



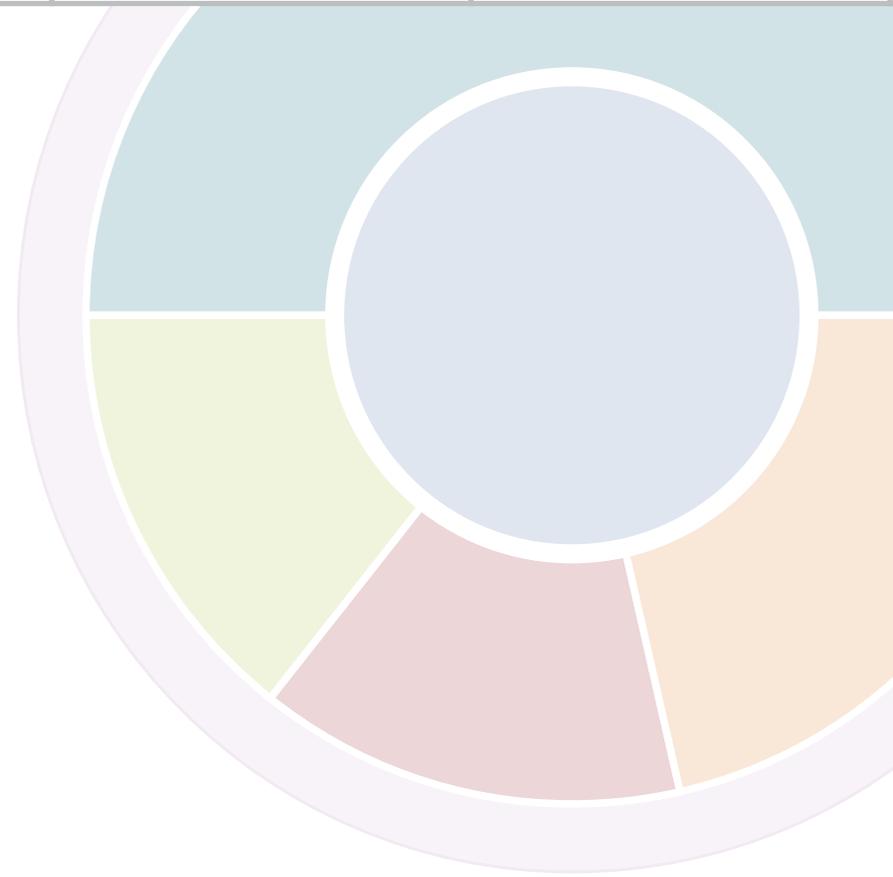
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PCF eCQM REPORTING GUIDE FOR PERFORMANCE YEAR 2022

VERSION 1.0

October 20, 2022



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Introduction

The Primary Care First (PCF) 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) assesses performance for the Quality Gateway measures in Performance Year 2022 (January 1, 2022 to December 31, 2022), and the results are applied to payments in the following year, as described in the [PY 2022 PCF Payment and Attribution Methodologies](#) paper.

PCF practices in Risk Groups 1 and 2 must report electronic clinical quality measures (eCQMs) that are part of the Quality Gateway, as noted in Table 1 below. PCF uses three eCQMs: (1) CMS122 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%), (2) CMS165 Controlling High Blood Pressure, and (3) CMS130 Colorectal Cancer Screening.¹ Measure specifications are available on the Eligible Clinician eCQMs page of the eCQI Resource Center (<https://ecqi.healthit.gov/>). Select “2022” in the Performance Period drop-down.

Table 1. 2022 PCF eCQM Reporting Requirements Summary

| eCQM Reporting (Required for Practice Risk Groups 1–2 Only) |
|---|
| CMS122v10 —Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) |
| CMS165v10 —Controlling High Blood Pressure |
| CMS130v10 —Colorectal Cancer Screening |

eCQMs use data electronically extracted from electronic health records (EHRs) and other types of health information technology (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

¹ Certain measures in the PCF model are owned and copyrighted by the National Committee for Quality Assurance (NCQA). Full copyright, disclaimer, and use provisions related to the NCQA measures can be found at <https://innovation.cms.gov/notices-disclaimers>.

