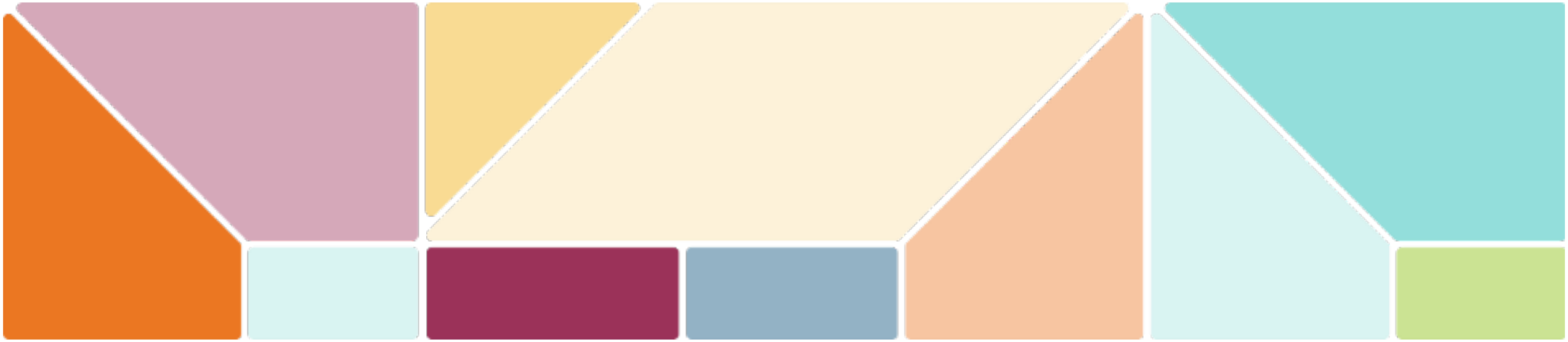
Cross-Payer Strategies in the Move to Digital Quality

NAACOS Spring Conference 2026



BON SECOURS MERCY HEALTH

Objectives

- Understand what the transition to digital quality reporting approaches means for your organization.
- Evaluate how organizations are designing quality strategies to drive alignment across contracts while preparing for the shift to digital quality measures.
- Explore effective strategies to prepare your VBC organization for the digital quality shift, including through provider education and data analytics.

Speakers

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MEDICARE SHARED SAVINGS PROGRAM

Cross-Payer Strategies in the Move to Digital Quality

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Disclaimer

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Advancing Digital Quality Measurement

Enables a future in which **care quality is entirely measured digitally**, using standardized, interoperable data

Provides **usable, timely, detailed data** from multiple sources to support delivery of high-quality care, quality improvement and patient use

Produces **reliable and valid measurement results** common across multiple programs and payers

Maximizes value of electronic health record (EHR) data mapping and reporting workflows by using FHIR application programming interface (API) technology that is already required for interoperability

North Star: Quality is Entirely Measured Digitally

QDM-based eCQMs available in FHIR
70+ measures have been converted to FHIR

All New Measures in FHIR
FHIR is the standard for all new measures in CMS quality reporting programs

Optional Reporting for FHIR-based eCQMs
Transition permits reporting in either QDM or FHIR-based eCQM formats

Mandatory Reporting for FHIR-based eCQMs
Crucial to standardize data exchange, improve interoperability, and enhance care quality

Quality is Entirely Measured Digitally
Digital Quality Measurement ensures providers and patients have access to health data when and where it is needed

Measure Development & Specifications

- All new measures will be developed as FHIR-based electronic Clinical Quality Measures (dQMs).
- The Measures Under Consideration (MUC) and Measures Under Consideration Entry/Review Information Tool (MERIT) processes will be transitioned as follows:

Calendar Year	CMS MUC Policy	
	FHIR dQMs	QDM (Quality Data Model)
2026	Desired	Permitted
2027	Mandated	Permitted
2028	Mandated	Permitted
2029	Mandated	Not Permitted

