



# Quality Reporting for MSSP ACOs- Deep Dive into Digital Quality Measurement



**Fall 2023**

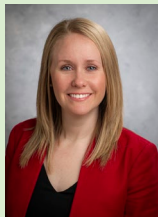
# Agenda

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- Joel Andress, Division of Quality Measurement, CMS
- Overview of quality requirements for MSSP
- ACO perspectives
- Break
- ACO perspectives
- Leveraging your IT team and internal platforms for digital quality reporting & preparing for the future

# Speakers



**Megan Reyna**  
System Vice President,  
Enterprise Population Health  
Advocate Health



**Jennifer Gasperini**  
Director of Regulatory &  
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NAACOS



**Vanessa Flaherty**  
Director, Quality  
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Management & Performance  
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Northwell Health

**Anna Taylor**  
MultiCare Connected Care

# Getting Started



# MSSP Quality Overview



MSSP ACOs must meet certain [quality req's](#) in order to meet program criteria & be eligible to share in savings they generate

CMS made significant changes to the quality approach through its [APM Performance Pathway \(APP\)](#) quality structure for ACOs – aligns MSSP quality w/ MIPS

# MSSP Quality Overview



**The new APP approach reduced the measure set to 3 clinical quality measures, 2 claims measures and the CAHPS for MIPS survey**

When MSSP started there were over 30 quality measures, all reported via Web Interface (sample of ACO patients)



**The APP requires reporting via eCQM or MIPS CQM and will retire the Web Interface in PY 2025 (data reported in early 2026)**



**CMS has also prioritized digital quality measurement (dQMs) and has ambitious goals to transition all measures to digital measures at some point in the future**

# CMS Digital Measurement Efforts



- CMS [Meaningful Measures 2.0](#) initiative also emphasizes dQMs - Meaningful Measures 2.0 prioritizes [digital quality measures](#), which originate from health information captured and transmitted electronically via interoperable systems. CMS continues to improve the digital strategy by:
  - Using FHIR-based standards to exchange clinical information through APIs, allowing clinicians to digitally submit quality information one time which can be used in many ways
  - Accelerating the transition to fully electronic measures
  - Working across CMS to use artificial intelligence to identify quality problems and intervene before harm comes to patients
  - Developing more APIs for quality measure data submission and interoperability
  - Harmonizing measures across registries

# Challenges



Measures do not apply to attributed patients only – this brings in specialties often not appropriate for the measure

Data must be aggregated and reported at the ACO level (across all TINs, all EHRs)

**eCQM/MIPS CQM  
Reporting at the ACO  
Level**

The all-payer requirement requires reporting on all patients meeting the denominator criteria (Medicaid, self pay, etc.)

ACOs must identify a way to de-duplicate patient data/do patient matching



# Data Completeness

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- Data completeness = the volume of performance data reported for the measure's eligible population
- You must report performance data (performance met or not met, or denominator exceptions) for the data completeness threshold specified for the eligible population (denominator)

- **eCQMs = report data directly from Certified EHR Technology (CEHRT) using QRDA III**
  - All originating data must come from CEHRT - no abstraction, manual manipulation or supplementation
  - CMS assumes 100% data completeness
- **Aggregate data across ACO participant TINs and do patient matching/de-duplication before submitting aggregate level data to CMS, **reporting on all patients/all payer data****
  - Collect QRDA I w/ patient level information
- Benchmarks are lower compared to MIPS CQM (recognizing the difficulty involved)



# MIPS CQMs



- **MIPS CQMs = flexibility in reporting**
  - Flat files, registry, EHR; abstraction permitted
  - 75% data completeness
- Aggregate data across ACO participant TINs and do patient matching/de-duplication before submitting aggregate level data to CMS, **reporting on all patients/all payer data**
- Benchmarks are higher compared to eCQMs, b/c of the ability to supplement data beyond what is in discrete EHR fields

# Proposed: Medicare CQMs



- **New Medicare CQM reporting option proposed for PY 2024**
  - Time limited, transitional option reporting MIPS CQM measures on a more limited patient pop.
  - Limits reporting to Medicare patients meeting ACO assignment criteria
  - Limits scoring challenges with the all-payer approach used in eCQM/MIPS CQM reporting (equity concerns, specialty provider concerns), but will still require data aggregation/de-duplication
- **NAACOS continues to ask CMS to resolve these issues in the long-term by addressing the eCQM and MIPS CQM reporting options**

