Category C - Hospitals & Physician Practices

| CMS ID | NQF ID | Technology Enabler Name | Delivery Sys Provider Type | Measure Steward | Measure Name | Short Descriptive Name/Acronym | Proposed Action of Removal from Priority Set, and Proposed Disposition | Measure Retained | Measure Steward | Measure Category | Domain | Measure Subject | Measure Volume Opinion for Good Setting and Antecedent | Explanation for Alternative Development or Use Other Significant Prevention | Responding to Measure Development Complaints? | Implementation regarding alternative enterprise | Responding to Measure Development Complaints? Measurement period | Start Date | End Date | Explanation for shorter or delayed Baseline | Responding to Baseline Commission of Data | Explanation for Baseline Commission of Data | NHSC Initial Decision on Measure Use Based on Reporting Burden Exemption | NHSC Initial Decision on Measure Use Based on Reporting Burden Exemption | NHSC Initial Decision on Measure Use Based on Clinical or Delayed Outcome | NHSC Initial Decision on Measure Use Based on Negative Benefit/Risk | NHSC Initial Comments to Provider | Provider Response | Provider Response Initial | NHSC Final Decision on Measure Use Based on Reporting Burden Exemption | NHSC Final Decision on Measure Use Based on Reporting Burden Exemption | NHSC Final Decision on Measure Use Based on Clinical or Delayed Outcome | NHSC Final Decision on Measure Use Based on Negative Benefit/Risk | Final Measure Status | NHSC Final Comments to Provider |
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| N/A | 0009/0800 | Columbia Medical Ctr of Arlington dba Med Ctr Arl | Hospital | ID | Iatrogenic Safety | B | Not have a large enough health care system to have enough patients to generate reliable rates (measures issue) in 2015. We deliver over 6,000 babies a year with a level 3 NICU. Our focus on improvement in this area is on Process vs Outcomes (part of our hospital). The Maternal health department will be the primary component and the drive | No | CLASS | PS-QRI Cesarean Section (Metric/Acronym: Cesarean Section Rate) (Measure Steward: Centers for Medicare/Medicaid Services; Measure Steward Contact Information: cms.hqim@cms.hhs.gov) | Required | FFP | Clinical Outcomes | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0009/0800 | Columbia Medical Ctr of Arlington dba Med Ctr Arl | Hospital | ID | Iatrogenic Safety | B | Not have a large enough health care system to have enough patients to generate reliable rates (measures issue) in 2015. We deliver over 6,000 babies a year with a level 3 NICU. Our focus on improvement in this area is on Process vs Outcomes (part of our hospital). The Maternal health department will be the primary component and the drive | No | CLASS | PS-QRI Antenatal Steroids | Required | FFP | Process | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0009/0800 | Columbia Medical Ctr of Arlington dba Med Ctr Arl | Hospital | ID | Iatrogenic Safety | B | Not have a large enough health care system to have enough patients to generate reliable rates (measures issue) in 2015. We deliver over 6,000 babies a year with a level 3 NICU. Our focus on improvement in this area is on Process vs Outcomes (part of our hospital). The Maternal health department will be the primary component and the drive | No | CLASS | AIM Perinatal Huge Patient Safety Initiative | Required | FFP | Safety (Patient/Provider Collaborative Activity) | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0009/0800 | Columbia Medical Ctr of Arlington dba Med Ctr Arl | Hospital | H | Hospital Safety | H | Not continue long term to improve the care and safety of our patients. As our community grows in including Urology and Neurosurgery, the complexity and infection potential has increased. Continuing to reduce hospital acquired conditions is a way Medicare/medicaid wants us to be challenged and be our | No | CLASS | Central line associated Bloodstream Infections (CLABSI) rates | Required | FFP | Hospital Safety | 4 | All proje Recommendation with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0009/0800 | Columbia Medical Ctr of Arlington dba Med Ctr Arl | Hospital | H | Hospital Safety | H | Not continue long term to improve the care and safety of our patients. As our community grows in including Urology and Neurosurgery, the complexity and infection potential has increased. Continuing to reduce hospital acquired conditions is a way Medicare/medicaid wants us to be challenged and be our | No | CLASS | Catheter associated Urinary Tract Infections (CAUTI) rates | Required | FFP | Hospital Safety | 4 | All proje Recommendation with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0009/0800 | Columbia Medical Ctr of Arlington dba Med Ctr Arl | Hospital | H | Hospital Safety | H | Not continue long term to improve the care and safety of our patients. As our community grows in including Urology and Neurosurgery, the complexity and infection potential has increased. Continuing to reduce hospital acquired conditions is a way Medicare/medicaid wants us to be challenged and be our | No | CLASS | Surgical site infections (SSI) rates | Required | FFP | Hospital Safety | 4 | All proje Recommendation with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0009/0800 | Columbia Medical Ctr of Arlington dba Med Ctr Arl | Hospital | H | Hospital Safety | H | Not continue long term to improve the care and safety of our patients. As our community grows in including Urology and Neurosurgery, the complexity and infection potential has increased. Continuing to reduce hospital acquired conditions is a way Medicare/medicaid wants us to be challenged and be our | No | CLASS | Patient fall Rate | Required | FFP | Hospital Safety | 4 | All proje Recommendation with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0009/0800 | Columbia Medical Ctr of Arlington dba Med Ctr Arl | Hospital | H | Hospital Safety | H | Not continue long term to improve the care and safety of our patients. As our community grows in including Urology and Neurosurgery, the complexity and infection potential has increased. Continuing to reduce hospital acquired conditions is a way Medicare/medicaid wants us to be challenged and be our | No | CLASS | PC-01 Elect Cesarean Sections Rate | Required | FFP | Hospital Safety | 4 | All proje Recommendation with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Childhood Immunization Status (CIS) | Required | FFP | Immunization | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Required | FFP | Process | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Appropriate Testing for Children with Pharyngitis | Required | FFP | Clinical Quality | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Well-Child Visits in the First 15 Months of Life (6 visits in 15 mo.) | Required | FFP | Process | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Immunizations for Adolescents | Required | FFP | Immunization | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Appropriate Treatment for Children with Upper Respiratory Infection (URI) | Required | FFP | Process | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Maternal Depression Screening | Required | FFP | Process | 4 | Which do not have with significant volume | No | | | No | | | | | | | | | | | No | No | No | No | Measure Added and Approved | NHSC has added Measure 24-106 based on the provider's response. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Human Papillomavirus Vaccine (age 13-18) | Required with Conditional Exclusion if Contraind | FFP | Immunization | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on | No | NCQA | Tobacco Use and Help with Quitting Among Adolescents | Required | FFP | Process | 4 | Which do not have with significant volume | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | | Yes | No | No | No | No | No | Approved Internal Measure | NHSC does not have any community entities solutions. |
| N/A | 0014/0800 | Cook Children's Medical Center | Hospital | CH | Pediatric Primary Care | H | Primary care practices have access to a set of patient measure bundles. We are going to be unable to collect data on the primary care practices. We have no electronic medical record and thus can gather data on a system level. | No | NCQA | PCR-FU Acute Bronchitis/Bronchitis (Measure Steward: Centers for Medicare/Medicaid Services; Measure Steward Contact Information: cms.hqim@cms.hhs.gov) | Required for 2017 and 2018 (Alternative Measure for 2019 forward) | FFP | Utilization (Appropriate Use of Clinical Overview) | 4 | Reporting antibiotic prescription as well | No | No | | | | No | | No | Yes | No | Yes | NHSC does not have any community entities solutions. | We are committed to make a prospective with the optimal measure set. We appreciate the opportunity to comment on the proposed measure set. We are in the process of the CMMI Learning and Action Network and are working on the pediatric efforts were not available and we are opinion to not support as of this time. According to Northeast particular award

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| 53 | 1437588804 | Perris Methodist Southwest Hospital | Hospital | 45 | Improved Chronic Disease Management: Diabetes Care | 11 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-018 | Reduce Rate of Emergency Department Visits for Diabetics | Prospective Entry for MPT or FFS, optional measure with additional points for MPT/Excess 75 or CMS Fee-for-service provider with greater than 75 enhancer volume | Outcome | Improvement Toward Clinical Outcomes | 3 | Responding to report on PMR | Provider has an MPT-eCT, therefore, this measure is optional as a PMR measure. Providers opt-in for PMR. As this measure was recently added, we are in the process of programming an abstract this data for baseline. Data will be unavailable prior to collection. | No | | | No | | | | No | | | North Mesa Information | No | No | No | MHN encourages all providers to report PMR measures, and beginning in PY1 it is recommended for those with a eligible clinical quality measure (CQM) or a recommended EHR those with a eligible clinical quality measure (CQM) or a recommended EHR measure, and Medicare Part B claims with a significant numerator volume. Provider has requested to report a PMR and has not included an adequate scenario for this measure.<br><br>In organizations with CMS or CHT and MIPS pressure, CMS indicated MIPSs are a key measure of delivery system reform and all providers should be reporting on PMP or PMR if needed as the included measures are key outcomes of delivery system reform. For MIPS, PQs and PAs "are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early interventions or prompt complications or more severe disease." The Prevention Quality Indicators and Pediatric Quality Indicators "provide insight into the community health care system in various ways: the hospital setting. For example, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive appropriate education and/or appropriate self-management." Also, "a reason for problems that pediatric patients experience are a lack of adequate access to the healthcare system and that maybe avoidable in prevention" by changes at the system or provider level. As a reminder, the denominator for Category C measures must come from the CMS defined system which is based on a significant outpatient relationship with the performing provider. Lastly, Nemesis recommends the same exclusions as for the DRAM | Provider's an acute care facility and does not provide sufficient outpatient clinical resources to impact this PMR measure. Additionally, due to an ongoing upgrade of the entire company's electronic health records provider has been unable to validate a baseline as yet, resulting in uncertainty as to the ability to impact this measure. | No | Approved | No | No | No | No | Approved Internal Measure | Provider requested to report PMR measure as PMR. Provider has provided adequate justification for why the measure cannot be reported as a PMP-eCRT. 2016. |
