



# 2024 MSSP Application Phase 2



**September 28, 2023**

**2:00-3:00 PM ET**

# Agenda



1. Housekeeping and Introductions
2. Overview of Requirements and Submission Timeline.
3. ACO Tips on Requirement Submission
  - Q&A and Wrap-up

# Housekeeping

.....

1. Speakers will present for about 45 minutes
2. Q&A will take place following both segments of presentation
  - 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**

### **VP of Education, NAACOS**

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 30 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.



## **Joel Port**

### **SVP, Business and Network Development, Delaware Valley ACO**

Joel A. Port is the Senior Vice President of Business and Network Development at DVACO, an Accountable Care Organization formed by multiple health systems in southeastern Pennsylvania, and recently acquired by Humana. In his role at DVACO, he is responsible for business planning, network development and day to day operational management of the ACO. Prior to his current position, he held various senior level planning, marketing and network development roles at Main Line Health. Mr. Port is a Fellow of the American College of Healthcare Executives, and assists the local ACHE chapter in setting up an annual educational program in memory of one of his mentors. He attained his Masters Degree in Health Services Administration from The University of Michigan, earned his B.A. degree from Clark University; and received his CPA in 1987.

# Speakers



## **Kara McAndrews, MPH, MS**

### **Director of Network Development & Provider Relations, Delaware Valley ACO**

As the Director of Network Development & Provider Relations at the Delaware Valley Accountable Care Organization (DVACO), Kara manages practice transformation and collaborates with their Clinically Integrated Networks (CINs) at Jefferson Health and Main Line Health to ensure the delivery of strategic initiatives. She leads a team of coaches who support primary care practices transitioning from a fee-for-service reimbursement model to a fee-for-value model. Kara and her team members assist practices in developing and improving their workflows and processes to address opportunities to facilitate a more proactive approach to population health management. She is also an experienced project manager with over 15 years of experience managing projects.

Kara McAndrews joined the Delaware Valley ACO in 2015. She attained a Master's Degree in Public Health and a Master's Degree in Project Management from Drexel University in Philadelphia, PA.



## **Sarah Joers**

### **Contract & Network Coordinator, Delaware Valley ACO**

In her role as the Contract & Network Coordinator at the Delaware Valley ACO, Sarah is responsible for managing the provider network for both the Medicare and Private Payor contracts, as well as the provider network for the Main Line Health employee benefits plan. She works closely with private payors, as well as the Clinically Integrated Networks at Jefferson Health and Main Line Health, to ensure that provider rosters are accurate. Additionally, she serves as administrator of Salesforce maintaining and developing the database.

Prior to joining the Delaware Valley ACO, Sarah worked in the Human Resources department at Main Line Health. She received her Bachelor of Science from Syracuse University in 2000.

# Initial Application/Renewal/or Early Renewal for Agreement Period Beginning on January 1, 2024



## PHASE 2

### SECTION 1 – ACO INFORMATION

- Complete ACO information in ACO-MS including TIN info, public reporting and ACO contacts

### SECTION 2 – PROGRAM PARTICIPATION

- Advance Investment Payments (AIP) Initial Application ACOs only and per eligibility requirements of 42 CFR § 425.630(b)
- Beneficiary Incentive Program (BIP) for 2-sided risk models

### SECTION 3 – LEADERSHIP AND GOVERNANCE

- Submit an organizational chart for your ACO.
- ACO Governing Body : Enter your ACO's governing body members in ACO-MS

### SECTION 4 – CERTIFICATIONS

- Attest to certification criteria

<https://www.cms.gov/medicare/payment/fee-for-service-providers/shared-savings-program-ssp-acos/application-types-timeline>



