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

August 24, 2023

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Agenda

- Program Updates
- Advocacy Updates
- V28 Risk Model Education
- Innovaccer Spotlight – High ED Utilizers

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Program Updates

QP Status

- **Why is it important?**
  - Incentive for providers to participate in Advanced APMs under MACRA rules.
    - Opportunity for eligible Participant Providers to receive a bonus from CMS – 5% of Part B spend
    - Allows eligible Participation Providers to be excluded from reporting MIPS
- **Has NWMHP achieved the QP Thresholds for 2023?**
  - Yes, NWMHP ACO has achieved the 2023 QP Thresholds
- **When will the 3.5% Bonus be paid to eligible Participant Providers?**
  - CMS pays the provider's Billing TIN directly 2 years after achieving the QP Thresholds
  - Payment for achieving the 2023 QP Thresholds will take place in Summer of 2025

NWMHP	2018	2019	2020	2021	2022	2023
Payment	30%	31%	38%	51%	56%	56%
Patient Count	33%	33%	44%	56%	72%	72%
Achieved?	YES	NO	YES	YES	YES	YES

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

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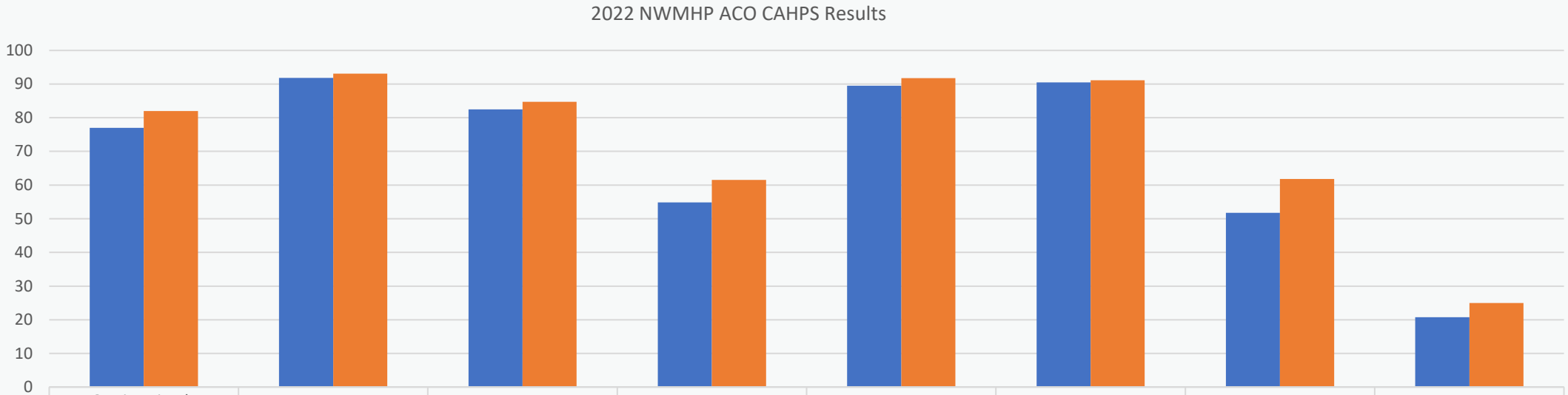
- Survey administered to measure the patient and caregiver experience
- For REACH ACOs, a random sample of 860 aligned beneficiaries will be surveyed
- NWMHP ACO is not informed on who these beneficiaries are or who their providers are
- NWMHP ACO must use a 3rd party administrator to survey the beneficiaries

2022 CAHPS Results



	Getting Timely Appointments, Care, and Information	How Well Providers Communicate	Care Coordination	Shared Decision-Making	Patient Rating of Provider	Courteous and Helpful Office Staff	Health Promotion and Education	Stewardship of Patient Resources
NWMHP ACO	76.99	91.79	82.47	54.85	89.48	90.46	51.75	20.79
All DCEs	81.97	93.1	84.7	61.56	91.74	91.1	61.84	24.96

Takeaways

- NWMHP scored below the mean DCE across all CAHPS categories.
- **Health Promotion and Education** had the lowest performance vs other DCEs.

Health Promotion & Education Breakdown

	Your DCE	All DCEs
Health Promotion and Education		
Patient Mix Adjusted Weighted Linear Mean SSM Results	**51.75**	**61.84**
Q29. Your healthcare team includes all the doctors, nurses and other people you see for healthcare. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?		
Weighted Patient Mix Adjusted Linearized Mean Score	51.15	59.35
Number of Respondents	312	22704
Q30. In the last 6 months, did you and anyone on your healthcare team talk about the exercise or physical activity you get?		
Weighted Patient Mix Adjusted Linearized Mean Score	64.43	76.75
Number of Respondents	312	22741
Q34. In the last 6 months, did anyone on your health careteam ask you if there was a period of time when you felt sad, empty, or depressed?		
Weighted Patient Mix Adjusted Linearized Mean Score	52.68	62.47
Number of Respondents	320	22843
Q35. In the last 6 months, did you and anyone on your healthcare team talk about things in your life that worry you or cause you stress?		
Weighted Patient Mix Adjusted Linearized Mean Score	38.75	48.80
Number of Respondents	312	22657

Patient Rating of Provider

	Your DCE	All DCEs
Patient Rating of Provider		
Patient Mix Adjusted Weighted Linear Mean SSM Results	**89.48**	**91.74**
Q23. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?		
Weighted Patient Mix Adjusted Linearized Mean Score	89.48	91.74
Number of Respondents	272	20676

Courteous and Helpful Office Staff

	Your DCE	All DCEs
Courteous and Helpful Office Staff		
Patient Mix Adjusted Weighted Linear Mean SSM Results	**90.46**	**91.10**
Q24. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?		
Weighted Patient Mix Adjusted Linearized Mean Score	86.50	87.79
Number of Respondents	275	20703
Q25. In the last 6 months, how often did the clerks and receptionists at this provider's office treat you with courtesy and respect?		
Weighted Patient Mix Adjusted Linearized Mean Score	94.42	94.42
Number of Respondents	274	20668

2023 CAHPS Timeline

Beneficiary Data Collection by Survey Vendors	
Beneficiary sample downloaded by survey vendors	08/21/23
Teaser postcard mailed	09/11/23
Vendor Help Desk opens	09/12/23
1st questionnaire mailed	09/18/23
Reminder/Thank you postcard mailed	09/25/23
Non-response follow-up (2nd) questionnaire mailed	10/16/23
Telephone (CATI) non-response follow-up	11/13/23 – 12/08/23
Last day to receive questionnaires by mail	12/08/23
REACH ACOs can remove Waiting Room FAQs	12/08/23

CAHPS Do/Don't

Do	Don't
Express support for the survey.	Ask patients if they would like to be included in the survey.
Answer questions based on the Waiting Room FAQs.	Influence patients' answers on the survey.
Confirm the legitimacy of the survey and the survey vendor.	Attempt to determine which patients were sampled.
Confirm that participation is voluntary.	Solicit positive feedback from patients in the survey.
Assure patients that the REACH ACO has no way of knowing who responds to the survey. Patient names are never reported, only responses.	Imply that the REACH ACO or its providers will be rewarded for positive feedback.
Confirm that their participation will not affect the care they receive.	Offer incentives of any kind for participating in the survey.
Confirm that their participation will not affect their Medicare benefits or other health care benefits.	Provide a copy of the questionnaire to patients.

CAHPS – Helpful Tips

- Patients are more accepting of appointment delays if they understand the cause of the delay. When the provider is behind:
  - Office staff should keep the patients up to date and attempt to explain the cause for the delay.
  - Consider allowing the patients to leave for a short time and return at the new expected time.
  - Office staff should acknowledge the delay when talking with the patient.

- Ask patients to schedule their routine check-ups and follow-up appointments in advance.
  - Advise patients on the best days or times to schedule appointments.

