

Partnership
to Align Social Care

A National Learning
& Action Network



Community-Driven, Multi-Payer Health Equity Solutions: An ECHO® Collaborative

December 5, 2024 | 2:00-3:30 p.m. ET

A Few Reminders

- ✓ Please introduce yourself and your organization in the chat
- ✓ Recording and slides will be shared following this session of the Health Equity Learning Collaborative
- ✓ Please keep yourself muted unless you have a question. We will have time for questions, but feel free to raise your hand at any time.
- ✓ A live transcript of the meeting is available. To turn on closed captioning, click on the upward arrow next to Live Transcript and select “Captions.” The Captions option may also be available under the icon labeled “More.”

Agenda

1. Welcome and Introductions
2. Using Disparity Data and Disparity Sensitive Measures to Identify Priority Populations that are Disproportionately Impacted by HRSNs
3. Making the Case for Partnership
4. Discussion
5. Next Steps

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Disparity Data





CMS Study on the Impact of Social Determinants



Examining the Potential Effects of Socioeconomic Factors on Star Ratings*



Center for Medicare

September 8, 2015

*The research presented is sponsored by CMS under contract HHSM-500-2013-00283G and performed by the RAND Corporation. The RAND Team included the work of Melony Sorbero, Ann Haas, Cheryl Damberg, Marc Elliott, and Susan Paddock.



Orange Measures: Statistically Significant Results Showing a negative effect of being LIS/DE

Likelihood of Receiving Recommended Care or Outcomes

HEDIS Measure (MA Contracts)	LIS/DE Adjustment Odds Ratio	Disability Adjustment Odds Ratio
Adult BMI Assessment	1.11***	0.93***
Rheumatoid Arthritis Management	0.85***	1.17***
Breast Cancer Screening	0.69***	0.72***
Controlling High Blood Pressure	0.99	1.02
Diabetes Care – Blood Sugar Controlled	0.68***	0.63***
Diabetes Care – Eye Exam	0.93***	0.68***
Diabetes Care – Kidney Disease Monitoring	0.93***	0.69***
Colorectal Cancer Screening	0.87***	0.47***
Osteoporosis Management in Women who had a Fracture	0.71***	0.56***
Plan All-Cause Readmissions#	0.87***	N/A [§]
Annual Flu Vaccine	0.85***	0.72***

NOTE: Separate analyses conducted for LIS/DE and Disability adjustment. Models control for between-contract differences.

Measure is reverse-coded to make interpretation of Odds Ratio the same as other measures.

* Significant at p<0.05 ** Significant at p<0.01 *** Significant at p<0.001

Blue Odds Ratio greater than 1.0 indicates a significant positive effect of being LIS/DE or Disabled.

Orange Odds Ratio less than 1.0 indicates a significant negative effect of being LIS/DE or Disabled.

Black Odds Ratio indicates no significant effect.

[§] Not further adjusted for Disability. Readmissions is adjusted for factors that might be part of a person's reason for Disability.



Orange Measures: Statistically Significant Results Showing a negative effect of being LIS/DE

Likelihood of Receiving Recommended Care or Outcomes

HOS and PDE Measure (MA Contracts)	LIS/DE Adjustment Odds Ratio	Disability Adjustment Odds Ratio
Monitoring Physical Activity	0.98	1.34***
Reducing the Risk of Falling	1.67***	1.32***
Medication Adherence for Diabetes Medications [^]	0.94***	0.75***
Medication Adherence for Hypertension [^]	0.86***	0.72***
Medication Adherence for Cholesterol [^]	0.94***	0.79***

NOTE: Separate analyses conducted for LIS/DE and Disability adjustment. Models control for between-contract differences.

* Significant at p<0.05 ** Significant at p<0.01 *** Significant at p<0.001

Blue Odds Ratio greater than 1.0 indicates a significant positive effect of being LIS/DE or Disabled.

Orange Odds Ratio less than 1.0 indicates a significant negative effect of being LIS/DE or Disabled.

Black Odds Ratio indicates no significant effect.

[^]The sample sizes for PDE were very large, so very small differences become statistically significant

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Disparity Sensitive Measures





National Quality Forum (NQF) High-Impact Medicare Conditions

- | | |
|---------------------------|-------------------------|
| 1. Major Depression | 8. COPD |
| 2. CHF | 9. Heart attack |
| 3. Ischemic Heart Disease | 10. Colorectal Cancer |
| 4. Diabetes | 11. Hip/Pelvic Fracture |
| 5. Stroke | 12. CKD |
| 6. Alzheimer's disease | 13. Prostate Cancer |
| 7. Breast cancer | 14. Arthritis |
| | 15. A-Fib |



Example Population: Women with a Hip Fracture

- NCQA HEDIS Measure: Osteoporosis Management in Women Who Had a Fracture: Assesses women 67–85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.
- Coordination of transportation to prioritize bone density testing and/or prescription assistance with obtaining drug to treat osteoporosis in the six months after a fracture.
- Impact of HRSNs:
 - Transportation Insecurity
 - Housing Insecurity

Targeting HRSN Interventions

- Impact of HRSNs:
 - Transportation Insecurity
 - Medication Access
 - Housing Insecurity
- Coordination of transportation to prioritize bone density testing within six months of fracture. Accessible transportation coordination may be a priority.
- Assistance with obtaining prescriptions required to treat osteoporosis in the six months after a fracture.
- Housing inadequacy if it cannot meet accessibility requirements.

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Making the Case for Partnership



Solutions for Addressing HRSNs that Impact Total Cost of Care APMs

Timothy P. McNeill, RN, MPH



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Evidence Supporting the Business Case for Addressing HRSNs as a healthcare benefit.





