#### New ACOs -

#### Early Implementation Challenges

**Stephen Nuckolls, Coastal Carolina ACO** 

**Kris Gates, Health Endeavors** 

## **Every ACO Is Different**

- Primary Care Only
- Primary Care + Specialists
- Primary Care + Hospital
- Primary Care + Hospital +Home Health
- Hospital Based
- Patient History & Demographics
- Geography
- Management
- > Structure
- > Past Experiences
- Single EMR
- Multiple EMRs



## One Strategy Does NOT Fit All

Best Practices + Unique Decisions

=Your ACO Strategy



## **ACO ACTION PLAN**

#### **ACO ACTION TASKS**

- Data Sharing Preferences Get Claims Data
- Patient Attributions
- TIN Add/Remove Management
- Quality Measures
- EMR Gap Analysis
- GPRO Reporting Plan
- Claims Data Individual & Population
- Financial Analytics/Benchmarks
- Population Management
- TIN & ACO Progress Reports
- Training & Communications
- Provider Participation
- Compliance & Conflict of Interest
- Patient Engagement



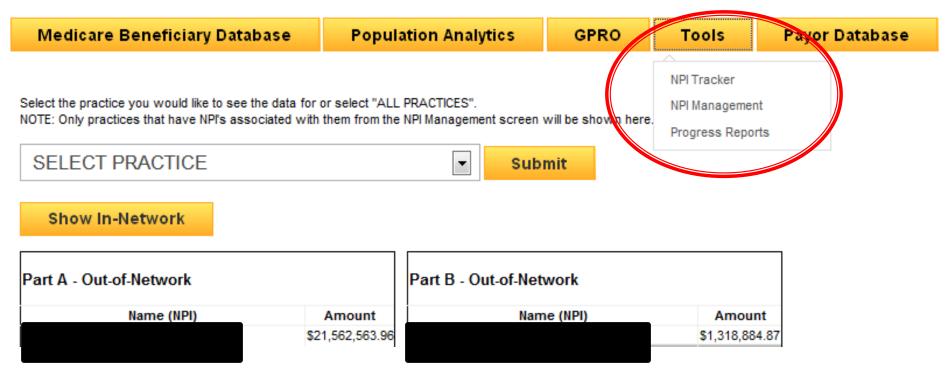
#### Get your arms around Patient Population



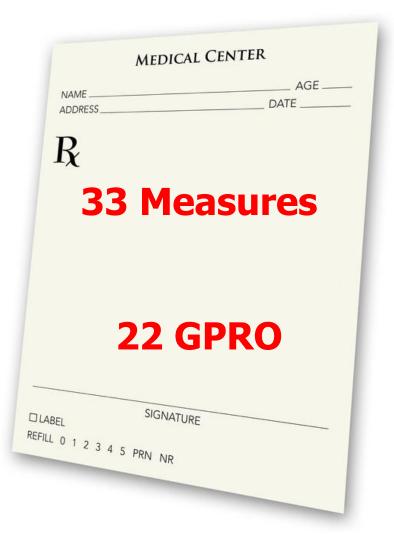
#### Point of Care Notices August 2013

	TOTAL ACO PATIENTS	% OF POC NOTICES GIVEN	# CARE MGT PATIENTS
Internal Medicine	1674	93.13%	63
Neurology 1	30	20.00%	0
Internal Medicine 2	1674 30 58 2919 3343	95.30%	73
Cancer Care 1	58 Und	41.38%	0
Family Practice 1	2919	92.33%	186
Internal Medicine 3	3343	94.26% 14.29%	195
Gastroenterology 1	14	14.29%	0
Family Practice 2	609	89.82%	22
TOTAL	11136	92.97%	539

