



Critical Policy Updates for ACOs



June 2020

Agenda



1. Housekeeping
2. Presentation:
 - Legislative Update
 - CMMI Model Update
 - MSSP Updates
 - QPP Updates
 - Other Regulatory Changes
 - ACO Perspective
3. Audience Q&A

Housekeeping



1. If you would like to make the presentation full screen on your device, hover over the presentation and hit the double arrow button circled in green.
2. To ask a question, click on the green “ask” button in the bottom right of the questions box. Please see the red circle in the screen shot below.
 - You can type in a question at any time during the presentation.

A screenshot of a web browser displaying a live webcast. The browser's address bar shows the URL "naacoslive.com/upcoming-events/162/webcast/1". The page has a dark teal header with navigation links: HOME, PRESENTERS, WEBCAST AGENDA, PAST EVENTS, SUPPORT, STREAM TEST, and LOG OUT. Below the header, there are tabs for "QUESTIONS", "PRESENTERS", "SLIDE DECKS", "DIAL IN NUMBER - 800-111-1111", and "AGENDA". The main content area is split into two sections. On the left is a presentation slide with a blue and green background. The slide features the NAACOS logo at the top right, followed by the text "Save the Date!" in blue, a dotted line, and "NAACOS Fall 2020 Conference" in green. Below that, it says "September 23-25, 2020" and "Marriott Wardman Park, Washington, D.C." in black. At the bottom of the slide, it reads "COMING SOON: More information about the conference format, in person or virtual, and how to register." In the bottom right corner of the slide, there is a green circle containing a white double arrow icon. On the right side of the interface is a "QUESTIONS" box. At the top of this box is a text input field with a green checkmark icon and the placeholder text "Type your question". Below the input field is a large grey area with a question mark icon and the text "There are no questions asked yet. Ask the first one!". At the bottom right of the questions box, there is a green circular button with the word "Ask" in white. This button is circled in red. The word "slido" is visible at the bottom of the questions box. The overall interface is clean and professional, with a focus on user interaction.

Speakers



Allison Brennan

Senior Vice President of Government Affairs
NAACOS



Jennifer Gasperini

Director of Regulatory and Quality Affairs
NAACOS



David Pittman

Health Policy and Communications Advisor
NAACOS



Sandra Van Trease

President, BJC ACO



Legislative Update

Congressional Outlook



- Congress has had a very busy year so far – starting with an impeachment trial then shifting to a global pandemic.
- Many healthcare issues (ex. surprise medical billing, prescription drug costs) have not been addressed due to competing priorities.
- Congress continues to do a lot of work remotely and still has normal business to attend to such as government spending bills.
- NAACOS is working with our Congressional champions on comprehensive legislation to boost MSSP success and spur adoption of Advanced Alternative Payment Models.
 - We're also very focused on advancing bills (S. 2648/HR 5212) to fix ACO benchmarks to remove ACO beneficiaries from regional costs
- The focus on 2020 elections will ramp up in coming months, presenting fewer opportunities to accomplish meaningful legislation on the Hill.

COVID Stimulus



The President has signed four stimulus bills into law totaling roughly \$3 trillion

Phase 1: *Coronavirus Preparedness and Response Supplemental Appropriations Act* ([H.R. 6074](#))

- \$8.3 billion in emergency federal funding; waived certain Medicare telehealth restrictions

Phase 2: *Families First Coronavirus Response Act* ([H.R. 6201](#))

- Additional \$104 billion in federal emergency funding, waived Medicare cost sharing for testing, and increased Medicaid Funding

Phase 3: *Coronavirus Aid, Relief, and Economic Security (CARES) Act* ([H.R. 748](#))

- Modernized regulations (42 CFR Part 2) for substance use disorder coordination
- Further expanded telehealth
- Created a \$100 billion Provider Relief Fund
- Directed CMS to send advanced Medicare payments to providers
- Suspended Medicare's 2% sequester through December
- Increased payments to hospitals treating COVID patients
- Created \$349 billion small business Paycheck Protection Program (PPP) ⁷

