

# 2021 Medicare Shared Savings Program

## Video #3 – Quality Measures & Reporting

# Why is Quality Performance Important?

- I. Improving the health of patients through prevention and consistent, evidence-based care
- II. Building relationships with providers (especially primary care providers)
- III. Tool for comparison against other ACO peers
- IV. Quality performance helps determine the final amount of shared savings earned by AHN

# 2021 MSSP Quality Measures

**Annual Reporting on 14 ACO Measures -- 3 different reporting methods**

*Must report on all measures to be eligible for Shared Savings*

Category	# Measures	Reporting Method	Practice Action
CAHPS for MIPS Survey (Patient Satisfaction)	1	Press Ganey Survey	None
Quality Measures: Claims Based Reporting	2	Medicare Claims	None
EHR Incentive Program Participation	1	MIPS Attestation	Submit Promoting Interoperability Attestation
Quality Measures: Web Interface Reporting	10	GPRO Web Interface *	Work with AHN for necessary quality audits

# 2021 MSSP Quality Measures – CAHPS & Claims Based

## CAHPS for MIPS Survey

Getting Timely Care, Appointments, and Information
How Well Providers Communicate
Patient's Rating of Provider
Access to Specialists
Health Promotion and Education
Shared Decision Making
Health Status and Functional Status
Courteous and Helpful Office Staff
Care Coordination
Stewardship of Patient Resources

## Claims Based Reporting

Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups
Risk Standardized, All-Cause Admissions for Multiple Chronic Conditions for ACOs

# 2021 MSSP Quality Measures – Web Interface

## Preventative Health

<b>PREV-5</b>	Breast Cancer Screening
<b>PREV-6</b>	Colon Cancer Screening
<b>PREV-7</b>	Flu Vaccination
<b>PREV-10</b>	Tobacco Screening & Cessation Counseling
<b>PREV-12*</b>	Screening for Clinical Depression and Follow Up Plan
<b>PREV-13*</b>	Statin Therapy to Prevent Cardiovascular Disease

## Care Coordination/Patient Safety

<b>CARE – 2</b>	Fall Risk Assessment
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## At-Risk Population

<b>DM-2</b>	Diabetes Hemoglobin A1c Poor Control
<b>HTN-2</b>	Hypertension: Blood Pressure Control
<b>MH-1*</b>	Depression Remission at 12 Months

Web Interface Reporting Method (*January – March 2022*)

- CMS delivers “Patient Sample” to ACO
- Patients have 1 – 10 measures assigned to them
- Each measure is a mix of confirming diagnoses, preventative screenings, screening results, follow-up plans etc. in EMR documentation
- Chart audits conducted to complete reporting



*\* Three Web Interface measures that must be reported, but will not be scored in 2021*

# 2021 MSSP Quality Measures – EHR Metrics (PI)

AAPM's are evaluated on three criteria to calculate performance bonuses which are distributed two years after the performance period: (1) Quality, (2) Promoting Interoperability, and (3) Improvement Activities. Of these three categories, Promoting Interoperability is the only measure for which participating practices are required to report to CMS independently. Promoting Interoperability counts at 30% of the final score.

## Requirements (same as traditional MIPS):

- Use of 2015 Edition certified electronic health record technology (CEHRT) – 75% of ACO Clinicians
- Using your CEHRT, collect and submit data for the Objective measures for a continuous 90 days (or more) during 2021 by March 31, 2022. In total, you would be submitting 6 measures (7 if you also submit the bonus measure)
- There are two data submission options:
  - Sign in to the QPP website on behalf of your practice and manually enter numerators and denominators of each measure
  - Sign in to the QPP website on behalf of your practice and submit files according to CMS file specifications

# 2021 MSSP Quality Measures – EHR Metrics (PI)

Measure Objective	Submission Measures
Electronic Prescribing	<ul style="list-style-type: none"><li>e-Prescribing      <u>Bonus:</u> Query of PDMP</li></ul>
Health Information Exchange	<ul style="list-style-type: none"><li>Support Electronic Referral Loops by Sending Health Information</li><li>Support Electronic Referral Loops by Receiving and Incorporating Health Information</li></ul>
Provider to Patient Exchange	<ul style="list-style-type: none"><li>Provide Patients Electronic Access to Their Health Information</li></ul>
Public Health and Clinical Data Exchange	<p><u>Choose any two of the following</u></p> <ul style="list-style-type: none"><li>Syndromic Surveillance Reporting</li><li>Immunization Registry Reporting</li><li>Electronic Case Reporting</li><li>Public Health Registry Reporting</li><li>Clinical Data Registry Reporting</li><li>Electronic Reportable Laboratory Result Reporting</li></ul>

# 2022 MSSP Quality Measure Changes

New APM Performance Pathway (APP) to align better with Quality Payment Program (QPP)

Reporting – *Optional in 2021, Mandatory in 2022*

- ACO Measure Set reduced from 23 measures to 6
- GPRO Web Interface reporting replaced by direct reporting of select measures via registry or practice EMR (eCQM standards)
- Reporting on all patients, regardless of payer

## 2022 ACO Measures

CAHPS for MIPS (Pt. Experience)

Diabetes A1c Poor Control

Hypertension Blood Pressure Control

Depression Screening & Follow-Up Plan

Hospital-Wide 30-Day All-Cause Readmission

All-Cause Unplanned Admission, Multiple Chronic Conditions



# 2022 MSSP Quality Measure Changes

New APM Performance Pathway (APP) to align better with Quality Payment Program (QPP)

Scoring – *Benchmarks shifting in 2021 and 2022*

- Minimum attainment standard for ACOs increased from 30<sup>th</sup> to 40<sup>th</sup> percentile to be eligible for Shared Savings
- Benchmarks based on all MIPS providers

## 2022 ACO Measures

CAHPS for MIPS (Pt. Experience)

Diabetes A1c Poor Control

Hypertension Blood Pressure Control

Depression Screening & Follow-Up Plan

Hospital-Wide 30-Day All-Cause Readmission

All-Cause Unplanned Admission, Multiple Chronic Conditions

Thank you for your time and participation!

For questions on this information found in this powerpoint, please email the following  
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# APPENDIX:

## Quality Measure Definitions

Quality Measure Title	Measure Description
Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
CAHPS for MIPS	CAHPS for MIPS Survey
Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.
Depression Remission at Twelve Months	Percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 60 days after the index event date) defined as a PHQ-9 score less than five.
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. (Below 9.0% for CHI SV EDL population)
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.
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Pending

Quality Measure Title	Measure Description
Hypertension (HTN): Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period
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
Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 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.
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 24 months AND who received cessation counseling intervention if identified as a tobacco user
Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Pending

Quality Measure Title	Measure Description
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: Adults aged $\geq 21$ years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR Adults aged $\geq 21$ years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level $\geq 190$ mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL