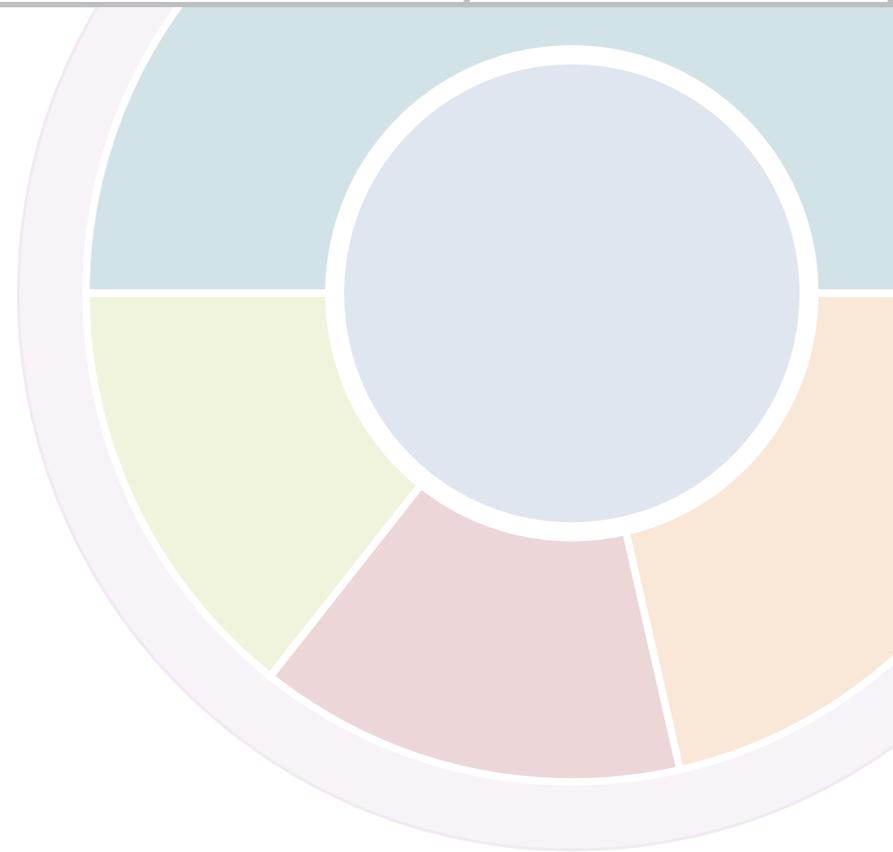


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PCF CLINICAL MEASURE REPORTING GUIDE FOR PERFORMANCE YEAR 2021

VERSION 2.0

December 16, 2021

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Introduction

For Primary Care First (PCF), the Quality Gateway is one of the minimum thresholds participating practices must meet or exceed to be eligible for a positive Performance-Based Adjustment (PBA). The Centers for Medicare & Medicaid Services (CMS) begins performance measurement for the Quality Gateway measures in the Performance Year 2021 (January 1, 2021 to December 31, 2021), and the results are applied to payments in the following year (Q2–Q4 2022).

PCF practices must report clinical measures that are part of the Quality Gateway. Clinical measure reporting requirements vary depending on the practice risk group that is assigned to the participating practice and can be found in Table 1 below. PCF uses Merit-based Incentive Payment System (MIPS) clinical quality measure (CQM) 047 Advance Care Plan and three electronic clinical quality measures (eCQMs): (1) CMS165 Controlling High Blood Pressure, (2) CMS122 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%), and (3) CMS130 Colorectal Cancer Screening.

Table 1. Clinical Measures Required for PCF Components

2021 PCF Clinical Measure Reporting Requirements Summary	eCQM Reporting (Required for Practice Risk Groups 1–2 Only)	MIPS CQM Reporting (Required for ALL Practice Risk Groups)
CMS 122v9 —Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	✓	
CMS 165v9 —Controlling High Blood Pressure	✓	
CMS 130v9 —Colorectal Cancer Screening	✓	
MIPS CQM 047 —Advance Care Plan		✓

MIPS CQMs are mechanisms used to measure the observations, treatment, processes, experience, or outcomes of patient care delivered by providers and hospitals. MIPS CQMs meet the CMS Meaningful Measures criteria. The Meaningful Measures framework, launched in 2017, is the CMS initiative which identifies the highest priorities for quality measurement and improvement, including the following:

- Reduce burden
- Improve access for rural communities
- Achieve cost savings
- Safeguard public health
- Track to measurable outcomes and impact
- Eliminate disparities



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eCQMs use data electronically extracted from electronic health records (EHRs) and other types of health information technology (health IT) to measure the quality of health care provided. There are several benefits to using eCQMs, including the following:

- Use of detailed clinical data to assess the outcomes of treatment by practices
- Reduced burden of manual abstraction and reporting for practices
- Access to real-time data for quality improvement

Practices must report all measures at the PCF practice site level, which is identified by the PCF Practice ID. PCF practice site–level reporting includes all patients (including all payers and the uninsured) who were seen one or more times at the practice site location during the performance year by one or more clinicians who were active on the PCF practitioner roster at any point during the performance year and who meet the criteria as specified in each measure. Satellite offices are considered part of the CPC+ practice site and measure data should be aggregated and reported with data from the main location.



DID YOU KNOW?

For Performance Year 2021 (**January 1, 2021, to December 31, 2021**), the PCF reporting period is scheduled for **January 3, 2022, to February 28, 2022**.

Note: On the Quality Payment Program (QPP) website, you may see a reporting period of January 3, 2022, to March 31, 2022. This period is to report quality data for MIPS only and is not applicable to PCF.

This document is organized into sections for [PCF MIPS CQM Reporting](#) and [PCF eCQM Reporting](#). Each section contains important information to help your practice successfully submit your 2021 MIPS CQM or eCQM data, including submission checklists, information on file standards, troubleshooting, and more.



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PCF MIPS CQM Reporting

PCF MIPS CQM Checklists

The following Submission Checklists (Table 2 and Table 3) display activities practices should complete to ensure that they are able to:

1. Utilize a qualified registry (QR) or a qualified clinical data registry (QCDR) from the MIPS final approved lists to compile their MIPS CQM data
2. Submit their MIPS CQM results in PCF QPP JavaScript Object Notation (JSON) format
3. Meet the 2021 PCF Clinical Measure Reporting and Health IT Requirements

Submitting Medicare Part B Claims measure specifications and reporting them does not satisfy PCF MIPS CQM reporting requirements.



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Table 2. PCF MIPS CQM Pre-Submission Checklist

PCF MIPS CQM Reporting Requirements Required for All Practice Risk Groups Confirm your practice meets the following requirements.
In early 2021, review the 2021 PCF Clinical Measure Reporting and Health IT Requirements .
Select a QR or QCDR to compile your PCF MIPS CQM data from the MIPS final approved lists for Performance Year 2021, which can be found on the QPP Website . Search for “2021 Qualified Clinical Data Registries (QCDRs) Qualified Posting” and “2021 Qualified Registries Qualified Posting.”
Confirm with your selected QR/QCDR that your practice can report your PCF MIPS CQM 047 Advance Care Plan results at the PCF practice site level.
Verify that you have a Business Associate Agreement in place with the QR or QCDR you are partnering with to compile the MIPS CQM data to comply with HIPAA regulations.
Ensure that your PCF QPP JSON file contains all data elements for the MIPS CQM.
Confirm that your practice is using the 2021 MIPS CQM version (available on the Explore Measures & Activities page of the QPP website).
Ensure that your practice can submit 12 months of continuous MIPS CQM data for the full Performance Year.
If your practice has undergone a merger, change in ownership, split, or other change, ensure that you follow the specific MIPS CQM reporting direction provided to your practice by PCF Support. For more information, see the PCF Practice Management Guide or contact PCF Support.



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Table 3. PCF MIPS CQM Submission Checklist

PCF QPP JSON File Review
This table contains steps to ensure your PCF QPP JSON file is ready to be submitted.
Verify with your QR or QCDR that your PCF QPP JSON file conforms to the Technical Instructions for Submission of the MIPS CQM for PCF Practices (2021 Performance Year) .
Confirm that MIPS CQM 047 is included within your PCF QPP JSON file.
If a TIN and NPI(s) are reported within your PCF QPP JSON file, verify that the reported TIN and NPI(s) are listed on your PCF practitioner roster.
Verify with your QR or QCDR that your PCF QPP JSON file includes MIPS CQM data for all PCF providers listed on your practice’s PCF practitioner roster and does not contain data for any provider not on the list.
PCF QPP JSON File Submission
This table contains steps to ensure your PCF QPP JSON file is ready to be submitted.
Determine how your PCF QPP JSON data will be submitted: <ol style="list-style-type: none"> 1. Your QR or QCDR may send a PCF QPP JSON message via the QPP Submissions API, or 2. Your QR or QCDR may upload a PCF QPP JSON file via the QPP website, or 3. Your practice may upload a PCF QPP JSON file via the QPP website.
Upload your PCF QPP JSON file to the QPP website * if your QR or QCDR is not submitting on your behalf.
Work with your QR or QCDR to resolve any submission errors.
Retain a copy of the PCF QPP JSON file for at least 6 years.
* Please note that you may submit multiple PCF QPP JSON files during the reporting period; however, with every upload of a new PCF QPP JSON file, the previous PCF QPP JSON file will be replaced. PCF uses the last successful submission to determine your practice’s reporting compliance and Quality Gateway calculation.



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Selecting a QR or QCDR

The MIPS CQM must be calculated by a MIPS-approved QR or QCDR. Lists of health IT vendors that are qualified to submit 2021 CQM data to CMS as a QR or QCDR for purposes of MIPS are posted on the [Resource Library for the Quality Payment Program](#) (search for “2021 Qualified Clinical Data Registries (QCDRs) Qualified Posting” and “2021 Qualified Registries Qualified Posting”). PCF practices must use a QR or QCDR from one of these lists for the respective performance year, and the practice must select a QR or QCDR that has been approved to submit MIPS CQM 047 on behalf of APM entities. Please ensure that the QR or QCDR you select can support PCF reporting requirements.

PCF QPP JSON Reporting Options

Your practice’s MIPS CQM data must be submitted by one of the following methods:

- 1 The QR or QCDR submits on behalf of the practice through direct submission via the QPP Submissions API via an HTTP message that contains the embedded PCF QPP JSON.

or

- 2 The QR or QCDR submits on behalf of the practice by signing into the QPP website and uploading a PCF QPP JSON file.

or

- 3 The practice signs into the QPP website and uploads a PCF QPP JSON file.

This PCF Reporting Guide includes information on PCF QPP JSON files and reporting through upload of a PCF QPP JSON file on the QPP website; it does not cover submission via the QPP Submissions API. QRs and QCDRs can find additional information in the [Technical Instructions for Submission of the MIPS CQM for PCF Practices \(2021 Performance Year\)](#).



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About Your PCF QPP JSON File

This section provides a high-level overview of QPP JSON files, including the types of information that are reported in your practice’s PCF QPP JSON file, how to identify PCF data within the file, and other important information.

QPP JSON File Overview

JSON is a lightweight data-interchange format. CMS requires a QPP JSON file format to report MIPS CQMs to the [QPP website](#).¹

QPP provides QPP JSON technical documentation and resources on the QPP website [Developer Tools](#) page. PCF has also developed the [Technical Instructions for Submission of the MIPS CQM for PCF Practices \(2021 Performance Year\)](#) document, which contains QPP JSON requirements specific to PCF. The information contained in this PCF Reporting Guide is meant to assist you with understanding some of the data contained in your PCF QPP JSON file, but PCF practices and their QR or QCDR must meet all other technical specifications in the creation of the file.

PCF practices are encouraged to collaborate with their QR and QCDR vendors to ensure that data are reported appropriately. We strongly recommend that practices review their MIPS CQM results frequently throughout the performance year and communicate with their QR or QCDR to understand their results and resolve any challenges or miscalculations prior to the 2021 clinical measures reporting deadline (February 28, 2022).

¹ QPP JSON files are technical documents and must conform to many requirements not discussed in this PCF Reporting Guide.



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PCF QPP JSON Standards

In addition to base QPP JSON files standards, CMS has established additional standards that are specific to PCF. For PCF, your QPP JSON file must include the following:

- CMS Program Name of “PCF”
- APM Entity Identifier, which is equivalent to your PCF Practice ID (e.g., OR1234)
- Performance year start date of “2021-01-01”
- Performance year end date of “2021-12-31”
- All MIPS CQM required data elements (i.e., performanceMet and eligiblePopulation)

Failure to meet the above standards, or any other QPP JSON standard, will result in an error message when you submit your PCF QPP JSON file on the QPP website (see the [PCF QPP JSON File Submission Validations](#) section) and your PCF QPP JSON file may fail submission. There is no standard file naming convention for PCF QPP JSON files.

Identifying Data in Your PCF QPP JSON File

Even if your QR or QCDR is submitting MIPS CQM data on your practice’s behalf, to better understand the data being reported your practice may choose to reach out to your QR or QCDR to request your practice’s PCF QPP JSON file.

The following subsections include high-level instructions that practices may find helpful to identify data within their PCF QPP JSON file. These instructions are not intended to cover all data that must be included in a QPP JSON file, and, as noted in the [QPP JSON File Overview](#) section, separate technical documentation, including the [Technical Instructions for Submission of the MIPS CQM for PCF Practices \(2021 Performance Year\)](#), specifies the full QPP JSON file standards to which the QPP JSON file must conform.

If you follow the instructions below and identify potential issue(s) in your PCF QPP JSON file, please work with your QR or QCDR to confirm the issue(s) and correct the issue(s) if necessary. Any issues with your PCF QPP JSON file will receive an error upon upload to the QPP website (see the [PCF QPP JSON File Submission Validations](#) section).



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Viewing Your PCF QPP JSON File

Your PCF QPP JSON file should have a JSON file extension (.json). You may open the file using any text editor (e.g., Notepad++, Atom). The file contents may display with slightly different formatting, depending on the software you use to open and view the file. Data in your file may appear slightly different from the examples in this PCF Reporting Guide.

CMS Program Name

The CMS Program Name for PCF is “PCF” (see Figure 1).

1. Search for “programName” within your QPP JSON file.
2. The corresponding value must be “PCF”.

Figure 1. PCF QPP JSON CMS Program Name Example

```
"entityType": "apm",
"entityId": "OR1234",
"performanceYear": 2021,
"measurementSets": [
  {
    "category": "quality",
    "performanceStart": "2021-01-01",
    "performanceEnd": "2021-12-31",
    "submissionMethod": "registry",
    "programName": "PCF",
    "practiceDetails": {
      "taxpayerIdentificationNumber": "990000099",
      "nationalProviderIdentifiers": ["2567891421", "2589654740"]
    }
  },
  "measurements": [
    {
      "measureId": "047",
      "value": {
        "isEndToEndReported": true,
        "performanceMet": 183,
        "performanceNotMet": 504,
        "eligiblePopulation": 687
      }
    }
  ]
}
```

CMS Program Name



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QPP JSON CMS Program Name Reminder

For PCF, the CMS Program Name that must be reported in your QPP JSON file is “PCF”. If a CMS Program Name of “MIPS_INDIV”, “MIPS_GROUP”, or any other value is reported, your QPP JSON file is not properly defined for PCF.

