Persivia

Changes to Value-Based Care Quality Reporting in 2021 and Beyond: *ACO, MIPS, and PCF*

There have been many changes to ACO, MIPS, and CPC+ quality measures reporting in the last year have reflected the changes needed to best serve a population in the midst of a pandemic. While the goal for these changes has been to provide a better path towards quality care reporting, they pose a significant burden on ACOs and may misrepresent the quality of care they provide for their patients. Because of this, many of these rule changes may be in flux as NAACOS petitions CMS to delay mandatory quality reporting for the MSSP (Medicare Shared Savings Program).

978-856-4600

sales-info@persivia.com

www.persivia.com

Persivia

Our goal in this whitepaper is to cover these new CMS changes as well as provide some insight into why they may pose an issue for ACOs moving forward. Furthermore, we will point to some additional sources organizations can refer to in order to best move forward with participating in the program, as it stands now while avoiding potential penalties.

ACO Reporting Changes for 2021 and Beyond

Medicare Shared Savings Program

CMS has developed revisions to determine the quality performance of ACO's for the purposes of calculating shared savings and shared losses. The quality reporting requirement changes for the performance year 2021 include:

- A choice between reporting the 10 measures under the CMS Web Interface or the 3 eCQM/MIPS CQM measures. CMS will calculate 2 measures using administrative claims data with either 6 or 10 measures being included in the calculation of the ACOs MIPS Quality performance category score.
- For the performance years 2022 and beyond, the CMS Web Interface will sunset and ACOs will be required to report on the 3eCQM/MIPS CQM measures via the APP (APM Performance Pathway). CMS will calculate 2 measures using administrative claims data and 6 measures will be included in the calculation of the ACOs MIPS quality performance score.
- ACOs will be required to field the CAHPS for MIPS Survey in 2021 and beyond.

A major concern here is that 40% of ACOs have more than 15 disparate EHR systems. This means that integrating quality data will require ACOs and their members to foot the bill on significant interoperability costs and system upgrades long before they receive any shared savings from the program.

978-856-4600

sales-info@persivia.com

www.persivia.com

Persivia

ACO continuing usage of GPRO/CMS Web Interface

As mentioned earlier, ACOs will be able to utilize the CMS Web Interface to report 10 quality measures in 2021 only, after which they must report the 3 eCQMs/MIPS CQM via registry or EHR.

While this narrowing of measures sounds good on paper, it does not take into account the fact that ACOs need to report on 70% of all patients served by their members, a major increase compared to a small sample of Medicare patients required under the GPRO/CMS Web Interface.

Shared Savings Program Quality Performance Standards

For performance years 2021 and 2022, ACOs that achieve a quality performance score equal to or higher than the 30th percentile across all MIPS quality performance category scores will meet performance standards. For the performance year 2023 and beyond, ACOs will need to achieve a score in the 40th percentile or above.

Achieving these standards will enable ACOs to share in the maximum amount of savings based on their track while avoiding maximum shared losses under certain payment tracks. Because ACOs treat vulnerable populations with a different mix of payers and patients, the all-payer APP portion of the eCQM measurements may reduce ACO shared savings. This measurement will not accurately illustrate the quality of care of some organizations due to differences in access, insurance coverage, and medical complexity across potentially non-ACO providers and patients not connected to the ACO.

978-856-4600

sales-info@persivia.com

www.persivia.com

Persivia

ACO Pay-For-Reporting

Beginning in January of 2022, ACOs in the first performance year of their first agreement period under the Shared Savings Program can meet quality performance standards if they meet MIPS data completeness and case minimum requirements on all 3 of the eCQM/MIPS CQM measures and field the CAHPS for MIPS Survey via the APP.

Pay-for-Reporting is instrumental for new organizations. This is why NAACOS is currently petitioning CMS to pay ACOs for quality reporting for one year without the results being applied to their shared savings as it will allow these ACOs time to evaluate their workflows and data capturing processes before they are rated on the data they provide.

Shared Savings Program Compliance Monitoring

CMS may terminate an ACO's agreement if:

- The ACO fails to meet quality performance standards for two consecutive years
- The ACO fails to meet the quality performance standard for any three performance years within an agreement period, regardless if they are in consecutive order.
- A re-entering ACO fails to meet quality performance standards during consecutive performance years.

