

PSW and NW Momentum Health Partners ACO



2021 NGACO Performance

Agenda

Next Generation ACO

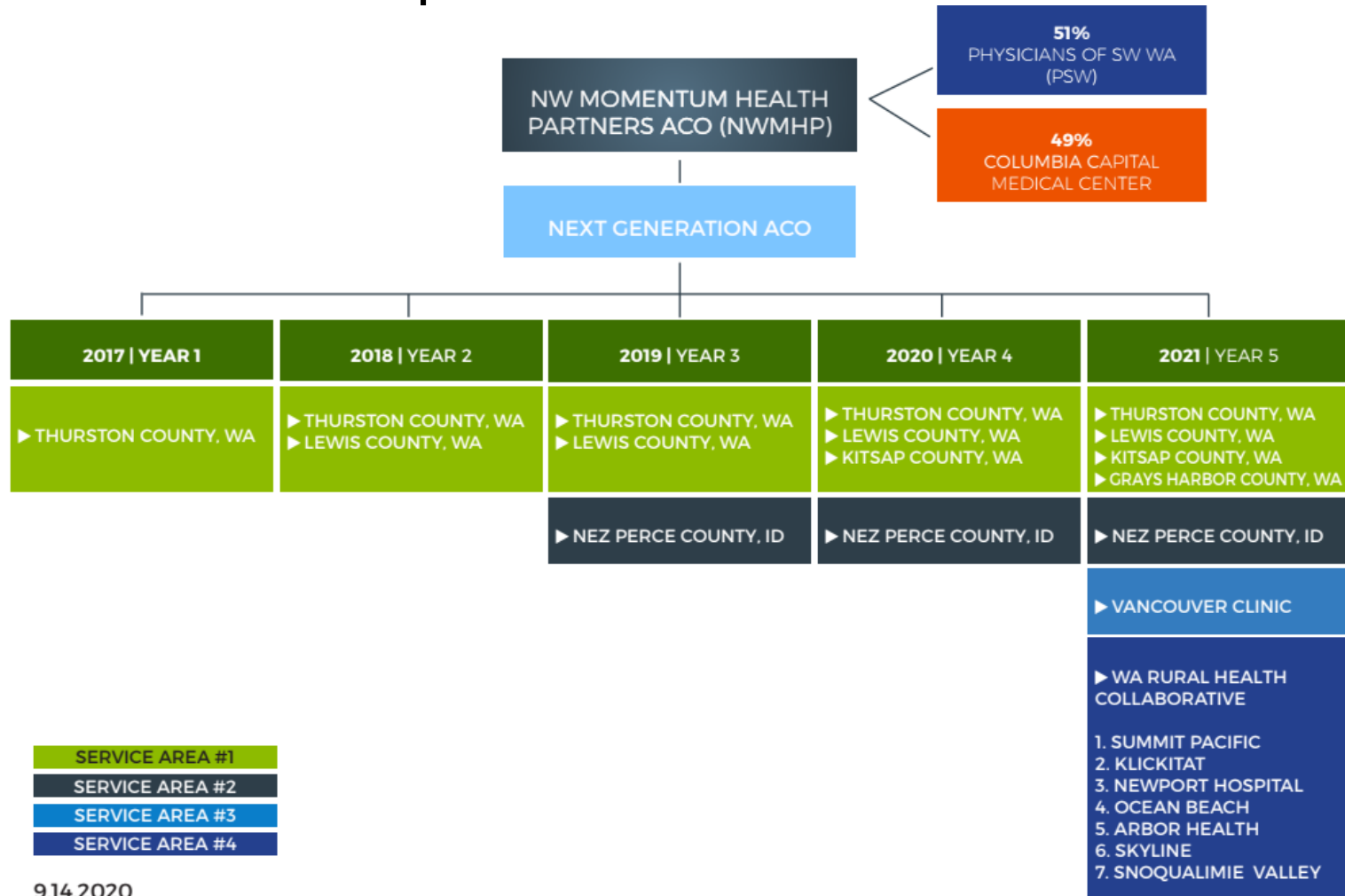
- Program-to-date
- Performance
- Operations

