



MSSP 3-Day SNF Waivers: Exploring Compliance and Operational Issues



December 13, 2022
3 PM ET

Agenda



1. Housekeeping and Introductions

2. Presentations:

1. Forming & Maintaining Your Network
2. Managing an MSSP SNF 3-Day Waiver Program
3. Managing the ACO SNF Affiliate List
4. Shared Saving Program office feedback

3. Audience Q&A and follow-up

Housekeeping.....

1. Speakers will present for about 50 minutes
2. Q&A will take the remainder of the time
 - You can submit written questions using the Questions tab on your dashboard to the right of your screen at any time during the webinar
 - During the Q&A session, you can use the “raise hand” feature on your dashboard to ask a live question.
3. Webinar is being recorded
 - Slides and recording will be available on the NAACOS website within 24 hours. You will receive an email when they are available.



Melody Danko-Holsomback

Melody Danko-Holsomback, MSN, CRNP is the Vice President of Education for NAACOS. She has over 12 years of population health experience and was the CAO and Director of Keystone ACO prior to her current role. She has over 28 years of experience in nursing, including positions in outpatient and inpatient care, as a CRNP healthcare provider and as an IT analysts and performance consultant.



Katie Carr, Senior Program Manager, Care Continuum

Katie Carr is the Senior Program Manager of Care Continuum at Mass General Brigham (MGB). Her enterprise-level portfolio primarily focuses on population health/value-based care initiatives within post-acute care, care transitions and skilled nursing facilities. Over the last 15 years, she has served in a multitude of roles related to process improvement, value-based/alternative payment models and post-acute care. Katie is passionate about care redesign and finding real-world solutions to improve quality and the healthcare experience for consumers and industry professionals.



Ronda Winans MBA, MS, PT, Director Continuing Care Clinical Integration

Ronda serves in this role for Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation, serving more than 30 million people across 26 states. She works with Trinity Health's Clinical Integration, Pop Health and CM national teams and the leaders of their regional CINs to develop, integrate and ensure high performance of an effective continuing care network to support success in Alternative Payment Models. She has over twenty years in health care, as a clinician and in healthcare delivery system management. She has assisted Trinity's 13 CINs with developing and aligning their high performing SNF networks and in her short time with Trinity Health demonstrated measurable results in reduction of SNF utilization and LOS, resulting in more care in the home and patients returning to home sooner. Ronda holds a clinical MS degree in physical therapy from Grand Valley State University and an MBA in executive management from University



Leslie Cribbs, MS APM Operations Consultant

Leslie Cribbs, MS serves as the APM Operations Consultant at Trinity Health. In this role, she oversees the day-to-day operations of value-based care contracts, including Trinity's national, MSSP Enhanced track ACO, Trinity Health Integrated Care. Prior to entering the world of population health, she spent several years in employee benefits and well-being and higher education.



Trinity Health

PAC Networks

Forming & Maintaining Your Network

Ronda Winans MBA, MS, PT

System Director, Continuing Care Clinical Integration

December 13, 2022

Our Mission

We, Trinity Health, serve together in the spirit of the Gospel as a **compassionate and transforming healing presence** within our communities.

Our Vision

As a mission-driven innovative health organization, we will become **the national leader in improving the health of our communities and each person we serve**. We will be the **most trusted health partner for life**.

