

Performance Year 2022 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs

Release Notes

Updates to this document include the final Center for Medicare & Medicaid Services (CMS) Web Interface benchmarks for the 2022 performance year.


In the Calendar Year (CY) 2023 Medicare Physician Fee Schedule Final Rule (87 FR 69863-69866), we finalized the proposal to designate a performance benchmark and minimum attainment level for each CMS Web Interface measure and establish a point scale for the measure for performance years 2022, 2023 and 2024. Also, we finalized the proposal to set benchmarks using flat percentages for 8 measures as shown in the **Appendix**.

Introduction

This document describes the methods to calculate the quality performance benchmarks for the CMS Web Interface measures for the 2022 performance year. Please note that, due to an inadvertent gap in policy, in the CY 2023 Medicare Physician Fee Schedule Final Rule (87 FR 69863-69866), we finalized to retroactively establish policies for setting quality performance benchmarks for the CMS Web Interface measures for the 2022 performance year using our authority under § 1871(e)(1)(A) of the Social Security Act. Specifically, we finalized to establish quality performance benchmarks for the CMS Web Interface measures using the methodology described in 42 C.F.R. § 425.502(b), which is the methodology that was previously used to establish quality performance benchmarks under the Medicare Shared Savings Program (Shared Savings Program). Additionally, we finalized to use flat percentage benchmarks to score the Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID 134) measure and the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Quality ID# 226) measure for performance year 2022.

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Quality performance benchmarks for measures reported via the CMS Web Interface are generally established by CMS prior to the performance year for which they first apply and are set for two years. In the 2022 performance year, under the APM Performance Pathway (APP), Accountable Care Organizations (ACOs) participating in the Shared Savings Program have the option to report on 10 CMS Web Interface measures, 3 electronic clinical quality measures (eCQMs), or 3 Merit-based Incentive Payment System (MIPS) clinical quality measures (CQMs). ACOs must also administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey and will be assessed on two claims-based measures calculated by CMS. This document only describes the quality performance benchmarks that will apply for the CMS Web Interface measures in the 2022 performance year. For more information on the benchmarks for the other measures in the APP, please refer to the [2022 MIPS Quality Benchmarks](#) available in the QPP Resource Library.

Benchmark Data Sources

We established the 2022 quality performance benchmarks for the CMS Web Interface measures using all available and applicable 2018, 2019, and 2020 Medicare fee-for-service (FFS) data. This includes:

- Quality data reported by Shared Savings Program and Next Generation Model ACOs through the CMS Web Interface for the 2018, 2019, and 2020 performance years; and
- Quality data reported through MIPS by physicians and groups of physicians through the CMS Web Interface or claims for the 2018, 2019 and 2020 performance years.

The quality performance benchmarks were calculated using ACO, group, and individual clinician data aggregated to the practice or Taxpayer Identification Number (TIN) level. These calculations include TIN-level data if the TIN had at least 20 cases in the denominator for the measure. Quality data for ACOs, groups, and individual clinicians that did not satisfy the reporting requirements of the Shared Savings Program or MIPS are not be included in the calculations of the benchmarks.

Benchmarks for CMS Web Interface Measures

Benchmarks for the CMS Web Interface quality measures for the 2022 performance year are specified in the **Appendix**.

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).

Appendix: CMS Web Interface Measure Benchmarks for the 2022 Performance Year

Measure-#	Description	30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
Quality ID #: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control ¹	70.00	60.00	50.00	40.00	30.00	20.00	10.00
Quality ID #: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan ²	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 236	Controlling High Blood Pressure	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 318	Falls: Screening for Future Fall Risk	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 110	Preventive Care and Screening: Influenza Immunization	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention ²	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 113	Colorectal Cancer Screening	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 112	Breast Cancer Screening	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quality ID #: 370	Depression Remission at Twelve Months	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A= Not Applicable

¹ Lower performance rate desired.

² Please note that, in the CY 2023 Medicare Physician Fee Schedule Final Rule (87 FR 69866), we finalized to retroactively set flat percentage benchmarks for the Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID #: 134) and the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Quality ID# 226) measures for the 2022 performance year using our authority under § 1871(e)(1)(A) of the Social Security Act.