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# SHARED SAVINGS PROGRAM & MIPS

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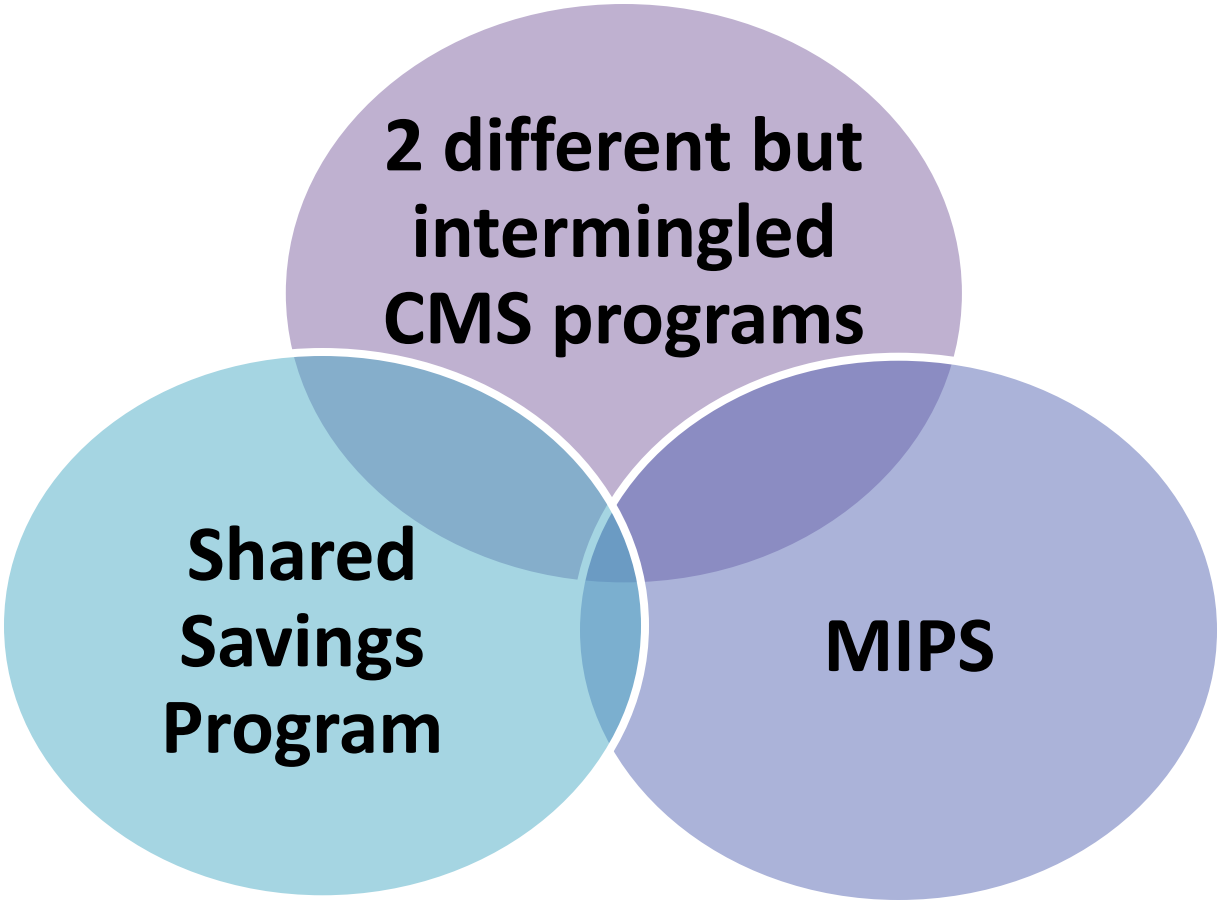
# MEDICARE SHARED SAVINGS PROGRAM (MSSP) ACO ENHANCED TRACK



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# SHARED SAVINGS PROGRAM

- ✓ Promotes accountability for a patient population
- ✓ Encourages investment in high quality and efficient services
- ✓ Creates incentives for health care providers to work together to treat an individual patient across all care settings

