Making Reporting Easy

Accountable Care Organizations (ACOs)

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This white paper is written to help practices and solo practitioners understand the Accountable Care Organizations.

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Accountable Care Organizations (ACOs) are groups of healthcare professionals who team up to give coordinated, high quality care to the Medicare patients they serve.

There are two types of ACOs, the Pioneer ACO Model and the Medicare Shared Savings Program (MSSP). The Pioneer ACO Model is focused on the triple aim: improving the quality of care and health outcomes of patients while lowering costs. The Pioneer ACO Model tests different payment and incentive models from those in the Medicare Shared Savings Program. Under a Pioneer ACO, some eligible professionals also participate in PQRS under which they must report using the GPRO web interface.

The Shared Savings Program is focused on helping healthcare providers coordinate care in order to improve the quality of care for Medicare beneficiaries. This program was established by the Affordable Care Act and is a new approach to healthcare delivery. The Medicare Shared Savings Program allows successful ACOs to share in the savings they achieve for the Medicare program. Physician-based and rural providers may be selected to receive upfront and monthly payments to invest into their care coordination infrastructure through the Advanced Payment ACO Model.

For 2015 Reporting, an ACO must report on 33 quality measures across 4 quality domains. These quality measures are reported through a combination of CMS claims and administrative data, a database designed for practice or ACO-level clinical quality measure reporting, and a patient experience of care survey.

Pioneer ACOs and Shared Savings Program ACOs will use the Web Interface, which contains a database pre-populated with select quality measure information for a sample of the ACO's beneficiaries.

Understanding the Value-Based Payment Modifier for ACOs:

Solo practitioners and groups in which at least one eligible professional participates in the Pioneer ACO Model or CPC Initiative in 2015 will be classified as Category 1 and will not be subject to the VM downward adjustment for CY 2017.

If the ACO fails to successfully report on quality measures, all groups and solo practitioners under the ACO will be subject to the automatic downward adjustment, including the 2% PQRS downward payment adjustment and the 4% VBM downward payment adjustment (2% for groups under 10).

Groups and solo practitioners participating in an ACO under the Shared Savings Program in

the CY 2015 performance period will have their Value Modifier calculated as follows for the CY 2017 payment adjustment period:

- The Cost Composite for the VBPM will be set to average
- The Quality Composite will be based on the ACO's quality data reported

Physician solo practitioners and physician groups in which at least one eligible professional participates in the Pioneer ACO Model or CPC Initiative in 2015 will have their Value Modifier calculated as follows for 2017:

- Cost Composite: Average
- Quality Composite: Average

Understanding CAHPS for ACOs:

Consumer Assessment of Healthcare Providers and Systems (CAHPS) are defined as surveys that ask patients to report on and evaluate their experiences with healthcare. The CAHPS for ACOs allows for organizations participating in the Pioneer ACO Model or the Medicare Shared Savings Program to measure patient experience of care. The annual CAHPS Survey for ACOs uses a Mixed-Mode data collection protocol: two survey mailings and up to 6 follow-up phone calls to non-respondents. The survey measures the seven required patient experience-of-care summary survey measures included in the Pioneer ACO Model or the Medicare Shared Savings Program.

All ACOs must select a CMS approved CAHPS for ACOs Survey vendor. The survey has 12 patient experience care of summary survey measures. The questions in summary survey 8 are questions in the CG CAHPS (Clinician and Group CAHPS) core set, which ask questions pertaining to the courteous and respectful nature of office staff. The CG CAHPS responses will not be part of the Shared Savings Program payment structure.

How ReportingMD can help:

Selecting an experienced registry, understanding the 33 ACO measures, and making sure appropriate work flows are in place to perform and document the measures will all lead to revenue retention and possible bonus payments for 2017. However, it is the long range planning and applications that will help practices manage performance per the ACO measure specifications that will ultimately pay practices the largest reward. Team up with ReportingMD, a firm that has been reporting for more than 7 years! ReportingMD has

experience with quality reporting and submission under the ACO pathway. ReportingMD, through the ACO Module within our Total Outcomes Management (TOM) product, can offer consulting, reporting, and data submission services.

Company background:

ReportingMD® provides high quality Medical Intelligence™ (MI) products, health information consulting, and custom solutions. We are a qualified registry by the Center for Medicare and Medicaid Services

(CMS) for Physician Quality Reporting Systems (PQRS) since 2008 and a data submission vendor for PQRS and Meaningful Use. ReportingMD's TOM application uses ONC certified technology for submitting your eCQM and PQRS data electronically. Our services and solutions allow providers and practices to effectively manage outcomes in support of PQRS, MU, Values Based Payment Modifier

(VBM), ACO, PCMH and Population Health from a programmatic and reporting perspective. We help our clients by aggregating data from multiple sources, including EMRs and Practice Management