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WHAT IS NAACOS?



NAACOS was formed by ACOs.

NAACOS is governed by ACOs.

NAACOS' complete agenda is ACOs.

WHAT is NAACOS'

Mission?



1. Foster growth of ACO models of care;
2. Participate with federal agencies in development and implementation of public policy;
3. Provide industry-wide uniformity on quality and performance measures;
4. Educate members in clinical and operational best practices;
5. Collectively engage the vendor community, and
6. Educate the public about the value of accountable care.

Why do ACOs join NAACOS' Membership?



Reason 1: Advocacy

Reason 2: Operational Excellence

Reason 3: Continuous Resources
Year Round

Reason 1: Advocacy



- All ACO members shape policy agenda
- Elected ACO Board members
- Various Committees
 - Policy
 - Quality
 - Data
 - Conference



Reason 1: Advocacy

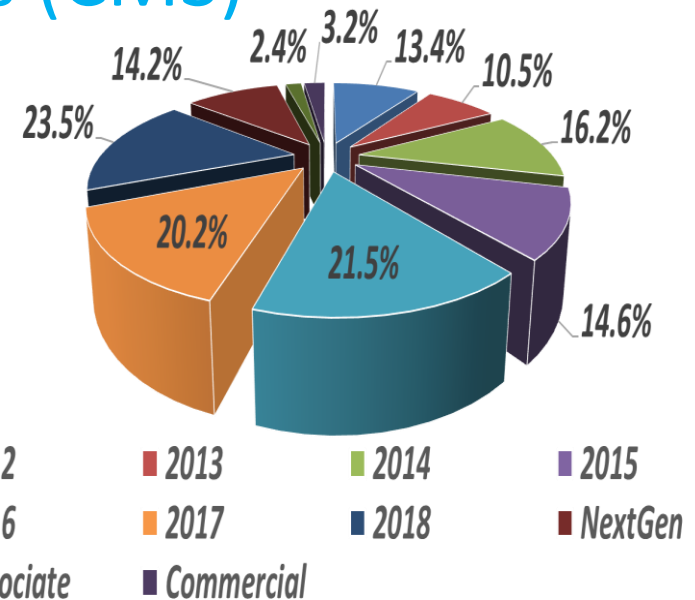


- Largest ACO membership organization in the country

- Over 6.1 million beneficiaries (CMS)
- Over 330 ACO Members
- Over 60% Market Share
- All 50 States including D.C.

- Membership Profile:

- All Tracks/Cohort Years
- Physician, Health system, MSO owned



Reason 1: Advocacy



- Top Policy & Gov't Relations Team



- CMS and Hill visits for members
- Joint letters with AMA, AMGA, APG, Premier, and more!

NAACOS, APG and Premier Urge HHS to Certify Next Generation ACO Model

5/7/19

Reason 2: Operational Excellence



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NAACOS Members benefit from the nation's largest meeting of ACOs in one place. And we do it **twice** a year!



Reason 2: Operational Excellence



700+
Attendees

Reason 2: Operational Excellence



Reason 3: Continuous Resources Year Round



On-Demand Webinars

05/30/19	Pathways to Compliance – A Manual for Success
05/16/19	Use of Physician APC House Calls to Manage High Cost Patients
05/14/19	Overview of the new B-CAPA report for Next Generation ACOs
05/10/19	Overview of the MSSP B-CAPA 1.5 report
04/26/19	CMMI Session from Spring Conference
04/10/19	Optimizing 3-day SNF Waivers - Perspectives from NexGen ACOs
02/06/19	Preparing for the February 19th ACO Application Deadline - ACO Perspective and Key Things to Consider
01/29/19	Understanding Next Gen Risk Adjustment and How to Maximize ACO Performance
01/03/19	NAACOS' Review of ACO Final Pathways Rule
11/20/18	Final 2019 Medicare Physician Fee Schedule Rule: Key Issues for ACOs
11/13/18	Using your B-CAPA Report
11/12/18	NAACOS' Post Election Analysis
11/06/18	The Role of Pharmacists in the ACO

- Complimentary Webinar Access to all ACO Members and Partners
- Live and On-Demand
- \$200 each for non-members

Reason 3: Continuous Resources Year Round



- Bi-Weekly Newsletters
- Policy Papers
- Advocacy Participation
- Executive Listserv
- Survey Analysis
- NAACOOOL – Online Library
- Complimentary Career Center
- MSSP/NGACO Compliance Manual
- High/Low Reports
- B-CAPA

Answers at your fingertips!

