MSSP ACO QUALITY CHANGES FOR 2021 AND 2022

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Introduction

Despite extensive advocacy efforts by NAACOS and others, CMS finalized major structural changes to the way MSSP ACOs are measured and assessed on quality starting in 2021 and in subsequent years. Fortunately, due to NAACOS advocacy, CMS delayed retiring the Web Interface reporting mechanism and measures for ACOs for one additional year; beginning with 2022 and subsequent performance years, CMS will no longer offer the Web Interface as a means of reporting quality data and instead will transition to electronic clinical quality measure (eCQM) reporting and a new measure set included in the newly created Alternative Payment Model (APM) Performance Pathway (APP). CMS finalized moving forward with these changes to Medicare Shared Savings Program (MSSP) quality assessments to better align quality measurement approaches with the Quality Payment Program (QPP) Merit-Based Incentive Payment System (MIPS). The changes included in the new APP structure are outlined below. Notably, the changes include a departure from the current quality scoring approach for ACOs as well as how ACO quality scores contribute to ACO shared savings and loss rates. This resource outlines the criteria for ACOs in 2021 as well as in 2022 and subsequent years.

Finally, CMS will use the same MSSP ACO quality score to apply quality scores in MIPS for those ACOs subject to that program. For more information on how ACOs are assessed under the new APP in MIPS, please refer to the NAACOS ACO Guide to MACRA, 2021 Edition.

MSSP ACO Quality Reporting and Assessments Under the New APP

Several significant policy changes take effect in 2021 and 2022 in regard to MSSP ACO quality scoring methods as CMS transitions to the new APP approach to quality scoring for ACOs. The new approach to MSSP ACO quality scoring found in the APP is effective in 2021, regardless of which measures an ACO selects to report in 2021. Additionally, changes to rules governing how MSSP ACO quality scores contribute to shared savings and loss rates also are effective in 2021 for all MSSP ACOs. Please note that although in past years the Next Generation (Next Gen) ACO Model has used the same quality measure set as MSSP, the Next Gen Model has implemented a different quality measure set for the final year of the model, 2021.

Overview of Key APP Policies Effective for 2021 and 2022

<table>
<thead>
<tr>
<th>Effective 2021</th>
<th>Effective 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option to report Web Interface in 2021 using the new APP scoring methodology</td>
<td>New APP measure set mandatory for all MSSP ACOs</td>
</tr>
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<td>New APP quality scoring methodology for all MSSP ACOs</td>
<td>CMS retires the Web Interface as a reporting mechanism for ACOs (and MIPS)</td>
</tr>
<tr>
<td>Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey required for all MSSP ACOs</td>
<td>New APP quality reporting options required for all MSSP ACOs (eCQMs and MIPS CQMs)</td>
</tr>
<tr>
<td>New MIPS specified administrative claims measures effective for all ACOs</td>
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<td>New minimum quality attainment threshold for MSSP ACOs</td>
<td></td>
</tr>
<tr>
<td>New policy for determining shared savings/loss rates using quality scores</td>
<td></td>
</tr>
</tbody>
</table>
MSSP ACO Reporting Options in 2021

In 2021, ACOs will have two options for reporting quality measures to CMS for quality assessments in the MSSP:

1) Report Web Interface measures—ACOs choosing to report Web Interface measures in 2021, a sample of patients will be provided by CMS (as has been the case in previous years with this reporting method). CMS will use the MSSP 2020 Web Interface benchmarks for 2021 (these are based on data reported by ACOs, physicians and groups via MIPS through the Web Interface from 2016, 2017, and 2018). ACOs reporting Web Interface measures in 2021 will also be assessed on two administrative claims measures finalized in the APP; these measures are similar to, but not specified in the same manner as, the administrative claims measures used in the MSSP in previous years. Finally, ACOs choosing to report Web Interface measures will need to administer and be assessed on the CAHPS for MIPS survey. Finally, please note that ACOs electing to report Web Interface measures in 2021 will be scored using the new APP scoring approach (not the previous domain-based scoring approach used in the MSSP), effective in 2021. Table 40 on page 704 of the final rule lists the Web Interface and optional APP measures available to ACOs in 2021 (see below).

