NATIONAL ASSOCIATION OF Community Health Centers®

MEDICARE SHARED SAVINGS PROGRAM ADVANCE INVESTMENT PAYMENT WEBINAR SERIES

elevate

Webinar 1: MSSP AIP Overview

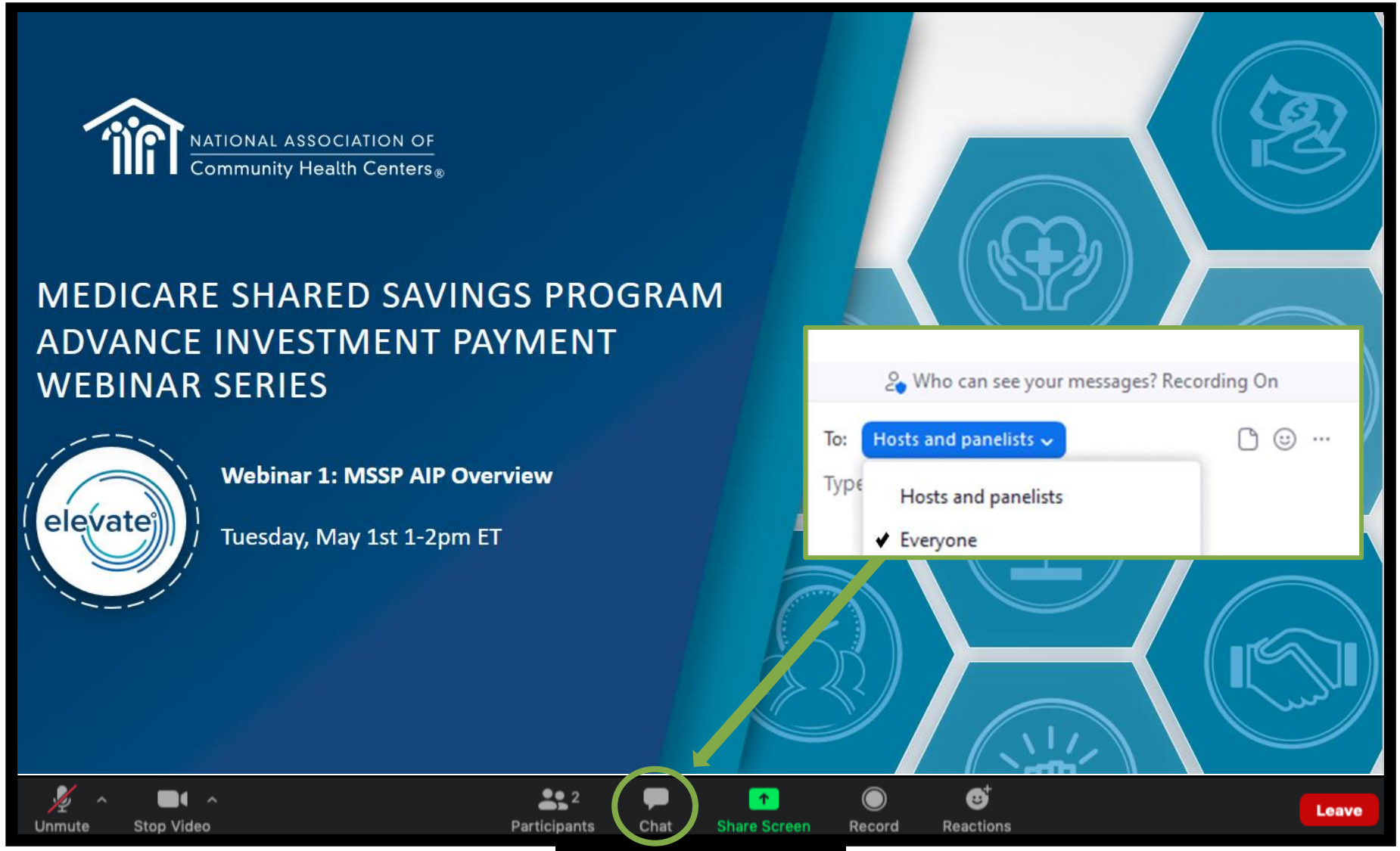
Tuesday, May 1st 1-2pm ET

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

NATIONAL ASSOCIATION OF Community Health Centers®



During today's session:

- **Questions:** Throughout the webinar, type your questions in the chat feature. Be sure to select "Everyone"! There will be Q&A and discussion at the end.
- **Resources:** If you have a tool or resource to share, let us know in the chat!

Featured Speakers

Cheryl Modica, PhD, MPH, BSN

Director, Quality Center
NACHC

Douglas Jacobs, MD, MPH

Chief Transformation Officer
Center for Medicare, CMS

Heidy Robertson-Cooper, MPA

President
Health Care Advisors

Vacheria Keys, Esq.

Director, Policy & Regulatory Affairs
NACHC

MSSP AIP Webinar Series

Medicare Shared Savings Program (MSSP) Advance Investment Payment (AIP) program
2-part webinar series

Webinar #1: Overview l Tuesday, May 2nd 1-2pm ET
Webinar 1 will provide a Medicare Shared Savings Program (MSSP) Advance Investment Payment (AIP) overview. In this session, you'll learn about the MSSP AIP program and how it can advance the value-based care journeys of health centers, PCAs, and HCCNs.

Webinar #2: Application Process l Tuesday, May 23rd 1-2pm ET
Webinar 2 will provide insight into the MSSP application process as well as action steps, tips, and tricks to complete your application in a timely manner with the least amount of stress.

