

## This NAACOS ACO Comparison Chart details the main elements of the tracks in the Medicare Shared Savings Program as changed by the Pathways to Success rule This chart reflects policies in place for 2019

	Level A	Level B	Level C	Level D	Level E	Enhanced
Initial program start						
year	2019	2019	2019	2019	2019	2019
Overview	In late 2018, the MSSP was	Same as Level A	Same as Level A	Same as Level A	Same as Level A	Same as Level A
	overhauled with the structure					
	of Tracks 1, 2, 3, 1+ replaced					
	with a Basic and Enhanced					
	track. Basic provides five levels					
	that graduate ACOs to					
	progressively higher levels of					
	risk. The Enhanced Track					
	replaces Track 3. Track 1+					
	transformed into Level E. Levels					
	A and B offer one-sided risk and					
	new ACOs are allowed two or					
	three years there before being					
	forced to take on risk. CMS said					
	in rulemaking it believes ACOs					
	need to take on risk faster in					
	order to produce greater levels					
	of savings. More details on the					
	changes can be found in this					
	NAACOS resource:					
	https://www.naacos.com/naac					
	os-analysis-of-the-final-mssp-					
	pathways-to-success-rule					
Number of 2019	Participation in the new	Participation in the new	Participation in the new Pathways	Participation in the new Pathways	Participation in the new	Participation in the new
organizations	Pathways strucuture starts on	Pathways strucuture starts on	strucuture starts on July 1, 2019.	strucuture starts on July 1, 2019.	Pathways strucuture starts on	Pathways strucuture starts on
	July 1, 2019.	July 1, 2019.			July 1, 2019.	July 1, 2019.
Length of contract	Five years	Five years	Five years	Five years	Five years	Five years

Advanced APM status	ADNA (hamafita umdan NAISC hat	ADNA /hamafita undan NAISC but	ADAA /hamafitadag AAIDC b	ADAA/harasitaadaa AAIDC bar	Advanced APM	Advanced ADA4
	APM (benefits under MIPS but		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	APM (benefits under MIPS but		Advanced APM
under MACRA	does not qualify for Advanced	· · ·	· '	does not qualify for Advanced APM		
	APM bonuses)	APM bonuses)	APM bonuses)	bonuses)		
	Level A	Level D	Level C	Level D	Level E	Embanasa
	Level A	Level B		Level D	Level E	Enhanced
Charles and	LL- 1- 400/	11	Financial structure	H- 1- 500/	Lu. 1. 500/	11-1-750/
Sharing rate	Up to 40%	Up to 40%	Up to 50%	Up to 50%	Up to 50%	Up to 75%
Minimum savings rate	Same as Track 1. 2% to 3.9%	Same as Level A	Prior to entering a two-sided	Same as Level C	Same as Level C	Same as Level C
(MSR)/ minimum loss	MSR depending on number of		model, the ACO must select its			
rate (MLR)	assigned beneficiaries. Smaller		MSR/MLR as part of the			
	ACOs have higher MSR (5,000		application cycle. The choices are :			
	assigned beneficiaries = 3.9%		• 0% MSR/MLR • Symmetrical			
	MSR) and larger ACOs have		MSR/MLR in a 0.5 percent			
	lower MSR, (2% MSR for ACOs		increment between 0.5 and 2.0% •			
	with 60,000+ assigned		Symmetrical MSR/MLR that varies			
	beneficiaries). MLR not		based on the number of			
	applicable.		beneficiaries assigned to the ACO			
Performance payment	10% (based on total benchmark	10% (based on total	10% (based on total benchmark	10% (based on total benchmark	10% (based on total benchmark	20% (based on total benchmark
limit	expenditures each year)	benchmark expenditures each	expenditures each year)	expenditures each year)	expenditures each year)	expenditures each year)
		year)				
Shared savings rate**	First dollar sharing once MSR is	First dollar sharing once MSR	First dollar sharing once MSR is	First dollar sharing once MSR is	First dollar sharing once MSR is	First dollar sharing once MSR is
	met or exceeded	is met or exceeded	met or exceeded	met or exceeded	met or exceeded	met or exceeded
Shared loss rate	Not applicable	Not applicable	1st dollar losses at 30%, not to	1st dollar losses at 30%, not to	1st dollar losses at 30%, not to	1st dollar losses at 40– 75%, not
			exceed 2% of revenue capped at	exceed 4% of revenue capped at	exceed 8% of revenue capped at	to exceed 15% of benchmark
			1% of benchmark	2% of benchmark	4% of benchmark in 2019 and	based on quality score
					2020	
Loss sharing limit	Not applicable	Not applicable	Calculate 2% of the ACO	Calculate 4% of the ACO	Calculate 8% of the ACO	The loss sharing limit is 15% of
			participants' total Medicare Parts	participants' total Medicare Parts A	participants' total Medicare	an ACO's benchmark.
			A and B FFS revenue and 1% of the	and B FFS revenue and 2% of the	Parts A and B FFS revenue and	
			ACO's updated benchmark	ACO's updated benchmark	4% of the ACO's updated	
			expenditures. The loss sharing	expenditures. The loss sharing limit	benchmark expenditures. The	
			limit is the lesser of those two	is the lesser of those two amounts.	loss sharing limit is the lesser of	
			amounts.		those two amounts.	
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Benchmark in initial	CMS will maintain the overall	Same as Level A				
agreement period	approach to establishing and	Same as Level A	Same as Level A	Jame as Level A	Same as Level A	Jame as Level A
agreement periou	rebasing benchmarks based on					
	expenditures from three					
	benchmark years leading up to					
	an agreement period using four					
	beneficiary categories (ESRD,					
	disabled, aged/dual eligible,					
	and aged/non-dual eligible). As					
	finalized in the December 2018					
	Pathways rule, CMS will					
	incorporate regional					
	expenditures into benchmarks					
	starting in an ACO's initial					
	performance year. ACOs have a					
	regional adjustment weight of					
	15% or 35% in their first					
	agreement year. ACOs with					
	spending higher than their					
	region would receive the lower					
	weight, and ACOs with					
	spending lower than their					
	region would receive the higher					
	weight. If an ACO is considered					
	a re-entering ACO, CMS will					
	apply the regional adjustment					
	weight that was used in the					
	most recent agreement.					
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Benchmark in		Same as Level A	Same as Level A	Same as Level A	Same as Level A	Same as Level A
	approach to establishing and					
period	rebasing benchmarks based on					
	expenditures from three					
	benchmark years leading up to					
	an agreement period using four					
	beneficiary categories (ESRD,					
	disabled, aged/dual eligible,					
	and aged/non-dual eligible). As					
	finalized in the December 2018					
	Pathways rule, CMS will					
	incorporate regional					
	expenditures into benchmarks					
	starting in an ACO's initial					
	performance year. ACOs have a					
	regional adjustment weight of					
	15% or 35% in their first					
	agreement year. ACOs with					
	spending higher than their					
	region would receive the lower					
	weight, and ACOs with					
	spending lower than their					
	region would receive the higher					
	weight. If an ACO is considered					
	a re-entering ACO, CMS will					
	apply the regional adjustment					
	weight that was used in the					
	most recent agreement.					