2022 Innovative Models

- Policy & Advocacy
- Direct Contracting Professional
- Network Evaluations

Timelines and Next Steps

Network Expansion



9.14.2020

Beneficiary Growth

2017

2018

2019

2020

2021

▶ BENEFICIARY LIVES

7.792

8.130

14.093

16.500

~33.000

PARTICIPATING MODELS

▶ Next Generation Accountable Care Organization (ACO)

▶ Bundled Payments for Care Improvement (BPCI-A)

▶ Direct Contracting

Next Gen ACO – 2021 Meetings

January	February	March	April
20th: ACO Board Meeting 28th: Executive JOC Meeting	11th: Town Hall Meeting		21st: ACO Board Meeting 29th: Executive JOC Meeting
May	June	July	August
13th: Town Hall Meeting		21st: ACO Board Meeting 29th: Executive JOC Meeting	12th: Town Hall Meeting
September	October	November	December
	20th: ACO Board Meeting 28th: Executive JOC Meeting	11th: Town Hall Meeting	

WHO CAN ATTEND:

ACO Board Meeting = Board Only

Executive JOC Meetings = Regional Partner Representatives Only

Town Hall Meetings = All Provider Network

MEETING TIMES:

ACO Board Meeting 5:30-8p

Executive JOC Meetings 7:30-9a

Town Hall Meetings 9-11a

11-11-2020

Quality Payment Program (QPP) Update

Advanced Alternative Payment Models (APMs) are a track of QPP, offering a 5% incentive (APM bonus) payment to eligible Participant providers for achieving threshold levels of payments or patients.

Why is it important?

- Creates incentives for providers to participate in Advanced APMs under MACRA rules.

What changed for 2021?

- The Consolidated Appropriations Act has frozen Qualifying Participant (QP) Thresholds for the 2021 and 2022 performance year.

What does this mean for Participant Providers?

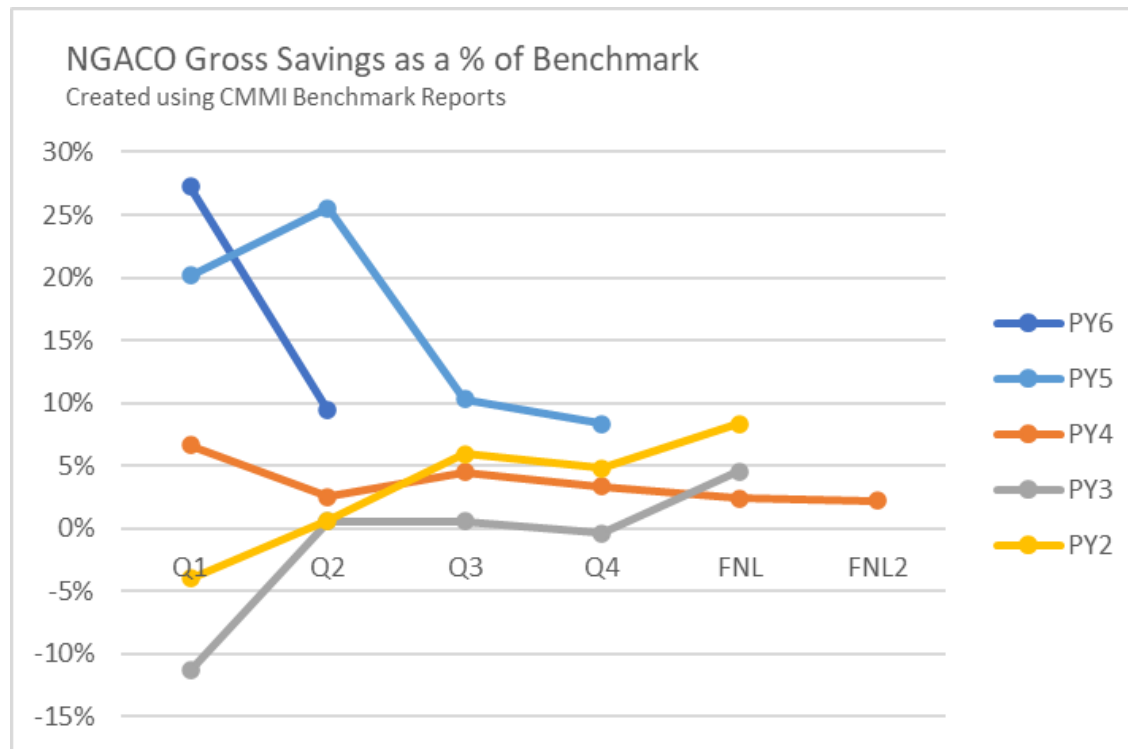
- The freeze on thresholds allows for better chances for NWMHP has a whole to reach QP status. Reaching QP status will allow eligible Participant Providers to receive the 5% APM Bonus payment and be excluded from reporting MIPS.

