Shared Savings going all-CQM, hitching up to QPP

by: Roy Edroso

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For participants in the Medicare Shared Savings Program (MSSP), CMS is pushing for a move to all-electronic reporting and a tighter alignment with the Quality Payment Program (QPP).

Mark 2024 as the last year in which MSSP-participating ACOs have a choice between reporting via CMS' web interface measures and a CAHPS for MIPS survey, or reporting exclusively via three types of electronic clinical quality measures (eCQM): traditional eCQMs, MIPS CQMs, and newly defined "Medicare CQMs" that will allow electronic reporting on all Medicare beneficiaries.

Medicare CQMs are "a transition collection type," CMS states in the proposed rule, "to help ACOs build the infrastructure, skills, knowledge, and expertise necessary to report the all payer/all patient [MIPS] CQMs and eCQMs by focusing on Medicare patients with claims encounters with ACO professionals with specialty designations used in the Shared Savings Program assignment methodology."

The three CQM methods will be mandatory for all Shared Savings APMs in 2025.

Theresa Hush, CEO and co-founder of Roji Health Intelligence in Chicago, reckons the Medicare CQMs were developed to mollify smaller ACOs "who were protesting [having to use] the mechanism of data aggregation of the APP" — that is, the Alternative Payment Model (APM) Performance Pathway method for MIPS eligible clinicians who are also participants in MIPS APMs.

"CMS has provided them with an out," Hush says. "But realistically it would be a heavy lift for some of those small ACOs to use the claims data to populate some tool. They'll still need a vendor to record it."

CMS says it hopes this and similar changes will "continue to move ACOs toward digital measurement of quality and align with the QPP."

Getting their CEHRT together

Alignment with the QPP seems to be a general goal for the program: For example, CMS is requesting comment on how QPP "can best build on existing CMS Innovation Center model policies and Medicare programs, such as the Medicare Shared Savings," according to the rule.

In a major shift, CMS proposes to "remove the Shared Savings Program CEHRT threshold requirements," harmonize them with those of MIPS and require all QPP participants — not only MIPS eligible clinicians but also Qualifying APM Participants (QP) — "to report the MIPS Promoting Interoperability (PI) performance category measures and requirements to MIPS É at the individual, group, virtual group, or APM level, and earn a MIPS performance category score," the rule states.

Mara McDermott, CEO of Accountable for Health, a Washington D.C.-based advocacy organization committed to accelerating the adoption of effective accountable care, worries that requiring everyone to report this way will add an unnecessary degree of difficulty for APMs. "The idea that providers in an alternative payment model also have to report MIPS has long been a source of frustration for participants in those models," McDermott says.

New fast track

CMS also seeks comments on a plan to add a new track to the MSSP program's BASIC track, which has four sub-levels of risk/reward arrangements, and to the ENHANCED track; this new track "would offer a higher level of risk and potential reward than currently available under the ENHANCED track," the agency says.

McDermott is reminded, favorably, of the discontinued Next Generation ACO model, which also had big upsides — and downsides. "That was ended because CMS determined it didn't save money," she says. "But cost is just one element of whether something is successful or not in transforming the way that care is delivered. And there were a lot of successful elements that came out of Next Generation — including the higher levels of risk and reward that is currently offered in the Medicare Shared Savings Program."

McDermott sees this proposed new track as a bookend to CMS' other recent approaches, when the agency was "trying to get new organizations to start their accountable care journey," she says, with incentives like upfront payments and delayed risk.

"This year's rule seems focused on the other end of the spectrum — that is, organizations that have been doing this for a long time, who also need to be retained," McDermott says. "You need to keep those high-functioning, high-performing ACOs in the program, and you do that by offering them higher levels of risk and reward. It's the logical next step for the agency in terms of hitting [CMS'] 2030 goal" of having all Medicare beneficiaries in an accountable care relationship.

Other MSSP features in the rule

- **A new, complex risk adjustment scheme**. CMS says it will make it easier for some lagging ACOs to retain savings by altering its MSSP benchmarking scheme. As an example, CMS offers simulation results in which ACOs that would have "negative regional adjustment applied to their benchmark" under 2023 policy would in 2024 "receive no adjustment to their benchmark." Details appear to be forthcoming.
- **Expanded primary care "window."** CMS proposes to alter beneficiary assignment methodology in a way that would make it easier for Shared Savings ACOs to take on primary care patients. For example, CMS would adopt an "expanded window" in which they would consider assignment for patients who received a primary care service during a 12-month period "furnished from a non-physician practitioner (nurse practitioner, physician assistant, and clinical nurse specialist)" as well as a PCP or other physician at the ACO.
- **Health equity**. As part of its CMS priority, the agency requires that MSSP ACOs achieve a "health equity adjusted quality performance score" over the 40th percentile across all MIPS Quality performance category scores. It appears, however, that ACOs that meet their normal reporting targets will also meet this requirement.