

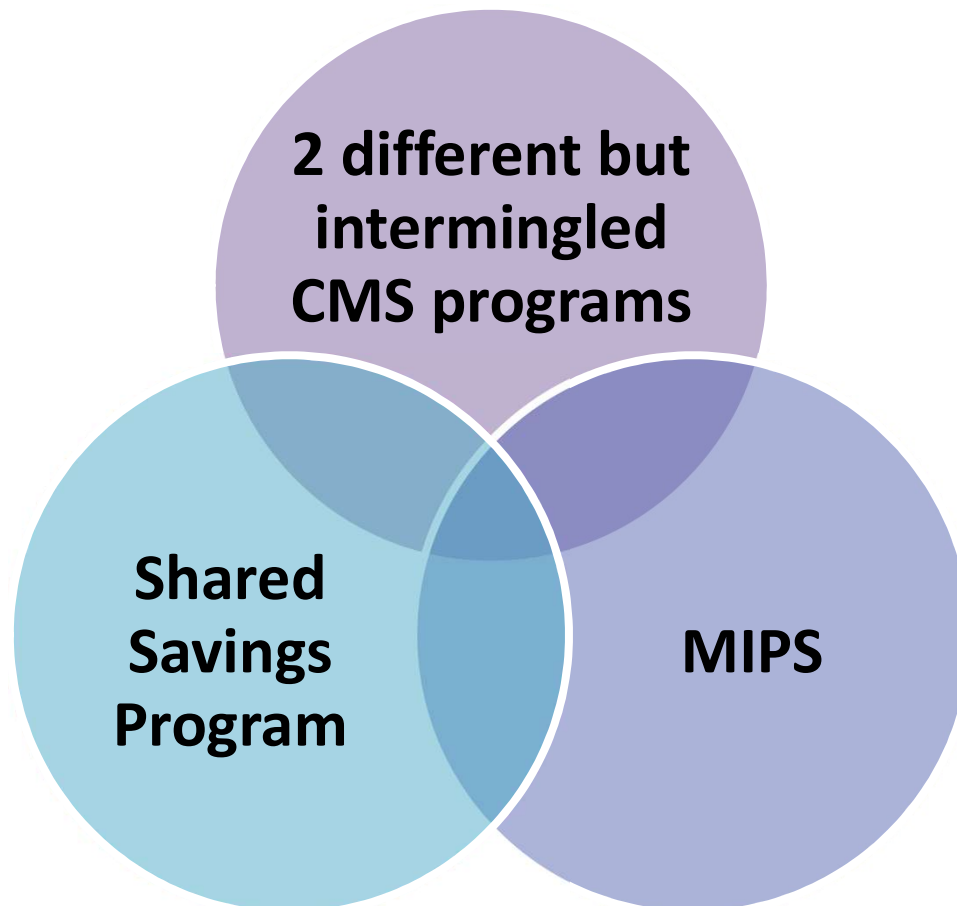
Silver State ACO

Accountable Care Organization

Shared Savings & MIPS



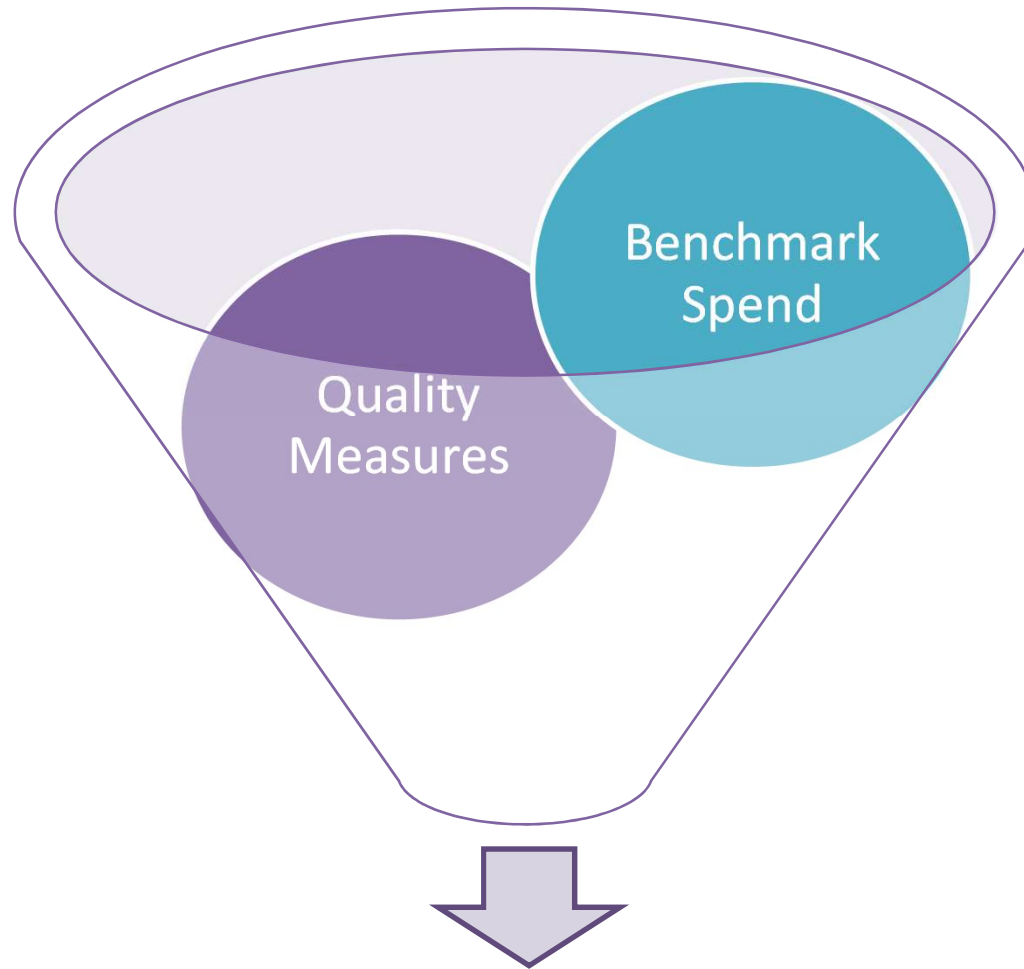
Medicare Shared Savings Program (MSSP) ACO Enhanced Track





