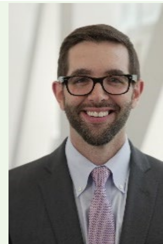
NAACOS Washington Update

September 22, 2023, 9:45 am

Speakers

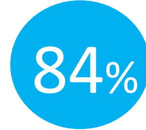
	Aisha Pittman Senior Vice President, Government Affairs NAACOS		**Jennifer Gasperini** Director, Regulatory and Quality Affairs NAACOS
	David Pittman Director, Communications and Regulatory Affairs NAACOS		**Robert Daley** Director, Legislative Affairs NAACOS
	Alyssa Neumann Senior Analyst, Regulatory Affairs NAACOS		

Highlights of the 2022 Medicare ACO Program Results

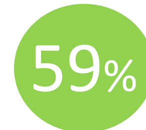
- *In 2022, Medicare Shared Savings Program (MSSP) ACOs…*
  - ✓ …generated **$4.3 billion in gross savings** and $1.8 billion after accounting for shared savings payments.
  - ✓ …generated an **average savings of $416 per patient** compared to their benchmarks.
  - ✓ …earned **$2.5 billion in shared savings** payments, an average of $7.2 million each in 2021, a new program high.
- *More key findings from the 2022 MSSP ACO results:*

straight year MSSP ACOs delivered net savings to Medicare

of ACOs met quality standards required to share in savings



of ACOs saved Medicare money



of ACOs were in two-sided risk tracks, a new program high

TOTAL MEDICARE ACO SAVINGS

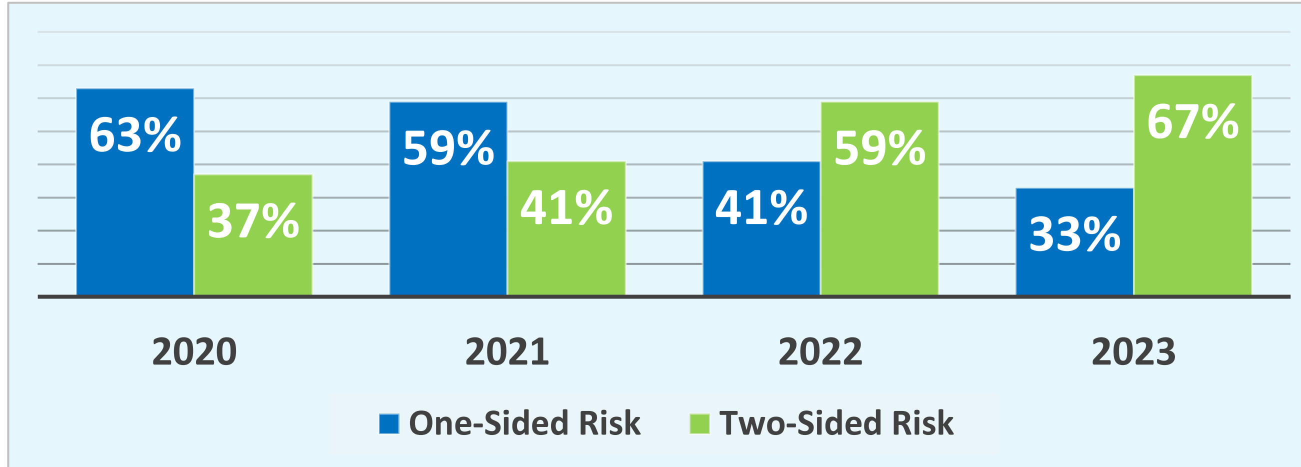
Since 2012, ACOs have saved Medicare $21.5 billion in gross savings and $8.3 billion in net savings.

Average Savings Per Beneficiary Continues to Grow

Numbers in Millions ($)

Year	Gross MSSP Savings Per Bene	Net MSSP Savings Per Bene
2013	$64	
2014	$55	
2015	$59	
2016	$83	
2017	$122	$35
2018	$169	$73
2019	$179	$78
2020	$390	$175
2021	$357	$164
2022	$416	$173

Increased Adoption of Risk



- Levels A & B – 151 ACOs
- Levels C & D – 19 ACOs
- High Revenue – 45%
- Level E – 125 ACOs
- Enhanced – 161 ACOs
- Low Revenue – 55 %

MSSP Adoption Has Stalled

Assigned Beneficiaries, in Millions

Year	Assigned Beneficiaries, in Millions
2013	3.2
2014	4.9
2015	7.3
2016	7.7
2017	9
2018	10.5
2019	10.4
2020	11.2
2021	10.7
2022	11
2023	10.9

2023 ACO REACH Participation

Year	# of ACOs	# of Benes	# of Providers
2021	53	354,000	15,744
2022	99	1.8 million	75,392
2023	132	2.1 million	131,772

