

# Access up to \$5.6M from CMS to start your ACO Journey (AIP)

## Disclaimer

- This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within this document for your reference.
- This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Housekeeping

Thank you everyone for joining today!



Please submit questions in the chat box, which we've opened as an interactive forum



We've reserved 10 minutes of Q&A at the end of the presentation



Webinar slides & recording will be available after the session

# Presenters

**Kelly Conroy**

Principal  
Pinnacle Healthcare Consulting



**Daniela Yusufbekova**

MHA  
Senior Consultant  
Pinnacle Healthcare Consulting



**Maria Nikol**

MJ  
VP of Business Development  
AaNeel



# Agenda

- **Shared Savings Program**
- **CMMI Strategy**
- **ACOs in Underserved and Vulnerable Areas (Rural)**
- **Advanced Investment Payments (AIP)**
  - Application Timeline
  - Benefits
- **Community-Based Organizations (CBOs)**
- **Q&A Discussion**

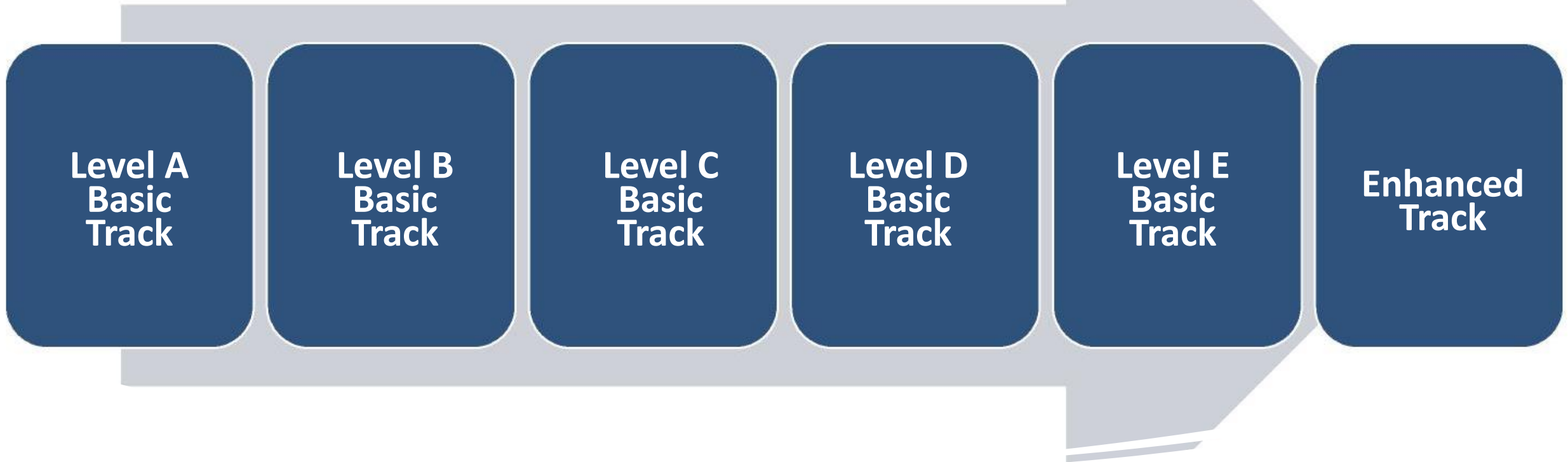
## Medicare Shared Savings Program (MSSP)

- The Shared Savings Program is a voluntary program that encourages groups of doctors, hospitals, and other health care providers to come together as an Accountable Care Organization (ACO) to give coordinated, high-quality care to their Medicare beneficiaries.
  - It is an alternative payment model that:
    - Promotes accountability for a patient population.
    - Coordinates items and services for Medicare FFS beneficiaries.
    - Encourages investment in high quality and efficient services.
- An ACO does not limit which doctors beneficiaries can see or require preapproval to see a doctor. Beneficiaries retain all Traditional Medicare benefits and can go to any doctor who accepts Medicare.