SHARED SAVINGS PROGRAM

- Promotes accountability for a patient population
- Encourages investment in high quality and efficient services
- Creates incentives for health care providers to work together to treat an individual patient across care settings



SHARED SAVINGS



Benchmark Spend

Determined by CMS

- Based on claims data
- Per beneficiary per year
- Risk adjusted by CMS



Quality Measures

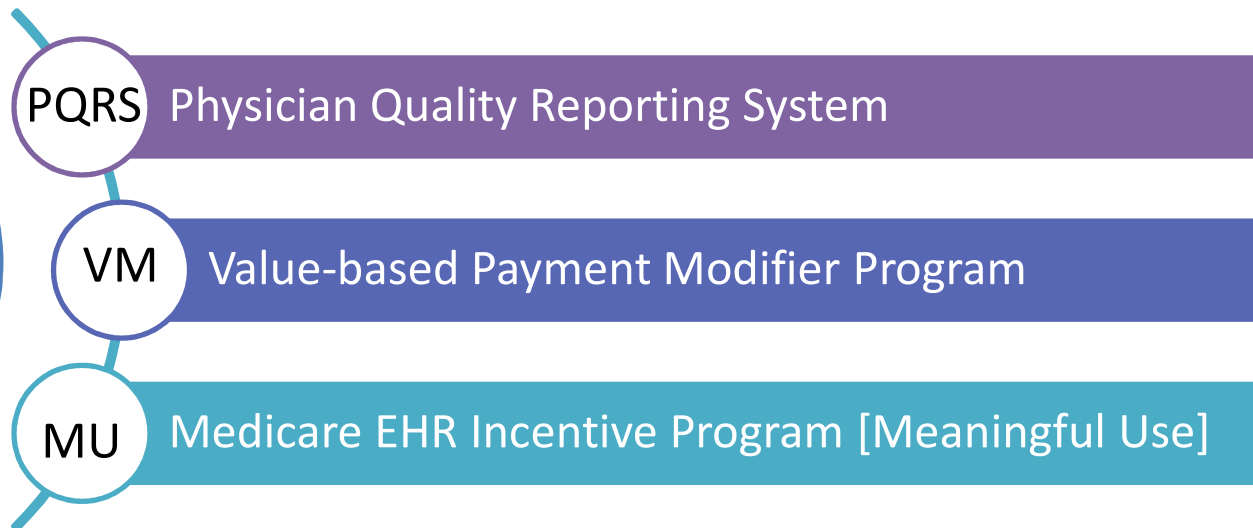
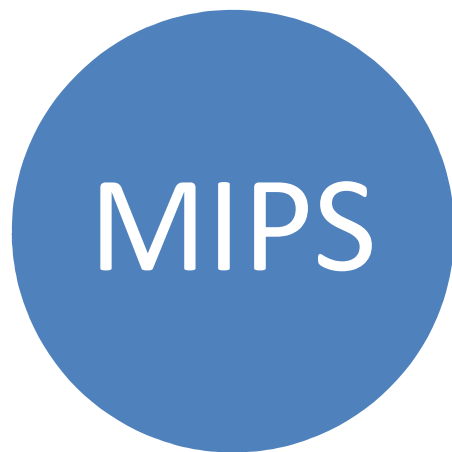
QM are determined by CMS