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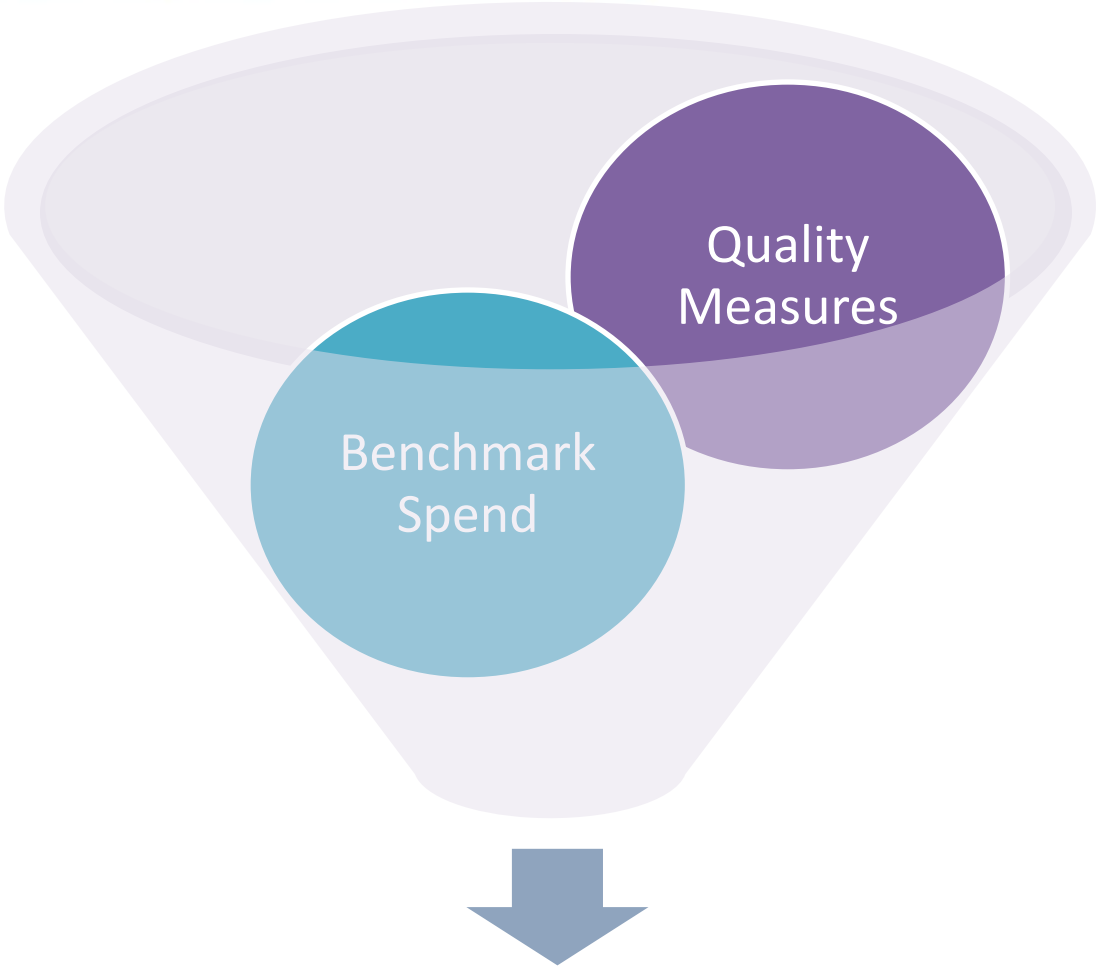


# SHARED SAVINGS

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## BENCHMARK SPEND

- Determined by CMS
  - Based on claims data
  - Per beneficiary per year
  - Risk adjusted by CMS

## QUALITY MEASURES

- Determined by CMS
  - 6 Measures
  - Collected via claims, QRDA files, CAHPS survey & manual audits