## MSSP Facts

1. Providers that participate in an ACO continue to receive traditional Medicare FFS payments under Parts A and B.
2. ACOs that successfully meet quality and savings requirements share a percentage of the savings with Medicare.
3. ACOs under some risk tracks may also be required to repay Medicare for shared losses.
4. ACOs report the Alternative Payment Model (APM) Performance Pathway which measures quality performance using preventive care and chronic disease measures, admission and readmission outcome measures, and patient experience of care
5. ACOs, their participating providers, and their performance results are publicly reported and available on [Data.CMS.gov](https://data.cms.gov)

Increasing levels of shared savings and risk and reward



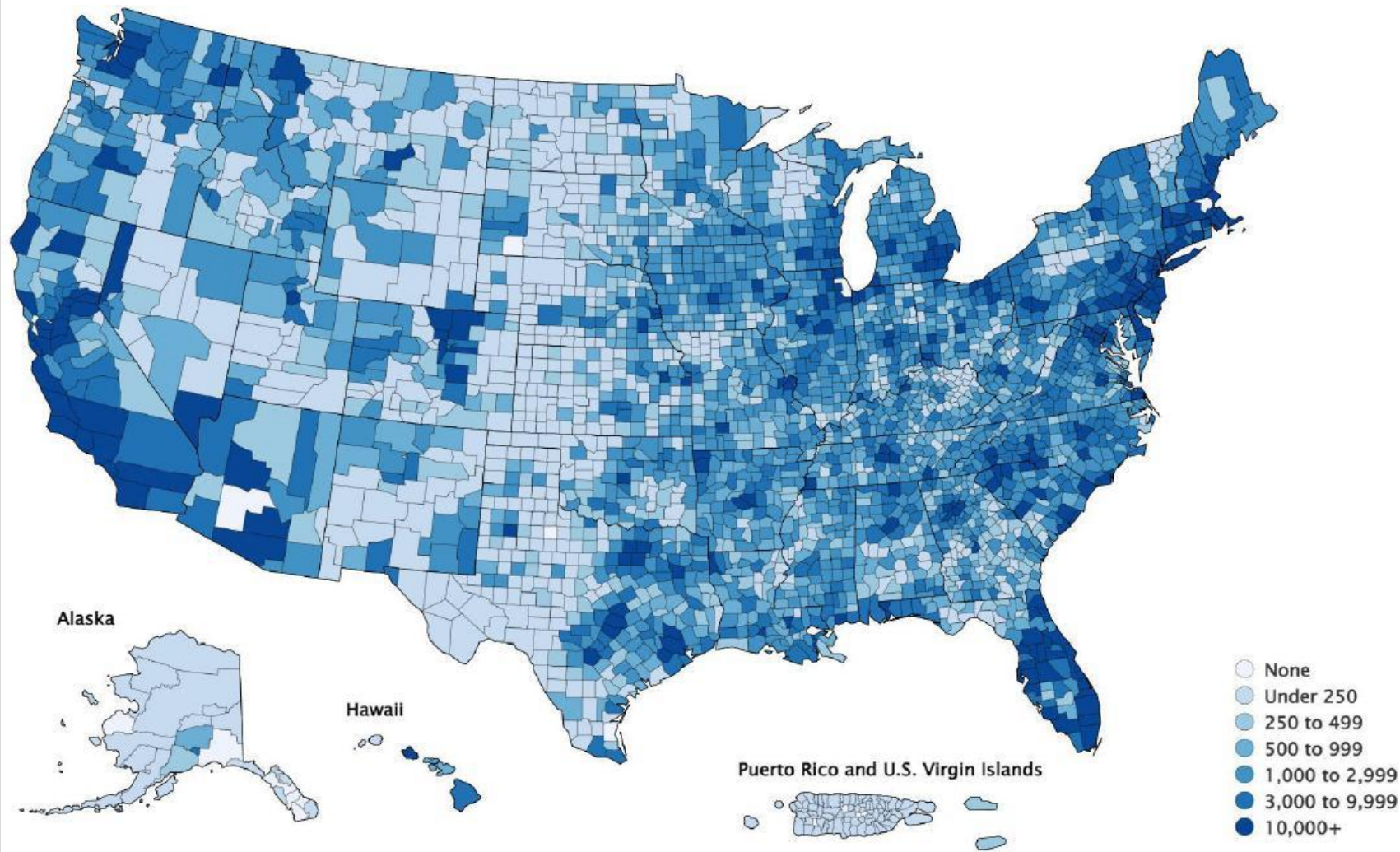
## MSSP Participation Levels/Tracks

The “level” determines the relative percentage of shared savings split between the ACO and Medicare, and for some levels there are also “shared risk” between ACO and Medicare.



