

The Town Hall will begin shortly.....

Due to the number of attendees, please mute yourself unless you plan to speak.

To ask a question at anytime during the presentation, please use the chat to submit your question.

NWMHP ACO Town Hall

May 25, 2023



Agenda

- Industry Updates
- Program Updates
- Voluntary Alignment
- Care Management Activities and Utilization
- Innovaccer Spotlight - Pre-Visit Summary



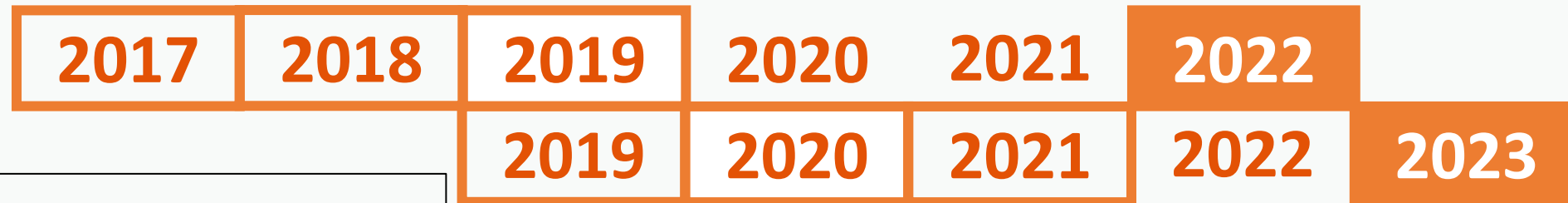
Industry Updates

MA vs ACO REACH Ratebook: Covid Years

Medicare Advantage Ratebook base years: **2022 to 2023**



DC/ACO REACH Ratebook base years: **2022 to 2023**

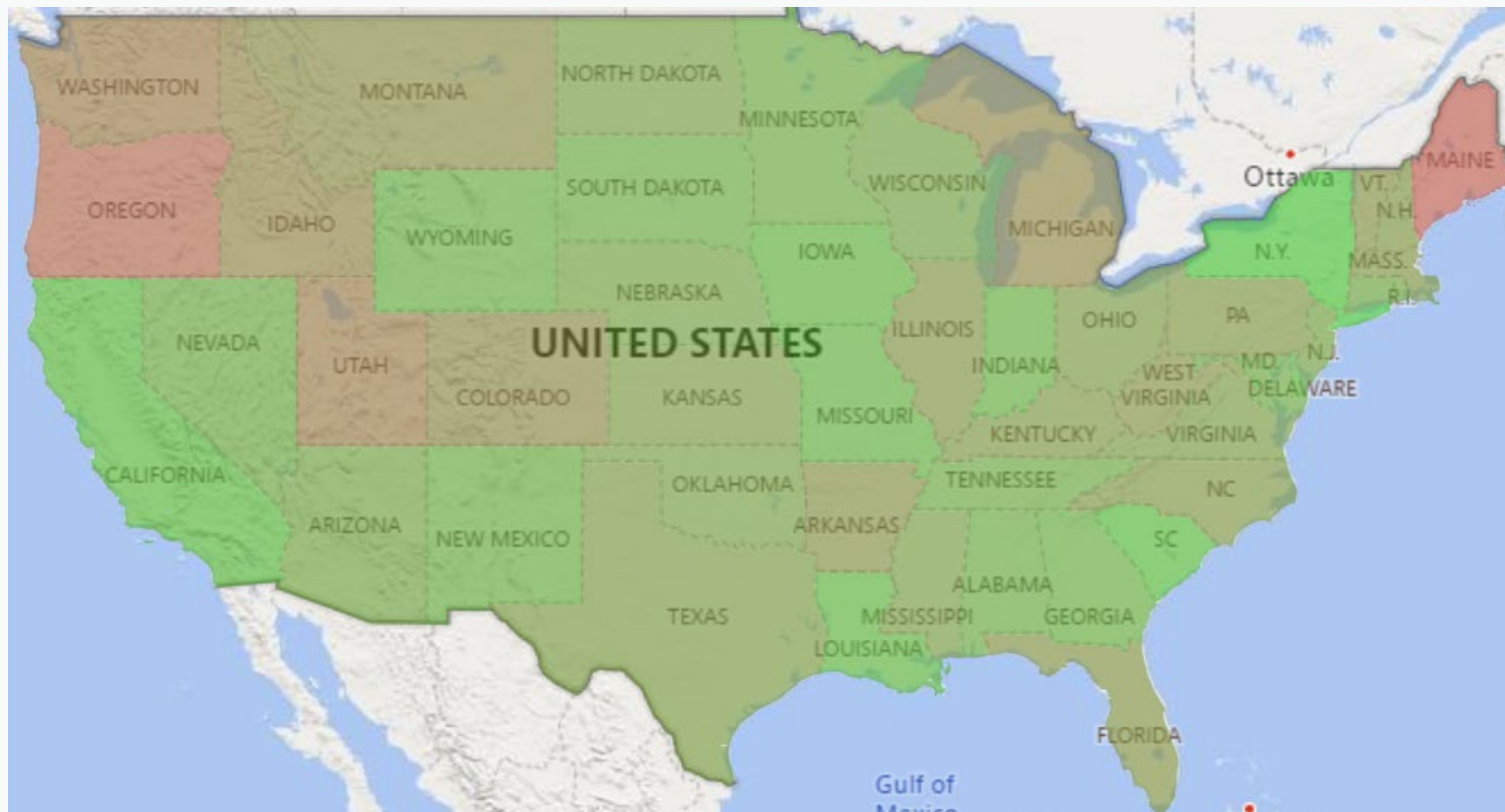


Key takeaways:

- Neither model included COVID years in 2022 ratebooks
- In 2023, COVID years account for 67% of ACO REACH experience and 20% of MA experience