# Who we are...



## DELAWARE VALLEY ACO

an accountable care organization

Supports **population health** strategy of



Philadelphia-  
based health  
systems



**Humana**

*Two Clinically Integrated Networks that include:*

DVACO  
Network



2,500 Physicians

850 PCPs

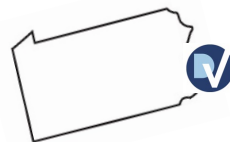
18 Hospitals

2,600 Care Sites

260,000  
BENEFICIARIES

**PHILLY REGION**

*Southeast PA and South NJ*



**CMS-MSSP  
PARTICIPANT  
Enhanced Track**

*Multiple Commercial Shared  
Savings Agreements,  
Plus E-ACO Product*



# Phase 1- Application Process Completed

Phase 1

Phase 2

<div><div>i</div><div>Program Year</div><div>2023</div></div>	<div><div>ACO ID</div><div>A2024</div></div>	<div><div>Legal Entity Name</div><div>Accountable Care Organization of Pennsylvania, LLC</div></div>	<div><div>Track</div><div>ENHANCED track (two-sided model)</div></div>
---	--	--	--

ACO Information

✓

Select Track

✓

ACO Participant List

✓

ACO Participant List and Agreements

✓

Skilled Nursing Facility (SNF) 3-Day Rule Waiver

✓

Repayment Mechanism

✓

Repayment Mechanism Status

✓

Banking Information

✓

Certify Your Application

✓

Certify Your Application

\*CMS will not process your application if you do not complete this certification in ACO-MS. This page will appear at the end of your application. You certify your application when you select "I agree."

I certify that I am legally authorized to execute this document on behalf of the ACO. By my signature, I certify that the information contained herein is true, accurate, and complete, and I authorize CMS to verify this information. If I become aware that any information in this application is not true, accurate, or complete, I agree to notify CMS of this fact immediately and to provide the relevant complete and corrected information.

☒ I agree

Close

Submitted

8



## Phase 2- Decisions and Action Items

Phase 2 Requirements	Decisions/Action Items
<ul style="list-style-type: none"><li>• Submit Phase 2 of the Application<ul style="list-style-type: none"><li>○ Governing Body</li><li>○ Organizational Chart</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Created and submitted governing body</li><li>• Created and submitted org chart</li><li>• Submitted Notice of Significant Change of DVACO</li><li>• Note: Cannot make changes to Phase 1 requirements</li></ul>
<ul style="list-style-type: none"><li>• Respond to Phase 2 RFI</li></ul>	<ul style="list-style-type: none"><li>• Responding to any RFI deficiencies: repayment mechanisms, org chart, and/or governing body</li></ul>
<ul style="list-style-type: none"><li>• Final Application Dispositions</li></ul>	<ul style="list-style-type: none"><li>• Upon approval, a final review is done before the final signing event</li></ul>
<ul style="list-style-type: none"><li>• ACO Signing Event including repayment mechanisms</li></ul>	<ul style="list-style-type: none"><li>• Repayment method submitted</li><li>• Final sign-off</li></ul>



# DVACO's Process

---

- Application Process was a Project
  - Created project plan with timeline and deadlines for requirements and resource assignments
  - Met regularly to discuss updates (i.e.- weekly/bi-weekly)
  - Communicated progress internally at Operations Meetings
  - Communicated to practices
  - Note: If you are doing an Early Renewal, original participating practices do not have to re-sign the MSSP agreement



# Lessons Learned

---

- Review the timeline and work ahead to have the requirements completed and ready for submission
- Follow the requirements for all items needed, especially those for the organization chart and governing body
- Once you determine your repayment mechanism, make sure everything is complete
- Keep your CMS Coordinator updated on your progress and ask questions
- Submit tickets through ACO-MS and copy your CMS Coordinator



# Repayment Mechanism Tips

---

- Three options: Escrow, Letter of Credit (LOC), or Surety Bond
- Escrow is easiest to set up because no outside party to coordinate (such as a bank or insurance company)
- Get approvals early from your Board/Finance Committees on the selected option
- Wait until you get the final “guarantee” \$ number before proceeding
- Have CMS review the LOC or Surety Bond terms in advance before finalizing




