

# Conquering eCQMs



June 23, 2021

# Agenda



- APP quality requirements for ACOs and policy considerations
- ACO preparations for eCQM reporting:
  - Amita Health, Michele Winiarz
  - Advocate Aroura Health, Megan Reyna
- Questions from the audience

# APP for ACOs



- In an effort to align MSSP ACO quality requirements with the MIPS approach to quality assessments, CMS created a new quality assessment structure called the APM Performance Pathway (APP) for MSSP ACOs effective in 2021
- As a result of NAACOS [advocacy](#), CMS delayed retiring the Web Interface until 2022
- The APP represents a large departure from the current method of assessing ACO quality, as well as the approach to ACO quality reporting
  - CMS is moving away from the sampling and manual abstraction processes used by the Web Interface (WI) and toward more electronic reporting
  - Starting in 2022, ACOs will be required to report quality measures through eCQMs or MIPS CQMs. ACOs will also be assessed on all patients meeting measure criteria (not only Medicare ACO assigned patients as is the case for WI)
- Read more about these changes in our quality [resource](#)

# Advocacy



- NAACOS supports movement toward electronic reporting of quality measures, but has concerns with the timeline CMS has chosen to implement the eCQM/MIPS CQM requirement
- NAACOS is [advocating](#) for CMS to delay the eCQM/MIPS CQM requirement for 3 years to give the ACO and vendor communities more time to prepare for this massive shift and to correct deficiencies that currently exist
  - NAACOS is also urging CMS to make other policy modifications to the APP, including not evaluating ACOs on all patients/all payers
- CMS recently held an ACO Listening Session on the APP and heard many concerns raised by NAACOS members over the last six months
- CMS guidance has lacked key implementation details – NAACOS has emphasized the importance of providing more detailed information tailored to ACOs specifically
  - CMS 'APP for ACOs [Guide](#)'

# Looking Ahead



- The proposed 2022 Medicare Physician Fee Schedule rule includes annual updates to MIPS policies, including the APP as well as annual MSSP updates
- This rule is currently under review at the Office of Management and Budget (OMB) and we expect its release this summer
- NAACOS continues to advocate for changes to the APP requirements for ACOs and we encourage our members to [send a letter](#) to CMS to urge the agency to make modifications
- Timing is of the essence! This is being communicated to CMS

# APP Requirements



## APP Requirements for 2021:

- ACOs may choose Web Interface reporting or reporting of the new APP measures via eCQM or MIPS CQM (registry)
- ACOs do not need to notify CMS of their chosen reporting method
- All ACOs will be automatically pre-registered for the Web Interface (no registration is required)
- All ACOs will be required to administer the [CAHPS for MIPS](#) survey
- Reporting of quality data will take place in Q1 2022

# 2021 WI Scoring



Web Interface Measures for 2021	3-10 points earned per measure based on performance compared to WI benchmark	Final score must meet or exceed the 30 <sup>th</sup> percentile MIPS score in 2021 and 2022, and the 40 <sup>th</sup> percentile in 2023 and subsequent years
CAHPS for MIPS	10 maximum points	<p>100 total points available</p> <p>NOTE: CMS will suppress measures that undergo significant changes mid-year as well as newly introduced measures, and as a result remove 10 points per affected measure from the total measure points available for the year</p> <p>NOTE: Three WI measures do not have a BM and therefore will be suppressed for 2021, however you must still report all measures</p>
Diabetes HbA1c Poor Control	10 maximum points	
Controlling High Blood Pressure	10 maximum points	
Screening for Falls	10 maximum points	
Influenza Immunization	10 maximum points	
Tobacco Screening & Cessation	10 maximum points	
Colorectal Cancer Screening	10 maximum points	
Breast Cancer Screening	10 maximum points	
HWR Administrative Claims Measure	10 maximum points	
MCC Administrative Claims Measure	10 maximum points	

\*ACOs in their first year of their first agreement period are given full points for complete and accurate reporting for one year

# 2021 Measures



**TABLE 40: Measures included in the Final APM Performance Pathway Measure Set<sup>1</sup>**

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Patient's Experience
Measure # 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Admissions & Readmissions
Measure # TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Administrative Claims	N/A	Admissions & Readmissions
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Treatment of Mental Health
Quality ID#:236	Controlling High Blood Pressure	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 318	Falls: Screening for Future Fall Risk	CMS Web Interface*	APM Entity/Third Party Intermediary	Preventable Healthcare Harm
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface*	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface*	APM Entity/Third Party Intermediary	Prevention and Treatment of Opioid and Substance Use Disorders
Quality ID#: 113	Colorectal Cancer Screening	CMS Web Interface*	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 112	Breast Cancer Screening	CMS Web Interface*	APM Entity/Third Party Intermediary	Preventive Care
Quality ID#: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface*	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 370	Depression Remission at Twelve Months	CMS Web Interface*	APM Entity/Third Party Intermediary	Treatment of Mental Health

<sup>1</sup> 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.



# APP 2022 & Subsequent Years



## Reporting APP Measures in 2022 and Subsequent Years

- The new APP measure set contains 3 clinical quality measures, CAHPS for MIPS and 2 administrative claims measures
- New benchmarks = all MIPS reporters, unique benchmarks based on the reporting mechanism selected
  - MIPS quality benchmarks are established based on one year of historical data (data two years prior to the PY)
- APP measure set will be required for all MSSP ACOs beginning in 2022
  - This will require the move away from WI reporting and to eQMs or MIPS CQMs (registry)
  - Specifications call for reporting on all patients meeting the measure criteria, regardless of payer or whether the patient is an ACO assigned patient
  - These also require reporting on at least 70% of patients meeting the denominator criteria (data completeness requirement)

# APP 2022 & Subsequent Years



## Reporting APP Measures in 2022 and Subsequent Years

- Must report direct via EHR using eCQM standards or using a registry
- Requires reporting on all qualifying patients regardless of payer!
  - This means any patient that meets the particular measure's criteria will need to be reported to CMS (looking at denominator criteria, exclusions, etc.)- this significantly increases the denominator population for measures
- The ACO will report data in the aggregate on behalf of its ACO participants using the relevant measure specifications and can submit data via either direct login (API) or sign-in and upload
- The ACO can combine results from all ACO participant TIN QRDA III files by adding numerators and denominators and creating an aggregate QRDA III file to submit to CMS as an ACO
- ACOs can also contract with a third party intermediary, such as a registry, to submit data on behalf of the ACO

# 2022 Measures



**TABLE 46: APM Performance Pathway Quality Measure Set**

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Patient's Experience
Quality ID:001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Treatment of Mental Health
Quality ID: 236	Controlling High Blood Pressure	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Measure # TBD	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Admissions & Readmissions
Measure # TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Administrative Claims	N/A	Admissions & Readmissions

# 2022 Scoring



APP measures (Required starting in 2022)	3-10 points earned per measure based on performance compared to MIPS benchmarks per reporting mechanism used	Final score must meet or exceed the 30 <sup>th</sup> percentile MIPS score in 2021 and 2022, and the 40 <sup>th</sup> percentile in 2023 and subsequent years
CAHPS for MIPS	10 maximum points	60 total points available  NOTE: CMS will suppress measures that undergo significant changes mid-year, and as a result remove 10 points per affected measure from the total measure points available for the year
Diabetes HbA1c Poor Control	10 maximum points	
Screening For Depression	10 maximum points	
Controlling High Blood Pressure	10 maximum points	
HWR Administrative Claims Measure	10 maximum points	
MCC Administrative Claims Measure	10 maximum points	

\*ACOs in their first year of their first agreement period are given full points for complete and accurate reporting for one year

# Min. Attainment Standard



## Revised MSSP Minimum Attainment Standard

- Previously = Meet or exceed the 30<sup>th</sup> percentile among all WI reporters on at least one measure in each of the four quality domains
- Revised = Meet or exceed the 30<sup>th</sup> percentile among all MIPS reporters excluding “entities/providers eligible for facility-based scoring” in 2021 and 2022 (40<sup>th</sup> percentile in 2023 and subsequent years)
- Meeting the minimum attainment standard will earn the ACO the max shared savings rate, regardless of final quality score
- Must fully and accurately report all measures to meet min. attainment standard

# Shared Loss Rates



## Determining Shared Loss Rates

- 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)
- 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
- 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% loss sharing rate)

# AMITA Health's Strategy for Reporting eCQMs

## Michele Winiarz PA-C

System Director Quality

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# AMITA Health ACO

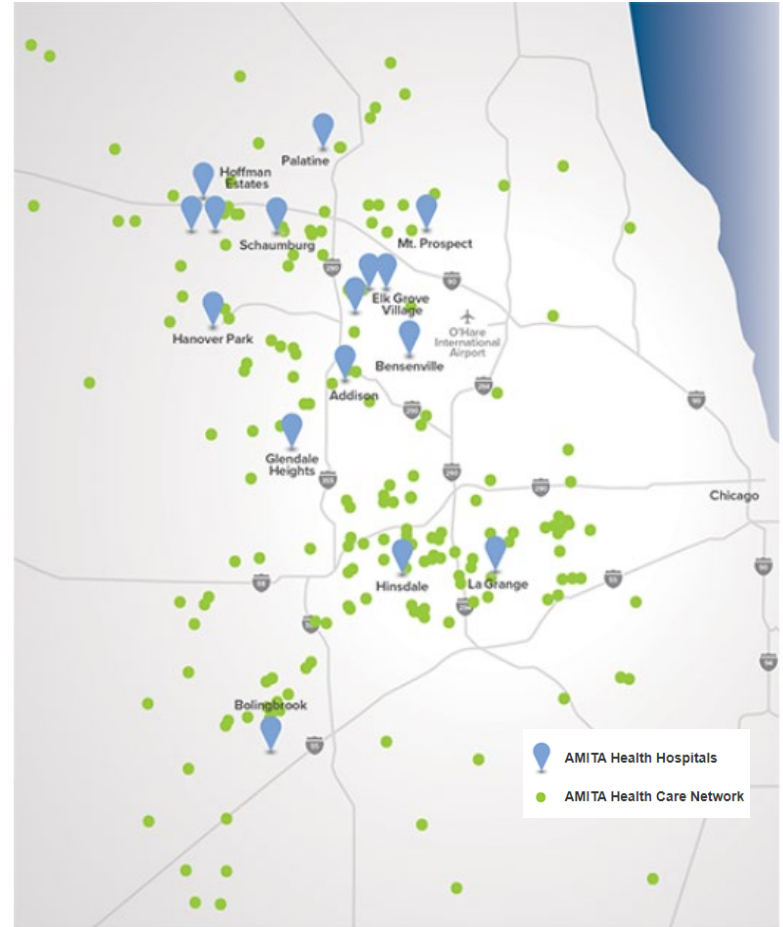
## Illinois

Urban, Suburban with small Rural presence – Start date 2013

## Basic Level E

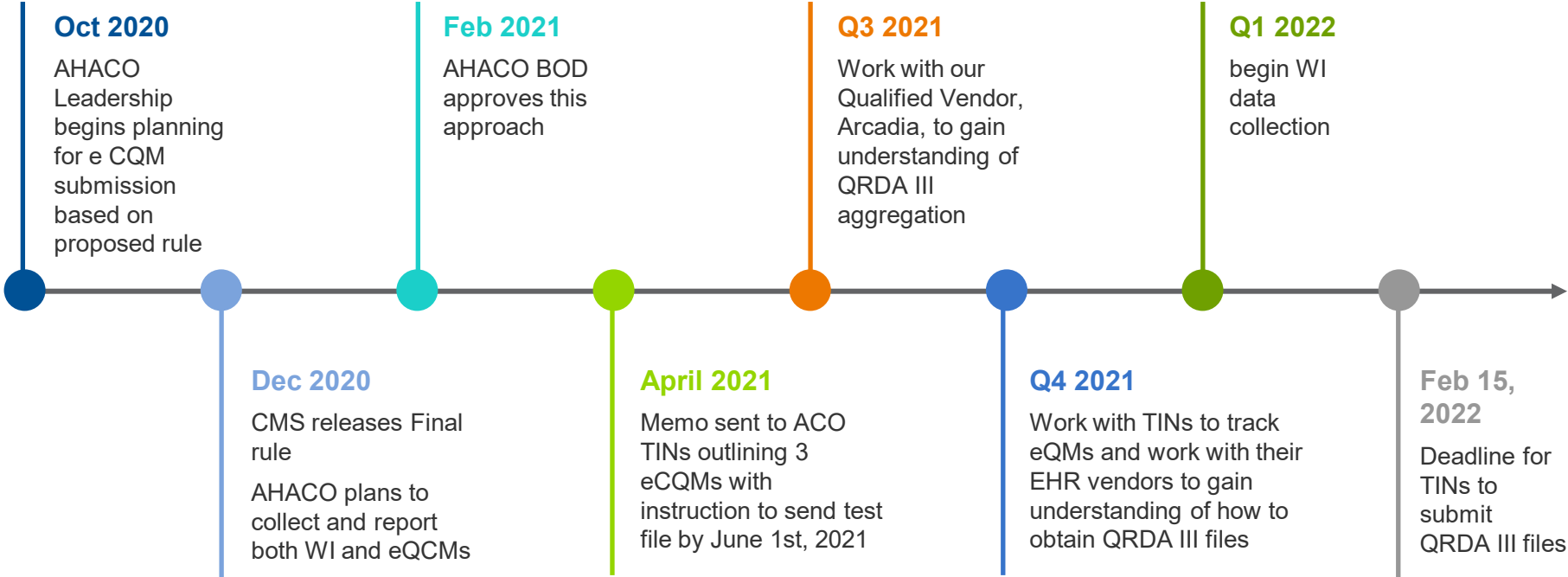
- 53,071 Beneficiaries<sup>1</sup>
- 60 TINS
- 551 Providers
- 15 Hospitals
- 18 EHRs (5 on paper)