# Proposed: Medicare CQMs



CMS proposes to define a beneficiary eligible for Medicare CQMs at §425.20 as a beneficiary identified for purposes of reporting Medicare CQMs who is either of the following- A Medicare FFS beneficiary who:

- Meets the criteria for a beneficiary to be assigned to an ACO; and
  - Had at least one claim w/ a DOS during the measurement period from an ACO professional who is a primary care physician or who has one of the specialty designations included at §425.402(c); or who is a PA, NP or CNS
- A Medicare FFS beneficiary who is voluntarily aligned to the ACO

# Proposed: Medicare CQMs



(c) ACO professionals considered in the second step of the assignment methodology in paragraph (b)(4) of this section include physicians who have one of the following primary specialty designations:

- (1) Cardiology.
- (2) Osteopathic manipulative medicine.
- (3) Neurology.
- (4) Obstetrics/gynecology.
- (5) Sports medicine.
- (6) Physical medicine and rehabilitation.
- (7) Psychiatry.
- (8) Geriatric psychiatry.
- (9) Pulmonary disease.
- (10) Nephrology.
- (11) Endocrinology.
- (12) Multispecialty clinic or group practice.
- (13) Addiction medicine.
- (14) Hematology.
- (15) Hematology/oncology.
- (16) Preventive medicine.
- (17) Neuropsychiatry.
- (18) Medical oncology.
- (19) Gynecology/oncology.

# Proposed: Medicare CQMs



- **Measures:** Report the 3 MIPS CQM measures, on a more limited patient population
- **Benchmarks:** would be created based on performance year data for PY 2024 and PY 2025
- **Data completeness:** 75%
- **Patient Report:** CMS will provide ACOs w/ a list of eligible patients at the start of the reporting period
  - NAACOS is advocating for CMS to require reporting only on patients included on this list

# Proposed: Medicare CQMs



**CMS will provide ACOs with a list of beneficiaries eligible for Medicare CQMs within the ACO, once annually at the beginning of the quality data submission period**



ACOs need to ensure all beneficiaries that meet applicable Medicare CQM specifications & meet the definition of a beneficiary eligible for Medicare CQMs under §425.20, are included in the ACO's eligible population/denominator for reporting each measure.



CMS anticipates sharing the following information along with technical assistance to ACOs when reporting Medicare CQMs:

Gender

Beneficiary identifier

DOB (and death if applicable)

Chronic condition subgroup

NPIs of the top three frequented providers in the ACO

Health status information (ex, risk profile)



# Estimating Current Performance for Medicare CQMs



Potential loss in points

- Diabetes: HbA1c Poor Control

Collection Type	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
MIPS CQM	99.00 - 90.01	90.00 - 80.01	80.00 - 70.01	70.00 - 60.01	60.00 - 50.01	50.00 - 40.01	40.00 - 30.01	30.00 - 20.01	20.00 - 10.01	<= 10.00
eCQM	99.52 - 93.34	93.33 - 75.01	75.00 - 57.61	57.60 - 46.16	46.15 - 38.18	38.17 - 32.27	32.26 - 27.33	27.32 - 22.51	22.50 - 17.08	<= 17.07

- Screening for Depression and Follow-Up Plan

Collection Type	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
MIPS CQM	0.05 - 27.20	27.21 - 72.81	72.82 - 90.12	90.13 - 96.64	96.65 - 98.71	98.72 - 99.64	99.65 - 99.99	--	--	100.00
eCQM	0.07 - 1.79	1.80 - 7.12	7.13 - 15.38	15.39 - 24.39	24.40 - 33.78	33.79 - 45.42	45.43 - 58.93	58.94 - 72.81	72.82 - 90.51	>= 90.52

- Controlling High Blood Pressure

Collection Type	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
MIPS CQM	1.00 - 9.99	10.00 - 19.99	20.00 - 29.99	30.00 - 39.99	40.00 - 49.99	50.00 - 59.99	60.00 - 69.99	70.00 - 79.99	80.00 - 89.99	>= 90.00
eCQM	2.74 - 41.95	41.96 - 51.35	51.36 - 56.60	56.61 - 60.70	60.71 - 64.23	64.24 - 67.54	67.55 - 71.09	71.10 - 75.27	75.28 - 81.34	>= 81.35

