NAACOS Virtual Advocacy: Preparing for Hill meetings

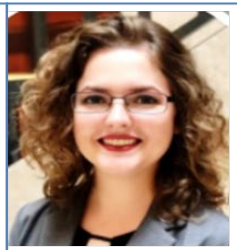
September 10, 2021

Agenda

1) **NAACOS Virtual Hill Day**
   - Advocacy Team
   - Scheduling Recap
2) **Congressional Outlook**
3) **Elements of a Hill Meeting**
   - Meeting Materials & Flow
   - Deep Dive on Value Act

Advocacy Team

Allison Brennan
Senior Vice President of Government Affairs
NAACOS



Alyssa Neumann
Health Policy Analyst
NAACOS

Jennifer Gasperini
Director of Regulatory and Quality Affairs
NAACOS

Cybil Roehrenbeck
Partner
Hogan Lovells LLP

David Pittman
Senior Policy Advisor
NAACOS

ACO Fall Virtual Advocacy Campaign

- **ACO advocacy is critical!**

- NAACOS is holding a virtual advocacy campaign with Hill meetings the weeks of Sept. 13 and 20.
- The timing of these visits is key for our advocacy to advance ACO issues leading up to a fall Medicare extenders package.
- We will focus on garnering support for the Value in Health Care Act and asking Congress to advance the legislation this year.

Virtual Advocacy

- COVID-19 and renewed concerns about the Delta variant are limiting travel to Washington and virtual meetings are recommended.
- Congressional offices are meeting with constituents virtually via phone or video conference.
- Expect meetings to last between 20-30 minutes.

Scheduling & Confirming Meetings

- Given scheduling and logistical challenges with virtual platforms, we are recommending that participants schedule their own meetings on the days and platform that works best for your ACO's schedule.
- Please alert NAACOS staff if you are having difficulty scheduling a meeting.
- CONFIRM the date, time, and virtual platform with the Congressional office.
- Provide Congressional staff and group attendees with links/access codes as needed.
- It's recommended to include Congressional staff on calendar invites so they have the correct time and access to virtual conference information.
- **Please send your meeting information to Alyssa Neumann (aneumann@naacos.com) so the meetings can be tracked by NAACOS.**
- NAACOS staff will join meetings as needed. If you are new to advocacy and want to ensure NAACOS staff join a particular meeting, just let us know!

Congressional Outlook

- Congressional Democrats are advancing President Biden's "Build Back Better" plan.
- In September, Congress will be working on:
  - House passage of the "Infrastructure Bill" – soft House deadline of Sept. 27
  - House and Senate mark-up and passage of the "Reconciliation" spending bill
  - Raising the debt limit
  - Government funding – likely to pass a "continuing resolution" or "CR"
- Highly partisan environment on Capitol Hill.

Elements of a Hill Meeting

Before the meeting

- Confirm the meeting time the day before
- Send meeting materials in advance

During the meeting

- Introductions
- ACO Stories
- The “ASK”
- Policy arguments

After the meeting

- Follow Up

Meeting Materials

- NAACOS will provide participants with a digital advocacy folder that includes the following:
  - Talking Points for your meetings.
  - ACO Savings Results - 2020
  - Value Act Multi-stakeholder Press Release & Support Letter
  - Value Act Independent Savings Estimate
  - Rural Glitch Support Letter
  - Follow up email template to send to Congressional staff.
- Please review the materials and send those you would like to speak to in advance of your meeting.

Meeting Prep

1. Make sure you are familiar with your digital platform's technology features. We recommend testing and signing onto meetings several minutes before in case there are tech issues.
2. Coordinate with your group!
   - If there are multiple participants in your meeting, coordinate with your group to select a group leader to handle introductions to avoid having all attendees talk over one another.
3. Review the material, ask questions, and provide a digital copy of the Value in Health Care Act background document to Congressional offices before your meeting.

Meeting Script

1. **Introduce yourself and colleagues.**
   - Try to keep short and sweet.
2. **Provide brief background on your ACO.**
   - Personal stories about your ACO and how you are helping patients in the Member's state or district are most persuasive.
   - Don't jump right into the legislation, finesse your way to the key talking points.
   - Give the staffer an opportunity to ask questions and talk.