Transition to two-sided model	CMS will allow most new ACOs to start their participation in Basic Level A. While CMS will automatically advance ACOs over time along the Basic Track's levels, ACOs could elect annually to move to higher risk levels in the Basic Track for a quicker transition than what is required.	CMS will allow new, low revenue ACOs to stay in Basic Level B for an additional year, giving them three years in shared savings-only models. New, high revenue ACOs will be required to move to Level C in their third year.	See Levels A and B	See Levels A and B	level for the length of the five- year agreement period. Low revenue ACOs can participate in the Basic Track for up to two agreement periods. This participation option would mean the ACO remains at Basic Level E for the entire second, five-year agreement period. High revenue	ACOs will not be permitted to switch from the Basic Track to the Enhanced Track during their five-year agreement period.
		Level 0	Laura C	Tavel D	ACOs could have at most a single agreement period in the Basic Track.	Enhanced
	Level A	Level B	Level C  Beneficiaries and data rep		Level E	Enhanced
Minimum number of	5,000	5,000		5,000	5,000	5,000
beneficiaries	3,000	3,000	3,000	3,000	3,000	3,000
Beneficiary assignment	CMS will provide all Basic and Enhanced Track ACOs the choice between prospective assignment or preliminary prospective assignment with retrospective reconciliation for agreements beginning July 1, 2019. ACOs can switch their selection annually prior to the start of a new performance year. CMS also finalized in the final 2019 Medicare Physician Fee Schedule Rule revisions to the definition of primary care services included in the assignment methodology.	Same as Level A	Same as Level A	Same as Level A	Same as Level A	Same as Level A

adjustment methodology that treated beneficiaries differently depending on whether they are considered newly or continuously assigned. CMS finalized a policy to eliminate the distinction between these two beneficiary types. The agency will instead use a positive 3% risk ratio cap between the performance year renormalized risk score and the most recent benchmark year for all assigned beneficiaries.	CMS will allow patients to select any ACO professional, regardless of specialty, as his or her primary clinician. Previously, CMS required the designated ACO professional be a primary care physician, a physician with a specialty designation specified in §425.402(c), a nurse practitioner, physician assistant, or clinical nurse specialist.		Same as Level A			
	adjustment methodology that treated beneficiaries differently depending on whether they are considered newly or continuously assigned. CMS finalized a policy to eliminate the distinction between these two beneficiary types. The agency will instead use a positive 3% risk ratio cap between the performance year renormalized risk score and the most recent benchmark year for all assigned beneficiaries.					
Level A Level B Level C Level D Level E Enhanced  Quality reporting requirements	Level A	Level B			Lever E	Ennanced