ACO REACH Ratebook: Variation by State

Change in Direct Contracting/ACO REACH ratebook from 2022 to 2023

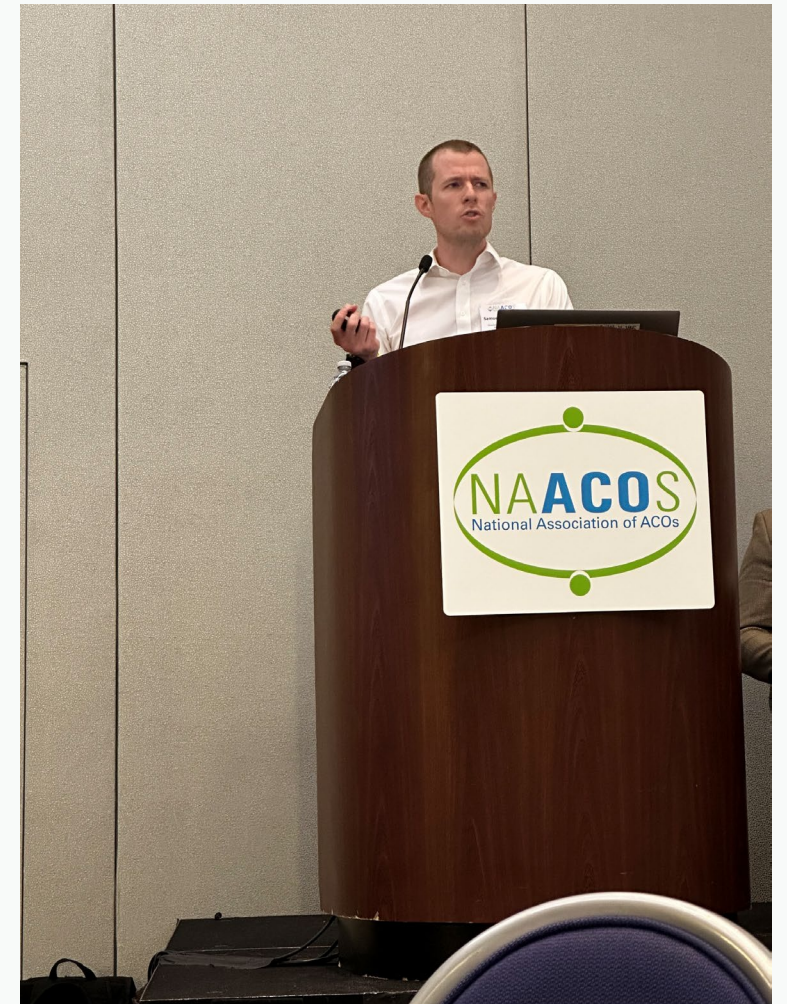


Notes: Weighted by FFS only beneficiaries in each state from MA market penetration report

- Smallest change
 - Puerto Rico (-2%)
 - Maine (-1%)
 - Oregon (0%)
 - Washington (2%)
 - Utah (2%)
- Largest change
 - DC (11%)
 - New York (7%)
 - South Carolina (6%)
 - California (6%)

NAACOS Conference 2023

- Sam Johnmeyer, Director of Actuarial Services, presented at the NAACOS conference on ACO REACH Benchmarking
- Sam focused on the ACO REACH Rate Book impacts and presented with the CMMI Financial Lead of the ACO REACH Model



Hill Visits in DC

- Melanie joined NAACOS members for a hill advocacy day
- Focus for the visits:
 - Education on Value-Based Care
 - MACRA
 - Value Act



PSW Joins New Advocacy Group

- Mara McDermott has launched the latest advocacy group: Accountable for Health
- Mara previously led the Value-Based Care Coalition
- Accountable for Health (A4H) is a national advocacy organization accelerating the adoption of sustainable and effective accountable care to improve health care quality and outcomes and lower costs.
- Includes representation from various ACOs across the country.





Program Updates

Beneficiary Notification

What should you do to prepare?

- Review and share the FAQ with providers and staff to answer beneficiary questions
- **The letter and FAQ can be found on the NWMHP Partner Portal**
- Reach out to NWMHP with any questions or concerns

Why is this important?

- Many beneficiaries are unaware of the services they can receive through the ACO
- Helps the beneficiary understand that your organization elected to participate in this program to help coordinate their care and increase quality outcomes
- Allows beneficiaries to hear from their trusted Primary Care Provider on who NWMHP is and the services we offer

New for 2023 – Email Notification

NWMHP sent an email version of the Notification to ~40% of the ACO population.

Email addresses obtained through EHR clinical connectivity and contacting partners for assistance.

This allowed for new tracking statistics:

1. 9,669 sent emails
2. 3,700 opened emails
3. 105 unsubscribed



NW Momentum Health Partners ACO

1300 Evergreen Park Dr. SW, Suite 200
Olympia, WA 98502
(360) 943-4337 option 6;
1 (877) 943-4337 option 6



REQUIRED ANNUAL NOTICE: NO ACTION NEEDED

Dear

We're writing to let you know that your doctor is part of **NW Momentum Health Partners (NWMHP)**, a Medicare Accountable Care Organization (ACO). This means they've teamed up with other doctors, hospitals, and health care providers to make sure you get the best care.


All members of NWMHP work together to provide coordinated care for you to get well and stay well. You get patient-centered care focused on YOUR needs, and more coordination helps prevent medical errors and drug interactions. When all your providers can see the same test results, treatments and prescriptions, you may save time, money and frustration by avoiding repeated tests and appointments. Better communication can also help protect against Medicare fraud and waste.

Your regular Medicare benefits stay the same. You can always go to any doctor, hospital, or other provider that accepts Medicare. Since your doctor is connected with NWMHP, you may also have access to expanded benefits at no extra cost. These expanded benefits are listed below – ask your health care provider if you qualify.

Medicare protects the privacy of your health information. If you don't want Medicare to share information with your health care providers for care coordination, call 1-800-

2023 Medicare Promoting Interoperability Program


- CEHRT approved EHRs have been successfully tested by the ONC to meet certification criteria.
- Certification supports clinical practice improvement and Care Coordination
- Patients can access and send their health information electronically.
- Clinicians and Hospitals have tools for clinical processes, care coordination and quality improvement reporting.
- CEHRT is used in many CMS applications and is **REQUIRED** for 75% of ACO REACH Participant Providers



The Office of the National Coordinator for Health Information Technology

Understanding Certified Health IT


Browse criteria by clicking an icon from the wheel. ----->




Interoperability is essential for systems to communicate




Certification supports clinician engagement in clinical practice improvement and care coordination activities using health IT – including participation in CMS programs




Patients can access and send their health information electronically



Clinicians & Hospitals have tools for clinical processes, care coordination, and quality improvement




Developers can assure their customers that their product meets recognized standards and functionality



2015 Edition Certification Criteria Categories

About the Certification Criteria

There are fifty-eight 2015 Edition health IT certification criteria, which are organized into the eight categories specified on the wheel above. ONC-Authorized Certification Bodies (ONC-ACBs) certify health IT products that have been successfully tested by an ONC-Authorized Testing Laboratory (ONC-ATL) to the certification criteria. These products are then listed on the Certified Health IT Product List (CHPL). We encourage clinicians to work with their health IT developers to determine if their products include the right set of certified functionality to support their practices and patients.

