

# **Guide to Quality Performance Standards for Accountable Care Organizations Starting in 2012: Pay for Reporting and Pay for Performance**

## **Introduction**

The purpose of this document is to provide clarification on application and timing of the two quality measurement performance standards, pay for reporting and pay for performance, for Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (Shared Savings Program) in 2012.

## **Background**

On November 2, 2011, the Centers for Medicare & Medicaid Services (CMS) finalized new rules<sup>1</sup> under the Affordable Care Act establishing the Shared Savings Program under which doctors, hospitals, and other health care providers may work together to better coordinate care for Medicare patients through an ACO. The Shared Savings Program will reward ACOs that lower their growth in health care costs for assigned Medicare beneficiaries while meeting performance standards on quality of care. CMS will measure quality of care using 33 nationally recognized measures in 4 key domains:

- Patient/caregiver experience (7 measures)
- Care coordination/patient safety (6 measures)
- Preventive health (8 measures)
- At-risk population:
  - Diabetes (6 measures)
  - Hypertension (1 measure)
  - Ischemic Vascular Disease (2 measures)
  - Heart Failure (1 measure)
  - Coronary Artery Disease (2 measures)

General specifications for most 2012 Shared Savings Program quality measures may be obtained from the 2012 ACO Quality Measure Narrative Measure Specifications Manual (available at:

[http://www.cms.gov/sharedsavingsprogram/37e\\_Quality\\_Measures\\_Standards.asp#TopOfPage](http://www.cms.gov/sharedsavingsprogram/37e_Quality_Measures_Standards.asp#TopOfPage)).

Technical specifications for all measures, including the Consumer Assessment of Healthcare

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<sup>1</sup> Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations; Final Rule, 76 Fed. Reg. 67802.

Providers and Systems (CAHPS) patient/caregiver experience measures will be available later in 2012.

## **Quality Performance Assessment**

Under the Shared Savings Program, before an ACO can share in any savings generated, it must demonstrate that it met the quality performance standard for that year. ACOs must submit data on quality measures in a form and manner specified by CMS in order for CMS to evaluate the quality of care provided. All quality measures will be reported based on services provided during the performance period. Of the 33 measures, 7 are collected via patient survey, 3 are calculated via claims, 1 is calculated from Medicare and Medicaid Electronic Health Record (EHR) Incentive Program data, and 22 are collected via the ACO Group Practice Reporting Option (GPRO) Web interface. It should be noted that although the measure set contains a total of 33 measures, there are only 23 scored measures because the patient experience survey modules are scored as 1 measure, and the all-or-nothing diabetes and CAD measures are each scored as 1 measure.

**CAHPS.** To better allow comparisons of ACOs over time and benchmarking for future years of the program, CMS will require administration of a standardized, patient experience of care survey that is based on the CAHPS Clinician and Group survey. This requirement will help ensure the patient survey is measuring patient experience for the ACO as a whole rather than for one specific practice, since there is currently no survey instrument in existence that measures patient experience of care in an ACO specifically. In 2012 and 2013, CMS will fund the administration of an annual CAHPS patient experience of care survey for ACOs participating in the Shared Savings Program. Starting in 2014, ACOs must select a survey vendor (from a list of CMS-certified vendors) and pay that vendor to administer the survey and report results using standardized procedures developed by CMS.

**Claims-based and EHR measures.** CMS will calculate the three claims-based measures from Medicare claims submitted for Medicare services provided to ACO assigned beneficiaries during the performance period by both ACO providers and providers outside the ACO. CMS will also calculate the one EHR adoption measure using information obtained from EHR Incentive Programs. Therefore, no additional reporting by the ACOs is required for these four quality measures.

**ACO GPRO measures.** CMS will make available a data collection tool for the remaining 22 quality measures. Each ACO will be required to report these quality measures for a randomly sampled portion of their beneficiaries via the GPRO Web interface by ACO providers and providers outside the ACO. This will provide a standard format for reporting data at the individual beneficiary level to ensure consistent reporting over years and by multiple ACOs. The ACO GPRO tool will be prepopulated with Medicare claims data for a

sample of assigned beneficiaries for each ACO to minimize reporting burden and to ensure complete and accurate reporting.