ACO Type	2021	2022	2023
Standard	32	78	105
New	15	13	13
High Needs	6	8	14

Risk Track	2021	2022	2023
Professional	14	27	24
Global	39	72	108

Much Progress Needed to Achieve Goal

2030 Goal

Assigned beneficiaries, in millions

2013

2019

2022

2025

Years

Landscape of CMMI Models

Total Cost of Care / Global Budget

Model	Status
Medicare Shared Savings Program	*Permanent program*
ACO REACH Model (formerly Direct Contracting)	*Operating through 2026*
Comprehensive Kidney Care Contracting	*Operating through 2026*
CHART Model (community transformation)	*Operating 2023 through 2028*
Enhancing Oncology Model	*Operating 07/01/2023 through 06/30/2028*
Oncology Care Model	*Operated through 06/30/2022*

*indicates mandatory model

Episode-Based Payments

Model	Status
BPCI Advanced	*Operating through 2023*
Comprehensive Care for Joint Replacement*	*Operating through 2024*
ESRD Treatment Model*	*Operating through 06/30/2027*
Radiation Oncology*	*Permanently delayed*

RFI on future episode-based payment model design released 07/14/2023

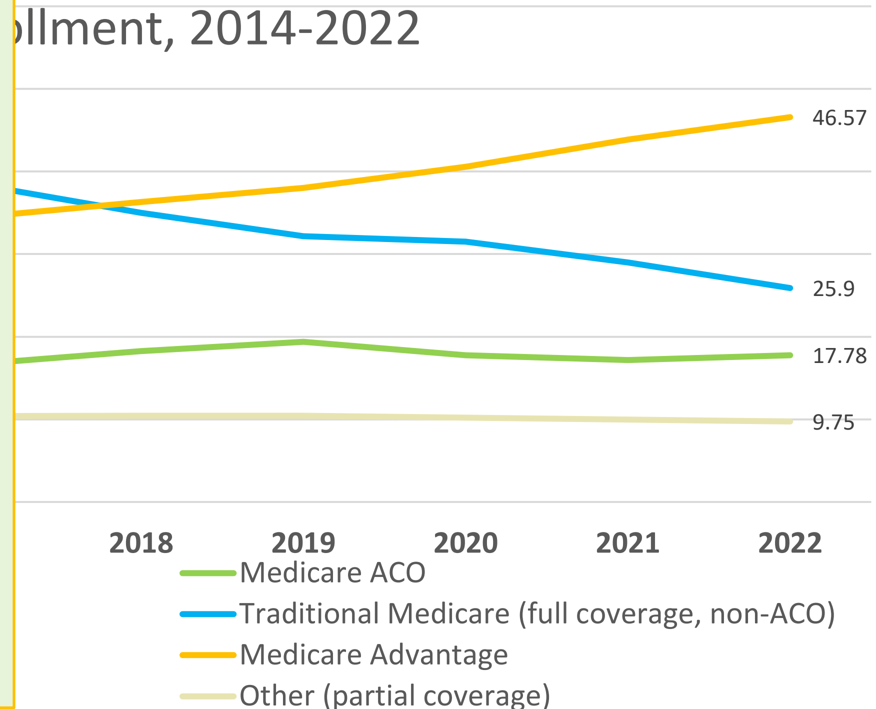
Primary Care Capitation

Model	Status
Primary Care First	*Operating through 2026*
Kidney Care First	*Operating through 2026*
Making Care Primary	*Operating 07/01/2024 through 12/31/2034*

Adapting to the Shifting Healthcare Landscape

Key Issues

- Administrative Benchmarks
  - ACO and MA parity, particularly for risk adjustment
- Promoting other payer arrangements
  - Other payer APM adoption lags Medicare
    - 35% (Medicaid)- 58% (MA) for all APMs
    - 14% (Medicaid)- 30% (MA) for 2-sided risk APMs
  - Encourage CMS to adopt incentives for Medicaid and MA
  - Share best practices and approaches for advancing value with other payers



NAACOS 2023 Priorities

- Grow Congressional Champions
  - ✓ Reintroduction of Value Act
  - ✓ Discussions of Improving MACRA
- Improve the Brand of Value Based Care
  - ✓ Alliance for Value-Based Patient Care
- Improvements and Innovation In MSSP and REACH
  - ✓ Prospective population-based payment for primary care discussions underway
  - ✓ Enhanced+ RFI
  - ✓ Benchmark improvements, ongoing administrative benchmark discussions
  - ✓ ACO REACH modifications announced
  - ✓ Advanced approaches for inclusion of other providers in ACOs
  - ✓ New MSSP quality reporting option as alternative to eCQMs
- Focus on Patient Engagement
  - ✓ Best practices resources launching soon
  - ✓ ACO patient success stories supporting advocacy
  - Improve MSSP Beneficiary Notification
- Support Members in Other Payer Arrangements
  - ✓ Playbook on best practices for data sharing

The Future of Sustainable Value-Based Payment:

Voluntary Best Practices to Advance Data Sharing

2023

Phase I: Data Sharing

Product: **Playbook** of best and promising practices for overcoming key challenges associated with data sharing for VBC arrangements that persist today, taken directly from the expertise of those participating.