While ACO reporting will have continued stringent reporting by CMS, reporting via eCQM will make things much more flexible for ACOs now as they do not need to report on the traditional 10 measures found in the CMS Web Interface. Regardless, ACOs should begin to evaluate their quality reporting strategies as they move into new reporting measurements in 2021 and beyond.

978-856-4600

sales-info@persivia.com

www.persivia.com

Persivia

MIPS Reporting Changes for 2021 and Beyond

In this section, we will breakdown each policy area for MIPS and the changes that are coming for hospitals, providers, and vendors in 2021 and beyond. Because there is so much depth to this topic, we will include some additional links to other resources at the end of this section.

MIPS Eligibility and Participation

MIPS eligible clinicians may choose to participate in MIPS as individuals, groups, virtual groups, or an APM entity. The CY 2020 eligibility exception via the APM scoring standard has been dropped for the 2021 period. CMS will also not evaluate entities for the low-volume threshold.

MIPS Performance Category Weight Changes

Performance weights have shifted to 40% and 20% across quality and cost measurements respectively. Promoting interoperability and improvement activities have remained at 25% and 15% respectively. These new changes are applicable to individuals, groups, and virtual groups.

Persivia

Quality Performance

40% of MIPS Score

The removal of 11 quality measures from the MIPS programs (including the All-Cause Hospital Readmissions measure) and the addition of 2 new administrative claims quality measures are two of the major changes that organizations will now have to account for. The two administrative claims measures include:

- Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups.
- Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for MIPS Eligible Clinicians.

Scoring Flexibilities

Previously established scoring has been revised to include:

- List of reasons a quality measure may be impacted
- Performance of data impacted by significant changes outside of physicians control will only consist of 9 consecutive months of the performance period

Significant changes include changes to codes, clinical guidelines, or measurement specifications.

15% of MIPS Score

Improvement Activities

CMS has removed one improvement activity:

1. CC_5 CMS Partner in Patients Hospital Engagement Network

And modified two existing improvement activities for 2021:

- A_BE_4 Engagement of patient through the implementation of improvements in the patient portal
- IA_AHE_7 Comprehensive Eye Exams

CMS is continuing the COVID-19 clinical data reporting improvement activity with modifications as outlined in the September IFC (Interim Final Rule with Comment).

978-856-4600

sales-info@persivia.com

www.persivia.com

Persivia

Quality Performance

25% of MIPS Score

Promoting Interoperability

Quite a few changes are being made in this category as a result of the various changes in healthcare interoperability rule changes from CMS as well as ONC. Beginning in 2021, the query of PDMP (Prescription Drug Monitoring Program) will remain as an optional measure but will now be worth 10 bonus points instead of a yes or no option.

Additionally, a new optional HIE (Health Information Exchange) bi-directional exchange measure will be added as an alternative reporting option to the two existing measures under the HIE objective.

To fulfill the CEHRT (Certified EHR Technology) requirements for 2021 and 2022, MIPS eligible clinicians may use:

- Technology certified to the existing 2015 Edition certification criteria,
- Technology certified to the 2015 Edition Cures Update certification criteria, or
- A combination of both to collect and report their Promoting Interoperability data and eCQMs for the Quality performance category

20% of MIPS Score

Cost Performance

Cost performance measures have been updated to include telehealth services directly applicable to existing episode-based cost measures and TPCC measures.

Minimum Threshold and Payment Adjustments

The performance threshold has been raised from 45 points in 2020 to 60 points in 2021. Organizations that do not obtain a minimum of 60 points will receive a penalty. MIPS eligible clinicians that do not report MIPS in 2021 will still receive a -9% penalty against their 2023 Medicare Part B payments. No change has been made here regarding penalties.

No More MVP for 2021

Originally planned for 2021 performance period, MVP will not be available for MIPS reporting until 2022 performance period or later.