- Ask patients how the provider/office staff could help improve their healthcare experience.

- Before a patient's visit, review the reason for the visit and determine if a follow up is needed on any health issues or concerns from a previous visit.
  - The survey will ask how often the provider has information about the patient's care.
  - Use history and medical information to provide personalized health advice based on each patient's risk factors.

Flyers for Practice Locations

If You Receive the Medicare Provider Experience Survey,
You May Have Some Questions

What is the purpose of the survey? This provider's office and the Centers for Medicare & Medicaid Services conduct the survey to learn about the experience Medicare beneficiaries have when obtaining health care services—for example, ease in getting appointments, whether your care team listens carefully to you, and whether your provider is aware of health care you may have received from other providers.

How did the survey get my name and contact information? The Centers for Medicare & Medicaid Services uses scientific sampling procedures to select a random sample of Medicare beneficiaries who received services from this health care provider in the past year. If you are selected, your name and contact information are given to a survey vendor. The vendor does not have your medical information. The survey and vendor are compliant with all Health Insurance Portability and Accountability Act (HIPAA) laws.

English - https://gpdccahps.org/Portals/0/SurveyMaterials/ACOREACHCAHPSWaitingRoomFAQsEnglish.pdf

Spanish - https://gpdccahps.org/Portals/0/SurveyMaterials/ACOREACHCAHPSWaitingRoomFAQsSpanish.pdf

2022 Quality Measure Results

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Table 1.

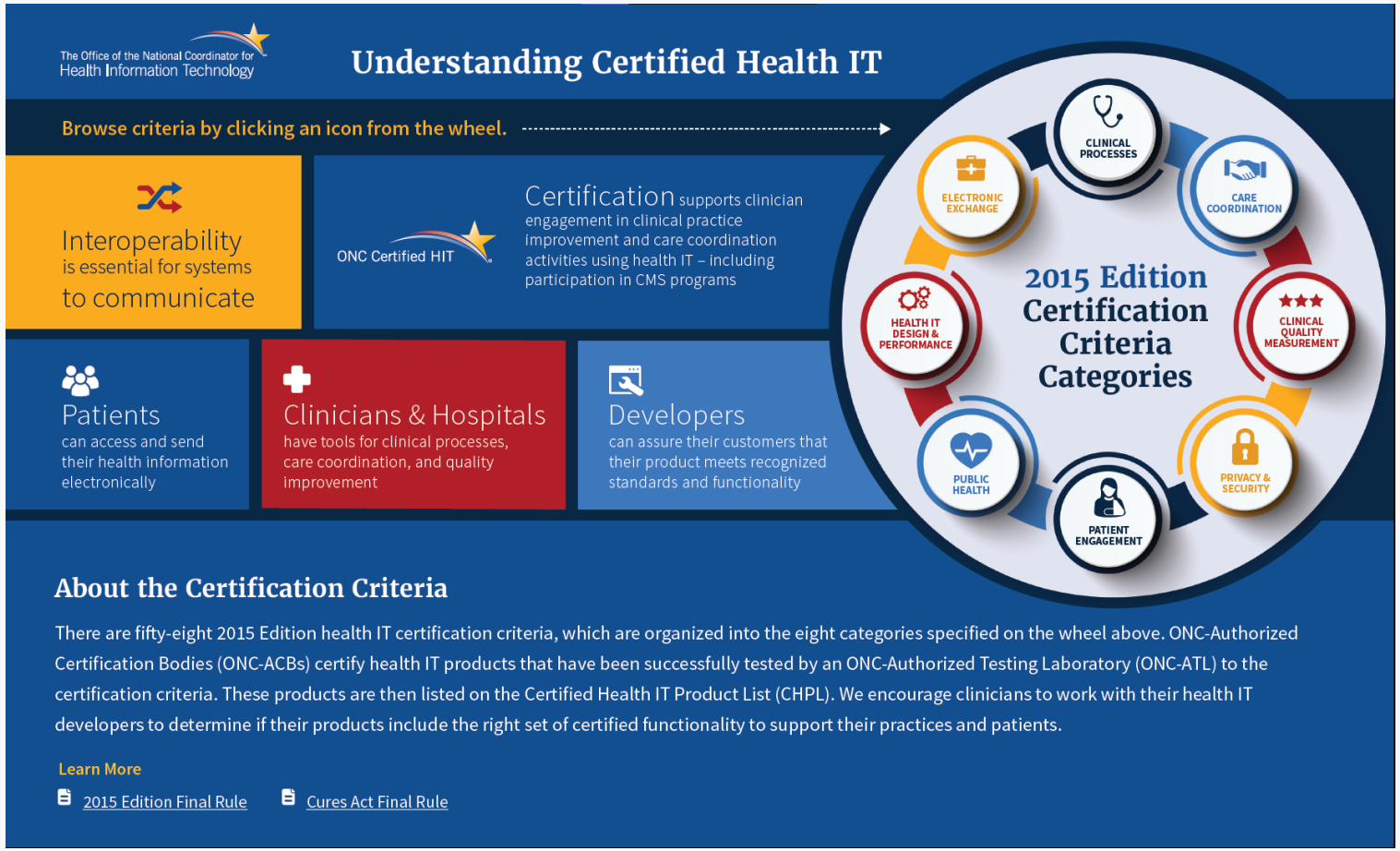
Measure	Official Measure Set - Measure Name	Your DCE's Quality Measure Score	P4P Percentile Rank[1]	P4P Component Quality Score[2]	P4R Component Quality Scores[3,4]
ACR	Risk-Standardized, All-Condition Readmission (a lower (↓) score indicates better performance)	14.57	97.0	**100.00%**	**100.00%**
UAMCC	Risk-Standardized, All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (per 100 person-years) (a lower (↓) score indicates better performance)	29.85	81.8		
Timely Follow-Up	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher (↑) score indicates better performance)	65.21	N/A	N/A	

