



MEDICARE
SHARED SAVINGS
PROGRAM

Accountable Care Organizations and Community-Based Organizations

Coordinating to Holistically Address Beneficiary Social Needs

February 14, 2023

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Medicare Shared Savings Program

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Agenda

- Shared Savings Program
- Advance Investment Payments
- Application Timeline
- Community-Based Organizations
- Assessing Readiness
- Successful Partnerships
- Panel Discussion



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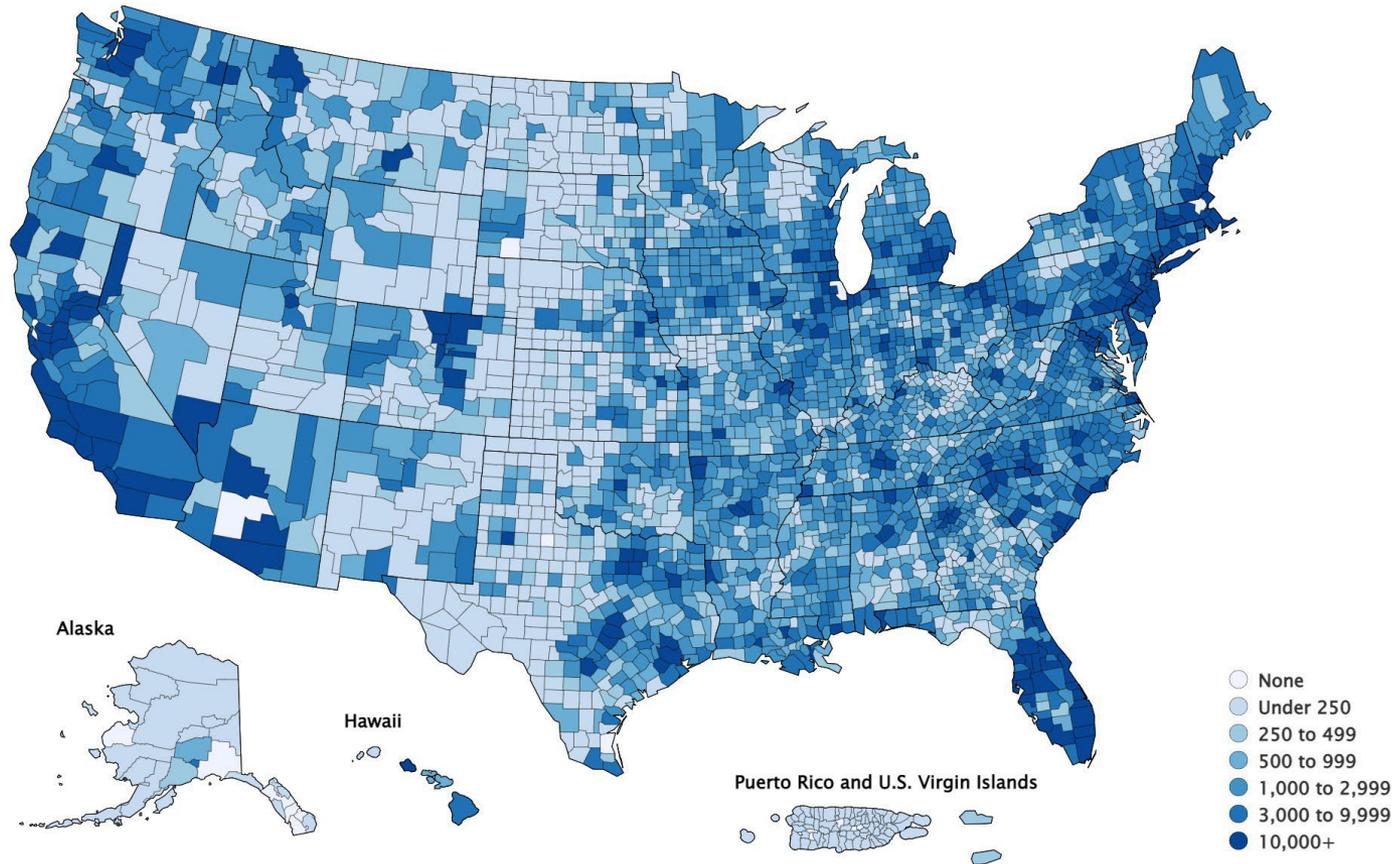
Medicare Shared Savings Program