# **Phase 2: Application Submission Process**



# ACO Information

Phase 1

Phase 2

	Program Year 2023	ACO ID A2024	Legal Entity Name Accountable Care Organization of Pennsylvania, LLC	Track ENHANCED track (two-sided model)
---	----------------------	-----------------	---	---

ACO Information

Organization Contacts

Program Participation

Beneficiary Incentive Program

Leadership and Governance

Certifications

Certify Your Application

✓

✓

✓


✓

✓

✓


## ACO Information

All fields are required unless marked optional

1. Review your information in ACO-MS 

Date of formation

12/22/2010



Tax status (i.e., for-profit or not-for-profit)

☒ For-Profit

☐ Not-For-Profit



# ACO Information

## Public Reporting Webpage (Optional)

<http://dvaco.org/public-reporting/>

Legal entity type (i.e., sole proprietorship, partnership, publicly traded corporation, privately held corporation, limited liability company, or other)

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Publicly traded corporation
- ☐ Privately held corporation
- ☒ Limited liability company
- ☐ Other

2. Was your ACO newly formed after March 23, 2010, as specified in 42 CFR § 425.202(a)(3)? An ACO is not newly formed if it is comprised solely of providers and suppliers that signed or jointly negotiated any contracts with a private payer(s), on or before March 23, 2010. If the ACO includes any providers or suppliers that were not part of the prior joint negotiation or joint contracting, it is newly formed.

- ☒ Yes
- ☐ No

If you select **Yes**, you understand and agree that CMS will share a copy of your application, including all information and documents submitted with the application, with the Federal Trade Commission (FTC) and the Antitrust Division of the Department of Justice (DOJ).



# Organization Contacts

## Organization contacts

All fields are required unless marked optional

4. Review and update information on your ACO's contacts in ACO-MS: name, title, mailing address, phone number, and email address. Note that some contact information in this section of ACO-MS has been pre-populated.

You will be redirected to the Contacts subtab to add/review Contacts.

[+ Review & Add Contacts](#)

Close

Next



# Organization Contacts

ACO Information

ACO ID  
A2024

Track  
ENHANCED track (two-sided model)

ACO TIN  
[REDACTED]

Status

Agreement Status  
Approved

Application Status  
Approved

Re-Entering  
N/A

Dates

Start Date  
01/01/2014

Performance Year  
1

Agreement Period Start Date  
01/01/2023

Agreement Period  
4

Termination Date  
-

Agreement Details

Performance Year

Application Cycle

Documents

ACO Participants

SNF Affiliates

Contacts

Marketing

Name



Search by name...

+ Add New Contact

Active



> [REDACTED]

Quality Contact - Secondary, Medical Director, ACO Executive - Authorized Official (Electronic Signature Management (ESM) Designee), Public Contact, Marketing Contact - Primary





> [REDACTED]

QPP Staff, Quality Contact - Secondary, CMS Liaison - Primary Contact (ACO Administrator)





> [REDACTED]

Quality Contact - Primary, QPP Security Official, CMS Liaison - Primary Contact (ACO Administrator)



> [REDACTED]

Application Contact - Secondary (ACO Administrator), DUA Requestor, Other Contact





# Contacts Tips

---

- Available to sign contract in late November/early December
  - ACO Executive and/or authorized to sign
  - DUA Requestor
  - DUA Custodian (cannot be the requestor)



# Program Participation- Beneficiary Incentive Program

## Beneficiary Incentive Program

All fields are required unless marked optional

The BIP is applicable only to ACOs applying to a two-sided model (Levels C, D, or E of the BASIC track or the ENHANCED track).

5. Select Yes to apply to establish and operate BIP as described in 42 CFR § 425.304(c).

☐ Yes

☒ No

If you select **Yes**, you must complete a separate BIP application in addition to this application.