Business Case for Addressing HRSNs

- Health plans and health systems are implementing programs to address health-related social needs (HRSNs) because there is evidence that there is a **business case to address HRSNs** in a population.
- “Evidence demonstrates that non-medical health-related social needs (HRSNs), such as housing instability, food insecurity, and exposure to interpersonal violence, **drive health care utilization and impact health outcomes.**”
 - Billioux, A., K. Verlander, S. Anthony, and D. Alley. 2017. Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201705b>



Research Validation of the Business Case

- *Social Determinants of Health and High-Cost Utilization Among Commercially Insured Population.*
 - The American Journal of Managed Care. July 2023. Volume 29 Issue 7.
- “Disadvantaged neighborhood residence was still associated with being a **high-cost utilizer**. Adults 65 years and older in disadvantaged neighborhoods had increased likelihood of high-cost utilization.”
- “Our study demonstrates that SDOH are in fact **significantly associated** with the likelihood of becoming a **high-cost utilizer among commercially insured and Medicare Advantage individuals.**”



AHC Third Evaluation Report: November 2024

- <https://www.cms.gov/priorities/innovation/data-and-reports/2024/ahc-3rd-eval-report>
- A CMMI 5-year model (2017 – 2021) that tested whether identifying and addressing the HRSNs of Medicare and Medicaid beneficiaries impacts total health care costs and utilization.



Accountable Health Communities (AHC) Model Evaluation

Third Evaluation Report

November 2024

Submitted To:
Centers for Medicare & Medicaid Services
Center for Medicare and Medicaid Innovation
7500 Security Boulevard, Mail Stop WB-06-05
Baltimore, MD 21244-1850
Contract # HHSM-500-2014-000371
TO # 75FCMC18F0002

Submitted By:
RTI International
P.O. Box 12194
Research Triangle Park, NC
27709-2194
<https://www.rti.org>

RTI Point of Contact:
William Parish
Project Director
Telephone: (919) 316-3989
Email: wparish@rti.org



Accountable Health Communities Model (2017 – 2022)

Model Overview

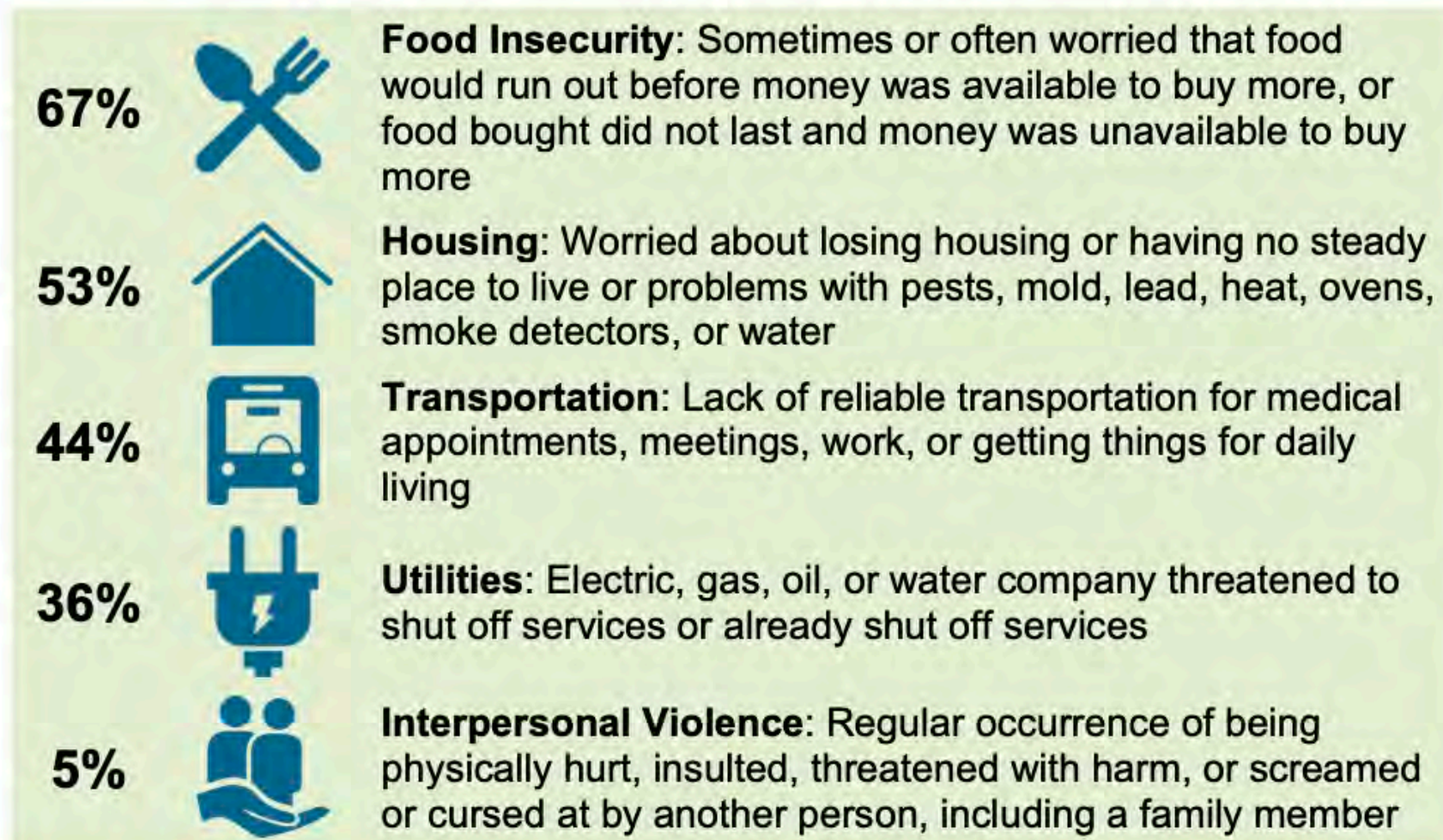
- The Accountable Health Community (AHC) Model tests whether connecting beneficiaries to community resources can improve health outcomes and reduce costs by screening and addressing health-related social needs (HRSNs).
- **1+ Million Medicare/Medicaid Beneficiaries** successfully screened using an evidence-based HRSN screening tool.