Our Core Values

Reverence

Justice

Commitment to Those
Who are Poor

Stewardship

Integrity

Safety



One of the Largest Catholic Health Care Systems in the Nation

\$21.5B

In Revenue

26

States

1.3M*

Attributed Lives

\$1.4B*

Community Benefit Ministry

123K

Colleagues

8.3K

Employed Physicians
and Clinicians

26.6K

Affiliated Physicians

88

Hospitals**

17

Clinically Integrated
Networks

135

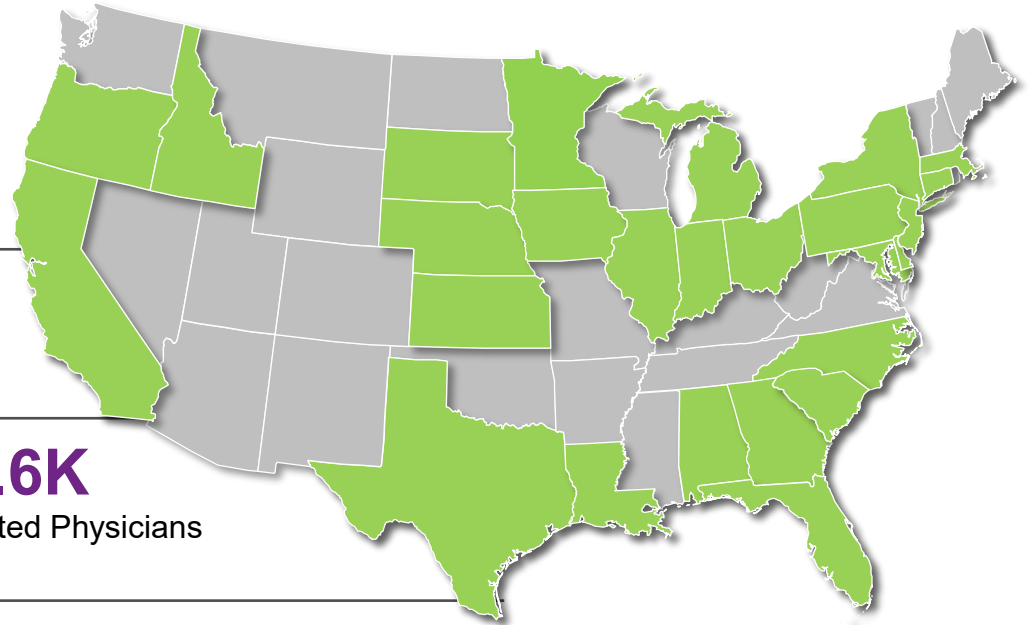
Continuing
Care Locations**

24

PACE Center
Locations**

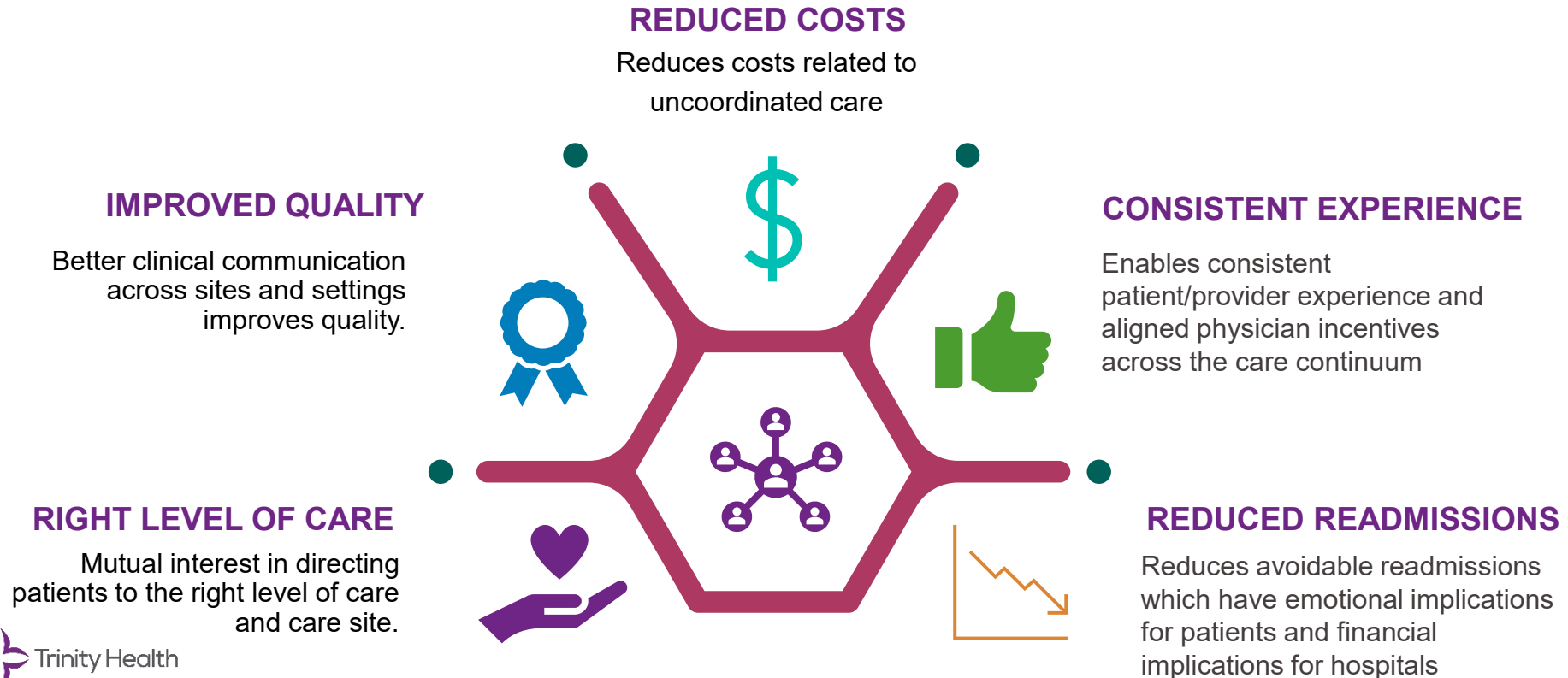
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Urgent Care
Locations**



Benefits of Close Relationships with PAC Provides

(Leveraging TH PAC providers)



PAC Network Formation: Overview of Strategies

Network Selection Criteria

EXCLUSIVE APPROACH

- **Size:** Set a maximum number of PAC providers that can be included in the network
- **Thresholds:** Restrict network membership by establishing a firm set of inclusion criteria for performance and/or operations

INCLUSIVE APPROACH

- **Size:** Match network size to current patient PAC utilization or PAC capacity needs
- **Thresholds:** Grant network membership to any PAC that reaches a minimum threshold for performance and/or operational competencies

Advantages

- **Depth of integration:** Acute providers can collaborate more closely with network partners to achieve substantial performance outcomes

- **Breadth of Collaboration:** Acute providers can achieve a wider reach in market for quality improvement

Disadvantages

- Potential distrust among network participants and feelings of competition may inhibit best practice sharing and willingness to collaborate on network-wide quality improvement initiatives.

- Risk of losing engagement of network members over time may decrease PAC providers' motivation to drive toward performance improvement

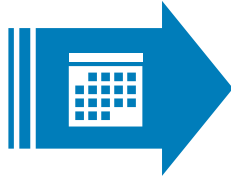
**WHAT GETS
MEASURED GETS
MANAGED.**

- PETER DRUCKER

Metric Options to Monitor



Star Rating



ALOS



Readmissions



Patient Satisfaction



SNF Engagement



Admission Guidelines



Care Transition Guidelines



Responsiveness to Referral Requests and/or Rate of Acceptance



Care Guideline Compliance

Network Utilization

Trend Dashboard Region Dashboard Facility Scorecard DRG Analyzer Preferred V. Non-Preferred SNF Tool Overview

RHM Name SEPA Market Segment (All) Payer (All) Year 2018

SNF Report | Preferred V. Non-Preferred Scorecard

Service Date Range
January 2018

December 2018

Langhorne

	Preferred SNF Metrics	Non-Preferred SNF Metrics
#SNFs	21	68
SNF Admits	482	307
ALOS	17	18
SNF Days	8,036	5,420
Average Cost Per Day	474	453
% of 30 Day Readmissions	10	8
Cost Per SNF Admit	7,900	7,989
Total Cost	3,807,939	2,452,628
Average Stars Rating	4	4
CMI	1	1
% Total Admits	59	41
% Total Cost	59	41
% Total Days	58	42

1. Here I am looking at:

- Total # of SNFs being used
- Number of SNFs in network
- Rate of utilization of in network SNF
- Cost per SNF admit for in vs non-network SNF stay
- Readmissions for in vs non-network SNFs

This gives some indication of how well managed the network is.

A tightly managed network, in addition to delivering high quality should demonstrate:

- Higher utilization of in-network SNFs
- Lower ALOS
- Lower cost per stay
- Lower readmissions

SNF Performance

Trend Dashboard **Region Dashboard** Facility Scorecard DRG Analyzer Preferred V. Non-Preferred SN... Tool Overview

SNF Report | Region Dashboard

Region: Langhorne
 Program: (All)
 Facility: (All)
 Payer: (All)
 Year: 2019
 ACO Network Flag: (All)
 Preferred Flag: (All)