- 13 measures
- Collected via claims, chart audits and CAHPS survey







MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

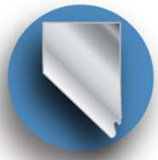
- Alternative Payment Model
- Performance-based payment system
- Streamlines three historical Medicare Programs into a single payment program





Performance Categories

 <p>ACO Reports</p> <p>Quality</p> <p>The ACO reports Quality for its participants</p>	 <p>ACO Reports</p> <p>Cost</p> <p>N/A Participants within an ACO are not subject to the Cost category</p>	 <p>ACO Reports</p> <p>Improvement Activities</p> <p>ACO participants receive 100% due to activities the ACO must perform as part of the Shared Savings Program</p>	 <p>Practice Reports</p> <p>Promoting Interoperability</p> <p>This is the practice's responsibility. Participants must submit this category by CMS deadline</p>
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PROMOTING INTEROPERABILITY

- Emphasizes patient engagement and the electronic exchange of health information using Certified Electronic Health Record Technology [CEHRT]
- Minimum performance period of **90 days**
- Requires the use of 2015 edition CEHRT to capture data and fulfill the performance category
- A Security Risk Analysis and High Priority Practices from Safer Guide is mandatory and must be completed within the performance year
- Four objectives with individual measures that all must be met or the practice will fail the Promoting Interoperability category



OBJECTIVES



E-PRESCRIBING



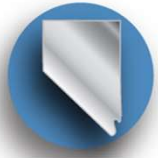
**HEALTH INFORMATION
EXCHANGE**



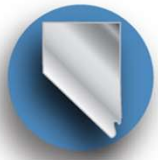
PROVIDER TO PATIENT EXCHANGE



**PUBLIC HEALTH & CLINICAL
EXCHANGE**



Advanced Alternative Payment Models (APM)



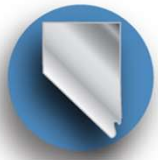
CMS Terms

- **APM** – Alternative Payment model.
- **APM Entity** - An entity that participates in an APM or payment arrangement through a direct agreement or through Federal or State law or regulation (i.e. MSSP ACOs).
- **Advanced APM** – APM that meets specific criteria: Require CEHRT use, base payment on MIPS-comparable quality measures, and either be a Medicare Medical Home or require participants to bear a more than nominal amount of risk (i.e. MSSP ACO Track E or Enhanced Track).
- **Eligible Clinicians** (see following slide for list) - Clinicians that can qualify for MIPS/Advanced APM incentives.
- **Qualifying Participant (QP)** - An eligible clinician determined by CMS to have met or exceeded the relevant QP payment amount or QP patient count threshold for a year based on participation in an Advanced APM Entity.



Eligible Clinician Types

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals

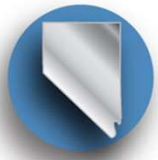


Silver State ACO
Accountable Care Organization

Alternative Payment Model

Silver State ACO is an Advanced Alternative Payment Model
(Advanced APM)

Providers who meet CMS defined thresholds receive Quality Participant (QP) Status



Qualifying Participant (QP) Status

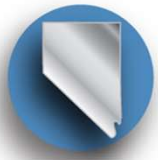
Provider is exempt from MIPS

- DOES NOT qualify for the MIPS Adjustment

INSTEAD

Eligible for Advanced APM Incentive Payment

- 3.5% of the QP's estimated aggregate payments for Part B covered professional services based on 2024 billings, paid in 2025



Identifying Eligible Clinicians

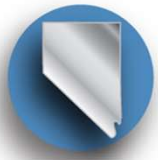
- **CMS will identify eligible clinicians participating in Advanced APMs using a combination of the APM Entity's Participation List and PECOS data. (*Keep your PECOS data up to date!*)**
- **Participation list identifies eligible clinicians using a combination of TIN and NPI.**
- **CMS will determine eligible clinicians and QP thresholds at intervals called “Snapshots”.**



Identifying Eligible Clinicians

QP Determinations & APM Participation Snapshots Timeline

Snapshot	Release on QPP Site
Snapshot 1 Covers January 1, 2023 – March 31, 2023	Snapshot 1 July 2023
Snapshot 2 Covers January 1, 2023 – June 30th, 2023	Snapshot 2 October 2023
Snapshot 3 Covers January 1, 2023 – August 31, 2023	Snapshot 3 December 2023



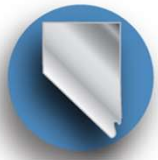
Thresholds

Performance Year	2023
QP Payment Amount Threshold	50%
QP Patient Amount Threshold	35%

Percentage of Payments Threshold Score = \$\$ for Part B Professional services to ACO Attributed patients divided by \$\$ for Part B Professional services to ACO Attribution-Eligible patients.

