Medicare Shared Savings Program Quality Measure Benchmarks for the 2014 Reporting Year

Release Notes/Summary of Changes (February 2015):

- Issued correction of 2014 benchmarks for ACO-9 and ACO-10 quality measures.
- Maintained ACO-23 and ACO-29 as pay-for-reporting due to updated clinical guidelines for low-density lipid (LDL) control targets. As a result of these changes, the Diabetes Composite will also be maintained as pay-for-reporting.

Introduction

This document describes methods for calculating the quality performance benchmarks for Accountable Care Organizations (ACOs) that are participating in the Medicare Shared Savings Program (Shared Savings Program) and presents the benchmarks for the 33 quality measures for the 2014 quality reporting year. This document also reviews the quality performance thresholds and scoring, as described in the Shared Savings Program regulations.[1]

ACOs are required to completely and accurately report quality data used to calculate and assess their quality performance. In the first year of their agreement period, ACOs satisfy the quality standard based on their complete and accurate reporting of these data. Quality performance benchmarks are phased-in during the second and third performance years of the ACOs' agreements.

The 33 quality measures are scored as 26 individual measures and 2 composite measures (which include 5 and 2 individual component measures, respectively). A single benchmark applies to all individual component measures that make up each composite measure. The 33 measures span four quality domains: Patient / Caregiver Experience, Care Coordination / Patient Safety, Preventive Health, and At-Risk Population.

For an ACO's first performance year, we defined the quality performance standard at the level of complete and accurate reporting for all quality measures. Following the first performance year, an ACO must continue to report completely and accurately on all measures; but in addition, its performance will be assessed relative to performance benchmarks for a specified set of measures in each performance year. In this way, the ACO becomes increasingly responsible for quality performance over the course of its 3-year agreement period as performance benchmarks are phased-in. For most Shared Savings

[1] Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations; Final Rule, 76 Fed. Reg. 67802 (Nov. 2, 2011). Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014; Final Rule, 78 Fed. Reg. 74230 (Dec. 10, 2013).

Program ACOs, each performance year corresponds to one reporting period. The exception is the Shared Savings Program ACOs that have a 2012 start date. Their first performance year is 18 or 21 months and includes both the 2012 and 2013 reporting periods.

Benchmarks are established by the Centers for Medicare & Medicaid Services (CMS) prior to the reporting period for which they apply. This document defines and sets the quality performance benchmarks that will be used for the 2014 reporting period. These benchmarks will apply to Shared Savings Program ACOs whose second performance year of their initial 3-year agreement period occurs during the 2014 reporting period. The quality performance standard for ACOs whose first performance year occurs in 2014 will be defined at the level of complete and accurate reporting for all quality measures.

The benchmarks for each measure along with the phase-in schedule for pay-for-performance are displayed in Appendix A.

Benchmark Sources

We established the benchmarks using all available and applicable 2012 Medicare fee-for-service (FFS) data. This includes:

- Quality data reported through the Physician Quality Reporting System (PQRS) by physicians and groups of physicians
- Quality measure data calculated from Medicare claims data submitted by physicians and groups of physicians
- Quality data reported by ACOs, including ACOs participating in the Pioneer ACO Model
- Quality measure data collected from surveys administered to the larger Medicare FFS population including under pay-for-performance demonstrations.

Benchmarks for most measures in the Care Coordination / Patient Safety, Preventive Health and At-Risk Population domains were established using all available FFS data from calendar year 2012. These data were collected under the PQRS and include:

- Data collected from ACOs participating in the Shared Saving Program and the Pioneer ACO Model, and other groups that satisfactorily reported data through the PQRS Group Practice Reporting Option (GPRO) Web Interface.
- Data collected from eligible professionals (EPs) and group practices eligible for the PQRS incentive payment reporting through all available submission mechanisms for the PQRS, including, for example: claims, registry, Electronic Health Records (EHR), and measures group.

The benchmarks for the all-condition readmission measure (ACO #8) and the ambulatory sensitive condition admissions measures for chronic obstructive pulmonary disease (COPD) or asthma in older adults (ACO #9) and heart failure (ACO #10) are calculated using 2012 Medicare FFS claims data. We calculated these benchmarks using data at the TIN level for all physicians and groups of physicians who had at least 20 cases in the denominator.

For the EHR measure (ACO #11), we used results from Shared Savings Program and Pioneer ACO Model ACOs for 2012 to establish the performance benchmark.

Benchmarks for the Patient / Caregiver Experience measures were developed based on survey data collected from beneficiaries with FFS Medicare in 2013 regarding their care experiences during calendar year 2012. These data include:

- Responses to CMS' CAHPS Survey for Accountable Care Organizations Participating in Medicare Initiatives by beneficiaries assigned to ACOs participating in the Shared Savings Program or the Pioneer ACO Model
- Responses to CMS' Medicare FFS CAHPS Survey by beneficiaries with FFS Medicare, including beneficiaries receiving services under FFS demonstrations.

