

2021 Nebraska Medicare Shared Savings Program ACO Quality & Financial Performance Summary

Bob Rauner, MD, MPH, Ted Fraser, MS - September 2022

Background:

Medicare has publicly released the 2021 results for all Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs). Full public data is available here – <https://data.cms.gov/medicare-shared-savings-program/performance-year-financial-and-quality-results> On the 2nd page of this report is a brief summary of results. There are seven Nebraska-based MSSP ACOs caring for 111,161 Nebraska Medicare Fee for Service patients, plus many individual Nebraska clinics that are part of national MSSP ACOs. The seven Nebraska-based ACOs are:

1. Bryan Health Connect ACO, a regional hospital system ACO headquartered in Lincoln - <https://www.bryanhealth.com/bryan-health-connect/aco/>
2. CHI Health Partners ACO, a regional hospital system ACO headquartered in Omaha - <https://www.chihealthpartners.org/en/about/alegent-health-partners.html>
3. Midwest Health Coalition ACO, a regional independent practice association-based ACO headquartered in Omaha - <https://midwestippa.com/ACO>
4. Nebraska Health Network, a regional hospital system ACO headquartered in Omaha - <https://nebraskahealthnetwork.com/public-reporting/>
5. NPG Health Collaborative, a rural hospital ACO headquartered in Lincoln - <https://npghealth.org/reporting/>
6. OneHealth Nebraska ACO, a regional independent practice association-based ACO headquartered in Lincoln - <https://onehealthne.com/aco/>
7. Think ACO, an Omaha-based ACO - <https://think-aco.org/>

Summary:

All seven Nebraska-based ACOs successfully reported for quality measures in 2021. Six showed net savings individually according to CMS (Medicare), net savings for all seven was ~\$40.3 million, and those six received shared savings bonuses from CMS. From a quality perspective, all seven Nebraska ACOs performed well with performance on most quality measures higher than national averages.

Context for the ALIGN Group and Statewide Quality Initiatives:

The past joint voluntary Nebraska Patient-Centered Medical Home (PCMH) agreements have used Medicare Shared Savings Program (MSSP) quality measure specifications for the list of adult measures. Blue Cross Blue Shield's ACO contracts, Centers for Medicare & Medicaid Innovation's Primary Care First Programs, UDS HRSA measures used by Federally Qualified Health Centers (FQHC), and the Merit-Based Incentive Payment System also draw from these measures. These provide a common method of comparison for Nebraska PCMH & ACO contracts. Because all 475 MSSP ACOs in the United States use these quality specifications, we should consider using these measures for future Nebraska initiatives to measure quality in adult populations. There are seven MSSP ACOs based in Nebraska plus several regional ACOs that include Nebraska clinics, so these measures are in use by the majority of Nebraska primary care physicians.



PY2021 Nebraska Medicare Shared Savings Program ACO Quality & Financial Performance Summary	Bryan Health Connect ACO	CHI Health Partners	Midwest Health Coalition ACO	Nebraska Health Network	NPG Health Collaborative	OneHealth Nebraska ACO	Think ACO
Assigned Beneficiaries	14,567	21,920	10,436	31,843	15,339	9,935	7,121
COST and UTILIZATION							
Savings Rate	4.20%	7.16%	4.48%	2.45%	-2.78%	6.02%	5.06%
Quality Score	100.0	98.6	100.0	96.4	91.9	100.0	100.0
Per Capita Expenditures	\$10,929	\$9,759	\$9,784	\$10,575	\$12,921	\$9,649	\$9,844
Per Capita Savings (generated saving/total person years)	\$479	\$752	\$459	\$265	n/a	\$618	\$524
Inpatient Discharges per 1K Person Years*	218	232	215	255	238	183	197
ED Visits per 1K Person Years*	497	584	488	551	557	384	429
Primary Care Services per 1K Person Years	8,002	7,955	9,153	8,413	7,921	9,332	9,564
CONSUMER SATISFACTION - CAHPS							
Getting Timely Care, Appointments, and Information	83.6	85.9	88.2	88.4	84.8	90.7	87.5
How Well Your Providers Communicate	92.8	95.0	93.3	94.5	94.4	95.3	94.6
Patients' Rating of Provider	91.7	92.4	92.4	93.0	92.0	93.9	93.7
Access to Specialists	80.0	82.5	80.0	79.2	84.2	83.9	81.8
Health Promotion and Education	56.0	60.9	63.6	64.8	53.1	60.6	67.4
Shared Decision Making	63.3	61.9	65.8	61.9	60.3	64.3	67.4
Health Status/Functional Status	72.5	73.4	72.5	72.0	74.1	73.5	74.6
Stewardship of Patient Resources	28.8	24.6	32.3	22.7	23.2	31.3	24.1
Courteous and Helpful Office Staff	91.7	94.3	94.4	94.3	92.3	93.7	93.6
Care Coordination	87.7	90.1	86.7	88.5	84.5	87.9	88.3
CLINICAL QUALITY							
Hospital-Wide 30-day Readmission Rate*	0.13	0.14	0.14	0.14	0.13	0.14	0.13
All-Cause Unplanned Admits for Pts with Multiple Chronic Conditions*	29.8	31.1	33.7	35.9	34.1	26.0	27.8
Falls: Screening for Future Fall Risk	91.0	96.1	96.7	95.6	73.3	93.6	97.0
Influenza Immunization	95.5	83.7	96.5	89.4	89.7	90.1	95.6
Screening for Depression and Follow-Up Plan	92.6	87.3	98.2	94.3	74.7	90.6	96.7
Colorectal Cancer Screening	84.3	78.3	88.1	87.7	77.7	85.2	86.5
Breast Cancer Screening	85.8	75.8	80.7	89.2	78.1	84.2	88.6
Statins for Prevention & Treatment of Cardiovascular Disease	80.5	87.6	97.9	90.9	88.5	76.5	87.9
Depression Remission at 12 Months	19.2	6.3	50.0	6.1	20.0	23.2	22.9
Diabetes: Hemoglobin A1c Poor Control (>9%)*	7.2	9.8	8.1	8.6	9.9	6.6	4.9
Controlling High Blood Pressure	73.8	83.9	88.6	76.3	83.2	82.2	87.7

