



Quality Measurement Reporting and Performance Improvement Requirements For Accountable Care Organizations Participating in the Medicare Shared Savings Program

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Background

Section 3022 of the Affordable Care Act requires HHS to establish a Medicare Shared Savings Program. The program allows CMS to coordinate with providers to improve the quality of healthcare while achieving cost savings.

The [Medicare Shared Savings Program Final Rule](#) creates the CMS Medicare Shared Savings Program. Group physician practices will be allowed to form Accountable Care Organizations (ACOs). ACOs can receive 50% or 60% of any cost savings achieved by the practice for Medicare beneficiaries, provided the ACO achieve quality reporting and performance metrics. An ACO can earn 50% of the shared savings using the one-sided model (where an ACO does not have to pay CMS if no savings are achieved or if the ACOs participation costs CMS.) An ACO can earn 60% of the shared if the ACO assumes responsibility to pay CMS if the ACO does not achieve cost savings.*

**See the HIMSS ACO Final Rule Executive Summary for more details on the One-Sided and Two-Sided Payment Models*

Quality Measurement Requirements for ACOs

- ACOs would be required to report on quality measures for each of the three performance years. Each performance year lasts from January 1 to December 31, matching the CMS Physician Quality Reporting System (PQRS) reporting year.
- ACOs must report and achieve performance improvement on 33 quality distinct quality measures in four different domains: Patient/Caregiver Experience; Care Coordination and Patient Safety; Preventative Health; and At Risk Populations. See Table 1 below.
- In Year 1, CMS will pay for ACOs that report on all 33 measures.
- In Year 2, CMS will pay for performance in 25 of the measurement categories and reporting in 8 measurement areas.
- In Year 3, CMS will pay for performance in 32 measurement categories while only requiring ACOs to report on CAPHS Health Status/Functional Status.
- In Year 2 the definition of “quality performance standard” and minimum scores would established in Year 1, and adjusted in Year 2 and Year 3 based on average scores from the previous year.
- Most of the Shared Savings Program quality measures are endorsed by the National Quality Forum, but several measures are not.
- In program Year 1 and 2, CMS will pay for a Survey Reporting Vendor to report all Patient/Caregiver Experience Quality Measures, which are captured through the [CAPHS Survey](#). In Year 3, the ACO will have to pay for a vendor to perform this task.

- CMS will populate the ACO reporting requirements for four of the Care Coordination Domain Reporting measures through Claims Data and EHR Incentive Program Data.
- The ACO will only be required to bear the administrative burden of reporting on reporting the remaining 22 Care Coordination and Patient Safety, Preventative Health, and At Risk Populations quality measures. Those 22 quality measure elements will be collected by the ACO and submitted into a CMS specified data collection tool called the [Group Practice Reporting Option](#) (or GPRO) web interface. GPRO is currently used in [Physician Quality Reporting System](#).
- The GPRO tool allows ACOs to report all required quality measures in a standard, beneficiary level format.
- See below Table 1 for the complete list of quality measures, the NQF measure number, measure steward, data submission, and requirements for either reporting or pay for performance.

Table 1: Medicare Shared Savings Program Quality Measures

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
DOMAIN	MEASURE TITLE	NQF Measure #/Steward	Method of Submission	Pay4Perf Requirement Year 1	Pay4Perf Requirement Year 2	Pay4Perf Requirement Year 3
AIM: Better care for Individuals						
Patient/ Caregiver Experience	CAPHS: Getting Timely Care, Appointments, and Information	NQF#5 ARHQ	Survey	report	performance	performance
Patient/ Caregiver Experience	CAPHS: How well your Doctor's Communicate	NQF#5 ARHQ	Survey	report	performance	performance
Patient/ Caregiver Experience	CAPHS: Patient Rating of Doctor	NQF#5 ARHQ	Survey	report	performance	performance
Patient/ Caregiver Experience	CAPHS: Access to Specialists	NQF#5 ARHQ	Survey	report	performance	performance
Patient/ Caregiver Experience	CAPHS: Health Promotion and Education	NQF#5 ARHQ	Survey	report	performance	performance
Patient/ Caregiver Experience	CAPHS: Shared Decision Making	NQF#5 ARHQ	Survey	report	performance	performance
Patient/ Caregiver Experience	CAPHS Health Status/Functional Status	NQF#6 ARHQ	Survey	report	report	report
Care Coordination/ Patient Safety	Risk Standardized, All Condition Readmission *	NQF #TBD* CMS	Claims	report	report	performance
Care Coordination/ Patient Safety	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive	NQF #277 AHRQ	Claims	report	report	performance