- Access NAACOS' exclusive e-list
- Distribute messages to subscribing members via simple email
- Search online archive for valuable information & resources
- Ask your peers questions that are most important you
- Manage your subscription and preferences through your member profile

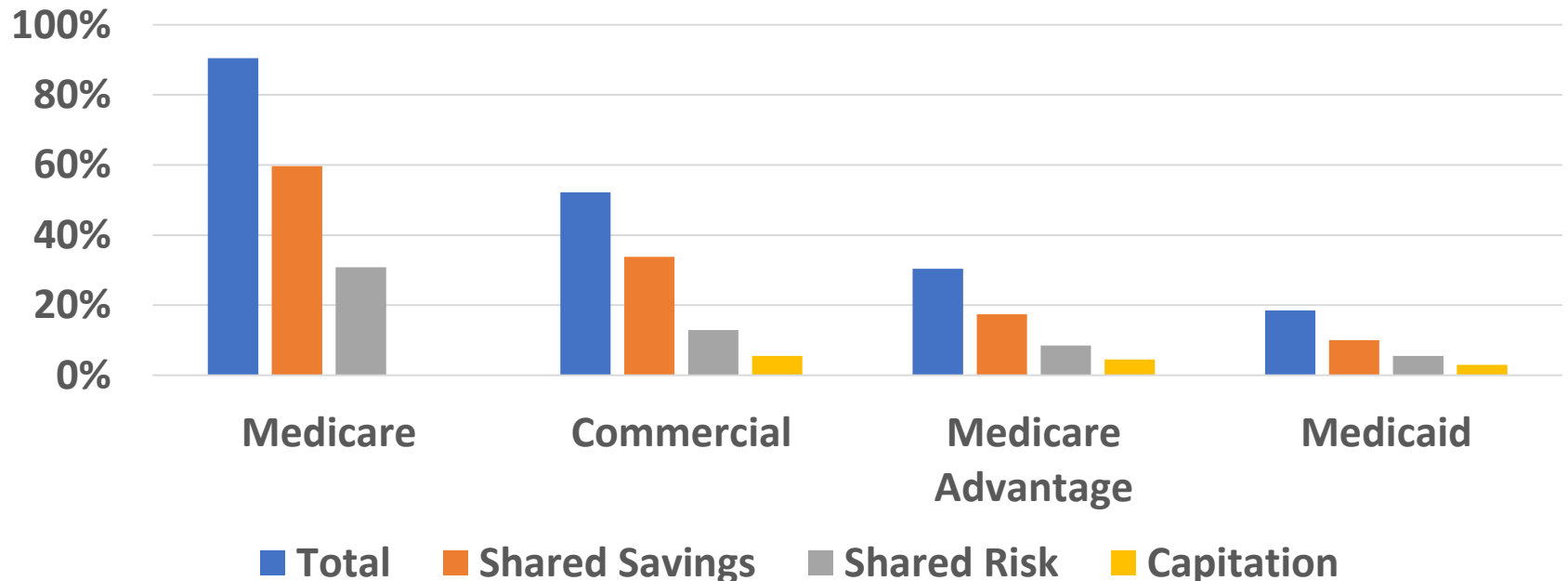
**Answers when you
need them most!**



Resources – Surveys

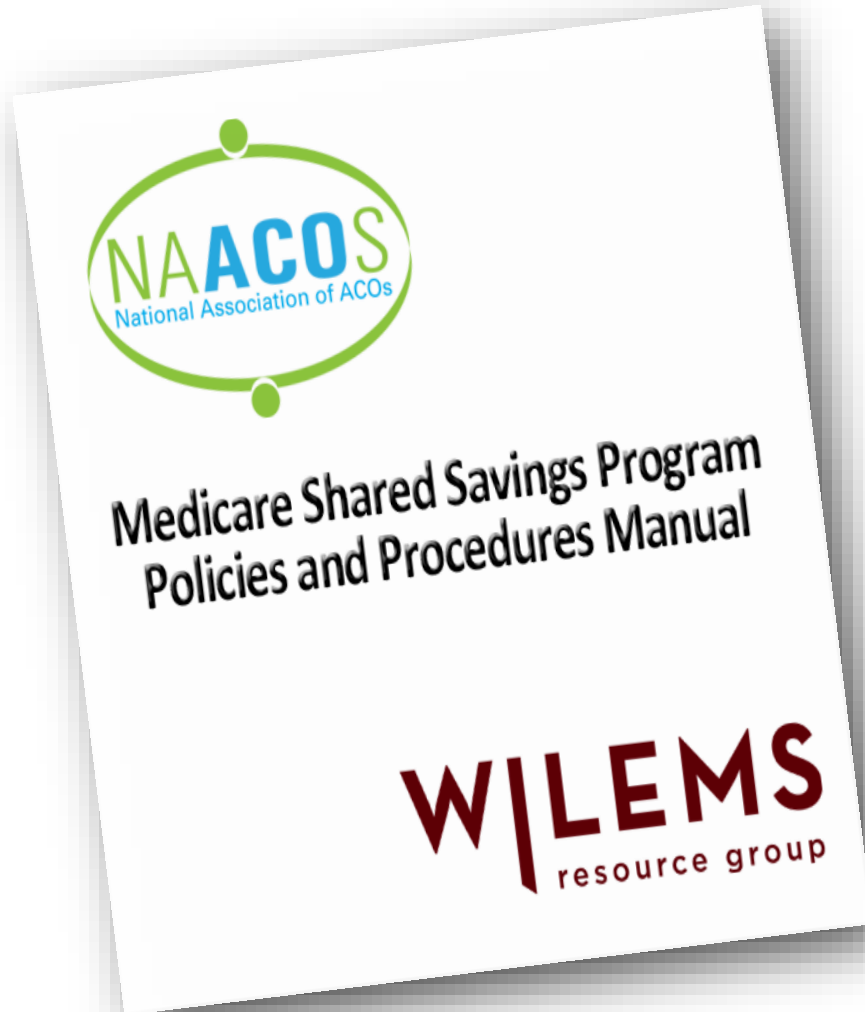
NAACOS also conducts a number of surveys to provide industry trends and insights. One of the biggest surveys is the Annual ACO Survey. Findings published April 23rd 2019 and available on [Health Affairs blog](#).

Percent of Respondents in ACO Contracts By Payer Type & Level of Risk



Source: NAACOS/Leavitt Partners 2018 Annual Survey (N=201)

MSSP and NGACO Compliance Manual



- **NAACOS Compliance Manual updated with each regulatory release.**
- **Policies and Procedures should be reviewed at least annually.**
- **Template Policies to help you develop a meaningful Compliance Program.**

[NAACOS Compliance Manual](#)

B-CAPA



The goal of the B-CAPA project is to provide ACOs with actionable summary data to evaluate their performance relative to similar ACOs.