#### Get your arms around Patient Population In-Network/Out-Network Migration

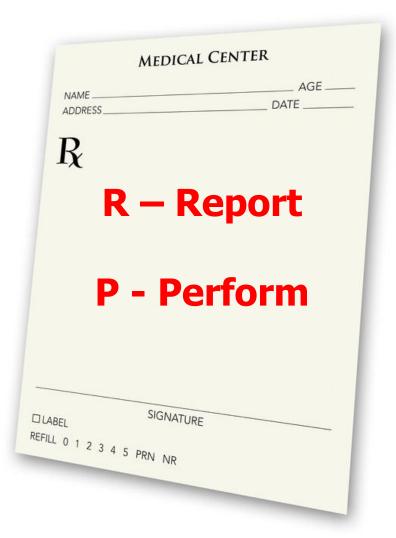


## Quality Measures (GPRO) Plan

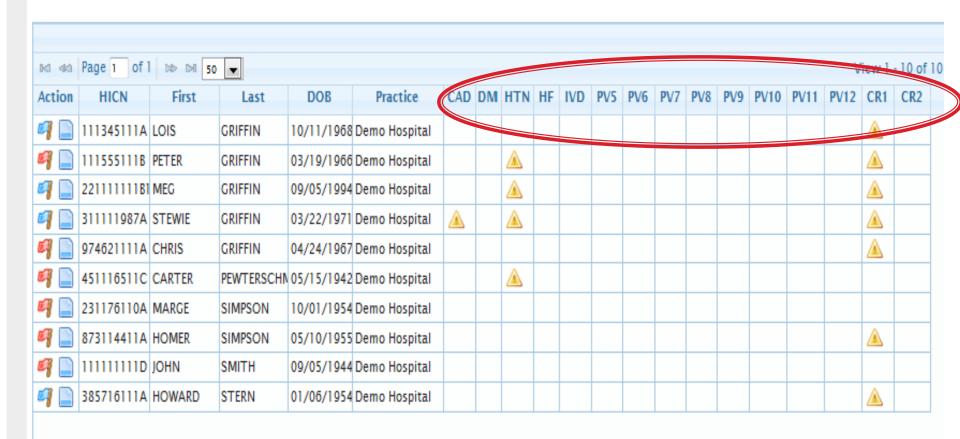


ACO #	Measure Title	Method of Data Submission	P4P Phase-in PY1	P4P Phase-in PY2	P4P Phase-in PY3
12.	Medication Reconciliation	GPRO Web Interface	R	P	P
13.	Falls: Screening for Future Fall Risk	GPRO Web Interface	R	Р	P
14.	Influenza Immunization	GPRO Web Interface	R	Р	P
15.	Pneumococcal Vaccination for Patients 65 Years and Older	GPRO Web Interface	R	P	P
16.	Body Mass Index (BMI) Screening and Follow-Up	GPRO Web Interface	R	P	P

## Quality Measures (GPRO) Plan



ACO #	Measure Title	Method of Data Submission	P4P Phase-in PY1	P4P Phase-in PY2	P4P Phase-in PY3
17.	Tobacco Use: Screening and Cessation Intervention	GPRO Web Interface	R	P	P
18.	Screening for Clinical Depression and Follow-Up Plan	GPRO Web Interface	R	P	P
19.	Colorectal Cancer Screening	GPRO Web Interface	R	R	Р
20.	Breast Cancer Screening	GPRO Web Interface	R	R	P



#### 22 GPRO Measures – 15 Modules

1 Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility (CARE-1)

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

Coronary Artery Disease (CAD)

Diabetes Mellitus (DM)