PCF reporting requirements are distinct from those for MIPS and require submission of a PCF QPP JSON file with MIPS CQM data aggregated at the PCF practice site level. Submitting a MIPS QPP JSON file does not satisfy PCF MIPS CQM reporting requirements.

APM Entity Identifier

For PCF, the APM Entity Identifier should be your PCF Practice ID (see Figure 2).

1. Search for “entityId” within your QPP JSON file.
2. The corresponding value must be your PCF Practice ID.

Figure 2. PCF QPP JSON APM Entity Identifier

```
"entityType": "apm",
"entityId": "OR1234",
"performanceYear": 2021,
"measurementSets": [
  {
    "category": "quality",
    "performanceStart": "2021-01-01",
    "performanceEnd": "2021-12-31",
    "submissionMethod": "registry",
    "programName": "PCF",
    "practiceDetails": {
      "taxpayerIdentificationNumber": "990000099",
      "nationalProviderIdentifiers": ["2567891421", "2589654740"]
    },
    "measurements": [
      {
        "measureId": "047",
        "value": {
          "isEndToEndReported": true,
          "performanceMet": 183,
          "performanceNotMet": 504,
          "eligiblePopulation": 687
        }
      }
    ]
  }
]
```

← PCF Practice ID



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PCF NPI and TIN Combination (Optional)

Your PCF QPP JSON file may optionally include one or more NPI(s) and/or one TIN from your practice's PCF practitioner roster (see Figure 3). The TIN and/or NPI(s) that are listed must be active on the PCF practitioner roster at some point during the performance year. If your practice has multiple practitioners participating in PCF, you must report measure data for all the practitioners.

1. Search for "taxpayerIdentificationNumber" within your QPP JSON file.
 - a. If it exists, the corresponding value should be the TIN from your PCF practitioner roster.
2. Next search for "nationalProviderIdentifiers".
 - a. If it exists, the corresponding value(s) should be NPI(s) from your PCF practitioner roster.
3. You cannot have more than one TIN, but you can have multiple NPIs listed in your QPP JSON file.

Figure 3. PCF NPI and TIN Combination Example

```
"entityType": "apm",
"entityId": "OR1234",
"performanceYear": 2021,
"measurementSets": [
  {
    "category": "quality",
    "performanceStart": "2021-01-01",
    "performanceEnd": "2021-12-31",
    "submissionMethod": "registry",
    "programName": "PCF",
    "practiceDetails": {
      "taxpayerIdentificationNumber": "990000099",
      "nationalProviderIdentifiers": ["2567891421", "2589654740"]
    },
    "measurements": [
      {
        "measureId": "047",
        "value": {
          "isEndToEndReported": true,
          "performanceMet": 183,
          "performanceNotMet": 504,
          "eligiblePopulation": 687
        }
      }
    ]
  }
]
```

TIN
NPI(s)



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PCF Performance Year Start and End Dates

For PCF, the Performance Year Start Date must be “2021-01-01” and the Performance Year End Date must be “2021-12-31” (see Figure 4). Other date formats are not acceptable.

1. Search for “performanceStart” within your QPP JSON file.
 - a. The corresponding value must be “2021-01-01”.
2. Then search for “performanceEnd”.
 - a. The corresponding value must be “2021-12-31”.

Figure 4. PCF Performance Year Start and End Dates Example

```
{
  "entityType": "apm",
  "entityId": "OR1234",
  "performanceYear": 2021,
  "measurementSets": [
    {
      "category": "quality",
      "performanceStart": "2021-01-01",
      "performanceEnd": "2021-12-31",
      "submissionMethod": "registry",
      "programName": "PCF",
      "practiceDetails": {
        "taxpayerIdentificationNumber": "990000099",
        "nationalProviderIdentifiers": ["2567891421", "2589654740"]
      },
    },
    "measurements": [
      {
        "measureId": "047",
        "value": {
          "isEndToEndReported": true,
          "performanceMet": 183,
          "performanceNotMet": 504,
          "eligiblePopulation": 687
        }
      }
    ]
  ]
}
```

Performance Year Start Date → "performanceStart": "2021-01-01",

"performanceEnd": "2021-12-31", ← Performance Year End Date



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PCF MIPS CQM Data

PCF MIPS CQM 047 must be reported in the PCF QPP JSON file and your practice must report all required MIPS CQM data elements (Table 4).

Table 4. Required PCF MIPS CQM Data Elements

MIPS CQM ID	Eligible Population	Performance Met (Numerator)
047	X	X

The measure must be reported with the appropriate measure ID. In addition, each required MIPS CQM data element/population must be reported. Additional optional data element/population values may also be reported.

1. Search for “measurements” within your QPP JSON file. As seen in Figure 5, in this section, you should find:
 - a. “measureId” with a value of “047”.
 - b. “performanceMet” with a value indicating the numerator for the measure.
 - c. “eligiblePopulation” with a value indicating the eligible population for the measure.
 - d. Note: Additional optional data elements (i.e., “performanceNotMet”) may also be reported for MIPS CQM 047 but are not required.



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Figure 5. MIPS CQM 047 Example

```
"entityType": "apm",
"entityId": "OR1234",
"performanceYear": 2021,
"measurementSets": [
  {
    "category": "quality",
    "performanceStart": "2021-01-01",
    "performanceEnd": "2021-12-31",
    "submissionMethod": "registry",
    "programName": "PCF",
    "practiceDetails": {
      "taxpayerIdentificationNumber": "990000099",
      "nationalProviderIdentifiers": ["2567891421", "2589654740"]
    },
    "measurements": [
      {
        "measureId": "047",
        "value": {
          "isEndToEndReported": true,
          "performanceMet": 183,
          "performanceNotMet": 504,
          "eligiblePopulation": 687
        }
      }
    ]
  }
]
```

Measure ID for the MIPS CQM → "measureId": "047",

Optional performanceNotMet value for MIPS CQM 047 → "performanceNotMet": 504,

Numerator value for MIPS CQM 047 → "performanceMet": 183,

Eligible population value for MIPS CQM 047 → "eligiblePopulation": 687

For PCF Performance Year 2021 (January 1, 2021, to December 31, 2021), MIPS CQM 047 is the only required MIPS CQM; however, the QPP website will accept your PCF QPP JSON file if you include additional MIPS CQMs in the file. If your QPP JSON file includes additional measures, PCF will only use MIPS CQM 047 to determine if your practice meets the Quality Gateway which is used to determine eligibility for a positive PBA.



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Step-by-Step Instructions for PCF QPP JSON Reporting via the QPP Website

The QPP website is available at <https://qpp.cms.gov>. This site allows you to submit your QPP JSON file for PCF. Please ensure that you are using your HCQIS Access Roles and Profile (HARP) account information to sign into qpp.cms.gov. New users who need to sign in to qpp.cms.gov will create their account in the HARP system, and all users will request and manage access to organizations by signing in to qpp.cms.gov. Please review the [Quality Payment Program Access User Guide](#) for more information on gaining access to submit on behalf of your PCF practice site.

The QPP website functionality will be available starting January 3, 2022. CMS encourages your APM Entity (PCF practice) to submit MIPS CQM 047 results early to allow for the correction of any submission errors by your registry vendor and resubmission before the February 28, 2022 (8 p.m. EST) deadline. Please note that a successful submission indicates only that your file has been received; however, the MIPS CQM 047 submission must still satisfy all [2021 PCF Clinical Measure Reporting and Health IT Requirements](#). The last file successfully submitted for a PCF practice is used to determine whether the practice satisfactorily met MIPS CQM 047 reporting requirements for Performance Year 2021.

Steps 1 through 12 below correspond to what you will see throughout your submission experience.

Please note: these figures are for illustration only and may vary slightly from the screens on the QPP website.

Step 1: Navigate to the QPP website (<https://qpp.cms.gov>) and select “Sign In” on the upper right-hand corner (Figure 6).

Figure 6. QPP Website – Landing Page

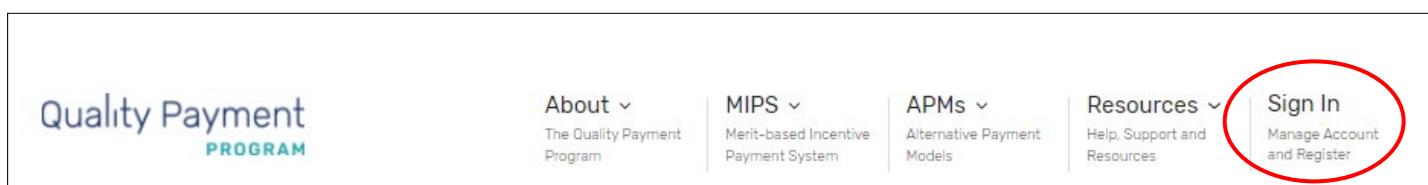




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Step 2: Log into your QPP account. Enter your User ID and Password in the requested fields, check “Yes, I agree” next to the Statement of Truth, and click “Sign In” (Figure 7). If you do not have an account, select the “Register” tab.

Figure 7. QPP Website – Sign In

Sign in Register

Sign in to QPP

USER ID
User ID

PASSWORD
Password

Show password

Forgot your user id or password? [Recover ID or reset password](#)

If you are a representative of a Shared Savings Program ACO and can access the ACO Management System (ACO-MS), then you can sign in to QPP using the same User ID and Password.

STATEMENT OF TRUTH

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Yes, I agree

[Sign in >](#) Don't have an account? [Register](#)



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Step 3: On the Account Home page, next to “Performance Year (PY) 2021 Submission Reporting Window is Now Open,” select “Start Reporting” (Figure 8).

Figure 8. QPP Website – Account Home



Step 4: On the APM Entities tab, locate the PCF Practice ID that you would like to report for and select “Start Reporting” (Figure 9).

If the PCF Practice ID you need to report for is not listed, continue to Step 5 to connect to an additional practice(s).

Figure 9. QPP Website – Eligibility & Reporting – Start Reporting

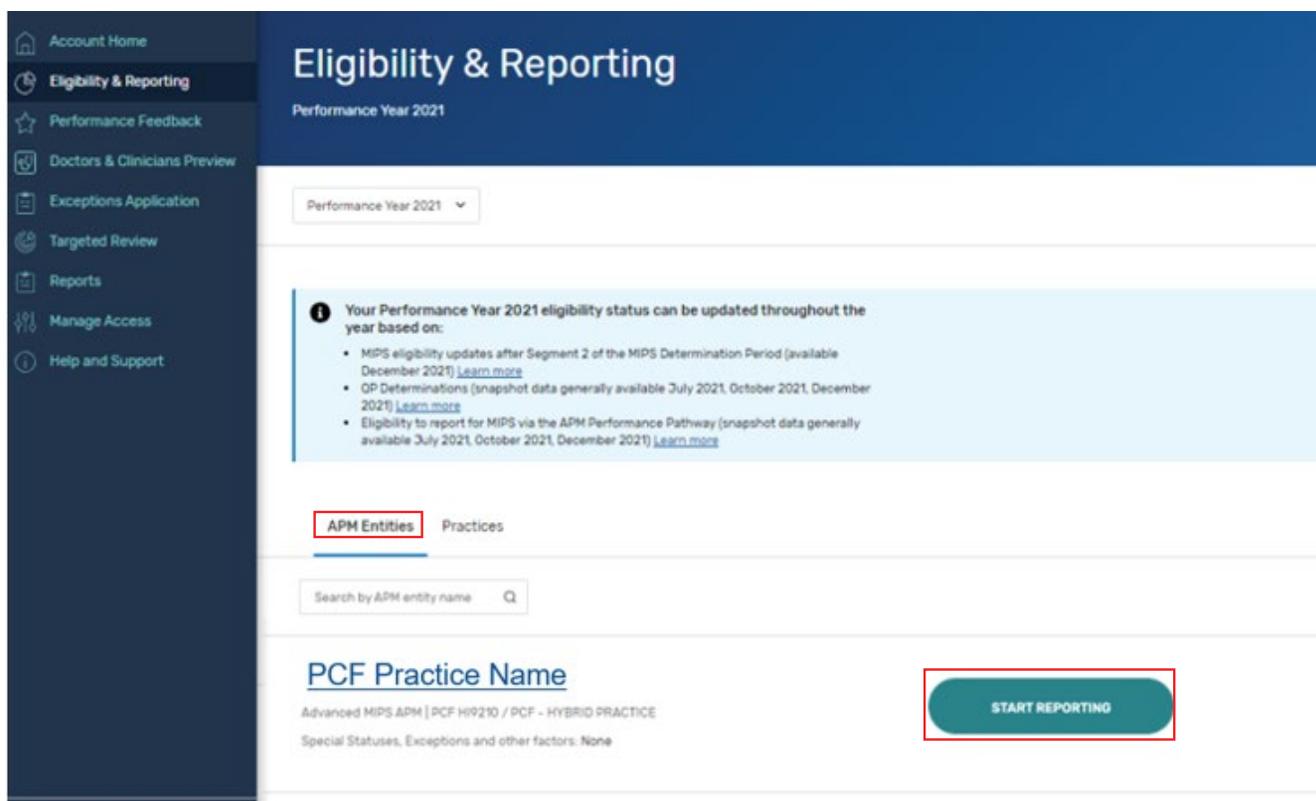




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Step 5: Skip this step if your PCF practice is already listed on the APM Entities tab.

Select “Manage Access” on the left-hand navigation pane (Figure 10). If you are not currently connected to your PCF practice, select the “Connect to another organization” link. On this page, you can also verify whether you are connected to all the PCF Practice IDs for which you need to report.

Once you have completed your updates on the Manage Access page, select “Eligibility & Reporting” in the left-hand navigation pane. Return to Step 4.

