

## APM Performance Pathway (APP) Requirements: 2023 Quality Measure Set Shared Savings Program ACOs Only

### What Quality Data Should I Submit?

For performance year (PY) 2023, Shared Savings Program ACOs must collect measure data for the 12-month performance period (January 1 - December 31, 2023) 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 2023 quality measure set applicable to individuals, groups, and APM Entities – including Shared Savings Program ACOs and non-Shared Savings Program ACOs – download the PY 2023 APP Quality Requirements (All Participants) zip file from the QPP Resource Library.

Measure # and Title	Collection Type	Submitter Type
<b>Quality ID: 001</b> <b>Diabetes: Hemoglobin A1c (HbA1c)</b> <b>Poor Control</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 134/PREV</b> <b>Preventive Care and Screening:</b> <b>Screening for Depression and Follow-</b> <b>up Plan</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 236/HTN-2</b> <b>Controlling High Blood Pressure</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)



<b>Quality ID: 318/CARE-2 Falls: Screening for Future Fall Risk</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 110/PREV-7 Preventive Care and Screening: Influenza Immunization</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 226/PREV-10 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 113/PREV-6 Colorectal Cancer Screening</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 112/PREV-5 Breast Cancer Screening</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 438/PREV-13 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 370/MH-1 Depression Remission at Twelve Months</b>	CMS Web Interface	APM Entities (Shared Savings Program ACO)
<b>Quality ID: 321 CAHPS for MIPS</b>	CAHPS for MIPS Survey	Third Party Intermediary
<b>Measure #: 479 Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups</b>	Administrative Claims	N/A
<b>Measure #: 484 Clinician and Clinician Group Risk- standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b>	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
<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</b>	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	CMS122v11	None	0059	001	None	Intermediate Outcome	TRUE	<ul style="list-style-type: none"> <li>Medicare Part B claims measures</li> <li>Electronic clinical quality measures (eCQMs)</li> <li>MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>Endocrinology</li> <li>Family Medicine</li> <li>Internal Medicine</li> <li>Nephrology</li> <li>Nutrition/Dietician</li> <li>Preventive Medicine</li> </ul>	National Committee for Quality Assurance
<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b>	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	CMS2v12	None	None	134	None	Process	True	<ul style="list-style-type: none"> <li>Medicare Part B claims measures</li> <li>Electronic clinical quality measures (eCQMs)</li> <li>MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>Audiology</li> <li>Family Medicine</li> <li>Geriatrics</li> <li>Internal Medicine</li> <li>Nephrology</li> <li>Orthopedic Surgery</li> <li>Otolaryngology</li> <li>Physical Therapy/ Occupational Therapy</li> </ul>	Centers for Medicare & Medicaid Services

	date of or up to two days after the date of the qualifying encounter.									• Podiatry	
<b>Controlling High Blood Pressure</b>	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.	CMS165v11	None	None	236	None	Intermediate Outcome	TRUE	<ul style="list-style-type: none"> <li>• Medicare Part B claims measures</li> <li>• Electronic clinical quality measures (eCQMs)</li> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiology</li> <li>• Endocrinology</li> <li>• Family Medicine</li> <li>• Internal Medicine</li> <li>• Obstetrics/ Gynecology</li> <li>• Pulmonology</li> <li>• Rheumatology</li> <li>• Vascular Surgery</li> </ul>	National Committee for Quality Assurance
<b>Falls: Screening for Future Fall Risk</b>	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	CMS139v11	None	101	318	None	Process	TRUE	<ul style="list-style-type: none"> <li>• Electronic clinical quality measures (eCQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Audiology</li> <li>• Family Medicine</li> <li>• Geriatrics</li> <li>• Internal Medicine</li> <li>• Nephrology</li> <li>• Orthopedic Surgery</li> <li>• Otolaryngology</li> <li>• Physical Therapy/ Occupational Therapy</li> <li>• Podiatry</li> </ul>	National Committee for Quality Assurance

<b>Preventive Care and Screening: Influenza Immunization</b>	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"> <li>• Medicare Part B claims measures</li> <li>• CMS Web Interface measures</li> <li>• Electronic clinical quality measures (eCQMs)</li> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy/ Immunology</li> <li>• Cardiology</li> <li>• Certified Nurse Midwife</li> <li>• Endocrinology</li> <li>• Family Medicine</li> <li>• Geriatrics</li> <li>• Infectious Disease</li> <li>• Internal Medicine</li> <li>• Nephrology</li> <li>• Obstetrics/ Gynecology</li> <li>• Oncology/ Hematology</li> <li>• Otolaryngology</li> <li>• Pediatrics</li> <li>• Preventive Medicine</li> <li>• Pulmonology</li> <li>• Rheumatology</li> <li>• Skilled Nursing Facility</li> </ul>	National Committee for Quality Assurance
<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b>	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 during	CMS138v11	0028e	28	226	None	Process	FALSE	<ul style="list-style-type: none"> <li>• Medicare Part B claims measures</li> <li>• Electronic clinical quality measures (eCQMs)</li> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy/ Immunology</li> <li>• Audiology</li> <li>• Cardiology</li> <li>• Certified Nurse Midwife</li> <li>• Clinical Social Work</li> <li>• Dermatology</li> </ul>	National Committee for Quality Assurance



