

## **Medicare Shared Savings Program: Application Process and Overview of the Advance Payment Model**

**Moderator: Leah Nguyen**

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Podcast 4 of 4: Question and Answer Session

Leah Nguyen: Welcome to the fourth of four podcasts from the Medicare Shared Savings Program: Application Process and Overview of the Advance Payment Model Application National Provider Call. This educational call was hosted by the CMS Provider Communications Group within the Center for Medicare on Tuesday, November 15, 2011.

In this fourth podcast, CMS subject matter experts respond to participant questions about the Medicare Shared Savings Program and Advance Payment Model.

### **Questions and Answers on MSSP ACOs and the Advance Payment Model**

Leah Nguyen: Thank you, Kelly. We have now completed the presentation portion of this call and will move on to the question and answer session. Our subject-matter experts will now take your questions about the Shared Savings Program and the Advance Payment Model application process. If you have other questions about the Shared Savings Program, please send them to [ACO@cms.hhs.gov](mailto:ACO@cms.hhs.gov). Questions about the application can be sent to [SSPACO\\_Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov). This e-mail address is also listed on slide 27 of the presentation. Questions about the Advance Payment Model can be submitted to [advpayaco@cms.hhs.gov](mailto:advpayaco@cms.hhs.gov), which is shown on slide 34.

Before we begin, I would like to remind everyone that this call is being recorded and transcribed. Before asking a question, please state your name and the name of your organization. In an effort to get to as many of your

questions as possible we ask that you limit your questions to just one. Alright, Holly, you may open the lines for questions.

Operator: Again, as a reminder, to ask a question, press star 1 on your telephone keypad. Your first question comes from the line of John Raya.

John Raya: Hi. What are the criteria for approving an application, or what are the reasons that an application can be denied?

Tricia Rodgers: That's a good question. If the application is incomplete, we would ask for more information to be submitted. If you do not submit that requested information, the application could be denied. If you do not meet the qualifications in the final rule that are set out by statute and in the rule, that is a possible reason for being denied. The best place to look is in the reg-text of the final rule. It depicts in a very concise manner all that will be required and expected of the ACO participants.

John Raya: Alright, thank you.

Operator: Your next question comes from the line of Beth Fleming.

Beth Fleming: Good afternoon. My questions are related to the exclusivity of providers in Shared Savings Programs. Specifically, are primary care physicians still limited to only one type of Shared Savings Program? Do the same limitations apply to non-PCPs? Also, as a follow up, are physicians participating in patient-centered medical homes excluded in any way?

Tricia Rodgers: Let me start with the definition of an ACO participant. An ACO participant must be a Medicare-enrolled TIN that bills Medicare directly for services, and that a subset of those billed directly for primary care services are used for assignment, and they must be exclusive to a single Medicare Shared Savings ACO so that we can determine a unique patient population.

Beth Fleming: Are those physicians participating in an ACO limited to participating in any other type of Shared Savings initiatives, and what about specifically patients that are in medical homes?

Tricia Rodgers: If the participant is a primary care provider on which assignment is based, then he or she would be limited to participating in the Medicare Shared Savings Program or, in this case, in the Medicare Shared Savings Program ACO. If it is not a TIN upon which assignment is based, the exclusivity requirement is not there.

Beth Fleming: OK, thank you.

Operator: Your next question comes from the line of Josh Mast.

Josh Mast: Hello. I had a question about the Advance Payment Model. I saw that CMS will recoup monies paid out on the Advance Payment Model from the shared savings. What if an ACO signs up but doesn't achieve shared savings?

Kelly Hall: In that case, CMS would not recoup the advanced payments in full.

Josh Mast: Would there be any recoupment?

Kelly Hall: If the ACO does not achieve shared savings, then, no, there would not be any recoupment of those advance payments.

Josh Mast: I have one other quick question if I can, please. Can the States require any kind of certificate of authority from the ACO, or is all of this preemptive?

Tricia Rodgers: We are not preempting State law through the Medicare Shared Savings Program.

Josh Mast: There would be no certificate of authority that you would have to file with the States to be a participating ACO?

Tricia Rodgers: Any State requirements would be through the State. We are not requiring anything for the Federal program.

John Mast: OK, thank you.

Leah Nguyen: Just as a reminder, we're going to limit questions to just one per caller, please.

Operator: Your next question comes from the line of Barbara Newton.

Barbara Newton: I have a question about the patient dropping out or opting out. Does that mean the patient will not be included at all in the data, or does that mean that you just won't be able to share their data?

Tricia Rodgers: The beneficiary has the opportunity to decline to have their data shared. They would not be opting out of any type of program. Their claims costs would still be calculated in the reconciliation. If the beneficiary opts out of having their data shared, you would just not have access to that information, but their costs would be calculated in the final reconciliation.

Barbara Newton: Thank you.

Operator: Your next question comes from the line of Scott Hines.

Scott Hines: Do you have to have a CMS User ID before you can start filling out the application?

Tricia Rodgers: You must have a CMS User ID in order to submit the application electronically through our HPMS, but you may begin looking and forming your answers based on the application posted on our Web site. The questions and format are exactly the same. You would just submit your responses through the automated system once you receive your CMS User ID.

Operator: Your next question comes from the line of Amanda Cassidy.

Amanda Cassidy: Could you expand a little more on the role of the IT contact, and what functions you would expect them to perform?

Tricia Rodgers: The IT contact is for testing of data transfers between the ACO and CMS. We would like to have that information to get that process started as quickly as possible.

Amanda Cassidy: Do you expect that person to be an employee, or could they be a contractor of the ACO?

