ACOS AND THE MEDICARE SHARED SAVINGS PROGRAM:

A Primer For Physicians

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TOPICS TO BE COVERED TODAY
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- Overview of the Medicare "Shared Savings Program" as described in the proposed regulations issued by CMS March 31, 2011
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- What the new rule means for physicians and physician practices
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• What the new rule means for physicians and physician practices

• Questions
MEDICARE SHARED SAVINGS PROGRAM

• Three Aims of the Program:
MEDICARE SHARED SAVINGS PROGRAM

- Three Aims of the Program:
  - Better care for individuals
Three Aims of the Program:

- Better care for individuals
- Better health for populations
MEDICARE SHARED SAVINGS PROGRAM

- Three Aims of the Program:
  - Better care for individuals
  - Better health for populations
  - Lower growth in expenditures
MEDICARE SHARED SAVINGS PROGRAM
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• Voluntary Program
MEDICARE SHARED SAVINGS PROGRAM

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• No physician, physician group, or hospital is required to participate
MEDICARE SHARED SAVINGS PROGRAM

- Voluntary Program
  
  - No physician, physician group, or hospital is required to participate
    
    - Providers who do are eligible to receive payments for "shared savings" in addition to normal Medicare FFS payments.
MEDICARE SHARED SAVINGS PROGRAM

• Voluntary Program

• No physician, physician group, or hospital is required to participate

  • Providers who do are eligible to receive payments for "shared savings" in addition to normal Medicare FFS payments.

• Patients are not limited in their choice of providers -- may receive care from physicians and hospitals who do NOT participate in the Program

Tuesday, May 3, 2011
MEDICARE SHARED SAVINGS PROGRAM
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• Only covers care provided to Medicare fee-for-service patients (not Medicare Advantage Plan patients)
MEDICARE SHARED SAVINGS PROGRAM

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- Does not change fee-for-service reimbursement -- just adds potential for additional, shared savings payments to providers
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• Does not change fee-for-service reimbursement -- just adds potential for additional, shared savings payments to providers

• May offer some risk-sharing reimbursement options in the future (e.g., partial capitation)
MEDICARE SHARED SAVINGS PROGRAM
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• Vehicle for physician and other provider participation in the Medicare Shared Savings Program:
MEDICARE SHARED SAVINGS PROGRAM

• Vehicle for physician and other provider participation in the Medicare Shared Savings Program:

• **Accountable Care Organizations or "ACOs"**
ACCOUNTABLE CARE ORGANIZATIONS
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• ACO creates and operates the infrastructure for care management and coordination, data gathering and analysis, data reporting to CMS
ACCOUNTABLE CARE ORGANIZATIONS

• ACO creates and operates the infrastructure for care management and coordination, data gathering and analysis, data reporting to CMS

• ACO is eligible to receive a portion of the savings the Medicare program achieves for the patient population assigned to the ACO
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- ACO is eligible to receive a portion of the savings the Medicare program achieves for the patient population assigned to the ACO

- ACO distributes any shared savings payments to the participating providers in the ACO
ACCOUNTABLE CARE ORGANIZATIONS

• ACO creates and operates the infrastructure for care management and coordination, data gathering and analysis, data reporting to CMS

• ACO is eligible to receive a portion of the savings the Medicare program achieves for the patient population assigned to the ACO

• ACO distributes any shared savings payments to the participating providers in the ACO

• ACO is held accountable for any losses incurred while participating in the Shared Savings Program
ACCOUNTABLE CARE ORGANIZATIONS
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- Requirement for physician involvement (especially primary care physicians)
ACCOUNTABLE CARE ORGANIZATIONS

• Requirement for physician involvement (especially primary care physicians)
  
  • As participants
ACCOUNTABLE CARE ORGANIZATIONS

• **Requirement for physician involvement** (especially primary care physicians)
  
  • As participants
  
  • In management/leadership roles

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• Regulation makes physicians the essential ingredient in ACOs
ACCOUNTABLE CARE ORGANIZATIONS

- **Requirement for physician involvement** (especially primary care physicians)
  - As participants
  - In management/leadership roles
- Regulation makes **physicians the essential ingredient** in ACOs
  - BUT, infrastructure requirements may make “deep pocket” partners like hospitals a practical necessity
ACCOUNTABLE CARE ORGANIZATIONS

- **Requirement for physician involvement** (especially primary care physicians)
  - As participants
  - In management/leadership roles

