2022 Nebraska Medicare Shared Savings Program ACO Quality & Financial Performance Summary Bob Rauner, MD, MPH, Ted Fraser, MS - September 2023

Background:

Medicare has publicly released the 2022 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 with more detail on pages 3 and 4. There are seven Nebraska-based MSSP ACOs caring for 110,946 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://www.phvne.com/wp-content/uploads/2023/02/NPG-Health-Collaborative-Public-Reporting-1-2.pdf
- 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 quality measures in 2022. Six showed net savings individually according to CMS (Medicare), net savings for all seven was ~\$46.2 million, and five 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 (https://healthynebraska.org/what-we-do/align-nebraska-project.html):

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, and UDS HRSA measures used by Federally Qualified Health Centers (FQHC) draw from these measures. These provide a common method of comparison for Nebraska PCMH & ACO contracts. 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.



PY2022 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	15,633	21,511	7,205	35,544	14,952	9,408	6,693		
COST and UTILIZATION									
Savings Rate	6.21%	4.59%	1.83%	1.36%	-0.02%	9.69%	11.51%		
Quality Score	88.7%	90.3%	88.9%	88.6%	84.1%	92.7%	97.7%		
Per Capita Expenditures	11,329	10,443	9,917	11,144	13,014	9,489	9,632		
Per Capita Savings (generated saving/total person years)	\$750	\$503	n/a	\$153	n/a	\$1,018	\$1,253		
*Inpatient Discharges per 1K Person Years	213	232	205	245	226	168	188		
*ED Visits per 1K Person Years	508	611	482	<i>575</i>	583	402	440		
Primary Care Services per 1K Person Years	8,341	8,315	10,020	8,899	7,861	9,582	9,944		
CONSUMER SATISFACTION - CAHPS									
Getting Timely Care, Appointments, and Information	86.1	84.5	88.4	88.4	90.9	92.0	88.0		
How Well Your Providers Communicate	93.9	94.0	95.2	95.7	94.2	94.7	93.9		
Patients' Rating of Provider	93.0	92.8	92.8	93.1	90.8	93.5	92.7		
Access to Specialists	80.2	77.2	80.4	82.6	87.1	79.6	80.7		
Health Promotion and Education	61.1	58.2	64.5	64.4	56.6	60.3	69.1		
Shared Decision Making	66.6	64.1	64.2	63.3	67.1	63.5	63.9		
Health Status/Functional Status	73.7	73.6	75.7	73.9	71.0	77.1	75.5		
Stewardship of Patient Resources	27.3	25.3	31.7	28.5	30.6	36.0	26.2		
Courteous and Helpful Office Staff	93.8	92.9	94.9	95.7	96.1	95.5	94.1		
Care Coordination	86.7	87.3	86.6	87.5	85.4	89.0	87.6		
CLINICAL QUALITY									
*Hospital-Wide 30-day Readmission Rate	0.145	0.136	0.163	0.145	0.142	0.139	0.134		
*All-Cause Unplanned Admits for Pts with Multiple Chronic Conditions	29.8	29.0	29.7	<i>33.5</i>	32.0	26.6	24.5		
Falls: Screening for Future Fall Risk	92.4	95.5	97.4	94.9	69.0	94.3	98.8		
Influenza Immunization	89.8	86.4	92.9	85.6	87.8	88.6	96.1		
Screening for Depression and Follow-Up Plan	88.1	86.5	97.7	92.0	78.1	90.5	95.5		
Colorectal Cancer Screening	85.5	80.0	92.9	84.3	73.7	82.1	90.9		
Breast Cancer Screening	86.9	79.7	86.5	88.8	75.0	82.1	92.5		
Statins for Prevention & Treatment of Cardiovascular Disease	83.6	89.5	98.0	92.1	92.5	80.9	89.1		
Depression Remission at 12 Months	31.5	16.7	20.7	5.9	42.9	20.0	5.7		
*Diabetes: Hemoglobin A1c Poor Control (>9%)	4.6	8.1	6.8	4.6	9.7	5.3	3.4		
Controlling High Blood Pressure	74.8	83.7	94.8	75.3	82.3	80.0	91.4		