Figure 10. QPP Website – Manage Access

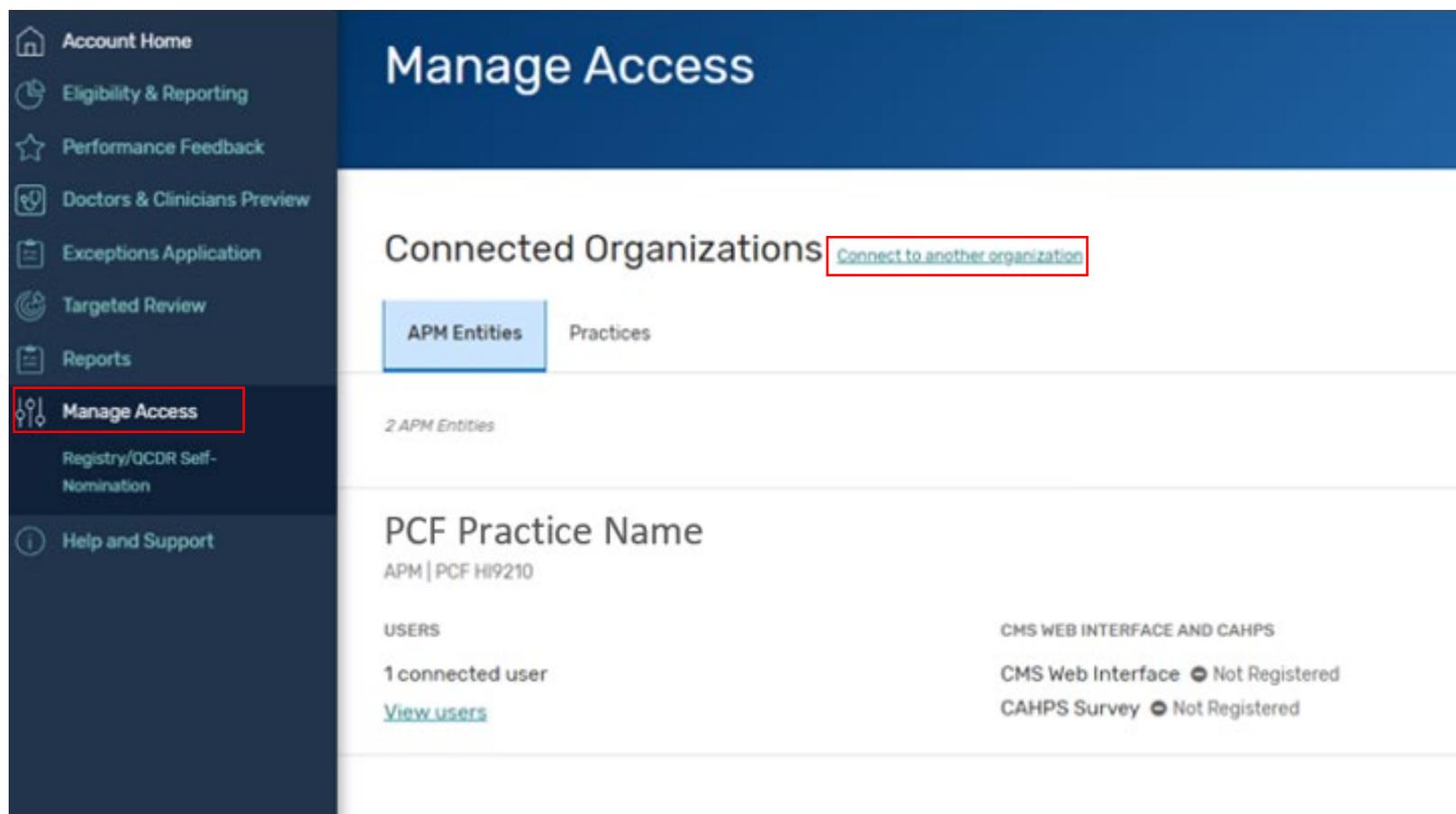




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Step 6: Under Required Reporting, in the Primary Care First (PCF) section, select “Start Reporting” (Figure 11).

Note: There may be other options in this section if you have any other required or optional reporting possibilities. Make sure you are selecting the PCF option to report PCF data.

Figure 11. QPP Website – Reporting Options

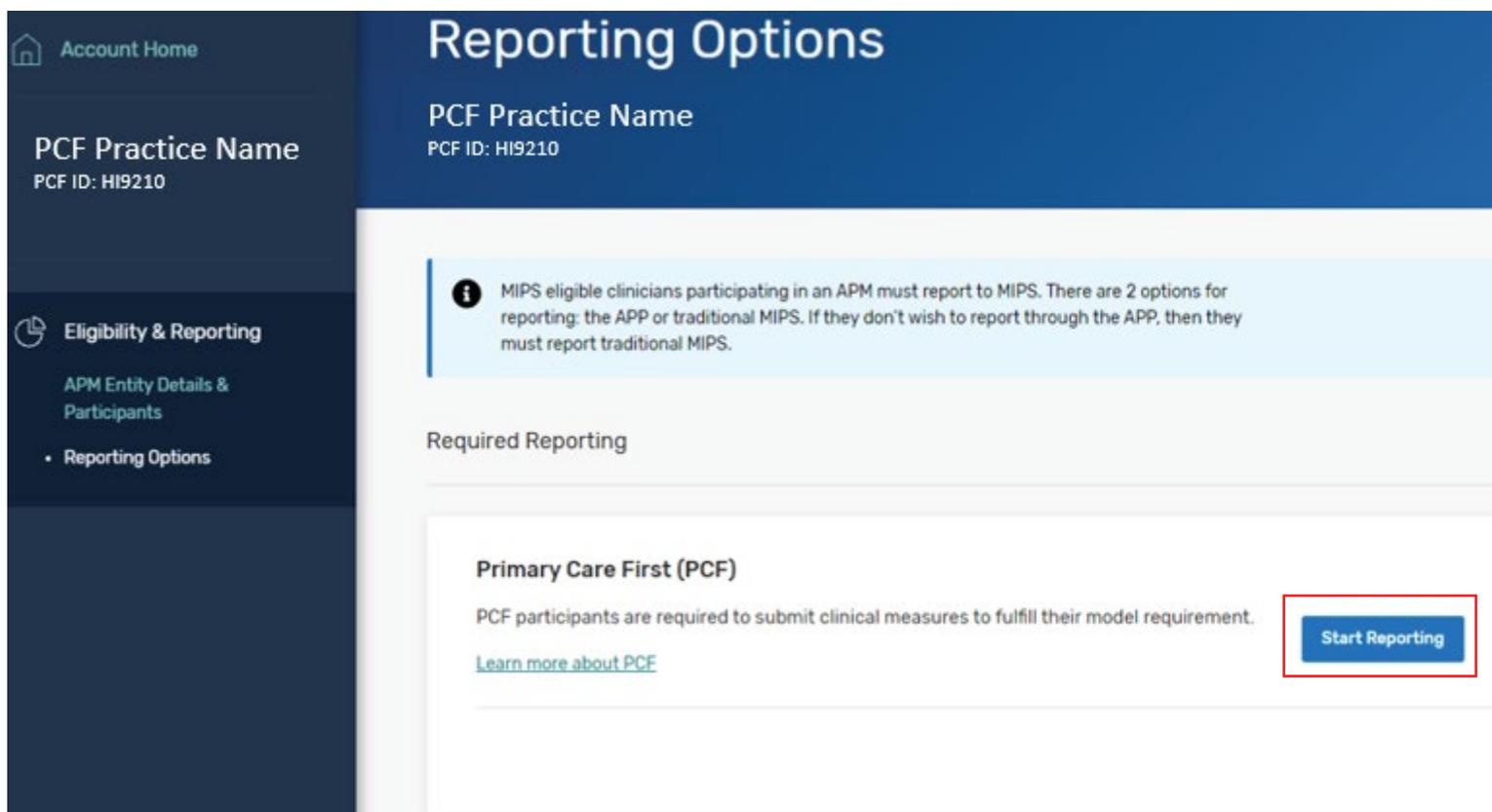




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Step 7: Select “Upload File” from the PCF Quality Reporting dashboard (Figure 12).

If you submit multiple PCF QPP JSON files for the same PCF Practice ID during the PCF reporting period, every successful upload will replace the previous upload. PCF uses the last successful submission to determine your practice’s reporting compliance and Quality Gateway calculation.

Figure 12. QPP Website – Upload File

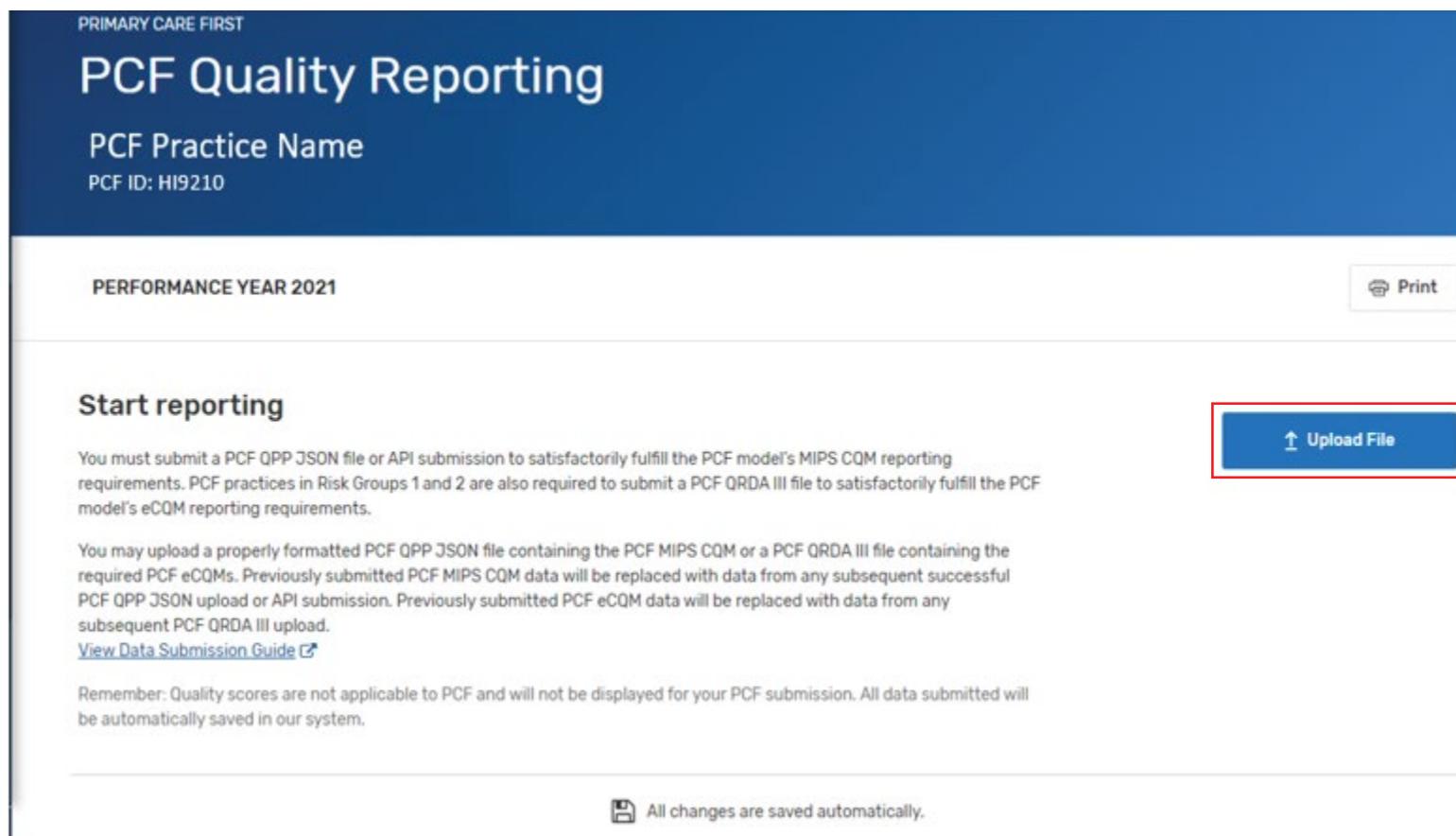




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Step 8: Either drag and drop your PCF QPP JSON file into the Upload Data box or select “browse” to navigate to the file (Figure 13). Once you have the correct file, select “Upload File.”

Figure 13. QPP Website – Upload Data

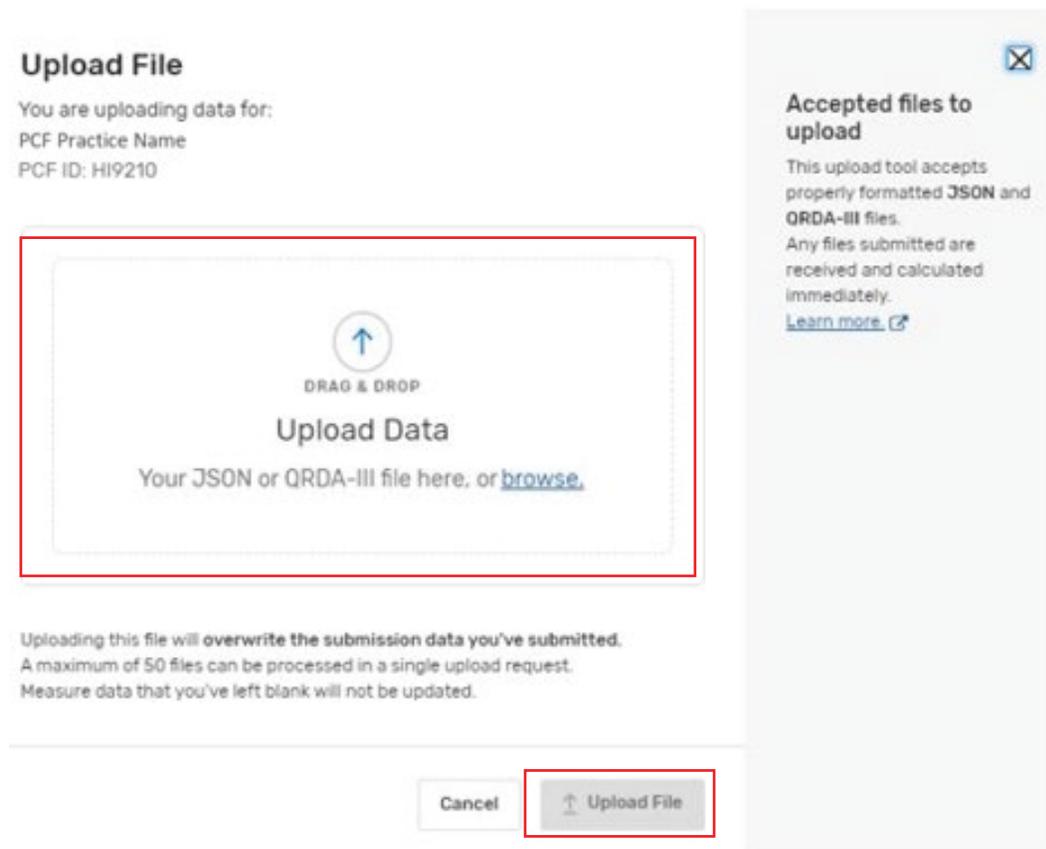




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Step 9: If your PCF QPP JSON file has validation errors, a message will display (Figure 14). If you receive any error message(s), your file was not submitted. All errors must be corrected to submit your PCF QPP JSON file successfully.

Select “Download Report” to download an Excel file detailing the error(s) in your PCF QPP JSON file. The option to download the report is only available when this pop-up window is open. If you want to download this error report, you must do so before closing the pop-up window.

You may need to contact your registry vendor, the QPP Help Desk, or PCF Support to troubleshoot the error(s). When you contact them, please provide the downloaded Excel error report to assist with troubleshooting. For more information on PCF QPP JSON validations and errors, please refer to the [Troubleshooting Your PCF QPP JSON](#) and [PCF QPP JSON File Submission Validations](#) sections.