COVID Stimulus



Phase 3.5: Paycheck Protection Program and Health Care Enhancement Act (H.R. 266)

- Additional \$310 billion for PPP and \$75 billion for the HHS Provider Relief Fund

Phase 4: Work has begun on another round of relief

- May 15: House passed the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act.
- Summary is available [here](#). The \$3 trillion stimulus package represents Democratic priorities, including:
 - \$1 trillion in relief funds for state and local governments,
 - \$200 billion for hazard pay for essential workers,
 - \$175 billion for provider relief funds and testing; and
 - Amends the repayment terms for the Medicare Accelerated and Advanced Payment Program.
- Senate Leaders are not planning to consider the House bill. Negotiations on a Phase 4 package are expected to continue through the summer.

NAACOS Advocacy



NAACOS has worked with CMS and Congress to protect ACOs during the COVID-19 pandemic. Recent advocacy highlights:

- NAACOS and 8 others [ask](#) CMS to provide more support for ACOs in response to COVID-19. Detailed NAACOS [letter](#) on CMS COVID rules
- NAACOS [letter](#) urging extension of Next Gen; details on Direct Contracting
- NAACOS and 7 others [urge](#) CMS to count diagnoses obtained from audio-only telehealth services for risk adjustment purposes
- NAACOS [statement](#) expressing concern about recommendation to cancel PY2020 for ACOs; we support savings opportunities!
- NAACOS and others [ask](#) Congress for assistance for providers serving Medicare Advantage beneficiaries
- NAACOS and 9 others ask [House](#) and [Senate](#) leaders for relief from COVID-19 response and send [letter](#) to CMS
- NAACOS and 13 others [write](#) Congress to address telehealth during the COVID-19 public health emergency

Political Outlook: Shift to Value



- The shift value has been a bipartisan initiative for many years.
- Example: MACRA passed in 2015 and was very bipartisan. It emphasizes the need to shift Medicare Part B providers to value, which has remained a focus under the current administration.
- As we face the COVID-19 pandemic, ACOs and their providers are on the forefront helping patients and their communities. NAACOS collected ACO success stories [here](#) highlighting examples:
 - Employing care management and quality staff to screen for illness, address patient needs, and emphasize prevention.
 - Implementing processes to ensure positive transitions of care for when patients are discharged from the hospital or nursing home.
 - Utilizing their IT infrastructure and resources to quickly and effectively enable the shift to telemedicine.
- The upcoming elections will include intense debate on many healthcare issues, but regardless of the election outcome we anticipate a growing shift to value-based payment.



CMMI Model Updates

Innovation Center Model Updates



New! Innovation Center announces updates for COVID-19 for a number of APMs

Next Generation ACO Model

- Recently announced updates extend the model through 12/31/2021 and make adjustments for COVID-19 for the 2020 performance year (reducing shared losses by proportion of months during the PHE and removing COVID-19 costs from expenditures; capping shared savings at 5% and moving to a retrospective trend for 2020)

Direct Contracting

- CMMI will delay the start of performance year 1 to April 1, 2021 and offer a second cohort option to start Jan. 1, 2022
- Application portal is open through July 6 for those who already submitted a NOIA

Primary Care First

- CMMI will start PCF on Jan. 1, 2021 as planned but delay the Seriously Ill Population option to April 1, 2021



MSSP Updates

MSSP Updates



- On March 30, CMS released an [Interim Final Rule](#) with comment (IFC) addressing COVID-19 and a variety of programs including MSSP and others – this triggered the MSSP extreme and uncontrollable circumstances policy for the COVID-19 public health emergency. NAACOS summary of the IFC is available [here](#) (rule formally published April 6)
- On April 30, CMS released a subsequent [Interim Final Rule](#) with comment (IFC) to make further policy changes for MSSP E&U policy. NAACOS summary of this IFC II is available [here](#) (rule formally published May 8)
- NAACOS has developed a COVID-19 [webpage](#) with key updates, fact sheets, FAQs, telehealth resources, webinars and much more