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Practices must report all eCQMs 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 PCF practice site and measure data should be aggregated and reported with data from the main location.

DID YOU KNOW?

For Performance Year 2022 (**January 1, 2022, to December 31, 2022**), the PCF reporting period is scheduled for **January 3, 2023, to February 28, 2023**.

Note: On the Quality Payment Program (QPP) website, you may see a reporting period of January 3, 2023, to March 31, 2023. This period is to report quality data for MIPS and is not applicable to PCF.

This document contains important information to help your practice successfully submit your 2022 eCQM data, including submission checklists, information on file standards, frequently asked questions (FAQs), and more.



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PCF eCQM Reporting

eCQMs are 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 in the EHR during patient care. For PCF, eCQMs are generated from data captured in the EHR at the point of care delivery, and the data are reported to CMS in PCF Quality Reporting Document Architecture Category III (QRDA III) format.

PCF eCQM Submission Checklists

The following submission checklists ([Table 2](#) and [Table 3](#)) display activities practices should complete to ensure that they are able to:

1. Submit their 2022 eCQM results via PCF QRDA III file
2. Meet the 2022 PCF Health IT and eCQM Reporting Requirements



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Table 2. 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 2022, review the 2022 PCF Health IT (All Practices) and eCQM Reporting (Risk Groups 1 and 2 Only) Requirements . |
| Work with your health IT vendor to review your PCF eCQM results periodically throughout the performance year and resolve any issues, such as miscalculations. |
| Confirm your practice is using the most updated eCQM versions (published in May 2021). To view the measure specifications, select the “EC eCQMs” tab. |
| Confirm with your health IT vendor that your practice can report your eCQM results at the PCF practice site level. |
| Maintain your PCF practitioner roster on the PCF Practice Portal throughout the performance year as changes occur. For eCQM reporting purposes, ensure your roster is updated on the PCF Practice Portal no later than December 2, 2022. Your roster will be used on the Quality Payment Program (QPP) website to validate the National Provider Identifier (NPI)/Taxpayer Identification Number (TIN) combinations submitted in your PCF QRDA III file. Please refer to the eCQM Reporting and the PCF Practitioner Roster section for more information. |
| Verify your practice’s health IT system meets the 2015 Edition certification criteria, 2015 Edition Cures Update certification criteria, or a combination of both. You can use the Certified Health IT Product List (CHPL) Website to learn certification details about your health IT vendor(s). |
| 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. |
| 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 3. eCQM Submission Checklist

| |
|---|
| <p>PCF QRDA III File Review</p> <p>This table contains steps to ensure your PCF QRDA III file is ready to be submitted.</p> |
| <p>Verify with your health IT vendor that your PCF QRDA III file conforms to the 2022 CMS QRDA III Implementation Guide.</p> |
| <p>Confirm that all required eCQMs (CMS122v10, CMS130v10, and CMS165v10), including all required eCQM data elements, are included within your PCF QRDA III file. Please see the PCF eCQM Data section for more information.</p> |
| <p>Confirm your PCF QRDA III file includes the NPIs/TINs for all PCF clinicians that were active at any time during the performance year, as indicated in your practice’s PCF practitioner roster. Upon submission of your PCF QRDA III file, you will receive a warning message if the correct NPIs are not listed. Please see the PCF NPI and TIN Combinations section for more information.</p> |
| <p>Ensure that your PCF QRDA III file contains a CMS EHR Certification ID that represents the Certified EHR Technology (CEHRT) used by your practice during the performance year. Please see the CMS EHR Certification ID section for more information.</p> |
| <p>PCF QRDA III File Submission</p> <p>This table contains steps to successfully submit your PCF QRDA III file to CMS.</p> |
| <p>Determine whether your practice or certified health IT vendor will submit your practice’s PCF QRDA III file to the QPP website.</p> |
| <p>Upload your PCF QRDA III file to the QPP website* if your health IT vendor is not submitting on your behalf.</p> |
| <p>Work with your health IT vendor to resolve any error or warning messages received during submission. Please see the PCF QRDA III File Submission Validations section for more information.</p> |
| <p>Retain a copy of the PCF QRDA III file for at least 6 years. If your health IT vendor submitted on your behalf, you will need to request a copy of your practice’s file and retain it for your records.</p> |
| <p>* 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 file, 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.</p> |