[Learn More](#)
 [2015 Edition Final Rule](#)  [Cures Act Final Rule](#)

Understanding Certified Health IT

2023 CEHRT Program Requirements

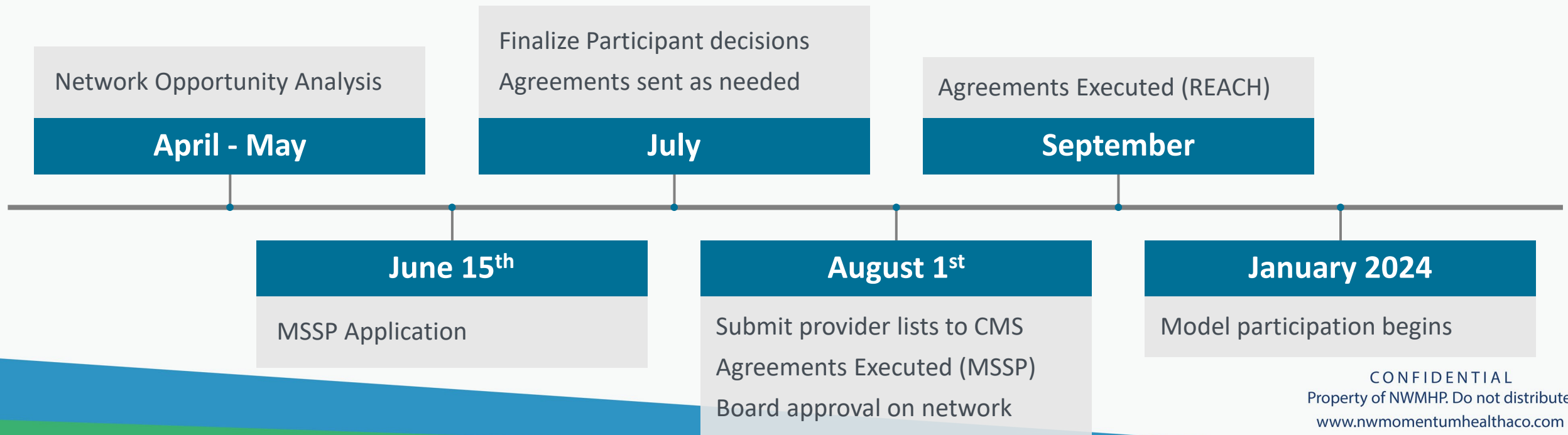
- 75% of ACO REACH Participant Providers will be **required** to use an EHR that has been updated to meet **2015 Edition Cures Update** criteria.
 - ACOs that do not meet 75% completion will receive a reduction in Shared Savings
 - This is an auditable event by the ACO and by CMS
- 2015 Edition Cures Update functionality must be in use by September 30, 2023.
- Current State: 50% of the Network meet CEHRT Program requirement.
- Cloud based software may automatically update (Athena, EPIC)

2024 Opportunity Analysis Timeline

PSW is creating new opportunities for providers to participate and evaluating scenarios for our current partners

The 2024 Opportunity Analysis provides a view of how partners could be successful in 2024

The timeline below outlines the key dates for the 2024 contract and roster submissions





Voluntary Alignment

Voluntary Alignment

What is Voluntary Alignment?

- The process by which a Beneficiary may voluntarily align with the ACO by designating a Participant Provider as their main doctor, main provider, and/or the main place they receive care

ACO REACH – Prospective Plus Voluntary Alignment

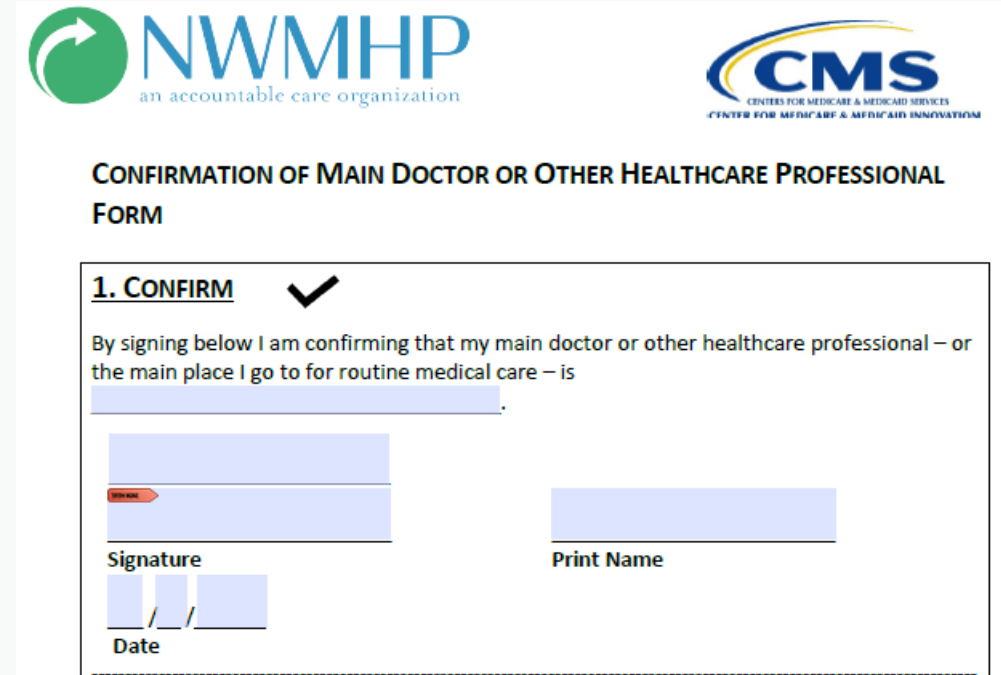
- Beneficiary alignment is performed prospectively prior to the start of a Performance Year
- Prospective Plus alignment is performed prior to the start of the second through fourth calendar quarters of a Performance Year
 - adding beneficiaries throughout the Performance Year

How do beneficiaries align?

- Paper Based Form (Mail, email, Fax) – Form is available on NWMHP Partner Portal
- Electronic via Medicare.gov

Voluntary Alignment (VA) – Use in Practices

- Many practices experienced a drop in alignment for 2023 due to patients not seen during the pandemic
- Voluntary Alignment can be used to re-align patients
- We would like practices to let us know how they could use the form and offer it to all of their Traditional Medicare Fee-for-Service patients
 - Practices would not need to know if the patient is or was an ACO beneficiary



The screenshot shows a form titled "CONFIRMATION OF MAIN DOCTOR OR OTHER HEALTHCARE PROFESSIONAL FORM". At the top left is the NWMHP logo with the tagline "an accountable care organization". At the top right is the CMS logo with the tagline "CENTERS FOR MEDICARE & MEDICAID SERVICES CENTER FOR MEDICARE & MEDICAID INNOVATION". The form content includes a section "1. CONFIRM" with a checkmark icon. Below this is the text: "By signing below I am confirming that my main doctor or other healthcare professional – or the main place I go to for routine medical care – is". This is followed by a blue input field. Below the input field are three more blue input fields: one for "Signature", one for "Date", and one for "Print Name".



Question:

Would your front office staff be able to identify Traditional Medicare FFS patients?

Tips for Complying with VA Requirements

- **DO NOT** complete a Voluntary Alignment Form or designate a clinician on Medicare.gov on behalf of the Beneficiary (May offer technical assistance)
- **DO NOT** directly or indirectly coerce or otherwise influence a Beneficiary's decision to complete a Voluntary Alignment Form or Medicare.gov designation
- **DO NOT** Include the Voluntary Alignment Form and instructions with any other materials or forms for beneficiaries to sign

- **DO** ensure Beneficiaries know that they can still go to any health care provider who accepts Medicare, even after they have voluntarily aligned
- **DO** make the official CMS Voluntary Alignment Beneficiary Fact Sheet accessible to all beneficiaries in your ACO
- **DO** let beneficiaries know the Practice partners with NWMHP in providing care

How to submit completed VA Forms

- Completed VA Forms can be:

- Faxed to (360) 999-5677
- Sent through secure, encrypted email to SherriK@pswipa.com or JacobW@pswipa.com
- Or sent via paper mail to NWMHP ACO at 1300 Evergreen Park Dr SW, Suite 200, Olympia, WA 98502

- Contact SherriK@pswipa.com with questions

CMMI VA Form Submission Dates	
Q1 for Q2 start	2/15
Q2 for Q3 start	5/15
Q3 for Q4 start	8/15



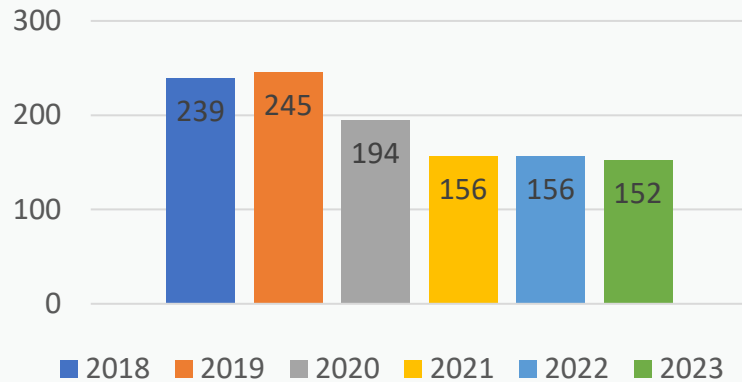
Care Management Activities and Utilization

Year over Year Performance Comparison

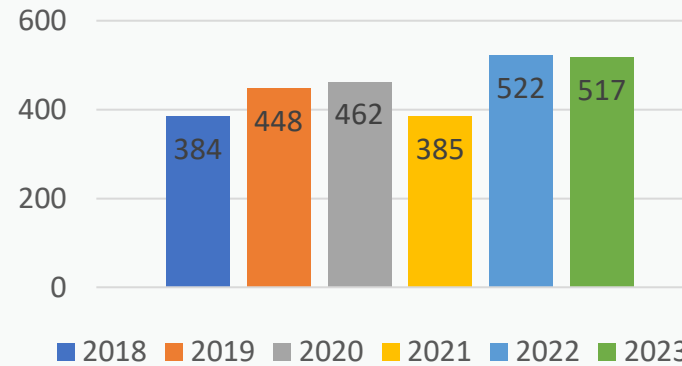
Claims data through January 2023



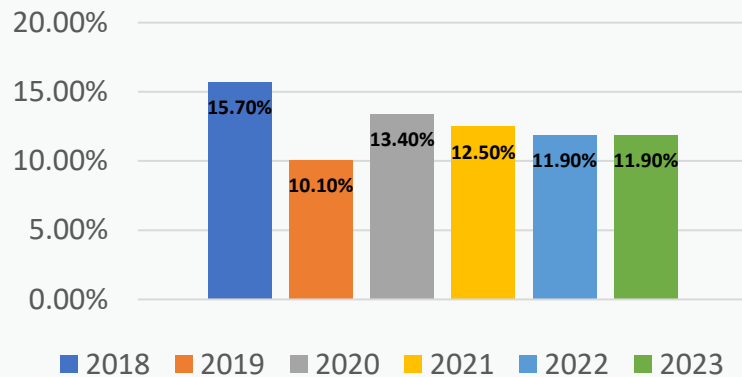
Inpatient PTMPY



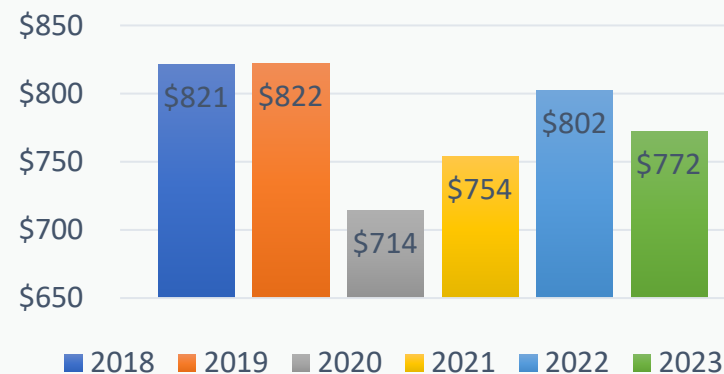
ED PTMPY



Readmissions



Overall PMPM



Performance affected by:

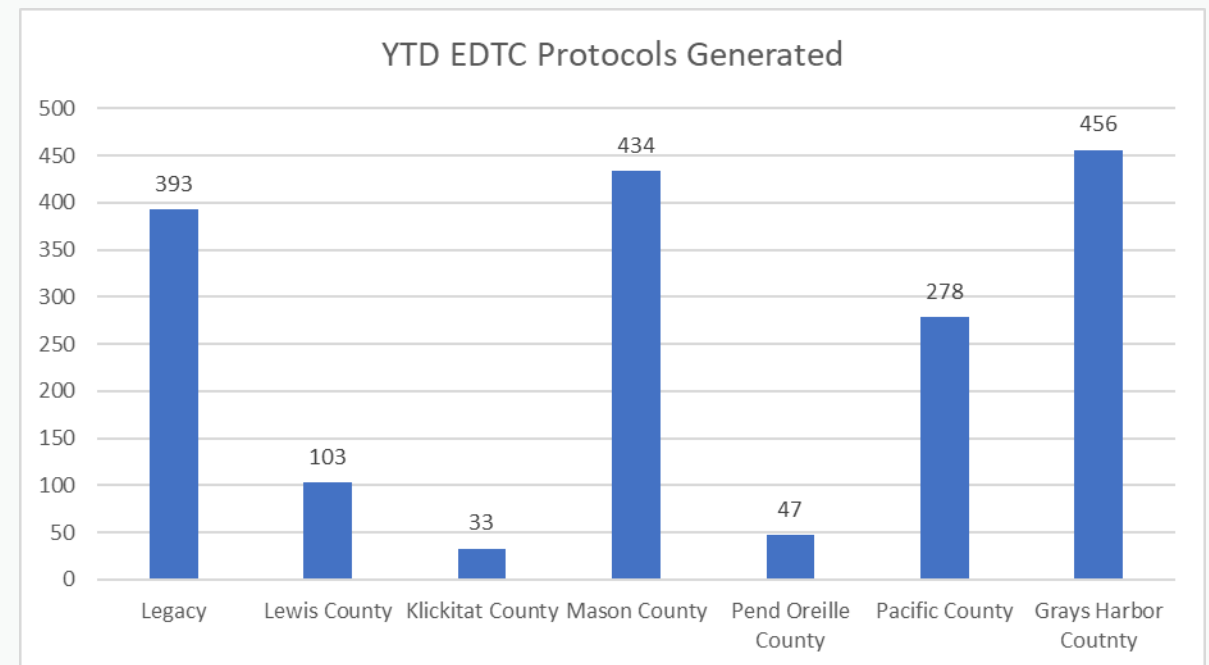
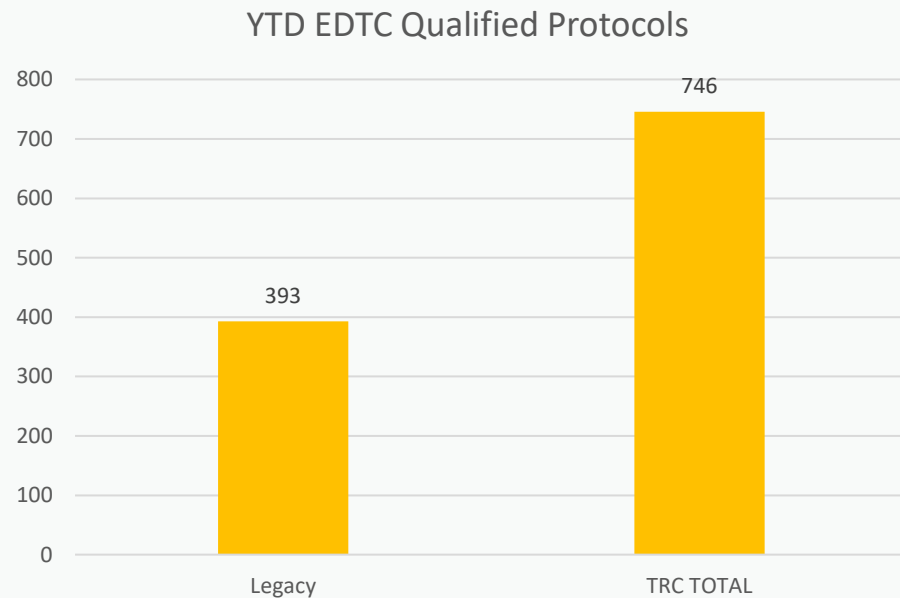
- Changes in ACO network
- COVID

Reasons for Avoidable ED visits:

- UTI
- COPD
- Pneumonia

Care Management Observed Trends

- Higher ED Utilization in some locations based on protocol generation versus claims (can serve as a leading indication of expected utilization)



ACO REACH Engagement Outcomes

January – March 2023

EDTC Program Engagements: Outreach following ED visits

Qualified for Outreach

1139

Participation

53%

Goal >60%

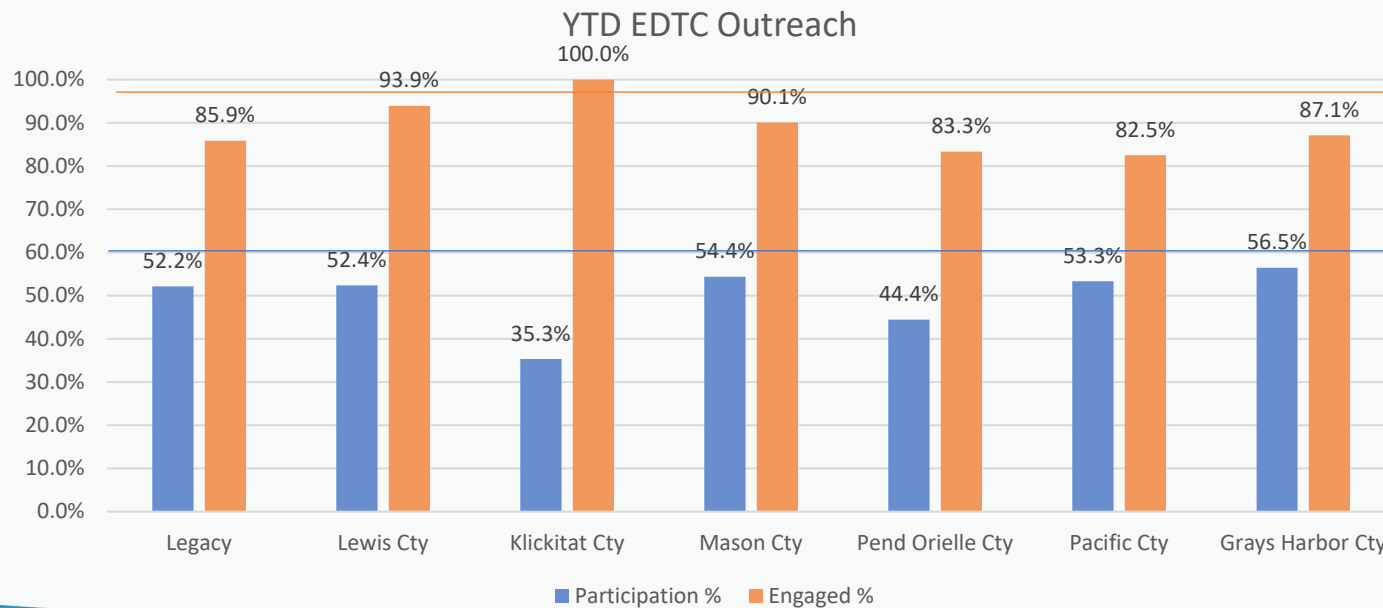
Engaged

87%

Goal 98%

Planned Interventions to Target Outcomes -

- Urgent Care Flyers updated (where appropriate)
- Collateral for EDTC outreach, will target scenarios
 - Low risk – only 1 visit
 - Unable to contact
 - Made contact, lost to follow-up
 - Completed outreach