Service Date Range
January 2018

Metrics by Program

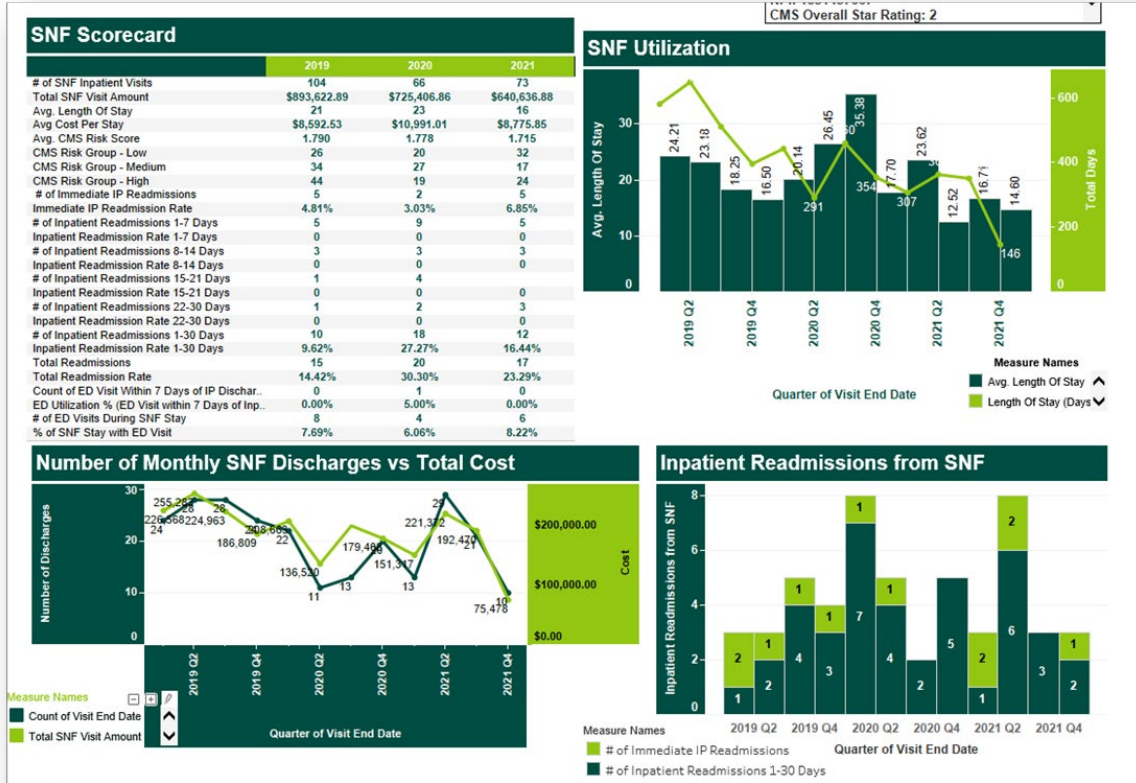
Program	SNF Admits	SNF Days	Per Diem Cost	Total Paid Amount	Paid Amount Per SNF Admit	ALOS	ALOS Without Readmission	ALOS With Readmission	% of Immediate Readmissions	% of 30 Day Readmissions
Colleague	4	70	665	46,518	11,630	18	14	28	25	0
Commercial	14	227	352	80,000	5,714	16	18	11	0	29
Medicare Advantage	215	3,209	360	1,154,765	5,371	15	15	14	7	7
MSSP-T3	644	11,674	491	5,732,176	8,901	18	18	17	9	11

Metrics by Facility

Select the [+] button to view at the Facility NPI level

Facility	Region	SNF Admits	SNF Days	Per Diem Cost	Total Paid Amount	Paid Amount Per SNF Admit	ALOS	ALOS Without Readmission	ALOS With Readmission	% of Immediate Readmissions	% of 30 Day Readmissions
3 Hamilton Health Place ..	Langhorne	3	87	474	41,231	13,744	29	30	27	0	33
Angela Jane Pavilion	Langhorne	2	29	553	16,047	8,024	15	15		0	0
Ann's Choice	Langhorne	2	30	452	13,558	6,779	15	15		0	0
Artman Lutheran Home	Langhorne	2	46	572	26,330	13,165	23	23		0	0
Aspen Hills Healthcare C..	Langhorne	1	9	413	3,720	3,720	9	9		0	0
Attleboro Nursing & Reb..	Langhorne	159	2,559	427	1,093,256	6,876	16	16	15	11	15
Bakers Bay Nursing Assn	Langhorne	4	43	475	20,435	5,109	11	13	9	25	25

EXAMPLE SNF Scorecard – Facility Level Data



Facility Level Data Shared Monthly with Partnered Facilities

Questions



Mass General Brigham

Managing an MSSP SNF 3-Day Waiver Program

Navigating Hurdles to Success

Katie Carr

Senior Program Manager

Mass General Brigham Population Health

December 13, 2022

What is Mass General Brigham?



BWH



MGH



1
8

Mass General Brigham is an integrated health care system founded in 1994 by Brigham and Women's Hospital and Massachusetts General Hospital, teaching affiliates of Harvard Medical School.

In addition to its two academic medical centers, the Mass General Brigham HealthCare System includes community and specialty hospitals, a managed care organization, community health centers, a physician network, home health and long-term care services, and other health-related entities.



Our mission

Mass General Brigham is committed to serving the community. We are dedicated to enhancing patient care, teaching and research, and taking a leadership role as an integrated health care system.

We recognize that increasing value and continuously improving quality are essential to maintaining excellence.