Version 1.5 features 2016 Medicare claims data from the NAACOS Custom Data Warehouse

- Institutional and Part B assigned population spending and utilization
- Demographic subgroup detail
- Regional comparison group

Future updates (Version 2.0 and beyond) will include the following improvements:

- More current data (2017 and 2018 data on order)
- Price standardization (removal of geographic wage indices)
- More peer groups

Enhancements to BCAPA Reports



Report	BCAPA 1.0	BCAPA 1.5	BCAPA 2.0	BCAPA-NG
Summary	Cost, Utilization, Quality	Cost, Utilization, BETOS breakouts	Cost, Use, New Measures	Cost, Utilization, Quality
ACO Model	MSSP	MSSP	MSSP	NGACO
Data Source	2017 PUF (Public Use Files)	2016 RIF Claims (Research Identifiable Files)	2017 RIF & Quarterly	2018 NGACO PUF (Public Use Files)
Level	ACO	ACO and four beneficiary groups	TBD	ACO
Enhancements	Shift source to RIF to support expanded measure set. Break out by bene type.	Price standardization, risk adjustment, more current data, new measures.	TBD	Shift source to RIF when NGACO attribution files are available
Release Date	Fall 2018	April 2019	Summer 2019	April 2019

What data looks like for 2018 (by peer group)

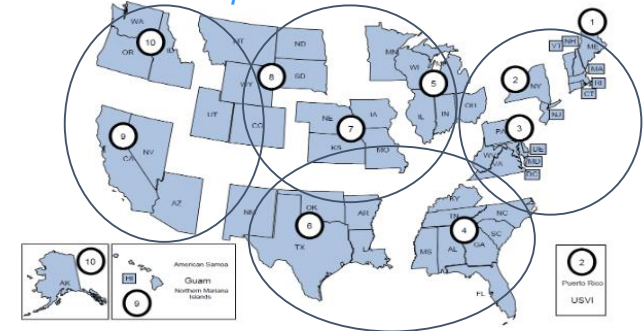


What data looks like for 2018 (by peer group)

