

Medicare Shared Savings Program (MSSP)



Quality Reporting Options &
Quality Performance Standard

Overview of Collection Types



	eCQM	MIPS CQM	Medicare CQM
Patient population	All payer	All payer	Medicare FFS
Eligible population	All patients	All patients	Medicare FFS beneficiaries meeting ACO assignment criteria
Required sample size	At least 75% of the eligible population	At least 75% of the eligible population	At least 75% of the eligible population
Data sources	EHR extraction from technology that meets CEHRT requirements (no abstraction)	Flat files, registry, claims, EHR+ abstraction permitted	Flat files, registry, claims, EHR+ abstraction permitted

- Captures the quality of care provided across all patients, regardless of payer, who meet the denominator for each measure across all participating TINs
- Requires that the ACO's participating practices use a certified EHRs
- Data are extracted from structured fields in certified EHRs
 - Cannot supplement the data or use manual abstraction
- Data are aggregated across all participating TINs into one file for the APM entity
 - Do not need to extract the data using QRDA I, but can if it helps in the patient matching and de-duplication stages
 - Can submit using either JSON or QRDA III file

MIPS CQM



- Captures the quality of care provided across all patients, regardless of payer, who meet the denominator for each measure across all participating TINs
- Data can be extracted from multiple sources
 - EHRs
 - Paper medical records
 - Administrative claims
 - Other sources available to an ACO
- Frequently supported by a registry or another vendor at a cost to the ACO
- Data are aggregated across all participating TINs into one file for the APM entity

Medicare CQMs



- Captures the quality of care provided for the Medicare FFS beneficiaries who meet the criteria for assignment to an ACO and:
 - At least one primary care service with a date of service during the applicable performance year from an ACO professional who is a:
 - A primary care physician or physician who has a specialty designation included at 425.402(c); or
 - A Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist; or
 - Has voluntarily aligned to the ACO
- CMS provides a quarterly list of beneficiaries eligible for Medicare CQMs to assist in identifying patients
- However, ACOs must complete additional refinement to determine whether those patients meet the denominator criteria for each measure
 - ACOs may need to remove or add beneficiaries, and it is likely that the denominator submitted does not match the list provided by CMS
- Data are aggregated across all participating TINs (similar to eCQMs and MIPS CQMs)
- Data can be extracted from multiple sources
 - EHRs
 - Paper medical records
 - Administrative claims
 - Other sources available to an ACO

Data completeness



- CMS requires that ACOs submit numerator and denominator data on at least 75% of those patients eligible for the measure
 - Eligibility is determined based on individual measure specifications
- CMS assumes that every ACO can identify 100% of the patients who would meet the denominator criteria for a measure
 - It is possible that an ACO has difficulty determining every patient due to limitations in access to data (e.g., a practice is still paper-based, vendor cannot produce a QRDA I file)
 - ACOs should make every effort to identify all patients who may potentially meet the denominator criteria
 - Document your process on how you identified the patients across all your participating practices, outline how you were (or were not) able to identify eligible patients, and what your future plans are to continue to improve your data completeness rates

Quality Measure Calculation Example

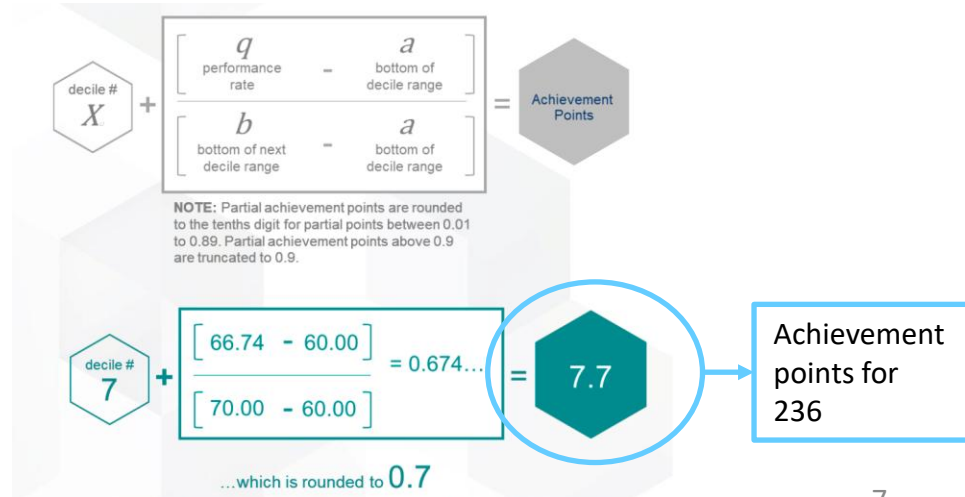
- ACO submits #236 (Controlling High Blood Pressure) as a MIPS CQM