NACHC Resources to Support your VBC Transformation

As your health center considers the MSSP AIP, or other value-based care options, leverage NACHC's FREE resources:

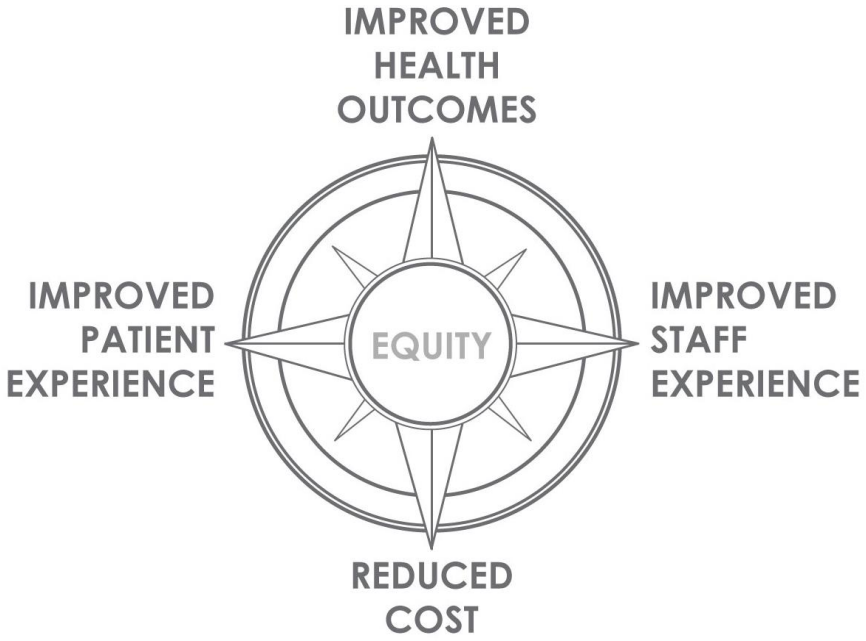
- **Value Transformation Framework**: An organizing framework to support health center systems change and advancement toward value-based care
- **VTF Assessment:** An assessment tool to measure organizational progress in 15 Change Areas for transformation
- **Elevate National Learning Forums:** Live, virtual learning opportunities with peer exchange focused on topics relevant to value-based care transformation
- **Online Learning Platform** with resources to support value-based care transformation:

Action Guides | Reimbursement Tips | Webinars | eLearning Courses | Microlearnings

Resources target ***different levels of health center readiness***, provide ***skill development opportunities*** for the health center workforce of the future, and offer an ***actionable value-based care transformation strategy*** that supports and complements the work of PCAs, HCCNs, and CINs.

The Value Transformation Framework

Improved Performance
through
Systems Transformation

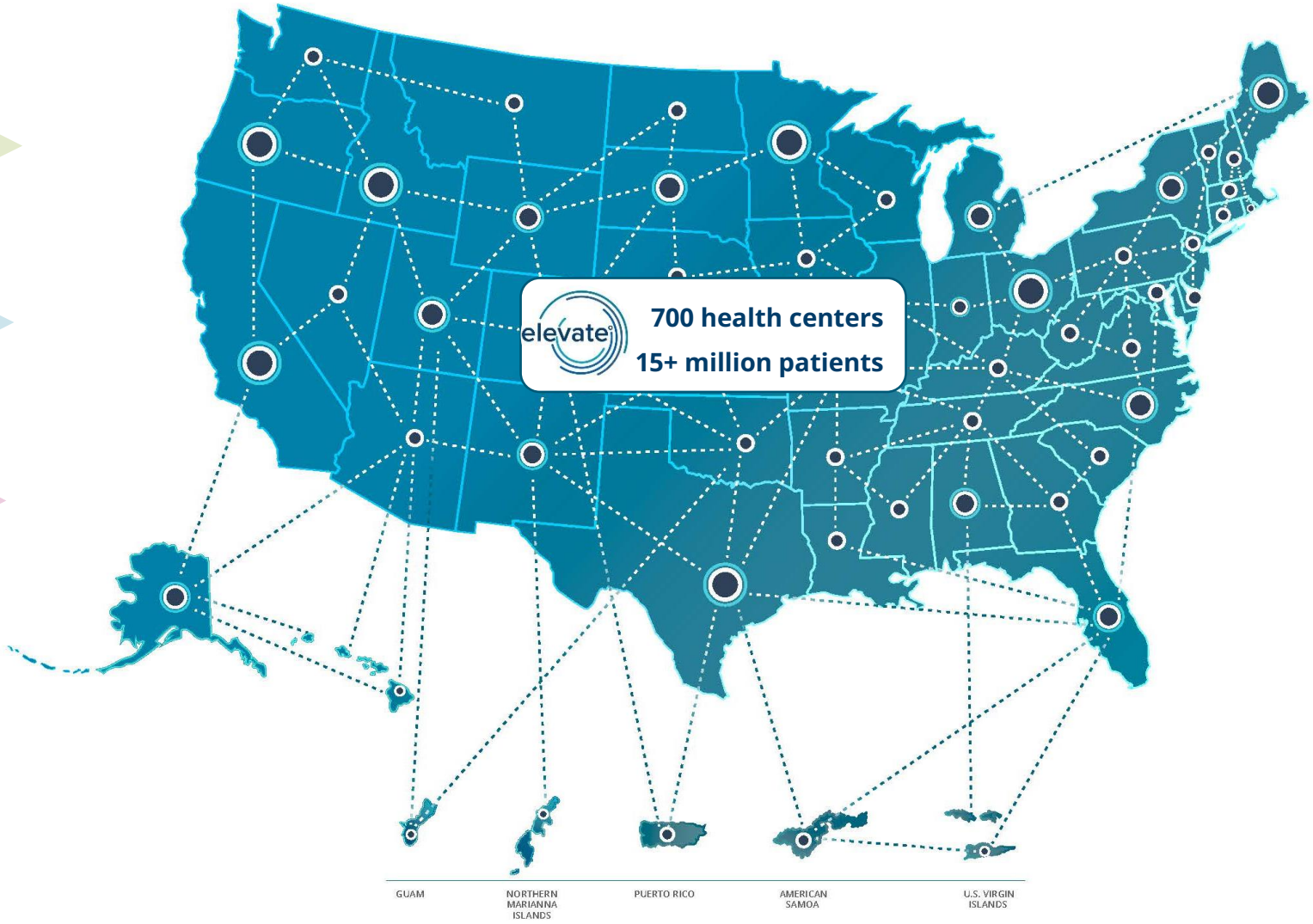


Value Transformation Framework

Quintuple Aim Goals

Elevate National Learning Forum

Guided application of the Value Transformation Framework



Featured Speaker

Douglas Jacobs, MD, MPH
Chief Transformation Officer
Center for Medicare, CMS

Dr. Doug Jacobs is the Chief Transformation Officer in the Center for Medicare at the Centers for Medicare and Medicaid Services (CMS). At CMS he is helping lead Medicare's efforts to promote value-based care, advance health equity, and encourage delivery system transformation. Under his leadership, the Center for Medicare has finalized the most significant reforms to the Shared Savings Program since the program's inception, policies to expand access to behavioral health and primary care, equity-focused policies that reward excellent care delivered to underserved populations, and the development of the Universal Foundation, a strategy to align quality metrics across CMS programs and activities. He most recently served as the Chief Medical Officer and Chief Innovation Officer for the Pennsylvania Department of Human Services. He was tapped by Governor Wolf to lead the state's Whole Person Health Reform initiative, which included expanding value-based care, promoting health equity, and addressing the social determinants of health. Dr. Jacobs is a practicing board-certified internal medicine physician and is an Assistant Professor of Clinical Medicine at the Penn State Hershey Medical Center. He received his MD at the University of California San Francisco School of Medicine, his MPH at the Harvard T.H. Chan School of Public Health, and his Bachelor's in Sciences from Brown University.

