

APM Performance Pathway (APP) Requirements: 2021 Quality Measure Set Shared Savings Program ACOs Only

What Quality Data Should I Submit?

For performance year (PY) 2021, Shared Savings Program ACOs must collect measure data for the 12-month performance period (January 1 - December 31, 2021) 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 2021 quality measure set applicable to individuals, groups, and APM Entities – including Shared Savings Program ACOs and non-Shared Savings Program ACOs – download the [2021 APP Quality Requirements \(All Participants\) zip file](#).

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



Quality ID: 318 Falls: Screening for Future Fall Risk	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 110 Preventive Care and Screening: Influenza Immunization	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 113 Colorectal Cancer Screening	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 112 Breast Cancer Screening	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 438 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 370 Depression Remission at Twelve Months	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 321 CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary
Measure #: 479 Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A
Measure #: TBD Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for SSP ACOs	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
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.	CMS122v9	None	59	1	Effective Clinical Care	Intermediate Outcome	True	- Medicare Part B claims measure - CMS Web Interface measures - Electronic clinical quality measures (eCQMs) - MIPS clinical quality measures (MIPS CQMs)	- Family Medicine - Internal Medicine - Preventive Medicine - Nephrology - Endocrinology - Nutrition/ Dietician	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	CMS2v10	0418e	None	134	Community /Population Health	Process	False	- Medicare Part B claims measures - CMS Web Interface measures - Electronic clinical quality measures (eCQMs) - MIPS clinical quality measures (MIPS CQMs)	- Family Medicine - Internal Medicine - Orthopedic Surgery - Pediatrics - Preventive Medicine - Neurology - Mental/ Behavioral Health	Centers for Medicare & Medicaid Services

	date of the eligible encounter.									• Physical Therapy/ Occupational Therapy • Endocrinology • Clinical Social Work • Audiology • Speech Language Pathology	
Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	CMS165v9	None	None	236	Effective Clinical Care	Intermediate Outcome	True	• Medicare Part B claims measures • CMS Web Interface measures • Electronic clinical quality measures (eCQMs) • MIPS clinical quality measures (MIPS CQMs)	• Cardiology • Family Medicine • Internal Medicine • Obstetrics/ Gynecology • Vascular Surgery • Rheumatology • Endocrinology • Pulmonology	National Committee for Quality Assurance
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.	CMS139v9	None	101	318	Patient Safety	Process	True	• CMS Web Interface measures • Electronic clinical quality measures (eCQMs)	• Family Medicine • Internal Medicine • Orthopedic Surgery • Otolaryngology • Nephrology • Podiatry • Physical Therapy/	National Committee for Quality Assurance

										Occupational Therapy • Audiology	
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.	CMS147v10	0041e	41	110	Community /Population Health	Process	False	• Medicare Part B claims measures • CMS Web Interface measures • Electronic clinical quality measures (eCQMs) • MIPS clinical quality measures (MIPS CQMs)	• Allergy/ Immunology • Cardiology • Family Medicine • Internal Medicine • Obstetrics/ Gynecology • Otolaryngology • Pediatrics • Preventive Medicine • Oncology • Rheumatology • Nephrology • Infectious Disease • Geriatrics • Skilled Nursing Facility • Endocrinology • Pulmonology	National Committee for Quality Assurance
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 12 months AND who received tobacco cessation intervention	CMS138v9	0028e	28	226	Community /Population Health	Process	False	• Medicare Part B claims measures • CMS Web Interface measures • Electronic clinical quality measures (eCQMs)	• Allergy/ Immunology • Cardiology • Gastroenterology • Dermatology	National Committee for Quality Assurance



	if identified as a tobacco user. Three rates are reported: a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user								• MIPS clinical quality measures (MIPS CQMs)	• Family Medicine • Internal Medicine • Obstetrics/ Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Physical Medicine • Plastic Surgery • Preventive Medicine • Neurology • Mental/ Behavioral Health • Vascular Surgery • General Surgery • Thoracic Surgery • Urology • Oncology • Rheumatology • Neurosurgical • Podiatry • Physical Therapy/	
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										- Occupational Therapy - Urgent Care - Endocrinology - Pulmonology - Clinical Social Work - Audiology - Speech Language Pathology	
Colorectal Cancer Screening	Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.	CMS130v9	None	34	113	Effective Clinical Care	Process	False	- Medicare Part B claims measures - CMS Web Interface measures - Electronic clinical quality measures (eCQMs) - MIPS clinical quality measures (MIPS CQMs)	- Family Medicine - Preventive Medicine	National Committee for Quality Assurance
Breast Cancer Screening	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.	CMS125v9	None	2372	112	Effective Clinical Care	Process	False	- Medicare Part B claims measures - CMS Web Interface measures - Electronic clinical quality measures (eCQMs) - MIPS clinical quality measures (MIPS CQMs)	- Family Medicine - Obstetrics/ Gynecology - Preventive Medicine	National Committee for Quality Assurance
Statin Therapy for the	Percentage of the following patients - all considered at high risk	CMS347v4	None	None	438	Effective Clinical Care	Process	False	CMS Web Interface measures	- Cardiology - Family Medicine	Centers for Medicare

Prevention and Treatment of Cardiovascular Disease	of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR Adults aged ≥ 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 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.								• Electronic clinical quality measures (eCQMs) • MIPS clinical quality measures (MIPS CQMs)	• Internal Medicine, • Preventive Medicine • Endocrinology	& Medicaid Services
Depression Remission at Twelve Months	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or	CMS159v9	0710e	710	370	Effective Clinical Care	Outcome	True	• CMS Web Interface measures • Electronic clinical quality measures (eCQMs)	• Family Medicine • Internal Medicine • Pediatrics	Minnesota Community Measurement



	dysthymia who reached remission 12 months (+/- 60 days) after an index event date.								• MIPS clinical quality measures (MIPS CQMs)	• Mental/ Behavioral Health • Geriatrics • Clinical Social Work	
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. The NQF endorsement status and endorsement id (if applicable) for each SSM utilized in this measure are as follows: Getting Timely Care, Appointments, and Information; (Not endorsed by NQF) How well Providers Communicate; (Not endorsed by NQF) Patient's Rating of Provider; (NQF endorsed # 0005) Access to Specialists; (Not endorsed by	None	None	5	321	Person and Caregiver-Centered Experience and Outcomes	Patient Engagement Experience	True	• CAHPS for MIPS survey	• Family Medicine • Internal Medicine	Agency for Healthcare Research & Quality

	NQF) Health Promotion and Education; (Not endorsed by NQF) Shared Decision-Making; (Not endorsed by NQF) Health Status and Functional Status; (Not endorsed by NQF) Courteous and Helpful Office Staff; (NQF endorsed # 0005) Care Coordination; (Not endorsed by NQF) Stewardship of Patient Resources. (Not endorsed by NQF)										
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	None	None	None	479	Communication and Care Coordination	Outcome	True	• Administrative claims measures	• Not Available	Centers for Medicare & Medicaid Services (CMS)



	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.										
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC)	Rate of risk-standardized acute, unplanned hospital admissions among Medicare fee-for-service (FFS) beneficiaries 65 years and older with multiple chronic conditions (MCCs) who are assigned to the Accountable Care Organization (ACO)	None	None	None	MCC1	Outcome	Outcome	True	Administrative claims measures	Not Available	Centers for Medicare & Medicaid Services (CMS)