ACO REACH Engagement Outcomes

January – March 2023

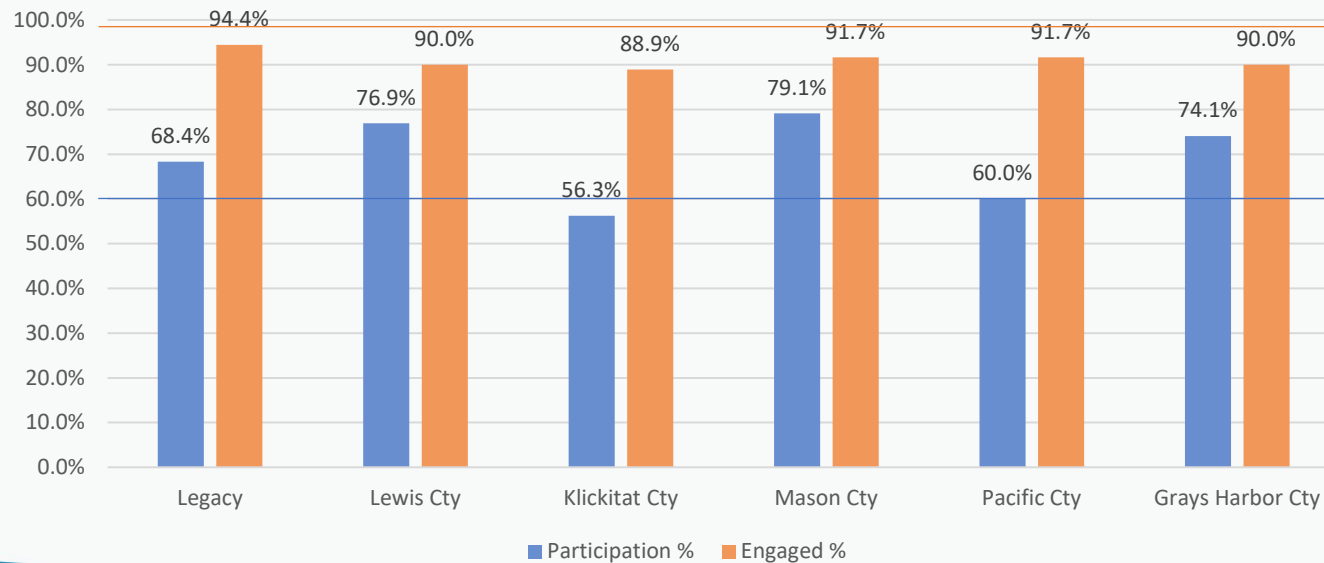
IDO Program Engagements: Outreach following IP or post-acute stay

Qualified for Outreach
451

Participation
70%
Goal >60%

Engaged
93%
Goal 98%

YTD IDO Outreach



Needed Support to Target Outcomes -

- Post discharge follow-up visits
- High-utilizer review
*NWMHP has weekly report, currently shared with TRC partners and can send to others if requested
- Provider/practice level identification of at-risk individuals who may benefit from CM services
- Knowledge of in-house ACO inpatients: communicate IDO call will occur, consider remote patient monitoring referral, SDoH referrals
*NWMHP willing to send a recurring list to hospital partners indicating all ACO members currently IP or at ED (cannot be broken down by practice)

Targeted Risk-Based Outreach Q2 2023

- COPD Very High & Rising Risk
- Medical economics report – newly diagnosed COPD
- Began this week

- Goals:
 - Offer CM services, including remote patient monitoring
 - Address any SDoH needs & connect to community resources

Care Management Activities

Utilization based outreach

Opportunity	Action
Preventative/risk-based outreach	Receiving regular Medical Economics reports for client engagement based on billed claims <ul style="list-style-type: none"> • COPD Focus in Q2 outreach • High-cost members
Engagement of practices in high-utilization review	Review opportunities as team based on high ED utilizers, discussion of appointment needs, concerns shared during outreach, considerations to reduce risk of readmits
Care Education	Co-brand collateral, new letters corresponding to utilization related risk level
Community Engagement	Meeting with CBOs to identify under used resources
UTI related ED visits	Focused engagements by nursing team members UTI collateral developed

I THINK I'VE GOT A UTI

Urinary tract infections (UTI) are very common and account for more than 8 million visits to health care providers every year.
Fortunately, they are easily treatable at an urgent care or visit to your primary care office.

UTI symptoms

- Strong urge to urinate
- Burning or pain with urination
- Blood in the urine
- Frequent, small amounts of urine
- Cloudy urine with strong odor
- May be associated with confusion

Risk factors may include

- Urinary catheter use
- Immobility
- Inadequate personal hygiene
- Bowel incontinence

Prevention strategies

- Stay well hydrated
- Remember to urinate after sexual activity
- Wipe from front to back to keep bacteria out of sensitive areas




TIPS to feel better

- Drink plenty of water
- Take your antibiotics as prescribed and complete the full course, even if you feel better
- Empty your bladder when it is full to prevent further growth of bacteria

WHEN to go to the ER

More immediate care may be needed if your UTI symptoms are accompanied by more severe symptoms such as:

- Chills
- Fever
- Nausea
- Severe back pain
- Vomiting
- Shaking



Client Engagement Outcomes

Quarter 1 2023 Results

- Emergency Visit Transitional Care Program
 - Program Experience Survey = 4.9/5
 - Client Outcome = 4.09/5
- Inpatient Discharge Outreach Program
 - Program Experience Survey = 3.78/5
 - Client Outcome = 4.02/5
- Care Management Services
 - Program Experience Survey = 4.7/5
 - Client Outcomes Survey = 5.0/5

NWMOMENTUM HEALTH PARTNERS

1300 Evergreen Park Dr. SW Ste. 200 | Olympia, WA 98502
1.877.943.4337 (option 4) | careteam@nwmhpaco.com
Monday - Friday, 8am - 5pm

NWMHP's Care Management is the connection between you and your practitioner.

