

Quality Reporting Tips from ACOs

Feb 1, 2023
2:00 pm ET

Agenda.....



Welcome and Introductions

Presentation

- Policy overview
 - NAACOS
- Quality reporting tips from ACOs
 - Summit Health NJ
 - Signify Health

Audience Q&A

Housekeeping....



Webinar is being recorded

The recording and slides will be available on the NAACOS website within 24 hours
You will receive an email when they are available.



We will take questions at the end of the program

At any time, please submit written questions using the **Questions tab** (not chat) on the dashboard to the right of your screen

Speakers.....



Rayna Caplan
Sr. Director, Population Health
Improvement
Signify Health



Dr. Ashish Parikh
Sr. VP of Medical Affairs and
Quality
Summit Health NJ



Jennifer Gasperini
Director of Regulatory and
Quality Affairs
NAACOS



Deborah Molina
Director of Quality
Summit Health NJ

Overview and Key Policy Updates



Background.....



2021 & 2022 Medicare Physician Fee Schedule (MPFS) Rules made significant changes to the way ACOs are evaluated on quality for purposes of MSSP – creating the new APM Performance Pathway (APP) quality structure

APP was designed to align quality measurement and scoring in MSSP with the Merit-Based Incentive Payment System (MIPS)

The move to the APP has significant consequences for ACOs:

- Minimum quality performance requirements altered significantly
- CMS will retire the Web Interface (WI) and require all ACOs to transition to electronic clinical quality measures (eCQMs) or MIPS CQMs by PY 2025, which includes a requirement to report and be assessed on all patients
- **NAACOS advocacy secured a delay in the WI sunseting and will continue to press CMS to adopt a timeline that ensures all ACOs can be successful reporting eCQMs/MIPS CQMs**

APP for ACOs.....



2021-2024: ACOs can report either WI, eQMs, MIPS CQMs or both/all. If you report via multiple types, you will receive the higher of the scores

2022-2024: ACOs can report WI, eQMs or MIPS CQMs w/ incentives for those who report eQMs or MIPS CQMs

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 & subsequent years:
All ACOs must report eQMs or MIPS CQMs

APP for ACOs.....



Key Reporting Changes

- Reporting by WI, eCQMs or MIPS CQMs or a combination through 2024; WI sunsets PY 2025 (data reported in early 2026)
- If reporting via eCQM/MIPS CQM, reporting is on all patients meeting the measure criteria – regardless of whether the patient is an ACO assigned patient, Medicare, self pay, etc.

Key Scoring Changes

- Removes the domain-based scoring approach used previously in MSSP
- Alters methods for determining shared savings based on quality scores – introduces new quality performance standard
- Moves to MIPS quality scoring methods and benchmark policies
- New for 2023 and subsequent years – adds an [equity bonus](#) for ACOs who report eCQMs/MIPS CQMs and care for large proportions of underserved patients

APP Reporting Options



Web Interface Measures

- 7 clinical quality measures, 2 administrative claims measures and the CAHPS for MIPS survey = 10 total measures
- Report on a sample of ACO assigned patients included in the WI tool

eCQM/MIPS CQM Measures

- 3 clinical quality measures, 2 administrative claims measures and the CAHPS for MIPS survey = 6 total measures
- Must report via eCQM or MIPS CQM- this requires reporting on all patients meeting the measure's denominator criteria- regardless of payer!
 - eCQMs/MIPS CQMs require ACOs to send one aggregate file to CMS (req's patient matching, de-dup)
 - Measure specifications are presented differently- see our [guide](#) to accessing specs!
 - 70% data completeness requirement

2021 – 2024 : ACOs can report WI, eCQM or MIPS CQM or a combination and receive the higher of the 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 PY 2021

- 10 points earned per measure – comparing your score to the benchmark for that individual measure (BM varies based on reporting method selected) –if measures are suppressed, they are removed from scoring
- 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

Quality Standard



- Historic scores at the 30th and 40th percentile for all MIPS quality performance category scores as published by CMS – NAACOS advocates for CMS to publish scores in the MIPS PUF
- 2021 quality standard threshold was 61.7

Quality Performance Category Scores	30 th percentile	40 th percentile
2018	59.3	70.8
2019	58.0	70.82
2020	63.90	75.59
2021	61.7	77.8

