



MSSP 2024 Application: Phase 1



May 25, 2023

3:30 – 4:30 PM EDT

Agenda

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1. Housekeeping and Introductions

2. Presentations:

- Introductions
- Policy information related to MSSP Application
- Advocate Aurora Health presentation on MSSP Application Phase 1

3. Audience Q&A and follow-up

Housekeeping



1. Speakers will present for about 45 minutes
2. Q&A will take the remainder of the time
 - You can submit written questions using the Questions tab at any time during the webinar.
3. Webinar is being recorded
 - Slides and recording will be available on the NAACOS website within 48 hours.

Speakers



Melody Danko-Holsomback, MSN, CRNP

Melody Danko-Holsomback, MSN, CRNP is the Vice President of Education for NAACOS. She has over 12 years of population health experience and was the CAO and Director of Keystone ACO prior to her current role. She has over 28 years of experience in nursing, including positions in outpatient and inpatient care, as a CRNP healthcare provider and as an IT analysts and performance consultant.



Alyssa Neumann, Senior Analyst, Regulatory Affairs

Alyssa Neumann, MPH is senior analyst of regulatory affairs at NAACOS, where she works on a variety of regulatory issues related to ACOs and value-based care. Prior to NAACOS, Alyssa served as program coordinator at the Primary Care Collaborative, writing and managing grant projects related to primary care transformation and providing support for policy work and communications. Alyssa earned her Master's in Public Health in Health Policy and Management at the GWU Milken Institute School of Public Health, and she holds Bachelor of Arts degrees in Political Sociology and Cultural Anthropology from the University of South Florida



Michael Barbati, Vice President, Government & Value-Based Programs, Enterprise Population Health

Mike is currently the Vice President of Government and Value-based Programs at Advocate Aurora Health (now part of Advocate Health), where he oversees the strategy and operations of the organization’s MSSP and REACH ACOs, BPCI-A program and Commercial Bundles Strategy. Mike also leads Advocate Aurora’s population health innovations work, which is focused on using human-centered design to leverage technology and change management principles to improve the quality and cost position of Advocate Aurora’s value-based contracts. Prior to his current role Mike served in several progressive roles with Advocate Aurora Health’s corporate office related to supply chain, finance, clinical cost reduction, large-scale change management and value-based care. Mike is an active member of the American College of Healthcare Executives and a former faculty member at the Institute for Healthcare Improvement. Mike currently resides in Milwaukee, Wisconsin.



Sue Ellen Schumacher, Government Programs Coordinator, Senior Enterprise Population Health

Sue Ellen Schumacher has been with Advocate Aurora Health (now part of Advocate Health) for almost five years. She is responsible for managing the day-to-day operations for the organization’s Medicare ACOs in the Midwest region. During her time with the organization, Sue Ellen has renewed the contacts for multiple MSSP ACOs, successfully transitioning them to the current “Pathways” structure. She also helped spearhead the organization’s successful ACO REACH application. Prior to working for Advocate, Sue Ellen managed a multi-million dollar portfolio of state and federal grants for another large integrated health system. She also has significant experience with health policy, particularly as it regards the Federal rulemaking process. Sue Ellen has a Master’s degree in Public Health from the University of Illinois at Chicago and is passionate about transforming healthcare to promote value over volume.

Application Deadlines & Resources



- [Application Types & Timeline](#), [Toolkit](#), [Key Deadlines](#)
- Notice of Intent to Apply (NOIA) is no longer required (new in 2023)
- Phase 1 application deadline is June 15 at 12:00pm (noon) ET (earlier than previous years)
- ACOs applying for the SNF 3-day rule waiver are no longer required to submit plan narratives as part of the application

Key deadlines to be aware of:

Phase 1 Submission	May 18 – June 15	Submit: ACO Participant List & executed agreements Select: Track/level; MSR/MLR; Assignment methodology
Phase 1 RFI-1	July 11 – Aug. 1	Final opportunity to ADD ACO participant/SNF affiliate TINs
Phase 1 RFI-2	Aug. 22 – Sept. 5	Final opportunity to REMOVE ACO participant/SNF affiliate TINs
Phase 2 Submission	Oct. 19 – Oct. 30	Submit: Governing body info; AIP supplemental info; BIP application