HHS Region	ACOs	Benes	Providers	HCC avg
Region I - Boston	10	358,343	17,445	1.187
Region II - New York	3	79,535	5,743	1.229
Region III - Philadelphia	3	152,134	3,743	1.172
Region IV - Atlanta	6	111,642	3804	1.265
Region IX - San Francisco	8	153,261	3137	1.268
Region V - Chicago	11	241,371	16,542	1.194
Region VI - Dallas	4	130,274	4396	1.207
Region VII - Kansas City	2	97,647	3,987	1.177
Region X - Seattle	2	36,800	711	1.136
Region IV - Atlanta	1	11,158	2,150	1.280
Region VIII - Denver	1	15,339	278	1.180

Consolidated into 4 grouped regions

Peer Group 5



Combine
hosp system
& IDS
Peer Group 2

Organization Type	ACOs	Benes	Providers	HCC avg
Hospital system	2	35,457	381	1.319
Integrated delivery system	15	593,514	31,744	1.194
Medical group practice	6	123,616	3,991	1.174
Network of Individual practices	13	231,442	6477	1.315
Partnership hosp system & medical practices	15	403,475	19,343	1.156

Quantitative peer groups are evenly stratified

Peer Group 1: Similar HCC Risk Score

Peer Group 3: Similar proportions of ESRD

Peer Group 4: Similar PMPY expenditures

HCC Risk Group: A&D	ACOs	Benes	Providers	HCC avg
1	10	215,061	12,453	1.082
2	10	244,119	8,490	1.154
3	10	470,418	22,385	1.196
4	10	210,806	7,820	1.237
5	11	247,100	10,788	1.350
Grand Total	51	1,387,504	61,936	1.205

B-CAPA 1.5 Table Layout



BETOS Break-out of Part B Services - All Attributed Beneficiaries, 2016

Category / Metric	Example ACO A00001		Regional Comparison Group Average		Percentile	
	Utilization Per 1,000 Beneficiary Years	Per Capita Expenditures	Utilization Per 1,000 Beneficiary Years	Per Capita Expenditures	Utilization Per 1,000 Beneficiary Years	Per Capita Expenditures
Regional Comparison Group ACO Count				20		
Total Attributed Beneficiary Person Years in Regional Comparison Group				672,904		
Average Beneficiary Person Years Per ACO		11,704		33,645	19%	
Average Count of Unique Beneficiaries Per ACO		12,022		34,533	19%	
Evaluation and Management						
Evaluation and Management Total (M)	18,825	\$1,053	24,987	\$1,394	54%	78%
Office Visits						
New Office Visits (M1A)	862	\$71	1,201	\$104	83%	83%
Established Office Visits (M1B)	7,504	\$443	9,315	\$550	88%	90%
Hospital Visits						
Hospital Visits-initial (M2A)	777	\$96	825	\$107	63%	60%
Hospital Visits-subsequent (M2B)	2,816	\$179	2,937	\$188	60%	58%
Hospital Visits-critical care (M2C)	163	\$26	177	\$30	46%	38%

Measure Categories

Example – All Beneficiaries

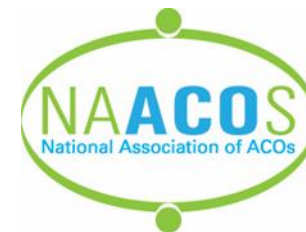


	Example ACO		Regional Comparison Group		Comparison Metric (Percentile)	
	Utilization per 1,000 Bene Years	Per Capita Expenditures	Utilization per 1,000 Bene Years	Per Capita Expenditures	Utilization per 1,000 Bene Years	Per Capita Expenditures
Evaluation and Management						
Evaluation and Management Total (M)	26,681	\$1,469	24,309	\$1,241	74%	74%
Office Visits						
New Office Visits (M1A)	1,047	\$92	1,152	\$99	31%	45%
Established Office Visits (M1B)	9,672	\$572	8,859	\$516	63%	61%
Hospital Visits						
Hospital Visits-initial (M2A)	1,071	\$136	754	\$96	91%	90%
Hospital Visits-subsequent (M2B)	4,200	\$258	2,700	\$171	89%	89%
Hospital Visits-critical care (M2C)	266	\$43	183	\$31	93%	91%
Emergency Room Visits						
Emergency Room Visit (M3)	889	\$93	642	\$67	94%	95%
Home Visits						
Home Visit (M2A)	163	\$11	65	\$5	95%	92%
Nursing Home Visit (M4B)	1,405	\$91	848	\$54	84%	84%
Specialist and Consultation Visits						
Specialist-Pathology (M5A)	3	\$0	1	\$0	90%	72%
Specialist-Psychiatry (M5B)	3,255	\$57	2,679	\$47	80%	67%
Specialist-Ophthalmology (M5C)	1,460	\$80	1,695	\$94	39%	39%
Other Specialists (M5D)	3,249	\$36	4,729	\$60	43%	11%
Consultations (M6)	2	\$0	3	\$0	51%	84%

- Observation:**

- Slightly high E&M category ranking seems to be driven by a combination of low new office visits and very high use of hospital, ER, home and some specialist services
 - What can the subgroup tabs tell us about this?

