Using The Medicare Shared Savings Program to Respond to Clinically Integrated Network Challenges

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April 30, 2015

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Speaker



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Bernie Duco joined Norton Rose Fulbright's healthcare team in 2014 after serving as Chief Legal Officer with the Memorial Hermann Health System. Bernie led the development of Memorial Hermann's Medicare certified Accountable Care Organization and was the lead legal advisor for MHMD – Memorial Hermann's clinically integrated physician group. Prior to joining Memorial Hermann, Bernie served as Senior Vice President and General Counsel for Mercy Health System in St. Louis. Having served for over 20 years as general counsel for large non-profit health systems, Bernie has broad corporate governance, transaction, and litigation management experience. Bernie received his JD from the University of Houston Law Center and his BA from Rice University. He is licensed to practice in Texas and Missouri.

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What is a Clinically Integrated Network?

A Clinically Integrated Network (CIN) is a collaboration among independent/private practice and employed physicians and a hospital or health system, designed to operate a clinical integration program, which is an active and ongoing program of clinical initiatives to improve the quality and delivery of health care services, leading to greater efficiency in care delivery and cost savings

What are the characteristics of an effective CIN?

A properly developed and implemented clinical integration program contains initiatives that provide:

i. measurable results, such as evaluation and concrete improvement of clinical performance
ii. reduction of unnecessary service utilization, and
iii. management and support of high-cost and high-risk patients

CIN Challenges

- Engaging Physicians
- Creating CIN Infrastructure
- Redesigning Clinical Practice to Improve Quality and Efficiency
- Having Private Payors Recognize the CIN

MSSP Overview

- Medicare Shared Savings Program ("MSSP") Purposes
  - Promote accountability for the quality, cost, and overall care for a Medicare patient population
  - Improve the management and coordination of care for Medicare fee-for-service beneficiaries
  - Encourage investment in infrastructure and redesigned care processes for high quality and efficient service delivery
- Under the MSSP reimbursement model, CMS will share a percentage of shareable savings with accountable care organizations ("ACOs") that:
  - Generate shareable savings; and
  - Meet quality performance standards
- Who Can Participate?
  - ACO must have a minimum of 5,000 attributed beneficiaries
    - A plurality of primary care services received by a beneficiary must be provided by ACO participants for the beneficiary to be attributed to the ACO
  - Hospitals are permitted to participate if partnered with physicians

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Clinical Integration and Physician Acquisitions

First appeared as part of the conference materials for the
27th Annual Health Law Conference session
"Practical Legal Guidance: The Myths and Facts about Clinical Integration and Other Forms of Provider Collaborations"