Featured Speaker

Douglas Jacobs, MD, MPH
Chief Transformation Officer
Center for Medicare, CMS

Featured Speaker

Heidy Robertson-Cooper, MPA
President
Health Care Advisors

Heidy Robertson-Cooper, MPA served over ten years in health care, focusing on primary care policy, value-based payment, and delivery system redesign impacting primary care and the safety net community. Before starting HRC Health Care Advisors, she served in leadership roles for the Missouri Primary Care Association, MissourHealth+, the American Academy of Family Physicians, and a health center in Northeast Missouri. In these roles, she oversaw efforts to influence primary care delivery and payment systems reform, develop resources assisting primary care physicians in achieving professional success in all practice settings, and provide effective value-based practice transformation and performance improvement support for primary care and community health centers.

HEALTH CARE ADVISORS

2024 Medicare Shared Savings Program: Advance Investment Payment Option

Health Center Options for Evaluating Participation

Today's Objectives

1. An overview of the 2024 Medicare Shared Savings Program and the Advance Investment Payment Option
2. Understanding of participation options for those new to MSSP and those with current and/or previous participation; and
3. Concrete next steps for evaluating your Health Center's participation.

What is the 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 value-based 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.
- ACOs that successfully meet quality and savings requirements share a percentage of the savings with Medicare
- Glide Path for increasing levels of shared savings, risk and reward

Source: http://innovations.cms.gov/initiatives/ACO/index.html

CMS is committed to the growth of the Medicare Shared Savings Program in Rural and Underserved Areas

- CMS aims for all Fee for Service Medicare beneficiaries in an Accountable Care relationship by 2030.

- Significant updates were made to the MSSP in 2022 with a heightened focus on health equity and growing accountable care participation including:
  - New incentives for ACOs that serve a high proportion of under served Medicare beneficiaries
  - Health Equity Quality Bonus
  - Slower Glidepath to Risk

CMS Innovation Center Strategic Direction

Advance Investment Payment (AIP) Model Overview

- Focus on new ACOs serving patients in rural and medically underserved areas
- AIP offers eligible ACOs advance shared savings payments to build infrastructure increasing participation
- Goal is to build the infrastructure needed to succeed in the program and promote equity by holistically addressing beneficiary needs, including social needs.

Advance Investment Payment Option

Infrastructure Support

- One Time Investment Payment of $250,000
- Eight Per Member Per Quarter Payments; Risk-factor based
- Funding used to support staffing, health care infrastructure and provision of accountable care for underserved beneficiaries

ACO Eligibility

- Rural and Medically Underserved Focus
- New ACOs with little to no Value-based Care Experience
- Payments are available for 10,000 Medicare patients; Minimum 5,000 patient threshold

Program Specifics

- Starts in 2024 with five years participation
- Track A Participation (no down-side risk)
- AIP funds will be recouped from earned shared savings in an ACO's current and subsequent agreement period, if a balance persists.

Source: CMS AIP Payments Guidance

MSSP AIP: Three Funding Opportunities

Upfront infrastructure funding

Per beneficiary per quarter payments

Shared savings

Going Deeper: Per Beneficiary Per Quarter Payments

Risk Factor Based Score

CMS assigns each beneficiary a risk factors-based score:

1. Dual Eligibility
2. Part D Low-income Subsidy
3. Area Deprivation Index (ADI)

Source: CMS AIP Payments Guidance

Per Beneficiary Per Quarter Payments

Risk factors-based score	1-24	25-34	35-44	45-54	55-64	65-74	75-84	85-100
PBPQ amount	$0	$20	$24	$28	$32	$36	$40	$45

MSSP AIP: Shared Savings Methodology

Historical Benchmark

- Accounts for relative risk of the ACO's population

Shared Savings Payment Method

- Includes quality performance as a threshold
- Percent of savings shared with CMS
- Track A caps total savings at 40%

If Earned, Savings Distributed

- AIP Funds recouped through shared savings
- Remainder can be used to reward providers who did the work, finance ACO operations, and finance reserves

Source: Shared Savings Program ACO Participation Options (Updated 4/10/2023) (PDF)

ACO Participation

ACO Criteria for MSSP AIP

ACO Eligibility

- New ACO
- Low revenue ACO
- No recent or limited experience in CMS VBC Initiatives or New to Pathways to Success BASIC Track

Participant Criteria

- Less than 50% of the ACO's participants participating in the BASIC track
- Less than 40 % of the ACO's participants participated in a performance-based risk Medicare ACO initiative in each of the five performance years
- CMS will review Performance Year (PY) 2019 through PY 2023 for PY 2024 to determine if participants have experience with risk.

Source: CMS AIP Payments Guidance

What if I'm already participating in an ACO?

- Primary care providers can only participation in one ACO at a time
- Review Participation Agreement with current ACO
- Know that you have options…

Joining an ACO

ACO Participation Considerations

Do you have time and resources to joint an ACO?

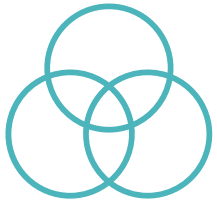
01.

- Quality Improvement Staff
- Care management or coordination staff infrastructure
- Transitions of Care
- Population Health Analytics

Medicare Patient Mix

02.

- Attribution is key
- Payer mix
- How well does your patient panels translate into attributed members?
- Area Deprivation Index



Program and Initiative Alignment

03.

- Value-based Care Strategy
- UDS
- Medicaid Managed Care
- Medicare Advantage
- State-based Initiatives

ACO Partners

04.