| 54 | 1437588861 | Perris Methodist Southwest Hospital | Hospital | 45 | Improved Chronic Disease Management: Heart Disease | 3 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-020 | Controlling High Blood Pressure | Required | PMP | Clinical Outcome | 3 | Which determination with significant volume | | No | | | | | | No | | No | No | North Mesa Information | No | Requesting delayed implementation period | 10/1/2017 | 12/31/2018 | Provider will be implementing a PDSA program to address this measure. Systems verify volume to measure outcomes data. | No | | | Requesting delayed Implementation because this is an ambulatory measure and provider had no ambulatory clinics in the standard baseline year. Provider is requesting a delay in the implementation of this measure for the standard baseline year. Provider is implementing a Healthy Education and Lifestyle Programs as a Home Disease Management clinic. This program will address this measure and the criteria provides a baseline through the delayed process. | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested |
| 55 | 1437588874 | Perris Methodist Southwest Hospital | Hospital | 45 | Improved Chronic Disease Management: Heart Disease | 3 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-021 | Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Recommended | Required | PMP | Process | 3 | Which determination with significant volume | | No | | | | | | No | | No | No | North Mesa Information | No | Requesting shorter and more reasonable implementation period | 4/1/2014 | 12/31/2014 | Provider will be implementing a PDSA program to address this measure. Systems verify volume to measure outcomes data. | No | | | Requesting delayed Implementation because this is an ambulatory measure and provider had no ambulatory clinics in the standard baseline year. Provider is requesting a delay in the implementation of this measure for the standard baseline year. Provider is implementing a Healthy Education and Lifestyle Programs as a Home Disease Management clinic. This program will address this measure and the criteria provides a baseline through the delayed process. | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested |
| 56 | 1437588884 | Perris Methodist Southwest Hospital | Hospital | 45 | Improved Chronic Disease Management: Heart Disease | 3 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-024 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | Required | PMP | Process | 3 | Which determination with significant volume | | No | | | | | | No | | No | No | North Mesa Information | No | Requesting shorter and more reasonable implementation period | 4/1/2014 | 12/31/2014 | Provider will be implementing a PDSA program to address this measure. Systems verify volume to measure outcomes data. | No | | | Requesting delayed Implementation because this is an ambulatory measure and provider had no ambulatory clinics in the standard baseline year. Provider is requesting a delay in the implementation of this measure for the standard baseline year. Provider is implementing a Healthy Education and Lifestyle Programs as a Home Disease Management clinic. This program will address this measure and the criteria provides a baseline through the delayed process.<br><br>Provider explanation indicates a delayed baseline is being requested because a new program is being implemented. Implementing a new program is not cause to delay a baseline. Provider should better explain if they do not have any historic clinical data to report measure and the standard measure exists. Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested |
| 57 | 1437588894 | Perris Methodist Southwest Hospital | Hospital | 45 | Improved Chronic Disease Management: Heart Disease | 9 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-026 | Ischemic Vascular Disease (IVD): Blood Pressure Measurement | Required | PMP | Process | 3 | Which determination with significant volume | | No | | | | | | No | | No | No | North Mesa Information | No | Requesting shorter and more reasonable implementation period | 4/1/2014 | 12/31/2014 | Provider will be implementing a PDSA program to address this measure. Systems verify volume to measure outcomes data. | No | | | Requesting delayed Implementation because this is an ambulatory measure and provider had no ambulatory clinics in the standard baseline year. Provider is requesting a delay in the implementation of this measure for the standard baseline year. Provider is implementing a Healthy Education and Lifestyle Programs as a Home Disease Management clinic. This program will address this measure and the criteria provides a baseline through the delayed process.<br><br>Provider explanation indicates a delayed baseline is being requested because a new program is being implemented. Implementing a new program is not cause to delay a baseline. Provider should better explain if they do not have any historic clinical data to report measure and the standard measure exists. Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested |
| 58 | 1437588904 | Perris Methodist Southwest Hospital | Hospital | 45 | Improved Chronic Disease Management: Heart Disease | 9 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-030 | Aspirin Therapy for Patients with Ischemic Vascular Disease (IVD) | Required | PMP | Process | 3 | Which determination with significant volume | | No | | | | | | No | | No | No | North Mesa Information | No | Requesting shorter and more reasonable implementation period | 4/1/2014 | 12/31/2014 | Provider will be implementing a PDSA program to address this measure. Systems verify volume to measure outcomes data. | No | | | Requesting delayed Implementation because this is an ambulatory measure and provider had no ambulatory clinics in the standard baseline year. Provider is requesting a delay in the implementation of this measure for the standard baseline year. Provider is implementing a Healthy Education and Lifestyle Programs as a Home Disease Management clinic. This program will address this measure and the criteria provides a baseline through the delayed process.<br><br>Provider explanation indicates a delayed baseline is being requested because a new program is being implemented. Implementing a new program is not cause to delay a baseline. Provider should better explain if they do not have any historic clinical data to report measure and the standard measure exists. Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested |
| 59 | 1437588914 | Perris Methodist Southwest Hospital | Hospital | 45 | Improved Chronic Disease Management: Heart Disease | 9 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-032 | Digital Heart Failure Admission Rate (AMI) | Prospective Entry for MPT or FFS, optional measure with additional points for MPT/Excess 75 or CMS Fee-for-service provider with greater than 75 enhancer volume | Outcome | Improvement Toward Clinical Outcomes | 3 | Responding to report on PMR | Provider has an MPT-eCT, therefore, this measure is optional as a PMR measure. Providers opt-in for PMR. As this measure was recently added, we are in the process of programming an abstract this data for baseline. Data will be unavailable prior to collection. | No | | | No | | | | No | | | North Mesa Information | No | No | No | MHN encourages all providers to report PMR measures, and beginning in PY1 it is recommended for those with a eligible clinical quality measure (CQM) or a recommended EHR measure, and Medicare Part B claims with a significant numerator volume. Provider has requested to report a PMR and has not included an adequate scenario for this measure.<br><br>In organizations with CMS or CHT and MIPS pressure, CMS indicated MIPSs are a key measure of delivery system reform and all providers should be reporting on PMP or PMR if needed as the included measures are key outcomes of delivery system reform. For MIPS, PQs and PAs "are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early interventions or prompt complications or more severe disease." The Prevention Quality Indicators and Pediatric Quality Indicators "provide insight into the community health care system in various ways: the hospital setting. For example, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive appropriate education and/or appropriate self-management." Also, "a reason for problems that pediatric patients experience are a lack of adequate access to the healthcare system and that maybe avoidable in prevention" by changes at the system or provider level. As a reminder, the denominator for Category C measures must come from the CMS defined system which is based on a significant outpatient relationship with the performing provider. Lastly, Nemesis recommends the same exclusions as for the DRAM | Provider's an acute care facility and does not provide sufficient outpatient clinical resources to impact this PMR measure. Additionally, due to an ongoing upgrade of the entire company's electronic health records provider has been unable to validate a baseline as yet, resulting in uncertainty as to the ability to impact this measure. | No | Approved | No | No | No | No | Approved Internal Measure | Provider requested to report PMR measure as PMR. Provider has provided adequate justification for why the measure cannot be reported as a PMP-eCRT. 2016. |
| 60 | 1417588921 | Texas Health Harris Methodist Hospital Stephenville | Hospital | 45 | Improved Chronic Disease Management: Diabetes Care | 11 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-013 | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) | Required | PMP | Process | 3 | Which determination with significant volume | | No | | Requesting delayed Implementation because this measure is not available | 4/1/2014 | 12/31/2014 | Provider will be implementing a PDSA program to address this measure. Systems verify volume to measure outcomes data. | No | | | No | | North Mesa Information | No | Requesting delayed Implementation because this is an ambulatory measure and provider had no ambulatory clinics in the standard baseline year. Provider is requesting a delay in the implementation of this measure for the standard baseline year. Provider is implementing a Healthy Education and Lifestyle Programs as a Home Disease Management clinic. This program will address this measure and the criteria provides a baseline through the delayed process. | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested |
| 61 | 1417588931 | Texas Health Harris Methodist Hospital Stephenville | Hospital | 45 | Improved Chronic Disease Management: Diabetes Care | 11 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-015 | Comprehensive Diabetes Care: Nephropathy Screening or Evidence Of Nephropathy (Medical Attention Required) | Required | PMP | Clinical Outcome | 3 | Which determination with significant volume | | No | | Requesting delayed Implementation because this measure is not available | 4/1/2014 | 12/31/2014 | Provider will be implementing a PDSA program to address this measure. Systems verify volume to measure outcomes data. | No | | | No | | North Mesa Information | No | Requesting delayed Implementation because this is an ambulatory measure and provider had no ambulatory clinics in the standard baseline year. Provider is requesting a delay in the implementation of this measure for the standard baseline year. Provider is implementing a Healthy Education and Lifestyle Programs as a Home Disease Management clinic. This program will address this measure and the criteria provides a baseline through the delayed process. | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested |
| 62 | 1417588941 | Texas Health Harris Methodist Hospital Stephenville | Hospital | 45 | Improved Chronic Disease Management: Diabetes Care | 11 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-018 | Diabetes Care (BP control (<140/90mm Hg)) | Required | PMP | Clinical Outcome | 3 | Which determination with significant volume | | No | | Requesting delayed Implementation because this measure is not available | 4/1/2014 | 12/31/2014 | Provider will be implementing a PDSA program to address this measure. Systems verify volume to measure outcomes data. | No | | | No | | North Mesa Information | No | Requesting delayed Implementation because this is an ambulatory measure and provider had no ambulatory clinics in the standard baseline year. Provider is requesting a delay in the implementation of this measure for the standard baseline year. Provider is implementing a Healthy Education and Lifestyle Programs as a Home Disease Management clinic. This program will address this measure and the criteria provides a baseline through the delayed process. | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and estimated adequate justification for why a more preferable baseline was not feasible. Delay/Modification is appropriate: requested |
| 63 | 1417588951 | Texas Health Harris Methodist Hospital Stephenville | Hospital | 45 | Improved Chronic Disease Management: Diabetes Care | 11 | This bundle unifies measures are aligned with our Community Health Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of Improvement Units: bundle's measures will be sent down to our HRLP program. | No | 0-048 | PQI 05 Diabetes Long-Term Complications Admission Rate (ketoacidosis, hyperosmolar hyperglycemia, uncontrolled diabetes, lower extremity amputation without diabetes) | Prospective Entry for MPT or FFS, optional measure with additional points for MPT/Excess 75 or CMS Fee-for-service provider with greater than 75 enhancer volume | Outcome | Improvement Toward Clinical Outcomes | 3 | Responding to report on PMR | Provider has an MPT-eCT, therefore, this measure is optional as a PMR measure. Providers opt-in for PMR. As this measure was recently added, we are in the process of programming an abstract this data for baseline. Data will be unavailable prior to collection. | No | | | No | | | | No | | | North Mesa Information | No | No | No | MHN encourages all providers to report PMR measures, and beginning in PY1 it is recommended for those with a eligible clinical quality measure (CQM) or a recommended EHR measure, and Medicare Part B claims with a significant numerator volume. Provider has requested to report a PMR and has not included an adequate scenario for this measure.<br><br>In organizations with CMS or CHT and MIPS pressure, CMS indicated MIPSs are a key measure of delivery system reform and all providers should be reporting on PMP or PMR if needed as the included measures are key outcomes of delivery system reform. For MIPS, PQs and PAs "are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early interventions or prompt complications or more severe disease." The Prevention Quality Indicators and Pediatric Quality Indicators "provide insight into the community health care system in various ways: the hospital setting. For example, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive appropriate education and/or appropriate self-management." Also, "a reason for problems that pediatric patients experience are a lack of adequate access to the healthcare system and that maybe avoidable in prevention" by changes at the system or provider level. As a reminder, the denominator for Category C measures must come from the CMS defined system which is based on a significant outpatient relationship with the performing provider. Lastly, Nemesis recommends the same exclusions as for the DRAM | Provider's an acute care facility and does not provide sufficient outpatient clinical resources to impact this PMR measure. Additionally, due to an ongoing upgrade of the entire company's electronic health records provider has been unable to validate a baseline as yet, resulting in uncertainty as to the ability to impact this measure. | No | Approved | No | No | No | No | Approved Internal Measure | Provider requested to report PMR measure as PMR. Provider has provided adequate justification for why the measure cannot be reported as a PMP-eCRT. 2016. |

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| 53 | 1316580000 | Lancaster Community Hospital (Acute Beg Health Care) | Hospital | A | Hospital Safety | 10 | Improve patient health outcomes and reduce cost by increasing medication management, reducing the risk of health-care-associated infections, and reducing hospital stays. Atrius Health System Hospital is known as and for the Atrius Health System Pathway Surgical Center in Fort Worth will be the primary facility responsible for inpatient and outpatient | No | 1-1-2017 | Surgical site infections (SSI) rates | Required | PSI | Hospital Safety | 3 All payer disincentives with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 54 | 1316580000 | Lancaster Community Hospital (Acute Beg Health Care) | Hospital | A | Hospital Safety | 10 | Improve patient health outcomes and reduce cost by increasing medication management, reducing the risk of health-care-associated infections, and reducing hospital stays. Atrius Health System Hospital is known as and for the Atrius Health System Pathway Surgical Center in Fort Worth will be the primary facility responsible for inpatient and outpatient | No | 1-1-2016 | Surgical site infections (SSI) rates | Required | PSI | Hospital Safety | 3 All payer disincentives with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 55 | 1316580000 | Lancaster Community Hospital (Acute Beg Health Care) | Hospital | A | Hospital Safety | 10 | Improve patient health outcomes and reduce cost by increasing medication management, reducing the risk of health-care-associated infections, and reducing hospital stays. Atrius Health System Hospital is known as and for the Atrius Health System Pathway Surgical Center in Fort Worth will be the primary facility responsible for inpatient and outpatient | No | 1-1-2016 | Patient fall Rate | Required | PSI | Hospital Safety | 3 All payer disincentives with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 56 | 1316580000 | Lancaster Community Hospital (Acute Beg Health Care) | Hospital | A | Hospital Safety | 10 | Improve patient health outcomes and reduce cost by increasing medication management, reducing the risk of health-care-associated infections, and reducing hospital stays. Atrius Health System Hospital is known as and for the Atrius Health System Pathway Surgical Center in Fort Worth will be the primary facility responsible for inpatient and outpatient | No | 1-1-2016 | PSI-19 Post Operative Sepsis Rate | Required | PSI | Hospital Safety | 3 All payer disincentives with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 57 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our diabetes | No | 1-1-2017 | Comprehensive Diabetes Care: Foot Exam | Required | | PSI | Process | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 58 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our diabetes | No | 1-1-2017 | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) | Required | | PSI | Clinical Outcome | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 59 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our diabetes | No | 1-1-2017 | Diabetes Long-Term Glycemic Control (<140/90mm Hg) | Required | | PSI | Clinical Outcome | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 60 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our diabetes | No | 1-1-2017 | PSI-03 Diabetes Composite (Adult: short-term complications, long-term complications, uncontrolled diabetes, lower extremity amputation admissions rates) | Required for Pay for MPT (PSI 03 is an option for Pay for Performance (P4P) with Medicaid managed care providers and provider-then-Commercial volume | PSI | Preventable Avoid Clinical Outcome | 3 Requesting to report on PM | | No | Provider has an MPT of N, therefore, this measure is optional as a P4P measure. Provider opts for P4R. As this measure was recently added, we are in the process of programming to abstract the baseline. Data will be viewed/edits prior to submission. | No | | | | | | No | North Metro Information | No | No | No | No | HHSC encourages all providers to report P4R measures, and reporting on P4P is recommended for those with a reliable internal data source (claims/patient records). Provider has requested to report on P4R and has not included an adequate rationale for this decision.<br><br>In negotiations with CMS on CMT and MIPS (primarily, DME-delivered PMDs are a key measure of delivery system reform and all providers should be reporting on P4P or P4R if needed on the included measures are key outcomes of delivery system reform for DME, TRIs and FIMs "core conditions for which good outpatient care is potentially preventable or sensitive to primary care and/or early intervention to prevent complications or more severe illness." The Prevention Quality Indicators and Patient Safety Indicators "provide insight into the community health care system in various settings, including the hospital setting. For example, patients with conditions such as congestive heart failure, diabetes, and other conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management, they may be admitted to the hospital. Hospitalizations may result in an inadequate or not the healthcare system and that results avoidable in prevention" by changes at the system or provider level. Some of the PQI measures are based on claims data, most come from the ICD-9-CM defined epidemiologic hospital stay significant outpatient relationship with the performing provider. Lancaster. Remaining comments do not require action and this MPT | Provider is an acute care facility and does not provide sufficient comparative clinical outcomes to compare to PMD measures. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to substantiate the data, resulting in some hesitancy on the ability to report this measure. | No | Approved | No | No | No | No | Approved Internal Measure | Provider requested to report PMD measure as P4R. Provider has provided adequate justification for why the measure cannot be reported as P4P (MPT). JHB |
| 61 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our diabetes self-management program. | No | 1-1-2016 | Diabetes Rate of Emergency Department Visits for Diabetes | Required for Pay for MPT (PSI 03 is an option for Pay for Performance (P4P) with Medicaid managed care providers and provider-then-Commercial volume | PSI | Preventable Avoid Clinical Outcome | 3 Requesting to report on PM | | No | Provider has an MPT of N, therefore, this measure is optional as a P4P measure. Provider opts for P4R. As this measure was recently added, we are in the process of programming to abstract the baseline. Data will be viewed/edits prior to submission. | No | | | | | | No | North Metro Information | No | No | No | No | HHSC encourages all providers to report P4R measures, and reporting on P4P is recommended for those with a reliable internal data source (claims/patient records). Provider has requested to report on P4R and has not included an adequate rationale for this decision.<br><br>In negotiations with CMS on CMT and MIPS (primarily, DME-delivered PMDs are a key measure of delivery system reform and all providers should be reporting on P4P or P4R if needed on the included measures are key outcomes of delivery system reform for DME, TRIs and FIMs "core conditions for which good outpatient care is potentially preventable or sensitive to primary care and/or early intervention to prevent complications or more severe illness." The Prevention Quality Indicators and Patient Safety Indicators "provide insight into the community health care system in various settings, including the hospital setting. For example, patients with conditions such as congestive heart failure, diabetes, and other conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management, they may be admitted to the hospital. Hospitalizations may result in an inadequate or not the healthcare system and that results avoidable in prevention" by changes at the system or provider level. Some of the PQI measures are based on claims data, most come from the ICD-9-CM defined epidemiologic hospital stay significant outpatient relationship with the performing provider. Lancaster. Remaining comments do not require action and this MPT | Provider is an acute care facility and does not provide sufficient comparative clinical outcomes to compare to PMD measures. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to substantiate the data, resulting in some hesitancy on the ability to report this measure. | No | Approved | No | No | No | No | Approved Internal Measure | Provider requested to report PMD measure as P4R. Provider has provided adequate justification for why the measure cannot be reported as P4P (MPT). JHB |