- Extreme & Uncontrollable Circumstances policy in effect for 2021 and 2022 due to the COVID-19 Public Health Emergency (PHE)

APP Measures 2022



Measures Available for APM Performance Pathway (APP) in PY 2022	
Measure	Reporting Methods Available
CAHPS for MIPS	CAHPS for MIPS Survey
Hospital-wide 30 day All Cause Unplanned Readmission Rate for MIPS	Admin Claims
Risk Standardized, All Cause Unplanned Admissions for Multiple Chronic Conditions for MIPS	Admin Claims
Diabetes Hemoglobin HbA1c Poor Control	eCQM, MIPS CQM, Web Interface
Screening for Depression and Follow-Up Plan	eCQM, MIPS CQM, Web Interface
Controlling High Blood Pressure	eCQM, MIPS CQM, Web Interface
Screening for Future Fall Risk	Web Interface
Tobacco Use: Screening and Cessation Intervention	Web Interface
Colorectal Cancer Screening	Web Interface
Breast Cancer Screening	Web Interface
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Web Interface
Depression Remission at 12 Months	Web Interface

- See Table 35: Measures included in the APM Performance Pathway Measure Set, found on page 65266 in the 2022 final MPFS [rule](#)
- **No bonus point opportunities in 2022!**

Measure Updates 2022



Two WI measures will not be scored (suppressed)

- Depression Remission at Twelve Months
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Two eCQM measures will not be scored

- Screening for Depression and Follow-Up Plan
- Controlling High Blood Pressure

- **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 dataset
- **PY 2022 reporting open now through Friday, March 31st at 8PM ET! Report using the [QPP portal](#)**
 - Contact the QPP Service Center for questions at QPP@cms.hhs.gov or 1-866-288-8292
 - [CCSQ Support Central](#) page- Schedule a Call or Chat options, new

CMS continues to update guidance to ACOs on how to report eCQMs and/or MIPS CQMS

New [guidance](#) published in December 2022 by CMS provides additional detail regarding patient matching expectations and data completeness requirements for ACOs:

- *While variable selection and matching criteria may vary across organizations, ACOs should identify an appropriate combination of variables to achieve consistent and replicable patient matching that provides the most complete and accurate data to meet the measure specification and valid and reliable measure performance. CMS may request the ACO's technical documentation and internal organizational policies that document the ACO's approach to patient matching, parsing and data cleansing to ensure that the ACO's reporting is true, accurate and complete at the ACO level.*
- CMS also notes all participant TINs must use Certified EHR Technology (CEHRT) in order to report eCQMs

Visit our [website](#) for additional resources and information – [new resource published!](#)

Tips for MSSP Web Interface Reporting

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Rayna Caplan, MPH
Sr. Dir, Pop Health Improvement

