MEDICARE SHARED SAVINGS PROGRAM
ADVANCE INVESTMENT PAYMENT
WEBINAR SERIES

Webinar 1: MSSP AIP Overview
Tuesday, May 1st 1-2pm ET
America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
During today’s session:

- **Questions:** Throughout the webinar, type your questions in the chat feature. Be sure to select “Everyone”! There will be Q&A and discussion at the end.

- **Resources:** If you have a tool or resource to share, let us know in the chat!
Featured Speakers

Cheryl Modica, PhD, MPH, BSN
Director, Quality Center
NACHC

Douglas Jacobs, MD, MPH
Chief Transformation Officer
Center for Medicare, CMS

Heidy Robertson-Cooper, MPA
President
Health Care Advisors

Vacheria Keys, Esq.
Director, Policy & Regulatory Affairs
NACHC

www.nachc.org
MSSP AIP Webinar Series

Medicare Shared Savings Program (MSSP) Advance Investment Payment (AIP) program 2-part webinar series

Webinar #1: Overview I Tuesday, May 2nd 1-2pm ET
Webinar 1 will provide a Medicare Shared Savings Program (MSSP) Advance Investment Payment (AIP) overview. In this session, you'll learn about the MSSP AIP program and how it can advance the value-based care journeys of health centers, PCAs, and HCCNs.

Webinar #2: Application Process I Tuesday, May 23rd 1-2pm ET
Webinar 2 will provide insight into the MSSP application process as well as action steps, tips, and tricks to complete your application in a timely manner with the least amount of stress.
As your health center considers the MSSP AIP, or other value-based care options, leverage NACHC's FREE resources:

- **Value Transformation Framework**: An organizing framework to support health center systems change and advancement toward value-based care
- **VTF Assessment**: An assessment tool to measure organizational progress in 15 Change Areas for transformation
- **Elevate National Learning Forums**: Live, virtual learning opportunities with peer exchange focused on topics relevant to value-based care transformation
- **Online Learning Platform** with resources to support value-based care transformation:
  - Action Guides
  - Reimbursement Tips
  - Webinars
  - eLearning Courses
  - Microlearnings

Resources target **different levels of health center readiness**, provide **skill development opportunities** for the health center workforce of the future, and offer an **actionable value-based care transformation strategy** that supports and complements the work of PCAs, HCCNs, and CINs.
The Value Transformation Framework

Value Transformation Framework

Improved Performance through Systems Transformation

Quintuple Aim Goals

- Improved Health Outcomes
- Improved Patient Experience
- Improved Staff Experience
- Improved Health Outcomes
- Reduced Cost

- Equity
- Infrastructure
- People
- Care Delivery
- Improved Health Outcomes
- Improved Patient Experience
- Improved Staff Experience
- Reduced Costs
Elevate National Learning Forum

Guided application of the Value Transformation Framework

700 health centers
15+ million patients
Dr. Doug Jacobs is the Chief Transformation Officer in the Center for Medicare at the Centers for Medicare and Medicaid Services (CMS). At CMS he is helping lead Medicare's efforts to promote value-based care, advance health equity, and encourage delivery system transformation. Under his leadership, the Center for Medicare has finalized the most significant reforms to the Shared Savings Program since the program's inception, policies to expand access to behavioral health and primary care, equity-focused policies that reward excellent care delivered to underserved populations, and the development of the Universal Foundation, a strategy to align quality metrics across CMS programs and activities. He most recently served as the Chief Medical Officer and Chief Innovation Officer for the Pennsylvania Department of Human Services. He was tapped by Governor Wolf to lead the state's Whole Person Health Reform initiative, which included expanding value-based care, promoting health equity, and addressing the social determinants of health. Dr. Jacobs is a practicing board-certified internal medicine physician and is an Assistant Professor of Clinical Medicine at the Penn State Hershey Medical Center. He received his MD at the University of California San Francisco School of Medicine, his MPH at the Harvard T.H. Chan School of Public Health, and his Bachelor's in Sciences from Brown University.
Featured Speaker

Douglas Jacobs, MD, MPH
Chief Transformation Officer
Center for Medicare, CMS
Heidy Robertson-Cooper, MPA served over ten years in health care, focusing on primary care policy, value-based payment, and delivery system redesign impacting primary care and the safety net community. Before starting HRC Health Care Advisors, she served in leadership roles for the Missouri Primary Care Association, MissourHealth+, the American Academy of Family Physicians, and a health center in Northeast Missouri. In these roles, she oversaw efforts to influence primary care delivery and payment systems reform, develop resources assisting primary care physicians in achieving professional success in all practice settings, and provide effective value-based practice transformation and performance improvement support for primary care and community health centers.
2024 Medicare Shared Savings Program: Advance Investment Payment Option

Health Center Options for Evaluating Participation
Today’s Objectives

1. An overview of the 2024 Medicare Shared Savings Program and the Advance Investment Payment Option

2. Understanding of participation options for those new to MSSP and those with current and/or previous participation; and

3. Concrete next steps for evaluating your Health Center’s participation.
What is the Medicare Shared Savings Program?

• 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 Origination (ACO) to give coordinated, high-quality care to their Medicare beneficiaries.