# APP Measures



Web Interface Measures	eCQM/MIPS CQM Measures
Diabetes Hemoglobin A1c Poor Control	Diabetes Hemoglobin A1c Poor Control*
Screening for Depression and Follow Up Plan	Screening for Depression and Follow Up Plan*
Controlling High Blood Pressure	Controlling High Blood Pressure*
Screening for Future Falls Risk	Admin claims measures (2), CAHPS
Influenza Immunization	
Tobacco Use Screening and Cessation Intervention	
Colorectal Cancer Screening	
Breast Cancer Screening	
Statin Therapy for Prevention and Treatment of Cardiovascular Disease	
Depression Remission at 12 Months	
Admin. claims measures (2), CAHPS	

\*Measures reported/evaluated on all patients meeting the measure criteria for any payer

# Proposed MSSP Quality Updates



- **Proposed updates to MSSP quality measure set for PY 2025** to align with new Universal Foundation set
  - Would add composite vaccination measure, Substance Use Disorder treatment measure and SDOH screening measure

TABLE 28: Preliminary Adult Universal Foundational Measures <sup>a^</sup>

Domain	Identification Number and Name
Wellness and prevention	139: Colorectal cancer screening 93: Breast cancer screening 26: Adult immunization status
Chronic conditions	167: Controlling high blood pressure 204: Hemoglobin A1c poor control (>9%)
Behavioral health	672: Screening for depression and follow-up plan 394: Initiation and engagement of substance use disorder treatment
Seamless care coordination	561 or 44: Plan all-cause readmissions or all- cause hospital readmissions
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures
Equity	Identification number undetermined: Screening for social drivers of health

<sup>a</sup>Domains are from Meaningful Measures 2.0. Identification numbers are CMS Measures Inventory Tool measure family identification numbers; names reflect the descriptions associated with those numbers.

<sup>^</sup> Jacobs D, Schreiber M, Seshamani M, Tsai D, Fowler E, Fleisher L. Aligning Quality Measures across CMS – The Universal Foundation. *New England Journal of Medicine*, March 2, 2023, available at <https://www.nejm.org/doi/full/10.1056/NEJMp2215539>.

\* Quality ID #487 Screening for social drivers of health is an available MIPS CQM for PY 2023; the MIPS CQM Specification is available at [https://app.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2023\\_Measure\\_487\\_MIPSCQM.pdf](https://app.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2023_Measure_487_MIPSCQM.pdf).

## **Incentives for eCQM/MIPS CQM reporting:**

- Extension of incentives in place for reporting eCQMs/MIPS CQMs through 2024
  - These incentives are watered down due to other CMS proposals to lower quality performance standard requirements for all ACOs
- New bonus opportunity for ACOs reporting eCQMs/MIPS CQMs and serving a large proportion of underserved communities
- NAACOS is calling on CMS to strengthen incentives in place for ACOs reporting eCQMs/MIPS CQMs – pay-for-reporting, upfront funding and/or adjustments to financial benchmarks

# ACO Perspectives

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- Megan Reyna, Advocate Health
- Ramsey Abdallah, Northwell Health
- Vanessa Flaherty, Northwestern Medicine

# Questions?



# 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, improvement points earned
  - Sum all points and this gives you your final ACO quality score
  - ❖ **BM**s 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 – there are different benchmarks for each reporting type (eCQM, WI, MIPS CQM)
- 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 Perf. Standard



	Current Standard	Proposed Change
<b>All ACOs for 2024</b>	Meet/exceed the 40 <sup>th</sup> percentile of all MIPS quality category scores = earn max shared savings rate	Meet/exceed the 10 <sup>th</sup> percentile on ¼ outcome measures = your final quality score determines your shared savings rate
<b>ACOs reporting eCQM/MIPS CQM for 2024</b>	Meet/exceed the 10 <sup>th</sup> percentile on ¼ outcome measures AND the 30 <sup>th</sup> percentile on 1 of the remaining measures = max shared savings rate	Meet/exceed the 10 <sup>th</sup> percentile on ¼ outcome measures AND the 40 <sup>th</sup> percentile on 1 of the remaining measures = max shared savings rate