Medicare Shared Savings Program Quality

Medicare Shared Savings Program

Medicare Shared Savings Program Quality Journey

MEDICARE SHARED SAVINGS PROGRAM

Constants: Incentivizing high-quality care; improving patient outcomes; reducing costs; reducing burden

Quality Redesign Starts (2021 & 2022)

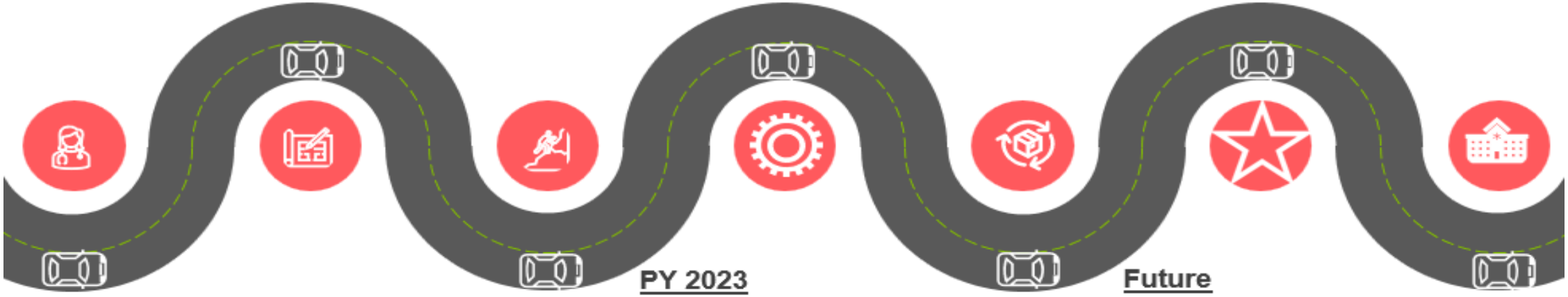
- ACOs can choose to report quality measures via the CMS Web Interface or from a second SSP measure set aligned to MIPS measures
- Introduction of all payer/all patient eCQMs/MIPS CQMs
- eCQM/MIPS CQM reporting incentive

PY 2024

- Medicare CQMs
- 40th percentile used for quality performance standard using new methodology
- SSP scoring policy updates

PY 2025

- CMS Web Interface no longer available
- Alignment of SSP measure set w/ Adult Universal Foundation
- Updated scoring policies
- PI reporting



Inception (2012)

- Creation of the Shared Savings Program
- Incentivizing high-quality care and reduced costs

PY 2023

- Population and income adjustment
- Alternative quality performance standard
- COVID-19-driven application of quality EUC policy sunsets

Future

- Increased uptake of digital quality measures via FHIR

Policies Finalized in the CY 2026 Physician Fee Schedule

- Beginning in PY 2025, the definition of a “beneficiary eligible for Medicare CQMs,” was revised to reduce ACOs’ burden in the patient matching necessary to report Medicare CQM and have greater overlap with the list of beneficiaries that are assignable to an ACO.
- Beginning in PY 2025, the quality and finance Extreme and Uncontrollable Circumstance (EUC) policies were expanded to apply to an ACO that is affected by an EUC due to a cyberattack, including ransomware/malware, as determined by the Quality Payment Program.
- The health equity adjustment applied to an ACOs’ quality score was removed beginning in PY 2026 and renamed to “population and income adjustment” for PYs 2023-2025.
- The APP Plus quality measure set was updated to remove the Screening for Social Drivers of Health measure (Quality ID: 487).
- Beginning with PY 2027, CMS-approved CAHPS for MIPS survey vendors must implement a web-mail-phone protocol and discontinue the mail-phone protocol for the CAHPS for MIPS Survey.

