MDPCP

MARYLAND PRIMARY CARE PROGRAM

Performance Year 2019

Quality Measures Reporting Guide

Release Date: 09/03/2019

Table of Contents

Introduction **1**
Certified EHR Technology Requirements **3**
eCQM Reporting **5**
eCQM Measure Details and Improving Your Performance Rate **7**
Capturing CMS165 Data in Your Practice 9
What is the CMS165 – Controlling High Blood Pressure Measure? *9*
Measure Details and Definitions *9*
How to Improve Your Performance Rate *10*
Capturing CMS122 Data in Your Practice 11
What is the CMS122 – Diabetes: HbA1c Poor Control (>9%) Measure? *11*
Measure Details and Definitions *11*
How to Improve Your Performance Rate *12*
Capturing CMS137 Data in Your Practice 14
What is the CMS137 – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment Measure? *14*
Measure Details and Definitions *15*
How to Improve Your Performance Rate *17*
Patient Experience of Care (CG-CAHPS®) **19**
Utilization Measures **21**
MDPCP and Other CMS Quality Program Reporting **23**
Quality Payment Program and MDPCP 23
Medicare Shared Savings Program and MDPCP 23
APPENDICES **25**
Appendix A: Measure Flow for Controlling High Blood Pressure Measure **26**
Appendix B: Measure Flow for Diabetes: HbA1c Poor Control (>9%) Measure **29**
Appendix C: Measure Flow for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment Measure **32**

Introduction

The 2019 Maryland Primary Care Program (MDPCP) Quality Measures Reporting Guide covers the quality measurement and reporting requirements for the MDPCP 2019 Measurement Period (January 1, 2019–December 31, 2019). In this guide, you will find the definitions and specifications for the electronic Clinical Quality Measures (eCQMs), as well as information on the utilization measures and patient experience of care survey. The guide also addresses overlaps with reporting requirements for the Quality Payment Program (QPP) and the Medicare Shared Savings Program.

The success of MDPCP depends, in part, on how well practices advance and maintain improvements in primary care throughout and across Performance Years. Your practice is highly encouraged to monitor this progression through increased achievement on the Care Transformation Requirements, and performance on selected eCQMs, utilization measures, and patient experience of care surveys. This will help your practice meet program goals of reducing expenditures and enhancing the quality of care and health outcomes of patients in Maryland. ***Exhibit 1*** summarizes the quality measures required for MDPCP practices in 2019.

Exhibit 1: MDPCP Quality and Utilization Measures

	Measure Name	Measure Steward	Benchmark	Year of Benchmark Data	Reporting Method	Measurement Period	Reporting Period
eCQMs*	Controlling High Blood Pressure (CMS165)	National Committee for Quality Assurance (NCQA)	National, All Payer	2019 or most recent data	CRISP	January 1, 2019 – December 31, 2019	January 1, 2020– March 31, 2020
	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (CMS122)	NCQA	National, All Payer	2019 or most recent data	CRISP	January 1, 2019 – December 31, 2019	January 1, 2020– March 31, 2020
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (CMS137)	NCQA	National, All Payer	2019 or most recent data	CRISP	January 1, 2019 – December 31, 2019	January 1, 2020– March 31, 2020
Patient Experience of Care	CG-CAHPS® Patient Experience Survey	Agency for Healthcare Research and Quality (AHRQ)	National, All Payer	2019 or most recent data	MDPCP Portal	January 1, 2019 – December 31, 2019	July 2019, January 2020**

	Measure Name	Measure Steward	Benchmark	Year of Benchmark Data	Reporting Method	Measurement Period	Reporting Period
Utilization	Inpatient Hospitalization Utilization	NCQA HEDIS	Maryland, Medicare Only	2019	No reporting requirement	January 1, 2019 – December 31, 2019	N/A
	Emergency Department Utilization	NCQA HEDIS	Maryland, Medicare Only	2019	No reporting requirement	January 1, 2019 – December 31, 2019	N/A

*Practices should collect eCQM data for all patients (regardless of payer) throughout the Measurement Period (January 1, 2019 – December 31, 2019 for 2019 Performance Year).
** Practices will submit patient rosters in the MDPCP Portal twice a year. Practices will receive their Clinician & Group CAHPS® (CG-CAHPS®) survey results for the entire Performance Year through the MDPCP Portal in the summer of 2020).

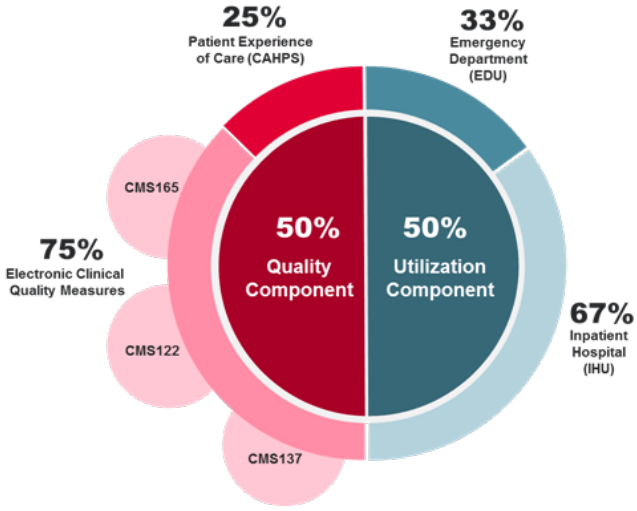
To further incentivize and reward practices that demonstrate the provision of high quality care, the Centers for Medicare & Medicaid Services (CMS) provides a Performance Based Incentive Payment (PBIP). ***Exhibit 2*** presents the components of the PBIP calculation.

CMS calculates this payment using data from two distinct components of performance:

1. Quality (comprised of eCQMs and patient experience of care), and
2. Utilization (comprised of EDU and IHU).

Both components make up equal parts of the prospective PBIP payment. However, a practice must obtain a minimum score of 50% on the quality component in order to retain any portion of the PBIP.

Exhibit 2: PBIP Components



Performance scores for all three eCQMs represent 75% of the quality component of PBIP retained by the practice—the remaining 25% is derived from the CG-CAHPS® survey. **Practices that fail to report all eCQMs will forfeit the entire PBIP.** You can find more information on the PBIP in the MDPCP Payment Methodologies (available on Connect). CMS has determined that the PBIP and some Shared Savings payments made under the Shared Savings Program or the Medicare Accountable Care Organization (ACO) Track 1+ Model are duplicative. As a result, practices concurrently participating in these programs will not receive a PBIP and their partner Care Transformation Organizations (CTOs) are not eligible for PBIP for the practice's attributed beneficiaries. However, for MDPCP program monitoring and evaluation purposes, practices must submit a patient roster to MDPCP for the patient experience of care survey, and report on eCQM measures, as defined in Articles XI and XII of the Practice Participation Agreement.

Certified EHR Technology Requirements

In accordance with the MDPCP Practice Participation Agreement (Article VIII), practices must use certified EHR technology (CEHRT) that meets 2015 Edition certification criteria. These 2015 Edition (or better) CEHRT capabilities will support the MDPCP requirement for real time point of care and remote access for the practice's care team members to attributed beneficiaries' health records. For practices partnering with a CTO, the practice must ensure that the CTO's interdisciplinary team has real time access to the practice's EHR.

EHR Version Verification

To verify the CEHRT version of your EHR system, use the lookup tool on the Certified Health IT Product webpage: https://chpl.healthit.gov/#/search

Practices should use their health IT system to collect and report on quality data. It is important to review the reports regularly to help you understand your practice's performance and ensure that your health IT system is reporting the quality measures correctly.

2015 Edition CEHRT Compliance Guidance

All MDPCP Practices were required to have 2015 Edition CEHRT as of January 1, 2019 and should update their Health Information Technology details in the MDPCP Portal's *My Practice Info* tab no later than the close of the regular Q3 reporting window (not the late submission window), October 11th, 2019.

Practices that do not currently meet the 2015 edition CEHRT requirement due to one of the hardships listed below may request an extension for additional time to implement 2015 Edition CEHRT. However, the practices will be placed on a Corrective Action Plan and must upgrade to 2015 Edition CEHRT by the end of the first quarter of 2020 (*i.e.*, no later than March 31, 2020). A practice's failure to upgrade to 2015 Edition CEHRT by the end of the first quarter of 2020 may result in termination from MDPCP. **Please note that these practices will be required to complete eCQM reporting for PY2019, regardless of the status of their CEHRT.**

In order to be eligible for this extension, practices must submit a request to the MarylandModel@cms.hhs.gov help desk specifying one of the following reasons that the extension is needed:

- Using decertified EHR technology
- Lack of control over the availability of CEHRT

These requests must be submitted by the close of the regular Q3 reporting window (*not* the late submission window), October 11, 2019.

eCQM Reporting

In addition to generating eCQM reports for regular review by the practice care team, eCQM data must be submitted through CRISP's CAliPHR tool[1] for each MDPCP practice site. The data submitted through CAliPHR will be used to calculate the amount of the quality component of the PBIP that is retained by a Participant Practice.

What does your practice need to do for 2019 eCQMs?

- ☑ Report all eCQMs for the 2019 Measurement Period, which is January 1, 2019 through December 31, 2019.
- ☑ Report eCQMs during the reporting period of January 1, 2020 – March 31, 2020.
- ☑ Monitor your eCQM performance regularly (recommended).

EHR systems with the 2015 certification are capable of producing Quality Reporting Document Architecture (QRDA) III files of a practice's eCQM data. As displayed in **Exhibit 3**, CAliPHR is designed to accept eCQM reports in the form of imports of QRDA III data files (See Import Data icon in **Exhibit 4**). The file should include data on all patients who were seen at the practice site during the Measurement Period (for all practitioners, even if the practitioners are not included on the MDPCP Practitioner Roster) and who met the inclusion criteria for the eCQMs (explained in more detail in later sections of this guide).

MDPCP eCQM scoring for PBIP calculations will be at the practice level, but the QRDA III files produced by an EHR and submitted to CAliPHR may be at the NPI/provider level or practice level (**Exhibit 4** illustrates the differences between provider and practice level data.) If the file produced by the practice's EHR provides data at the provider level, CRISP has a feature that can aggregate the data to the practice level based on its provider-to-site mappings.