Three Web Interface measures will not be scored in 2021—Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134). Please note ACOs must still report these measures to fulfill minimum ACO reporting requirements and be eligible to share in any savings earned.

Multiple measures in the Web Interface also have specification changes, outlined in Table Group D on page 85233 of the Final 2021 MPFS Rule, including important new exclusions for frailty for certain cancer screening measures as advocated for by NAACOS, as well as changes to specifications to address telehealth policy changes during the COVID-19 pandemic.

2) Report new APP measures—ACOs may opt to report the new APP measure set beginning in 2021. Beginning in 2022, reporting these measures will be mandatory for all ACOs. For ACOs choosing to report the new APP measure set in 2021, a new reporting method must be selected. The APP measure set allows for electronic health record (EHR)-based quality submissions or registry-based submissions. Keep in mind the new APP measures include specifications requiring a very different approach to quality reporting—instead of receiving a sample of patients from CMS to report on, the ACO would need to report on 70 percent of the patients that meet the measure criteria. Additionally, these measure specifications dictate that ACOs must also report on all patients that meet the measure criteria, regardless of payer (or whether the patient was an ACO patient). These are significant changes that may require substantial operational changes in the ACO to execute. Table 46 on page 84861 of the Final 2021 MPFS Rule outlines the new APP measure set for MSSP ACOs, which will be mandatory for all ACOs beginning in 2022. Finally, for ACOs choosing to report the APP measures in 2021, CMS will use 2019 benchmarks based on MIPS reporters of the same reporting method chosen by the ACO. These benchmarks are posted at https://qpp.cms.gov/resources/resource-library (search ‘quality benchmarks’). More information on how these QPP quality benchmarks are established is provided below.
2021 ACO Reporting Option #1

Web Interface Measures

- Uses MSSP benchmarks and CMS assigned patients
- Requires CAHPS for MIPS Survey and MIPS specified administrative claims measures
- Relies on Web Interface reporting mechanism

2021 ACO Reporting Option #2

APP Measures

- Uses MIPS benchmarks and requires reporting on all patients who meet the measure criteria regardless of payer
- Uses APP quality scoring approach
- Requires CAHPS for MIPS Survey and MIPS specified administrative claims measures
- Choice of eCQM (EHR reporting) or MIPS CQM (registry reporting)
Quality Scoring Under the New APP—Effective for All ACOs in 2021

Under the finalized new APP approach, CMS will begin using the new APP scoring approach for Performance Year (PY) 2021, awarding a score of three-to-ten points for each measure in the APP that meets the data completeness and case minimum requirements. Points earned for each measure are determined by comparing measure performance to established QPP MIPS benchmarks. Note that benchmarks will no longer be determined by looking at all Web Interface reporters; rather, benchmarks will be established based on all MIPS reporters and will vary based on the reporting method selected by the ACO.

CMS has also indicated that ACOs will be eligible to earn certain bonus points as well as additional points for improvement on top of their final quality scores. According to the QPP website, bonus points may be earned by submitting two or more outcomes or high priority measures (Web Interface measures are ineligible for these bonus points), or by submitting quality data using end-to-end electronic reporting (data directly reported from a Certified EHR Technology, or CERHT). It is not clear whether ACOs would be eligible for the six bonus points added to the quality performance category score for clinicians in small practices. CMS also notes up to 10 additional percentage points will be available to be earned based on an ACO’s improvement in its quality score from the previous performance year. CMS has yet to provide