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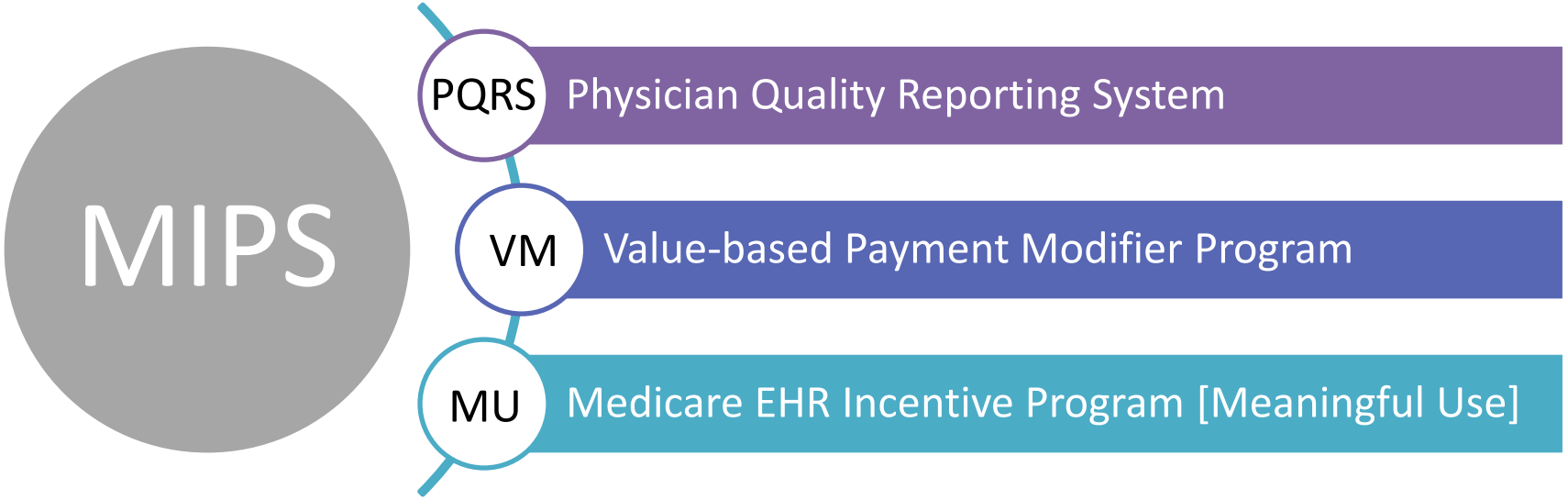
# MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

- Alternative Payment Model
- Performance-based payment system
- Streamlines three historical Medicare Programs into a single payment program



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# PERFORMANCE CATERGORIES

## Quality

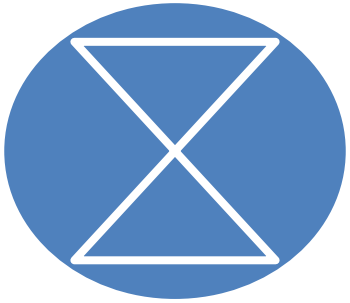
The ACO reports on behalf of participating practices

ACO Reports

## Cost

Participating practices in an ACO are not subject to the Cost category

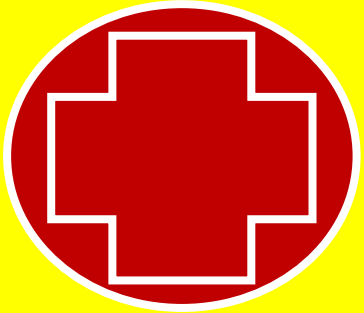
Not Applicable



## Improvement Activities

Participating practices in an ACO receive full credit for the IA category

ACO Reports



## Promoting Interoperability

Participating practices in an ACO are **REQUIRED** to submit PI data to CMS

Practices Responsibility

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# ADVANCED ALTERNATIVE PAYMENT MODELS (APM)

## CMS TERMS

- **APM** – Alternative Payment model.
- **APM Entity -** An entity that participates in an APM or payment arrangement through a direct agreement or through Federal or State law or regulation (i.e. MSSP ACOs).
- **Advanced APM** – APM that meets specific criteria: Require CEHRT use, base payment on MIPS-comparable quality measures, and either be a Medicare Medical Home *or* require participants to bear a more than nominal amount of risk (i.e. MSSP ACO Track E or Enhanced Track).
- **Eligible Clinicians** (see following slide for list) - Clinicians that can qualify for MIPS/Advanced APM incentives.
- **Qualifying Participant (QP)** - An eligible clinician determined by CMS to have met or exceeded the relevant QP payment amount or QP patient count threshold for a year based on participation in an Advanced APM Entity.

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# ADVANCED ALTERNATIVE PAYMENT MODELS (APM)

Silver State ACO is an Advanced Alternative Payment Model

(Advanced APM)

Providers who meet CMS defined thresholds receive Qualifying Participant (QP) Status

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# QP STATUS THRESHOLDS

| Performance Year | 2025 |
|---|---|
| QP Payment Amount Threshold | 50% |
| QP Patient Amount Threshold | 35% |

**Percentage of <u>Payments</u> Threshold Score** = $$ for Part B Professional services to ACO Attributed patients divided by $$ for Part B Professional services to ACO Attribution-Eligible patients.

**Percentage of <u>Patients</u> Threshold Score** = # of ACO Attributed given Part B Professional services divided by # of ACO Attribution-Eligible given Part B Professional services.