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eCQM Reporting and the PCF Practitioner Roster

Successful eCQM reporting depends on having an up-to-date PCF practitioner roster. Practices should maintain their rosters on the PCF Practice Portal throughout the performance year as changes occur. For eCQM reporting purposes, practices should ensure their practitioner rosters are updated on the [PCF Practice Portal](#) no later than December 2, 2022. This will allow ample time for PCF to process any roster changes before the start of the eCQM reporting period on January 3, 2023.

The QPP website will use your practitioner roster to validate the NPI/TIN combinations reported in your PCF QRDA III file. Your QRDA III file must include all NPIs that were active on the PCF practitioner roster at any point during the performance year. When uploading your PCF QRDA III file on the QPP website, any discrepancy between the NPI/TIN combinations listed on your practitioner roster and those included in your QRDA III file will result in a warning message. Failure to address these QRDA III NPI/TIN warning messages and/or misalignment between the NPIs and TINs on your roster and those in your QRDA III file may trigger a Quality Audit.

Please see the [FAQs](#) section for more information on NPI/TIN warning messages.



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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 American National Standards Institute (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 [2022 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals](#) (referred to hereafter as the 2022 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 section of the PCF eCQM Reporting Guide is meant to assist you with understanding some of the data contained in your PCF QRDA III file, but all other technical specifications detailed in the 2022 CMS QRDA III IG must be met.

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 before the 2022 eCQM reporting deadline (February 28, 2023).

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 eCQM Reporting Guide.

³ The 2022 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 that were active at any point during the performance year, as indicated in your practice’s PCF practitioner roster
- CMS EHR Certification ID
- Performance year start date of “20220101”
- Performance year end date of “20221231”
- 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 2022 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 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 1).

Figure 1. 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 eCQM Reporting Guide.



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CMS Program Name

The CMS Program Name for PCF is “PCF” (see Figure 2).

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 2. 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 Alternative Payment Model (APM) Entity Identifier should be your PCF Practice ID. You must also report your practice site address in the file (see Figure 3).

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 3.



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Figure 3. 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 must include all NPI and TIN combinations, as indicated in your practice's PCF practitioner roster (see Figure 4). This includes all NPIs that were active at any time during the performance year, including those who withdrew during the performance year, as indicated in your practice's PCF practitioner roster.