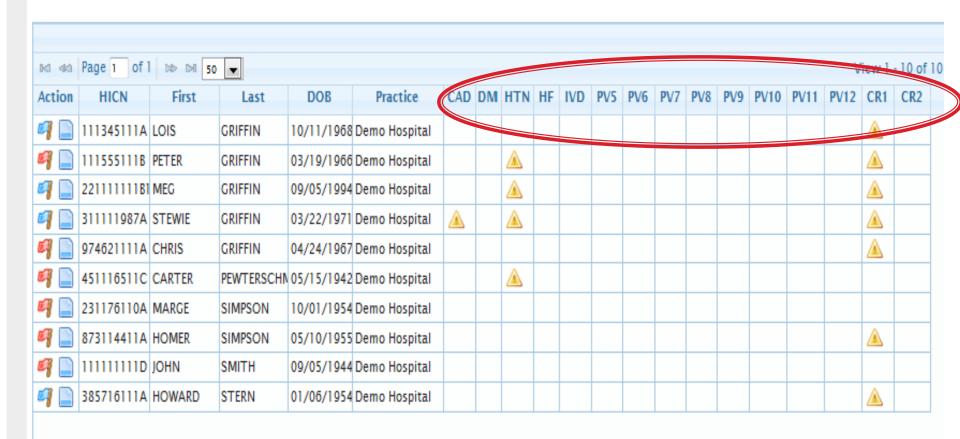


**Heart Failure (HF) Hypertension (HTN) Ischemic Vascular Disease (IVD) Preventive Care and Screening: Screening Mammography (PREV-5)** 



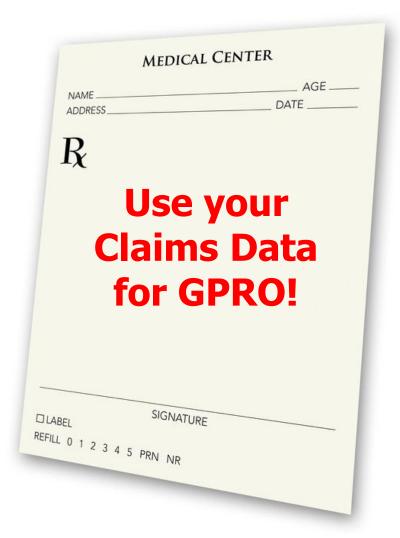
9	Preventive Care and Screening: Colorectal Cancer Screening (PREV-6)
10	Preventive Care and Screening: Influenza Immunization (PREV-7)
11	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older (PREV-8)
12	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow- Up (PREV-9)
	1.1e5
	15 Modules

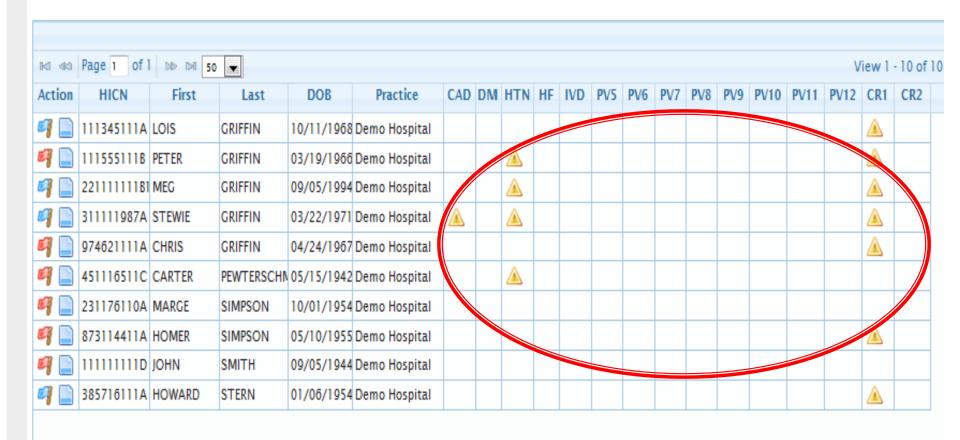
**13 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (PREV-10) 14** Preventive Care and Screening: Screening for High Blood Pressure (PREV-11) **15 Preventive Care and Screening: Screening for Clinical Depression and Follow-**Up Plan (PREV-12) 15 Modules



