

PRESS RELEASE

**ACO Community Letter to CMS on Developing Track 1+
*Urges CMS to move forward quickly with Track 1+ as an Advanced APM option for ACOs in 2018***

WASHINGTON, D.C. (December 15, 2016) – Today, 10 leading healthcare organizations submitted a joint comment letter expressing support for creating the Track 1+ accountable care organization (ACO) model introduced by the Centers for Medicare & Medicaid Services (CMS) in the final Quality Payment Program (QPP) rule required under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The letter also recommends specific elements of the new ACO model’s design.

The joint comments represent the collective views of organizations representing physicians, hospitals, medical group practices, academic medical centers and nearly all existing Medicare Shared Savings Program (MSSP) ACOs.

Track 1+ will play an integral role as a new voluntary Medicare Advanced Alternative Payment Model (APM) under the QPP and is essential to build on and strengthen the current Medicare ACO programs.

In the comments, signers stressed that Track 1+ is an important next step to ensure the long-term viability of the ACO model. Many key details of Track 1+ are yet to be determined, and the organizations submitting this letter are actively engaged in efforts to shape this ACO model in a way that retains existing participants while attracting new ones to expand the success of the program and reach more beneficiaries nationwide.

In the letter, the commenters emphasized the need for CMS to:

- Design Track 1+ so that it meets the Advanced APM criteria under the QPP
- Establish lower Track 1+ risk levels than those required in current two-sided risk models, thus allowing Track 1+ fill a critical need for a lower risk track
- Expedite development of Track 1+ so ACOs can begin participating in 2018
- Allow ACOs to move into Track 1+ at the start of any performance year and not be required to wait until the start of their next three-year agreement period
- Develop Track 1+ so that it’s widely available to ACOs of all sizes and structures, and that participation in the model is not restricted to a few years

“With growing calls for ACOs to take on risk, it’s important to recognize that 90 percent of Medicare ACOs remain in Track 1 due to the very high levels of risk in the current two-sided models (MSSP Track 2, 3 and the Next Generation ACO Model), which require significantly more risk than what the vast majority of ACOs can bear,” said Clif Gaus, President and CEO of the National Association of ACOs (NAACOS). “Track 1+ would provide a much-needed choice for ACOs and create a glide path to assuming risk. We and the other co-signers look forward to continuing to work closely with CMS to develop the details of Track 1+.”

“Members of Premier strongly believe that they key to success in APMs is choice, allowing providers the options they need to get started down the path of alternative payments, at a level of risk that their organizations can reasonably assume,” said Blair Childs, Premier senior vice president of public affairs. “Track 1+ is an essential option to continue to encourage providers to move in this direction, and away

from the perverse incentives inherent in the volume-based fee for service model. If structured correctly, it could go far to expanding the growth of ACOs and clinically integrated networks that are incented to deliver better quality, lower costs and increased value in local communities.”

Organizations submitting the joint comments include:

- American College of Physicians
- America’s Essential Hospitals
- American Hospital Association
- American Medical Association
- AMGA
- Association of American Medical Colleges
- CAPG
- Medical Group Management Association
- National Association of ACOs
- Premier healthcare alliance

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