NWMHP	2018	2019	2020	2021 – 1 st Snapshot
Payment	30%	31%	38%	51%
Patient Count	33%	33%	44%	56%
Achieved	YES	NO	YES	YES

NGACO 2021 2nd Quarter Settlement

01/01/21-06/30/21 results with runout through June 30, 2021

RESULTS EMBARGOED UNTIL FINAL



IBNR accounts for 13% of claims expense in PY6 Q2 settlement report



Next Generation ACO
Group Scorecard
2021 Q1

		% of Population Receiving AWWs	IP Readmit Percentage	ER Visits PTMPY	IP Admits PTMPY
ACO Performance 2020		37.0%	16.1%	329.7	146.1
DOS: 1/1/2020 - 12/31/2020					
Target Goal		60.0%	14.6%	513	209
Members					
ACO Performance 2021	28378	8.0%	12.4%	356.2	134.2
Vendor					
Lewiston	4874	15.6%	14.9%	458.9	137.9
		Target 60.0%	Target 14.6%	642.0	216.0
Originals	11367	8.7%	12.8%	256.6	126.7
		Target 60.0%	Target 14.6%	349.0	194.0
Rurals	7243	2.6%	10.8%	517.7	127.6
		Target 60.0%	Target 14.6%	751.0	210.0
TVC	3993	7.7%	12.7%	246.6	173.4
		Target 60.0%	Target 14.6%	404.0	238.0
Unattributed Members	901				

Color Key

- Not Meeting Goal
- Meeting Goal, Worse Than ACO Avg
- Meeting Goal, Better Than ACO Avg

• Based on Paid Claims received on or before 06/21/2021

• DOS: 1/1/2021 - 03/31/2021

Milliman benchmarks provided to partners

Targets: IP Readmit, ER Visits and IP Admits –5% improvement over benchmark;
AWV will be 20% minimum threshold and then 5% over benchmark