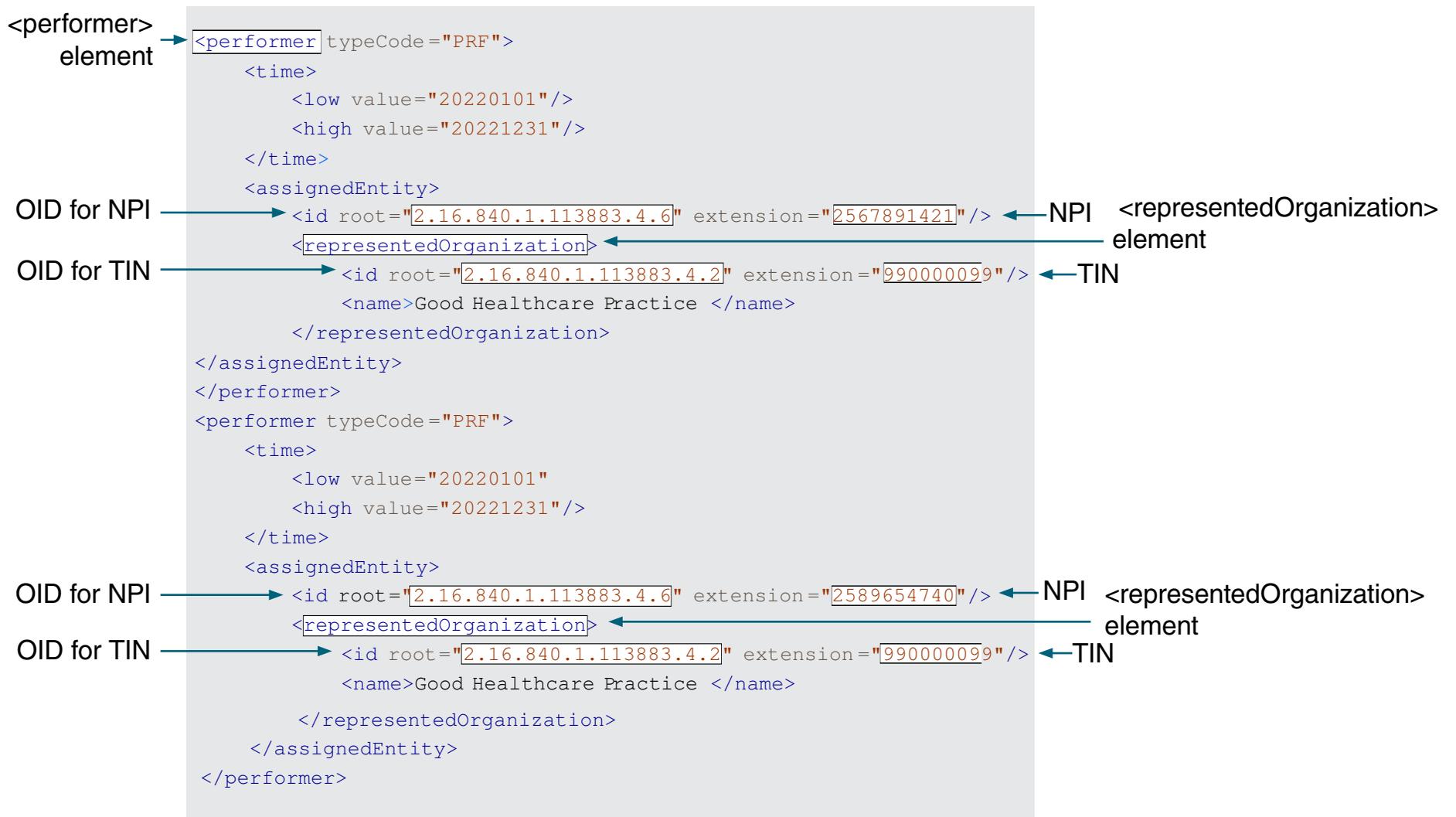
1. Search for the OID for NPI, 2.16.840.1.113883.4.6, within your QRDA III file.
 - a. For the PCF NPI/TIN combination(s), the OID must be within the <performer> element.
 - b. The corresponding extension must be an NPI from your PCF practitioner roster.
2. In the <performer> element, you should also see the OID for TIN, 2.16.840.1.113883.4.2, within a <representedOrganization> element.
 - a. The corresponding extension must 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> element instead of <performer> (see Figure 5).

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 4. PCF NPI and TIN Combinations Example**Figure 5. NPI Without Associated TIN Example**



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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 6).