- Identify mission and value-aligned partners
- Power in primary care
- Influx of Primary Care “Enablers”

Key Timeline: CMS MSSP AIP Application Timeline

May

May 16th

Phase 1 of the application process is open

June

June 16th

Phase 1 of the application process closes

August

August 1st

Final opportunity to add Participants

October

October 19th – 30th

Phase 2 of application due
Includes AIP Application

December

MSSP AIP Awardees Announced

Four Key Next Steps

One	• **Internal Readiness Assessment:** Staff capacity, care management and coordination efforts, and value-based initiatives alignment
Two	• **Medicare Patient Analysis:** Medicare payer mix, Dual Eligible and Low-income Subsidy
Three	• **Explore Participation Options:** Outreach to State Primary Care Association/HCCN or Clinically Integrated Network for Participation Options
Four	• **Governance:** Determine any Board approval processes needed for ACO participation

Q & A

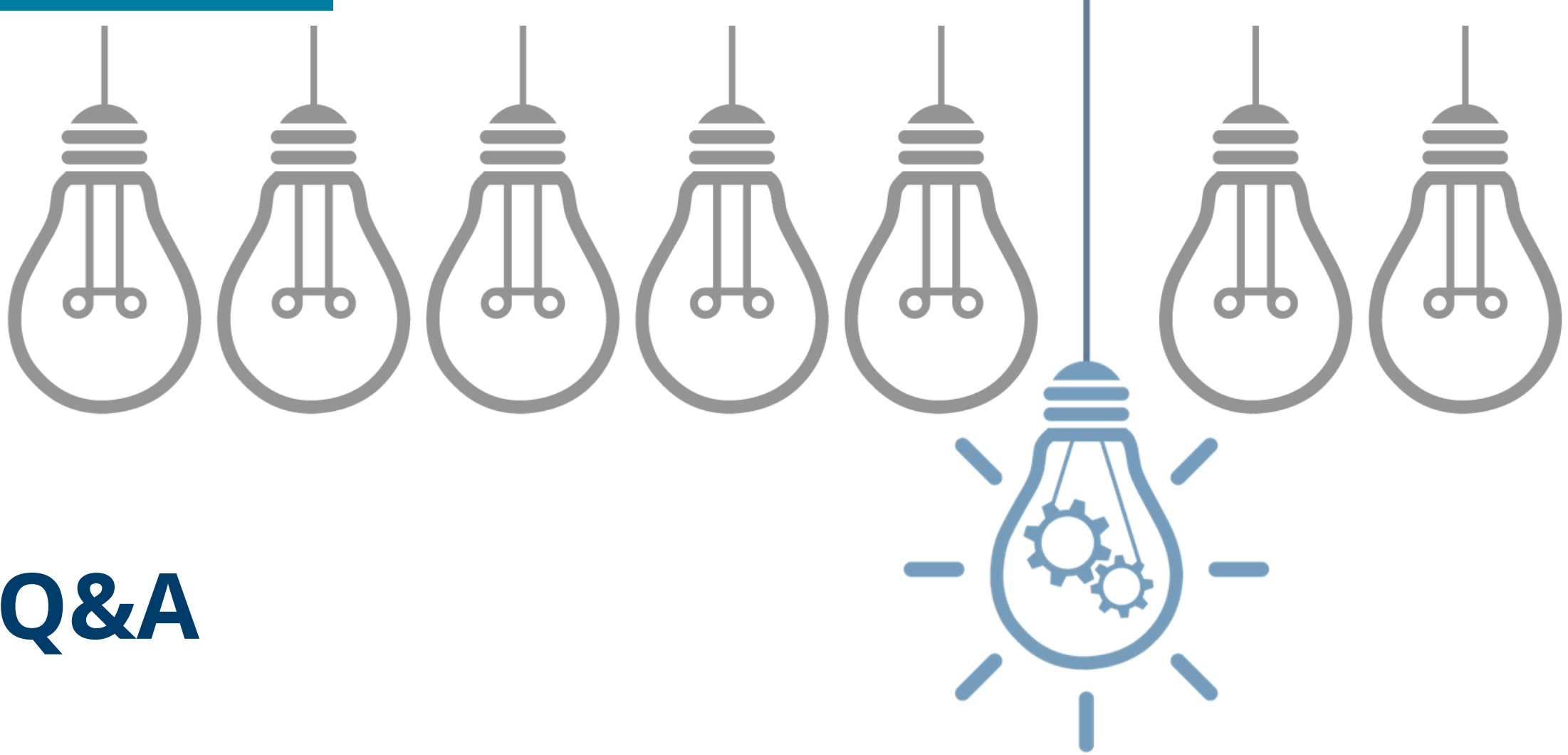
Heidy Robertson-Cooper, MPA

HRC Health Care Advisors, LLC

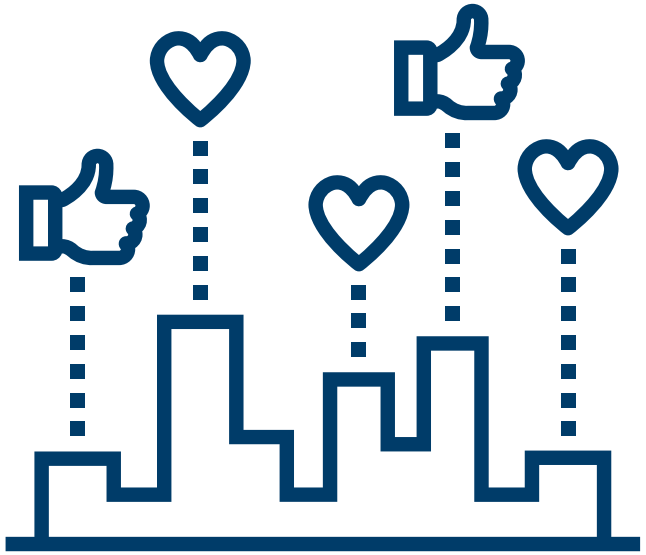
Heidy@HRC-Advisors.com

Featured Speaker

Vacheria Keys, Esq.
Director, Policy & Regulatory Affairs
NACHC



Q&A



Provide Us Feedback

FOR MORE INFORMATION CONTACT:

qualitycenter@nachc.org

Cheryl Modica
Director, Quality Center
National Association of Community Health Centers
cmodica@nachc.org
301.310.2250

SHARE YOUR FEEDBACK

Don't forget! Let us know what you thought about today's session.

