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Accountable Care Organization Investment Model (AIM)

General Questions

Q: What is the ACO Investment Model (AIM)?

A: AIM is a model of pre-paid shared savings that builds on the experience with the Advance Payment ACO Model. Please visit our website at <http://innovation.cms.gov/initiatives/ACO-Investment-Model/> for more information.

Q: What is the purpose of AIM?

A: AIM was developed in response to stakeholder concerns and research suggesting that some Shared Savings Program ACOs lack adequate access to the capital needed to invest in infrastructure necessary to implement population care management successfully.

This model aims to encourage ACO formation in areas of low ACO penetration in order to produce better care and lower costs for Medicare fee-for-service (FFS) beneficiaries (e.g., Original Medicare). CMS also believes that encouraging existing Shared Savings ACOs to transition to higher risk arrangements will increase the degree and speed at which ACOs can improve care for FFS beneficiaries and generate Medicare savings.

Q: When did AIM start?

A: AIM began in April 2015 for qualifying Shared Savings Program ACOs with start dates of April 1, 2012, July 1, 2012, or January 1, 2013. Shared Savings Program ACOs with start dates in 2014, 2015 or 2016 joined the model in January 2016.

Q: When will AIM end?

A: AIM ACOs have agreement periods that vary based on the year they began participating in the Shared Savings Program. CMS will pursue collection of AIM funding earned through the ACO's second agreement period with the Shared Saving Program, as discussed in the recovery section below.

Q: Can my ACO join AIM?

A: Currently, there are no plans to open another application cycle and add more ACOs to this model. If you are interested in participating in an ACO, we encourage you to look at the Shared Savings Program, which will be accepting applications this year.

More information on the Shared Savings Program is available at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/index.html>

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Q: Can my AIM ACO join Medicare ACO Track 1+?

A: AIM ACOs are eligible to apply the Medicare ACO Track 1+ Model. The AIM Participation Agreement requires ACOs to maintain participation in the Shared Savings Program for the duration of their AIM Agreement Period.

More information on the Medicare ACO Track 1+ Model is available at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/New-Accountable-Care-Organization-Model-Opportunity-Fact-Sheet.pdf>

Q: Whom do we contact if we have questions?

A: Any questions about the model can be directed to AIM@cms.hhs.gov.

Participants

Q: How many ACOs participate in AIM?

A: AIM consists of 45 participating ACOs across 38 states, including 2 ACOs selected for a 2015 AIM start and 43 ACOs selected for a 2016 AIM start. Both ACOs selected for a 2015 AIM start began participating in the Shared Savings Program in 2013. Of the 43 ACOs selected for a 2016 AIM start, 2 are 2014 Shared Savings Program starters, 5 are 2015 Shared Savings Program starters and 36 are 2016 Shared Savings Program starters.

Q: How many Medicare beneficiaries do AIM ACOs serve?

A: As of January 2017, AIM participants serve a total over 487,000 beneficiaries nationwide; an increase of 53,000 beneficiaries from January 2016.

Q: Where are the AIM ACOs located?

A: AIM seeks to encourage ACO development in rural and underserved areas, and this can be seen in the ACOs newly admitted to the model. Of the 45 model participants, 36 have at least 65 percent of their delivery sites in rural areas. These rural areas are spread across the country with AIM ACOs located in 38 states.

38 States Represented by AIM Participants			
Northeast	South	Midwest	West
Maine	Alabama	Illinois	Arizona
Maryland	Florida	Indiana	California
New Hampshire	Georgia	Iowa	Colorado
Pennsylvania	Kentucky	Kansas	Idaho
Vermont	Mississippi	Michigan	Montana
	North Carolina	Minnesota	Nevada
	Oklahoma	Missouri	New Mexico
	South Carolina	Nebraska	Oregon
	Tennessee	North Dakota	Washington
	Texas	Ohio	Wyoming
	West Virginia	South Dakota	
		Wisconsin	

Eligibility

Q: Who was eligible for this model?

A: During the first application round, AIM was available to ACOs who began participating in the Shared Savings Program on April 1, 2012, July 1, 2012, or January 1, 2013.

A second application round of AIM was made available to ACOs who began participating in the Shared Savings Program in 2014 or 2015 or January 1, 2016.

Other Eligibility Criteria:

- 1) The ACO must have been accepted into and participate in the Shared Savings Program.
- 2) The ACO had completely and accurately reported quality measures to the Shared Savings Program in the most recent performance year, excluding ACOs that began participating in 2015 or 2016.

- 3) The ACO had a beneficiary assignment of 10,000 or fewer beneficiaries for the most recent quarter, as determined in accordance with the Shared Savings Program regulations, excluding ACOs that began participating in 2015 or 2016. An ACO with a 2015 or 2016 start date needed a beneficiary assignment of 10,000 or fewer, unless they served a rural area.
- 4) The ACO did not include a hospital as an ACO participant or an ACO provider/supplier (as defined by the Shared Savings Program regulations), unless the hospital is a critical access hospital (CAH) or inpatient prospective payment system (IPPS) hospital with 100 or fewer beds.
- 5) The ACO was not owned or operated in whole or in part by a health plan.
- 6) The ACO did not participate in the Advance Payment ACO Model.

Q: Could an ACO which participated in the Advance Payment ACO Model, also participate in AIM?

