ACO 2023 Quality Reporting Readiness

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2023 ACO Web Interface Quality Reporting

January 2nd, 2024 to April 1st, 2024

ACO 2023 Quality Reporting Readiness

- ACO and Quality Reporting
- Quality Reporting Timeline
- CMS Web Interface Quality Measures
- Quality Reporting Patients Sample
- Health Endeavors Access
- CMS WI Random Sample 2023 Tool
- Quality Performance Score
- Mass import EHR data
- Security Official Reporting Decisions

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Accountable Care Organization (ACO)

ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients.

The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

ACO and Quality Reporting

ACOs must report quality data to CMS after the close of every performance year to be eligible to share in any earned shared savings and to avoid sharing losses at the maximum level.

For 2023 performance year, ACOs can report via the CMS Web Interface that requires them to submit data on a sample of Medicare patients for each quality measure.

Your ACO has contracted with Health Endeavors to collect quality data and send to CMS.

2023 Quality Reporting for ACOs

CMS Web Interface (GPRO)

- 10 CMS Web Interface quality measures
- 1 CAHPS for MIPS Survey
- 2 Claims-based measures
- Random Sample (Medicare only)

MIPS CQM/eCQM

- 3 eCQM/MIPS CQM quality measures
- 1 CAHPS for MIPS Survey
- 2 Claims-based measures
- 70% of all eligible patients (Medicare and non-Medicare)

What is the time period to report quality data?

Description	Time Period
Patient ranking files to be available for download from CMS Web Interface.	December 21st, 2023
Patient list populated in Health Endeavors CMS WI Random Sample 2023 interface.	48 hours upon receiving the sample
ACO 2023 quality reporting period.	January 2nd, 2024 – April 1st, 2024
Last date to safely manually key 2023 quality data.	March 24th, 2024

2023 CMS Web Interface Quality Measures

10 measures required to actively report.

Quality measures set same as in 2022 performance year.

There are substantive annual changes to the 2023 measure specifications.

The coding documents were updated with annual coding changes.

10 CMS Web Interface Quality Measures

1. **ACO-13 (CARE-2)** Falls: Screening for Future Fall Risk
2. **ACO-27 (DM-2)** Diabetes: Hemoglobin A1c Poor Control
3. **ACO-28 (HTN-2)** Controlling High Blood Pressure
4. **ACO-40 (MH–1)** Depression Remission at 12 Months
5. **ACO-20 (PREV-5)** Breast Cancer Screening
6. **ACO-19 (PREV-6)** Colorectal Cancer Screening
7. **ACO-14 (PREV-7)** Influenza Immunization
8. **ACO-17 (PREV-10)** Tobacco Use: Screening and Cessation Intervention
9. **ACO-18 (PREV-12)** Screening for Depression and Follow-up Plan
10. **ACO- 42 (PREV-13)** Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.

2023 CMS Web Interface Quality Measures Changes

- **(CARE-2) Falls: Screening for Future Fall Risk**

Initial population updated to patients aged 65 and older at the start of the measurement period with a visit during the measurement period.

- **(DM-2) Diabetes: Hemoglobin A1c Poor Control**

Removed: "Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of the measure; patients with a diagnosis of secondary diabetes due to another condition should not be included."

Denominator Exclusion: To assess the age for exclusions, the patient's age on the date of the encounter should be used . In previous years, the guidance was - to assess the age for exclusions, the patients' age at the end of the measurement period should be used.

2023 CMS Web Interface Quality Measures Changes

- **(HTN-2) Controlling High Blood Pressure**

Denominator Exclusion: To assess the age for exclusions, the patient's age on the date of the encounter should be used. In previous years, the guidance was - to assess the age for exclusions, the patients' age at the end of the measurement period should be used.

2023 CMS Web Interface Quality Measures Changes

- **ACO-40 (MH–1) Depression Remission at 12 Months**

Denominator Exclusion: Updated to specify time frame for each exclusion reason.

Updated Denominator Exclusion Verbiage: - active diagnosis of bipolar disorder, personality disorder (select types; cyclothymic, borderline, histrionic and factitious), schizophrenia, psychotic disorder or pervasive developmental disorder, or personality disorder emotionally labile any time prior to the end of the measure assessment period. Patients who were a permanent nursing home resident any time during the denominator identification period or the measure assessment period.

2023 CMS Web Interface Quality Measures Changes

- **ACO-20 (PREV-5) Breast Cancer Screening**

Updated logic for determining patient's age for denominator inclusion: To asses the age for denominator inclusion, the patient's age on the date of the encounter should be used.

Updated logic for determining patient's age for denominator exclusions (long term care and frailty): To asses the age for exclusions, the patient's age on the date of the encounter should be used.

- **ACO-19 (PREV-6) Colorectal Cancer Screening**

Initial population: Updated to patients *45-75* years for age who had an appropriate screening for colorectal cancer. In previous years, the measure was applicable to patients 50-*75* years of age.

Denominator Exclusion: To assess the age for exclusions, the patient's age on the date of the encounter should be used. In previous years, the guidance was - to assess the age for exclusions, the patients' age at the end of the measurement period should be used.

2023 CMS Web Interface Quality Measures Changes

- **ACO-14 (PREV-7) Influenza Immunization**

This measure has been updated to allow reporting receipt of influenza immunization for the two flu seasons (Flu Season 2022-2023 and Flu Season 2023-2024) that fall within the performance reporting period.

For the purposes of the program, in order to submit on the flu season 2022-2023, the patient must have a qualifying encounter between January 1 and March 31, 2023. In order to submit on the flu season 2023-2024, the patient must have a qualifying encounter between October 1 and December 31, 2023.

2023 CMS Web Interface Quality Measures Changes

- **ACO-17 (PREV-10) Tobacco Use: Screening and Cessation Intervention**

Updated measure description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.

Medical Exclusions Removed: Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)

2023 CMS Web Interface Quality Measures Changes

- **ACO-18 (PREV-12) Screening for Depression and Follow-up Plan**

Updated measure description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

2023 CMS Web Interface Quality Measures Changes

- **ACO- 42 (PREV-13) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.**

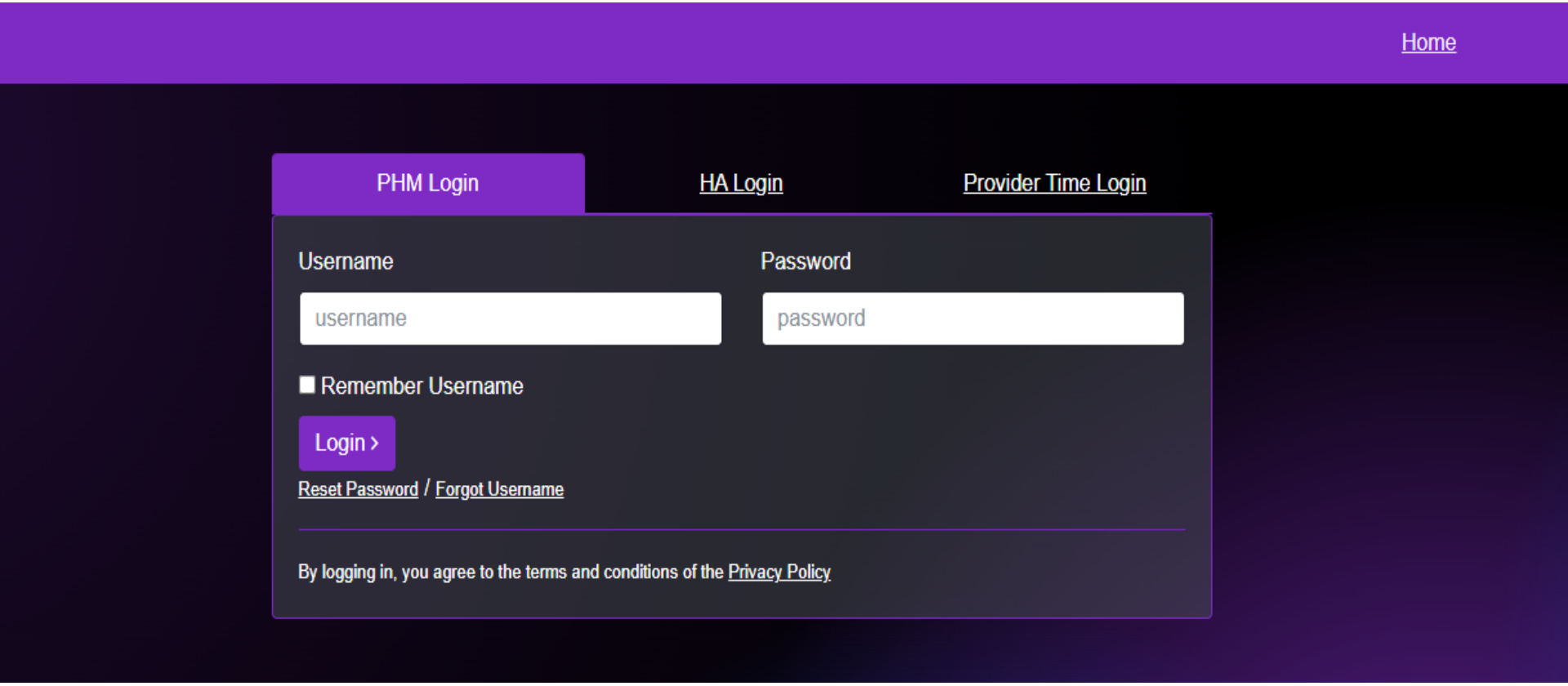
Risk Category changes:

Risk Category 1 has been updated to "Patient was previously diagnosed with or currently have ~~an active~~ diagnosis of clinical ASCVD, including an ASCVD procedure, before the end of the measurement period."

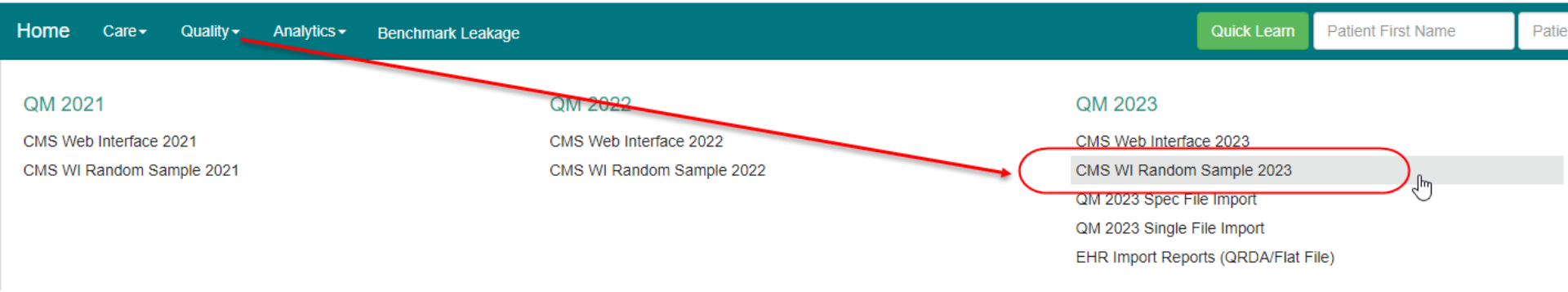
Medical Exclusion response has been updated to: “Medical Exclusions: Patients who are breastfeeding or who are diagnosed with rhabdomyolysis.” Patients who are pregnant has been removed as an exclusion.

Medical Exceptions has added: "Documentation of a medical reason for not being prescribed statin therapy"

How do I report ACO Quality Measures?



Access CMS WI Random Sample 2023 – Health Endeavors



Difference between CMS WI Random Sample 2023 and CMS Web Interface 2023

Home | Care | Quality | Analytics | Benchmark Leakage | Quick Learn | Patient First Name | Patie

QM 2021

CMS Web Interface 2021

CMS WI Random Sample 2021

QM 2022

CMS Web Interface 2022

CMS WI Random Sample 2022

QM 2023

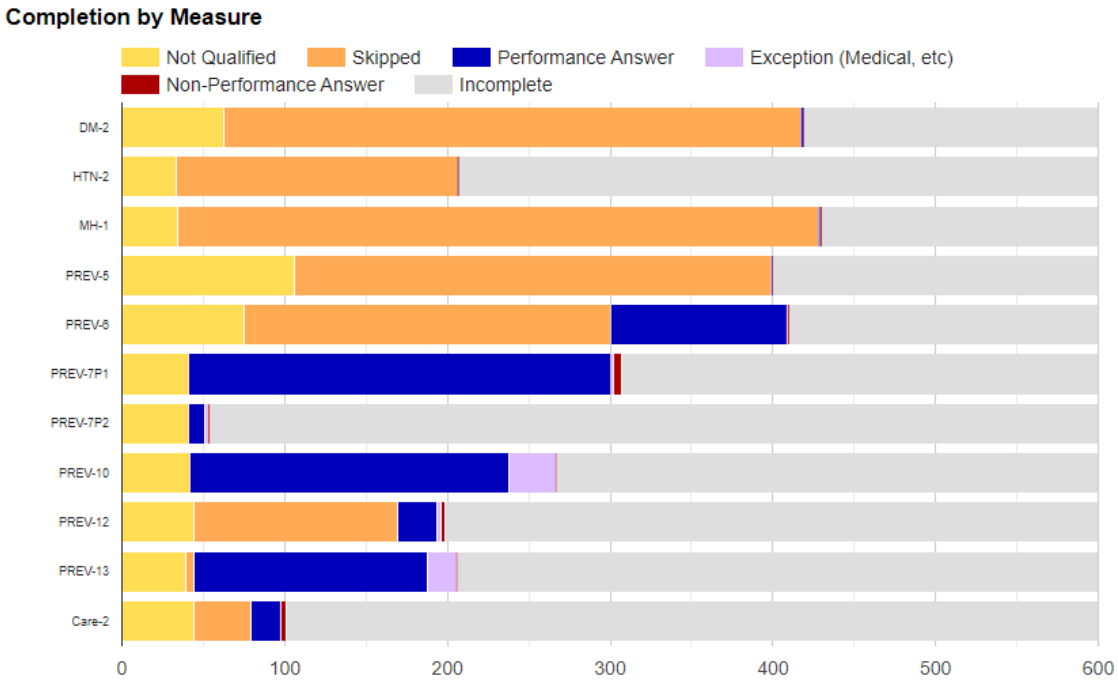
CMS Web Interface 2023

CMS WI Random Sample 2023

QM 2023 Spec File Import

QM 2023 Single File Import

EHR Import Reports (QRDA/Flat File)



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Reminder - Reporting Timeline

Description	Time Period
Patient ranking files to be available for download from CMS Web Interface.	December 21st, 2023
Patient list populated in Health Endeavors CMS WI Random Sample 2023 interface.	48 hours upon receiving the sample.
The CMS Web Interface **opens** for quality reporting (data entry and submission).	January 2rd, 2024

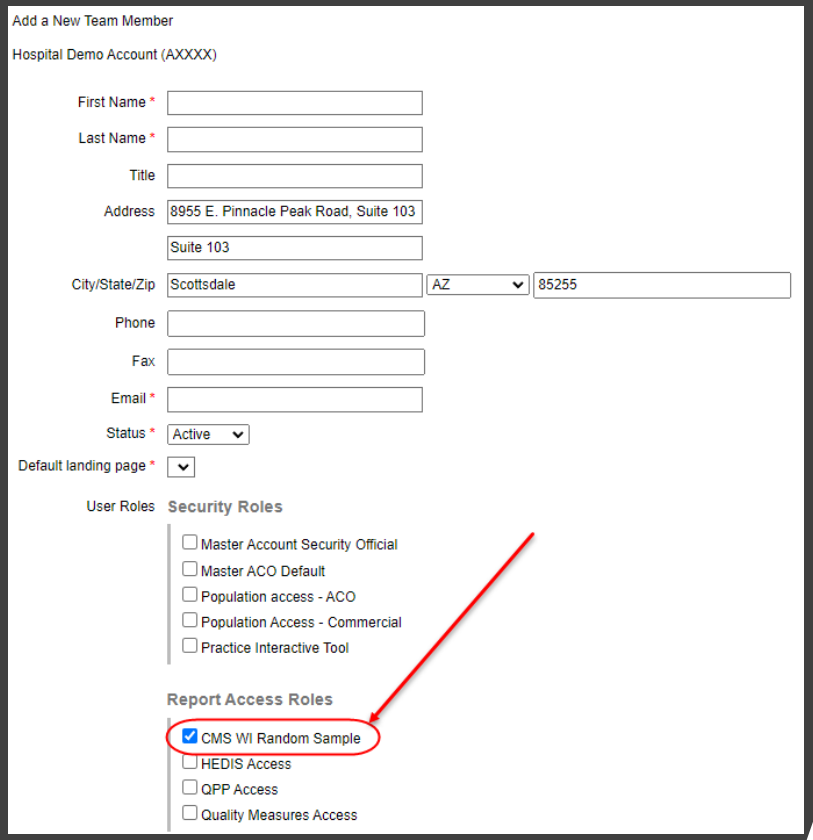
Reminder - Reporting Timeline

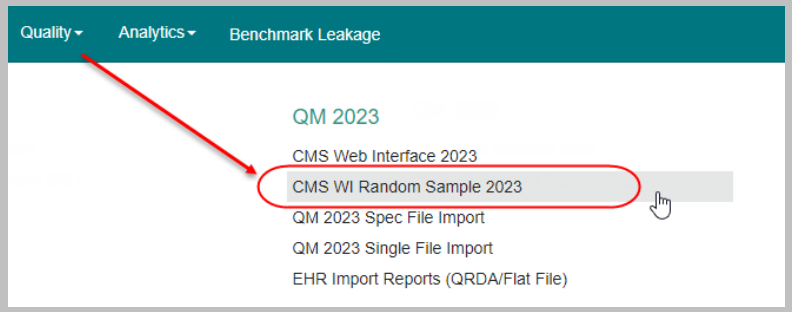
Description	Time Period
Health Endeavors uploads data via API to CMS Web Interface on weekday daily basis.	January 9th, 2024
Health Endeavors to stop taking 2023 EHR Imports (automation and Submit a Request files).	February 19h, 2024
Health Endeavors stop processing CCLFs for patients included in CMS WI Random Sample.	CMS WI Random Sample 2023 patients won't be updated with answers from claims data after the January CCLFs import.
Health Endeavors' Single and Spec File Mass Imports.	Last date to submit is March 24th, 2024
Health Endeavors Manual Key.	Last date to submit is March 24th, 2024
The CMS Web Interface **closes** for 2023 quality reporting (data entry and submission).	March 24th, 2024

Tips & Pitfalls

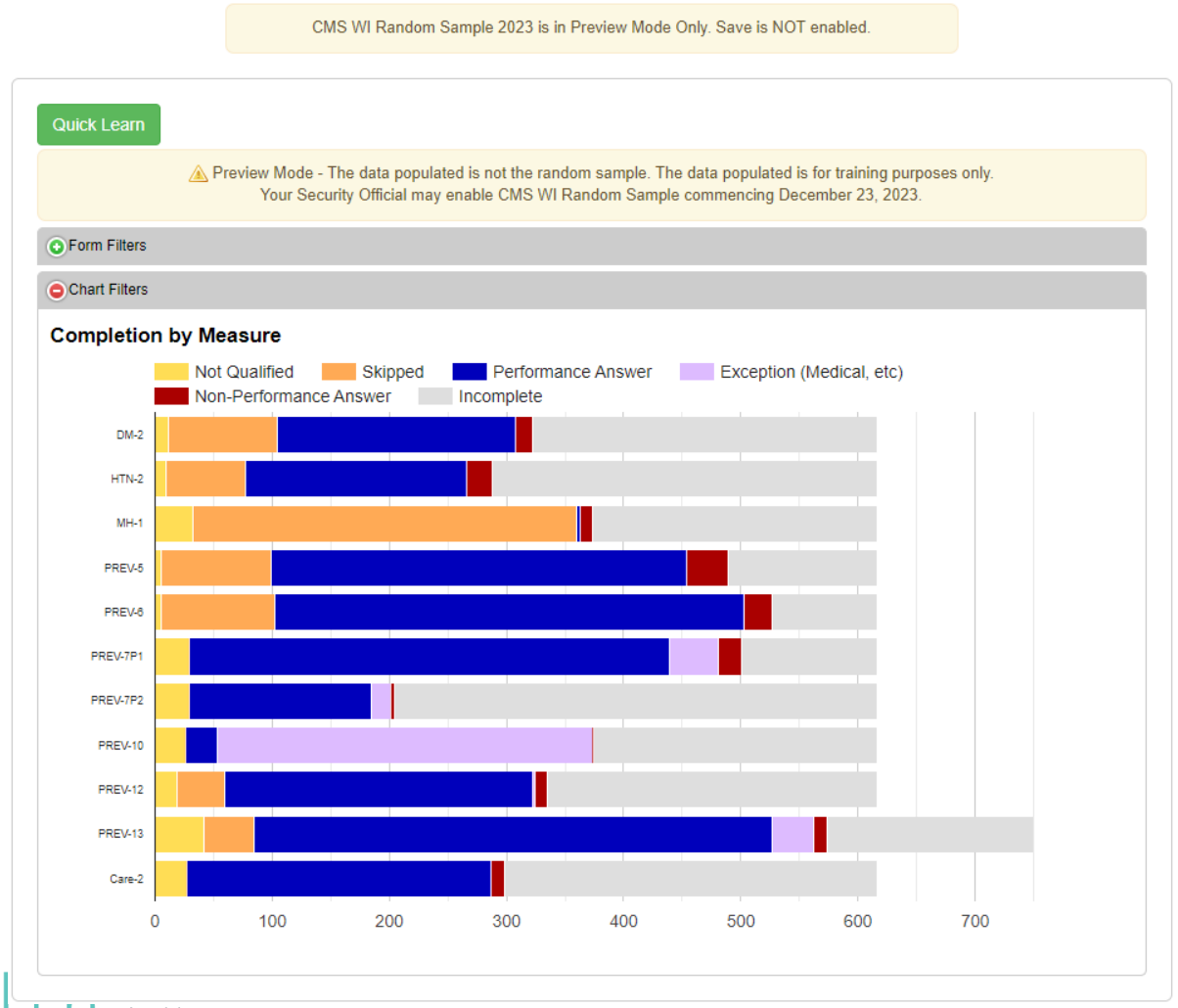
- Have a Plan of Action for excessive measure Skips; e.g. not able to confirm diabetes.
- Do not get stuck on 1 record. In the first 14 days complete as many records as possible.
- You can always return to a record.
- Do not spend a lot of time on requested dates in the questions if not legible as CMS allows you to default to **December 31, 2023**.
- Do not overwrite data unless you are certain of the data is correct and more recent than the data entered.
- Be done in 8 weeks (NOT 12 weeks)

Access CMS WI Random Sample 2023 – Health Endeavors





How do I use the Health Endeavors CMS WI Random Sample 2023 Tool?



Sample Size and Ranks

- Random Sample Rank file announced to be delivered by CMS on December 21st, 2023.
- Patients ranked 1 to 616 in each Module (except for PREV-13, Statin Therapy , that will have a sample of 750 beneficiaries).
  - May have less than 616 if not enough patients to fill the module.
- **ACO required to complete 1 to 248 consecutively**. For each patient that is skipped, the organization must completely report on the next consecutively ranked patient until the target sample of 248 is reached or until the sample has been exhausted.
- 249 to 616 the oversample (Patient or Module Skips).

RED Number = Ranked and Complete module with non-performance answer

GREEN Number = Ranked and Complete module with performance answer

BLUE Number = Ranked and Complete module with denominator exception answer (not scored)

ORANGE Number = Ranked Patient and skipped (e.g. N/A chosen). Only Module is Skipped, not the entire patient.

⚠ = Patient has claims data

WHITE Number = Ranked and Incomplete module

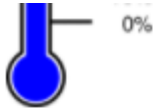
DM2	HTN	MH	PV5	PV6	PREV-7P1	PREV-7P2	PV10	PV12	PV13	CR2
	326				523 ⚠	523	568 ⚠	435 ⚠	244 ⚠	541
291			349 ⚠							
			288 ⚠							
									498 ⚠	
		317								
					309	309	338	260		323
									295	
		498								
									525 ⚠	

Mandatory Patient Defaults & Data Imports

- "N/A" if outside age range, gender.
- Carryover prior year responses; e.g. Breast Cancer Screening.
- Deceased and Hospice mark patient as N/A.
- EHR and Claims data has been imported – See label.

Medical Record Status

= No Questions Answered for ANY Questions/Modules
= All Questions Answered for ALL Questions/Modules
= Some Questions Answered but not All answered for Questions/Modules Yellow Flag - Patient
= Skipped (Medical Record not found or Patient not qualified selected)



The quality score becomes available when all measures have been completed.

MRN: 271

Rankings: **DM** = 100, **HTN** = 134, **PREV5** = 41, **PREV6** = 10,

Patient Medical Record Status?
- ○ Medical Record Found
- ○ Medical Record Not Found
- ◉ Not Qualified for Sample

For what reason was the patient NOT qualified for the sample?
- ○ In Hospice
- ○ Moved out of Country
- ○ Deceased
- ○ HMO Enrollment

Date Patient was NOT Qualified:

Scoring: Quality Score: 100.00%

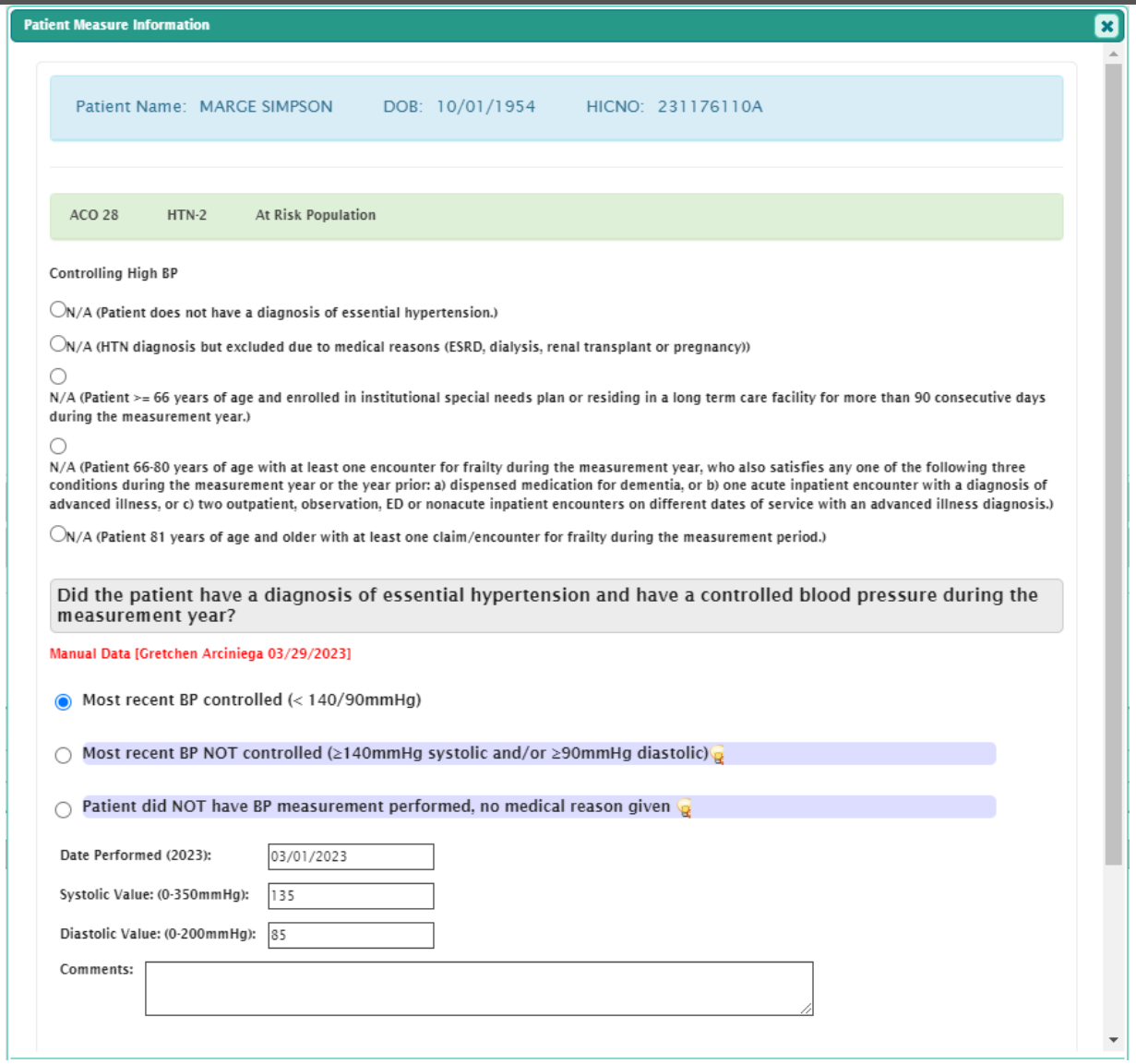
Progress: 4 of 4 Measures Completed

Sort Ranks for a Measure Lowest to Highest

Example: Hypertension

DM2	HTN	MH	PV5	PV6	PREV-7P1	PREV-7P2	PV10	PV12	PV13	CR2
	1	1	1	1	1	1	1			
	2				2	2	2	1		1
	3			2	5	5	5	4	3	4
1	4		2	3	6	6	6	5	4	5
	5		4	5	8	8	8	6		7
	6				9	9	9	7		8
	7		5	6	10	10	10	8		9
	8				13	13	13	11		12
	9				14	14	14	12		13
	10			7	15	15	15	13		14
2	11			8	16	16	16	14	7	15
	12				17	17	17	15		16

Click on Grid



Patient Measure Information

ACO 20 PREV-5 Preventative Health

Breast Cancer Screening

- ○ N/A (Patient is male.)
- ○ N/A (Patient >= 66 years of age and enrolled in institutional special needs plan or residing in a long term care facility for more than 90 consecutive days during the measurement year.)
- ○ N/A (Patient >= 66 years of age with at least one encounter for frailty during the measurement year, who also satisfies any one of the following three conditions during the measurement year or the year prior: a) dispensed medication for dementia, or b) one acute inpatient encounter with a diagnosis of advanced illness, or c) two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis.)
- ○ N/A (Mammogram not performed due to medical reason (e.g. bilateral mastectomy))

Did the patient have a mammography screening performed during the measurement period or the 15 months prior to the measurement period?

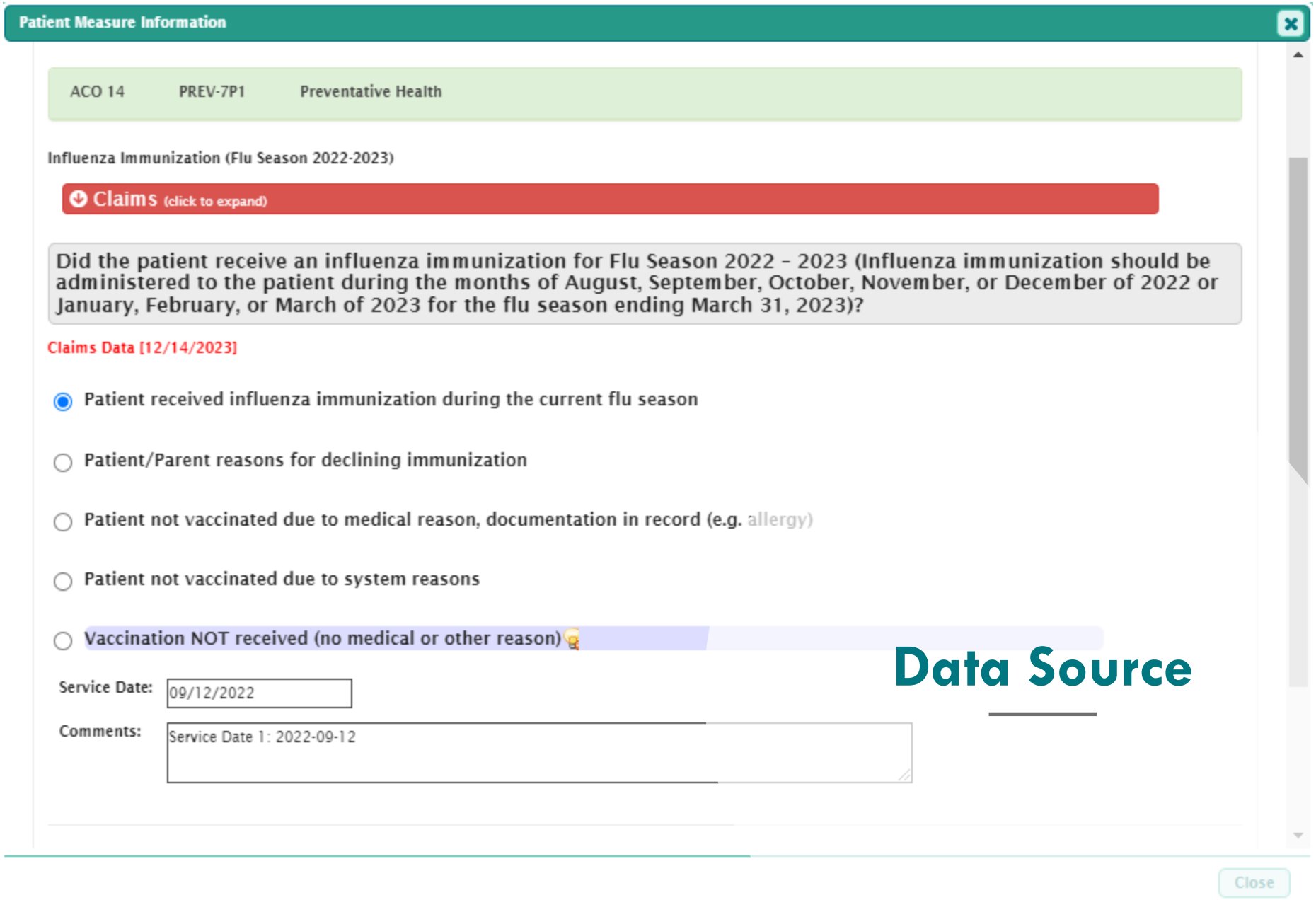
Manual Data [Jovana Muzurovic 12/19/2023]