PY 2026 APP Plus Quality Measure Set

Measure Name	Collection Type
CAHPS for MIPS	CAHPS Survey
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative claims
Diabetes: Glycemic Status Assessment Greater Than 9%	eCQM/MIPS CQM/Medicare CQM
Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/Medicare CQM
Controlling High Blood Pressure	eCQM/MIPS CQM/Medicare CQM
Breast Cancer Screening	eCQM/MIPS CQM/Medicare CQM
Colorectal Cancer Screening	eCQM/MIPS CQM/Medicare CQM
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative claims

Medicare Shared Savings Program Promoting Interoperability Requirements

MEDICARE SHARED SAVINGS PROGRAM

For performance years beginning on or after January 1, 2025* (unless otherwise excluded):

- Regardless of Shared Savings Program track, the following must report MIPS Promoting Interoperability performance category measures and earn a MIPS Promoting Interoperability category score:
  - ACO participants;
  - ACO providers/suppliers; and
  - ACO professionals

  who are MIPS eligible clinicians, QPs , or partial QPs

- ACOs must publicly report the number of such individuals required to report MIPS Promoting Interoperability that earn a performance category score for the MIPS Promoting Interoperability performance category.

- Certain exclusions will be allowed, including the following:
  - Low volume threshold
  - Eligible clinician who is not a MIPS eligible clinician (no exclusion if not a MIPS eligible clinician solely because they are a QP or partial QP)
  - Reweighting of the MIPS Promoting Interoperability performance category to zero percent of the final score in accordance with applicable policies (e.g., small practice, hospital-based status, hardship exceptions).

*** For PY 2025, CMS exercised enforcement discretion for these requirements.**

Posted Resources

- 2026 Electronic Clinical Quality Measure (eCQM) Specifications: Links to the 2026 eCQM specifications available for PY 2026, as posted on the eCQI Resource Center.
- 2026 MIPS Clinical Quality Measure Specifications and Supporting Documents (ZIP): Provides comprehensive descriptions of the 2026 MIPS CQMs for the MIPS quality performance category.
- 2026 Medicare CQMs Specifications and Supporting Documents for Accountable Care Organizations Participating in the Medicare Shared Savings Program (ZIP): Provides comprehensive descriptions of the 2026 Medicare CQMs used by Shared Savings Program ACOs for the MIPS quality performance category.
- Performance Year 2026 40th Percentile MIPS Quality Performance Category Score (PDF): Provides an overview of the quality performance standard and alternative quality performance standard under the Shared Savings Program for PY 2026.
- Refer to the QPP Resource Library and Shared Savings Program Guidance & Specifications website for additional resources available to ACOs.

LEAVITT PARTNERS
An HMA Company

Cross-Payer Strategies in the Move to Digital Quality

Quality Mearuem

Presented by:

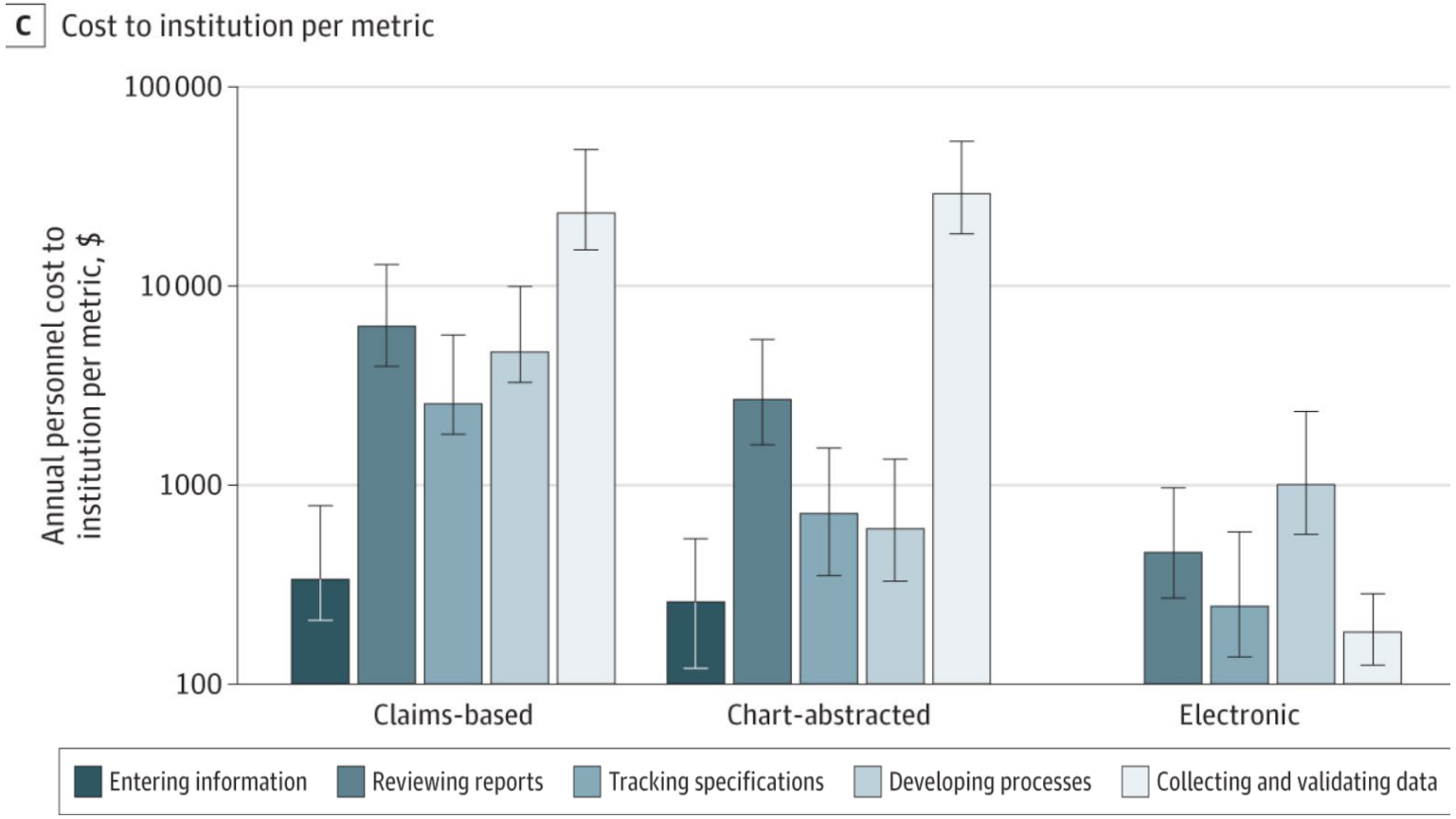
MARK MARCIANTE

Agenda

- Why the Current Reporting Model is Unsustainable
- What's possible today with FHIR-Based Quality
- What's Changing for ACOs
- What Early Testing is Showing
- What This Means for Your Organization

The Current Reporting Path is Unsustainable

REPORTING COSTS LESS WHEN INFRASTRUCTURE REPLACES MANUAL WORK AND FRAGMENTATION



- Costs are driven by **manual and fragmented workflows**
- Cost drops when reporting **eliminates labor-intensive steps and leverages existing infrastructure**
- Once infrastructure exists, **additional electronic measures require little incremental work**
- **Shared infrastructure scales;** manual workflows do not

[1] Source: Saraswathula et al., *JAMA*, 2023 https://jamanetwork.com/journals/jama/fullarticle/2805705
Study examined **162 hospital quality metrics across 7 reporting programs**, requiring **108,478 staff hours and ~$5M annually** in reporting personnel cost.

The Current Model Breaks in a Digital Environment

BUILT FOR

- Manual abstraction and chart review
- Retrospective, lagging reporting
- Program-by-program measure logic
- Siloed data and workflows

The reporting model is disconnected from how care is delivered and managed.

WHAT ACOs NEED TODAY

- Near real-time, longitudinal data
- Multi-program, multi-payer management
- Cross-setting care coordination
- Accountability for total cost and outcomes

We are measuring value-based care with infrastructure designed for a fee-for-service world.