• It is value-based 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.

• ACOs that successfully meet quality and savings requirements share a percentage of the savings with Medicare

• Glide Path for increasing levels of shared savings, risk and reward

CMS is committed to the growth of the Medicare Shared Savings Program in Rural and Underserved Areas

- CMS aims for all Fee for Service Medicare beneficiaries in an Accountable Care relationship by 2030.

- Significant updates were made to the MSSP in 2022 with a heightened focus on health equity and growing accountable care participation including:
  - New incentives for ACOs that serve a high proportion of under served Medicare beneficiaries
  - Health Equity Quality Bonus
  - Slower Glidepath to Risk
Advance Investment Payment (AIP) Model Overview

→ Focus on new ACOs serving patients in rural and medically underserved areas

→ AIP offers eligible ACOs advance shared savings payments to build infrastructure increasing participation

→ Goal is to build the infrastructure needed to succeed in the program and promote equity by holistically addressing beneficiary needs, including social needs.
Advance Investment Payment Option

**Infrastructure Support**
- One Time Investment Payment of $250,000
- Eight Per Member Per Quarter Payments; Risk-factor based
- Funding used to support staffing, health care infrastructure and provision of accountable care for underserved beneficiaries

**ACO Eligibility**
- Rural and Medically Underserved Focus
- New ACOs with little to no Value-based Care Experience
- Payments are available for 10,000 Medicare patients; Minimum 5,000 patient threshold

**Program Specifics**
- Starts in 2024 with five years participation
- Track A Participation (no down-side risk)
- AIP funds will be recouped from earned shared savings in an ACO’s current and subsequent agreement period, if a balance persists.

Source: CMS AIP Payments Guidance
MSSP AIP: Three Funding Opportunities

- Upfront infrastructure funding
- Per beneficiary per quarter payments
- Shared savings
Going Deeper: Per Beneficiary Per Quarter Payments

Risk Factor Based Score

CMS assigns each beneficiary a risk factors-based score:

1. Dual Eligibility
2. Part D Low-income Subsidy
3. Area Deprivation Index (ADI)

Per Beneficiary Per Quarter Payments

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<th>35-44</th>
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Source: CMS AIP Payments Guidance
MSSP AIP: Shared Savings Methodology

**Historical Benchmark**
- Accounts for relative risk of the ACO’s population

**Shared Savings Payment Method**
- Includes quality performance as a threshold
- Percent of savings shared with CMS
- Track A caps total savings at 40%

**If Earned, Savings Distributed**
- AIP Funds recouped through shared savings
- Remainder can be used to reward providers who did the work, finance ACO operations, and finance reserves

Source: Shared Savings Program ACO Participation Options (Updated 4/10/2023) (PDF)
ACO Participation
ACO Criteria for MSSP AIP

ACO Eligibility
• New ACO
• Low revenue ACO
• No recent or limited experience in CMS VBC Initiatives or New to Pathways to Success BASIC Track

Participant Criteria
• Less than 50% of the ACO’s participants participating in the BASIC track
• Less than 40% of the ACO's participants participated in a performance-based risk Medicare ACO initiative in each of the five performance years
• CMS will review Performance Year (PY) 2019 through PY 2023 for PY 2024 to determine if participants have experience with risk.

Source: CMS AIP Payments Guidance
What if I’m already participating in an ACO?

• Primary care providers can only participate in one ACO at a time
• Review Participation Agreement with current ACO
• Know that you have options...
Joining an ACO
ACO Participation Considerations

01. Do you have time and resources to join an ACO?
   - Quality Improvement Staff
   - Care management or coordination staff infrastructure
   - Transitions of Care
   - Population Health Analytics

02. Medicare Patient Mix
   - Attribution is key
   - Payer mix
   - How well does your patient panels translate into attributed members?
   - Area Deprivation Index

03. Program and Initiative Alignment
   - Value-based Care Strategy
   - UDS
   - Medicaid Managed Care
   - Medicare Advantage
   - State-based Initiatives

04. ACO Partners
   - Identify mission and value-aligned partners
   - Power in primary care
   - Influx of Primary Care “Enablers”
Key Timeline: CMS MSSP AIP Application Timeline

May

May 16th
Phase 1 of the application process is open

June

June 16th
Phase 1 of the application process closes

August

August 1st
Final opportunity to add Participants

October

October 19th – 30th
Phase 2 of application due
Includes AIP Application

December

MSSP AIP Awardees Announced
### Four Key Next Steps

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<td><strong>One</strong></td>
<td>• <strong>Internal Readiness Assessment:</strong> Staff capacity, care management and coordination efforts, and value-based initiatives alignment</td>
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<td><strong>Two</strong></td>
<td>• <strong>Medicare Patient Analysis:</strong> Medicare payer mix, Dual Eligible and Low-income Subsidy</td>
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<td><strong>Three</strong></td>
<td>• <strong>Explore Participation Options:</strong> Outreach to State Primary Care Association/HCCN or Clinically Integrated Network for Participation Options</td>
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<td><strong>Four</strong></td>
<td>• <strong>Governance:</strong> Determine any Board approval processes needed for ACO participation</td>
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Q & A

