

## 2025 Medicare Shared Savings Program (MSSP) Quality Measures

Quality Measure	Measure Definition	Acceptable Dates	Exclusions / Documentation Tips	Method to Close Gap
Controlling High Blood Pressure <b>Goal: ≤139/89</b> (Telemed)	Percentage of patients (Age 18-85) who had Dx of HTN with last BP in measurement year BP ≤139/89. (Telemed with digital device as self report)	1/1/2025 - 12/31/2025	Exclusions: Palliative care, Pregnancy, ESRD, CKD stage 5, Dialysis, Renal Transplant. Age ≥ 66 resides in POS code: 32-Nursing facility/33-Custodial Care/ 34-Hospice/ 54-Intermediate care-Mentally Challenged/ 56-Psychiatric Residential. Advanced Illness & Frailty: ≥ 66 with one claim frailty & on dementia med. (Dementia Meds: Aricept, Namenda, Exelon, Razadyne) OR ≥ 66 with one claim frailty & dx of advanced illness.	EMR or Claim Self Report: Must document date, result & digital device  G-Codes G8752 BP <140 G8754 BP <90 G8753 BP ≥140 G8755 BP ≥90 G8756 No BP documented
Diabetes: HbA1c Poor Control > 9 (Inverse measure) (Telemed)	Percentage of DM patients (Age 18-75) who had last HbA1c in measurement year >9. (Telemed as self report)	1/1/2025 - 12/31/2025	Exclusions: Palliative care, Gestational DM, Steroid induced DM Age ≥ 66 resides in POS code: 32-Nursing facility/33-Custodial Care/ 34-Hospice/ 54-Intermediate care-Mentally Challenged/ 56-Psychiatric Residential. Advanced Illness & Frailty: ≥ 66 with one claim frailty & on dementia med. (Dementia Meds: Aricept, Namenda, Exelon, Razadyne) OR ≥ 66 with one claim frailty & dx of advanced illness.	Lab Result in EMR or Self Report: Must document date, test & result CPT II 3044F <7, 3051F ≥7 & <8, 3052F ≥ 8 & ≤9 3046F >9
Screening for Depression & Follow up (Telemed documented depression screen tool results)	Percentage of patients ≥12 screened for depression in measurement year using an age appropriate depression screen tool AND if positive a follow up plan is documented. Screening tools (must be used): PHQ2 & 9, Geriatric Depression Scale	1/1/2025 - 12/31/2025	Exclusions: Palliative care, Bipolar Disorder. Exceptions: Patient Reasons (refusal), Medical Reason (office visit converted to emergent & Pt functional capacity or motivation to improve impact tool accuracy-delirium). Follow up: PHQ 9 and one of the following: Additional evaluation or assessment, referral to a practitioner or program, psychotherapy, pharmacological intervention or additional treatment options.	EMR or Claim or G8510 - Screened for Clinical depression noted negative- follow up not required G8431 - Screened for Clinical depression noted positive-follow up plan documented G8433 - Screening for Clinical depression not completed, documented patient or medical reason
Breast Cancer Screening (Telemed - self report)	Percentage of women 40 - 74 had a mammogram every 24 months with 3 month grace.	10/1/2023- 12/31/2025	Exclusions: Palliative Care, Bilateral Mastectomy or 2 Unilateral mastectomies, Age ≥ 66 resides in POS code: 32-Nursing facility/33-Custodial Care/ 34-Hospice/ 54-Intermediate care-Mentally Challenged/ 56-Psychiatric Residential. Advanced Illness & Frailty: ≥ 66 with one claim frailty & on dementia med. OR ≥ 66 with one claim frailty & dx of advanced illness. Screening includes: Diagnostic, film, digital or 3D tomosynthesis Note: MRI or Breast Ultrasound not counted as screening	EMR or Claim or Self Report: date, type & result documented
Colorectal Cancer Screening (Telemed-self report)	Percentage of patients 45- 75 had appropriate screening for colorectal cancer. FOBT: 2025 Stool DNA (sDNA) with FIT test. 2023 - 2025 Flex Sigmoid: 2021 -2025 CT Colonography: 2021 - 2025 Colonoscopy: 2016 - 2025	2026 Measure	Exclusions: Palliative Care, Dx or Past Hx of total colectomy or colorectal cancer. Age ≥ 66 resides in POS code: 32-Nursing facility/33-Custodial Care/ 34-Hospice/ 54-Intermediate care-Mentally Challenged/ 56-Psychiatric Residential. Advanced Illness & Frailty: ≥ 66 with one claim frailty & on dementia med. OR ≥ 66 with one claim frailty & dx of advanced illness. Note: Digital rectal exams or FOBT in office not counted as screening.	EMR or Claim Or Self Report: date, type & result documented

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Utilization Quality Measure	Measure Definition and Required Documentation	Acceptable Dates	Measure Improvement Tips	Method to Close Gap
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Groups	Risk-standardized readmission rate % of hospitalized patients readmitted within 30 days	1/1/2025 - 12/31/2025	<ul style="list-style-type: none"> <li>• Establish agreement between PCP and patient</li> <li>• 24/7 access to clinical decision maker</li> <li>• 30% (minimum) open access to physician office appointments</li> <li>• Extended office hours (after hours on the weekdays and/or weekends hours)</li> <li>• Telemedicine visits</li> <li>• Education on Urgent Care locations</li> <li>• Follow up for patients who have had an Emergency Department visit or an IP Admission</li> <li>• Referral to ACO Care Managers for patients who have chronic conditions and need additional disease management support and self-management education</li> </ul>	Claims
Clinician and Clinician Group Risk Standardization Hospital Admission Rates for Patients with Multiple Chronic Conditions	Unplanned hospital admissions for patients with ≥ 2 chronic conditions: AMI, Alzheimers, Dementia, A-Fib, CKD, COPD, Depression, DM, HF, Stroke-TIA	2026 Measure		Claims
CAHPS Measures	Measure Definition	Acceptable Dates	CAHPS Survey Questions	Method to Close Gap
Getting timely care, appointments and information	Ease of scheduling urgent/routine care. Response to call to office. Ease of obtaining results.	1/1/2025 - 12/31/2025	Did you get and urgent/routine care appt? Did you get an answer to medical questions? Did your visit begin within 15 mins?	Survey response
How well providers communicate	Provider listened. Explanations are easily understood. Treated with respect.	1/1/2025 - 12/31/2025	Were things explained easily? Did they listened carefully? Did they know your important medical hx?	Survey response
Patient rating of provider	Rating of 0-10 of provider.	1/1/2025 - 12/31/2025	What is your overall rating of your provider?	Survey response
Access to specialist	Ease of making appts with a specialist. Specialist knew important info about patient.	1/1/2025 - 12/31/2025	Was it easy to get an appt for specialist? Did the specialist know your medical history?	Survey response
Health promotion and education	Info provided to patient on preventing illness. Discussions included diet, activity, Rx, feeling depressed and health goals.	1/1/2025 - 12/31/2025	Were reasons discussed on preventing illness, health diet, exercise and health goals? Did they ask you if you were sad or worried?	Survey response
Shared decision making	Discussions include reasons why patient may not want specific Rx or Tx and patient wishes regarding sharing of information.	1/1/2025 - 12/31/2025	Discussed reason to take medications? Discussed reason for surgery? Discussed sharing health info?	Survey response
Stewardship of patient resources	Cost of medication discussed with patient?	1/1/2025 - 12/31/2025	Was the cost of medications discussed with you? Was cost of other procedures discussed with you?	Survey response