ACO Background, Statistics and Stories

- Ask the Member of Congress or staffer how familiar they are with ACOs.
  - Provide a general overview of ACOs if requested. Some offices will have a good understanding of ACOs and value-based care models, while others will be less informed.
- Tell your organization's story using statistics, especially those applicable to the lawmakers district or state.
- Talk how your ACO has helped improve patient care (especially in light of COVID-19). Also discuss any savings your ACO has generated along with quality data you wish to share.

The "ASK"

- Cosponsor **H.R. 4587, the Value in Health Care Act**.
  - Sponsored by Reps. Welch (D-VT), LaHood (R-IL), DelBene (D-WA), and Wenstrup (R-OH) in the House;
  - OR be an original cosponsor in the Senate (led by Sen. Whitehouse (D-RI).

- Cosponsor **H.R. 3746, the Accountable Care in Rural America Act** (the "rural glitch").
  - Sponsored by Reps. Arrington (R-TX), Bera (D-CA), DelBene (D-WA), Dunn (R-FL), Gooden (R-TX), O'Halleran (D-AZ), Kelly (R-PA), Sewell (D-Al-07).

- Support the inclusion of these bills in legislative vehicles advancing in Congress.

Meeting Conclusion

Groups should have a designated "closer" for the presentation to wrap up and make closing statements. It's recommended that this be the group leader who also handled introductions.

1) Thank the lawmaker or staff for their time.
2) Restate the "ask" and request their support.
3) Convey interest in serving as an ACO resource.
4) Invite them to visit your ACO in the future.

Following Up

- Send a thank you note to staff thanking them for taking the time to meet with your organization.
  - NAACOS will also provide a sample template, but it's recommended to personalize based on your meeting and restate your request that they cosponsor the Value Act and support Congressional action on the QP and Rural Glitch before the end of 2020.
  - Provide any additional requested information.
  - Remember - be a resource and keep in touch with your legislators' offices!
- Provide NAACOS with a brief summary of your meetings to highlight any action items, commitments of support, etc. This will help inform NAACOS' advocacy going forward!
  - Send your meeting summaries to Alyssa Neuman (aneumann@naacos.com)

Value Act Section-by-Section

Section 2: Encouraging participation in the Medicare ACO Program.

a. Increasing shared savings rates for certain ACOs.

Background: Current shared savings rates for Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSP) range from 40 to 75 percent. Program changes finalized in late 2018 reduced shared savings rates for shared savings-only models from 50 to 40 percent. The vast majority of ACOs begin in shared savings-only models before advancing on the path to risk-bearing models, and models need to remain attractive enough to create a pipeline for ACOs to assume risk. This section would restore MSSP BASIC track shared savings rates to at least 50 percent.

Value Act Section-by-Section

Section 2: Encouraging participation in the Medicare ACO Program.

b. Modifying risk adjustment to appropriate levels.

Background: Accurate risk adjustment is imperative to assessing ACO performance and should remove or minimize differences in health and other risk factors that impact performance but are outside the ACO's control. Modest adjustments to the risk adjustment methodology used by CMS) would give ACOs a better ability to understand and perform relative to their benchmarks. The current risk adjustment cap is 3 percent over a five-year agreement, which is unreasonably low especially as COVID-19 may cause unpredicted spikes in risk scores. This section would update MSSP risk adjustment so that, over the course of a five-year agreement period, positive risk score increases would be subject to a cap of no less than 5 percent and negative risk score adjustments would be between 0 and negative 5 percent.

Value Act Section-by-Section

Section 2: Encouraging participation in the Medicare ACO Program.

c. Removing artificial barriers to Medicare ACO program participation.

Background: Under the 2018 Pathways to Success Final Rule, CMS created a new distinction between “high revenue” and “low revenue” ACOs. This distinction is arbitrary as written, creates an inequitable path, and presents disincentives for ACOs who are voluntarily working together to ensure that value-based care succeeds. High revenue ACOs are forced to assume higher levels of risk more quickly. This section would eliminate the high-low revenue distinction and apply the low revenue policies across ACOs. It would also provide ACOs at least three years in shared savings-only models.

