



HCTTF Responds to MSSP Pathways to Success Proposed Rule

The Task Force is a diverse group of private sector stakeholders across the industry – including providers, health plans, employers, and consumers – that support accelerating the pace of delivery system transformation. Together we share a common commitment to transform our respective businesses and clinical models to deliver the triple aim of better health, better care, and reduced costs, and aspire to have 75 percent of our business in value-based payment arrangements by 2020. We share CMS’s goal of encouraging more rapid adoption of alternative payment models and establishing a better pathway to two-sided risk in the Medicare Shared Savings Program (MSSP). Yet, the incentives to start down that path should be appropriately calibrated to encourage voluntary entry and eventual transition to risk rather than unnecessary departure of high-performing ACOs.

Task Force Response Summary:

1. **Patients should be partners in the ACO.** Restrictive marketing and communication policies can present a barrier for engaging patients or modifying outreach responsive to a patient’s needs. Consumer-directed care delivery hinges on meeting the patient where they are while still protecting against selective marketing.
2. **Providers need more predictability and a better business case for taking on performance-based risk.** The 50% proposed shared savings rate may not provide a sufficient incentive for providers to take on more risk or invest in the delivery reforms needed to succeed in MSSP. We urge CMS to set an entry-level shared savings rate for the Basic track at 50% with higher shared savings rates for levels with performance-based risk.
3. **More ACO participation now will lead to greater long-term savings.** On average, ACOs’ performance improves over time, those ACOs participating for a longer period of time show greater savings. Providers should be encouraged to join the program now and gain experience over time with graduating levels of performance-based risk to maximize long-term gains.
4. **ACO policies should encourage participation from high performers regardless of provider category.** The best way to drive high quality care for patients is to create incentives that drive all the providers in a system – including hospitals – to collaborate to innovate and deliver high quality, cost effective healthcare.
5. **The measure of ACO success should incorporate a formal program evaluation.** Several independent evaluations using CMS data also indicate that the relative-to-benchmark method for evaluating program performance underestimates true savings to the Medicare program. While the ACO benchmark methodology may be appropriate for policy purposes, it is important to incorporate a broader set of measurement approaches to determine overall impact on Medicare spending.

Read the full response: <http://www.hcttf.org/mssp-pathways-to-success-comments/>