February 1, 2023

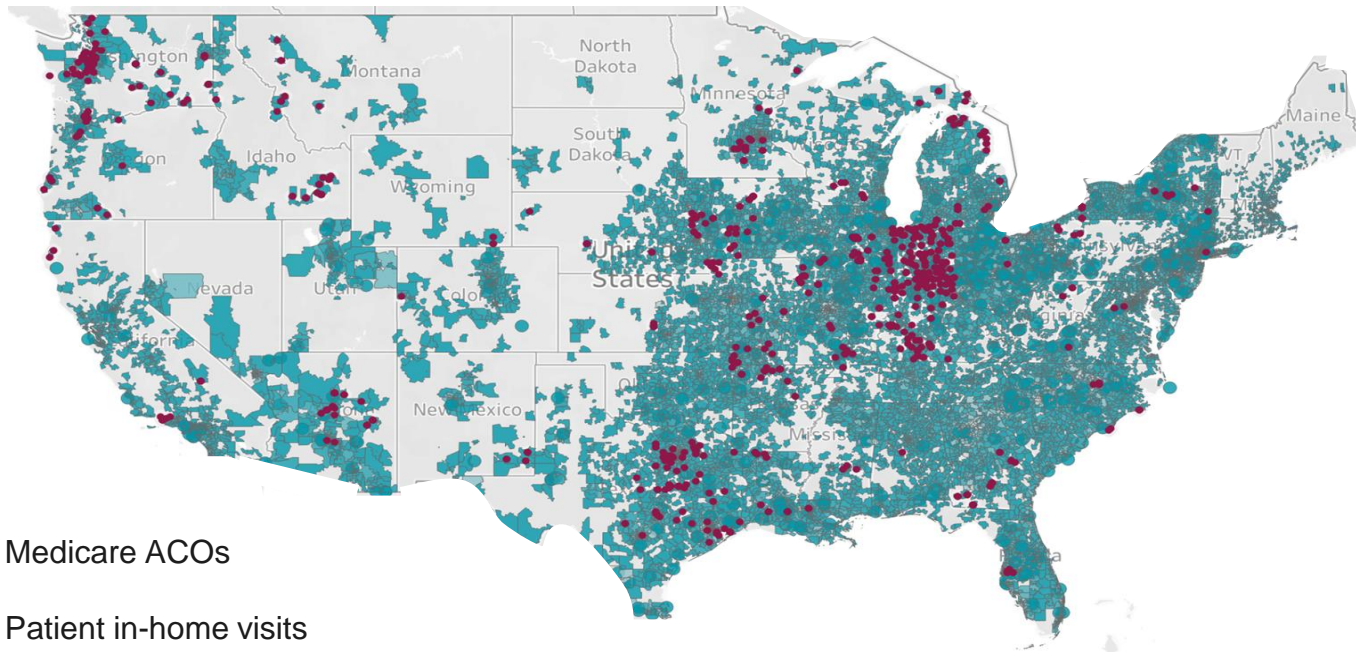
Signify Health: Purpose-Built to Empower Value-Based Care

Our vision

A more connected, effective care experience for all

Our mission

Build trusted relationships to make people healthier



\$7B*

Spend under management



10K+

Credentialed providers



~1.9M

Unique patient homes visited in 2021



29K

Providers aligned to ACO collaboratives in 2022



9K+

Medicare ACO PCP partners



700K+**

Medicare ACO beneficiaries

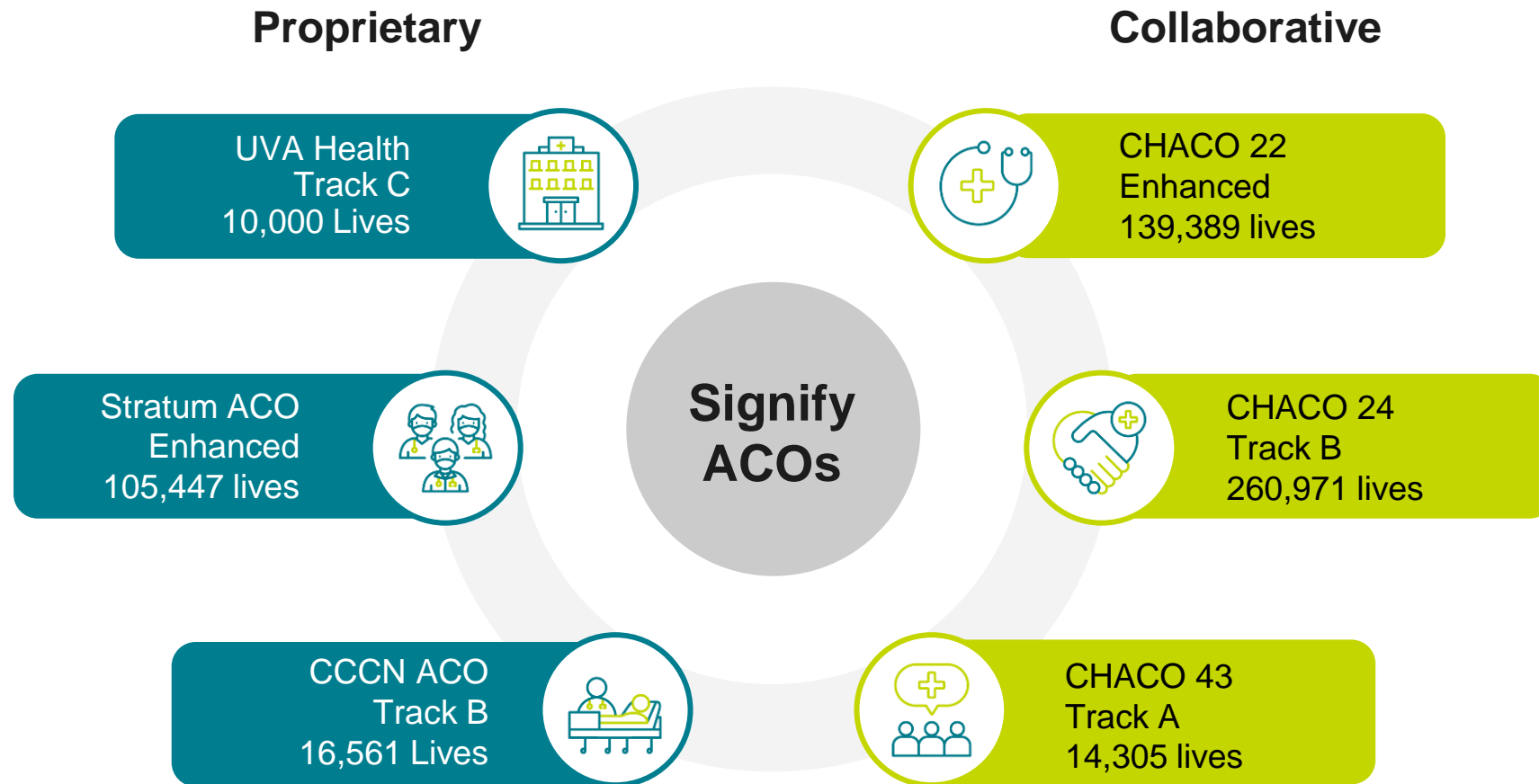
Powered by our unique data & technology backbone

