CMS PFS RULE 2027: The Push for Accountable Care

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Educational Webinar Series

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Why trust Roji on this topic? We go deep for you.

- **CMS Qualified Registry since 2008 – Traditional MIPS, MVPs and APP Reporting**
- **Experts in Value-Based Payment Models: MSSP ACOs, ACO REACH/LEAD, TEAM, ASM, CJR-X**
- **Extensive experience in data aggregation, analytics, and solutions for value**
- **We help ACOs create high performance networks & implement patient-specific interventions**
- **Clients are providers across the spectrum that need deep expertise**

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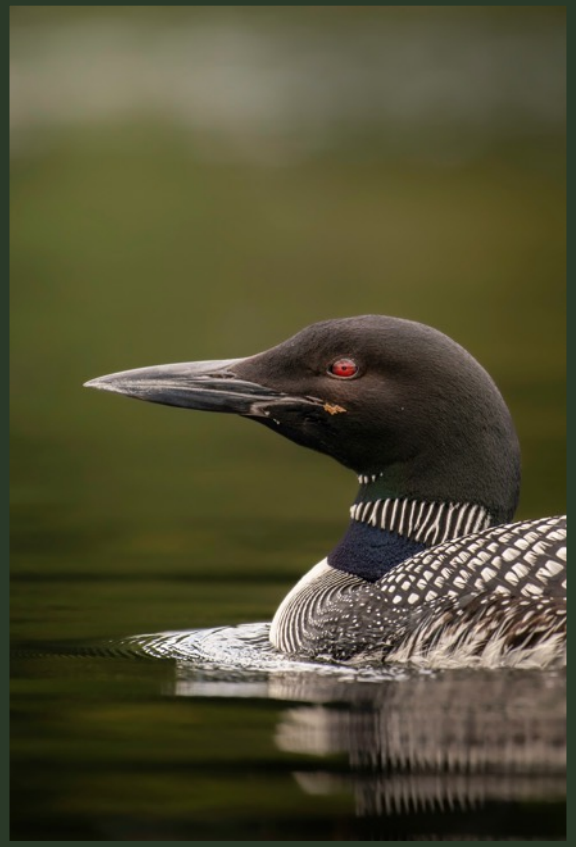
What's Your Mindset on the Accountable Care Push?



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A. Opportunity for Growth & Revenues

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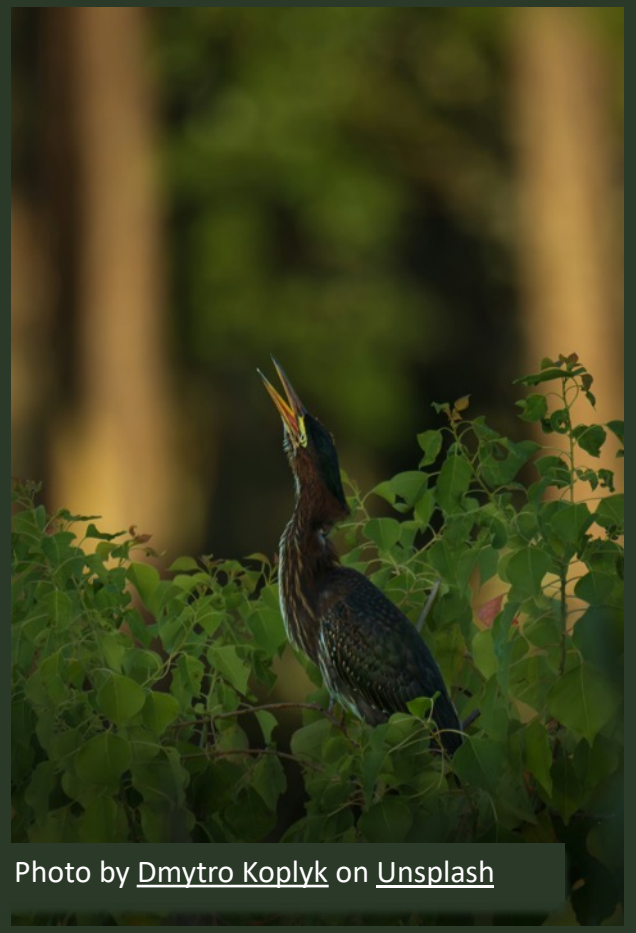
B. Dangerous, Probably Hazardous



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C. Not Sure Yet – You Tell Me

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What's Different About ACOs in the Proposed Rule

- Holistic approach to addressing provider incentives to change
- Carrot (improvements for ACOs, ACO providers, and Patients)
- Stick (no-exit strategy with ending of MIPS and replacement of specialty-specific MVPs)
- Ties initiatives through the years together into a framework

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ACO Framework: From Isolated to Integrated

THEN	NOW
Technology then: Claims data, retrospective reporting, HCC risk	Technology now: Clinical + claims, real-time analytics, towards predictive risk
Service complexity: Primary care, basic chronic management	Service complexity: Specialty-integrated, high-acuity risk mgt
Scope: Insular, primary-care centric	Scope: Holistic, network-based, specialist integrated

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Lesson from ACO Exodus After Risk Intro/Glide Path:

Image by Raptor Resource Org

Image by USFWS

Full Flight Takes Years. So Does a Ready ACO.