Thank you for participating in the General Care Management Program offered through NW Momentum Health Partners (NWMHP). It is our goal to offer services that improve the care experience and support the needs of our community members to promote better health. Your feedback is valuable to us to help identify areas that we might improve.

Please take a few minutes to let us know how we helped support your care experience. This survey can be returned in the self-addressed stamped envelope provided or sent via email to careteam@nwmhpaco.com.

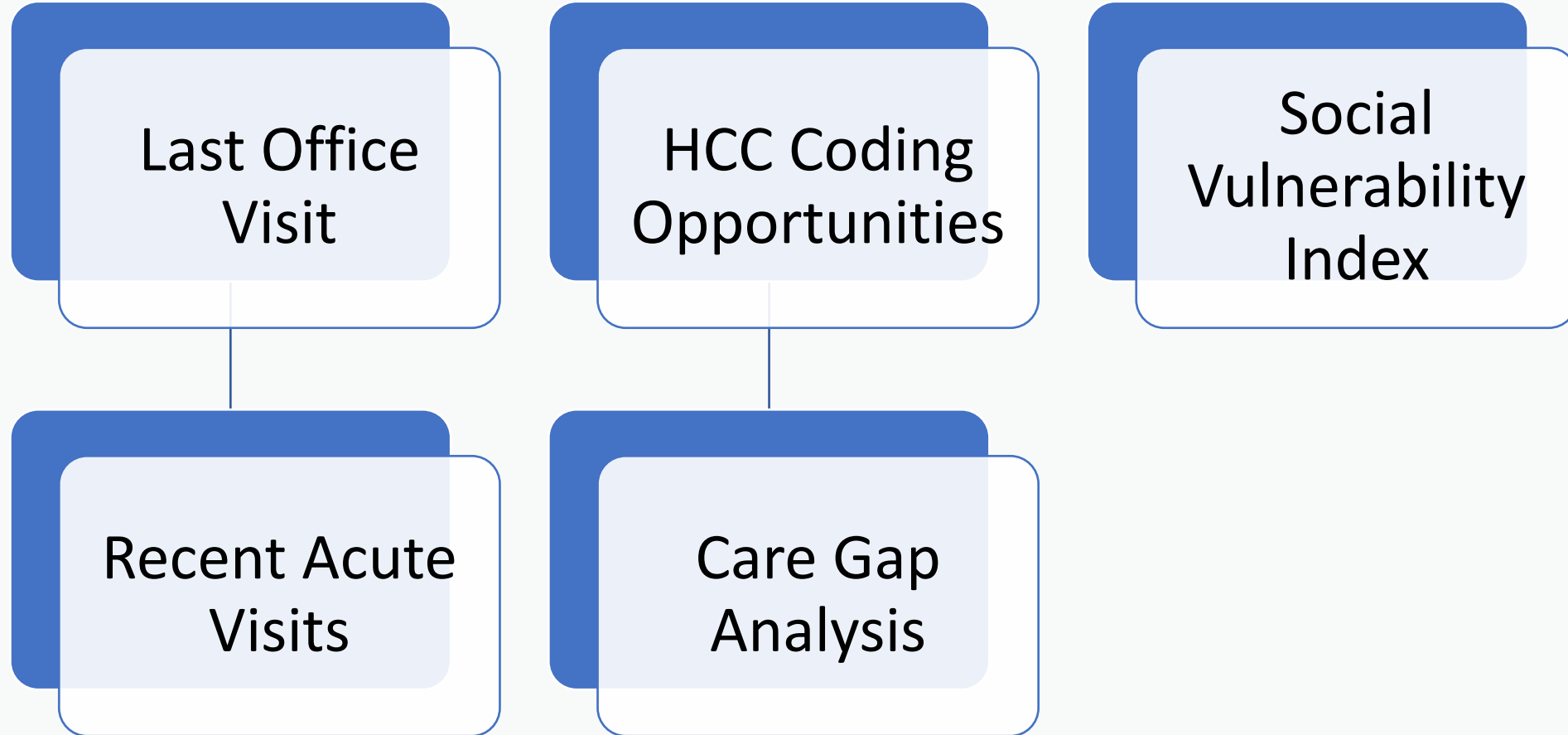
	Strongly Agree - 5	Agree - 4	Neutral - 3	Disagree - 2	Strongly Disagree - 1	Not Applicable - 0
Overall, I found this program helpful.						
I found that the program helped me manage my healthcare challenges.						
I was educated on how to manage my chronic condition(s).						
I was educated to contact my practitioner if I notice any changes.						
The Nurse Care Manager reviewed my medications with me and answered my questions.						
My Nurse Care Manager and I reviewed ways that I can reduce the risk of complications.						
I participated in developing goals to accomplish.						
The Nurse Care Manager supported my participation to achieve my healthcare goals.						
The Nurse Care Manager assisted with helping me find the right medical supplies/community resources to support my goals.						
I was treated with courtesy, respect, and kindness.						
I found the information provided to me useful.						
I was able to follow the recommendations provided to me.						



Innovaccer Pre-Visit Summary

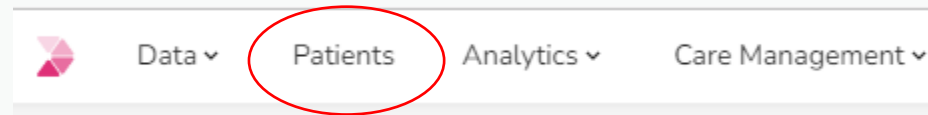
Pre-Visit Summary Information

Snapshot of ACO Beneficiary healthcare utilization and SDoH needs:

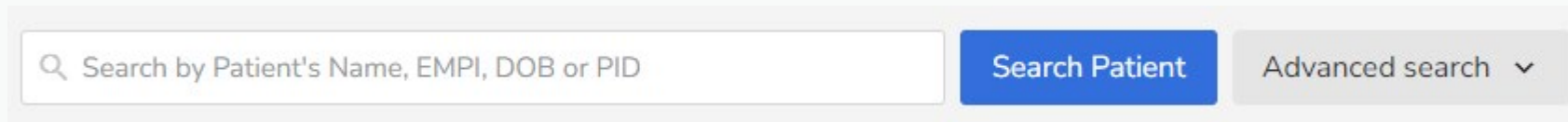


Finding the Pre-Visit Summary

- Log into Innovaccer and click "Patient's" tab



- Search Patient




- Innovaccer will populate the patient summary

- Click the "Print Pre-visit Summary" tab at the top right corner of the page



Pre-visit Summary - Recent and Acute Visits



Pre-Visit Summary

Printed on: 05/17/2023 02:12 pm

By: King, Sherri

ED Visits

17 May'22-23

5

IP Admits

17 May'22-23

3

Risk (last 12 months)

