



**TCIH Finance Committee
MSSP Quality Distribution**



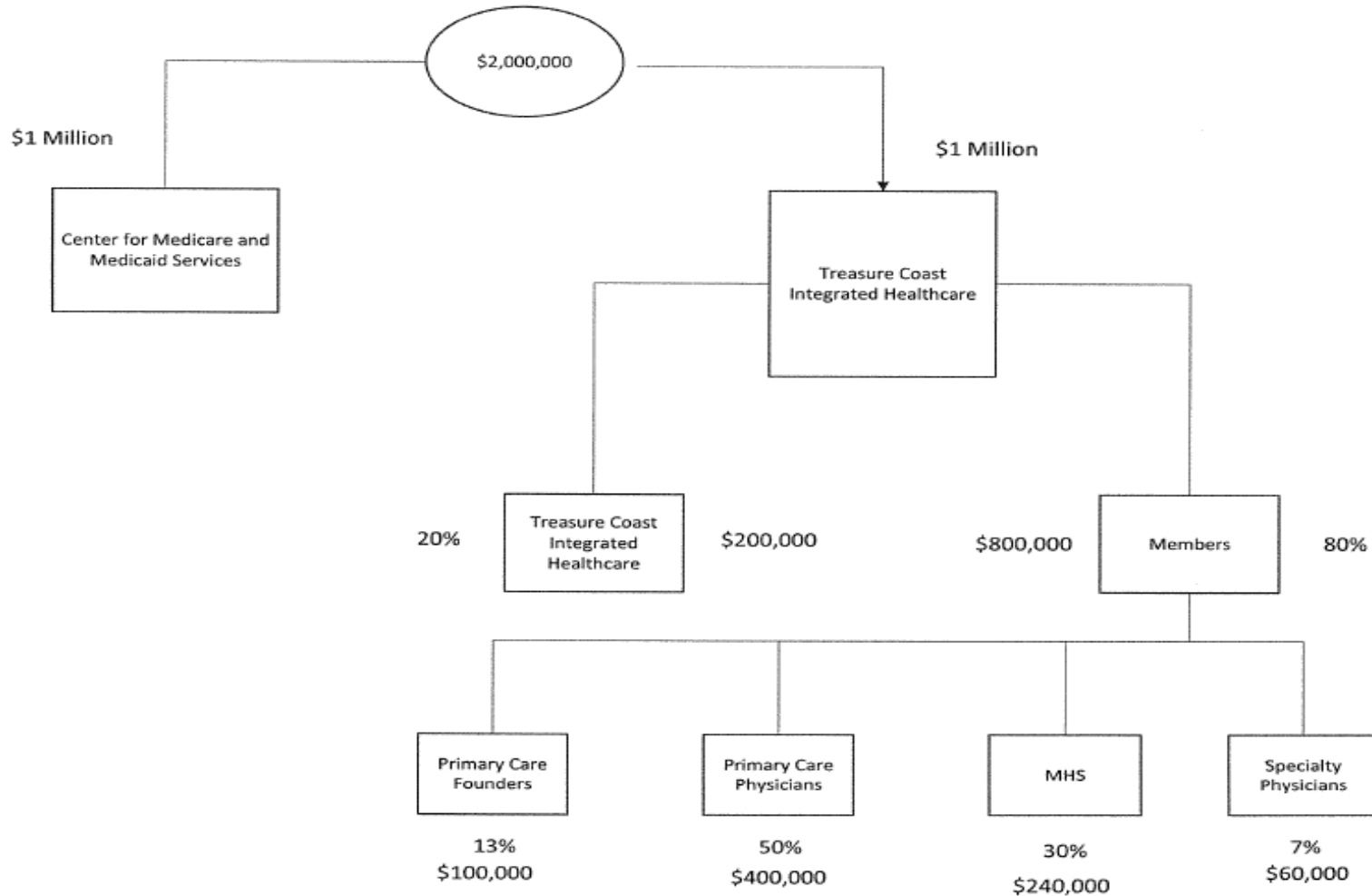
Proposed MSSP Specialist Distribution Methodology

- Year One
 - Equal distribution among participating network specialists. Consistent with year one ACO quality reporting requirements (e.g. “pay for reporting”)
- Subsequent Years:
 - Tie shared savings to achievement of cost savings initiatives associated with each specialty. Development pending access to and review of CMS data.

Follow Up From TCIH BOM Meeting

- Question - What happens to the money that is not distributed to physicians due to physicians not qualifying for a quality gate threshold?
- Answer – Any money that cannot be distributed to the physicians because they failed to meet a quality gate **must** go back to TCIH and will be used to cover operating costs.

Funds Flow Example of a \$2 Million Shared Savings Opportunity



MSSP PCP Distribution

CQIC Proposed Measure Components:

Attributed Lives (50%)