NAACOS 2024 Priorities

- Grow Congressional Champions
  - Define future incentive structure
- Improve the Brand of Value Based Care
  - Continuation of Alliance for Value-Based Patient Care
- Improvements and Innovation In MSSP and REACH
  - Benchmarks: Ratchet, Administrative Benchmarks
  - Burden Reduction and Additional Waivers
  - ACO REACH improvements and clear future direction
  - Improve MSSP eCQM reporting
  - ✓ Improve MSSP Beneficiary Notification
  - ✓ Prospective population-based payment for primary care discussions underway
  - ✓ Enhanced+ RFI
  - ✓ Advance approaches for inclusion of other providers in ACOs
- Support Members in Other Payer Arrangements
  - Playbook on best practices for payment models
- Other??

NAACOS
National Association of ACOs

Congressional Activities

Congressional Advocacy

Value Act

- House bill introduced on July 27; discussions re Senate bill
- Coordinated support letter w 17 organizations; 6 sponsors
- NAACOS Press Release w additional info available

MACRA

- Congressional sign on letter w 90+ House Members
- E&C Hearing re MACRA implementation
- Value 101 briefing; more hearings and briefing in fall

Medicaid Duals

- Sen. Cassidy and other SFC members working on bill
- NAACOS submitted comments; staff is open to modifications
- Introduction in Oct or Nov; consideration in 2023 unlikely

NP Assignment

- Rep. Kilmer working on updated version of bill
- NAACOS supports NPP expansion but continues to advocate for exclusion of specialty NPPs

Value in Health Care Act (H.R. 5013)

MSSP Provisions	APM Provisions
✓ Eliminates high low revenue distinction ✓ Establishes benchmark guardrails & requires CMS to report back to Congress ✓ Establishes optional full risk track in MSSP	✓ Two-year extension of APM incentives at original 5 percent ✓ Gives CMS more authority to set QP thresholds ✓ Provides more technical assistance for APMs ✓ Studies parity between APMs and MA

- **Help us build support for the bill by asking your representatives to cosponsor.**
  - Visit our 2023 congressional priorities page for resources to support your outreach.
  - Contact Robert Daley for more information on how to engage with your Members of Congress.

Congressional Agenda & Priorities

What else is Congress working on in 2023?

- **Debt Ceiling Increase & Appropriations** – Lawmakers reached debt ceiling agreement but disagreement on spending priorities makes funding bills difficult to pass
- **Expiring Health Provisions**– SUD/ MH; pandemic prep; workforce
- **Medicare Payment**– APM incentives expiration; fee schedule conversion factor & codes
- **MACRA Reform** – Evaluate incentives; Medicare payment adequacy; and MIPS requirements & interoperability issues
- **Health Costs** – Passing bills to increase price transparency; limit consolidation; site neutral; and reform PBMs
- **Telehealth**–long-term plans to extend telehealth flexibility post PHE
- **MA Oversight** – Deeper look at upcoding and improper payments
- **Claims Data** – efforts to require commercial payers to share data w providers to enable better progress towards value
- **All Payer** – Ongoing discussions about all payer claims data
- **Chronic Care Management.** Efforts to eliminate cost sharing for CCM

