

Medicare Shared Savings Program Quality Measure Benchmarks for the 2020/2021 Performance Years

1 INTRODUCTION

This document describes methods for calculating the quality performance benchmarks for Accountable Care Organizations (ACOs) that are participating in the Medicare Shared Savings Program (Shared Savings Program) and presents the benchmarks for the quality measures for the 2020 and 2021 quality performance years. Under the Shared Savings Program, new measures are set at the level of complete and accurate reporting for the first two years before phasing into performance. The benchmarks for each measure, along with the phase-in schedule for pay-for-performance and applicable performance year for each measure, are displayed in **Appendix A**.

Quality performance benchmarks are established by the Centers for Medicare & Medicaid Services (CMS) prior to the reporting period for which they apply and are set for two years. This document defines and sets the quality performance benchmarks that will be used for the 2020 and 2021 performance years. These benchmarks will apply to Shared Savings Program ACOs reporting quality data in these years. For the 2020 performance year, CMS will measure quality of care using 23 quality measures. The quality measures span four quality domains: Patient/Caregiver Experience, Care Coordination/Patient Safety, Preventive Health, and At-Risk Population.

It is also important to note that CMS maintains the authority to revert measures from pay-for-performance to pay-for-reporting when the measure owner determines the measure causes patient harm or no longer aligns with clinical practice, or when there is a determination under the Quality Payment Program that the measure has undergone a substantive change.

2 BENCHMARK DATA SOURCES

We established 2020/2021 benchmarks using all available and applicable 2016, 2017, and 2018 Medicare fee-for-service (FFS) data. This includes:

- Quality data reported by Shared Savings Program, Pioneer Model ACOs (for 2016 only), and Next Generation Model ACOs through the CMS Web Interface for the 2016, 2017, and 2018 performance years; and
- Quality measure data collected from the CAHPS for ACOs and CAHPS for Physician Quality Reporting System (PQRS, for 2016 only) or the CAHPS for Merit-based Incentive Payment System (MIPS) surveys administered for the 2017 and 2018 performance years.
- Quality data reported through the PQRS by physicians and groups of physicians through the CMS Web Interface, claims, or a registry for the 2016 performance year or reported through MIPS by physicians and groups of physicians through the CMS Web Interface or claims for the 2017 and 2018 performance years.

The quality measure benchmarks were calculated using ACO, group practice, and individual physician data aggregated to the practice or taxpayer identification number (TIN) level. These calculations only include a practice or TIN's data if it had at least 20 cases in the denominator for the measure. Quality data for ACOs, providers, or group practices that did not satisfy the reporting requirements of the Shared Savings Program or PQRS/MIPS were not included in calculation of the benchmarks.

3 BENCHMARKS FOR ACO QUALITY MEASURES

Benchmarks for quality measures that are pay-for-performance for the 2020 and/or 2021 performance years are specified in **Appendix A**. ACOs in their first agreement period should refer to their applicable performance year to determine if the measure is pay-for-reporting or pay-for-performance. ACOs in a second agreement period should refer to Performance Year 3 in **Appendix A**.

A quality performance benchmark is the performance rate an ACO must achieve to earn the corresponding quality points for each measure. We show the benchmark for each percentile, starting with the 30th percentile (corresponding to the minimum attainment level) and ending with the 90th percentile (corresponding to the maximum attainment level). Under the Shared Savings Program's regulation at 42 CFR § 425.502, there are circumstances when we set benchmarks using flat percentages. For the 2020/2021 Performance Years, we set benchmarks using flat percentages for 12 measures as shown in **Appendix A**.

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APPENDIX A: QUALITY MEASURE BENCHMARKS FOR THE 2020/2021 PERFORMANCE YEARS

Domain	Measure	Description	Pay-for-Performance Phase In			30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
			PY1	PY2	PY3							
Patient/Caregiver Experience	ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO-2	CAHPS: How Well Your Providers Communicate	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO-3	CAHPS: Patients' Rating of Provider	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO-4	CAHPS: Access to Specialists	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO-5	CAHPS: Health Promotion and Education	R	P	P	56.26	57.57	58.86	60.08	61.39	62.83	64.90
Patient/Caregiver Experience	ACO-6	CAHPS: Shared Decision Making	R	P	P	56.82	57.98	59.17	60.20	61.46	62.77	64.90
Patient/Caregiver Experience	ACO-7	CAHPS: Health Status/Functional Status ¹	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Patient/Caregiver Experience	ACO-34	CAHPS: Stewardship of Patient Resources	R	P	P	24.23	25.47	26.68	27.90	29.19	30.88	32.90
Patient/Caregiver Experience	ACO-45	CAHPS: Courteous and Helpful Office Staff ²	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Patient/Caregiver Experience	ACO-46	CAHPS: Care Coordination ²	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(continued)

Domain	Measure	Description	Pay-for-Performance Phase In			30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
			PY1	PY2	PY3							
Care Coordination/ Patient Safety	ACO-8	Risk-Standardized, All Condition Readmission ³	R	R	P	15.75	15.62	15.50	15.38	15.23	14.97	14.56
Care Coordination/ Patient Safety	ACO-38	Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions ³	R	R	P	66.46	62.37	58.85	55.49	52.15	48.57	43.74
Care Coordination/ Patient Safety	ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI) #91) ^{3,4}	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/ Patient Safety	ACO-13	Falls: Screening for Future Fall Risk	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-14	Preventive Care and Screening: Influenza Immunization	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention ⁵	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan ⁶	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive Health	ACO-19	Colorectal Cancer Screening	R	R	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-20	Breast Cancer Screening	R	R	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease ¹	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Domain	Measure	Description	Pay-for-Performance Phase In			30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
			PY1	PY2	PY3							
At-Risk Population Depression	ACO-40	Depression Remission at Twelve Months ¹	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
At-Risk Population Diabetes	ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control ³	R	P	P	70.00	60.00	50.00	40.00	30.00	20.00	10.00
At-Risk Population Hypertension	ACO-28	Hypertension (HTN): Controlling High Blood Pressure	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00

N/A= not applicable; P=pay-for-performance; R=pay-for-reporting

¹ Pay-for-reporting in all years

² ACO-45 and ACO-46 are being phased in for scoring and are therefore pay-for-reporting for all ACOs in 2020, regardless of the ACO's performance year

³ Lower performance rate desired

⁴ ACO-43 is pay-for-reporting for the 2020 and 2021 Performance Years

⁵ ACO-17 benchmarks are based on 2016 and 2017 web interface data only, because 2018 data is not comparable due to the revised numerator guidance

⁶ ACO-18 is pay-for-reporting for the 2020 Performance Year