

CHART Quality Strategy Fact Sheet

Quality is an essential component of the CHART Model, as Lead Organizations and Communities look to implement health care delivery on a broad scale to meet the unique needs of rural communities. As stated in the Notice of Funding Opportunity (NOFO), CHART's quality goals are as follows:

- Align financial incentives with quality improvement goals;
- Emphasize patient choice and engagement;
- Strengthen beneficiaries' access to and coordination of care;
- Facilitate health care delivery system redesign that aligns with Communities' needs; and
- Address health disparities that may exist in rural communities, including among different demographic groups.

Since the NOFO was published, there have been a few refinements to the CHART quality strategy, including structural elements and select measures. However, the goals of the quality strategy and domains have remained consistent. This CHART Quality Strategy Fact Sheet provides an overview of the modifications and tips on where to start CHART quality activities.

Quality Strategy Key Updates

This fact sheet summarizes the key updates to the CHART Quality Measures since the NOFO was published. The updated measure list is included in **Exhibit A: CHART Quality Measures** below. CMS reserves the right to modify or add to the CHART Quality Measures list in the future and, if so, will, to the extent possible, provide notice to the Lead Organizations ahead of any modifications.

As stated in the NOFO, the Lead Organization and Participant Hospitals will be required to report to CMS for the full duration of the Model Performance Period on three (3) CMS-required quality measures. In addition, Lead Organizations must select an additional quality **domain** (Substance Use, Maternal Health, or Prevention) as part of its Transformation Plan submitted to CMS. This update allows Lead Organizations and Communities to focus on a population health goal in their Transformation Plans. Lead Organizations and Communities will be able to select more than one domain for quality measurement and performance, if desired. As a reminder, Aligned Payers will be required to report on the required measures and domain(s) that their Lead Organization selects.

CMS will not adjust the CPAs received by Participant Hospitals based on their performance on the required quality measures and selected quality domain(s). Instead, CMS will adjust a Participant Hospital's CPA based on their performance in the Medicare Hospital Readmissions Reduction Program (HRRP), the Medicare Hospital-Acquired Condition Reduction Program (HACRP), the Medicare Hospital Value-Based Purchasing (VBP) Program, the Medicare Promoting Interoperability Program, the Hospital Inpatient Quality Reporting (IQR) Program, and the Hospital Outpatient Quality Reporting (OQR) Program. Additional information on this adjustment can be found in the *Community Health Access and Rural Transformation Model Financial Specifications – Community Transformation Track* document.

For the CHART Model, Critical Access Hospitals (CAHs) will be required to participate in the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) Medicare Beneficiary Quality Improvement Project (MBQIP) and the CMS mandatory Quality Assessment and Performance Improvement (QAPI) Program (regulation 42 C.F.R. 485.641, effective March 30, 2021). There are [resources available to CAHs](#) to support their participation in the MBQIP program through the Medicare Rural Hospital Flexibility (Flex) program supported by the FORHP. These resources will also be available to Lead Organizations in the [CHART Model Resource Guide](#) and in the [Connect resource library](#).

Measures within the Lead Organization's selected quality domain will be measured by CMS at both the Community level and Participant Hospital level, when applicable. CMS will use the performance on the required and selected measures to monitor the Lead Organization's progress in implementing its Transformation Plan. It will also use performance across all the CHART measures to monitor for any unintended consequences.

[Where to Start CHART Quality Activities](#)

Lead Organizations and Community Partners are encouraged to start considering ways to improve quality and population health outcomes by first familiarizing themselves with the Community’s current performance on the quality measures identified in **Exhibit A: CHART Quality Measures**. The [CHART Dashboard](#) is a great resource for the Lead Organization as it shows each Lead Organization’s baseline performance on each of the required and optional quality measures; identifying areas for improvement or differences amongst zip codes in a Community that will help inform a Lead Organization’s Transformation Plan activities.

As part of the Transformation Plan process, each Lead Organization must describe its rationale for selecting the quality domain and its associated quality measures in its Transformation Plan. Each Lead Organization must also describe specific quality improvement goals and action steps for these quality measures and domains in the Transformation Plan.

