How To Select the Best Value-Based Care Models for Post-Acute Physician Practices

Tom Haithcoat

President of Ceptor Consulting, LLC

President of Physician Services
Careline Health Group

AMDA – Board of Directors
Co-Chair of PGN and Membership

ceptor
CONSULTING, LLC

Todays Topics

Critical programs for post-acute care success in value-based care

Pros and cons of value-based care models for post-acute care practices

Clear steps and recommendations you can deploy right away

ceptor CONSULTING, LLC

Background

Volunteered as a pre-teen in large county home in Indiana

1997 - National/Regional SNF mgmt. companies in administration primarily business development

2008- Transitioned to PAC Physician Practice mgmt. and became very involved with AMDA and assisted in forming the Practice Group Network(PGN)

2018- COO for CareConnectMD ACO where we built the largest PAC centric ACO in the country

2021- Consulting work exploring various Value Based options and strategies for PAC groups, EHR's, Population Health Platforms, SNF Operators

ceptor CONSULTING, LLC

Poll

Are you currently participating in a risk-based reimbursement model ?

- We have been for years
- We plan to start this year
- Not sure yet
- Hopefully never


Social Security Administration
State Protection & Advocacy Systems
CLASS Independence Fund
CLASS Program
CLASS Independence Benefit Plan
CLASS Independence Fund Board of Trustees
Treasury Department
Office of Tax Analysis
Office of Personnel Management
PCORI Board of Governors
PCORI Website
PCORI
PCORI Methodology Committee
PCORI Trust Fund
PCORI Expert Advisory Panels
Office of Multi-State Qualified Health Plans
Justice Department
Interagency Working Group on Health Care Quality
Black Lung Benefits Act
Labor Department
Hours of Service Determination for Calculating Employer Mandate Penalty
Rules for Insurance Claims Appeals
Other New Regulatory Programs
4
Cures Acceleration Network Review Board
Cures Acceleration Network
NIH
National Public Education Campaign on Prevention & Health Promotion
Community Preventive Services Task Force
National Oral Health Public Education Campaign
National Diabetes Report Card Program
CDC
National Partnership on Prevention & Health Promotion
National Diabetes Mortality Statistics Education Training Program
Advisory Board on Elder Abuse, Neglect, & Exploitation
Multi-Disciplinary Panels on Improving Long-Term Care
National Training Institute for Federal and State Surveyors
Elder Abuse, Neglect, & Exploitation Forensic Centers
Elder Justice Coordinating Council
Other New Demonstration & Pilot Programs
26
19
MedPAC
Comptroller General
GAO
Optional Basic Health Program
State Surveyors
Vital Statistics Agencies
Essential Health Benefits Package
Bronze
Silver
Gold
Platinum
States
NAIC
Health Care Choice Compacts
Reinsurance Program
US Territories
AHRQ
Other New Bureaucracies
22
Prevention & Public Health Fund
National Prevention, Health Promotion, & Public Health Council
Surgeon General
Prevention Website
Website "Transparency in Government"
Interagency Pain Research Coordinating Committee
Advisory Group on Prevention, Health Promotion, and Integrative and Public Health
Public Health Service
Health Care Quality Website
Public Health Quality & Efficiency Measures Development Program
National Health Strategy & Priorities Office
National Health Disparities Data Collection & Reporting System
Health IT Policy Committee
Secretary
Health & Human Services
US Preventive Services Task Force
HHS Inspector General
Value-Based Insurance Design & Coverage of Preventive Health Services
Qualified Health Plans
Privacy Study
Eligibility Determinations
Health Insurance CO-OP
CO-OP Advisory Board
Private Purchasing Council
Government Health Benefit Exchanges
Internet Portal
Risk Corridors
Data Collection
Small Business Health Options Program
MEWA Health Plans
Medicare Part A Trust Fund
Medicare Part B Trust Fund
IPAB
IPAB Consumer Advisory Council
Loan Repayment & Forgiveness Programs
4
Community-Based Care Transitions Program
CMS
CMS Actuary
Federal Coordinated Health Care Office
Insurance Mandates
17
Individual Market
Small Group Market
Mandatory Worker Auto-Enrollment
Employer Mandate: Provide Health Insurance
W2 Health Insurance Disclosure
Medical Device Excise Tax
Home Health Agencies
Ambulatory Surgical Centers
Skilled Nursing Facilities
Center for Medicare & Medicaid Innovation
Medicaid/CHIP
Medicaid Health Home Program
Large Group Market
Large Employers
Self-Insured Health Plans
Medical Device Manufacturers
Health Industry
Mandates, Regulations, Taxes, & Payment Cuts
Hospitals
Non-Hospital Value-Based Purchasing Program
ACO Accountable Care Organizations Program
Medicare Part C & Part D Insurers
Health Insurance Companies
Mandates, Regulations, Required Benefits, & Taxes
Employers
Mandates, Regulations, & Taxes
Small Employers
Pharmaceutical Companies
Medicare Administrative Contractors
Demonstration Program
Public Data Disclosure System
Medicaid Expansion: +16 million
State Medicaid Agencies
Annual Fee
Subsidies: Out-of-Pocket Expenses
"Cadillac Plans" Tax
Health Insurance Policy Holder
Individual Mandate: Buy Health Insurance
Large Business Employees
Annual Fee
Hospital Value-Based Purchasing Program
Hospital Compare Website
Medicare
Medicare Cuts: $528.9bn (includes MA cuts)
State-Specific Adult Health Quality Measures
Health Savings Accounts
Small Business Health Insurance Tax Credit
Physicians
Inpatient Rehabilitation Facilities
Hospice Programs
Long-Term Care Hospitals
PPS-Exempt Cancer Hospitals
Physician Quality Reporting System
Physician Value-Based Payment Modifier
Hospital Quality Reporting
Medicare Prescription Drug and MA-PD Complaint System
Medicare Advantage Cuts: $205.9bn
Subsidy: Medicare Part D Drug Program "Donut Hole"
Medicaid Quality Measurement Program
Premium Tax Credit Subsidies
"Excessive Profits"
Misuse of HSA Funds
3.8% Investment Income Tax
Individuals
Mandates, Regulations, & Taxes
Small Business Employees
10% Tax On Indoor Tanning Services
Medicare Payroll Tax
HSA
Flexible Spending