Practices that cannot currently produce a QRDA III file through their EHR system will have the option to enter their eCQM report results into CAliPHR via manual entry (i.e., enter fields for each numerator and denominator) (see Enter Data icon in **Exhibit 3**). Practices can enter the data manually at the practice or practitioner level, and CRISP will aggregate the data to the practice level as needed.

Please work with your health IT vendor or IT staff to ensure that you have the technical capabilities to record all the required measures for the MDPCP eCQMs. Practices may also seek assistance from practice coaches (affiliated with the Maryland Program Management Office) and CTOs.

[1] https://www.crisphealth.org/services/cqm-aligned-population-health-reporting-caliphr-tool/. CRISP will be releasing a guide and hosting a webinar in Fall 2019 to help practices understand how to use the submission tool.

Exhibit 3: CAliPHR Landing Page

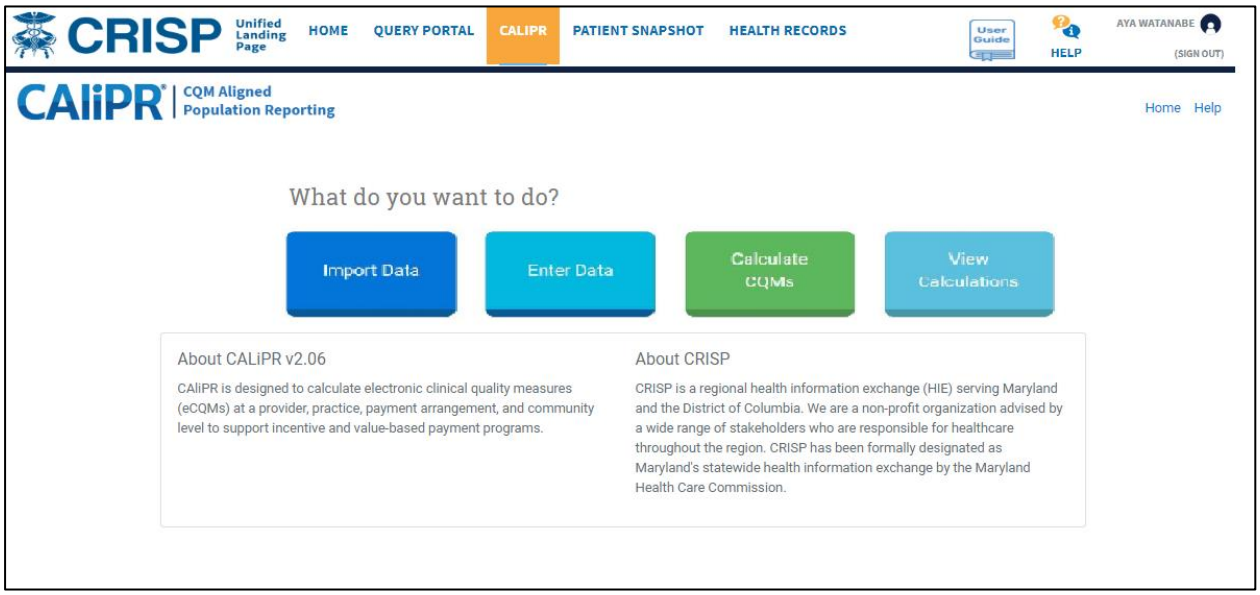


Exhibit 4: MDPCP Practice Site Level vs. Practitioner Level eCQM Reporting

Practice Site Level

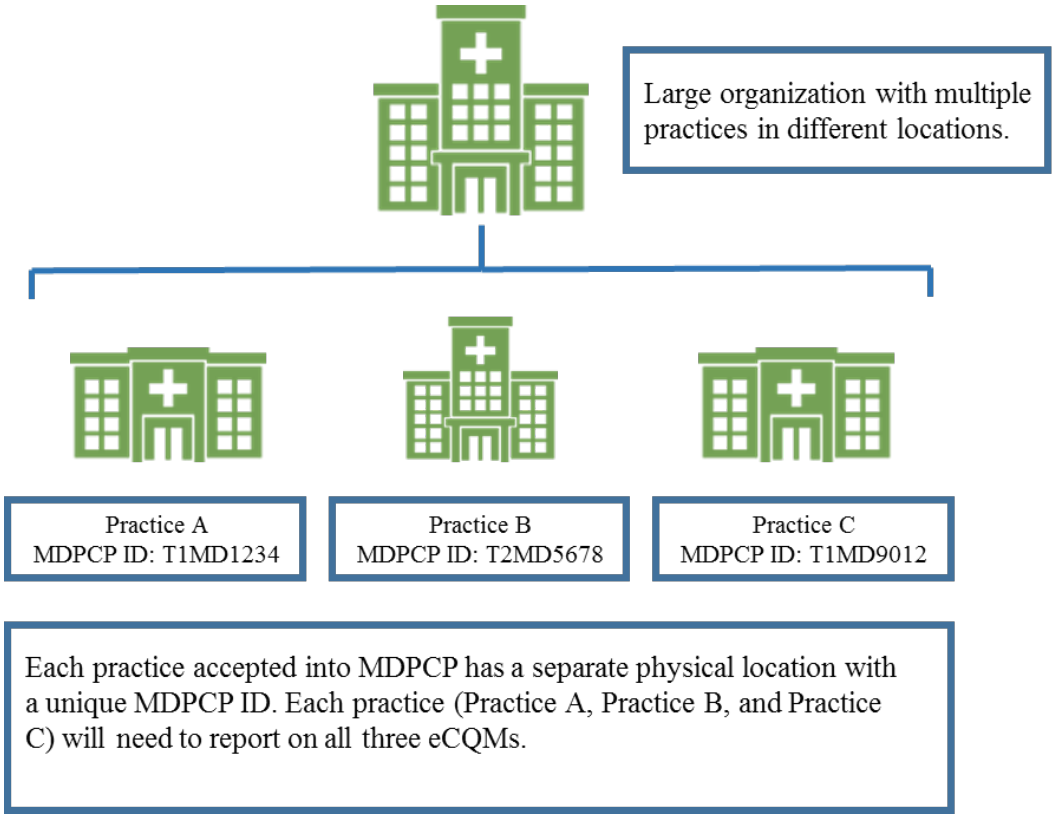
- MDPCP PBIP calculation is at the practice site level.
- MDPCP practice site is a practice's physical address.
- A single MDPCP practice site (MDPCP ID) reports eCQM performance for **ALL practitioners, whether or not they are listed on the Practitioner Roster.**
- Practice site level reporting should include:
  - All patients (for all payers and the uninsured) who were seen one or more times at the practice site during the Measurement Period by all practitioners, whether or not they are listed on the Practitioner Roster, and who met the inclusion criteria for the eCQMs.

Practitioner Level

- Averaging practitioner level results is **NOT** acceptable.
- Practices should report for **ALL practitioners, even those not on the Practitioner Roster.**
- If a practice's EHR cannot provide eCQM measures to CRISP at the practice site level (via QRDA III), CRISP **WILL** aggregate the practitioner level data **FOR** the practice.

Larger organizations with multiple practice sites and locations should report under the unique MDPCP ID for each physical location, unless instructed otherwise by CMS due to a practice structure or ownership change. Each practice site is responsible for reporting on all eCQMs. **Exhibit 5** presents an additional example of practice site level reporting.

Exhibit 5: Practice Site Level eCQM Reporting



eCQM Measure Details and Improving Your Performance Rate

All MDPCP practices must report on three eCQMs for the 2019 Measurement Period.[2] Practices will report across their entire patient population; not just their Medicare population or MDPCP attributed beneficiaries. **Exhibit 6** summarizes additional information about the MDPCP eCQMs.

Exhibit 6: MDPCP Quality Measure Set[3]

CMS ID#	Measure Title	Measure Type/Data Source	Benchmark Population	Domain
CMS165	Controlling High Blood Pressure	Outcome/eCQM	National, All Payer	Effective Clinical Care
CMS122	Diabetes: HbA1c Poor Control (>9%)	Outcome/eCQM	National, All Payer	Effective Clinical Care
CMS137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Process/eCQM	National, All Payer	Effective Clinical Care

[2] Note: For Performance Year 2019, MDPCP will accept eCQM versions 6 or later. Going forward, it is important that practices update the eCQM versions in their EHRs to the most current version as of the beginning of each year. We encourage practices incorporate updates as new versions become available throughout the year. At a minimum, MDPCP will require that practices use the version that is current as of the start of the Performance Year, but we will confirm the acceptable versions at the beginning of each year.

[3] The CMS measures are adapted from the NQF measures. See measure specifications in the links for each measure for more details.

These eCQMs fall into one of two categories: outcome and process measures. The *Controlling High Blood Pressure* and *Diabetes: HbA1c Poor Control* eCQMs are intermediate outcome measures, and both fall into the CMS quality domain of "Effective Clinical Care". The *Initiation and Engagement of AOD Treatment* eCQM is also a part of the "Effective Clinical Care" domain, yet it is a process measure. These eCQMs all align with the Merit-based Incentive Payment System (MIPS) of the QPP and with the Core Quality Measure Collaborative measure list for ACOs, Patient-Centered Medical Homes (PCMHs), and primary care, so some practices may have prior experience with these measures.

In the MDPCP, CMS calculates eCQMs as a performance rate, as shown in **Exhibit 7**. Each performance rate is specific to one eCQM in a Measurement Period. The components of the performance rate are defined by NCQA, the measure steward for the eCQMs in the MDPCP. NCQA defines the measure and outlines the patients to be included in the numerator and the denominator for the rate. CMS then measures the performance rate against the applicable national, all payer benchmark. Additional details about each eCQM's numerator and denominator inclusions and exclusions are included in the sections that follow.

Practices should submit data to MDPCP regardless of their number of cases. Practices must ensure that their denominator population sample captures at least 60% of the true eligible population (i.e., all eligible patients in the practice's all payer population). This is also a QPP requirement.

Exhibit 7: Performance Rate Formula

$$\text{Performance Rate} = \frac{\text{Numerator} - \text{Numerator Exclusions}}{\text{Denominator} - \text{Denominator Exclusions} - \text{Denominator Exceptions}}$$

Capturing CMS165 Data in Your Practice

What is the CMS165 – Controlling High Blood Pressure Measure?