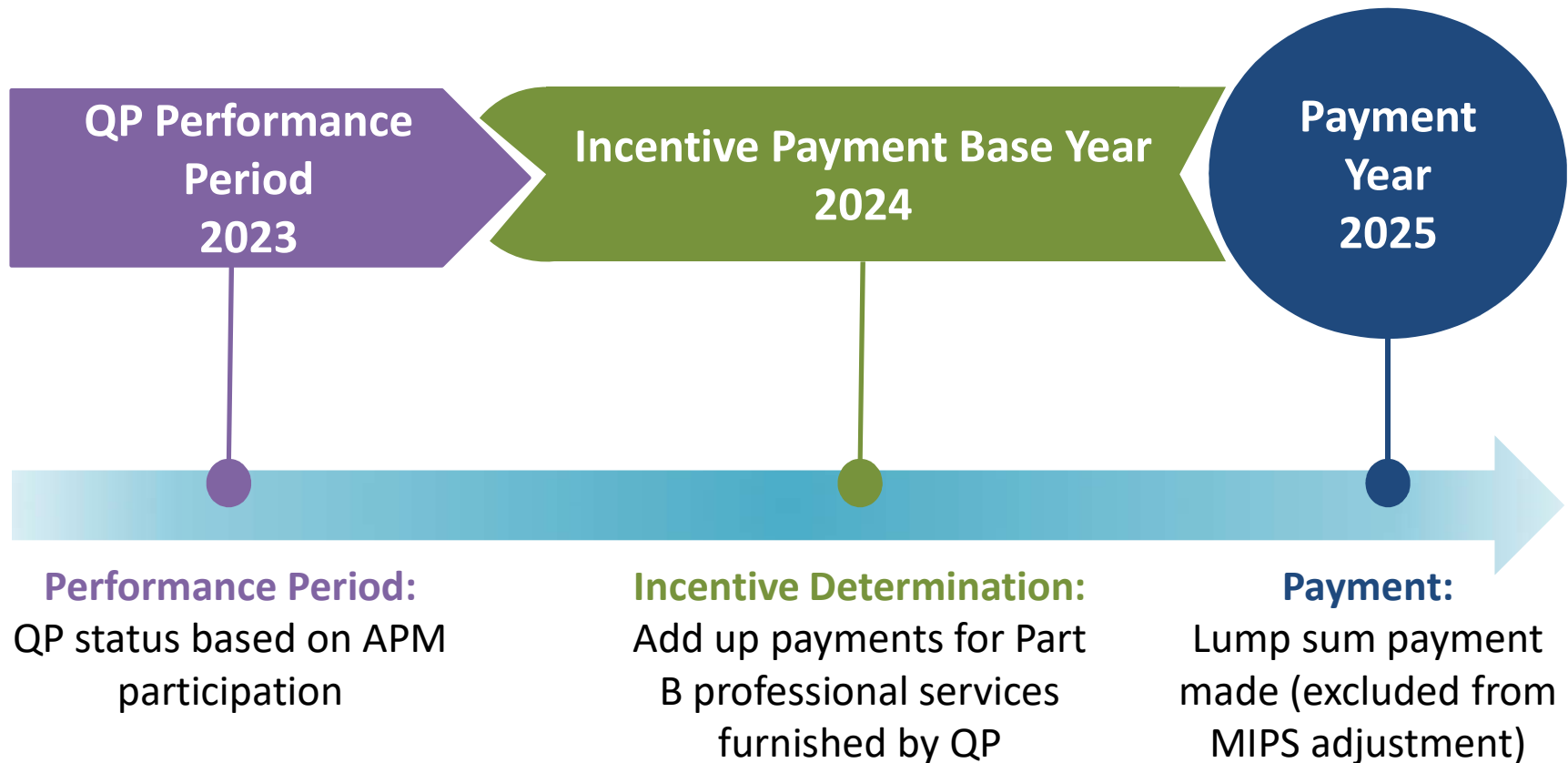
Percentage of Patients Threshold Score = # of ACO Attributed given Part B Professional services divided by # of ACO Attribution-Eligible given Part B Professional services.

Only one of the 2 Thresholds needs to be met. CMS will use the better score.



Payment Timeline

APM Incentive Payments are issued 2 years after the QP status is earned





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RESOURCES

- CMS Quality Payment Program site (MIPS/MACRA):
<https://qpp.cms.gov/>
- CMS Supporting documents for Quality Measures reported via CMS Web Interface can be found at the following website under “2023 CMS Web Interface Measure Specifications and Supporting Documents for ACOs”:
<https://qpp.cms.gov/about/resource-library>
- Shared Savings Program website:
<https://www.cms.gov/sharedsavingsprogram>
- Promoting Interoperability Link
<https://qpp.cms.gov/mips/promoting-interoperability>