#### 22 GPRO Measures – 15 Modules

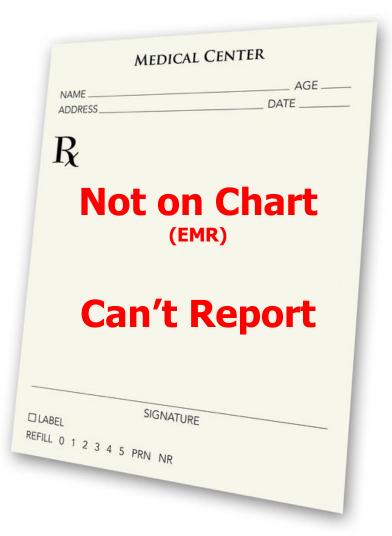
#### **GPRO & Claims Data?**



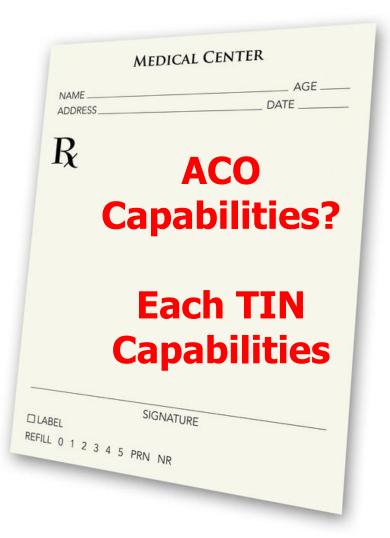


Use your claims data to flag CPT, ICD9 and G-Codes to (i) assist providers in completing Quality Measures; and (ii) locate the applicable medical record by NPI

## **EMR & Chart Gap Analysis**



## **EMR & Chart Gap Analysis**



**GPRO in 8 Weeks (February 15 – April 15)** 

# Manual Chart Data Abstraction (Pull Charts) Key individual Chart Data to CMS GPRO Portal

Time Consuming
CMS GPRO Portal limited to 10 users
Plan your registration for IACS/QNET Access
Additional Staff Intensive
Short Time Frame to Complete
No time to review data accuracy & completeness

**GPRO in 8 Weeks (February 15 – April 15)** 

Manual Chart Data Abstraction (Pull Charts)
Key individual Chart Data to Excel
Convert Excel to CMS XML Format
XML Import to CMS GPRO Portal

Time Consuming
Plan your registration for IACS/QNET Access
Additional Staff Intensive
Limited Technology Needed for Excel Setup/XML Conversion
Short Time Frame to Complete
No time to review data accuracy & completeness

**GPRO in 8 Weeks (February 15 – April 15)** 

Manual Chart Data Abstraction (Pull Charts)

Key individual Chart Data to Electronic Reporting Tool

Convert Electronic Reporting Tool Data to XML

XML Import to CMS GPRO Portal

Additional Staff Intensive
Locate vendor for Electronic Reporting Tool
Short Time Frame to Complete
Limited time to review data accuracy & completeness

#### **Quality Measures Questionnaire**

Please answer the following questionnaire accordingly.

No - fall screening NOT provided (no medical reason or other reason)

Date of Service:  09/14/2  Patient Name:  CHRIS G  HCIN:  9746211  Patient DOB:  04/24/19  Gender:  M  Practice Name:  Physician Name:  N/A	8 Week - Electronic Reporting Too unlimited users central TIN data repository
HCIN: 9746211 Patient DOB: 04/24/19 Gender: M Practice Name: Demo Ho Physician Name: N/A	8 Week - Electronic Reporting Too unlimited users central TIN data repository
Patient DOB: 04/24/19  Gender: M  Practice Name: Demo Ho  Physician Name: N/A	unlimited users  □ central TIN data repository
Gender: M  Practice Name: Demo Ho  Physician Name: N/A	□ central TIN data repository
Practice Name:  Demo Ho  N/A  N/A  ▼	□ central TIN data repository
Physician Name: N/A ▼	spital
14// 1	I track completion progress
	a track completion progress
Patient Medical Record Status?	daily CMS Data Imports to
◎ Medi	review data
Was Patient Qualified for Sample?	nt is Qualified
Not C	tualified for Sample - In Hospice
Not C	Qualified for Sample - Moved out of Country
Not C	tualified for Sample - Deceased
Date Patient was NOT Qualified:	
medication reconciliation and docum  1)  No – patient not discharged from inpatient fa  Yes – patient discharged from inpatient facili	ty in past 30 days and medication reconciliation completed
_	ty in past 30 days but medication reconciliation NOT completed as hospital record NOT AVAILABLE ty in past 30 days but medication reconciliation NOT completed due to NO OFFICE VISIT