### TABLE 40: Measures included in the Final APM Performance Pathway Measure Set¹

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Collection Type</th>
<th>Submitter Type</th>
<th>Meaningful Measure Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality ID#: 001</td>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control</td>
<td>eCQM/MIPS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Mgt of Chronic Conditions</td>
</tr>
<tr>
<td>Quality ID#: 134</td>
<td>Preventive Care and Screening: Screening for Depression and Follow-up Plan</td>
<td>CMS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Treatment of Mental Health</td>
</tr>
<tr>
<td>Quality ID#: 236</td>
<td>Controlling High Blood Pressure</td>
<td>eCQM/MIPS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Mgt of Chronic Conditions</td>
</tr>
<tr>
<td>Quality ID#: 318</td>
<td>Falls: Screening for Future Fall Risk</td>
<td>CMS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Preventable Healthcare Harm</td>
</tr>
<tr>
<td>Quality ID#: 110</td>
<td>Preventive Care and Screening: Influenza Immunization</td>
<td>CMS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Preventive Care</td>
</tr>
<tr>
<td>Quality ID#: 226</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>CMS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Prevention and Treatment of Opioid and Substance Use Disorders</td>
</tr>
<tr>
<td>Quality ID#: 113</td>
<td>Colorectal Cancer Screening</td>
<td>CMS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Preventive Care</td>
</tr>
<tr>
<td>Quality ID#: 112</td>
<td>Breast Cancer Screening</td>
<td>CMS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Preventive Care</td>
</tr>
<tr>
<td>Quality ID#: 438</td>
<td>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</td>
<td>CMS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Mgt of Chronic Conditions</td>
</tr>
<tr>
<td>Quality ID#: 370</td>
<td>Depression Remission at Twelve Months</td>
<td>CMS Web Interface*</td>
<td>APM Entity/Third Party Intermediary</td>
<td>Treatment of Mental Health</td>
</tr>
</tbody>
</table>

¹ We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks and are therefore not scored; they are, however, required to be reported in order to complete the Web Interface dataset.

* ACOs will have the option to report via Web Interface for the 2021 MIPS Performance year only.
additional details on when these improvement points will be available to ACOs and/or how the agency will calculate the previous quality score given the change in quality assessment methods from 2020 to 2021.

### Key Takeaways

- APP scores quality measures using performance deciles.
- An ACO’s performance will be compared to the benchmark established for the measure and given the points corresponding to the decile performance.
- Each quality measure is worth three-to-ten points based on performance.
- CMS will also provide certain bonus points, which will be added to the total score (all individual quality measures summed).
- This replaces the domain-based scoring approach MSSP has relied on since the program’s inception.

### Quality Minimum Attainment Standard and Shared Savings Rates—Effective for All ACOs in 2021

CMS also finalized policies to change the MSSP quality minimum attainment standard, now requiring ACOs’ total final quality scores to meet or exceed the 30th percentile among all MIPS reporters in 2021 and 2022, and the 40th percentile among all MIPS reporters each year thereafter. NAACOS has reached out to CMS for clarification regarding how QPP defined ‘facility-based providers’ will or will not be excluded from these final scores. Finally, as is currently the case, ACOs must also report on all measures in order to meet the minimum attainment standard. All measures will be summed, and the final total score must meet or exceed the minimum attainment standard threshold prescribed to be eligible to earn in any shared savings. Once the minimum attainment standard is met, an ACO will share in the maximum shared savings rate prescribed, regardless of its final quality score. This is a significant change from the previous approach in which an ACO’s final quality score ultimately determined the final shared savings rate.

### Key Takeaways

- The final ACO quality score no longer determines an ACO’s shared savings rate.
- Instead, once an ACO’s final quality score meets and exceeds the new minimum attainment requirements, it will automatically receive the maximum available shared savings rate for its particular track.