Takeaways

- NWMHP ACO met the quality performance thresholds to achieve a 100% quality score in 2022!
- 1% of this score was based on performance, the rest of the score was awarded based on reporting.

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 2023 ACO REACH Participant Providers



Understanding Certified Health IT

2024 CEHRT Requirement

- CMS is proposing a change to the requirement for 75% of Participant Providers to use an EHR that meet CEHRT CURES. The proposal requires **all ACO Participant Providers use a CEHRT CURES EHR**.
  - Practices that do not meet CEHRT requirements are not able to continue participation in an ACO.
  - This is an auditable event by the ACO and by CMS.

- This change is proposed to take effect starting PY2024. We are advocating for this proposal to be eliminated or at least delayed until a future year.

- Current State: 80% of the Network meets CEHRT CURES Program requirement.

- Cloud based software may automatically update (Athena, EPIC).

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Advocacy Updates

Introducing the 2023 Value Act

PSW is working with advocacy groups to support the Value in Health Care Act – will likely request network support.

Key policies

- Modifies risk adjustment to be more realistic and better reflect factors participants encounter like health and other risk variables in their communities.
- Supports fair and accurate benchmarks by modifying performance metrics so participants aren't competing against their own successes in providing better care.
- Provides greater technical support to ACO participants to cover the significant startup costs associated with program participation.
- Incentivizes participation in Advanced APMs by extending the annual lump sum participation bonus for an additional two years.
- Corrects arbitrary thresholds for Advanced APM qualification to better reflect the existing progress of the value-based movement and to encourage bringing more patients into this model of care.