1. Based on Q0 2021 Assignment List





# Path to reporting eCQMs in 2021 and beyond



# Advantages Vs Barriers to eCQM Success in 2021

## ADVANTAGES

Started planning early - ACO made up primarily of Primary Care TINs

Current relationship with Certified Vendor for data collection and reporting, Arcadia

Implemented EHR requirement for all TINs to be connected to our data warehouse

Arcadia Analytics Platform NCQA certified and able to track eCQMs

Understand and implement proper functionality to satisfy eCQMs” – many TINs that have been shielded from MIPs

Increased cost to enable eCQM dashboards or produce QRDA III files

*Unknown* quality performance for TINs participating in ACO but no other value-based contracts

*Unknown* 30th percentile benchmark needed to meet quality program requirements

Produce QRDA III reports – Several TINs on paper or without 2015 CEHRT are struggling

Meet the 70% rule – data completeness

## BARRIERS



# Data Completeness Struggle - 70% all eligible patients for all payors

## Eligible patients in ACO

Measure	Performance	Num	Den
Breast Cancer Scrn ACO WI			12,835
Cntrl High Blood Pressure			28,200
Colorectal Cancer Scrn ACO WI			25,088
Depression Remission			137
Depression Screen/Follow-Up			33,503
DM Not Poor Control HbA1c =9			7,946
Fall Risk Screen			46,150
Influenza Immunization			46,140
Medicare Annual Wellness Visit			52,070
Statin Therapy Prev & Tx CVD			38,240
Tobacco Screening & Cessation			47,462

## Eligible patients All<sup>1</sup> payors

Measure	Performance	Num	Den
Breast Cancer Scrn ACO WI			106,393
Cntrl High Blood Pressure			138,507
Colorectal Cancer Scrn ACO WI			210,347
Depression Remission			1,224
Depression Screen/Follow-Up			441,494
DM Not Poor Control HbA1c =9			62,118
Fall Risk Screen			135,057
Influenza Immunization			394,478
Medicare Annual Wellness Visit			2,585,169
Statin Therapy Prev & Tx CVD			169,801
Tobacco Screening & Cessation			394,683

Eligible patient denominator increases significantly when looking at all patients, all payors

1. All patients for AMITA Health CIN payors connected to claims-based Population Health Tool

# Conquering eCQMs

*Or Trying to...*

Advocate Aurora Health

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# Advocate Aurora Health

## Government Programs

### Illinois:

#### ❖ Basic Level E

- ~106,675 Beneficiaries<sup>1</sup>
- 422 TINs
- 10 Hospitals & 5,649 clinicians
- >25 different EHRs
- Start date: 2012

#### ❖ BPCI-Advanced

- 9 hospitals in 2021
- ~6,700 episodes<sup>3</sup> with 87 bundles selected
- Program Size: ~\$205 million<sup>3</sup>
- Start Date: 2018

### Wisconsin:

#### ❖ Enhanced

- ~23,579 Beneficiaries<sup>1</sup>
- 2 TINs
- 1,989 clinicians
- 1 EHR
- Start date: 2017

#### ❖ Track 1

- ~48,143 Beneficiaries<sup>1</sup>
- 10 TINs
- 16 Hospitals & 5,299 clinicians
- 2 EHRs
- Start date: 2018

#### ❖ BPCI-Advanced

- 14 hospitals in 2021
- ~3,500+ episodes<sup>3</sup> with 99 bundles selected
- Program Size: ~\$88 million<sup>3</sup>
- Start Date: 2020