Figure 14. QPP Website – Error Message

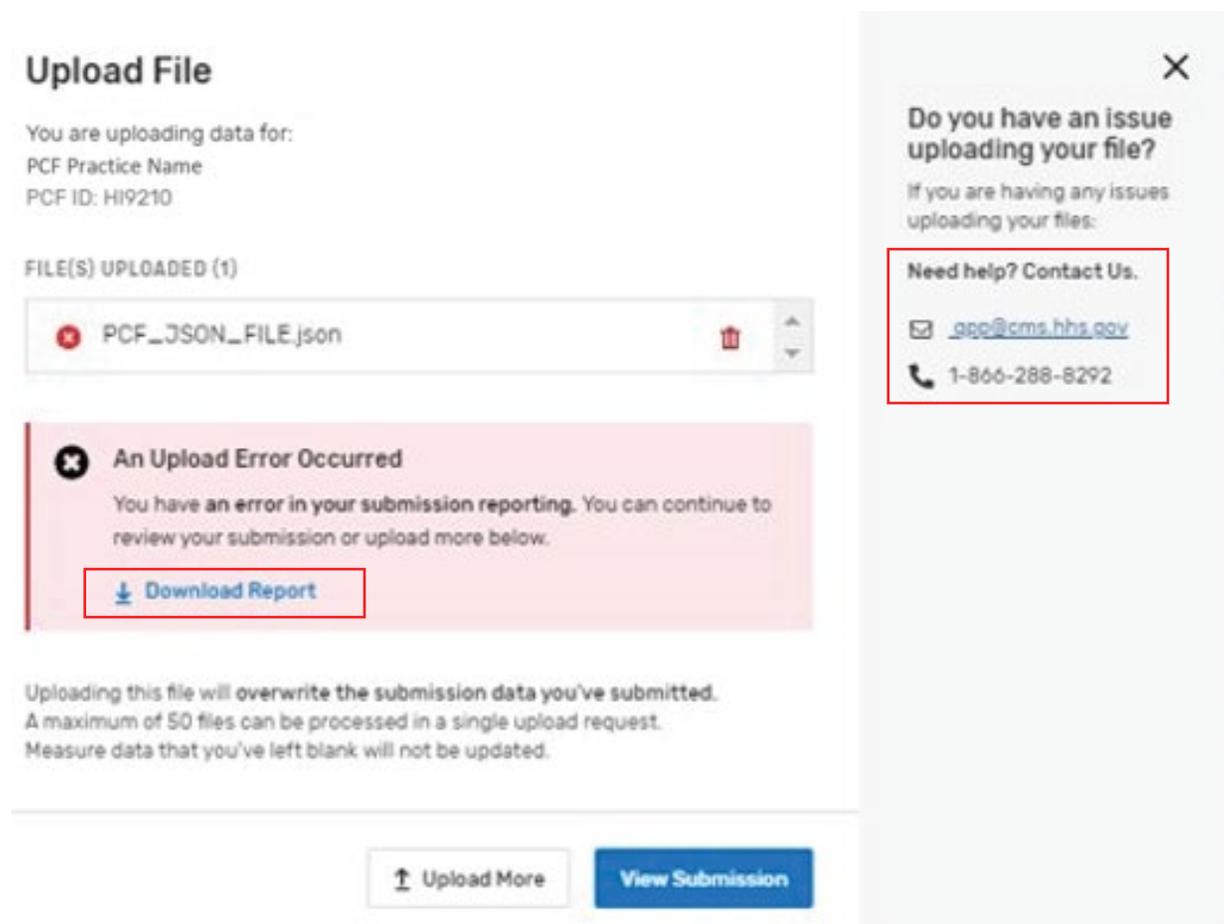




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Step 10: Upon successful submission of your PCF QPP JSON file, you will receive an “Upload successful” message (Figure 15).

To review your submission summary, select “View Submission.” If you uploaded PCF QPP JSON files on behalf of multiple practices, you must navigate to each APM Entity (PCF practice) submission summary to confirm.

Figure 15. QPP Website – Upload Successful

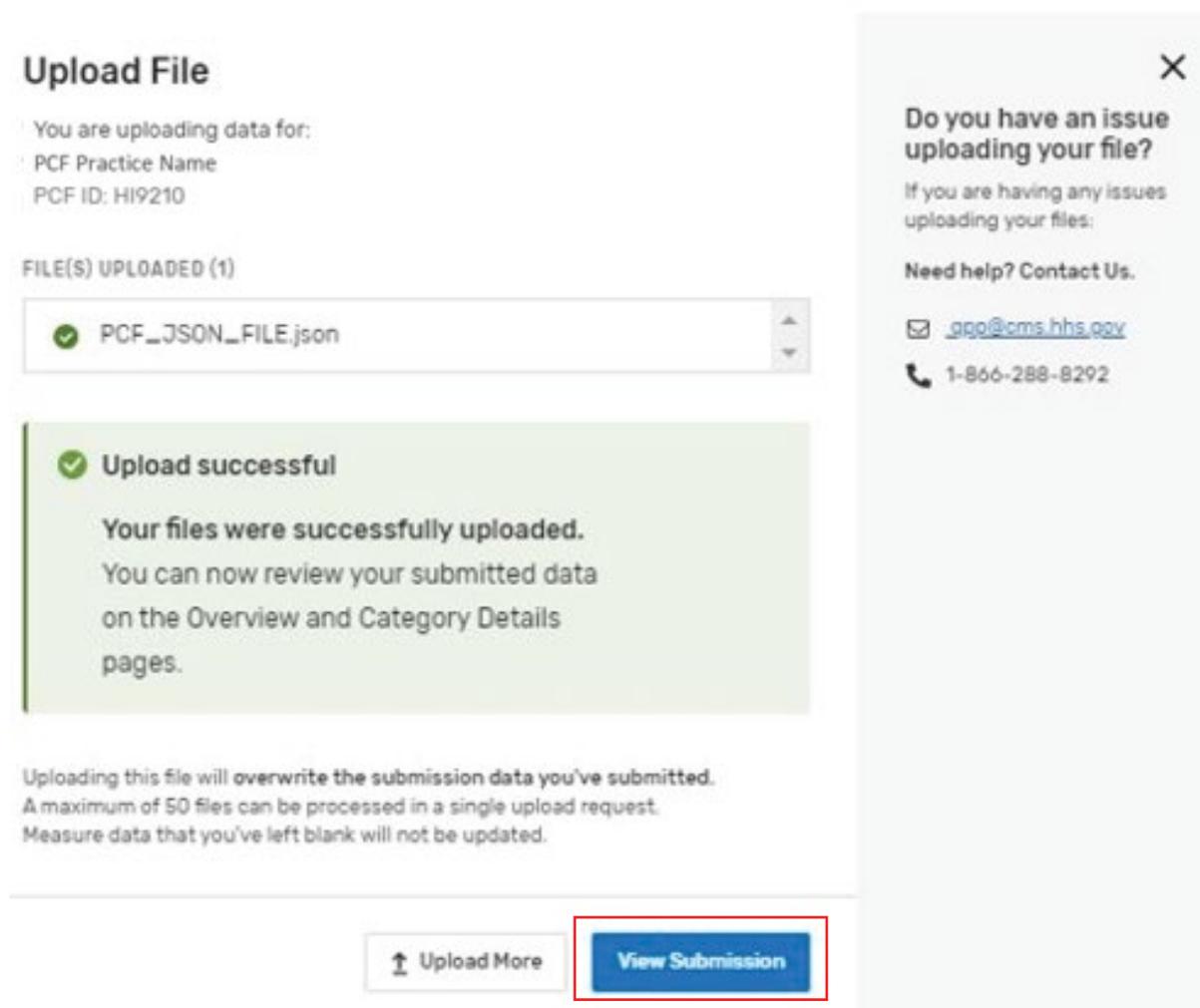




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Step 11: Review the PCF Submission Summary (Figure 16). Confirm whether your MIPS CQM 047 Advance Care Plan results match what you expected from your PCF QPP JSON file submission. To review your PCF Submission Summary at any time, log into your QPP account and select “Performance Feedback” on the left-hand navigation pane.

Figure 16. QPP Website – PCF Submission Summary

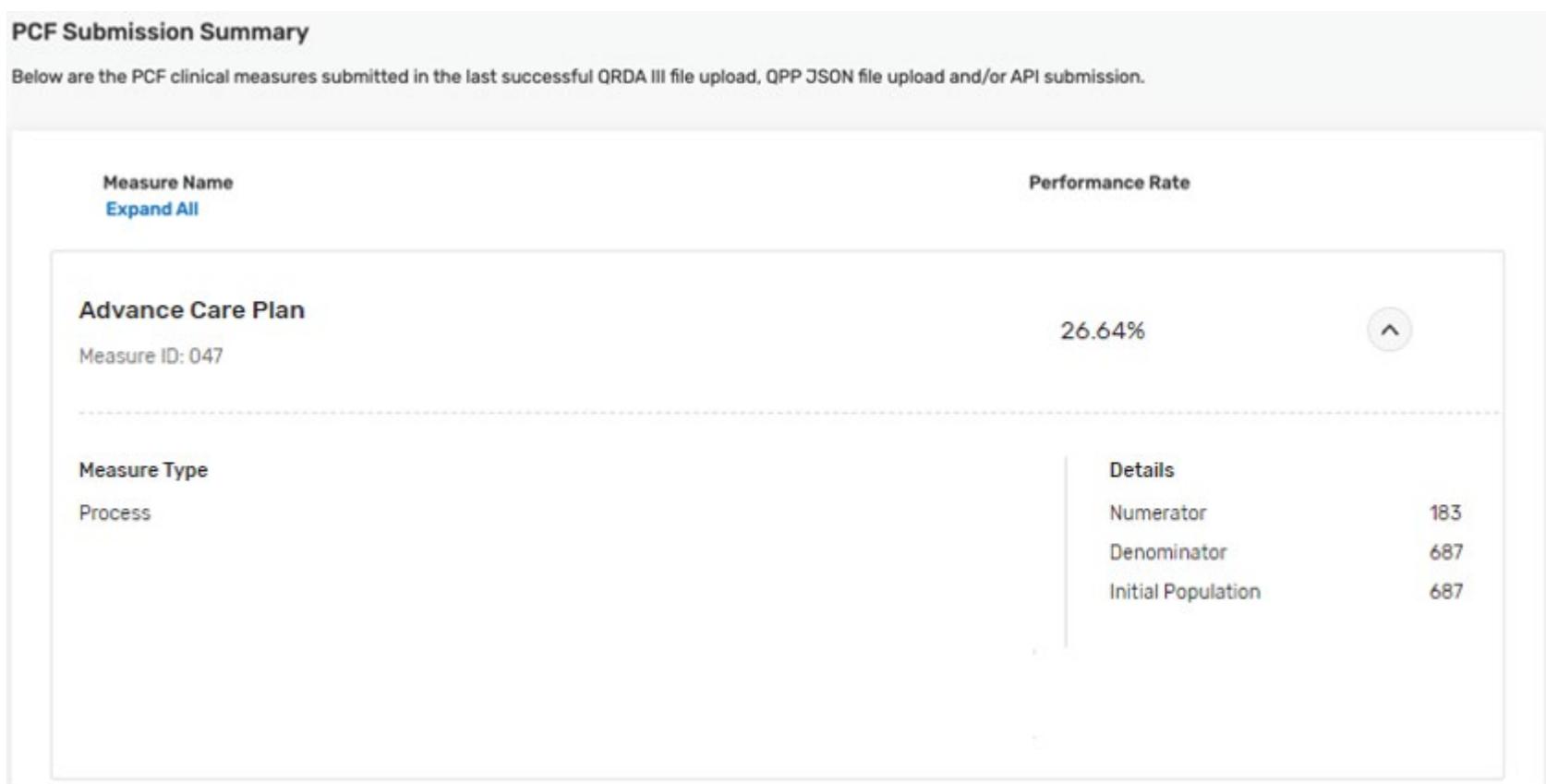




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Step 12: After confirming the submission of your PCF QPP JSON file, if you find that the MIPS CQM results are incorrect, you can replace your PCF QPP JSON file with a new PCF QPP JSON file by following the previous upload instructions.

Alternatively, to delete the submission, select “Manage Data” and click the garbage icon to delete the file (Figure 17). If you elect to delete data by using the “Manage Data” button, resubmit your file to ensure corrected results are submitted to PCF.

Figure 17. QPP Website – Manage Data

PCF Quality Reporting

PCF Practice Name
PCF ID: HI9210

Manage Data [X]

PCF Final Action Processing Rule: PCF will use the last successful PCF QRDA III eCOM submission (applicable only to Risk Groups 1 and 2) and PCF QPP JSON MIPS CQM submission (applicable to all risk groups) to determine if your PCF+ practice satisfactorily meets reporting requirements.

Please note: If you delete your submission you must re-submit by the PCF reporting deadline.

PCF MIPS clinical quality measures (COMs) [Delete]

Performance Year 2021

Upload another file

You may upload another property for the required PCF eCOMs. Previously: PCF QPP JSON upload or API submit subsequent PCF QRDA III upload.

[View Data Submission Guide](#)
Remember: Quality scores are not ap be automatically saved in our system

[Print]

[Upload File]

[Manage Data]



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Troubleshooting Your PCF QPP JSON File

The QPP website will validate the items described in the [About Your PCF QPP JSON File](#) section, as well as technical standards specified in the [Technical Instructions for Submission of the MIPS CQM for PCF Practices \(2021 Performance Year\)](#). The site will flag any issues with your file with an informative error message. See the [PCF QPP JSON File Submission Validations](#) section for a list of data items that commonly fail validation.

PCF recommends that you work with your QR or QCDR to resolve most errors identified in your PCF QPP JSON file. However, this section includes troubleshooting tips for certain items that your practice may be able to resolve independently.

PCF Submission Score is not displaying after submitting the QPP JSON file

After submitting a PCF QPP JSON file, users will not receive a submission score. This functionality is for MIPS submissions only. As a reminder, submitting a MIPS QPP JSON file does not satisfy PCF MIPS CQM reporting requirements.

Error message indicating that you may not be connected to your PCF practice

When trying to submit your practice’s PCF QPP JSON file, if you receive an error stating “user is not authorized to view any submissions” or “current user cannot list this object,” you may not be connected to your PCF practice on the QPP website. In this scenario, select the “Manage Access” link on the left side of the page and connect to your APM Entity by entering your PCF practice information. You can find instructions and more information in the [Connect to an Organization: APM Entity video](#). Once you are connected, you should see an APM Entity tab under the Eligibility and Reporting link on the left side of the page. Please ensure that your practice has the required access early to allow adequate time to complete your practice’s submission before the end of the reporting period.



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PCF QPP JSON File Submission Validations

The QPP website will validate the items described in the [About Your PCF QPP JSON File](#) section upon submission of your PCF QPP JSON file. An informative error will flag any issues with your file.

Table 5 lists some of the data that will be validated in your PCF QPP JSON file and, in some cases, how they should be presented (i.e., the specific format). This table will allow your practice to confirm (or work with your registry vendor to confirm) that these items are included in your PCF QPP JSON file and are reported correctly. If your practice is submitting your PCF QPP JSON file and receives any error messages, these items will help you understand what is incorrect and how to fix it or communicate the issue to your registry vendor. Please note that Table 5 is not a comprehensive list of all items that are validated within your PCF QPP JSON file.

Table 5. PCF QPP JSON Validations

Validation Item	Validation Description
CMS Program Name	Allowed value: "PCF".
Entity Type	Allowed value: "apm".
TIN/NPI(s) for PCF	One TIN and/or one or more NPI(s) from your practice's PCF practitioner roster may optionally be reported. The TIN and/or NPI(s) that are listed must be active on the PCF practitioner roster at some point during the performance year. If your practice has multiple practitioners participating in PCF, you must report measure data for all practitioners.
PCF APM Entity Identifier (PCF Practice Site ID)	There must be one and only one APM Entity Identifier (null is not allowed). Must be a valid format (e.g., OR1234).
Performance Start and End dates	The performance start date shall be the first date of the performance period (i.e., "performanceStart": "2021-01-01"). The performance end date shall be the last date of the performance period (i.e., "performanceEnd": "2021-12-31").
Measure ID	Measure ID "047" must be reported. Additional MIPS CQMs may be reported but will be ignored.



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Validation Item	Validation Description
Performance Met	The PCF QPP JSON file must contain “performanceMet” with a value indicating the numerator for the measure.
Performance Not Met	The PCF QPP JSON file must contain “eligiblePopulation” with a value indicating the eligible population for the measure.
Promoting Interoperability	Promoting Interoperability data must not be reported; if included, the file will fail submission.



