2021 Quality Performance Metrics Program
Guide to Calculations and Metrics
Internal & Family Medicine Providers

Provider performance in Mount Sinai Health Partners' 2021 Quality Performance Metrics (QPM) program accounts for 50% of a primary care provider's Clinical Integration (CI) Index score. The CI Index score is used to calculate providers' annual incentive payment under the Clinical Integration Program.

In 2021, the following nine clinical quality measures below are measured under the QPM.

Quality Measure	CIN Benchmark 2021 (HEDIS 4 star)	QPM Points
Breast Cancer Screening	80%	3
Colorectal Cancer Screening	72%	3
New! Diabetic Annual HbA1c Test	94%	3
Diabetic Eye Exam	73%	3
Diabetic Nephropathy	95%	3
New! Medication Adherence – Oral Diabetes Medications	82%	3
New! Medication Adherence ACE/ARBs for HTN	86%	3
New! Med Adherence – Statins	84%	3
New! Percent of panel with PCP visit (telehealth or face to face by 8/31/2021)	70%	6

Note: If you have no patients that qualify for a measure denominator, the measure and associated points will be removed from the calculation. The remaining measures will be weighted more heavily in your total QPM score.

Claims data and HEDIS guidelines are used to calculate quality metric performance

In 2021, we are using a claims-based approach to calculate quality performance. MSHP receives medical and pharmacy claims for attributed patients as part of our value-based contracts (VBC) with payers. Payers assign their members to a PCP and we use this payer PCP assignment to determine which patients to include in a PCP's QPM measurement. Patient attribution methodology differs by line of business (see payer attribution table in appendix).

Cancer Screenings and Diabetes Care Measurement

We are using medical and pharmacy claims along with guidelines from the Healthcare Effectiveness Data and Information Set (HEDIS) to calculate quality measure rates and compliance for cancer screenings and diabetes care. HEDIS specifications are developed by the National Committee for Quality Assurance (NCQA) and used by payers to measure our performance in value-based contracts.

The HEDIS specifications provide quality measure inclusion criteria that contain visit types, age ranges, and diagnoses that are accounted for via CPT codes, ICD-10 codes, among other billing code sets. These guidelines also include specifications to calculate quality measure compliance, and what to include for credit for each measure using medical billing codes. Accordingly, the patient group for inclusion (i.e. denominator) is calculated via the medical codes on claims, while determination of those for whom the quality measure satisfied (i.e. numerator) are also calculated via medical codes on claims. The final rate calculation for each measure equals your numerator/denominator.

Performance Reports

Providers receive performance reports from MSHP that include patient denominators attributed to **all** of the Mount Sinai Health System value-based contracts. Of note, the final CI Index measurement will **only** include patients included in value-based contracts held by MSHP's Clinically Integrated Network. For example, Healthfirst MA and Medicaid are **excluded** in final calculations). See appendix, "CIN Denominator Inclusion by Payer."

Patient Exclusions

The quality measures calculated using the HEDIS specifications (diabetes care and cancer screenings) take into account denominator exclusion criteria for frailty and advanced illness. These include patients in palliative and hospice care along with those 66 years of age and older with frailty and advanced illness. Patients must meet both the frailty and advanced illness criteria to be excluded. Examples include patients with ESRD, oxygen dependent patients with cancer, and Alzheimer's patients prescribed dementia medications.

There are also measure-specific exclusions such as gestational diabetes, bilateral mastectomy, and total colectomy. Note that conditions must be captured via diagnoses codes on claims during the measurement period or in some cases the year prior, in order for the patient to be excluded from a denominator. MSHP does not accept supplemental medical documentation from providers for patient exclusion.