The CMS165 measure is defined as the percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Why was this measure selected?

Also known as the "silent killer", high blood pressure can be a significant contributing factor to a higher risk of heart disease, stroke, kidney disease, and other health issues. Controlling high blood pressure is an important step in preventing and reducing heart disease (leading cause of death in the United States) and stroke. Practices should have a treatment plan in place and resources readily available for their patients with high blood pressure to avoid long-term costs from unmanaged care.

Measure Details and Definitions

Measurement Period:

January 1, 2019 – December 31, 2019

Reporting Period for MDPCP:

January 1, 2020 – March 31, 2020

Numerator:[4]

Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Numerator Exclusions:

Not Applicable

Denominator:

Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.

Practices will report across their **entire patient population** and not just their **Medicare population**.

Denominator Exclusions:

Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also, exclude patients with a diagnosis of pregnancy during the measurement period.

Exclude patients whose hospice care overlaps the measurement period.

Measure Flow:

Please see Appendix A for the CMS165 measure flow.

[4] Only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable. If no blood pressure is recorded during the Measurement Period, the patient's blood pressure is assumed "not controlled". If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.

How to Improve Your Performance Rate

Best Practices:

A *higher* performance rate on this measure indicates better quality. Thus, the more patients with a hypertension diagnosis that you are able to show have adequately controlled blood pressure, the better the practice will perform on the measure. Here are useful tips to improve your performance on this measure:

- Make your performance on this measure a practice priority. Ensure your team understands the importance of controlling blood pressure for your patients.
- Set a practice goal for this measure and use your EHR reporting capabilities to understand your current practice performance. Encourage your staff to contribute ideas about how to reach that goal.
- Run test scenarios to see how data is captured in your EHR and create workflows for the practitioner/care team.
- Provide regular reports to each practitioner/care team on their performance on the measure—be transparent with the results from these reports. Regularly review staff competencies in assessing blood pressure.
- Publicize your efforts to improve care and your practice-level results with your patients. Engage your patients in this effort – this is about them.
- Document and date when your patient was diagnosed with hypertension in your practice's EHR[5].
- Set a personalized goal with your patient for blood pressure. Establish a process to pull reports from your EHR on patients with qualifying hypertension diagnoses on at least a monthly basis. Use your EHR to flag patients who are not at their personalized goal so that it can be addressed by the care team.
- Use the full array of capabilities you are building in your practice through MDPCP to help you improve your performance on this measure and reach your practice's goal—include each member of your care team in this process.
- Adhere to evidence-based guidelines for the treatment of hypertension.

[5] The final blood pressure reading of the measurement year cannot be taken on the same day that hypertension was first diagnosed; it must be a later encounter.

Resources

- Advancing Primary Care in the MDPCP – Utilize this document to help you identify new tactics/strategies and discover new tools to address high blood pressure at your practice.
- Explore the Million Hearts® website to learn more about hypertension control

Capturing CMS122 Data in Your Practice

What is the CMS122 – Diabetes: HbA1c Poor Control (>9%) Measure?

The CMS122 measure is defined as the percentage of patients 18-75 years of age with diabetes who had HbA1c > 9.0%, did not have a result for the most recent HbA1c, or has no record of a HbA1c test during the Measurement Period.

Measure Details and Definitions

Measurement Period:

January 1, 2019 – December 31, 2019

Reporting Period for MDPCP:

January 1, 2020 – March 31, 2020

Numerator:

Patients whose most recent HbA1c level (performed during the Measurement Period) is >9.0%, did not have a result, or has no record of a HbA1c test.

Why was this measure selected?

According to the Centers for Disease Control and Prevention (CDC), there are more than 100 million U.S. adults that are now living with diabetes or pre-diabetes. The total direct costs of diabetes in 2017 was $237 billion, which accounts for approximately 1 in 4 total health care dollars spent in the United States. People with diabetes are at risk of developing other health problems such as heart disease, stroke, kidney disease, eye problems, dental disease, nerve damage, and foot problems. These conditions and potential long-term costs can be managed by having proper screenings, exams, and treatment plans in place within your practice.

Numerator Exclusions:

Not Applicable

Denominator:

Patients 18-75 years of age with diabetes with a visit during the Measurement Period.

Denominator Exclusions:

Exclude patients whose hospice care overlaps the measurement period.

> Practices will report across their **entire patient population** and not just their **Medicare population**.

Measure Flow:

Please see Appendix B for the CMS122 measure flow.

How to Improve Your Performance Rate

Best Practices:

A *lower* performance rate on this measure indicates better quality. Thus, the fewer patients with an HbA1c level that is >9.0%, the better the practice will perform on the measure. Here are a few useful tips to improve your performance on this measure:

- Make your performance on this measure a practice priority. Ensure your team understands the importance of managing diabetes for your patients.
- Set a practice goal for this measure and use your EHR reporting capabilities to understand your current practice performance. Encourage your staff to contribute ideas about how to reach that goal.
- Run test scenarios to see how data is captured in your EHR and create workflows for the practitioner/care team.
- Provide regular reports to each practitioner/care team on their performance on the measure—be transparent with the results from these reports. Regularly review staff competencies in assessing patients' diabetes understanding and management.
- Publicize your efforts to improve care and your practice-level results with your patients. Engage your patients in this effort – this is about them.
- Document and date when your patient was diagnosed with diabetes in your practice's EHR.
- Set personalized goals with your patient for managing diabetes. Establish a process to pull reports from your EHR on patients with a qualifying diabetes diagnoses on at least a monthly basis. Use your EHR to flag patients who are not meeting their personalized goals so that the care team can follow up.
- Use the full array of capabilities you are building in your practice through MDPCP to help you increase your performance on this measure and reach your practice's goal—include each member of your care team for this process.
- Use standing orders to ensure that each patient has a relevant HbA1c in their chart.
- Identify resources and facilitate referrals for more intensive diabetes and nutrition education and self-management support, either in the practice or in the community.
- Adhere to evidence-based guidance for the treatment of diabetes.

Resources

Advancing Primary Care in the MDPCP – Utilize this document to help you identify new tactics/strategies and discover new tools to address diabetes at your practice.

Managing Diabetes (CDC) – Develop a process to empower patients through diabetes self-management education (DSME) and provide ongoing support.

Capturing CMS137 Data in Your Practice

What is the CMS137 – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment Measure?

The CMS137 measure is defined as the percentage of patients 13 years of age and older with a new episode of AOD dependence who received the following:

a. **Initiation of AOD Treatment:** Percentage of patients who initiated treatment within 14 days of the diagnosis.

b. **Engagement Visit:** Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Why was this measure selected?

Alcohol and drug overdoses are serious public health challenges in Maryland and across the country.[6] In Maryland, the total number of unintentional intoxication deaths, opioid-related deaths, and heroin-related deaths have risen each year since 2010 to 2,406 deaths in 2018.[7] In the United States, alcohol, tobacco, and drug abuse accounts for over $740 billion annually in costs related to crime, lost work productivity, and healthcare.[8] Not only is it costly, but AOD abuse is undertreated. Interventions supported by research, such as medication-assisted treatments that include buprenorphine, are not widely implemented. In 2017, there were an estimated 20.7 million people aged 12 or older that needed substance use treatment in the United States.[9] However, only 4 million people received substance use treatment in the same year.[9]

Maryland's state agencies lead comprehensive, cross-agency efforts to reduce AOD overdose deaths, including educating the public and implementing new medical practices.[6] Ensuring that your patients with a diagnosis of AOD abuse dependence engage in and continue treatments is a national public health priority.

[6] Maryland Department of Health Behavioral Health Administration (2019). Overdose Prevention in Maryland. https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Index.aspx.

[7] Hogan, L., Rutherford, B., and Neal, R.R. (May 2019). Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2018. Maryland Department of Health. https://bha.health.maryland.gov/Documents/Annual_2018_Drug_Intox_Report.pdf.

[8] National Institute on Drug Abuse. (April 2017). "Trends & Statistics". https://www.drugabuse.gov/related-topics/trends-statistics#supplemental-references-for-economic-costs.

[9] Bose, J, Hedden, S.L., Lipari, R.N., Lee, E.P., and Tice, T. (September 2018). "Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health". (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report.

Pay for Reporting

CMS137 is the only measure in **Performance Year 2019** that is "pay for reporting" rather than "pay for performance". Practices that successfully submit data (a numerator and denominator) for CMS137 will receive **full credit** for the measure. The denominator **cannot be zero**.

Measure Details and Definitions

Measurement Period:

January 1, 2019 – December 31, 2019

Reporting Period for MDPCP:

January 1, 2020 – March 31, 2020

Numerators:

Numerator 1: Patients who initiated treatment within 14 days of the diagnosis.[10]

Numerator 2: Patients who initiated treatment and who had two or more additional services with an alcohol, opioid, or other drug abuse or dependence diagnosis within 30 days of the initiation visit.

Services that qualify as AOD treatment initiation:
SBIRT, MAT, Psychotherapy, or an office visit with a qualifying diagnosis (review AOD-related Systematized Nomenclature of Medicine (SNOMED) Codes)[11]

Psychotherapy visit CPT codes:
90832, 90834, 90837

Please see NIH Value Set Authority Center for a list of treatment encounters that qualify as an AOD treatment visit.

Numerator Exclusions:

Not Applicable

Denominator:

Patients age 13 years of age and older who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency during a visit between January 1 and November 15 of the Measurement Period.

Practices will report across their **entire patient population** and not just their **Medicare population**.

[10] Test EHR quality reports for the CMS137 eCQM in advance of eCQM reporting to understand which services and diagnoses are captured in the numerator (recommended).
[11] SNOMED CT to ICD-10-CM Map. Unified Medical Language System. https://www.nlm.nih.gov/research/umls/mapping_projects/snomedct_to_icd10cm.html.

Please see NIH Value Set Authority Center for a list of in-person encounters (including detox visits) with the patient that would be included in the denominator.

Denominator Exclusions:

Patients with a previous active diagnosis of alcohol, opioid or other drug abuse or dependence in the 60 days prior to the first episode of alcohol or drug dependence.

Exclude patients whose hospice care overlaps the measurement period.

Measure Flow:

Please see Appendix C for the CMS137 measure flow.

