



Primary Care First Frequently Asked Questions (FAQs) for Health IT Vendors

Clinical Measures FAQs

- 1) *Where can I find more information about the electronic care quality measures (eCQMs) and the Advance Care Plan measure for Primary Care First?*

For preliminary information about the quality measures that practices participating in the Primary Care First model will be required to submit, please refer to the Primary Care First [Request for Applications](#). For more information on the measure specifications, please refer to the [eCQI Resource Center](#) for the eCQMs and the [QPP website](#) for the Advance Care Plan measure.

- 2) *Where can I find more information on QRDA III file creation to support Primary Care First participants?*

Please see the [QRDA page on the eCQI Resource Center](#) for all QRDA-related information. This page includes applicable QRDA III documents including the CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals, the CMS QRDA III Schematrons and Sample Files for Eligible Clinicians and Eligible Professionals, and any published addendums for each performance period. This information is updated annually. Note that the current versions of these files address the 2020 performance year and do not include Primary Care First-specific information. Make sure to subscribe to the [CMS listserv](#) to be informed of Primary Care First Model updates for the 2021 performance year that will include Primary Care First-specific information.

- 3) *What is the reporting period for the eCQM and Advance Care Plan Measure for the Primary Care First model?*

At this time, the reporting period for eCQMs and the Advance Care Plan measure has not been finalized. All practices participating in the Primary Care First model will be required to report 12 months of continuous data for the eCQMs and Advance Care Plan measure.

- 4) *Will practices participating in the Primary Care First model be required to report 12 months of data if they transition health IT vendors during the reporting period?*

All practices participating in the Primary Care First model will be required to report 12 months of continuous data for the eCQMs and Advance Care Plan measure. CMS will require participating practices that plan to transition health IT vendors to ensure that all

data is transferred from their legacy health IT systems to their new health IT systems or leverage additional health IT to meet this requirement.

- 5) *Will the Center for Medicare and Medicaid Innovation (CMS Innovation Center) be partnering with a registry to support participating practices in reporting the Advance Care Plan measure for the Primary Care First model?*

CMS will not be partnering with a specific registry to support Advance Care Plan measure reporting for the Primary Care First model. CMS plans to require Primary Care First practices to utilize the MIPS Final Approved List of qualified registries and qualified clinical data registries to report the Advance Care Plan measure. The measure specifications and reporting information are available on the [QPP website](#).

- 6) *Will participating practices be expected to create a performance report for the Advance Care Plan measure in health IT?*

CMS plans to require Primary Care First practices to use the MIPS Final Approved List of qualified registries and qualified clinical data registries to submit performance data reports for the Advance Care Plan measure. Practices should work with their health IT vendors to ensure they meet Primary Care First model requirements.

- 7) *Will the CMS Innovation Center be providing electronic specifications to support the calculation of the Advance Care Plan measure using Electronic Health Record (EHR) data?*

The measure specifications and reporting information are available on the [QPP website](#). Advance Care Plan measure reporting will be based on the applicable performance year specifications. CMS plans to require Primary Care First practices to utilize the MIPS Final Approved List of qualified registries and qualified clinical data registries to report the Advance Care Plan measure.

- 8) *When will the CMS Innovation Center require practices participating in the Primary Care First model to submit eCQMs electronically using a Fast Healthcare Interoperability Resources® (FHIR) application programming interface (API)?*

The implementation timeline for eCQM reporting via FHIR API has not yet been finalized. However, CMS plans to require Primary Care First practices to submit eCQMs via QRDA III file in 2021.

We acknowledge that practice readiness to submit data via FHIR API will depend on whether their health IT vendors offer this capability and encourage participating practices to work with their vendors in the future. Information will be published in advance so health IT vendors can update their systems to help participating practices meet model requirements. We encourage you to watch for more information to be shared via the [CMS listserv](#). In addition, CMS will release a Quality User Guide specifying the reporting requirements and submission details early in the first Primary Care First model year.