- ○ Mammogram performed during the measurement period or the 15 months prior to the measurement period
- ◉ Mammogram NOT performed during the measurement period or the 15 months prior to the measurement period, no medical reason documented

Service Date:

Comments:

Close


Patient Measure Information
ACO 14 PREV-7P1 Preventative Health
Influenza Immunization (Flu Season 2022-2023)
Claims (click to expand)
Did the patient receive an influenza immunization for Flu Season 2022 - 2023 (Influenza immunization should be administered to the patient during the months of August, September, October, November, or December of 2022 or January, February, or March of 2023 for the flu season ending March 31, 2023)?
Claims Data [12/14/2023]
Patient received influenza immunization during the current flu season
Patient/Parent reasons for declining immunization
Patient not vaccinated due to medical reason, documentation in record (e.g. allergy)
Patient not vaccinated due to system reasons
Vaccination NOT received (no medical or other reason)
Service Date: 09/12/2022
Comments: Service Date 1: 2022-09-12
Close

Data Source

Claims Data Expansion

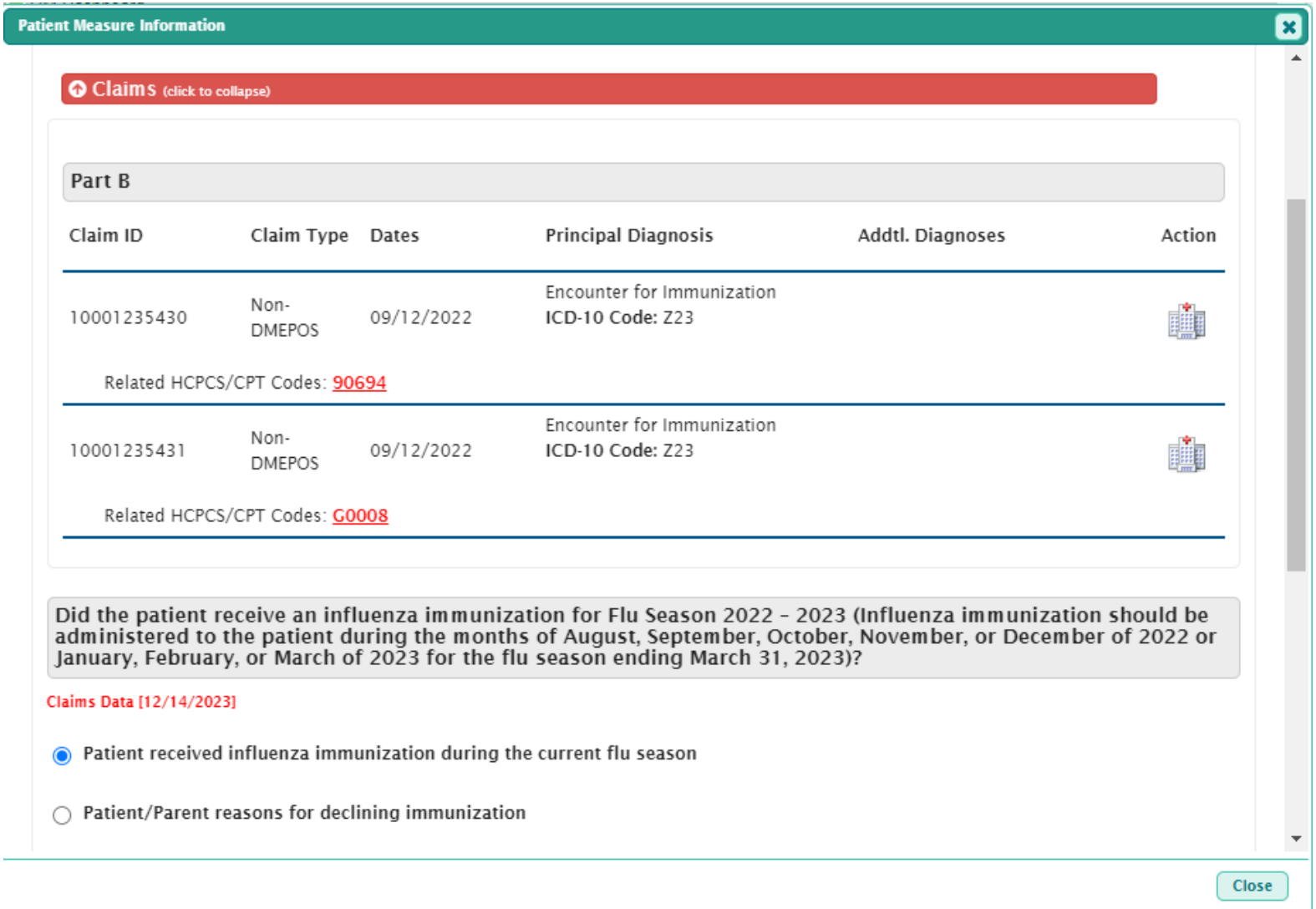
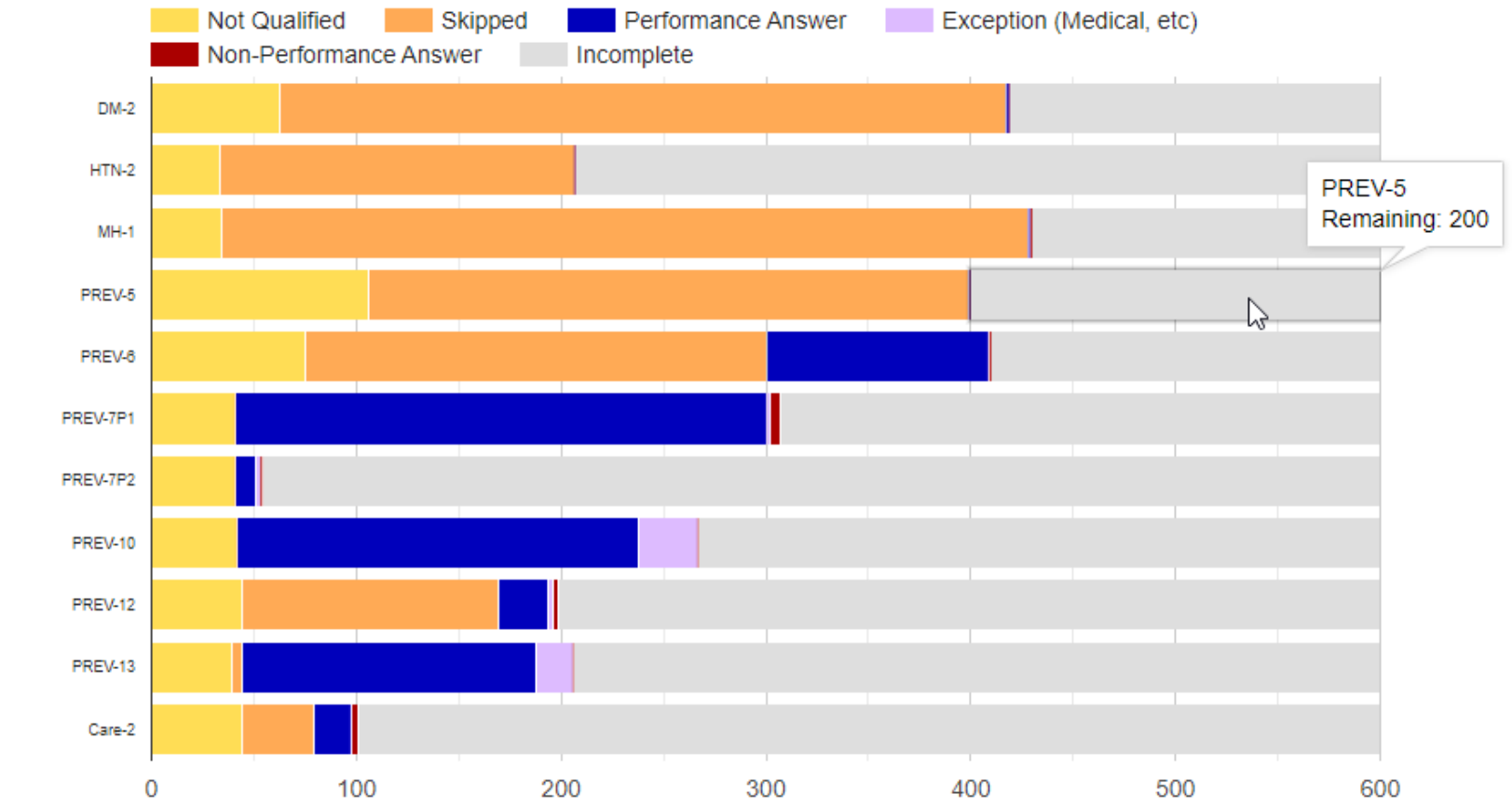
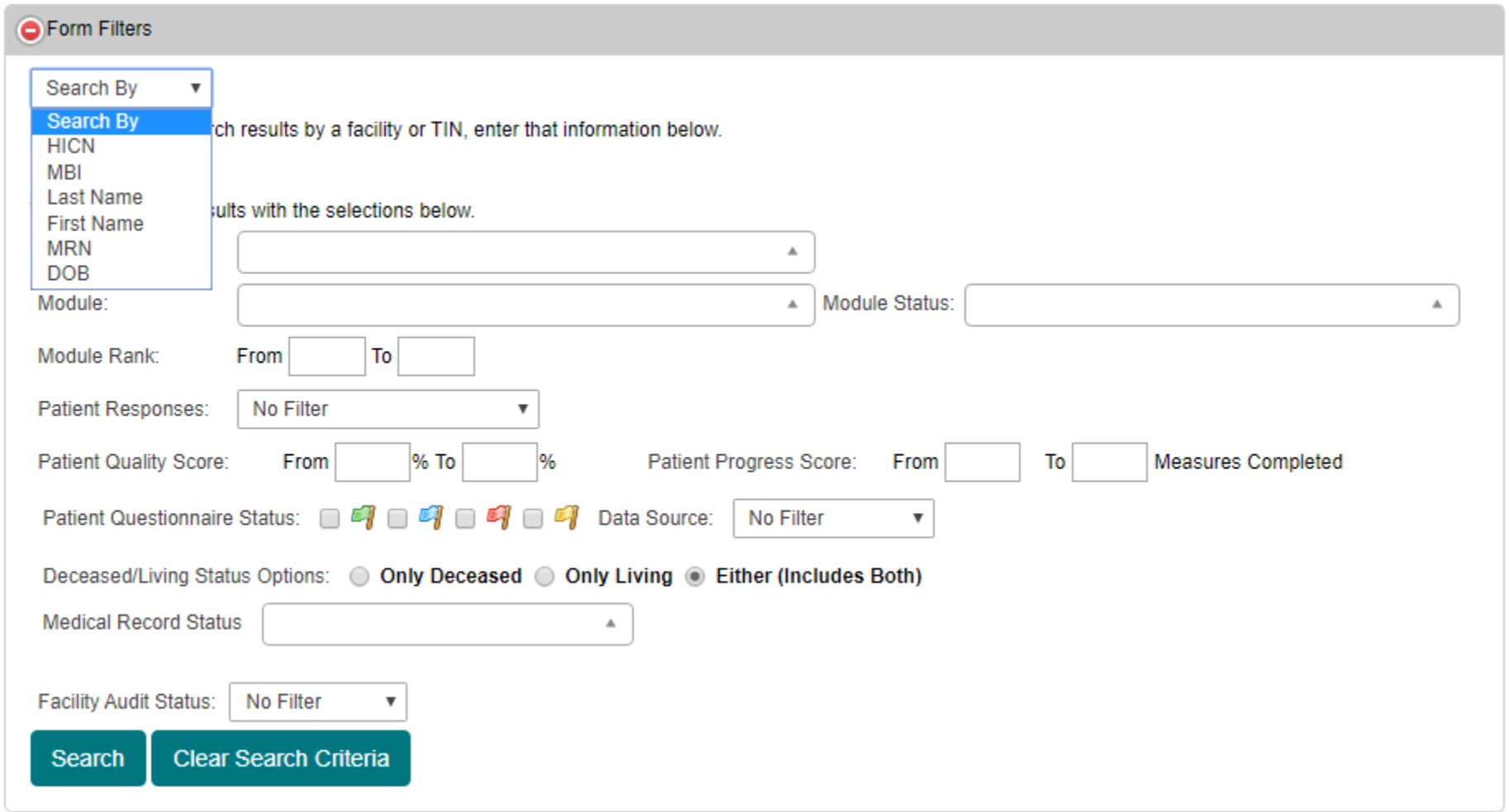