Performance rate = 66.74%

Performance rate falls in Decile 7 for that year

Measure Name	Controlling High Blood Pressure
Quality ID#	236
Collection Type	MIPS CQM
Measure Type	Intermediate Outcome
Benchmark	Y
Decile 1	1.00 – 9.99
Decile 2	10.00 – 19.99
Decile 3	20.00 – 29.99
Decile 4	30.00 – 39.99
Decile 5	40.00 – 49.99
Decile 6	50.00 – 59.99
Decile 7	60.00 – 69.99
Decile 8	70.00 – 79.99
Decile 9	80.00 – 89.99
Decile 10	≥90.00

Achievements points would be calculated as follows:



Improvement Score Calculation



- ACOs can earn up to 10 additional percentage points in the Quality Performance Category based on the rate of improvement against the previous year
 - Calculated at the category level
 - Must have data between two consecutive performance periods
- Improvement Score will be 0% if 2 consecutive performance periods are not available or no improvement is shown
- Eligibility for these additional points relies on:
 - Complete reporting of APP Plus set
 - Data completeness requirements are met
 - Quality Performance Category scores are available for the previous and current years

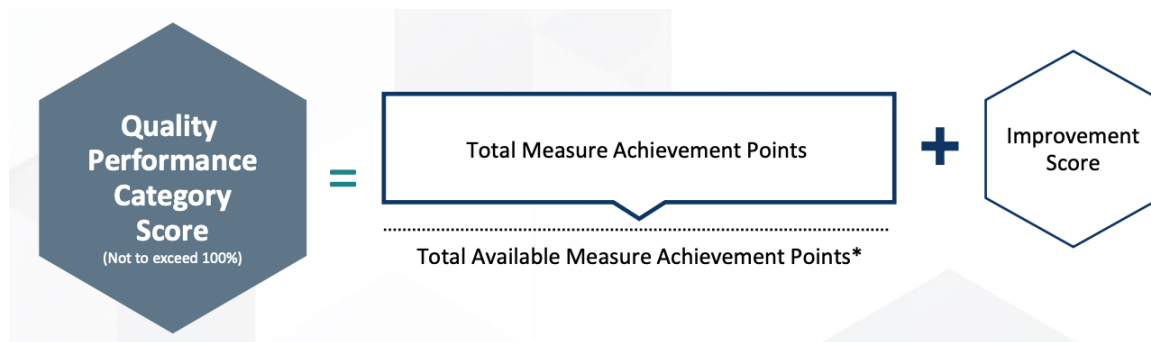
Improvement Score Calculation Example



- ACO improved the 2025 Quality Performance Category score when compared to 2024
 - 2025 score = 76.89%
 - 2024 score = 69.02%
 - Difference = $76.89\% - 69.02\% = 7.69\%$
 - Improvement score = $(7.69\%/69.2\%)/10 = 1.11\%$