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PCF eCQM Reporting

eCQMs are clinical quality measures expressed and formatted to use data from EHRs and other types of health IT to measure health care quality. eCQMs use data captured in structured formats, such as data that are entered into specific fields, during patient care. To report eCQMs successfully, health care providers must adhere to the requirements identified by the CMS Quality Program in which they intend to participate. For PCF, eCQMs are generated from data captured in the EHR at the point of care delivery and the data are transmitted using PCF Quality Reporting Document Architecture (QRDA) III to CMS.

PCF eCQM Checklists

The following Submission Checklists (Table 6 and Table 7) display activities practices should complete to ensure that they are able to:

1. Submit their eCQM results via PCF QRDA III file
2. Meet the 2021 PCF Clinical Measure Reporting and Health IT Requirements



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Table 6. eCQM Pre-Submission Checklist

eCQM Reporting Requirements Required for Practice Risk Groups 1 and 2 Only Confirm your practice meets the following requirements.
In early 2021, review the 2021 PCF Clinical Measure Reporting and Health IT Requirements .
Ensure your PCF QRDA III file contains all data elements for the eCQMs.
Confirm your practice can report your eCQM results at the PCF practice site level.
Verify your practice’s health IT system meets 2015 Edition CEHRT. You can use the Certified Health IT Product List (CHPL) Website to learn certification details about your health IT vendor(s).
Confirm that your practice is using the most updated eCQM versions (published in May 2020).
Ensure that your practice can submit 12 months of continuous data for the full Performance Year. If you have transitioned health IT vendors, you may need to consider adopting additional health IT to meet this requirement.
Ensure that your PCF QRDA III file contains a CMS EHR Certification ID that represents the CEHRT used by your practice during the performance year.
If your practice has undergone a merger, change in ownership, split, or other change, ensure that you follow the specific eCQM reporting direction provided to your practice by PCF Support. For more information, see the PCF Practice Management Guide or contact PCF Support.



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Table 7. eCQM Submission Checklist

PCF QRDA III File Review
This table contains steps to ensure your PCF QRDA III file is ready to be submitted.
Verify with your health IT vendor that your PCF QRDA III file conforms to the 2021 CMS QRDA III Implementation Guide .
Confirm that all eCQMs (CMS122v9, CMS130v9, and CMS165v9) are included within your PCF QRDA III file.
Review your PCF practitioner roster to confirm that the correct TIN/NPIs are listed for all PCF providers. Please note that upon submission of your PCF QRDA III file, you will receive a warning message if the correct NPIs are not listed.
PCF QRDA III File Submission
This table contains steps to successfully submit your QPP QRDA III file to CMS.
Determine whether your practice or certified health IT vendor will submit your practice's PCF QRDA III file to the QPP website.
Upload your PCF QRDA III file to the QPP website * if your health IT vendor is not submitting on your behalf.
Work with your health IT vendor to resolve any submission errors.
Retain a copy of the PCF QRDA III file for at least 6 years.
*Please note you may submit multiple PCF QRDA III files during the eCQM reporting period; however, with every upload of a new PCF QRDA III, the previous PCF QRDA III file will be replaced. PCF uses the last successful submission to determine your practice's eCQM reporting compliance and to determine whether your practice meets the Quality Gateway, which is used to determine eligibility for a positive PBA.



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About Your PCF QRDA III File

This section provides a high-level overview of QRDA III files, including the types of information that are reported in your practice’s PCF QRDA III file, how to identify PCF data within the file, and other important information.

QRDA III File Overview

QRDA III is a document format that creates a standard method to report eCQM results in a structured, consistent format. Health Level Seven International (HL7), an ANSI-accredited standards developing organization, develops and publishes an industry-wide QRDA III implementation guide. By design, the base QRDA III standard is not program specific.²

CMS publishes an annual QRDA III implementation guide, sample files, and other documentation to provide technical guidance for implementing the standard for reporting to CMS quality reporting programs, including PCF.³ The [2021 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals](#) (referred to hereafter as the 2021 CMS QRDA III IG) is a valuable resource for health IT vendors when implementing QRDA III files for their PCF practices and is the definitive source for technical specifications for the development of QRDA III files. The information contained in this PCF Reporting Guide is meant to assist you with understanding some of the data contained in your PCF QRDA III file, but PCF practices and health IT vendors must meet all other technical specifications detailed in the 2021 CMS QRDA III IG in the creation of the file.

PCF practices are encouraged to collaborate with their health IT vendors to ensure that data are reported appropriately. We strongly recommend that practices review their eCQM results frequently throughout the performance year and communicate with their health IT vendors to understand eCQM results and resolve any challenges or miscalculations prior to the 2021 clinical measures reporting deadline (February 28, 2022).

DID YOU KNOW?

If you transition health IT vendors during the year you may need to consider adopting additional health IT to report a full year of data.

² QRDA III files are technical documents and must conform to many requirements not discussed in this PCF Reporting Guide.

³ The 2021 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals specifies further constraints on the [HL7 QRDA III Implementation Guide Release 1 STU 2.1](#). Please note that the HL7 QRDA III Implementation Guide is available for download only to registered HL7 users.



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PCF QRDA III File Standards

In addition to base QRDA III file standards specified by HL7, CMS has established additional standards that are specific to PCF. For PCF, your QRDA III file must include the following:

- CMS Program Name of “PCF”
- APM Entity Identifier, which is equivalent to your PCF Practice ID (e.g., OR1234)
- Practice site address
- NPI and TIN combinations, as indicated in your practice’s PCF practitioner roster
- CMS EHR Certification ID
- Performance year start date of “20210101”
- Performance year end date of “20211231”
- Performance rate for each measure, reported as a decimal (i.e., 1 is equivalent to 100 percent)
- All eCQM data elements (i.e., Initial Population, Denominator, Denominator Exclusions, Numerator) for each measure, reported with the appropriate universally unique identifier (UUID) for each
- Supplemental Data Elements for each measure population

Failure to meet the above standards, or any other QRDA III standard, will result in an error or warning message when you submit your PCF QRDA III file on the QPP website (see the [PCF QRDA III File Submission Validations](#) section), and your PCF QRDA III file may fail submission. There is no standard file naming convention for PCF QRDA III files.

Identifying Data in Your PCF QRDA III File

To better understand the data contained in your PCF QRDA III file, your practice may choose to reach out to your health IT vendor to determine if it is able to provide you with a “human readable” version of your practice’s QRDA III file. Alternatively, practices may opt to identify the data in their PCF QRDA III file by reviewing the technical file.



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The following subsections include high-level instructions that practices may find helpful to identify data within their QRDA III file. These instructions are not intended to cover all data that must be included in a QRDA III file, and, as noted in the [QRDA III File Overview](#) section, separate implementation guides (including the [2021 CMS QRDA III IG](#) and the base [HL7 QRDA III IG](#)) specify the full QRDA III standards (including technical requirements) to which the QRDA III file must conform.

How do I find information in my PCF QRDA III file?

Each piece of data contained in a QRDA III file is identified by an object identifier (OID), which is a globally unique ISO identifier consisting of numbers and dots. Searching for an OID is a quick way to identify data within your PCF QRDA III file. In your file, the OID will be displayed in quotes as a “root”; the corresponding “extension” contains the data (see example in Figure 18).

Figure 18. Example QRDA III Root and Extension

```
<id root="2.16.840.1.113883.19.5" extension="223344"/>
```

If you follow the instructions below and identify potential issue(s) in your PCF QRDA III file, please work with your health IT vendor to confirm the issue(s) and correct the issue(s) if necessary. Any issues with your PCF QRDA III file will receive an error or warning upon upload to the QPP website (see the [PCF QRDA III File Submission Validations](#) section).

Viewing Your PCF QRDA III File

Your PCF QRDA III file should have an XML file extension (.xml). You may open the file using a variety of software, including XML viewer or reader software or a free text editor (such as Atom or Notepad++). The file contents may display with slightly different formatting, depending on the software you use to open and view the file. Data in your file may appear slightly different from the examples in this PCF Reporting Guide.



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CMS Program Name

The CMS Program Name for PCF is “PCF” (see Figure 19).

1. Search for the OID for CMS Program Name, 2.16.840.1.113883.3.249.7, within your QRDA III file.
2. The corresponding extension must be “PCF”.

Figure 19. PCF QRDA III CMS Program Name Example

```
<informationRecipient>
  <intendedRecipient>
    <id root="2.16.840.1.113883.3.249.7" extension="PCF"/>
  </intendedRecipient>
</informationRecipient>
```

QRDA III CMS Program Name Reminder

For PCF, the CMS Program Name that must be reported in your QRDA III file is “PCF”. If a CMS Program Name of “MIPS_INDIV”, “MIPS_GROUP”, or any other value is reported, your QRDA III file is not properly defined for PCF.

PCF reporting requirements are distinct from those for MIPS and require submission of a PCF QRDA III file with eCQM data aggregated at the PCF practice site level. Submitting a MIPS QRDA III file does not satisfy PCF eCQM reporting requirements.

APM Entity Identifier and Practice Site Address

For PCF, the APM Entity Identifier should be your PCF Practice ID. You must also report your practice site address in the file (see Figure 20).

1. Search for the OID for APM Entity Identifier, 2.16.840.1.113883.3.249.5.3, within your QRDA III file.
2. The corresponding extension must be your PCF Practice ID.
3. In this section, you should also see your practice site address within the <addr> element.

NOTE: The layout of your practice site address may vary from that shown in the Example in Figure 20.



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Figure 20. PCF QRDA III APM Entity Identifier and Practice Site Address Example

```

<participant typeCode="LOC">
  <associatedEntity classCode="SDLOC">
    <id root="2.16.840.1.113883.3.249.5.3"
      extension="OR2362"
      assigningAuthorityName="CMS-CMMI"/>
    <code code="394730007"
      displayName="healthcare related organization"
      codeSystem="2.16.840.1.113883.6.96"
      codeSystemName="SNOMED-CT"/>
    <addr>
      <streetAddressLine>256 Clinic Way</streetAddressLine>
      <city>Eugene</city>
      <state>OR</state>
      <postalCode>97401</postalCode>
    </addr>
  </associatedEntity>
</participant>

```

← OID for APM Entity Identifier
← PCF Practice ID

PCF Practice Site
Address within <addr>
Element

PCF NPI and TIN Combinations

Your PCF QRDA III file should include all NPI and TIN combinations, as indicated in your practice's PCF practitioner roster (see Figure 21).

1. Search for the OID for NPI, 2.16.840.1.113883.4.6, within your QRDA III file.
 - a. For the PCF NPI/TIN combination(s), the OID must be within the <performer> element.
 - b. The corresponding extension should be an NPI from your PCF practitioner roster.
2. Below the NPI in the <performer> element, you should see the OID for TIN, 2.16.840.1.113883.4.2, within a <representedOrganization> element.
 - a. The corresponding extension should be the appropriate TIN for the NPI, as indicated on your PCF practitioner roster.

NOTE: You may also find the OID for NPI without the associated TIN. For example, this is acceptable if the NPI is listed in the section with an <assignedAuthor> tag instead of <performer> (see Figure 22).

3. Continue searching for the OID for NPI. You should find an NPI/TIN combination in a <performer> element for each NPI/TIN combination included in your PCF practitioner roster. Each NPI/TIN combination must be reported within a separate <performer> element.



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Figure 21. PCF NPI and TIN Combinations Example

```

<performer>
  <performer typeCode="PRF">
    <time>
      <low value="20210101"/>
      <high value="20211231"/>
    </time>
    <assignedEntity>
      <id root="2.16.840.1.113883.4.6" extension="2567891421"/> ← NPI
      <representedOrganization> ← <represented Organization>
        <id root="2.16.840.1.113883.4.2" extension="990000099"/> ← TIN
        <name>Good Healthcare Practice</name>
      </representedOrganization>
    </assignedEntity>
  </performer>
  <performer typeCode="PRF">
    <time>
      <low value="20210101"/>
      <high value="20211231"/>
    </time>
    <assignedEntity>
      <id root="2.16.840.1.113883.4.6" extension="2589654740"/> ← NPI
      <representedOrganization> ← <represented Organization>
        <id root="2.16.840.1.113883.4.2" extension="990000099"/> ← TIN
        <name>Good Healthcare Practice</name>
      </representedOrganization>
    </assignedEntity>
  </performer>

```

Annotations:
 - <performer> element (points to the first <performer typeCode="PRF"> tag)
 - OID for NPI (points to the extension="2567891421" value)
 - OID for TIN (points to the extension="990000099" value)
 - <represented Organization> element (points to the <representedOrganization> tag)

Figure 22. NPI without Associated TIN Example

```

<author>
  <time value="20220211061231"/>
  <assignedAuthor> ← <assignedAuthor> tag
    <id root="2.16.840.1.113883.4.6" ← OID for NPI with no
      extension="2567891421"
      assigningAuthorityName="NPI"/>
    <assignedPerson>
      <name>
        <given>Trevor</given>
        <family>Phillips</family>
      </name>
    </assignedPerson>
    <representedOrganization>
      <id root="2.16.840.1.113883.19.5" extension="223344"/>
      <name>Good Healthcare Practice</name>
    </representedOrganization>
  </assignedAuthor>
</author>

```

Annotations:
 - <assignedAuthor> tag (points to the <assignedAuthor> tag)
 - OID for NPI with no associated TIN (points to the extension="2567891421" value)



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CMS EHR Certification ID

Your PCF QRDA III file should contain one CMS EHR Certification ID that represents the CEHRT used by your practice during the performance year (see Figure 23).

1. Search for the OID for CMS EHR Certification ID, 2.16.840.1.113883.3.2074.1, within your QRDA III file.
2. The corresponding extension should be the CMS EHR Certification ID for the CEHRT used by your practice, in the format XX15EXXXXXXXXXXX.

Figure 23. CMS EHR Certification ID Example

```

<participant typeCode="DEV">
  <associatedEntity classCode="RGPR">
    <id root="2.16.840.1.113883.3.2074.1"
      extension="0015E181NBE3YEG" />
    <code code="129465004"
      displayName="medical record, device"
      codeSystem="2.16.840.1.113883.6.96"
      codeSystemName="SNOMED-CT" />
  </associatedEntity>
</participant>

```

PCF Performance Year Start and End Dates

For PCF, the Performance Year Start Date should be “20210101” and the Performance Year End Date should be “20211231” (see Figure 24). Other date formats are not acceptable.

1. Search for the OID for Reporting Parameters, 2.16.840.1.113883.10.20.17.3.8, within your QRDA III file. In this section, you should find <effectiveTime> “low” and “high” values listed.
 - a. The low value should be “20210101”.
 - b. The high value should be “20211231”.



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Figure 24. PCF Performance Year Start and End Dates Example

```

<entry>
  <act classCode="ACT" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <id root="daadb9c8-b2be-4da0-9f56-c196a9253b2c"/>
    <code code="252116004"
          codeSystem="2.16.840.1.113883.6.96"
          displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20210101"/>
      <high value="20211231"/>
    </effectiveTime>
  </act>
</entry>

```

OID for Reporting Parameters

<effectiveTime> low and high values

PCF eCQM Data

All measures in the PCF measure set (CMS122v9, CMS130v9, and CMS165v9) must be reported in the same PCF QRDA III file. For each measure, your practice must report all required eCQM data elements (Table 8) and the performance rate (reported as a decimal). Information on understanding eCQM specifications is included in the [Guide for Reading eCQMs](#), available on the eCQI Resource Center.