#### ❖ CJR

- Two hospitals in 2020
- 91 episodes<sup>2</sup>
- Program Size: ~\$2.4 million<sup>2</sup>
- Start Date: 2016 (5 hospitals)
- One hospital in 2021 (Model end)

1. Based on 2021 Assignment list.

2. Based on Performance Year 5.1 with the two hospitals participating.

3. Based on 2021 projections using baseline claims.

# Plan for Submission



## WI Enhanced ACO

2 TINs

1 EHR

Submit via CEHRT



## WI Track 1 ACO

10 TINs

2 EHRs

Manually aggregate  
QRDA III files  
Will evaluate data  
completeness



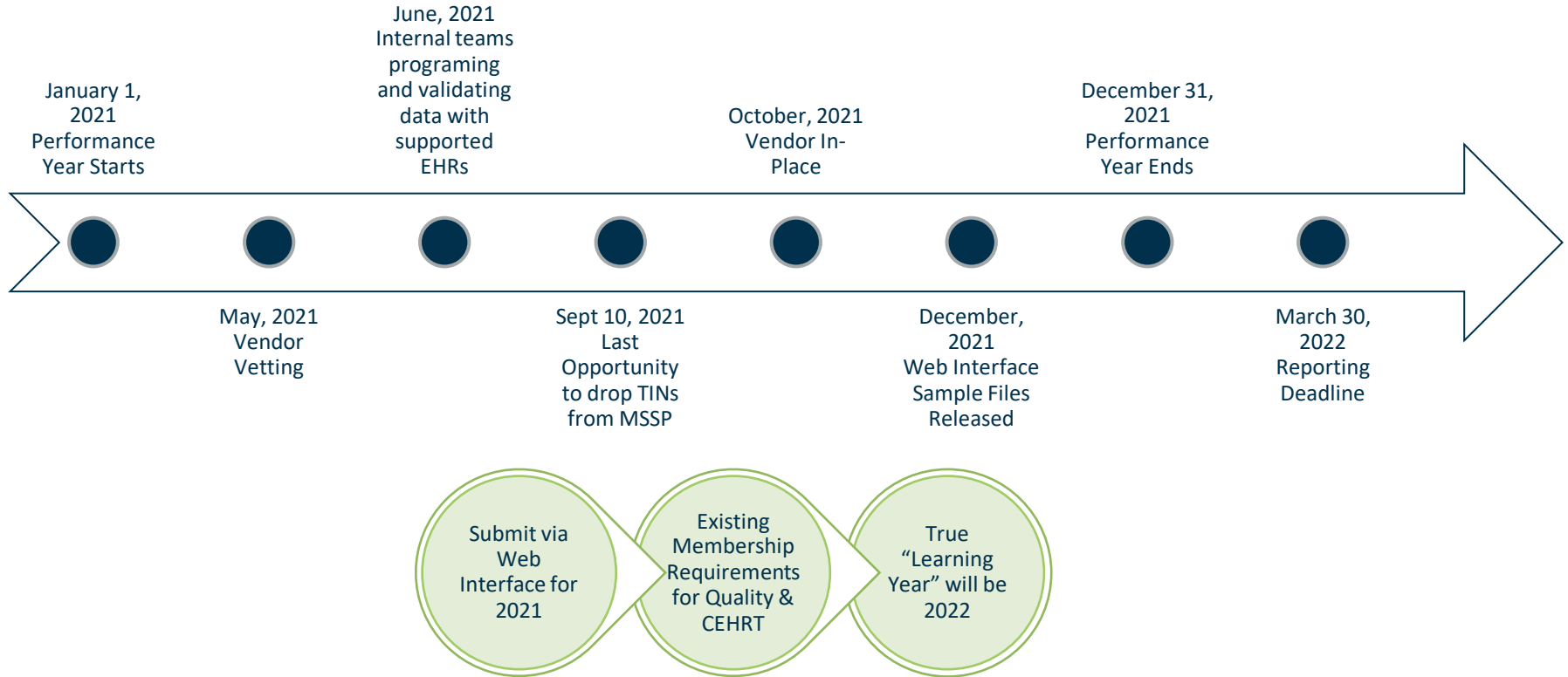
## IL Basic E ACO

422 TINs

>25 EHRs

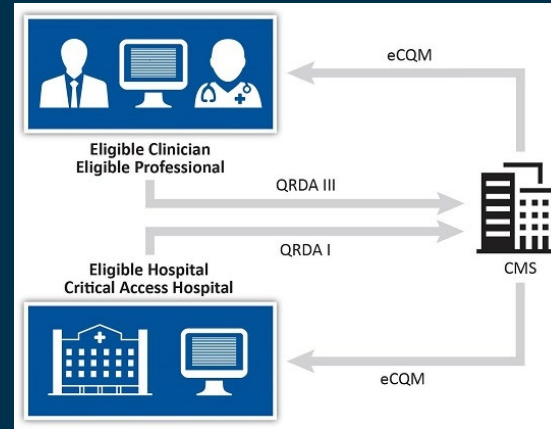
Submit with vendor  
Aggregate QRDA III files

# Timeline – 2021 “Learning Year”



# eCQMs QRDA III QRDA I

<https://ecqi.healthit.gov/qrda>



```
<tr>
  <td>Controlling High Blood Pressure</td>
  <td>2c928085-7198-38ee-0171-9da6456007ab</td>
</tr>
</tbody>
</table>
</div>
</div>
<div styleCode="Bold">Initial Population</content>:1000</div>
<div styleCode="Bold">Gender - Male</content>400</div>
<div styleCode="Bold">Gender - Female</content>600</div>
<div styleCode="Bold">Ethnicity - Not Hispanic or Latino</content>350</div>
<div styleCode="Bold">Ethnicity - Hispanic or
```

Measure section of the QRDA III

Aggregate counts – you can edit



# Data Completeness

70% of Denominator Eligible Patients

Will collect QRDA III  
in Q4 to determine  
frequency of  
submission

Have not figured out  
how to deduplicate  
patients from  
disparate EHRs

# Denominator Eligible Patients

## Depression Screening & Follow-Up Op Def

Quality ID #134 (NQF 0418): Preventive Care and Screening: Screening for Depression and Follow-Up Plan

– National Quality Strategy Domain: Community/Population Health

– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

### DENOMINATOR:

All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period

**DENOMINATOR NOTE:** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

### Denominator Criteria (Eligible Cases):

Patients aged  $\geq 12$  years on date of encounter