A Large Part of Quality Can Be Measured Today

- **49 (41%) high priority, program-specific measures used in 13 quality programs can be reported today using USCDI v3 without any modification.**
- **An additional 26 program-specific measures can be reported with the addition of ten specific USCDI data elements.**

- Analysis included 857 program-specific measures in CMS' measure inventory as of July 2025,
- High priority: 217 measures in the Universal Foundation measures or assessing preventive screening.
- Target quality programs: 120 measures used in 13 quality programs that involve health systems and facilities.

The FHIR Infrastructure is Maturing

- 43 measures reportable today using USCDI v3 and certified g(10) endpoints. No EHR changes required (about 43% of all measures)
- CMS Aligned Networks are Building the Foundation to Work at Scale
- Measurement Community is responding to feedback
- New projects at HL7® and new alliances are tackling both quality and calculation

PIQI
Patient Information Quality Improvement

Data Quality Assessment:
https://piqialliance.atlassian.net

DQIC
DIGITAL QUALITY
IMPLEMENTERS COMMUNITY

Digital Quality Calculation
https://dqic.Atlassian.net

ONC is Aligning to this Model

ONC DIRECTION	WHAT THIS MEANS	WHY IT MATTERS TO ACOs
At the U.S. Realm Connectathon, ONC advanced:		
USCDI+ Quality as the foundation for digital measurement	Moving toward standardized, interoperable data for quality	This will shape how quality is measured and reported
Alignment of quality data with FHIR-based exchange	Building on US Core and simplifying QI-Core	Data requirements are still being defined
Actively soliciting feedback from industry, including ACOs	Aligning federal programs around a shared data foundation	ACO input can influence what gets standardized

This direction is being defined now—and ACOs are being asked to help shape it

This is NOT an IT Project

This is an alignment problem across strategy, technology, contracts, and clinical practice

QUALITY STRATEGY

Define priorities

Across measures, programs, and contracts

INFORMATION TECHNOLOGY

Assess your FHIR endpoints

What they actually produce matters

VENDOR CONTRACTS

Ensure conformance

Make it defined and enforceable

CLINICAL WORKFLOWS

Documentation behavior

Drives data quality downstream

The organizations navigating this well are not solving four separate problems. They are solving one alignment problem across all four domains simultaneously.

What This Means for ACOs

- Federal direction is aligning toward digital, interoperable reporting
- Performance will increasingly depend on HL7® FHIR® Data

We are moving from

"How do we report quality?"

To:

"Is our data ready to be measured—and does it reflect the care we deliver?"

ACOs that align early will shape the model — those that wait will inherit it

Collaborative Testing Event

- At the CMS Quality Conference in Baltimore on March 18, 2026, Leavitt Partners, an HMA Company, together with CMS and ASTP/ONC, hosted a collaborative testing session attended by nearly 80 participants—including federal staff from multiple agencies, five ACOs, and experts—to evaluate the feasibility of reporting quality measures using regulated endpoints.
- Federal and ACO leaders voiced strong support for advancing interoperability and leveraging existing investments, recognizing the value of real-time quality data, while ACOs highlighted both their commitment and the technical, operational, and policy challenges that could impede progress.

Early Results

What early pilots are showing

Early ACO testing indicates digital quality reporting via standardized, FHIR-based exchange is feasible and aligned with CMS's interoperability direction. A shared digital foundation can be reused for reporting, quality improvement, and operations—reducing duplication and streamlining workflows.

Challenges to scale

Key hurdles include establishing reliable access and readiness across diverse practices and EHRs, scaling from proof-of-concept to population-level execution, and addressing variation in how clinical data is captured and shared across sites.