CPT Codes for CMS137 Denominator

Office Visit: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

Emergency Department Visit: 99281, 99282, 99283, 99284, 99285

Hospital Observation Care – Initial: 99218, 99219, 99220

Hospital Inpatient Visit – Initial: 99221, 99222, 99223

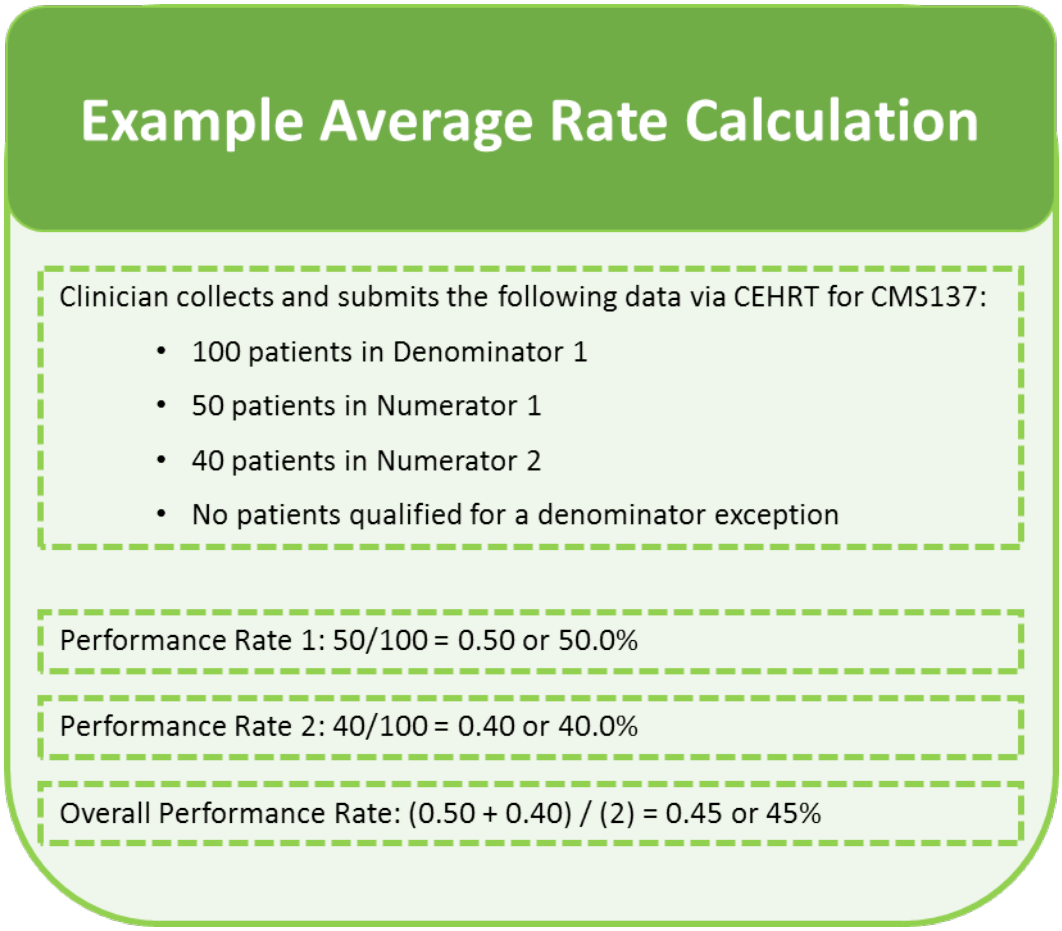
Discharge Services – Hospital Inpatient Same Day Discharge: 99234, 99235, 99236

Discharge Services – Hospital Inpatient: 99238, 99239

Average Rate Calculation:

When calculating for the **overall performance rate** for CMS137, your practice should calculate a separate performance rate for each initiation and engagement numerator (performance rate = numerator divided by denominator). Sum the two performance rates and divide the rates by two to get your overall performance rate (**Exhibit 8**).

Exhibit 8: Example Average Rate Calculation for CMS137



How to Improve Your Performance Rate

Best Practices:

A *higher* performance rate on this measure indicates better quality. Thus, the more patients who are identified with potential alcohol or other substance abuse or dependence and are successfully transitioned into treatment the better the practice will perform on this measure. Here are a few useful tips to increase your performance on this measure:

- Make your performance on this measure a practice priority. Ensure your team understands the importance of the initiation and engagement of AOD services for your patients.
- Set a practice goal for this measure and use your EHR reporting capabilities to understand your current practice performance. Encourage your staff to contribute ideas about how to reach that goal. P
- Publicize your efforts to improve care and your practice-level results with your patients. Engage your patients in this effort – this is about them.
- Set a personalized goal with your patient on seeking AOD treatment after diagnosis. Establish a process to pull reports from your EHR on patients with qualifying AOD

diagnoses on at least a monthly basis. Use your EHR to flag patients who are not at their personalized goal so that it can be addressed by the care team.

- Develop a reliable screening process for alcohol and other substance abuse or dependence and integrate into your daily workflow.
- Develop the workflow for follow-up to a positive screen. Use registry and other health IT tools to track and manage patients with a positive screen or diagnosis through the full referral process.
- Use the full array of capabilities you are building in your practice through MDPCP to help you improve your performance on this measure and reach your practice's goal—include each member of your care team for this process.

Resources

- **Advancing Primary Care in the MDPCP** – Utilize this document to help you identify new tactics/strategies and discover new tools to initiate and engage members identified with a need for AOD treatment services.
- **The HIPAA Privacy Rule** – Privacy is an important issue for patients with AOD dependence because of the potential illegality of behaviors and impact of unwanted disclosures on employment and legal rights. HIPAA establishes the national standards to protect individuals' medical records and other personal health information.
- **Evidence-Based Practices Resource Center (SAMHSA)** – Contains a collection of resources, which includes Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
- **Maryland Addiction Consultation Service** - MACS provides support to primary care and specialty prescribers across Maryland in the identification and treatment of Substance Use Disorders and chronic pain management

Patient Experience of Care (CG-CAHPS®)

Improved experience of care is an explicit aim of MDPCP. Patients with positive experiences in primary care are often more engaged in their care and more likely to adhere to medication and other care regimens.[12,13] Patients who rate their experience of care highly are also less likely to utilize inpatient and emergency department (ED) services.[13,14] Additionally, studies have shown that there is a correlation between the strength of a clinic's process of care to prevent or manage disease and a patient's experience receiving the care. For these reasons, positive reports of patient experience may reflect high quality care.[12,15] Finally, improving patient experience positively correlates with patient loyalty and retention, reduces medical malpractice risk, and increases employee satisfaction.[12]

CMS will conduct the CG-CAHPS® patient experience of care survey for MDPCP practices. The results of these surveys will serve as the basis of your practice's patient experience of care survey portion of the PBIP (assessed annually).

AHRQ first used the CG-CAHPS® survey in 1995. Since then, it has been widely used by a variety of organizations, including CMS, ACOs, health plans, Robert Wood Johnson Foundation, the American Board of Medical Specialties, and multi-stakeholder organizations.

The survey offers insight into important features of care delivery, such as whether patients readily understand the information that your practice provides, a patient's ease of obtaining after-hours medical advice, and their ability to see practitioners at the appointed time for an office visit.[16] Feedback about the patient experience can also help practices set priorities for patient-centered quality improvement initiatives. Regular monitoring through patient surveys provide the practice with an important view into the impact of practice changes to improve quality and reduce cost on the patient's experience of care.

What does your practice need to do for the patient experience of care survey?

- ☑ Every six months, CMS will ask your practice to provide a roster of all patients. CMS will pay for the fielding of this survey.
- ☑ Your practice should review the results of the survey with staff and patient advisors and engage them in efforts to improve the patient experience of care in each area.

[12] Browne, K., et al. (2010). Measuring patient experience as a strategy for improving primary care. *Health Affairs.* Retrieved from http://content.healthaffairs.org/content/29/5/921.full.pdf.
[13] Saultz, J.W. (2003, September-October). Defining and Measuring Interpersonal Continuity of Care. Retrieved from http://www.hpm.org/Downloads/Bellagio/Articles/Evaluation_and_measurement/Saultz_2003_Defining_Measuring.pdf.
[14] Anhang Price, R., et al. (2014, October 1) Examining the role of patient experience surveys in measuring health care quality. Retrieved from http://escholarship.org/uc/item/8746s9d2
[15] Cook, N., et al. (2015, December). Patient Experience in Health Center Medical Homes. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26026275
[16] Anhang Price, R., et al. (2015). Should health care providers be accountable for patients' care experiences? Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25416601

While participants in the Shared Savings Program have patient experience survey requirements in their respective programs, they are aggregated at the ACO level and do not reflect individual MDPCP practice performance. The CG-CAHPS® survey will provide your practice and CMS with important information about the patient experience of care in your practice.

All MDPCP practices are required to submit a patient roster via the MDPCP Portal every six months for purposes of the patient experience survey. CMS will use the patient roster to select a random sample of your patient population to receive the survey. More information about the patient roster submission process, guidelines, and associated frequently asked questions (FAQs) can be found on MDPCP Connect.

To help practices improve care by addressing patients' feedback, CMS will provide a summary to each practice of their results of the patient experience surveys in the MDPCP Portal. The summaries will be provided annually in the summer for the previous Performance Year. For additional information related to how the results of the CG-CAHPS® survey impacts the PBIP, see the 2019 MDPCP Payment Methodologies document on Connect.

Utilization Measures

CMS assesses practice performance on utilization measures using claims data. For the 2019 Measurement Period, we will focus on the following two utilization measures from the Healthcare Effectiveness Data and Information Set (HEDIS®):[17]

- Inpatient hospitalization utilization per 1,000 attributed beneficiaries
- ED utilization per 1,000 attributed beneficiaries

Your practice will not need to report data for these two measures. CMS will evaluate your practice's Medicare claims after each Performance Year to determine your ED and inpatient hospital utilization. Additional information on how the results of the utilization measures impact the PBIP are described in the 2019 MDPCP Payment Methodologies document on Connect.

Why is Reducing Inpatient Hospitalization and ED Utilization Important to Maryland and the MDPCP?

