

News Release  
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**NAACOS Statement on CMS’s Final 2022 Medicare Physician Fee Schedule**  
*Attributed to Clif Gaus, Sc.D., President and CEO of the National Association of ACOs*

NAACOS is grateful that the Centers for Medicare & Medicaid Services (CMS) today is delaying by three years its overhaul of how accountable care organizations (ACOs) report and are measured on quality. This is one year longer than the agency originally proposed. For more than a year, NAACOS has cited numerous potential negative consequences to patient care among the many reasons why such a rapid shift to electronic clinical quality measure (eCQM) reporting was bad policy. We appreciate CMS listening to ACOs, providers, and the health IT vendor community on the need for more time and additional changes. We hope the agency uses the next three years to make further refinements to the policy to make it workable, fair, and an accurate representation of the quality of care ACOs provide. Ensuring high-quality care is a hallmark of ACO programs, so it’s important that any changes not create unintended consequences.

NAACOS is also pleased to see the agency minimize administrative and financial burdens for repayment mechanism requirements by cutting in half the amount ACOs must secure as a financial guarantee when they move to risk-based models. We hope to see more of this type of burden reduction from the agency across other aspects of the MSSP. However, NAACOS is disappointed CMS didn’t use this regulation as an opportunity to make needed adjustments to ACO benchmarking and risk adjustment policies. Although CMS sought comment in the proposed rule on potential updates, ACOs will need to wait for changes to fix flawed program methodologies. We hope the agency will take action in rulemaking as soon as possible and not wait another full year. Specifically, NAACOS supports removing ACO-assigned beneficiaries from ACOs’ regional reference populations and capping risk scores in an ACO’s region at the same level of the ACO. Both of these changes, which are long overdue, will help create more fair and accurate spending targets for ACOs.

**BACKGROUND**

CMS last year finalized a move to eQMs for ACOs, among other changes. The move required ACOs in the Medicare Shared Savings Program (MSSP) to aggregate data from disparate electronic health record systems, which are not interoperable, and report quality data on all patients regardless of payer, raising issues with collecting data from non-ACO providers and on patients with no direct connection to the ACO. The move could also widen health disparities as ACOs’ quality performance could be misrepresented as differences in quality when variation is likely due to patient access to care or complexity.

In a survey fielded this spring by NAACOS, where a quarter of all MSSP ACOs responded, nearly 75 percent stated their ACO was either “extremely concerned” or “very concerned” with the requirement

to implement eQMs or Merit-based Incentive Payment System (MIPS) CQMs in 2022. Also from the survey, 85 percent said aggregating data from ACO participants' electronic health records would be either "difficult" or "very difficult" to report.

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**About NAACOS.** The National Association of ACOs (NAACOS) represents more than 12 million beneficiary lives through hundreds of organizations participating in population health-focused payment and delivery models in Medicare, Medicaid, and commercial insurance. Models include the Medicare Shared Savings Program (MSSP), Next Generation ACOs, and alternative payment models supported by a myriad of commercial health plans and Medicare Advantage. NAACOS is a member-led and member-owned nonprofit organization that works to improve quality of care, outcomes, and healthcare cost efficiency.