



Understanding New Quality Requirements for MSSP ACOs



The webinar will begin at 1:00 pm ET. Please make sure you are dialed in to the webinar on your telephone with the audio pin.

Agenda.....

1. Housekeeping
2. Presentation:
 - MSSP quality policy changes
 - Operational considerations
3. Audience Q&A and follow-up

Housekeeping.....



1. Speakers will present for around 50 minutes
2. Q&A will take the remainder of the time
 - You can submit written questions using the Questions tab on your dashboard to the right of your screen at any time during the webinar
 - During the Q&A session, you can use the “raise hand” feature on your dashboard to ask a live question. Please make sure you have dialed in on the telephone and used your audio pin to connect.
3. Webinar is being recorded
 - Slides and recording will be available on the NAACOS website within 24 hours.

Speakers.....



Megan Reyna is vice president of practice transformation and quality improvement for Advocate Aurora Health. Under her leadership, her team leads clinical population health and value transformation projects to assist the organization in achieving national quality and financial targets. She oversees operations for three Medicare Shared Savings Program (MSSP) ACOs. Her responsibilities also include bundle payment program operations, for both BPCI-A and CJR, and MACRA support and sustainment. Ms. Reyna currently serves as chair of the NAACOS Quality Committee. A registered nurse by background, she received her MSN from University of Illinois Chicago.

The APM Performance Pathway (APP) for ACOs

Background.....



- In the 2021 and 2022 Medicare Physician Fee Schedule (MPFS) Rules, CMS made significant changes to the way MSSP ACOs are evaluated on quality for purposes of MSSP quality evaluations, including those to determine if ACOs are eligible to share in any savings generated
- These changes include alterations to the scoring methods as well as the reporting requirements for MSSP ACOs
- CMS made these changes, creating a new APM Performance Pathway (APP) structure, to align quality measurements in the MSSP with those in the Merit-Based Incentive Payment System (MIPS)
- The move to the APP has significant consequences for ACOs:
 - Minimum quality performance requirements are altered significantly
 - CMS will require moving away from the sampling method using the Web Interface (WI) reporting to electronic clinical quality measures (eCQMs) by 2025, which includes a requirement to report and be assessed on all patients

- **NAACOS advocacy results in 3-year delay for the eCQM requirement for ACOs!**
 - ACOs will have the option to report either via Web Interface or eCQM/MIPS CQM through 2024. Beginning in 2025, CMS will require all ACOs to report via eCQM/MIPS CQM
 - The quality performance standard threshold (30th percentile of MIPS quality performance category scores) will remain through 2023 and increase to the 40th percentile in 2024
- Work remains
 - CMS continues to rely on the MIPS structure to assess ACOs and compares ACO quality scores to MIPS quality scores for purposes of determining shared savings/losses
 - These will continue to be key advocacy issues for NAACOS moving forward
 - While the move to more digital quality measurement is positive, there are many operational issues to be resolved before ACOs can be successful in this approach
- Access our [new resource](#) reviewing the APP for ACOs!

Timeline for Implementation



2021-2024: ACOs can report either WI or eQMs, or both. If you report both WI and eQMs, you will receive the higher of the scores

2022-2023: ACOs can report WI or eQMs w/ incentives for those who report eQMs

2024: Quality Performance Standard Increases from 30th percentile of MIPS quality performance category scores, to the 40th percentile of MIPS quality performance category scores

2025: All ACOs must report eQMs

APP Reporting Options



- **Web Interface:**
 - Scored on 10 WI quality measures, 2 administrative claims measures and the CAHPS for MIPS survey = 13 total measures
 - Report on a sample of ACO assigned patients included in the WI tool
- **APP Measures:**
 - Scored on 3 clinical quality measures, 2 administrative claims measures and the CAHPS for MIPS survey = 6 total measures
 - Must report via eCQM/MIPS CQM- this requires reporting on all patients meeting the measure's denominator criteria- regardless of payer!
 - eCQMs require ACOs to send one aggregate QRDA III file to CMS
 - eCQM specifications are presented differently- see our [guide](#) to accessing specs!
 - 70% data completeness requirement
- **2021 – 2024 : ACOs can report both WI and APP measures and receive the higher of both scores**

APP Scoring.....