IFC Comments



NAACOS will continue advocacy for further refinements to E&U policy to protect ACOs. IFC [comments](#) are due July 7:

- Adopt a policy to give ACOs an option to be protected from losses in exchange for a reduced shared savings rate, no less than 40 percent
- Extend the current June 30 deadline to exit the program to avoid financial losses to October 31
- Make all ACO quality measures pay-for-reporting in 2020
- Provide an option to participate in the MSSP for 2021 by introducing an April 1 or July 1, 2021 start date
- Extend the Next Generation ACO Model for at least one additional year
- Pay ACO shared savings payments and Advanced APM bonuses ASAP
- Remove the ACO beneficiary notification requirement for 2020 – deadline currently delayed to 12/31

2021 ACO Participation Options



- IFCs cancel the 2021 MSSP application cycle for new ACOs. NAACOS is urging CMS to introduce an April 1 or July 1, 2021 start date
- ACOs whose current agreement period expires on Dec. 31, 2020 have the option to extend their existing agreements by one year (remain under their existing historical benchmarks for that year)
- ACOs in the Basic Track's glide path the option to elect to maintain their current level of participation for 2021 (re-enter in 2022 per original schedule)
- Options for existing ACOs to add/delete participants and apply for certain waivers for the 2021 performance year
- The anticipated final date to make these elections is Sept. 22, 2020

2021 ACO Participation Options



Application Timeline*

Currently participating ACOs that are eligible may apply for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver, and/or to operate a Beneficiary Incentive Program (BIP) and make other participation changes for Performance Year (PY) 2021 following the schedule below; including the new participation options outlined in the [Interim Final Rule Announcing Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(PDF\)](#), issued April 30, 2020:

- ACOs may voluntarily elect to extend their agreement period for an optional fourth performance year for ACOs whose participation agreements are scheduled to end December 31, 2020.
- ACOs may voluntarily elect to maintain their current level under the BASIC track for PY 2021 or transition to a higher level within the BASIC track's glide path.
- The anticipated final date to make these elections is September 22, 2020.

ACO ACTION	ACO RESPONSE PERIOD
Voluntary Election & Initial Change Request Submission	6/18 - 7/20/20 at 12:00 p.m. (noon) Eastern Time (ET)
Request for Information 1	8/11 - 8/24/20 at 12:00 p.m. (noon) ET
Request for Information 2	9/16 - 9/22/20 at 12:00 p.m. (noon) ET
Final Disposition	10/20/2020
Annual Certification	10/27 - 11/9/20 at 12:00 p.m. (noon) ET

*Dates are subject to change

2020 Financial Reconciliation



- The MSSP E&U policy will reduce losses an ACO must pay to CMS for 2020
The policy adjusts an ACO's losses by:
 1. Percentage of months in the performance year affected by an extreme and uncontrollable circumstance and
 2. Percent of the ACO's assigned beneficiaries who reside in an affected area
- The April 6 IFC notes 100% of assigned beneficiaries for all MSSP ACOs will be determined to reside in an affected area
- The May 8 IFC notes the affected months begin with January and continue through the end of the public health emergency (currently July)
- Ex., an ACO could owe \$3 million in shared losses for PY2020. The public health emergency is through July, meaning that the ACO would still owe \$1.25 million to CMS
- Ex., an ACO could owe \$3 million in losses, the PHE lasts the entire year and that ACO would owe \$0

2020 Financial Reconciliation



- CMS will exclude from MSSP calculations all Parts A and B FFS payment amounts during affected months of an episode of care for treatment of COVID-19, triggered by an inpatient service and as specified on Parts A and B claims when the date of admission occurs within the COVID-19 PHE. In addition to having a date of admission during the PHE, CMS will identify an episode of care triggered by an inpatient service for treatment of COVID-19 based on either:
 1. Discharges for inpatient services eligible for the 20 percent DRG adjustment under section 1886(d)(4)(C) of the Act; or
 2. Discharges for acute care inpatient services for treatment of COVID-19 from facilities that are not paid under the Inpatient Prospective Payment System (IPPS), such as Critical Access Hospitals (CAHs)
- The episode will be defined as starting in the month in which the inpatient stay begins (identified by the admission date) all months during the stay and through the month following the end of the stay (identified by the discharge date)