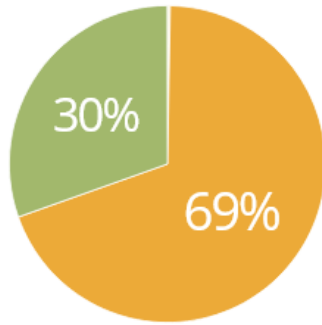


NGACO CM Outcomes

January – June 30, 2021



Transitional Care Management Engagement



ED Discharge ED Discharge Protocol ED Protocol TCM Care Protocol

YTD: TCM Population Outreach

2,771

YTD: Able to Reach

78%

Goal = >60%

YTD: Engagement Rate

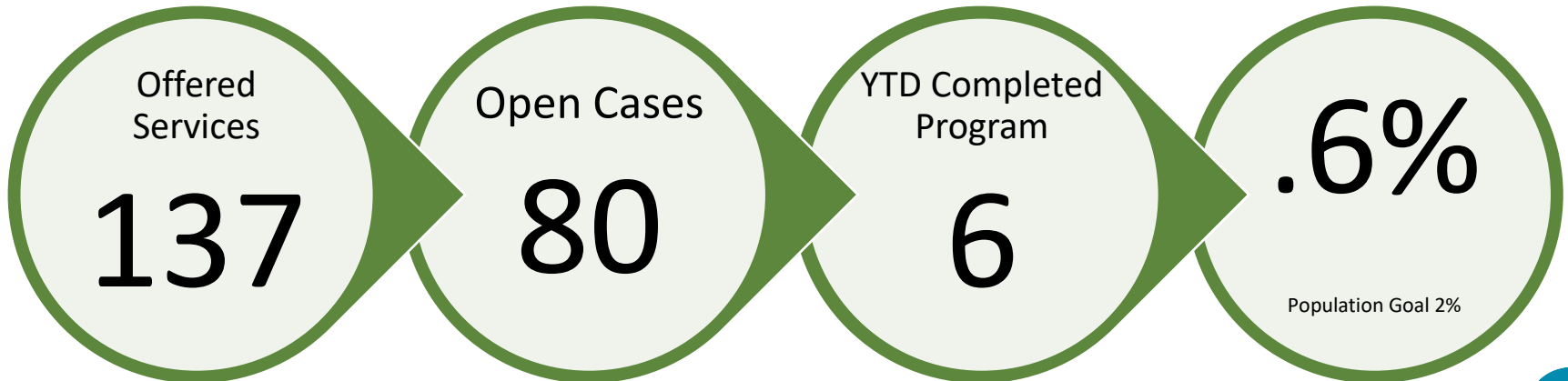
97%

Goal = 98%

Population

13%

Complex Care Management Engagement



NGACO Monthly Care Management Activities

Monthly Activity Review

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Total TCM	315	376	363	453	681	531
Reached	72%	78%	78%	77%	77%	73%
Engagement	90%	96%	94%	98%	99%	99%

ED Dashboard

4,130 visits
347 PTMPY
476 avoidable visits

Inpatient Admissions

1,588 admits
134 PTMPY

Re-Admissions

8.8%

10 clients enrolled into RPM services

2021 Annual Wellness Visit Letters



[NAME AND ADDRESS]

Street-1
Street-2
City, State Zip

{Date}

MAKE YOUR HEALTH A NUMBER ONE PRIORITY

It's important to stay connected with your provider and up to date on your health. As a Medicare member, NW Momentum Health Partners (NWMHP) providers make sure your healthcare needs are met. Our records show you're eligible for your Annual Wellness Visit as of {insert eligibility date}. **If you have completed your Annual Wellness Visits, no action is needed. We encourage you to follow the wellness plan you and your provider created.**

By following a schedule of routine exams, screenings and vaccinations, you'll stay healthier longer. Plus, since you are enrolled in original Medicare, you are able to have an Annual Wellness Visit with your provider at no cost to you. Medicare offers this visit yearly to review your health and health risks, both in-person and via Telehealth. We encourage you to explore Telehealth as an option, or schedule an in-office visit to complete your Annual Wellness Visit.

To help increase the AWW utilization in the ACO, NWMHP will begin sending letters to beneficiaries still in need of an AWW.

Our Quality team can gather a list of patients based on open care gaps that need to schedule their AWW.

A copy of this letter will be posted on the Partner Portal. Mailings are scheduled to begin in August.



Your #1 Resource: NWMHP Partner Portal

Check it out:

- NGACO Scorecard Example
- How to be Successful in an ACO
- Pathway to Wellness (AWV)
- Provider Network Validation Form
- Beneficiary Notification Letter
- Innovaccer 101
- Town Hall FAQ
- QP Thresholds FAQ

Don't forget to subscribe to the NWMHP mailing list today!



2022 Innovative Models



Public Policy and ACO Models Landscape

Model Options

- NWMHP and PSW each applied to both ACO models options: Direct Contracting and MSSP Enhanced
to allow for network flexibility and diversification strategies

The change in administration has affect on the strategic considerations

Direct Contracting Entity Model

Previous administration “fingerprints”

Model is closed for new entries

Attractive option for payers and market disruptors (private equity, venture capital)

Benchmark favors brand new entries

Anticipate a potential Next Generation ACO track inside the MSSP program in future

Financial modeling considerations

MedPac Report

Recommends reducing the number of CMMI testing models

Scrutinizing wall street dollars in healthcare

Medicare Advantage and coding deeper dive

Pandemic impact in benchmark years lack of clarity on how CMS will consider PHE performance years in calculations

ACO Model Evaluation Update

Expected 2022 Models / Ownership

- NWMHP to move forward with Direct Contracting (DC)

Model Evaluation Process

- Opportunities / risks
- Financial projections and performance analysis
- Network configuration

Actions / Timeline

- Submitted network for MSSP as placeholder – a notification will come out to void these MSSP agreements
- Meet with network partners
- Prepare and finalize funds flow, capitation (DC) for 2022 networks

ACO 2022: Investing in the Path Forward

Why Direct Contracting Professional?