| 62 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Heart Disease | 9 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified heart disease as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our CHF self-management program. | No | 1-1-2016 | Controlling High Blood Pressure | Required | PSI | Clinical Outcome | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 63 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Heart Disease | 9 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified heart disease as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our CHF self-management program. | No | 1-1-2016 | Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented | Required | PSI | Process | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 64 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Heart Disease | 9 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified heart disease as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our CHF self-management program. | No | 1-1-2016 | Coronary Thrombolytic Time: Presentation and Treatment of Myocardial Infarction Disease | Required | PSI | Process | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 65 | 1316614450 | Texas Health Arlington Memorial Hospital | Hospital | AD | Improved Chronic Disease Management - Heart Disease | 9 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified heart disease as a Priority Need and our Community Health Organizational Goal. The primary system components of improvement in this bundle measures will be work done in our CHF self-management program. | No | 1-1-2016 | PSI-09 Heart Failure Admission Rate (Adult) | Required for Pay for MPT (PSI 09 is an option for Pay for Performance (P4P) with additional priority for Medicaid managed care providers and provider-then-Commercial volume | PSI | Preventable Avoid Clinical Outcome | 3 Requesting to report on PM | | No | Provider has an MPT of N, therefore, this measure is optional as a P4P measure. Provider opts for P4R. As this measure was recently added, we are in the process of programming to abstract the baseline. Data will be viewed/edits prior to submission. | No | | | | | | No | North Metro Information | No | No | No | No | HHSC encourages all providers to report P4R measures, and reporting on P4P is recommended for those with a reliable internal data source (claims/patient records). Provider has requested to report on P4R and has not included an adequate rationale for this decision.<br><br>In negotiations with CMS on CMT and MIPS (primarily, DME-delivered PMDs are a key measure of delivery system reform and all providers should be reporting on P4P or P4R if needed on the included measures are key outcomes of delivery system reform for DME, TRIs and FIMs "core conditions for which good outpatient care is potentially preventable or sensitive to primary care and/or early intervention to prevent complications or more severe illness." The Prevention Quality Indicators and Patient Safety Indicators "provide insight into the community health care system in various settings, including the hospital setting. For example, patients with conditions such as congestive heart failure, diabetes, and other conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management, they may be admitted to the hospital. Hospitalizations may result in an inadequate or not the healthcare system and that results avoidable in prevention" by changes at the system or provider level. Some of the PQI measures are based on claims data, most come from the ICD-9-CM defined epidemiologic hospital stay significant outpatient relationship with the performing provider. Lancaster. Remaining comments do not require action and this MPT | Provider is an acute care facility and does not provide sufficient comparative clinical outcomes to compare to PMD measures. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to substantiate the data, resulting in some hesitancy on the ability to report this measure. | No | Approved | No | No | No | No | Approved Internal Measure | Provider requested to report PMD measure as P4R. Provider has provided adequate justification for why the measure cannot be reported as P4P (MPT). JHB |
| 66 | 1316580000 | Texas Health Harris Methodist Hospital Cleburne | Hospital | A | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of improvement in this bundle measures will be work done in our Transitional Care Clinic | No | 1-1-2017 | Comprehensive Diabetes Care: Foot Exam | Required | PSI | Process | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 67 | 1316580000 | Texas Health Harris Methodist Hospital Cleburne | Hospital | A | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of improvement in this bundle measures will be work done in our Transitional Care Clinic | No | 1-1-2017 | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) | Required | PSI | Clinical Outcome | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 68 | 1316580000 | Texas Health Harris Methodist Hospital Cleburne | Hospital | A | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of improvement in this bundle measures will be work done in our Transitional Care Clinic | No | 1-1-2017 | Diabetes Long-Term Glycemic Control (<140/90mm Hg) | Required | PSI | Clinical Outcome | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |
| 69 | 1316580000 | Texas Health Harris Methodist Hospital Cleburne | Hospital | A | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of improvement in this bundle measures will be work done in our Transitional Care Clinic | No | 1-1-2016 | PSI-03 Diabetes Composite (Adult: short-term complications, long-term complications, uncontrolled diabetes, lower extremity amputation admissions rates) | Required for Pay for MPT (PSI 03 is an option for Pay for Performance (P4P) with additional priority for Medicaid managed care providers and provider-then-Commercial volume | PSI | Preventable Avoid Clinical Outcome | 3 Requesting to report on PM | | No | Provider has an MPT of N, therefore, this measure is optional as a P4P measure. Provider opts for P4R. As this measure was recently added, we are in the process of programming to abstract the baseline. Data will be viewed/edits prior to submission. | No | | | | | | No | North Metro Information | No | No | No | No | HHSC encourages all providers to report P4R measures, and reporting on P4P is recommended for those with a reliable internal data source (claims/patient records). Provider has requested to report on P4R and has not included an adequate rationale for this decision.<br><br>In negotiations with CMS on CMT and MIPS (primarily, DME-delivered PMDs are a key measure of delivery system reform and all providers should be reporting on P4P or P4R if needed on the included measures are key outcomes of delivery system reform for DME, TRIs and FIMs "core conditions for which good outpatient care is potentially preventable or sensitive to primary care and/or early intervention to prevent complications or more severe illness." The Prevention Quality Indicators and Patient Safety Indicators "provide insight into the community health care system in various settings, including the hospital setting. For example, patients with conditions such as congestive heart failure, diabetes, and other conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management, they may be admitted to the hospital. Hospitalizations may result in an inadequate or not the healthcare system and that results avoidable in prevention" by changes at the system or provider level. Some of the PQI measures are based on claims data, most come from the ICD-9-CM defined epidemiologic hospital stay significant outpatient relationship with the performing provider. Lancaster. Remaining comments do not require action and this MPT | Provider is an acute care facility and does not provide sufficient comparative clinical outcomes to compare to PMD measures. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to substantiate the data, resulting in some hesitancy on the ability to report this measure. | No | Approved | No | No | No | No | Approved Internal Measure | Provider requested to report PMD measure as P4R. Provider has provided adequate justification for why the measure cannot be reported as P4P (MPT). JHB |
| 70 | 1316580000 | Texas Health Harris Methodist Hospital Cleburne | Hospital | A | Improved Chronic Disease Management - Diabetes Care | 11 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified diabetes as a Priority Need and our Community Health Organizational Goals. The primary system components of improvement in this bundle measures will be work done in our Transitional Care Clinic | No | 1-1-2016 | Diabetes Rate of Emergency Department Visits for Diabetes | Required for Pay for MPT (PSI 03 is an option for Pay for Performance (P4P) with additional priority for Medicaid managed care providers and provider-then-Commercial volume | PSI | Preventable Avoid Clinical Outcome | 3 Requesting to report on PM | | No | Provider has an MPT of N, therefore, this measure is optional as a P4P measure. Provider opts for P4R. As this measure was recently added, we are in the process of programming to abstract the baseline. Data will be viewed/edits prior to submission. | No | | | | | | No | North Metro Information | No | No | No | No | HHSC encourages all providers to report P4R measures, and reporting on P4P is recommended for those with a reliable internal data source (claims/patient records). Provider has requested to report on P4R and has not included an adequate rationale for this decision.<br><br>In negotiations with CMS on CMT and MIPS (primarily, DME-delivered PMDs are a key measure of delivery system reform and all providers should be reporting on P4P or P4R if needed on the included measures are key outcomes of delivery system reform for DME, TRIs and FIMs "core conditions for which good outpatient care is potentially preventable or sensitive to primary care and/or early intervention to prevent complications or more severe illness." The Prevention Quality Indicators and Patient Safety Indicators "provide insight into the community health care system in various settings, including the hospital setting. For example, patients with conditions such as congestive heart failure, diabetes, and other conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management, they may be admitted to the hospital. Hospitalizations may result in an inadequate or not the healthcare system and that results avoidable in prevention" by changes at the system or provider level. Some of the PQI measures are based on claims data, most come from the ICD-9-CM defined epidemiologic hospital stay significant outpatient relationship with the performing provider. Lancaster. Remaining comments do not require action and this MPT | Provider is an acute care facility and does not provide sufficient comparative clinical outcomes to compare to PMD measures. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to substantiate the data, resulting in some hesitancy on the ability to report this measure. | No | Approved | No | No | No | No | Approved Internal Measure | Provider requested to report PMD measure as P4R. Provider has provided adequate justification for why the measure cannot be reported as P4P (MPT). JHB |
| 71 | 1316580000 | Texas Health Harris Methodist Hospital Cleburne | Hospital | A | Improved Chronic Disease Management - Heart Disease | 8 | This bundle and its measures are aligned with our Community Health Needs Assessment that identified heart disease as a Priority Need and our Community Health Organizational Goals. The primary system components of improvement in this bundle measures will be work done in our Transitional Care Clinic | No | 1-1-2016 | Controlling High Blood Pressure | Required | PSI | Clinical Outcome | 3 Mitch determinant with significant volume | | No | | No | | | | No | No | No | No | No | HHSC does not have any comments on this scheme. | | No | No | No | No | No | Approved Internal Measure | HHSC does not have any comments on this scheme. |

