

2021 Medicare Shared Savings Program (MSSP) Quality Measures

Quality Measure (Telemed Avail)	Measure Definition and Required Documentation	Acceptable Dates	Documentation Tips - Exclusions	Method to Close Gap	Goal 90%tile
Screening for Fall Risk (Telemed)	Percentage of patients ≥65 screened for future fall risk in 2021. Risk Assessment include: Did patient fall? If yes, # of falls? Injury? Problems with gait or balance?	1/1/2021-12/31/2021	Exclusion: Palliative Care, Non-ambulatory as determined most recent encounter. Screening Tools (not required): Morse, Get up and Go, Geriatric screening, Gait-balance assessment. Non-ambulatory: Bedridden, immobile, confined to chair, W-C bound, dependent on help.	EMR or Claim CPT II codes: 1101F: No falls or 1 fall without injury 1100F: 2 or more falls or fall with injury	90%
Breast Cancer Screening (Telemed-self report)	Percentage of women 50-74 had a mammogram every 24 months with 3 month grace.	10/1/2019-12/31/21	Exclusion: Palliative Care, Bilateral Mastectomy or 2 Unilateral mastectomies, Age ≥ 66 resides in POS code: 32-Nursing facility/33-Custodial Care/ 34-Hospice/ 54-Intermediate care-Mentally Challenged/ 56-Psychiatric Residential. Advanced Illness & Frailty: ≥ 66 with one claim frailty & on dementia med. OR ≥ 66 with one claim frailty & dx of advanced illness.(2020-2021) Screening includes: Diagnostic, film, digital or 3D tomosynthesis Note: MRI or Breast Ultrasound not counted as screening	EMR or Claim Or Self Report: date, type & result documented	90%
Colorectal Cancer Screening (Telemed-self report)	Percentage of patients 50-75 had appropriate screening for colorectal cancer. FOBT: 2021 FIT DNA: 2019-2021 Flex sigmoid: 2017-2021 CT Colonography: 2017-2021 Colonoscopy: 2012-2021	Test dependent	Exclusion: Palliative Care, Dx or Past Hx of total colectomy or colorectal cancer. Age ≥ 66 resides in POS code: 32-Nursing facility/33-Custodial Care/ 34-Hospice/ 54-Intermediate care-Mentally Challenged/ 56-Psychiatric Residential. Advanced Illness & Frailty: ≥ 66 with one claim frailty & on dementia med. OR ≥ 66 with one claim frailty & dx of advanced illness.(2020-2021) Note: Digital rectal exams or FOBT in office not counted as screening.	EMR or Claim Or Self Report: date, type & result documented	90%
Influenza Immunization (Telemed)	Percentage of patients ≥6 months received influenza immunization during flu season or previous receipt. 8/1/2020 - 3/31/2021) OR Pt Refusal	8/1/2020 - 3/31/2021	Exceptions: Palliative care, Medication reason(Allergy), Patient reason (Declined-refused),System reason(Vaccine not avail) Note: If claim for influenza, no further action required.	EMR or Claim Codes Z28.21: refusal code G8483: Not given for reasons doc by clinic Or Self Report: date, location	90%
Tobacco Use Screening & Cessation Intervention (Telemed)	Percentage of patients ≥18 screened for tobacco use one or more times in 2020-2021 AND received tobacco cessation intervention if user.	1/1/2020 - 12/31/2021	Exceptions: Palliative care, Medical reasons- poor life expectancy.	EMR or Claim G9902-Screened for tob use & noted as a tob user G9903 Screened for tob use & noted as a tob non user CPT II 4004F Screened for tob use & received cessation counseling	90%
Screening for Depression & Follow up (Telemed)	Percentage of patients ≥12 screened for depression in 2021 using an age appropriate depression screen tool AND if positive a follow up plan is documented. Screening tools (must be used): PHQ2 & 9, Geriatric Depression Scale, Depression Scale	1/1/2021 - 12/31/2021	Exclusions: Palliative care, Active Diagnosis for Depression or Bipolar Disorder. Exceptions: Patient Reasons (refusal), Medical Reason (office visit converted to emergent & pt functional capacity or motivation to improve impact tool accuracy-delirium). Follow up: Additional evaluation or assessment, suicide risk assessment, referral to a practitioner or program, psychotherapy, pharmacological intervention or additional treatment options.	EMR or Claim G8510-Screened for Clinical depression noted negative-follow up not required G8431-Screened for Clinical depression noted positive-follow up plan documented	N/A
Statin Therapy for prevention and Tx of Cardiovascular Disease (Telemed)	Percentage of patients from 3 high risk Cardiovascular events categories that were prescribed or on statin therapy in 2021. Categories: a)Age≥21- Active or previous Dx of ASCVD b)Age≥21 Active Dx familial/pure hypercholesterolemia or LDL≥ 190 fasting ever recorded. c) Age 40-75 Dx of DM-LDL 70-189 in 2019-2021	1/1/2021 - 12/31/2021	Exclusions: Palliative care, Pregnancy, breastfeeding or Dx of Rhabdomyolysis. Exceptions: Adverse effect, allergy or intolerance to statin, active liver disease or hepatic disease or insufficiency, ESRD, DM pt with LDL <70. Note: Must be on statin. Does not include Cholesterol or Triglyceride lowering med. ASCVD: Hx of MI, Angina, TIA, Peripheral arterial disease, Coronary or arterial revascularization	Medication in EMR	N/A
Diabetes: HbA1c Poor Control > 9 (Inverse measure) (Telemed)	Percentage of patients with DM who had most recent HbA1c > 9 in 2021.	1/1/2021 - 12/31/2021	Exclusions: Palliative care, Gestational DM, Steroid induced DM Age ≥ 66 resides in POS code: 32-Nursing facility/33-Custodial Care/ 34-Hospice/ 54-Intermediate care-Mentally Challenged/ 56-Psychiatric Residential. Advanced Illness & Frailty: ≥ 66 with one claim frailty & on dementia med. (Dementia Meds: Aricept, Namenda, Exelon, Razadyne) OR ≥ 66 with one claim frailty & dx of advanced illness.(2020-2021)	Lab Result in EMR or Self Report: date, test & result doc CPT II 3044F <7 3051F ≥7 & <8 3052F ≥ 8 & ≤9 3046F >9	10%