Close

Next



# Leadership and Governance

## Leadership And Governance

All fields are required unless marked optional

6. Submit an organizational chart for your ACO.

DVACO Org Chart\_Oct 2022(1).pdf 10/19/2022, 10:57 AM EST

DVACO Org Chart- Operations and Analytics\_Oct 2022(1).pdf 10/19/2022, 10:57 AM EST

### ACO Governing Body

7. Enter your ACO's governing body members in ACO-MS. Include:

- a. All governing body members (include first and last name)
- b. Title/position
- c. Voting power (Enter voting power as a percentage. Enter "0" for non-voting members.)
- d. Membership type (i.e., ACO Participant Representative, Medicare Beneficiary Representative, Community Stakeholder Representative, Other)
- e. ACO participant taxpayer identification number (TIN) legal business name (For ACO participant representatives, type the ACO participant TIN legal business name exactly as it appears on the ACO Participant List, including any name extensions (e.g., LLC, Incorporated, M.D., P.A., etc.). Do not include the ACO participant TIN's DBA name. For Medicare fee-for-service (FFS) Beneficiary and Community Stakeholder Representatives, type N/A.)

+ Add governing body members

View governing body members

8. Is at least 75 percent control of your ACO's governing body held by ACO participants?

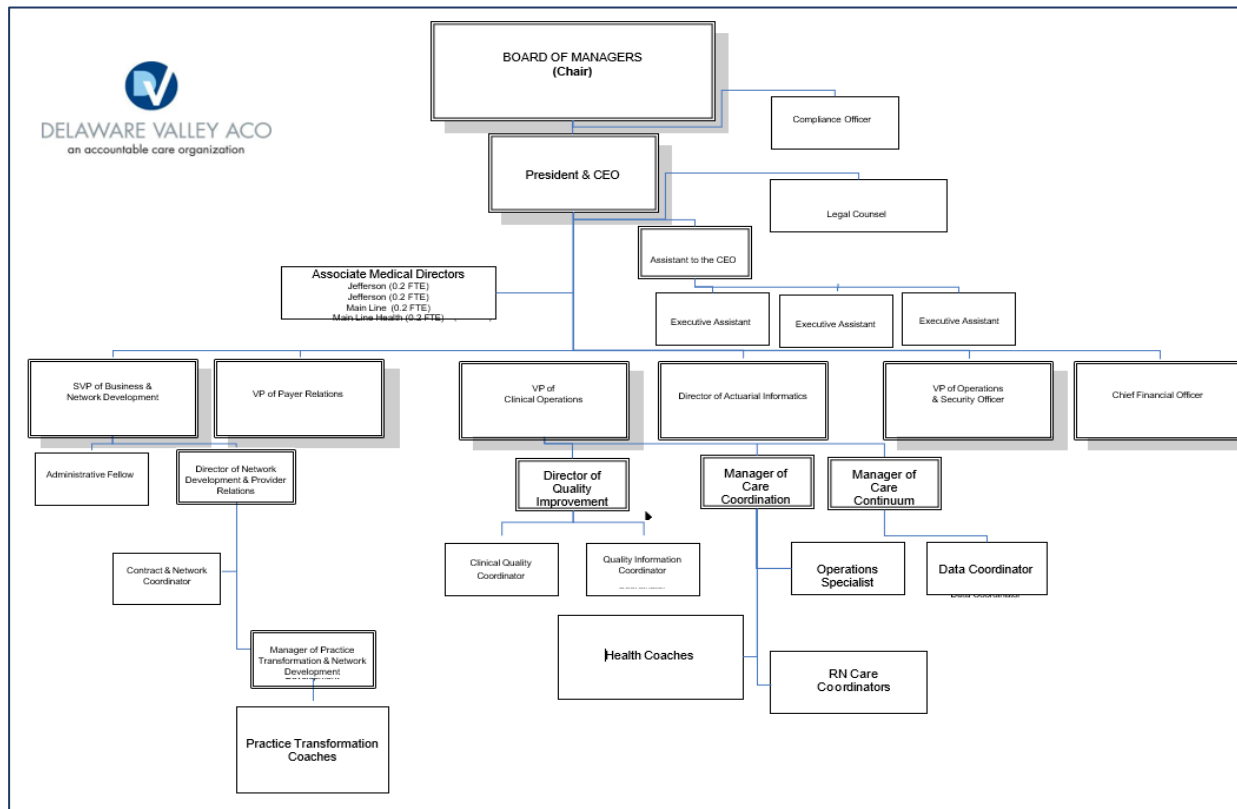
- ☒ Yes  
☐ No

9. Does your governing body include at least one Medicare FFS beneficiary who is served by the ACO, is not an ACO provider/supplier, does not have a conflict of interest with your ACO, and has no immediate family members with a conflict of interest with your ACO?

- ☒ Yes  
☐ No



# Leadership and Governance- Org Chart





# Leadership and Governance- Governance

ACO Governing Body					
First Name	Last Name	Title/Position	Voting Power	Membership Type	ACO Participant TIN Legal Business Name
		Board	6.667 %	ACO Participant Representative	Thomas Jefferson University Hospitals, Inc.
		Board	6.667 %	ACO Participant Representative	Thomas Jefferson University Hospitals, Inc.
		Board	6.666 %	ACO Participant Representative	Aria Health Physician Services
		Board	6.667 %	ACO Participant Representative	Abington Memorial Hospital
		Board	6.667 %	ACO Participant Representative	Thomas Jefferson University Hospitals, Inc.
		Board	6.667 %	ACO Participant Representative	Paoli Family Medicine
		Board	6.667 %	ACO Participant Representative	WILLIAM GREER, M.D., P.C.
		Board	6.667 %	ACO Participant Representative	DELAWARE VALLEY I.D. ASSOCIATES, P.C.