Key Policy Changes



- Several policies in the [final 2023](#) Medicare Physician Fee Schedule Rule will impact [MSSP](#) participants with agreements starting January 1, 2024
- NAACOS [advocacy wins](#) in final rule:
 - ✓ Additional time in upside-only for new ACOs
 - ✓ Retaining upside-only for existing upside-only ACOs
 - ✓ Benchmark policies that address:
 - ✓ Risk adjustment caps
 - ✓ ACO historical spending and growth trends
 - ✓ Regional adjustments
 - ✓ Improved quality performance standard
 - ✓ Up-front shared savings payments for certain ACOs
 - ✓ Continued focus on increasing program participation

Glidepath to Risk



- Inexperienced ACOs* may participate under a one-sided model (Level A) for all 5 years of their first agreement in the Basic Track
- If they remain eligible, ACOs are permitted to participate in a subsequent 5-year agreement progressing through the Basic Track glidepath (Levels A-E)

One-sided risk model							Two-sided risk model		
PY 1	PY 2	PY 3	PY 4	PY 5	PY 6	PY 7	PY 8	PY 9	PY 10
Level A	Level A	Level A	Level A	Level A	Level A	Level B	Level C	Level D	Level E

- Enhanced Track is now optional for all ACOs; experienced ACOs may participate indefinitely in Basic Level E
- See Tables A – D in [this NAACOS resource](#) for detailed participation options

**For ACOs identified as inexperienced with performance-based risk, CMS will monitor the ACO participant list to determine if the ACO could now be considered experienced and therefore ineligible for participation in a one-sided model. ACOs deemed ineligible will be required to advance to Basic Level E at the start of the next performance year.*

Advance Investment Payments (AIPs)



- Modeled after the [ACO Investment Model](#) (AIM), CMS will offer AIPs to certain ACOs, to be recouped through future shared savings

One-time upfront payment
\$250,000



Eight quarterly payments over first 2 PYs
\$\$ varies = sum of per beneficiary payments for up to
10k assigned beneficiaries

- Per beneficiary payment amounts will vary based on a risk factors-based score calculated by CMS to provide higher payments for underserved beneficiaries
- Funds may be used for:
 - Increased staffing and staff training
 - Health care provider infrastructure
 - The provision of accountable care for underserved beneficiaries, including strategies to address SDOH and HRSNs
- AIPs must be spent within the 5-year agreement and will be recouped from any shared savings earned by the ACO, including in subsequent agreement periods

AIP Eligibility & Monitoring



- Eligibility is very limited, ACOs must meet all of the criteria:
 - ✓ **New**, not renewing or re-entering;
 - ✓ **Low revenue**;
 - ✓ **Inexperienced** with performance-based risk Medicare ACO initiatives; and
 - *CMS modified this definition in the PFS such that participation in Levels A & B do not count towards “experience”*
 - ✓ Applying and eligible to participate in MSSP **Basic Track Level A or B**
 - *While the regulation states “any level of the Basic Track,” because of the criteria to be “inexperienced,” only ACOs in Levels A or B will be eligible to receive any payments, and only those entering in Level A will qualify for both years of AIPs*
- For ACOs receiving AIPs, CMS will monitor the ACO participant list to determine if the ACO could be considered (1) re-entering, (2) high revenue, or (3) experienced and therefore ineligible to receive AIPs
 - ACOs determined to be ineligible will be notified and have an opportunity to modify the participant list to remain eligible. If the ACO remains ineligible, it will be required to immediately repay all AIPs received

Financial Methodology



See [p. 3-9 in NAACOS PFS analysis](#) and [this webinar](#) for additional details on these changes. At a high-level, for agreements starting Jan. 1, 2024, CMS will:

- Introduce a prospective administrative growth factor to create a new 3-way blend along with national and regional update factors
- Apply a prior savings adjustment to mitigate ratchet effect
- Reduce the impact of negative regional adjustment; cap changed from -5 percent to -1.5 percent of national per capita FFS spending
- Account for demographic risk score changes before the 3 percent cap on risk score growth is applied; +3 percent cap will apply in aggregate across enrollment types
- Allow low revenue ACOs in the Basic Track to earn some shared savings without exceeding MSR:

Risk Level	Maximum shared savings rate if MSR is exceeded	Maximum shared savings rate if MSR is NOT exceeded
Basic Levels A, B	40%	20%
Basic Levels C, D, E	50%	25%

Helpful Resources



NAACOS member resources:

- [MSSP summary resource](#)
- [Analysis of the final 2023 MPFS rule](#)
- [Comments on the 2023 MPFS proposed rule](#)
- [The Impact of Retrospective Versus Prospective Attribution on Your ACO](#)
- Webinars:
 - [2023 MPFS final rule](#)
 - [Financial changes in the 2023 MPFS rule](#)

CMS resources:

- [ACO-MS registration](#)
- [2024 participation options](#)
- [Application reference manual](#)
- Sample applications
 - [Initial application](#)
 - [AIP supplemental information](#)
 - [Renewal/early renewal](#)
 - [SNF 3-day rule waiver](#)
 - [Beneficiary Incentive Program](#)
- AIPs: [factsheet](#), [detailed guidance](#), [supplemental information submission](#)

ADVOCATE HEALTH



NEARLY
6M
UNIQUE
PATIENTS



NEARLY
150K
TEAMMATES



MORE THAN
21K
PHYSICIANS



NEARLY
42K
NURSES



NEARLY
\$5B
COMMUNITY
BENEFIT



MORE THAN
1K
SITES OF
CARE



67
HOSPITALS



\$27B+
REVENUE

AdvocateAuroraHealth

2.9M unique patients

77K teammates

10K physicians

22K nurses

\$2.4B in community benefit

500+ sites of care

27 hospitals

\$14B+ in annual revenue



Atrium Health

2.9M unique patients

73K teammates

11K physicians

20K nurses

\$2.46B in community benefit

500+ sites of care

40 hospitals

\$13B+ in annual revenue



Modern Healthcare
**Best Places
to Work** 2021





Midwest Population Health* partners with 6,500+ physicians across our CIN and ACOs.



6,500+

Participating Physicians
in our Pluralistic Model/Network
(IL + WI aligned and employed)



1.3M

Value-based lives



27 Hospitals

500+ sites of care



40+

Value-based contracts



Manage **\$1.2B**
in capitation revenue



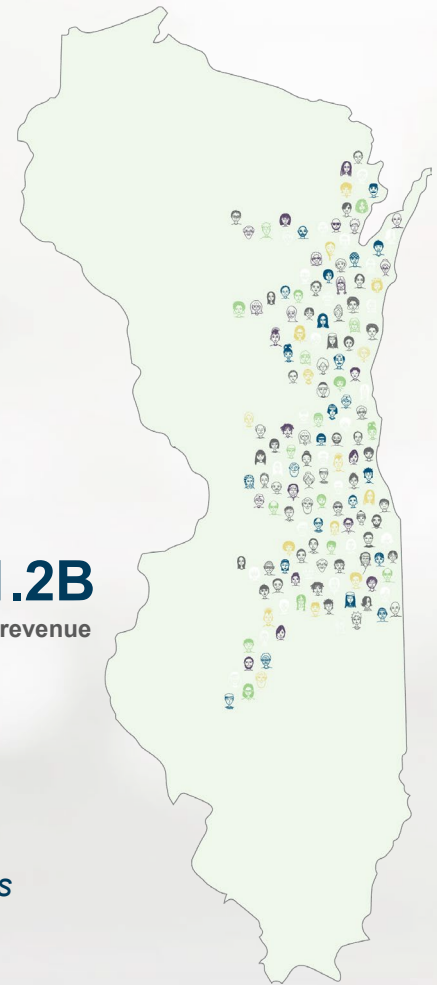
\$494M

Total MSSP
Shared Savings



\$1.1B**

\$850M to physicians | \$250M to hospitals
Paid Out in Value payments



- Enterprise Population Health covers Advocate Health Care (IL) and Aurora Health Care (WI)
- ** Data since 2005

Key Decisions and Actions in Phase 1

Decisions/Actions

Submit Participant List



Apply for SNF Waiver and submit Affiliate List*



Repayment Mechanism*



Considerations

- Assignment generation
- Network adequacy
- Readiness/engagement

- Program oversight
- Geography
- Quality and star rating

- Mechanism type
- Financial institution
- Amount (estimate)

Don't forget that bank account information is due during Phase 1

Key Decisions and Actions in Phase 1

Decisions/Actions

Considerations

Track/Level



- Experience of TINs
- Benchmark factors
- Ability to bear losses

Min Savings Rate (MSR)
and Min Loss Rate* (MLR)



- Size of ACO
- Experience of TINs

Assignment Methodology



- Value of predictable cohort to your ACO
- Need to increase pop during the year
- Clinician/Practice turnover

Don't forget that bank account information is due during Phase 1

Tips and Best Practices: Participant List

Useful Tips

- Do not wait until the final windows to take actions
- Think through your practice/clinician communication strategy
- Streamline information collection and use standard tools
- Troubleshoot common errors in advance (lapsed Medicare enrollment, TIN-LBN mismatches, etc.)