*Inverse Measures - lower scores are better

Green highlighted fields - where ACO's performance was better than national averages.

(Light green better than average, medium green >75th percentile, dark green >90th percentile)

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Initial Start Date	7/1/2019	1/1/2013	1/1/2014	1/1/2017	1/1/2017	1/1/2017	1/1/2016	-
Current Level	Basic A	Enhanced	Basic B	Basic E	Basic B	Basic C	Enhanced	-
Assigned Beneficiaries	14,567	21,920	10,436	31,843	15,339	9,935	7,121	19,129
Risk Model	One-Sided	Two-Sided	One-Sided	Two-Sided	One-Sided	Two-Sided	Two-Sided	-
Savings Rate	4.20%	7.16%	4.48%	2.45%	-2.78%	6.02%	5.06%	1.12%
Minimum Savings Rate	2.73%	1.00%	2.97%	1.00%	2.69%	1.00%	0.00%	2.00%
Benchmark Minus Expenditures	\$6,805,281	\$16,079,185	\$4,686,380	\$8,281,708	-\$5,196,664	\$6,029,135	\$3,662,734	\$969,576
Generated Savings/Losses	\$6,805,281	\$16,079,185	\$4,686,380	\$8,281,708	\$0	\$6,029,135	\$3,662,734	\$2,368,324
Earned Savings	\$2,667,670	\$11,818,201	\$1,837,061	\$4,058,037	\$0	\$2,954,276	\$2,692,110	\$2,001,435
Updated Benchmark	\$11,408	\$10,511	\$10,243	\$10,841	\$12,572	\$10,267	\$10,368	\$11,006
Historic Benchmark	\$10,794	\$9,997	\$10,049	\$10,611	\$12,243	\$9,843	\$9,911	\$10,546
Total Benchmark Expenditures	\$162,120,900	\$224,675,524	\$104,550,630	\$338,179,512	\$187,031,850	\$100,120,170	\$72,429,139	\$205,972,267
Total Expenditures	\$155,315,619	\$208,596,338	\$99,864,250	\$329,897,804	\$192,228,515	\$94,091,036	\$68,766,405	\$205,002,692
Maximum Sharing Rate	40%	75%	40%	50%	40%	50%	75%	51%
Revenue-based loss sharing limit	0	0	0	1	0	1	0	0
High/Low Revenue ACO	High Revenue	High Revenue	High Revenue	Low Revenue	High Revenue	Low Revenue	Low Revenue	-
Per capita ESRD expenditures in performance year	\$86,884	\$78,199	\$77,924	\$84,918	\$83,703	\$85,370	\$71,961	\$84,060
Per capita disabled expenditures in performance year	\$10,464	\$9,710	\$7,862	\$11,145	\$12,517	\$8,591	\$10,359	\$10,951
Per capita aged/dual expenditures in performance year	\$18,527	\$15,003	\$21,083	\$19,420	\$19,391	\$16,010	\$17,318	\$17,859
Per capita aged/non-dual expenditures in performance year	\$10,341	\$9,049	\$9,255	\$9,821	\$12,378	\$9,252	\$9,489	\$10,179
Per capita Expenditures	\$10,929	\$9,759	\$9,784	\$10,575	\$12,921	\$9,649	\$9,844	\$10,896
Average ESRD HCC Risk Score	1.058	1.003	1.02	1.01	1.013	1.051	0.99	1.018
Average disabled HCC Risk Score	1.025	0.971	0.881	1.203	0.934	1.017	1.136	1.001
Average Aged/Dual HCC Risk Score	1.113	1.081	1.171	1.164	0.991	1.138	1.19	1.054
Average Aged/Non-Dual HCC Risk Score	0.96	0.984	0.943	1.029	0.938	0.937	1.079	0.967
Total assigned Beneficiaries, age 0-65	1,184	2,776	811	2,418	1,432	559	381	1,797
Total assigned Beneficiaries, age 65-74	7,178	11,042	5,742	16,448	6,923	5,469	3,553	9,290
Total assigned Beneficiaries, age 75-84	4,168	5,937	2,861	9,430	4,494	2,805	2,288	5,504
Total assigned Beneficiaries, age 85+	2,037	2,165	1,022	3,547	2,490	1,102	899	2,538
Total assigned Beneficiaries, non-Hispanic White	14,000	19,881	9,778	29,331	14,923	9,402	6,604	18,217
Total assigned Beneficiaries, Black	66	957	136	1,042	11	69	180	219
Total assigned Beneficiaries, Asian	68	167	46	150	12	71	17	65
Total assigned Beneficiaries, Hispanic	47	149	91	103	76	34	15	80
Total assigned Beneficiaries, North American Native	10	27	12	48	11	11	6	45
Total assigned Beneficiaries, other	376	739	373	1,169	306	348	299	504

