Medicare Shared Savings Program
ACO Quality Measurement
Objectives

- Attendees will understand
  - Which measures are part of the 2015 MSSP ACO reporting
  - The data sources used to gather the data and calculate the results
  - The thresholds and scoring used to benchmark performance
  - Best practices for getting started
  - How Milliman can help you get started
Today’s Presenters

- Pat Zenner, RN and Lisa Mattie, RN
- Seasoned experts in
  - Analytics
  - Compliance
  - Healthcare Management
  - Quality Management
  - Provider Network Management
  - Pharmacy Management
- Understand the MMSP ACO program
- Work with integrated delivery systems
- Understand the real world challenges that organizations face
## 2015 Total Points for Each Domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>Number of individual measures</th>
<th>Total measures for scoring purposes</th>
<th>Total possible points</th>
<th>Domain weight (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/ Caregiver Experience</td>
<td>8</td>
<td>8 individual survey module measures</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>Care Coordination/ Patient Safety</td>
<td>10</td>
<td>10 measures. EHR measure is double-weighted (4 points)</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Preventive Health</td>
<td>8</td>
<td>8 measures</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>At-Risk Population</td>
<td>7</td>
<td>5 individual measures, plus a 2-component diabetes composite measure, scored as one.</td>
<td>12</td>
<td>25</td>
</tr>
<tr>
<td>Total in all Domains</td>
<td>33</td>
<td>32</td>
<td>66</td>
<td>100</td>
</tr>
</tbody>
</table>
Each Year is a New Year

- **Phased in approach**
  - First ACO year scored based on complete and accurate reporting
  - Benchmarks phased-in during the 2nd and 3rd performance years

- **CMS sets benchmarks for 2 years to provide ACOs with stable quality improvement targets (was annual prior to 2015)**
  - Will use up to 3 years of FFS data to set benchmarks, if available
  - Intent to gradually raise the minimum attainment level to continue to incentivize quality improvement over time

- **Measures change**
  - Clinical guideline changes
  - Harmonization efforts with other CMS programs
  - A shift from process-of-care to outcome-based measures
  - Reducing the burden of data collection

- **Measure specifications change**
2015 Changes

- **Added**
  - CAHPS: *Stewardship of Patient Resources* measure as pay-for-reporting in the 1st performance year of an ACO's 1st agreement period and pay-for-performance (P4P) in the 2nd and 3rd performance years.
  - SNF 30-Day All-Cause Readmission measure and *All-Cause Unplanned Admissions* measures for Patients with Multiple Clinical Conditions, Heart Failure, and Diabetes as pay-for-reporting for the 1st 2 years of an ACO's 1st agreement period before transitioning to P4P in performance year 3.
  - *Depression Remission at 12 Months* measure as pay-for-reporting for all 3 performance years of an ACO's 1st agreement period.
  - *Diabetes: Eye Exam*

- **Replaced** *Medication Reconciliation* with *Documentation of Current Medications in the Medical Record*.

- **Modified** name and specifications of % of PCPs who successfully Qualify for an EHR Incentive Program Payment to the % of PCPs who Successfully Meet MU (Meaningful Use) Requirements.

- **Retired** 6 measures.
Changes Will Continue

- CMS continues to consider for the future
  - Diabetes: Foot Exam
  - CAD: Antiplatelet therapy
  - CAD: Symptom management
  - CAD: Beta-blocker therapy—prior Myocardial Infarction (MI) or LVSD
Next Generation ACO Model

- Greater financial risk
- Potentially sharing in a greater portion of savings
- Stable, predictable benchmark
- Flexible payment options
- Tools available to enhance the management of care
  - Additional coverage of telehealth
  - Additional coverage of post-discharge home services
  - Coverage of skilled nursing care without prior hospitalization
  - Reward payments to beneficiaries for receiving care from ACOs

Application
- Round one
  • Letter of Intent no later than May 1, 2015
  • Applications no later than June 1, 2015
- Round two
  • Letter of Intent no later than May 1, 2016
  • Application no later than June 1, 2016
Measurement Data Sources

- Clinician and Group Consumer Assessment of Health Care Providers and Systems (CG CAHPS)
  - ACOs contract with a CMS-approved CAHPS vendor

- Claims-based measures
  - Normal billing activities

- Group Practice Reporting Option (GPRO) Web Interface (WI)
  - Pre-populated Web Interface with an assigned beneficiary sample and the quality measures
  - ACO chart review findings
2015 Benchmarks