Financial Reconciliation



- CMS will adjust the following MSSP calculations to exclude all Parts A and B FFS payment amounts for a beneficiary's episode of care for treatment of COVID-19:
 1. Calculation of Medicare Parts A and B FFS expenditures for an ACO's assigned beneficiaries for all purposes, including the following: establishing, adjusting, updating, and resetting the ACO's historical benchmark and determining performance year expenditures
 2. Calculation of FFS expenditures for assignable beneficiaries as used in determining county-level FFS expenditures and national Medicare FFS expenditures
 3. Calculation of Medicare Parts A and B FFS revenue of ACO participants for purposes of calculating the ACO's loss recoupment limit under the Basic Track
 4. Calculation of total Medicare Parts A and B FFS revenue for purposes of identifying whether an ACO is a high-revenue ACO or low-revenue
 5. Calculation or recalculation of the amount of the ACO's repayment mechanism arrangement

2020 Quality



- The extreme and uncontrollable circumstances policy will make the following changes in relation to quality assessments for ACOs in 2020:
 1. If an ACO is unable to report quality due to the extreme and uncontrollable circumstance, the ACO's quality score will be set to the mean quality performance score for all MSSP ACOs for the applicable performance year.
 2. If the ACO is able to completely and accurately report all quality measures, CMS will use the higher of the ACO's quality performance score or the mean quality performance score for all MSSP ACOs
- NAACOS comments urge CMS to make all ACO quality measures pay-for-reporting in 2020 due to challenges presented by COVID-19 (issues doing preventive care, testing and other challenges)

Other Quality Updates



- Two ACO quality measures have been made pay-for-reporting retroactively for 2019 due to late specification changes:
 - ACO-14, Influenza Immunization
 - ACO-18, Depression Screening and Follow Up
 - As a reminder, ACO-17, Smoking Cessation and Follow Up, was already made pay-for-reporting in 2019 and benchmarks will be based on 2016 and 2017 b/c 2018 data is not comparable due to revised numerator guidance issued late in 2019
- CMS recently posted 2020/2021 benchmarks and measure specifications and updated 2019 benchmarks
 - Benchmarks for 2020/2021 available [here](#)
 - Updated 2019 benchmarks available [here](#)



QPP Updates

QPP Updates



- MIPS E&U Policy triggered for 2019, more QPP updates for COVID-19 expected in the Medicare Physician Fee Schedule (MPFS) rule
- NAACOS is advocating for changes to QP thresholds for 2021 and subsequent years with both CMS and Congress
- NAACOS [letter](#) and meeting with CMS to discuss QPP challenges for ACOs:
 - Revise QP thresholds
 - Align QP calculations with ACO definitions
 - Base Advanced APM bonuses on allowed (not paid) amounts
 - Pay Advanced APM bonuses by June 30/expedite payments and provide greater transparency on bonus payments
 - Alter MIPS eligibility/QP snapshot date calculations to allow any NPI in the ACO to meet QP status once the ACO has met the threshold at any time in the year

MIPS E&U Policy for ACOs



- MIPS Extreme & Uncontrollable (E&U) Circumstances Policy for 2019:
 - The April 6 IFC clarifies that the 2019 automatic extreme and uncontrollable circumstances policy for MIPS will not apply to eligible clinicians participating in MSSP ACOs and instead these clinicians will continue to be scored under the existing MIPS APM Scoring Standard- unless, NO clinicians in the ACO report any quality or PI data. This is highly unlikely and therefore most ACOs would not be able to benefit from this policy
 - As a result of NAACOS advocacy, CMS will exclude ECs and TINs that do not report PI data from the denominator when calculating the average ACO PI score
- 2020 changes for COVID-19 expected to be released in the proposed 2021 MPFS rule



