MSSP Attribution

Attribution Basics

- Attribution is a foundational aspect of ACO models and identifies individual patients for whom ACOs take accountability for cost and quality of care
- Other terms, “alignment” and “assignment” may be used interchangeably
- Attribution in MSSP:
  1. Claims-based
  2. Voluntary
- MSSP ACOs may select between two claims-based assignment methodologies
  1. Prospective attribution
  2. Preliminary prospective attribution with retrospective reconciliation

Beneficiary Eligibility for Attribution

- Beneficiaries must meet all criteria during the assignment window:
  - Has at least 1 month of Parts A & B enrollment and does not have any months of Part A only or Part B only enrollment
  - Does not have any months of Part C (Medicare Advantage) enrollment
  - Is not assigned to any other Medicare shared savings initiative
  - Lives in the US or US territories based on most recent available data on beneficiary's residence at the end of the assignment window
- To be assigned to an ACO, a beneficiary must have had at least one primary care service with a physician who is an ACO professional of that ACO during the assignment window
  - AKA "physician pre-step"
  - Physician pre-step does not apply for voluntary alignment

Voluntary Alignment

- Beneficiaries have the option to designate their "primary clinician" through MyMedicare.gov
  - ✓ If a beneficiary selects a clinician that is part of an ACO, the beneficiary would be attributed to the ACO
  - × If a beneficiary selects a clinician who is not part of an ACO, the beneficiary would be excluded from the claims-based attribution methodology
- Voluntary alignment supersedes claims-based assignment
  - Exception for beneficiaries aligned to certain CMMI models
- Challenges with voluntary alignment through MyMedicare.gov have limited its uptake in MSSP
  - NAACOS and others have recommended improvements to CMS that would make VA a more useful tool to engage beneficiaries in MSSP

Claims-based Attribution

- The majority of MSSP beneficiaries are attributed to ACOs through the claims-based assignment algorithm
- Driven by utilization of primary care services, determined by allowed charges
  - "primary care services" defined as the set of services identified by HCPCS and CPT codes designated under 42 CFR 425.400(c)
  - Services from FQHCs/RHCs are considered primary care services delivered by a primary care physician for claims-based assignment
- Uses a 3-step assignment algorithm:
  1. Services delivered by primary care physicians, NPs, PAs, and/or CNSs
  2. Services delivered by specialists included in assignment designated under 42 CFR 425.402(c)
  3. For beneficiaries who did not meet the physician pre-step, expanded window for assignment based on services delivered by all clinician types included in assignment

3-Step Attribution Process

Step 1

For beneficiaries who had at least 1 primary care service during the applicable assignment window with a physician in the ACO who is a PCP or has one of the primary specialty designations

Compare allowed charges for primary care services delivered by PCPs, NPs, PAs, CNSs

Step 2

For remaining beneficiaries who have not had any primary care service delivered by a primary care clinician

Compare allowed charges for primary care services delivered by physicians with one of the primary specialty designations

Step 3

Only for beneficiaries who did not satisfy the physician pre-step in the assignment window,
AND received a primary care service with an NP, PA, CNS in the ACO during the applicable assignment window,
AND received a primary care service with a physician who is a PCP or one of the primary specialty designations in the ACO during the applicable 24-month expanded assignment window

Compare allowed charges for primary care services delivered by providers used in assignment during the applicable expanded assignment window