A: No, participants in the Advance Payment ACO Model were not eligible for this model.

Q: How did you select ACOs to participate among applicants?

A: *Existing ACOs (April 1, 2012, July 1, 2012, January 1, 2013, or January 1, 2014 starters)*

Once determined eligible for the ACO Investment Model, applicants were scored and selected based on:

- Spend Plan quality;
- Quality performance in the most recent performance year;
- Financial performance in the most recent performance year;
- The commitment of the ACO to renewing its agreement under a two-sided risk track in its upcoming ACO agreement; and
- ACO's application demonstrated exceptional need for pre-paid shared savings.

New ACOs (Start Date in 2015 or 2016)

Once determined eligible, applicants for this test under the ACO Investment Model were scored and selected based on:

- Spend Plan quality;
- ACO serves a rural area;
- ACO serves an area with low access to coordinated care (i.e. low ACO penetration);
- ACO elects a two-sided risk track; and
- ACO's application demonstrated exceptional need for pre-paid shared savings.

Applications were evaluated and scored by technical expert panel reviewers who were provided training in the evaluation process. ACOs were also interviewed to gather further information about their application.

Payment

Q: What are the payment amounts?

A: ACOs that began participating in the Shared Savings Program in 2015 or 2016 will receive an upfront fixed payment, an upfront variable payment, and an ongoing monthly payment.

- *An upfront, fixed payment:* \$250,000;
- *An upfront, variable payment:* \$36 per assigned beneficiary (based on preliminarily prospectively-assigned beneficiaries); and
- *A monthly payment of varying amount depending on the size of the ACO:* \$8 per beneficiary per month (based on preliminarily prospectively-assigned beneficiaries.).

ACOs that began participating in the Shared Savings Program on April 1, 2012, July 1, 2012, January 1, 2013 or January 1, 2014 will receive an upfront variable payment and an ongoing monthly payment.

- *An upfront, variable payment:* \$36 per assigned beneficiary (based on preliminarily prospectively-assigned beneficiaries); and
- *A monthly payment of varying amount depending on the size of the ACO:* \$6 per beneficiary per month (based on preliminarily prospectively-assigned beneficiaries).

Q: What if an ACO only needed a portion of those funds?

A: The model does not make partial payments. However, the ACO may reserve any unspent funds to apply against future recoveries.

Q: What are the restrictions for using money provided in this model?

A: Unacceptable uses of advance payment include but are not limited to:

- Augmenting provider salaries or providing bonuses to executives or administrators; and
- Purchasing imaging equipment (use of funds for other equipment will be scrutinized carefully as well, but not necessarily prohibited).

An ACO may request to use model funds for these “unacceptable uses” when they submit a revised spend plan for approval. Their justification will be evaluated and a determination will be made about whether the restriction will be lifted.

If you have questions about whether a particular type of investment is allowable under the ACO Investment Model, please contact program staff at AIM@cms.hhs.gov.

Recovery

Q: Do ACOs have to repay the money?

A: Test 1 ACOs (*Shared Savings Program Start Date in 2015 or 2016*)

For ACOs that began participating in the Shared Savings Program in 2015 or 2016, CMS will recover payments from earned shared savings for the first two agreement periods that the participant remains in the Shared Savings Program. CMS will recover all pre-payments up to the

total shared savings earned by the ACO, but will not pursue amounts in excess of the earned shared savings. Should an ACO not earn sufficient shared savings in the first Shared Savings Program agreement period to fully repay pre-payments, and should the ACO not enter a second Shared Savings Program agreement period, then CMS will not pursue full recovery of remaining pre-payments from that ACO. CMS will pursue full recovery of pre-paid shared savings from any ACO that does not complete its initial Shared Savings Program agreement period or the full term of the AIM agreement.

Test 2 ACOs (*Shared Savings Program Start Date of April 1, 2012, July 1, 2012, January 1, 2013, or January 1, 2014*)

For ACOs that began participating in the Shared Savings Program prior to 2015, CMS will also recover payments from earned shared savings for the first two agreement periods that the participant remains in the Shared Savings Program. CMS will recover all pre-payments up to the total shared savings earned by the ACO, but will not pursue amounts in excess of the earned shared savings during the first two Shared Savings Program agreement periods. If the ACO does not earn sufficient savings to repay the AIM pre-paid shared savings during their second Shared Savings Program agreement period, the ACO will be required to repay the outstanding balance directly. CMS will also pursue full recovery of pre-paid shared savings if the ACO terminates from the Shared Savings Program before the end of their second agreement period. Participants will be required to obtain a financial guarantee cover at least 50 percent of the total anticipated payments to ensure they are able to repay.

Evaluation

Q: Will there be an evaluation of the AIM? And are participants required to participate in the evaluation?

A: Yes, as with other CMS Innovation Center models, there will be an evaluation of AIM. Model participants will be required to submit data and information to the CMS evaluation contactor.

The evaluation of this model will determine whether these payments: 1) increase Shared Savings Program participation by ACOs that meet the eligibility criteria; 2) sustain ACO participation; and 3) move ACOs to greater levels of risk. In addition, this model will be evaluated to determine how each of these changes increase the level and/or speed at which ACOs improve the quality of care for Medicare beneficiaries, lower the cost of care, and improve the health of Medicare beneficiaries.