

## APM Performance Pathway (APP) Requirements: 2021 Quality Measure Set

Individuals, Groups, APM Entities (Shared Savings Program ACOs and non-Shared Savings Program ACOs)

### What Quality Data Should I Submit?

For performance year (PY) 2021, individuals, groups, and APM Entities, including non-Shared Savings Program ACOs, must collect measure data for the 12-month performance period (January 1 - December 31, 2021) on the following pre-determined quality measure set. Shared Savings Program ACOs can collect measure data on either the following pre-determined quality measure set, or [the measure set that is only applicable to Shared Savings Program ACOs](#).

Measure # and Title	Collection Type	Submitter Type
<b>Quality ID: 001</b> <b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control</b>	eCQM/MIPS CQM	<ul style="list-style-type: none"><li>• Representative of a Practice</li><li>• APM Entities</li><li>• Third Party Intermediary</li></ul>
<b>Quality ID: 134</b> <b>Preventive Care and Screening: Screening for Depression and Follow-up Plan</b>	eCQM/MIPS CQM	<ul style="list-style-type: none"><li>• MIPS Eligible Clinician</li><li>• Representative of a Practice</li><li>• APM Entities</li><li>• Third Party Intermediary</li></ul>
<b>Quality ID: 236</b> <b>Controlling High Blood Pressure</b>	eCQM/MIPS CQM	<ul style="list-style-type: none"><li>• MIPS Eligible Clinician</li><li>• Representative of a Practice</li><li>• APM Entities</li><li>• Third Party Intermediary</li></ul>



<b>Quality ID: 321</b> <b>CAHPS for MIPS</b>	CAHPS for MIPS Survey	<ul style="list-style-type: none"> <li>Third Party Intermediary</li> </ul>
<b>Measure #: 479</b> <b>Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups</b>	Administrative Claims	N/A
<b>Measure #: TBD</b> <b>Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for SSP ACOs</b>	Administrative Claims	N/A

## What Quality Measures are Required?

Individuals, groups, and APM Entities, including non-Shared Savings Program ACOs, must collect measure data on the following pre-determined quality measures. Shared Savings Program ACOs can collect measure data on either the following pre-determined quality measures, or [the measure set that is only applicable to Shared Savings Program ACOs.](#)

Measure Name	Measure Description	eMeasure ID	eMeasure NQF	NQF	Quality ID	NQS Domain	Measure Type	High Priority Measure	Data Submission Method	Specialty Measure Set	Primary Measure Steward
<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</b>	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	CMS122v9	None	59	1	Effective Clinical Care	Intermediate Outcome	True	<ul style="list-style-type: none"> <li>Medicare Part B claims measures</li> <li>CMS Web Interface measures</li> <li>Electronic clinical quality measures (eCQMs)</li> <li>MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>Family Medicine</li> <li>Internal Medicine</li> <li>Preventive Medicine</li> <li>Nephrology</li> <li>Endocrinology</li> <li>Nutrition/ Dietician</li> </ul>	National Committee for Quality Assurance

<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b>	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.	CMS2v10	0418e	None	134	Community / Population Health	Process	False	<ul style="list-style-type: none"> <li>• Medicare Part B claims measures</li> <li>• CMS Web Interface measures</li> <li>• Electronic clinical quality measures (eCQMs)</li> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Family Medicine</li> <li>• Internal Medicine</li> <li>• Orthopedic Surgery</li> <li>• Pediatrics</li> <li>• Preventive Medicine</li> <li>• Neurology</li> <li>• Mental/ Behavioral Health</li> <li>• Physical Therapy/ Occupational Therapy</li> <li>• Endocrinology</li> <li>• Clinical Social Work</li> <li>• Audiology</li> <li>• Speech Language Pathology</li> </ul>	Centers for Medicare & Medicaid Services
<b>Controlling High Blood Pressure</b>	Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (<140/90mmHg)	CMS165v9	None	None	236	Effective Clinical Care	Intermediate Outcome	True	<ul style="list-style-type: none"> <li>• Medicare Part B claims measures</li> <li>• CMS Web Interface measures</li> <li>• Electronic clinical quality measures (eCQMs)</li> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiology</li> <li>• Family Medicine</li> <li>• Internal Medicine</li> <li>• Obstetrics/ Gynecology</li> <li>• Vascular Surgery</li> <li>• Rheumatology</li> <li>• Endocrinology</li> <li>• Pulmonology</li> </ul>	National Committee for Quality Assurance

	during the measurement period.										
<b>CAHPS for MIPS Clinician/ Group Survey</b>	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Clinician/Group Survey is comprised of 10 Summary Survey Measures (SSMs) and measures patient experience of care within a group practice. The NQF endorsement status and endorsement id (if applicable) for each SSM utilized in this measure are as follows: Getting Timely Care, Appointments, and Information; (Not endorsed by NQF) How well Providers Communicate; (Not endorsed by NQF) Patient's Rating of Provider; (NQF endorsed # 0005) Access to Specialists; (Not endorsed by NQF) Health Promotion and Education; (Not endorsed by NQF)	None	None	5	321	Person and Caregiver-Centered Experience and Outcomes	Patient Engagement Experience	True	<ul style="list-style-type: none"> <li>• CAHPS for MIPS survey</li> </ul>	<ul style="list-style-type: none"> <li>• Family Medicine</li> <li>• Internal Medicine</li> </ul>	Agency for Healthcare Research & Quality

	Shared Decision-Making; (Not endorsed by NQF) Health Status and Functional Status; (Not endorsed by NQF) Courteous and Helpful Office Staff; (NQF endorsed # 0005) Care Coordination; (Not endorsed by NQF) Stewardship of Patient Resources. (Not endorsed by NQF)										
<b>Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b>	This measure is a re-specified version of the measure, "Risk-adjusted readmission rate (RARR) of unplanned readmission within 30 days of hospital discharge for any condition" (NQF 1789), which was developed for patients 65 years and older using Medicare claims. This re-specified measure attributes outcomes to MIPS participating clinician groups and assesses each group's readmission rate. The measure comprises a single summary score, derived from the	None	None	None	479	Communication and Care Coordination	Outcome	True	<ul style="list-style-type: none"> <li>• Administrative claims measures</li> </ul>	<ul style="list-style-type: none"> <li>• Not Available</li> </ul>	Centers for Medicare & Medicaid Services (CMS)



	results of five models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): medicine, surgery/gynecology, cardio-respiratory, cardiovascular, and neurology.										
<b>All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC)</b>	Rate of risk-standardized acute, unplanned hospital admissions among Medicare fee-for-service (FFS) beneficiaries 65 years and older with multiple chronic conditions (MCCs) who are assigned to the Accountable Care Organization (ACO).	None	None	None	MCC1	Outcome	Outcome	True	<ul style="list-style-type: none"><li>• Administrative claims measures</li></ul>	<ul style="list-style-type: none"><li>• Not Available</li></ul>	Centers for Medicare & Medicaid Services (CMS)