A significant percentage of total cost of care is incurred through avoidable hospitalizations and ED use. For this reason, these important utilization measures can serve as surrogates for total cost of care in MDPCP. Because utilization can be monitored at the practice level, practices have visibility into their performance and can test changes in the delivery of care that can have an impact on performance. The comprehensive primary care delivered through MDPCP is designed to reduce avoidable hospitalization and ED use through improved access and continuity of care, targeted care management, delivery of more comprehensive and coordinated care, strategies of planned care and population health, and engagement of patients and families.

[17] Disclaimer: The "Inpatient Hospital Utilization" and "Emergency Department Utilization" measures and specifications were developed by NCQA under the Performance Measurements contract (HHSM-500-2006-00060C) with CMS and are included in HEDIS with permission of CMS. HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on HEDIS measures and specifications or data reflective of performance under such measures and specifications. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications. The American Medical Association (AMA) holds a copyright to the CPT® codes contained in the measures' specifications.

What does your practice need to do for utilization measures?

- ☑ Your practice does not need to report anything for these measures. CMS calculates these measures at the end of each program year using claims data.
- ☑ Your practice should engage in the primary care functions that can improve the quality of care reflected in these measures (e.g. care management and care coordination), as described in Advancing Primary Care in the MDPCP.
- ☑ Your practice should also utilize data from CRISP and clinical data to track and monitor hospital, ED, and specialty care utilization.

Below is a list of practice-shared resources from the Comprehensive Primary Care Plus (CPC+) Program. These practices have implemented processes that contributed to lowering hospital and ED utilization. Your practice should consider the needs of your patient population as you make decisions on how to implement care delivery, health IT, data analysis, and collaboration strategies to lower rates of utilization.

Practice Resources

- **Amherst Medical Associates (Amherst, NY)** – Creating a New Visit Model to Ensure Patients' Timely Access
- **Cascades East Family Medicine Center (Region, OR) –** Improving ED Utilization Rates with Triage Nurses and Proactive Outreach
- **Warren Clinic (Tulsa, OK) –** Increasing Access by Solving the Transportation Problem
- **Family Practice Associates (Broomfield, CO) –** Using Data to Reduce Emergency Department Visits

MDPCP and Other CMS Quality Program Reporting

Quality Payment Program and MDPCP

The QPP, established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is a quality payment incentive program for physicians and other eligible clinicians that is designed to reward high value care with positive outcomes over the high volume promoted by the traditional fee-for-service model.

> QPP requirements may change each Performance Year due to policy changes. The most current information on the QPP can be found at https://qpp.cms.gov/.

Providers can participate in two ways: through the MIPS, which provides performance-based payment adjustments, or through an Advanced Alternative Payment Model (APM). Medicare-enrolled clinicians are required to participate in MIPS unless they meet exemption criteria or achieve Qualifying Alternative Payment Model Participant (QP) status due to sufficient participation in an Advanced APM.

The MDPCP is an Advanced APM under the Medical Home Model standard; however, not all practices will meet the Medical Home Model standard, and their participating providers will be required to report to MIPS. In addition, participating providers listed on the roster of a practice that does meet the Medical Home Model standard may not meet the QP (qualifying APM participant) threshold. These providers also will be required to report to MIPS. The MDPCP is also a MIPS APM, which provides credit in certain MIPS categories. We encourage all providers and practices to use the QPP Participation Status lookup tool at https://qpp.cms.gov/participation-lookup to check their QP status and MIPS eligibility. (QP status is determined at the NPI level. This tool allows for lookups of individual NPIs. To check the status of all NPIs assigned to a particular TIN, you must first sign into your QPP account; from there, you can download a list of all NPIs associated with a TIN and their status.)

CMS will make QP determinations using each Advanced APM entity's Participation List at three points in time: March 31st, June 30th, and August 31st. Providers must only achieve QP status at one of the three dates to be considered a QP for the Performance Year.

For additional information on the process and methodology that CMS will use to make QP determinations, thresholds, and snapshot dates, please review the Qualifying Alternative Payment Model Participants (QPs) Methodology Fact Sheet.

> **Questions?**
>
> Additional questions/comments regarding the overlap between QPP and MDPCP should be sent to either the QPP Help Desk (QPP@cms.hhs.gov or 1-866-288-8292) or MDPCP Team at CMS (MarylandModel@cms.hhs.gov or 1-844-711-2664, Option 7).

Medicare Shared Savings Program and MDPCP

Primary care practices that are part of Shared Savings Program ACOs may also participate in the MDPCP. MDPCP practices participating in both programs (i.e., dual

participants) must meet all MDPCP quality reporting requirements for the full 2019 Measurement Period. On the Shared Savings Program side, the practice's ACO must also meet all quality reporting requirements of the Shared Savings Program.

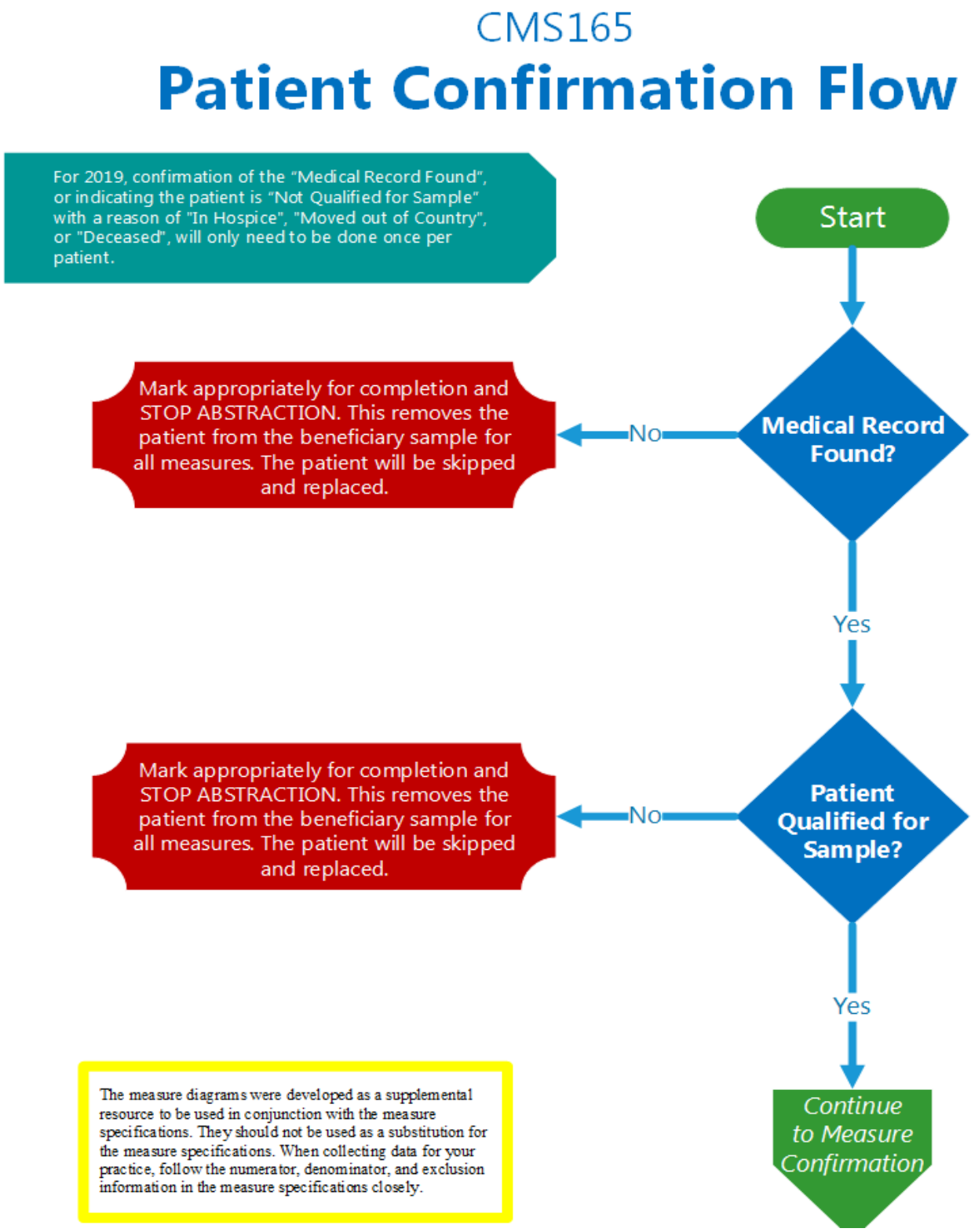
Additionally, for dual participants in MDPCP and Advanced APM tracks of MSSP, CMS will evaluate the QP status for the *individual* provider based on their cumulative participation in MDPCP and MSSP. Any providers that are eligible for MIPS will be scored based on the MSSP entity's MIPS score (under the MIPS APM scoring standard), rather than the MDPCP practice score.

Dual participants will participate in completion of CG-CAHPS® surveys for both MDPCP and the Shared Savings Program. ACOs meet the Shared Savings Program requirements to measure patient experience of care by participating in completion of the CG-CAHPS survey. Additionally, all patients, not only a practice's Medicare fee-for-service patients, will be included in patient rosters subject to use for the CG-CAHPS® survey.