Part II: MSSP AIP Webinar

May 23, 2023
1:00 – 2:00 pm ET

Appendix

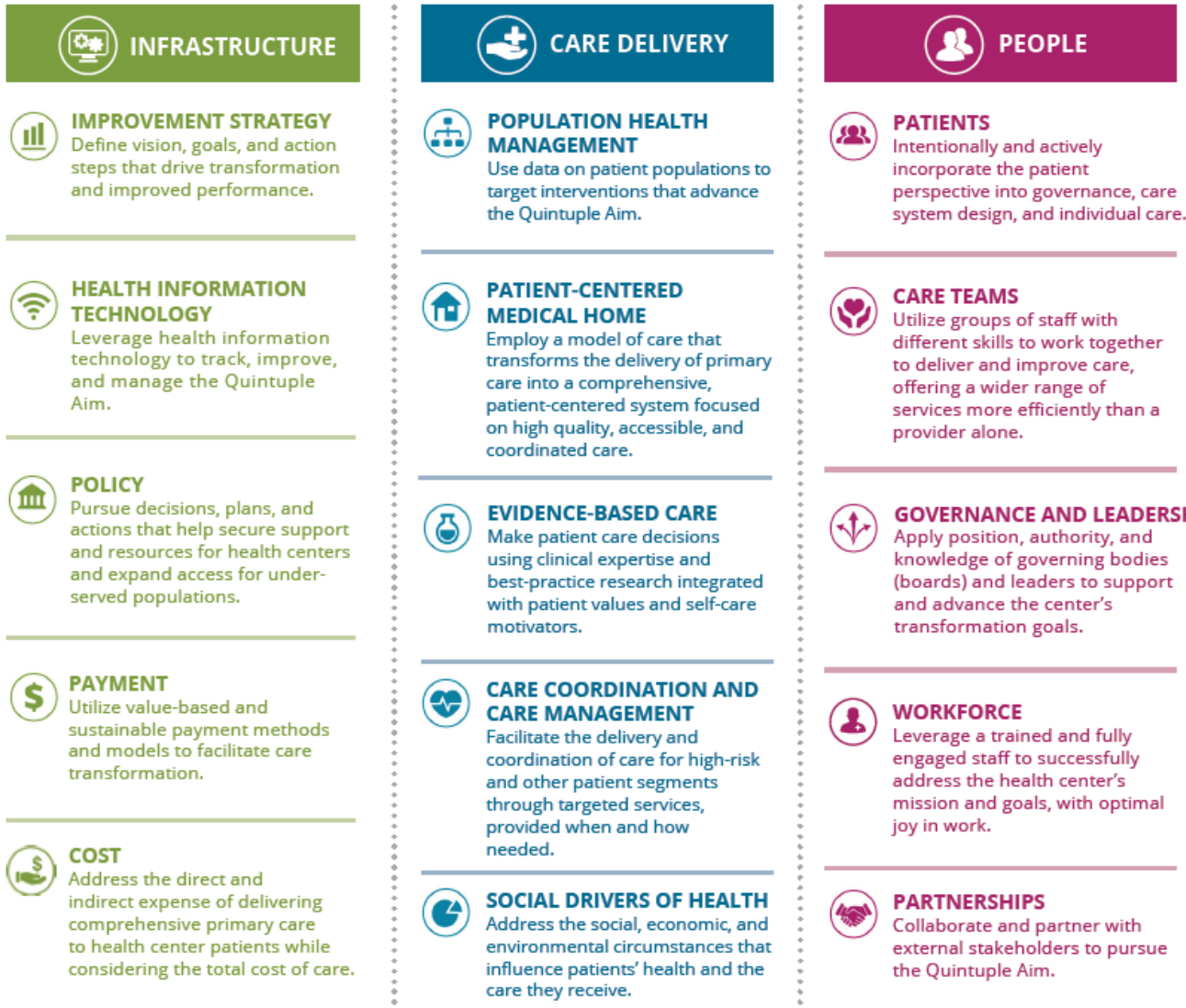
Value Transformation Framework (VTF)
&
Elevate Resources

Value Transformation Framework

The Value Transformation Framework (VTF) is ***an organizing framework*** to guide health center systems change

- ***Supports change*** in many parts of the health center simultaneously
- ***Organizes and distills evidence-based interventions*** for discrete parts of the systems called 'Change Areas'
- ***Incorporates evidence, knowledge, tools and resources*** relevant for action within different parts of the system, or Change Areas
- ***Links health center performance to the Quintuple Aim***

The Value Transformation Framework



15 Change Areas organized by 3 Domains:

Infrastructure: the components, including health information systems, policies, and payment structures, that build the foundation for reliable, high-quality health care

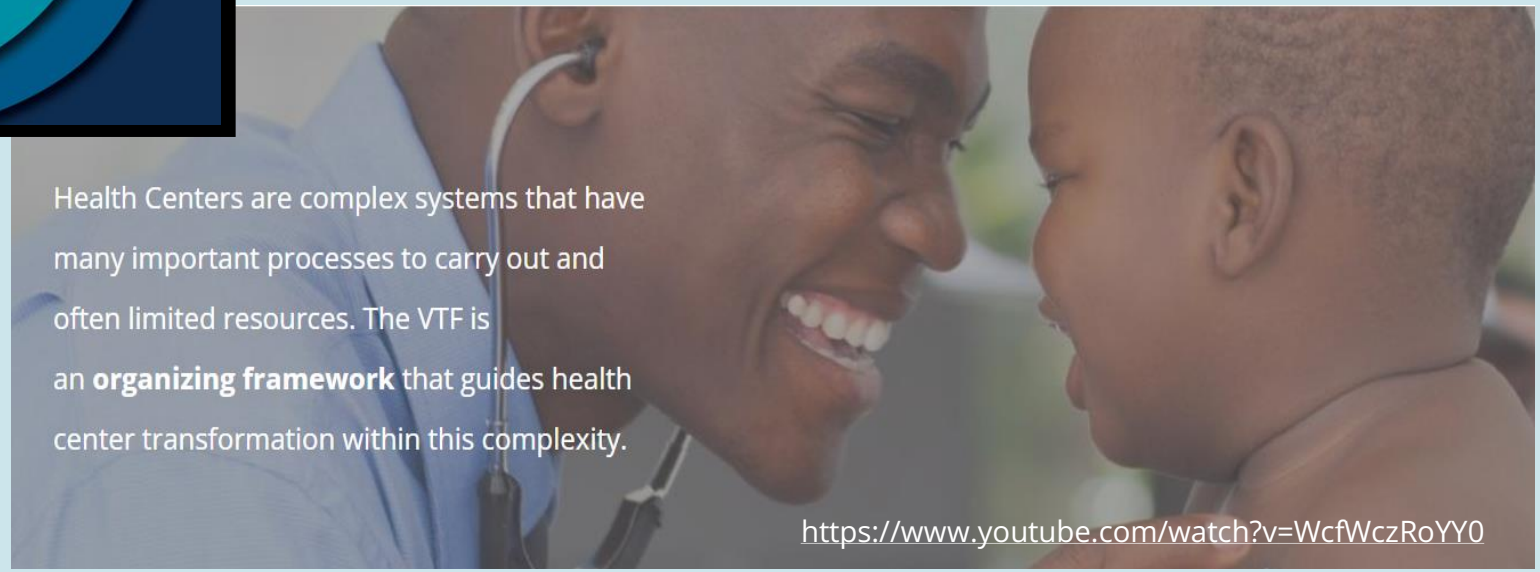
Care Delivery: the processes and proven approaches used to provide care and services to individuals and target populations, such as evidence-based care and social drivers of health