CMS Unified Messaging on Direction

100% of Medicare Beneficiaries will be aligned to a risk pools by 2030

2023: 700,000 Health Care Providers and Facilities Participating in one of 3 models

2023: 13.2 Million Aligned Beneficiaries

28.4 Million Medicare Advantage

17 Million Traditional Medicare Beneficiaries remain


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

ACO Realizing Equity, Access, and Community Health (REACH) Model

CMS Announces Increase in 2023 in Organizations and Beneficiaries Benefiting from Coordinated Care in Accountable Care Relationships

Today, the Centers for Medicare & Medicaid Services (CMS) announced that three innovative accountable care initiatives will grow and provide higher quality care to more than 13.2 million people with Medicare in 2023. More than 700,000 health care providers and organizations will participate in at least one of the three initiatives – the Medicare Shared Savings Program and two CMS Innovation Center accountable care model tests. This growth furthers achieves CMS' goal of having all people with Traditional Medicare in an accountable care relationship with their health care provider by 2030.

ceptor CONSULTING, LLC

	2015 and earlier	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026 and later
MIPS	Quality Resource Use Clinical Practice Improvement Activities Meaningful Use of Certified EHR Technology				4%	5%	7%	9%				
	PQRS, Value Modifier, EHR Incentives						MIPS Payment Adjustment (+/-)					
Certain APMs	Qualifying APM Participant Medicare Payment Threshold Excluded from MIPS				5% Incentive Payment							
					Excluded from MIPS							

KEY

- A Pay for infrastructure/operations
- B Pay for reporting
- C Pay for performance