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 6. 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>

```

OID for CMS EHR Certification ID

CMS EHR Certification ID

PCF Performance Year Start and End Dates

For PCF, the Performance Year Start Date should be “20220101” and the Performance Year End Date should be “20221231” (see Figure 7). 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 “20220101”.
 - b. The high value should be “20221231”.



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Figure 7. 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"/> ← OID for Reporting Parameters
    <id root="e8d1fd9d-6f8a-4c72-9b51-afdb8ebd6e07"/>
    <code code="252116004"
      codeSystem="2.16.840.1.113883.6.96"
      displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20220101"/> ← <effectiveTime> low and high values
      <high value="20221231"/>
    </effectiveTime>
  </act>
</entry>

```

PCF eCQM Data

All measures in the PCF measure set (CMS122v10, CMS130v10, and CMS165v10) must be reported in the same PCF QRDA III file. For each measure, your practice must report all required eCQM data elements (Table 4) 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 4. Required PCF eCQM Data Elements and Population Codes

| CMS ID* | Initial Population (IPOP) | Numerator (NUMER) | Denominator (DENOM) | Denominator Exclusions (DENEX) | Performance Rate |
|------------------------|---------------------------|-------------------|---------------------|--------------------------------|------------------|
| 122v10 | X | X | X | X | X |
| 130v10 | X | X | X | X | X |
| 165v10 | X | X | X | X | X |

* Each CMS ID is linked to the 2022 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 [2022 CMS QRDA III IG](#) for a complete list of these identifiers.

1. Search for the version specific measure ID for CMS122v10, as listed in Table 14 of the [2022 CMS QRDA III IG](#), within your QRDA III file.
 - a. If the version specific measure ID exists, CMS122v10 is included in your QRDA III file (see Figure 8).

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 8. CMS122v10 Version Specific Measure ID Example

```

<reference typeCode="REFR">
  <externalDocument classCode="DOC" moodCode="EVN">
    <id root="2.16.840.1.113883.4.738"
      extension="2c928082-74c2-3313-0174-c60bd07b02a6"/>
    <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>

```

CMS122v10 Version Specific Measure ID



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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 9).
 - 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 in the same section.
 - b. The performance rate for the measure will also be in the same section and should be reported as a decimal between 0 and 1.

Figure 9. CMS122v10 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="0E994FD7-399A-46AE-84F3-D4286EB35AD8"/>
        <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

CMS122v10 Performance Rate

CMS122v10 Numerator (NUMER) UUID



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3. Scroll up or down or search for each data element/population code (IPOP, DENOM, DENEX, NUMER) (see Figure 10).
 - 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.

Figure 10. CMS122v10 IPOP Example

```

<component>
  <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>
</component>

```

Population code for Initial Population (IPOP)

CMS122v10 IPOP value



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4. Also scroll up or down or search for each data element/population UUID for CMS122v10, as listed in Table 14 of the 2022 CMS QRDA III IG.
 - a. The correct data element/population UUID must be included in your QRDA III file (see Figure 11).
 - b. Repeat for the remaining data element/population UUIDs for the measure.

Figure 11. CMS122v10 IPOP UUID Example

```

<reference typeCode="REFR">
  <externalObservation classCode="OBS" moodCode="EVN">
    <id root="D0F9A8EF-6C52-429A-A522-B568269EF39A" />
  </externalObservation>
</reference>

```

← UUID for CMS122v10 Initial Population (IPOP)

5. Repeat steps 1 through 4 for CMS130v10 and CMS165v10.

For PCF Performance Year 2022, CMS122v10, CMS130v10, and CMS165v10 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 CMS122v10, CMS130v10, and CMS165v10 to determine whether your practice meets the Quality Gateway, which is used to determine eligibility for a positive PBA.

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 [CMS122v10](#), [CMS130v10](#), and [CMS165v10](#) 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 [2022 CMS QRDA III IG](#) (Section 5.3.3).



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Step-by-Step Instructions for PCF 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 Healthcare Quality Information System (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 [QPP Access User Guide](#) for more information on gaining access to submit on behalf of your PCF Practice Site.

Step-by-Step Instructions Coming Soon!

