

Jan. 14, 2020

## **ACO QUALITY REPORTING PROCESS**

One of the advantages of participating in an accountable care organization (ACO) is the support you receive with your Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and Merit-based Incentive Payments System (MIPS) reporting. The Centers for Medicare and Medicaid Services (CMS) offers more lenient scoring for ACO providers. Plus, your data is submitted as a group via the ACO. Additional reporting benefits include:

- The “Cost” category does not apply to ACO participants.
- ACO participants automatically receive full credit for the “Improvement Activities” category.
- The “Quality” category will be optimized to capture the highest possible score within the entire ACO.
- Quality and Scoring is based on a sample of beneficiaries, not all ACO beneficiaries.
- The ACO arranges and pays for the required member survey.

As an independent provider, you or your practice still need to complete a few components of Quality Reporting. Your responsibilities include:

**1. Participating in a chart review, if requested.**

If requested, you will need to participate in a chart review for a sample of your ACO beneficiaries. As we get closer to the CMS reporting period (January through March 2020), additional information will be shared on how to do this.

**2. Reporting your Promoting Interoperability (PI) measure (ACO 11) directly to CMS.**

The PI measure (formerly known as Advancing Care Information) must be submitted by March 31, 2020. You will need a CMS HARP account to do this reporting. If you have an existing HARP account, log in to verify your access. If you do not have a HARP account, please create one. To learn more about HARP accounts, visit the Quality Payment Program Access User Guide located at <https://qpp.cms.gov/about/resource-library>.

To learn more about the PI reporting process and how to submit, review the “Quality Payment” portion on the CMS website at <<https://qpp.cms.gov/about/help-and-support#technical-assistance>>. Once reported, each eligible clinician’s score is aggregated into one ACO-wide PI score, which is then credited back to all eligible clinicians. The score will make up 30% of your total MIPS score.



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