Best Practice Timeline	
Action	Recommended Window
Execute Agreements with ACO Participants and SNFs	Prior to Phase 1
Enter TINs in ACO-MS and upload executed agreements	Phase 1
Make corrections to Phase 1 Participant and Affiliate submission	Phase 1 RFI-1

Best Practices: ACO Participant Agreements

Process

- Build in sufficient time to execute agreements before initial submission window
- Leverage platforms that offer *digital* signatures (as opposed to e-signature)
- Keep excellent records in case of audit

Content/Structure of Agreements

- Create a checklist to ensure all requirements in 42 CFR 425.116 are addressed
- Reference regulations as opposed to writing them out
- Include a Business Associate Agreement (BAA) as an attachment

Tips and Best Practices: CMS Communication

Leverage your CMS Coordinator (existing ACOs)

- Seek them out first
- Copy them when submitting tickets to the Helpdesk
- Note that new ACOs won't receive a Coordinator until after they are accepted into the program

Make the most of the Helpdesk

- Email at SharedSavingsProgram@cms.hhs.gov
- Call at 1-888-734-6433 (Option 1) or TTY/TDD 1-888-734-6563
- Submit ticket directly via ACO-MS (existing ACOs)
- Best used for technical issues/questions your Coordinator is unable to address

*****Note that CMS discourages staff from providing sub-regulatory guidance*****

Overview of MSSP Waiver Options

Waiver Name	Description	Action Required
SNF 3-Day Rule Waiver	Waives 3-day IP stay requirement for SNF admission	Separate application required; due during Phase 1
Telehealth Waiver	Waives geographic and originating site restrictions	No application required; adopt and disclose on public reporting site
Beneficiary Incentive Program	In-kind and monetary incentives to improve access/engagement	Separate application required; due during Phase 2
Fraud and Abuse Waivers	Waivers related to application of the physician self-referral law, the Federal anti-kickback statute, and civil monetary penalties (CMP)	No application required; bone fide determination and disclosure on public reporting site

For more info see [42 CFR 425.612](#), [42 CFR 425.613](#), [42 CFR 425.304](#), and [80 FR 66725](#)

Fraud and Abuse Waiver Detail

- Determine which waiver is applicable
 - Pre-Participation
 - Participation
 - Shared Savings Distribution
 - Compliance with Self-Referral law
 - Patient Incentive Waiver
- Take appropriate actions, e.g.,
 - Bona fide determination by the ACO governing body that arrangement is “reasonably related” to the purpose of MSSP
 - Document a “reasonable connection” to the beneficiary’s medical care (patient incentive waivers)
- Document the terms of the arrangement and create internal and public-facing versions
- Conduct legal review of arrangement (Internal and/or with outside counsel)
- Develop an internal compliance tracking program of the waiver
- Disclose arrangement on the ACO public reporting page

SNF and Telehealth Waiver Detail

SNF Waiver

- Available to BASIC Levels C, D, and E and ENHANCED
- Requires narratives:
 - Communication Plan (between ACO and SNFs)
 - Care Management Plan
 - Evaluation and Admission Plan

Telehealth Waiver

- Available to BASIC Levels C, D, and E and ENHANCED
- No narratives requires by CMS but internal standard operating procedures should be created using the Code of Federal Regulations as a guide
 - 42 CFR 425.612(f) and 42 CFR 425.613

Key Takeaways

- Partnerships are key
- Plan ahead– don't wait until the last minute
- Document, document, document
- Use the waivers to innovate
- Know the guidance, and when in doubt, reach out to CMS

Questions

Upcoming Events

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- NAACOS Summer Boot Camp:
June 15-16, 2023
Denver Airport Marriott at Gateway Park
[Sign Up Here!](#)
- Medicaid Learning Lab:
Next Meeting June 2, 2023, 2:00 – 3:30 pm ET
[Members Register Here!](#)

Contact Information



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Thank you!