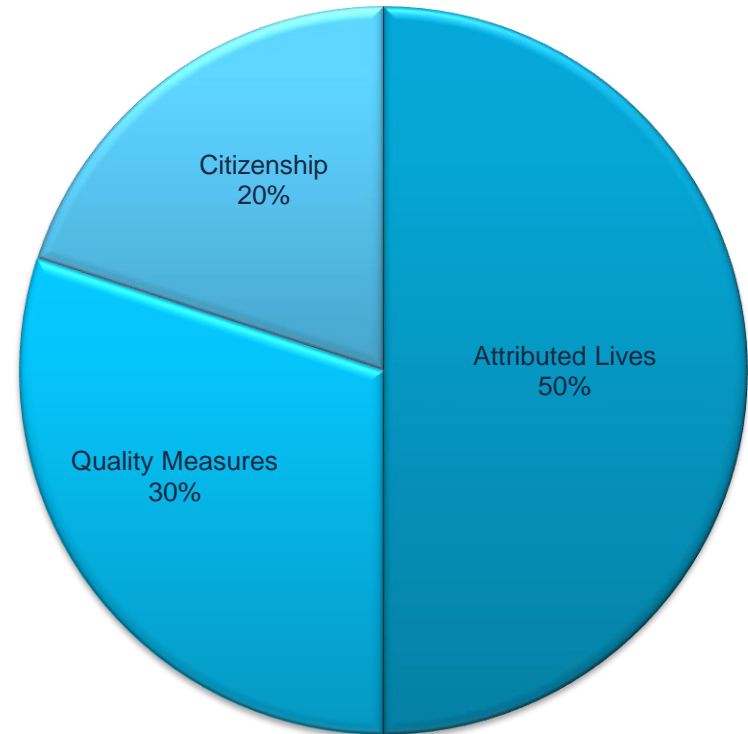
- Distributed to qualifying providers based on their attributed lives at a per capita rate

Quality Measures (30%)*

- Compliance with requirements for complete and accurate reporting for 1st year ACO (“Pay for Reporting”)

Citizenship (20%)

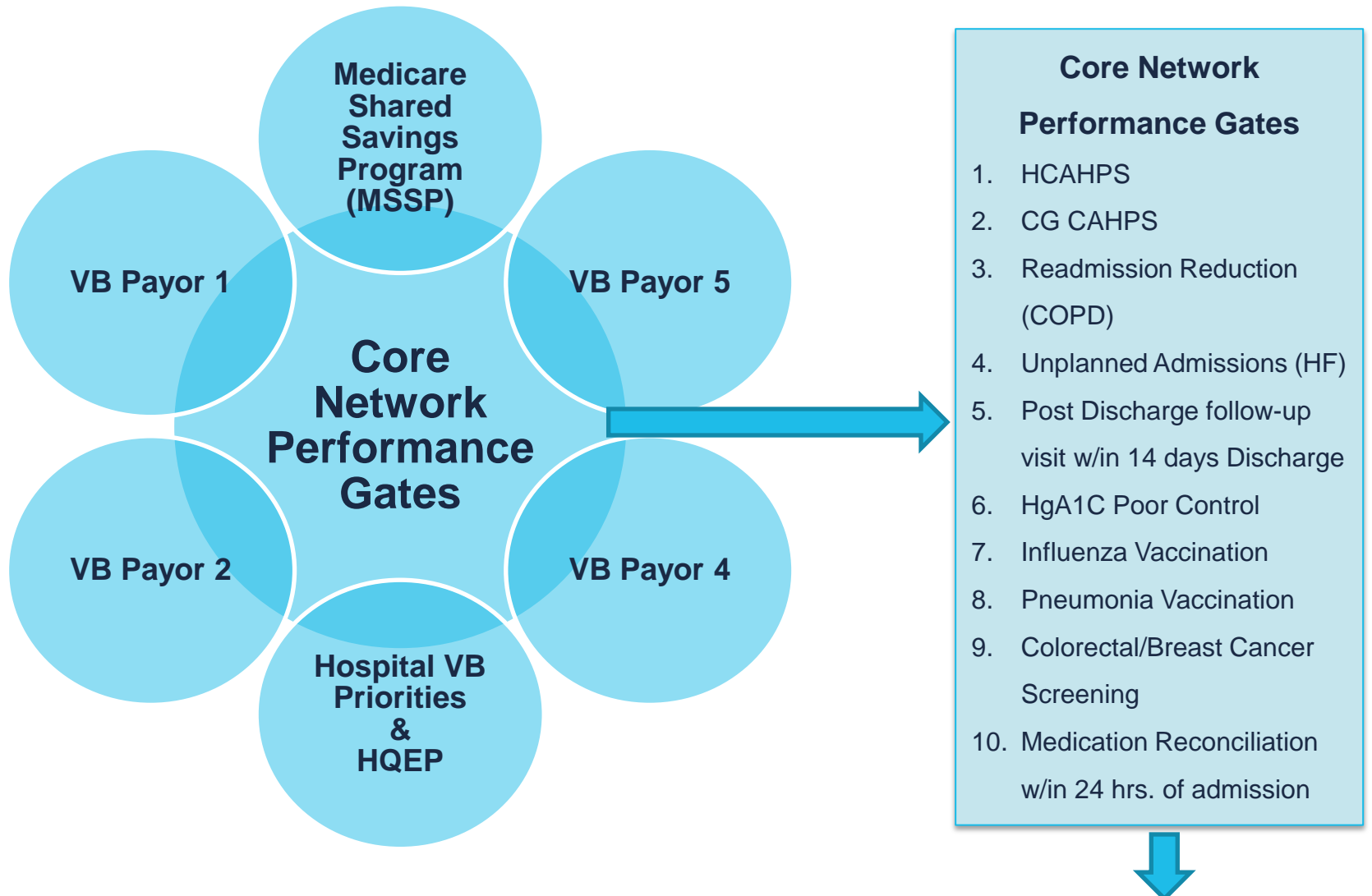
- Access to schedule by patient navigators: pass/fail
- Access to EMR for quality measure abstraction: pass/fail
- Meeting Attendance: minimum of 50% participation required



*Quality Distribution Detail:

- Based on achievement of the CMS required minimum standard for complete and accurate reporting (Currently requires a 90% audit match rate)
- Earned savings distributed to eligible providers based on their Attributed Lives at a PM/PM rate

Network Performance Priorities



MSSP Year One Distribution Eligibility Gate

- Achieve equal to or better than target for post DC follow-up visit within 14 Days (Methodology pending)