*Projected in 2023 to manage more than \$7B of spend, based on projection of 700K+ attributed lives.

**Projected for 2023

→ Performance Year 2022 ACOs

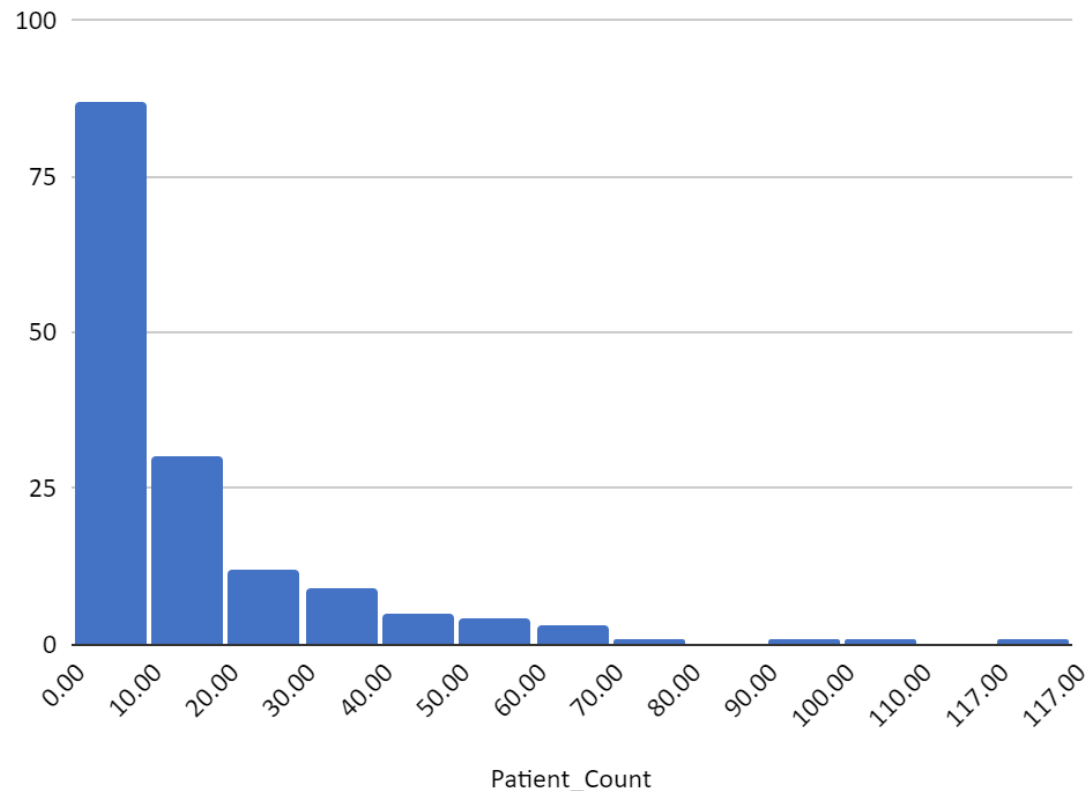
We are reporting Web Interface for PY 2022