- The Shared Savings Program is a voluntary program that encourages groups of doctors, hospitals, and other health care providers to come together as an Accountable Care Origination (ACO) to give coordinated, high-quality care to their Medicare beneficiaries.
- It is an alternative payment model that:
 - Promotes accountability for a patient population.
 - Coordinates items and services for Medicare FFS beneficiaries.
 - Encourages investment in high quality and efficient services.
- An ACO does not limit which doctors beneficiaries can see or require preapproval to see a doctor. Beneficiaries retain all Traditional Medicare benefits and can go to any doctor who accepts Medicare.

Medicare Shared Savings Program

- Providers of services and suppliers that participate in an Accountable Care Organization (ACO) continue to receive traditional Medicare FFS payments under Parts A and B.
- ACOs that successfully meet quality and savings requirements share a percentage of the savings with Medicare.
 - ACOs under some risk tracks may also be required to repay Medicare for shared losses.
- ACOs report the Alternative Payment Model Performance Pathway which measures quality performance using preventive care and chronic disease measures, admission and readmission outcome measures, and patient experience of care
- ACOs, their participating providers, and their performance results are publicly reported and available on [Data.CMS.gov](https://data.cms.gov)

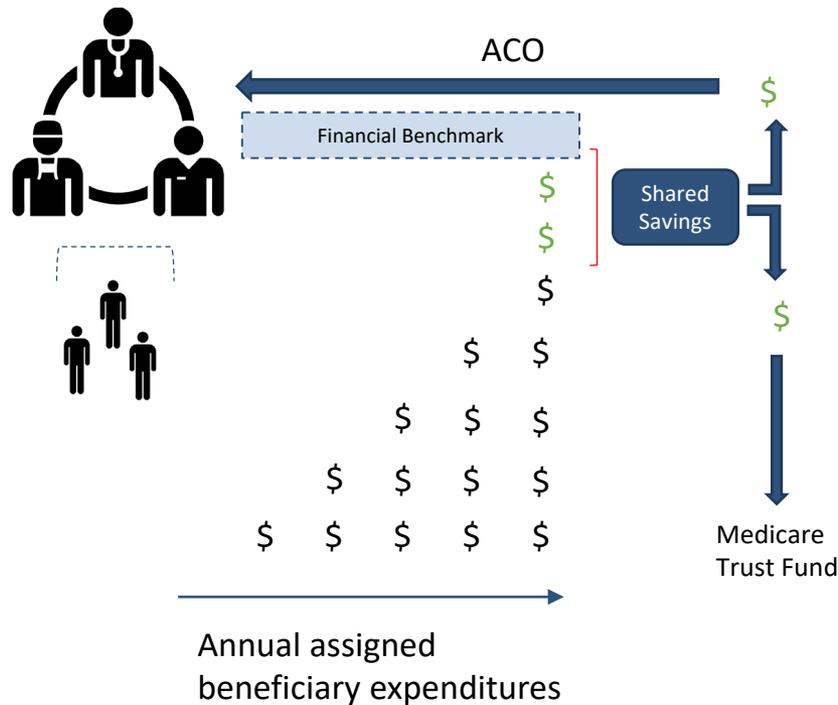
SSP ACO Beneficiary Population – As of January 1, 2023



