

# Accountable Care NEWS

## Heading Off Disaster: Preparing for a Coordinated Care Organization Closure

*Learn how taking a disaster relief approach helped CareOregon prepare for a 40% increase in membership. In one day.*

**Contributed by Point B**

**R**arely does the collapse of a Coordinated Care Organization and subsequent movement of thousands of patients from one CCO to another – all within a matter of days – go off without a hitch. But that was the case in the recent closure of FamilyCare Health, a Portland OR-based CCO.

What could have been a catastrophe – moving thousands of patients from one CCO to another literally overnight while ensuring life-critical medicines and procedures were delivered – turned out to be a non-event, thanks to the thoughtful work and dedicated teams across CareOregon, the primary risk-accepting entity of Medicaid managed care for Health Share of Oregon, the largest CCO in the state, and Point B, a management consulting firm focused on not missing a beat during the transition.

CareOregon's structure and purpose gave it the ability to handle the transfer, ensuring the most vulnerable are cared for during turbulent times. In late 2017, FamilyCare was one of 16 Oregon CCOs when it announced in December that it would cease operations, discontinuing its Medicaid managed care plan effective February 1, 2018.

No CCO in Oregon had ever gone out of business, making the move of approximately 120,000 Medicaid patients in a single day to Health Share of Oregon unprecedented. For CareOregon, as the risk-accepting entity, this meant significant safety, operational and financial risks that needed to be addressed in advance of the switch.

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## Washington DC Watch Future of MSSP/Pathways Engenders Hot Debate

*“If the Medicare Shared Savings Program had started out the way the Centers for Medicare & Medicaid Services wants it to look in the future, 60% of Accountable Care Organizations in it now probably would not be. While there are many positive changes in the proposed Pathways to Success, there are a number of concerning provisions as well.”*

**T**he full-court press continues. Trade groups in the nation's capital – led by the National Association of ACOs – are turning up the volume on their demands that federal payment policy embrace and invest in product innovation and market development, instead of focusing solely on spending less on improving the population's health. Here's a look at recent developments.

### NAACOS Comments Include ‘Notable Findings from Recent ACO Poll’

The MSSP boasts 561 ACOs collectively caring for 10.5 million Medicare patients, “and CMS has proposed a number of changes that would make major modifications,” the organization says in a statement.

- The proposal represents “efforts to modernize the program and improve it through providing increased program stability and predictability and allowing more program flexibility and opportunities to engage beneficiaries,” the association says in a 39-page comment letter submitted to CMS.

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