

Quality Measure (Telemed Avail)	Measure Definition and Required Documentation	Acceptable Dates	Documentation Tips - Exclusions	Method to Close Gap	90%tile
<b>Controlling High Blood Pressure Goal: ≤139/89 (Telemed)</b>	Percentage of patients (Age 18-85) who had Dx of HTN with last BP in 2024 BP ≤139/89. (Telemed with digital device as self report)	1/1/2024 - 12/31/2024	<b>Exclusions:</b> 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. <b>Advanced Illness &amp; Frailty:</b> ≥ 66 with one claim frailty & on dementia med. (Dementia Meds: Aricept, Namenda, Exelon, Razadyne) OR ≥ 66 with one claim frailty & dx of advanced illness.	EMR or Claim Self Report: Must document date, result & digital device <b>CPT II Systolic CPT II Diastolic</b> 3074F BP <130 3078F BP <80 3075F BP130-139 3079F BP 80-89 3077F BP≥140 3080F BP ≥90 <b>G-Codes</b> G8752 BP<140 G8754 BP<90 G8753 BP≥140 G8755 BP≥P90	90%
<b>Diabetes: HbA1c Poor Control &gt; 9 (Inverse measure) (Telemed)</b>	Percentage of patients (Age 18-75) with DM who had last HbA1c in 2024 > 9. (Telemed as self report)	1/1/2024 - 12/31/2024	<b>Exclusions:</b> 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. <b>Advanced Illness &amp; Frailty:</b> ≥ 66 with one claim frailty & on dementia med. (Dementia Meds: Aricept, Namenda, Exelon, Razadyne) OR ≥ 66 with one claim frailty & dx of advanced illness.	Lab Result in EMR or <b>Self Report:</b> Must document date, test & result <b>CPT II 3044F &lt;7, 3051F ≥7 &amp; &lt;8, 3052F ≥ 8 &amp; ≤9, 3046F &gt;9</b>	10%
<b>Screening for Depression &amp; Follow up (Telemed Documented Depression screen tool results)</b>	Percentage of patients ≥12 screened for depression in 2024 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	1/1/2024 - 12/31/2024	<b>Exclusions:</b> Palliative care, Active Diagnosis for Depression or Bipolar Disorder. <b>Exceptions:</b> Patient Reasons (refusal), Medical Reason (office visit converted to emergent & pt functional capacity or motivation to improve impact tool accuracy-delirium). <b>Follow up:</b> Additional evaluation or assessment, suicide risk assessment, referral to a practitioner or program, psychotherapy, pharmacological intervention or additional treatment options.	EMR or Claim or <b>G8510</b> - Screened for Clinical depression noted negative- follow up not required <b>G8431</b> - Screened for Clinical depression noted positive-follow up plan documented <b>G8433</b> - Screening for Clinical depression not completed, documented patient or medical reason	N/A
<b>Screening for Future Fall Risk (Telemed)</b>	Percentage of patients ≥65 screened for future fall risk in 2023. Risk Assessment include: Did patient fall? If yes, # of falls? Injury? Problems with gait or balance?	1/1/2024 - 12/31/2024	<b>Exclusions:</b> Palliative Care as determined most recent encounter. <b>Screening Tools (not required):</b> Morse, Get up and Go, Geriatric screening, Gait-balance assessment.	EMR or Claim <b>1101F</b> - No falls or 1 fall without injury <b>1100F</b> - 2 or more falls or fall with injury	90%
<b>Influenza Immunization (Telemed)</b>	Percentage of patients ≥6 months received influenza immunization during flu season or previous receipt (8/1/2023 - 3/31/2024) OR Pt Refusal	8/1/2023 - 3/31/2024	<b>Exceptions:</b> Palliative care, Medication reason (Allergy), Patient reason (Declined-refused), System reason (Vaccine not avail) <b>Note:</b> If claim for influenza, no further action required.	EMR or Claim <b>Z28.21</b> - Refusal code <b>G8483</b> - Not given for reasons documented in EMR or Self Report: date, location	90%
<b>Tobacco Use Screening &amp; Cessation Intervention (Telemed)</b>	Percentage of patients ≥18 screened for tobacco use one or more times in 2024 AND received tobacco cessation intervention if user in 2024 (or 6mos prior).	1/1/2024 - 12/31/2024	<b>Exceptions:</b> Palliative care, Medical reasons - poor life expectancy. <b>Tobacco Use:</b> Use of any tobacco product includes: Hookah tobacco, nicotine gels, smokeless tobacco (snuff, chew,dip), vapes, E-cig, hokah pens and other electronic nicotine devices. <b>Tobacco Cessation Intervention:</b> Includes brief counseling (3mins or less) and pharmacotherapy-can be in person or on phone.	EMR or Claim <b>G9902</b> - Screened for tob use & noted as a tob user <b>G9903</b> - Screened for tob use & noted as a tob non user <b>CPT II 4004F</b> - Screened for tob use & received cessation counseling	90%
<b>Breast Cancer Screening (Telemed-self report)</b>	Percentage of women 50 - 74 had a mammogram every 24 months with 3 month grace.	10/1/2022- 12/31/2024	<b>Exclusions:</b> 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. <b>Advanced Illness &amp; Frailty:</b> ≥ 66 with one claim frailty & on dementia med. OR ≥ 66 with one claim frailty & dx of advanced illness. <b>Screening includes:</b> 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%