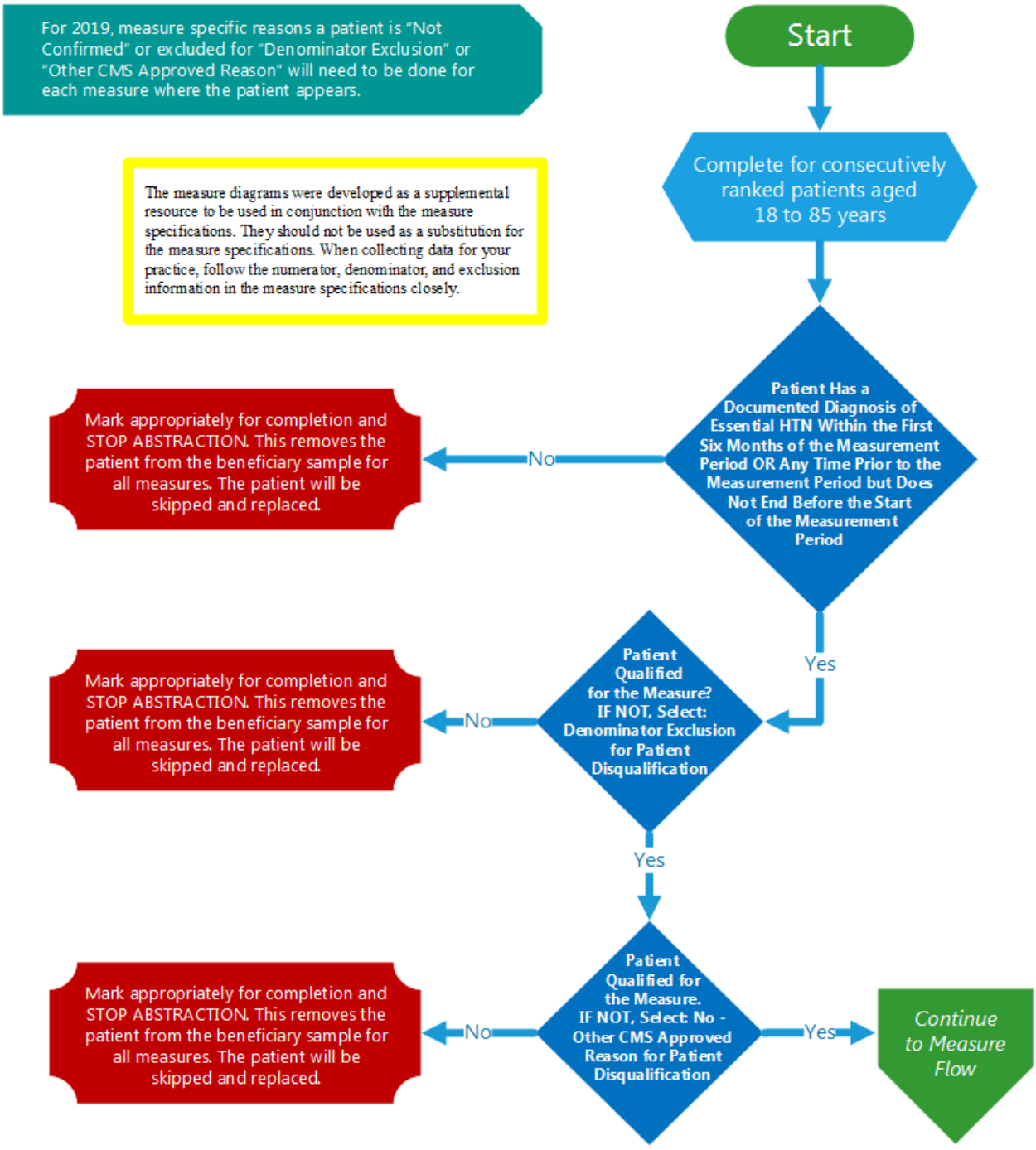
Additional information is available in the 2019 MDPCP Payment Methodologies document on Connect.

APPENDICES

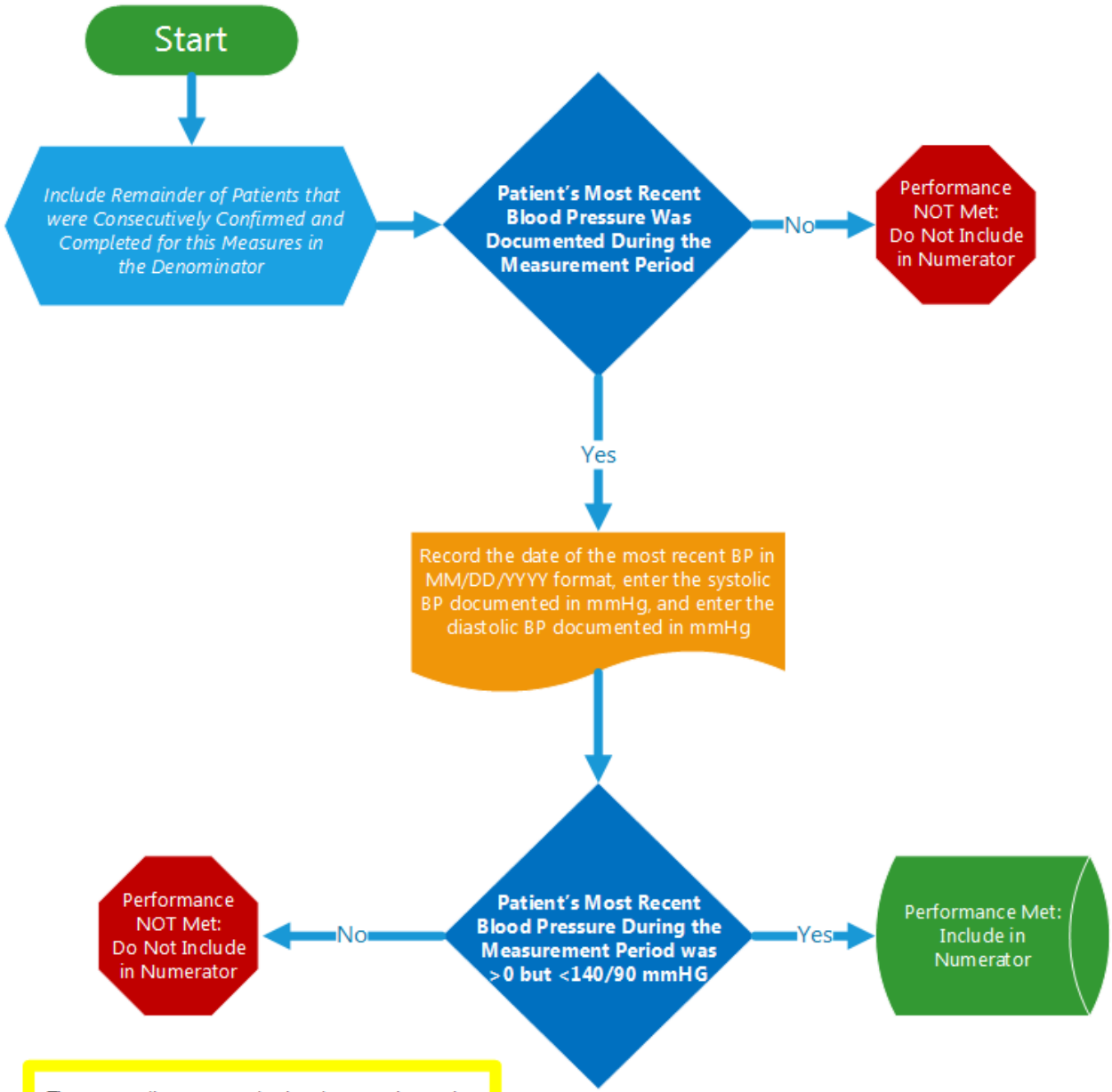
Appendix A: Measure Flow for Controlling High Blood Pressure Measure



