

Quality Measure (Telemed Avail)	Measure Definition and Required Documentation	Acceptable Dates	Documentation Tips - Exclusions	Method to Close Gap	90%tile
Controlling High Blood Pressure Goal: ≤139/89 (Telemed)	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	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.	EMR or Claim Self Report: Must document date, result & digital device CPT II Systolic CPT II Diastolic 3074F BP <130 3078F BP <80 3075F BP130-139 3079F BP 80-89 3077F BP≥140 3080F BP ≥90 G-Codes G8752 BP<140 G8754 BP<90 G8753 BP≥140 G8755 BP≥P90	90%
Diabetes: HbA1c Poor Control > 9 (Inverse measure) (Telemed)	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	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.	Lab Result in EMR or Self Report: Must document date, test & result CPT II 3044F <7, 3051F ≥7 & <8, 3052F ≥ 8 & ≤9, 3046F >9	10%
Screening for Depression & Follow up (Telemed Documented Depression screen tool results)	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	Exclusions: Palliative care, 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: PHQ 9 and one of the following: Additional evaluation or assessment, referral to a practitioner or program, psychotherapy, pharmacological intervention or additional treatment options.	EMR or Claim or G8510 - Screened for Clinical depression noted negative- follow up not required G8431 - Screened for Clinical depression noted positive-follow up plan documented G8433 - Screening for Clinical depression not completed, documented patient or medical reason	N/A
Screening for Future Fall Risk (Telemed)	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	Exclusions: Palliative Care as determined most recent encounter. Screening Tools (not required): Morse, Get up and Go, Geriatric screening, Gait-balance assessment.	EMR or Claim 1101F - No falls or 1 fall without injury 1100F - 2 or more falls or fall with injury	90%
Influenza Immunization (Telemed)	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	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 Z28.21 - Refusal code G8483 - Not given for reasons documented in EMR or Self Report: date, location	90%
Tobacco Use Screening & Cessation Intervention (Telemed)	Percentage of patients ≥12 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	Exceptions: Palliative care, Medical reasons - poor life expectancy. Tobacco Use: 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. Tobacco Cessation Intervention: Includes brief counseling (3mins or less) and pharmacotherapy-can be in person or on phone.	EMR or Claim G9902 - Screened for tob use & noted as a tob user G9903 - Screened for tob use & noted as a tob non user G9906 - Pt Identified as a tobacco used & received cessation counseling	90%
Breast Cancer Screening (Telemed-self report)	Percentage of women 40 - 74 had a mammogram every 24 months with 3 month grace. (Age Revision)	10/1/2022- 12/31/2024	Exclusions: 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. 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 45- 75 had appropriate screening for colorectal cancer. (Age Revision) FOBT: 2024 Stool DNA (sDNA) with FIT test. 2022-2024 Flex Sigmoid: 2020 -2024 CT Colonography: 2020 - 2024 Colonoscopy: 2015 - 2024	Test dependent	Exclusions: 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. Note: 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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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 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 d) Age 40-75 with 10yr ASCVD risk score ≥ 20%	1/1/2024 - 12/31/2024	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 or Pharmacy Claim	N/A
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: 11/1/2021 to 10/31/2022. 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	1/1/2024 - 12/31/2024	Exclusions: Bipolar, Personality disorders, Schizophrenia or psychotic disorder, pervasive developmental disorder and permanent nursing home residents.	EMR or Claim G9509 - Reached remission at 12 months as demonstrated by at 12 month (+/- 60 days) PHQ-9 of less than 5 G9510 - 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
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Groups	Risk-standardized readmission rate % of hospitalized patients readmitted within 30 days	1/1/2024 - 12/31/2024	<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 Extended office hours (after hours on the weekdays and/or weekends hours) Telemedicine visits 	Claims	TBA
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, DM, HF, Stroke-TIA	1/1/2024 - 12/31/2024	<ul style="list-style-type: none"> Education on Urgent Care locations and its use Follow up for patients who have had an Emergency Department visit or an IP Admission Referral to ACO Care Managers for patients who have chronic conditions and need additional disease management support and self-management education 	Claims	TBA
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.	1/1/2024 - 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%
How well providers communicate	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%
Patient rating of provider	Rating of 0-10 of provider.	1/1/2024 - 12/31/2024	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.	1/1/2024 - 12/31/2024	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.	1/1/2024 - 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%
Shared decision making	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%
Stewardship of patient resources	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%