- 2012 Medicare fee-for-service (FFS) data
  - Physician Quality Reporting System (PQRS)
  - Medicare claims data
  - Reported by ACOs
  - Surveys of Medicare FFS population

- Use all available FFS data, including ACO data to calculate benchmarks, except use a flat percentage
  - Where performance at the 60th percentile is ≥ 80% for individual measures
  - When the national FFS data results in the 90th percentile for a measure are ≥ 95% (applies to all measures, including measures whose performance rates are calculated as ratios)

- No benchmark for the health status/functional status measure
Getting to the Final Score

- Overall domain score
  - Sum total points earned / Total points available = Percentage Score

- Overall quality score
  - Percentage score for each domain averaged together

- New: for each quality measure domain, up to 4 additional points for performance improvement on the domain’s measures
  - Improvement Change Score = score for a measure in performance year minus score in previous performance year
  - Bonus points added to total points achieved in each of the 4 domains
  - Total points, including up to 4 bonus points, cannot exceed the maximum total points achievable within the domain
**Patient/ Caregiver Experience**

- Data source is the CAHPS survey
- 2015 reporting period survey is conducted in late 2015-early 2016

<table>
<thead>
<tr>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Timely Care, Appointments, and Information</td>
</tr>
<tr>
<td>How Well Your Doctors Communicate</td>
</tr>
<tr>
<td>Patients’ Rating of Doctor</td>
</tr>
<tr>
<td>Access to Specialists</td>
</tr>
<tr>
<td>Health Promotion and Education</td>
</tr>
<tr>
<td>Shared Decision Making</td>
</tr>
<tr>
<td>Health Status/Functional Status</td>
</tr>
<tr>
<td>Stewardship of Patient Resources</td>
</tr>
</tbody>
</table>
CAHPS- Know the Process

- For 2014 reporting period
  - 860 randomly selected Original Medicare beneficiaries for each ACO
  - 25% of the sample is beneficiaries with high service utilization

- CMS selects the sample; those who get the majority of care from an ACO
  - Attempt to exclude deceased or known institutionalized beneficiaries
  - Age 18+ assigned to the ACO based on primary care claims from the 1st half of the reporting period

- Questions address care received from a named clinician within the ACO

- Combine answers related to the same topic to form summary survey measures
  - Individual survey items are case-mix adjusted, appropriately weighted based on sample design, and linearly transformed to a 0-100 scale for scoring

- ACOs get a report including an Excel worksheet of:
  - Summary survey measure scores for the ACO
  - Additional information on survey responses across all ACOs
  - Comparable information on survey responses for people with Original Medicare

- Some results reported on the Physician Compare website
CAHPS - Know the Questions (examples)

- Stewardship of Patient Resources
  - In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

- Self-Rated Health
  - In general, how would you rate your overall health?

- Beneficiaries’ Functional Status
  - During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?
  - Do you have serious difficulty walking or climbing stairs?
  - Do you have difficulty dressing or bathing?
  - Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

- Making Decisions about Medications
  - Did you and this provider talk about the reasons you might want to take a medicine?
  - Did you and this provider talk about the reasons you might not want to take a medicine?
  - When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
## Care Coordination/ Patient Safety

<table>
<thead>
<tr>
<th>Measures</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk standardized all condition readmission</td>
<td>Claims</td>
</tr>
<tr>
<td>Ambulatory Sensitive conditions admissions: COPD or asthma in older adults</td>
<td>Claims</td>
</tr>
<tr>
<td>Ambulatory sensitive conditions admissions: heart failure</td>
<td>Claims</td>
</tr>
<tr>
<td>Skilled nursing facility 30-day all-cause readmission measures</td>
<td>Claims</td>
</tr>
<tr>
<td>All-cause unplanned admissions for patients with diabetes</td>
<td>Claims</td>
</tr>
<tr>
<td>All-cause unplanned admissions for patients with heart failure</td>
<td>Claims</td>
</tr>
<tr>
<td>All-cause unplanned admissions for patients with multiple chronic conditions</td>
<td>Claims</td>
</tr>
<tr>
<td>Percent of primary care physicians who successfully meet Meaningful Use requirements</td>
<td>Claims and Administrative Data</td>
</tr>
<tr>
<td>Documentation of current medications in the medical record</td>
<td>GPRO WI</td>
</tr>
<tr>
<td>Falls: screening for future fall risk</td>
<td>GPRO WI</td>
</tr>
</tbody>
</table>

* Administrative reporting: attested to either the Medicare or Medicaid EHR Incentive Program
Know the Data Specifications (EHR example)

