

Performance Year 2021 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs

Release Notes

Updates to this document include the Center for Medicare & Medicaid Services (CMS) Web Interface benchmarks for the 2021 performance year only. In the CY 2021 Medicare Physician Fee Schedule (PFS) final rule¹, we finalized revisions to the Alternative Payment Model (APM) Performance Pathway (APP) under the Quality Payment Program (QPP), and as a result, the Medicare Shared Savings Program (Shared Savings Program) quality scoring rules for the 2021 performance year. Under the APP, Accountable Care Organizations (ACOs), including those in the Shared Savings Program, will be required to report quality data by completely and accurately reporting either the 10 CMS Web Interface measures or the 3 eCQM/CQM measures. For the 2021 performance year the CMS Web Interface is one of two data collection types that ACOs may choose for submitting quality data via the APP. This document contains the benchmarks for the 10 CMS Web Interface measures.


Introduction

This document describes methods for calculating the CMS Web Interface benchmarks for ACOs reporting the CMS Web Interface measures for the 2021 performance year. The benchmarks for each measure are displayed in **Appendix A**.

Quality performance benchmarks are established by CMS prior to the reporting period for which they apply and are set for two years. This document defines and sets the CMS Web Interface benchmarks that will be used for the 2021 performance year. In the 2021 performance year under the APP, ACOs have the option to report on 10 CMS Web Interface measures or 3 electronic clinical quality measures (eCQMs)/Merit-based Incentive Payment System (MIPS) clinical quality measures (CQMs). ACOs will also be required to field the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey, and two claims-based measures will be calculated by CMS. This document only includes the 2021 CMS Web Interface

¹ <https://www.federalregister.gov/public-inspection/2020-26815/medicare-program-cy-2021-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part>





benchmarks. For more information on the benchmarks for the other measures in the APP, please refer to the [MIPS Benchmark document](#).

It is also important to note that CMS maintains the authority to remove measures from scoring when the measure owner determines the measure causes patient harm or no longer aligns with clinical practice, or when there is a determination under the Quality Payment Program (QPP) that the measure has undergone a substantive change.

Benchmark Data Sources

We established the 2021 benchmarks using all available and applicable 2016, 2017, and 2018 Medicare fee-for-service (FFS) data. This includes:


- Quality data reported by Shared Savings Program, Pioneer Model ACOs (for 2016 only), and Next Generation Model ACOs through the CMS Web Interface for the 2016, 2017, and 2018 performance years; and
- Quality data reported through the Physician Quality Reporting System (PQRS) by physicians and groups of physicians through the CMS Web Interface, claims, or a registry for the 2016 performance year or reported through MIPS by physicians and groups of physicians through the CMS Web Interface or claims for the 2017 and 2018 performance years.

The quality measure benchmarks were calculated using ACO, group practice, and individual physician data aggregated to the practice or taxpayer identification number (TIN) level. These calculations only include a practice or TIN's data if it had at least 20 cases in the denominator for the measure. Quality data for ACOs, providers, or group practices that did not satisfy the reporting requirements of the Shared Savings Program or PQRS/MIPS were not included in calculation of the benchmarks.

Benchmarks for ACO Quality Measures

Benchmarks for the CMS Web Interface quality measures for the 2021 performance year are specified in **Appendix A**.

A quality performance benchmark is the performance rate an ACO must achieve to earn the corresponding quality points for each measure. We show the benchmark for each percentile, starting with the 30th percentile (corresponding to the minimum attainment level) and ending with the 90th percentile (corresponding to the maximum attainment level). For the 2021



performance year, we set benchmarks using flat percentages for 7 measures as shown in **Appendix A.**

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Appendix A: CMS Web Interface Measure Benchmarks for the 2021 Performance Year

Measure-#	Description	30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
Quality ID #: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control ²	70.00	60.00	50.00	40.00	30.00	20.00	10.00
Quality ID #: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan ³	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quality ID #: 236	Controlling High Blood Pressure	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 318	Falls: Screening for Future Fall Risk	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 110	Preventive Care and Screening: Influenza Immunization	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention ⁴	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 113	Colorectal Cancer Screening	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 112	Breast Cancer Screening	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease ³	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quality ID #: 370	Depression Remission at Twelve Months ³	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A= not applicable

² Lower performance rate desired

³ Measure is not scored

⁴ Quality ID #: 226 benchmarks are based on 2016 and 2017 web interface data only, because 2018 data is not comparable due to the revised numerator guidance



Version History

Date	Change Description
1/25/2021	Original version