

MSSP 2025 Application Insights

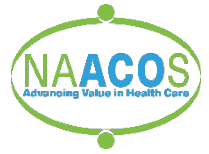


May 29, 2024

2:00 PM – 3:00 PM EDT

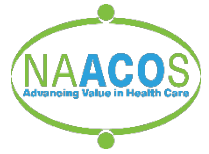
Agenda

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1. Housekeeping and Introductions
2. Application Overview and Policy Updates
3. Considerations for PC Flex and Early Renewal
4. Application Tips and Tricks
5. Audience Q&A

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



Alyssa Neumann
Senior Analyst, Regulatory Affairs
NAACOS

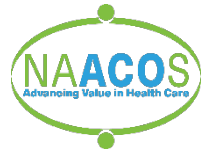


Dave Ault
Counsel
Ropes & Gray



Travis Broome
SVP of Policy and Economics
Aledade
NAACOS Board Member

Application Deadlines & Resources



- [Application Types & Timelines](#), [Toolkit](#), [Key Deadlines](#)
- Phase 1 application deadline is June 17 at 12:00pm (noon) ET; Must submit by this deadline in order to apply for
 - Advance Investment Payments (AIP)
 - ACO Primary Care Flex Model (PC Flex)

Key deadlines to be aware of (all noon ET):

Phase 1 submission	June 17	Submit: ACO Participant List & executed agreements Select: Track/level; MSR/MLR; Assignment methodology Indicate if applying for: ACO PC Flex; Advance Investment Payments
Phase 1 RFI-1	August 1	Final opportunity to ADD ACO participant/SNF affiliate TINs
Phase 1 RFI-2	September 5	Final opportunity to REMOVE ACO participant/SNF affiliate TINs
Phase 2 submission	October 29	Submit: Governing body info; AIP supplemental info; BIP application;

MSSP Policy Changes for 2025 Participation



- Beneficiary Assignment
 - New expanded window for assignment for beneficiaries who didn't have a physician visit in the standard assignment window
 - Will increase NPP attribution
 - Updated benchmarks to reflect assignable population under new policies
- Promoting Interoperability/CEHRT
 - Must report MIPS Promoting Interoperability (PI) performance category measures and requirements
- Quality reporting
 - Must report either electronic clinical quality measures (eCQMs), MIPS CQMs, or Medicare CQMs
- Additional changes for 2025 to be announced in the CY 2025 Medicare Physician Fee Schedule (MPFS) rule later this year
- Application is nonbinding

Adjunct Applications



- [Advance Investment Payments \(AIP\)](#): upfront shared savings payments (lump sum + quarterly payments for 2 years)
 - Eligibility: new, inexperienced, low revenue ACOs
 - Payments: \$250,000 lump sum + up to 8 quarterly payments based on a per beneficiary amount for up to 10k beneficiaries
 - Uses: increased staffing, provision of accountable care for underserved beneficiaries (may include addressing SDOH/HRSNs), health care infrastructure
- [ACO PC Flex](#): primary care hybrid payments + upfront shared savings payment
 - Eligibility: low revenue ACOs, prospective assignment, new agreement period
 - Payments: \$250,000 lump sum + hybrid primary care payments (part FFS, part Prospective Primary Care Payment (PPCP))
 - Many details still unknown awaiting RFA; ACOs may submit an application and withdraw later in the process, currently this is the only application cycle to participate in PC Flex

ACO Primary Care Flex Model



- CMS announced the [ACO PC Flex Model](#) on March 19 to test providing monthly, prospective population-based payments and a one-time advanced shared savings payment to ACOs in MSSP
 - NAACOS and others have been [advocating](#) for a hybrid (part-FFS, part-PBP) primary care payment option in MSSP
- Model will run from Jan. 1, 2025 – Dec. 31, 2029

Eligibility: All low-revenue ACOs in MSSP

- Current participants must start a new agreement period
- Cannot also participate in the Advanced Investment Payment (AIP) program
- High-revenue ACOs are excluded
- Approximately 130 ACOs will be selected to participate

Timeline:

- **May 20 – June 17, 2024:** MSSP Application. ACOs should indicate interest in the ACO PC Flex Model
- **Second Quarter 2024:** RFA released
- **August 2024:** ACO PC Flex Model Application
- **Fourth Quarter 2024:** ACO PC Flex Model Signing
- **January 1, 2025:** Model start date

