2013 Accountable Care Organization (ACO) Measure Information Form Release Notes

CMS is pleased to announce the release of the 2013 Measure Information Forms for the three claims- and one administrative data-based measure. The list below details changes to existing measures made since the release of the 2012 Measure Information Forms, dated 10/31/12. These Release Notes accompany the 2013 Measure Information Forms.

ACO #8 – Risk Standardized All Condition Readmission

- No changes.
- Version 1.0, effective 10/31/12 will continue to be effective through Reporting Period 2 (calendar year 2013).

ACO #9 -- Prevention Quality Indicator (PQI): Ambulatory Sensitive Conditions Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults

- The numerator for ACO #9 has been updated to exclude beneficiaries with a diagnosis of cystic fibrosis, as reflected in version 4.5 (May 2013) of technical specifications posted on the AHRQ website for PQI #8.
- Version 2.0 effective 1/1/13 will be effective through Reporting Period 2 (calendar year 2013).

ACO #10 -- Prevention Quality Indicator (PQI): Ambulatory Sensitive Conditions Admissions for Heart Failure (HF)

- The ICD-9-CM procedure codes used to identify a cardiac procedure in the numerator of ACO #10 have been updated to reflect the ICD-9-CM procedure codes reflected in version 4.5 (May 2013) of technical specifications posted on the AHRQ website for PQI #5.
- Version 2.0, effective 1/1/13 will be effective through Reporting Period 2 (calendar year 2013).

ACO #11 – Percent of Primary Care Physicians Who Successfully Qualify for an EHR Program Incentive Payment

- The following inclusion criteria has been deleted and will no longer be used to identify providers participating in the Pioneer ACO model:
    - NPIs on Medicare Outpatient Part A claims submitted by an FQHC, RHC or Method II CAH that includes an ACO Participant's CCN from the Final Participant List, where the CCN listed in the Participant List does not have any NPIs listed.
- The numerator statement has been updated to include the Payment Detail Report as a possible source for identifying providers who have successfully qualified for the Medicaid EHR Incentive Program incentive payment.
- Version 2.0, effective 1/1/13 will be effective through Reporting Period 2 (calendar year 2013).