

# MEDICARE SHARED SAVINGS PROGRAM QUALITY MEASURE BENCHMARKS FOR THE 2019 PERFORMANCE YEAR

## 1 Release Notes

In April 2020, CMS changed ACO-14: Preventive Care and Screening: Influenza Immunization, to a pay-for-reporting measure for the 2019 performance year. This document is being re-released to reflect this change.

## 2 Introduction

This document describes methods for calculating the quality performance benchmarks for Accountable Care Organizations (ACOs) that are participating in the Medicare Shared Savings Program (Shared Savings Program) and presents the benchmarks for the quality measures for the 2019 quality performance year. It is an update to the “Quality Measure Benchmarks for the 2018/2019 Performance Year” document released in December 2017 and reflects the 2019 quality measure set, including new benchmarks for one measure that phases into performance for the 2019 performance year. Under the Shared Savings Program, new measures are set at the level of complete and accurate reporting for the first two years before phasing into performance. The benchmarks for each measure, along with the phase-in schedule for pay-for-performance and applicable performance year for each measure, are displayed in **Appendix A**.

Quality performance benchmarks are established by the Centers for Medicare & Medicaid Services (CMS) prior to the reporting period for which they apply and are set for two years. This document defines and sets the quality performance benchmarks that will be used for the 2019 performance year. These benchmarks will apply to Shared Savings Program ACOs reporting quality data in these years. For the 2019 performance year, CMS will measure quality of care using 23 quality measures. The quality measures span four quality domains: Patient/Caregiver Experience, Care Coordination/Patient Safety, Preventive Health, and At-Risk Population.

It is also important to note that CMS maintains the authority to revert measures from pay-for-performance to pay-for-reporting when the measure owner determines the measure causes patient harm or no longer aligns with clinical practice, or when there is a determination under the Quality Payment Program that the measure has undergone a substantive change. Should CMS need to make such a modification, CMS will alert the ACOs through the ACO Spotlight Newsletter and update this document.

### 3 Benchmark Data Sources

We established 2018/2019 benchmarks using all available and applicable 2014, 2015, and 2016 Medicare fee-for-service (FFS) data (2015, 2016, and 2017 for the measures whose benchmarks were set in the 2019 update). This includes:

- Quality data reported by Shared Savings Program, Next Generation Model, and Pioneer Model ACOs through the CMS Web Interface for the 2014, 2015, and 2016 performance years.
- Quality measure data collected from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for ACOs and CAHPS for PQRS for the 2014, 2015, and 2016 performance years.
- Quality data reported through the Physician Quality Reporting System (PQRS) or MIPS by physicians and groups of physicians through the CMS Web Interface, claims, or a registry for the 2014, 2015, and 2016 performance years (2015, 2016, and 2017 for ACO-27: Diabetes Hemoglobin A1c (HbA1c) Poor Control (>9%)).

Quality measure benchmarks were calculated using data from ACOs, group practices, and individual physicians that successfully met the Shared Savings Program or PQRS/MIPS quality reporting requirements and had at least 20 cases. In addition, for claims-based measures, data were limited to organizations with at least 20 cases in the denominator. For PQRS/MIPS-reported data, individually reported data was aggregated and averaged to the TIN level.

### 4 Benchmarks for ACO Quality Measures

Benchmarks for quality measures that are pay-for-performance for the 2019 performance year are specified in **Appendix A**. ACOs in their first agreement period should refer to their applicable performance year to determine if the measure is pay-for-reporting or performance. ACOs in a second agreement period should refer to Performance Year 3 in **Appendix A**.

A quality performance benchmark is the performance rate an ACO must achieve to earn the corresponding quality points for each measure. We show the benchmark for each percentile, starting with the 30th percentile (corresponding to the minimum attainment level) and ending with the 90th percentile (corresponding to the maximum attainment level). Under the Shared Savings Program's regulation at 42 CFR § 425.502, there are circumstances when we set benchmarks using flat percentages. We use flat percentages to address measures where performance is clustered, and it allows ACOs with high scores to be recognized for their performance and earn maximum or near-maximum quality points. For the 2019 Performance Year, we set benchmarks using flat percentages for 10 measures.

## Appendix A: Quality Measure Benchmarks for the 2019 Performance Year

Domain	Measure	Description	Pay-for-Performance Phase In			Percentile						
			PY1	PY2	PY3	30th	40th	50th	60th	70th	80th	90th
Patient/Caregiver Experience	ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO-2	CAHPS: How Well Your Providers Communicate	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO-3	CAHPS: Patients' Rating of Provider	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO-4	CAHPS: Access to Specialists	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO-5	CAHPS: Health Promotion and Education	R	P	P	54.18	55.48	56.72	57.95	59.39	60.99	63.44
Patient/Caregiver Experience	ACO-6	CAHPS: Shared Decision Making	R	P	P	54.75	55.97	57.05	58.10	59.27	60.58	62.76
Patient/Caregiver Experience	ACO-7	CAHPS: Health Status/Functional Status <sup>1</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Patient/Caregiver Experience	ACO-34	CAHPS: Stewardship of Patient Resources	R	P	P	24.25	25.57	26.74	28.12	29.43	31.08	33.43
Patient/Caregiver Experience	ACO-45	CAHPS: Courteous and Helpful Office Staff <sup>2</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Patient/Caregiver Experience	ACO-46	CAHPS: Care Coordination <sup>2</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/ Patient Safety	ACO-8	Risk-Standardized, All Condition Readmission <sup>3</sup>	R	R	P	15.18	15.04	14.91	14.79	14.65	14.50	14.27
Care Coordination/ Patient Safety	ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions <sup>3</sup>	R	R	P	65.99	61.21	57.25	53.51	50.00	46.16	41.39

(continued)

Domain	Measure	Description	Pay-for-Performance Phase In			Percentile						
			PY1	PY2	PY3	30th	40th	50th	60th	70th	80th	90th
Care Coordination/ Patient Safety	ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI) #91) <sup>3,4</sup>	R	P	P	1.95	1.84	1.77	1.73	1.68	1.62	1.51
Care Coordination/ Patient Safety	ACO-13	Falls: Screening for Future Fall Risk	R	P	P	43.42	50.42	58.45	66.00	73.39	81.79	90.73
Preventive Health	ACO-14	Preventive Care and Screening: Influenza Immunization <sup>2</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive Health	ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention <sup>2</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive Health	ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan <sup>2</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive Health	ACO-19	Colorectal Cancer Screening	R	R	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-20	Breast Cancer Screening	R	R	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease <sup>1</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
At-Risk Population Depression	ACO-40	Depression Remission at Twelve Months <sup>1</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
At-Risk Population Diabetes	ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control <sup>3</sup>	R	P	P	70.00	60.00	50.00	40.00	30.00	20.00	10.00
At-Risk Population Hypertension	ACO-28	Hypertension (HTN): Controlling High Blood Pressure	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00

<sup>1</sup> Pay-for-reporting in all years

<sup>2</sup> Measures are pay-for-reporting for the 2019 performance year

<sup>3</sup> Lower performance rate desired

<sup>4</sup> Measure introduced in the 2017 Physician Fee Schedule final rule and was pay-for-reporting for all ACOs for the 2018 performance year. Benchmarks introduced in the 2019 performance year.