^{*}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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PY2022 Nebraska Medicare Shared Savings Program ACO Performance Summary	Bryan Health Connect ACO	CHI Health Partners	Midwest Health Coalition ACO	Nebraska Health Network	NPG Health Collaborative	OneHealth Nebraska ACO	Think ACO	National Average
Start Date	7/1/2019	7/1/2019	1/1/2020	1/1/2020	1/1/2020	1/1/2020	7/1/2019	-
Current Level	Basic A	Enhanced	Basic B	Basic E	Basic B	Basic E	Enhanced	-
Assigned Beneficiaries	15,633	21,511	7,205	35,544	14,952	9,408	6,693	21,615
Risk Model	One-Sided	Two-Sided	One-Sided	Two-Sided	One-Sided	Two-Sided	Two-Sided	-
Savings Rate	6.21%	4.59%	1.83%	1.36%	-0.02%	9.69%	11.51%	3.74%
Minimum Savings Rate	2.67%	1.00%	3.36%	1.00%	2.70%	1.00%	0.00%	1.97%
Benchmark Minus Expenditures	\$11,454,901	\$10,535,987	\$1,307,880	\$5,331,732	-\$41,385	\$9,411,633	\$8,224,228	\$8,982,003
Generated Savings/Losses	\$11,454,901	\$10,535,987	\$0	\$5,331,732	\$0	\$9,411,633	\$8,224,228	\$8,640,042
Earned Savings	\$4,490,321	\$7,743,951	\$0	\$2,612,549	\$0	\$4,611,700	\$6,044,807	\$5,237,456
Updated Benchmark	\$12,079	\$10,945	\$10,102	\$11,298	\$13,011	\$10,508	\$10,885	\$11,987
Historic Benchmark	\$11,313	\$9,997	\$10,188	\$10,808	\$12,359	\$9,843	\$9,911	\$11,580
Total Benchmark Expenditures	\$184,407,116	\$229,403,896	\$71,354,409	\$392,443,897	\$188,587,471	\$97,106,192	\$71,446,732	\$249,074,240
Total Expenditures	\$172,952,215	\$218,867,909	\$70,046,529	\$387,112,165	\$188,628,857	\$87,694,559	\$63,222,504	\$240,092,237
Maximum Sharing Rate	40%	75%	40%	50%	40%	50%	75%	53%
High/Low Revenue ACO	High Revenue	High Revenue	High Revenue	Low Revenue	High Revenue	Low Revenue	Low Revenue	-
Per capita ESRD expenditures	\$88,896	\$78,696	\$82,575	\$82,032	\$79,021	\$65,470	\$76,262	\$85,358
Per capita disabled expenditures	\$10,523	\$9,337	\$8,554	\$11,023	\$12,372	\$9,991	\$9,143	\$11,126
Per capita aged/dual expenditures	\$19,893	\$16,636	\$14,916	\$20,573	\$21,796	\$17,772	\$13,482	\$16,805
Per capita aged/non-dual expenditures	\$10,787	\$9,880	\$9,557	\$10,578	\$12,295	\$9,134	\$9,371	\$10,704
Per capita Expenditures	\$11,329	\$10,443	\$9,917	\$11,144	\$13,014	\$9,489	\$9,632	\$11,536
Average ESRD HCC Risk Score	0.966	1.01	0.942	1.038	1.022	1	0.966	0.998
Average disabled HCC Risk Score	0.963	0.972	0.895	1.118	0.972	0.94	1.052	0.994
Average Aged/Dual HCC Risk Score	1.089	1.083	1.08	1.142	0.991	1.153	1.183	0.997
Average Aged/Non-Dual HCC Risk Score	0.95	0.995	0.904	1.023	0.926	0.934	1.109	1.028
Total assigned Beneficiaries, age 0-64	1,097	2,397	533	2,271	1,282	429	315	2,163
Total assigned Beneficiaries, age 65-74	7,789	10,912	4,019	18,176	6,882	5,194	3,266	10,267
Total assigned Beneficiaries, age 75-84	4,624	6,055	2,005	10,898	4,395	2,739	2,224	6,670
Total assigned Beneficiaries, age 85+	2,123	2,147	648	4,199	2,393	1,046	888	2,515
Total assigned Beneficiaries, non-Hispanic White	15,038	19,576	6,738	32,868	14,515	8,917	6,210	18,775
Total assigned Beneficiaries, Black	56	833	98	964	*	53	156	1,389
Total assigned Beneficiaries, Asian	59	169	*	173	*	55	18	380
Total assigned Beneficiaries, Hispanic	*	138	59	108	73	*	*	361
Total assigned Beneficiaries, North American Native	*	28	*	46	15	*	*	67
Total assigned Beneficiaries, other	49	138	43	246	59	45	35	314