ACO Primary Care Flex Model



- **Advanced Shared Savings Payment:** Participating ACOs will receive upfront Advanced Shared Savings Payment of \$250,000
 - May cover costs associated with forming an ACO/administrative costs associated w/ model participation
- **Prospective Primary Care Payment (PPCP):**
 - Monthly, prospective payment that replaces FFS primary care services for all primary care providers, FQHCs, and RHCs.
 - CMS will calculate the payment rate based on average primary care spending in the county plus an enhanced amount based on characteristics of the ACO and its assigned patient population.
 - Providers will submit claims as usual, and Medicare will zero-out the payment.
 - ACOs will distribute the PPCP to their participant primary care providers, FQHCs and RHCs. CMS will require ACOs to publicly report information on the distribution of the PPCP.
 - Since FQHCs and RHCs are not paid FFS, CMS will make a beneficiary-level adjustment to the PPCP for beneficiaries who receive the plurality of primary care services based on allowable charges at FQHCs or RHCs.
- **More information:** [Fact sheet](#), [CMS press release](#), [FAQs](#), [Infographic](#)

ACO Primary Care Flex Model

May 2024

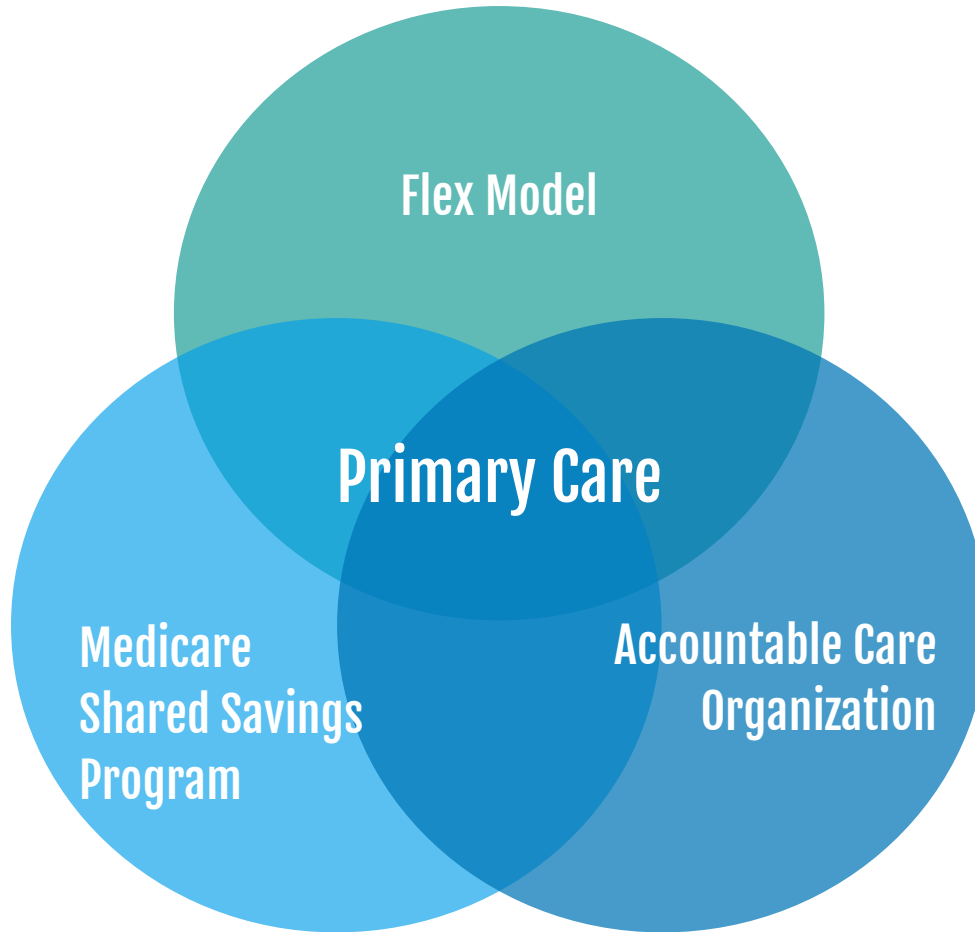


Background & Aledade Perspective on the Model

- CMS is building on over a decade of learnings from MSSP with the ACO PC Flex model: empowering primary care providers with new tools and resources to improve care for Medicare beneficiaries.
- CMS is hoping to reinvigorate the growth in ACOs, which has stalled over the past few years, to reach their goal of having all Traditional Medicare beneficiaries in an accountable relationship by 2030.
- Aledade has been integral in working with CMS to help reach this goal, and we've put forth data-driven policy solutions and advocated for the concept of MSSP as a chassis for innovation.