If the ACO fails to report by the requested deadline or does not provide a reasonable explanation for delayed reporting, the ACO may be subject to termination or other sanctions for failing to report quality measures. ACOs that exhibit a pattern of inaccurate or incomplete reporting or fail to make timely corrections following notice to resubmit may be terminated from the program. An ACO that has been terminated from the program will not receive shared savings.

### **Pay for Reporting and Pay for Performance**

During the first performance year of the ACO agreement period, the quality performance standard is defined as meeting the criteria for complete and accurate reporting of all quality measures. In order for an ACO with a 2012 start date to meet the quality performance standard, the ACO must completely and accurately report for both reporting periods in their first performance year, calendar years 2012 and 2013, as stated in 42 CFR 425.608(c)(8). As the quality standard for the first performance year is pay for reporting, ACOs will receive full credit for quality reporting as long as they accurately submit the required quality measurement information via the GPRO Web interface. ACOs will be automatically credited for reporting the other 11 measures since they will be collected and calculated by CMS without further reporting from the ACOs.

Starting in performance year 2, performance on the quality measures will be assessed based on comparison to benchmarks. Twenty-five of the 33 quality measures will transition to pay for performance in the second performance year, and all but one of the measures will be subject to pay for performance by performance year 3 (Table 1). Details about the scheduled phase-in for individual measures are provided in Table 2.

**Table 1. Quality Performance Standard for Shared Saving Program ACOs with an Agreement Beginning in 2012**

	Performance Year 1 4/1/2012 or 7/1/2012– 12/31/13	Performance Year 1 4/1/2012 or 7/1/2012 –12/31/2013	Performance Year 2	Performance Year 3
Number of Quality Measures for...	Reporting Period 1 1/1/2012– 12/31/2012	Reporting Period 2 1/1/2013– 12/31/2013	Reporting Period 3 1/1/2014– 12/31/2014	Reporting Period 4 1/1/2015– 12/31/15
Pay for Performance	0	0	25	32
Pay for Reporting	33	33	8	1
Total	33	33	33	33

Note: For all ACOs with an agreement that begins in 2013 or later, the performance year and reporting period will be the same calendar year.

**Table 2. Measures for Use in Establishing Quality Performance Standards that ACOs Must Meet for Shared Savings**

ACO #	Domain	Measure Title	NQF Measure # / Measure Steward	Method of Data Submission	CY 2012 RP1	CY 2013 RP 2	CY 2014 RP 3	CY 2015 RP 4
—	AIM: Better Care for Individuals	—	—	—	—	—	—	—
1.	Patient/Caregiver Experience	CAHPS: Getting Timely Care, Appointments, and Information	NQF #5 AHRQ	Survey	R	R	<b>P</b>	<b>P</b>
2.	Patient/Caregiver Experience	CAHPS: How Well Your Providers Communicate	NQF #5 AHRQ	Survey	R	R	<b>P</b>	<b>P</b>
3.	Patient/Caregiver Experience	CAHPS: Patients’ Rating of Provider	NQF #5 AHRQ	Survey	R	R	<b>P</b>	<b>P</b>
4.	Patient/Caregiver Experience	CAHPS: Access to Specialists	NQF #5 AHRQ	Survey	R	R	<b>P</b>	<b>P</b>
5.	Patient/Caregiver Experience	CAHPS: Health Promotion and Education	NQF #5 AHRQ	Survey	R	R	<b>P</b>	<b>P</b>
6.	Patient/Caregiver Experience	CAHPS: Shared Decision Making	NQF #5 AHRQ	Survey	R	R	<b>P</b>	<b>P</b>
7.	Patient/Caregiver Experience	CAHPS: Health Status/Functional Status	NQF #6 AHRQ	Survey	R	R	R	R
8.	Care Coordination/ Patient Safety	Risk-Standardized, All Condition Readmission	CMS	Claims	R	R	R	<b>P</b>
9.	Care Coordination/ Patient Safety	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease (AHRQ Prevention Quality Indicator (PQI) #5)	NQF #275 AHRQ	Claims	R	R	<b>P</b>	<b>P</b>
10.	Care Coordination/ Patient Safety	Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8 )	NQF #277 AHRQ	Claims	R	R	<b>P</b>	<b>P</b>
11.	Care Coordination/ Patient Safety	Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment	CMS	EHR Incentive Program Reporting	R	R	<b>P</b>	<b>P</b>
12.	Care Coordination/ Patient Safety	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	NQF #97 AMA-PCPI/NCQA	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
13.	Care Coordination/ Patient Safety	Falls: Screening for Fall Risk	NQF #101 NCQA	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>