**GPRO in 8 Weeks (February 15 – April 15)** 

# EMR Data Abstraction to XML or Excel File XML Import to CMS GPRO Portal

Advanced Technology Needed Data Abstraction/XML
Conversion
Short Time Frame to Complete
Very limited time to review data accuracy & completeness

#### **GPRO Year Round**

# Manual Chart Data Abstraction (Pull Charts) Key individual Chart Data to Excel Review Excel Data Abstractions

Time Consuming
Additional Staff Intensive
Difficult to review data accuracy & completeness using Excel
Excel not a central repository without technology

#### **GPRO Year Round**

Office Encounter - key patient data to Electronic Reporting Tool
Convert Electronic Reporting Tool Data to Central
Repository

Locate vendor for Electronic Reporting Tool & Central Repository
Allows time to review accuracy and completeness of data
Central Repository
Track Provider Progress

#### **Quality Measures Questionnaire**

Please answer the following questionnaire accordingly.

No - fall screening NOT provided (no medical reason or other reason)

Date of Service:	09/14/2013	
Patient Name:	CHRIS GRIFFIN	
HCIN:	974621111A	YEAR ROUND - Electronic Reporting
Patient DOB:	04/24/1967	Tool
Gender:	М	☐ unlimited users
Practice Name:	Demo Hospital	
Physician Name:	N/A ▼	<ul><li>central TIN data repository</li></ul>
Patient Medical Record Status?	itient Medical Record Status?	track completion progress
	Medical Record Not Found	☐ real time data review process
Was Patient Qualified for Sample?	<ul><li>Patient is Qualified</li></ul>	
	Not Qualified for Sample - In	Hospice
	Not Qualified for Sample - Me	oved out of Country
	Not Qualified for Sample - De	eceased
Date Patient was NOT Qualified:		
	and document the medication	, hospital, nursing home) in the past 30 days? If yes, complete a on reconciliation in the medical record. (ACO 12) (Module One/Care-
	inpatient facility in past 30 days and	
_		medication reconciliation NOT completed as hospital record NOT AVAILABLE
Yes - Patient discharged from	inpatient facility in past 30 days but n	nedication reconciliation NOT completed due to NO OFFICE VISIT
		hs? Provide a Fall Screening to patient to complete. Keep the cord. (ACO 13) (Module Two/Care-2)
Yes – fall screening provided a	and patient completed	
No - patient refused to complet	_	
	other medical reason, e.g. patient me rgent situation (no time to complete so	-
□ NO − patient in emergency or ur	gent situation (no time to complete si	areaning)

#### **GPRO Year Round**

EMR Data Abstraction to acceptable vendor file format Import EMR Data to Electronic Reporting Tool Convert Electronic Reporting Tool Data to Central Repository

Locate vendor for Electronic Reporting Tool & Central Repository
Allows time to review accuracy and completeness of data
Central Repository
Track Provider Progress
Achieve Performance Year Round