CMS165
Measure Confirmation Flow

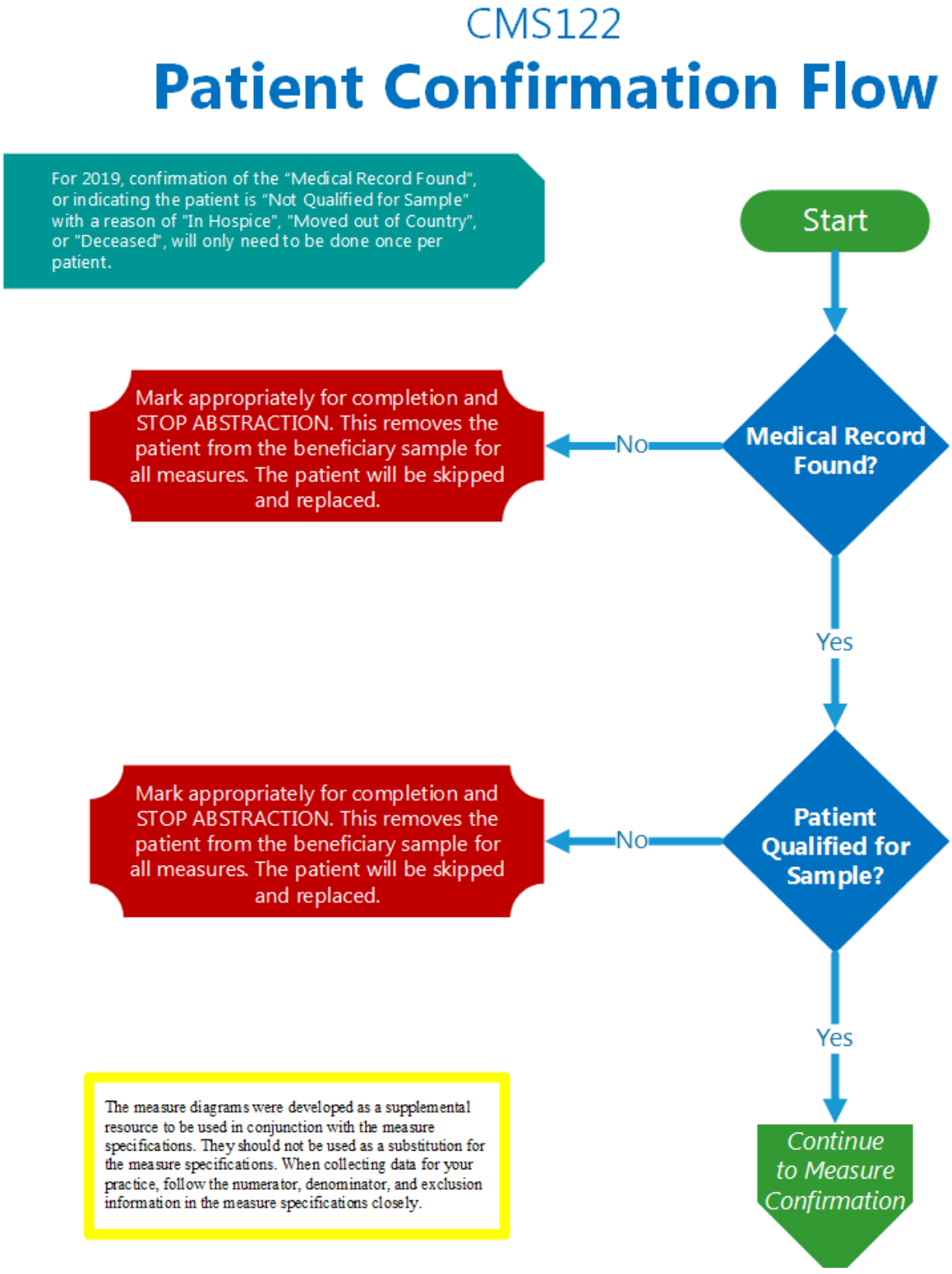


CMS165
Measure Flow

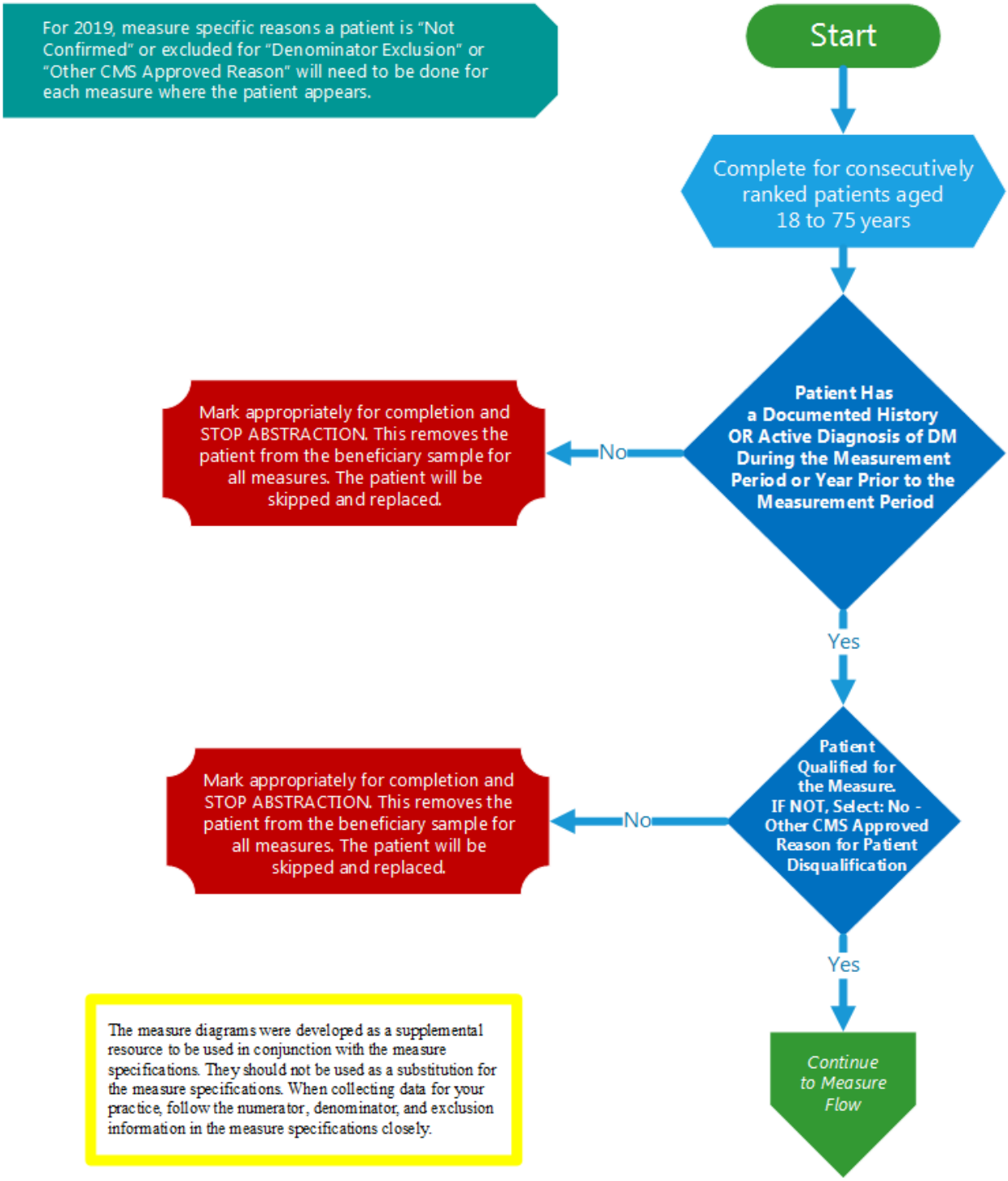


The measure diagrams were developed as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. When collecting data for your practice, follow the numerator, denominator, and exclusion information in the measure specifications closely.

Appendix B: Measure Flow for Diabetes: HbA1c Poor Control (>9%) Measure

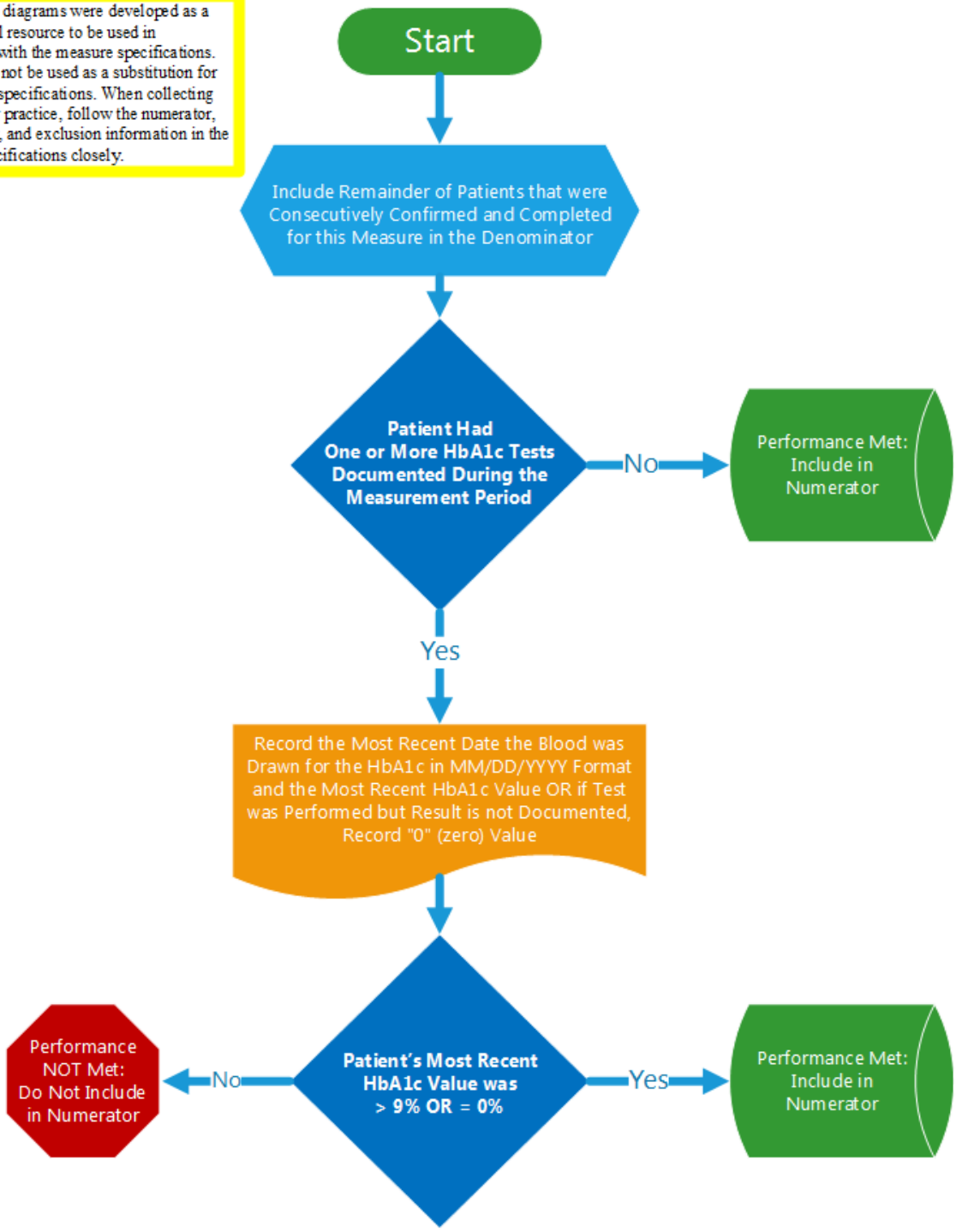


CMS122
Measure Confirmation Flow



CMS122
Measure Flow

The measure diagrams were developed as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. When collecting data for your practice, follow the numerator, denominator, and exclusion information in the measure specifications closely.

