

CMS Seeks Comments on Standards for ACOs Under Shared Savings and CMMI

November 16, 2010

Until December 3, 2011, the Centers for Medicare & Medicaid Services will accept comments regarding policies and standards for accountable care organizations that participate in the Medicare program under the Shared Savings Program or through the Center for Medicare and Medicaid Innovation.

Last week the Centers for Medicare & Medicaid Services (CMS) announced a request for comments, particularly from the physician community, regarding policies and standards that will apply to accountable care organizations (ACOs) participating in the Medicare program under the Shared Savings Program or in connection with the Center for Medicare and Medicaid Innovation (CMMI), set forth in Section 3022 and 3021, respectively, of the Patient Protection and Affordable Care Act. Comments must be received by CMS no later than 5 p.m. EST on December 3, 2011.

Comments may not be submitted by facsimile, but may be submitted electronically or via express/overnight mail or hand/courier delivery. Each comment should refer to file code CMS-1345-NC. Addresses are provided below.

Specifically, CMS is seeking information on the questions listed below.

- What policies or standards should CMS consider adopting to ensure groups of solo and small-practice providers have opportunities to actively participate in the Shared Savings Program and the ACO models tested by CMMI?
- Many small practices may have limited access to capital or other resources to fund efforts from which “shared savings” could be generated. What payment models, financing mechanisms or other systems should CMS consider, either for the Shared Savings Program or as models under CMMI to address this issue? In addition to payment models, what other mechanisms could be created to provide access to capital?
- The process of attributing beneficiaries to an ACO is important to ensure that expenditures, as well as any savings achieved by the ACO, are appropriately calculated and that quality performance is accurately measured. Having a seamless attribution process will also help ACOs focus their efforts to deliver better care and promote better health. Some argue it is necessary to attribute beneficiaries before the start of a performance period so the ACO can target care coordination strategies to those beneficiaries whose cost and quality information will be used to assess the ACO's performance. Others argue the attribution should occur at the end of the performance period to ensure the ACO is

held accountable for care provided to beneficiaries who are aligned to it based upon services they receive from the ACO during the performance period. How should CMS balance these two points of view in developing the patient attribution models for the Medicare Shared Savings Program and ACO models tested by CMMI?

- How should CMS assess beneficiary and caregiver experience of care as part of our assessment of ACO performance?
- The Affordable Care Act requires CMS to develop patient-centered criteria for the assessment of ACOs participating in the Medicare Shared Savings Program. What aspects are particularly important for CMS to consider and how should CMS evaluate them?
- In order for an ACO to share in savings under the Medicare Shared Savings Program, it must meet a quality performance standard determined by the secretary of the U.S. Department of Health and Human Services. What quality measures should the secretary use to determine performance in the Shared Savings Program?
- What additional payment models should CMS consider in addition to the model laid out in Section 1899(d), either under the authority provided in 1899(i) of the act or the authority under the CMMI? What are the relative advantages and disadvantages of any such alternative payment models?

Addresses for submitting comments

Electronically: Visit www.regulations.gov and follow the “Submit a comment” instructions.

Regular mail:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1345-NC
PO Box 8013
Baltimore, MD 21244-8013

Express/Overnight:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1345-NC
Mail Stop C4-26-05

7500 Security Blvd.
Baltimore, MD 21244-1850

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