

# Medicare Shared Savings Program Quality Measure Benchmarks for the 2020 Performance Year

Please note, this document contains “redlining,” which uses red font to highlight new or updated text added since the previous version.

## 1 RELEASE NOTES

Updates to this document reflect the Center for Medicare & Medicaid Services (CMS) quality performance benchmarks for the 2020 performance year only. In the [CY 2021 Physician Fee Schedule \(PFS\)](#) final rule, we finalized a policy to waive the requirement for Accountable Care Organizations (ACOs) to field a Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACOs survey for performance year 2020. ACOs will receive automatic full credit for the patient experience of care measures. Therefore, we removed the CAHPS benchmarks from this document.

## 2 INTRODUCTION

This document describes methods for calculating the quality performance benchmarks for ACOs that are participating in the Medicare Shared Savings Program (Shared Savings Program) and presents the benchmarks for the quality measures for the 2020 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 **status** 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 2020 performance year. These benchmarks will apply to Shared Savings Program ACOs reporting quality data in this year. For the 2020 performance year, CMS will measure quality of care using 23 quality measures, **however the 10 CAHPS measures in the Patient/Caregiver domain will be awarded automatic full credit**. 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 (**QPP**) that the measure has undergone a substantive change.

### 3 BENCHMARK DATA SOURCES

We established the 2020 benchmarks using all available and applicable 2016, 2017, and 2018 Medicare fee-for-service (FFS) data. This includes:

- Quality data reported by Shared Savings Program, Pioneer Model ACOs (for 2016 only), and Next Generation Model ACOs through the CMS Web Interface for the 2016, 2017, and 2018 performance years; and
- Quality data reported through the **Physician Quality Reporting System (PQRS)** by physicians and groups of physicians through the CMS Web Interface, claims, or a registry for the 2016 performance year or reported through **the Merit-based Incentive Payment System (MIPS)** by physicians and groups of physicians through the CMS Web Interface or claims for the 2017 and 2018 performance years.

The quality measure benchmarks were calculated using ACO, group practice, and individual physician data aggregated to the practice or taxpayer identification number (TIN) level. These calculations only include a practice or TIN's data if it had at least 20 cases in the denominator for the measure. Quality data for ACOs, providers, or group practices that did not satisfy the reporting requirements of the Shared Savings Program or PQRS/MIPS were not included in calculation of the benchmarks.

### 4 BENCHMARKS FOR ACO QUALITY MEASURES

Benchmarks for quality measures that are pay-for-performance for the 2020 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 pay-for-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. For the 2020 performance year, we set benchmarks using flat percentages for **7** measures as shown in **Appendix A**.

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## APPENDIX A: QUALITY MEASURE BENCHMARKS FOR THE 2020 PERFORMANCE YEAR

Domain <sup>1</sup>	Measure	Description	Pay-for- Performance Phase In			30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
			PY1	PY2	PY3							
Care Coordination/ Patient Safety	ACO-8	Risk-Standardized, All Condition Readmission <sup>2</sup>	R	R	P	15.75	15.62	15.50	15.38	15.23	14.97	14.56
Care Coordination/ Patient Safety	ACO-38	Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions <sup>2</sup>	R	R	P	66.46	62.37	58.85	55.49	52.15	48.57	43.74
Care Coordination/ Patient Safety	ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI) #91) <sup>2,3</sup>	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/ Patient Safety	ACO-13	Falls: Screening for Future Fall Risk	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-14	Preventive Care and Screening: Influenza Immunization	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention <sup>4</sup>	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan <sup>5</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

Domain <sup>1</sup>	Measure	Description	Pay-for-Performance Phase In			30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
			PY1	PY2	PY3							
Preventive Health	ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease <sup>6</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>6</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>2</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

N/A= not applicable; P=pay-for-performance; R=pay-for-reporting

<sup>1</sup> CMS finalized a policy to waive the requirement for ACOs to field a CAHPS for ACOs survey for performance year 2020. ACOs will receive automatic full credit for the Patient/Caregiver Experience domain. This domain is not reflected in the table.

<sup>2</sup> Lower performance rate desired

<sup>3</sup> ACO-43 is pay-for-reporting for the 2020 Performance Year

<sup>4</sup> ACO-17 benchmarks are based on 2016 and 2017 web interface data only, because 2018 data is not comparable due to the revised numerator guidance

<sup>5</sup> ACO-18 is pay-for-reporting for the 2020 Performance Year

<sup>6</sup> Pay-for-reporting in all years