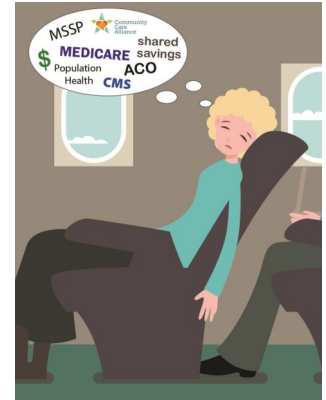


# Connie's Clips

*You've probably heard us ask this question during one of our meetings over the past year. What keeps you up at night?*

*Well, on a plane trip back from Washington DC this month, I was having a hard time turning off my brain. I was exhausted and exhilarated from the day's meetings; I felt like I was trapped in a thick fog, but if I fought hard enough, I could break through the dense layers and see the light. I could breathe fresh, clean air. When I woke from this deep sleep, I realized it was only a dream. Or was it? Whether or not you can relate, I wanted you to know that I'm thinking about your future with Medicare. Could it be from the CMS Proposed Rule, the 600 plus page document? I suppose. Read the story below and see for yourself.*



## CCA's Extended Flight to Medicare—A Short Story

Good afternoon CCA passengers. This is your captain, Connie speaking. First, I'd like to welcome everyone onboard Flight MSSP 600 DC with service from Rural, America to Population Health, Medicare. We are currently cruising at a CMS savings of over \$6M at a speed of \$1.5M net. That's over \$260 per beneficiary per year. Quality points reaching an average of 95 and the time is 4:RURAL pm. Despite the excellent report, the National Government Service has issued a severe shared savings storm brewing over our destination which could bring an unpredictable level of risky situations that we're not prepared to withstand. It's recommended we continue our current path and allow the chaotic forces to subside, releasing unnecessary pressure that is severely impeding the ability for representatives of the National Government Service to clearly view the atmosphere through their rural lens strategy. Is there any hope of survival? Will you be forced to divest your care coordination resources and return to fee for service payments based on volume? Will you ever have another opportunity to approach true Population Health? Folks, I have turned on the fasten seat belt signs for your safety as we approach a bit of turbulence. Please remain in your seats until further notice.

Hello, it's your captain again. I'm turning the fasten seat belt signs off, as it appears we're in the clear. And I have breaking news to share: a recently released analysis shows MSSP ACOs saved twice as much as CMS reported. Yes, that's right, twice as much! Original results were calculated by CMS using a benchmark methodology instead of the differences-in-differences regression analysis methodology, which is considered the 'gold standard' for program evaluation. CMS is veering way off course. They need our help. We are serious about delivering value and if they don't get this right, they're going to lose us.

### SEATBACK SAFETY CARD

The Proposed Rule consists of two 5-year tracks, BASIC and ENHANCED. CMS proposes reducing the number of upside-only years for new ACOs from six (two current 3-year Track 1 agreement periods) to two. The shared savings opportunity is proposed to decrease from the current 50 percent to 25 percent. These highlight two major issues for rural participants to enter into a MSSP ACO or to continue with the program.

**Rural ACOs should not have to take risk and we need your voice.**

CCA passengers, listen to me. The real rural experts are sitting on this plane. We need you to band together and create a tailwind, a strong uplift load of messages sent directly to CMS. With the tailwind on our side, we are expecting to deliver an overwhelming wave of rural atmospheric pressure bound to alter the proposed course. We only have until October 16th to comment, though, so you must act fast! See your **seatback safety card** for a step-by-step guide on the commenting process, or ask any member of the CCA Flight Crew. If the weather cooperates and we've exhausted all ancillary power reserves, CMS's final route should be announced before the year end. Our hope is to have a truly spectacular, one-of-a-kind rural view of Population Health, Medicare before we begin our descent in preparation for a smooth landing. Are you on board with that plan? Is that the destination you envision for you and your community members?

(continues)

Well now that our flight path is confirmed and we're all in agreement, I bet you've worked up an appetite. The cabin crew will be coming around in a few minutes to offer you a light snack and beverage, and the inflight movie will begin shortly after that. I'll talk to you again before we reach our destination. Until then, sit back, relax and enjoy the rest of the flight.

Please take a few minutes to voice your concerns about the MSSP Proposed Rule for 2019 to CMS, your senators and congressmen by **October 16th**.

1. Let them know that your rural ACO is a high-quality performer and is saving CMS money.
2. Let them know that your rural practice or facility lacks capital reserves and cannot take on risk.
3. Let them know that a 25% shared savings opportunity is not worth the effort.
4. Let them know that rural ACOs who meet ACO Investment Model (AIM) eligibility criteria should be considered "low revenue".

To **submit a comment** to CMS on this regulation, visit <https://www.regulations.gov> and enter the file code **CMS-1701-P** in the search bar.

**Senators and Congressmen.** Click on these links for a [list of US senators by state](#) and a [list of US congress by state](#) and submit your comments today!

### **New study confirms MSSP ACOs are generating significant savings for CMS**

The Medicare Shared Savings Program (MSSP) ACOs are improving quality and saving Medicare significantly more than CMS originally calculated. The National Association of Accountable Care Organizations (NAACOS) commissioned Dobson DaVanzo & Associates to conduct an independent evaluation of MSSP ACO cost savings. They found that ACOs in the MSSP generated savings of \$1.84B from 2013-2015, nearly double the \$954M in savings estimated by CMS. After accounting for shared savings bonuses, ACOs actually saved Medicare \$541.7M. Discussed in [Health Affairs Blog](#), the study used a gold standard regression analysis to evaluate the program versus the CMS benchmarking methodology used for financial targets and calculating bonuses or penalties.

Please feel free to contact me for more information.

[Listen to Connie's Clips](#)



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