Tricia Rodgers: That's a good question, Amanda. We will have to get back to you on that. If you can send that question to [SSPACO\\_Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov), we can research it and let you know for certain.

Amanda Cassidy: OK, thanks.

Operator: Your next question comes from the line of Janice Anderson.

Janice Anderson: It's confusing to me in the regulations as to whether or not the ACO participants have to be owners of the ACO if they're not related, or can they be contractors?

Tricia Rodgers: I'm a little confused by your question.

Janice Anderson: There's some commentary that seems to suggest that non-related ACO participants can't participate simply by a contract with the ACO. That's what I'm trying to clarify.

John Pilotte: This is John Pilotte. What we have indicated in the final rule is that ACO participants need to have a 75-percent representative on the governing structure and the organizational structure of the ACO. We've also provided some opportunities for ACOs to describe how they are provider controlled and provider driven if they can't meet that specific level of provider participation. But we haven't been exactly prescriptive in terms of the exact organizational structure and the relationships there; rather, we are looking for organizations that are provider directed, provider driven, and have representative participation and control of their governing entities by the ACO participants.

Janice Anderson: Alright, thank you.

Operator: Your next question comes from the line of Mohinder Ahluwalia.

Mohinder Ahluwalia: I am part of the Heritage Provider Network. We'll be part of the Pioneer ACO. The question is: We have physicians who don't admit to the hospital, and when a patient goes to the hospital they just have a primary physician as an outpatient. Who will bill CMS for the admission to the hospital? How will

that work out for the primary care physician, if the patient is under his name and his list, but he's not admitting to the hospital?

Kelly Hall: Mohinder, this is Kelly Hall. Because this call concerns the Shared Savings Program and the Advance Payment Model, we would be happy to answer your question regarding the Pioneer ACO Model through the Pioneer ACO e-mail inbox, which is pioneeraco@cms.hhs.gov.

Mohinder Ahluwalia: OK, thank you.

Operator: Your next question comes from the line of Brian Choi.

Brian Choi: As an organization that's trying to determine our capabilities to participate in the Shared Savings Program, I think that track one probably would be the track we would be aiming for. But I was wondering: If we do the capability assessment and determine that we're not ready at this time, how long will track one be available?

Tricia Rodgers: The final rule made track one available for all newly entering ACOs into the Medicare Shared Savings Program.

Brian Choi: So if we're not ready this year, it will still be available the following year?

Tricia Rodgers: That's correct.

Brian Choi: OK.

Operator: Your next question comes from the line of Stephanie Barnett.

Stephanie Barnett: Hi. I was wondering if ACOs could outsource some of their patient engagement and. . . .

Tricia Rodgers: I'm sorry. I think you asked if you could outsource some of your patient engagement material, is that correct?

Stephanie Barnett: No. Patient engagement support staff as well as quality management, utilization management staff—to a third party.

Tricia Rodgers: That would fall under agreements between the ACO and its participants. As long as it meets all the other criteria, then it's an agreement between the ACO and its participants.

Stephanie Barnett: Instead of hiring their own staff, I guess.

Tricia Rodgers: It's a subcontract of the ACO, and so it would just be treated as such.

Operator: Your next question comes from the line of Susan Thompson.

Susan Thompson: I was curious if you could further elaborate on an applicant ACO. If they meet the final rule requirements, what would the logic be in further determining the award of the Advance Payment Model and participation in the Shared Savings Program? Is it based on geographics, the number of beneficiaries covered?

Kelly Hall: Regarding selection into the Advance Payment Model, the primary criterion is first that you have to be selected to participate in the Shared Savings Program. You have to be eligible and be approved to participate in the Shared Savings Program. The review for your Shared Savings Program eligibility will be done concurrently with the Advanced Payment review of your application.

We have a detailed list of the selection criteria for the Advance Payment Model in the solicitation for that model, which is available on the Innovation Center Web site. There are eligibility criteria for the Advance Payment Model, which I went over on this call. In addition to those, in order to select down to the number that we'll be able to fund, there are criteria based on total revenue, the number of providers that are participating who practice in rural locations, and the percentage of the total patient revenue that comes from Medicaid and Medicaid managed care lines of business. Other criteria relate to the description of how you intend to invest the funds that CMS would be providing, and what type of activities you would undertake to improve care coordination and achieve the goals of the Shared Savings Program. An evaluation of all of these criteria, then, would determine which organizations within those that are eligible for both the Shared Savings Program and the Advance Payment Model actually get selected to receive the funds.

Susan Thompson: Alright, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Tom Jendro.

Tom Jendro: Good afternoon. Just a quick question on the billing: Once the application is accepted, will the ACO be assigned its own unique billing identification number to place on Medicare bills, or will the ACO components continue to bill and get paid as they are right now?

Tricia Rodgers: The ACO participants will continue to bill and get paid under the regular fee-for-service program as they do currently.

Tom Jendro: OK, thank you.

Operator: At this time there are no further questions.

Leah Nguyen: We would like to thank everyone for participating in the Medicare Shared Savings Program: Application Process and Overview of the Advance Payment Model Application National Provider Call. An audio recording and written transcript of today's call will be posted to the CMS Teleconferences and Events section of the Shared Savings Program Web site at [www.cms.gov/sharesavingsprogram](http://www.cms.gov/sharesavingsprogram).

I would like to thank our presenters, Dr. Berwick, Tricia Rodgers, and Kelly Hall. Have a great day, everyone.

Leah Nguyen: Thank you for listening to this Medicare Shared Savings Program national provider education podcast. The information in this podcast was correct as of the date it was recorded. This podcast is not a legal document. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

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