- **Denominator**
  - All primary care physicians who are participating in an ACO in the reporting year

- **Denominator Exclusions**
  - Entities (i.e., identified by TIN or CCN) that are not used for beneficiary assignment
  - Providers who did not bill any Medicare Part B primary care services during the reporting year
  - Hospital-based physicians, as identified by CMS through Medicare claims, who are participating in an ACO model during the reporting year
  - Physicians solely from FQHCs or RHCs, as identified in the participant list
  - Physicians who are deceased
  - Physicians who have been approved for a hardship exemption, to the extent this data is available

- **Numerator**
  - PCPs participating in an ACO and identified as included in the denominator for that ACO for this quality measure, who have successfully attested to either the Medicare or Medicaid EHR Incentive Program for the reporting period.
Preventive Health

- Data source is GPRO WI

<table>
<thead>
<tr>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer screening</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
</tr>
<tr>
<td>Preventive care and screening: influenza immunization</td>
</tr>
<tr>
<td>Pneumonia vaccination status for older adults</td>
</tr>
<tr>
<td>Body mass index screening and follow-up</td>
</tr>
<tr>
<td>Tobacco use: screening and cessation intervention</td>
</tr>
<tr>
<td>Screening for high blood pressure and follow-up documented</td>
</tr>
<tr>
<td>Screening for clinical depression and follow-up plan</td>
</tr>
</tbody>
</table>
## At-risk Population

- Data source is GPRO WI

<table>
<thead>
<tr>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: hemoglobin A1c poor control</td>
</tr>
<tr>
<td>Diabetes: Eye Exam</td>
</tr>
<tr>
<td>Controlling high blood pressure</td>
</tr>
<tr>
<td>Ischemic vascular disease: use of aspirin of another antithrombotic</td>
</tr>
<tr>
<td>Heart failure: beta-blocker therapy for left ventricular systolic dysfunction</td>
</tr>
<tr>
<td>Coronary artery disease: ACE or ARB therapy</td>
</tr>
<tr>
<td>Depression Remission at 12 months</td>
</tr>
</tbody>
</table>
### Sliding Scale Measure Scoring Approach

<table>
<thead>
<tr>
<th>ACO Performance Level</th>
<th>Quality points</th>
</tr>
</thead>
<tbody>
<tr>
<td>90+ percentile FFS data or 90+ percent</td>
<td>2.00 points</td>
</tr>
<tr>
<td>80+ percentile FFS data or 80+ percent</td>
<td>1.85 points</td>
</tr>
<tr>
<td>70+ percentile FFS data or 70+ percent</td>
<td>1.70 points</td>
</tr>
<tr>
<td>60+ percentile FFS data or 60+ percent</td>
<td>1.55 points</td>
</tr>
<tr>
<td>50+ percentile FFS data or 50+ percent</td>
<td>1.40 points</td>
</tr>
<tr>
<td>40+ percentile FFS data or 40+ percent</td>
<td>1.25 points</td>
</tr>
<tr>
<td>30+ percentile FFS data or 30+ percent</td>
<td>1.10 points</td>
</tr>
<tr>
<td>&lt;30 percentile FFS data or &lt;30+ percent</td>
<td>No points</td>
</tr>
</tbody>
</table>

A maximum of 2 points each for individual or composite measure
Except the EHR measure is double weighted (up to 4 points)

Example: if performance rate for the medication reconciliation measure is 78%, would earn 1.70 points for that measure
GPRO WI

- Must submit certain measures only using the GPRO Web Interface or by uploading an XML file in the required format
- The WI uses a CMS selected beneficiary sample assigned to each ACO
  - Includes demographic and utilization information for those beneficiaries
- Sample includes those with at least 2 or more outpatient visits billed by the ACO during the reporting period
- Each ACO reports the clinical quality measures categorized into modules

- Excluded from all modules:
  - Only in Medicare Part A or B
  - Medicare is not primary payer
  - Hospice
  - No medical record found
  - Patient moved out of the country
  - Enrolled in an HMO

- Excluded from individual modules
  - Inability to confirm a disease
  - A specific denominator exclusion
  - Male sampled for mammography
  - Age is outside of the range
At least 248 patients in a module must be consecutively confirmed and completed

- Confirmed: the medical record was found and the patient is qualified for the measure/module based on measure-specific criteria
- Consecutive: refers to the order of patients in a disease or measure module starting with the patient ranked #1 and proceeding in numeric sequence

