CMS seeks to trim reward-only, pushing for quicker risk uptake

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Medicare Shared Savings Program

The big story in the Medicare Shared Savings Program (MSSP) portion of the proposed rule is the push to get new entrants to take on upside risk — as opposed to remaining in a reward-without-risk introductory phase — more quickly.

In keeping with recent comments out of CMS, the agency is proposing to reduce the length of time an accountable care organization (ACO) can participate in a one-sided model of the BASIC track, starting in 2027, to a maximum of five rather than seven performance years.

CMS says it wants to get ACOs "inexperienced with performance-based risk Medicare ACO initiatives … to progress more rapidly to higher levels of risk and potential reward under Level E of the BASIC track or the ENHANCED track."

"While ACOs have pushed back on downside risk for years, there has been a growing trend of risk adoption by ACOs and providers in general," says Theresa Hush, CEO and co-founder of value-based care consultancy Roji Health Intelligence in Chicago. "The control of total cost of care has been an objective of ACOs [since it was] created, but only in recent strategy statements and this proposed rule has CMS iterated that downside risk was a required feature in all value-based payment models."

Perhaps as a balance to the push for risk, CMS also proposes "flexibility" on the requirement that Shared Savings ACOs have 5,000 assigned Medicare fee-for-service (FFS) beneficiaries, allowing fewer assignees in their initial benchmark years while also capping their shared savings and shared losses at a lower amount in that period.

CMS proposes to cut itself some slack in MSSP beneficiary assignment by revising the "definition of a beneficiary eligible for Medicare CQM [clinical quality measures]," one of the types of CQMs by which Shared Savings ACOs report quality (*PBN 11/18/24*). The agency proposes to require "at least one primary care service with a date of service during the applicable performance year" from the eligible provider. The express goal is to "reduce ACOs' burden in the patient matching necessary to report Medicare CQMs."

The health equity adjustment for MSSP ACOs is being removed, retroactive to performance year 2025. The APP Plus quality measure Screening for Social Drivers of Health is also being removed; the APP Plus reporting method will add a new administrative claims measure, Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions, in 2026.

The MSSP changes in this year's rule are relatively thin, Hush observes, but "we suspect that there could be more to come here, like more detail on systems and data sharing with providers and/or patients, shared decision-making — in other words, the same pieces put into the [new] Ambulatory Specialist Model." (*See related story*.)


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