# MSSP Participation Statistics Over the Years

Performance Year	ACOs	Assigned Beneficiaries	Total Earned Shared Savings	Average Overall Quality Score
2023	456	10.9 million	TBD	TBD
2022	483	11.0 million	TBD	TBD
2021	477	10.7 million	\$2.0 billion	91%
2020	517	11.2 million	\$2.3 billion	97%
2019	487	10.4 million	\$1.5 billion	92%
2018	561	10.5 million	\$983 million	93%
2017	480	9.0 million	\$799 million	92%
2016	433	7.7 million	\$700 million	95%
2015	404	7.3 million	\$645 million	91%
2014	338	4.9 million	\$341 million	83%
2012 / 2013	220	3.2 million	\$315 million	95%



MSSP ACOs –  
Beneficiary  
Population as  
of Jan. 1,  
2023

# Rural Healthcare Challenges

## Patients

- Access to care
- Fewer providers
- Longer distance to receive care
- Higher chronic conditions
- Social Determinants of Health

## Providers

- Few facilities
- Limited infrastructure
- Financial constraints
- Patient Engagement

# CMS Innovation Center 2021 Strategy Refresh – Putting All Patients at the Center of Care

- CMS Innovation Center’s Strategic Objectives
  - All Medicare fee-for-service beneficiaries will be in a care relationship with accountability for quality and total cost of care by **2030**.
- Focus on advancing health equity and improve access for patients



# Can Rural Areas Benefit from ACOs?...YES!

Rural Health Clinic



- Improved care coordination
- Improved patient outcomes
- Cost savings
- Increase access to care
- Patient and provider engagement
- Innovation

## Advance Investment Payments (AIP)

- New payment option to encourage health care providers in rural and underserved areas to join together as ACOs.
- **\$250,000** upfront payment
  - Followed by two years of quarterly payments up to \$45 per beneficiary/member per month (PMPM)

Potentially up to \$5.65 MIL – \$11.05MIL

- **The minimum beneficiaries needed to start an ACO and apply for AIPs is 5,000.** AIP quarterly payments are capped at 10,000 beneficiaries.

# Advance Investment Payments (AIP) Eligibility

- **Never participated in the Shared Savings Program (not renewing or re-entering) – New VBE**
  - 50% of participants cannot have participated in an ACO before
- **Inexperienced with performance-based risk Medicare ACO initiatives**
  - 50% of participants can have participated in an ACO before
    - Only 40% can have experience with risk (C through E+En)
- **Low revenue ACO**
  - Less than 35% of total Medicare expenditures
- **Applying to participate in any level of the BASIC Track**
  - Currently, ACOs joining levels B-E of the BASIC Track glide path will not be eligible to receive all advance investment payments.

# ACO Application Timeline

ACO ACTION	ACO RESPONSE PERIOD
Submit Phase 1 of Application (Participant List, SNF Affiliate List, etc.)	<u>5/18</u> – 6/15 at 12:00 p.m. (noon) ET
Request for Information 1 (RFI-1)	7/11 – <u>8/01</u> at 12:00 p.m. (noon) ET
Request for Information 2 (RFI-2)	8/22 – <u>9/05</u> at 12:00 p.m. (noon) ET
Phase 1 Disposition – <b>AIP Eligibility Final Disposition</b>	10/18
Submit Phase 2 of Application (Governing body, Org chart, AIP Supplemental Information, etc.)	10/19 – 10/30 at 12:00 p.m. (noon) ET
Respond to Phase 2 RFI	11/09 – 11/16 at 12:00 p.m. (noon) ET
Final Application Dispositions – <b>AIP Final Disposition</b>	12/05
ACO Signing Event Including Repayment Mechanisms	12/06 – 12/12 at 12:00 p.m. (noon) ET

*\*Dates are based on 2023 application cycle and are subject to change.*



Up to  
\$5.6 MIL

# What's In It for Me?

- Keep autonomy and remain independent
- Practice before it becomes mandatory in 2030
  - Starts in 2024 for a 5-year agreement period
    - Gain success with federal funding to start your ACO journey
    - All Medicare patients need to be in an accountable care arrangement by 2030 – 5 year no cost learning before mandated
- Receive start up investment payments
- Practice Medicare your way
- Access to data you've never had before
- ***Be Innovative***
  - Vendor partnerships
  - New regulations & standards
  - Community-based Organizations



# Benefits of Advance Investment Payments (AIP)

- Access to capital to fund your brand new ACO



- Starts in 2024 for a 5-year agreement period
  - Gain success with federal funding to start your ACO journey
  - All Medicare patients need to be in an accountable care arrangement by 2030 – 5 year no cost learning before mandated
- Investment payments can be used for increased staffing, health care infrastructure, addressing social determinants of health, etc.