The ACO completes data fields that capture information on rendered services

Files will contain some pre-filled data

- Can be overwritten if more recent data is found in the patient’s medical record
- Pre-filled “Yes” for “Immunization Received” can be overwritten
## GPRO Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated* Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOs provide care to patients during the reporting period</td>
<td>January 1, 2014–December 31, 2014</td>
</tr>
<tr>
<td>CMS assigns beneficiaries to the ACO, samples them into the GPRO Web Interface for data collection, and prefills some beneficiary information.</td>
<td>November 2014–January 2015</td>
</tr>
<tr>
<td>GPRO Web Interface opens so that patient ranking files can be downloaded</td>
<td>January 5–January 9, 2015</td>
</tr>
<tr>
<td>GPRO Web Interface opens for data abstraction (Data Collection Period)</td>
<td>January 26–March 20, 2015</td>
</tr>
<tr>
<td>GPRO Web Interface closes to data abstraction by ACOs; no more abstraction possible</td>
<td>March 20, 2015 Closes at 8:00pm ET</td>
</tr>
<tr>
<td>Continued access to GPRO Web Interface to generate, view, and print reports (all other functionality disabled)</td>
<td>March 30–April 24, 2015</td>
</tr>
<tr>
<td>ACOs selected for audit notified</td>
<td>Mid May 2015</td>
</tr>
<tr>
<td>ACOs’ audit materials due to CMS</td>
<td>Mid June 2015</td>
</tr>
<tr>
<td>Quality scores reported to ACOs</td>
<td>Late Summer/ Early Fall 2015</td>
</tr>
</tbody>
</table>
GPRO Best Practice Structure

People

- Chart extraction
- Record validation
- Downloading CMS files
- Creating XML files/direct data entry
- Uploading XML files

Training

- Metric specifications
- Documentation
- Data collection

Data Collection tools

Reporting Tools
GPRO Best Practice Processes

- Prepare for the Attack
  - Identify the data collection points
  - GPRO patient file to prepare lists

- Plan the Attack
  - Analytics for best return (e.g., PCPs)
  - Analytics for quality issues

- Gather Data Throughout the Year
  - EHR data feeds
    - Identify EHRs, data available and extract layouts
  - Manual extraction
  - HER interoperability (vendor)

- Optimize Data Collection and Retention
  - Standardized front-end tool with data specifications/exclusions/contraindications
  - Database of responses and dates
  - Chart storage for audit

- Manage the Process & Reporting
  - Reports on review progress and results
  - Quality checking to validate abstraction that documentation and reported information match
Best Practice Implementation Approach

Assessment
- Perform Baseline Data Analysis
- Conduct Operational Gap Assessment

Planning
- Identify Issues
- Evaluate Options

Implementation
- Develop/Implement Operational Plan
- Create Dashboards and Reporting Tools
ACO Need

To know what they can do to become top performing ACO

A “Quick hit” action plan

A long-term improvement strategy

Approaches that give the greatest return on investment

Help with implementing improvement strategies

A way to know what they are doing is making a difference

Strategy to identify and improve metrics that may become part of the ACO rating system

Milliman ACO Offering

Consulting
- Educate on ACO quality methodology
- Best practice gap analysis
- Strategic and operational approaches
- Operational infrastructure
- Strategic Planning

Analytic Evaluation Tools
- Baseline performance benchmarking
- Root cause analysis
- ROI model to evaluate measure options

Remediation Support
- Organizational change planning
- Implementation facilitation
- Skills transfer

Monitoring Tools
- Internal monitoring dashboards & reports
Objective
• Identify client’s gaps, challenges and likely opportunities for improvement.

Key Activities
• Evaluate client operational environment (geography, network penetration, staffing, training, quality management infrastructure)
• Benchmark client’s activities against best practices

Deliverable
• Completed Best Practice Assessment report
Objective

- Select improvement strategies and operational approaches

Key Activities

- Identify and prioritize improvement opportunities, taking into account degree of difficulty, investments/ongoing costs, projected impact, potential member/marketing benefit, conflict/compatibility with other internal initiatives
- Identify “quick hit” activities
- Develop an overall strategy for managing ACO performance going forward
- Gain approval from executive management and key stakeholders
- Assist client with implementation
- Transfer skill set

Deliverable

- ACO performance improvement strategy
- Immediate “quick hit” action plan
- Long term action plan
Objective  
• Create the foundation for continued monitoring and improvement

Key Activities  
• Recommend ongoing tracking, monitoring and management processes  
• Build or transition to client’s appropriate dashboards, models and reporting tools

Deliverable  
• Self tracking modules  
• Individual measure dashboards