
Appendix 5

PCMH Distinction in Electronic Quality Measure (eCQM) Reporting

Launching on Q-PASS in 2019

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 37 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 2017 or the QPP in 2018 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 37 for each clinician in the practice. This approach is consistent with MIPS reporting requirements.

Quality Measures Crosswalk for PCMH Updated July 2018[^]



KEY TO TABLE SYMBOLS

- [^] NCQA intends to accept the results of these measures for the PCMH program. The specifications for these measures are available through CMS eCQM Library at: <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms/2018-performance-period-epec-ecqms>
- ↻ 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 edition) program.

Measure Title	NQF # (CMS eCQM #)	Population	NCQA eMeasure Certification	Core Quality Measures Collaborative ACO & PCMH	CPC+	Adult / Child Medicaid Core Measures Set	HEDIS Plan Level & Medicare Star Rating System	NCQA PCMH 2017 & Behavioral Health Integration Recognition Credit	Owner (Developer)
ACUTE CARE									
Appropriate Treatment for Children with Upper Respiratory Infection ↻	69 (154)	Pediatric	✓	✓			✓	QI 01C QI 02B	NCQA ¹
Appropriate Treating for Children with Pharyngitis ↻ [New to List]	(146)	Pediatric	✓	✓			✓	QI 01C QI 02B	NCQA
BEHAVIORAL HEALTH/CHRONIC CARE									
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder Medication ↻	108 (136)	Pediatric	✓				✓	QI 01D QI 02A	NCQA
Anti-depressant Medication Management ↻ [New to List]	105 (128)	Adult	✓			Adult		QI 01D	AMA PCPI ²
Child & Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment ↻ [New to List]	1365 (177)	Pediatric/ Adolescent						QI 01D KM 03/BH 11 KM 04D/BH 12D	AMA PCPI ³
Dementia: Cognitive Assessment ↻	NA (149)	Adult	✓		✓			QI 01D	AMA PCPI ⁴
Depression Remission at 12 Months (Outcome) ↻	710 (159)	Adult	✓	✓			✓‡	QI 01D KM 03/BH 11	MNCM ⁵

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Depression Utilization of the PHQ-9 Tool <i>R</i>	712 (160)	Adult	✓		✓		✓‡	QI 01D KM 03/BH 11	MNCM
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment <i>R</i>	4 (137)	Adult/ Adolescent	✓		✓	Adult	✓	KM 04B, 04C BH 12B, 12C QI 01D	NCQA
CHRONIC DISEASE CARE									
Controlling High Blood Pressure (Intermediate Outcome) <i>R</i>	18 (165)	Adult	✓	✓	✓	Adult	✓★‡	QI 01C	NCQA
Coronary Artery Disease: Beta-Blocker Therapy—Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction (LVEF <40%) <i>R</i>	NA (145)	Adult	✓					QI 01C	AMA PCPI
Diabetes: Eye Exam <i>R</i>	55 (131)	Adult	✓	✓	✓		✓★	QI 01C	NCQA
Diabetes: Foot Exam <i>R</i>	56 (123)	Adult	✓	✓				QI 01C	NCQA
Diabetes: Hemoglobin A1c Poor Control (>9%) (Intermediate Outcome) <i>R</i>	59 (122)	Adult	✓	✓	✓	Adult	✓★	QI 01C	NCQA
Diabetes: Medical Attention for Nephropathy <i>R</i>	62 (134)	Adult	✓	✓	✓		✓★	QI 01C	NCQA
Functional Status Assessments for Congestive Heart Failure <i>R</i>	NA (90)	Adult	✓					QI 01C	CMS (NCQA) ⁶
Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction <i>R</i>	2907 (135)	Adult	✓					QI 01C	AMA PCPI
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction <i>R</i>	2908 (144)	Adult	✓					QI 01C	AMA PCPI
Hypertension: Improvement in Blood Pressure (Intermediate Outcome) <i>R</i>	NA (65)	Adult	✓					QI 01C	CMS (NCQA)
Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet <i>R</i>	68 (164)	Adult	✓	ACO Only	✓			QI 01C	NCQA
Use of High-Risk Medications in the Elderly <i>R</i>	22 (156)	Adult	✓		✓		✓	QI 01C	NCQA

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IMMUNIZATION									
Childhood Immunization Status <i>R</i>	38 (117)	Pediatric	✓	ACO Only		Child	✓	QI 01A	NCQA
Preventive Care and Screening: Influenza Immunization <i>R</i>	41 (147)	Adult/ Pediatric	✓		✓			QI 01A	AMA PCPI
PREVENTIVE CARE									
Breast Cancer Screening <i>R</i>	2372 (125)	Adult	✓	✓	✓	Adult	✓★	QI 01B	NCQA
Cervical Cancer Screening <i>R</i>	32 (124)	Adult	✓	✓	✓	Adult	✓	QI 01B	NCQA
Chlamydia Screening for Women <i>R</i>	33 (153)	Adult/ Pediatric	✓	ACO Only		Adult Child	✓	QI 01B	NCQA
Colorectal Cancer Screening <i>R</i>	34 (130)	Adult	✓	✓	✓		✓★	QI 01B	NCQA
Falls: Screening for Future Fall Risk <i>R</i>	101 (139)	Adult	✓		✓		✓	QI 01B	AMA PCPI
Maternal Depression Screening <i>R</i>	NA (82)	Adult/ Pediatric	✓					QI 01B	NCQA
Pneumococcal Vaccination Status for Older Adults <i>R</i>	43 (127)	Adult	✓		✓		✓	QI 01A	NCQA
Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan <i>R</i>	421 (69)	Adult	✓	✓				QI 01B	CMS (QIP) ⁷
Preventive Care and Screening: Screening for Depression and Follow-Up Plan <i>R</i>	418 (2)	Adult/ Pediatric	✓		✓	Adult Child		QI 01B	CMS (QIP)
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention <i>R</i>	28 (138)	Adult	✓	✓	✓			QI 01B	AMA PCPI
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists <i>R</i>	NA (74)	Adult/ Pediatric	✓					KM 05 QI 01B	CMS (NCQA)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents <i>I</i>	24 (155)	Pediatric	✓	✓		Child	✓	QI 01B	NCQA

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ADMINISTRATIVE									
Closing the Referral Loop: Receipt of Specialist Report 	NA (50)	Adult/ Pediatric	✓		✓			CC 04C QI 02A	CMS (NCQA)
Documentation of Current Medications in the Medical Record 	419 (68)	Adult	✓				✓	KM 15	CMS (QIP)

RETIRED
CMS166 Use of Imaging Studies for Low Back Pain
CMS169 Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
CMS148 Hemoglobin A1c Test for Pediatric Patients
CMS158 Pregnant women that had HBsAg testing

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