Connie's Clips

The Clock is Ticking ... What's Next for San Juan and Rocky Mountain ACOs in 2019?

Yes, we are closing in on the final year of our first MSSP Track 1 ACO contract with Medicare. However, our journey with Medicare is far from over. Looking back to when we created our ACOs, we took advantage of the Accountable Care Organization Investment Model (AIM) upfront shared savings incentive, through the Centers for Medicare and Medicaid Innovation (CMMI) programs, for rural markets to participate in ACOs. The program funded up to 10,000 Medicare beneficiaries per ACO. Hence, our reason for creating two ACOs.



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In 2019, we will no longer be eligible for the AIM funding, and if we pursued another contract term under the same ACO corporations and achieved shared savings, we would be obligated to repay the upfront shared savings incentive money. According to our external consultants, we have another option that may better serve our participants, providing additional growth in experience in a non-risk environment, as well as a potential for greater opportunities in financial savings. We are continuing our MSSP Track 1 journey with Medicare as one larger new ACO entity, combining both the San Juan and Rocky Mountain participants, and adding new member participants. As a larger ACO, the increase in Medicare beneficiaries positively impacts our overall cost and quality benchmarks, and favorably increases our shared savings opportunity. The new ACO corporation allows us to restart our eligible years for upside-only risk, giving us up to six more years of experience before we're mandated to take on downside risk. At least for now, these are the CMS MSSP ACO rules at the time of this publication.

Why Participate in a Track 1 MSSP ACO?

- 1. Align and partner with the physicians on your medical staff.
 - a. Serves as a simplified MIPS reporting vehicle as a MIPS APM
 - b. Preferential treatment and scoring in the MIPS program
 - c. Increased opportunity for MIPS exceptional performance category bonus
- 2. Gain experience in managing value-based arrangements with no risk.
 - a. Continue receiving fee for service payments
 - b. Opportunity for value-based payments through shared savings via quality and cost benchmark performance
 - c. Broad CMS waivers around fraud/antitrust/civil monetary penalties
 - d. Full unblended monthly claims data to manage a population, including:
 - i. Patient specific leakage claims information to target specific areas for market share gain
 - Ii. Utilize data to manage high cost utilizers; readmissions;ED visits; etc.
- 3. Prepare for value-based arrangements as a member of a clinically integrated network.
 - a. State Medicaid may look to clinically integrated networks for new payment initiatives
 - b. Commercial insurers partnering with rural networks
 - c. Self-funded employers interested in direct arrangements
 - d. Maintain a voice with patient-centered care

Join the following hospitals and their independent practice communities already committed to 2019 participation in the MSSP Track 1 CCA ACO: Aspen Valley Hospital, Valley View Hospital, Delta County Memorial Hospital, Montrose Memorial Hospital, Gunnison Valley Health, Memorial Regional Health, and newcomer Moab Regional Hospital.

And, the list is continuing to grow.

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