# Categories of Permissible Uses of AIPs

## Provision of Accountable Care for Underserved Beneficiaries

### General health-related social needs services:

- Screening for social needs
- Comprehensive assessments
- Social care coordination
- Follow-up to ensure social needs are being addressed
- Substance abuse counseling/programs

### Food Security services and support:

- Nutrition education/counseling
- Nutrition support
- Medically tailored meals after hospital discharge
- Medically tailored meals for a chronic condition
- Partnership with food bank
- Grocery store, farmers market, or other food voucher
- Application for food-related benefits
- Other food-related services (explain in “Payment Use”)

### Housing-related services and supports:

- Home or environmental modifications to support a healthy lifestyle
- Community transition costs
- Assisting with housing search, training on how to search for available housing
- Housing and environmental assessments, to ensure housing and environment are safe
- Moving expenses
- Securing documentation and fees to apply for housing
- Early identification and intervention for behaviors that may jeopardize housing
- Education on the role, rights, and responsibilities of the tenant and landlord
- Connecting an individual to community resources or benefits to maintain housing stability
- Rapid rehousing interventions
- Housing payments for persons experiencing homelessness
- Setting up support structures for persons experiencing homelessness
- Wraparound housing services
- Lead remediation services
- Application for housing-related benefits
- Other housing-related services (explain in “Payment Use”)

### Transportation services:

- Vouchers for ride-share services
- Vouchers for public transportation services
- Disability-related transport services
- Services to help an individual maintain access to an automobile
- Transportation to non-medical locations, such as grocery stores
- Help with application for transportation benefits
- Other transportation-related services (explain in “Payment Use”)

### Utilities-related services and supports:

- Water services
- Electricity services
- Heating services
- Application for utilities-related benefits
- Other utilities-related services and supports (explain in “Payment Use”)

### Patient caregiver supports:

- Caregiver counseling or support groups
- Caregiver training and education
- Respite care
- Child support services
- Other patient caregiver support services (explain in “Payment Use”)

### Services to reduce social isolation:

- Improving cultural and linguistic competency
- Reintegration from incarceration counseling/program
- Other reduction of social isolation services (explain in “Payment Use”)

### General:

- Other (explain in “Payment Use”)

# Categories of Permissible Uses of AIPs (continued)

Increased Staffing		Health Care Infrastructure	
<ul style="list-style-type: none"> <li>Physician</li> <li>Physician assistant, nurse practitioner, or clinical nurse specialist</li> <li>Registered dietitian or nutrition professional</li> <li>Case manager</li> <li>Licensed Clinical Social Worker</li> <li>Community health worker</li> <li>Patient navigator</li> <li>Health equity officer</li> <li>Other Staff (explain in “Payment Use”)</li> </ul> <p><b><u>Behavioral Health Clinicians:</u></b></p> <ul style="list-style-type: none"> <li>Psychiatrist</li> <li>Clinical Psychologist</li> <li>Marriage and Family Therapists</li> <li>Mental health counselors or Licensed Professional Counselors</li> <li>Substance use counselors</li> <li>Peer support specialists</li> <li>Behavioral health case managers</li> <li>Behavioral health care coordinators</li> </ul>	<p><b><u>Oral Health Providers:</u></b></p> <ul style="list-style-type: none"> <li>Public Health Dental Hygiene Practitioner</li> <li>Dental Hygienist</li> <li>Dentist</li> </ul> <p><b><u>Education:</u></b></p> <ul style="list-style-type: none"> <li>Training staff to provide culturally and linguistically tailored services</li> <li>Training staff to provide trauma-informed care</li> <li>Other staff education (explain in “Payment Use”)</li> </ul> <p><b><u>General:</u></b></p> <ul style="list-style-type: none"> <li>Other (explain in “Payment Use”)</li> </ul>	<p><b><u>Health IT:</u></b></p> <ul style="list-style-type: none"> <li>Care/practice management systems</li> <li>Clinical data registries</li> <li>Electronic Quality Reporting</li> <li>Health information exchange and health information network participation</li> <li>Health IT to support behavioral health activities</li> <li>Health IT investments to support integration with dental services</li> <li>Investment in certified electronic health record technology (CEHRT)</li> <li>IT-enabled screening tools</li> <li>Remote access technologies/telehealth</li> <li>Establishing or improving translation services</li> </ul> <p><b><u>Infrastructure related to social determinants of health (SDOH):</u></b></p> <ul style="list-style-type: none"> <li>Closed-loop referral tools to connect patients to community-based organizations</li> <li>Other infrastructure related to addressing patient social needs (explain in “Payment Use”)</li> </ul>	<p><b><u>General:</u></b></p> <ul style="list-style-type: none"> <li>Practice physical accessibility improvements</li> <li>Other (explain in “Payment Use”)</li> </ul>