- Regulation makes **physicians the essential ingredient** in ACOs
  - BUT, infrastructure requirements may make “deep pocket” partners like hospitals a practical necessity

- **Regulation emphasizes role of providers over payors**
ACO STRUCTURE
ACO STRUCTURE

- Must be a legal entity recognized and authorized to conduct business under state law
  
  - Stock or non-stock corporation (including professional corporation)
    
    - Limited liability company
  
  - General or limited partnership
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• Must be a legal entity recognized and authorized to conduct business under state law
  
  • Stock or non-stock corporation (including professional corporation)
    
    • Limited liability company
  
  • General or limited partnership

• No need to create new entity to form ACO as long as governance and other requirements are met
ACO STRUCTURE

• Must have a taxpayer identification number (TIN)
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• Must have shared governance with appropriate proportionate control over ACO’s decision making for all ACO participants
ACO STRUCTURE

• Must have a taxpayer identification number (TIN)

• Must have **shared governance** with **appropriate proportionate control** over ACO's decision making for all ACO participants

• ACO participants (including physicians) must have at least 75% control of the ACO's governing body
ACO STRUCTURE

- Must have a taxpayer identification number (TIN)

- Must have **shared governance** with **appropriate proportionate control** over ACO’s decision making for all ACO participants

  - ACO participants (including physicians) must have at least 75% control of the ACO's governing body

  - Governing body must include Medicare beneficiaries
ACO STRUCTURE

• Must have a taxpayer identification number (TIN)

• Must have **shared governance** with **appropriate proportionate control** over ACO’s decision making for all ACO participants

  • ACO participants (including physicians) must have at least 75% control of the ACO's governing body

  • Governing body must include Medicare beneficiaries

• Must be comprised of an eligible group of ACO participants that work together to manage and coordinate care for Medicare patients
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• Must be comprised of an eligible group of ACO participants that work together to manage and coordinate care for Medicare patients

• Must have a means for distributing shared savings payments to participating providers

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ACO STRUCTURE
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• WHAT IS “PROPORTIONATE” CONTROL?
ACO STRUCTURE

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• What portion of the 75% control would physician participants be entitled to?
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• Unlikely to mean proportionate to capital invested
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  • Unlikely to mean proportionate to capital invested

  • More likely to mean proportionate to number of participants or function of participants

Tuesday, May 3, 2011
WHO MAY FORM AN ACO?
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- Only one (or more) of the following 5 groups:
WHO MAY FORM AN ACO?

• *Only* one (or more) of the following 5 groups:

  • ACO professionals in group practice arrangements
WHO MAY FORM AN ACO?

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  • “ACO professional” = physician, physician assistant, nurse practitioner, clinical nurse specialist
WHO MAY FORM AN ACO?

• Only one (or more) of the following 5 groups:

  • ACO professionals in group practice arrangements
    • “ACO professional” = physician, physician assistant, nurse practitioner, clinical nurse specialist
  • Networks of individual practices of ACO professionals
WHO MAY FORM AN ACO?

• Only one (or more) of the following 5 groups:

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  • Networks of individual practices of ACO professionals

  • Partnerships or joint venture arrangements between hospitals and ACO professionals
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    • “ACO professional” = physician, physician assistant, nurse practitioner, clinical nurse specialist
  • Networks of individual practices of ACO professionals
  • Partnerships or joint venture arrangements between hospitals and ACO professionals
  • Hospitals employing ACO professionals
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  • Networks of individual practices of ACO professionals

  • Partnerships or joint venture arrangements between hospitals and ACO professionals

  • Hospitals employing ACO professionals

  • Such other groups of providers of services and suppliers as Secretary of HHS determines appropriate (so far: critical access hospitals)
WHO MAY FORM AN ACO?
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- CMS wants ACOs to be provider-driven and patient-centered
WHO MAY FORM AN ACO?

• CMS wants ACOs to be provider-driven and patient-centered

• Hospitals and payors may NOT form ACOs alone -- must partner with physicians
WHO MAY **PARTICIPATE IN AN ACO?**
WHO MAY PARTICIPATE IN AN ACO?

- Each of the 5 groups who may form an ACO
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• Other providers and suppliers such as FQHCs, Rural Health Clinics, skilled nursing facilities, nursing homes
WHO MAY PARTICIPATE IN AN ACO?