Benchmarking Year Consideration

- Direct Contracting utilizes 2017, 2018, and 2019 offering normalized benchmarking projections
- MSSP utilizes 2019, 2020, and 2021– includes the negative impact of COVID on benchmarking/risk scores

Flexible Financial Opportunities

- Capitation - allocate funds upfront; cash flow and support of care initiatives
- Not taking more risk in DC; no detracting from work to date
- Quality Payment Program – 5% incentive bonus opportunity

Model Flexibility

- More options for Benefit Enhancement Waivers
- Model is not in federal statute – influenced by policy & advocacy
- Partial TIN vs. Full TIN option
- Voluntary alignment enhanced to support growth
- Direct Contracting Professional requires less risk be taken than Global

Strategic Opportunities



Direct Contracting

Strategic Model Considerations

Program Feature	Opportunity	Challenge
Alignment	<ul style="list-style-type: none"> • Membership Changes. Membership may increase or decrease based on factors such as alignment methodology and composition of your ACO, such as TIN, NPI, and APP utilization. 	<ul style="list-style-type: none"> • Less Opportunity for these members. Assuming most of these members are low-risk/low-utilizers, there is less opportunity to reduce total cost of care.
Capitation	<ul style="list-style-type: none"> • Cash Flow. Opportunity to engage primary care physicians (via primary care capitation) on monthly basis instead of waiting 18 months to share savings under MSSP. • Primary Care Investment. Potential for yearly capitation payments available through Enhanced PCC payments. 	<ul style="list-style-type: none"> • Administrative complexity. Would need to be part of a broader primary care compensation redesign. Also would require claim payment capabilities. • Analytical Capability. Do we have ability to report on quality and utilization metrics at provider level to ensure clear connection between payment and results?
Voluntary Alignment	<ul style="list-style-type: none"> • Favorable benchmark. Succeeding in voluntary alignment could be a mitigation strategy against higher downside risk under DC Global. • Growth. Provides incentive to grow in potentially under-served markets. 	<ul style="list-style-type: none"> • Investment. Would require significant investment to buy or build this skill set. • Sustained Execution. Would need to have primary care capacity to ensure continued engagement with new voluntary aligned beneficiaries.
Benefit Enhancements	<ul style="list-style-type: none"> • Compete with MA Supplemental Benefits. Could make FFS more attractive to MA switchers. 	<ul style="list-style-type: none"> • Administrative complexity. Similar to above, would require additional skill set and investment.

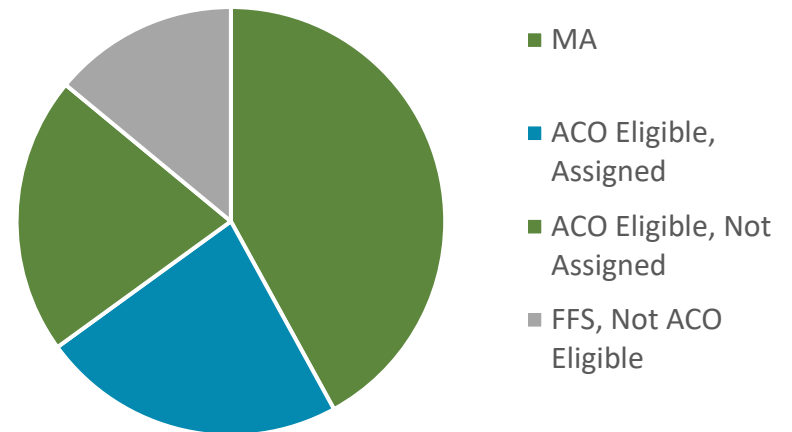
GPDC Opportunities

Voluntary Alignment

Market Segment	Strategy	Questions
ACO Eligible, Assigned	Retention / Voluntary Alignment	Already assigned to us. Do we have risk of losing to disruptors?
ACO Eligible, Not Assigned	Voluntary Alignment / Primary Care Outreach/ Network Expansion	How many of these beneficiaries have established Primary Care relationships?
FFS, Not ACO Eligible	Voluntary Alignment	Opportunity to engage underserved areas with existing facilities and/or build new clinics to better serve these areas.

