SERVICE OVERVIEW — HCSTRATEGY

# Measure to Margin

A data quality and CMS reporting advisory service for Medicare Shared Savings Program and LEAD ACOs — turning quality measures and encounter data into earned shared savings.

FOR: MSSP & LEAD ACO LEADERSHIP

PREPARED BY HCSTRATEGY

| 06 | 04 | 03 |
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| SERVICE MODULES | ENGAGEMENT PHASES | WAYS TO START |

WHY THIS MATTERS NOW

## Quality data and encounter data now decide the revenue line, not just the compliance line.

Both programs tie real dollars to how well an ACO produces and submits its own data. Neither problem is optional, and both are solvable with the right analytics foundation.

MSSP — APP PLUS

Every Shared Savings Program ACO now reports the APP Plus measure set — four clinical quality measures, the CAHPS for MIPS survey, and an administrative readmission measure — through eCQM, MIPS CQM, or Medicare CQM pathways. The resulting quality score is a direct multiplier on shared savings earned.

LEAD — ENCOUNTER & MULTI-PAYER DATA

LEAD carries forward REACH's claims-based measures and CAHPS, phases in new eCQMs, and requires a Prevention and Quality Plan. Where capitated payment options apply, ACOs must submit complete encounter data in place of standard claims — the record CMS uses for risk adjustment and reconciliation.

SERVICE LINES

## Six modules, built around where ACOs actually lose points and dollars.

Each module can stand alone or run as part of a full build — translating claims, clinical, and encounter data into numbers CMS will accept and leadership can act on.

01 MSSP · LEAD

### Quality Measure Readiness & Submission Support

Pathway selection (eCQM / MIPS CQM / Medicare CQM), measure calculation validation, CAHPS analytics, and submission-cycle ownership.

02 MSSP · LEAD

### Care Gap & Performance Analytics

Attributed-patient-level care gaps turned into prioritized outreach lists and practice scorecards providers use in huddles.

03 LEAD (CAPITATED) · REACH-ALIGNED

### Risk Adjustment & HCC Documentation Support

Chart review prioritization by suspected-HCC yield, coding gap analysis, and documentation workflows that produce defensible risk scores.

04 LEAD (CAPITATED OPTIONS)

### Encounter Data Completeness & Claims Integration

Completeness audits against expected utilization, reconciliation ahead of CMS cycles, and multi-payer Medicare-Medicaid integration.

05 MSSP · LEAD

### Financial Performance & Shared Savings Modeling

Benchmark tracking and savings/loss simulation, reconciliation support, and attribution methodology review.

06 MSSP · LEAD

### Executive & Governance Reporting

Automated dashboards for ACO and CIN leadership, built on EMR/claims integration, plus PQP development support for LEAD ACOs.

ENGAGEMENT APPROACH

## Four phases, one performance year.

Built to run on the ACO's actual reporting calendar rather than an abstract project plan.

PHASE 1

### Assess

Data and readiness audit across EHR, claims, and encounter feeds. Gap list against CMS submission requirements.

PHASE 2

### Build

Measure calculation pipelines, care-gap and risk-adjustment analytics, and executive dashboards stood up on real data.

PHASE 3

### Operationalize

Submission-cycle support, provider engagement on scorecards, and encounter data reconciliation ahead of CMS deadlines.

PHASE 4

### Monitor & Optimize

Ongoing performance tracking, financial reconciliation support, and readiness for the next performance year.

ENGAGEMENT MODELS

## Three ways to start.

FIXED SCOPE

### Readiness Assessment

A focused audit of quality reporting pathway, care-gap analytics maturity, and encounter data completeness. Ends with a prioritized gap list and roadmap.

*Best fit: ACOs unsure where they stand ahead of a performance year or model transition.*

RETAINER

### Embedded Advisory

Ongoing monthly support across quality measurement, risk adjustment, and executive reporting — acting as an extension of the ACO's team.

*Best fit: ACOs with in-house data capability that need sustained CMS-program expertise.*

PROJECT

### Full Build & First-Cycle Support

End-to-end build of the reporting and analytics infrastructure, carried through the first live submission and reconciliation cycle.

*Best fit: ACOs standing up MSSP or LEAD participation without existing infrastructure.*

WHY HCSTRATEGY

HCStrategy Reporting is a Platform as a Service (PaaS) designed for healthcare payers, ACOs, third-party administrators (TPAs), and brokers to automate and simplify data exchange. Our white-glove solution integrates seamlessly with any data source, providing real-time insights, data governance, and enhanced analytics without the need for internal IT resources — so ACOs can scale faster, improve operational efficiency, and make data-driven decisions that propel growth.

**The goal is simple: make sure every quality point earned and every dollar of encounter data submitted actually reaches the ACO's bottom line.**

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Prepared as a service overview. Figures on program requirements reflect CMS's Medicare Shared Savings Program (APP Plus) and LEAD Model design as published by CMS; program details should be confirmed against current CMS guidance for the applicable performance year.