31

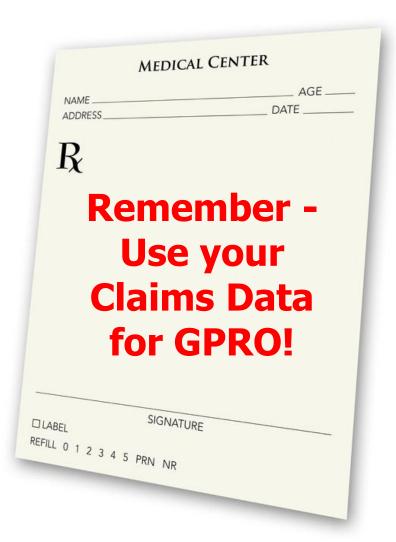
#### **Quality Measures Questionnaire**

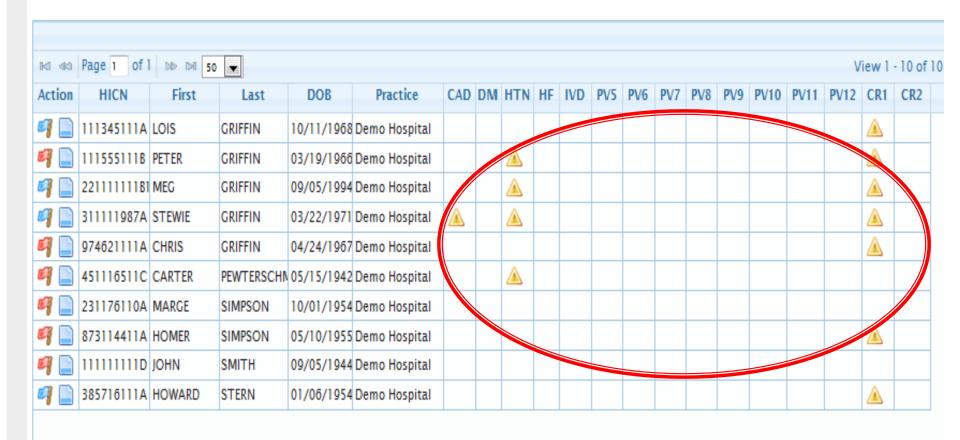
Please answer the following questionnaire accordingly.

No - fall screening NOT provided (no medical reason or other reason)

Date of Service:	09/14/2013				
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HCIN:	974621111A	YEAR ROUND - Electronic Reporting			
Patient DOB:	04/24/1967	Tool			
Gender:	M	☐ unlimited users			
Practice Name:	Demo Hospital				
Physician Name:	N/A ▼	<ul><li>central TIN data repository</li></ul>			
Patient Medical Record Status?	Medical Record Found	track completion progress			
	Medical Record Not Found	☐ real time data review			
Was Patient Qualified for Sample?	<ul><li>Patient is Qualified</li></ul>				
	Not Qualified for Sample - In Ho	spice			
	Not Qualified for Sample - Move	ed out of Country			
	Not Qualified for Sample - Dece	eased			
Date Patient was NOT Qualified:					
medication reconciliation  1)	and document the medication	ospital, nursing home) in the past 30 days? If yes, complete a reconciliation in the medical record. (ACO 12) (Module One/Care-			
No – patient not discharged from	m inpatient facility in past 30 days inpatient facility in past 30 days and me	dication reconciliation completed			
_		dication reconciliation NOT completed as hospital record NOT AVAILABLE			
		dication reconciliation NOT completed due to NO OFFICE VISIT			
ompleted Fall Screening  ○ Yes – fall screening provided a	Document in the medical reco	? Provide a Fall Screening to patient to complete. Keep the ord. (ACO 13) (Module Two/Care-2)			
No - patient refused to complet	_				
	other medical reason, e.g. patient memo rgent situation (no time to complete scre	•			
wo - patient in emergency or u	gent situation (no time to complete scre	enny)			