- APP quality scoring uses a different approach than the previous MSSP quality scoring (domain-based scoring approach) and is effective for all ACOs starting in 2021
 - 10 points earned per measure – comparing your score to the benchmark for that individual measure (BM varies based on reporting method selected)
 - Add any bonus points, and improvement points earned
 - Sum all points and this gives you your final ACO quality score
 - ❖ For MIPS, BMs are presented in terms of deciles, with the BM file displaying Deciles 3-10 and identifying the range of points available for each measure based on the decile your performance rate falls in
- This final quality score must meet or exceed the established quality performance standard threshold for a given year in order to be eligible for shared savings
 - While we know individual measure BMs prior to the performance period, we will not know the quality performance standard threshold amount prior to the start of a performance period- this is established by looking at the distribution of all MIPS quality performance category scores

Measure Updates 2022



- For 2022, three of the CMS WI measures (Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Tobacco Cessation: Screening and Cessation Intervention (Quality ID# 236)) do not have benchmarks for PY 2022, and, therefore, will not be scored
 - **NOTE: Beginning in 2021, measures with no BM are suppressed (not pay for reporting)**
 - These measures are required to be reported in order to complete the CMS WI dataset
- See Table 35: Measures included in the APM Performance Pathway Measure Set, found on page 65266 in the 2022 final MPFS [rule](#) for list of measures available in the APP
 - 3 APP eCQM/MIPS CQMs, OR
 - 10 WI measures
 - BMs vary based on reporting method chosen!

APP Measures 2022



TABLE 35: Measures included in the Final APM Performance Pathway Measure Set for Performance Year 2022 and Subsequent Performance Years*

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Patient's Experience
Measure # 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Admissions & Readmissions
Measure # TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for MIPS	Administrative Claims	N/A	Admissions & Readmissions
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Treatment of Mental Health
Quality ID#:236	Controlling High Blood Pressure	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 318	Falls: Screening for Future Fall Risk	CMS Web Interface*	APM Entity/Third Party Intermediary	Preventable Healthcare Harm
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface*	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface*	APM Entity/Third Party Intermediary	Prevention and Treatment of Opioid and Substance Use Disorders
Quality ID#: 113	Colorectal Cancer Screening	CMS Web Interface*	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 112	Breast Cancer Screening	CMS Web Interface*	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface*	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 370	Depression Remission at Twelve Months	CMS Web Interface*	APM Entity/Third Party Intermediary	Treatment of Mental Health

- See Table 35: Measures included in the APM Performance Pathway Measure Set, found on page 65266 in the 2022 final MPFS [rule](#) for list of measures available in the APP

* We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Quality ID# 226) do not have benchmarks, and therefore, will not be scored for performance year 2022; they are, however, required to be reported in order to complete the Web Interface dataset.

* *ACOs will have the option to report via the Web Interface for the 2022, 2023, and 2024 performance years only.

Quality Performance Standard



- The MSSP quality performance standard is the minimum performance threshold required to earn shared savings in the MSSP
- **2021:** ACOs' final quality score must be equal to or higher than the 30th percentile across all MIPS Quality performance category scores. If met, ACOs are eligible to share in savings earned at the maximum sharing rate available in their particular track
- **2022-2023:** An ACO will meet the quality performance standard used to determine shared savings and losses if the ACO:
 - Achieves a final quality score equivalent to or higher than the 30th percentile across all MIPS quality performance category scores; **or**
 - Reports the 3 eCQMs/MIPS CQMs (meeting data completeness and case minimum requirements) and achieves a quality score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set and achieves a quality score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the remaining 5 measures in the APP measure set
- This will exclude entities/providers eligible for facility-based scoring in MIPS

Quality Performance Standard



- **2024:** ACOs final quality score must be equal to or greater than the 40th percentile across all MIPS Quality performance category scores
- In the final 2022 MPFS rule, CMS provided historic MIPS Quality performance category scores at the 30th and 40th percentiles to help ACOs estimate what this threshold could look like in future years:
 - For PY 2018 the MIPS Quality performance category score at the 30th percentile was equivalent to 83.9 and the MIPS Quality performance category score at the 40th percentile was equivalent to 93.3
 - For PY 2019 the MIPS Quality performance category score at 30th percentile was equivalent to 87.9 and the MIPS Quality performance category score at the 40th percentile was equivalent to 95.7
- This is an unfair and inappropriate comparison and NAACOS continues to call on CMS to fix this flawed, and overly punitive approach
- **The Extreme and Uncontrollable Circumstances policy is in effect for all ACOs in 2021!**
 - This means no ACO will fall below the established performance standard threshold (30th percentile) for 2021 quality assessments