The AHC Model focuses on five core HRSNs:





Prevalence of HRSNs in the AHC Population (N=1+ Million)

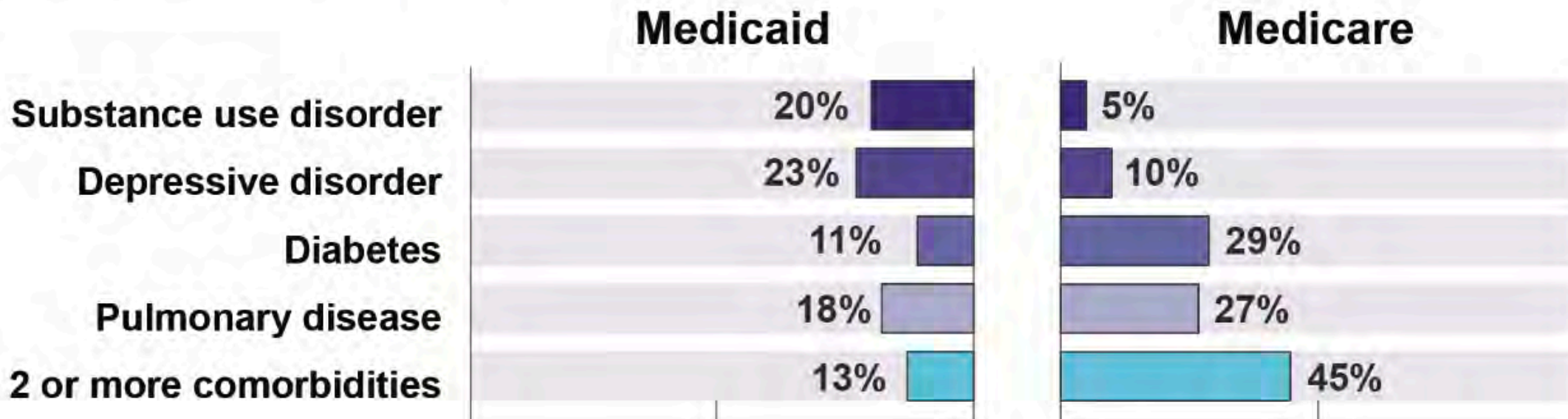




Prevalence of Chronic Conditions + HRSNs

Exhibit 2-5. Chronic and Potentially Disabling Conditions Among Navigation-Eligible Beneficiaries by Payer Type

Chronic and potentially disabling conditions varied by payer type.






Impact on Hospital Utilization

Exhibit ES-2. Assistance Track Impacts on Expenditures and Hospital Use

 Assistance Track	Total Medicaid/Medicare expenditures 	FFS Medicare 4% Reduction	
		Medicaid 3% Reduction	
	Inpatient admissions 	Medicaid 4% Reduction	
	ED visits 	FFS Medicare 5% Reduction	
Avoidable ED visits 	FFS Medicare 7% Reduction		



Some Populations Had Greater Reductions in Total Cost of Care


 Beneficiaries in the Assistance Track group had lower expenditures or fewer visits or stays in the first 3 years after screening for HRSNs







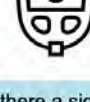

 Beneficiaries in the Assistance Track group had higher expenditures or more visits or stays in the first 3 years after screening for HRSNs

Exhibit ES-4. Assistance Track Impacts on Expenditures and Use for Selected FFS Medicare Subpopulations

Subpopulation	Total Expenditures	ED Visits	Avoidable ED Visits	Inpatient Admissions
Overall Impact for Assistance Track	↓	↓	↓	NS
 Non-White and/or Hispanic beneficiaries	↓	↓	↓	↓
 Non-Hispanic White beneficiaries	NS	↑	NS	NS
Is there a significant difference between subpopulations?	Yes	Yes	Yes	Yes
 Beneficiaries with pulmonary disease	↓	↓	↓	NS
 Beneficiaries without pulmonary disease	NS	↑	NS	NS
Is there a significant difference between subpopulations?	Yes	Yes	Yes	No
 Beneficiaries with diabetes	↓	↓	↓	↓
 Beneficiaries without diabetes	NS	↑	NS	↑
Is there a significant difference between subpopulations?	Yes	Yes	Yes	Yes



Persons with Multiple HRSNs Had Greater Reductions in Total Cost of Care

⬇️ Beneficiaries in the Assistance Track group had lower expenditures or fewer visits or stays in the first 3 years after screening for HRSNs

⬆️ Beneficiaries in the Assistance Track group had higher expenditures or more visits or stays in the first 3 years after screening for HRSNs

Exhibit ES-5. Assistance Track Impacts on Expenditures and Use for Selected Medicaid Subpopulations

Subpopulation	\$ Total Expenditures	 ED Visits	 Avoidable ED Visits	 Inpatient Admissions
Overall Impact for Assistance Track	⬇️	NS	NS	⬇️
 Beneficiaries with multiple HRSNs	⬇️	⬇️	⬇️	⬇️
Beneficiaries with one HRSN	⬇️	⬆️	⬆️	⬆️
Is there a significant difference between subpopulations?	No p = .72	Yes p < .01	Yes p < .01	Yes p < .01

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ACO Analysis





<https://www.cms.gov/medicare/payment/fee-for-service-providers/shared-savings-program-ssp-acos/data>

ACO Landing
Page for All
Data Elements

The screenshot shows the CMS.gov website interface. At the top, the CMS.gov logo and navigation menu are visible. The main content area is titled 'Program Data' and includes a description of the Medicare Shared Savings Program, a section for 'ACO Participation and Performance Data', and 'Program Fast Facts'. A sidebar on the left lists various links related to the program.