We haven't defined a benchmark for the health status/functional status measure (ACO #7) because the measure remains pay-for-reporting in all performance years of an ACO's agreement period.

Benchmarks for ACO Quality Measures

The benchmarks for the 33 quality measures for the 2014 reporting year are specified in Appendix A.[2] A benchmark is the performance rate an ACO must achieve to earn the corresponding quality points for each measure. We show the benchmark for each percentile, starting with the 30th percentile (corresponding to the minimum attainment level) and ending with the 90th percentile (corresponding to the maximum attainment level). Under the program's regulation, 42 C.F.R. §425.502, there are circumstances when we set benchmarks using flat percentages. We set benchmarks using flat percentages when the 60th percentile was equal to or greater than 80.00 percent, effective beginning with the 2014 reporting year.[3] As we explained in the rulemaking, the use of flat percentages allows ACOs with high scores to earn maximum or near maximum quality points while allowing room for improvement and rewarding that improvement in subsequent years. Use of flat percentages also helps ensure ACOs with high performance on a measure aren't penalized as low performers.

Quality Scoring Points System

Table 1 shows the maximum possible points that may be earned by an ACO in each domain and for all domains. Quality scoring will be based on the ACO's actual level of performance on each measure. Table 2 below shows the corresponding number of points that each level of performance earns on each measure.

[2] Please note that no Shared Savings Program ACOs are in Performance Year 3 for the 2014 reporting year.

[3] §See 78 Fed. Reg. at 74759–74763.

Table 1
2014 Reporting Year: Total Points for Each Domain within the Quality Performance Standard

Domain	Number of Individual Measures	Total Measures for Scoring Purposes	Total Possible Points	Domain Weight
Patient/Caregiver Experience	7	7 individual survey module measures	14	25%
Care Coordination/ Patient Safety	6	6 measures, the EHR measure is double-weighted (4 points)	14	25%
Preventive Health	8	8 measures	16	25%
At-Risk Population	12	7 measures, including 5-component diabetes composite measure and 2-component coronary artery disease composite measure	14	25%
Total in all Domains	33	28	58	100%

An ACO will earn quality points on a sliding scale based on level of performance. As shown in Table 2: performance below the minimum attainment level (the 30th percentile) for a measure will receive zero points for that measure; performance at or above the 90th percentile of the performance benchmark earns the maximum points available for the measure.

For most of the 33 measures, the higher the level of performance, the higher the corresponding number of quality points. However, it is important to note that four ACO quality measures have a reverse scoring structure, with which means that a lower score represents better performance, and a higher score represents worse performance.

The following measures are scored such that a lower rate is indicative of better performance:

- ACO #8: Risk Standardized, all condition readmissions.
- ACO #9: Ambulatory Sensitive Conditions Admissions: for COPD or asthma in older adults.
- ACO #10: Ambulatory Sensitive Conditions Admissions: for heart failure (HF).
- ACO #27: Diabetes Mellitus: Hemoglobin A1c poor control.

For example, when reverse scored: the 30th percentile represents a higher level of admissions/readmissions (ACO #8, 9, 10) or poorer diabetes control (ACO #27); and the 90th percentile represents a lower level of admissions/readmissions (ACO #8, 9, 10) or better diabetes control (ACO #27).

A maximum of 2 points can be earned for each scored individual or composite measure, except for the EHR measure. The EHR measure is double weighted and is worth up to 4 points to provide incentive for greater levels of EHR adoption.

Table 2 shows the points earned for each measure at the corresponding decile value. For example, if an ACO's performance rate for the medication reconciliation measure is 78 percent, it would earn 1.70 points for that measure. Because the EHR measure is double weighted, an ACO's performance rate of 78 percent on that measure would earn 3.40 points.

Table 2
Sliding Scale Measure Scoring Approach

ACO Performance Level	Quality points
90+ percentile FFS data or 90+ percent	2.00 points
80+ percentile FFS data or 80+ percent	1.85 points
70+ percentile FFS data or 70+ percent	1.70 points
60+ percentile FFS data or 60+ percent	1.55 points
50+ percentile FFS data or 50+ percent	1.40 points
40+ percentile FFS data or 40+ percent	1.25 points
30+ percentile FFS data or 30+ percent	1.10 point
<30 percentile FFS data or <30+ percent	No points

The total points earned for measures in each domain will be summed and divided by the total points available for that domain to produce an overall domain score of the percentage of points earned versus points available. The percentage score for each domain will be averaged together to generate a final overall quality score for each ACO that will be used to determine the amount of savings it shares or, if applicable, the amount of losses it owes.