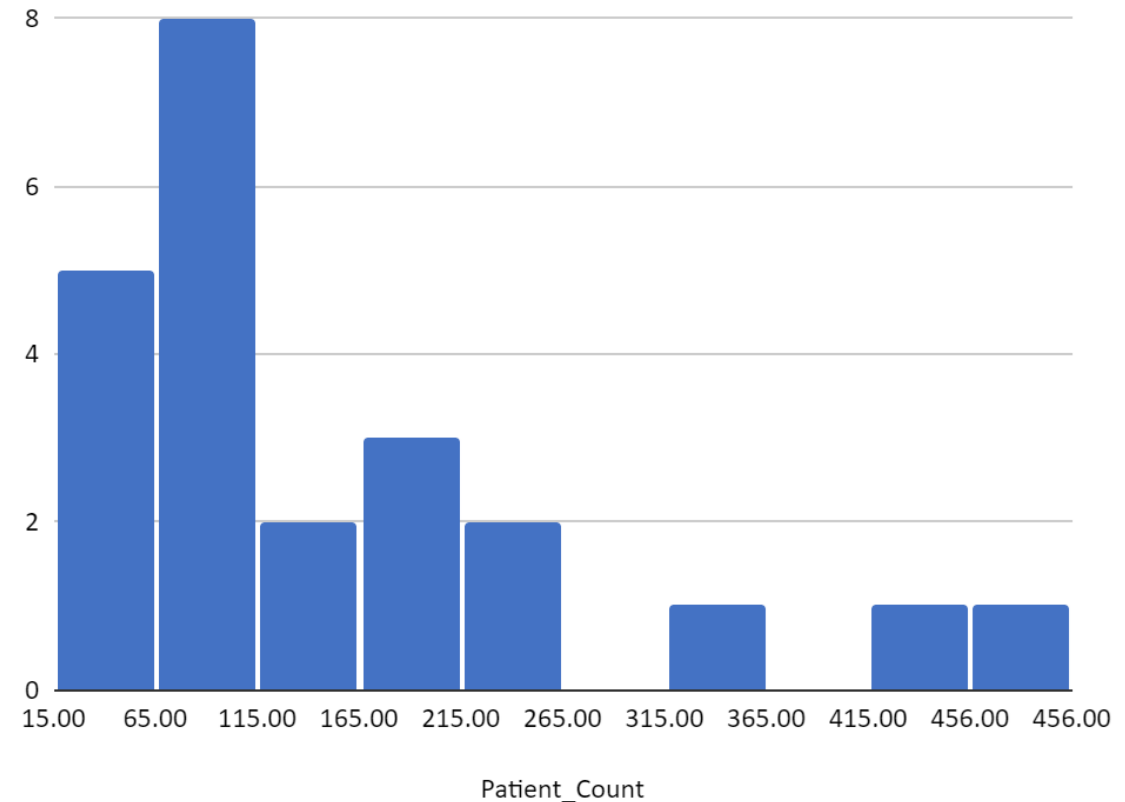
→ Number of Patients for Reporting

Varies based on ACO composition

Large Collaborative Structure ACOs
150+ communities participating



Smaller Structure ACOs
5-10 communities participating



→ Practical Tips

Preparation



- Start early and end early - time to validate data, load to QPP, troubleshoot
- Make sure you have:
 - HARP account
 - Security officer
 - QPP access to all your ACOs
 - Educate staff

→ Practical Tips

Resources

- CMS resources are your bible:
 - ACO patient ranking file sent in advance by MSSP
 - Measure Specifications - educate teams on changes from prior year, have at your fingertips when reporting
 - Coding documents are your friends - don't ignore
 - CMS FAQ
 - Wednesday CMS support calls
- Use claims to help you find information when you come across a patient “that is not your patient”