Example, cont. – ESRD Beneficiaries



	Example ACO		Regional Comparison Group		Comparison Metric (Percentile)	
	Utilization per 1,000 Bene Years	Per Capita Expenditures	Utilization per 1,000 Bene Years	Per Capita Expenditures	Utilization per 1,000 Bene Years	Per Capita Expenditures
Evaluation and Management						
Evaluation and Management Total (M)	60,275	\$3,913	58,545	\$3,884	high outlier	56%
Office Visits						
New Office Visits (M1A)	1,385	\$124	1,427	\$129	34%	44%
Established Office Visits (M1B)	9,897	\$589	11,708	\$732	5%	15%
Hospital Visits						
Hospital Visits-initial (M2A)	5,742	\$736	5,393	\$685	54%	62%
Hospital Visits-subsequent (M2B)	25,189	\$1,551	22,519	\$1,421	68%	64%
Hospital Visits-critical care (M2C)	1,665	\$255	1,494	\$253	59%	56%
Emergency Room Visits						
Emergency Room Visit (M3)	3,695	\$394	2,504	\$281	93%	94%
Home Visits						
Home Visit (M2A)	95	\$6	108	\$9	63%	53%
Nursing Home Visit (M4B)	1,368	\$92	2,593	\$173	36%	35%
Specialist and Consultation Visits						
Specialist-Pathology (M5A)	.	.	1	\$0		
Specialist-Psychiatry (M5B)	4,576	\$59	3,385	\$46	86%	69%
Specialist-Ophthalmology (M5C)	1,508	\$86	1,805	\$107	35%	32%
Other Specialists (M5D)	5,125	\$19	5,598	\$48	71%	6%
Consultations (M6)	28	\$2	11	\$0	78%	94%

• Observations:

- Issues within ESRD group - very high total E&M, largely driven by very high ER use
- Does not appear to be driving high overall hospital use in ACO

Example, cont. – Disabled Beneficiaries



	Example ACO		Regional Comparison Group		Comparison Metric (Percentile)	
	Utilization per 1,000 Bene Years	Per Capita Expenditures	Utilization per 1,000 Bene Years	Per Capita Expenditures	Utilization per 1,000 Bene Years	Per Capita Expenditures
Evaluation and Management						
Evaluation and Management Total (M)	27,104	\$1,411	25,906	\$1,340	59%	44%
Office Visits						
New Office Visits (M1A)	1,016	\$86	1,153	\$94	11%	28%
Established Office Visits (M1B)	9,706	\$555	9,573	\$529	35%	39%
Hospital Visits						
Hospital Visits-initial (M2A)	989	\$126	860	\$106	72%	75%
Hospital Visits-subsequent (M2B)	3,963	\$235	3,366	\$203	72%	68%
Hospital Visits-critical care (M2C)	264	\$43	238	\$39	59%	57%
Emergency Room Visits						
Emergency Room Visit (M3)	1,306	\$127	1,185	\$111	74%	78%
Home Visits						
Home Visit (M2A)	97	\$7	48	\$4	89%	88%
Nursing Home Visit (M4B)	705	\$46	540	\$34	67%	69%
Specialist and Consultation Visits						
Specialist-Pathology (M5A)	.	.	0	\$0		
Specialist-Psychiatry (M5B)	5,308	\$120	4,240	\$138	72%	41%
Specialist-Ophthalmology (M5C)	730	\$38	776	\$40	38%	37%
Other Specialists (M5D)	3,018	\$28	3,920	\$43	53%	16%
Consultations (M6)	2	\$0	6	\$0	24%	62%

- **Observations:**
 - Disabled group has somewhat elevated hospital, ER, Home Visit, and Specialist-Psych use compared to peers
 - Generally similar total E&M utilization and spend as peer ACOs

Business and Alliance Partners



Just to name a couple...



Over 100 participants in NAACOS' Business Partner Network



**Thank you for your time.
Questions?
Still Awake?**

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