Quality Performance Category Score



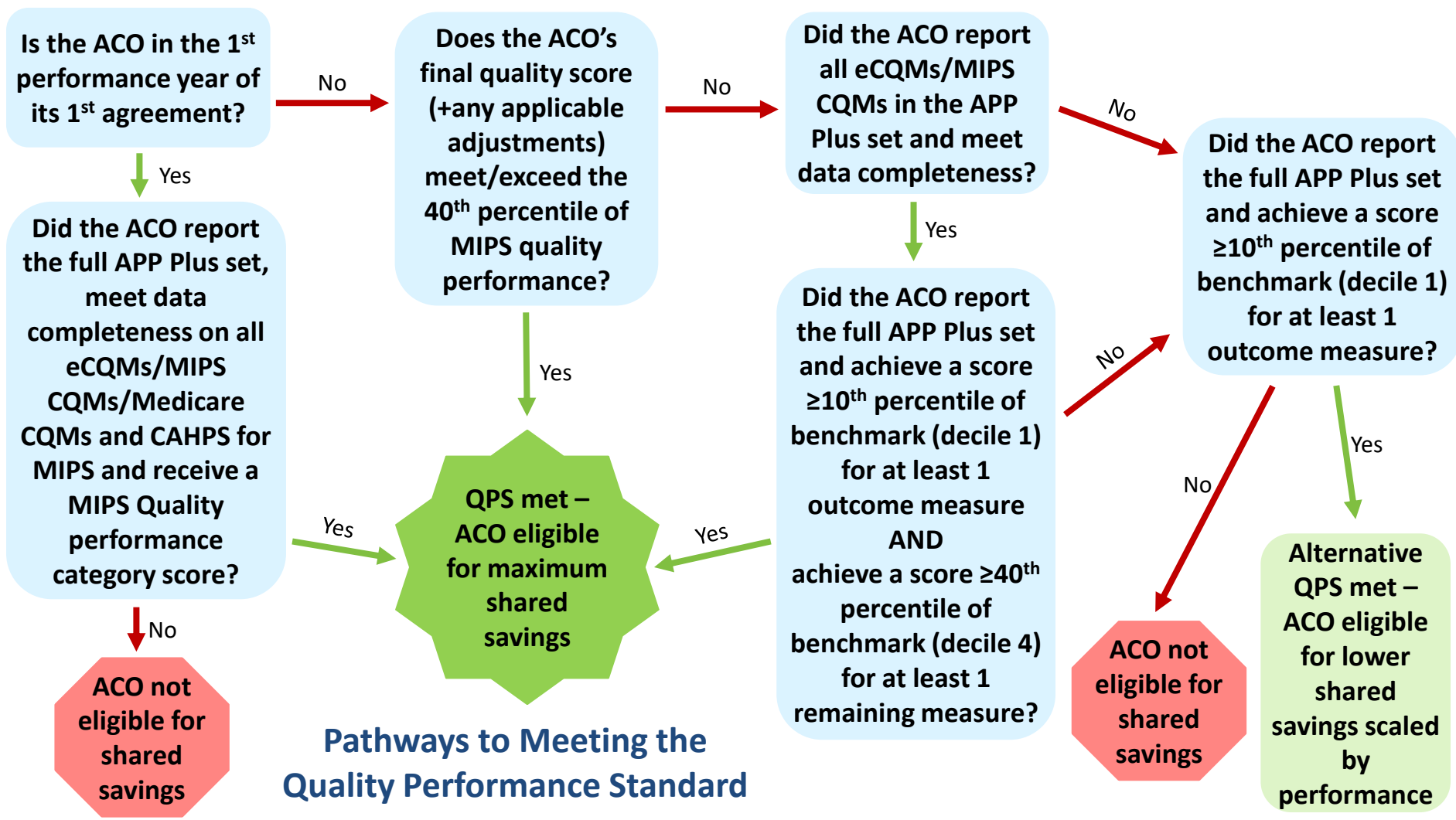
- For each measure, achievement points will be calculated
- Up to 10 additional points based on the rate of improvement from the previous year (improvement score) can be added to the overall score
- For 2025, ACOs can earn up to 60 points:
 - 10 points for each of the following:
 - 4 eCQMs/MIPS CQMs/Medicare CQMs
 - CAHPS for MIPS survey
 - HWR administrative claims measure

Quality Performance Standard



- Quality Performance Standard
 - Minimum quality performance ACOs must achieve to be eligible to share in savings at the maximum rate available for the track
- Alternative Quality Performance Standard
 - If an ACO does not meet the above criteria, they can meet the alternative quality performance standard
 - Will be eligible to share in savings at a lower rate that is scaled by the ACO's quality performance
- Determined using multiple pathways
 - Whether the standard or alternative can be met depends on overall quality category score, collection type reported, and performance rate achieved on all or some of the measures
- The 40th percentile is the rolling 3-performance year average with a lag of 1 performance year
 - CMS used PY 2021, PY 2022, and PY2023 40th percentiles score values
 - The 40th percentile for 2025 is **76.70%**

$$77.83 + 77.73 + 74.54 = 230.10$$
$$230.10 \div 3 = 76.70$$



Is the ACO in the 1st performance year of its 1st agreement?

