

2024 CMS Quality Measures

** Silver State ACO is reporting quality via CMS Web-Interface and Medicare CQMs*

Quality Measure ID	Clinigence Measure ID	Reporting Method	Measure Title	Description
#001	DM-2	CMS Web-Interface & Medicare CQMs	Diabetes: Hemoglobin A1c <u>Poor</u> Control	Percentage of patients 18 - 75 years of age with diabetes who has a hemoglobin A1c > 9.0% during calendar year 2024. NOTE: Documentation in patients chart must include date and result. Unable to take patient reported A1c
#236	HTN-2	CMS Web-Interface & Medicare CQMs	Controlling High Blood Pressure	Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (≤ 139/89 mmHg) on most recent visit in calendar year 2024. NOTE: Blood pressure readings taken by a remote monitoring device and conveyed by a patient to the clinician is acceptable.
#134	Prev-12	CMS Web-Interface & Medicare CQMs	Screening for Clinical Depression & Follow-up Plan	Percentage of patients aged 12 years and older screened for clinical depression during calendar year 2024 using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen or 2 days after the encounter. Results must be reviewed and interpreted by healthcare professional. Documentation of a follow-up must include one or more of the following: * Referral to a provider for additional evaluation and assessment * Pharmacological interventions * Other interventions or follow-up for the diagnosis or treatment of depression NOT considered a follow-up plan: * Suicide Risk Assessment * Additional Evaluation or assessment for depression NOTE: Documentation in patient chart at a minimum, must include name of tool used, score and interpretation by provider. May be completed during a telehealth encounter . Patients with a diagnosis of depression still need to be screened.
#318	Care-2	CMS Web-Interface	Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during calendar year 2024. Screening requires an assessment of whether an individual has experienced a fall and/or problems with gait or balance. This includes patients that are non-ambulatory. No Exclusions/Exceptions. NOTE: Documentation must include reference to number of falls/no falls in past year OR a gait/balance assessment. May be completed during a telehealth encounter .
#110	Prev-7	CMS Web-Interface	Influenza Immunization	Percentage of patients 6 months and older who receive an influenza immunization during two flu season time frames. Time Frame 1: Patient received an influenza immunization between August 1, 2023 and March 31, 2024. Time Frame 2: Patient received an influenza immunization between August 1, 2024 and December 31, 2024. Document any refusals, allergies, or adverse reactions within patients chart during each specific time frame. NOTE: If patient is self reporting, documentation in patient chart must include month & year vaccination was received. May be documented during a telehealth encounter .
#226	Prev-10	CMS Web-Interface	Tobacco Use: Screening & Cessation Intervention	Percentage of patients aged 18 years and older who were screened for all forms of tobacco use during calendar year 2024 AND if identified as a tobacco user, who received cessation counseling intervention during 2024 or 6 months prior the year. NOTE: Hookah, e-cigs, vapes and any form of nicotine/tobacco delivery is considered tobacco use. May be completed during a telehealth encounter .

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#113	Prev-6	CMS Web-Interface	Colorectal Cancer Screening	<p>Percentage of adults 45 - 75 years of age who had appropriate screening for colorectal cancer:</p> <ul style="list-style-type: none"> * Fecal occult blood test (FOBT) during calendar year 2024 * Flexible sigmoidoscopy during calendar year 2024 or the four years prior * Colonoscopy during calendar year 2024 or the nine years prior * CT Colongraphy during calendar year 2024 or the 4 years prior * Stool DNA with FIT test during calendar year 2024 or the 2 years prior <p>NOTE: If patient is self reporting, documentation in patient chart must include year screening was completed, type of screening <u>and</u> results. May be documented during a telehealth encounter.</p>
#112	Prev-5	CMS Web-Interface	Breast Cancer Screening	<p>Percentage of women 40 - 74 years of age who had a mammogram to screen for breast cancer between October 1, 2022 and December 31, 2024.</p> <p>NOTE: If patient is self reporting, documentation in patient chart must include type of screening, month and year screening was completed <u>and</u> results. May be documented during a telehealth encounter.</p>
#438	Prev-13	CMS Web-Interface	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<p>Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during calendar year 2024:</p> <ul style="list-style-type: none"> *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) including an ASCVD procedure; OR *Adults aged 20-75 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level \geq 190 mg/dL; OR were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR *Adults aged 40-75 years with a diagnosis of diabetes *Adults aged 40-75 with a 10-year ASCVD risk score \geq 20% <p>NOTE: Current Statin Therapy use must be documented in the patient's current medication list or ordered during the measurement period. Document if a patient is unable to take a Statin due to allergy or adverse side effects. Statin Therapy may be documented during a telehealth encounter.</p>
#370	MH	CMS Web-Interface	Depression Remission at Twelve Months	<p>Percentage of patients aged 12 years and older with major depression or dysthymia and an initial PHQ-9 score $>$ 9 during the index date of 11/01/2022 to 10/31/2023 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5.</p>

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#321		CAHPS for MIPS Survey	CAHPS for MIPS Survey	<p>The CAHPS for MIPS Survey is a patient survey fielded by a CMS approved 3rd party vendor. This survey has several questions covering a variety of categories including: <i>Getting Timely Care/Appointments/Information; How Well Your Providers Communicate; Patients' Rating of Provider; Access to Specialists; Health Promotion and Education; Shared Decision Making; Health/Functional Status, Stewardship of Patient Resources; Courteous and Helpful Office Staff; Care Coordination.</i></p> <p>Below are some sample questions indicating the type of items the survey will cover:</p> <ul style="list-style-type: none"> •When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? •How often did this provider explain things in a way that was easy to understand? •When you contacted this provider's office during regular office hours, did you get an answer to your medical question that same day? •How would you rate your provider on a scale of 0-10? •How often was it easy to get appointments with specialists? •Did anyone on your health care team talk about the exercise or physical activity you get? •When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you? •Did anyone on your health care team talk about how much your prescription medicines cost? •Did you and this provider talk about how much of your personal health information you wanted shared with your family/friends? •How often did the receptionists at this provider's office treat you with courtesy and respect? •When this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
#479		Administrative Claims	Hospital-Wide, 30-day, All-Cause Unplanned Readmission	Risk-adjusted percentage of ACO assigned beneficiaries, 65 years or older, who were hospitalized and readmitted into a hospital within 30 days of discharge from the index hospital admission.
#484		Administrative Claims	Risk Standardized, Hospital Admission Rates for Patients with Multiple Chronic Conditions	Rate of risk-standardized acute, unplanned hospital admissions among beneficiaries 65 years and older with multiple chronic conditions (MCCs) who are assigned to the ACO.

Please see CMS supporting documents for full criteria.

CMS supporting documents for Quality Measures can be found at the following website:

<https://app.cms.gov/resources/education>