CMS.gov Centers for Medicare & Medicaid Services

About CMS Newsroom Data & Research

Medicare Medicaid/CHIP Marketplace & Private Insurance Priorities Training & Education

Home > Medicare > Payment > All Fee-For-Service-Providers > Shared Savings Program > Program Data

All Fee-For-Service-Providers

- Home Health Agency (HHA) Center
- Shared Savings Program
 - Application Toolkit
 - Application Types & Timeline
 - Application Webinars
 - About the Program
 - Contact Information
 - For ACOs

Program Data

The Medicare Shared Savings Program (Shared Savings Program) makes data on Accountable Care Organizations (ACOs) publicly available through different sources. Find the most recent data on this webpage and [Data.CMS.gov](https://data.cms.gov). For a complete list of publicly available data, reference [Publicly Available Data Sources and ACO Performance Data \(PDF\)](#) maintained by the Centers for Medicare & Medicaid Services (CMS).

ACO Participation and Performance Data

Program Fast Facts

Provides summary information about the Shared Savings Program as of January 1, 2024, including the following:

- Historical program information (including program size, quality, and shared savings)
- ACO information (including characteristics, composition, and participation information)



Link to Pull Listing of Current MSSP ACOs

Visit the list of [ACOs webpage](#) and click “Visualize Data” to “Search for an ACO” in the interactive map.

List of ACOs

Provides organizational information about ACOs including the following:

- Name
- Start date
- Track
- Address
- Service area
- Public reporting website
- Executive Contact information
- Public Contact information

[Shared Savings Program ACOs](#)

List of ACO Participants

Shows a listing of ACO participants by ACO name.

[Shared Savings Program ACO Participants](#)

List of Skilled Nursing Facility Affiliates

Shows a listing of ACO Skilled Nursing Facility (SNF) affiliates by ACO name.



<https://data.cms.gov/medicare-shared-savings-program/accountable-care-organizations>

An official website of the United States government [Here's how you know](#)

Data.CMS.gov
Centers for Medicare & Medicaid Services

[Explore Data](#) [View Tools](#) [Browse by Category](#) [About Us](#) [Related Sites](#) [API Docs](#) [What's New](#)

CMS Provider Characteristics & Initiatives / [Medicare Shared Savings Program](#)

Accountable Care Organizations

Information on Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).

Data update frequency
Annually ⓘ

Latest data available
2024

Data source
Centers for Medicare & Medicaid Services

[View Data](#) [Visualize Data](#) [Access API](#) [Download](#)



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Data.CMS.gov
Centers for Medicare & Medicaid Services

Explore Data View Tools Browse by Category About Us Related Sites API Docs What's New

Accountable Care Organizations

aco_name
aco_public_email
aco_public_name
aco_public_phone
aco_public_reporting_website
aco_service_area

Rows per page: 10

Manage Columns Filter Export

Select column Select condition Enter value X

+ Add filter condition Apply filters

Reset view Copy link to filtered view

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Data.CMS.gov
Centers for Medicare & Medicaid Services

Explore Data View Tools Browse by Category About Us Related Sites API Docs What's New

Accountable Care Organizations

Displaying 1 - 10 of 480 rows

Search

Basic Filtering Advanced Filtering

aco_service_area

+ Add filter condition

Less than
Less than or equal to
Greater than
Greater than or equal to
Contains
Does not contain

Select condition

Enter value X

Apply filters

Filter Export

Rows per page: 10

Reset view Copy link to filtered view



Select the ACO Service Area

Displaying **1 - 10** of **480** rows

Rows per page: 10

Search



Manage Columns

Filter

Export

Basic Filtering

Advanced Filtering

aco_service_area

Contains

AZ

+ Add filter condition

Apply filters

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ACO ID

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
aco_id	aco_name	aco_service_agreement_p	initial_start	current_start	re-entering	basic_track	basic_track	enhanced_tr	high_revenue	low_revenue	adv_pay	aim	aip	snf_3-day_ru	p
A3724	CHSPSC ACO 14, LLC	MS, NC, TN, VA	2	1/1/18	1/1/22	0	1 B	0	1	0	0	0	0	0	0
A2880	Hattiesburg Clinic ACO	MS	2	1/1/16	7/1/19	0	1 E	0	1	0	0	0	0	0	1
A5148	Health Leaders Network of Mississippi LLC	MS	2	1/1/22	1/1/22	1	1 B	0	1	0	0	0	0	0	0
A3720	HealthChoice, LLC	AR, MS, TN	3	1/1/18	1/1/24	0	0 N/A	1	0	1	0	0	0	0	0
A4744	MS MSSP CHC Enhanced	MS	4	1/1/20	1/1/22	1	0 N/A	1	0	1	0	0	0	0	0
A3047	MS MSSP Enhanced	LA, MS, TN	2	1/1/16	7/1/19	0	0 N/A	1	0	1	0	0	1	0	0
A3566	Myriad Health Alliance	AL, MS	3	1/1/18	1/1/24	0	1 E	0	1	0	0	0	0	0	1
A1535	Ochsner Accountable Care Network, LLC	AL, LA, MS, TX	3	1/1/13	7/1/19	0	0 N/A	1	1	0	0	0	0	0	1
A5206	Southeast MSSP 2023	AL, AR, KY, MI	2	1/1/23	1/1/24	0	0 N/A	1	0	1	0	0	0	0	0
A4592	Vitalize Health ACO	CA, LA, MS, N	1	7/1/19	7/1/19	0	1 E	0	0	1	0	0	0	0	0



<https://www.cms.gov/medicare/payment/fee-for-service-providers/shared-savings-program-ssp-acos/data>

ACO Landing
Page for All
Data Elements

The screenshot shows the CMS.gov website interface. At the top, the CMS.gov logo and navigation links for 'About CMS', 'Newsroom', and 'Data & Research' are visible. Below the logo, there are dropdown menus for 'Medicare', 'Medicaid/CHIP', 'Marketplace & Private Insurance', 'Priorities', and 'Training & Education'. A breadcrumb trail indicates the current location: 'Home > Medicare > Payment > All Fee-For-Service-Providers > Shared Savings Program > Program Data'. The main content area is titled 'Program Data' and contains a paragraph explaining that the Medicare Shared Savings Program (SSP) makes data on Accountable Care Organizations (ACOs) publicly available. It provides links to 'Data.CMS.gov' and a PDF document titled 'Publicly Available Data Sources and ACO Performance Data (PDF)'. Below this, there are sections for 'ACO Participation and Performance Data' and 'Program Fast Facts', which includes a summary of the program as of January 1, 2024, and a bulleted list of data elements: historical program information and ACO information.