People: the stakeholders who receive, provide, and lead care at the health center, as well as partners that support the goals of high-value care

Learn More About the VTF: *NEW* eLearning Modules

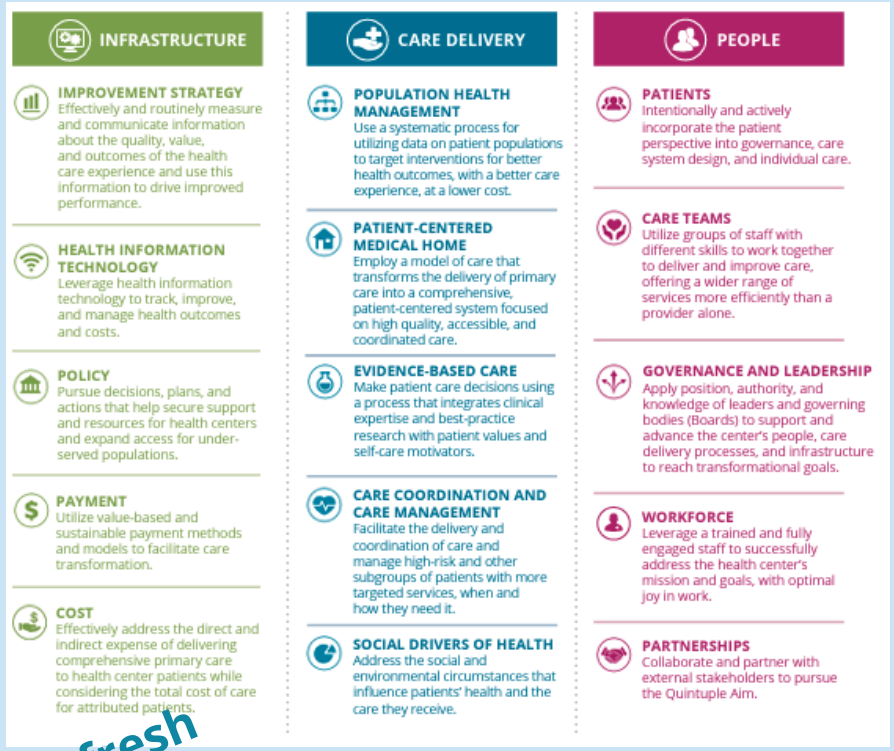
eLearning - Value Transformation Framework

START COURSE



https://www.youtube.com/watch?v=WcfWczRoYY0

VTF Assessment: Use To Drive Transformation



INFRASTRUCTURE

IMPROVEMENT STRATEGY
Effectively and routinely measure and communicate information about the quality, value, and outcomes of the health care experience and use this information to drive improved performance.

HEALTH INFORMATION TECHNOLOGY
Leverage health information technology to track, improve, and manage health outcomes and costs.

POLICY
Pursue decisions, plans, and actions that help secure support and resources for health centers and expand access for under-served populations.

PAYMENT
Utilize value-based and sustainable payment methods and models to facilitate care transformation.

COST
Effectively address the direct and indirect expense of delivering comprehensive primary care to health center patients while considering the total cost of care for attributed patients.

CARE DELIVERY

POPULATION HEALTH MANAGEMENT
Use a systematic process for utilizing data on patient populations to target interventions for better health outcomes, with a better care experience, at a lower cost.

PATIENT-CENTERED MEDICAL HOME
Employ a model of care that transforms the delivery of primary care into a comprehensive, patient-centered system focused on high quality, accessible, and coordinated care.

EVIDENCE-BASED CARE
Make patient care decisions using a process that integrates clinical expertise and best-practice research with patient values and self-care motivators.

CARE COORDINATION AND CARE MANAGEMENT
Facilitate the delivery and coordination of care and manage high-risk and other subgroups of patients with more targeted services, when and how they need it.

SOCIAL DRIVERS OF HEALTH
Address the social and environmental circumstances that influence patients' health and the care they receive.

PEOPLE

PATIENTS
Intentionally and actively incorporate the patient perspective into governance, care system design, and individual care.

CARE TEAMS
Utilize groups of staff with different skills to work together to deliver and improve care, offering a wider range of services more efficiently than a provider alone.

GOVERNANCE AND LEADERSHIP
Apply position, authority, and knowledge of leaders and governing bodies (Boards) to support and advance the center's people, care delivery processes, and infrastructure to reach transformational goals.

WORKFORCE
Leverage a trained and fully engaged staff to successfully address the health center's mission and goals, with optimal joy in work.

PARTNERSHIPS
Collaborate and partner with external stakeholders to pursue the Quintuple Aim.