Numerator and Denominator Details

MSHP 2021 Clinical Integration Program Quality Performance Metrics Internal & Family Medicine	
Breast Cancer Screening*	
Denominator: Women 52–74 years as of December 31 of the measurement period (timeframe is a rolling 12 months of measurement.) *Note: We recommend **starting to screen at age 50** so that the patient is compliant with the quality measure when they enter your denominator.*	**Numerator:** Women with one or more mammograms during the 27 months prior to the end of the measurement period
Colorectal Cancer Screening*	
Denominator: Patients 51 to 75 years of age as of December 31 of the measurement period (timeframe is a rolling 12 months of measurement.) *Note: We recommend **starting to screen at age 50** so that the patient is compliant with the quality measure when they enter your denominator.*	**Numerator:** Patients with one or more screenings for colorectal cancer. - Fecal occult blood test (FOBT) during the measurement period. - Flexible sigmoidoscopy during the measurement period or the 4 years prior. - Colonoscopy during the measurement period or the 9 years prior. - Computed tomography (CT) colonography during the measurement period or the 4 years prior. - Fecal immunochemical DNA test (FIT-DNA) during the measurement period or the 2 years prior to the measurement period
Percent of Panel with PCP visit (telehealth or in person by 8/31/2021)	
Denominator: Adult patients attributed to a provider in a value-based contract.	**Numerator:** 1 telehealth or in-person visit completed by August 31, 2021. **Preventive Medicine Services:** *Medicare AWV* - IPPE - G402 - Initial AWV - G0438 - Subsequent AWV - G0439 *New Patients* - Age 18 – 39 - 99385 - Age 40 – 64 - 99386

	- Complete Physical Exams or Well Checks for 65 and older - 99387 *Established Patient*s - Age 18 – 39 years - 99395 - Age 40 - 64 years - 99396 - 65 years and older - 99397 **E&M Visits:** *New Patient* - Level 2 – 99202 - Level 3 – 99203 - Level 4 – 99204 - Level 5 – 99205 *Established Patient* - Level 1 – 99211 - Level 2 – 99212 - Level 3 – 99213 - Level 4 – 99214 - Level 5 – 99215
Diabetes: Hemoglobin A1c (HbA1c) Test*	
Denominator: Patients 18 through 75 years of age on date of encounter AND Diagnosis for diabetes AND patient encounter during measurement period (timeframe is a rolling 12 months of measurement.)	**Numerator:** Patients with HbA1c test completed in 2021.
Diabetes: Eye Exam*	
Denominator: Patients 18 to 75 years of age on date of encounter AND Diagnosis for diabetes (ICD-10-CM) AND patient encounter during the measurement period (timeframe is a rolling 12 months of measurement.)	**Numerator**: Diabetics with an eye screening for diabetic retinal disease who had one of the following: - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (G2102) - Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (G2103) - Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed (G2104) - Low risk for retinopathy (no evidence of retinopathy in the prior year)* (CPT II code 3072F)

Diabetes: Medical Attention for Nephropathy*	
Denominator: Patients aged 18 years to 75 years on date of encounter AND Diagnosis for diabetes (ICD-10) AND patient encounter during the measurement period (timeframe is a rolling 12 months of measurement.)	**Numerator:** Patients with a screening for nephropathy or evidence of nephropathy during the measurement period: - A urine test for albumin or protein. At a minimum, documentation must include a note indicating the date when a urine test was performed, and the result or finding. Any of the following meet the criteria: - 24-hour urine for albumin or protein - Timed urine for albumin or protein - Spot urine (e.g., urine dipstick or test strip) for albumin or protein - Urine for albumin/creatinine ratio - 24-hour urine for total protein - Random urine for protein/creatinine ratio - Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (3066F) - Documentation that a prescription for an ACE inhibitor/ARB was filled during the measurement period
Medication Adherence for Diabetes Medications	
Denominator: Number of patients with at least two fills of diabetes medication(s) on unique dates of service during the measurement period (timeframe is a rolling 12 months of measurement.)	**Numerator:** Number of patients with a proportion of days covered (PDC) at 80 percent or higher across the classes of diabetes medications during the measurement period.
Measure description: - Percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. - Diabetes medication means a biguanide drug, a sulfonylurea drug, a thiazolidinedione drug, a DPP-IV inhibitor, an incretin mimetic drug, a meglitinide drug, or an SGLT2 inhibitor. Patients who take insulin are not included.	
Medication Adherence for Cholesterol (Statins)	