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Inpatient Expenditures	\$2,665	\$2,605	\$2,338	\$2,700	\$3,017	\$2,204	\$2,238	\$2,614
Short term acute care hospital (IPPS/CAH) expenditures	\$2,416	\$2,385	\$2,115	\$2,484	\$2,842	\$1,996	\$2,056	\$2,403
Long term care hospital expenditures	\$113	\$82	\$74	\$99	\$47	\$93	\$126	\$57
Inpatient rehabilitation facility (IRF) expenditures	\$126	\$131	\$138	\$118	\$114	\$115	\$72	\$142
Inpatient psychiatric hospital expenditures	\$35	\$31	\$20	\$25	\$26	\$15	\$19	\$27
Hospice Expenditures	\$216	\$136	\$190	\$285	\$356	\$141	\$133	\$273
SNF Expenditures	\$894	\$685	\$721	\$789	\$1,727	\$575	\$680	\$963
Outpatient Expenditures	\$3,511	\$2,619	\$2,557	\$2,900	\$5,347	\$2,144	\$2,021	\$3,747
Part B Expenditures	\$3,092	\$3,119	\$3,428	\$3,216	\$2,384	\$3,941	\$3,647	\$2,827
Ambulance Expenditures	\$87	\$71	\$64	\$71	\$124	\$55	\$52	\$93
Home Health Expenditures	\$335	\$419	\$354	\$479	\$240	\$298	\$479	\$293
Durable medical equipment expenditures	\$346	\$277	\$296	\$329	\$320	\$333	\$258	\$328
CTs per 1K Person Years	660	698	595	667	583	664	661	624
MRIs per 1K Person Years	209	220	196	215	177	225	227	200
Primary Care Services per 1K Person Years	8,002	7,955	9,153	8,413	7,921	9,332	9,564	8,595
Primary Care Services by a PCP per 1K Person Years	2,042	3,141	4,423	3,091	172	4,665	4,262	2,721
Primary Care Services by a Specialist per 1K Person Years	2,727	3,173	3,194	3,593	2,419	3,014	3,656	2,870
Primary Care Services by a NP/PA/CNS per 1K Person Years	1,454	1,569	1,521	1,671	787	1,643	1,634	1,528
Primary Care Services at a FQHC or RHC per 1K Person Years	1,779	71	16	58	4,544	10	13	1,476
SNF Discharges per 1K Person Years	57	46	49	55	78	45	49	60
Skilled nursing facility length of stay	26	26	28	29	24	24	29	26
Skilled nursing facility payment per stay	\$15,775	\$14,616	\$14,480	\$14,213	\$23,557	\$12,651	\$14,011	\$16,444
Number of CAHs	8	2	0	0	26	0	0	13
Number of RHCs	11	1	0	0	38	0	0	16
Number of short-term acute care hospitals	5	6	1	0	13	0	0	8
Number of other facility types	9	4	0	0	18	0	0	15
Number of participating PCPs	206	249	79	479	485	41	34	368
Number of participating specialists	508	761	41	1,017	1,035	0	36	871
Number of participating nurse practitioners	183	426	44	433	301	15	3	336
Number of participating physician assistants	169	174	36	269	238	13	8	179
Proportion of Dual Beneficiaries	7.15%	9.26%	5.96%	6.83%	9.53%	4.38%	3.27%	8.93%
Share of Beneficiaries with COVID-19 diagnosis	5.89%	5.48%	6.74%	5.55%	7.48%	4.55%	4.10%	7.09%
Share of Beneficiaries with COVID-19 episode	1.41%	1.62%	1.71%	1.70%	1.66%	0.89%	1.24%	1.68%
Share of long-term institutionalized Beneficiaries	2.44%	1.20%	1.76%	1.87%	5.38%	1.06%	0.62%	3.50%