→ Practical Tips

Reporting Process

Identify your reporting team

- Best staff for quality reporting are those who are knowledgeable about where to find information in your EHR
 - Practice care team (MA, LPN, RN), EHR superuser, Wellness RN, Database Administrator
 - Pair clinical with IT or data analyst if have
- Designate at least two staff who are cross trained



- Always check for exclusions first
- Report a few hours a day - take breaks so don't have mistakes
- Determine reporting workflow - by patient or by measure
- Screenshot while reporting and keep in case of audit

→ WI Template or Vendor Module

Options for EHR downloads and manual entry

PREV-10: Tobacco Use: Screening and Cessation Intervention				
PREV-10 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for tobacco use at least once within the measurement period? Learn More	Was the patient identified as a tobacco user during the most recent tobacco use screening? Learn More	Did the patient receive tobacco intervention? Learn More
168				
247				
592				
279				

PREV-10: Tobacco Use: Screening and Cessation Intervention

Measure Status: NA

Medical Record Found:

Is the patient qualified for this measure?

Select

Was the patient screened for tobacco use at least once within 12 months (January 1, 2022 - December 31, 2022)?

Select

Was the patient identified as a tobacco user during the most recent tobacco use screening?

Select

Did the patient receive tobacco cessation intervention?

Select

→ Practical Tips

Submitting to QPP

- Periodically upload ranking file and review error report
- Leave time when submitting tickets to QPP
 - Be specific in question to get quicker resolution
- Download and verify submission report
- *HARP account access level determines what can see after submit in QPP



→ Treat Reporting Like a Year-Round Activity

- Pair IT and clinical staff to work together on quality
- Capture observations during reporting to develop action plan for next year



Determine local approach to:



Team Education



Clinical & EHR Workflow
and Documentation



Technology Capabilities

Questions?



Making the Move to eCQMs



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Six Sigma Black Belt
Director, Quality

Ashish D. Parikh, MD
Chief Quality Officer



Outline

- Summit Health ACO Overview
- 2021 Reporting Methodology
- Determining Best Reporting Option(s) for 2022
- Making the Move to electronic reporting
- Questions?

Summit Health


- Summit Health is an independent physician – governed multispecialty group coupled with CityMD a leading Urgent Care provider in the New York metro area
- Patient – centric network committed to simplifying the complexities of health care and bringing a more connected, compassionate and human kind of care to the patient journey
- Summit Health has more than 2,800 providers, including Physicians and APPs, 13,000 employees and over 370 locations in New Jersey, New York, Connecticut, Pennsylvania, and Central Oregon




 **Summit Health**
Bend, Oregon
MSSP Tack B
EHR: Epic



 **westmed**
A Summit Health Company
MSSP Enhanced Track
EHR: Athena


 **Summit Health**
New Jersey
MSSP Enhanced Track
EHR: Athena + Epic



 **Summit Health**
NYC and LI
MIPS



2021 Reporting

	Summit-NJ		Summit-OR Bend	Summit-WestMed
	Trinity Health NGACO	Non-QPs		
Model	Next Gen ACO	Trad. MIPS	Trad. MIPS	MSSP
Reporting Method	Web Interface	<ul style="list-style-type: none"> • Web Interface • MIPS eCQM/CQMs 	MIPS eCQM/CQMs	Web Interface

What's the best reporting option for 2022?




Analyzing Pros and Cons

Method	Web Interface	eCQMs/CQMs
Pros	<ul style="list-style-type: none">• Ability to capture unstructured EHR info• Easier to complete chart reviews across multiple EHRs• Upload files easily to CMS website• Denominator limited to ACO population	<ul style="list-style-type: none">• May be easier to track performance throughout year within EHR• Lower benchmarks• Fewer measures to focus on• Takes away staff time spent in chart reviews• Vendor support in case of audit
Cons	<ul style="list-style-type: none">• Staff-up team & train team to complete manual chart reviews• Download/upload large data files• Random sample may not reflect full population performance• Higher benchmarks• ACO held accountable in case of CMS audit	<ul style="list-style-type: none">• All patients in TIN are included in denominators – not only attributed patients• If more than > 1 EMR, data aggregation is required and can be burdensome• Providers/staff must enter data in structured EHR fields• Greater IT/Informatics team effort needed