CMSHCC **2.03** H +378.77% ↑

Last Office Visit

Date	Provider	Specialty	Service Location
03/23/2023		Allopathic & Osteopathic Physicians/Internal Medicine/Cardiovascular Disease	

Recent Acute Visits

Start Date	End Date	Provider	Specialty	Service Location
12/27/2022	12/27/2022		Allopathic & Osteopathic Physicians/Emergency Medicine	
11/11/2022	11/11/2022		Allopathic & Osteopathic Physicians/Emergency Medicine	

Pre-visit Summary Coding Opportunities

Potential Coding Opportunities			
HCC Category	Diagnosis	Last Recorded	Service Location
CMSHCC			
HCC85_GRENAL_V24	Left ventricular failure, unspecified	12/27/2022	
HCC85_GRENAL_V24	ICD-10 I50.1		
	Chronic kidney disease, stage 4 (severe)	12/22/2022	
	Chronic systolic (congestive) heart failure	12/22/2022	
	ICD-10 N18.4		
	Chronic systolic (congestive) heart failure	12/22/2022	
	ICD-10 I50.22		
	Unspecified systolic (congestive) heart failure	12/19/2022	
	ICD-10 I50.20		
	Acute kidney failure, unspecified	12/10/2022	
	ICD-10 N17.9		

Identify SDoH Needs with the Social Vulnerability Index (SVI)

Use the SVI to identify needs such as:

- Transportation
- Nutritious Meals
- Housing

Identify Barriers such as:

- Language
- Access to Care
- Socio-Economic



Range: Low(L) 0-33, Medium(M) 33-66 & High(H) 66-100

SVI Contributing Factors	
Factors	State percentile
Housing Composition/Disability	89,8 H
Socio-Economic	84,4 H
Minority Status/Language	60,0 M
Access to healthcare	46,1 M
Housing and Transportation	40,8 M
Food insecurity	33,5 M
Lifestyle	21,8 M

Key Takeaways – Download the Pre-Visit Summary prior to the patient visit

- The Pre-Visit Summary provides instant information on number of Acute and ED Visits and locations/ Providers visited by pt in the past year.
- The Pre-Visit Summary provides HCC Coding Opportunities.

Why is this important?

- HCC Coding determines the rate at which Medicare reimburses for certain diagnosis and comorbidities.
- Incomplete coding will result in lower reimbursement rates for patients with complex care needs.

Key Takeaways - HCC Coding Trends in Innovaccer

Potential Codes

Potential Codes | Confirmed Diagnosis | Trends

MISSED CODES 0

HCC Category	RAF	Diagnosis	Last Recorded
CHF CHF • RAF 0.0	0.0	Hypertensive Heart Disease With Heart Failure ICD-10 I11.0 • Chronic	04/27/2022
Ischemic Or Unspecified Stroke HCC100 • RAF 0.23	0.23	Cerebral Infarction, Unspecified ICD-10 I63.9 • Chronic	04/27/2022
Aspiration And Specified Bacterial Pneumonias HCC114 • RAF 0.517	0.517	Pneumonitis Due To Inhalation Of Food And Vomit ICD-10 J69.0	04/27/2022

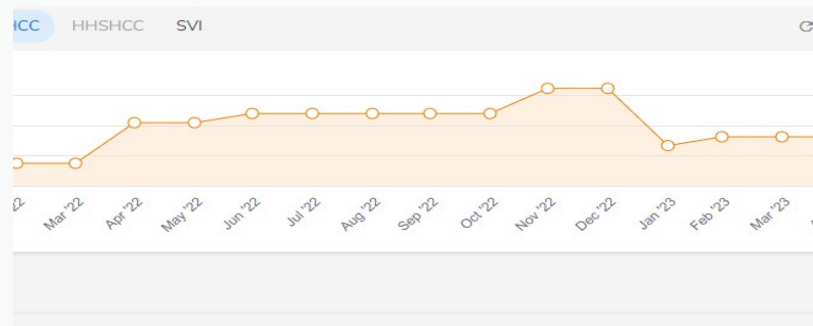
Year over year trend analysis

Potential Codes | Confirmed Diagnosis | Trends

Risk Trend Analysis

HCC Category	HCC	Diagnosis	Last Recorded	2023 0	2022 0	2021 0
CHF_GCOPDCF CHF_GCOPDCF • RAF 0.155	CHF_GCOPDCF	Chronic Obstructive Pulmonary Disease, Unspecified ICD-10 J44.9 • Chronic	11/16/2022	✗	✓	
Aspiration And Specified Bacterial Pneumonias HCC114 • RAF 0.517	HCC114	Pneumonitis Due To Inhalation Of Food And Vomit ICD-10 J69.0	04/27/2022	✗	✓	
Congestive Heart Failure HCC85 • RAF 0.331	HCC85	Hypertensive Heart Disease With Heart Failure ICD-10 I11.0 • Chronic	04/27/2022	✗	✓	
Ischemic Or Unspecified Stroke HCC100 • RAF 0.23	HCC100	Cerebral Infarction, Unspecified ICD-10 I63.9 • Chronic	04/27/2022	✗	✓	
Dementia Without Complication HCC52 • RAF 0.346	HCC52	Unsp Dementia, Unsp Severity, Without Beh/Psych/Mood/Anx ICD-10 F03.90 • Chronic	04/15/2022	✗	✓	
Hip Fracture/Dislocation HCC170 • RAF 0.35	HCC170	Unsp Trochanteric Fracture Of Left Femur, Init For Clos Fx ICD-10 S72.102A	05/12/2021	✗	✗	✓
Payment HCC - D7 D7 • RAF 0.126	D7	-	-	✗	✓	
Major Depressive, Bipolar, And Paranoid Disorders HCC59 • RAF 0.309	HCC59	Major Depressive Disorder, Recurrent, In Partial Remission ICD-10 F33.41 • Chronic	02/03/2023	✓	✓	✓
Vascular Disease HCC108 • RAF 0.288	HCC108	Peripheral Vascular Disease, Unspecified ICD-10 I73.9 • Chronic	01/31/2023	✓	✓	✓
Risk Score				1.612(4)	3.214(10)	1.53(4)

Trending Graph



Coding Opportunity 



Questions?

Thank you!