Table 8. Required PCF eCQM Data Elements and Population Codes

CMS ID	Initial Population (IPOP)	Numerator (NUMER)	Denominator (DENOM)	Denominator Exclusions (DENEX)	Performance Rate
122v9	X	X	X	X	X
130v9	X	X	X	X	X
165v9	X	X	X	X	X

* Each CMS ID is linked to the 2021 eCQM specifications on the eCQI Resource Center.



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Each measure must be reported with the appropriate version specific measure ID. In addition, each required eCQM data element/population must be reported with the appropriate UUID. The version specific measure IDs and UUIDs are updated with each performance period. Please see Table 14 of the [2021 CMS QRDA III IG](#) for a complete list of these identifiers.

1. Search for the version specific measure ID for CMS122v9, as listed in Table 14 of the [2021 CMS QRDA III IG](#), within your QRDA III file.
 - a. If the version specific measure ID exists, CMS122v9 is included in your QRDA III file (see Figure 25).

NOTE: Your QRDA III file may contain an optional narrative section. If it does, you may find the version specific measure ID listed twice in the file. If the version specific measure ID exists in the narrative section only, your QRDA III file will fail validation.

Figure 25. CMS122v9 Version Specific Measure ID Example

```

<reference typeCode="REFR">
  <externalDocument classCode="DOC" moodCode="EVN">
    <id root="2.16.840.1.113883.4.738"
      extension="2c928085-7198-38ee-0171-9d78a0d406b3"/>
    <code code="57024-2"
      codeSystem="2.16.840.1.113883.6.1"
      codeSystemName="LOINC"
      displayName="Health Quality Measure Document"/>
    <text>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)</text>
  </externalDocument>
</reference>

```

← CMS122v9 Version Specific Measure ID

2. After locating the version specific measure ID within the file, to identify the performance rate, scroll down or search for the CMS Performance Rate for Proportion Measure Template OID, 2.16.840.1.113883.10.20.27.3.25 (see Figure 26).
 - a. The performance rate for each measure is required to be associated with the numerator UUID for the measure. Once you locate the OID, the numerator UUID will be located in the same section.
 - b. The performance rate for the measure will also be located in the same section and should be reported as a decimal between 0 and 1.



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Figure 26. CMS122v9 Performance Rate Example

```
<component>
  <observation classCode="OBS" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.27.3.30" extension="2016-09-01"/>
    <templateId root="2.16.840.1.113883.10.20.27.3.14" extension="2016-09-01"/>
    <templateId root="2.16.840.1.113883.10.20.27.3.25" extension="2018-05-01"/>
    <code code="72510-1"
      codeSystem="2.16.840.1.113883.6.1"
      codeSystemName="LOINC"
      displayName="Performance Rate"/>
    <statusCode code="completed"/>
    <value xsi:type="REAL" value=".888889"/>
    <reference typeCode="REFR">
      <externalObservation classCode="OBS" moodCode="EVN">
        <id root="44E72F3A-B3EC-42E6-85DB-928A9515255C"/>
        <code code="NUMER"
          codeSystem="2.16.840.1.113883.5.4"
          codeSystemName="ActCode"
          displayName="Numerator"/>
      </externalObservation>
    </reference>
  </observation>
</component>
```

OID for CMS Performance Rate for Proportion Measure Template

CMS122v9 Performance Rate

CMS122v9 NUMER UUID

3. Scroll up or down or search for each data element/population code (IPOP, DENOM, DENEX, NUMER) (see Figure 27).
 - a. In the same section, you will see a numeric value that represents the data element/population value.
 - b. Repeat for the remaining data element/population codes.



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Figure 27. CMS122v9 IPOP Example

```

<observation classCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.20.27.3.5" extension="2016-09-01"/>
  <templateId root="2.16.840.1.113883.10.20.27.3.16" extension="2019-05-01"/>
  <code code="ASSERTION"
    codeSystem="2.16.840.1.113883.5.4"
    codeSystemName="ActCode"
    displayName="Assertion"/>
  <statusCode code="completed"/>
  <value xsi:type="CD"
    code="IPOP"
    codeSystem="2.16.840.1.113883.5.4"
    codeSystemName="ActCode"/>
  <entryRelationship typeCode="SUBJ" inversionInd="true">
    <observation classCode="OBS" moodCode="EVN">
      <templateId root="2.16.840.1.113883.10.20.27.3.3"/>
      <code code="MSRAGG"
        codeSystem="2.16.840.1.113883.5.4"
        codeSystemName="ActCode"
        displayName="rate aggregation"/>
      <value xsi:type="INT" value="1000"/>
      <methodCode code="COUNT"
        codeSystem="2.16.840.1.113883.5.84"
        codeSystemName="ObservationMethod"
        displayName="Count"/>
    </observation>
  </entryRelationship>
</observation>

```

Population Code for Initial Population (IPOP)

CMS122v9 IPOP Value

4. Also scroll up or down or search for each data element/population UUID for CMS122v9, as listed in Table 14 of the 2021 CMS QRDA III IG.
 - a. The correct data element/population UUID are required for your QRDA III file (see Figure 28).
 - b. Repeat for the remaining data element/population UUIDs for the measure.

Figure 28. CMS122v9 IPOP UUID Example

```

<reference typeCode="REFR">
  <externalObservation classCode="OBS" moodCode="EVN">
    <id root="C7396995-408E-4254-BF40-D2CD2A97E858"/>
  </externalObservation>
</reference>

```

UUID for CMS122v9 Initial Population (IPOP)

5. Repeat steps 1 through 4 for CMS130v9 and CMS165v9.



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For the 2021 PCF Performance year, CMS122v9, CMS130v9, and CMS165v9 are the only three required eCQMs; however, the QPP website will accept your PCF QRDA III file if you include additional eCQMs in the file. If your QRDA III file includes additional measures, PCF will only use CMS122v9, CMS130v9, and CMS165v9 in your PBA calculation.

Supplemental Data Elements

Supplemental data elements (SDEs), including Sex, Ethnicity, Race, and Payer, are required to be included in your PCF QRDA III file for each measure data element/population. This PCF eCQM Reporting Guide does not include information on identifying SDEs within your QRDA III file. We recommend working with your health IT vendor to ensure the required SDEs are appropriately reported within your PCF QRDA III file.

Please see the [CMS122v9](#), [CMS130v9](#), and [CMS165v9](#) eCQM specifications for details on the required SDEs. You may also refer to the [HL7 QRDA III Implementation Guide Release 1 STU 2.1](#) for more information on the Sex SDE (Section 5.17 and Table 72), the Ethnicity SDE (Section 5.5 and Table 67), and the Race SDE (Section 5.12 and Table 71). Information on the Payer SDE for CMS is available in the [2021 CMS QRDA III IG](#) (Section 5.3.3).



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Step-by-Step Instructions for QRDA III Reporting

The QPP website is available at <https://qpp.cms.gov>. This site allows you to submit your QRDA III file for PCF. Please ensure that you are using your HARP account information to sign into qpp.cms.gov. New users who need to sign in to qpp.cms.gov will create their account in the HARP system, and all users will request and manage access to organizations by signing in to qpp.cms.gov. Please review the [Quality Payment Program Access User Guide](#) for more information on gaining access to submit on behalf of your PCF practice site.

The QPP website functionality will be available starting January 3, 2022. CMS encourages your APM Entity (PCF practice) to submit eCQM results early to allow for the correction of any submission errors by your certified health IT vendor and resubmission before the February 28, 2022 (8 p.m. EST) deadline. Please note that a successful submission indicates only that your file has been received; however, the eCQM submission must still satisfy all [2021 PCF Clinical Measure Reporting and Health IT Requirements](#). The last file successfully submitted for a PCF practice is used to determine whether the practice satisfactorily met eCQM reporting requirements for Performance Year 2021.

Steps 1 through 13 below correspond to what you will see throughout your submission experience.

Please note: these figures are for illustration only and may vary slightly from the screens on the QPP website.

Step 1: Navigate to the QPP website (<https://qpp.cms.gov>) and select “Sign In” on the upper right-hand corner (Figure 29)

Figure 29. QPP Website – Landing Page

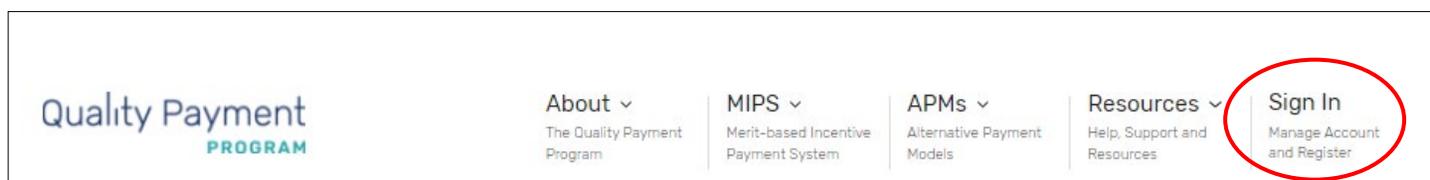




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Step 2: Log into your QPP account. Enter your User ID and Password in the requested fields, check “Yes, I agree” next to the Statement of Truth, and click “Sign In” (Figure 30). If you do not have an account, select the Register tab.

Figure 30. QPP Website – Sign In

Step 3: On the Account Home page, next to “Performance Year (PY) 2021 Submission Reporting Window is Now Open,” select “Start Reporting” (Figure 31).

Figure 31. QPP Website – Account Home



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Step 4: On the APM Entities tab, locate the PCF Practice ID that you would like to report for and select “Start Reporting” (Figure 32).

If the PCF Practice ID you need to report for is not listed, continue to Step 5 to connect to an additional practice(s) or multiple additional practices.

Figure 32. QPP Website – Eligibility & Reporting – Start Reporting

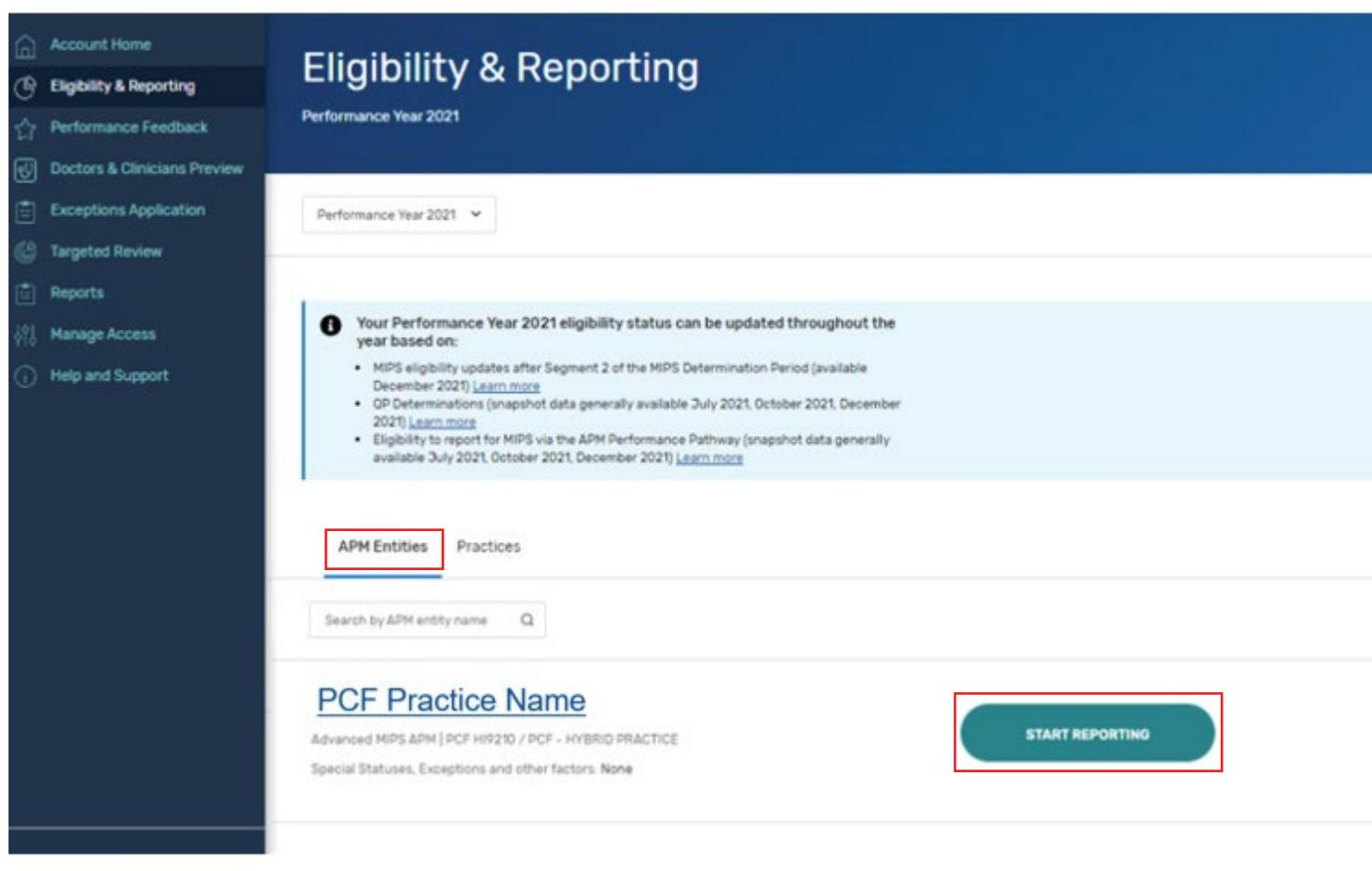




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Step 5: Skip this step if your PCF practice is already listed on the APM Entities tab.

Select “Manage Access” on the left-hand navigation pane (Figure 33). If you are not currently connected to your PCF practice, select the “Connect to another organization” link. On this page, you can also verify whether you are connected to all the PCF Practice IDs for which you need to report.

Once you have completed your updates on the Manage Access page, select “Eligibility & Reporting” in the left-hand navigation pane. Return to Step 4.