### Pay-for-Reporting vs. Measure Suppression—Effective for All ACOs in 2021

For the first performance year of an ACO’s first agreement period under the MSSP, if the ACO meets the data completeness requirement and case minimum requirement on the three measures that it is actively required to report in the APP and fields a CAHPS for MIPS survey via the APP, then the ACO will meet the quality performance standard. Additionally, when a measure undergoes significant changes mid-performance year, under the APP approach CMS will suppress that particular quality measure in the final scoring. Therefore, the total available points would be reduced by 10 points per affected measure. This is a significant change from the previous approach in which measures undergoing significant changes mid-year were made pay-for-reporting (i.e., full credit was given automatically). NAACOS has reached out to
CMS to clarify whether this policy will be effective in 2021 only for eCQM measures or also for Web Interface measures.

Key Takeaways

- CMS will no longer provide pay-for-reporting (or automatic full credit) for measures that undergo significant specification changes mid-performance year.
- Instead, CMS will suppress a measure from the total quality score calculation if the measure underwent significant changes mid-year, thus giving more weight to the remaining measures in the measure list.

CAHPS for MIPS Survey—Mandatory for All ACOs Effective in 2021

Starting in 2021, CMS will require ACOs to be measured on the CAHPS for MIPS Survey. CMS will utilize the benchmarking and scoring methodology used for CAHPS for MIPS; a single set of benchmarks will be calculated using data from all applicable CAHPS for MIPS reporters. Additionally, CMS will continue to draw the CAHPS Survey samples for MSSP ACOs administering the CAHPS for MIPS Survey at the MSSP ACO level with a target sample size of 860 going forward.

The CAHPS for MIPS Survey uses the same survey instrument to assess the same patient experience domains as the CAHPS for ACO Survey that is currently used by ACOs. In 2019, the two programs used identical survey instruments. CMS conducted an analysis to examine the impact of alignment with the MIPS Survey methods. The results of these analyses indicate that scoring ACOs using the MIPS methodology resulted in ACOs having a similar distribution of quality points as MIPS groups, which is wider than the distribution of quality points using the ACO scoring methodology. CMS notes the analysis shows the wider score distribution is largely due to the differences across the two programs in the approach to benchmarking; CAHPS for ACOs uses flat percentage benchmarks for summary survey measures for which the 60th percentile of scores is greater than or equal to 80, or for which the 90th percentile of scores is greater than or equal to 95. CAHPS for MIPS does not use a flat percentage approach. Therefore, the shift away from flat percentage benchmarks may have the effect of creating larger differences in quality scores across ACOs. CMS believes that the scores will better reflect small differences in quality performance and will support the goal to increase the MSSP quality standard over time. ACOs should carefully consider the impact this change may have on their CAHPS scores.

Key Takeaways

- All ACOs will now administer the CAHPS for MIPS Survey starting in 2021 instead of the CAHPS for ACOs Survey.
- While the same survey instrument is used, there are notable differences in the benchmarking; CAHPS for ACOs uses flat percentage benchmarks for summary survey measures for which the 60th percentile of scores is greater than or equal to 80, or for which the 90th percentile of scores is greater than or equal to 95. CAHPS for MIPS does not use a flat percentage approach and therefore may have the effect of creating larger differences in quality scores across ACOs.
Administrative Claims Based Measures—Effective for All ACOs in 2021
The APP’s claims-based measures are risk-adjusted with beneficiary demographic characteristics and a range of clinical comorbidities. These measures use a number of Hierarchical Condition Category (HCC) comorbidity categories that account for many high-risk conditions among beneficiaries to adjust for differences in patient populations between ACOs. Note the All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs (MCC) measure has an additional risk adjustment not present in the MCC measure in the current MSSP measure set. The revised APP measure adjusts for two area level social risk factors: (1) Agency for Healthcare Research and Quality (AHRQ) socio-economic status (SES) index and (2) specialist density. The original MCC measure does not contain any social risk factors in the risk adjustment.

The Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups measure is a re-specified version of National Quality Forum (NQF) #1789 (Hospital-Wide All-Cause Unplanned Readmission Measure) and an adapted version of NQF #1789 that is currently being used successfully to assess ACO quality performance (ACO-8: Risk-standardized, All Condition Readmission (ACR)). CMS noted the MIPS HWR is clinically aligned to the ACO ACR measure with the same cohort inclusion and exclusion criteria, outcome, measurement period, and risk adjustment variables; however, the attribution and risk-standardized readmission rate calculation methodologies differ between the two measures. The ACO ACR measure attributes beneficiaries to ACOs prior to measurement, whereas the MIPS HWR measure is attributed to three clinician groups—primary inpatient provider, discharge clinician, and primary outpatient provider—based on measure specifications and care utilization data. In addition, the ACO ACR uses hierarchical logistic regression modeling to calculate risk adjustment while the MIPS HWR cannot use hierarchical logistic regression modeling because of attribution to multiple providers. CMS will use the MIPS HWR three clinician group attribution method to attribute episodes at the ACO level. However, CMS will monitor and evaluate the ACO’s performance on the MIPS HWR measure to ensure compatibility including evaluating attribution at the ACO level, as well as refinements to risk adjustment and risk stratification. The agency may revisit the decision to include this measure in the APP measure set for MSSP ACOs in future rulemaking. NAACOS advises ACOs closely watch their performance on this measure beginning in 2021.

Key Takeaways
• The new administration claims measures will be effective for all ACOs starting in 2021 and, while similar to the previously used ACO administrative claims measures, use MIPS specifications.

Determining Shared Loss Rates—Effective for All ACOs in 2021
Under the APP, to determine shared loss rates, CMS will use an approach that awards ACOs with higher quality scores, a lower shared loss rate (and vice versa). Specifically, to determine shared loss rates CMS will:

1) Calculate the quotient of quality points earned divided by the total quality points available,
2) Calculate the product of the quotient described in step 1 and the sharing rate for the relevant track,
3) Calculate the shared loss rate as 1 minus the product determined in step 2, and
4) CMS will continue to use a fixed percentage, based on Track as applicable (Basic Tracks C, D, E and Track 1+ have a fixed 30 percent loss sharing rate).
For Basic Track Levels C, D and E as well as Track 1+ CMS will continue to apply a fixed 30 percent loss sharing rate. ACOs are ineligible to share savings and will owe the maximum amount of shared losses if the minimum quality performance attainment standard is not met.

Quality Compliance—Effective for All ACOs in 2021
CMS finalized policies to strengthen compliance within the quality performance standard for MSSP by broadening the conditions for which CMS may terminate an ACO’s participation agreement, beginning on or after January 1, 2021. Specifically, CMS will have the ability to terminate an ACO’s participation agreement when the ACO fails to meet the quality performance standard for three consecutive performance years within an agreement period or fails to meet the quality performance standard for any four non-consecutive performance years within an agreement period. CMS also finalized a change to modify the Data Validation and Audit process to align with MIPS. Note CMS retains the right to audit and validate quality data reported by an ACO via the APP according to the MIPS data validation process for performance years beginning on or after January 1, 2021. Finally, as part of evaluating a renewing or re-entering ACO’s application to participate in the MSSP, CMS will consider whether the ACO has demonstrated a pattern of failure to meet the quality performance standards or met any of the criteria for termination under § 425.316(c)(1)(ii) or (c)(2)(ii).

Quality and the MSSP ACO Extreme and Uncontrollable Circumstances Policy—Effective for All ACOs in 2021
CMS finalized changes to the quality portion of the MSSP Extreme and Uncontrollable Circumstances Policy for ACOs to align with the changes introduced in the new APP for ACOs and to align with MIPS. For PY 2021 and 2022, CMS will provide an ACO affected by an extreme and uncontrollable circumstance with the higher of its own quality score or a score equal to the 30th percentile MIPS quality performance category score. For PY 2023 and subsequent years, CMS will provide an ACO affected by an extreme and uncontrollable circumstance with the higher of its own quality score or a score equal to the 40th percentile MIPS quality performance category score. CMS will use the quarter four list of assigned beneficiaries to determine the portion of patients affected by the extreme and uncontrollable circumstance.