Value Act Section-by-Section

Section 2: Encouraging participation in the Medicare ACO Program.

d. Ensuring fair and accurate benchmarks.

Background: The current MSSP benchmarking methodology uses a blend of the ACO's own historical expenditures and expenditure data from the region. However, the regional costs are from all beneficiaries in the ACOs' region, including those assigned to the ACO. This essentially means the ACO is being compared against its own performance. Under Medicare Advantage (MA), CMS compares the MA plan to fee-for-service beneficiaries for a cleaner comparison. The problem is particularly acute for rural ACOs, where they may be on the only ACO in the region. This section would modify the MSSP benchmarking methodology to remove ACO beneficiaries from the regional reference population under regional benchmarking (market minus ACO approach).

Value Act Section-by-Section

Section 3: Providing educational and technical support for the Medicare ACO program.

Background: The startup costs for ACOs can be prohibitive: investments in clinical and care management, health IT, population analytics, reporting, and administration often cost millions of dollars. CMS previously offered programs to help fund ACOs up front, with those payments later recouped via shared savings. These programs, such as the ACO Investment Model (AIM), should be reinstated to help ACOs fund activities and transformations to support ACOs' development. This section would provide advanced funding to ACOs to help them start or continue on the path to value, with the conditions and amounts up to the discretion of the Secretary, and funds recouped through shared savings.

Value Act Section-by-Section

Section 4: Incentivizing participation in Advanced Alternative Payment Models (Advanced APMs).

a. Extending the Advanced APM incentive payment.

Background: Eligible clinicians who participate in an Advanced APM and meet certain Qualifying APM Participant (QP) criteria receive a 5 percent annual bonus based on performance from 2017 – 2022. Under the current statute, after 2024, that bonus expires and QPs will instead only receive a 0.75 percent increase in Medicare Part B payments. When the Advanced APM bonus expires, fewer healthcare providers will participate in these advanced, risk-bearing models. Participation in Advanced APMs has fallen short of expectations for a number of reasons, such as a limited number of qualifying models. More time and incentives are needed to achieve the original goal of substantially shifting Medicare payments to value. This section would extend the Advanced APM bonus for six additional years, until performance year 2028.

Value Act Section-by-Section

Section 4: Incentivizing participation in Advanced Alternative Payment Models (Advanced APMs).

b. Correcting the thresholds for participation in an Advanced APM.

Background: To become a QP, clinicians must receive at least 50 percent of their Medicare Part B payments or see at least 35 percent of Medicare patients through an Advanced APM. These percentages will rise to 75 percent and 50 percent respectively in performance year 2023. The most recent CMS data shows clinicians are not meeting these thresholds, which are too high and are discouraging Advanced APM participation and leading to unintended consequences of APM Entities limiting participation by certain providers. This section would modify the QP thresholds to ensure those participating in Advanced APMs can continue to earn Advanced APM incentives. Specifically, beginning with performance year 2023, this section would allow the Secretary greater discretion to determine QP thresholds while limiting annual increases to no greater than five percent.

Value Act Section-by-Section

Section 5: Addressing overlap in value-based care programs

Background: As more APMs are rolled out, APM overlap within markets and provider organizations has occurred more frequently, causing confusion in the marketplace regarding which APMs providers may participate in, and when. While some APMs can complement one another when it comes to improved quality and other outcome based goals, participation in more than one APM can result in conflicting financial incentives that undermine the objectives of those already in existence. This section would address APM overlap by requiring the U.S. Department of Health & Human Services (HHS) to review current overlap policies and report back to Congress, require CMS to address overlap in a transparent manner when models are designed and released to the public, and remove the statutory restriction to allow CMS to distribute savings for each program when programs overlap and one of the programs is a temporary program being tested through the CMS.

Value Act Section-by-Section

Section 6: GAO report on racial health disparities

Background: In the wake of the COVID-19 pandemic, policymakers are increasingly focused on issues concerning health equity and bias. Making sure that all patients—regardless of race—are provided high quality, comprehensive medical care is a priority for Congress. This section would require the Government Accountability Office (GAO) to prepare a report on the impact of value-based care programs, including ACO and alternative payment models, on certain conditions in which racial health disparities are common, as compared with fee-for-service programs.

Support for the Value Act

Questions?