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• Other providers and suppliers such as FQHCs, Rural Health Clinics, skilled nursing facilities, nursing homes

• May participate with one of the 5 groups, but may NOT form on their own
PHYSICIAN PARTICIPATION IN ACOS
Primary care physicians may participate in only one ACO (because of the way patient assignment to ACOs works)
PHYSICIAN PARTICIPATION IN ACOs

• Primary care physicians may participate in only one ACO (because of the way patient assignment to ACOs works)
  • “Primary care” = internal medicine, geriatric medicine, family medicine, general practice
PHYSICIAN PARTICIPATION IN ACOS

- Primary care physicians may participate in only one ACO (because of the way patient assignment to ACOs works)
  - “Primary care” = internal medicine, geriatric medicine, family medicine, general practice
- Specialists may participate in multiple ACOs
MEDICARE ENROLLMENT REQUIREMENT
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• ACO itself need NOT be enrolled as a Medicare provider
MEDICARE ENROLLMENT REQUIREMENT

• ACO itself need NOT be enrolled as a Medicare provider

• ACO participants MUST be enrolled as Medicare providers
SUFFICIENT NUMBER OF PRIMARY CARE PROVIDERS
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- ACO must have at least 5,000 Medicare beneficiaries assigned to it
SUFFICIENT NUMBER OF PRIMARY CARE PROVIDERS

• ACO must have at least 5,000 Medicare beneficiaries assigned to it

• ACO must have sufficient number of primary care ACO professionals for the number of Medicare beneficiaries assigned to it
LEADERSHIP/MANAGEMENT

STRUCTURE OF ACO

• Operations managed by executive with demonstrated ability to influence direct clinical practice to improve efficiency processes and outcomes
LEADERSHIP/MANAGEMENT STRUCTURE OF ACO

• Operations managed by executive with demonstrated ability to influence direct clinical practice to improve efficiency processes and outcomes

• Clinical management and oversight managed by **full-time, senior-level medical director** (board-certified physician, licensed in State in which ACO operates, physically present in the State and at the ACO)
LEADERSHIP/MANAGEMENT

STRUCTURE OF ACO

- Operations managed by executive with demonstrated ability to influence direct clinical practice to improve efficiency processes and outcomes

- Clinical management and oversight managed by **full-time, senior-level medical director** (board-certified physician, licensed in State in which ACO operates, physically present in the State and at the ACO)

- **Physician-directed** quality assurance and process improvement committee
OTHER ACO REQUIREMENTS
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- Evidence-based medical practice or clinical guidelines and processes for delivering care
OTHER ACO REQUIREMENTS

• Evidence-based medical practice or clinical guidelines and processes for delivering care

• Procedures for beneficiary engagement (active participation of patients and their families in medical decision-making process)
OTHER ACO REQUIREMENTS

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- Procedures for beneficiary engagement (active participation of patients and their families in medical decision-making process)
- Internal reporting on quality and cost metrics
OTHER ACO REQUIREMENTS

• Evidence-based medical practice or clinical guidelines and processes for delivering care

• Procedures for beneficiary engagement (active participation of patients and their families in medical decision-making process)

• Internal reporting on quality and cost metrics

• Coordination of care (care managers, health information technology, electronic health information exchange)
OTHER ACO REQUIREMENTS
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• **Infrastructure** (e.g., information technology) enabling ACO to (i) collect/evaluate data and provide feedback to ACO providers/suppliers across entire organization, and (ii) provide required reports to CMS
OTHER ACO REQUIREMENTS

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- 50% of ACO’s primary care physicians must be “meaningful EHR users” under HITECH by start of second performance year
OTHER ACO REQUIREMENTS

• **Infrastructure** (e.g., information technology) enabling ACO to (i) collect/evaluate data and provide feedback to ACO providers/suppliers across entire organization, and (ii) provide required reports to CMS

• 50% of ACO’s primary care physicians must be “meaningful EHR users” under HITECH by start of second performance year

• 50% of ACO’s hospital participants must achieve “meaningful use” by start of second performance year
OTHER ACO REQUIREMENTS
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• Patient-centered approach
OTHER ACO REQUIREMENTS

• **Patient-centered approach**
  
  • Individualized care
OTHER ACO REQUIREMENTS

• Patient-centered approach
  • Individualized care
  • Communication of clinical knowledge/evidence-based medicine to patients
OTHER ACO REQUIREMENTS

• **Patient-centered approach**
  - Individualized care
  - Communication of clinical knowledge/evidence-based medicine to patients
  - Patient access to their medical records
OTHER ACO REQUIREMENTS