	the measurement period or in the six months prior to the measurement period if identified as a tobacco user.									<ul style="list-style-type: none"><li>• Endocrinology</li><li>• Family Medicine</li><li>• Gastroenterology</li><li>• General Surgery</li><li>• Geriatrics</li><li>• Infectious Disease</li><li>• Internal Medicine</li><li>• Mental/ Behavioral Health</li><li>• Nephrology</li><li>• Neurology</li><li>• Neurosurgical</li><li>• Nutrition/ Dietician</li><li>• Obstetrics/ Gynecology</li><li>• Oncology</li><li>• Ophthalmology</li><li>• Orthopedic Surgery</li><li>• Otolaryngology</li><li>• Physical Medicine</li><li>• Physical Therapy/ Occupational Therapy</li><li>• Plastic Surgery</li><li>• Podiatry</li></ul>	
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										<ul style="list-style-type: none"> <li>• Preventive Medicine</li> <li>• Pulmonology</li> <li>• Radiation Oncology</li> <li>• Rheumatology</li> <li>• Speech Language Pathology</li> <li>• Thoracic Surgery</li> <li>• Urgent Care</li> <li>• Urology</li> <li>• Vascular Surgery</li> </ul>	
<b>Colorectal Cancer Screening</b>	Percentage of patients 45-75 years of age who had appropriate screening for colorectal cancer.	CMS130v11	None	34	113	None	Process	FALSE	<ul style="list-style-type: none"> <li>• Medicare Part B claims measures</li> <li>• Electronic clinical quality measures (eQMs)</li> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Family Medicine</li> <li>• Preventive Medicine</li> </ul>	National Committee for Quality Assurance
<b>Breast Cancer Screening</b>	Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.	CMS125v11	None	2372	112	None	Process	FALSE	<ul style="list-style-type: none"> <li>• Medicare Part B claims measures</li> <li>• Electronic clinical quality measures (eQMs)</li> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Family Medicine</li> <li>• Obstetrics/ Gynecology</li> <li>• Preventive Medicine</li> </ul>	National Committee for Quality Assurance
<b>Statin Therapy for the Prevention</b>	Percentage of the following patients - all considered at high risk of cardiovascular	CMS347v6	None	None	438	None	Process	FALSE	<ul style="list-style-type: none"> <li>• Electronic clinical quality measures (eQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiology</li> <li>• Endocrinology</li> <li>• Family Medicine</li> </ul>	Centers for Medicare & Medicaid Services



<b>and Treatment of Cardiovascular Disease</b>	<p>events - who were prescribed or were on statin therapy during the measurement period:</p> <p>*All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR</p> <p>*Patients aged <math>\geq 20</math> years who have ever had a low-density lipoprotein cholesterol (LDL-C) level <math>\geq 190</math> mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR</p> <p>*Patients aged 40-75 years with a diagnosis of diabetes</p>								<ul style="list-style-type: none"> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Internal Medicine</li> <li>• Preventive Medicine</li> </ul>	
<b>Depression Remission at Twelve Months</b>	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	CMS159v11	0710e	710	370	None	Outcome	TRUE	<ul style="list-style-type: none"> <li>• Electronic clinical quality measures (eCQMs)</li> <li>• MIPS clinical quality measures (MIPS CQMs)</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Social Work</li> <li>• Family Medicine</li> <li>• Geriatrics</li> <li>• Internal Medicine</li> </ul>	Minnesota Community Measurement



	reached remission 12 months (+/- 60 days) after an index event date.									<ul style="list-style-type: none"> <li>• Mental/ Behavioral Health</li> <li>• Pediatrics</li> </ul>	
<b>CAHPS for MIPS Clinician/Group Survey</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, and Information; (Not endorsed by NQF)</li> <li>• How well Providers Communicate; (Not endorsed by NQF)</li> <li>• Patient's Rating of Provider; (NQF endorsed # 0005)</li> </ul>	None	None	5	321	None	Patient Engagement Experience	TRUE	<ul style="list-style-type: none"> <li>• CAHPS for MIPS survey</li> </ul>	<ul style="list-style-type: none"> <li>• Family Medicine</li> <li>• Internal Medicine</li> <li>• Oncology</li> <li>• Urology</li> </ul>	Agency for Healthcare Research & Quality



	<ul style="list-style-type: none"> <li>• Access to Specialists; (Not endorsed by NQF)</li> <li>• Health Promotion and Education; (Not endorsed by NQF)</li> <li>• Shared Decision-Making; (Not endorsed by NQF)</li> <li>• Health Status and Functional Status; (Not endorsed by NQF)</li> <li>• Courteous and Helpful Office Staff; (NQF endorsed # 0005)</li> <li>• Care Coordination; (Not endorsed by NQF)</li> <li>• Stewardship of Patient Resources. (Not endorsed by NQF)</li> </ul>										
<b>Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System</b>	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	None	None	None	479	None	Outcome	TRUE	<ul style="list-style-type: none"> <li>• Administrative claims measures</li> </ul>	<ul style="list-style-type: none"> <li>• Not Available</li> </ul>	Centers for Medicare & Medicaid Services

<b>(MIPS) Groups</b>	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.										
<b>Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b>	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	None	Outcome	TRUE	<ul style="list-style-type: none"> <li>• Administrative claims measures</li> </ul>	<ul style="list-style-type: none"> <li>• Not Available</li> </ul>	Centers for Medicare & Medicaid Services



## Version History

Date	Change Description
06/14/2023	Original version