At a Glance: Mass General Brigham MSSP ACO

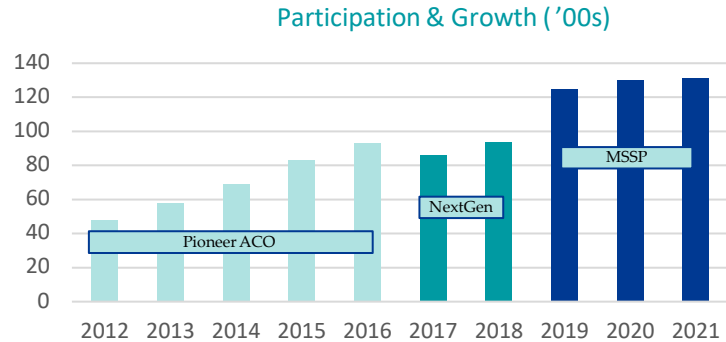
~400 SNF 3-day waivers a year

~137,000 beneficiaries

~12,000 providers

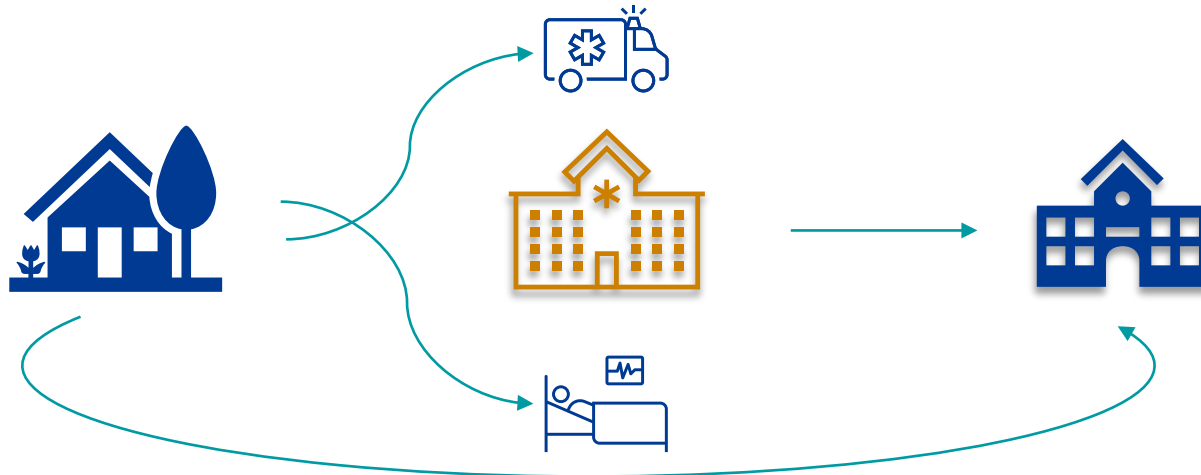
11 hospitals

Massachusetts and southern New Hampshire



Anchoring your SNF 3-Day Waiver Program

- **Set goals** of the SNF 3-Day Waiver Program:
 - **Patient Satisfaction & Care Quality:**
 - Improve patient outcomes by reducing in-hospital risks for patients
 - Provide patients with the appropriate level of care
 - **Hospital & Health System Efficiency:**
 - Reduce bed capacity issues at hospitals
 - Reduction in total medical expenditure (TME) with reduced/no preceding IP stay
- **Establish your plan** to meet those needs, and **start gradually**



Overcoming Common Hurdles in MSSP 3DW

MSSP ACO's no longer need to submit narratives to CMS

- Beneficiary Evaluation and Admission Plan
- Communication Plan
- Care Management Plan

Like MSSP ACO SNF Affiliate network selection and management, aspects of these plan requirements are also specific to MSSP.

Create each plan *carefully and realistically*. You will revisit them, and CMS 3DW guidance, repeatedly.

Areas which require careful attention

1. Eligibility common confusion
2. Evaluation requirements
3. SNF certification of eligibility
4. Detailed communication expectations



Beneficiary Evaluation and Admission Plan Hurdle: Eligibility Common Confusion

Checklist Item

- Has an identified skilled nursing or rehabilitation need
- Is medically stable; does not require inpatient or further inpatient hospital evaluation

Considerations

- Reiterate beneficiaries need to meet skilled criteria – the only requirement that is being waived is the overnight stay!
- Not to be utilized as a holding area or overflow hospital capacity

Tips

- Ensure education and workflow pathways that clearly require review of eligibility
- Consider central check points, even in decentralized workflows

Mass General Brigham

SNF Three-Day Waiver: Waiving the Medicare Three-Day Rule

Sometimes patients will have a skilled need and would benefit from a stay at a Skilled Nursing Facility (SNF). To better serve our patients, the Centers for Medicare and Medicaid Services (CMS) allows our Mass General Brigham ACO to waive the Three-Day Rule¹ and admit patients directly to the SNF.

Patient Eligibility

Patients may be eligible for the waiver if they meet the following criteria:

- Does not reside in a SNF or other long-term care setting;
- Is medically stable;
- Does not require inpatient or further inpatient hospital evaluation or treatment;
- Has a certain and confirmed diagnoses; and
- Has an identified skilled nursing or rehabilitation need that cannot be received as an outpatient
- Has been evaluated and approved for admission to the SNF within 3 calendar days prior to SNF admission by an ACO provider/ supplier that is a physician

Appropriate Patient Example

An elderly gentleman presents to the primary care office and is diagnosed with pneumonia. He has been active with Mass General Brigham Home Care (MGB Home Care) and the physical therapist is concerned about his functional status. Usually, he is up and about with a cane and can drive. Today he is shuffling, and it is learned from his ICNP Care Manager that they feel he may need a walker and some training around energy conservation. Overall, it's decided that this patient does not need a hospital admission and can go on oral antibiotics, but there is worry about functional decline and support for the next 7 days to get him back to baseline. This is an appropriate patient to send to a SNF using the waiver because:

- Medical clearance by the primary care
- MGB Home Care can provide PT notes that identify a skilled need
- Intent for the patient to return home once he is stronger and has learned to navigate with a walker

SNF Waiver Facilities

To be eligible to accept patients on the waiver, a SNF must maintain at least a 3-Star CMS rating in Overall Quality and must be listed as a Mass General Brigham MSSP ACO SNF Affiliate.

To Refer a Patient, Please Call:



Beneficiary Evaluation and Admission Plan Hurdle: Evaluation Requirements

Checklist Item

- Has been evaluated and approved for admission to the SNF within 3 days prior to SNF admission

Considerations

- What will be permitted as appropriate evaluations? In the hospital, PCP office, home setting, external hospitals, etc.?
- Given waiver volume, providers are unlikely to be familiar with the pathway or requirements. How can support and administrative staff aid providers in certifying eligibility?

Tips

- CMS defined 3 days as “calendar days”
- While MD evaluation or oversight is required, utilize alternative programs to meet need at the appropriate level and setting (in the home, telehealth, etc.)

Mass General Brigham

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To Refer a Patient, Please Call:



Beneficiary Evaluation and Admission Plan Hurdle: ACO Physician Requirement



Checklist Item

- Has been evaluated and approved for admission to the SNF within 3 days prior to the SNF admission by an ACO provider/supplier that is a physician, consistent with the ACO's beneficiary evaluation and admission plan



Considerations

- Enrolled in your ACO
- Must be a physician
- Can be someone who **oversees** the evaluation
- What role can or will midlevel providers, non-billing providers, or external providers play?



Tips

- Use CMS language
- Depending on your physician models, put safety nets in place
- Clearly **document** – in workflow and in practice

Time patient was sent to SNF: Business Hours (M-F 8am - 5pm), non-holiday Non-Business Hours (M-F outside of 8am-5pm), non-holiday Weekend or Holiday

Name of Partners ACO Physician (who evaluated or oversaw the evaluation of another provider and approved the admission to SNF on the 3-Day Waiver): (*Required)

Summary comments:



Care Management Plan Hurdle: Bidirectional Certification of Eligibility Between ACO and SNF



Checklist Item

- Both the ACO provider/supplier and the SNF affiliate must certify that the beneficiary meets requirements to meet covered SNF services under the waiver, as described in §425.612(a)(1)(ii)



Considerations

- How are you deciding the beneficiary is eligible at that moment in time?
- How will you communicate that? How will the SNF respond?
- How is the information retrievable, in case of an audit?