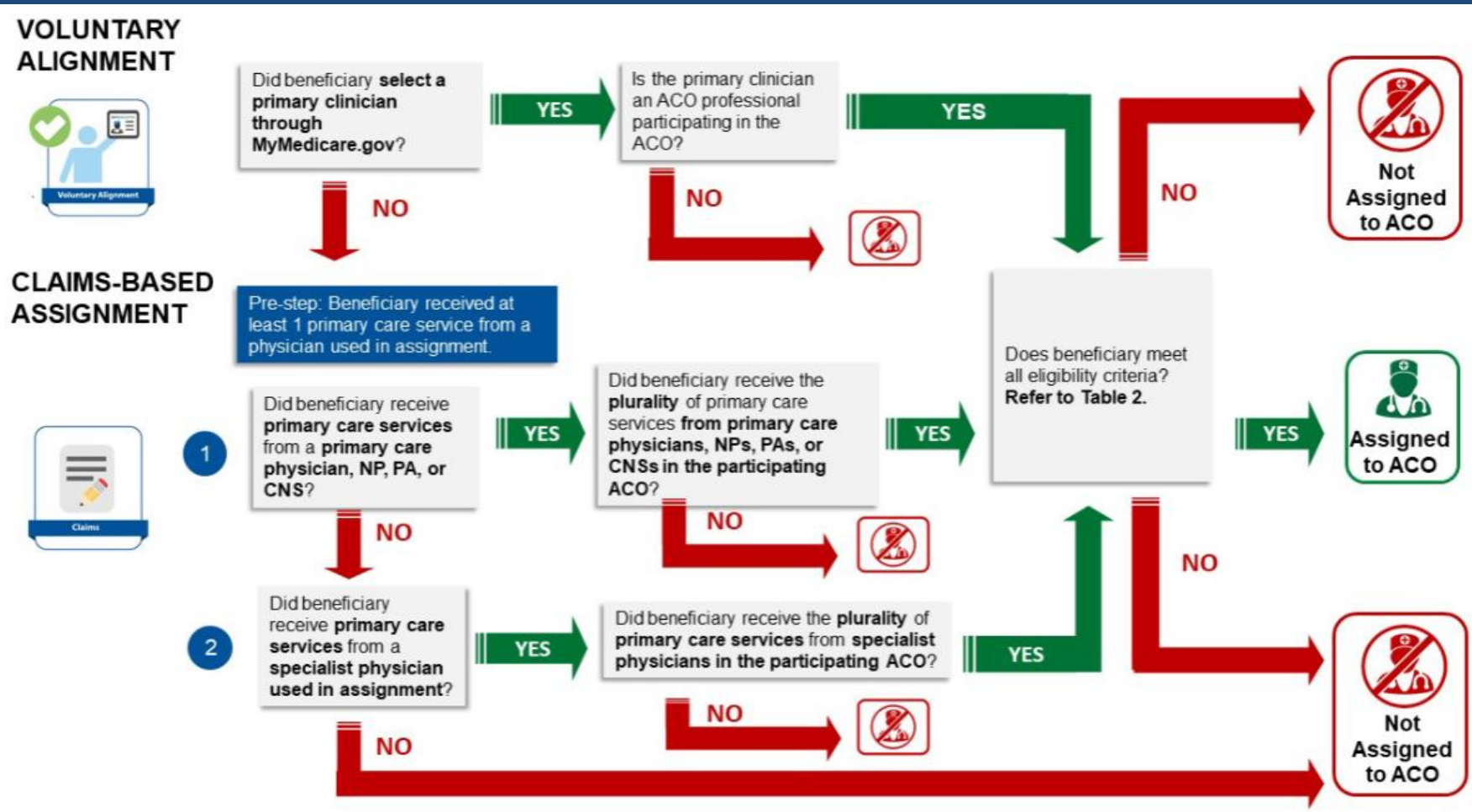

Figure 1. *Voluntary alignment and claims-based assignment process flow*

Assignment Windows

- Assignment windows vary based on the assignment methodology selected
- **Assignment windows:**
  - **Prospective assignment** = offset 12-month window ending Sep. 30 of the preceding calendar year
  - **Retrospective assignment** = 12-month window equal to the performance year
  - **Voluntary alignment** = must designate by Sep. 30 of the preceding calendar year
- **Expanded window for assignment:**
  - Added beginning for PY 2025, only for the new Step 3
  - = 24-month window equal to the applicable 12-month assignment window plus the preceding 12 months

Attribution Methodology Options

Prospective

- ACOs receive prospective assignment list at beginning of PY
  - Beneficiaries **removed** quarterly due to loss of eligibility (or death prior to start of PY)
- Takes precedence over retrospective (assignment run first)
- Provides greater predictability/ stability in population for financial and quality targets

Retrospective

- ACOs receive preliminary assignment list at beginning of PY
  - Beneficiaries **added and removed** quarterly based on utilization of primary care services and eligibility
- Enables smaller ACOs to meet beneficiary threshold
- Timely additions to attributed population
- Increases beneficiary churn throughout the PY

Attribution Methodology Selection

- ACOs must select an attribution type (prospective or retrospective) during initial application to MSSP
- ACOs may change this selection annually through the MSSP change request cycle
  - CMS will provide ACOs with assigned beneficiary estimates for both methodologies throughout the annual application and change request cycle
  - ACOs will receive assignment counts at the ACO-level for selected assignment methodology during Phase 1 dispositions
- Considerations for choosing an attribution methodology:
  - Size of ACO, especially for smaller ACOs close to the 5,000 minimum
  - Upside-only vs. downside risk track participation
  - Composition of provider types included in the ACO
  - Desire for stability/predictability vs. flexibility

Resources Available to NAACOS Members

- More on this topic is available to members on our website
  - Impact of Retrospective vs Prospective Attribution on your ACO
  - Essentials for MSSP Voluntary Alignment
  - MSSP Summary Resource
- Not a member?
  - Contact membership@naacos.com for more information on a free trial membership.

About NAACOS

489
ACO MEMBERS

9.5M
BENEFICIARY LIVES IN MEMBER ACOS

72%
OF ACOS ARE NAACOS MEMBERS

160
PARTNER ORGANIZATIONS

THOUGHT LEADERSHIP

NAACOS works to advance and promote coordinated, patient-centered, value-based care through research, publications, and other forms of thought leadership.

EDUCATION

NAACOS offers a variety of educational webinars, conferences, and other events to help value-based care entities stay up-to-date on the latest developments in the field and learn from experts and peers.

ADVOCACY

NAACOS advocates through various means, such as engaging with policymakers, participating in rulemaking, collaborating with other organizations, and communicating with the public.

Founded in 2012, the National Association of ACOs (NAACOS) is a member-led and member-owned nonprofit helping ACOs succeed in efforts to coordinate and improve the quality of care for their patient populations.