

DATE: April 12, 2017

TO: MSSP Participating Physicians

FROM: LeTasha Montgomery, COO

RE: **2017 Medicare Shared Savings Program (MSSP) - Quality Measures**

The attached 2017 MSSP Quality Measures Quick Reference Guide (QRG) offers healthcare providers “*at-a-glance*” documentation tips about the required Quality Measures to be reported for 2017 MSSP data collection. Successful quality data collection starts with clear, concise, consistent, and complete documentation in the medical record. To assist in this endeavor, it is very important for healthcare providers and their staff to review and understand the quality measures listed in the MSSP QRG, as these measures impact our overall ACO quality score and shared savings.

ACO healthcare provider scores in the Quality category are combined and calculated for one aggregate Quality score for the whole MSSP ACO entity. Each participating provider will receive that same score, so reporting on these annual quality measures will set us up for success as an ACO. In addition, the reporting of these quality measures for our ACO meets the quality requirements under MACRA for MIPS (Merit-based Incentive Payment System), so no additional quality reporting is required.

Please note the following on the QRG:

- For the 16 physician-reported Quality Measures, yellow highlighting indicates this should be an area of focus based on 2016 data collection findings. Also, the corresponding quality action must be documented, reviewed, AND results commented on by the healthcare provider in the EHR, where applicable.
- For the 2017 reporting year, CMS has added two and retired four ACO quality measures:

Added

- Quality ID #46 – Medication Reconciliation Post-Discharge
- Use of Imaging Studies for Low Back Pain - **New Measure – Pay for Reporting**

Retired

- Quality ID #8 – Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Quality ID #118 – Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%):
- Quality ID #130 – Documentation of Current Medications in the Medical Record
- Quality ID #317 – Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented

(Note: The 2017 MSSP QRG can also be found on OneSource by clicking on Physicians, under MHMD Members Only clicking on ACO, and then clicking on MSSP in the left hand navigation. This can also be found on the homepage of OneSource under OneSource News, then MHMD.)



Should you have any questions regarding MSSP data collection, please call Provider Relations at 713-338-6464 or e-mail Coding.Clinicalsupport@memorialhermann.org.

2017 Medicare Shared Savings Program Quality Measures

Quick Reference Guide



Codes (Performance Met, Exclusion, or Performance Not Met) correspond to the Quality Action documented in the medical record.

MEASURE TITLE & DESCRIPTOR	QUALITY ACTIONS	PERFORMANCE MET CODES	EXCLUSION CODES	PERFORMANCE NOT MET CODES	ACO #	Quality ID # (formerly: PQRS)
Body Mass Index (BMI) Screening and Follow-Up Plan - Patients 18 years and older - BMI documented within 6 months AND , if the most recent BMI is abnormal , document a follow-up plan .	1. Document most recent BMI 2. Normal BMI 18 years and older: BMI ≥ 18.5 and < 25 3. For abnormal BMI, document follow-up plan (e.g., Nutrition / exercise counseling)	G8420 OR G8417 OR G8418	G8422 OR G8938 OR G9716	G8421 OR G8419	16	128
Breast Cancer Screening in Women 50 - 74 years – Screening Mammogram within 27 months. (NOTE: 3D Mammography, MRI and Ultrasound are not considered breast cancer screening for this measure.)	1. Document date of screening mammogram 2. Provider MUST document that results were received, reviewed , (e.g. negative, positive, etc.)	3014F	G9708 OR G9709	3014F-8P	20	112
Colorectal Cancer Screening in Patients 50 - 75 years - Multiple tests may complete this measure: • Fecal occult blood test (FOBT) during the measurement period • Flexible sigmoidoscopy within 4 years • Colonoscopy within 9 years • Computed tomography (CT) colonography within 4 years • Fecal immunochemical DNA test (FIT-DNA) within 2 years	1. Document date of colorectal cancer screening 2. Provider MUST document that results were received, reviewed , (e.g. negative, positive, etc.)	3017F	G9710 OR G9711	3017F-8P	19	113
Controlling High Blood Pressure - Patients 18 - 85 years with a diagnosis of hypertension (HTN) whose most recent blood pressure was <140/90 mmHg during the measurement period	1. Document HTN diagnosis 2. Most recent BP reading <140/90 mmHg	G8752 AND G8754	G9740 OR G9231	G8753 AND G8755 OR G8756	28	236
Depression Screening and Follow-Up Plan for patients 12 years and older . Screen for depression using an age-appropriate standardized tool AND , if positive , document a follow-up plan .	Must document and review/verify by provider: 1. Name of tool, screening date, and results. 2. If positive, document follow-up plan (e.g., Medications Prescribed, Suicide Risk Assessment, or other interventions)	G8431 OR G8510	G9717 OR G8433	G8432 OR G8511	18	134
Depression Remission at Twelve Months in patients 18 years and older with major depression or dysthymia. Must have an initial PHQ-9 score > 9 (between 12/1/15- 11/30/16) AND a follow-up FULL PHQ-9 score <5 completed 12 months after initial PHQ-9. PAY FOR REPORTING	1. Do an annual full PHQ-9 (i.e. do ALL questions) on all patients with major depression or dysthymia. 2. Demonstrate remission with a PHQ-9 score of < 5	G9509	N/A	G9510	40	370
Diabetes Poor Control - Patients 18 - 75 years with diabetes who had hemoglobin A1c > 9.0% (NOTE: A lower performance rate is desirable for this measure)	Document most recent HbA1c level is >9.0%	3046F OR 3046F-8P	G9687	3044F OR 3045F	27	1
Diabetes Eye Exam - Patients 18 – 75 years with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period. Must document date of the exam.	Document date of eye exam for diabetic retinal disease with one of the following: Retinal or dilated eye exam or a negative retinal or dilated exam (e.g., No evidence of retinopathy, positive, etc.)	2022F OR 2024F OR 2026F OR 3072F	G9714	2022F-8P OR 2024F-8P OR 2026F-8P	41	117
Falls: Screening for Future Fall Risk - Patients 65 years and older screened for future fall risk during measurement period	Document screening performed: 1. History of falls, or 2. Any fall with injury, or 3. No falls	N/A			13	318
Influenza Immunization - Patients older than 6 months - Seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported having received one. Must document date of the vaccination.	Document date of administration or previous receipt of influenza immunization August 2016 thru March 2017	G8482	G8483	G8484	14	110
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic - Patients 18 years and older with CAD or IVD and documented use of aspirin or another antithrombotic	1. Document active diagnosis of IVD or CAD 2. Document use of aspirin or another antithrombotic	G8598	G9723 OR G9724	G8599	30	204
Low Back Pain: Use of Imaging Studies - Patients 18-50 years seen for low back pain who did not have an imaging study (plain X-ray, MRI, or CT) within 28 days of diagnosis (Note: This measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain.) NEW MEASURE - PAY FOR REPORTING	Document diagnosis of low back pain without an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis	N/A			44	312