978-856-4600

sales-info@persivia.com

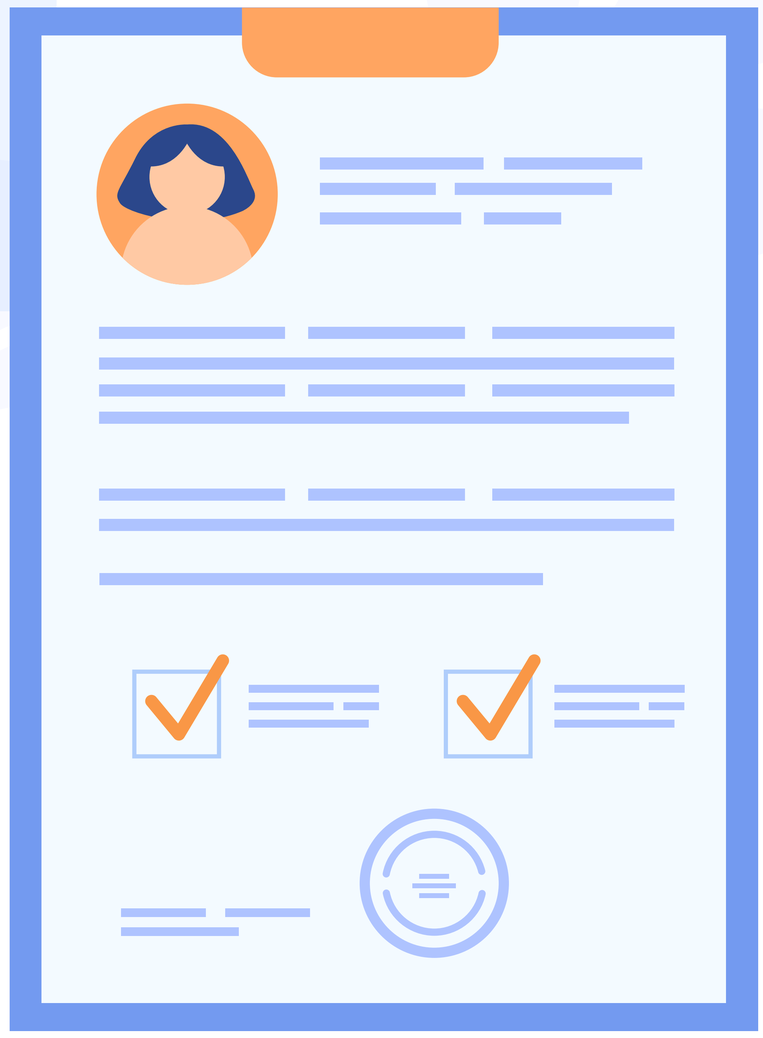
www.persivia.com

Introducing PCF (Primary Care First) Reporting

PCF builds upon previous CPC+ advanced alternative payment model (APM) innovations to reward outcomes, increase transparency, enhance care for high need populations and reduce administrative burden. The goal of PCF reporting is to increase the quality and access of care while reducing medicare spending by preventing avoidable inpatient admissions.

The two components of Primary Care First Reporting include:

- Total Primary Care Payment: Flat Primary Care Visit Fee + Population-Based Payment
- Performance-Based Adjustment: Increase Revenue by up to 50% via regional and continuous improvement adjustments



SIP Payment Model

The SIP payment model is unique to PCF and works to serve severely ill populations (SIP) to increase access to high-quality, advanced primary care. SIP provides care and resources for complex, chronically ill patients who lack a primary care practitioner or effective care coordination.

PCF Reporting Requirements

Practices can participate in PCF via PCF Only, SIP Only, or Hybrid. For each model, clinical measure reporting is required and varies based on the risk group assigned to the participating practice.

All practices, except for those participating in SIP Only, are required to report MIPS CQM 047 as well as ECQMs via a PCF QRDA III file uploaded on the QPP website. The PCF practice site-level reporting includes all patients (all-payer as well as uninsured) who were seen at the practice site location during the performance year by clinicians active on the PCF Practitioner Roster.

Persivia

Work With Persivia

The current state of eCQM/MIPS CQM reporting will be untenable for the majority of ACO's in 2022. That is why Persivia is working towards making our data collecting, extraction, and reporting processes as efficient as possible for what is required right now to maximize future savings.

Persivia's proprietary data extraction process can extract unstructured and structured EHR data on patients across all payers. Additionally, Persivia continues to support an infrastructure that normalizes, cleans, dedupes, and matches this data while generating the necessary QRDA III output files so organizations don't have to worry about required CMS submissions.

Take advantage of the 2021 transition year and contact us today to see how we can help you succeed.

978-856-4600

sales-info@persivia.com

www.persivia.com