No

Yes

Did the ACO report the full APP Plus set, meet data completeness on all eQMs/MIPS CQMs/Medicare CQMs and CAHPS for MIPS and receive a MIPS Quality performance category score?

Yes

QPS met – ACO eligible for maximum shared savings

ACO not eligible for shared savings

Pathways to Meeting the Quality Performance Standard

Does the ACO's final quality score (+any applicable adjustments) meet/exceed the 40th percentile of MIPS quality performance?

No

Yes

Did the ACO report the full APP Plus set and achieve a score ≥10th percentile of benchmark (decile 1) for at least 1 outcome measure AND achieve a score ≥40th percentile of benchmark (decile 4) for at least 1 remaining measure?

Yes

QPS met – ACO eligible for maximum shared savings

Did the ACO report all eQMs/MIPS CQMs in the APP Plus set and meet data completeness?

No

Did the ACO report the full APP Plus set and achieve a score ≥10th percentile of benchmark (decile 1) for at least 1 outcome measure?

No

ACO not eligible for shared savings

Alternative QPS met – ACO eligible for lower shared savings scaled by performance

Yes

No

Calculating the 2025 Quality Performance Standard



- Overall score for 2025 = 76.70
- This means that an ACO must achieve 46 out of 60 points
 - Calculation is $60 \times 0.767 = 46.02$
- Remember that the overall quality category score will include
 - Achievement points (calculations outlined in previous slides)
 - Improvement points (based on comparison to previous year if available)
 - Other adjustments as applicable (e.g., complex organization adjustment for eCQM reporting, health equity adjustment)
- The following scenarios are examples of how the various collection types, overall performance scores, and other factors can enable an ACO to successfully meet the Quality Performance Standard (or alternative)

Scenario 1



- ACO reports a mix of Medicare CQMs and eCQMs
- Quality Category Score
 - Scores 50 (out of 60 points) = 83.3%
- Overall quality category score
 - Exceeds the 40th percentile (76.70%)
- Outcome:
 - Eligible to share in savings at the maximum rate available

Scenario 2



- ACO reports all measures as eQMs
- Quality Category Score
 - Scores 36 (out of 60 points) = 60.0%
- Overall quality category score
 - Does not meet the 40th percentile (76.70%)
- Because the ACO reported all measures as eQMs, second pathway is available:
 - Controlling High Blood Pressure (outcome) score is in 20th percentile of benchmark (above 10th percentile required)
 - Of remaining 5 measures, HWR measure scores in the 40th percentile of benchmark
- Outcome:
 - Eligible to share in savings at the maximum rate available

Scenario 3



- ACO reports all measures as Medicare CQMs
- Quality Category Score
 - Scores 40 (out of 60 points) = 66.7%
- Overall quality category score
 - Does not meet the 40th percentile (76.70%)
- Because the ACO did not report eCQMs/MIPS CQMs, only the alternative Quality Performance Standard is available:
 - Controlling High Blood Pressure (outcome) score is in 20th percentile of benchmark (above 10th percentile required)
- Outcome:
 - Eligible to share in savings at a lower rate that is scaled on the ACO's quality performance (i.e., 66.7% of earned shared savings)

Scenario 4



- ACO reports a mix of MIPS CQMs and eCQMs
- Quality Category Score
 - Scores 25 (out of 60 points) = 41.7%
- Overall quality category score
 - Does not meet the 40th percentile (76.70%)
- No score for any of the three outcome measures is equal to the 10th percentile of benchmark required
 - As a result, neither the second pathway or the alternative Quality Performance Standard were met
- Outcome:
 - Not eligible to share in any savings

Additional resources



- MSSP Quality Performance Standard 2025 40th percentile guidance:
 - <https://www.cms.gov/files/document/performance-year-2025-40th-percentile-mips-quality-performance-category-score.pdf>
- 2025 APP Toolkit:
 - https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3246/PY2025APPQualityReq_All%20%28SSP%20ACOs%29.zip
- QPP Benchmarks:
 - <https://qpp.cms.gov/benchmarks>