CMS reduced the current quality measure set from 31 measures in 2018 to 23 required measures in 2019. Specifically, CMS removed 10 measures while adding two measures as part of the agency's Meaningful Measures Initiative to reduce duplication and focus more on outcomes measures.	CMS reduced the current quality measure set from 31 measures in 2018 to 23 required measures in 2019. Specifically, CMS removed 10 measures while adding two measures as part of the agency's Meaningful Measures Initiative to reduce duplication and focus more on outcomes measures.		CMS reduced the current quality measure set from 31 measures in 2018 to 23 required measures in 2019. Specifically, CMS removed 10 measures while adding two measures as part of the agency's Meaningful Measures Initiative to reduce duplication and focus more on outcomes measures.	measure set from 31 measures in 2018 to 23 required measures in 2019. Specifically, CMS removed 10 measures while adding two measures as part of the agency's Meaningful	CMS reduced the current quality measure set from 31 measures in 2018 to 23 required measures in 2019. Specifically, CMS removed 10 measures while adding two measures as part of the agency's Meaningful Measures Initiative to reduce duplication and focus more on outcomes measures.
 Quality performance impacts eligibility to share in savings, and poor performance can result in the ACO being ineligible for any shared savings.	Quality performance impacts eligibility to share in savings, and poor performance can result in the ACO being ineligible for any shared savings.	· ·	Quality performance impacts eligibility to share in savings, and poor performance can result in the ACO being ineligible for any shared savings.	eligibility to share in savings, and poor performance can result in	Quality performance impacts eligibility to share in savings, and poor performance can result in the ACO being ineligible for any shared savings.
•	At least 50% of ACOs' eligible clinicans as defined under MACRA must meet requirements for use of cerified EHR per Advancing Care Information requirements (criteria will be met through an annual attestation process)	must meet requirements for use of cerified EHR per Advancing Care	At least 50% of ACOs' eligible clinicans as defined under MACRA must meet requirements for use of cerified EHR per Advancing Care Information requirements (criteria will be met through an annual attestation process)	clinicans as defined under MACRA must meet requirements for use of cerified	At least 75% of ACO's eligible clinicans as defined under MACRA must meet requirements for use of cerified EHR per Advancing Care Information requirements (criteria will be met through an annual attestation process).
Must report on patient experience/ satisfaction through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for ACOs.	Must report on patient experience/ satisfaction through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for ACOs.	Must report on patient experience/ satisfaction through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for ACOs.	Must report on patient experience/ satisfaction through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for ACOs.	· '	Must report on patient experience/ satisfaction through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for ACOs.
Level A	Level B	Level C	Level D	Level E	Enhanced
		Compliance and waive	rs		