Program Data

The Medicare Shared Savings Program (Shared Savings Program) makes data on Accountable Care Organizations (ACOs) publicly available through different sources. Find the most recent data on this webpage and [Data.CMS.gov](https://www.cms.gov/data). For a complete list of publicly available data, reference [Publicly Available Data Sources and ACO Performance Data \(PDF\)](#) maintained by the Centers for Medicare & Medicaid Services (CMS).

ACO Participation and Performance Data

Program Fast Facts

Provides summary information about the Shared Savings Program as of January 1, 2024, including the following:

- Historical program information (including program size, quality, and shared savings)
- ACO information (including characteristics, composition, and participation information)

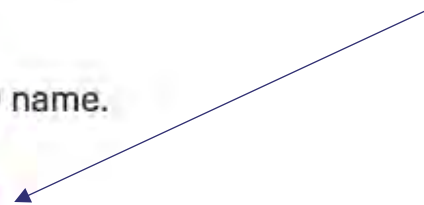


Identify the Providers in the ACO

List of ACO Participants

Shows a listing of ACO participants by ACO name.

[Shared Savings Program ACO Participants](#)



List of Skilled Nursing Facility Affiliates

Shows a listing of ACO Skilled Nursing Facility (SNF) affiliates by ACO name.

[Shared Savings Program SNF Affiliates](#)

List of Advance Investment Payments Spend Plans

Shows a listing of ACO use of Advance Investment Payments (AIP).

[Shared Savings Program AIP Spend Plans](#)



Pull All Reports Based on the ACO ID

The screenshot displays the Data.CMS.gov interface. At the top, there are navigation tabs for 'Program Data | CMS', 'Accountable Care Organizations | CMS Data', 'Performance Year Financial and Quality Res...', and 'Join conversation'. Below these is the 'Data.CMS.gov' header with 'Centers for Medicare & Medicaid Services' and navigation links for 'Explore Data', 'View Tools', 'Browse by Category', 'About Us', 'Related Sites', 'API Docs', and 'What's New'. The main content area shows a search bar with the text 'Displaying 0 - 0 of 0 rows | Originally 453 rows' and 'Rows per page: 10'. Below the search bar are buttons for 'Search', 'Manage Columns', 'Filter (1)', and 'Export'. The 'Filter (1)' button is highlighted, and a 'Basic Filtering' panel is open. This panel shows a filter condition for 'ACO_ID' set to 'Equals' with the value 'A3229'. There are also buttons for '+ Add filter condition' and 'Apply filters'.



<https://www.cms.gov/medicare/payment/fee-for-service-providers/shared-savings-program-ssp-acos/data>

ACO Landing
Page for All
Data Elements

The screenshot shows the CMS.gov website with the following structure:

- Header: CMS.gov | Centers for Medicare & Medicaid Services | About CMS | Newsroom | Data & Research | Search icon
- Navigation: Medicare (selected), Medicaid/CHIP, Marketplace & Private Insurance, Priorities, Training & Education
- Breadcrumbs: Home > Medicare > Payment > All Fee-For-Service-Providers > Shared Savings Program > Program Data
- Left Sidebar: All Fee-For-Service-Providers
 - Home Health Agency (HHA) Center
 - Shared Savings Program
 - Application Toolkit
 - Application Types & Timeline
 - Application Webinars
 - About the Program
 - Contact Information
 - For ACOs
- Main Content:
 - Program Data**

The Medicare Shared Savings Program (Shared Savings Program) makes data on Accountable Care Organizations (ACOs) publicly available through different sources. Find the most recent data on this webpage and [Data.CMS.gov](https://www.cms.gov/data). For a complete list of publicly available data, reference [Publicly Available Data Sources and ACO Performance Data \(PDF\)](#) maintained by the Centers for Medicare & Medicaid Services (CMS).
 - ACO Participation and Performance Data**
 - Program Fast Facts**

Provides summary information about the Shared Savings Program as of January 1, 2024, including the following:

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 - ACO information (including characteristics, composition, and participation information)



Link to ACO Quality Data

ACO Public Use Files

To address the increasing number of requests for Shared Savings Program ACO data and to inform those interested in the policies finalized in the Shared Savings Program, CMS has created standard analytical files providing publicly available information.

- Performance Year Financial and Quality Results: Provides financial and quality performance data for each de-identified ACO by performance year including the following:
 - Overall quality score
 - Final sharing rate
 - Minimum savings rate (MSR)
 - Minimum loss rate (MLR)
 - Benchmark
 - Assigned beneficiary demographic characteristics and provider/supplier composition
- Advance Investment Payment Spend Plans PUF: Details the projected and actual use of advance investment payments by ACOs in each performance year.
- Shared Savings Program Benchmark PUFs: Standard analytical files that can be used to inform those interested in the Shared Savings Program's use of factors based on regional fee-for-service (FFS) expenditures in establishing, adjusting, updating and resetting historical



Performance Quality Landing Page

An official website of the United States government. [Here's how you know](#)

Data.CMS.gov
Centers for Medicare & Medicaid Services

[Explore Data](#) [View Tools](#) [Browse by Category](#) [About Us](#) [Related Sites](#) [API Docs](#) [What's New](#)

CMS Provider Characteristics & Initiatives / [Medicare Shared Savings Program](#)

Performance Year Financial and Quality Results

Information that provides Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organization (ACO)-specific metrics, as well as summarized beneficiary and provider information for each performance year.

