

APM Performance Pathway (APP) Requirements: 2022 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) 2022, 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, 2022) 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
Quality ID: 001 Diabetes: Hemoglobin A1c (HbA1c) Poor Control	<ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims* 	<ul style="list-style-type: none"> MIPS Eligible Clinician Representative of a Practice APM Entities Third Party Intermediary
Quality ID: 134 Preventive Care and Screening: Screening for Depression and Follow-up Plan	<ul style="list-style-type: none"> eCQM MIPS CQM Medicare Part B Claims* 	<ul style="list-style-type: none"> MIPS Eligible Clinician Representative of a Practice APM Entities Third Party Intermediary
Quality ID: 236 Controlling High Blood Pressure	<ul style="list-style-type: none"> eCQM MIPS CQM 	<ul style="list-style-type: none"> MIPS Eligible Clinician Representative of a Practice APM Entities



	<ul style="list-style-type: none"> • Medicare Part B Claims* 	<ul style="list-style-type: none"> • Third Party Intermediary
Quality ID: 321 CAHPS for MIPS	<ul style="list-style-type: none"> • CAHPS for MIPS Survey 	<ul style="list-style-type: none"> • Third Party Intermediary
Measure #: 479 Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	<ul style="list-style-type: none"> • Administrative Claims 	N/A
Measure #: 484 Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	<ul style="list-style-type: none"> • Administrative Claims 	N/A

* Only individuals, groups, or APM Entities with a small practice designation can report Medicare Part B Claims measures.

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
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 documented on the date of the eligible encounter.	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 Orthopedic Surgery Pediatrics 	Centers for Medicare & Medicaid Services

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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 (eQCMs) • 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
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.	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>The NQF endorsement status and endorsement id (if applicable) for each SSM utilized in this measure are as follows:</p> <p>Getting Timely Care, Appointments, and Information; (Not endorsed by NQF)</p> <p>How well Providers Communicate; (Not endorsed by NQF)</p> <p>Patient's Rating of Provider; (NQF endorsed # 0005)</p> <p>Access to Specialists; (Not endorsed by NQF)</p> <p>Health Promotion and Education; (Not endorsed by NQF)</p> <p>Shared Decision-Making; (Not endorsed by NQF)</p> <p>Health Status and Functional Status; (Not endorsed by NQF)</p> <p>Courteous and Helpful Office Staff; (NQF endorsed # 0005)</p> <p>Care Coordination; (Not endorsed by NQF)</p> <p>Stewardship of Patient Resources. (Not endorsed by NQF)</p>										
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Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	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 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.	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 (CMS)
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Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Annual risk-standardized rate of acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with multiple chronic conditions (MCCs).	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 (CMS)
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Version History

Date	Change Description
7/13/2022	Updated to revise footnote.
6/10/2022	Original version