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| 53 | 1323528550 | Texas Health Harris Methodist HEB | Hospital | 65 | Improved Chronic Disease Management: Diabetes Care | 11 | This bundle aims to ensure an aligned delivery Community Health document that addresses the top three identified diabetes care Priority Based Community Health Organizational Goals. The primary system components of improvement in this bundle's measures will be seen deep in our diabetes self-management HEP programs. | No | 4.1.007 | Diabetes Lower BP control (<140/90mm Hg) | Required | PAY | Clinical Outcome | 3 | Which demonstrated with significant volume | | No | | Requesting to export data delayed beyond the measurement period | 4/1/2019 | 12/31/2019 | Provider will be implementing a HEAT program to address this measure. Systems currently in place to measure outcomes/data. | | | No | No | North Mere Information | No | Provider responded to delayed baseline. In the BPP Plan Update Worksheet (Page 21 - 22) and the BPP Plan Update Webinar (Slide 31 Medicaid Value Planning Guidelines), HHSC included a list of underutilized value scenarios organized in order of preference, with Diabetes Management as the most preferable option. In our area, provider does not have reactive metric allocations (ED SAMPLES). Data available that ends 12/31/17, providers should focus solely on Diabetes Management. Focusing on completed, and is similar was only implementing time during baseline, the provider should report supplemental specifications at baseline only where data available (specific metric or reporting already in place), and finally a delayed baseline.<br><br>Provider explanation indicates a delayed baseline is being requested because a new program is being implemented. Unsatisfactory as new program is not cause to delay a baseline. Provider should better capture if they do not have any historical clinical data to report measure with a standard measurement period. The baseline should be drawn from the previous 3 SIMP cycles and EMR's which are the target populations.<br><br>Provider request for a delay of baseline did not adequately address why a baseline is not possible, including a lack of historical data, a lack of a clear measurement period, planning options and Vision, preliminary evaluations and retrospective goals, include in the Timeline | Requesting delayed baseline because this is an elective measure and provider had no ambulatory clinics in the standard baseline year. As a result, there is no data available to provide other than goal. Baseline for the elective Bundle year. Provider is implementing a Healthy Education and Lifestyle Programs, an chronic disease management clinic. This program will address this measure and the other provides a baseline through the delayed process. | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and provided adequate justification for why a more preferable baseline scenario is not feasible. Delay/deviation is appropriate. Approved |
| 54 | 1323528550 | Texas Health Harris Methodist HEB | Hospital | 65 | Improved Chronic Disease Management: Diabetes Care | 11 | This bundle aims to ensure an aligned delivery Community Health document that addresses the top three identified diabetes care Priority Based Community Health Organizational Goals. The primary system components of improvement in this bundle's measures will be seen deep in our diabetes self-management HEP programs. | No | 4.1.008 | PQ-01 Diabetes Composite (Adult: Lower Extremity Amputations, Surgery to Remove Lower Extremity Amputations, Lower extremity amputation admission rates) | Required Not PAY for MPT Not PAY for Collaborative Not PAY for Medicaid Not PAY for Medicare FFS Not PAY for Medicaid managed care Not PAY for Medicare managed care Not PAY for Commercial payer Not PAY for provider with greater than 1 year measure review | PAY | Organizational Based Clinical Outcome | 3 | Requesting to report on PAY | | Provider has an MPT of 0, therefore, this measure is optional as a PAY measure. Provider opts for PAY. At this measure was recently added, we are in the process of programming an element this baseline. Data will be unavailable prior to calendar year. | No | | No | | | | | North Mere Information | No | No | No | Provider is an ambulatory facility and does not provide sufficient oversight in clinical outcomes to impact this PAQI measure. Provider has provided adequate justification for why the measure is not feasible. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to calculate a baseline as yet, resulting in uncertainty as to the ability to impact this measure. | Yes | Approved | No | No | No | Approved Internal Measure | Provider requested an exact PAQI measure, or PAY. Provider has provided adequate justification for why this measure is not feasible, approved as PAY or MPT. 2019. |
| 55 | 1323528550 | Texas Health Harris Methodist HEB | Hospital | 65 | Improved Chronic Disease Management: Diabetes Care | 11 | This bundle aims to ensure an aligned delivery Community Health document that addresses the top three identified diabetes care Priority Based Community Health Organizational Goals. The primary system components of improvement in this bundle's measures will be seen deep in our diabetes self-management HEP programs. | No | 4.1.008 | Reduce Rate of Emergency Department visits for Diabetes | Required Not PAY for MPT Not PAY for Collaborative Not PAY for Medicaid Not PAY for Medicare FFS Not PAY for Medicaid managed care Not PAY for Medicare managed care Not PAY for Commercial payer Not PAY for provider with greater than 1 year measure review | PAY | Organizational Based Clinical Outcome | 3 | Requesting to report on PAY | | Provider has an MPT of 0, therefore, this measure is optional as a PAY measure. Provider opts for PAY. At this measure was recently added, we are in the process of programming an element this baseline. Data will be unavailable prior to calendar year. | No | | No | | | | | North Mere Information | No | No | No | Provider is an ambulatory facility and does not provide sufficient oversight in clinical outcomes to impact this PAQI measure. Provider has provided adequate justification for why the measure is not feasible. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to calculate a baseline as yet, resulting in uncertainty as to the ability to impact this measure. | Yes | Approved | No | No | No | Approved Internal Measure | Provider requested an exact PAQI measure, or PAY. Provider has provided adequate justification for why this measure is not feasible, approved as PAY or MPT. 2019. |
| 56 | 1323528550 | Texas Health Harris Methodist HEB | Hospital | 65 | Improved Chronic Disease Management: Pearl Disease | 8 | This bundle aims to ensure an aligned delivery Community Health document that addresses the top three identified Pearl Disease as a Priority Based Community Health Organizational Goals. The primary system components of improvement in this bundle's measures will be seen deep inour OHP and HEDP programs. | No | 4.1.010 | Controlling High Blood Pressure | Required | PAY | Clinical Outcome | 3 | Which demonstrated with significant volume | | No | | Requesting delayed measurement period | 4/1/2019 | 12/31/2019 | Provider will be implementing a HEAT program to address this measure. Systems currently in place to measure outcomes/data. | | | No | No | North Mere Information | No | Provider responded to delayed baseline. In the BPP Plan Update Worksheet (Page 21 - 22) and the BPP Plan Update Webinar (Slide 31 Medicaid Value Planning Guidelines), HHSC included a list of underutilized value scenarios organized in order of preference, with Diabetes Management as the most preferable option. In our area, provider does not have reactive metric allocations (ED SAMPLES). Data available that ends 12/31/17, providers should focus solely on Diabetes Management. Focusing on completed, and is similar was only implementing time during baseline, the provider should report supplemental specifications at baseline only where data available (specific metric or reporting already in place), and finally a delayed baseline.<br><br>Provider explanation indicates a delayed baseline is being requested because a new program is being implemented. Unsatisfactory as new program is not cause to delay a baseline. Provider should better capture if they do not have any historical clinical data to report measure with a standard measurement period. The baseline should be drawn from the previous 3 SIMP cycles and EMR's which are the target populations.<br><br>Provider request for a delay of baseline did not adequately address why a baseline is not possible, including a lack of historical data, a lack of a clear measurement period, planning options and Vision, preliminary evaluations and retrospective goals, include in the Timeline | Requesting delayed baseline because this is an elective measure and provider had no ambulatory clinics in the standard baseline year. As a result, there is no data available to provide other than goal. Baseline for the elective Bundle year. Provider is implementing a Healthy Education and Lifestyle Programs, an chronic disease management clinic. This program will address this measure and the other provides a baseline through the delayed process. | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and provided adequate justification for why a more preferable baseline scenario is not feasible. Delay/deviation is appropriate. Approved |
| 57 | 1323528550 | Texas Health Harris Methodist HEB | Hospital | 65 | Improved Chronic Disease Management: Pearl Disease | 8 | This bundle aims to ensure an aligned delivery Community Health document that addresses the top three identified Pearl Disease as a Priority Based Community Health Organizational Goals. The primary system components of improvement in this bundle's measures will be seen deep inour OHP and HEDP programs. | No | 4.1.014 | Smoke Cessation for the Prevention and Treatment of Cardiovascular Disease | Required | PAY | Process | 3 | Which demonstrated with significant volume | | No | | Requesting delayed measurement period | 4/1/2019 | 12/31/2019 | Provider will be implementing a HEAT program to address this measure. Systems currently in place to measure outcomes/data. | | | No | No | North Mere Information | No | Provider responded to delayed baseline. In the BPP Plan Update Worksheet (Page 21 - 22) and the BPP Plan Update Webinar (Slide 31 Medicaid Value Planning Guidelines), HHSC included a list of underutilized value scenarios organized in order of preference, with Diabetes Management as the most preferable option. In our area, provider does not have reactive metric allocations (ED SAMPLES). Data available that ends 12/31/17, providers should focus solely on Diabetes Management. Focusing on completed, and is similar was only implementing time during baseline, the provider should report supplemental specifications at baseline only where data available (specific metric or reporting already in place), and finally a delayed baseline.<br><br>Provider explanation indicates a delayed baseline is being requested because a new program is being implemented. Unsatisfactory as new program is not cause to delay a baseline. Provider should better capture if they do not have any historical clinical data to report measure with a standard measurement period. The baseline should be drawn from the previous 3 SIMP cycles and EMR's which are the target populations.<br><br>Provider request for a delay of baseline did not adequately address why a baseline is not possible, including a lack of historical data, a lack of a clear measurement period, planning options and Vision, preliminary evaluations and retrospective goals, include in the Timeline | Requesting delayed baseline because this is an elective measure and provider had no ambulatory clinics in the standard baseline year. As a result, there is no data available to provide other than goal. Baseline for the elective Bundle year. Provider is implementing a Healthy Education and Lifestyle Programs, an chronic disease management clinic. This program will address this measure and the other provides a baseline through the delayed process. | Yes | No | No | Approved | No | Approved Internal Measure | Provider requested a delayed baseline and provided adequate justification for why a more preferable baseline scenario is not feasible. Delay/deviation is appropriate. Approved |