- Patient-centered approach
  - Individualized care
  - Communication of clinical knowledge/evidence-based medicine to patients
  - Patient access to their medical records
  - Routine assessment of patient and family satisfaction ("beneficiary experience of care" surveys)
OTHER ACO REQUIREMENTS

- **Patient-centered approach**
  - Individualized care
  - Communication of clinical knowledge/evidence-based medicine to patients
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  - Routine assessment of patient and family satisfaction ("beneficiary experience of care" surveys)
  - Integration of care with community resources, and support for transitions in care among providers
OTHER ACO REQUIREMENTS

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  - Individualized care
  - Communication of clinical knowledge/evidence-based medicine to patients
  - Patient access to their medical records
  - Routine assessment of patient and family satisfaction ("beneficiary experience of care" surveys)
  - Integration of care with community resources, and support for transitions in care among providers
  - Patient involvement in ACO governance
OTHER ACO REQUIREMENTS
OTHER ACO REQUIREMENTS

• Pre-approval by CMS of all patient marketing materials to avoid misleading information (e.g., that patients must obtain all care from an ACO provider)
OTHER ACO REQUIREMENTS

• Pre-approval by CMS of all patient marketing materials to avoid misleading information (e.g., that patients must obtain all care from an ACO provider)

• Compliance plan addressing how ACO will comply with applicable legal requirements (including a designated compliance officer and a reporting system)
OTHER ACO REQUIREMENTS

• Pre-approval by CMS of all patient marketing materials to avoid misleading information (e.g., that patients must obtain all care from an ACO provider)

• Compliance plan addressing how ACO will comply with applicable legal requirements (including a designated compliance officer and a reporting system)

• 3-year agreement with CMS (each year is a “performance year” during which ACO’s success in achieving cost savings and quality targets for ACO’s assigned patient population will be measured)
ASSIGNMENT OF PATIENTS TO THE ACO

• ACO must have at least 5,000 Medicare beneficiaries “assigned” to it
ASSIGNMENT OF PATIENTS TO THE ACO

• ACO must have at least 5,000 Medicare beneficiaries “assigned” to it

• "Assignment" means the "operational process by which Medicare will determine whether a beneficiary has chosen to receive a sufficient level of primary care services from physicians associated with a specific ACO so that the ACO may be appropriately designated as exercising basic responsibility for the beneficiary's care"
ASSIGNMENT OF PATIENTS TO THE ACO
ASSIGNMENT OF PATIENTS TO THE ACO

• PATIENT ASSIGNMENT DETERMINES:
ASSIGNMENT OF PATIENTS TO THE ACO

• **PATIENT ASSIGNMENT DETERMINES:**

  • Whether the ACO meets the 5,000 beneficiary minimum requirement
ASSIGNMENT OF PATIENTS TO THE ACO

• PATIENT ASSIGNMENT DETERMINES:

  • Whether the ACO meets the 5,000 beneficiary minimum requirement

  • What patients the ACO will be responsible for with respect to:
ASSIGNMENT OF PATIENTS TO THE ACO

• PATIENT ASSIGNMENT DETERMINES:
  
  • Whether the ACO meets the 5,000 beneficiary minimum requirement
  
  • What patients the ACO will **be responsible for** with respect to:
    
    • **Cost of care**
ASSIGNMENT OF PATIENTS TO THE ACO

• PATIENT ASSIGNMENT DETERMINES:

  • Whether the ACO meets the 5,000 beneficiary minimum requirement
  
  • What patients the ACO will be responsible for with respect to:

    • Cost of care
    
    • Quality outcomes
ASSIGNMENT OF PATIENTS TO THE ACO

• PATIENT ASSIGNMENT DETERMINES:
  
• Whether the ACO meets the 5,000 beneficiary minimum requirement
  
• What patients the ACO will be responsible for with respect to:
  
  • Cost of care
  
  • Quality outcomes
  
• ACO’s “score” on these measures will determine if ACO earns any shared savings payments and how much
ASSIGNMENT OF PATIENTS TO THE ACO
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• Does NOT restrict Medicare patient's right to seek care from physician of his or her choice
ASSIGNMENT OF PATIENTS TO THE ACO

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• Primary care physicians with large patient panels --- extremely valuable to ACOs in meeting the 5,000 beneficiary minimum
ASSIGNMENT OF PATIENTS TO THE ACO
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- Based upon:
ASSIGNMENT OF PATIENTS TO THE ACO

• Based upon:

• Predefined set of "primary care services" (specified E&M codes and G-codes for annual wellness visit and “Welcome to Medicare” benefit)
ASSIGNMENT OF PATIENTS TO THE ACO