Chart Filters

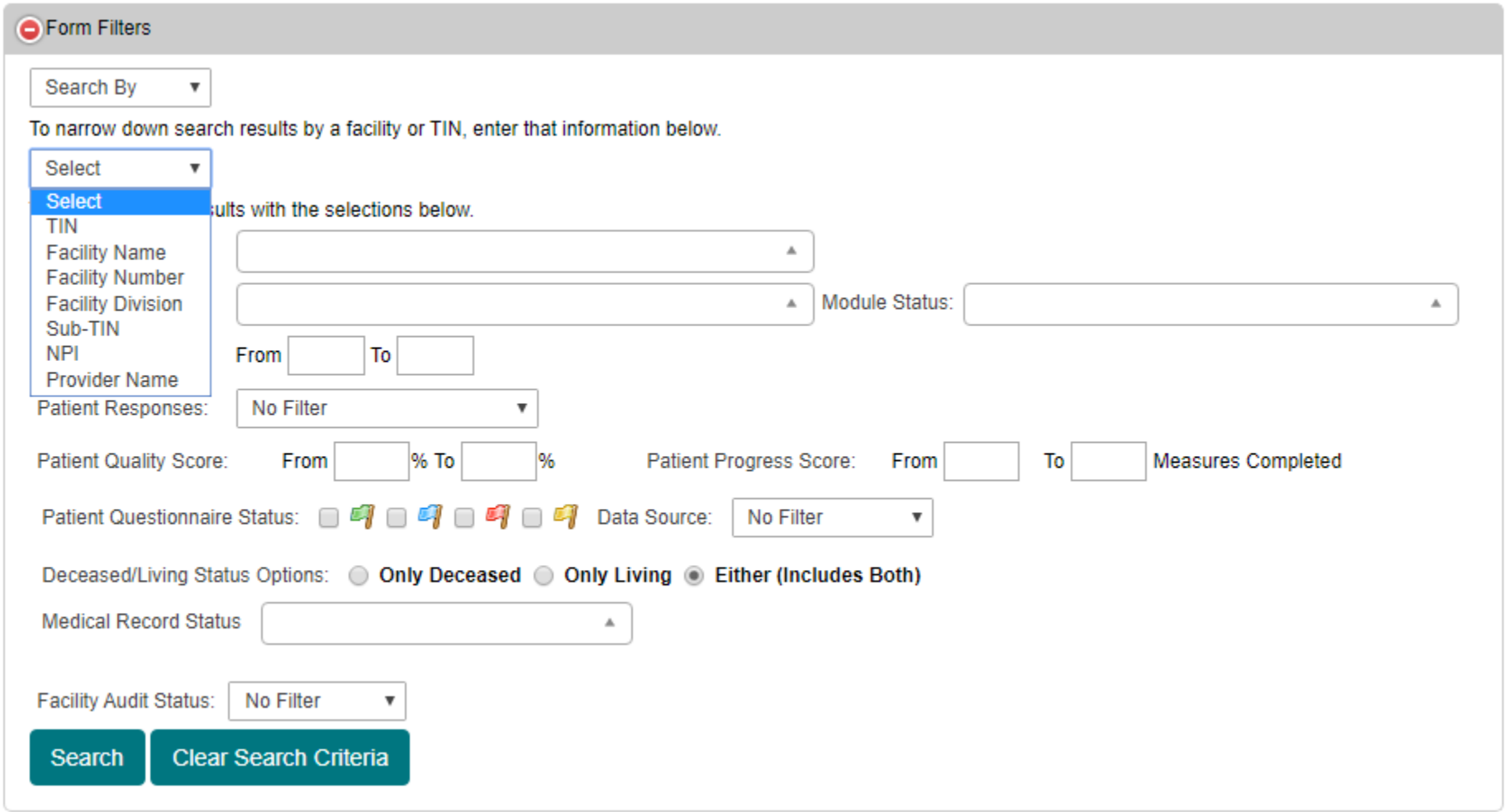
Completion by Measure



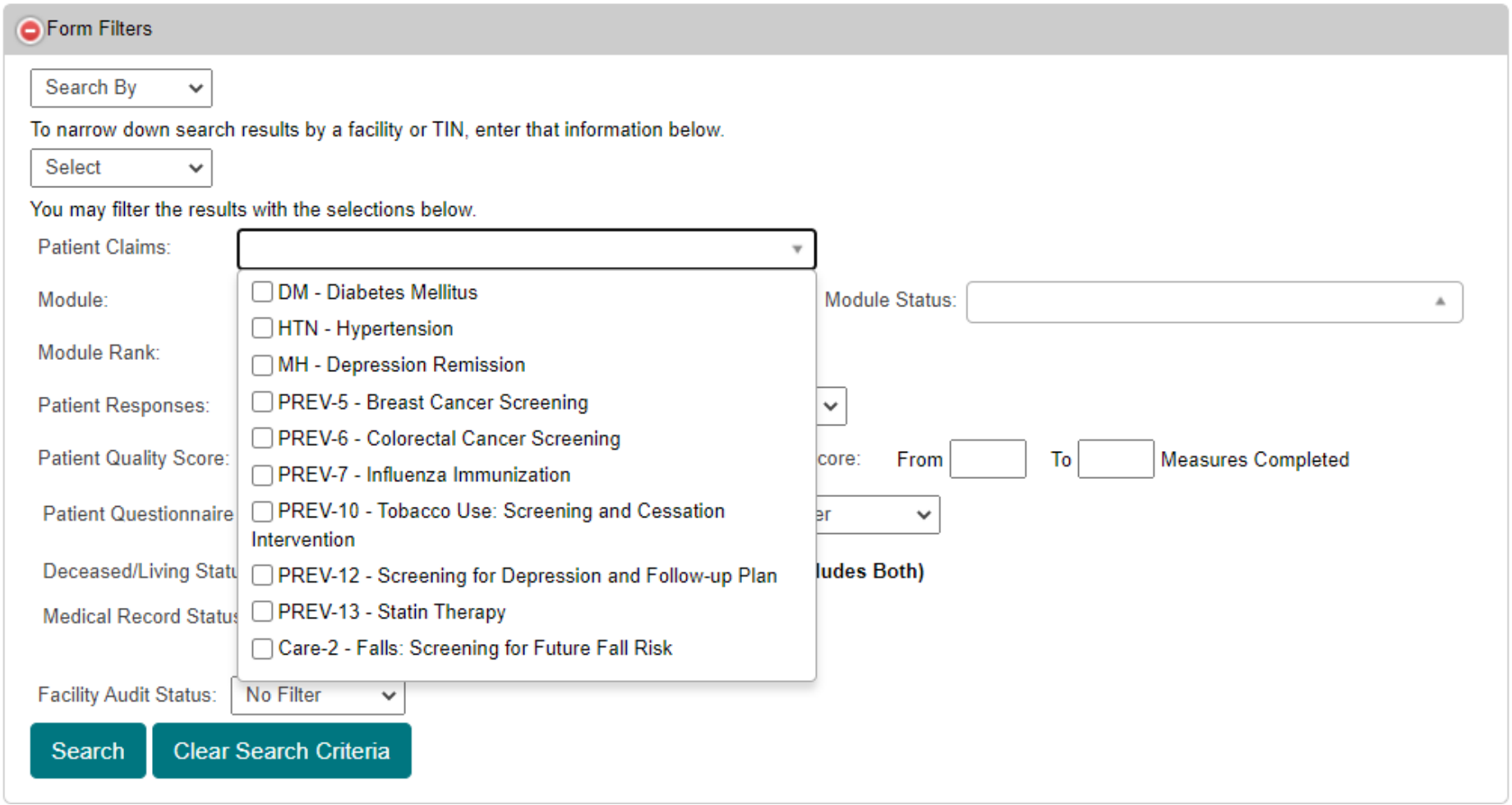
CMS WI Random Sample 2023 Filters



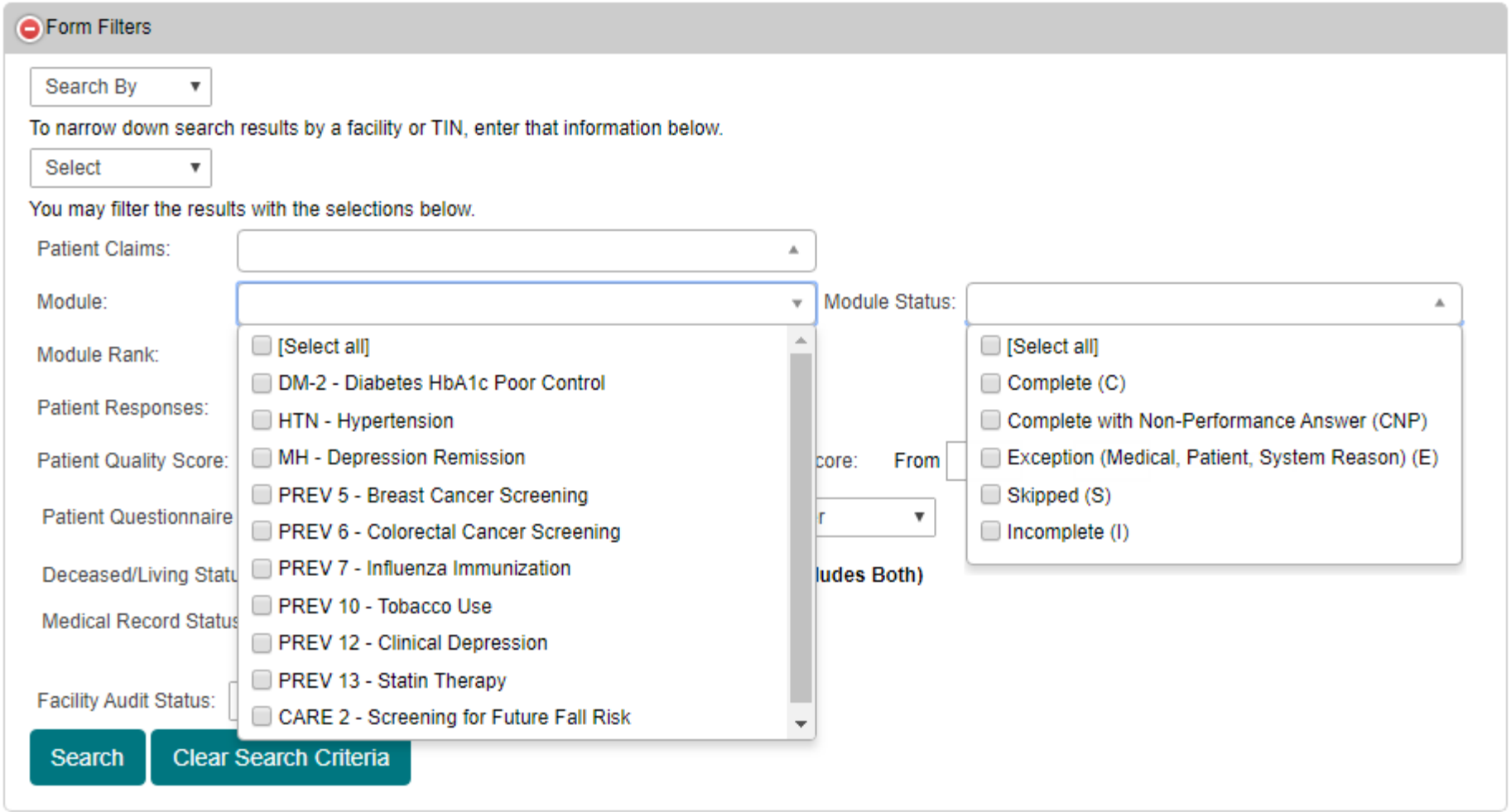
CMS WI Random Sample 2023 Filters



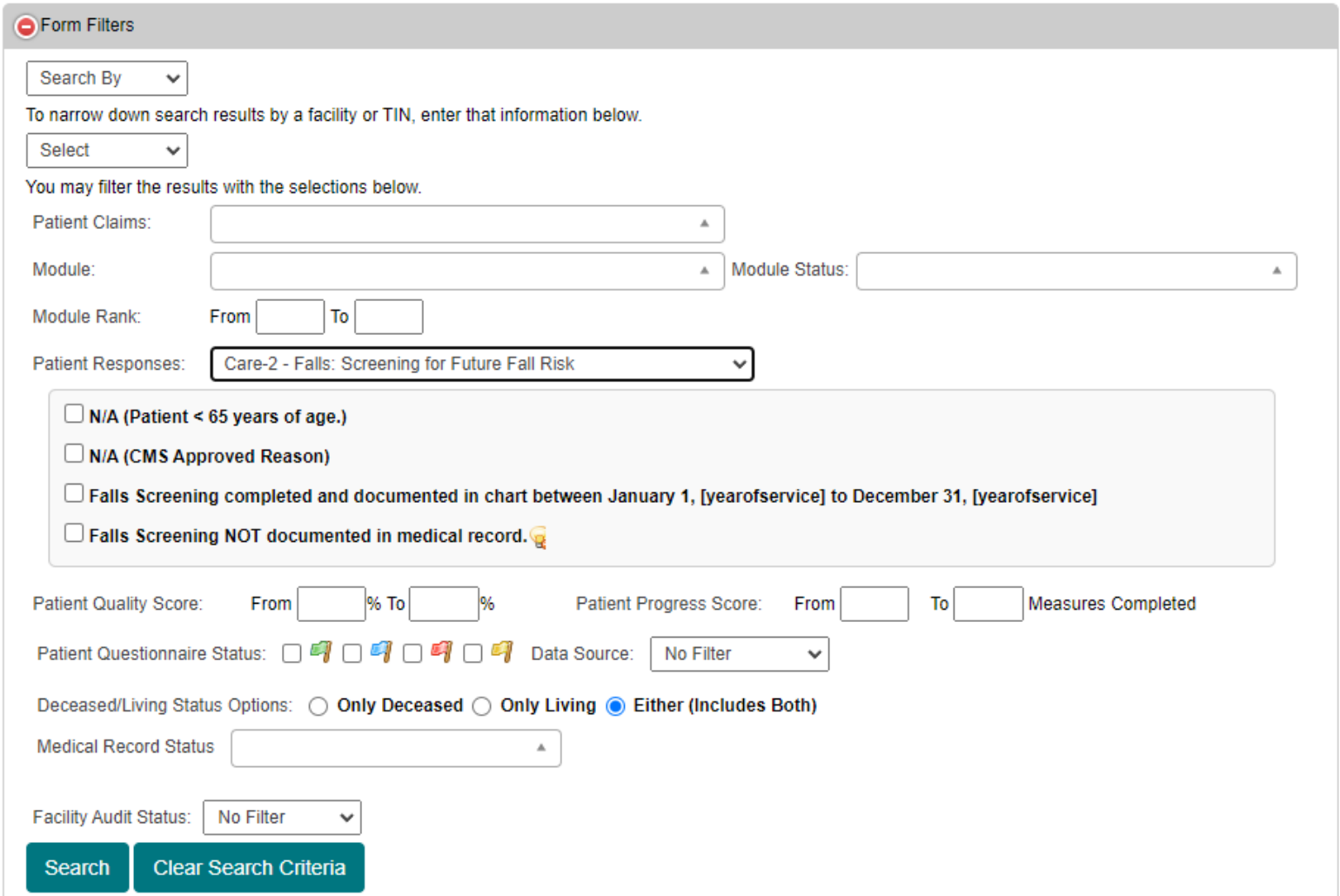
CMS WI Random Sample 2023 Filters



CMS WI Random Sample 2023 Filters

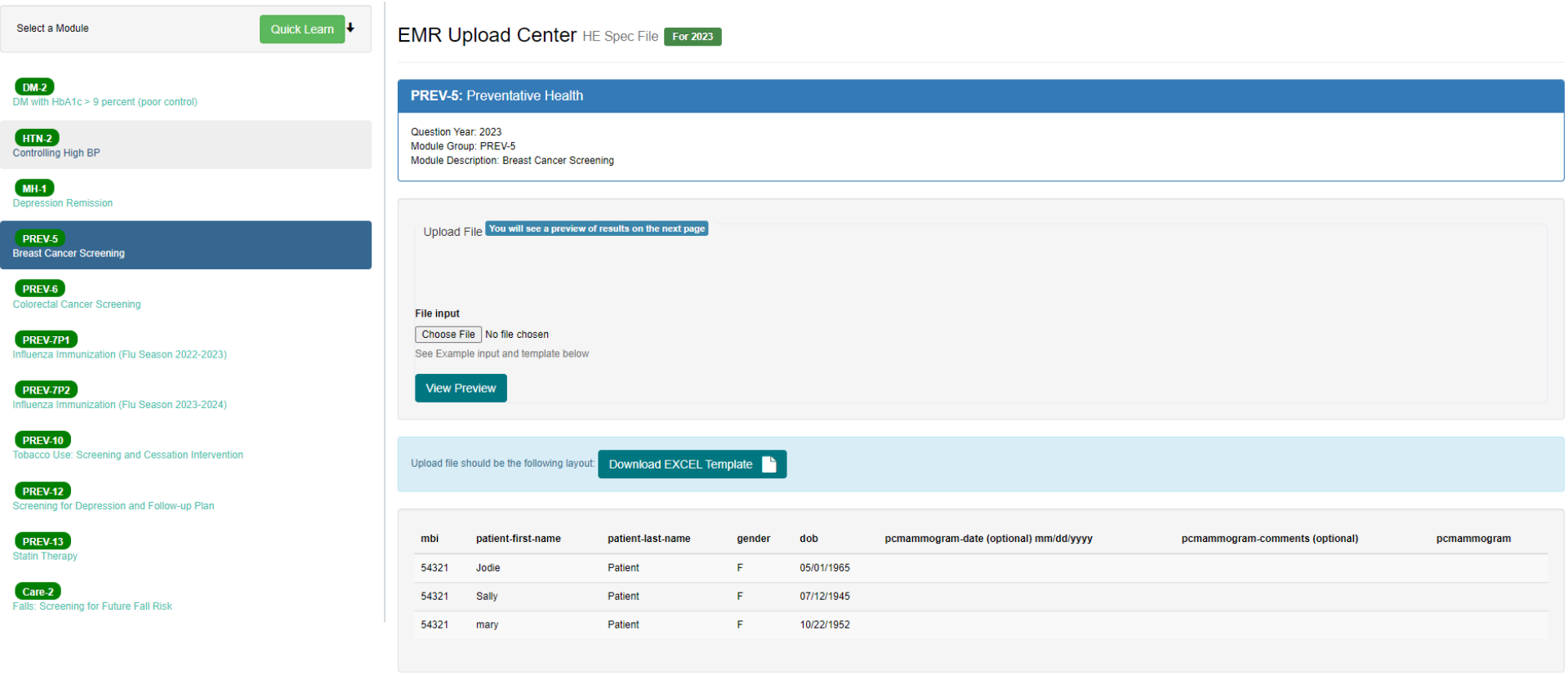


CMS WI Random Sample 2023 Filters



How to mass import EHR data directly into the tool?

Setup a 1-1 meeting with Health Endeavors to be trained on the process.

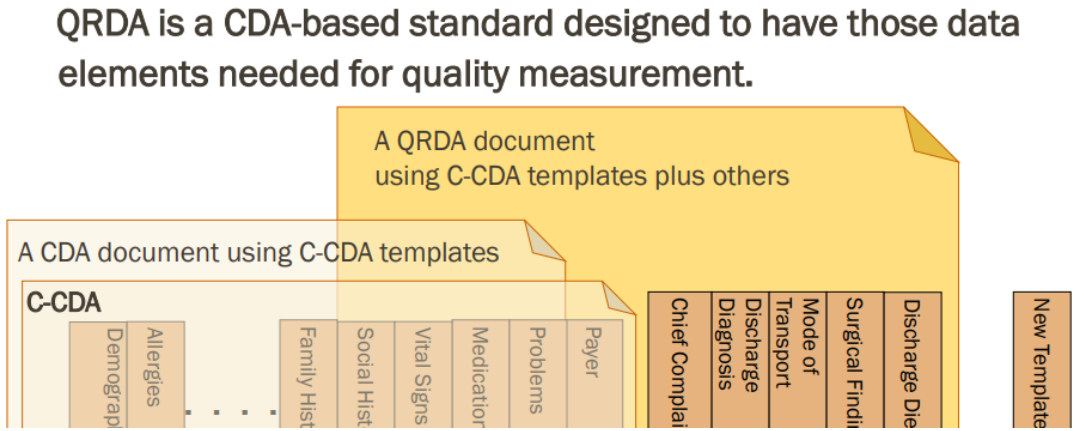


QRDA Category I Files

QRDA is a Clinical Document Architecture (CDA)-based standard for reporting patient quality data for one or more quality measures

- **QRDA Category I (Single Patient Report)** Individual patient-level report that contains data defined in the measure.
- **QRDA Category III (Calculated Report)** Aggregate quality report with a result for a given population and period of time.

Health Endeavors only accepts QRDA Category I files.



Single File Import Tool

- Only positive questionnaire responses can be uploaded with the tool.
- Select the module and related question you would like to complete.
- Upload the properly formatted file that contains the patient MBI or Patient First Name, Last Name and DOB.
- You will be provided a preview of actions to be taken prior to any updates being committed.
- The process is limited to 1000 records per upload.