- 9) *How will CMS communicate which Medicare beneficiaries are attributed to a participating provider?*

The preliminary Primary Care First attribution methodology for how Medicare beneficiaries will be attributed to a participating provider is included in the [Request for Applications](#). A detailed description of the finalized attribution methodology will be provided in the Primary Care First Payment Methodology Paper to be released in 2020.

Health IT Requirements FAQs

- 10) *What types of health IT vendors can submit data for the eCQMs and the Advance Care Plan measure?*

Any health IT vendor that meets all the technical specification listed in Appendix C (Primary Care First Health IT Requirements) of the [Request for Applications](#) can submit data for the Primary Care First model quality measures. CMS plans to require participating practices to utilize a qualified registry from the MIPS Final Approved List of qualified registries and qualified clinical data registries to report the Advance Care Plan measure. Practices participating in the Primary Care First model are responsible for choosing health IT vendor(s) that are able to meet the model's technical requirements.

- 11) *What is meant by "Base EHR" and how does this relate to 2015 Edition Certified EHR Technology (CEHRT)?*

The 2015 Edition Health IT Certification Criteria facilitates greater interoperability for several clinical health information purposes and enables health information exchange through new and enhanced certification criteria, standards, and implementation specifications. This Edition also identifies the base EHR capabilities such as medical history, clinical decision support, and physician-order entry. More information on what is included in the 2015 Edition base EHR definition can be found in the [ONC Health IT Playbook](#) and the [2015 Edition Base EHR Definition fact sheet](#). The 2015 Edition CEHRT definition and associated certification criteria, required by the Quality Payment Program, can be found at [42 CFR 414.1305](#).

- 12) *Will the CMS Innovation Center's Primary Care First model require health IT vendors to sign a Memorandum of Understanding (MOU) with CMS?*

CMS will not require MOUs from health IT vendors that will be supporting practices that plan to participate in the Primary Care First model. Practices that choose to participate in this voluntary model will be required to use health IT that meets the model requirements. In this case, the business relationship exists between the practice and their chosen health IT vendor(s). Practices and health IT vendors are expected to reach an agreement about the utility or effectiveness of health IT used to meet model requirements independent of CMS.

13) *What is the timing for the adoption of CEHRT? Will the Primary Care First model align with all other Advanced APMs under QPP?*

Participating practices will be expected to align with the CEHRT use criterion for Advanced APMs as established for the Quality Payment Program. As described in the [Request for Applications](#), CMS expects that Primary Care First-General and Hybrid practices will be required to have health IT that meets 2015 Edition CEHRT by the start of the model.

CMS plans to allow Seriously Ill Population (SIP)-Only practices that do not meet the requirement to use 2015 Edition CEHRT by the start of the model to request a one-year delay of that requirement. Please note that SIP-Only practices that are granted a one-year delay will not qualify as Advanced APM participants under MIPS. CMS plans to require all SIP-only practices to use 2015 Edition CEHRT by the start of performance year two of the model.

14) *Will health IT vendors be expected to develop additional functionalities to support the quality reporting requirements of the Primary Care First model?*

The Primary Care First model will include both quality and health IT requirements, general descriptions can be found in the [Request for Applications](#). CMS expects that all practices participating in the Primary Care First model will have the same health IT requirements, with one exception: SIP-only practices that do not meet the requirement to use 2015 Edition CEHRT by the start of the model will have the opportunity to submit a waiver to be granted a one-year delay of that requirement.

Health Information Exchange (HIE) FAQs

15) *Do practices need to be in active integration steps with the Health Information Exchange (HIE) at the time of applying, or at the beginning of the model (January 2021)? What if a practice does not have an HIE available in their region? What if the HIE does not support the capability to send transition of care notifications?*

Primary Care First practices will be required to connect to a regional, national, or vendor-mediated health information exchange (HIE) by the start of the model (January 2021) and for the duration of their participation in the model. The CMS Innovation Center will evaluate requests for exceptions if no HIE exists in a region as of the model start date; however, practices should be ready to connect to an HIE once one becomes available. We encourage practices to research the features and services of available HIEs, including the capability to send transition of care notifications, prior to entering into active integration with an HIE.