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Many Medicare ACOs Would Rather Quit Than Face Risk In 2019

Most accountable care organizations say they will disband if CMS forces them to take on financial risk next year. ACOs that began the Medicare Shared Savings Program (MSSP) Track 1 in either 2012 or 2013 are supposed to move to a risk-based model by their third contract periods which begin next year, according to Obama-era regulations.

The National Association of ACOs (NAACOs) surveyed 82 ACOs that began during the timespan of 2012-2013, and 71% of them said they are likely to leave the MSSP if they must assume risk, according to a recent report. "These results paint a bleak future of what will happen if they government keeps its mandate to push ACOs into risk," said Clif Gaus, president and CEO of the NAACOs.

Last year, HHS' Office of Inspector General said MSSP ACOs reduced Medicare spending by about $1 billion in three years. Every year, Medicare spends more than $500 billion.

In February, the NAACOS asked CMS to allow these ACOs to continue an additional three years without facing financial risk saying the models required more time to mature and generate the continuity and cost-savings that were intended of the program. Policy insiders oppose CMS granting this request. They say the ACO program would continue to produce only meager savings. The ACOs say they need more time without risk because MSSP regulation has changed considerably since the early years and ACOs are just now operating successfully. The majority of respondents, 76%, said they would likely continue on as an ACO if CMS agreed to the change.

"The challenges to assuming risk are not surprising and highlight that CMS needs to face the reality about how the majority of ACOs view risk," Gaus said. "ACOs need to gain confidence through successful performance in a one-sided model in order to be prepared to assume risk." CMS appeared to deny the request in a late April letter. "Our results to date show that ACOs in performance-based risk tracks perform better than shared savings only ACOs," the CMS Administrator said in a letter. Instead, the agency suggested ACOs consider the recently established Medicare ACO Track +1, which began January 1st.

Under the Medicare ACO Track 1+ initiative, ACOs face limited downside risk than what is currently available in Tracks 2 or 3 of the MSSP. There are 561 Medicare ACOs in the program this year, and 82% of them remain in Track 1.

The Advantages Of Big Data

Coding & Compliance Tips by Lori Shore, Industry and MBMS Expert, CPC, RCC

I recently attended a lecture given by Dr. Rich Duszak and Dr. Danny Hughes on Radiology's Big Data Imperative at the RBMA's PaRADigm conference in San Diego. I was amazed to find out about the vast amount of data that is available to all of us through the Harvey L. Neiman Health Policy Institute (www.neimanhpi.org). Why is data so important? It helps us to substantiate our claims with carriers or refute their claims.

One example given by Dr. Duszak was the trend of bundled payments. He suggested that radiologists get out in front of this trend by suggesting a screening mammogram bundle that includes all downstream costs. Using historical data, we can estimate the number of ultrasounds and MRIs that will likely be necessary and build a cost structure around that data. The Neiman Institute has developed a Breast Screening Bundle Tool to allow radiologists and administrators to manipulate utilization and reimbursement rates to best predict pricing.

The Neiman Almanac offers data by state with various filters available. One that was of interest to me was the "Spending on Radiology Services" filter. This allows one to see the amount spent per 1000 Medicare Part B beneficiaries for all imaging procedures or broken down by modality. With cost becoming a factor in MIPS scoring this may also be of interest to you.