Alliance for Value-Based Patient Care

Alliance for Value-Based Patient Care

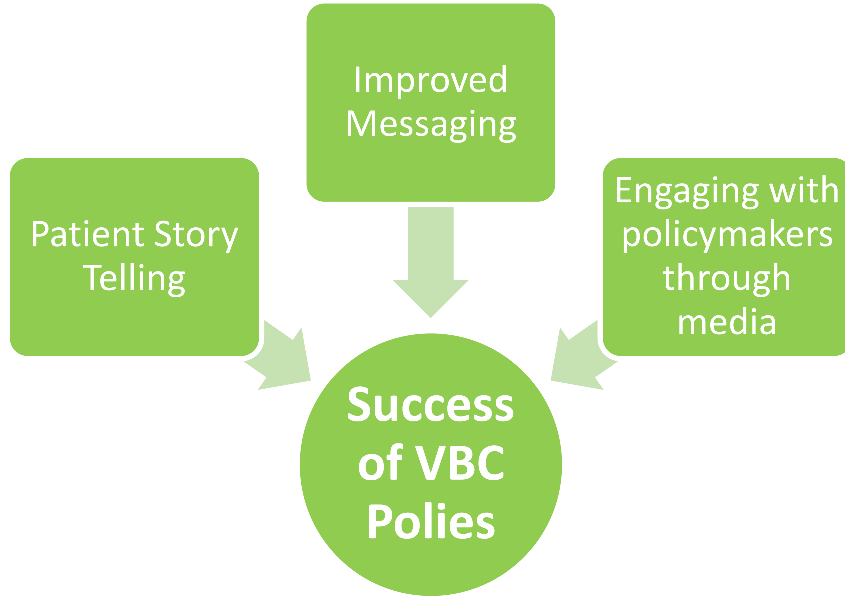
ALLIANCE FOR
VALUE-BASED+
PATIENT CARE

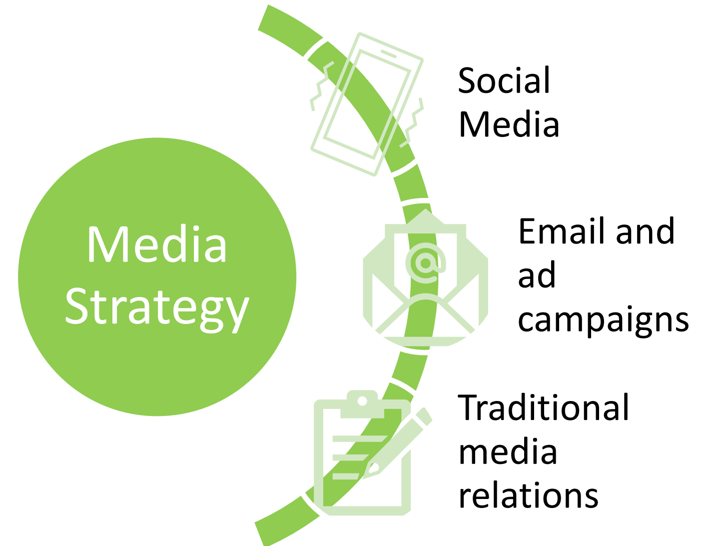
AMERICA'S
PHYSICIAN
GROUPS

Taking Responsibility
for America's Health

Launched in 2022 to better leverage strategic communications and support the advocate of value-based care

Alliance for Value-Based Patient Care





Alliance for Value-Based Patient Care

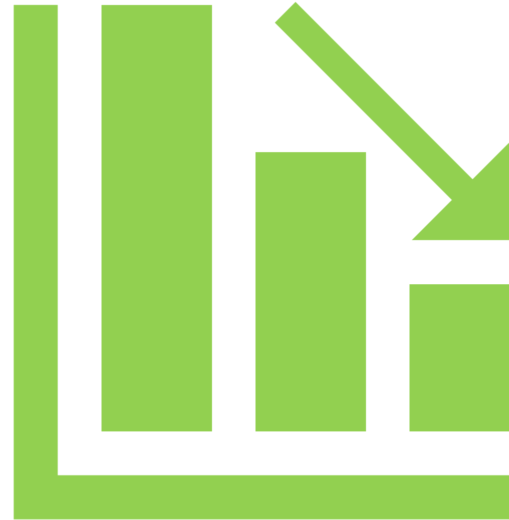
- Designed and launched valuebasedcare.org
- Congressionally targeted advertising campaign earned >1.7M impressions
- Emails target more than 3,000 Hill staffers with a 23% open rate
- Launched social media handles (X and LinkedIn)
- Distribute timely press releases and statements
- Close to a dozen patient stories to show real-world impact
- Contacts us at info@valuebasedcare.org

Policy Updates

Financial Benchmarks

NAACOS
National Association of ACOs

- NAACOS continues to be concerned with the “ratchet effect”
- ACO benchmarks will continue to be lowered with each agreement period



Financial Benchmarks

Other financial issues we're advocating on…

- Fixing the "rural glitch"
- Eliminating the high low revenue distinction
- Correcting disparity in 340B drub payments
- Setting guardrails on the forthcoming ACPT
- Creating parity with Medicare Advantage
- Instilling fairer risk adjustment policies

Financial Benchmarks

NAACOS
National Association of ACOs

Coming to MSSP in 2024

A prospective growth factor, called the Accountable Care Prospective Trend (ACPT), into a new three-way trend	Accounting for changes in ACOs' demographic risk scores before applying the 3% cap on HCC risk scores	Accounting for ACOs' savings generated in the previous agreement period when rebasing new benchmarks

- Policies finalized last year….Additional changes proposed this summer
- **All of CMS's benchmarking changes will only take effect <u>for new agreements starting in 2024</u>**