## Sophisticated Healthcare Management Solution

AaNeelCare® is a healthcare delivery platform that connects patients, physicians and other healthcare professionals to have seamless integration on extensive medical, claims and financial records with the support of the 10+ modules facilitating providers.

- ✓ Dynamic Dashboards
- ✓ Module Management
- ✓ Quality Reporting
- ✓ Claims Analytics
- ✓ Template Customization
- ✓ Industry Compliance





AaNeelCare®



## Identify Opportunity



Quality & Stars



Cost & Utilization



HHC & Risk Adjustment



Self Service Analytics



Patient Stratification



Contract Report Distribution

## Application Overview

## Act on Insights



Care Management



Referral Management



Patient Outreach

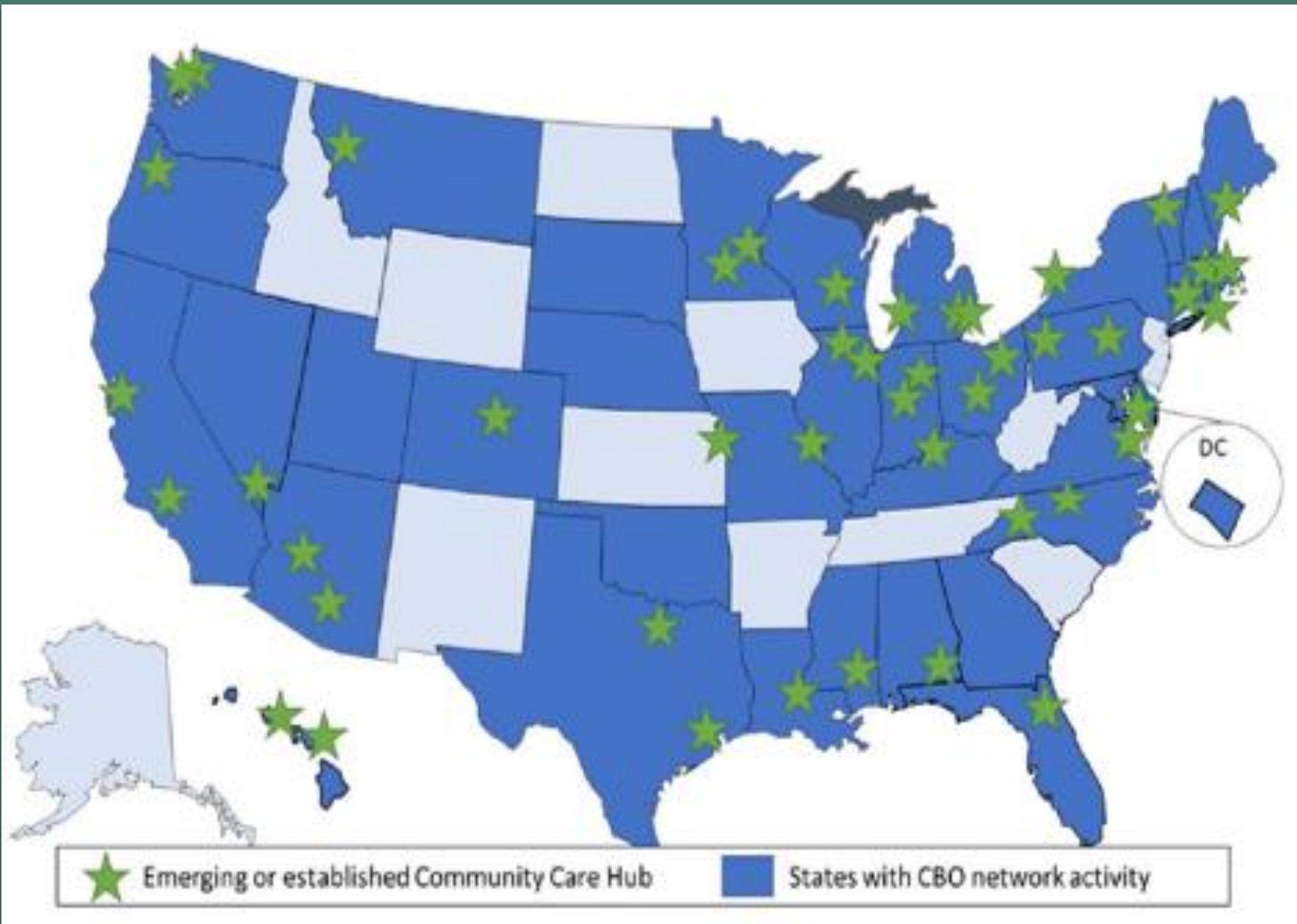


In The Physician Workflow

# AIP Roles for Community-Based Organizations (CBOs)

- CBOs that serve Medicare beneficiaries, including Area Agencies on Aging, Center for Independent Living, Community Action Agencies, and other nonprofits or social service organizations, can work with ACOs applying for and receiving AIP to address the holistic needs of beneficiaries.
- ACOs and CBOs work together to determine the best strategy to screen for and manage health-related social needs, including but not limited to:
  - Food insecurity
  - Housing stability
  - Access to accessible transportation
  - Social isolation





## Community Care Hubs & CBO Network Activity

# Summary and Next Steps

01

*Pinnacle can help*

OUTREACH & RECRUIT  
PROVIDERS

02

*Pinnacle can do*

ACO & AIP APPLICATION  
Complete ACO application along with  
all supplemental information needed  
for the AIPs

03

*AaNeel can provide*

IDENTIFY  
Once you become an ACO, what  
technology solutions do you need to  
become success?  
AaNeel provides **analytics, quality  
reporting, and care management  
solutions** for your organization.

04

*Pinnacle can provide*

INNOVATE  
Once you become an ACO, what do you  
work on first to ensure success?  
Pinnacle provides **interim leadership,**  
proven **playbook** for success, **analytics**  
consulting and more



# Q&A

# Stop by our Virtual Booth at VBCExhibitHall.com





## Get in touch

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Kelly Conroy  
561-385-7566  
KConroy@AskPHC.com

Daniela Yusufbekova  
561-445-8303  