Yellow Highlighting = Focus on Documentation Improvement (based on 2016 data collection findings). Where applicable, Quality Actions must be documented, reviewed, AND results commented on by the healthcare provider in the EHR.

2017 Medicare Shared Savings Program Quality Measures

Quick Reference Guide



Codes (Performance Met, Exclusion, or Performance Not Met) correspond to the Quality Action documented in the medical record.

MEASURE TITLE & DESCRIPTION	QUALITY ACTIONS	PERFORMANCE MET CODES	EXCLUSION CODES	PERFORMANCE NOT MET CODES	ACO #	Quality ID # (formerly: PQRS)
Medication Reconciliation Post Discharge - For patients 18 years and older, on discharge from any inpatient facility (<i>hospital, rehab or skilled nursing facility</i>); if seen within 30 days of discharge in the office of a provider giving on-going care, the discharge medication list was reconciled with the current medication list in the outpatient medical record.	Medical record must include any of the following: (1) Current meds with notation that references discharge meds (e.g., no changes in meds since discharge, same meds at discharge, discontinue all discharge meds); (2) Current meds with notation that discharge meds were reviewed; (3) Provider "reconciled the current and discharge meds"; (4) Current and discharge med lists, with a notation that practitioner reviewed both lists on same date of service; (5) Notation that no meds were prescribed or ordered upon discharge.	1111F	G9691	1111F-8P	12	46
Pneumococcal Vaccination for the Elderly - Patients ≥ 65 who have ever received a pneumonia vaccine	Document date and type of pneumococcal vaccine administered OR previous receipt	4044F	G9707	4044F-8P	15	111
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease - Patients at high risk of cardiovascular events, who were prescribed or were on statins during the measurement period AND whose current statin use is documented in the current med list. <i>(Note: There are 3 reporting criteria for this measure.)</i> PAY FOR REPORTING	Patients at the beginning of the measurement period: 1. Age 21 or older with clinical ASCVD diagnosis OR 2. Age 21 or older who have ever had an LDL-C ≥ 190 mg/dL or have ever had a diagnosis of familial or pure hypercholesterolemia; OR 3. Age 40-75 years with Diabetes I or II with an LDL-C ≥ 70 within 2 years	G9664	G9778 OR G9779 OR G9780 OR G9781 OR G9783	G9665	42	438
Tobacco Use: Screening and Cessation Intervention - Patients 18 years and older - Screened for tobacco use at least once within 24 months AND who received cessation counseling intervention if they are actively using	Document screening for tobacco use AND of tobacco cessation intervention (e.g., <i>Brief counseling and/or pharmacotherapy</i>)	4004F OR 1036F	4004F-1P	4004F-8P	17	226
Percent of PCPs who Successfully Meet Meaningful Use Requirements	Measured by CMS EHR participation rates				11	
CAHPS: Getting Timely Care, Appointments, and Information	Measured by annual CMS CAHPS Patient Survey				1	
CAHPS: How Well Your Providers Communicate					2	
CAHPS: Patients' Rating of Provider					3	
CAHPS: Access to Specialists					4	
CAHPS: Health Promotion and Education					5	
CAHPS: Shared Decision Making					6	
CAHPS: Health Status/Functional Status					7	
CAHPS: Stewardship of Patient Resources					34	
Risk-Standardized, All Condition Readmission	Measured by hospital admission rates				8	
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)					35	
All-Cause Unplanned Admissions for Patients with Diabetes					36	
All-Cause Unplanned Admissions for Patients with Heart Failure					37	
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions					38	
Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI) #91)					43	

Yellow Highlighting = Focus on Documentation Improvement (based on 2016 data collection findings). Where applicable, Quality Actions must be documented, reviewed, AND results commented on by the healthcare provider in the EHR.