

Quality Performance Results, continued - Measure Results
2022 Medicare Shared Savings Program Quality Performance Report
A2100 - NY FAMILYHEALTH MSSP ENHANCED

Table 3. APP - CMS Web Interface Measure Set						
Measure #	Measure Name	Has a Benchmark [2]	Numerator	Denominator	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control [1]	Yes	46	308	14.94	10.71
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	Yes	207	291	71.13	76.97
Quality ID# 236	Controlling High Blood Pressure	Yes	194	305	63.61	76.16
Quality ID# 318	Falls: Screening for Future Fall Risk	Yes	252	323	78.02	87.83
Quality ID# 110	Preventative Care and Screening: Influenza Immunization	Yes	232	315	73.65	77.34
Quality ID# 226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes	32	44	72.73	79.27
Quality ID# 113	Colorectal Cancer Screening	Yes	176	321	54.83	75.32
Quality ID# 112	Breast Cancer Screening	Yes	176	322	54.66	78.07
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	No	214	251	85.26	86.37
Quality ID# 370	Depression Remission at Twelve Months	No	25	106	23.58	16.03
Quality ID# 321	CAHPS for MIPS [3]	Yes	N/A	N/A	N/A	N/A
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1]	Yes	---	---	---	---
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	Yes	---	---	---	---

[1] A lower performance rate corresponds to higher quality.

[2] For PY 2022, the CMS Web Interface measures Quality ID #438 and Quality ID #370 do not have benchmarks, and therefore, were not scored.

[3] CAHPS for MIPS is a composite measure, so numerator, denominator, and performance rate values are not applicable (N/A). The CAHPS for MIPS composite score is calculated as the average number of points across scored Summary Survey Measures (SSMs) (86 FR 65256). Refer to Table 5 for details on CAHPS for MIPS performance.

Table 4. APP - eCQM/MIPS CQM Measure Set							Information for SSP Quality Performance Standard			
							(Applying eCQM/MIPS CQM Reporting Incentive) [4]			
Measure #	Measure Name	Has a Benchmark [2]	Numerator	Denominator	Reported Performance Rate [3]	Current Year Mean Performance Rate (SSP ACOs)	Selected Collection Type	Outcome Measure	10th Percentile	30th Percentile
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control [1]	Yes	---	---	---	---	---	Yes	---	---
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	---	---	---	---	---	---	No	N/A	---
Quality ID# 236	Controlling High Blood Pressure	---	---	---	---	---	---	Yes	---	---
Quality ID# 321	CAHPS for MIPS [3]	Yes	N/A	N/A	---	---	CAHPS	No	N/A	---
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1]	Yes	---	---	---	---	Administrative Claims	Yes	---	---
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	Yes	---	---	---	---	Administrative Claims	Yes	---	---

[1] A lower performance rate corresponds to higher quality.

[2] For PY 2022, the eCQM collection type for Quality ID #236 and Quality ID #134 were subject to measure exclusion for the eCQM collection type, and therefore these eCQMs do not have benchmarks. Thus, if these measures were only reported as an eCQM, the measure is excluded. If the measures were reported as both an eCQM and a MIPS CQM, the measure is excluded for both collection types. If these measures were reported as a MIPS CQM only, the measure may be included if data completeness and case minimum requirements were met.

For more information, refer to the 2022 MIPS Quality Measures Truncation and Suppression Fact Sheet:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2301/2022%20MIPS%20Quality%20Measure%20Truncation%20and%20Suppression%20Fact%20Sheet.pdf>

Also refer to additional information on 2022 Quality Benchmarks:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/608/2022%20Quality%20Benchmarks.zip>

For more information on the future direction of benchmarks, refer to the 2023 Quality Benchmarks:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2272/2023%20Quality%20Benchmarks.zip>

[3] CAHPS for MIPS is a composite measure, so numerator and denominator values are not applicable (N/A). A CAHPS for MIPS composite decile score is shown in the performance rate cells and calculated as the average number of points across scored Summary Survey Measures (SSMs) (86 FR 65256). Refer to Table 5 for details on CAHPS for MIPS performance on SSMs. The CAHPS for MIPS overall measure score (i.e., the average SSM decile score, which is scored from 3 to 10), is used to calculate percentile performance thresholds. The 2022 percentile is based on the 2022 performance period and includes CAHPS for MIPS overall measure scores from all participating SSP ACOs, groups, virtual groups, and APM entities. The 30th percentile performance threshold shown here is therefore used as the 30th percentile benchmark that is the threshold for one of the five remaining measures in the APP measure set, as described in footnote [4], and which is used only in the context of the eCQM/MIPS CQM reporting incentive for the quality performance standard, separate from SSM benchmarks.

[4] For PY 2022, an ACO meets the eCQM/MIPS CQM reporting incentive and will meet the quality performance standard used to determine eligibility for shared savings and to avoid maximum shared losses, if applicable, if it:

- Reports the three eCQM/MIPS CQMs measures;
- Meets the data completeness requirement at 42 CFR § 414.1340 for all three eCQMs/MIPS CQMs;
- Achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least one of the four outcome measures in the APP measure set; and
- Achieves a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least one of the remaining five measures in the APP measure set.

For more information refer to:

[42 CFR § 425.512\(a\)\(4\)\(i\)\(B\)](#)

Quality Performance Results, continued - CAHPS for MIPS
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Table 5. APP - CAHPS for MIPS Measures				
Measure ID	Measure Name	Has a Benchmark	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
CAHPS-1	Getting Timely Care, Appointments, and Information	Yes	77.15	83.96
CAHPS-2	How Well Providers Communicate	Yes	92.28	93.47
CAHPS-3	Patient's Rating of Provider	Yes	90.02	92.06
CAHPS-4	Access to Specialists	Yes	76.72	77.00
CAHPS-5	Health Promotion and Education	Yes	63.63	62.68
CAHPS-6	Shared Decision Making	Yes	52.70	60.97
CAHPS-7	Health Status and Functional Status	No	75.88	73.06
CAHPS-8	Care Coordination	Yes	80.83	85.46
CAHPS-9	Courteous and Helpful Office Staff	Yes	88.20	91.97