measures in standard QRDA III format. For each clinician in the practice, PCMH practice sites submit at least 6 measures from the list of 35 measures listed in the table in this appendix. If practices submit fewer than 6 measures per clinician, the measures can be used as evidence to meet specific criteria in PCMH, but they will not earn distinction.

Measures cover a range of categories: Acute Care, Behavioral Health/Chronic Disease Care, Overuse, Immunization, Preventive Care, Administrative. Practices interested in submitting eCQMs can either:

- Use an NCQA Certified Vendor to create the appropriate QRDA III files, then:
 - The vendor uploads files on behalf of the practice through an application program interface (API) provided by NCQA (Q-Bridge).
 - The vendor provides QRDA III files to the practice and the practice uploads the files through Q-PASS, **or**
- Have and use Meaningful Use Certified Electronic Health Record Technology (CEHRT) or a data intermediary with the capability to produce CMS QRDA III files, then:
 - The practice uploads QRDA III files through Q-PASS.

Specifications

QRDA Category III files must conform to current eCQM specifications used for the Medicare and Medicaid EHR Incentive Programs (the “Meaningful Use” program) and the Quality Payment Program (QPP). Some vendors/data intermediaries may also build reports for other quality programs (e.g., the Physician Quality Reporting Program); these reports should not be used for this program.

Organizations that participated in the Medicare or Medicaid EHR Incentive Program in 2016 or the QPP in 2017 may choose to submit to NCQA their most recent QRDA III files that were submitted to CMS as part of either program.

The current eCQM measure specifications are found in the CMS eCQM library:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html.

The CMS eCQM Library contains a number of other useful resources, including QRDA Implementation Guides and a link to the CMS helpdesk for questions regarding eCQM specifications, logic and QRDA reporting.

Reporting Period

NCQA will accept data from a 365-day reporting period or a 90-day period in the year prior to reporting to NCQA.





If an organization chooses to report for a 90-day period, it must provide a rationale for not reporting a full year's data (i.e., alignment with the Merit-based Incentive Payment System [MIPS]) and state whether the 90-day period was applied to the measure denominator, to the numerator and exclusions or only to the measure denominator.









Receiving Distinction/Scoring

Distinction will be awarded for one year to PCMH practice sites that submit at least 6 measures from our list of 35 for each clinician in the practice. This approach is consistent with MIPS reporting requirements.

Quality Measures Crosswalk for PCMH 2017[^]

KEY TO TABLE SYMBOLS

- [^] NCQA intends to accept the results of these measures for the 2017 PCMH program. The specifications for these measures are available through CMS eCQM Library at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html
-  Measure included in Quality Payment Program Merit-based Incentive Payment System (MIPS).
-  HEDIS and Medicare Star measure specifications differ from CMS eCQM specifications.
-  HEDIS Measure included here though HEDIS specification is different than CMS eCQM specification and data collection methodology is via Electronic Clinical Data Systems Reporting ([ECDS](#)).
-  Medicare Stars measures: A version of this measure is included in the Medicare Stars program though the specifications and method of collection differ from the CMS eCQM version used for the PCMH 2017 program.

Measure Title	NQF # (CMS eCQM #)	Population	NCQA eMeasure Certification	CMS/AHIP Consensus Core Set ACO & PCMH	CPC+	HEDIS Plan Level & Medicare Star Rating System	NCQA PCMH 2017 Recognition Credit	Owner (Developer)
ACUTE CARE								
Appropriate Treatment for Children with Upper Respiratory Infection 	69 (154)	Pediatric	✓			✓	QI 01C	NCQA ¹
BEHAVIORAL HEALTH/CHRONIC CARE								
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder Medication 	108 (136)	Pediatric	✓			✓	QI 02A	NCQA
Dementia: Cognitive Assessment 	NA (149)	Adult			✓		QI 01D	AMA PCPI ²
Depression Remission at 12 Months (Outcome) 	710 (159)	Adult	✓	✓	✓	✓‡	QI 01D	MNCM ³
Depression Utilization of the PHQ-9 Tool 	712 (160)	Adult	✓			✓‡	QI 01D KM 03	MNCM
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment 	4 (137)	Adult/ Adolescent			✓	✓	KM 04B, 04C QI 01D	NCQA
CHRONIC DISEASE CARE								
Controlling High Blood Pressure (Intermediate Outcome) 	18 (165)	Adult	✓	✓	✓	✓★ 	QI 01C	NCQA