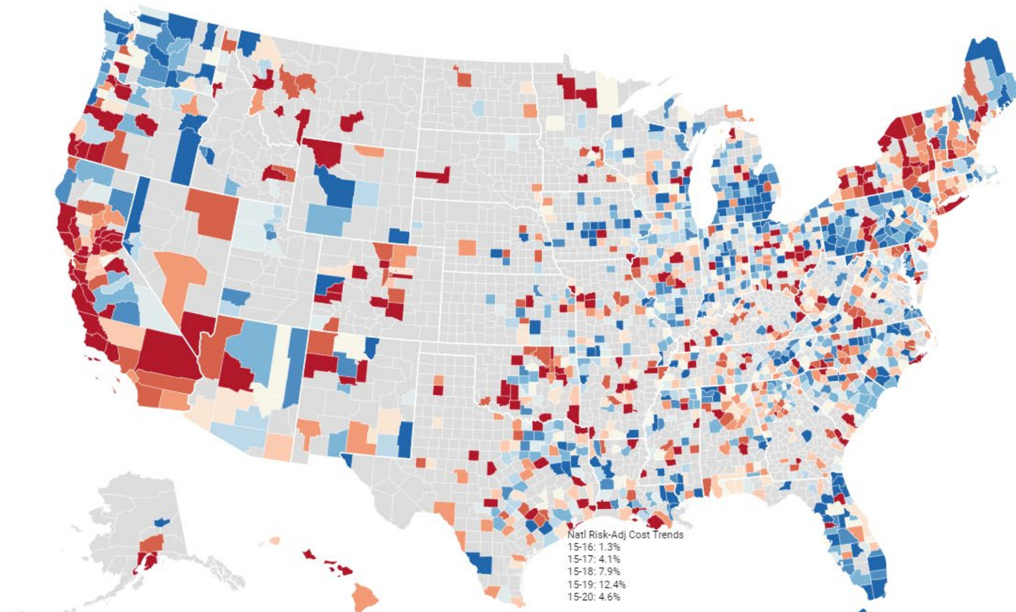
Accountable Care Prospective Trend

NAACOS
National Association of ACOs

County Trends Compared to National Inflation from 2015 to 2020 (Larger counties, >3k)

Allows for 1 pp of variation from national trend. If country trend was greater then value of +1. If county trend was lower than national then -1

It's [projected]() that ACOs in states with lower spending growth – indicated in blue on the map – would be punished under the ACPT.



Risk Adjustment

Proposal	Key Issues
• Would subject an ACO region's risk score growth to a 3% cap, just like ACOs themselves • Proposes to scale the cap to the ACO's market share within a region • ACOs in regions with risk score growth below the cap would not be affected • The region could be subject to a cap in risk scores, even if the ACO isn't	• This has been a long-standing advocacy point for NAACOS • **<u>Would only apply to new agreements starting in 2024</u>**

Risk Adjustment

Proposal	Key Issues
• Blends the introduction of new HCC risk adjustment model version (V28) over three years • V28 would be: ○ ⅓ of risk scores in 2024 ○ ⅔ of risk scores in 2025; and ○ 100% of risk scores in 2026	• Similar three-year phase in done in Medicare Advantage • This will apply to all ACOs in 2024

Risk Adjustment

Proposal	Key Issues
• Apply the same risk model version in benchmark and performance years • Codifies several risk adjustment policies	• **Would only apply to new agreements starting in 2024** • ACOs would have been hurt by using different risk model versions in benchmark and performance years • NAACOS advocated with CMS this spring to make this change

Benchmarking

Proposal	Key Issues
• Removes the negative regional adjustment, preventing an ACO's benchmark from being lower than it would be have been absent a regional adjustment • Prior savings add back not offset by negative regional adjustment	• Positive and helps attract ACOs with higher cost patients • ACOs who receive a negative regional adjustment are twice as likely to drop out of MSSP • Negative adjustment went from -5% to 1.5% to now being gone
• May change benchmarks through the prior savings adjustment in cases of compliance actions or revisions in shared savings amounts	

Prior Savings Adjustment

Calculate Prior Savings/Losses

If savings were generated …

Is the ACO's spending higher than its region?

YES

- Add the prior savings adjustment (a + number) and the regional adjustment (a - number).
- If sum is positive, ACOs receive half the prior savings adjustment capped at 5% of national FFS spending.
- If the sum is negative, ACOs receive the negative regional adjustment.

NO

- ACOs receive the higher of:
- 1) the positive regional adjustment or
- 2) half the prior savings adjustment equal capped at 5% of national FFS spending.