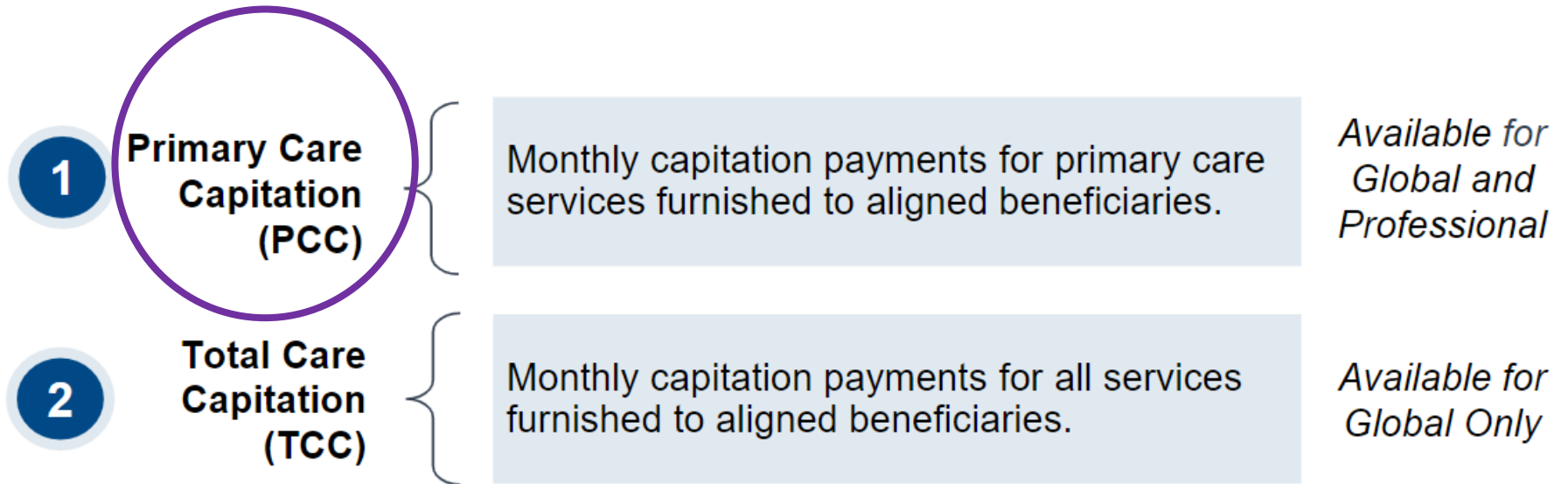
Medicare Market Summary:

Source: MA Enrollment and MSSP PUF. Weighted by current ACO enrollment



Capitation Payment Mechanism

DCE options



***For 2022, PSW intends to select Primary Care Capitation PCC**

Direct Contracting Payment Mechanism

Primary Care Capitation

DC Capitation is how NWMHP ACO intends to fund the additional initiatives or FTEs. DC Professional utilizes Primary Care Capitation – monthly capitation payments for primary care services to aligned beneficiaries.

NWMHP ACO receives a monthly payment from CMMI that is equal to 7% of the Performance Year Benchmark. A portion of this payment used to make Participant Providers whole for the required Fee Reduction in PY2022 (5%).

Providers bill their claims as normal. The reduction comes when the claim is processed by CMS. The providers will receive payment from CMS for the amount of the claim minus the reduction amount.

NWMHP can also use additional capitation funds to support additional initiatives or other opportunities.

Only Participants must take the Fee Reduction; Preferred Providers who bill certain Primary Care codes are eligible for the fee reduction and will be evaluated.

2022 Innovative Models

Benefit Enhancements

	MSSP Enhanced	Next Gen ACO Model	Direct Contracting
SNF 3-day rule	- SNF must have a quality rating of 3+ stars		
Telehealth	- Prospective assignment only	Available	
Beneficiary Incentive Program	- Can provide CMS-approved incentive payments to eligible beneficiaries who receive qualifying primary care services.	- Can make direct payments to beneficiary who receives certain services from the Next Gen ACO's Participants and Preferred Providers - Can provide in-kind items or services to beneficiaries	
Post-Discharge Home Visits	N/A	Available	
Care Management Home Visits	N/A	Available	
Part B Cost-Sharing Support	N/A	Available	
Home Health	N/A	N/A	- Nurse Practitioners to certify that a patient is eligible for home health services - May provide home health services to beneficiaries who are not "homebound" for certain conditions