Single File Import Tool

- Select the module and related question you would like to complete.
- Upload the properly formatted file that contains the patient MBI or Patient First Name, Last Name and DOB
- You will be provided a preview of actions to be taken prior to any updates being committed

The process is limited to 1000 records per upload

Upload file should be the following layout: EXCEL Template for Uploads

MBI	firstName	lastName	DOB	Comments
54321	Joe	Patient	05/01/1965	
54321	Sally	Patient	07/12/1945	
54321	Mary	Patient	10/22/1952	

Module:

Please Select A Module

Response:

Please Select A Response

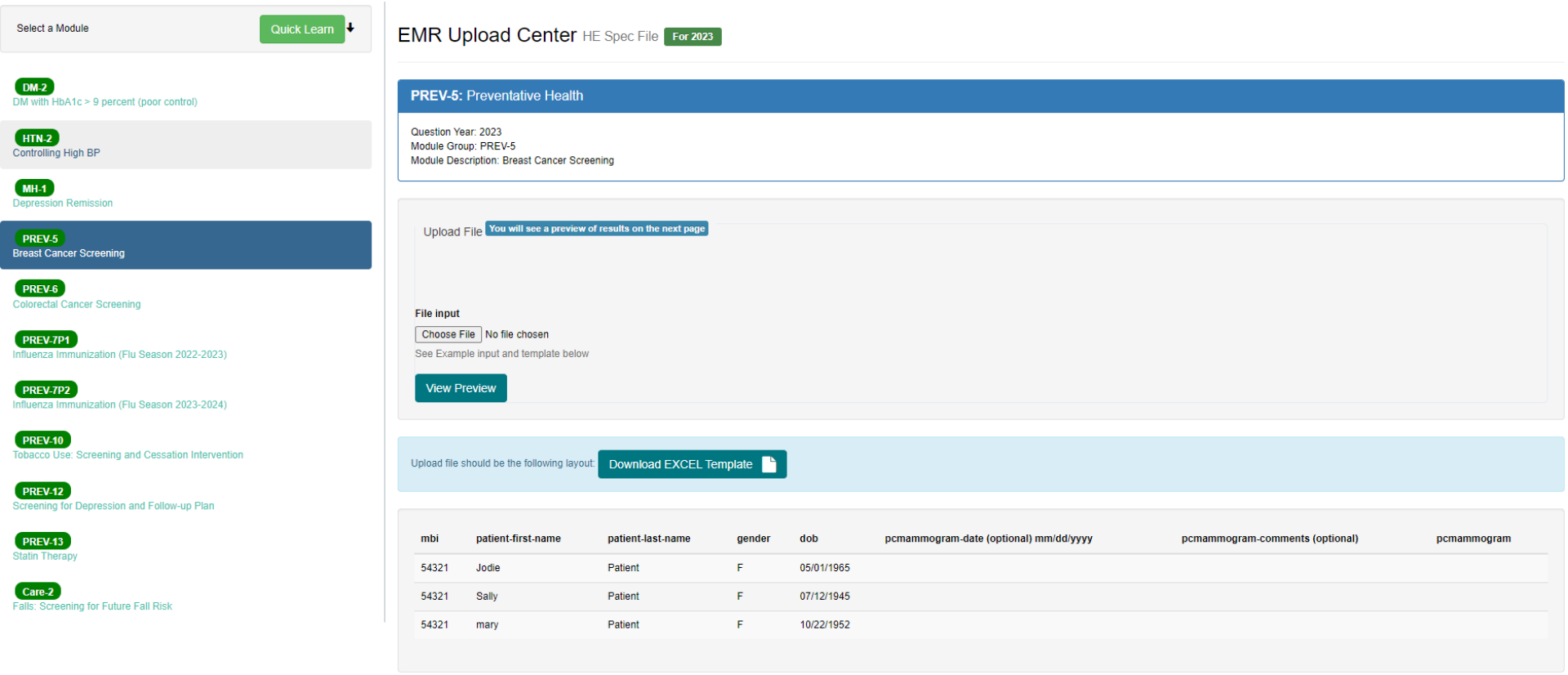
Choose File No file chosen

Submit

Spec File Import Tool

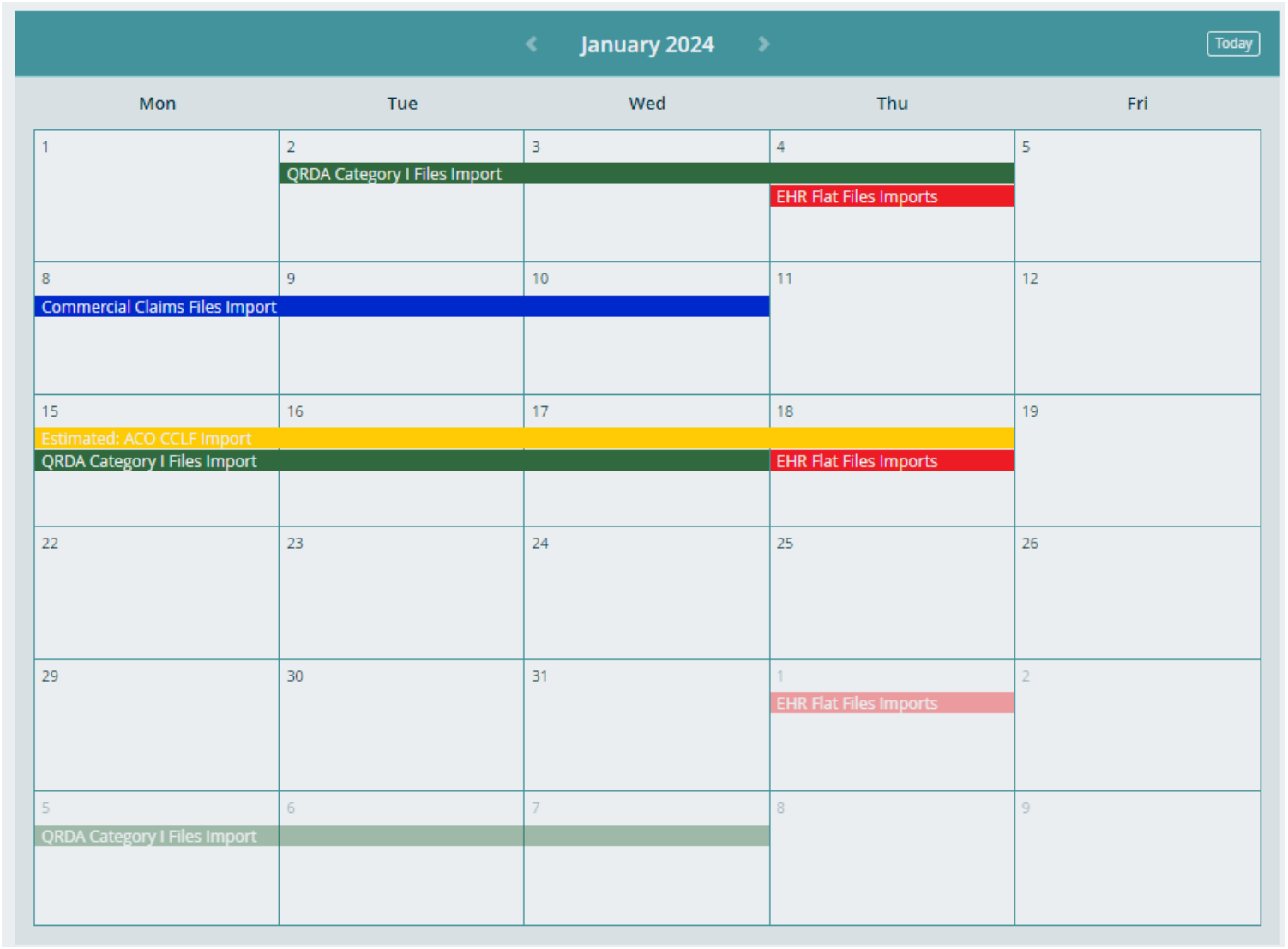
- All questionnaire responses can be imported using the tool.
- Select the module from the sidebar.
- Upload the properly formatted file that contains the patient MBI or Patient First Name, Last Name and DOB.
- Each measure contains a template to be used for the data.
- An answer legend will be provided for each measure to detail the responses.
- You will be provided a preview of actions to be taken prior to any updates being committed.
- The process is limited to 1000 records per upload.

Spec File Import Tool



Health Endeavors File Processing Calendar

https://www.pophealthproject.com/pop-health-projects



ACO Security Official CMS WI Random Sample Decisions

ACO administrative user (Security Official) must configure priorities for measure data sources, preferences for CMS WI Random Sample 2023 portal and final quality measures data submission to CMS.

Indicate Data Priority for each Measure	Claims (CCLF) Imports	EHR Data Custom Imports	EHR Data Single/Spec File Imports	Manual Key Data	Carryover Data from Previous Year
ACO 27 - DM with HbA1c > 9 percent (poor control)	Select **	2	3	1	[Not Available]
ACO 28 - Controlling High BP	Select *	2	3	1	[Not Available]
ACO 40 - Depression Remission	Select ***	2	3	1	[Not Available]
ACO 20 - Breast Cancer Screening	Select a I	3	2	1	Select a
ACO 19 - Colorectal Cancer Screening	3	4	2	1	Select a
ACO 14 - Influenza Immunization (Flu Season 2022-2023)	4	3	2	1	[Not Available]
ACO 17 - Tobacco Use: Screening and Cessation Intervention	4	3	2	1	[Not Available]
ACO 18 - Screening for Depression and Follow-up Plan	4	3	2	1	[Not Available]
ACO 42 - Statin Therapy	4	3	2	1	[Not Available]
ACO 13 - Falls: Screening for Future Fall Risk	4	3	2	1	[Not Available]
Default No Diagnosis? (Lowest Priority) Set answer to N/A if the patient has Monthly CCLF Claims Data with no indication of the diagnosis included in the measure. Applies only to at-risk population measures			Yes		

QM Import Chart

Configure priority levels for data sources on individual quality measures.

CMS WI Random Sample 2023 Decisions

CMS WI Random Sample Decisions

Options	Response
Launch CMS Web Interface 2023 The first available date is January 15, 2023. CMS Web Interface 2023 is locked to your 2023 HALR file and cannot be changed until the Q1 2023 QALR file is received.	03/27/2023
Date to enable CMS WI Random Sample 2023 saving This will enable saving in CMS WI Random Sample 2023 and simultaneously disable CMS Web Interface 2023 portal. December 23, 2023 is the first available date, however this date is subject to change depending on the release of CMS WI Random Sample.	12/23/2023
Do you want to unlock TIN / NPI assignment for CMS WI Random Sample 2023? Please be careful changing this selection - it will allow you to make changes to the TIN/NPI Assignment for patients included in your CMS WI Random Sample for 2023. Your initial selection will take effect on the date to enable CMS WI Random Sample 2023 saving above. It is defaulted to No, which means we will NOT unlock your TIN/NPI assignment and apply updates that you have made. The initial assignment is as of the date the random sample was populated. If you decide to change to Yes, this means you WILL unlock your TIN/NPI assignment and apply updates that you have made if you change to Yes and then No, you will move forward with the assignment at the time you made the change.	Yes
Date to finalize CMS WI Random Sample 2023 submission This will disable saving in CMS WI Random Sample 2023 portal. The last available date is March 24, 2024.	03/24/2024

What is my practice or NPI quality score?

Quality Measures Scoring Tool calculates scores at the practice/provider level.