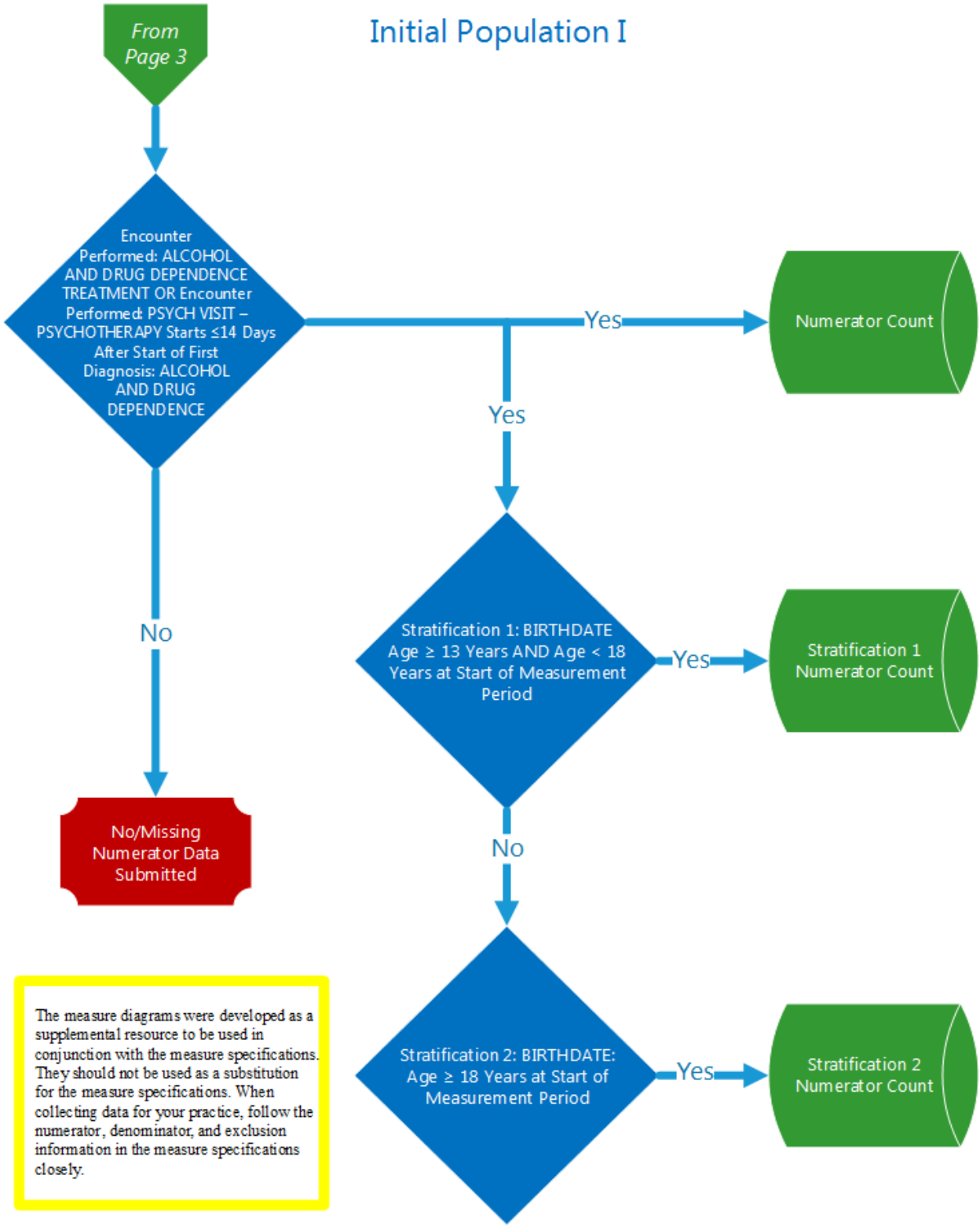


Appendix C: Measure Flow for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment Measure

CMS137

Measure Flow

Initial Population I



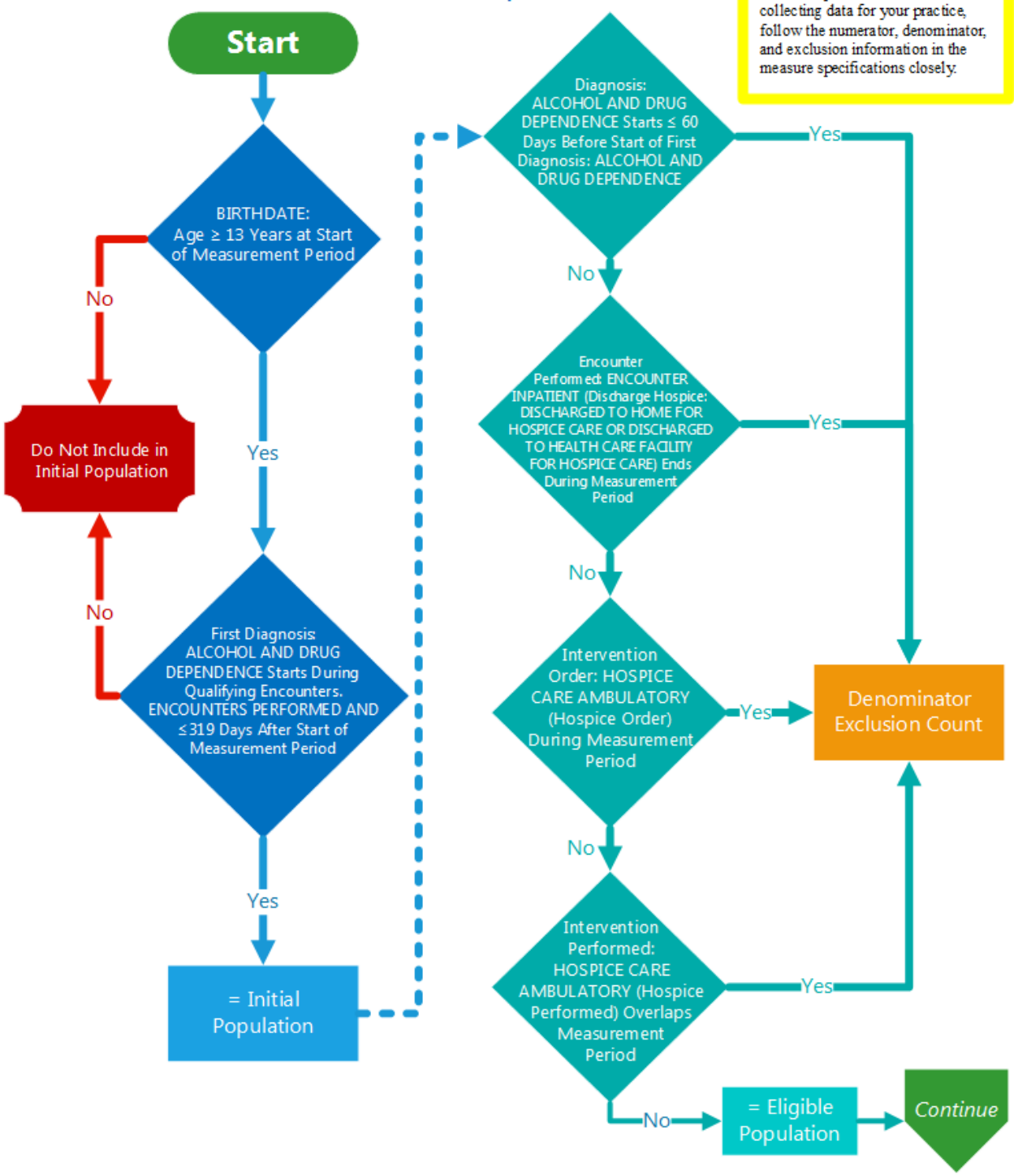
The measure diagrams were developed as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. When collecting data for your practice, follow the numerator, denominator, and exclusion information in the measure specifications closely.

CMS137

Measure Flow

Initial Population II

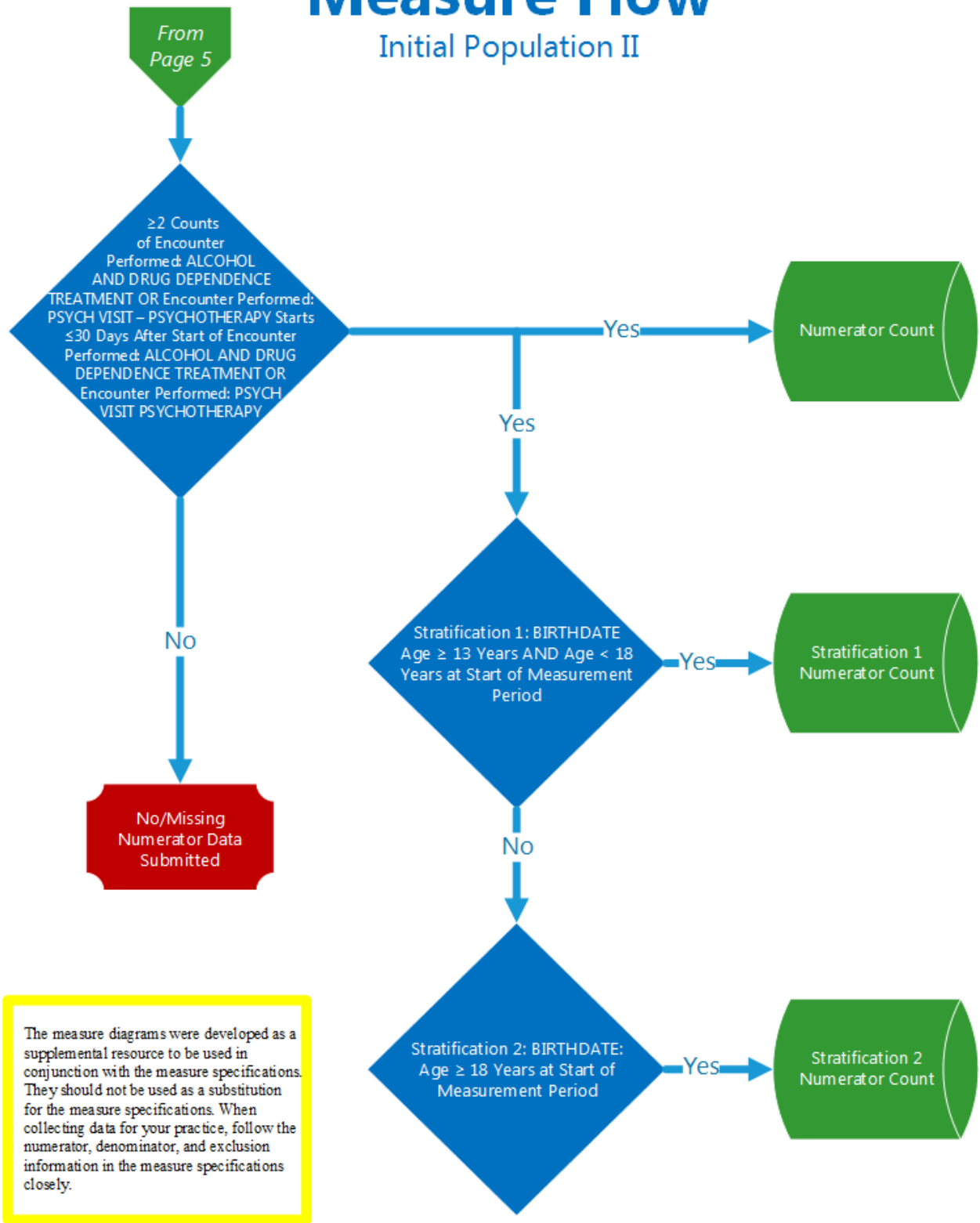
The measure diagrams were developed as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. When collecting data for your practice, follow the numerator, denominator, and exclusion information in the measure specifications closely.



CMS137

Measure Flow

Initial Population II



The measure diagrams were developed as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. When collecting data for your practice, follow the numerator, denominator, and exclusion information in the measure specifications closely.