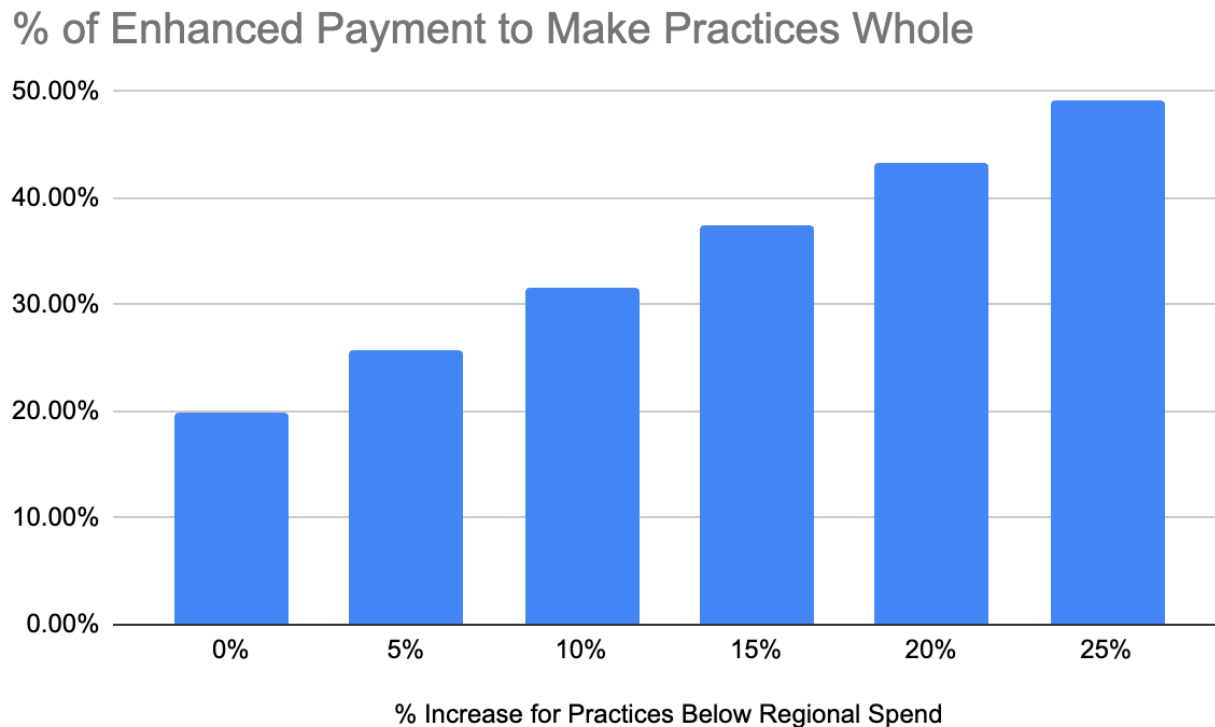
This model demonstrates much of that advocacy coming to fruition.

CMS Payment Models for Primary Care



How Much Does it Cost to Keep Practices Whole to 2023? A lot

\$50 per patient at exact 2023 spend. \$110 per patient to bring up lower than region by 1 deviation



Lessons from Primary Care First, Comprehensive Primary Care Plus and AIM

- Cliffs make bad policy
 - Cliffs are easier to operationalize
- It is possible to over invest
- Losing the financial incentive for AWW and TCM is a concern shared by Local Medical Directors and RMDs
- It is possible to invest so heavily that first year savings are delayed
- AIM
 - Spend plans are manageable from a submission standpoint, but monitoring them is challenging and getting updates approved can slow innovation
 - Increases the number of official actions the board needs to take



Prior Experiences with AIM and REACH

- Both programs run “off the side of the desk” with the goal of limiting their impact
- Both programs created compliance requirements that influenced the prioritization of interventions and product roughly on a 80/20 rule. 80 percent of the compliance requirements were also ACO priorities
- Culturally it has been difficult to get teams at the ACO to have a compliance mindset regarding the requirements of the programs. The freedom of MSSP has instilled a prioritization mindset rather than a compliance mindset across the ACO
- Financial reporting and handling have been successful; however, the off of the side of the desk approach has made auditing difficult and the processes at risk to “key person” problems