Tips

- CMS prefers digital signatures over electronic signatures for an extra layer of identification

A screenshot of a form titled "Mass General Brigham ACO SNF 3-Day Rule Waiver SNF Certification of Eligibility". The form is from Mass General Brigham, Population Health Management. It includes a header with the logo and name. The main title is "Mass General Brigham ACO SNF 3-Day Rule Waiver SNF Certification of Eligibility". Below the title, there is a paragraph of text: "On behalf of _____ (Legal Entity name as it appears on MSSP SNF Affiliate Agreement), an approved SNF Affiliate of the Mass General Brigham ACO, I certify that I have validated the eligibility of the MSSP Beneficiary identified below to receive covered SNF services in accordance with the SNF 3-Day Rule Waiver prior to the MSSP Beneficiary's admission." There are two lines for "MSSP Beneficiary Name:" and "MSSP Beneficiary Date of Birth:". Below that, there are three lines for "Signature of SNF Waiver Admissions Coordinator", "Print Name", and "Date". At the bottom, there is a note: "Please return a signed copy of this document by secure email to: [Input RSO Contact Email](#)" and another note: "Please maintain a copy of the signed document in addition to any supporting eligibility materials for 5 years."

Communication Plan Hurdles: Don't Make Promises You Can't Keep



Checklist Item

- How the ACO will communicate the Beneficiary Evaluation and Admission Plan and the Care Management Plan to the SNF affiliates and other individuals or entities responsible or involved in providing or coordinating services under the waiver.



Considerations

- Who is already in regular contact with your SNFs?
- Do you have SNF partners who are already difficult to communicate with?
- What HIPAA-compliant platforms are needed?



Tips

- Maintain existing infrastructure whenever possible
- Consider what local partners and competitors are already doing, to ease burden

Mass General Brigham Population Health Management

**Relaunching the MSSP 3-Day Waiver Program:
Checklist for Designing RSO-Specific Workflows**

Identify Staff Responsible for:

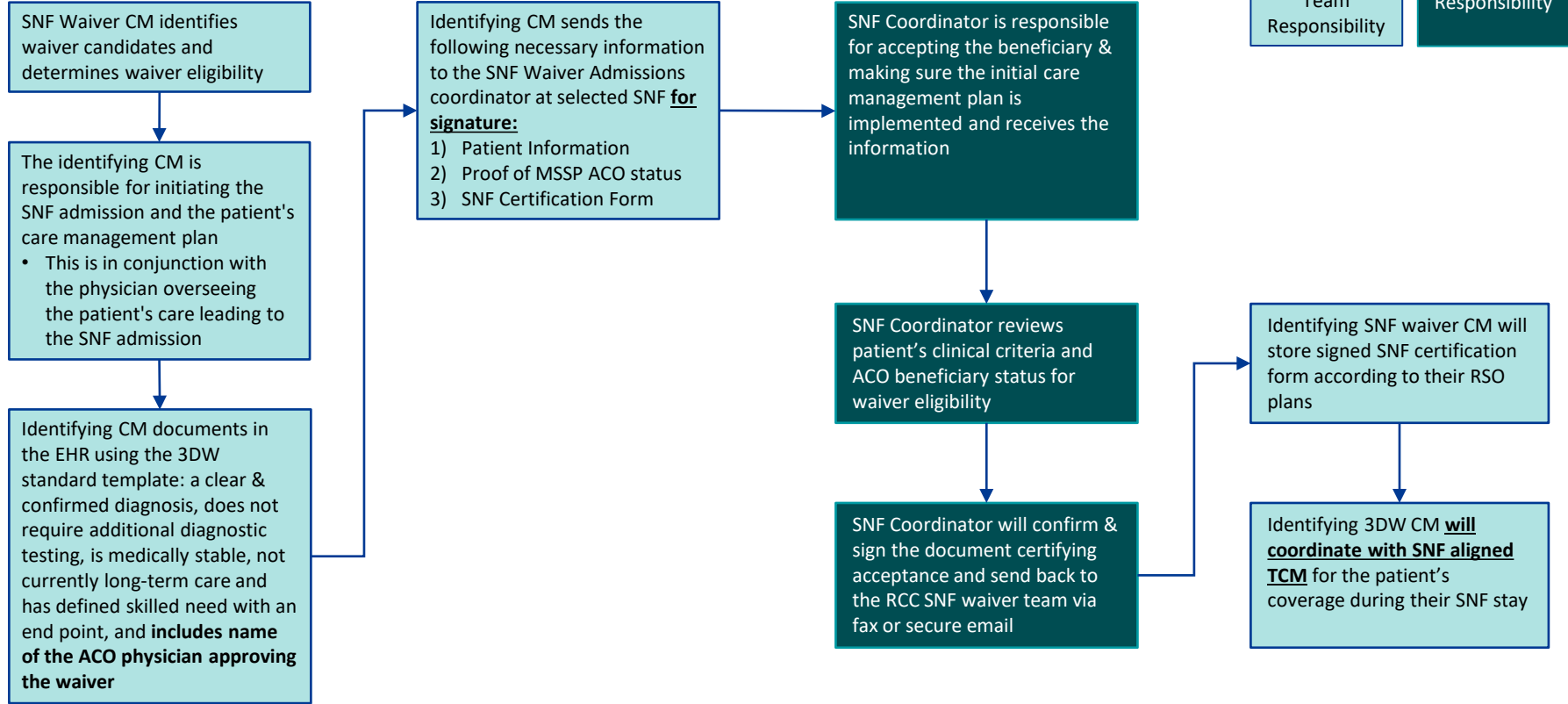
- Primary Waiver Contact (for questions & sign off)
- ACO Physician Sign Off (for waivers where no obvious ACO physician is available)
- Person Responsible for Completing ADA (if not the primary waiver contact, or all decentralized CM's)
- Person Responsible for Collecting/ Maintaining the SNF Certification Forms
- Person(s) Responsible for Following Waiver Patients in the SNF

Waiving from Mass General Brigham sites:

- How will the Waiver Coordinator obtain & document ACO Physician approval for patients identified in a Mass General Brigham setting?
- How will your RSO obtain the SNF Certification? Including processes for:
 - Who will send the PHM Lookup Tool and SNF Certification form to the SNF for signature and when will these items be sent?
 - Which SNF staff member will receive, review, sign, and store the SNF certification form?
 - What method (secure email or fax) will the SNF use to send it back?
 - Where will the signed SNF certification form be stored at your RSO?
 - Educate SNF designated staff
- How will your RSO ensure that the SNF stay documentation is obtained? Including:
 - SNF discharge summary
 - Transitional Care Manager summary of SNF stay documentation
- Communicate relaunch start date to:
 - Waiver SNF
 - Waiver staff
 - Care Continuum Population Health Team
- Educate your waiver staff
- Communicate plans to Care Continuum Population Health Team



Identification and Certification Process



Care Management Process

Sample

Hospital 3DW
Identifying
Team
Responsibilit
y

Transitional
Care
Manager
Responsibilit
y

SNF Admission:

Upon admission to the SNF, the identifying SNF waiver CM will **notify the transitional care manager** (who will communicate the expected LOS with the SNF Care Team members)

TCM will be in ongoing communication during the patient's stay to ensure appropriate treatment, discharge planning and LOS management

TCM will ensure discharge paperwork is accessible to the PCP in the EHR or sent via fax or secure email from the facility

TCM will document in the EHR a synopsis of the patient's SNF stay including discharge planning and needs



In Closing: Important Considerations



CMS guidance is vague – consider language and its flexibilities carefully



There will be gaps – in data, communication, documentation – plan ahead



It's possible to mitigate risk – put safeguards in place, communicate and level set what risks remain



Offer frequent training and champions or “super users”



Start slowly, and waive in line with your ACO and/or hospital's goals



Be patient and consistent – document FAQ's




Communicate with your SNFs and set partnership expectations



Document and follow your plan!



A photograph of a woman with curly hair hugging a young boy from behind. The woman is smiling and looking at the boy. The boy is also smiling and looking towards the right. The background is a soft, out-of-focus outdoor setting with greenery. The text is overlaid on the center of the image.

Thank you to my team and colleagues
at Mass General Brigham

“The best hands, hearts, and minds in medicine”





Mass General Brigham



Trinity Health

Managing the ACO SNF Affiliate List

Compliance & Operational Considerations

Leslie Cribbs Nowack

APM Operations Consultant, Trinity Health

12/13/2022

SNF 3-Day Waiver Differences Between Models

MSSP

Does not require tracking spreadsheet submission to CMS

Can only add SNF facilities annually

Facilities bill demonstration code 77 to indicate a waiver claim

In order to add the facility to the list, the facility must be 3 star

When using the waiver, the facility must be 3-star

Requires evaluation by ACO physician to assure patient meets requirements listed under 42 CFR § 425.612(a)(1)(ii)

Less utilization of waiver by ACOs (22%)

Next Generation

Required CMS spreadsheet template to track utilization

Could add SNF facilities monthly

Did not have a billing modifier to indicate usage of the waiver

In order to add the facility, facility had to be 3 star 7 of the 12 months prior

More utilization of waiver in Next Gen ACOs (78% of ACOs)

Adding and Removing SNF Affiliates

SNF Affiliates can only be added during the CMS Application and Change Request Cycle

EXECUTED AGREEMENT

The ACO must have a signed SNF Affiliate Agreement with the ACO that meets the requirements in 42 CFR § 425.612.



MEDICARE ENROLLMENT

The SNF must have a valid Medicare Enrollment status



STAR RATING

The SNF must have 3 stars or higher at the time of submission and during the CMS review



EFFECTIVE DATE

Approved SNF additions do not become effective until the start of the upcoming performance year



SNF Affiliates can be deleted at any time during the performance year for reasons including:



SNF is No Longer Enrolled in Medicare



Inability to Maintain 3 Stars or Higher



Change of TIN and/or CCN



Other Breach of Contract

Compliance Considerations

Requirements of SNF Affiliate Agreements include but not limited to the following:



Agreement to comply with the requirements and conditions



Effective dates of the SNF affiliate agreement



Agreement to implement and comply with the ACO's beneficiary evaluation and admission plan and the care management plan, as well as any training requirements regarding those plans



Agreement to validate the eligibility of a beneficiary to receive 3DW coverage



Remedial processes and penalties that will apply for non-compliance



Express requirement that the ACO is to notify the SNF affiliate when the SNF 3DW has ended

SNF 3-Day Rule Waiver Plan Narratives



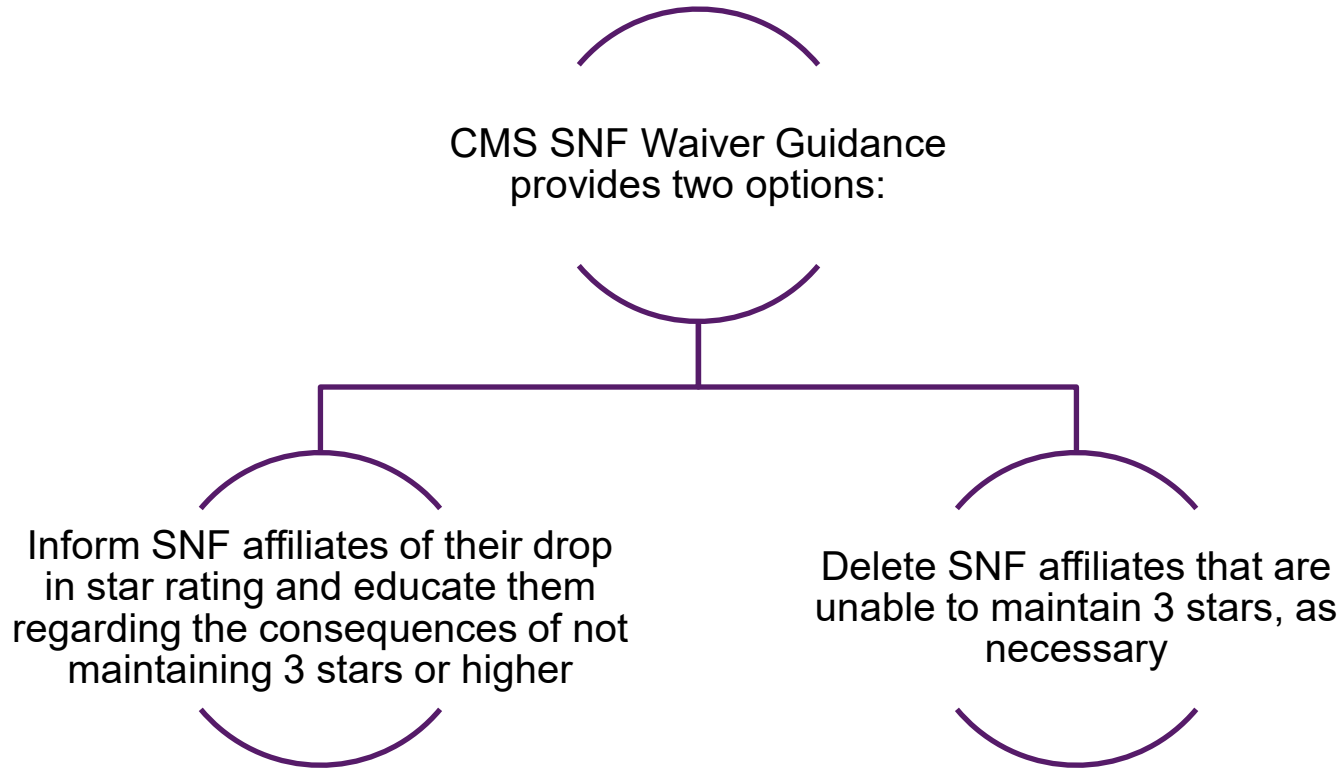
Beginning 1/1/2023, ACOs are longer required to submit narratives to CMS