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Featured Speaker

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Q&A
Provide Us Feedback
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Part II: MSSP AIP Webinar
May 23, 2023  
1:00 – 2:00 pm ET

SHARE YOUR FEEDBACK
Don’t forget! Let us know what you thought about today’s session.
Value Transformation Framework (VTF) & Elevate Resources
The Value Transformation Framework (VTF) is an organizing framework to guide health center systems change:

- **Supports change** in many parts of the health center simultaneously
- **Organizes and distills evidence-based interventions** for discrete parts of the systems called ‘Change Areas’
- **Incorporates evidence, knowledge, tools and resources** relevant for action within different parts of the system, or Change Areas
- **Links health center performance to the Quintuple Aim**
15 Change Areas organized by 3 Domains:

**Infrastructure:** the components, including health information systems, policies, and payment structures, that build the foundation for reliable, high-quality health care

**Care Delivery:** the processes and proven approaches used to provide care and services to individuals and target populations, such as evidence-based care and social drivers of health

**People:** the stakeholders who receive, provide, and lead care at the health center, as well as partners that support the goals of high-value care
Learn More About the VTF: NEW eLearning Modules

Value Transformation Framework

5 MINUTES | JANUARY 2023

Health Centers are complex systems that have many important processes to carry out and often limited resources. The VTF is an organizing framework that guides health center transformation within this complexity.

https://www.youtube.com/watch?v=WcfWczRoYY0
VTF Assessment: Use To Drive Transformation

-Assess organizational progress in 15 areas of systems change important to value transformation.

-Recommended that 3 or more health center staff complete the assessment to get a balanced perspective of organizational progress in areas of systems change.

2023 Refresh

VTF Assessment 2.0

-Still only 15 questions – 1 for each Change Area
-Refreshed to reflect current state of value-based care
WHY participate in Elevate?

- **FREE access** to transformation resources, tools, and learning
- **Save time!** Elevate does the ‘lift’ of distilling vast evidence-based information into ‘bite-size’ actionable, easy-to-digest resources
- **Can be shared** across your organization, bringing staff together using a common learning approach with open access to all
- **Connect with peers** across the nation to explore, share, learn, and innovate
- **Improve measures of performance** and Quintuple Aim goals through systems transformation
- **Explore new ways of working and delivering care** and work to **enrich patient and staff experience**
- **Build/enhance care management programs** to improve patient outcomes and **generate revenue to support transformation**

*+Applying the Value Transformation Framework: Journal for Healthcare Quality (March 2022)*
Elevate Journey 2023

Supplemental Sessions

January
- Role of Leadership in Value-Based Transformation, with Attention to:
  - Cost
  - PCMH
  - Partnerships
- Outreach and Enrollment Learning Collaborative

February
- Population Health Management
  - Empannelment
  - Risk Stratification
  - Models of Care
- Role of Leadership in Population Health Strategy

March
- Optimizing Care Teams
- Extended Care Team: Enabling Services
- Providing Care Management
- Measuring Care Management Panel Data

April
- Optimizing Care Teams, with Attention to:
  - Improvement Strategy
  - Care Models
  - Workforce

May
- Improvement Strategy
- QI Case Study: Hypertension

The Journey Continues...

Core Elevate Learning Forums

Medicare Shared Savings Program
Advance Investment Payment

Brain Health Integration into Health Center Services

National Diabetes Prevention Program – Basics for Health Centers

Optimizing Care Teams
Extended Care Team: Enabling Services
Providing Care Management
Measuring Care Management Panel Data

Outreach and Enrollment Learning Collaborative
Enhance VTF Application Through Elevate

Register

Assess
Ideally 3+ staff complete the VTF Assessment
https://reglantern.com/vtf

Engage: Monthly Forums & Supplemental Sessions
registered participants

Access: Online Resources
https://nachc.docebosaas.com/learn/signin

National Learning Forum: Guided application of the VTF

@NACHC
https://reglantern.com/vtf
registered participants
MSSP AIP Webinar #1
Appendix
# PCA VBC Collaborative

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<td>Alabama Primary Care Association</td>
<td>Mary Hayes Finch, JD, MBA President &amp; CEO</td>
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<td>Jessica Yanow, President &amp; CEO</td>
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<td>Virginia Community Healthcare Association</td>
<td>Tracy Douglas, MS, Chief Executive Officer</td>
<td><a href="https://vcha.org/">https://vcha.org/</a></td>
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<tr>
<td>Wisconsin</td>
<td>Wisconsin Primary Health Care Association</td>
<td>Stephanie Harrison, MA, Chief Executive Officer</td>
<td><a href="https://www.wphca.org/">https://www.wphca.org/</a></td>
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CMS MSSP AIP Links

MSSP Application Toolkit
Advance Investment Payments At-a-Glance
CMS MSSP Webpage
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