Figure 33. QPP Website – Manage Access

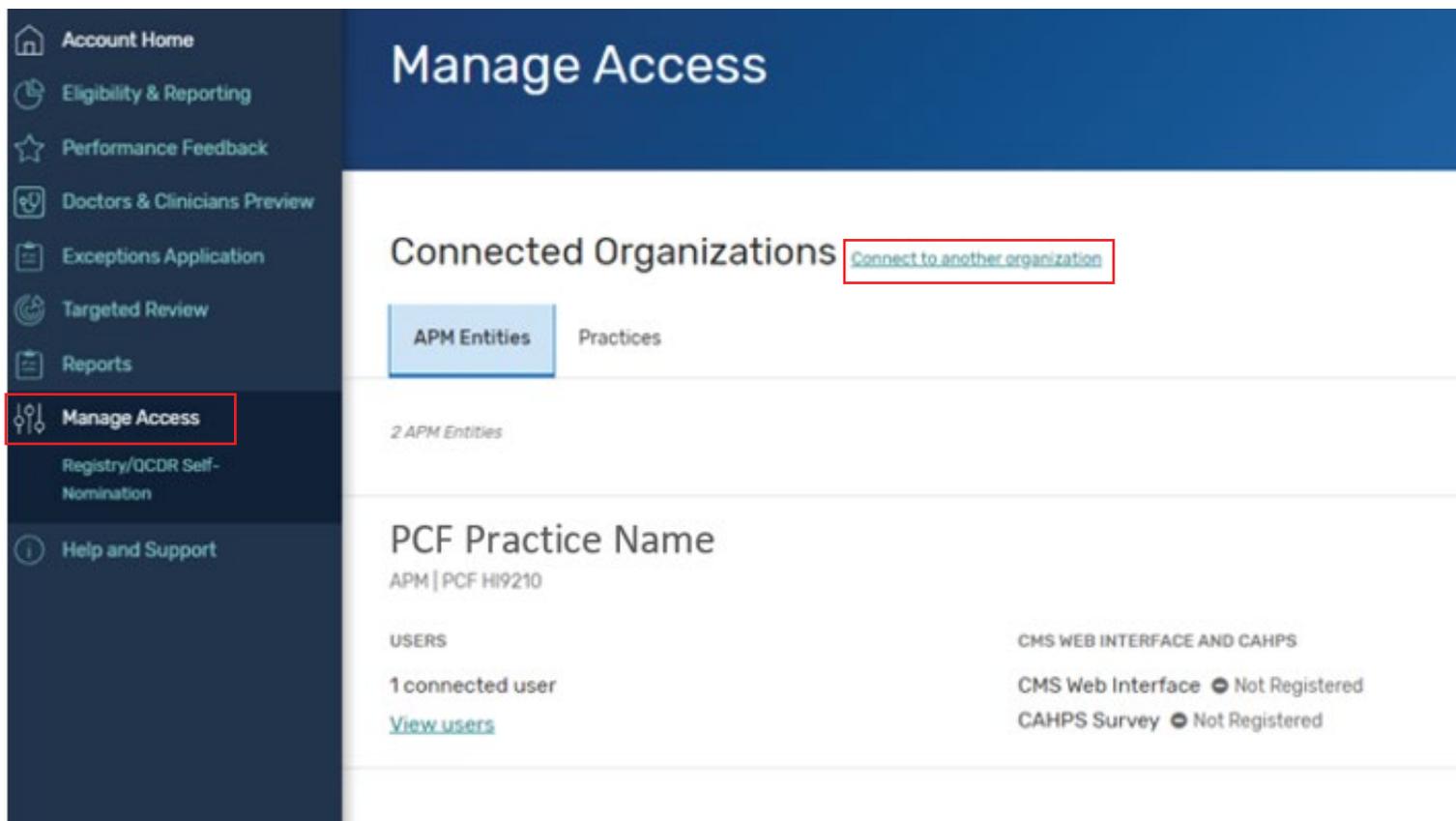




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Step 6: Under Required Reporting, in the Primary Care First (PCF) section, select “Start Reporting” (Figure 34).

Note: There may be other options in this section if you have any other required or optional reporting possibilities. Make sure you are selecting the PCF option to report PCF data.

Figure 34. QPP Website – Reporting Options

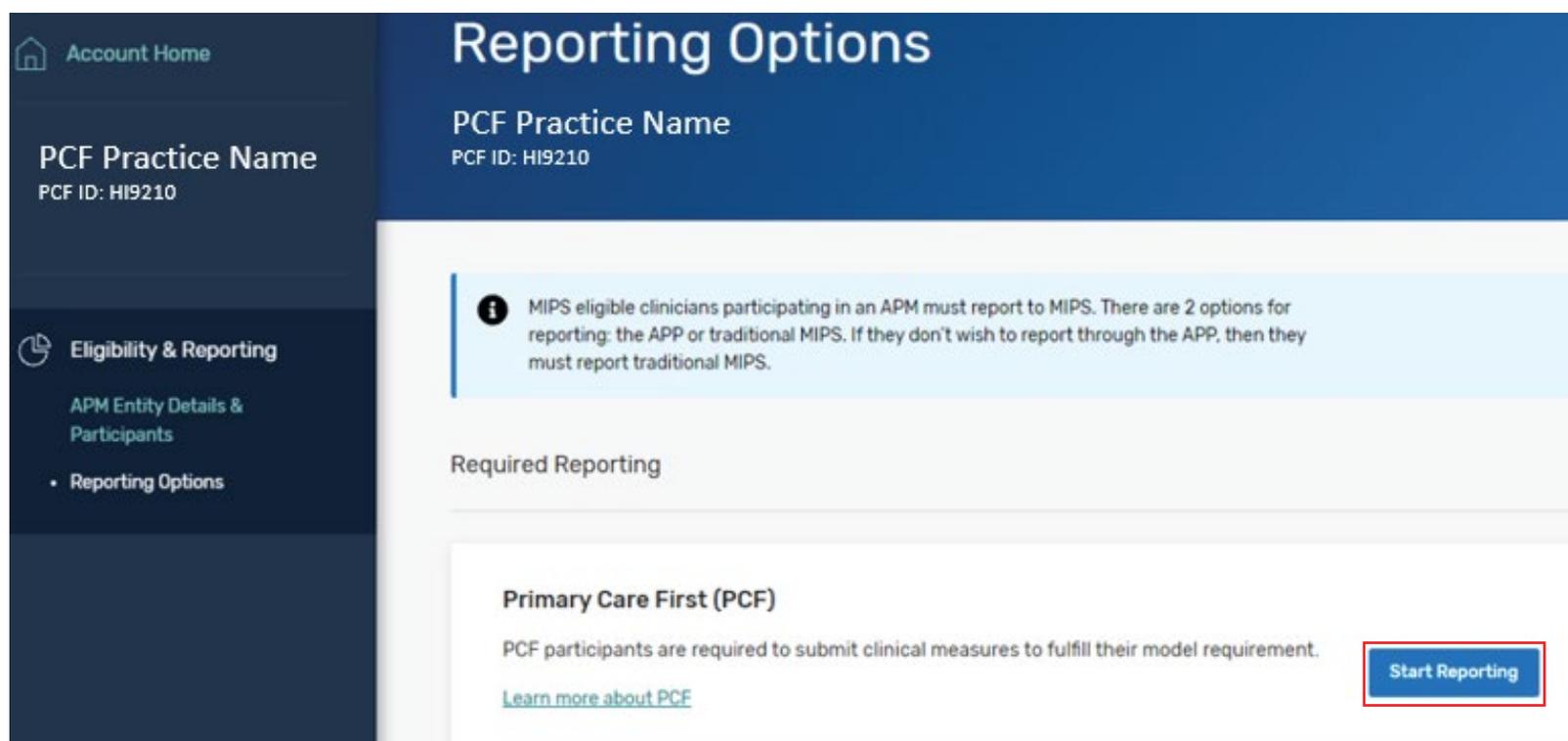




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Step 7: Select “Upload File” from the PCF Quality Reporting dashboard (Figure 35).

If you submit multiple PCF QRDA III files for the same PCF Practice ID during the PCF reporting period, every successful upload will replace the previous upload. PCF uses the last successful submission to determine your practice’s reporting compliance and Quality Gateway calculation.

Figure 35. QPP Website – Upload File

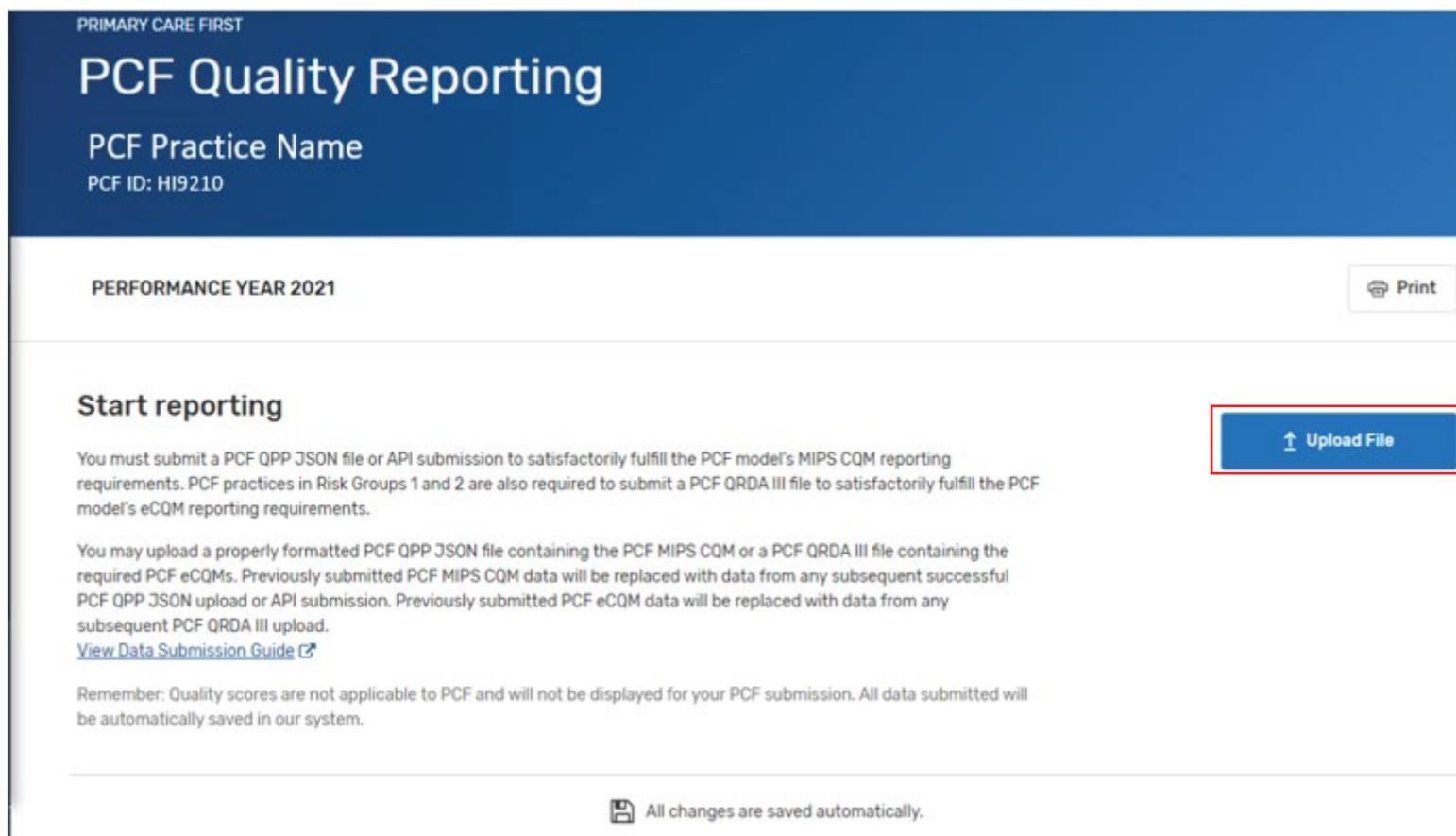




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Step 8: Either drag and drop your PCF QRDA III file into the Upload Data box or select “browse” to navigate to the file (Figure 36). Once you have the correct file, select “Upload File.”

Figure 36. QPP Website – Upload Data

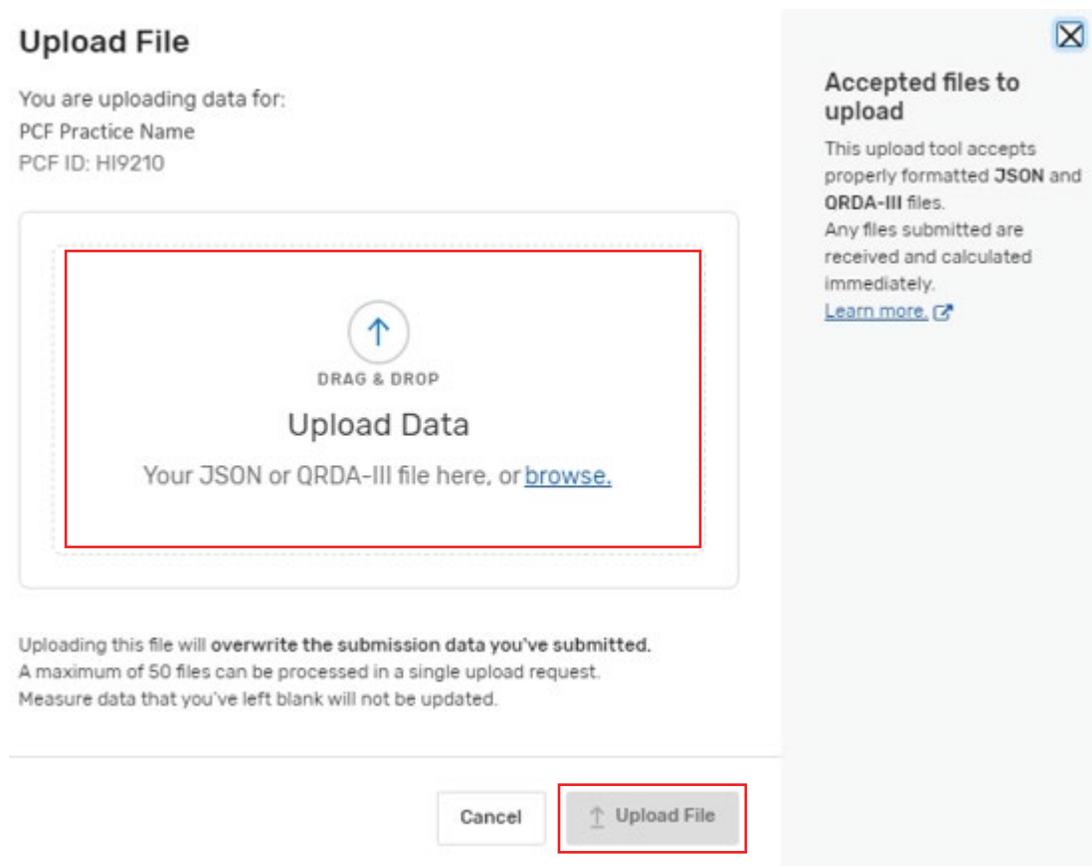




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Step 9: If your PCF QRDA III file has validation errors, a message will display (Figure 37). If you receive any error message(s), your file was not submitted. All errors must be corrected to submit your PCF QRDA III file successfully.

Select “Download Report” to download an Excel file detailing the error(s) in your QRDA III file. The option to download the report is only available when this pop-up window is open. If you want to download this error report, you must do so before closing the pop-up window.

You may need to contact your health IT vendor, the QPP Help Desk, or PCF Support to troubleshoot the error(s). When you contact them, please provide the downloaded Excel error report to assist with troubleshooting. For more information on PCF QRDA III validations, errors, and warnings, please refer to the [Troubleshooting Your PCF QRDA III File](#) and [PCF QRDA III File Submission Validations](#) sections.

Figure 37. QPP Website – Error Message

The screenshot displays the 'Upload File' interface on the QPP website. On the left, the 'Upload File' section shows the practice name 'PCF Practice Name' and ID 'PCF ID: HI9210'. A file named '2021PrimaryCareFirst...QRDA-III.xml' is listed as uploaded. A red error message box states: 'An Upload Error Occurred. You have an error in your submission reporting. You can continue to review your submission or upload more below.' A 'Download Report' button is highlighted with a red box. Below the error message, a note states: 'Uploading this file will overwrite the submission data you've submitted. A maximum of 50 files can be processed in a single upload request. Measure data that you've left blank will not be updated.' At the bottom are 'Upload More' and 'View Submission' buttons.

On the right, a pop-up window titled 'Do you have an issue uploading your file?' is open. It contains the text: 'If you are having any issues uploading your files:'. A red box highlights the 'Need help? Contact Us.' section, which includes an email address 'qpp@cms.hhs.gov' and a phone number '1-866-288-8292'.