SSP Participation Statistics

Performance Year	ACOs	Assigned Beneficiaries	Total Earned Shared Savings	Average Overall Quality Score
2023	456	10.9 million	TBD	TBD
2022	483	11.0 million	TBD	TBD
2021	477	10.7 million	\$2.0 billion	91%
2020	517	11.2 million	\$2.3 billion	97%
2019	487	10.4 million	\$1.5 billion	92%
2018	561	10.5 million	\$983 million	93%
2017	480	9.0 million	\$799 million	92%
2016	433	7.7 million	\$700 million	95%
2015	404	7.3 million	\$645 million	91%
2014	338	4.9 million	\$341 million	83%
2012 / 2013	220	3.2 million	\$315 million	95%

Earning Shared Savings



- There are multiple options of what “level” for the ACOs to participate at.
- The “level” determines the relative percentage of shared savings split between the ACO and Medicare, and for some levels there are also “shared risk” between ACO and Medicare.

Participation Levels

Increasing levels of shared savings and risk and reward

Level A
Basic
Track

Level B
Basic
Track

Level C
Basic
Track

Level D
Basic
Track

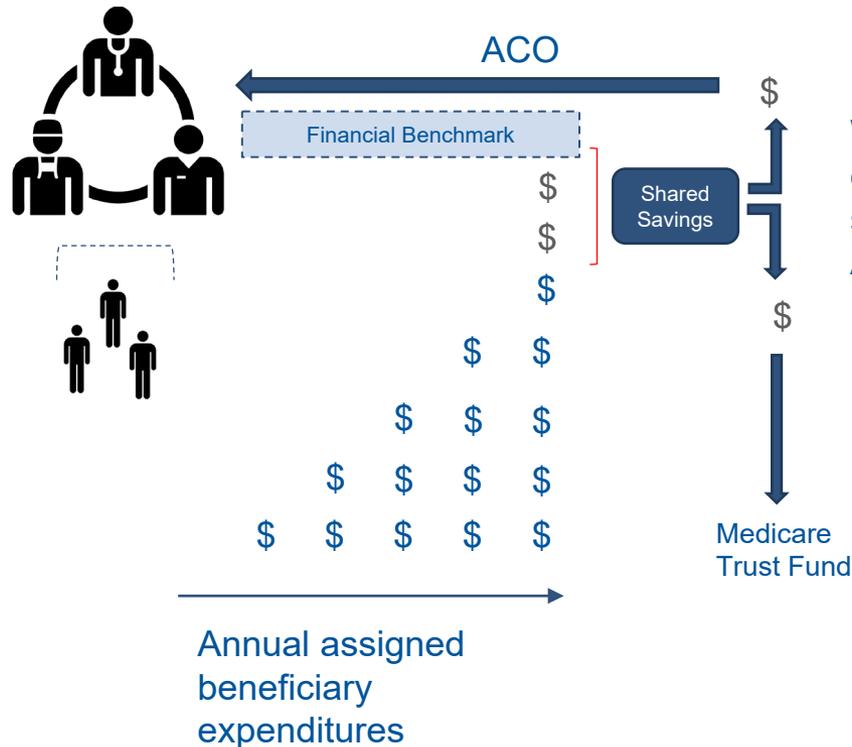
Level E
Basic
Track

Enhanced
Track

Advance Investment Payments

- New payment option to encourage health care providers in rural and underserved areas to join together as ACOs.
- AIP offers eligible ACOs advance shared savings payments, including an upfront payment of \$250,000 and two years of quarterly payments, to build the infrastructure needed to succeed in the program and promote equity by holistically addressing beneficiary needs, including social needs.
- AIP funds will be recouped from earned shared savings in an ACO's current and subsequent agreement period, if a balance persists.

Advance Investment Payments



What is the split of shared savings between ACO and Medicare?