CMS is currently updating the QPP website for Performance Year 2022 submissions. PCF will release an updated version of this eCQM Reporting Guide once the QPP website updates are complete.



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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 [2022 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 5 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 uploads 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 5 is not a comprehensive list of all items that are validated within your PCF QRDA III file.

Table 5. PCF QRDA III Validations

| Validation Item | Validation Description |
|--|---|
| CMS Program Name Code | Allowed value: PCF. |
| PCF APM Entity Identifier (PCF Practice Site ID) | There must be exactly 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. |
| TIN(s)/NPI(s) for PCF | At least one TIN and one NPI must be present; multiple TINs and NPIs are allowed. The QRDA III file should include all TIN and NPI value(s) that were 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 of them. |
| Valid TIN format | Must have 9 digits. |
| Valid NPI format | Must have 10 digits. |



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| Validation Item | Validation Description |
|--|---|
| NPI(s) submitted are included in the practice's 2022 PCF practitioner roster | The NPI(s) reported must be active in the practice's PCF practitioner roster at any point during Performance Year 2022. |
| TIN submitted is included in the practice's 2022 PCF practitioner roster | The TIN reported must be active in the practice's PCF practitioner roster at any point during Performance Year 2022. |
| A PCF QRDA III file must contain data for the Quality section | There are three sections available within a CMS QRDA III file: 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. |
| Appropriate template IDs for the Quality measure section are used for all measures | Use of all appropriate measure section template IDs is required. As applicable, the correct template extensions must also be reported, as specified in the 2022 CMS QRDA III IG. |
| 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. |
| Performance year must be January 1, 2022, to December 31, 2022 | The provided performance year must have a start date of 20220101 and end date of 20221231. 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 2022 | The eCQM UUID must match one of the valid eCQM version specific measure identifiers from the 2022 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 (CMS122v10, CMS130v10, and CMS165v10), but also allows the reporting of eCQMs not in the PCF eCQM set. Non-PCF eCQMs are ignored. |



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| Validation Item | Validation Description |
|---|---|
| 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 includes IPOP, DENOM, NUMER, and DENEX criteria, then population counts for these population criteria must be reported. |
| Correct population UUIDs are submitted | The eCQM population UUID must match one of the valid population identifiers from the 2022 CMS QRDA III IG (Table 14). All UUID checks are case insensitive. |
| Each eCQM and respective eCQM population count must be submitted exactly once in a QRDA III file | An eCQM may not be submitted more than once in the same QRDA III file. Uniqueness of a submitted eCQM is based on the version specific measure ID provided for it. In a QRDA III file, the same population may not be submitted more than once for the same eCQM. Uniqueness of an eCQM population is based on the population UUID provided for it. |
| 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 (Denominator – Denominator Exclusions) results in 0. |
| Numerator is less than or equal to the performance denominator | Numerator must be less than or equal to the performance denominator (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 CMS122v10, CMS130v10, and CMS165v10, the denominator count must be equal to the initial population count. |
| 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. |
| 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). |
| CMS EHR Certification ID | There must be one CMS EHR Certification ID, which must be reported in the format XX15EXXXXXXXXXXX. |

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Frequently Asked Questions (FAQs)

Who should we include in our PCF QRDA III file for eCQM reporting? Should we include withdrawn practitioners?

Practices in Risk Groups 1 and 2 must report eCQMs 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.

This means that all TIN and NPI combinations, as indicated in your practice’s PCF practitioner roster, must be reported in your PCF QRDA III file. This includes all NPIs that were active at any time during the performance year, including those who withdrew during the performance year, as indicated in your practice’s PCF practitioner roster.

When we submit our PCF QRDA III file on the QPP website, we receive an NPI/TIN warning message. What should we do?