- A Shared savings
- B Shared savings with downside risk

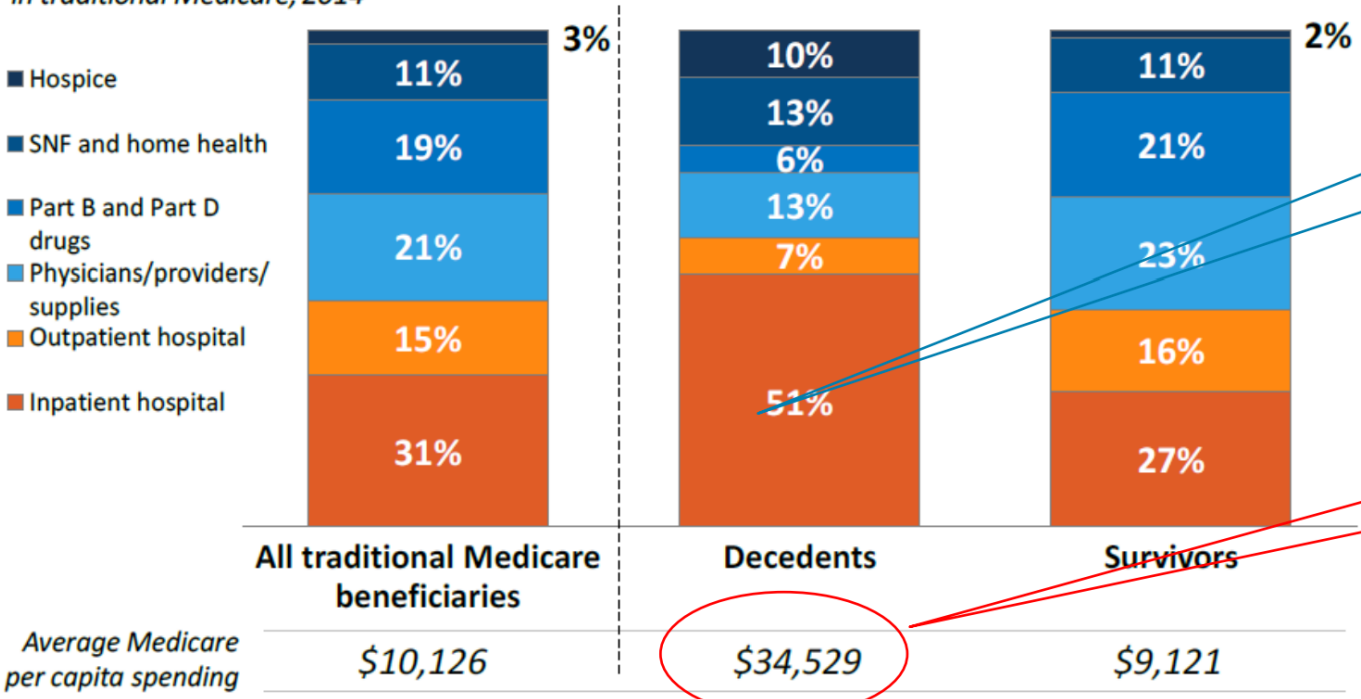
- A Condition-specific
- B Comprehensive
- C Integrated finance and delivery system

ceptor CONSULTING, LLC

Figure 6

Inpatient hospital care accounted for the largest share of per capita Medicare spending for decedents and survivors in 2014

Distribution of average Medicare per capita spending by type of service for decedents and survivors in traditional Medicare, 2014



NOTE: Excludes beneficiaries in Medicare Advantage. SNF is skilled nursing facility.
SOURCE: Kaiser Family Foundation analysis of a five percent sample of 2014 Medicare claims from the CMS Chronic Conditions Data Warehouse.

Source of your Primary Opportunity

Can you lower this?

ceptor CONSULTING, LLC

VBC Model	Pros	Cons
Fee For Service	It's what we know	Dying
MA Plan	Quickly Growing	Not Easy to negotiate
MSSP-ACO	No Risk Entry	Min-5,000 aligned patients May not work easily for PAC
ACO REACH	Partial to Full Capitation High Needs – No HCC Cap	Skeletons in closet are unknown Effect of SDOH on BM ($6) to +$30
SNP Plans(I|IE|D|C)	HCC and Pre-Auth	Very expensive setup and limited geographical coverage-state to state

ceptor
CONSULTING, LLC

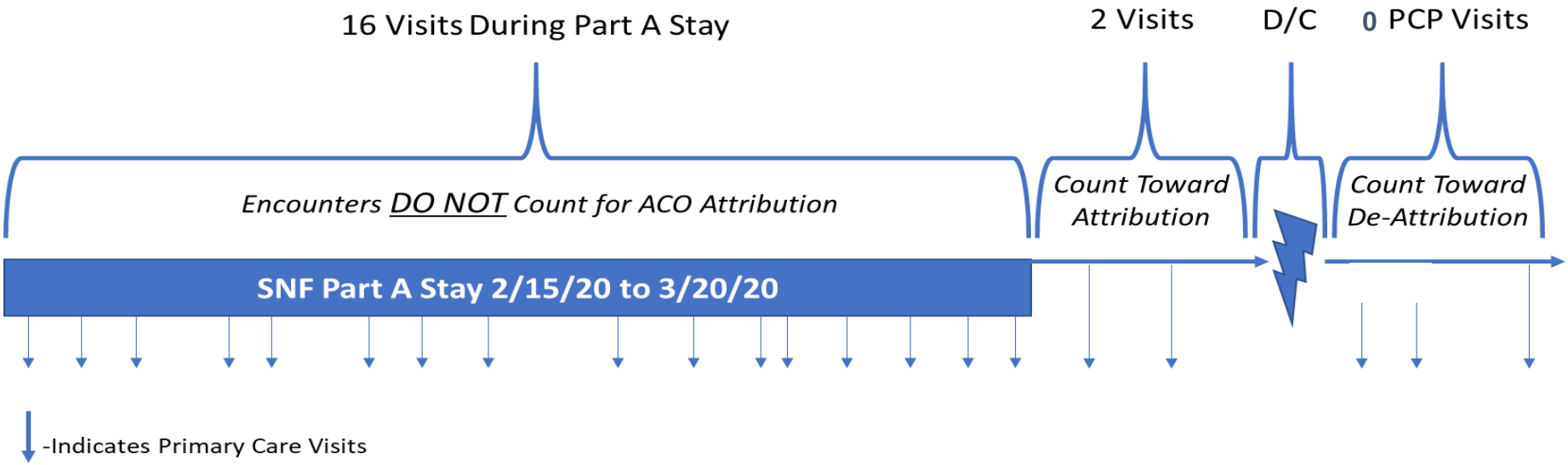
Poll

Which reimbursement models are leveraged in your practice?