- Can be used for:
 - Increased staffing
 - Health care infrastructure
 - Provision of accountable care for underserved beneficiaries, including addressing social determinants of health

Advance Investment Payment Amount



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- One-time upfront fixed payment of \$250,000
- Additional quarterly payments
 - Up to 2 years (amount based on assigned beneficiaries' attributes, including Area Deprivation Index (ADI) score, Medicare Part D low-income subsidy (LIS), and dual eligible status)
 - Up to \$45 per beneficiary per quarter
- 10,000 beneficiary cap for quarterly payments

Advance Investment Payment Eligibility

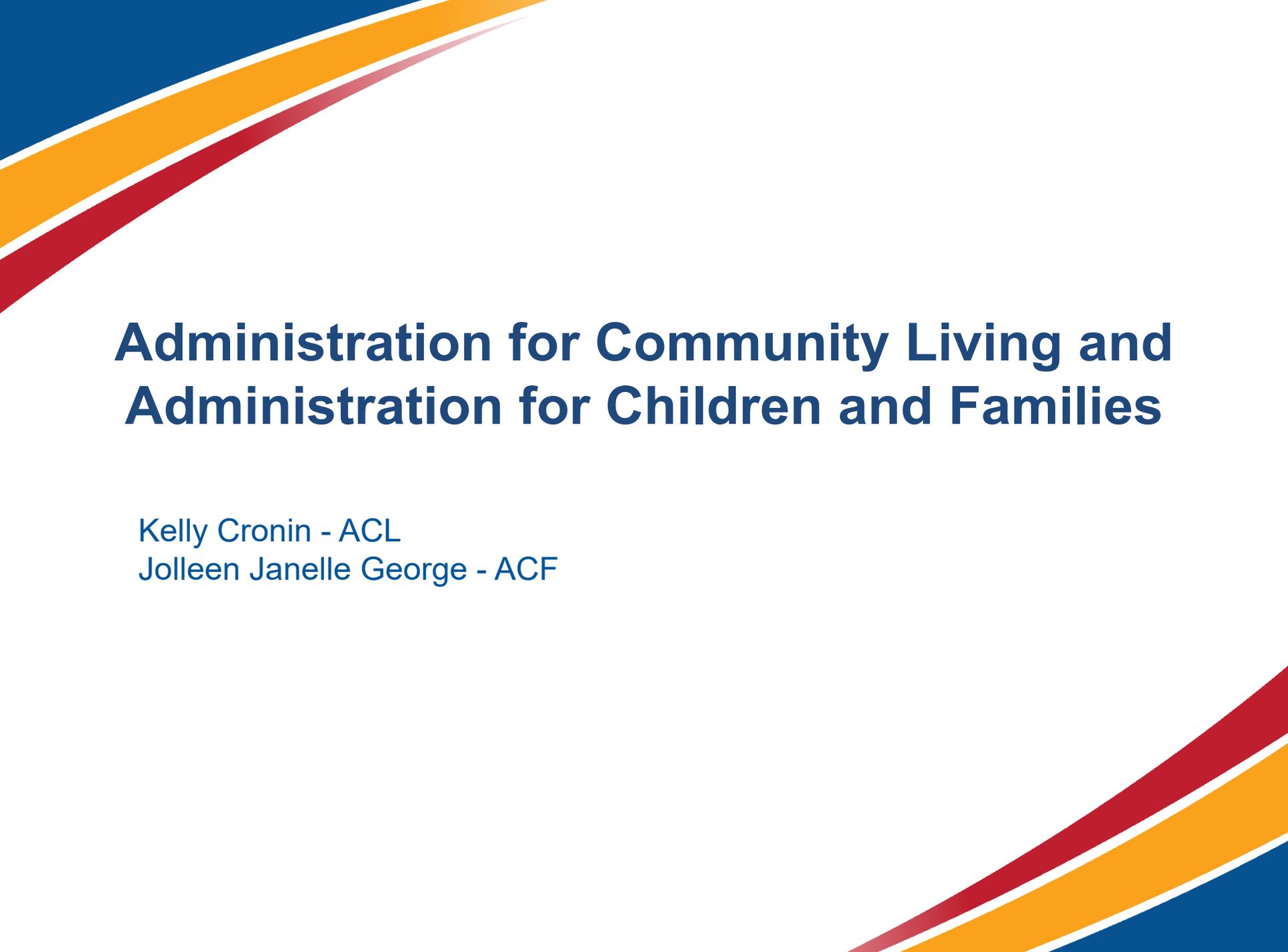


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- Never participated in the Shared Savings Program (not renewing or re-entering)
- Low revenue ACO
- Inexperienced with performance-based risk Medicare ACO initiatives
- Applying to participate in any level of the BASIC Track
 - Currently, ACOs joining levels B-E of the BASIC Track glide path will not be eligible to receive all advance investment payments.

SSP and AIP Timeline