Other Regulatory Changes

Telehealth – Key Changes



- **Attribution** – CMS will use remote evaluation of patient video/images (G2010), virtual check-ins (G2012), e-visits (99421-99423), and newly covered telephone E/M services (99441-99443) for ACO patient attribution
- **Risk Adjustment** – CMS instructed Medicare Advantage (MA) organizations and other organizations “to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility.”
 - Limited to codes received during video visits
- **Annual Wellness Visits** – CMS explained that patient-reported vital signs are acceptable for AWWs furnished via telehealth.
 - Still considering visits when the patient can’t self-report
- **More detail can be found in our [member resource](#) on telehealth**

Telehealth – NAACOS Advocacy



- **Payment for Audio-Only Telephone E/M Services**
 - Continue to add codes to this audio-only list as it is made aware of additional services that can be safely delivered through the telephone and wishes CMS would start with two transitional care management codes (99495-99496)
- **Risk adjusting for audio-only telehealth**
 - We urge CMS to count diagnoses obtained from audio-only telehealth services for risk adjustment purposes
- **Clarification on Codes used in Beneficiary Assignment**
 - Count all codes used for ACO assignment listed in §425.400(c)(1)(iv) even when delivered via telehealth

Please send additional advocacy suggestions to us at:
advocacy@naacos.com

*Tune into our [Virtual Conference session](#) on telehealth
on [June 16th at 2:15 pm ET](#)*



ACO Perspective

NAACOS Policy Committee Chair

Sandra Van Trease, President, BJC ACO

BJC Accountable Care Organization COVID Response

June, 2020

BJC HealthCare ACO – St. Louis, Missouri

- Not-for-profit integrated health system with 15 hospitals, post-acute and home health services and a large multi-specialty medical group with >400 physicians and >200 APPs across 120 locations in MO and southern IL; all participants in the ACO
- Affiliated with Washington University School of Medicine, with >1,500 full-time physicians and surgeons specializing in 76 condition or treatments; not in the ACO
- Share EPIC as integrated EHR
- 39,000 MSSP attributed beneficiaries; 23,000 Medicare Advantage attributed beneficiaries
- First MSSP contract in 2012
- Enhanced Track model effective July 1,2019