Denominator Differences May Impact Performance

Method	Web Interface	eCQMs/CQMs
Denominator	<ul style="list-style-type: none">• Random sample of ACO attributed patients eligible for metrics• 10 metrics• 248 patients per metric• 3,000 chart reviews	<ul style="list-style-type: none">• All patients eligible for each metric billed under TIN• 3 metrics• NJ MSSP denominators:<ul style="list-style-type: none">• Controlling High BP: 81,682 pts• A1C Poor Control: 34,139 pts• Depression Screening: 660,645 pts

2022 Reporting Strategy Based on Predicted Performance

	Summit-NJ	Summit-OR Bend	Summit-WestMed
Model	MSSP	MSSP	MSSP
Reporting Method	<ul style="list-style-type: none"> 3 MIPS eCQMs/CQMs Web Interface 	3 MIPS eCQMs/CQMs	3 MIPS eCQMs/CQMs
EMR	Athena, Epic	Epic	Athena
	Move w/back-up	Maintain	Move

Making the Move



Preparing for Reporting Throughout the Year



CLINICAL

- Educate providers/clinicians that eQMs include all patients in EHR, not just attributed
- Train clinical team clinical data must be captured discretely in structured fields


OPERATIONS

- Ensure EHR items are up-to-date and meet reporting requirements (CEHRT 2015 min.)
- Engage cross-functional team to ensure successful reporting



- Ramp up team to be SMEs w/eQM reporting options:
 - Aggregate data from multiple EHRs w/in main EHR and EHR then submits to CMS
 - Aggregate data outside of EHRs and submit through QPP
- Maintain competency and staffing to complete chart reviews in parallel to eQM reporting

2022 Reporting, Jan. – Mar. 2023

	Summit-NJ	Summit-OR Bend	Summit-WestMed
Reporting Method	<ul style="list-style-type: none"> 3 MIPS eCQMs/CQMs Web Interface 	3 MIPS eCQMs/CQMs	3 MIPS eCQMs/CQMs
Reporting Activities	<ul style="list-style-type: none"> Data aggregation across multiple EHRs, submission in process WI chart reviews/data submission in process 	eCQM submission in process	eCQM submission in process

Lessons Learned (and Learning On the Fly)

- Complete early impact analysis of moving to electronic reporting: readiness, effort, impact on performance
- Enable eCQMS/CQMS and track results; investigate discrepancies
- Create easy and scalable workflows for the 3 measures:
 - Screening for depression and f/u-structured screen, automated f/u plan for positives
 - Proper BP check and repeat if high; f/u appt for all pts with high BP, video visits
 - A1cs on all patients with DM, f/u for all patients with 9+
- Engage and educate clinical teams early and throughout the year
 - Specialists: “See Something, Say Something”
 - Focus on low performing metrics, providers, specialties



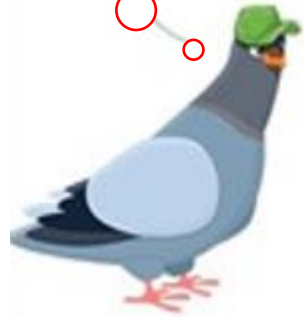
Lessons Learned (and Learning On the Fly)



- Engage EHR vendor to ensure you know all needed steps to collect, aggregate, and report data
- Hold EHR vendor accountable for accuracy, ease of use, embedded resources and alerts
- Test out data aggregation early with multiple EHRs to ensure successful reporting
 - ACO needs skilled & focused resources to aggregate/upload data
 - Team must adhere to time-sensitive deadlines at year end (holidays)
 - ACO needs strong collaboration w/EHR account rep to troubleshoot/advise given complexity and deadlines related to full year quality category reporting
- Understand reporting aggregated data through QPP site if EHR not capable
- Consider parallel reporting methods to compare performance

Thank You!

Everyone is
pigeon in to
ensure a 100%
quality score



Coo



Questions?