- **May 18, 2023** – Phase 1 of the application for the Medicare Shared Savings Program opens
- **June 15, 2023** – Phase 1 of the application due to CMS
- **October 19, 2023** – Phase 2 of the application opens, which includes the AIP application
- **October 30, 2023** – Phase 2 of application due to CMS
- Additional Fact Sheets available for [ACOs](#) and [CBOs](#)
- Additional SSP/AIP application information will be posted in early 2023 on the [Application Types & Timeline webpage](#)



Administration for Community Living and Administration for Children and Families

Kelly Cronin - ACL

Jolleen Janelle George - ACF

Value of CBO Partnerships

- CBOs offer the expertise and infrastructure to be powerful innovation partners to Medicare plans/providers for social care delivery
- CBOs foster a local presence and engender trust with Medicare beneficiaries
- CBOs can produce a return on investment for health plans
- CBO networks, operated by community care hubs, offer increased efficiency and geographic coverage

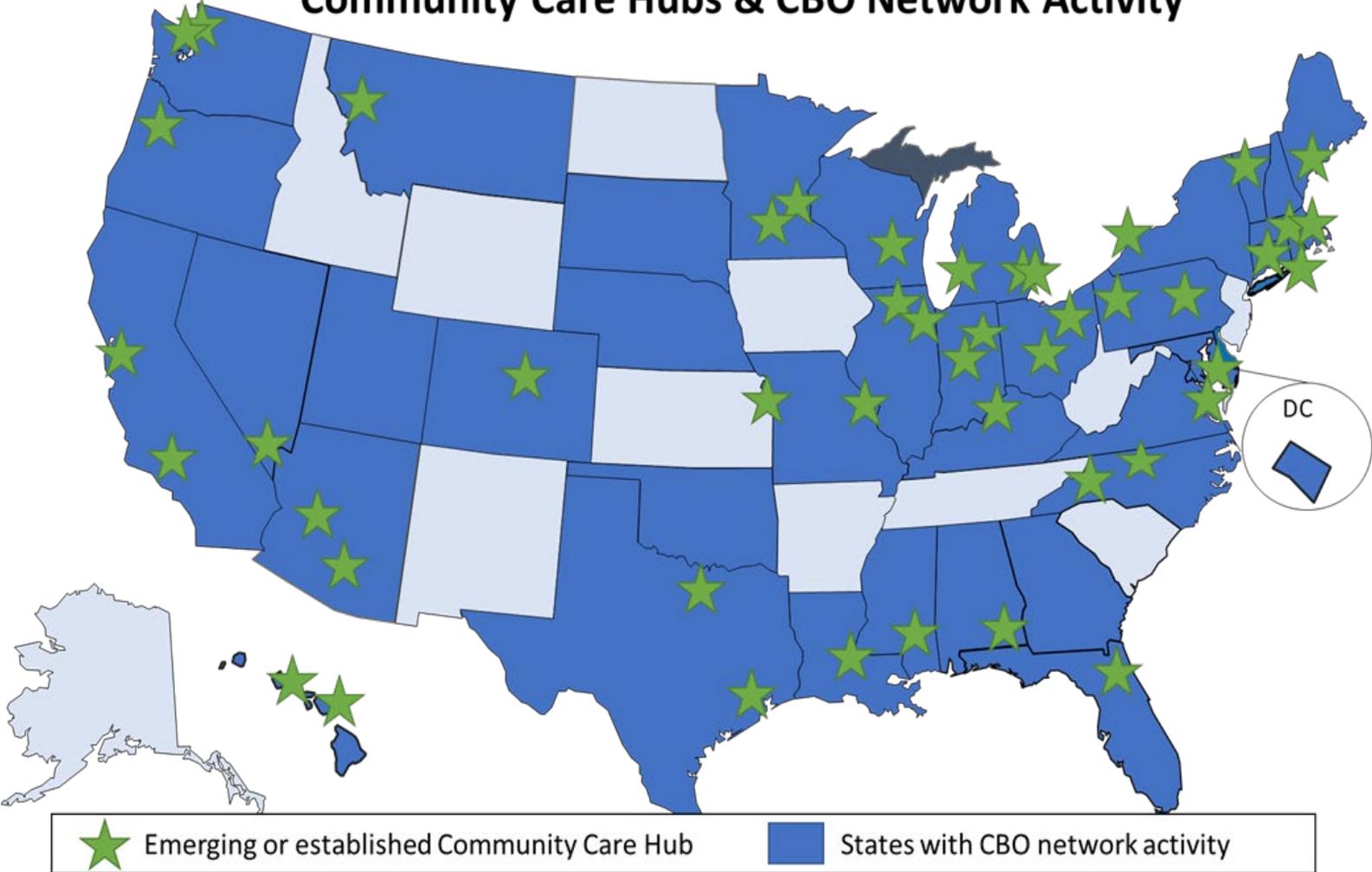
Core Competencies and Services Offered by Aging and Disability Networks

