

2021 MSSP Web-Interface Quality Measures Checklist

Measure Screening Tips - Care Team/Provider Actions – Documentation

	Screening Tips	Care Team Member Action	Provider Action	EHR Documentation
(Care-2) Falls: Future Fall Risk	<input type="checkbox"/> Patients 65 years of age and older <input type="checkbox"/> Specific screening tool is not required <input type="checkbox"/> Telehealth encounter option for screening <input type="checkbox"/> Gait or balance assessment meets measure <input type="checkbox"/> Intake process can include screening questionnaire prior to visit	<input type="checkbox"/> Perform screening during AWW or routine office visit <input type="checkbox"/> Educate patient on fall prevention	<input type="checkbox"/> Evaluate older patients who report recurrent falls in the past year <input type="checkbox"/> Refer older patients who report recurrent falls to specialist (e.g., geriatrician) <input type="checkbox"/> Recommend Home Health visit to determine fall risk in the home	<input type="checkbox"/> Date of fall screening, history of falls or problems with gait/balance, or document “no falls” within measurement period <input type="checkbox"/> Staff name and credentials of whom performed screening <input type="checkbox"/> Medical exclusion applicable- indication of non-ambulatory (e.g., patient immobile, wheelchair bound)
(HTN-2) Controlling High Blood Pressure	<input type="checkbox"/> Patients 18-85 years of age <input type="checkbox"/> Focused population: controlled hypertension (<140/90 mmHg-the most recent value will be used) <input type="checkbox"/> If multiple BPs taken on same date of service, use lowest systolic/diastolic reading <input type="checkbox"/> Telehealth encounter option with use of patient home device or remote monitoring device	<input type="checkbox"/> Capture lowest BP reading during encounter (controlled < 140/90mmHg) <input type="checkbox"/> Educate patient on hypertension and wellness activities to lower/maintain BP	<input type="checkbox"/> Educate patient and develop care plan as applicable	<input type="checkbox"/> Diagnosis of hypertension within first six months (prior to 7/1/2021) or prior to measurement period <input type="checkbox"/> Blood pressure value (<140/90 mmHg) and date within measurement period <input type="checkbox"/> Follow-up plan (if any) <input type="checkbox"/> Medical exclusion-indication of medical condition and date (e.g., ESRD)
(DM-2) Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	<input type="checkbox"/> Patients 18-75 years of age w/ diabetes <input type="checkbox"/> Determine if patient has type 1/type 2 diabetes <input type="checkbox"/> Focused population: patients whose most recent HbA1c level is > 9.0% (during measurement period) <input type="checkbox"/> Telehealth encounter option for documentation of HbA1c result	<input type="checkbox"/> Assess current HbA1c in medical record <input type="checkbox"/> Educate patient on diabetes, glucose monitoring, nutrition, and physical activity	<input type="checkbox"/> Order HbA1c and perform screening	<input type="checkbox"/> Confirmation of active or history diagnosis of diabetes within measurement period <input type="checkbox"/> HbA1c values A1c > 9.0% and test date within measurement period <input type="checkbox"/> Follow-up plan (if any) <input type="checkbox"/> If medical exclusion applicable- indication of medical condition (e.g., dementia medication) or special needs plan (SNP)
(MH-1) Depression Remission at Twelve Months	<input type="checkbox"/> Patients 18 years of age and older with diagnosis of major depression, major depressive disorder, dysthymia, dysthymic disorder, pervasive depressive disorder <input type="checkbox"/> All nine PHQ-9/PHQ-9M questions must be answered to have a valid score <input type="checkbox"/> Telehealth encounter option for PHQ-9 administration <input type="checkbox"/> All 9 questions must be answered on both the index event PHQ-9 and the measure assessment PHQ-9 to have valid summary score	<input type="checkbox"/> Determine if patient had a PHQ-9 or PHQ-9M score above 9 between 11/1/2019 – 10/31/2020 <input type="checkbox"/> Record date of PHQ-9 or PHQ-9M score above 9 and enter score <input type="checkbox"/> Select “no” if patient did not have score above 9 <input type="checkbox"/> If “yes,” perform screening during AWW/office visit <input type="checkbox"/> Determine if patient achieved remission with PHQ-9 or PHQ-9M with a score of less than 5 at 12 months <input type="checkbox"/> Educate patient on medication use	<input type="checkbox"/> Determine if patient had a PHQ-9 or PHQ-9M score above 9 between 11/1/2019-10/31/2020 <input type="checkbox"/> Record date of PHQ-9 or PHQ-9M score above 9 and enter score <input type="checkbox"/> Select “no” if patient did not have score above 9 <input type="checkbox"/> If “yes”, perform screening during AWW/office visit <input type="checkbox"/> Determine if patient achieved remission with PHQ-9 or PHQ9M with a score of less than 5 at 12 month	<input type="checkbox"/> Initial PHQ-9 score greater than 9 and major depression diagnosis or dysthymia during identification period (11/01/2019 to 10/31/2020) <input type="checkbox"/> Follow-up PHQ-9/PHQ-9M score of less than 5 within measurement period <input type="checkbox"/> Patients cannot have had an intervention for palliative care or hospice beginning date <input type="checkbox"/> Medication ordered (if any) <input type="checkbox"/> Medical exclusion-indication of medical condition (e.g., bipolar disorder, personality disorder, schizophrenia disorder, nursing home residents)
(Prev-5) Breast Cancer Screening	<input type="checkbox"/> Women 50-74 years of age with an encounter during measurement period <input type="checkbox"/> Total look-back is 27 months with previous year included, and 3-month grace period <input type="checkbox"/> Patients with history of bilateral mastectomy are excluded <input type="checkbox"/> Biopsies, breast ultrasounds, MRIs do not qualify <input type="checkbox"/> Telehealth encounter option for patient self-report	<input type="checkbox"/> Educate patient on mammogram & breast cancer <input type="checkbox"/> Schedule patient after mammogram is ordered	<input type="checkbox"/> Order mammogram during AWW/office visit	<input type="checkbox"/> Mammogram date and result (‘normal’ or ‘abnormal’) within measurement period or 15 months prior calendar year (patient self-report option) <input type="checkbox"/> Results of screening (date and results/findings) <input type="checkbox"/> Follow-up plan (if any) <input type="checkbox"/> If medical exclusion applicable-indication of medical condition (e.g., advanced illness, dementia medication) or special needs plan (SNP)

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(Prev-6) Colorectal Cancer Screening	<input type="checkbox"/> Patients 50-75 years of age with an encounter during measurement period <input type="checkbox"/> Patients with diagnosis or history of total colectomy or colorectal cancer are excluded <input type="checkbox"/> Fecal occult: measurement period, flexible sigmoidoscopy: 5 years prior, colonoscopy: 10 years prior, CT colonography: 5 years, prior FIT-DNA: 3 years prior <input type="checkbox"/> Telehealth encounter option for patient self-report	<input type="checkbox"/> Assess if patient had colorectal cancer screening <input type="checkbox"/> Educate patient on colon cancer and offer screening during every patient visit (as indicated) <input type="checkbox"/> Schedule patient once order for fecal occult is placed <input type="checkbox"/> Follow-up with patient after screening is performed	<input type="checkbox"/> Order fecal occult, Cologuard, colonoscopy, CT colonography, FIT-DNA during AWW/office visit <input type="checkbox"/> Provide shared decision making/education with patient	<input type="checkbox"/> Date or screening <input type="checkbox"/> Type of test and date performed <input type="checkbox"/> Test result ('normal' or 'abnormal') within measurement period (patient self-report option) <input type="checkbox"/> Follow-up plan (if any) <input type="checkbox"/> If medical exclusion applicable- indication of medical condition (e.g., colorectal cancer or history of total colectomy, dementia medication) or special needs plan (SNP)
(Prev-7) Influenza Immunization	<input type="checkbox"/> Patients 6 months and older <input type="checkbox"/> Subsequent influenza season is measured and reported the following year <input type="checkbox"/> Document previous receipts of influenza immunization August 1 st , 2018-March 31 st , 2019 <input type="checkbox"/> Measure can be closed by claims	<input type="checkbox"/> Assess if vaccine has been given in outside facility (patient self-report); if so, document location and date in discrete field <input type="checkbox"/> Perform screening during AWW/office visit <input type="checkbox"/> Obtain order and administer vaccine <input type="checkbox"/> Educate patient on influenza	<input type="checkbox"/> Order vaccine and provide patient education about need for vaccine (as applicable)	<input type="checkbox"/> Vaccine given in outside facility within discrete field <input type="checkbox"/> Indicate if/when patient received influenza immunization between August 1 st , 2018, and March 31 st , 2019 <input type="checkbox"/> If medical exception applicable- indication of medical condition or system reasons (e.g., patient allergy, vaccine not available, other system reasons) <input type="checkbox"/> Patient refusal-indication of patient refusal and reason (if any)