	Pulmonary Disease (AHRQ Prevention Quality Indicator (PQI) #5)					
Care Coordination/ Patient Safety	Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	NQF #277 AHRQ	Claims	report	performance	performance
Care Coordination/ Patient Safety	Percent of PCPs who Successfully Qualify for an EHR Incentive Program Payment	CMS	EHR Incentive Program	report	performance	performance
Care Coordination/ Patient Safety	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	NQF #97 AMA-PCPO NCQA	GPRO Web Interface	report	performance	performance
Care Coordination/ Patient Safety	Falls: Screening for Fall Risk	NQF #101 NCQA	GPRO Web Interface	report	performance	performance
AIM: Better Health for Populations						
Preventative Health	Influenza Immunization	NQF #41 AMA-PCPI	GPRO Web Interface	report	performance	performance
Preventative Health	Pneumococcal Vaccination	NQF #43 NCQA	GPRO Web Interface	report	performance	performance
Preventative Health	Adult weight screening/ follow up	NQF #421 CMS	GPRO Web Interface	report	performance	performance
Preventative Health	Tobacco Use Assessment and Cessation Intervention	NQF #28 AMA-PCPI	GPRO Web Interface	report	performance	performance
Preventative Health	Depression Screening	NQF #418 CMS	GPRO Web Interface	report	performance	performance
Preventative Health	Colorectal Cancer Screening	NQF #34 NCQA	GPRO Web Interface	report	report	performance
Preventative Health	Mammography Screening	NQF #31 NCQA	GPRO Web Interface	report	report	performance
Preventative Health	Proportion of Adults who had Blood Pressure Measured within preceding 2 years	CMS	GPRO Web Interface	report	report	performance

At Risk Population: Diabetes	Diabetes Composite Hemoglobin A1c Control (<8 percent)	NQF #0729 MN Community Measurement	GPRO Web Interface	report	performance	performance
At Risk Population: Diabetes	Diabetes Composite LDL (<100)	NQF #0729 MN Community Measurement	GPRO Web Interface	report	performance	performance
At Risk Population: Diabetes	Diabetes Composite: Blood Pressure <140/90	NQF #0729 MN Community Measurement	GPRO Web Interface	report	performance	performance
At Risk Population: Diabetes	Diabetes Composite: Tobacco Non Use	NQF #0729 MN Community Measurement	GPRO Web Interface	report	performance	performance
At Risk Population: Diabetes	Diabetes Composite: Aspirin Use	NQF #0729 MN Community Measurement	GPRO Web Interface	report	performance	performance
At Risk Population: Diabetes	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9 percent)	NQF #0729 MN Community Measurement	GPRO Web Interface	report	performance	performance
At Risk Population: Hypertension	Hypertension Blood Pressure Control	NQF #18 NCQA	GPRO Web Interface	report	performance	performance
At Risk Population: Ischemic Vascular Disease	IVD: Complete Lipid Profile and LDL Control <100 mg/dl	NQF #75 NCQA	GPRO Web Interface	report	performance	performance
At Risk Population: Ischemic Vascular Disease	IVD: Use of Aspirin or another Antithrombic	NQF #68 NCQA	GPRO Web Interface	report	performance	performance
At Risk Population: Heart Failure	Heart Failure: Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	NQF #83 AMA-PCPI	GPRO Web Interface	report	report	performance
At Risk Population: Coronary Artery Disease	CAD Composite: Drug Therapy for Lowering LDL Cholesterol- All or Nothing Scoring	NQF #74 CMS (composite)/AMA-PCPI (individual component)	GPRO Web Interface	report	report	performance
At Risk Population: Coronary Artery	CAD: Angiotensin-Converting Enzyme (ACE) Inhibitor or	NQF #66 CMS (composite) AMA-PCPI	GPRO Web Interface	report	report	performance

Disease	Angiotensin Receptor Blocker (ARB) Therapy for Patients with Diabetes or LVSD	(individual component)				
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Quality Performance Requirements

- In Year 1 of the Shared Savings Program, ACOs must completely and accurately report on all 33 required quality measures.
- In Year 2 of the Shared Savings Program, ACOs must meet a minimum quality standard (top 30th percentile of the national Medicare Fee for Service Providers) in 70 % of the required measures in each of the 4 quality domains (25 measures total.) ACOs must report completely and accurately on 100 % of the remaining 8 measures.
- In Year 3 of the Shared Savings Program, ACOs must meet a minimum quality standard (top 30th percentile of the national Medicare Fee For Service Providers) in 70% of each of the 4 quality domains (32 total.) ACOs must accurately and completely report one measure (CAHPS Health/Functional Status.

Quality Performance Scoring

Table 2: Medicare Shared Savings Program Sliding Scale Measure Scoring Approach

ACO Performance Level	Quality Points	EHR Measure Quality Points
90 th + percentile FFS/MA Rate	2 points	4 points
80 th + percentile FFS/MA Rate	1.85 points	3.7 points
70 th + percentile FFS/MA Rate	1.7 points	3.4 points
60 th + percentile FFS/MA Rate	1.55 points	3.1 points
50 th + percentile FFS/MA Rate	1.4 points	2.8 points
40 th +percentile FFD/MA Rate	1.25 points	2.5 points
30 th + percentile FFD/MA Rate	1.10 points	2.2 points
< 30 th percentile FFS/MA Rate	No points	No points

Table 3: Weighted Domain Scoring

Domain	Total Individual Measures	Total Measures for Scoring	Total Potential Points per Domain	Domain Weight
Patient/Caregiver Experience	7	1 measure (plus 6 survey module measures)	4	25 %
Care Coordination/ Patient Safety	6	6 measures, EHR measures double weighted	14	25%
Preventative Health	8	8 measures	16	25%
At Risk Population	12	7 measures (5 all for one Diabetes measures, 2 all for one CAD measures)	14	25 %
Total	33		48	100 %