Data update frequency
Annually

Latest data available
2023

Data source
Centers for Medicare & Medicaid Services

[View Data](#) [Access API](#) [Download](#)



Pull Quality Scores Based on ACO ID

The screenshot shows the Data.CMS.gov interface. At the top, it says "Data.CMS.gov Centers for Medicare & Medicaid Services" with navigation links for "Explore Data", "View Tools", "Browse by Category", "About Us", "Related Sites", "API Docs", and "What's New". Below this, the word "RESULTS" is partially visible. The main content area shows "Displaying 1 - 10 of 453 rows" and "Rows per page: 10". There is a search bar, a "Manage Columns" button, a "Filter" button, and an "Export" button. A "Basic Filtering" section is active, showing a dropdown menu for "ACO_ID" with a "Select condition" dropdown open. The dropdown menu lists conditions: "Equals", "Not equal", "In", "Not In", "Less than", and "Less than or equal to". An "Enter value" field and an "Apply filters" button are also visible. At the bottom, a table header is partially visible with columns: "ACO_ID", "ACO_Name", "Agre", "Current_Start_Date", and "Current_Track".



<https://www.cms.gov/medicare/payment/fee-for-service-providers/shared-savings-program-ssp-acos/data>

ACO Landing
Page for All
Data Elements

The screenshot shows the CMS.gov website with the following elements:

- Header:** CMS.gov Centers for Medicare & Medicaid Services. Navigation links: About CMS, Newsroom, Data & Research, and a search icon.
- Menu:** Medicare (selected), Medicaid/CHIP, Marketplace & Private Insurance, Priorities, Training & Education.
- Breadcrumbs:** Home > Medicare > Payment > All Fee-For-Service-Providers > Shared Savings Program > Program Data.
- Left Sidebar:**
 - All Fee-For-Service-Providers
 - Home Health Agency (HHA) Center
 - Shared Savings Program
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 - For ACOs
- Main Content:**
 - ## Program Data

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 - ### ACO Participation and Performance Data
 - ### Program Fast Facts

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 - Overall quality score
 - Final sharing rate
 - Minimum savings rate (MSR)
 - Minimum loss rate (MLR)
 - Benchmark
 - Assigned beneficiary demographic characteristics and provider/supplier composition
- [Advance Investment Payment Spend Plans PUF](#): Details the projected and actual use of advance investment payments by ACOs in each performance year.
- Shared Savings Program Benchmark PUFs: Standard analytical files that can be used to inform those interested in the Shared Savings Program's use of factors based on regional fee-for-service (FFS) expenditures in establishing, adjusting, updating and resetting historical

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ACO Data Dic

An official website of the United States government [Here's how you know](#)

Data.CMS.gov
Centers for Medicare & Medicaid Services

[Explore Data](#) [View Tools](#) [Browse by Category](#) [About Us](#) [Related Sites](#) [API Docs](#) [What's New](#)

CMS Provider Characteristics & Initiatives / [Medicare Shared Savings Program](#)

Performance Year Financial and Quality Results

Information that provides Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organization (ACO)-specific metrics, as well as summarized beneficiary and provider information for each performance year.

Data update frequency
Annually ⓘ

Latest data available
2023

Data source
Centers for Medicare & Medicaid Services

[View Data](#) [Access API](#) [Download](#)



Summary

Resources

Details

Related

Contact

Featured Resource

Performance Year Financial and Quality Results Methodology

[View Methodology](#)

Featured Resource

Performance Year Financial and Quality Results Data Dictionary

[View Data Dictionary](#)

Related Link

Shared Savings Program Homepage

[View Resource](#)

Related Link

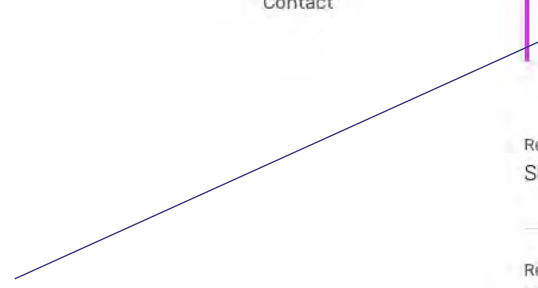
Shared Savings Program Publicly Available ACO
Performance Data Sources Maintained by CMS

[View Resource](#)

Related Link

ACO Financial and Beneficiary Assignment

[View Resource](#)



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Comparison Utilization Data





ASPE Analysis of CCM/TCM Utilization

Exhibit 2: Medicare FFS Beneficiaries Receiving CCM or TCM Services in 2019

Category	CCM	TCM
Total Medicare FFS beneficiaries with Part B coverage	35,598,051	35,598,051
Number of FFS beneficiaries potentially eligible for CCM or TCM	22,570,404	6,282,242
Percent of FFS beneficiaries potentially eligible for CCM or TCM	63.4%	17.7%
Beneficiaries with one or more CCM or TCM claims	882,728	1,078,580
Percent of potentially eligible beneficiaries with CCM or TCM claims	4.0%	17.9%

<https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf>

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Area Deprivation Index



Area Deprivation Index (ADI) Data

- Available: <https://www.neighborhoodatlas.medicine.wisc.edu>
- The ADIs are provided in national percentile rankings at the block group level from 1 to 100.
- Group 1 is the lowest ADI and group 100 is the highest ADI.
- A block group with a ranking of 1 indicates the lowest level of "disadvantage" within the nation and an ADI with a ranking of 100 indicates the highest level of "disadvantage."
- Data is validated to the Census Block Group neighborhood level, but the data can be organized to the Zip Code+5 level for analysis.