COVID-19 Prevalence in ACO Population

ACO Focus: Screen, treat and monitor

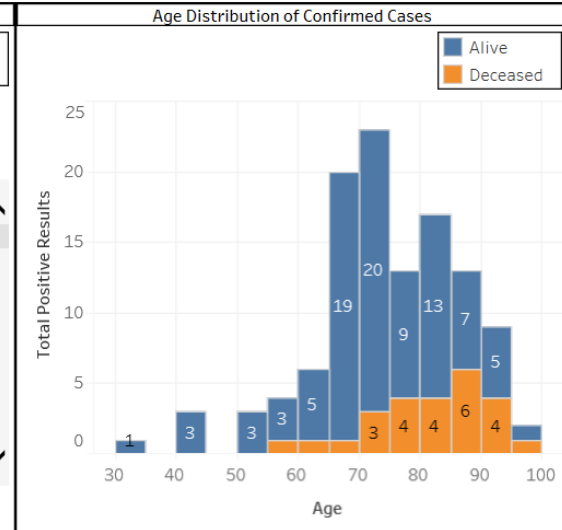
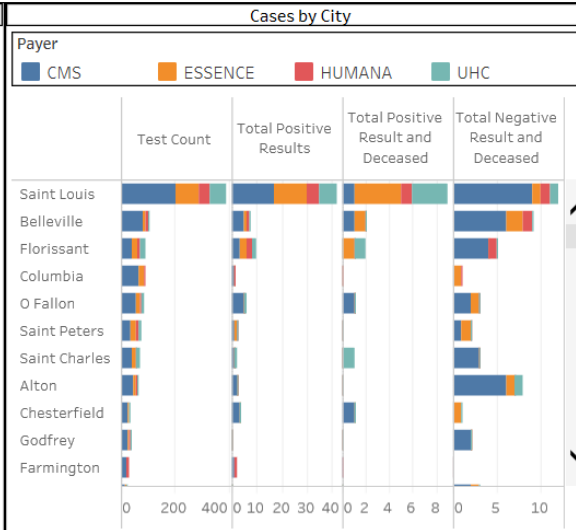
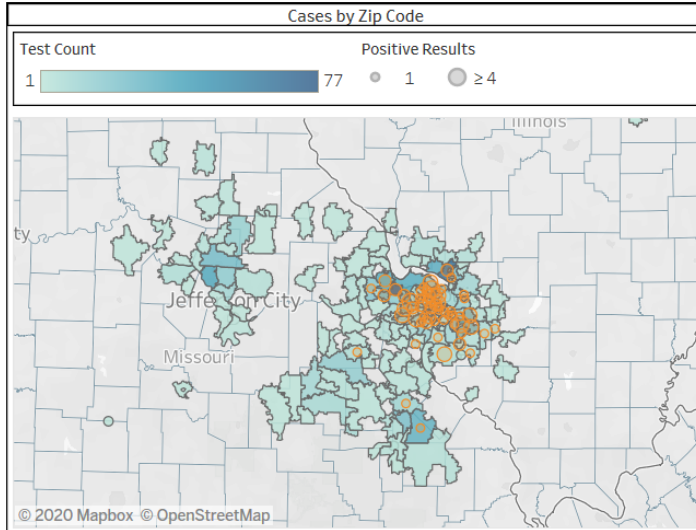
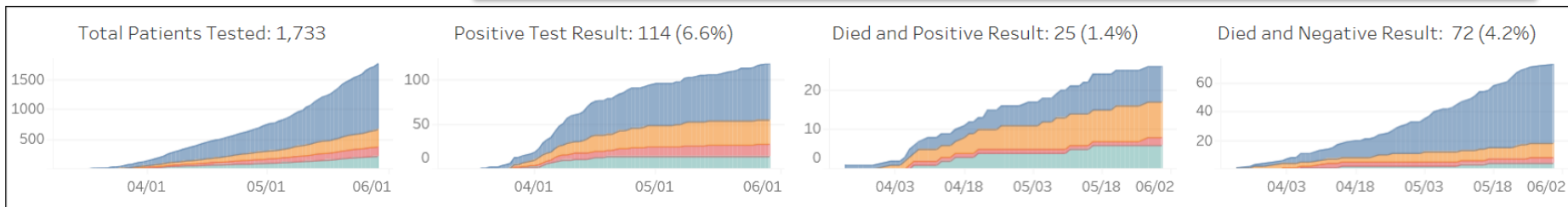
ACO COVID-19 Case Tracker Patient List

ACO COVID-19 Case Tracker

BJC Accountable Care Organization
Better Health. Better Health Care. Better Value.

Payer (All)
 Payer
 CMS HUMANA
 ESSENCE UHC

Patient list used to identify at-risk patients for follow-up



Reported information may not reflect all cases in the community

Reporting Period: 3/12/2020 - 6/2/2020

Reported lab data is extracted from following sources: Cerner Millenium, Epic POC Labs, LabCorp, and Quest

Approach to COVID in the Ambulatory Setting

- Within 5 days of “state of emergency” declaration, stood up and operationalized a “virtual first” model of care for COVID-19 screening
 - Provider training; patient training
- Within 7 days, opened 3 dedicated “Respiratory Clinics” to assess patients with respiratory symptoms and/or fever to provide an option for evaluation for patients outside of the ED setting. Established 5 additional sites throughout service area over the following 3 weeks
- Leveraging pre-existing centralized scheduling and nurse triage programs, subject matter experts created screening questions and protocols for COVID-19 symptoms and risk factors
 - Telephone-based screening (human intervention)
 - Interactive patient portal “symptom checker” using branching logic to direct people to appropriate care setting (e-visit, video visit)
 - IVR/Chatbot access on public-facing websites for basic clinical assessment and to serve as front-end nurse triage
 - Drive through testing sites
- Patients whose screening results indicate risk of infection assessed by e-visits on the patient portal, or video visits by a centralized Virtual Care Center team of primary care and emergency providers
- Patients requiring in-person evaluation or more extensive testing sent to dedicated respiratory evaluation clinics
- Patients tested for COVID-19 are enrolled in a daily symptom and vital sign home monitoring program