Proposed MSSP Quality Changes

- **New Medicare CQM reporting option for PY 2024**
  - Time limited, transitional option reporting MIPS CQM measures on a more limited patient pop.
  - Limits reporting to Medicare patients meeting ACO assignment criteria
  - Limits scoring challenges with the all-payer approach used in eCQM/MIPS CQM reporting (equity concerns, specialty provider concerns), but will still require data aggregation/de-duplication
- NAACOS continues to ask CMS to resolve these issues in the long-term by addressing the eCQM and MIPS CQM reporting options
  - CMS should not remove the WI option until issues are resolved in the long-term

Medicare CQMs

- **Measures-** Report the 3 MIPS CQM measures, on a more limited patient population
- **Benchmarks-** would be created based on performance year data for PY 2024 and PY 2025
- **Data completeness-** 75%
- **Patient Report-** CMS will provide ACOs w/ a list of eligible patients at the start of the reporting period
    - ACOs will need to ensure all patients that meet the applicable Medicare CQM specifications and also meet the definition of a beneficiary eligible for Medicare CQMs are included in the ACO's eligible patient population (denominator) for reporting each measure

Proposed MSSP Quality Changes

- **Changes to the Quality Performance Standard (QPS)-** will use a 3-year rolling average of historical performance data w/ a lag of 1 performance year
  - Provides ACOs w/ QPS target ahead of PY starting
- **Updates quality measure set for PY 2025-** to align with new Universal Foundation set
  - Would add composite vaccination measure, SUD treatment measure and SDOH screening measure

Proposed MSSP Quality Changes

TABLE 29: 40th Percentile MIPS Quality Performance Category Scores Using Current and Proposed Methodology

Performance Year	40th percentile MIPS Quality performance category score*
2018	70.80*
2019	70.82*
2020	75.59*
2021	77.83*
2022 (projected)	72.40^
2023 (projected)	74.75^

* As published in Table 64 of the CY 2023 PFS final rule (87 FR 69868). The 40th percentile MIPS Quality performance category score was calculated by taking the 40th percentile of all submission-level MIPS Quality performance category scores (the unweighted distribution of scores), excluding entities/providers eligible for facility-based scoring.

^ As projected based on the proposed methodology. The performance year 2022 projected 40th percentile MIPS Quality performance category score for the quality performance standard is based on the average of the 2018, 2019, and 2020 40th percentile MIPS Quality performance category scores. The performance year 2023 projected 40th percentile MIPS Quality performance category score for the quality performance standard is based on the average of the 2019, 2020, and 2021 40th percentile MIPS Quality performance category scores.

Proposed MSSP Quality Changes

Other quality changes:

Measure suppression - will award the higher of your own score or the Quality Performance Standard score if one or more measures are suppressed

CAHPS Changes - Requires Spanish language administration of the CAHPS for MIPS survey

Specialist Quality in ACOs - Solicits comments on MIPS Value Pathways quality reporting for specialists in MSSP ACOs for PY 2025 - discussed as bonus (10 pts) initially and a req in future

ACO CEHRT Req's

- Proposal to align CEHRT requirements for MSSP ACOs with MIPS, resulting in removing the 75% threshold requirement for ACOs but instead requiring all ACOs to report Promoting Interoperability
  - MIPS PI exceptions/exclusions applied
  - CMS encourages but does not require, reporting at the APM Entity level
- This adds significant burden to ACOs who meet QP status and would otherwise be exempt from all MIPS requirements – NAACOS strongly opposes this requirement

MIPS

- Proposal to increase MIPS performance threshold from 75 to 82 points for performance year 2024
- MIPS payment adjustments for PY 2022 (payment year 2024) were higher than expected with 100/100 = 8.25% update
  - This counts as an ACO expenditure
  - Majority of the adjustment coming from exceptional performance funding which is now expired so this will likely be significantly lower in future years

Specialty Engagement

- CMS and CMMI have an increasing interest in supporting greater specialty engagement in value-based care models
  - CMMI Strategic Plan for integrating specialty care in value models
  - Quality proposals in MPFS rule discuss requiring specialists to report quality measures in an ACO via MIPS Value Pathways
  - PTAC discussions & RFI for models/ways to support engagement with specialists in value models
  - CMMI RFI on episode payment discusses supporting specialists in value arrangements
- NAACOS specialty engagement workgroup discusses these issues and others on the horizon to help inform advocacy work – if interested in participating email advocacy@naacos.com

Primary Care Payment

- NAACOS is advocating for a voluntary population-based payment option for primary care within MSSP
  - NAACOS & the Primary Care Collaborative led a sign on letter to CMS with core principles
  - NAACOS & PCC convened a meeting with CMS to propose the option and two payment approaches
  - CMS subsequently held listening sessions on this topic with ACOs, primary care clinicians, & consumer advocates
- Key considerations for CMS:
  1. Guardrails to ensure practice-level payment changes
  2. Additional supports needed for small/rural/safety net practices
  3. Increasing investment in primary care within constraints of ACO benchmarks

Primary Care Payment

We are convening ACO members to provide additional feedback to CMS to advance this option; for more information contact Alyssa Neumann

Key themes from latest NAACOS member discussion:

- Different considerations based on ACO structure:
  - Employed vs. independent practices vs. combination
  - Centralized vs. in-clinic services (care management, analytics, EHR and other IT support, etc.)
  - Provider types with different billing/payment systems (e.g., FQHCs)
- Considerations for guardrails:
  - TIN-level participation agreement that outlines goals/expectations and payment arrangement (ensures payment ≥ historical FFS)
  - Spend plan with public reporting (modeled after Advance Payment ACO reporting requirements)

Next steps: outline challenges and considerations for various types of ACOs, potential guardrails that allow flexibility for different ACOs to participate

Beneficiary Assignment

- CMS has proposed several changes to beneficiary assignment in MSSP:
  1. Incorporating an expanded window for assignment
  2. Adding a step 3 to the claims-based assignment methodology
  3. Revising the definition of “assignable beneficiary”
  4. Adding several codes to the definition of primary care services used to assign beneficiaries to ACOs

Beneficiary Assignment

Key Issues:

- Intended to better account for beneficiaries who primarily receive primary care from NPPs within limitations of statutory requirement
- Builds on lessons from CMMI models with 2-year assignment window (e.g., REACH, Next Gen)
- Applied after current two-step methodology
- May result in some beneficiaries being prospectively assigned to an ACO under step 3 that differs from the retrospective ACO currently assigned
- May cause some ACOs to be identified as low revenue instead of high revenue
- Expands the assignable population, which is used to calculate national and regional factors

Beneficiary Assignment

NAACOS Comments:

- Overall supportive of efforts to get more beneficiaries in accountable care relationships and better attribute beneficiaries receiving primary care services from NPPs
- Concerns with lack of ability to distinguish between NPPs practicing primary care versus specialty care, which may lead to more specialty-driven attribution
    - *Solutions*: TIN-NPI participation; updating PECOS; patient relationship codes; allow ACOs to remove specialist NPPs from assignment
- NAACOS is urging CMS to conduct additional analyses to model potential impacts prior to 2025 implementation
- NAACOS opposes addition of opioid use disorder (OUD) codes to assignment list until CMS includes these services in CCLF files

Advance Investment Payment (AIP)

- NAACOS was pleased to see CMS establish the AIP option in MSSP through the 2023 MPFS rule and CMS is proposing refinements to AIP policies in advance of 2024 implementation:
  - Relaxing eligibility requirements to allow ACOs receiving AIP to transition to 2-sided risk tracks after PY2
  - Modifying recoupment policies to allow ACOs receiving AIP to early renew
  - Clarifying that:
- CMS will cease distribution of AIP to ACOs that voluntarily terminate;
- ACOs must report to CMS the same information on AIP that must be publicly reported;
- ACOs may request reconsideration review of quarterly payment calculations

Beneficiary Notifications

NAACOS National Association of ACOs

- CMS did not propose changes to beneficiary notification requirements, and NAACOS continues to advocate for more sensible policies
- NAACOS has outlined four key issues with the current requirements:
  1. Ability to identify the denominator of beneficiaries that must receive the notifications
  2. Feasibility of complying with timing requirements
  3. Lack of adequate guidance and contradictory information on compliance
  4. Increased beneficiary confusion and frustration

Beneficiary Notifications

NAACOS National Association of ACOs

- These issues were exacerbated by the implementation of the new follow-up communication requirement established in the 2023 MPFS rule
  - NAACOS and some Medicare ACO beneficiary board representatives have recommended CMS include more comprehensive information on ACOs and MSSP in the "Medicare & You" handbook
- NAACOS is leveraging relationships with patient advocacy organizations established through the patient engagement strategy to collaborate on commonsense solutions; contact Alyssa Neumann to participate

CMMI Models – Making Care Primary

- This summer, CMS announced Making Care Primary (MCP), the latest advanced primary care model set to launch 1/1/24
  - 10.5-year, multipayer model
  - 8 participating states (CO, MA, MN, NM, NJ, NC, WA, upstate NY)
  - 3 progressive tracks w/ more advanced care delivery and payment changes

Track 1: Infrastructure building (no experience with VBC)

Track 2: Implementing advanced primary care

Track 3: Optimizing care and partnership

CMMI Models – Making Care Primary

- The request for applications (RFA) includes additional details on eligibility, care delivery requirements, and payment methodologies
  - The application portal is open through 11/30/2023
- Concurrent participation in Medicare ACO programs is not permitted
- The model could provide an opportunity for practices to gain experience in value-based care prior to joining an ACO
  - Join NAACOS' webinar on 10/5/2023 at 2-3pm ET to learn about model details and insights for the accountable care landscape

CMMI Models – REACH

ACO REACH

- CMMI announced in August several changes starting in 2024
  - NAACOS was pleased to see some of these changes and issued a statement
  - More information available in this NAACOS resource
- Still faces some political backlash
- REACH is currently due to sunset at the end of 2026
- NAACOS and CMMI are thinking about what is next

CMMI Models – REACH

Health Equity BM Adjustment

- Adding two additional components:
  - Low-Income Subsidy Status (in combination with dual eligibility as a single component) and the state-based ADI.
  - The three components will be weighted equally.

