

News Release
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Medical Groups Urge CMS to Walk Back ACO Quality Overhaul *Letter Signed by Eleven Organizations to Biden Administration*

WASHINGTON — In a [letter](#) to Department of Health and Human Services Secretary Xavier Becerra, eleven leading healthcare organizations are calling on the Biden administration to delay and make significant changes to the way accountable care organizations (ACOs) report and are measured on quality — citing rushed implementation, still unanswered questions on changes, and potential negative consequences to patient care.

“The changes ignore the time it takes to adopt and implement electronic measures,” the letter states. “Therefore, key policy changes and additional time are needed to ensure that ACOs can participate successfully, and that patient care is not negatively impacted.”

At a time when the healthcare industry continues to deal with the uncertainty of the ongoing pandemic, in the final weeks of 2020 the Centers for Medicare & Medicaid Services (CMS) released the 2021 Medicare Physician Fee Schedule, which finalized a move to electronic quality measures for ACOs, among other changes. The move requires ACOs in the Medicare Shared Savings Program to aggregate data from disparate electronic health records (EHR) systems, which are not interoperable, and report on quality data on all patients regardless of payer, raising issues with collecting data from non-ACO providers and on patients with no 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. The changes take effect this year and next year, the most notable of which are mandated in 2022.

“ACOs treating vulnerable populations have a different mix of payers and patients, which will cause them to appear to have lower quality,” the letter states. “This will reduce their shared savings at a time they should be receiving more resources to combat health equity issues and more support to remain on the path to value.”

In a recent survey fielded by the National Associations of ACOs (NAACOS), where a quarter of all MSSP ACOs responded, nearly 75 percent stated their ACO is either “extremely concerned” or “very concerned” with the requirement to implement electronic Clinical Quality Measures (eCQMs) or Merit-

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

The letter makes several recommendations, based on input from ACOs, including:

- Delaying the mandatory reporting of eCQMs and MIPS CQMs for at least three years.
- Limiting ACO reporting to ACO-assigned beneficiaries only, rather than all patients across payers.
- Reassessing the appropriateness of the measures included in the Alternative Payment Model (APM) Performance Pathway (APP) measure set and soliciting additional input prior on a complete set of measures for MSSP reporting.
- Clarifying and establishing quality performance benchmarks in advance for all ACO reporting options.
- Retaining pay-for-reporting when measures are newly introduced or modified.

"To start 2021, 477 ACOs are participating in the MSSP, down from a high of 561 in 2018 and the lowest since 480 participated in 2017. The program is further threatened by these quality changes," the letter stated. "We request CMS correct the flawed MSSP quality overhaul as an early step towards strengthening the MSSP and the overall shift to value in Medicare."

The letter was signed by the American Academy of Family Physicians, American College of Physicians, American Hospital Association, American Medical Association, AMGA, America's Essential Hospitals, America's Physician Groups, Association of American Medical Colleges, Federation of American Hospitals, Medical Group Management Association, and the National Association of ACOs.

The letter writers are concerned if changes are not made soon, ACOs and their participants will bear significant health information technology (IT) costs and upgrades to be able to collect and report data, may drop clinicians, particularly specialists or small practices because of additional reporting burdens and IT costs, or ACOs could drop out of the program altogether.

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Contact:

David Pittman
Senior Policy Advisor
202-640-2689 or dpittman@naacos.com

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.