Denominator: Number of patients with at least two statin cholesterol medication fills on unique dates of service during the measurement period (timeframe is a rolling 12 months of measurement.)	**Numerator:** Number of patients with a proportion of days covered (PDC) at 80 percent or higher for statin cholesterol medication(s) during the measurement period.
Measure description: - Patients with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. - Statins include: atorvastatin (+/- amlodipine, ezetimibe), fluvastatin, lovastatin (+/- niacin), pitavastatin, pravastatin, rosuvastatin, simvastatin (+/-ezetimibe, niacin, sitagliptin)	

Medication Adherence for Hypertension (RAS antagonists)	
Denominator: Number of patients with at least two blood pressure medications fills on unique dates of service during the measurement period (timeframe is a rolling 12 months of measurement.)	**Numerator:** Number of patients with a proportion of days covered (PDC) at 80 percent or higher for RAS antagonist medications during the measurement period.
Percent of Medicare Advantage members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Blood pressure medication means an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.	

ARBs:	**ACE Inhibitors:**	**Direct Renin Inhibitor**
azilsartan (+/- chlorthalidone) candesartan (+/- hydrochlorothiazide) eprosartan (+/- hydrochlorothiazide) irbesartan (+/- hydrochlorothiazide) losartan (+/- hydrochlorothiazide) olmesartan (+/- amlodipine, hydrochlorothiazide) telmisartan (+/- amlopdipine, hydrochlorothiazide) valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)	benazepril (+/- amlodipine, hydrochlorothiazide) captopril (+/- hydrochlorothiazide) enalapril (+/- hydrochlorothiazide) fosinopril (+/- hydrochlorothiazide) lisinopril (+/- hydrochlorothiazide) moexipril (+/- hydrochlorothiazide) perindopril (+/- amlodipine) quinapril (+/- hydrochlorothiazide) ramipril trandolapril (+/- verapamil)	aliskiren (+/- amlodipine, hydrochlorothiazide)

*Please refer to the following link for the full measure descriptions:
https://mshp.mountsinai.org/web/mshp/for-providers/quality/quality-measure-descriptions/internal-medicine-outpatient_family-medicine

Questions? Please contact your Population Health Manager, Provider Support Specialist, email us at mshp@mountsinai.org or call 877-234-6667.

APPENDIX: Attribution varies by line of business and payer

	Medicare Advantage	Medicare Shared Savings Program	Commercial	Medicaid
Attribution Rule	Patient Choice/ Health Plan Assignment	Plurality* with ***Prospective**** attribution	Plurality*	Patient Choice/ Health Plan Assignment
Payers	Aetna, Empire, United, Healthfirst, Humana	MSSP (NYMP)	1199, Aetna, Empire, Cigna, United	Healthfirst
How can you change the attributed PCP?	Have patient call their insurance plan	***Patient selects PCP via Medicare.gov or receives plurality of primary care from a different provider***	***Do an Annual Wellness Visit or comprehensive history and physical***	Have patient call their insurance plan

*Patients are assigned to the PCP that provided the most care to the patient (plurality of care), typically based on a one- or two-year lookback.

**Patients are assigned at the start of the contract measurement period based on claims in the prior 12-month period (October-September).

APPENDIX: Denominator Inclusion/Exclusion by Payer

Quality Measures	Eligible Population
Medication Adherence Measures	CIN Medicare Advantage Contracts
Breast Cancer Screening Colorectal Cancer Screening Diabetic Annual HbA1c Test Diabetic Eye Exam Diabetic Nephropathy Screening % of panel with PCP visit	CIN VBC Payer Contracts

CIN VBC Payer Contracts **Included** in Final CI Index Calculation

- Aetna Commercial & Aetna Medicare Advantage
- Cigna Commercial
- Empire Commercial and Empire Medicare Advantage
- Humana Medicare Advantage
- United Commercial & United Medicare Advantage
- 1199 Union

CIN VBC Payer Contracts **Excluded** from Final CI Index Calculation

- Healthfirst Medicaid and Healthfirst Medicare Advantage
- MSSP (Medicare ACO)
- Oscar Commercial
- UMR (Mount Sinai employees)