Application of the HEBA

	Current Policy		New Policy	
Decile	Upward Adjustment	Downward Adjustment	Upward Adjustment	Downward Adjustment
10	$30	--	$30	--
9	--	--	$20	--
8	--	--	$10	--
7	--	--	--	--
6	--	--	--	--
5	--	$6	--	--
4	--	$6	--	--
3	--	$6	--	$10
2	--	$6	--	$10
1	--	$6	--	$10

CMMI Models – REACH

Retrospective Trend Adjustment

- Will apply risk corridors to changes between retrospective trend adjustment and actual trend to offer some predictability and protection to ACOs

% Change (positive or negative) between RTA and actual trend	Financial Responsibility for Change	
	ACO	CMS
Up to 4 percent	100 percent	0 percent
4-8 percent	50 percent	50 percent
>8 percent	0 percent	100 percent

CMMI Models – REACH

Risk Adjustment

- Will blend the V28 and V24 HCC risk adjustment models
  - Weighting the new V28 model at 1/3 and the current V24 model at 2/3 in 2024
  - The same blend will be applied to baseline years and performance years
  - CMMI expects the change to reduce benchmarks by -0.4 percent
- Will apply a 1% cap on the Coding Intensity Fact
  - Under current policy, there is no cap on the CIF
- As previously announced, CMMI will move to a static reference year with a demographic adjustment for Standard and New Entrant ACOs
  - In other words, risk score will no longer be able to grow by 3% each year and can only grow by up to 3% total for the duration of the model
- Will apply the +/-3% risk score cap and CIF to High Needs ACOs
  - High Needs ACOs will continue to use the concurrent risk adjustment model

CMMI Models – REACH

Buffer Against Fluctuation in Alignment

- ACO alignment may temporarily drop below the required minimum by up to 10% in a year. CMMI will apply the buffer only one time across the remaining 3 performance years

Reduced Alignment Minimums

	New Entrant ACOs		High Needs ACOs	
Performance Year	Previous Minimums	New Minimums	Previous Minimums	New Minimums
2024	3,000	3,000	750	750
2025	5,000	4,000	1,200	1,000
2026	5,000	5,000	1,400	1,250

CMMI Models – REACH

- Expanded eligibility criteria for High Needs ACOs
  - New Expanded Criteria: Beneficiaries with at least 90 Medicare-covered days of Home Health services utilization or at least 45 Medicare-covered days in a SNF within the previous 12 months
- For Provisional Settlements, CMMI will use a full 12 months experience
  - Currently, Provisional Settlement reflects six months of a given PY
- CMS is increasing the financial guarantee amount for all ACOs participating in Enhanced Primary Care Capitation and the APO to 4%
- ACOs would not have to “stack” financial guarantees if they pay losses in a provisional settlement
- NPs and PAs participating in the NP/PA Benefit Enhancement will be able to certify and order Pulmonary Rehabilitation Care Plans

CMMI Models

NAACOS National Association of ACOs

Guiding an Improved Dementia Experience (GUIDE) Model

- Voluntary, nation-wide model to support patients with dementia and their caregivers
- 8-year model starting on July 1, 2024
- Participants receive a PBPM payment for care management and coordination
- Can bill for respite services
- New program participants receive a lump-sum payment to help program development
- Overlap with ACO models allowed
- Letter of interest was due September 15

CMMI Models

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States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

- A new state-based, population health model
- Targets all-payer and Medicare FFS growth by a statewide or sub-state entity
- Opportunities include:
  - State infrastructure and model development
  - Global hospital budgets
  - Primary care programs
  - Benefit enhancements and coverage expansions
- A maximum of $12 million per applicant
- A funding opportunity was posted this summer
- Applications due in March and July 2024

NAACOS 2024 Priorities

- Grow Congressional Champions
  - Define future incentive structure
- Improve the Brand of Value Based Care
  - Continuation of Alliance for Value-Based Patient Care
- Improvements and Innovation In MSSP and REACH
  - Benchmarks: Ratchet, Administrative Benchmarks
  - Burden Reduction and Additional Waivers
  - ACO REACH improvements and clear future direction
  - Improve MSSP eCQM reporting
  - ✓ Improve MSSP Beneficiary Notification
  - ✓ Prospective population-based payment for primary care discussions underway
  - ✓ Enhanced+ RFI
  - ✓ Advance approaches for inclusion of other providers in ACOs
- Support Members in Other Payer Arrangements
  - Playbook on best practices for payment models
- Other??

Questions?

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