DYusufbekova@AskPHC.com

Maria Nikol  
410-812-7156  
Maria.Nikol@aaneel.com

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# Appendix

# MSSP Participation Options

## BASIC TRACK (5 YEARS) – MIN. 5,000 BENEFICIARIES

*An ACO in the Basic Track will automatically progress to the next level of risk annually*

### Basic Track (A & B)

**151 ACOs**

- Upside Only: Similar to Track 1 from previous rules
- Savings Rate: 40%
- Shared Loss Rate: 0%
- No Advanced APM Qualification
- Attribution: Prospective or Retrospective

### Basic Track (C & D)

**19 ACOs**

- Two Sided Risk
- Savings Rate: 50%
- Shared Loss Rate: 30%; capped at 2-4% of ACO revenue
- No Advanced APM Qualification
- Attribution: Prospective or Retrospective

### Basic Track (E)

**125 ACOs**

- Two Sided Risk
- Savings Rate: 50%
- Shared Loss Rate: 30%; capped at 8% of ACO revenue,
- Advanced APM Qualification
- Attribution: Prospective or Retrospective

## ENHANCED TRACK (5 YEARS) – MIN. 5,000 BENEFICIARIES

### Enhanced Track – 161 ACOs

- Two Sided Risk
- Savings Rate: 75%
- Shared Loss Rate: 40-70%; capped at 15% of benchmark
- Advanced APM Qualification
- Attribution: Prospective or Retrospective

# Community Based Organization (CBO)

- Community-based organization The term “community-based organization” means a public or private nonprofit organization of demonstrated effectiveness that— (A) is representative of a community or significant segments of a community; and (B) provides educational or related services to individuals in the community.
  - The majority of the governing body and staff consists of local residents,
  - The main operating offices are in the community,
  - Priority issue areas are identified and defined by residents,
  - Solutions to address priority issues are developed with residents, and
  - Program design, implementation, and evaluation components have residents intimately involved, in leadership positions



# Value of Community Based Organization (CBO) Partnerships

- CBOs offer the expertise and infrastructure to be powerful innovation partners to Medicare plans/providers for social care delivery
- CBOs foster a local presence and engender trust with Medicare beneficiaries
- CBOs can produce a return on investment for health plans
- CBO networks, operated by community care hubs, offer increased efficiency and geographic coverage