

APM Performance Pathway (APP) Requirements: 2022 Quality Measure Set Shared Savings Program ACOs Only

What Quality Data Should I Submit?

For performance year (PY) 2022, Shared Savings Program ACOs must collect measure data for the 12-month performance period (January 1 - December 31, 2022) on one of the two sets of pre-determined quality measures. The following measure set is only applicable for Shared Savings Program ACOs.

To view the 2022 quality measure set applicable to individuals, groups, and APM Entities – including Shared Savings Program ACOs and non-Shared Savings Program ACOs – download the PY 2022 APP Quality Requirements (All Participants) zip file from the QPP Resource Library.

Measure # and Title	Collection Type	Submitter Type
Quality ID: 001 Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 134 Preventive Care and Screening: Screening for Depression and Follow- up Plan	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 236 Controlling High Blood Pressure	CMS Web Interface	APM Entities (Shared Savings Program ACO)



Quality ID: 318 Falls: Screening for Future Fall Risk	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 110 Preventive Care and Screening: Influenza Immunization	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 113 Colorectal Cancer Screening	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 112 Breast Cancer Screening	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 438 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 370 Depression Remission at Twelve Months	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 321 CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary
Measure #: 479 Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A
Measure #: 484 Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	N/A

What Quality Measures are Required?

Shared Savings Program ACOs must collect measure data on either the following pre-determined quality measures, or the pre-determined measure set that is applicable for individuals, groups, and APM Entities – including Shared Savings Program ACOs and non-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
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	CMS122v10	None	59	1	Effective Clinical Care	Intermediate Outcome	TRUE	<ul style="list-style-type: none"> Medicare Part B claims measures CMS Web Interface measures Electronic clinical quality measures (eCQMs) MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> Endocrinology Family Medicine Internal Medicine Nephrology Preventive Medicine 	National Committee for Quality Assurance
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	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	CMS2v11	None	None	134	Community /Population Health	Process	FALSE	<ul style="list-style-type: none"> Medicare Part B claims measures CMS Web Interface measures Electronic clinical quality measures (eCQMs) MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> Audiology Clinical Social Work Endocrinology Family Medicine Internal Medicine Mental/ Behavioral Health Neurology 	Centers for Medicare & Medicaid Services

	documented on the date of the eligible encounter.									<ul style="list-style-type: none"> • Orthopedic Surgery • Pediatrics • Physical Therapy/ Occupational Therapy • Preventive Medicine • Speech Language Pathology 	
Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	CMS165v10	None	None	236	Effective Clinical Care	Intermediate Outcome	TRUE	<ul style="list-style-type: none"> • Medicare Part B claims measures • CMS Web Interface measures • Electronic clinical quality measures (eCQMs) • MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> • Cardiology • Endocrinology • Family Medicine • Internal Medicine • Obstetrics/ Gynecology • Pulmonology • Rheumatology • Vascular Surgery 	National Committee for Quality Assurance
Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	CMS139v10	None	101	318	Patient Safety	Process	TRUE	<ul style="list-style-type: none"> • CMS Web Interface measures • Electronic clinical quality measures (eCQMs) 	<ul style="list-style-type: none"> • Audiology • Family Medicine • Internal Medicine • Nephrology • Orthopedic Surgery 	National Committee for Quality Assurance

										<ul style="list-style-type: none"> • Otolaryngology • Physical Therapy/ Occupational Therapy • Podiatry 	
Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	CMS147v11	0041e	41	110	Community /Population Health	Process	FALSE	<ul style="list-style-type: none"> • Medicare Part B claims measures • CMS Web Interface measures • Electronic clinical quality measures (eCQMs) • MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> • Allergy/ Immunology • Cardiology • Certified Nurse Midwife • Endocrinology • Family Medicine • Geriatrics • Infectious Disease • Internal Medicine • Nephrology • Obstetrics/ Gynecology • Oncology/ Hematology • Otolaryngology • Pediatrics • Preventive Medicine • Pulmonology • Rheumatology • Skilled Nursing Facility 	National Committee for Quality Assurance