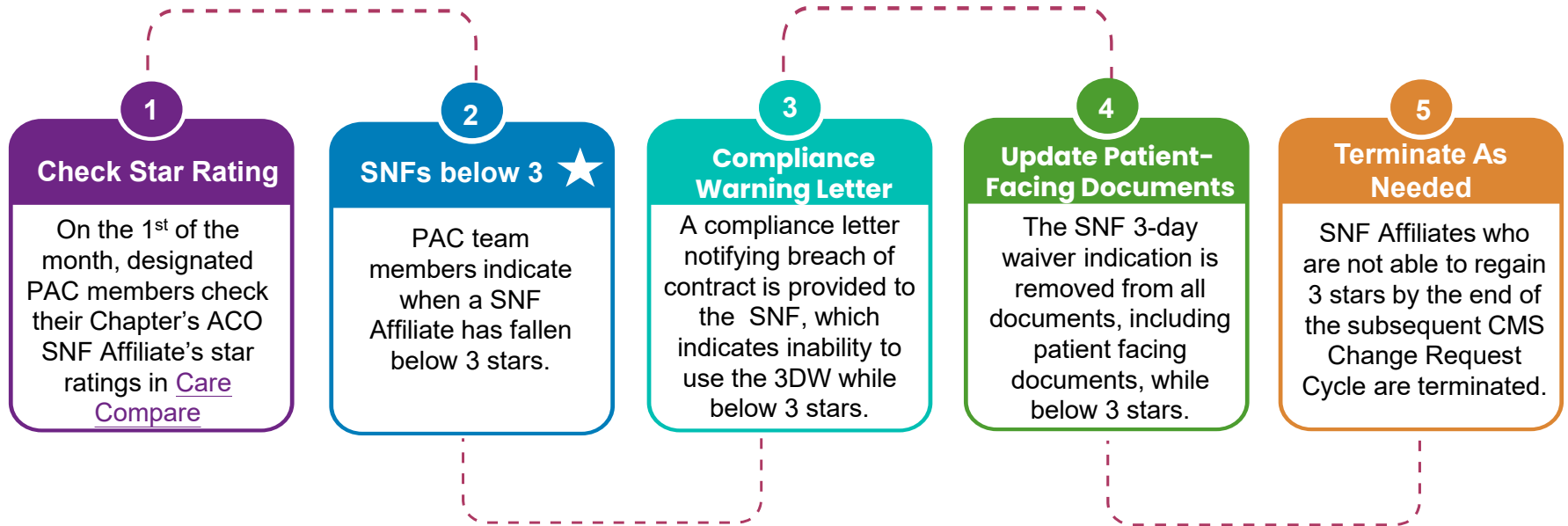
Ensure your ACO has established and documented a plan in the event of an audit

- Communication Plan
- Care Management Plan
- Beneficiary Evaluation and Admission Plan

What happens when a SNF Affiliate Falls Below 3 Stars?



Our Process for Managing ACO SNF Affiliates Throughout the Performance Year



Important Reminders...



The waiver does not create a new benefit or expand Medicare SNF coverage.



Eligible beneficiaries must be assigned to a participating ACO.



The SNF must be on the ACO's SNF Affiliate list as submitted to CMS and otherwise meet all eligibility criteria.



The waiver does not restrict the beneficiary's freedom of choice for provider or supplier

Questions?

Appendix

SNF Eligibility Requirements



ON SNF AFFILIATE LIST

SNF must sign a written SNF Affiliate Agreement with the ACO that meets CMS requirements.



3 STAR RATING

SNF must have and maintain an overall rating of at least 3 out of 5 stars in the CMS 5-Star Quality Rating System



MEDICARE ENROLLMENT

SNF must have valid Medicare enrollment

Beneficiary Eligibility Requirements



**ON BENEFICIARY
ASSIGNMENT LIST**

OR within 90-day grace period



DATE OF SERVICE

Services must be provided **AFTER** beneficiary first appeared on the assignment list



**ADDITIONAL
REQUIREMENTS**

ACO physician evaluates bene within 3 days prior to SNF admission & determines patient meets all 3DW criteria

How Do I know if the SNF 3-Day Rule Waiver is Right for My Patients?



Beneficiary is Attributed to the ACO

The patient is aligned to the ACO and has an identified skilled nursing or rehab need they cannot receive as an outpatient



Medically Stable

The patient is medically stable and does not require further inpatient hospital evaluation or treatment



Not Residing in Long Term Care Facility

The beneficiary does not reside in a Long-Term Care Facility (LTC)



Approved by an ACO Physician

Patient is evaluated and approved for SNF admission by an ACO participating physician within 3 days prior to the SNF admission.



SNF Affiliate List

The SNF must be a ACO's SNF Affiliate and have a minimum 3-star rating

HHS Shared Savings Team response to member questions



.....

Are the star ratings based on the publicly available Care Compare data at the time, or when the SNF is notified? (They get letters saying the rating is say 3 stars effective November 1, but the website isn't updated until later in the month) – the contractors CMS use go by the public data in our experience.

CMS utilizes the publicly available Provider Information data downloadable under *Nursing homes include rehab services* on the [data catalog on CMS.gov](#). More information about the rating system can be found at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS>. More information on the rating's methodology can be found in the Five Star Technical Users' Guide at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf>

HHS Shared Savings Team response to member questions



Has CMS has confirmed whether Star Ratings will continue to be updated monthly for 2023 on ACO-MS?