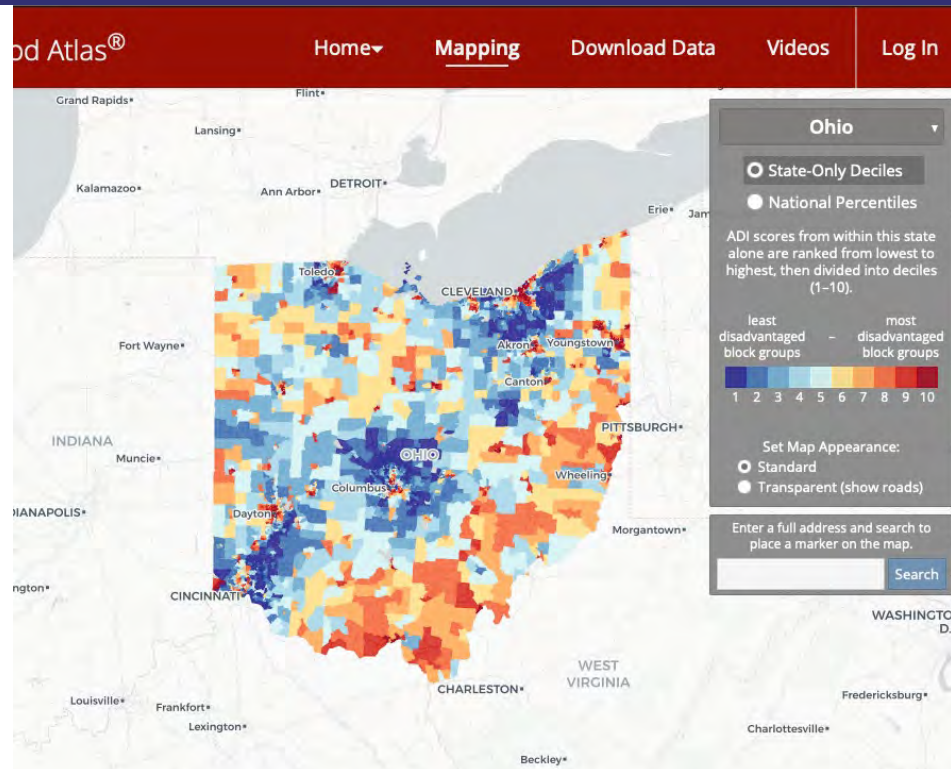
Data Analytics to Identify Rising Risk in a Population

- Limitation: The ADI is limited insofar as it uses American Community Survey (ACS) 5-year data for its construction.
- Can be used as one of multiple variables to identify risk within a population in order to target interventions to reduce risk.
 - Risk = Increased cost/utilization and/or worsening clinical outcome measures
- Combining ADI and clinical factors can be a predictive measure to determine rising risk.

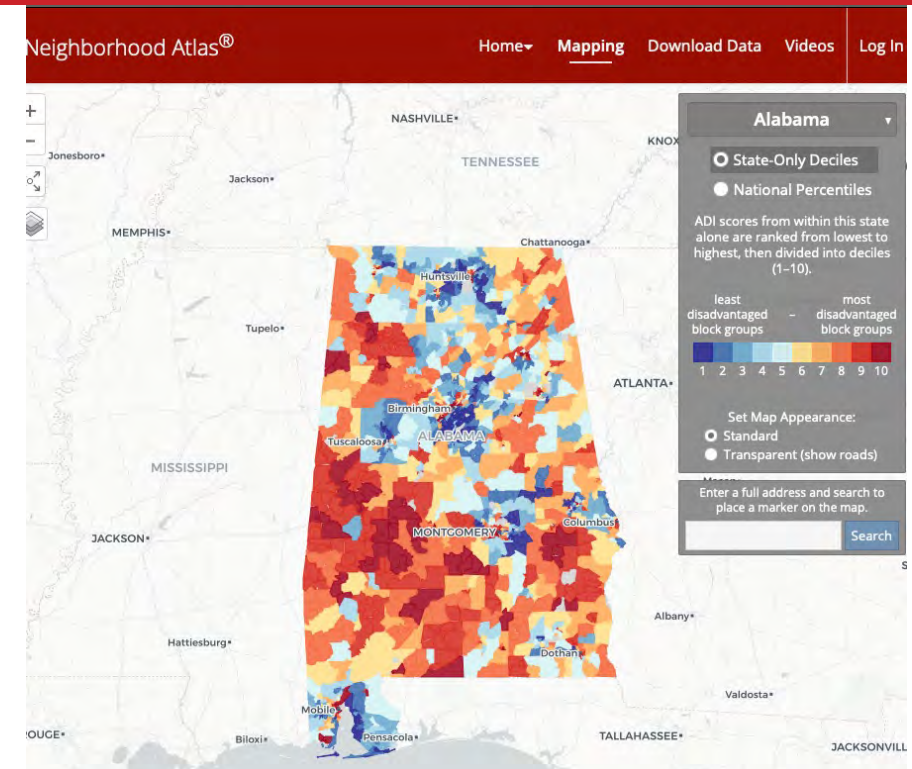


State Level ADI Mapping Examples

Ohio



Alabama





Business Case Validation using ADI Data

- “Area Deprivation Index and Cardiac Readmissions: Evaluating Risk-Prediction in an Electronic Health Record.”
 - Journal of the American Heart Association. 2021;10:e020466. DOI: 10.1161/JAHA.120.020466
- “Our results support the prior study’s determination that ADI carries as much risk for readmission as would the addition of another chronic medical illness...”
- Our work adds to this body of literature by showing that ADI, in combination with EHR data, can predict adverse risk for individual patients.”



Identifying Priority Populations - Hospitals

- Identifying persons with rising risk for extended length of stay (LOS) where the LOS is contributed to by complicating HRSNs.
- Opportunity: Housing insecurity causes a delay in establishing a safe discharge. Outcome LOS beyond the DRG allowable payment, which causes the hospital to lose money for each additional admission day.
- Financial Impact of Extended LOS (per day):
 - Medicare: \$2,071/day
 - Medicaid: \$1,701/day
 - The Commonwealth Fund ROI Calculator Data Tables:
https://www.commonwealthfund.org/sites/default/files/2020-08/meps_average_cost_utilization_table.pdf

Identifying Priority Populations – Health Plans

- Identifying health plan members with rising risk for increased healthcare utilization and poor clinical outcomes.
- Opportunity: Roster referral of members screened for HRSNs, with the potential to reduce total cost of care and improve HEDIS measures for priority populations.
- Example: Members with a) two or more chronic conditions, b) a positive HRSN screen, and c) residing in a high ADI neighborhood.
 - Would benefit from targeted interventions to address HRSNs.
 - Measure: total cost of care, improvement in HEDIS measures, reduced gaps in care.