Network Evaluations



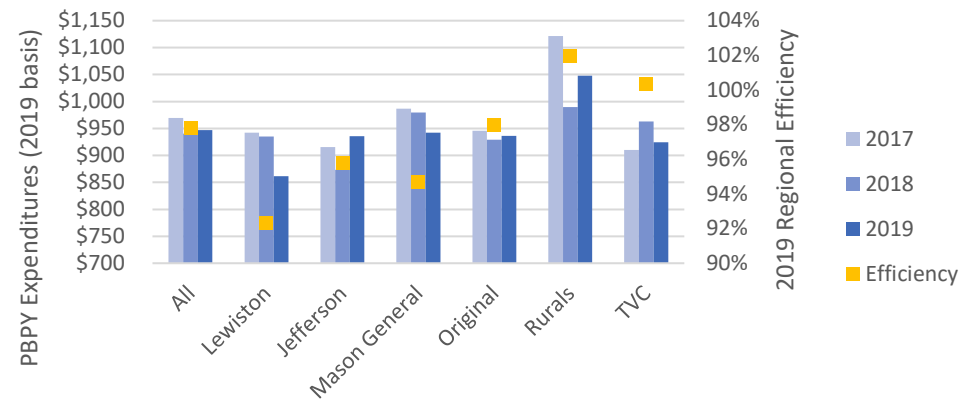
Financial Modeling

NWMHP Partner Selection

Risk Pool	Membership		
	2017	2018	2019
All	29,360	30,789	33,123
Lewiston	3,428	3,317	3,844
Jefferson	4,938	5,194	5,800
Mason General	1,924	2,257	2,498
Original	9,473	10,182	10,754
Rurals	5,262	5,510	6,025
TVC	4,335	4,329	4,202

NWMHP: 2017-2019 Benchmark Performance by Risk Pool

Data from CareJourney. Using PY21 PLST file and NPIs from new partner research



Network Configurations

Participant Providers vs. Preferred Providers

NWMHP evaluates provider network configuration annually to position for successful outcomes.

When providers are appropriately contracted as either Participant or Preferred, the ACO can achieve:

1. QP Thresholds
 - 5% bonus on Part B expenditures for Participants
 - Exclusion from reporting MIPS for Participants
2. Primary Care Capitation
 - Aligned to incentive successful outcomes on metrics
 - Improved patient care coordination
3. Attribution
 - Ensuring Participants are attributing provider specialties

Timeline and Next Steps



What can you expect?

Next steps

September 2021:

September 1st: NWMHP to evaluate provider network to determine Participants and Preferred Providers

September 3rd: NWMHP to notify providers of participation

September 10th: Submit provider list to CMMI

*A notification will come out to void any signed 2022 MSSP agreements

October – December 2021:

1. Participation Agreements will be sent and signed
2. Education, planning, and operations for January 2022 Performance Year start

PSW MA Provider Network

Value-Based Summit Webinar and Education Workshop

Education Workshop for Providers

Providers & practices of PSW's Medicare Advantage network are invited to attend our Education Workshop. This event qualifies providers for participation credit towards Primary Care's value-based contract annual quality metric.

Thursday, September 16, 2021

6:00 – 7:30pm – The Hub Central in Lacey, WA 98503

Dinner to be provided.

Agenda:

PSW Business Report | Chief Medical Officer Update | AWW Best Practices

Featured speaker: Dr. Tammy Bunn, Yelm Family Medicine

RSVP:

Please RSVP by Sept 10th to: providernetwork@pswipa.com

Value-Based Summit for Practice Managers

Practices & providers of PSW's Medicare Advantage network are invited to attend our Value-Based Summit Webinar.

We encourage practice staff to attend and welcome providers.

Tuesday, September 14, 2021

7:30 – 9:00am

Webinar link to be sent closer to event date.

Agenda:

Growth & Business Development - Population Health Initiatives - Medicare Advantage 2022

RSVP:

Please RSVP by Sept 10th to: providernetwork@pswipa.com

Open Discussion Forum