(Prev-10) Preventive Care and Screening: Tobacco use: Screening and Cessation Intervention	<input type="checkbox"/> Patients 18 years of age and older with two visits or one preventive visit within 24 months look-back (01/01/2020-12/31/2021) <input type="checkbox"/> Telehealth encounter option for screening and cessation <input type="checkbox"/> Screening for tobacco and cessation intervention can occur separately and by separate providers <input type="checkbox"/> Cessation counseling includes brief counseling 3 minutes or less and/or pharmacotherapy <input type="checkbox"/> Brief counseling may occur above 3 minutes and/or be performed more frequently if necessary	<input type="checkbox"/> Perform screening during AWW/office visit <input type="checkbox"/> Identify tobacco user VS non-tobacco user	<input type="checkbox"/> Order medications if tobacco user and/or perform cessation counseling of 3 minutes or less <input type="checkbox"/> Educate on medication use <input type="checkbox"/> Educate patient on tobacco cessation	<input type="checkbox"/> Tobacco screening in the last 24 months (01/01/2020-12/31/2021) <input type="checkbox"/> Tobacco user or non-user <input type="checkbox"/> Cessation counseling 3 minutes or less or pharmacotherapy within measurement period <input type="checkbox"/> Staff name and credentials that performed screening <input type="checkbox"/> If there is more than one screening performed within the measurement period, and the patient is a tobacco user, the cessation plan must be documented for each encounter <input type="checkbox"/> Documentation of brochures and pamphlets use does not qualify <input type="checkbox"/> If patient exception-indication of medical reason for not screening (e.g., limited life expectancy, medical reason)
(Prev-12) Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<input type="checkbox"/> Patients 12 years of age and older and encounter during measurement period <input type="checkbox"/> Screening tool utilized must be documented in the medical record <input type="checkbox"/> Telehealth encounter option with use of screening tool	<input type="checkbox"/> Perform screening during telehealth encounter or AWW/office visit	<input type="checkbox"/> If positive for depression, create intervention plan with referral, suicide risk assessment, or other interventions of depression <input type="checkbox"/> Order medications as indicated	<input type="checkbox"/> Name of screening used, and date performed <input type="checkbox"/> Results within measurement period <input type="checkbox"/> Follow-up plan required if positive results: referral, pharmacological interventions, additional evaluation or assessment for depression <input type="checkbox"/> If medical exclusion applicable- indication of medical condition (e.g., active diagnosis of depression or bipolar disorder) <input type="checkbox"/> If patient refusal-indication of patient refusal and reason (if any)
(Prev-13) Statin Therapy for The Prevention and Treatment of Cardiovascular Disease	<input type="checkbox"/> Patients 21 years of age and older (ASCVD and LDL-C >190mg/dl diagnosis), and patients 40-75 (diabetes and LDL-C of 70-189mg/dl diagnosis) <input type="checkbox"/> Statin therapy use must be listed in medication list <input type="checkbox"/> Prescription or order does not to be linked to an encounter or visit <input type="checkbox"/> Telehealth encounter option for screening and ordering prescription	<input type="checkbox"/> Educate patient on cardiovascular disease <input type="checkbox"/> Educate patient on medication use <input type="checkbox"/> Educate patient on nutrition and physical activity	<input type="checkbox"/> Review inclusion criteria and order statin therapy as indicated <input type="checkbox"/> Identify risk category of patient (1 through 3) for cardiovascular disease <input type="checkbox"/> Order appropriate medication/medication reconciliation	<input type="checkbox"/> Diagnosis or history of atherosclerotic cardiovascular disease (ASCVD) within measurement period <input type="checkbox"/> Date and value of a fasting or direct low-density LDL-C >190MG within measurement period <input type="checkbox"/> Active prescription for statin therapy <input type="checkbox"/> If medical exclusion/exception applicable- indication of medical condition (e.g., pregnancy, rhabdomyolysis, ESRD, allergy of medication)