MSSP ACO Quality Reporting Options in 2022
Beginning in 2022, all ACOs must report the APP measure set. The APP measure set allows for EHR-based quality submissions or registry-based submissions. The new measure set includes three clinical quality measures, the CAHPS for MIPS Survey measures (counted as one measure), and two administrative claims measures. Note that CMS previously counted each CAHPS for ACOs Survey measure as an individual measure under the current program structure (totaling 10 measures), while the APP measure set will count all CAHPS for MIPS Survey measures as one measure. The readmission measure is specified for MIPS and is therefore slightly different from the readmission measure currently used to assess ACOs (see above for additional details). Finally, CMS noted the agency may include a new “Days at Home” measure that is currently under development for future program years.

These new measures include specifications requiring a very different approach to quality reporting; instead of receiving a sample of patients from CMS to report on, the ACO will need to report on 70 percent of the patients that meet the measure criteria. Additionally, these measure specifications dictate that ACOs must also report on all patients that meet the measure criteria, regardless of payer (or whether the patient was an assigned ACO patient). These are significant changes that may require the ACO to execute substantial operational changes. Table 46 on page 84861 of the Final 2021 MPFS Rule
outlines the new APP measure set for MSSP ACOs, which will be mandatory for all ACOs beginning in 2022 (see below).

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<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Collection Type</th>
<th>Submitter Type</th>
<th>Meaningful Measure Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality ID: 321</td>
<td>CAHPS for MIPS</td>
<td>CAHPS for MIPS Survey</td>
<td>Third Party Intermediary</td>
<td>Patient's Experience</td>
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<tr>
<td>Quality ID 001</td>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control</td>
<td>eCQM/MIPS CQM</td>
<td>APN Entity/Third Party Intermediary</td>
<td>Mgmt of Chronic Conditions</td>
</tr>
<tr>
<td>Quality ID: 134</td>
<td>Preventive Care and Screening: Screening for Depression and Follow-up Plan</td>
<td>eCQM/MIPS CQM</td>
<td>APN Entity/Third Party Intermediary</td>
<td>Treatment of Mental Health</td>
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<td>APN Entity/Third Party Intermediary</td>
<td>Mgmt of Chronic Conditions</td>
</tr>
<tr>
<td>Measure # TBD</td>
<td>Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups</td>
<td>Administrative Claims</td>
<td>N/A</td>
<td>Admissions &amp; Readmissions</td>
</tr>
<tr>
<td>Measure # TBD</td>
<td>Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs</td>
<td>Administrative Claims</td>
<td>N/A</td>
<td>Admissions &amp; Readmissions</td>
</tr>
</tbody>
</table>

**Reporting Options**

Beginning in 2022, the Web Interface will no longer be offered to ACOs as a quality reporting method. Instead, ACOs will need to select their reporting method, either eCQM (EHR submission) or MIPS CQM (registry submission), and they can submit data via the MIPS submission types using either direct login, such as via Application Program Interface (API), or sign in and upload.

CMS defines eCQMs as, “a clinical quality measure that is expressed and formatted to use data from EHRs and/or health information technology in systems to measure healthcare quality, specifically data captured in structured form during the process of patient care.” CMS will offer either direct submission or via API, a tool that allows third-party intermediaries, such as qualified registries to programmatically enter submissions data from their EHR system.

In the Final 2021 MPFS Rule, CMS notes the ACO will report data in the aggregate on behalf of its ACO participants using the relevant measure specifications. CMS notes the ACO could, on behalf of its ACO participants combine the results from all the ACO participant Tax Identification Number (TIN) QRDA3 files, by adding numerators, denominators, etc., and create an aggregate QRDA3 file (or other compliant format) to submit as an ACO to CMS. ACOs could also contract with a third-party intermediary, such as a registry, to submit data on behalf of the ACO.