Reference

CMS Push to Move to EHR eCQM Reporting

Current

Traditional MIPS

REQUIREMENT: Report 6 quality measures of choice

- eCQMs
- MIPS CQMs
- QCDR
- Medicare Part B Claims
- *Web Interface*
- CAHPS

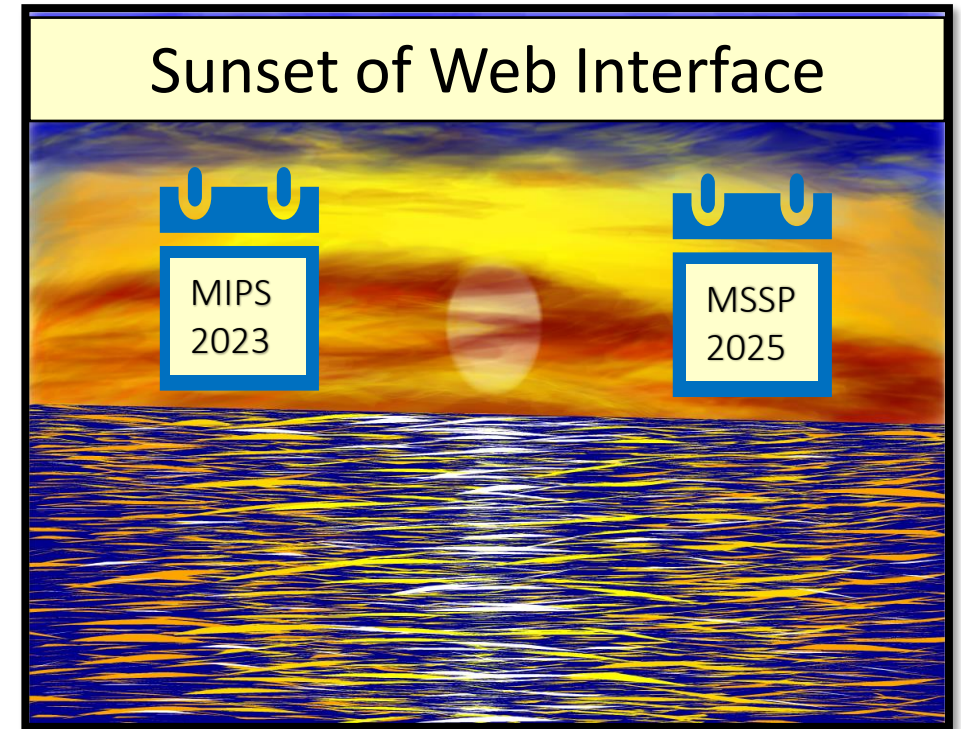
MSSP, ACO, APP

REQUIREMENT: Report assigned quality measures by Option #

- Option 1 = 3 eCQMs + CAHPS + 2 Admin. Claims
- Option 2 = 10 *Web Interface* + CAHPS + 2 Admin. Claims

CY 2022 Physician Fee Schedule Final Rule

Sunset of Web Interface



Reporting Method Overview

Web Interface

- Register for Quality Reporting Method and agree to submit 12 months of data
- CMS tracks Medicare Part B Claims from all eligible providers billing under the TIN
- CMS samples patients eligible for the 10 quality metrics (approximately 2,000 patients)
- Complete clinical chart reviews, upload requested information which either supports satisfaction of quality metrics OR does not support satisfaction of quality metrics
- CMS determines Quality category performance score based on uploaded data when compared to pre-established benchmarks.

manual chart reviews

eCQM

- Certified EHR (version 2015 or later) and eCQMs enabled
- eCQMS:
 - calculated electronically within the CEHRT vs. CQMs that can be calculated outside of the CEHRT
 - embedded in EHR where data is captured according to CMS specifications for satisfying metrics
 - are tools that help measure and discretely track quality of health care services
 - measure many aspects of patient care (patient engagement, safety, care coordination, clinical effectiveness)
- Eligible providers adhere to EHR requirements for capturing patient information, inclusive of vitals, lab results, screenings etc.
- CMS determines Quality category performance score based on EHR electronically transmitted metrics when compared to pre-established benchmarks.

electronic reporting

eCQMs/CQMs

- Calculated electronically within the CEHRT vs. CQMs that can be calculated outside of the CEHRT
- Embedded in EHR where data is captured according to CMS specifications for satisfying metrics
- Are tools that help measure and discretely track quality of health care services
- Measure many aspects of patient care (patient engagement, safety, care coordination, clinical effectiveness)

Thank you!



Please email advocacy@naacos.com with additional comments and questions.