		Board	6.667 %	ACO Participant Representative	MAIN LINE HEALTHCARE
		Board	6.667 %	ACO Participant Representative	Main Line Hospitals, Inc.
		Board	6.667 %	Other	N/A
		Board	6.667 %	Other	N/A
		Board	6.667 %	Medicare Beneficiary Representative	N/A
		Ex Officio	0 %	Other	N/A
		Chair	6.665 %	ACO Participant Representative	Thomas Jefferson University Hospitals, Inc.
		Chair	6.665 %	ACO Participant Representative	MAIN LINE HEALTHCARE



# Governance Tips

---

- Strongly encourage ACOs to follow MSSP guidelines for Governance!
- 75% or more of your Board members are from your participating practices:
  - Clearly note the participating practices
  - Appoint Board members at a Board meeting prior to your application submission
- Make sure your Medicare Beneficiary is attributed to one of your participating practices (do they see a PCP in your network?)
  - Retired physician
  - Prominent community member



# Certifications

## Certifications

All fields are required unless marked optional

10. I certify to the best of my knowledge, information, and belief that my ACO agrees to meet all applicable Shared Savings Program requirements in 42 CFR part 425, including but not limited to the following:

42 CFR § 425.104 (Legal entity)

42 CFR § 425.106 (Shared governance)

42 CFR § 425.108 (Leadership and management)

42 CFR § 425.112 (Required processes and patient-centeredness criteria)

42 CFR § 425.116(a) and (b) (Agreements with ACO participants and ACO providers/suppliers)

42 CFR §§ 425.204(a), (c)(1), (d), and (f) (Content of the application)

42 CFR § 425.300 (Compliance plan)

☒ Yes



# Certifications

**11. I certify that I am requesting the following minimum necessary data per 42 CFR § 425 Subpart H:**

- a. The name, date of birth, sex, and Health Insurance Claim Number (HICN) of beneficiaries
- b. Demographic data
- c. Health status information
- d. Utilization rates
- e. Expenditure information

For ACOs participating under prospective assignment as specified under 42 CFR § 425.400(a)(3), such data is limited to the ACO's prospectively assigned beneficiaries. For ACO's participating under preliminary prospective assignment with retrospective reconciliation under 42 CFR § 425.400(a)(2), such data is limited to beneficiaries who have received a primary care service during the previous 12 months from an ACO participant that submits claims for primary care services used to determine the ACO's assigned population under 42 CFR § 425 Subpart E.