| 58 | 1323528550 | Texas Health Harris Methodist HEB | Hospital | 65 | Improved Chronic Disease Management: Pearl Disease | 8 | This bundle aims to ensure an aligned delivery Community Health document that addresses the top three identified Pearl Disease as a Priority Based Community Health Organizational Goals. The primary system components of improvement in this bundle's measures will be seen deep inour OHP and HEDP programs. | No | 4.1.015 | PQ-04 Oral Health Care for Adults (Medicaid) | Required Not PAY for MPT Not PAY for Collaborative Not PAY for additional metric for Not PAY for Medicaid managed care Not PAY for provider with greater than 1 year measure review | PAY | Organizational Based Clinical Outcome | 3 | Requesting to report on PAY | | Provider has an MPT of 0, therefore, this measure is optional as a PAY measure. Provider opts for PAY. At this measure was recently added, we are in the process of programming an element this baseline. Data will be unavailable prior to calendar year. | No | | No | | | | | North Mere Information | No | No | No | HHSC encourages all providers to report PAQI measures, and Supervisory PAY is recommended for those with a notable concern of low performance. Provider has reported a significant measure value. Provider has requested to report a PAY or MPT. Provider has not included an adequate rationale for the decision.<br><br>In organizations with EMR or EHT and MIPS pressure, EMR indicated EMRs are a key measure of delivery system reform and all EMR measures are key to overall MIPS performance. Provider included measures with key overlap of delivery system reform (Vision EMR), PQIs and PSIs "are conditions for which good outpatient care can prevent the need for hospitalization or for ambulatory care sensitive conditions or chronic conditions. Preventable or treatable chronic medical illnesses, "preventable or treatable" by changes at the system or provider level. As a reminder, the determinant for Category 2 measures is not how many PQI-EMR defined system wide measures, but how many from the EMR defined system wide measures. Provider has not shown a significant measure relationship with the performing provider system. Remaining elements do not need to cover which EMR | Provider is an ambulatory facility and does not provide sufficient oversight in clinical outcomes to impact this PAQI measure. Provider has provided adequate justification for why the measure is not feasible. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to calculate a baseline as yet, resulting in uncertainty as to the ability to impact this measure. | Yes | Approved | No | No | No | Approved Internal Measure | Provider requested an exact PAQI measure, or PAY. Provider has provided adequate justification for why this measure is not feasible, approved as PAY or MPT. 2019. |
| 59 | 1323528550 | Texas Health Harris Methodist HEB | Hospital | 65 | Improved Chronic Disease Management: Pearl Disease | 8 | This bundle aims to ensure an aligned delivery Community Health document that addresses the top three identified Pearl Disease as a Priority Based Community Health Organizational Goals. The primary system components of improvement in this bundle's measures will be seen deep inour OHP and HEDP programs. | No | 4.1.016 | Reduce Rate of Emergency Department visits for ENT, Angina, and Hypertension | Required Not PAY for MPT Not PAY for Collaborative Not PAY for additional metric for Not PAY for Medicaid managed care Not PAY for provider with greater than 1 year measure review | PAY | Organizational Based Clinical Outcome | 3 | Requesting to report on PAY | | Provider has an MPT of 0, therefore, this measure is optional as a PAY measure. Provider opts for PAY. At this measure was recently added, we are in the process of programming an element this baseline. Data will be unavailable prior to calendar year. | No | | No | | | | | North Mere Information | No | No | No | HHSC encourages all providers to report PAQI measures, and Supervisory PAY is recommended for those with a notable concern of low performance. Provider has reported a significant measure value. Provider has requested to report a PAY or MPT. Provider has not included an adequate rationale for the decision.<br><br>In organizations with EMR or EHT and MIPS pressure, EMR indicated EMRs are a key measure of delivery system reform and all EMR measures are key to overall MIPS performance. Provider included measures with key overlap of delivery system reform (Vision EMR), PQIs and PSIs "are conditions for which good outpatient care can prevent the need for hospitalization or for ambulatory care sensitive conditions or chronic conditions. Preventable or treatable chronic medical illnesses, "preventable or treatable" by changes at the system or provider level. As a reminder, the determinant for Category 2 measures is not how many PQI-EMR defined system wide measures, but how many from the EMR defined system wide measures. Provider has not shown a significant measure relationship with the performing provider system. Remaining elements do not need to cover which EMR | Provider is an ambulatory facility and does not provide sufficient oversight in clinical outcomes to impact this PAQI measure. Provider has provided adequate justification for why the measure is not feasible. Additionally, due to an ongoing upgrade of the entire company's electronic health record, provider has been unable to calculate a baseline as yet, resulting in uncertainty as to the ability to impact this measure. | Yes | Approved | No | No | No | Approved Internal Measure | Provider requested an exact PAQI measure, or PAY. Provider has provided adequate justification for why this measure is not feasible, approved as PAY or MPT. 2019. |
| 60 | 1336186117 | UNTHSC at Fort Worth | Physician Practice affiliated with an academic Health Science Center (AHSC) | 65 | Improved Chronic Disease Management: Diabetes Care | 11 | The UNTHSC Clinical Practice Group has a significant patient population. This population is geographically protected in the Medicaid and underinsured/uninsured populations. As noted, this has a particular focus on the Medicaid Community Health Needs Assessment through creation of the Neighborhood Health Center. The primary system components that will be driving improvement are the primary care clinics located at the on-campus UNTHSC Health Institutes and are additional secondary clinics. | No | 4.1.012 | Comprehensive Diabetes Care: Foot Exam | Required | PAY | Process | 3 | Which demonstrated with significant volume | | No | | | | | No | | No | No | No | | No | No | No | UNTHSC does not have any comments on this scenarios | | No | No | No | No | No | Approved Internal Measure | UNTHSC does not have any comments on this scenarios. |
| 61 | 1336186117 | UNTHSC at Fort Worth | Physician Practice affiliated with an academic Health Science Center (AHSC) | 65 | Improved Chronic Disease Management: Diabetes Care | 11 | The UNTHSC Clinical Practice Group has a significant patient population. This population is geographically protected in the Medicaid and underinsured/uninsured populations. As noted, this has a particular focus on the Medicaid Community Health Needs Assessment through creation of the Neighborhood Health Center. The primary system components that will be driving improvement are the primary care clinics located at the on-campus UNTHSC Health Institutes and are additional secondary clinics. | No | 4.1.013 | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) | Required | PAY | Clinical Outcome | 3 | Which demonstrated with significant volume | | No | | | | | No | | No | No | No | | No | No | No | UNTHSC does not have any comments on this scenarios | | No | No | No | No | No | Approved Internal Measure | UNTHSC does not have any comments on this scenarios. |
| 62 | 1336186117 | UNTHSC at Fort Worth | Physician Practice affiliated with an academic Health Science Center (AHSC) | 65 | Improved Chronic Disease Management: Diabetes Care | 11 | The UNTHSC Clinical Practice Group has a significant patient population. This population is geographically protected in the Medicaid and underinsured/uninsured populations. As noted, this has a particular focus on the Medicaid Community Health Needs Assessment through creation of the Neighborhood Health Center. The primary system components that will be driving improvement are the primary care clinics located at the on-campus UNTHSC Health Institutes and are additional secondary clinics. | No | 4.1.017 | Diabetes Lower BP control (<140/90mm Hg) | Required | PAY | Clinical Outcome | 3 | Which demonstrated with significant volume | | No | | | | | No | | No | No | No | | No | No | No | UNTHSC does not have any comments on this scenarios | | No | No | No | No | No | Approved Internal Measure | UNTHSC does not have any comments on this scenarios. |

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| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Improved Chronic Disease Management: Diabetes Care | 1.1 | The ACPNC Clinical Practice Group has a significant diabetic patient population. The Medicaid and underinsured population is especially pressured in the Medicaid and underinsured populations. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvements in the primary care system components that outline strong improvements in the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | 0.1158 | Hgb1A1c Glycemic Control (Adult Diabetic patients, to prevent complications, uncontrolled diabetes, lower uncontrolled population addressed value) | Inspection Only: MP 4.17.5, Inspection Only: additional points for MP Tactics 7.5 and 7.6 provide with greater than average volume | Inspection Based Clinical Outcome | Inspection Based Clinical Outcome | 1 | Recommendation volume | ACPNC requests approval for recommendation volume for this PRO measure. As an academic healthcare cancer center without a Medicaid hospital, ACPNC does not have access to retrieve data that would be required to report this measure. | No | | | No | | | | | No | | | | | North Shore Information | No | No | No | ACPNC encourages all providers to support PRO measures, and to develop necessary data sharing agreements or HIE arrangements if currently, ACPNC has data exchange agreements that are specific to each provider, SMS indicated PRO is also a key measure of delivery system reform and all providers should be reporting as well as ready to report PRO measures in aggregation with SMS and HIE to provide providers. As a part of MACRA/MIPS requirements, UNPHC is currently working with a new specialty providers to participate in data exchange. UNPHC is currently affiliated with a Health Information Exchange (HIE) for seamless access to the hospital level EMR/EHR. These are conditions for which good management care can potentially prevent the need for hospitalizations for which early intervention can prevent hospitalizations. Hospitalizations for these conditions are indicators of ambulatory care sensitive conditions. Timely insight into community health care system or services outside the hospital setting can be a key component to reducing avoidable hospitalizations. For diabetic complications (Foot conditions are not adequately monitored or if they do not receive the patient education needed to manage their condition, they are at risk for amputation. Amputation patients experience a 4 month stay in the hospital. Amputation is a costly event and a high quality indicator. Timely insight into the healthcare system and that may be amenable to prevention" by Hospital and Hospital or emergency Base Metrics provide components, provider should receive actionable data sharing arrangements that may be leveraged to the key outpatient health measures (primary care setting. Provider should indicate in the "Provide Response" column if reporting PRO measure or PRO is feasible for MIP and MIPS, or indicate why provider may be testing to be able report measures in the future. | The Commonwealth Health Team, Health Insurance Center (UNPHC) is an ambulatory care practice with an associated hospital for its patients. Our Medicaid and underinsured population is especially pressured in the Medicaid and underinsured populations. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvements in the primary care system components that outline strong improvements in the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | Approved | No | No | No | No | Approved External Measure | Provider has requested to report no volume for PRO measure. Provider has provided adequate justification for why the measure cannot be reported in 2017. (HN) |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Improved Chronic Disease Management: Diabetes Care | 1.1 | The ACPNC Clinical Practice Group has a significant diabetic patient population. The Medicaid and underinsured population is especially pressured in the Medicaid and underinsured populations. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvements in the primary care system components that outline strong improvements in the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | 0.1158 | Reduce Rate of Emergency Department visits for Diabetes | Inspection Only: MP 4.17.5, Inspection Only: additional points for MP Tactics 7.5 and 7.6 provide with greater than average volume | Inspection Based Clinical Outcome | Inspection Based Clinical Outcome | 1 | Recommendation volume | ACPNC requests approval for recommendation volume for this PRO measure. As an academic healthcare cancer center without a Medicaid hospital, ACPNC does not have access to retrieve data that would be required to report this measure. | No | | | No | | | | | No | | | | | North Shore Information | No | No | No | ACPNC encourages all providers to support PRO measures, and to develop necessary data sharing agreements or HIE arrangements if currently, ACPNC has data exchange agreements that are specific to each provider, SMS indicated PRO is also a key measure of delivery system reform and all providers should be reporting as well as ready to report PRO measures in aggregation with SMS and HIE to provide providers. As a part of MACRA/MIPS requirements, UNPHC is currently working with a new specialty providers to participate in data exchange. UNPHC is currently affiliated with a Health Information Exchange (HIE) for seamless access to the hospital level EMR/EHR. These are conditions for which good management care can potentially prevent the need for hospitalizations for which early intervention can prevent hospitalizations. Hospitalizations for these conditions are indicators of ambulatory care sensitive conditions. Timely insight into community health care system or services outside the hospital setting can be a key component to reducing avoidable hospitalizations. For diabetic complications (Foot conditions are not adequately monitored or if they do not receive the patient education needed to manage their condition, they are at risk for amputation. Amputation patients experience a 4 month stay in the hospital. Amputation is a costly event and a high quality indicator. Timely insight into the healthcare system and that may be amenable to prevention" by Hospital and Hospital or emergency Base Metrics provide components, provider should receive actionable data sharing arrangements that may be leveraged to the key outpatient health measures (primary care setting. Provider should indicate in the "Provide Response" column if reporting PRO measure or PRO is feasible for MIP and MIPS, or indicate why provider may be testing to be able report measures in the future. | The Commonwealth Health Team, Health Insurance Center (UNPHC) is an ambulatory care practice with an associated hospital for its patients. Our Medicaid and underinsured population is especially pressured in the Medicaid and underinsured populations. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvements in the primary care system components that outline strong improvements in the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | Approved | No | No | No | No | Approved External Measure | Provider has requested to report no volume for PRO measure. Provider has provided adequate justification for why the measure cannot be reported in 2017. (HN) |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Improved Chronic Disease Management: Heart Disease | 2 | The ACPNC Clinical Practice Group has a significant patient population suffering from heart disease. The Medicaid and underinsured population. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions such as through improved improving medication adherence, improving comorbidities, improving health outcomes and specifically BL, antipreventing disease and improving health outcomes and will address priority needs identified in the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvement are within the primary care system components that outline strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | 0.0100 | Controlling High Blood Pressure | Inspection Only | Clinical Outcome | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Improved Chronic Disease Management: Heart Disease | 2 | The ACPNC Clinical Practice Group has a significant patient population suffering from heart disease. The Medicaid and underinsured population. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions such as through improved improving medication adherence, improving comorbidities, improving health outcomes and specifically BL, antipreventing disease and improving health outcomes and will address priority needs identified in the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvement are within the primary care system components that outline strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | 0.0100 | Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented | Inspection Only | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Improved Chronic Disease Management: Heart Disease | 2 | The ACPNC Clinical Practice Group has a significant patient population suffering from heart disease. The Medicaid and underinsured population. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions such as through improved improving medication adherence, improving comorbidities, improving health outcomes and specifically BL, antipreventing disease and improving health outcomes and will address priority needs identified in the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvement are within the primary care system components that outline strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | 0.0100 | Cardiac Rehab/Qtr Hx: Prevention and Treatment of Cardiovascular Disease | Inspection Only | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Improved Chronic Disease Management: Heart Disease | 2 | The ACPNC Clinical Practice Group has a significant patient population suffering from heart disease. The Medicaid and underinsured population. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions such as through improved improving medication adherence, improving comorbidities, improving health outcomes and specifically BL, antipreventing disease and improving health outcomes and will address priority needs identified in the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvement are within the primary care system components that outline strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | 0.0100 | PQI08 Congestive Heart Failure Admissions Rate (Adult) | Inspection Only: MP 4.17.5, Inspection Only: additional points for MP Tactics 7.5 and 7.6 provide with greater than average volume | Inspection Based Clinical Outcome | Inspection Based Clinical Outcome | 1 | Recommendation volume | ACPNC requests approval for recommendation volume for this PRO measure. As an academic healthcare cancer center without a Medicaid hospital, ACPNC does not have access to retrieve data that would be required to report this measure. | No | | | No | | | | | No | | | | | North Shore Information | No | No | No | ACPNC encourages all providers to support PRO measures, and to develop necessary data sharing agreements or HIE arrangements if currently, ACPNC has data exchange agreements that are specific to each provider, SMS indicated PRO is also a key measure of delivery system reform and all providers should be reporting as well as ready to report PRO measures in aggregation with SMS and HIE to provide providers. As a part of MACRA/MIPS requirements, UNPHC is currently working with a new specialty providers to participate in data exchange. UNPHC is currently affiliated with a Health Information Exchange (HIE) for seamless access to the hospital level EMR/EHR. These are conditions for which good management care can potentially prevent the need for hospitalizations for which early intervention can prevent hospitalizations. Hospitalizations for these conditions are indicators of ambulatory care sensitive conditions. Timely insight into community health care system or services outside the hospital setting can be a key component to reducing avoidable hospitalizations. For diabetic complications (Foot conditions are not adequately monitored or if they do not receive the patient education needed to manage their condition, they are at risk for amputation. Amputation patients experience a 4 month stay in the hospital. Amputation is a costly event and a high quality indicator. Timely insight into the healthcare system and that may be amenable to prevention" by Hospital and Hospital or emergency Base Metrics provide components, provider should receive actionable data sharing arrangements that may be leveraged to the key outpatient health measures (primary care setting. Provider should indicate in the "Provide Response" column if reporting PRO measure or PRO is feasible for MIP and MIPS, or indicate why provider may be testing to be able report measures in the future. | The Commonwealth Health Team, Health Insurance Center (UNPHC) is an ambulatory care practice with an associated hospital for its patients. Our Medicaid and underinsured population is especially pressured in the Medicaid and underinsured populations. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvements in the primary care system components that outline strong improvements in the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | Approved | No | No | No | No | Approved External Measure | Provider has requested to report no volume for PRO measure. Provider has provided adequate justification for why the measure cannot be reported in 2017. (HN) |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Improved Chronic Disease Management: Heart Disease | 2 | The ACPNC Clinical Practice Group has a significant patient population suffering from heart disease. The Medicaid and underinsured population. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions such as through improved improving medication adherence, improving comorbidities, improving health outcomes and specifically BL, antipreventing disease and improving health outcomes and will address priority needs identified in the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvement are within the primary care system components that outline strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | 0.0100 | Reduce Rate of Emergency Department visits for CHF, Angina, and Hypertension | Inspection Only: MP 4.17.5, Inspection Only: additional points for MP Tactics 7.5 and 7.6 provide with greater than average volume | Inspection Based Clinical Outcome | Inspection Based Clinical Outcome | 1 | Recommendation volume | ACPNC requests approval for recommendation volume for this PRO measure. As an academic healthcare cancer center without a Medicaid hospital, ACPNC does not have access to retrieve data that would be required to report this measure. | No | | | No | | | | | No | | | | | North Shore Information | No | No | No | ACPNC encourages all providers to support PRO measures, and to develop necessary data sharing agreements or HIE arrangements if currently, ACPNC has data exchange agreements that are specific to each provider, SMS indicated PRO is also a key measure of delivery system reform and all providers should be reporting as well as ready to report PRO measures in aggregation with SMS and HIE to provide providers. As a part of MACRA/MIPS requirements, UNPHC is currently working with a new specialty providers to participate in data exchange. UNPHC is currently affiliated with a Health Information Exchange (HIE) for seamless access to the hospital level EMR/EHR. These are conditions for which good management care can potentially prevent the need for hospitalizations for which early intervention can prevent hospitalizations. Hospitalizations for these conditions are indicators of ambulatory care sensitive conditions. Timely insight into community health care system or services outside the hospital setting can be a key component to reducing avoidable hospitalizations. For diabetic complications (Foot conditions are not adequately monitored or if they do not receive the patient education needed to manage their condition, they are at risk for amputation. Amputation patients experience a 4 month stay in the hospital. Amputation is a costly event and a high quality indicator. Timely insight into the healthcare system and that may be amenable to prevention" by Hospital and Hospital or emergency Base Metrics provide components, provider should receive actionable data sharing arrangements that may be leveraged to the key outpatient health measures (primary care setting. Provider should indicate in the "Provide Response" column if reporting PRO measure or PRO is feasible for MIP and MIPS, or indicate why provider may be testing to be able report measures in the future. | The Commonwealth Health Team, Health Insurance Center (UNPHC) is an ambulatory care practice with an associated hospital for its patients. Our Medicaid and underinsured population is especially pressured in the Medicaid and underinsured populations. As such, this measure bands provides the opportunity to address the results of the PHPNC Community Health Needs Assessment through creative ultimate care management interventions that utilize strong improvements in the primary care system components that outline strong improvements in the primary care system components that outline the Health Foundation and the ABPMS Summary slide. | No | Approved | No | No | No | No | Approved External Measure | Provider has requested to report no volume for PRO measure. Provider has provided adequate justification for why the measure cannot be reported in 2017. (HN) |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Primary Care Prevention - Healthy Screen | 1.2 | ACPNC Clinical Practice Group is focused on population health and recognizes that primary care is the key to reducing the secondary effects of chronic disease. These interventions will also address priority needs identified in the PHPNC Community Health Needs Assessment. The primary system components that will be strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS. | No | 0.0100 | Preventive Care & Screening: Tobacco Use Screening & Cessation Intervention | Inspection | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Primary Care Prevention - Healthy Screen | 1.2 | ACPNC Clinical Practice Group is focused on population health and recognizes that primary care is the key to reducing the secondary effects of chronic disease. These interventions will also address priority needs identified in the PHPNC Community Health Needs Assessment. The primary system components that will be strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS. | No | 0.0100 | Comprehensive Diabetes Care: Hemoglobin A1c (PQM) (Testing | Inspection | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Primary Care Prevention - Healthy Screen | 1.2 | ACPNC Clinical Practice Group is focused on population health and recognizes that primary care is the key to reducing the secondary effects of chronic disease. These interventions will also address priority needs identified in the PHPNC Community Health Needs Assessment. The primary system components that will be strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS. | No | 0.0100 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up | Inspection | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Primary Care Prevention - Healthy Screen | 1.2 | ACPNC Clinical Practice Group is focused on population health and recognizes that primary care is the key to reducing the secondary effects of chronic disease. These interventions will also address priority needs identified in the PHPNC Community Health Needs Assessment. The primary system components that will be strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS. | No | 0.0100 | Preventive care: Influenza vaccination under adults | Inspection | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Primary Care Prevention - Healthy Screen | 1.2 | ACPNC Clinical Practice Group is focused on population health and recognizes that primary care is the key to reducing the secondary effects of chronic disease. These interventions will also address priority needs identified in the PHPNC Community Health Needs Assessment. The primary system components that will be strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS. | No | 0.0100 | Preventive Care and Screening: Influenza Immunization | Inspection | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Primary Care Prevention - Healthy Screen | 1.2 | ACPNC Clinical Practice Group is focused on population health and recognizes that primary care is the key to reducing the secondary effects of chronic disease. These interventions will also address priority needs identified in the PHPNC Community Health Needs Assessment. The primary system components that will be strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS. | No | 0.0100 | Adults 18+ pneumococcal vaccination status | Inspection | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Primary Care Prevention - Healthy Screen | 1.2 | ACPNC Clinical Practice Group is focused on population health and recognizes that primary care is the key to reducing the secondary effects of chronic disease. These interventions will also address priority needs identified in the PHPNC Community Health Needs Assessment. The primary system components that will be strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS. | No | 0.0100 | Chlamydia Screening in Women (CHL) | Inspection | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |
| 1.0 | CMMI2021 | ACPNC at Pure Health | Physician Practice affiliated with an Academic Health Science Center (APC) | 01 | Primary Care Prevention - Healthy Screen | 1.2 | ACPNC Clinical Practice Group is focused on population health and recognizes that primary care is the key to reducing the secondary effects of chronic disease. These interventions will also address priority needs identified in the PHPNC Community Health Needs Assessment. The primary system components that will be strong improvement are within the primary care system components that outline the Health Foundation and the ABPMS. | No | 0.0100 | Human Papillomavirus Vaccinations (ages 11-26) | Inspection | Process | 1 | Which denominator with significant volume | | No | | | No | | | | | No | | | | | No | No | No | NYHC does not have any patients to do this collection. | | No | No | No | No | No | Approved External Measure | NYHC does not have any patients to do this collection. |

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| 13 | 1841458843 | Eastern Physician Group Inc | Physician Practice not affiliated with an Accountable Health Care Center (APM) | 01 | Improved Chronic Disease Management: Diabetes Care | 11 | Electronically and/or measures are aligned with two Community Needs document that identified Diabetes as a Priority Needand two Population Health Organizational Goals. The primary system components of Improvement Units Benefit's measures will be with Beta: Inner Primary Care Units. | 06 | 6-10 | Controlled Serum Glucose (Glucose Control Management Jobs (Hidden/Non Control Jobs). | Required | 0.07 | Clinical Outcome | 0 | Which demonstrated with significant volume | | No | | No | | | | No | | No | No | No | No | PHMG does not have any comments on this scorecard. | For our actual with PHMG (Indian Health & Wellness Services Program Group (2B0100400)) is managing with Tarrant County Hospital District dba JPS Health Network (1336175161). **As a result we will be moving the JV Chronic Disease Management to the PN Bundle selection. The JV PBGH will now be PVP since our MPT is PN.** | No | | No | No | No | No | Measure Deleted | PHMG has delisted this measure based on the combination with Tarrant County Hospital District |
| 14 | 1841458843 | Eastern Physician Group Inc | Physician Practice not affiliated with an Accountable Health Care Center (APM) | 01 | Improved Chronic Disease Management: Diabetes Care | 11 | Electronically and/or measures are aligned with two Community Needs document that identified Diabetes as a Priority Needand two Population Health Organizational Goals. The primary system components of Improvement Units Benefit's measures will be with Beta: Inner Primary Care Units. | 06 | 6-10.07 | Diabetes Low BP control (<140/90mm Hg) | Required | 0.09 | Clinical Outcome | 0 | Which demonstrated with significant volume | | No | | No | | | | No | | No | No | No | No | PHMG does not have any comments on this scorecard. | For our actual with PHMG (Indian Health & Wellness Services Program Group (2B0100400)) is managing with Tarrant County Hospital District dba JPS Health Network (1336175161). **As a result we will be moving the JV Chronic Disease Management to the PN Bundle selection. The JV PBGH will now be PVP since our MPT is PN.** | No | | No | No | No | No | Measure Deleted | PHMG has delisted this measure based on the combination with Tarrant County Hospital District |
| 15 | 1841458843 | Eastern Physician Group Inc | Physician Practice not affiliated with an Accountable Health Care Center (APM) | 01 | Improved Chronic Disease Management: Diabetes Care | 11 | Electronically and/or measures are aligned with two Community Needs document that identified Diabetes as a Priority Needand two Population Health Organizational Goals. The primary system components of Improvement Units Benefit's measures will be with Beta: Inner Primary Care Units. | 06 | 6-10.08 | HbA1c Diabetes Composite (death, short term complications, long term complications, uncontrolled diabetes, lower extremity amputation admission rates) | Required as Part for MPT in PN. The JV is a Pediatric Cardiac Care Provider and MPT for Texas TX is CMS Every provider with Pediatric Cardiac Care volume | 0.07 | Expanded Broad Clinical Outcome | 0 | Requesting no report as PHM | | No (MPT is <75 patients, so we are not requiring to report these measures as PVP. We do have access to hospital data for our patients, so we will be able to report these numbers as PHM. | | No | | | | No | | North Shore Information | No | No | No | PHMG encourages all providers to report PBGH measures, and supervising PVP is recommended for those with a reliable source of data and a significant transcript volume. Provider has requested to report as PVP and has not included an adequate rationale for this decision.<br><br>In response to our HHS CMS as CMT and MIPS protocols, CMS advised PHMG are a key measure of delivery system reform and all providers should be reporting as PVP or PHM if needed as the included measures are key outcomes of delivery system reform. For PHMG, PVP is the best way to report these measures because it serves as a potential alignment the need for the physicians or for which quality interventions or prepare complications or more severe.