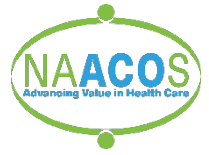


How to Evaluate MSSP and Flex

- Ensure the practice falls into the “most” CMS category and will benefit from the Flex model
- Work with your ACO to design the payment structure that will replace fee for service in ways that leads to better care and better health for patients
- Leverage the Enhanced Payments for new partnerships and services that lead to even higher savings



Application Tips and Tricks



❖ **Should you apply?** If you're asking the question, then you probably should; Protect the opportunity

Value-Based Care: New Opportunities

The ever-growing buffet of Innovation Center models



Announced



- Making Care Primary
- AHEAD
- PC Flex
- GUIDE
- MA-VBID Extension
- TEAM
- Innovation in Behavioral Health
- Transforming Maternal Health
- Cell and Gene Therapy Access Model
- Medicare Intravenous Immune Globulin Demonstration



Coming Soon



- ACO REACH successor
- Mandatory specialty models
- Significant MSSP updates

Application Tips and Tricks

“Apply and Strategize”

❖ Should you apply?

- If you’re asking the question, **then** you probably should; Protect the opportunity

❖ Now is the time to think about your big-picture strategy

- How does the ACO fit into our short- and long-term business strategy?
- Are you participating – or considering participating – in other initiatives?
- Are you building value-based networks across payors (MA, Medicaid, commercial)?
- What is your reason for being in MSSP?
- What is your plan for succeeding in MSSP?

❖ Then execute that strategy

- Create new ACO? Take advantage of: no downside risk, AIPs, PC Flex?
- Tiering both your ACOs and Providers
- Considerations: Organizational Chart/governing body requirements, and how to structure

Application Tips and Tricks



❖ **Include all providers on all applications**

- **Don't worry about overlap initially**

❖ **Submitting provider contracts**

- **Don't worry about perfection**
- **Only new providers, not new agreements**
Not required for renewing if contract hasn't changed/still meets MSSP requirements.
- **Look now at your contracts to see if they will need revision and submission**
 - **If drafting or revising: Remember to think big picture and build in participation/organizational flexibility; MSSP requirements are much more flexible than Innovation Center models**
- **Providers with non-competes now free**
- **SNF affiliate -- same process**

Questions?



Contact Information



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- **Melody Danko-Holsomback:** mdholsomback@naacos.com

Upcoming Events



- **NAACOS Fall Conference:**
October 15-18, 2024
Marriott Marquis Washington, D.C.
Registration opening soon!

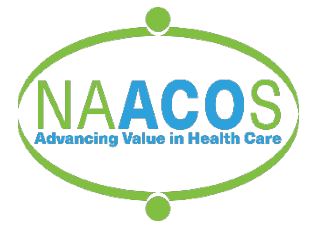
ACO Showdown



NEW INNOVATION COMPETITION

- Eligible participants include ACOs or ACO participating healthcare organization with proven innovative original improvement
- **First competition has a focus on Cardiac Care Innovations within an ACO.**
- Each competing organization will have 17 minutes to compete in a "Shark Tank" type of presentation and answer questions from the virtual audience of their peers.
- Audience members will vote for their favorite innovation during this live virtual event.
- Each of the top three competing organizations will receive a prize.
 - **1st prize** – 1 paid registration to a NAACOS conference or boot camp and \$500 gift card for Grubhub, DoorDash, or Uber Eats for the winning organization's team to celebrate with a meal or food of their choosing.
 - **2nd prize** – \$300 gift card for Grubhub, DoorDash, or Uber Eats
 - **3rd prize** – \$200 gift card for Grubhub, DoorDash, or Uber Eats

You can learn more and apply on our [NAACOS ACO Showdown webpage](#) located under Education and Events



Thank you!



Appendix - Resources



- NAACOS resources (*requires NAACOS membership for access):
 - [Analysis of the final 2024 MPFS rule*](#)
 - [Comments on the 2024 MPFS rule](#)
 - [A New Approach to Paying for Primary Care in the MSSP](#)
 - [PI requirements for ACOs*](#)
 - [MSSP quality resources](#)
 - [Analysis of the final 2023 MPFS rule*](#)
 - [The Impact of Retrospective versus Prospective Attribution on your ACO*](#)
- CMS resources:
 - [ACO-MS registration](#)
 - [Application Toolkit & Change Request Cycle Resources](#)
 - [Application Types & Timeline](#)