- Fee For Service
- MA Plan
- MSSP-ACO
- ACO REACH
- SNP Plans(I|IE|D|C)

Feature	iSNP/ieSNP	MSSP ACO	ACO REACH
Type of plan	Institutional/Equivalent Medicare Advantage Special Needs Plan	Medicare Shared Savings Program -Accountable Care Organization	Accountable Care Organization – Realizing Equity, Access, and Community Health
Minimum Alignment	500	5000	500 growing to 1300 by year 3
Authority	CMS	CMS	CMMI
Eligibility	Medicare beneficiaries with chronic conditions and/or institutionalized	Medicare beneficiaries	Medicare Beneficiaries
Participation	Voluntary for beneficiaries	Voluntary for providers	Voluntary for Providers, Either voluntary or via plurality
Financial arrangements	Plan handles claims processing	CMS handles claims processing	CMS handles claims and reconciles
Quality reporting	Required	Required	Required
Care coordination	Coordination with other providers	Coordination with other providers	Can have up and down stream provider agreements
Risk sharing (Min/Max)	Yes – Full Risk 100% up/down	Yes – Escalating from 0-100% risk	50% to 100%
Payment Model	FFS or CAP depending on provider agreements	FFS	Capitation with reduction or premium payments
Carve Outs	Hospice (Depending on state) Medications (In)	Medications (Part D) not at risk	Medications carved out
Feature	HCC impacts following PY	HCC impacts following PY	HCC is concurrent in High Needs and for all beneficiaries with RAF >3.0, 2.0 with 2 hospitalizations in prior year or Frailty as defined by DME utilization (problem for NH patients)
Network of providers	Limited network of providers focused on institutional care-Fully employed providers	Range of providers	Multiple contractual relationships – Hybrid of MSSP and ISNP
Benefits	Additional benefits tailored to meet the needs of institutionalized beneficiaries	Standard Medicare benefits with some enhancements	SDOH/Health Equity Plan requirements. Plan has -$6 to +$30 PMPM for underserved rural
Quality of care	Quality of care is measured based on specific set of measures designed for institutionalized beneficiaries- HEDIS	Quality of care is measured based on general set of preselected MIPS measures	Claims based Quality reporting and accurate HCC
Coverage area	Limited to specific state	Nationwide	Geographical benchmark adjustments. Challenges can occur when expensive states are in same plan as less expensive states.

PAC Example of an unintended program with MSSP-ACO Retrospective Methodology



ceptor CONSULTING, LLC

Critical data points for PAC

Advanced Care Planning(ACP)	• Full Code or No Code has far larger implications than whether to do chest compressions or not
Poly-Pharmacy	• While only SNP models are responsible for Medication costs at this time the other models ARE responsible for poor outcomes related to poor medication management

ceptor CONSULTING, LLC

ALL models tend to have skeletons in the closet for PAC Practices

ceptor CONSULTING, LLC

Final Thoughts

Recommendations

- Don’t go at it alone…seek others who may have paved the way
- It’s all about the details…know them before jumping in
- CMS recognizes ACOs are part of the solution
- Join AMDA and/or Practice Group Network
- Get involved with AMDA’s “Drive to Deprescribe”

We see a pathway to success

- MSSP-ACO: There are paths forward for PAC
- ACO REACH: Latest darling model…time will tell
- SNP: Positive track record but difficult administratively with geographical challenges (State to state)

ceptor CONSULTING, LLC

3 ways GEHRIMED can help you manage value-based care programs

Intuitive workflows to decrease time spent on cumbersome processes and increase time spent with patients

Leading edge interoperability including the new ONC 2015 Cures Update Certification

Reporting and analytics to help identify and care for high-risk individuals

GEHRIMED
A Netsmart Solution

For your free demo, email ***netsmart@ntst.com***

Q&A

Stay in Touch

Happy to address any unique or individual questions not covered today…reach out

Tom.Haithcoat@CeptorConsulting.com

www.calendly.com/thaithcoat/60min
to directly schedule

ceptor
CONSULTING, LLC

Thanks for joining us!

Recording and slides will be emailed out shortly