Finally, the CMS QPP website notes if an ACO transitions from one system to another during the performance year, data should be aggregated from the previous EHR and the new EHR into one report for the full 12 months prior to submitting the data. If a full 12 months of data are unavailable (e.g., if aggregation is not possible), data completeness must reflect the 12-month period. If you are submitting eCQMs, both EHR systems must be 2015 Edition CEHRT.
QPP Quality Benchmarks

In the QPP, CMS establishes benchmarks specific to each collection type: Qualified Clinical Data Registry (QCDR) measures (not available to ACOs), MIPS CQMs, eCQMs, and the CAHPS for MIPS Survey. CMS generally uses historic data, looking at one performance year worth of data, to establish benchmarks. As an example, 2020 historical benchmarks for eCQMs and MIPS CQMs were based on performance data submitted to the QPP in 2018. These benchmarks will be used for all MSSP ACO quality assessments, based on the reporting mechanism chosen by the ACO, beginning in 2022. These benchmarks will also apply to ACOs opting to report the APP’s measures in 2021.

To establish a historical benchmark:

- The 2018 and 2020 measure specifications must be comparable (no significant changes to the measure between 2018 and 2020).
- There must be 20 instances of the measure being reported through the same collection type by individual clinicians, groups and/or virtual groups, AND the clinician, group or virtual group was eligible for MIPS in that year, the measure met data completeness (70 percent) and case minimum requirements (20 cases), and the measure had a performance rate greater than 0 percent (or less than 100 percent for inverse measures).

For the CAHPS for MIPS Survey and All Cause Hospital Readmission Measures, CMS has a slightly different approach. Both will be calculated using historical data, and for the CAHPS for MIPS Survey measure, CMS will establish a benchmark for each summary survey measure (SSM). A range of three-to-ten points are assigned to each SSM by comparing performance to the benchmark (similar to other measures). The final CAHPS for MIPS score will be the average number of points across all scored SSMs. The CAHPS for MIPS Survey measure and the All Cause Hospital Readmission measure benchmarks will be available later in the performance year than the remaining clinical quality measures.

The Benchmark File Results are displayed differently than Web Interface results. Each benchmark is presented in terms of deciles, with the benchmark file displaying Deciles 3–10. Table 1 in the Benchmark File Results identifies the range of points generally available for the measure, based on which decile your
An exception is measures that are topped out for two consecutive years, which are capped at seven points, even if the ACO’s performance rate falls in Deciles 7–10. The 2020 benchmark file available from CMS reflects the flat benchmarks finalized through rulemaking for Measures 001 and 236 available in the MIPS program. Note these flat benchmarks only apply to the MIPS CQM and Medicare Part B Claims measure collection types. The eCQM collection type did not meet the criteria set forth in the rule for establishing a flat benchmark.

CMS notes the agency did not publish performance period benchmarks on the QPP Resource Library because the results are specific to the performance period.

**Key Takeaways**

- Moving to eCQM and MIPS CQM specifications will be a significant change for ACOs.
- New specification requirements will remove the sampling approach to quality assessment used by the Web Interface; instead, ACOs will be expected to report on all patients and be assessed on all patients.
- New specification requirements will require ACOs to report on all patients meeting the measure denominator criteria, regardless of whether the patient was an ACO patient or even a Medicare patient.
- These changes may create significant challenges to ACOs and NAACOS continues to advocate for CMS to provide additional policy flexibilities to ease these burdens.
- There are a number of remaining implementation questions unanswered by CMS at the time of publication of this resource. NAACOS continues to communicate to CMS the importance of providing this critical information to ACOs through ACO-tailored/specific education efforts to allow ACOs to be successful making this transition.

**Resources**

- CMS eCQM Resource Center: [https://ecqi.healthit.gov/ecqms](https://ecqi.healthit.gov/ecqms)