

12. In Table 1 below, identify the measure(s), baseline statistics, and targets that the State will tie to provider performance under this payment arrangement (provider performance measures). Please complete all boxes in the row. To the extent practicable, CMS encourages states to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the [CMS Adult and Child Core Set Measures](#) when applicable.

TABLE 1: Payment Arrangement Provider Performance Measures

Measure Name and NQF # (if applicable)	Measure Steward/ Developer ¹	Baseline ² Year	Baseline ² Statistic	Performance Measurement Period ³	Performance Target	Notes ⁴
<i>Example: Percent of High-Risk Residents with Pressure Ulcers – Long Stay</i>	<i>CMS</i>	<i>CY 2018</i>	<i>9.23%</i>	<i>Year 2</i>	<i>8%</i>	<i>Example notes</i>
a. Breast Cancer Screening NQF # 2372	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 50% improvement over PY1 baseline PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Common Measure PY1 Target Source: 2020 QPP Web Interface
b. Tobacco Use: Screening and Cessation Intervention NQF # 28	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 50% improvement over PY1 baseline PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Common Measure PY1 Target Source: 2020 QPP Web Interface
c. Diabetes Care: Hemoglobin (HbA1c) Poor Control (>9.0%) NQF # 59	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 50% improvement over PY1 baseline PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Common Measure PY 1 Target Source: 2020 QPP Web Interface

Measure Name and NQF # (if applicable)	Measure Steward/ Developer¹	Baseline² Year	Baseline² Statistic	Performance Measurement Period³	Performance Target	Notes⁴
d. Controlling High Blood Pressure (Hypertension) NQF # 18	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 50% PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Common Measure PY 1 Target Source: 2020 QPP Web Interface
e. Screening for Clinical Depression and Follow Up Plan NQF # 418	CMS	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 55.90% PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Common Measure PY1 Target Source: 2021 MIPS CQM Decile 5
f. Colorectal Cancer Screening NQF # 34	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 50% PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Menu Measure PY 1 Target Source: 2020 QPP Web Interface
g. Statin Therapy for Patients with Cardiovascular Disease	CMS	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 69% PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Menu Measure PY 1 Target Source: 2021 eCQM Decile 5
h. Cervical Cancer Screening NQF # 32	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 25% PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Menu Measure PY 1 Target Source: 2021 MIPS CQM Decile 5

Measure Name and NQF # (if applicable)	Measure Steward/ Developer ¹	Baseline ² Year	Baseline ² Statistic	Performance Measurement Period ³	Performance Target	Notes ⁴
i. Childhood Immunization Status NQF # 38	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 38.2 PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Menu Measure PY 1 Target Source: National Medicaid 50 th Percentile
j. Body Mass Index (BMI) Screening & Follow-up Plan	CMS	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 32.7 PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Menu Measure PY 1 Target Source: 2021 MIPS CQM Decile 5
k. Depression Remission at Twelve Months NQF # 0710e	MN Community Measurement	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 6.34 PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Menu Measure PY 1 Target Source: 2021 MIPS CQM Decile 5
l. Influenza Immunization NQF # 0041e	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 45.30% PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Menu Measure PY 1 Target Source: 2018 National Rate (HHS)
m. Chlamydia Screening in Women	NCQA	FY 2023	Baseline for PY2 and PY3 will be established from PY 1 Reporting	Year 1-3	PY1: 32.2 PY2: 2% improvement over PY1 baseline PY3: 4% improvement over baseline	Menu Measure PY 1 Target Source: 2021 MIPS CQM Decile 5

1. Baseline data must be added after the first year of the payment arrangement

2. If state-developed, list State name for Steward/Developer.

3. If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment.

4. If the State is using an established measure and will deviate from the measure steward's measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here.