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Step 10: If your PCF QRDA III file triggers a warning, a message will display (Figure 38). Warnings do not prevent upload of your PCF QRDA III file.

Select “Download Report” to download an Excel file detailing the warning message(s) in your QRDA III file. The option to download the report is only available when this pop-up window is open. If you want to download this warning report, you must do so before closing the pop-up window.

You may need to contact your health IT vendor, the QPP Help Desk, or PCF Support to determine whether your PCF QRDA III file needs updates to address any warnings. When you contact them, please provide the downloaded Excel warning report to assist with troubleshooting. For more information on PCF QRDA III validations, errors, and warnings, please refer to the [Troubleshooting Your PCF QRDA III File](#) and [PCF QRDA III File Submission Validations](#) sections.

Figure 38. QPP Website – Warning Message

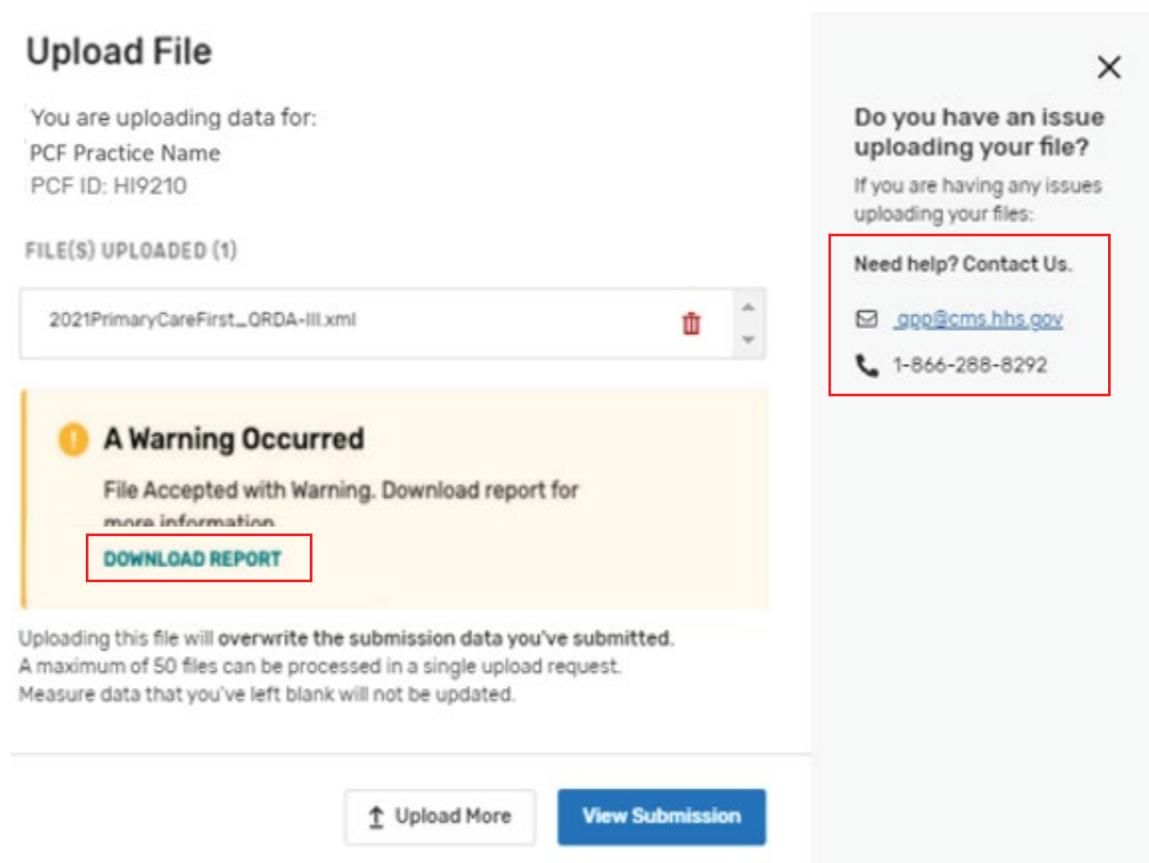




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Step 11: Upon successful submission of your PCF QRDA III file, you will receive an “Upload successful” message (Figure 39).

To review your submission summary, select “View Submission.” If you uploaded PCF QRDA III files on behalf of multiple practices, you must navigate to each APM Entity (PCF practice) submission summary to confirm.

Figure 39. QPP Website – Upload Successful

The screenshot displays the 'Upload File' section of the QPP website. It shows the practice name and ID, a list of uploaded files including '2021PrimaryCareFirst...QRDA-III.xml', and a green confirmation message: 'Upload successful. Your files were successfully uploaded. You can now review your submitted data on the Overview and Category Details pages.' A sidebar on the right offers help for upload issues, with contact information for email and phone. At the bottom, there are two buttons: 'Upload More' and 'View Submission', with the latter highlighted by a red box.



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Step 12: Review the PCF Submission Summary by selecting the PCF Details tab (Figure 40). Confirm your eCQM results match what you expected from your PCF QRDA III file submission. To review your PCF Submission Summary at any time, log into your QPP account and select “Performance Feedback” on the left-hand navigation pane.

Figure 40. QPP Website – PCF Submission Summary

PCF Submission Summary

Below are the PCF clinical measures submitted in the last successful QRDA III file upload, QPP JSON file upload and/or API submission.

Measure Name	Performance Rate
Expand All Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) CMS ID: CMS122v9	3.45%
Measure Info This measure is Inverse: a lower performance rate on this measure indicates better performance than a higher performance rate. Measure Type Intermediate Outcome Specifications For eCQM specifications, refer to the eCQM Resource Center .	Details Numerator: 18 Denominator: 522 Initial Population: 687
Colorectal Cancer Screening CMS ID: CMS130v9	99.5%
Controlling High Blood Pressure CMS ID: CMS165v9	26.64%



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Step 13: After confirming the submission of your PCF QRDA III file, if you find that the eCQM results are incorrect, you can replace your PCF QRDA III file with a new one by following the previous upload instructions.

Alternatively, to delete the submission, select “Manage Data” and click the garbage icon to delete the file (Figure 41). If you elect to delete data by using the Manage Data button, resubmit your file to ensure corrected results are submitted to PCF.

Figure 41. QPP Website – Manage Data

PCF Quality Reporting

PCF Practice Name
PCF ID: HI9210

Performance Year 2021

Manage Data

PCF Final Action Processing Rule: PCF will use the last successful PCF QRDA III eCQM submission (applicable only to Risk Groups 1 and 2) and PCF QPP JSON MIPS CQM submission (applicable to all risk groups) to determine if your PCF+ practice satisfactorily meets reporting requirements.

Please note: If you delete your submission you must re-submit by the PCF reporting deadline.

Print

Upload File

Manage Data

PCF MIPS clinical quality measures (CQMs)	Delete
---	--------

[View Data Submission Guide](#)
Remember: Quality scores are not automatically saved in our system



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Troubleshooting Your PCF QRDA III File

The QPP website will validate the items described in the [About Your PCF QRDA III File](#) section and technical standards specified in the [2021 CMS QRDA III IG](#). The site will flag any issues with your file with an informative error or warning message. See the [PCF QRDA III File Submission Validations](#) section for a list of data items that commonly fail validation.

PCF recommends that you work with your health IT vendor to resolve most errors and warnings identified in your PCF QRDA III file. However, this section includes troubleshooting tips for certain items that your practice may be able to resolve independently.

Warning message indicating that a TIN/NPI combination listed within the QRDA III file is incorrect

This warning message does not indicate that the PCF QRDA III file has failed to upload to the QPP website. This warning message is informing the user that one or more NPI(s) included in the QRDA III file do not match the list of provider NPI(s) and associated TIN that PCF has on file for your PCF practice ID (i.e., your practice’s PCF practitioner roster). To ensure that your PCF practitioner roster is up to date with the correct provider NPI(s) and TIN, or if you have questions about correctly recording practitioners in your PCF practitioner roster (e.g., how to list residents or providers that bill under a supervising physician, or how to list a provider that sees patients at multiple locations), please contact PCF@telligen.com. We also recommend working with your health IT vendor to ensure that they have the capability to report all NPIs that are listed on your PCF practitioner roster within your PCF QRDA III file.

Note: If you revise your PCF practitioner roster during the reporting period (January 3, 2022, through February 28, 2022), the QPP website will not have access to your recently updated roster. This means if you subsequently upload a PCF QRDA III file to the QPP website, you may receive an erroneous warning message for the NPI(s) or TIN you reported. You can ignore this warning if you confirm that your PCF practitioner roster is up to date and the NPI(s) and TIN reported within your PCF QRDA III file align with your roster.



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PCF Submission Score is not displaying after submitting the QRDA III file

After submitting a PCF QRDA III file, users will not receive a submission score. This functionality is for MIPS QRDA III file submissions only. Please note that this does not indicate that the PCF QRDA III file has failed to upload to the QPP website. As a reminder, submitting a MIPS QRDA III file does not satisfy PCF eCQM reporting requirements.

Error message indicating that you may not be connected to your PCF practice

When trying to submit your practice's PCF QRDA III file, if you receive an error stating "user is not authorized to view any submissions" or "current user cannot list this object," you may not be connected to your PCF practice on the QPP website. In this scenario, select the "Manage Access" link on the left side of the page and connect to your APM Entity by entering your PCF practice information. You can find instructions and more information in the [Connect to an Organization: APM Entity video](#). Once you are connected, you should see an APM Entity tab under the Eligibility and Reporting link on the left side of the page. Please ensure that your practice has the required access early to allow adequate time to complete your practice's submission before the end of the reporting period.



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PCF QRDA III File Submission Validations

The QPP website will validate your PCF QRDA III file upon submission, using the technical standards in the [2021 CMS QRDA III IG](#) and the items described in the [About Your PCF QRDA III File](#) section. An informative error or warning message will flag any issues with your file.

Table 9 lists some of the data that will be validated in your PCF QRDA III file and, in some cases, how they should be presented (i.e., the specific format). This table will allow your practice to confirm (or work with your health IT vendor to confirm) that these items are included in your QRDA III file and are reported correctly. If your practice is submitting your QRDA III file and receives any error or warning messages, these items will help you understand what is incorrect and how to fix it or communicate the issue to your health IT vendor. Please note that Table 9 is not a comprehensive list of all items that are validated within your PCF QRDA III file.

Table 9. PCF QRDA III Validations

Validation Item	Validation Description
CMS Program Name	Allowed value: “PCF”.
TIN(s)/NPI(s) for PCF	At least one TIN and one NPI must be present. (Note: Multiple TINs and NPIs are allowed; the TIN does not have to be the same if multiple TINs/NPIs are provided.) The TIN and NPI value(s) listed must be active on the PCF practitioner roster at some point during the performance year. If your practice has multiple practitioners participating in PCF, you must report measure data for all the practitioners.
PCF APM Entity Identifier (PCF Practice Site ID)	There must be one and only one APM Entity Identifier (null is not allowed). Must be a valid format (e.g., OR1234).
Valid PCF APM Entity Identifier (PCF Practice Site ID)	No spaces allowed (e.g., OR1234).
PCF practice site address	An address must be provided.
Valid TIN format	Must have 9 digits.



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Validation Item	Validation Description
Valid NPI format	Must have 10 digits.
NPI(s) submitted are included in the practice's 2021 PCF practitioner roster	The NPI(s) reported must be included in the practice's 2021 PCF practitioner roster.
TIN submitted is included in the practice's 2021 PCF practitioner roster	The TIN reported must be included in the practice's 2021 PCF practitioner roster.
A QRDA III file must contain data for the Quality category for PCF	There are three sections within the CMS QRDA III: Quality, Improvement Activities, and Promoting Interoperability. For PCF, the QRDA III file must contain the section for Quality (eCQM). Do not include Improvement Activities or Promoting Interoperability data in a PCF submission.
Performance year must be January 1, 2021, to December 31, 2021	The provided performance year must have a start date of 20210101 and end date of 20211231. If you have transitioned health IT vendors, you may need to consider adopting additional health IT to meet this requirement.
eCQM version specific measure identifiers are valid for Performance Year 2021	The eCQM UUID must match one of the valid eCQM version specific measure identifiers for eCQMs from the 2021 CMS QRDA III IG (Table 14). All UUID checks are case insensitive.
Meets the eCQM selection requirements for PCF	A QRDA III submission requires the reporting of all eCQMs in the PCF measure set (CMS122v9, CMS130v9, and CMS165v9), but also allows the reporting of eCQMs not in the PCF eCQM set. Non-PCF eCQMs are ignored.
The correct number of populations and population types are submitted for each eCQM reported according to the eCQM's specification	If an eCQM's specification specifies IPOP, DENOM, NUMER, and DENEX criteria, then population counts for these population criteria must be reported.



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Validation Item	Validation Description
Value of performance rate must be between 0 and 1; null is allowed	Performance rate must be ≥ 0 and ≤ 1 . Null Flavor of “NA” is allowed for performance rate when the performance denominator of the performance rate equation (Denominator – Denominator Exclusions) results in 0.
Numerator is less than or equal to the performance denominator	Performance denominator should be understood as the following equation: Denominator – Denominator Exclusions.
Denominator exclusion is less than or equal to the denominator	Denominator exclusion must be less than or equal to the denominator.
Denominator count is equal to initial population count per the eCQM specification	For CMS122v9, CMS130v9, and CMS165v9, denominator must be equal to initial population.
Value of population count must be a positive integer or zero	Value reported for each eCQM population must be greater than or equal to zero. Each population count must be reported using the identifier in the 2021 CMS QRDA III IG .
For each population of an eCQM, SDEs must be reported for each code defined in its respective value set	SDE information must be present (Sex, Race, Ethnicity, Payer).
Each eCQM and respective eCQM population count must only be submitted once in a single QRDA III file	A measure may not be submitted more than once in the same file. The same population may not be submitted more than once in the same measure. Uniqueness of an eCQM is based on the version specific measure ID provided for it. Uniqueness of an eCQM population is based on the population UUID provided for it.
Correct population UUIDs are submitted	The eCQM population UUID must match one of the valid population identifiers from the 2021 CMS QRDA III IG (Table 14). All UUID checks are case insensitive.
Appropriate Template IDs for the Quality measure section are used for all measures	Require the use of all appropriate measure section template IDs.



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Validation Item	Validation Description
CMS EHR Certification ID	There must be one CMS EHR Certification ID, which must be reported in the format XX15EXXXXXXXXXXX.
Improvement Activities	Improvement Activities data should not be reported; if included, a warning will be displayed upon upload.
Promoting Interoperability	Promoting Interoperability data must not be reported; if included, the file will fail submission.



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- [2021 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals](#)
- [2021 CMS QRDA III Schematrons and Sample Files for Eligible Clinicians and Eligible Professionals](#)
- PCF Quality Reporting on-demand webinars:
 - [Understanding Your 2021 PCF QPP JSON File](#)
 - [Understanding Your 2021 PCF QRDA III File](#)
 - [2021 PCF QPP JSON File Submission](#)
 - [2021 PCF QRDA III File Submission](#)
- [eCQI Resource Center](#)
- [Guide for Reading Electronic Clinical Quality Measures \(eCQMs\)](#)
- [NLM Value Set Authority Center \(VSAC\)](#)
- [QPP Access User Guide](#)