Appendix A: 2014 Reporting Year ACO Quality Measure Benchmarks

Domain	Measure	Description	Pay-for-Performance Phase In R= Reporting P= Performance			30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
			PY1	PY2	PY3*							
Patient/Caregiver Experience	ACO #1	Getting Timely Care, Appointments, and Information	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO #2	How Well Your Doctors Communicate	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO #3	Patients' Rating of Doctor	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO #4	Access to Specialists	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO #5	Health Promotion and Education	R	P	P	54.71	55.59	56.45	57.63	58.22	59.09	60.71
Patient/Caregiver Experience	ACO #6	Shared Decision Making	R	P	P	72.87	73.37	73.91	74.51	75.25	75.82	76.71
Patient/Caregiver Experience	ACO #7	Health Status/Functional Status	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/Patient Safety	ACO #8	Risk Standardized, All Condition Readmissions	R	R	P	16.62	16.41	16.24	16.08	15.91	15.72	15.45
Care Coordination/Patient Safety	ACO #9	ASC Admissions: COPD or Asthma in Older Adults	R	P	P	1.75	1.46	1.23	1.00	0.75	0.56	0.27
Care Coordination/Patient Safety	ACO #10	ASC Admission: Heart Failure	R	P	P	1.33	1.17	1.04	0.90	0.76	0.59	0.38
Care Coordination/Patient Safety	ACO #11	Percent of PCPs who Qualified for EHR Incentive Payment	R	P	P	51.35	59.70	65.38	70.20	76.15	84.85	90.91
Care Coordination/Patient Safety	ACO #12	Medication Reconciliation	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Care Coordination/Patient Safety	ACO #13	Falls: Screening for Fall Risk	R	P	P	17.12	22.35	27.86	35.55	42.32	51.87	73.38
Preventive Health	ACO #14	Influenza Immunization	R	P	P	29.41	39.04	48.29	58.60	75.93	97.30	100.00
Preventive Health	ACO #15	Pneumococcal Vaccination	R	P	P	23.78	39.94	54.62	70.66	84.55	96.64	100.00
Preventive Health	ACO #16	Adult Weight Screening and Follow-up	R	P	P	40.79	44.73	49.93	66.35	91.34	99.09	100.00
Preventive Health	ACO #17	Tobacco Use Assessment and Cessation Intervention	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Preventive Health	ACO #18	Depression Screening	R	P	P	5.31	10.26	16.84	23.08	31.43	39.97	51.81
Preventive Health	ACO #19	Colorectal Cancer Screening	R	R	P	19.81	33.93	48.49	63.29	78.13	94.73	100.00
Preventive Health	ACO #20	Mammography Screening	R	R	P	28.59	42.86	54.64	65.66	76.43	88.31	99.56

Domain	Measure	Description	Pay-for-Performance Phase In R= Reporting P= Performance			30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
			PY1	PY2	PY3*							
Preventive Health	ACO #21	Proportion of Adults who had blood pressure screened in past 2 years	R	R	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
At-Risk Population Diabetes	Diabetes Composite ACO #22–26	ACO #22. Hemoglobin A1c Control (HbA1c) (<8 percent) ACO #23. Low Density Lipoprotein (LDL) (<100 mg/dL) ACO #24. Blood Pressure (BP) < 140/90 ACO #25. Tobacco Non Use ACO #26. Aspirin Use	R	R	P	17.39	21.20	23.48	25.78	28.17	31.37	36.50
At-Risk Population Diabetes	ACO #27	Percent of beneficiaries with diabetes whose HbA1c in poor control (>9 percent)	R	P	P	70.00	60.00	50.00	40.00	30.00	20.00	10.00
At-Risk Population Hypertension	ACO #28	Percent of beneficiaries with hypertension whose BP < 140/90	R	P	P	60.00	63.16	65.69	68.03	70.89	74.07	79.65
At-Risk Population IVD	ACO #29	Percent of beneficiaries with IVD with complete lipid profile and LDL control < 100mg/dl	R	R	P	35.00	42.86	51.41	57.14	61.60	67.29	78.81
At-Risk Population IVD	ACO #30	Percent of beneficiaries with IVD who use Aspirin or other antithrombotic	R	P	P	45.44	56.88	68.25	78.77	85.00	91.48	97.91
At-Risk Population HF	ACO #31	Beta-Blocker Therapy for LVSD	R	R	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
At-Risk Population CAD	CAD Composite ACO #32–33	ACO #32. Drug Therapy for Lowering LDL Cholesterol ACO #33. ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	R	R	P	54.08	61.44	66.11	69.96	72.32	76.40	79.84

*No Shared Savings Program ACO is in Performance Year 3 for the 2014 reporting year.