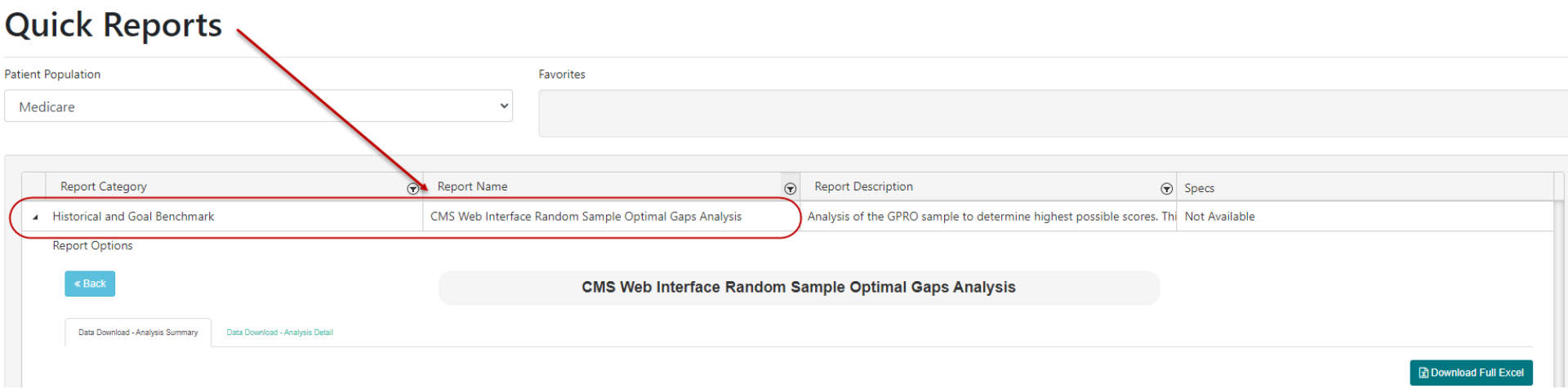
Expand All

Practice CMS 90 Percentile Benchmarks	Total # Patients	Total # Completed/ Not Qual	Care-2 90.00	DM-2 10.00	HTN 90.00	MH N/A*	PREV-5 90.00
Demo Hospital	1	0	0%	0%	0%	100%	0%
Demo Practice 1	148	19	100%	0%	100%	0%	50%
Demo Practice 12	58	12	100%	0%	0%	0%	100%
Demo Practice 3	31	4	0%	0%	0%	0%	0%
Demo Practice 5	552	7	87.5%	100%	50%	0%	0%
Demo Practice 7	55	9	0%	0%	0%	0%	0%
Demo Practice 8	49	6	100%	0%	0%	0%	0%
Total Score Points Earned	894	57	90.91% N: 30 D: 33 2	50% N: 1 D: 2 1.4	50% N: 2 D: 4 1.4	100% N: 1 D: 1 2	66.67% N: 2 D: 3 1.55

CMS Web Interface Benchmarks

Appendix: CMS Web Interface Measure Benchmarks for the 2023 Performance Year

Measure-#	Description	1st perc.	10th perc.	20th perc.	30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
Quality ID #: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control[1]	99.00	90.00	80.00	70.00	60.00	50.00	40.00	30.00	20.00	10.00
Quality ID #: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan[2]	1.00	10.00	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 236	Controlling High Blood Pressure	1.00	10.00	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 318	Falls: Screening for Future Fall Risk	1.00	10.00	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 110	Preventive Care and Screening: Influenza Immunization	1.00	10.00	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	1.00	10.00	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 113	Colorectal Cancer Screening	1.00	10.00	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 112	Breast Cancer Screening	1.00	10.00	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 438[2]	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quality ID #: 370[2]	Depression Remission at Twelve Months	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A



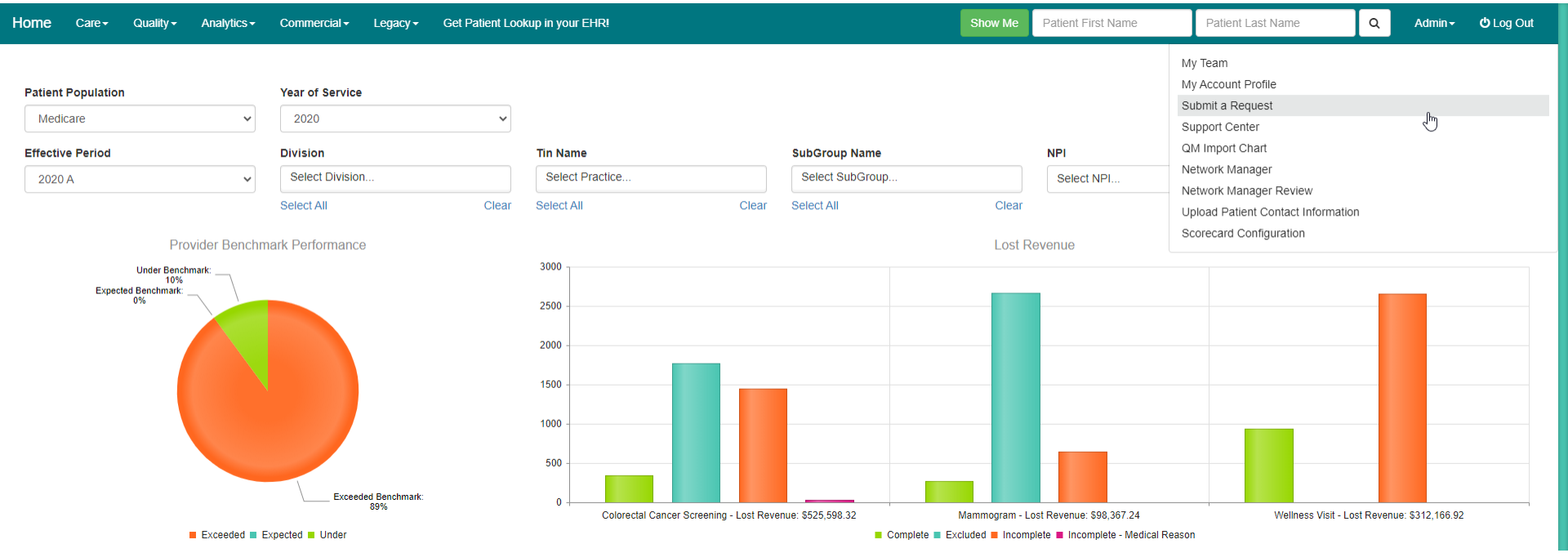
CMS WI Random Sample Optimal Gaps Analysis Report

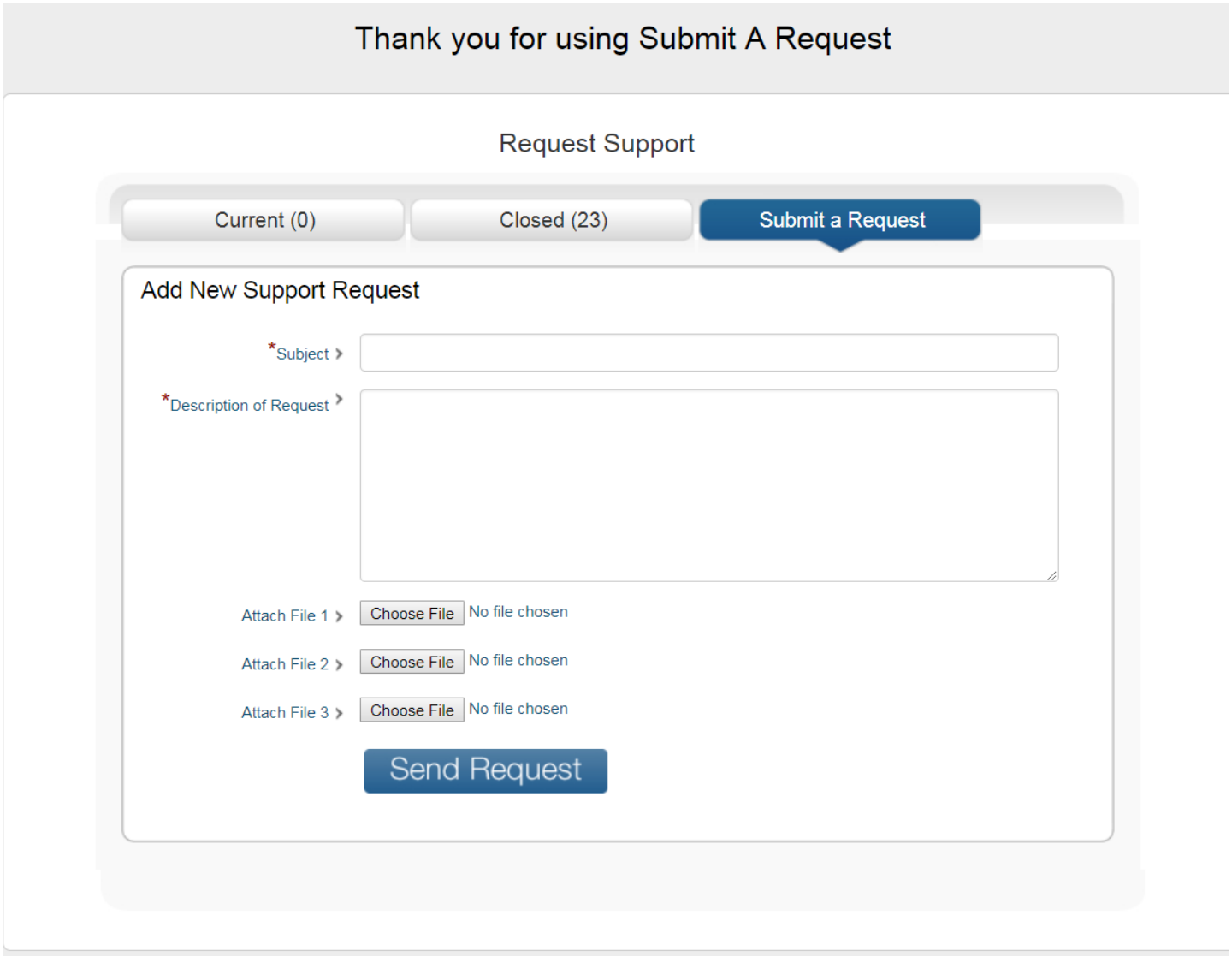
	A	B	C	D	E	F	G	H
1	ModuleGroup	OptimalSample_CmsRank	OptimalSample_Skips	OptimalSample_Qualified	OptimalSample_Exceptions	OptimalSample_Denominator	OptimalSample_Numerator	OptimalSample_Score
2	CARE-2	267	-3	264	0	264	243	92.05
3	DM	260	-9	251	0	251	103	41.04
4	HTN	261	-13	248	0	248	204	82.26
5	MH	616	-571	45	0	45	5	11.11
6	PREV-5	309	-2	307	0	307	215	70.03
7	PREV-6	530	-1	529	0	529	321	60.68
8	PREV-7	248	0	248	-23	225	161	71.56
9	PREV-10	455	-2	453	-401	52	48	92.31
10	PREV-12	441	-27	414	-2	412	211	51.21
11	PREV-13	394	-146	248	-10	238	202	84.87
12	yearofservice:	2020						

CMS WI Random Sample Optimal Gaps Analysis Report

Optimal Gaps Analysis calculates the best possible quality score you can achieve.

Submit a Request or 1-888-862-0366




Thank you for using Submit A Request
Request Support
Current (0)
Closed (23)
Submit a Request
Add New Support Request
*Subject
*Description of Request
Attach File 1
Choose File
No file chosen
Attach File 2
Choose File
No file chosen
Attach File 3
Choose File
No file chosen
Send Request