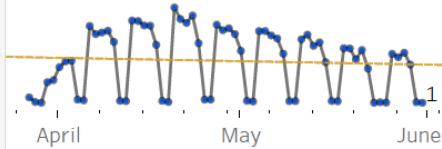
Telehealth Video visits – Expanded clinical conditions

BJC HealthCare: Zoom Usage Metrics

Data as of EOD: 05/31/2020

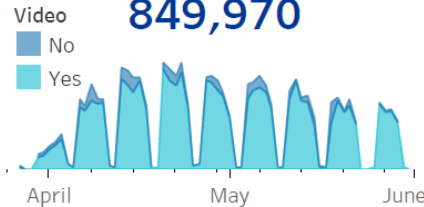
ZOOM MEETINGS COMPLETED:

21,709



ZOOM MINUTES LOGGED:

849,970



WEEKLY MINUTES:

Week of 05/31	58
Week of 05/24	63,268
Week of 05/17	85,277
Week of 05/10	99,020
Week of 05/03	112,378
Week of 04/26	110,157
Week of 04/19	127,529
Week of 04/12	121,454
Week of 04/05	97,747
Week of 03/29	32,326
Week of 03/22	757

WEEKLY MEETINGS:

Week of 05/31	1
Week of 05/24	1,476
Week of 05/17	1,930
Week of 05/10	2,346
Week of 05/03	2,620
Week of 04/26	2,810
Week of 04/19	3,279
Week of 04/12	3,042
Week of 04/05	2,826
Week of 03/29	1,328
Week of 03/22	51

Date Range
03/25/2020 to 05/31/2020
and Null values

License Group
BJC Medical Group

Meeting Host
All

Video Call?
All

iPads?
All

User-Level Detail | FILTER ABOVE & CLICK THE PLUS SIGNS BELOW TO DRILL DOWN.

See Top 20 Sheet

Group Name	Meetings	Minutes	Avg. Minutes / Meeting
BJC Medical Group	21,709	849,970	39.2

Post-Acute: COVID Focus

- Goal: Keeping COVID out of the nursing home
- Goal: Ensuring a smooth flow of hospitalized patients to next site of service/SNF
 - Established a hospital and nursing home tracker to support transfer capacity (expected discharges, bed capacity)
 - Formation of COVID dedicated units in some post-acute facilities

