

# Clinical Integration Educational Series

## Overview of Medicare Shared Savings Program Track 1 Accountable Care Organizations



### Introduction

As you know, on January 1st, SRQCN began its participation in Track 1 of the Medicare Shared Savings Program (MSSP). Over the past three months, this educational series has focused on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

To review, MACRA changes the way the Medicare program reimburses clinicians, and establishes two new payment tracks. You and most of the clinicians in SRQCN fall under the Merit-Based Incentive Payment System (MIPS) track.

Additionally, you are participating in a MSSP Track 1 ACO. Your MSSP Track 1 ACO participation earns you preferential scoring under MIPS and reduces your data reporting burden. First, in 2017, you will receive full credit for the Improvement Activities category under MIPS. Second, your data reporting burden will be reduced because the ACO will handle much of the data submission process on your behalf.

Now that we have explained how your MSSP participation can benefit your MIPS score under MACRA, we will be transitioning this series to focus specifically on MSSP. This week we will explain MSSP and what it means to be a MSSP Track 1 ACO participant.

### What is a MSSP Track 1 ACO?

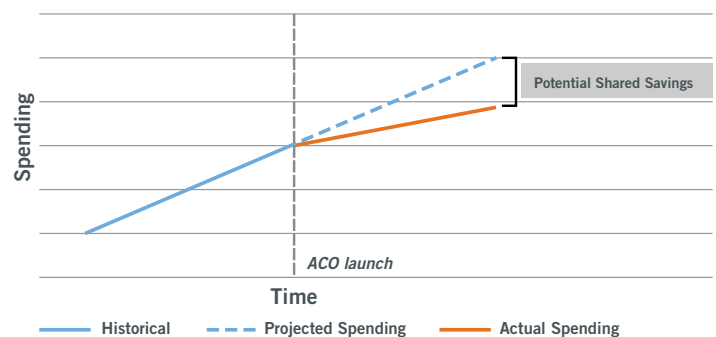
The Medicare Shared Savings Program (MSSP) is a voluntary, three-year program for clinicians who provide care to Medicare fee-for-service beneficiaries.

In MSSP, groups of providers come together to form Accountable Care Organizations (ACOs). As a participant in the SRQCN MSSP ACO, you will collaborate with other providers to improve quality and coordination of care for your Medicare fee-for-service beneficiaries, as well as reduce Medicare Parts A and B spending for those beneficiaries. CMS will give you (the SRQCN MSSP ACO providers) an annual target spending amount for your Medicare beneficiaries based on historical spending on those beneficiaries.

If you as a group spend less than that target and meet quality requirements, **you are eligible to keep a percentage of the savings** (called “shared savings”).<sup>1</sup>

If you as a group spend more than your target, you **do not pay back the overage to CMS**. MSSP Track 1 ACO participation is **upside risk only**.

### MSSP Track 1 ACOs achieve savings by spending LESS than historical Medicare Parts A and B spending



If the SRQCN MSSP ACO does achieve shared savings, they will be distributed to you and other clinicians in the ACO based on quality performance.

Regardless of whether or not the SRQCN MSSP ACO achieves shared savings, your Medicare fee-for-service reimbursement will continue as usual throughout the year.

<sup>1</sup>In order to receive shared savings, ACOs must meet a minimum savings threshold relative to their target spending amount. This is called the “minimum savings rate” and is usually a threshold of between 2% and 4% of an ACO’s target spending amount.

Over the next few weeks, this series will illustrate how the SRQCN MSSP ACO’s quality will be measured, how target spending amount is calculated, and how beneficiaries are attributed. **Additionally, SRQCN has published a MIPS (Merit-Based Incentive Payment System) Playbook, which outlines the network’s MIPS strategy and walks you through the reporting process.** For more details please contact your Physician Practice Liaison or visit <https://app.cms.gov>.