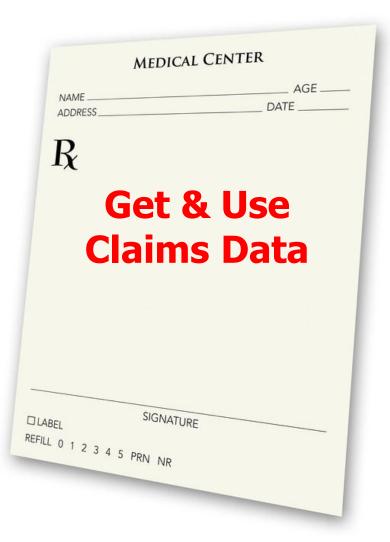
#### YEAR ROUND - GPRO & Claims

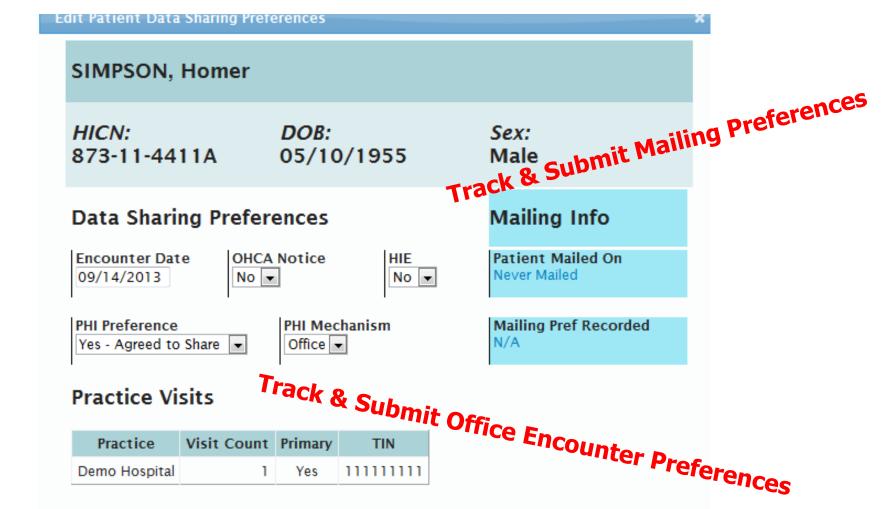




Use your claims data to flag CPT, ICD9 and G-Codes to (i) assist providers in completing Quality Measures; and (ii) locate the applicable medical record by NPI

#### **Get Claims Data**

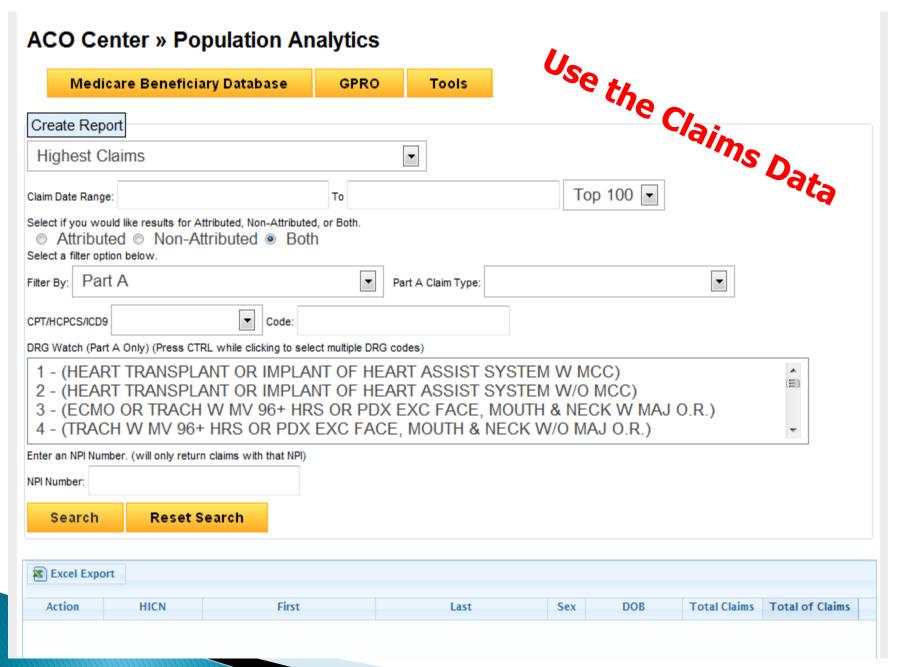




## How you GET IT

Save Patient Prefs

Close



#### Get your arms around Patient Population



## Beneficiary Preferences -

Determine initial method to collect patient preferences to submit via MFT Portal in XML Format:

#### Mail Encounters

 How will you electronically process print documents? (initial and changes)

#### Office Encounters

 How will you electronically process office encounters? (initial and changes)

#### Medicare Encounters

 How will you electronically process the information communicated by the patient to Medicare? (initial and changes)

#### SIMPSON, Homer

HICN: 873-11-4411A DOB:

05/10/1955

PHI Mechanism

Office -

Track & Submit Mailing Preferences

#### **Data Sharing Preferences**

**Encounter Date** 09/14/2013

**OHCA Notice** No |▼

HIE No |▼ **Mailing Info** 

Patient Mailed On Never Mailed

Mailing Pref Recorded N/A

PHI Preference Yes - Agreed to Share

**Practice Visits** 

Practice	Visit Count	Primary	TIN
Demo Hospital	1	Yes	1111111111

Track & Submit Office Encounter Preferences

Save Patient Prefs

Close

## CMS Data Sharing Users Guide

Covers the following topics:

- Overview
- ☐ Required **Testing** of the MFT XML Transfer Process
- Accountable Care Organization (ACO) to ACO-Operating Store (ACO-OS)
  Beneficiary Data Sharing Request File
- ACO to ACO-OS Beneficiary Data Sharing Preferences File
- ACO-OS to ACO Monthly Beneficiary Data Sharing Status File
- □ ACO-OS to ACO Error File

## Collect Patient Sharing Preferences

## Declining to Share Personal Health Information (Y/N and Mechanism of obtaining Preference)

- **▶ (Y/N)** 
  - Y Beneficiary notified and has not declined sharing claims data
  - N Beneficiary notified and does not agree to sharing claims data (Signed form to decline)

#### Mechanism

- R = Response to 30 day letter
- N = No response to 30 day letter
- O = Decision via Office Visit

# Process to Upload/Download in MFT Portal

- Data Sharing Preferences File 1st upload (text file option)
- Check for Errors in MFT Portal download the CMS response file (5 minutes or less) (text file option)
- Data Sharing Request File 2<sup>nd</sup> upload (text file option)
- Check for Errors in MFT Portal download the CMS response file (5 minutes or less) (text file option)

# Appendix A Response Codes and Explanations

In your download look for Response Code: Must be 00 to be success.

- 00 Success
- 5 System Exception
- 10 Record level ICD validation failed
- 11 Record count does not match trailer
- 12 Header record missing/invalid
- 13 Trailer record missing/invalid

### Data Sharing User Guide

Use the templates provided by CMS and create an XML file to populate with the required patient information and data sharing preferences noted above.

# Data Sharing User Guide – Preference File Data

- Header
- Month, Year
- File Creation Date
- ACO Program
- HICAN (validate all patient data against attribution list)
- First Name
- Middle Name (leave blank if unknown)
- Last Name
- DOB
- Gender
- ACO ID
- Encounter Date
- Data Sharing Preference (Y/N)
- Substance Abuse Preference (Y/N)
- Beneficiary Data Sharing Mechanism (R/N/O)
- Substance Abuse Sharing Mechanism (R/N/O)
- Trailer
- Month/Year
- File Creation Date
- Record Count (needs to match the number of patients you submitted or rejected)

## Data Sharing User Guide - Data Sharing Request File Data

- Header
- Month, Year
- File Creation Date
- ACO Program
- HICAN (validate all patient data against attribution list)
- First Name
- Middle Name (leave blank if unknown)
- Last Name
- DOB
- Gender
- ACO ID
- Encounter Date
- Data Sharing Request (Y/N)
- Trailer
- Month/Year
- File Creation Date
- Record Count (needs to match the number of patients you submitted or rejected)

# Even if ACO mails mail – the ACO must still conduct the office encounters

## Open Discussion?