	ACO must have a compliance plan that meets the requirements of 42 C.F.R. § 425.300, including: a	·	· · ·	ACO must have a compliance plan that meets the requirements of 42 C.F.R. § 425.300, including: a designated compliance official who	ACO must have a compliance plan that meets the requirements of 42 C.F.R. §	ACO must have a compliance plan that meets the requirements of 42 C.F.R. § 425.300, including: a designated
	designated compliance official	, •	who is not legal counsel to the	is not legal counsel to the ACO;	compliance official who is not	compliance official who is not
	who is not legal counsel to the	who is not legal counsel to the	· ·	,	legal counsel to the ACO;	legal counsel to the ACO;
	ACO; anonymous reporting of		suspected compliance violations,	compliance violations, both by ACO	· · · · -	anonymous reporting of
	suspected compliance	·	both by ACO members, employees	members, employees and	suspected compliance violations,	suspected compliance violations,
	violations, both by ACO members, employees and	violations, both by ACO members, employees and	and contractors regarding internal  ACO matters and to law	contractors regarding internal ACO matters and to law enforcement	both by ACO members, employees and contractors	both by ACO members, employees and contractors
	contractors regarding internal		enforcement where the law may	where the law may be violated;	regarding internal ACO matters	regarding internal ACO matters
	ACO matters and to law	ACO matters and to law	be violated; and compliance	and compliance training.	and to law enforcement where	and to law enforcement where
	enforcement where the law	enforcement where the law	training.		the law may be violated; and	the law may be violated; and
	may be violated; and	may be violated; and			compliance training.	compliance training.
	compliance training.	compliance training.				
SNF 3-day rule	Not permitted	Not permitted		CMS will allow ACOs participating	CMS will allow ACOs	CMS will allow ACOs
			in a two-sided model to use the	in a two-sided model to use the	participating in a two-sided	participating in a two-sided
			SNF Three-Day Waiver effective July 1, 2019. The waiver is open to	SNF Three-Day Waiver effective July 1, 2019. The waiver is open to	model to use the SNF Three-Day Waiver effective July 1, 2019.	model to use the SNF Three-Day Waiver effective July 1, 2019.
			ACOs who use either prospective	ACOs who use either prospective	The waiver is open to ACOs who	The waiver is open to ACOs who
			assignment or preliminary	assignment or preliminary	use either prospective	use either prospective
			prospective assignment with	prospective assignment with	assignment or preliminary	assignment or preliminary
			retrospective reconciliation. CMS	retrospective reconciliation. CMS	prospective assignment with	prospective assignment with
			will waive its three-star quality rating requirement for providers	will waive its three-star quality rating requirement for providers	retrospective reconciliation. CMS will waive its three-star quality	retrospective reconciliation. CMS will waive its three-star quality
			furnishing SNF services under	furnishing SNF services under	rating requirement for providers	rating requirement for providers
			swing bed arrangements.	swing bed arrangements.	furnishing SNF services under	furnishing SNF services under
				_	swing bed arrangements.	swing bed arrangements.
Telehealth	Not permitted	Not permitted	Medicare will waive its typical	Medicare will waive its typical	Medicare will waive its typical	Medicare will waive its typical
			geographic restrictions for	geographic restrictions for	geographic restrictions for	geographic restrictions for
			telehealth originating sites and	telehealth originating sites and	telehealth originating sites and	telehealth originating sites and
			count patients' homes as	count patients' homes as	count patients' homes as	count patients' homes as
			originating sites for ACOs under	originating sites for ACOs under	originating sites for ACOs under	originating sites for ACOs under
			two-sided models. This provision is applicable only to ACOs who have	applicable only to ACOs who have	two-sided models. This provision is applicable only to ACOs who	two-sided models. This provision is applicable only to ACOs who
			elected prospective assignment.	elected prospective assignment.	have elected prospective	have elected prospective
					assignment.	assignment.

Beneficiary Incentive	Not permitted	Not permitted	ACOs can establish a CMS-	ACOs can establish a CMS-	ACOs can establish a CMS-	ACOs can establish a CMS-
Program			approved beneficiary incentive	approved beneficiary incentive	approved beneficiary incentive	approved beneficiary incentive
			program to provide incentive	program to provide incentive	program to provide incentive	program to provide incentive
			payments to eligible beneficiaries	payments to eligible beneficiaries	payments to eligible	payments to eligible
			who receive qualifying primary	who receive qualifying primary	beneficiaries who receive	beneficiaries who receive
			care services. Through this	care services. Through this	qualifying primary care services.	qualifying primary care services.
			program, ACOs may provide	program, ACOs may provide	Through this program, ACOs	Through this program, ACOs
				limited "cash equivalent" incentive	may provide limited "cash	may provide limited "cash
			payments to qualifying patients.	payments to qualifying patients.	equivalent" incentive payments	equivalent" incentive payments
			The beneficiary incentive program	· · · · · · · · · · · · · · · · · · ·	to qualifying patients. The	to qualifying patients. The
			is available to two-sided risk ACOs	is available to two-sided risk ACOs	beneficiary incentive program is	beneficiary incentive program is
			with preliminary prospective	with preliminary prospective		available to two-sided risk ACOs
			assignment with retrospective	assignment with retrospective	l ' ' ' '	with preliminary prospective
			reconciliation or prospective	reconciliation or prospective		assignment with retrospective
			assignment starting July 1, 2019.	assignment starting July 1, 2019.	l ' '	reconciliation or prospective
					assignment starting July 1, 2019.	assignment starting July 1, 2019.
Other benefit	Not permitted	Not permitted	Not permitted	Not permitted	Not permitted	Not permitted
enhancements	Thou permitted	Thou permitted	not permitted	not permitted	The permitted	The permitted
Ciliancements	l	l				

<sup>\*</sup>pluarlity of PC services means a greater proportion of PC services as measured in allowed charges wihtin the ACO than from services outside the ACO (such as services from other ACOs, individual providers or provider organizations. The plurality can be less than a majority of total services.

<sup>\*\*</sup> Shared savings payments are subject to 2% sequestration cut