Working jointly with the St Louis PAC/LTC Roundtable

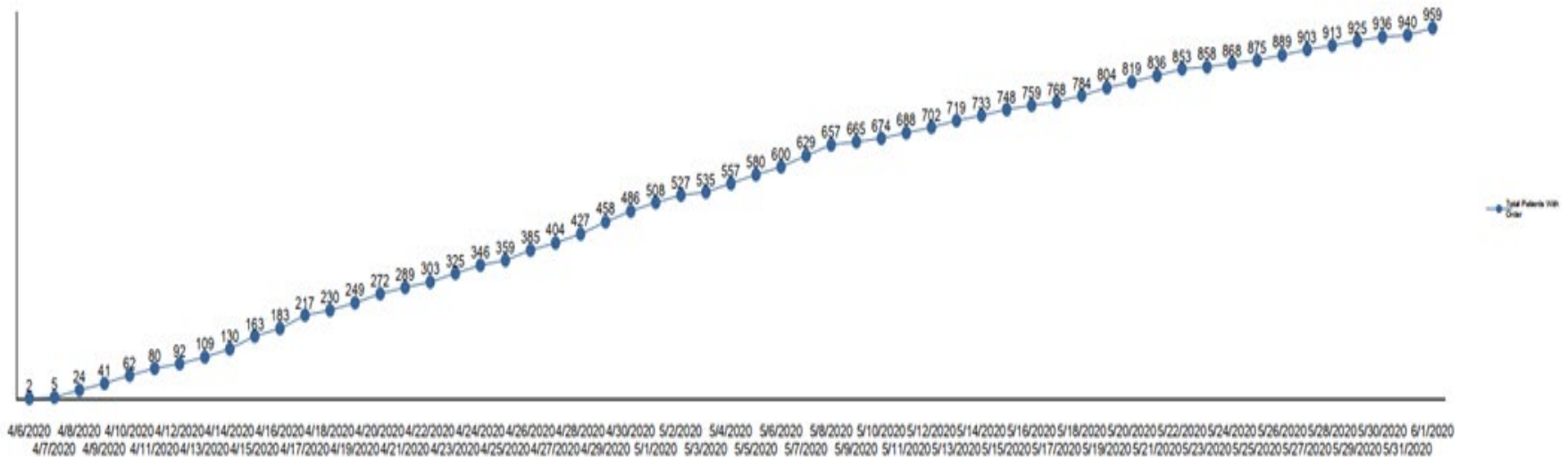
- Previously established to promote best practices
- Ensuring consistent protocols and work among the health systems
 - Producing educational material for staff and facilities
 - Promoting consistent use of transfer forms denoting COVID status
 - Working with DPH, DHSS on Rapid Response Team for COVID outbreaks in facilities Setting consistent expectations
 - Obtaining suppliers for PPE
 - Stop-gapping problems e.g. lack of testing for employees, lack of testing in facilities, consistent definition of fever, communication with dialysis needs
 - Describing needs, particulars of SNF to Metropolitan Pandemic Task Force

COVID Home Monitoring Program

- Established a home monitoring program for COVID patients discharged from BJC HealthCare acute care facilities
- Patients enrolled in either “on-line” patient portal or “phone only” program
- Care Coaches and RN’s from the Care Management team staff the program
 - Daily symptom phone calls
 - RN escalations

COVID-19 Home Monitoring Program Report

6/2/2020



Care Management Resource Utilization

COVID Related Activities

- ACO RN resources allocated to support the centralized scheduling and nurse triage center to triage COVID symptoms and schedule eVisits and virtual on-demand/scheduled video appointments
- ACO Care Managers resources staffing the COVID home monitoring program 7 days a week
- Continued Transitions of Care (TOC) outreach for ED/IP discharges
- Continued Complex Care outreach with a focus on high concurrent risk, and high risk diagnosis patients
- Social Workers targeting high risk patients with depression

Policy responses to Covid-19



- Cares Act funding for providers
- Advanced Medicare payments
- Waivers
 - Expanded (virtual and audio-only) telehealth services
 - Providing telehealth and other communications technology-based services to all Medicare beneficiaries wherever they are located
 - Providing telehealth to new and established patients
 - Counts towards attribution
 - Restrictions lifted on certain provider site expansion and provider collaboration (Stark & Anti-kickback concerns)
 - Reduction of regulatory burden
 - Office Telehealth Hx and PE requirements waived
 - Teaching physicians oversight via telehealth
 - CMS audit relief
- Licensure-related standards and processes
 - Staffing Virtual Care Center with providers otherwise restricted by state licensing regulation
 - Expanded scope of practice authority for allied health professionals
 - Hospitals enabled to stand up temporary locations of services, including “home” as site of service

ACO Participation Considerations

- Considered voluntary termination of agreement as an Enhanced Track ACO due to impact of COVID on ACO expenditures and our ability to achieve shared savings
 - Engaged analytical resources to assist with evaluation
 - CMS invoked “extreme uncontrollable circumstances” policy to mitigate ACO shared losses during the PHE—full mitigation possible for PY2020.
- Considered other APMs
 - Not eligible for Primary Care First Model due to geographic restrictions
 - Based on current info shared savings opportunities appear better in Enhanced Track ACO than Direct Contracting Model

Questions?



If you do not get a chance to ask your question today, or if you have additional questions in the future, please email advocacy@naacos.com



Thank you!