ADVOCATE HEALTH

Cross-Payer Strategies in the Move to Digital Quality Reporting

ADVOCATEHEALTH

Value Based Services Platform

Managing Health, Quality and Total Cost of 2.3M Lives

26K+
Participating Physicians

13
Networks | ACOs | CINs

2.3M
Managed Lives

2 of 7
CMS ACO REACH Health System Participants in the Nation

131
Value-Based Contracts

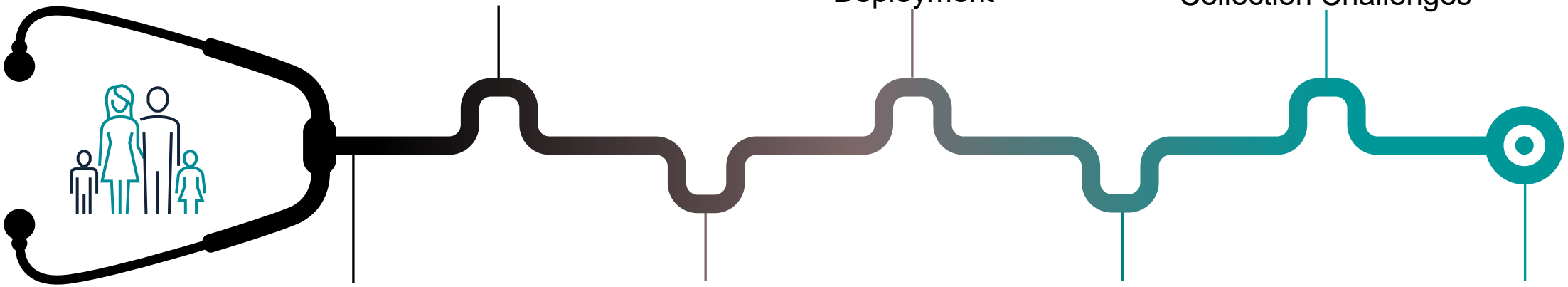
$1.9B
Total value created

72
Participating Hospitals

Value-based care success built on capabilities fine-tuned over decades of experience managing shared savings, shared risk, professional and global capitation across CMS, commercial and Medicaid contracts.

- **Network Management**
- **Advanced Analytics**
- **Value Innovation**
- **Clinical Programs**
- **Data Management Infrastructure**
- **TPA/MSO**

Quality Reporting Journey



2022: eCQM evaluation and vendor RFP

2023: Vendor Selection and Board Approval

2023: Initial Proof-of-Concept Deployed

2024: Began Phased Data Exchange Deployment

2024: Narrowed Scope due to Data Complexity

2025: Encountered Numerous Data Collection Challenges

2026: Submitted Three Different MSSP Quality Methods

1,312
Measures Across Contracts

$294M
Quality Contingent Revenue Managed

127
Unique Quality Measures

Our Data Exchange Strategic Journey

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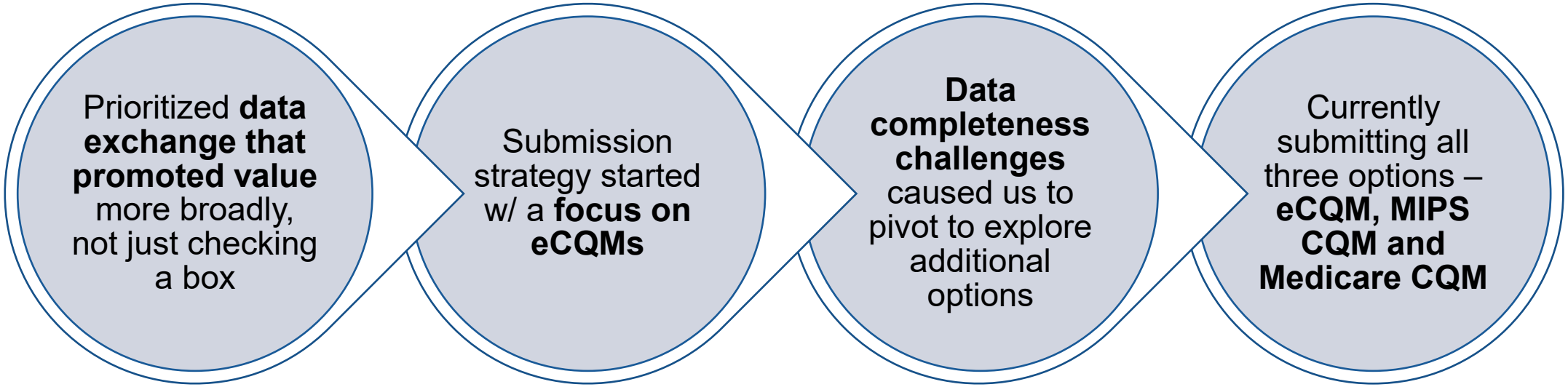

