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2020 Issue Brief COVID-19 Pandemic Impact on Accountable Care Organizations

Issue

When COVID-19 first took hold of the U.S., nationwide stay-at-home orders disrupted routine care management processes, particularly for Medicare beneficiaries with comorbidities. During this time, it is important that Congress and the Administration support policy strategies that will ensure the stability of Accountable Care Organizations (ACOs) both during and after this public health emergency (PHE).

The Centers for Medicare & Medicaid Services (CMS) addressed aspects of the Medicare Shared Savings Program (MSSP) that have been impacted by the COVID-19 PHE in two separate interim final rules. AMGA agrees with CMS' decision to remove expenditures for months that include COVID-19 episodes linked to an inpatient COVID-19 diagnosis. CMS should expand this to include all COVID-19 diagnoses, even if they do not result in an inpatient stay.

AMGA agrees with providing ACOs in the BASIC glide path with an option to stay at their current level for performance year 2021. However, we recommend that CMS revise its policy that would require an ACO to skip a level and move into a more advanced level for performance year 2022. An ACO should not be required, for example, to advance from Level B to Level D. We do not believe that the MSSP should push groups into a higher risk level after they held steady in 2021. Because groups have had to divert resources to address the COVID-19 pandemic, these providers have not had adequate time and experience in risk-based arrangements.

AMGA disagrees with the decision to cancel the 2021 application period. While we acknowledge that CMS is making this change in order to allow current MSSP ACOs to focus on treating patients during the pandemic, we disagree with CMS' approach and urge the agency to allow new entrants to the program in 2021. The MSSP ACO program is a voluntary model, therefore only those who believe they are ready to move into this payment model will choose to participate.

Addressing quality measurement for the 2020 performance period is also important for ACO participants, and AMGA is pleased that CMS has acknowledged how COVID-19 might skew quality results. AMGA recommends that quality measures for performance year 2020 be pay-for-reporting – and not an ACO's performance on those measures. Some measures will be difficult to satisfy if patients are not engaging with their providers in office or via telehealth, which is likely due to the current PHE. Additionally, the restriction on elective procedures may impact or make it difficult for patients to get their breast cancer, colon cancer, and other various

screenings. This problem could get worse if we see a resurgence of COVID-19 in the fall and winter months.

AMGA Asks Congress to:

- Direct CMS to remove expenditures for months that include all COVID-19 diagnoses, even if they do not result in an inpatient stay.
- Instruct CMS to revise its policy that would require an ACO to skip a level and move into a more advanced level for performance year 2022.
- Direct CMS to allow new entrants into the MSSP program in 2021.
- Instruct CMS that quality measures for performance year 2020 be pay-for-reporting as the COVID-19 PHE might skew quality results.