<b>Colorectal Cancer Screening (Telemed-self report)</b>	Percentage of patients 45- 75 had appropriate screening for colorectal cancer. <b>(Age Revision)</b> FOBT: 2024 FIT DNA: 2022 - 2024 Flex Sigmoid: 2020 -2024 CT Colonography: 2020 - 2024 Colonoscopy: 2015 - 2024	Test dependent	<b>Exclusions:</b> 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. <b>Advanced Illness &amp; Frailty:</b> ≥ 66 with one claim frailty & on dementia med. OR ≥ 66 with one claim frailty & dx of advanced illness. <b>Note:</b> Digital rectal exams or FOBT in office not counted as screening.	EMR or Claim Or Self Report: date, type & result documented	90%

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<b>Statin Therapy for prevention and Tx of Cardiovascular Disease (Telemed)</b>	Percentage of patients from 3 high risk Cardiovascular events categories that were prescribed or on statin therapy in 2024. 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 2022 - 2024	1/1/2024 - 12/31/2024	<b>Exclusions:</b> Palliative care, Pregnancy, breastfeeding or Dx of Rhabdomyolysis. <b>Exceptions:</b> Adverse effect, allergy or intolerance to statin, active liver disease or hepatic disease or insufficiency, ESRD, DM pt with LDL < 70. <b>Note:</b> Must be on statin. Does not include Cholesterol or Triglyceride lowering med. <b>ASCVD:</b> Hx of MI, Angina, TIA, Peripheral arterial disease, Coronary or arterial revascularization	Medication in EMR or Pharmacy Claim	N/A
<b>Depression Remission at 12 months (Telemed)</b>	Percentage of patients ≥ 12 with Dx of major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event. <b>Denominator identification period:</b> 11/1/2021 to 10/31/2022. <b>Index Event Date:</b> 1st instance of PHQ9 > 9 during identification period. <b>Assessment Period:</b> 14 months (12 +/- 60 days) from the Index Event Date. <b>Remission:</b> PHQ < 5	1/1/2024 - 12/31/2024	<b>Exclusions:</b> Bipolar, Personality disorders, Schizophrenia or psychotic disorder, pervasive developmental disorder and permanent nursing home residents.	EMR or Claim <b>G9509</b> - Reached remission at 12 months as demonstrated by at 12 month (+/- 60 days) PHQ-9 of less than 5 <b>G9510</b> - Did not reach remission at 12 months as demonstrate by at 12 month (+/- 60 days) PHQ-9 score was not assessed or is greater than or equal to 5	N/A
Utilization Quality Measure	Measure Definition and Required Documentation	Acceptable Dates	Measure Improvement Tips	Method to Close Gap	Goal 90%tile
<b>Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Groups</b>	Risk-standardized readmission rate % of hospitalized patients readmitted within 30 days	1/1/2024 - 12/31/2024	<ul style="list-style-type: none"> <li>Establish agreement between PCP and patient</li> <li>24/7 access to clinical decision maker (on call)</li> <li>30% (minimum) open access to physician office appointments</li> <li>Extended office hours (after hours on the weekdays and/or weekends hours)</li> <li>Telemedicine visits</li> </ul>	Claims	TBA
<b>All-Cause unplanned admissions for patients with Multiple Chronic Conditions</b>	Unplanned hospital admissions for patients with ≥ 2 chronic conditions; AMI, Alzheimers, Dementia, A-Fib, CKD, COPD, Depression, DM, HF, Stroke-TIA	1/1/2024 - 12/31/2024	<ul style="list-style-type: none"> <li>Education on Urgent Care locations and its use</li> <li>Follow up for patients who have had an Emergency Department visit or an IP Admission</li> <li>Referral to ACO Care Managers for patients who have chronic conditions and need additional disease management support and self-management education</li> </ul>	Claims	TBA
CAHPS Measures	Measure Definition and Required Documentation	Acceptable Dates	CAHPS Survey Questions	Method to Close Gap	Goal 90%tile
<b>Getting timely care, appointments and information</b>	Ease of scheduling urgent/routine care. Response to call to office. Ease of obtaining results.	1/1/2024 - 12/31/2024	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%
<b>How well providers communicate</b>	Provider listened. Explanations are easily understood. Treated with respect.	1/1/2024 - 12/31/2024	Were things explained easily? Did they listened carefully? Did they know your important medical hx?	Survey response	90%
<b>Patient rating of provider</b>	Rating of 0-10 of provider.	1/1/2024 - 12/31/2024	What is your overall rating of your provider?	Survey response	90%
<b>Access to specialist</b>	Ease of making appts with a specialist. Specialist knew important info about patient.	1/1/2024 - 12/31/2024	Was it easy to gat and appt for specialist? Did the specialist know your medical history?	Survey response	90%
<b>Health promotion and education</b>	Info provided to patient on preventing illness. Discussions included diet, activity, Rx, feeling depressed and health goals.	1/1/2024 - 12/31/2024	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%
<b>Shared decision making</b>	Discussions include reasons why patient may not want specific Rx or Tx and patient wishes regarding sharing of information.	1/1/2024 - 12/31/2024	Discussed reason to take medications? Discussed reason for surgery? Discussed sharing health info?	Survey response	64.90%
<b>Stewardship of patient resources</b>	Cost of medication discussed with patient?	1/1/2024 - 12/31/2024	Was the cost of medications discussed with you? Was cost of other procedures discussed with you?	Survey response	32.90%