eCQM De-duplication



- CMS provides guidance for de-duplication for ACOs in the 2022 final MPFS rule. This raises additional questions/challenges but is the current instruction from the agency on how ACOs are to aggregate data, de-duplicate data and submit to CMS as a QRDA III file:
 - *We note that the ACO would utilize the QRDA I format, which specifies patient level collection of data from each of the ACO's participant TINs. The ACO would then aggregate these data across the ACO and submit them to CMS in the QRDA III format. Collecting and aggregating these data in the QRDA I format allows for de-duplication given the granularity of the data. (p. 65261)*
- While the QRDA I format provides additional patient-level detail such as name, sex, DOB, and contact information that will assist w/ de-duplication, ACOs will still need to match patients and data across NPIs and TINs on a measure-by-measure basis

Data Sharing & BAAs



- *Regarding disclosures of PHI between an ACO participant TIN and the ACO, we encourage ACOs and their ACO participants to consult with their legal counsels as necessary to ensure that their Business Associate Agreements (BAAs) address the need to share data for patients covered by all payers with the ACO to permit the ACO to comply with its legal obligation to completely and accurately report data to CMS on eCQMs/MIPS CQMs. (p. 65261 of the final 2022 MPFS rule)*
- NAACOS encourages ACOs to adjust BAAs as necessary. Please share your feedback regarding the level of burden this may add to your operations, as well as any other concerns you may have, by emailing us at advocacy@naacos.com

WI Reporting for 2021



- Web Interface Reporting for 2021
 - The most recent ACO Spotlight Newsletter (Issue 25) notes beneficiary sample files for the WI will be shared on December 21st (reports section of the Data Hub tab in the ACO-MS)
 - Reporting for the 2021 performance year will take place Jan. 3 to March 31, 2022

Operational Considerations

Operational Considerations for ACOs

Advocate Aurora Health

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Advocate Aurora Health

Government Programs

Illinois:

❖ Basic Level E

- ~106,675 Beneficiaries¹
- 422 TINs
- 10 Hospitals & 5,649 clinicians
- >25 different EHRs
- Start date: 2012

❖ BPCI-Advanced

- 9 hospitals in 2021
- ~6,700 episodes³ with 87 bundles selected
- Program Size: ~\$205 million³
- Start Date: 2018

Wisconsin:

❖ Enhanced

- ~23,579 Beneficiaries¹
- 2 TINs
- 1,989 clinicians
- 1 EHR
- Start date: 2017

❖ Track 1

- ~48,143 Beneficiaries¹
- 10 TINs
- 16 Hospitals & 5,299 clinicians
- 2 EHRs
- Start date: 2018

❖ BPCI-Advanced

- 14 hospitals in 2021
- ~3,500+ episodes³ with 99 bundles selected
- Program Size: ~\$88 million³
- Start Date: 2020

❖ CJR

- Two hospitals in 2020
- 91 episodes²
- Program Size: ~\$2.4 million²
- Start Date: 2016 (5 hospitals)
- One hospital in 2021 (Model end)

1. Based on 2021 Assignment list.

2. Based on Performance Year 5.1 with the two hospitals participating.

3. Based on 2021 projections using baseline claims.

Considerations for Reporting 2021-2025

Not All 2015 CEHRTs Are Equal

What eQMs can be reported from which EHRs?

Is there additional cost to report eQMs?

Legal/Compliance

Do you need to update your BAA to access non-ACO patient data for de-duplication?

It Is All About Data Entry

Hyphens, space allowances, truncated names, maiden names, alias, nicknames

Workflows, EHR standards, scanned results, manually entered

Workforce

What teams, infrastructure, experience do you have in place/for which EHRs?

What training is needed for your Quality team?