Yes, ACO-MS will be refreshed monthly from the start of the calendar year through the end of the annual Change Request Cycle (approximately January through September, 2023).

Do you know the time period of which CMS looks at the star rating to determine eligibility for 2023 MSSP participation (or each upcoming performance year)?

CMS checks the star ratings throughout the application and change request cycle. Additionally, compliance checks are conducted during the performance year and after the deadline to delete the SNF affiliate (this deadline coincides with Phase 1 RFI 2 of the application cycle) in accordance with the change request cycle deadlines.

HHS Shared Savings Team response to member questions



Do you know if CMS only approves SNFs that have a 3-star or more rating for seven of the last 12 months for 3-Day Waiver eligibility determination apply in MSSP or is it just what the SNFs rating is (or their overall star rating) at the time CMS does their review?

The Shared Savings Program approves SNF affiliates based on the star rating at the time of CMS' final review prior to Phase 1 Final Application Dispositions. We do not use the seven out of 12 month criteria which is a CMMI model policy. The Medicare Shared Savings Program 3 star rating requirement is specified at § [425.612](#).

Does the overall star rating of 3 or more for seven of the last 12 months for 3-Day Waiver eligibility determination still apply in MSSP? This is the general rule under GPDC or at least our interpretation. It's unclear if this applies under MSSP.

The Shared Savings Program does not use the seven out of 12 month criteria. The Medicare Shared Savings Program 3 star rating requirement is specified at § [425.612](#)

HHS Shared Savings Team response to member questions



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We are interested in hearing how others manage their 3-Day SNF Waiver when it comes to SNF ratings throughout the year. The guidance seems a bit vague (or I am not reading the right guidance) saying only that the SNF must have and maintain a 3 star or better rating.

CMS expects ACOs to maintain accurate SNF Affiliate Lists and to monitor their SNF affiliates. Accordingly, if one or more SNF affiliates has a SNF Star Rating of "2 or Less Stars" (as displayed in ACO-MS), ACOs may:

- Inform SNF affiliates of the drop in their overall star rating and educate them regarding the consequences of not maintaining an overall star rating of 3 stars or higher.
- Delete SNF affiliates unable to maintain the requisite 3-star rating, as necessary.

CMS encourages ACOs to review the SNF star rating users guide and help their SNF affiliates devise processes for providing high quality services. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf>



Upcoming Events

- NAACOS Boot Camp: February 9–10,
Orlando Airport Marriott Lakeside

[Sign-up Here!](#)

- NAACOS Spring Conference: May 3-5, 2023
Hilton Baltimore Inner Harbor

[Registration is Open!](#)

- Medicaid Learning Lab: Next Meeting January 6, 2023, 2:00 pm ET
Participation CEUs available

[ACO Members Register Here!](#)

- **Watch the listserv** for information on **Discovery Calls** on End-of-Life Document Workflows and Claims Ingestion in EPIC coming in January 2023

Thank you!

Appendix – PAC Network Strategy

Foundational ACO PAC Network Strategy

Devise a Strategy for Developing your PAC Network	Establish a Foundation of Accountability	Improve Network Performance
<p>Appoint network leadership, preferably a leader with post-acute or long-term care experience.</p>	<p>Establish cadence for PAC Network meetings (at least quarterly)</p>	<p>Promote network among stakeholders (IP CM, discharge planners, acute care providers, etc.) leveraging data presented on quality of care profiles.</p>
<p>Match network design to system objectives as desired outcomes and willingness of PAC entity to partner will inform approach, aligning the PAC network across the hospital and all APMS. TH PAC providers are a key component to your PAC network strategy.</p>	<p>Present blinded PAC network performance at first 1:1 meeting and inform that performance data will be shared unblinded for all APMS (includes BPCI) at monthly PAC network meetings. Goal is collaboration and improving quality.</p>	<p>Leverage PAC network data to achieve population health goals through quality improvement initiatives. Examples include:</p> <ul style="list-style-type: none"> •Implementation of clinical care protocols •Training for PAC frontline staff on clinical skills •Standardization of discharge/care transition protocols •Readmission reduction initiatives •Access to hospital's EMR
<p>Complete Network Analysis:</p> <ul style="list-style-type: none"> •Determine estimated PAC (beds, member, etc.) needs including consideration of geographic access •Review performance of top 10-15 SNF providers by admission volume. For Home Health review performance of any local providers. 	<p>Set clear expectations from the outset and socialize expected cadence of documented network changes based on PAC partner performance on established metrics.</p>	<p>Engage members and families to select high quality SNF/Home Health providers.</p>

Foundational ACO PAC Network Strategy

Devise a Strategy for Developing your PAC Network	Establish a Foundation of Accountability	Improve Network Performance
<p>Finalize network performance metrics and PAC operations expectations, examples include:</p> <ul style="list-style-type: none"> •Star rating •ALOS •Readmissions •Patient Satisfaction •SNF engagement •Admission guidelines •Care transition guidelines •Responsiveness to referral requests 		
<p>Select Network Inclusion Approach: Grant network membership to PAC partner who reaches minimum threshold for performance/meets PAC operations standards or restrict network membership to a firm set of performance criteria/PAC operations standards.</p>		
<p>Establish specific benefits to network participation, examples include:</p> <ul style="list-style-type: none"> •Inclusion as network partner on quality of care profile listing given to members/family during PAC selection process •Inclusion on website as network PAC provider •Ability to present services/facility to IP care managers •Access to or support for clinical care redesign 		

Foundational ACO PAC Network Strategy

Devise a Strategy for Developing your PAC Network	Establish a Foundation of Accountability	Improve Network Performance
Establish immediate and aspirational performance metric targets and formalize guardrails around changes in performance on established metrics as it relates to being included or dropped from the network. (ie. Does one month of below target performance drop SNF/Home Health provider from network or do they get two, etc.)		

Intermediate/Advanced PAC Network Strategy

Devise a Strategy for Developing your PAC Network	Establish a Foundation of Accountability	Improve Network Performance
<p>Increase involvement/accountability of acute care hospital (ACH) executive leadership in management of the PAC network. Consider integrated steering team.</p>	<p>Participate in shared savings or risk-based performance model</p>	<p>Firm performance expectations that determine network inclusion.</p>
		<p>Consider collaboration opportunities with other hospitals/ACOs for the purpose of standardizing expectations for area SNFs. [Include case study article]</p>
		<p>Use hospitalists and advanced care practitioners to design a SNFist/extensivist/transitionalist program to manage and coordinate patient care outside of the hospital. SNF Medical Management Model [Include link to best practice document]</p>
		<p>Increase Case Management accountability on utilization of the high performing network.</p>

The End