• Based upon:
  
  • Predefined set of "primary care services" (specified E&M codes and G-codes for annual wellness visit and “Welcome to Medicare” benefit)
  
  • Predefined group of "primary care providers" (internal medicine, family medicine, geriatrics, general practice) from whom the patient is receiving "primary care services" (specified E&M codes and annual wellness visit)
ASSIGNMENT OF PATIENTS TO THE ACO
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- Patient will be assigned to whichever ACO includes the primary care physician(s) from whom the patient receives a plurality of the patient’s primary care services
ASSIGNMENT OF PATIENTS TO THE ACO

- Patient will be assigned to whichever ACO includes the primary care physician(s) from whom the patient receives a plurality of the patient’s primary care services

- In other words -- to the ACO whose primary care physicians provide the patient with more primary care services than primary care physicians in any other ACO (or no ACO)
ASSIGNMENT OF PATIENTS TO THE ACO

• Patient will be assigned to whichever ACO includes the primary care physician(s) from whom the patient receives a plurality of the patient’s primary care services

• In other words -- to the ACO whose primary care physicians provide the patient with more primary care services than primary care physicians in any other ACO (or no ACO)

• Amount of primary care services will be measured based on allowed Medicare charges (not on number of services)
ASSIGNMENT OF PATIENTS TO THE ACO

• Patient will be assigned to whichever ACO includes the primary care physician(s) from whom the patient receives a plurality of the patient’s primary care services

• In other words -- to the ACO whose primary care physicians provide the patient with more primary care services than primary care physicians in any other ACO (or no ACO)

• Amount of primary care services will be measured based on allowed Medicare charges (not on number of services)

• Because of freedom of choice, patients may not receive all of their primary care services from the same primary care physician
ASSIGNMENT OF PATIENTS TO THE ACO
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- Assignment will be "restrospective"
ASSIGNMENT OF PATIENTS TO THE ACO

• Assignment will be "restrospective"
  
• Patients assigned **after the end** of the performance year based on where the patients received their primary care services during the performance year
ASSIGNMENT OF PATIENTS TO THE ACO

• Assignment will be "restrospective"

  • Patients assigned after the end of the performance year based on where the patients received their primary care services during the performance year

  • Patients will NOT be notified of the ACO to which they have been assigned before they receive services

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ASSIGNMENT OF PATIENTS TO THE ACO

• Assignment will be "restrospective"

  • Patients assigned after the end of the performance year based on where the patients received their primary care services during the performance year

  • Patients will NOT be notified of the ACO to which they have been assigned before they receive services

  • Patients will be notified about ACOs generally and whether the providers they see participate in an ACO

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CALCULATION OF SHARED SAVINGS PAYMENTS

• ACO participants will continue to receive reimbursement under Medicare FFS system
CALCULATION OF SHARED SAVINGS PAYMENTS

• ACO participants will continue to receive reimbursement under Medicare FFS system

• ACO participants ALSO will be eligible for "shared savings payments" IF:
CALCULATION OF SHARED SAVINGS PAYMENTS

• ACO participants will **continue to receive** reimbursement under Medicare **FFS** system

• ACO participants **ALSO** will be eligible for **"shared savings payments"** IF:

  • ACO **achieves cost savings** for its assigned patient population as measured against a benchmark of average per-capita Medicare FFS expenditures for that population
CALCULATION OF SHARED SAVINGS PAYMENTS

• ACO participants will continue to receive reimbursement under Medicare FFS system

• ACO participants ALSO will be eligible for "shared savings payments" IF:
  • ACO achieves cost savings for its assigned patient population as measured against a benchmark of average per-capita Medicare FFS expenditures for that population
  • ACO meets the established quality performance standards for its assigned patient population
CALCULATION OF SHARED SAVINGS PAYMENTS

• ACO participants will continue to receive reimbursement under Medicare FFS system

• ACO participants ALSO will be eligible for "shared savings payments" IF:
  • ACO achieves cost savings for its assigned patient population as measured against a benchmark of average per-capita Medicare FFS expenditures for that population
  • ACO meets the established quality performance standards for its assigned patient population
  • ACO meets all requirements of its contract with CMS
CALCULATION OF SHARED SAVINGS PAYMENTS
CALCULATION OF SHARED SAVINGS PAYMENTS

• Initially, ACOs may choose from two different shared savings payment models:
• Initially, ACOs may choose from two different shared savings payment models:

  • "One-Sided Model" (lower potential shared savings payments but no downside risk for losses)
CALCULATION OF SHARED SAVINGS PAYMENTS

• Initially, ACOs may choose from two different shared savings payment models:
  
  • "One-Sided Model" (lower potential shared savings payments but no downside risk for losses)
  
  • "Two-Sided Model" (higher potential shared savings payments but also must share any losses)
CALCULATION OF SHARED SAVINGS PAYMENTS
CALCULATION OF SHARED SAVINGS PAYMENTS

• One-Sided Model
CALCULATION OF SHARED SAVINGS PAYMENTS

• **One-Sided Model**
  
  • ACO shares in any Medicare program savings but *does not share in Medicare program losses*
CALCULATION OF SHARED SAVINGS PAYMENTS

• **One-Sided Model**

  • ACO shares in any Medicare program savings but **does not share in Medicare program losses**
  
  • Up to 50% of savings above minimum savings threshold paid to ACO (subject to payment cap)
CALCULATION OF SHARED SAVINGS PAYMENTS

• **One-Sided Model**

• ACO shares in any Medicare program savings but **does not share in Medicare program losses**

• Up to 50% of savings above minimum savings threshold paid to ACO (subject to payment cap)

• ACO **automatically converted to Two-Sided Model in third year of initial CMS agreement and all subsequent years**
CALCULATION OF SHARED SAVINGS PAYMENTS
CALCULATION OF SHARED SAVINGS PAYMENTS

• Two-Sided Model
CALCULATION OF SHARED SAVINGS PAYMENTS

• Two-Sided Model
  • ACO shares in both savings and losses
CALCULATION OF SHARED SAVINGS PAYMENTS

• **Two-Sided Model**
  
  • ACO shares in both savings and losses
    
    • Minimum savings and loss thresholds
CALCULATION OF SHARED SAVINGS PAYMENTS

• **Two-Sided Model**

  • ACO shares in both savings and losses
    • Minimum savings and loss thresholds
  • ACO eligible for greater share of savings than in One-Sided Model
QUALITY PERFORMANCE STANDARDS

• CMS groups individual quality performance standards into five domains:
QUALITY PERFORMANCE STANDARDS

• CMS groups individual quality performance standards into five domains:
  • Patient/Care giver experience
QUALITY PERFORMANCE STANDARDS

- CMS groups individual quality performance standards into five domains:
  - Patient/Care giver experience
  - Care coordination
QUALITY PERFORMANCE STANDARDS

• CMS groups individual quality performance standards into five domains:
  • Patient/Care giver experience
  • Care coordination
  • Patient Safety
QUALITY PERFORMANCE STANDARDS

• CMS groups individual quality performance standards into five domains:
  • Patient/Care giver experience
  • Care coordination
  • Patient Safety
  • Preventive Health
QUALITY PERFORMANCE STANDARDS

- CMS groups individual quality performance standards into five domains:
  - Patient/Care giver experience
  - Care coordination
  - Patient Safety
  - Preventive Health
  - At-risk population/frail elderly health
QUALITY PERFORMANCE STANDARDS
QUALITY PERFORMANCE STANDARDS

- CMS designates quality measures within each of the 5 domains
QUALITY PERFORMANCE STANDARDS

- CMS designates quality measures within each of the 5 domains
- CMS calculates a performance score for the ACO for each quality measure and for each domain
QUALITY PERFORMANCE STANDARDS

- CMS designates quality measures within each of the 5 domains

- CMS calculates a performance score for the ACO for each quality measure and for each domain

- ACO must satisfy the minimum quality performance requirements for each domain in order to be eligible for shared savings payments
QUALITY PERFORMANCE STANDARDS

• CMS designates quality measures within each of the 5 domains

• CMS calculates a performance score for the ACO for each quality measure and for each domain

• ACO must satisfy the minimum quality performance requirements for each domain in order to be eligible for shared savings payments

• CMS has proposed a total of 65 quality measures
EXAMPLES OF QUALITY MEASURES
EXAMPLES OF QUALITY MEASURES

• Patient/Care Giver Experience: Getting Timely Care, Appointments, and Information (measured by patient surveys)
EXAMPLES OF QUALITY MEASURES

• **Patient/Care Giver Experience:** Getting Timely Care, Appointments, and Information (measured by patient surveys)

• **Care Coordination/Transitions:** Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing ongoing care who had a reconciliation of the discharge medications with the current medication list in the medical record documented
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**EDUCATE YOURSELF**
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