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What Makes Up the the Coherent Framework

- TEAM and ASM: Specialty care is required partner to ACOs, not optional
- ACO-Specialist negotiations in LEAD and ASM connect primary/specialty risk
- High-performance specialty networks: differentiator
- Compelling financial benefits to form/expand ACOs
- Persuasive disincentives to continue MIPS/MVPS /lower-risk ACO tracks

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Proposals Incentivizing ACO Growth

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Fostering ACO Growth

- Promote new ACO development
- Incentivize ACOs to recruit new providers
- Driving providers into existing ACOs
- Increasing attributed patient count within ACOs

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Growth Adjustment

- Incentivize ACOs to recruit new providers
- Up to 5% applied to regional, prior savings, or population adjustment
- Can count to future savings adjustments
- Includes Legacy TINs/CCNs with CMMI (not ACO) experience

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Advance Investments

- Simplified quarterly payment methodology
- Swap ADI for Y/N Rural designation
- $45 PBPQ if ANY are true:
  - Medicare Part D LIS
  - Dual Eligible
  - Rural Census Status
- $25 PBPQ for all others (up to 10k)

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Nudge to Risk-Based Reimbursement


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- Big gap between BASIC Level E and ENHANCED
- Proposed savings rate increase from 50% to 60%
- Savings must outweigh ACO management resources
- Flip-side: more savings potential = higher risk
- Compromise for risk-minded ACOs wary of ENHANCED

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Reconciliation Updates Calm the Waters

- Accountable Care Prospective Trend (ACPT) gets a "guardrail"
- Prior savings scaling factor increased – incentive to do more in PY1
- Regional Adjustment reduction (50%->35%) aids track selection
- Correct trend indicating ENHANCED savings tied to the Regional Adjustment itself, not just quality

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Benefits for Current ACO Participants

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Scaling Factor Impact

- Increase prior savings scaling factor (50%->75%)
- Protects against benchmark reductions based on savings
- Decreases ratcheting effect (not penalized for success)
- Incentivizes for historically high performing ACOs

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Adjustments Mitigate Pain Points

- Regional Adjustment
  - Decreased weight for ENHANCED
  - Lessens divide between BASIC Level E and ENHANCED
- Risk Adjustment
  - 5% cap to regional, prior savings & population adjustments
  - Existing cap may be insufficient for ACOs with highest-risk patients

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Eyes on ACPT

- Guard against inaccurate A+B $ projections
- Projected growth can't jeopardize prior savings
- Retrospective application for 2024-26 class
- CMS to apply for PY2025, delaying PY25 rec.
- 2027 and beyond, ACPT calculated yearly (not agreement period)

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Patient-Directed Proposals That Could Visibly Expand Role of ACO in Patient Health

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ACO Choice to Waive Part B Copays

- Eliminates patients' biggest differential with Medicare Advantage plans
- ACOs often negotiate with MA plans or have their own, to avoid losing patients to the extra benefits that drive healthier people to MA plans.
- Potentially improves ACO value, could change the balance

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National Payment for Health and Wellness Coaching

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- ACOs more likely to have structure to support health coaching
- Requires certified coaches by NBHWC, NCHEC or AHNC
- Recognizes importance of lifestyle
- Better path to physicians working at “top of license”
- Addresses fact that patients’ behaviors between visits is critical
- Nudges system toward prevention

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Shared Medical Visits

Group Visits for diabetes, obesity, hypertension, hyperlipidemia, combining clinical care with education, peer support & lifestyle counseling

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Advanced Care Planning

- Separately values clinical time associated with ACP
- Expands access to planning benefit

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Expanded Access to Condition Management Programs

- Diabetes Self Management Training
- Medical Nutrition Therapy

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ACOs Have Been Gathering Strength for this Moment:

Vision, Infrastructure, Data, Relationships

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Review and Wrap Up

The Big Picture

- MIPS headlines but ACOs are the real story
- CMS puts money on the line to expand ACOs
- Expansion of Accountable Care definition
- ACO vision dovetails with TEAM + CJR-X
- Adds needed reforms to health care system
- No back-off on 2030 Accountable Care goal
- Generates more Medicare savings

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Old or new, there's something for you!

- Adjustments promote growth
- Advance Investments lower entry barriers
- More opportunity in BASIC
- Support for ACOs with complex populations
- Shields against the ratchet effect

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Patient-Level ACO Benefits

- Potential for Part B Cost Sharing (reduce/eliminate copays)
- Possible coverage of health and well-being coaching
- Additional facetime w/providers using longitudinal care codes
- Shared medical appointments

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Take Control of Your Journey

CMS is shutting down pathways that avoid two-sided risk

Ensure that you have the level of tools needed to analyze/improve cost & quality performance

Contact Roji Health Intelligence for:

- Low-cost evaluation of ACO cost drivers
- New ACO readiness check
- APP Reporting

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If You’re New or Still Gathering Strength:

Download this Roji eBook to help create your plan for building the organization to propel your growth and sustainability:

https://rojihealthintel.com/roji-resources/the-aco-guide-to-leading-the-future-of-coordinated-accountable-care/

The ACO Guide to Leading the Future of Coordinated, Accountable Care

Questions and Answers

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Image by Theresa Hush

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Thank You!

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