### AND

**Patient encounter during the performance period (CPT or HCPCS):** 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 99078, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99401\*, 99402\*, 99403\*, 99483, 99484, 99492, 99493, 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, G0101, G0402, G0438, G0439, G0444

### AND NOT

### DENOMINATOR EXCLUSION:

Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required: G9717

All patients/payors within the EHR

# Benchmarks

## MIPS Benchmarks (ZIP)

Measure Name	Measure ID	Collection Type	Measure Type	High Priority	Average	Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1	eCQM	Intermediate	Y	47.7050361	Y	90.50 - 69.45	69.42 - 53.61	53.6 - 42.12	42.11 - 34.07	34.06 - 28.35	28.32 - 23.57	23.56 - 19.11	<=19.1
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1	MIPS CQM	Intermediate	Y	46.7701043	Y	90.69 - 72.52	72.51 - 55.18	55.17 - 41.95	41.98 - 32.57	32.56 - 25.45	25.48 - 19.15	19.15 - 12.83	<=12.87
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	134	eCQM	Process	N	--	N	--	--	--	--	--	--	--	--
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	134	MIPS CQM	Process	N	50.1952093	Y	14.76 - 37.45	37.44 - 55.92	55.93 - 71.75	71.74 - 84.68	84.69 - 95.55	95.56 - 99.21	99.22 - 99.93	100
Controlling High Blood Pressure	236	eCQM	Intermediate	Y	60.3075269	Y	51.69 - 57.07	57.08 - 61.32	61.33 - 64.75	64.8 - 68.44	68.45 - 72.05	72.04 - 76.35	76.36 - 82.37	>= 82.38
Controlling High Blood Pressure	236	MIPS CQM	Intermediate	Y	63.7914348	Y	20 - 29.99	30 - 39.99	40 - 49.99	50 - 59.99	60 - 69.99	70 - 79.99	80 - 89.99	>= 90

## Quality Improvement Plan



Will be difficult to set & may need to pivot



Internal data to drive improvement vs. chasing EHR reports



MSSP is only one of our value-based contracts

# Other Considerations



FQHCs & Rural  
Health Clinics



Switching  
EHRs & Data  
Completeness

# Q&A