**Only one of the 2 Thresholds needs to be met. CMS will use the better score.**

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# IDENTIFYING ELIGIBLE CLINICIANS

- **CMS will identify eligible clinicians participating in Advanced APMs using a combination of the APM Entity's Participation List and PECOS data.**

***Keep your PECOS data up to date!***

- **Participation list identifies eligible clinicians using a combination of TIN and NPI.**
- **CMS will determine eligible clinicians and QP thresholds at intervals called "Snapshots".**

| Snapshot 1<br>July 2025 | Snapshot 2<br>October 2025 | Snapshot 3<br>December 2025 | Snapshot 4<br>March 2026 |
|---|---|---|---|
| Covers<br>01/2025 – 03/2025 | Covers<br>01/2025 – 06/2025 | Covers<br>01/2025 – 08/2025 | Covers<br>01/2025 – 12/2025 |

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# QUALIFYING PARTICIPANT (QP) STATUS

## DOES NOT MEET QP STATUS

Receives MIPS Adjustment

## DOES MEET QP STATUS

Receives FFS Conversion Factor of 0.75%

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# PROMOTING INTEROPERABILITY

- ✓ Emphasizes patient engagement and the electronic exchange of health information using Certified Electronic Health Record Technology [CEHRT]
- ✓ Requires the use of 2015 edition CEHRT to capture data and fulfill the performance category
- ✓ Minimum performance period of **180 consecutive days**
- ✓ **ALL** measures and objectives ***MUST*** be met, or the practice will fail the Promoting Interoperability category

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# REQUIRED QUESTIONNAIRES

A Security Risk Analysis and High Priority Practices from *The Safer Guide* is **mandatory** and **BOTH** must be completed within the performance year

## Security Risk Analysis

Ensures compliance with administrative, physical and technical safeguards

- Required under HIPAA Security Rule
- Reveals areas in which PHI could be at risk
- https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool

## High Priority Practices

Evaluates EHR safety practices

- Identifies potential risks
  Establishes plan to mitigate EHR safety concerns
  https://www.healthit.gov/topic/safety/safer-guides

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# REQUIRED MEASURES

| Objective | Measure | | Points |
|---|---|---|---|
| **e-Prescribing** | e-Prescribing | | 1-10 |
| | Query of PDMP | | 10 |
| **Provider to Patient Exchange** | Provide Patients Electronic Access to their Health Information | | 1-25 |
| **Health Information Exchange**<br><br>**(Only 1/3 Options need to be reported)** | Option 1 | Support Electronic Referral Loops by Sending Health Information | 1-15 |
| | | Support Electronic Referral Loops by Receiving and Reconciling Health Information | 1-15 |
| | Option 2 | HIE Bi-Directional Exchange | 30 |
| | Option 3 | Enabling Exchange under TEFCA | 30 |
| **Public Health and Clinical Data Registries** | Report to **BOTH** of the following registries via Bi-Directional Exchange in EMR:<br>• Immunization Registry<br>• Electronic Care Reporting | | 25 |

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# QUALITY

## Reporting

### APP Quality Measure Set

- 4 Medicare Clinical Quality Measures (CQMs)
- 1 CAHPS Survey
- 1 Claim Measure

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# QUALITY MEASURES

## Claim Based Measure

- **Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate**

## CAHPS for MIPS Survey

- **Covers multiple topics**

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# MEDICARE CLINICAL QUALITY MEASURES (CQMs)

| Pulled Directly from EMR | Frequency | Main Contact |
|---|---|---|
| QRDA CAT 1 File | **Monthly Feeds** | **One** contact will have access to FTP |

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# Medicare CQMs

Diabetes: Glycemic Status Assessment Greater than 9%

*Quality ID #001*

Screening for Depression and Follow-Up Plan

*Quality ID #134*

Controlling High Blood Pressure

*Quality ID #236*

Breast Cancer Screening

*Quality ID #112*

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# RESOURCES

- CMS Quality Payment Program site (MIPS/MACRA):
https://qpp.cms.gov/

- CMS supporting documents for Quality Measures can be found at the following website under “2025 Medicare CQMs Specifications and Supporting Documents for ACOs”:
https://qpp.cms.gov/about/resource-library

- Shared Savings Program website:
https://www.cms.gov/sharedsavingsprogram

- Promoting Interoperability Link
https://qpp.cms.gov/mips/promoting-interoperability