

## Analysis of ACO Provider-Level (TIN/NPI) QP Status

**Objective:** Model 2022 QP scores at the provider level for TINs or NPIs participating in a given ACOs.

**Data and Methods:** We use ACO TIN/NPI lists to model QP scores for each of three QP measurement periods (snapshots). To estimate QP denominators, we identify *attribution eligible beneficiaries* treated by each ACO using the methodology provided in [CMS documentation](#) describing the calculation of QP values at the ACO level. To estimate QP numerators we use *attributed beneficiary files* from CMS. If the CMS files are out of date, we will re-run attribution based on each ACO's current provider list. We then calculate QP scores for each ACO and TIN for both the patient count and Part B payment method. We can model QP scores using 2019 or 2020 data along with your ACO's most current provider list. Reductions in 2020 utilization due to COVID-19 that reduce attribution will affect QP scores so that 2019 data may be preferable for modelling 2022 QP scenarios.

We will provide a report with ACO and TIN-level QP scores. If you prefer to use 2020 claims data, we will use quarterly data with a 3-month runout period. CMS does not refresh the quarterly data which may result in differences between our results and CMS calculations. Our analysis is solely based on ACO participation and does not account for attribution from other advanced APMs or non-Medicare APMs.

**What we need from you:** ACOs will need to send up to date provider list that include TINs, NPIs, and CCNs for RHC, FQHCs and CAHs. This must include the Legal Business Name (LBN) for each TIN.

**What we will do:** We will take your ACO's provider lists and use Medicare Carrier and outpatient claims and Medicare enrollment data to calculate QP scores at ACO, TIN and NPI levels. If you are an MSSP ACO, we will use beneficiary attribution provided by CMS. For NGACOs we would need to run attribution to determine the QP status numerators which will require additional time and resources. We will also re-run attribution for MSSP ACOs that have made major changes in their provider lists since 2019.

**What you get:** We will provide a report in Excel that includes both ACO and TIN level QP patient and payment threshold scores for each snapshot period. NPI level reports can also be created, but results will be less stable because of smaller sample size; results for providers with fewer than 11 attributed Medicare beneficiaries will be redacted by CMS. If you are considering adding or dropping TINs from your ACO in 2022 we can also model QP scores for specific TIN configuration scenarios you are considering. A tab will be included for each scenario that you have requested (the scenarios require that we recalculate attribution for the identified providers). We can run scenarios for any set of TINs or NPIs that you wish to look at. The cost of modeling scenarios is based on the number of scenarios requested. Once the report is delivered, we will set up a call to walk through the report and answer questions.

**Timeline:** Timing depends on the nature and volume of requests that we receive. We will work with each requesting entity to establish a timeline. Rush orders are possible but may incur additional fees.

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### Appendix: Sample Report

	Period	Attributed Beneficiaries	Attribution Eligible Beneficiaries	Patient Threshold	Payments: Attributed Beneficiaries	Payments: Attribution Eligible	Payment Threshold
<b>ACO</b>	Jan-Mar	28,315	57,422	49.3%	4,881,033	10,580,508	46.1%
<b>TIN #1</b>	Jan-Mar	10,299	22,419	45.9%	1,782,689	3,839,598	45.9%
<b>TIN #2</b>	Jan-Mar	7,441	16,292	45.7%	1,665,441	3,686,724	45.7%
<b>TIN #3</b>	Jan-Mar	2,386	4,258	56.0%	253,524	470,886	56.0%
<b>CCN #</b>	Jan-Mar	1,333	1,802	74.0%	54,460	80,318	74.0%
<b>TIN #4</b>	Jan-Mar	845	1,608	52.5%	168,700	246,759	52.5%
<b>TIN #5</b>	Jan-Mar	587	1,820	32.3%	216,259	742,503	32.3%
<b>TIN #6</b>	Jan-Mar	700	917	76.3%	77,696	101,113	76.3%
<b>TIN #7</b>	Jan-Mar	473	1,378	34.3%	74,511	233,939	34.3%
<b>CCN #2</b>	Jan-Mar	558	770	72.5%	138,301	194,267	72.5%
<b>All Othe</b>	Jan-Mar	3,693	6,159	72.5%	449,451	984,402	72.5%

## Appendix: Definitions and Methods

**Attribution eligible beneficiaries for the denominator:** We follow the CMS guidelines. Specifically, a beneficiary must:

- Be continuously enrolled in Parts A and B for the determination period with no months of Part C;
- Have Medicare as a primary, not secondary payer;
- Be a US resident at least 18 years old or older; and
- Have a minimum of one claim for evaluation and management (E&M) services furnished by an eligible clinician or group of eligible clinicians within an APM Entity during the QP determination period. (Healthcare Common Procedure Coding System codes 99201–99499, G0402, G0438, G04395 and G04636.)

**Numerator:** This is defined by Medicare beneficiaries attributed to the MSSP or NextGen ACO following the rules for the specific model.

QP Status: CMS describes the following definitions for the QP status threshold scores.

For payment amount method:

$$\frac{\text{\$ for Part B professional services to attributed beneficiaries}}{\text{\$ for Part B professional services to attribution-eligible beneficiaries}} = \text{Threshold Score \%}$$

For beneficiary count method:

$$\frac{\text{\# of attributed beneficiaries given Part B professional services}}{\text{\# of attribution-eligible beneficiaries given Part B professional services}} = \text{Threshold Score \%}$$

**Marginal QP Status:** CMS calculate QP scores at the ACO level. We mimicked this approach and used the ACO’s provider list to identify the Medicare beneficiaries receiving services at each ACO TIN and used these claims to calculate TIN QP scores. Specifically:

- Under the patient billing method, we sum all claims with the individual TIN number to form the denominator. For the numerator, we sum all services billed for ACO attributed beneficiaries with the individual TIN number to form the numerator. Worth noting, the sums of the numerator and denominator of all the ACO TINs results in a QP score that equals the ACO's QP score.
- Under the patient count method, we calculated a measure that would allow you to see the marginal contribution of each TIN or NPI. This measure includes beneficiaries where the TIN or NPI contributed to this patient being included in the QP calculation. Thus, the numerator only includes patients with a visit that qualifies for attribution and the denominator include only patients that had a qualifying E&M visit at that TIN or NPI.
  - Worth noting, individual patients can be represented in multiple TINs so that the sum of the numerator and denominator create a QP score different from the ACO score. This should be kept in mind trying to determine what each TIN 'contributes' to the QP score for the ACO.

**Snap Shots:**

- The first QP determination period is January 1 through March 31
- The second QP determination period adds claims through June 30
- The third QP determination period adds claims through August 31