Don't Wait – Prepare Now

Data Aggregation/De-Duplication

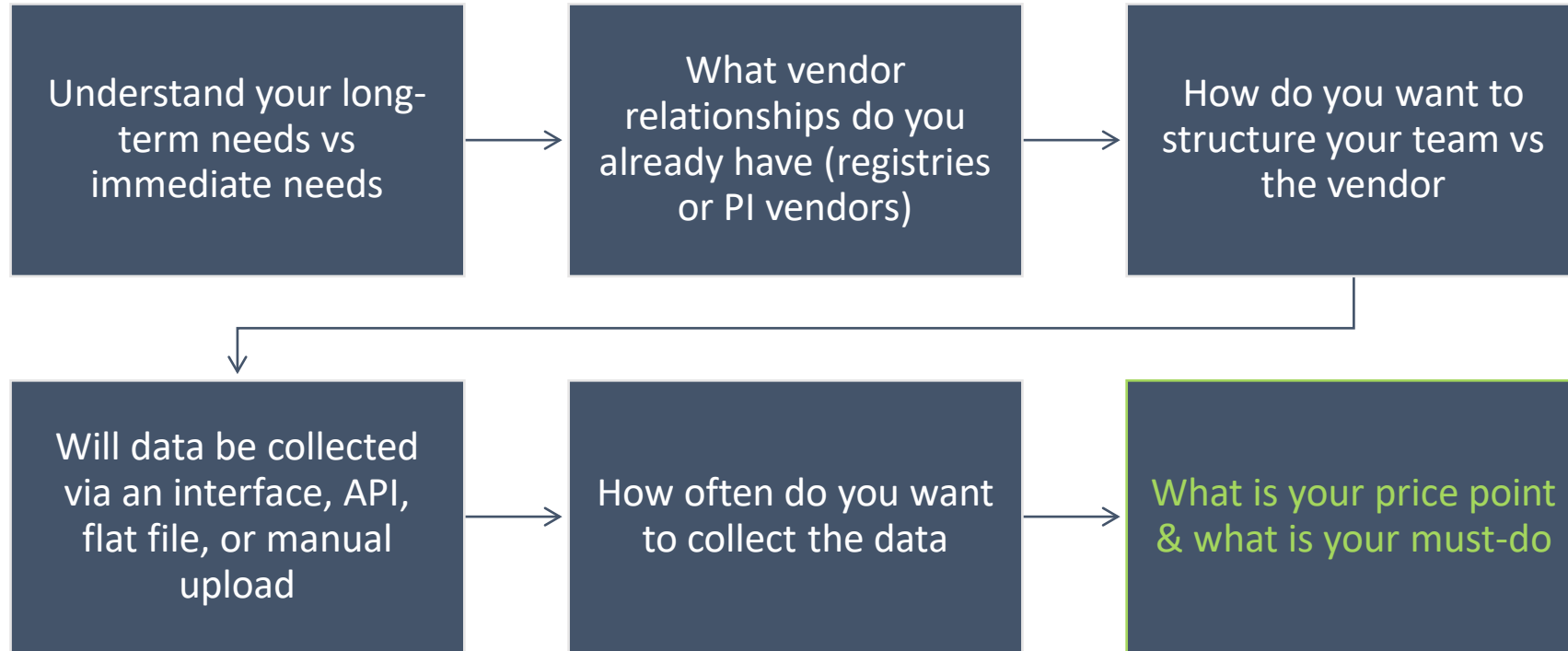
- **QRDA I** – individual patient-level report
 - Contains quality data for one patient for one or more eCQMs
- **QRDA III** – aggregated report that contains quality data for a set of patients for one or more eCQMs



De-Duplicate All
Patient/All Payor
Data

Aggregate across
the ACO to
submit to CMS

Potential Vendor Considerations



Strategy Considerations

Specialists Considerations

Participation benefits beyond shared savings

MSSP is one Value Based Contract

Quality Improvement Plan Focus

EHR

Considerations

Data completeness, switching EHRs, updating CEHRT version

Quality should be about improving patient care



Winter Boot Camp

February 7 – 8, 2022

Orlando Airport Marriott Lakeside

NAACOS Winter 2022 Boot Camp provides expert insight into core competencies for ACOs and DCEs. Boot camp faculty will present essential resources and policy updates as well as the basics on successful care management and resource allocation. This year's boot camp has been extended to two full days this year and is being held IN-PERSON only. A [detailed schedule and agenda](#) are available! [Register Now!](#)

Boot camps are not open to business partners. Space is limited to 110 people.



Questions?

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