Evidence from the Field - FHIR Implementation

- 171 unique EHR instances, Advocate only received FHIR from 3 EHRs, 14 instances.
- Some FHIR sources did not include data to support all measures (ie. depression screening measure)
- Augmented data with QRDAs
- We attempted to obtain FHIR sources for 22 instances of one EMR, after 6+ months of failed attempts, pivoted to QRDA
- **Advocate is in favor of using a standard FHIR implementation across all EHRs**
- **We need ONC to ensure EHRs are able provide usable/standardized data**

Costs of reporting

Very large fees charged for accessing data, and often multiple vendors are needed to do this work

Data acquisition and aggregation fees by certified eCQM vendors +$4M over a 3-year implementation

- Annual data as a service fees for subsequent years

Reported with 40+ different EHR vendors and 300+ unique instances, each with their own contracts and fees

- Implementation fees
- Annual maintenance fees

Costs varied significantly by EHR vendor

- Vendor 1: $3,375 implementation
- Vendor 2: $5,000 implementation
- Vendor 3: $500 installation with $600 annual maintenance fee per provider

Enterprise Value Intelligence & Optimization

Quality & CMD Applications

- MW & SE Epic Point of Care Tools
- Aligned Point of Care Tools
- MW & SE Epic Dashboards
- Oracle Applications
- WCHQ Reporting
- MW & SE Epic HM & EMR Issue Management
- Special Projects (i.e. FIT/DM Eye)
- SharePoint
- Reconciliation
- Validation
- Quality & CMD Epic/Oracle Outcomes Reporting

Quality & CMD Insights

- Clinical Integration
- Physician Compensation
- Primary Care Reporting
- Specialty Reporting
- Virtual Care Reporting
- SHOPX
- Reconciliation
- Validation
- MIPS Specialty Reporting
- MSSP Strategy & Communications
- Quality & CMD non-Epic/Oracle Outcomes Reporting

Quality & CMD Contract Intelligence

- Commercial and ACA Contracts
- Payor Relationships & Meetings
- Team Member Health Plan
- MSSP – Enterprise ACO
- Future Date: MSSP – TC2 ACO
- ACO Reach
- Reconciliation
- Validation
- Supplemental Data Feeds
- MCD Contracts
- MA/Duals Contracts
- Payor Relationships & Meetings
- MSSP – CPA ACO
- MSSP – CHESS ACO
- Reconciliation
- Validation
- Supplemental Data Feeds

ADVOCATE HEALTH

Move to Digital Quality Aspirations

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Reduce Waste

Move to DQM, with CMS and ONC support will substantially reduce administrative waste

Expand Participation

Quality reporting should encourage value-based care participation

Streamlining interoperability for better health

More Proactive

Better data supports prevention to identify risks earlier, before it happens

Reduce Burden

Promoting true bi-directional interoperability will reduce clinician burden

Top Policy Changes Needed

1. Need EHR vendors to produce industry standard files as part of CERT requirements
2. Need CMS reporting flexibility on data completeness

Benefits *of* Digital Quality Measures

- Eliminate Manual Abstraction
- Standardize Data Collection
- Broad Use Across Programs
- Ease Submission Process
- Reduce Costs
- Improve De-Duplication

Getting *to* Digital Quality

Choose the Right Standard
US Core and USCDI have gaps. QI Core offers broad support for quality measures

Consider Other Needs
Policy changes beyond data sharing standards are still needed to ease burden (TIN reporting %)

Operationalize Access to Data
Provide transparent solutions to providers today to start building trust and use cases

Work Together
Getting this right requires health systems, vendors, and payers to collaborate effectively

Q & A