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Update on 2025 Medicare Physician Fee Schedule



2025 Medicare Physician Fee Schedule



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A decorative footer graphic is located at the bottom of the page. It features a series of diagonal stripes in red and blue, creating a modern, geometric design.

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Next Steps





Reminder

- **December 19 at 2:00 EST – ECHO Session Office Hours**
 - Come prepared to talk with each other
 - Bring questions and potential solutions
- **January HELC Sessions**
 - **January 9** @2:00-3:30 p.m. ET, HELC ECHO Session with a focus on Evaluating Value-Based Payment Outcomes and Introduction to the Health Equity Capstone Event
 - **January 16** @ 2:00-3:30 p.m. ET, ECHO Session Office Hours

Learning Collaborative Resources

- HELC ECHO Sessions Recordings & Resources:
<https://www.partnership2asc.org/healthequity/helc-resources/>
- Partnership CHI/PIN Implementation Resources and Events:
<https://www.partnership2asc.org/implementation-resources/>
- Freedmen's Health Consulting Implementation Resources:
<https://communityintegration.info>

More Information About the HELC

- Overview: www.partnership2asc.org/healthequity/
- FAQ: www.partnership2asc.org/FAQ
- Example: <https://www.partnership2asc.org/healthequity/example-participating-market/>
- Health Plan Outcomes: <https://www.partnership2asc.org/healthequity/healthplanoutcomes/>
- CHI Implementation: <https://www.partnership2asc.org/healthequity/chiimplementation/>

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Thank you!

Tim McNeill, RN, MPH

tmcneill@freedmenshealth.com



Z-Code Reporting



HRSN Screening Process and Tool

- Evidence-Based HRSN Screening Tool
 - CMS AHC HRSN Tool
 - <https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf>
- Domains Screened (10 Core Questions)
 - Housing Instability
 - Food Insecurity
 - Transportation problems
 - Utility help needs
 - Interpersonal safety

Data Capture and Reporting – Housing Instability



- ICD-10-CM Lookup Tool: <https://icd10cmtool.cdc.gov/?fy=FY2024>

Inadequate, inadequacy	Instability	Lack of	Person without	Problem related to
<ol style="list-style-type: none"> 1. Environmental temperature Z59.11 2. Heating Z59.11 3. Space Z59.19 4. Utilities Z59.12 5. NEC Z59.19 (NEC = Not Elsewhere Classifiable) 	<ol style="list-style-type: none"> 1. Unstable housed Z59.819 2. Housed but hx of homelessness in past 12 months Z59.812 3. Risk of homelessness Z59.811 	<ol style="list-style-type: none"> 1. Permanent housing Z59.10 2. Lack of adequate housing Z59.10 3. Living in shelter, motel, or scattered site housing Z59.01 	<ol style="list-style-type: none"> 1. w/o adequate housing Z59.10 2. w/o air conditioning Z59.11 3. w/o environmental temperature Z59.11 4. w/o heating Z59.11 5. w/o adequate space Z59.19 6. w/o permanent housing (temp.) Z59.00 	<ol style="list-style-type: none"> 1. Housing Z59.9 2. Inadequate housing 3. Isolated Z59.89 4. NEC Z59.89 5. Restriction of housing space Z59.19

Data Capture and Reporting – Food Insecurity

- ICD-10-CM Lookup Tool: <https://icd10cmtool.cdc.gov/?fy=FY2024>

Description	Code(s)
Food Insecurity (Limited supply of food)	Z59.41
Inadequate food supply (Have food but not the supply does not meet my needs)	Z59.48
Lack of adequate food (Have access to the wrong types of food)	Z59.48

Data Capture and Reporting - Transportation

- ICD-10-CM Lookup Tool: <https://icd10cmtool.cdc.gov/?fy=FY2024>

Description	Code(s)
Excessive Transportation Time (2 hour trip to dialysis)	Z59.82
Inaccessible Transportation	Z59.82
Inadequate Transportation	Z59.82
Insecure Transportation	Z59.82
Lack of Transportation	Z59.82
Unaffordable Transportation	Z59.82
Unreliable Transportation	Z59.82
Unsafe Transportation	Z59.82

Data Capture and Reporting - Utilities

- ICD-10-CM Lookup Tool: <https://icd10cmtool.cdc.gov/?fy=FY2024>

Inadequate, inadequacy	Person without
1. Environmental temperature Z59.11	1. w/o adequate housing Z59.10
2. Heating Z59.11	2. w/o air conditioning Z59.11
3. Space Z59.19	3. w/o environmental temperature Z59.11
4. Utilities Z59.12	4. w/o heating Z59.11
5. NEC Z59.19	

Example Screening Process - Housing

Living Situation

1. What is your living situation today?³

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following?⁴

CHOOSE ALL THAT APPLY

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above

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Additional Relevant Z-Codes

Description	Code
Problems related to education and literacy	Z55
Problems related to employment and unemployment	Z56
Occupational exposure to risk factors	Z57
Problems related to physical environment	Z58
Problems related to housing and economic circumstances	Z59
Problems related to social environment	Z60
Problems related to upbringing	Z62
Other problems related to primary support group, including family circumstances	Z63
Problems related to psychosocial circumstances	Z64

Best Practice

- Develop a process to segment the population to target persons that are most at risk or would benefit the most from social needs interventions.
- Data can be cross referenced with clinical data.
- Cross referencing HRSNs with demographic and clinical data can show specific trends to support targeting priority populations.

Data Cross References

- Persons with HRSNs and a clinical diagnoses that are disparity sensitive.
- Demographic cross references: race, gender, ethnicity, rural status.
- Clinical cross references: recent hospital admission, diagnosis group, behavioral health condition, SUD history, disease indicators.
- Examples of disease indicators: HgbA1C, Blood pressure, etc.