The practitioners included in your PCF QRDA III file must align with the practitioners included in your practitioner roster. If you include practitioners in your QRDA III file that are not in your roster or omit practitioners from your QRDA III file that are in your roster, the QPP website will generate a warning message. Although this warning message will not prevent the submission of your PCF QRDA III file, you must ensure your PCF practitioner roster is up to date and the NPIs and TINs reported within your PCF QRDA III file align with your roster. Your practice can submit requests to update your PCF practitioner roster/TIN information through the PCF Practice Portal.

Misalignment between the practitioners included in your PCF practitioner roster and those reported in your PCF QRDA III file may flag your practice for Quality Audit. Failing a Quality Audit may cause your practice to fail the Quality Gateway and may negatively impact your practice’s PBA.

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.

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We updated our PCF practitioner roster but still receive an NPI/TIN warning message when we upload our PCF QRDA III file on the QPP website. Why is this happening?

If you updated your PCF practitioner roster in the PCF Practice Portal after the December 2, 2022, deadline or during the eCQM reporting period, the QPP website will not have access to the revised information. The deadline for updating your practitioner roster in time for the information to be used to validate your QRDA III file is December 2, 2022. If you updated your roster after this date and subsequently uploaded a PCF QRDA III file that aligns with accurate roster information for the performance year, you may receive an erroneous warning message for the NPIs or TINs you reported. You can ignore this warning if you confirm that your PCF practitioner roster is up to date and the NPIs and TINs reported within your PCF QRDA III file align with your roster.

Why doesn't a submission score display after I submit my PCF QRDA III file?

After submitting a PCF QRDA III file, users will not receive a submission score. This functionality is for Merit-based Incentive Payment System (MIPS) 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 file does not satisfy PCF eCQM reporting requirements.

I received an error message on the QPP website indicating I may not be connected to my PCF practice. How can I resolve this?

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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How can I verify that my PCF QRDA III file uploaded successfully?

Upon successful upload of your PCF QRDA III file, your PCF Submission Summary will be populated on the QPP website. The PCF Submission Summary will display the eCQM counts and performance rates that were submitted in your PCF QRDA III file. If you do not see data populated in the PCF Submission Summary, your QRDA III upload was not successful.

How can I obtain a copy of my PCF Submission Summary that shows the eCQM data I uploaded?

The PCF Submission Summary screen displays the eCQM data that you submitted in your PCF QRDA III file. For PCF, this information will only display during the eCQM reporting period. Once eCQM reporting has ended, the PCF Submission Summary will no longer be available.

If you would like to retain a copy of the data displayed in your PCF Submission Summary, you may print the page using the Print option on the screen. You may print a hard copy or print to a PDF and save locally.

You may also choose to reach out to your health IT vendor to determine whether they can send you a “human readable” version of your PCF QRDA III file.

Can I include my PCF eCQM data in my MIPS QRDA III submission or submit it in JavaScript Object Notation (JSON) format?

PCF eCQM data must be submitted in PCF QRDA III format. QRDA III is a standard document format for the exchange of eCQM data across multiple CMS programs and models. QRDA III files contain data, such as SDEs, that are not included in JSON format. Any submissions made in JSON format will not be received by PCF. In addition, PCF eCQM data must be submitted separately from MIPS eCQM data. Submitting a MIPS QRDA III file does not satisfy PCF eCQM reporting requirements.

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Helpful Resources

- [2022 PCF Health IT \(All Practices\) and eCQM Reporting \(Risk Groups 1 and 2 Only\) Requirements](#)
- [2022 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals](#)
- [2022 CMS QRDA III Schematrons and Sample Files for Eligible Clinicians and Eligible Professionals](#)
- [PCF Practitioner Roster Guidance: PY 2022 eCQM Reporting and 2023 Payment & Attribution](#)
- [Introduction to PCF Quality Measures for PY 2022 and Beyond On-Demand Video](#)
- [eCQI Resource Center](#)
- [Guide for Reading Electronic Clinical Quality Measures \(eCQMs\)](#)
- [National Library of Medicine Value Set Authority Center](#)
- [QPP Access User Guide](#)