- ACL funds over **20,000 community-based organizations** in every state and in communities across the country and serve **10 million** older adults each year
- Acute focus on high cost, high need populations and equity
- Robust planning and assessment, expert knowledge/navigation of complex social services system
- Core services include:
 - Assessment for SDOH needs
 - Benefits eligibility and financial resource coordination
 - Care transitions
 - Case management
 - Housing assistance (eviction prevention, supportive services, home mods)
 - Information and referral
 - Nutrition assistance (home-delivered and congregate meals, access to SNAP benefits, food banks, etc.)
 - Social isolation support
 - Transportation assistance

Community Care Hub

- A community-focused entity that organizes and supports a network of community-based organizations providing services to address health-related social needs.
- A Community Care Hub centralizes administrative functions and operational infrastructure, including but not limited to:
 - Contracting with health care organizations
 - Payment operations
 - Management of referrals
 - Service delivery fidelity and compliance
 - Technology, information security, data collection, and reporting
- A Community Care Hub has trusted relationships with and understands the capacities of local community-based and healthcare organizations and fosters cross-sector collaborations that practice community governance with authentic local voices.
- Complementary to technology vendors that support electronic referrals from health care providers to CBOs

Community Care Hubs & CBO Network Activity



Updated July 2022. Represents knowledge from Administration for Community Living informal communication with state and CBO personnel.

Office of Community Services



Community Action Agencies (CAAs)

- CAAs are local private and public non-profit organizations that promote economic opportunity by addressing the unmet needs of vulnerable families, households, and communities
- Over **1,000 CAAs** across the country **serving 99% of U.S. counties**
- CAAs provide a wide range of services and programs
- No two CAAs are the same