2023 Refresh

VTF Assessment 2.0

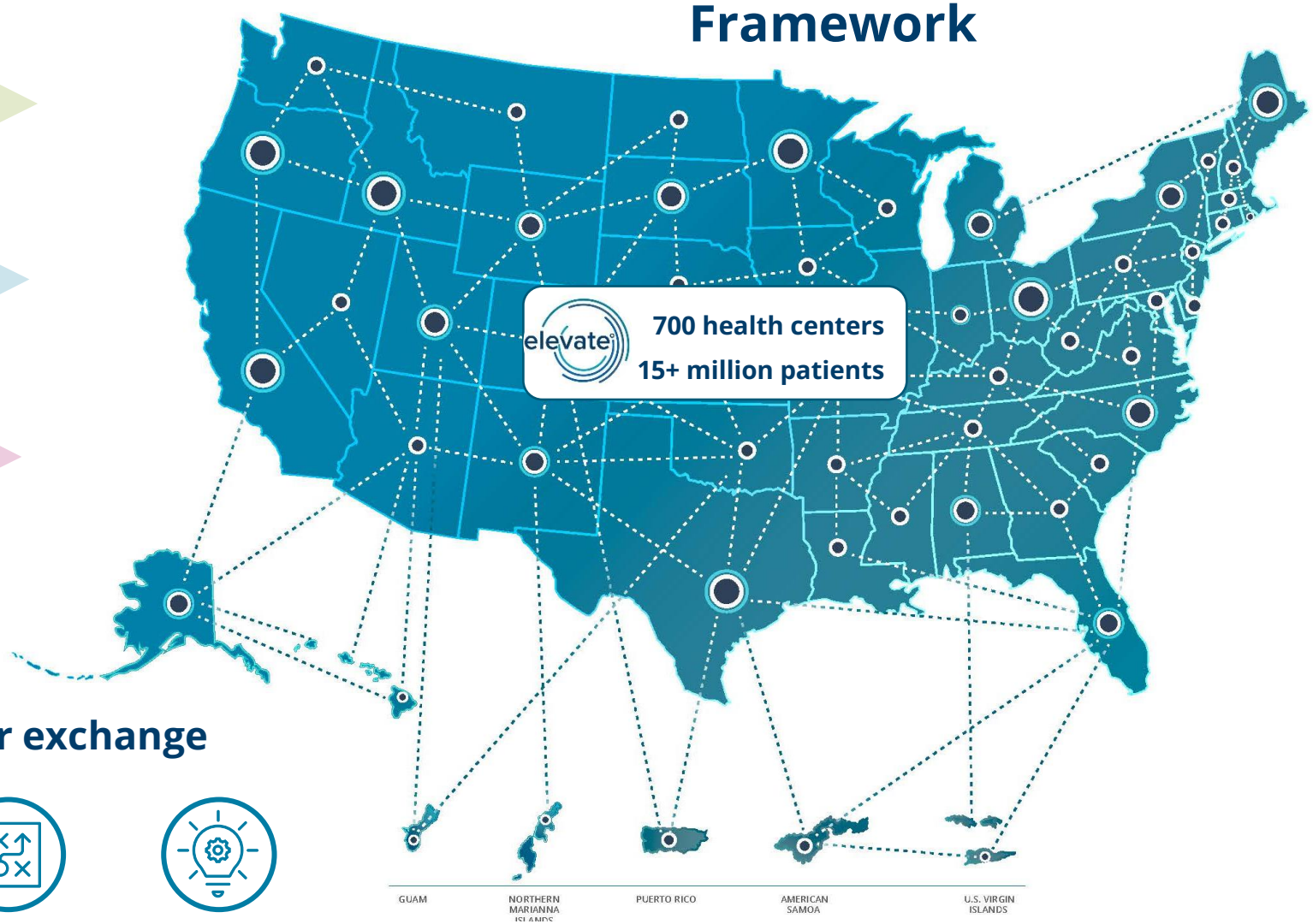
- ✓ Still only 15 questions – 1 for each Change Area
- ✓ Refreshed to reflect current state of value-based care

reglantern.com/vtf

- ✓ Assess organizational progress in 15 areas of systems change important to value transformation.
- ✓ Recommended that 3 or more health center staff complete the assessment to get a balanced perspective of organizational progress in areas of systems change

Elevate Learning Forum

Guided application of the Value Transformation Framework



National learning forum and peer exchange

COLLABORATE

LEARN

SHARE

CREATE

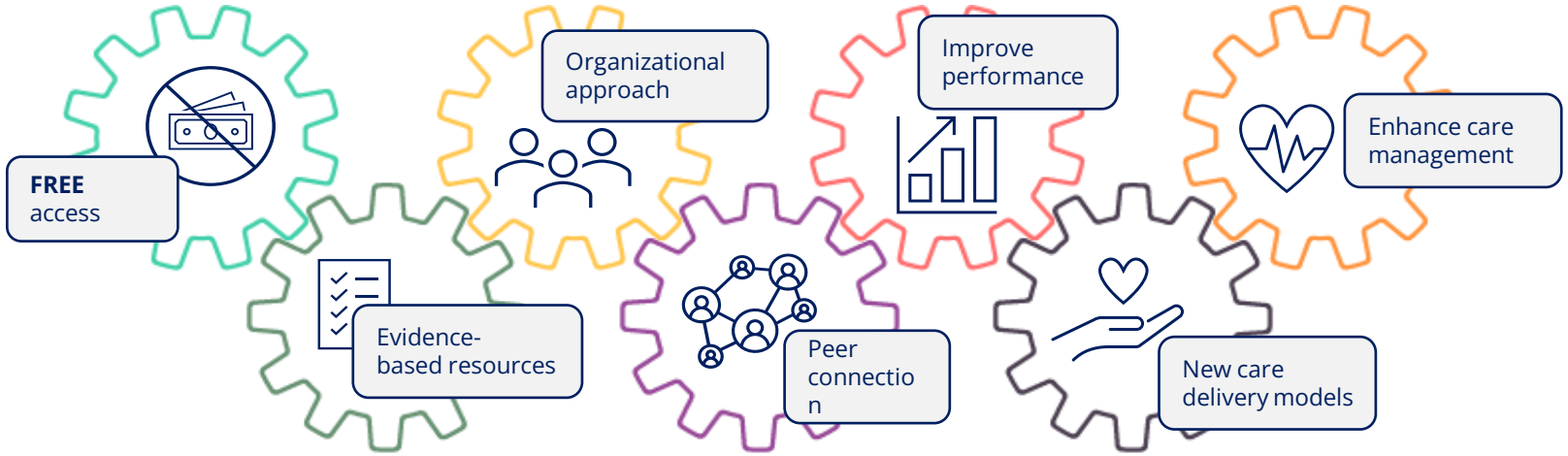
INNOVATE

WHY participate in Elevate?

- **FREE access** to transformation resources, tools, and learning
- **Save time!** Elevate does the 'lift' of distilling vast evidence-based information into 'bite-size' actionable, easy-to-digest resources
- **Can be shared** across your organization, bringing staff together using a common learning approach with open access to all
- **Connect with peers** across the nation to explore, share, learn, and innovate
- **Improve measures of performance**+ and Quintuple Aim goals through systems transformation
- **Explore new ways of working and delivering care** and work to **enrich patient and staff experience**
- **Build/enhance care management programs** to improve patient outcomes and **generate revenue to support transformation**

elevate

An organizing approach in a changing world



+Applying the Value Transformation Framework: Journal for Healthcare Quality (March 2022)

Elevate Journey 2023

Supplemental Sessions

- Medicare Shared Savings Program Advance Investment Payment
- Brain Health Integration into Health Center Services
- National Diabetes Prevention Program – Basics for Health Centers
- Outreach and Enrollment Learning Collaborative

January

- Role of Leadership in Value-Based Transformation, with Attention to:
  - Cost
  - PCMH
  - Partnerships

February

- Population Health Management
  - Empanelment
  - Risk Stratification
  - Models of Care
- Role of Leadership in Population Health Strategy

March

- Optimizing Care Teams
- Extended Care Team: Enabling Services
- Providing Care Management
- Measuring Care Management Panel Data

April

- Optimizing Care Teams, with Attention to:
  - Improvement Strategy
  - Care Models
  - Workforce

May

- Improvement Strategy
- QI Case Study: Hypertension

The Journey Continues...