I further certify my ACO is requesting the minimum necessary data as a HIPAA-covered entity and as the business associate of my ACO participants and ACO providers/suppliers in order to conduct health care operations per 45 CFR § 164.501. Such minimum necessary data may include, but are not limited to, the data elements as defined in 42 CFR § 425.706.

I certify that my ACO is requesting the data per 42 CFR § 425.704 to:

- a. Evaluate the performance of ACO participants and ACO providers/suppliers;
- b. Conduct quality assessment and improvement activities; and
- c. Conduct population-based activities to improve the health of the ACO's assigned beneficiary population.

I acknowledge and accept that if my ACO is approved to participate in the Shared Savings Program, my ACO will be required to submit a Data Use Agreement (DUA) prior to receiving any data.

☒ Yes



# Certify Your Application

## Certify Your Application

\*CMS will not process your application if you do not complete this certification in ACO-MS. This page will appear at the end of your application. You certify your application when you select "I agree."

I certify that I am legally authorized to execute this document on behalf of the ACO. By my signature, I certify that the information contained herein is true, accurate, and complete to the best of my knowledge, information, and belief, and I authorize CMS to verify this information. If I become aware that any information in this application is not true, accurate, or complete, I agree to notify CMS of this fact immediately and to provide the relevant complete and corrected information. If my ACO is newly formed according to the definition in the Antitrust Policy Statement, I understand and agree that CMS will share the content of this application, including all information and documents submitted with this application, with the Federal Trade Commission and the Department of Justice.

☒ I agree

Close

Submitted



# Completed Submission

Task ID	ACO	Category	Description	Status	Due
Filter by ID	Filter by ACO ID or Name	Filter by Category	Filter by Task Description	Select	Select
<a href="#">RA23000005-0001</a>	A2024 - Accountable Care Organization of Pennsylvania, LLC	Application	Renewal Application: Submit	100% Completed	10/20/2022



# Questions?

# Upcoming Events

.....

- Webinar: Interoperability in value-based care:  
Standardizing information exchange using CORE  
Operating Rules  
October 18th 2023 02:30 PM - 03:30 PM (ET)  
[Register Here!](#)
- Webinar: Making Care Primary (MCP): Insights for  
Applicants & the Transition to Accountable Care  
October 24th 2023 02:00 PM - 03:00 PM (Eastern)  
[Register Here!](#)

## Medicaid Learning Lab series continues

- [Sign-up here](#) for final sessions of the year.

## AWV Learning Lab series (six sessions)

- Kicking off October 19, 2023
- Every third Thursday from 2:00 - 3:00 PM Eastern
- [Sign-up here](#)

# Upcoming Events

.....

## NAACOS Winter Boot Camps

- February 8-9, 2024
- Marriott Orlando Airport Lakeside, Orlando, FL
- 2 Concurrent Boot Camps
  - Clinical Operations in Care Transformation Boot Camp
  - Data and Analytics for Care Excellence Boot Camp

Registration opening soon!!

# Contact Information



- **NAACOS IT:** [support@naacos.com](mailto:support@naacos.com) | 202-640-1850
- **Melody Danko-Holsomback:**  
[mdholsomback@naacos.com](mailto:mdholsomback@naacos.com) | 202-650-0962
- **Joel Port:** [PortJ@dvaco.org](mailto:PortJ@dvaco.org)
- **Kara Mcandrews:** [McAndrewsK@dvaco.org](mailto:McAndrewsK@dvaco.org)
- **Sarah Joers:** [JoersS@dvaco.org](mailto:JoersS@dvaco.org)

Thank you!



# Appendix



# 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](#)