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Inpatient Expenditures	\$2,645	\$2,742	\$2,295	\$2,650	\$2,942	\$1,974	\$2,117	\$2,968
Short term acute care hospital (IPPS/CAH) expenditures	\$2,433	\$2,508	\$2,061	\$2,472	\$2,769	\$1,842	\$1,963	\$2,582
Long term care hospital expenditures	\$54	\$80	*	\$70	\$85	\$59	*	\$82
Inpatient rehabilitation facility (IRF) expenditures	\$147	\$136	\$183	\$111	\$80	\$87	\$118	\$292
Inpatient psychiatric hospital expenditures	\$30	\$36	*	\$18	\$26	\$2	*	\$57
Hospice Expenditures	\$245	\$159	\$155	\$282	\$405	\$137	\$162	\$331
SNF Expenditures	\$973	\$702	\$611	\$827	\$1,629	\$509	\$559	\$778
Outpatient Expenditures	\$3,747	\$2,841	\$2,410	\$3,190	\$5,451	\$2,244	\$2,120	\$2,821
Part B Expenditures	\$3,105	\$3,408	\$3,889	\$3,434	\$2,364	\$3,876	\$4,043	\$3,932
Ambulance Expenditures	\$92	\$78	\$67	\$77	\$123	\$56	\$54	\$128
Home Health Expenditures	\$323	\$421	\$371	\$491	\$232	\$308	\$445	\$539
Durable Medical Equipment expenditures	\$362	\$306	\$319	\$362	\$347	\$319	\$257	\$327
Inpatient Hospital Discharges	\$213	\$232	\$205	\$245	\$226	\$168	\$188	\$258
Short Term Hospital Discharges	\$201	\$222	\$195	\$238	\$219	\$161	\$182	\$237
Outpatient ED Visits	\$508	\$611	\$482	\$575	\$583	\$402	\$440	\$623
ED Visits that Lead to a Hospitalization	\$95	\$162	\$145	\$171	\$35	\$118	\$133	\$189
CTs per 1K Person Years	676	817	690	737	662	688	694	771
MRIs per 1K Person Years	202	237	226	228	187	219	235	265
Primary Care Services/1K Person Years	8,341	8,315	10,020	8,899	7,861	9,582	9,944	11,146
Primary Care Services by a PCP/1K Person Years	1,996	3,200	5,106	3,095	175	4,686	4,293	3,911
Primary Care Services by a Specialist/1K Person Years	2,761	3,284	3,182	3,763	2,407	3,014	3,844	4,546
Primary Care Services by a NP-PA-CNS/1K Person Years	1,623	1,767	1,723	1,974	820	1,874	1,798	2,072
Primary Care Services at a FQHC-RHC/1K Person Years	1,961	63	9	67	4,459	8	9	621
SNF Discharges per 1K Person Years	58	50	47	61	75	41	39	53
Skilled nursing facility length of stay	27	26	27	28	25	25	29	26
Skilled nursing facility payment per stay	\$16,756	\$13,954	\$13,212	\$13,844	\$22,456	\$12,418	\$14,051	\$14,249
Number of CAHs	10	2	0	0	26	0	0	2
Number of RHCs	15	1	0	0	37	0	0	4
Number of short-term acute care hospitals	1	5	1	0	0	0	0	2
Number of other facility types	6	3	0	0	5	0	0	4
Number of participating PCPs	229	255	77	515	502	39	30	330
Number of participating specialists	603	800	41	1,167	1,026	1	40	634
Number of participating nurse practitioners	251	466	49	510	344	10	6	293
Number of participating physician assistants	198	206	39	346	267	14	7	164
Proportion of Dual Beneficiaries	6.37%	8.17%	4.72%	5.92%	9.16%	3.52%	2.92%	12.38%
Share of Beneficiaries with COVID-19 diagnosis	14.17%	12.09%	14.63%	15.02%	11.34%	18.69%	12.71%	17.48%
Share of Beneficiaries with COVID-19 episode	1.32%	1.59%	1.47%	1.83%	1.57%	0.97%	1.15%	1.90%
Share of long-term institutionalized Beneficiaries	2.65%	1.22%	0.96%	1.98%	5.36%	0.83%	0.85%	1.94%