

Report in Brief

Date: September 2020

Report No. A-09-18-03033

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSP) may be eligible to receive shared savings payments from the Centers for Medicare & Medicaid Services (CMS) if the ACOs reduce health care costs and satisfy the MSSP quality performance standard for their assigned beneficiaries. As part of the standard, ACOs must report to CMS complete and accurate data on all quality measures. For performance year (PY) 2017, ACOs were required to report data on 31 quality measures through 3 methods of submission: a patient survey, claims and administrative data, and the designated CMS web portal. If ACOs do not report complete and accurate data, shared savings payments could be affected. Previous OIG audits of two selected ACOs assessed whether they reported complete and accurate data on selected quality measures.

Our objective was to determine whether CMS's monitoring activities were effective for ensuring that ACOs report complete and accurate data on quality measures.

How OIG Did This Audit

For PY 2017, we reviewed CMS's procedures and documentation. We also reviewed the Statements of Work, which included specific monitoring tasks for CMS's contractors to perform on behalf of CMS. In addition, we obtained information from the survey vendors on CMS's monitoring activities for the patient survey.

CMS's Monitoring Activities for Ensuring That Medicare Accountable Care Organizations Report Complete and Accurate Data on Quality Measures Were Generally Effective, but There Were Weaknesses That Could Be Improved

What OIG Found

CMS's monitoring activities were generally effective for ensuring that ACOs report complete and accurate data on quality measures through claims and administrative data and the CMS web portal. (For example, ACOs report data through the web portal on whether beneficiaries received preventive care, such as depression screenings.) However, we identified weaknesses in CMS's monitoring activities that could lead to ACOs reporting incomplete or inaccurate data through the patient survey. Specifically, CMS did not ensure that its contractor: (1) verified survey vendors' correction of identified issues even though the issues were directly related to the collection or reporting of data and (2) provided feedback reports in time for survey vendors to include in their Quality Assurance Plans (QAPs) all of the changes implemented to address identified issues. (A QAP describes a survey vendor's process for performing the patient survey and complying with the CMS Quality Assurance Guidelines.) In addition, CMS did not ensure that its contractor reviewed survey instruments (e.g., mail survey packages) translated into other languages. As a result of these weaknesses, ACOs may not report complete and accurate data on quality measures, which could affect the ACOs' overall quality performance scores and ultimately the shared savings payments.

What OIG Recommends and CMS Comments

To improve its monitoring activities for ensuring that ACOs report complete and accurate data on quality measures, we recommend that CMS update the Statement of Work to require its contractor to: (1) verify that survey vendors have corrected identified issues that directly relate to the collection or reporting of data; (2) confirm that all implemented changes to address the identified issues are included in QAPs before they are approved; and (3) review the translated survey templates, mail survey packages, and telephone survey scripts to ensure that they are consistent with the English versions.

CMS concurred with our recommendations and described actions that it had taken or planned to take to address our recommendations. For each recommendation, CMS stated that it will review current contractor requirements and incorporate updates within the scope of the contract as needed to address the related finding.