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**Table 2. Measures for Use in Establishing Quality Performance Standards that ACOs Must Meet for Shared Savings (continued)**

ACO #	Domain	Measure Title	NQF Measure # / Measure Steward	Method of Data Submission	CY 2012 RP1	CY 2013 RP 2	CY 2014 RP 3	CY 2015 RP 4
—	AIM: Better Health for Populations	—	—	—	—	—	—	—
14.	Preventive Health	Influenza Immunization	NQF #41 AMA-PCPI	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
15.	Preventive Health	Pneumococcal Vaccination	NQF #43 NCQA	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
16.	Preventive Health	Adult Weight Screening and Follow-up	NQF #421 CMS	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
17.	Preventive Health	Tobacco Use Assessment and Tobacco Cessation Intervention	NQF #28 AMA-PCPI	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
18.	Preventive Health	Depression Screening	NQF #418 CMS	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
19.	Preventive Health	Colorectal Cancer Screening	NQF #34 NCQA	GPRO Web Interface	R	R	R	<b>P</b>
20.	Preventive Health	Mammography Screening	NQF #31 NCQA	GPRO Web Interface	R	R	R	<b>P</b>
21.	Preventive Health	Proportion of Adults 18+ who had their Blood Pressure Measured within the preceding 2 years	CMS	GPRO Web Interface	R	R	R	<b>P</b>
22.	At-Risk Population - Diabetes	Diabetes Composite (All or Nothing Scoring): Hemoglobin A1c Control (<8 percent)	NQF #729 MN Community Measurement	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
23.	At-Risk Population - Diabetes	Diabetes Composite (All or Nothing Scoring): Low Density Lipoprotein (<100)	NQF #729 MN Community Measurement	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
24.	At-Risk Population - Diabetes	Diabetes Composite (All or Nothing Scoring): Blood Pressure <140/90	NQF #729 MN Community Measurement	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
25.	At-Risk Population - Diabetes	Diabetes Composite (All or Nothing Scoring): Tobacco Non Use	NQF #729 MN Community Measurement	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>

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**Table 2. Measures for Use in Establishing Quality Performance Standards that ACOs Must Meet for Shared Savings (continued)**

ACO #	Domain	Measure Title	NQF Measure # / Measure Steward	Method of Data Submission	CY 2012 RP1	CY 2013 RP 2	CY 2014 RP 3	CY 2015 RP 4
26.	At-Risk Population - Diabetes	Diabetes Composite (All or Nothing Scoring): Aspirin Use	NQF #729 MN Community Measurement	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
27.	At-Risk Population - Diabetes	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9 percent)	NQF #59 NCQA	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
28.	At-Risk Population - Hypertension	Hypertension (HTN): Blood Pressure Control	NQF #18 NCQA	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
29.	At-Risk Population – Ischemic Vascular Disease	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)	NQF #75 NCQA	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
30.	At-Risk Population – Ischemic Vascular Disease	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	NQF #68 NCQA	GPRO Web Interface	R	R	<b>P</b>	<b>P</b>
31.	At-Risk Population - Heart Failure	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	NQF #83 AMA-PCPI	GPRO Web Interface	R	R	R	<b>P</b>
32.	At-Risk Population – Coronary Artery Disease	Coronary Artery Disease (CAD) Composite: All or Nothing Scoring: Drug Therapy for Lowering LDL-Cholesterol	NQF #74 CMS (composite) / AMA-PCPI (individual component)	GPRO Web Interface	R	R	R	<b>P</b>
33.	At-Risk Population – Coronary Artery Disease	Coronary Artery Disease (CAD) Composite: All or Nothing Scoring: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	NQF # 66 CMS (composite) / AMA-PCPI (individual component)	GPRO Web Interface	R	R	R	<b>P</b>

NOTE: NQF=National Quality Forum, AHRQ=Agency for Healthcare Research and Quality, NCQA=National Committee for Quality Assurance, PCPI=Physician Consortium for Performance Improvement, AMA=American Medical Association **P**=performance; R=reporting, RP=Reporting Period.