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Measure Title	NQF # (CMS eCQM #)	Population	NCOA eMeasure Certification	CMS/AHIP Consensus Core Set ACO & PCMH	CPC+	HEDIS Plan Level & Medicare Star Rating System	NCOA PCMH 2017 Recognition Credit	Owner (Developer)
Coronary Artery Disease: Beta-Blocker Therapy—Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction (LVEF <40%) [Ⓡ]	NA (145)	Adult					QI 01C	AMA PCPI
Diabetes: Eye Exam [Ⓡ]	55 (131)	Adult	✓	✓	✓	✓★	QI 01C	NCOA
Diabetes: Foot Exam [Ⓡ]	56 (123)	Adult	✓	✓			QI 01C	NCOA
Diabetes: Hemoglobin A1c Poor Control (>9%) (Intermediate Outcome) [Ⓡ]	59 (122)	Adult	✓	✓	✓	✓	QI 01C	NCOA
Diabetes: Medical Attention for Nephropathy [Ⓡ]	62 (134)	Adult	✓	✓		✓	QI 01C	NCOA
Functional Status Assessments for Congestive Heart Failure [Ⓡ]	NA (90)	Adult					QI 01C	CMS (NCOA) ⁴
Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction [Ⓡ]	2907 (135)	Adult					QI 01C	AMA PCPI
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction [Ⓡ]	2908 (144)	Adult					QI 01C	AMA PCPI
Hypertension: Improvement in Blood Pressure (Intermediate Outcome) [Ⓡ]	NA (65)	Adult					QI 01C	CMS (NCOA)
Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet [Ⓡ]	68 (164)	Adult		✓			QI 01C	NCOA
Use of High-Risk Medications in the Elderly [Ⓡ]	22 (156)	Adult	✓		✓	✓	QI 01C	NCOA
OVERUSE								
Use of Imaging Studies for Low Back Pain [Ⓡ]	52 (166)	Adult	✓	✓	✓	✓	QI 02B	NCOA
IMMUNIZATION								
Childhood Immunization Status [Ⓡ]	38 (117)	Pediatric	✓			✓	QI 01A	NCOA
Preventive Care and Screening: Influenza Immunization [Ⓡ]	41 (147)	Adult/ Pediatric					QI 01A	AMA PCPI

Measure Title	NQF # (CMS eCQM #)	Population	NCQA eMeasure Certification	CMS/AHIP Consensus Core Set ACO & PCMH	CPC+	HEDIS Plan Level & Medicare Star Rating System	NCQA PCMH 2017 Recognition Credit	Owner (Developer)
PREVENTIVE CARE								
Breast Cancer Screening ^{FB}	2372 (125)	Adult	✓	✓	✓	✓★	QI 01B	NCQA
Cervical Cancer Screening ^{FB}	32 (124)	Adult	✓	✓	✓	✓	QI 01B	NCQA
Chlamydia Screening for Women ^{FB}	33 (153)	Adult/ Pediatric	✓			✓	QI 01B	NCQA
Colorectal Cancer Screening ^{FB}	34 (130)	Adult	✓	✓	✓	✓★	QI 01B	NCQA
Falls: Screening for Future Fall Risk ^{FB}	101 (139)	Adult			✓	✓	QI 01B	AMA PCPI
Maternal Depression Screening ^{FB}	NA (82)	Adult/ Pediatric					QI 01B	NCQA
Pneumococcal Vaccination Status for Older Adults ^{FB}	43 (127)	Adult				✓	QI 01A	NCQA
Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan ^{FB}	421 (69)	Adult		✓			QI 01B	CMS (QIP) ⁵
Preventive Care and Screening: Screening for Depression and Follow-Up Plan ^{FB}	418 (2)	Adult/ Pediatric	✓				QI 01B	CMS (QIP)
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention ^{FB}	28 (138)	Adult		✓	✓		QI 01B	AMA PCPI
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists ^{FB}	NA (74)	Adult/ Pediatric					KM 05 QI 01B	CMS (NCQA)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents ^{FB}	24 (155)	Pediatric	✓			✓	QI 01B	NCQA
ADMINISTRATIVE								
Closing the Referral Loop: Receipt of Specialist Report ^{FB}	NA (50)	Adult/ Pediatric			✓		CC 04C QI 02A	CMS (NCQA)
Documentation of Current Medications in the Medical Record ^{FB}	419 (68)	Adult				✓	KM 15	CMS (QIP)

¹ NCQA: NCQA is the owner and steward of these measures.

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