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





Quality ID: 318/CARE-2 Falls: Screening for Future Fall Risk	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 110/PREV-7 Preventive Care and Screening: Influenza Immunization	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 226/PREV-10 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 113/PREV-6 Colorectal Cancer Screening	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 112/PREV-5 Breast Cancer Screening	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 438/PREV-13 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	APM Entities (Shared Savings Program ACO)
Quality ID: 370/MH-1 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 #: 484 Clinician and Clinician Group Risk- standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	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.	CMS122v11	None	0059	001	None	Intermediate Outcome	TRUE	xMedicare Part B claims measures xElectronic clinical quality measures (eCQMs) xMIPS clinical quality measures (MIPS CQMs)	xEndocrinology xFamily Medicine xInternal Medicine xNephrology xNutrition/ Dietician xPreventive Medicine	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	CMS2v12	None	None	134	None	Process	True	xMedicare Part B claims measures xElectronic clinical quality measures (eCQMs) xMIPS clinical quality measures (MIPS CQMs)	xAudiology xFamily Medicine xGeriatrics xInternal Medicine xNephrology xOrthopedic Surgery xOtolaryngology xPhysical Therapy/ Occupational Therapy	Centers for Medicare & Medicaid Services

	date of or up to two days after the date of the qualifying encounter.									xPodiatry	
Controlling High Blood Pressure	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	xMedicare Part B claims measures xElectronic clinical quality measures (eCQMs) xMIPS clinical quality measures (MIPS CQMs)	xCardiology xEndocrinology xFamily Medicine xInternal Medicine xObstetrics/ Gynecology xPulmonology xRheumatology xVascular Surgery	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.	CMS139v11	None	101	318	None	Process	TRUE	xElectronic clinical quality measures (eCQMs)	xAudiology xFamily Medicine xGeriatrics xInternal Medicine xNephrology xOrthopedic Surgery xOtolaryngology xPhysical Therapy/ Occupational Therapy xPodiatry	National Committee for Quality Assurance

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.	CMS147v11	0041e	41	110	Community /Population Health	Process	FALSE	xMedicare Part B claims measures xCMS Web Interface measures xElectronic clinical quality measures (eCQMs) xMIPS clinical quality measures (MIPS CQMs)	xAllergy/ Immunology xCardiology xCardiology xCertified Nurse Midwife xEndocrinology xFamily Medicine xGeriatrics xInfectious Disease xInternal Medicine xNephrology xObstetrics/ Gynecology xOncology/ Hematology xOtolaryngology xPediatrics xPreventive Medicine xPulmonology xRheumatology xSkilled Nursing Facility	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 the measurement period AND who received tobacco cessation intervention during	CMS138v11	0028e	28	226	None	Process	FALSE	xMedicare Part B claims measures xElectronic clinical quality measures (eCQMs) xMIPS clinical quality measures (MIPS CQMs)	xAllergy/ Immunology xAudiology xCardiology xCertified Nurse Midwife xClinical Social Work xDermatology	National Committee for Quality Assurance

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Therapy xPlastic Surgery								Occupational	
xPlastic Surgery								Therapy	
xPodiatry								xPlastic Surgery	
								xPodiatry	

Colorectal Cancer Screening	Percentage of patients 45-75 years of age who had appropriate screening for colorectal cancer.	CMS130v11	None	34	113	None	Process	FALSE	xMedicare Part B claims measures xElectronic clinical quality measures (eCQMs) xMIPS clinical quality measures (MIPS CQMs)	xPreventive Medicine xPulmonology xRadiation Oncology xRheumatology xSpeech Language Pathology xThoracic Surgery xUrgent Care xUrology xVascular Surgery xFamily Medicine xPreventive 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.	CMS125v11	None	2372	112	None	Process	FALSE	xMedicare Part B claims measures xElectronic clinical quality measures (eCQMs) xMIPS clinical quality measures (MIPS CQMs)	xFamily Medicine xObstetrics/ Gynecology xPreventive Medicine	National Committee for Quality Assurance
Statin Therapy for the Prevention	Percentage of the following patients - all considered at high risk of cardiovascular	CMS347v6	None	None	438	None	Process	FALSE	xElectronic clinical quality measures (eCQMs)	xCardiology xEndocrinology xFamily Medicine	Centers for Medicare & Medicaid Services

and Treatment of Cardiovascul ar Disease	events - who were prescribed or were on statin therapy during the measurement period: *All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR *Patients aged >= 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have								xMIPS clinical quality measures (MIPS CQMs)	xInternal Medicine xPreventive Medicine	
Depression Remission at	an active diagnosis of familial hypercholesterolemia; OR *Patients aged 40-75 years with a diagnosis of diabetes The percentage of adolescent patients	CMS159v11	0710e	710	370	None	Outcome	TRUE	xElectronic clinical quality measures	xClinical Social Work	Minnesota Communi-
Twelve Months	12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who								(eCQMs) xMIPS clinical quality measures (MIPS CQMs)	xFamily Medicine xGeriatrics xInternal Medicine	ty Measure- ment

	reached remission 12 months (+/- 60 days) after an index event date.									xMental/ Behavioral Health xPediatrics	
CAHPS for MIPs Clinician/Gro up 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: xGetting Timely Care, Appointments, and Information; (Not endorsed by NQF) xHow well Providers Communicate; (Not endorsed by NQF) xPatient's Rating of Provider; (NQF endorsed # 0005)	None	None	5	321	None	Patient Engagement Experience	TRUE	xCAHPS for MIPS survey	xFamily Medicine xInternal Medicine xOncology xUrology	Agency for Healthcare Research & Quality

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	xAccess to										
	Specialists; (Not										
	endorsed by NQF)										
	xHealth Promotion										
	and Education; (Not										
	endorsed by NQF)										
	xShared Decision-										
	Making; (Not										
	endorsed by NQF)										
	xHealth Status and										
	Functional Status;										
	(Not endorsed by										
	NQF)										
	xCourteous and										
	Helpful Office Staff;										
	(NQF endorsed #										
	0005)										
	xCare Coordination;										
	(Not endorsed by										
	NQF)										
	xStewardship of										
	Patient Resources.										
	(Not endorsed by										
	NQF)										
Hospital-	This measure is a re-	None	None	None	479	None	Outcome	TRUE	xAdministrative	xNot Available	Centers for
Wide, 30-Day,	specified version of	None	140110	INOTIC	173	INOTIC	Odtoome	INOL	claims measures	ANOL Available	Medicare
All-Cause	the measure, "Risk-								Ciaiiiis iiicasuics		& Medicaid
Unplanned	adjusted readmission										Services
Readmission	rate (RARR) of										Oct vices
(HWR) Rate	unplanned										
for the Merit-	readmission within 30										
Based											
Incentive	days of hospital										
	discharge for any										
Payment	condition" (NQF										
System	1789), which was										
	developed for										

(MIPS)	patients 65 years and										
Groups	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										
011 -1 -1 1	neurology.	N	N. I.	NI .	40.4	NI	0.1	TOUE			0 1 1
Clinician and	Annual risk-	None	None	None	484	None	Outcome	TRUE	xAdministrative	xNot Available	Centers for
Clinician	standardized rate of								claims measures		Medicare
Group Risk-	acute, unplanned										& Medicaid
standardized	hospital admissions										Services
Hospital Admission	among Medicare Fee-										
Rates for	for-Service (FFS) patients aged 65										
Patients with	years and older with										
Multiple	multiple chronic										
Chronic	conditions (MCCs).										
Conditions	CONDITIONS (IVICOS).										
Containons		1		ı	1			l			

Version History

Date	Change Description
06/14/2023	Original version