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Controlling High Blood Pressure Goal: <140/90 (Telemed)	Percentage of patients who had Dx of HTN with most recent BP <140/90 in 2021.	1/1/2021 - 12/31/2021	Exclusions: Palliative care, Pregnancy, ESRD, CKD stage 5, Dialysis, Renal Transplant. Age ≥ 66 resides in POS code: 32-Nursing facility/33-Custodial Care/ 34-Hospice/ 54-Intermediate care-Mentally Challenged/ 56-Psychiatric Residential. Advanced Illness & Frailty: ≥ 66 with one claim frailty & on dementia med. (Dementia Meds: Aricept, Namenda, Exelon, Razadyne) OR ≥ 66 with one claim frailty & dx of advanced illness.(2020-2021)	EMR or Claim CPT II Systolic 3074F-BP<130 3075F-BP130-139 3077F-BP≥140 CPT II Diastolic 3078F-BP <80 3079F-BP 80-89 3080F-BP ≥90	90%
Depression Remission at 12 months (Telemed)	Percentage of patients ≥12 with Dx of major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event. Denominator identification period: 11/1/2018 to 10/31/2019 Index Event Date: 1st instance of PHQ9>9 during identification period. Assessment Period: 14 months (12 +/- 60 days) from the Index Event Date. Remission: PHQ<5	1/1/2021 - 12/31/2021	Exclusions: Bipolar, Personality disorders, Schizophrenia or psychotic disorder, pervasive developmental disorder and permanent nursing home residents.	EMR or Claim	N/A
Utilization Quality Measure	Measure Definition and Required Documentation	Acceptable Dates	Measure Improvement Tips	Method to Close Gap	Goal 90%tile
ACO 8: Risk standardized all condition readmissions	Risk adjusted % of hospitalized patients readmitted within 30 days	1/1/2021 - 12/31/2021	<ul style="list-style-type: none"> Establish agreement between PCP and patient 24/7 access to clinical decision maker (on call) 30% (minimum) open access to physician office appointments 	Claim	14.56%
ACO 38: All-cause unplanned admissions for patients with Multiple Chronic Conditions	Unplanned hospital admissions for patients with ≥ 2 chronic conditions. AMI, Alzheimers, Dementia, A-Fib, CKD, COPD, Depression, HF, Stroke-TIA	1/1/2021 - 12/31/2021	<ul style="list-style-type: none"> Extended office hours (after hours on the weekdays and/or weekends hours) Telemedicine visits Education on Urgent Care locations and its use Follow up for patients who have had an Emergency Department visit or an IP Admission 	Claim	43.74%
ACO 43: Ambulatory Sensitive Condition Acute Composite	Number of discharges per 100 person years with a principal diagnosis of dehydration, bacterial pneumonia or urinary tract infection	1/1/2021 - 12/31/2021	<ul style="list-style-type: none"> Referral to ACO Care Managers for patients who have chronic conditions and need additional disease management support and self-management education 	Claim	1.51%
CAHPS Measures	Measure Definition and Required Documentation	Acceptable Dates	CAHPS Survey Questions	Method to Close Gap	Goal 90%tile
Getting timely care, appointments and information	Ease of scheduling urgent/routine care. Response to call to office. Ease of obtaining results.	1/1/2021 - 12/31/2021	Did you get and urgent/routine care appt? Did you get an answer to medical questions? Did your visit begin within 15 mins?	Survey response	90%
How well providers communicate	Provider listened. Explanations are easily understood. Treated with respect.	1/1/2021 - 12/31/2021	Were things explained easily? Did they listened carefully? Did they know your important medical hx?	Survey response	90%
Patient rating of provider	Rating of 0-10 of provider.	1/1/2021 - 12/31/2021	What is your overall rating of your provider?	Survey response	90%
Access to specialist	Ease of making appts with a specialist. Specialist knew important info about patient.	1/1/2021 - 12/31/2021	Was it easy to gat and appt for specialist? Did the specialist know your medical history?	Survey response	90%
Health promotion and education	Info provided to patient on preventing illness. Discussions included diet, activity, Rx, feeling depressed and health goals.	1/1/2021 - 12/31/2021	Were reasons discussed on preventing illness, health diet, exercise and health goals? Did they ask you if you were sad or worried?	Survey response	64.90%
Shared decision making	Discussions include reasons why patient may not want specific Rx or Tx and patient wishes regarding sharing of information.	1/1/2021 - 12/31/2021	Discussed reason to take medications? Discussed reason for surgery? Discussed sharing health info?	Survey response	64.90%
Stewardship of patient resources	Cost of medication discussed with patient?	1/1/2021 - 12/31/2021	Was the cost of medications discussed with you? Was cost of other procedures discussed with you?	Survey response	32.90%