Core Elevate Learning Forums

Enhance VTF Application Through Elevate

Register
https://bit.ly/2023Elevate

Assess Ideally 3+ staff complete the VTF Assessment
https://reglantern.com/vtf

Engage: Monthly Forums & Supplemental Sessions
registered participants

Access: Online Resources
https://nachc.docebosaas.com/learn/signin

National Learning Forum:
Guided application of the VTF

NATIONAL ASSOCIATION OF Community Health Centers®

MSSP AIP Webinar #1 Appendix

PCA VBC Collaborative

State	Organization	Contact	Website
Alabama	Alabama Primary Care Association	Mary Hayes Finch, JD, MBA President & CEO	https://www.alphca.com
Alaska	Alaska Primary Care Association	Nancy Merriman Chief Executive Officer	https://alaskapca.org/
Arizona	Arizona Alliance for Community Health Centers	Jessica Yanow President & CEO	https://aachc.org/
California	California Primary Care Association	Francisco J. Silva, Esq. President & CEO	https://www.cpca.org/
Connecticut	The Community Health Center Association of Connecticut	Katherine Yacavone Interim CEO	https://www.chcact.org/
District of Columbia	District of Columbia Primary Care Association	Tamara Smith President & CEO	https://www.dcpca.org/
Florida	Florida Association of Community Health Centers	Jonathan Chapman, MBA President & CEO	https://fachc.org/
Hawaii	Hawaii Primary Care Association	Robert Hirokawa, DrPH Chief Executive Officer	https://www.hawaiipca.net/
Idaho	Idaho Community Health Center Association	David Garrett Chief Executive Officer	http://www.idahopca.org/home
Illinois	Illinois Primary Health Care Association	Ollie Idowu, JD, MPH President & CEO	https://www.iphca.org/
Indiana	Indiana Primary Health Care Association	Ben Harvey Chief Executive Officer	https://www.indianapca.org/
Iowa	Iowa Primary Care Association	Aaron Todd, MPP, MHCDS Chief Executive Officer	https://iowapca.org/
Kansas	Community Care Network of Kansas	Sonja Bachus Chief Executive Officer	https://www.communitycareks.org/

PCA VBC Collaborative

State	Organization	Contact	Website
Kentucky	Kentucky Primary Care Association	Molly Lewis, JD Chief Executive Officer	https://www.kpca.net/
Louisiana	Louisiana Primary Care Association	Gerrelda Davis Executive Director	https://lpca.net/
Maine	Maine Primary Care Association	Darcy Shargo, MFA Chief Executive Officer	https://mepca.org/
Michigan	Michigan Primary Care Association	Phillip Bergquist Chief Executive Officer	https://www.mpca.net/
Minnesota	Minnesota Association of Community Health Centers	Jonathan Watson, MPIA Chief Executive Officer	https://www.mnachc.org/
Missouri	Missouri Primary Care Association	Joe Pierle Chief Executive Officer	https://www.mo-pca.org/
Nebraska	Health Center Association of Nebraska	Amy Behnke Chief Executive Officer	https://hcanebraska.org/
Nevada	Nevada Primary Care Association	Nancy Bowen Chief Executive Officer	https://www.nvpca.org/
New Hampshire/Vermont	Bi-State Primary Care Association	Tess Stack Kuenning, CNS, MS, RN President & CEO	https://bistatepca.org/
New York	Community Health Care Association of New York State	Rose Duhan President & CEO	https://www.chcanys.org/
New Jersey	New Jersey Primary Care Association	Selina Haq, Ph.D. President & CEO	https://www.njpca.org/
North Carolina	North Carolina Community Health Center Association	Chris Shank President & CEO	https://www.ncchca.org/
South Carolina	South Carolina Primary Health Care Association	Lathran Woodard Chief Executive Officer	https://www.scphca.org/
North Dakota/South Dakota	Community Healthcare Association of the Dakotas	Shelly Ten Napel Chief Executive Officer	https://communityhealthcare.net/

PCA VBC Collaborative

State	Organization	Contact	Website
Ohio	Ohio Association of Community Health Centers	Randy Runyon President & CEO	https://www.ohiochc.org/
Oklahoma	Oklahoma Primary Care Association	Sara Barry, M.Ed, LBP Chief Executive Officer	https://www.okpca.org/
Oregon	Oregon Primary Care Association	Joan Watson-Patko Executive Director	https://www.orpca.org/
Pennsylvania	Pennsylvania Association of Community Health Centers	Cheri Rinehart President & CEO	https://pachc.org/
Puerto Rico	Asociación de Salud Primaria de Puerto Rico	Alicia Suarez-Fajardo Executive Director	https://saludprimariapr.org/
Rhode Island	Rhode Island Health Center Association	Elena Nicolella President & CEO	https://rihca.org/
Tennessee	Tennessee Primary Care Association	Libby Thurman, MA Chief Executive Officer	https://www.tnpca.org/
Texas	Texas Association of Community Health Centers	Jana Eubank Executive Director	https://www.tachc.org/
Utah	Association for Utah Community Health	Alan Pruhs Executive Director	https://www.auch.org/
West Virginia	West Virginia Primary Care Association	Sherri Ferrell, MBA Chief Executive Officer	https://www.wvpca.org/
Virginia	Virginia Community Healthcare Association	Tracy Douglas, MS Chief Executive Officer	Https://vcha.org/
Wisconsin	Wisconsin Primary Health Care Association	Stephanie Harrison, MA Chief Executive Officer	https://www.wphca.org/

CMS MSSP AIP Links

MSSP Application Toolkit

Advance Investment Payments At-a-Glance

CMS MSSP Webpage

CMS MSSP 2024 Application Timeline

Area Deprivation Index (ADI)