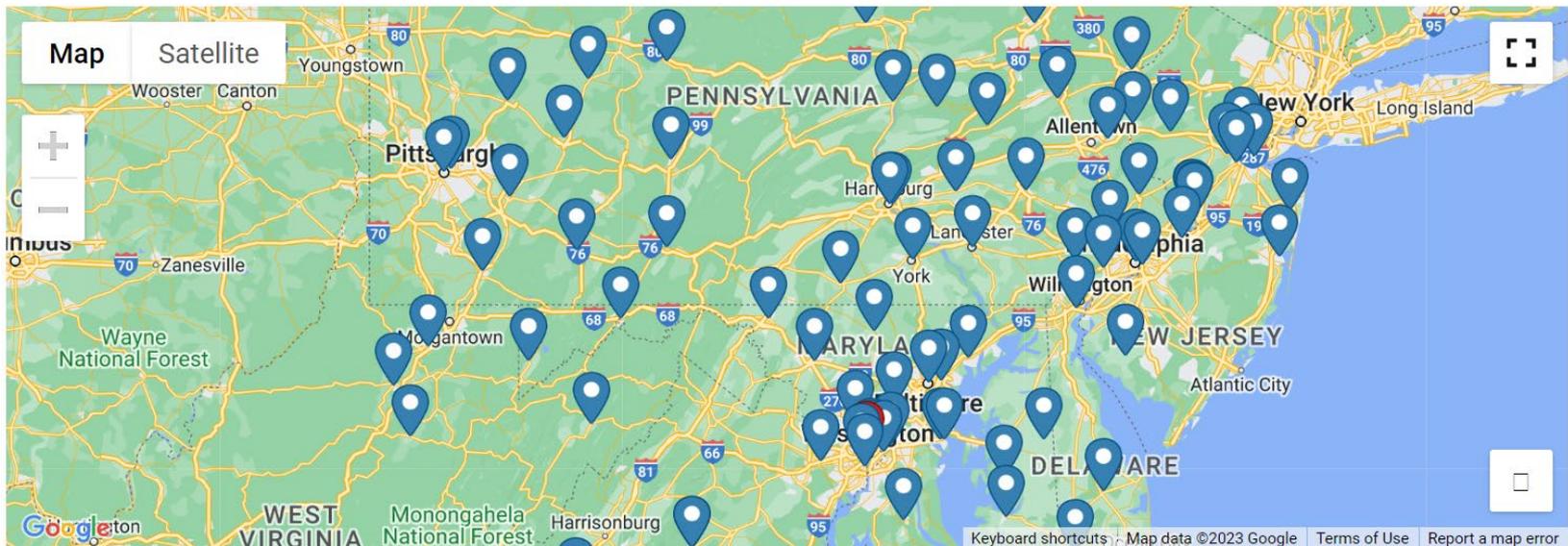
Find Your CAA

<https://communityactionpartnership.com/find-a-cap/>

Search Tips

- Search by **Community Action Agency name**, zip, state, county, radius, or service.
- For each search, enter Community Action Agency name, zip, state, county, radius, or service and then press the **Search** button.
- When searching by state, please increase your **Search Radius** and **Results**.

Your location Search radius Results



Assessing Readiness

- Experience contracting with health plan/system?
- Services offered and associated pricing model(s)?
- Capacity to manage referrals from health care?
- Ability to exchange health-related data (PHI, HIPAA)?

Enabling Successful Partnerships

- Agreement on:
 - Target population(s)
 - Roles/responsibilities of CBO and health care partner
 - Data flow
- Business associate agreement in place
- Clear understanding of braiding funding to cover costs – including ACO contribution for social care coordination and services

Community Care Hub Resources

- Health Affairs Blog: [Improving Health and Well-Being Through Community Care Hubs](#)
 - Community Care Hub Primer: [Background, Evolution, and Value Proposition of Working with a Local CBO Network Led by a Community Care Hub](#)
 - Working with Community Care Hubs to Address Social Drivers of Health: [A Playbook for State Medicaid Agencies](#)
 - Partnership Profile: [Partnering with Medicare Advantage Plans on Evidence-Based Approaches to Improve Health Outcomes](#)
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Get Connected!

communitycarehubs@acl.hhs.gov

Panel Discussion

- Tim McNeill
- Jennifer Raymond
- David Crocker



Questions?

