Medicare Shared Savings Program (MSSP) **BASICS**

C3 AND YOUR HEALTH CENTER HAVE ENTERED INTO A CONTRACT WITH CENTERS FOR MEDICARE- MEDICAID SERVICE (CMS) ON JANUARY 1, 2024. THIS CONTRACT IS NAMED MEDICARE SHARED SAVINGS PROGRAM (MSSP). MSSP IS A VALUE-BASED CONTRACT FOR ATTRIBUTED MEDICARE BENEFICIARIES.

Who is eligible for MSSP?

Medicare beneficiaries who meet the following criteria:

- Beneficiary must have at least one month of Part A and Part B enrollment
- Does not have any months of Medicare group (private) health plan enrollment (e.g., Medicare Advantage)
- Medicare is the primary payer
- Have had at least one primary care service with an ACO primary care physician who is part of the ACO
- Must have received the plurality of care services from the participating ACO
- Beneficiary must be a resident of the United States

Patients are not eligible if they:

Medicare beneficiaries who are enrolled in **Medicare Advantage**, **Senior Care Options (SCO)**, or **One Care program** are not eligible for this program.

What does it mean for your patients and your health center?

Medicare beneficiaries will not lose any of their Medicare benefits and can continue seeing any Medicare health care provider they choose.

Members are attributed to this program through either:

- 1. claims-based attribution; or
- 2. a voluntary selection called "alignment" which allows beneficiaries to choose the health care providers with whom they want to have a care relationship.
 - Beneficiaries may voluntarily align themselves to an ACO at any time during the year by logging into MyMedicare.gov and selecting a PCP of their choice.

Medicare beneficiaries who are not attributed based on claims or through voluntary selection can continue receiving services at your center.

Beneficiaries should be educated about their choices of providers and voluntary alignment. They should continue with the visit even if they are not interested in signing the approved form.



Will Medicare benefits, copays, and ID cards change?

Benefits: There is no change to Medicare benefits. Medicare beneficiaries will not lose any of their benefits and can continue seeing any Medicare health care provider they choose. Members will benefit from additional care management and care coordination, and more attention to quality measures such as re-admissions.

Claims Submission: Providers follow Medicare rules for prior authorizations and claims submission process.

Cost Sharing: There are no additional fees to C3 for any services, drugs, or membership. Medicare co-pays remain the same.

ID Cards: Beneficiaries will not receive additional ID cards from C3. They will use their original Medicare ID card with Medicare Beneficiary Identifiers (MBIs).

What is the MSSP beneficiary notice?

This notice is developed by CMS and requires it to be mailed to Medicare beneficiaries twice a year. The purpose of this beneficiary notification is to alert patients that their health care provider is participating in an exciting Medicare program called MSSP.

What does it mean for the patients at your clinic?

MSSP beneficiaries may call your health center with questions after receiving this notice. Please ensure them that:

- Their benefits are not changing.
- Their provider is not changing. They can still use any provider that is enrolled in Medicare at your health center.
- There are no additional co-pays, fees, or ID cards.

What happens to data that Medicare collects? Can patients opt out?

Medicare shares patient information with your healthcare provider for care coordination and to measure quality of care. If patients choose to opt out of this, they can call **1-800-MEDICARE**.

Questions:

Beneficiary information:

Including voluntary alignment selections, and information on benefits, providers, and services.

- medicare.gov
- 1-800-MEDICARE
- (TTY: 1-877-486-2048)

Provider and Plan information:

cms.gov

C3 Member Advocates and General information:

Monday – Friday, 8 a.m. – 5 p.m. (EST),
Toll-Free: 1-866-676-9226 (TTY:711)