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within the measurement period AND who received tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user. Three rates are reported: a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within the measurement period. b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention on the date of the encounter or within the previous 12 months. c. Percentage of patients aged 18 years and older who were screened for	CMS138v10	0028e	28	226	Community /Population Health	Process	FALSE	<ul style="list-style-type: none"> • Medicare Part B claims measures • CMS Web Interface measures • Electronic clinical quality measures (eCQMs) • MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> • Allergy/ Immunology • Audiology • Cardiology • Certified Nurse Midwife • Clinical Social Work • Dermatology • Endocrinology • Family Medicine • Gastroenterology • General Surgery • Internal Medicine • Mental/ Behavioral Health • Neurology • Neurosurgical, Obstetrics/ Gynecology • Oncology/ Hematology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Physical Medicine 	National Committee for Quality Assurance
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	tobacco use one or more times during the measurement period AND who received tobacco cessation intervention if identified as a tobacco user on the date of the encounter or within the previous 12 months.									<ul style="list-style-type: none"> • Physical Therapy/ Occupational Therapy • Plastic Surgery • Podiatry • Preventive Medicine • Pulmonology • Rheumatology • Speech Language Pathology • Thoracic Surgery • Urgent Care • Urology • Vascular Surgery 	
Colorectal Cancer Screening	Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.	CMS130v10	None	34	113	Effective Clinical Care	Process	FALSE	<ul style="list-style-type: none"> • Medicare Part B claims measures • CMS Web Interface measures • Electronic clinical quality measures (eQMs) • MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> • Family Medicine • Preventive Medicine 	National Committee for Quality Assurance
Breast Cancer Screening	Percentage of women 50 - 74 years of age who had a mammogram to screen for breast	CMS125v10	None	2372	112	Effective Clinical Care	Process	FALSE	<ul style="list-style-type: none"> • Medicare Part B claims measures • CMS Web Interface measures 	<ul style="list-style-type: none"> • Family Medicine • Obstetrics/ Gynecology 	National Committee for Quality Assurance

	cancer in the 27 months prior to the end of the measurement period.								<ul style="list-style-type: none"> • Electronic clinical quality measures (eQCMs) • MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> • Preventive Medicine 	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR *Patients aged >= 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR *Patients aged	CMS347v5	None	None	438	Effective Clinical Care	Process	FALSE	<ul style="list-style-type: none"> • CMS Web Interface measures • Electronic clinical quality measures (eQCMs) • MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> • Cardiology • Endocrinology • Family Medicine • Internal Medicine • Preventive Medicine 	Centers for Medicare & Medicaid Services

	40-75 years with a diagnosis of diabetes										
Depression Remission at Twelve Months	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event date.	CMS159v10	0710e	710	370	Effective Clinical Care	Outcome	TRUE	<ul style="list-style-type: none"> • CMS Web Interface measures • Electronic clinical quality measures (eCQMs) • MIPS clinical quality measures (MIPS CQMs) 	<ul style="list-style-type: none"> • Clinical Social Work • Family Medicine • Geriatrics • Internal Medicine • Mental/ Behavioral Health • Pediatrics 	Minnesota Community Measurement
CAHPS for MIPS Clinician/Group Survey	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	None	None	5	321	Person and Caregiver-Centered Experience and Outcomes	Patient Engagement Experience	TRUE	<ul style="list-style-type: none"> • CAHPS for MIPS survey 	<ul style="list-style-type: none"> • Family Medicine • Internal Medicine 	Agency for Healthcare Research & Quality

	<p>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) 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)</p>										
Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based	<p>This measure is a re-specified version of the measure, "Risk-adjusted readmission rate (RARR) of unplanned readmission within 30 days of hospital</p>	None	None	None	479	Communication and Care Coordination	Outcome	TRUE	<ul style="list-style-type: none"> Administrative claims measures 	<ul style="list-style-type: none"> Not Available 	Centers for Medicare & Medicaid Services

Incentive Payment System (MIPS) Groups	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 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.										
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with	Annual risk-standardized rate of acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with	None	None	None	484	Effective Clinical Care	Outcome	TRUE	<ul style="list-style-type: none"> • Administrative claims measures 	<ul style="list-style-type: none"> • Not Available 	Centers for Medicare & Medicaid Services



Multiple Chronic Conditions	multiple chronic conditions (MCCs).										
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Version History

Date	Change Description
6/10/2022	Original version

