Medicare Shared Savings Program (MSSP) ACO Quality Reporting

On behalf of the Premier healthcare alliance serving approximately 4,100 hospitals and health systems, hundreds of thousands of clinicians and approximately 200,000 other providers and organizations we are requesting a meeting to discuss changes considered in the CY2022 Physician Fee Schedule related to the quality reporting under the Medicare Shared Savings Program (MSSP). In addition to maintaining, the nation's most comprehensive repository of hospital clinical, financial and operational information and operating one of the leading healthcare purchasing networks, Premier runs the largest population health collaborative in the country, the Population Health Management Collaborative, which has worked with well over 200 accountable care organizations (ACOs) and is currently comprised of more than 70 ACOs.

As part of last year's rulemaking, CMS finalized several fundamental changes to the MSSP quality performance standard which take effect in 2022. While we support the overall approach, **we are concerned the adoption of these changes will require substantial time and resources to implement and will place significant burden on providers**, during a time in which they are still actively responding to the ongoing COVID-19 pandemic.

In our capacity as CEHRT, qualified registry, and qualified clinical data registry (QCDR), Premier has been working closely with ACOs to prepare for the new requirements. We have identified several areas of the policy that create significant impediments for ACOs, most notably:

> **ACOs vary widely in their electronic data extraction and aggregation capabilities**, which is reflective of the different approaches that ACOs take to organizing their practices. As a result, most ACOs have multiple different electronic health record (EHR) instances across the ACO – in some cases numbering well over 100 different EHRs. For these ACOs, **producing electronic clinical quality measures (eCQMs) from those disparate systems requires time, money, and effort in changing workflows and acquiring new technology services.**
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> Additionally, the **new reporting framework will place significant burden on ACOs by requiring them to report on all patients** who meet the measure specifications regardless of the payer. This is a notable departure from current reporting requirements, which only require ACOs to report on a sample of aligned beneficiaries. For example, one of our member ACOs currently reports a sample of data for about 600 aligned beneficiaries per measure as part of the Web Interface reporting. Moving to reporting data on all patients will require the ACO to report data for as many as 270,000 patients, depending on the measure. Additionally, these new requirements will require most ACOs to change the contracts they have in place with their participants, since most do not have the requisite data use agreements in place to collect data beyond their ACO population. Changing these contracts will take significant time and resources.

Without additional relief we are concerned these changes will have the unintended consequence of ACOs altering their provider networks or leaving the program altogether.

We would like to set-up time to discuss with you the challenges that ACOs are facing with these new requirements, as well as our recommendations for establishing a smoother transition to this policy, including:

- Limiting ACO reporting to aligned populations and starting with lower data completeness
- Clarifying and establishing quality performance benchmarks in advance
- Seeking additional input on MSSP quality measure set
- Retaining pay-for-reporting option for new entities or when measures are newly introduced or modified

Additionally, we would like to discuss policy options for incorporating flexibilities tested under Innovation Center models into the MSSP, such as lessons learned from the Next Generation ACO model.