



## With deadlines coming, make sure you have data chops to handle Shared Savings

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As the Medicare Shared Savings Program (MSSP) application deadlines approach, practices thinking about entering should consider the direction in which the program is going — toward more payer sources, electronic reporting and health equity data — and whether they have what it takes to keep up.

The annual application process begins with a Notice of Intent to Apply (NOIA), which runs from June 1 to June 7, 2022, followed by submission of the Phase 1 application materials, open between June 8 and June 29, 2022. Deadlines for applications for current participants to review are to be announced at a later date, according to CMS (*see resources, below*).

The MSSP, currently in its 10th year, is CMS' flagship accountable care organization (ACO) model. The program allows participants the opportunity to share in savings that they effect in the overall cost of care provided to Medicare patients in their panels, and members can pick the level of downside risk that they are willing to accept.

In its 10-year run, the performance of ACOs that have chosen to participate in MSSP has been mostly positive. In 2021, 67% of participating ACOs earned shared savings with CMS, and among ACOs that accepted loss risk as well as savings opportunities, the share rose to 88%.

### Provider breaks — for now

Theresa Hush, CEO of Roji Health Intelligence, a consultancy and data registry in Chicago, says it's important for prospects to note that CMS has made changes over the last year "that not only fine tune the Medicare accountable care strategy, but potentially alter the landscape for ACOs and the [Medicare] value-based care program."

Perhaps most important is that "CMS has reinforced the concept of provider-led ACOs as the key vehicle to implement accountability," Rush says.

Stakeholders recently saw this in the transformation of the Direct Contracting model, which had been criticized as allowing large private equity and other non-provider groups too much control over entities, into the ACO Realizing Equity, Access and Community Health (REACH) program, which mandates a stronger provider ownership and governance role ([PBN 3/21/22](#)).

Also, CMS responded to an outcry against some scheduled changes in the program by delaying them for two years. In the final 2022 Medicare physician fee schedule, CMS postponed the mandatory reporting by Shared Savings ACOs of electronic clinical quality measures (eCQM). With its inclusion of automatic data reporting from payers other than Medicare, the mandate was widely considered a technical burden by many ACOs and their advocates ([PBN 11/15/21](#)).

"The agency has denounced privatization of Medicare and pledged to reduce release of additional payment models that pose issues for ACOs and confusion for providers," Hush says. "These are huge developments after competing payment models and Medicare Advantage plan incentives, coupled with adoption of downside risk, were interpreted as hostile to ACOs."

It's important to note, however, that while the provider emphasis will probably last at least through the current administration, the eCQM changes are likely to be made eventually, and all participants will have to get aboard.

"That means ACO participating providers will either need to adopt a common system or agree to an investment in data aggregation," Hush says. "In addition, CMS has continued to emphasize interoperability and price transparency in its statements. These go well beyond most current MSSPs' capabilities and system investments."

### Go big or go home

With the REACH model, CMS is signaling that it will be considering health equity — the provision of access to services to underserved communities — as a metric for judging and rewarding ACO performance, Hush notes ([PBN 8/2/21](#)). The post-acute value-based model recently proposed by the Medicare Payment Advisory Commission (MedPAC) follows a similar course ([PBN blog 3/24/22](#)).

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In the medium term, that means the more you can demonstrate your ACO's ability to reach those communities, the better you'll do.

You'll also need to collect and document additional demographic information to achieve health equity goals, which are still coming into focus. Along with the eCQM requirement, the bent toward health equity suggests that success in Shared Savings will require increasingly technical sophistication, either from your ACO or the vendors they work with.

"The financial structure of risk, investment in technology, and price transparency all speak to ACOs that are likely to be more organized," Hush says. "As the CMS vision of accountability is realized, we can anticipate an advance of providers in larger, consolidated delivery systems and equity-backed organizations that have the resources and data technology — and a retreat of provider-run ACOs without infrastructure."

Resources

- CMS, Shared Savings application requirements: [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/for-acos/application-types-and-timeline](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/for-acos/application-types-and-timeline)
- CMS, "Medicare Shared Savings Program Continues to Grow and Deliver High-Quality, Person-Centered Care Through Accountable Care Organizations," Jan. 22, 2022: [www.cms.gov/newsroom/press-releases/medicare-shared-savings-program-continues-grow-and-deliver-high-quality-person-centered-care-through](http://www.cms.gov/newsroom/press-releases/medicare-shared-savings-program-continues-grow-and-deliver-high-quality-person-centered-care-through)



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