Exhibit A: CHART Quality Measures

Quality and Population Health Domain	Full Measure Title	Shortened Name	NQF ID	Steward	Type	Data Source
Chronic Conditions (Required)	Prevention Quality Chronic Composite (Inpatient avoidable chronic disease admissions)	PQI 92	N/A	Agency for Health Care Research and Quality	Outcome	Claims
Care Coordination (Required)	Plan All-Caused Readmission	HEDIS PCR	NQF 1768	National Committee for Quality Assurance (see Appendix A)	Outcome	Claims
Patient Experience and Engagement (Required)	Hospital Consumer Assessment of Health Care Providers and Systems	HCAHPS	NQF 0166	CMS	Outcome	Hospital Compare Reporting
Substance Use	Pharmacotherapy for Opioid Use Disorder	HEDIS POD ¹	NQF 3400, 3175	National Committee for Quality Assurance	Outcome	Claims
Substance Use	Follow up after ED Visit for Alcohol Use and Other Drug Abuse or Dependence	FUA-HH	NWF 3488	National Committee for Quality Assurance	Process	Claims
Substance Use	Use of Opioids at High Dosage in Persons without Cancer	N/A	NQF 2940	Pharmacy Quality Alliance	Process	Claims
Maternal Health	Prenatal and Postpartum Care	PPC-AD	NQF 1517 ²	National Committee for Quality Assurance	Process	Claims

¹ HEDIS POD includes a combined rate from two NQF-endorsed measures.

² This measure is no longer endorsed by NQF.

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Quality and Population Health Domain	Full Measure Title	Shortened Name	NQF ID	Steward	Type	Data Source
Maternal Health	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-CH	NQF 1517 ³	National Committee for Quality Assurance	Process	Claims
Maternal Health	Contraceptive Care - Postpartum	N/A	NQF 2902	US Office of Population Affairs	Process	Claims
Prevention	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	N/A	NQF 0028	National Committee for Quality Assurance	Process	Claims
Prevention	Breast Cancer Screening	HEDIS BCS	NQF 2372	National Committee for Quality Assurance	Process	Claims
Prevention	Adults' Access to Preventive & Ambulatory Health Services	HEDIS AAP	N/A	National Committee for Quality Assurance	Process	Claims
Prevention	Child and Adolescent Well-Care Visits ⁴	HEDIS WCV-CH	NQF 1516	National Committee for Quality Assurance	Process	Claims

³ This measure is no longer endorsed by NQF.

⁴ The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were modified by the measure steward into a combined measure that includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate. The NQF number refers to the endorsement of the W34-CH measure.

Appendix A

Dear CHART Model Participants,

This document contains important information regarding the quality measures used in the CHART Model. The CMS Center for Medicare and Medicaid Innovation (Innovation Center) has been in discussions with the National Committee for Quality Assurance (NCQA) to ensure that CMS may continue to access, collect, utilize, and report quality measure data from NCQA measures for purposes of the CHART Model. CMS has entered into a short-term license agreement with NCQA (“License Agreement”) to allow CMS, its direct contractors, and Model Participants to collect and report the following NCQA measure[s]:

Model	Licensed Measure Specification
Community Health Access and Rural Transformation (CHART)	Adults' Access to Preventive and Ambulatory Health Services (AAP)
	Breast Cancer Screening (BCS-AD)
	Child and Adolescent Well-Care Visits (WCV-CH)
	Follow up after ED Visit for Alcohol Use and Other Drug Abuse or Dependence (FUA-AD)
	Pharmacotherapy for Opioid Use Disorder (POD)
	Plan All-Cause Readmission (PCR-AD)
	Prenatal and Postpartum Care (PPC-AD)
	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

The License Agreement is now in effect and allows CMS, its direct contractors, and Model Participants to use and reference the Licensed Measure Specifications for the above measures for the term of the License Agreement, subject to the conditions described in the License Agreement. In addition, under the terms of the License Agreement, NCQA has agreed to display the full Licensed Measure Specifications and associated value sets on NCQA’s website, free of charge, for access by Model Participants for use in the Model only. However, the License Agreement **does not** extend to third parties who contract with, or otherwise assist, Model Participants in performing services related to the Model as it pertains to the above measures. Such third party entities may include, but are not limited to, vendors (e.g., EHR/EMR vendors), data collection or reporting organizations, and other similar entities under contract with, or otherwise assist, Model participant with performing services related to the Model. Third parties who contract with, or otherwise assist, Model Participants to perform services related to the Model will require a separate license agreement with NCQA to access and use the Licensed Measure Specifications. Such a license is at the discretion of NCQA. Additional information on the measure specifications is available [here](#).

We appreciate your commitment to the Model and are available to answer any questions you may have.

Thank you,

The CHART Model Team