2024 Medicare Physician Fee Schedule
Proposed Rule

- Addition of Medicare CQM collection type for MSSP ACOs in PY 2024
- Proposal removes 75% CEHRT attestation
- Proposal to increase Promoting Interoperability performance period to 180 continuous days within the calendar year
- Proposal to make QP determinations at the individual eligible clinician level only

CMMI is also seeking comments from ACOs on certain topics:

- Bundled payment models
- Increased risk track within MSSP
- Approaches to promote collaboration with CBOs

CMS Releasing Brand New Models

1. Making Care Primary (**MCP**)
   - 10.5-year model available in 8 states starting July 1, 2024.
   - Varying levels of infrastructure payments and population-based payments.
   - FQHCs can participate, but RHCs can not. Also, ACO REACH participants cannot participate.

2. Guiding and Improved Dementia Experience (**GUIDE**)
   - 8-year model starting July 1, 2024.
   - Two tracks: one for established dementia programs and one for new programs.

3. Advancing All-Payer Health Equity Approaches and Development (**AHEAD**)
   - Forecasted grant opportunity for up to 8 state agency recipients - $12M.
   - 11-year model built from learnings in the Vermont Model.
   - Expected to be posted for applications in December 2023.

Opposition to ACO REACH continues

Physicians for a National Health Program (PHNP) and the Puget Sound Advocates for Retirement Action (PSARA) held a rally in Seattle on August 1st opposing Medicare Advantage Plans and ACO REACH.

CMMI and ACOs continue to combat this by sharing success stories by beneficiaries who have been helped by ACOs.

Many of these stories are shared in the monthly PSW Healthcare Snapshot newsletter that is sent out.

If you have additional beneficiary stories, please share them with us and your political representatives to demonstrate the importance of ACOs.

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V28 Risk Model

HCC Risk Model Transitioning to V28

Currently, CMS uses the V24 HCC Risk Model to create risk scores from diagnosis codes.

Starting in PY2024, CMS is transitioning from V24 to V28 using a phased rollout:

- 2024 – 67% V24, 33% V28
- 2025 – 33% V24, 67% V28
- 2026 – 100% V28

Why Change Models?

CMS believes that many organizations are upcoding – inflating risk scores and payments.

CMS conducted an analysis on the suspected upcoders to develop a new risk adjustment model that mitigates upcoding.

Though there are some large changes, the impact appears to be more favorable to organizations like NWMHP ACO network that have not put as big an emphasis on coding.

Modified Components

Structural changes

- How HCC Codes are named & numbered
- Expanded the number of HCCs
- Changes to ICD-10 code to HCC mappings
- Removal of 2,294 diagnosis codes that no longer map to a payment HCC
- Addition of 268 diagnosis codes that did not previously map to a payment HCC

CMS 2020 model (V24)	CMS Proposed model (V28)
86 payment HCCs	115 payment HCCs
9,797 FY22/FY23 ICD-10	7,770 FY22/FY23 ICD-10

CMS removed some diagnosis codes for V28 if they:

- Did not accurately predict costs
- Represented conditions that are uncommon
- Did not have “well-specified” diagnostic coding criteria

V24 to V28

v24 HCC	v24 HCC Label	v24 Count of Diagnoses	# of dropped Diagnoses under v28	Percent Dropped
18	Diabetes with Chronic Complications	400	80	20%
23	Other Significant endocrine and Metabolic Disorder	229	178	78%
40	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	648	71	11%
59	Major Depressive, Bipolar and Paranoid Disorder	827	425	51%
72	Spinal Cord Disorders/Injuries	352	90	26%
108	Vascular Disease	330	146	44%
134	Dialysis Status	50	50	100%
167	Major Head Injury	496	251	51%
176	Complications of Specified Implanted Device on Graft	325	325	100%
189	Amputation Status, Lower Limb/Amputation Complications	291	250	86 %
	ALL	9,797	-2,027	~20%

List of V28 Codes can be found here:

PY 2024 Proposed clinical Revision ICD-10 Mappings

Codes that will no longer map to HCC

Major Depressive Disorder (Single/Recurrent, In Remission/Recurrent)		59
F32.0	Major depressive disorder, single episode, mild	59
F32.4	Major depressive disorder, single episode, in partial remission	59
F32.5	Major depressive disorder, single episode, in full remission	59
F33.0	Major depressive disorder, recurrent, mild	59
F33.40	Major depressive disorder, recurrent, in remission, unspecified	59
F33.41	Major depressive disorder, recurrent, in partial remission	59
F33.42	Major depressive disorder, recurrent, in full remission	59
F33.8	Other recurrent depressive disorders	59
F33.9	Major depressive disorder, recurrent, unspecified	59
Acute Kidney Failure		**135**
N17.0	Acute kidney failure with tubular necrosis	135
N17.1	Acute kidney failure with acute cortical necrosis	135
N17.2	Acute kidney failure with medullary necrosis	135
N17.8	Other acute kidney failure	135
N17.9	Acute kidney failure, unspecified	135
Protein Calorie Malnutrition		**21**
E43	Unspecified severe protein-calorie malnutrition	21
E44.0	Moderate protein-calorie malnutrition	21
E44.1	Mild protein-calorie malnutrition	21
E46	Unspecified protein-calorie malnutrition	21
E64.0	Sequelae of protein-calorie malnutrition	21
R64	Cachexia	21

[Codes displayed in analysis by Wolters Kluwer]

Parathyroid Disorders		23
E20.0	Idiopathic hypoparathyroidism	23
E20.8	Other hypoparathyroidism	23
E20.9	Hypoparathyroidism, unspecified	23
E21.0	Primary hyperparathyroidism	23
E21.1	Secondary hyperparathyroidism, not elsewhere classified	23
E21.2	Other hyperparathyroidism	23
E21.3	Hyperparathyroidism, unspecified	23
E21.4	Other specified disorders of parathyroid gland	23
E21.5	Disorder of parathyroid gland, unspecified	23
Atherosclerosis of Aorta, Renal Artery, Extremities		**108**
I70.0	Atherosclerosis of aorta	108
I70.1	Atherosclerosis of renal artery	108
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	108
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	108
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	108
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	108
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	108
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	108
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	108
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	108
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	108
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	108

What does this mean for you?

Starting in PY2024, your Patient Evaluation Forms (PEFs) will be based on codes from the V28 Risk Model.

The codes you already captured in PY2023 using the will still count towards HCC Risk Recapture due to the phased in approach by CMS.

Providers need to be aware of this change to ensure that their documentation is specific to capture the accurate diagnosis codes.

If you have coders/billers, you must share this information and the PEFs with them as well to ensure the accurate codes are captured.

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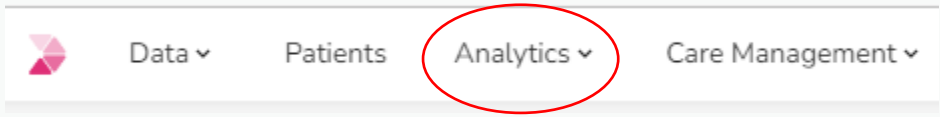
Innovaccer Spotlight

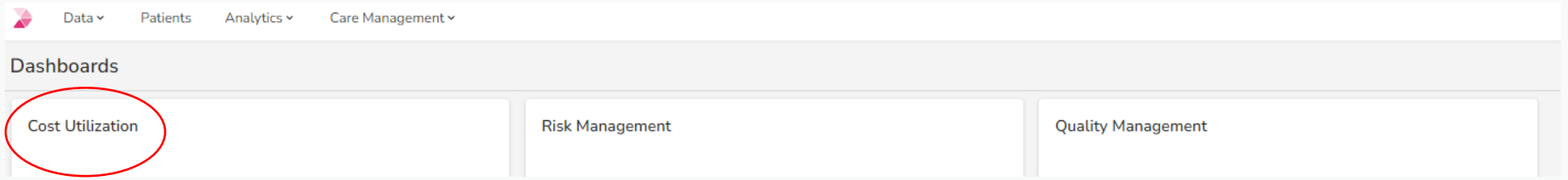
High ED Utilizers

Finding the Emergency Department Dashboard

- Log into Innovaccer and click “Analytics” tab



- Click Cost Utilization

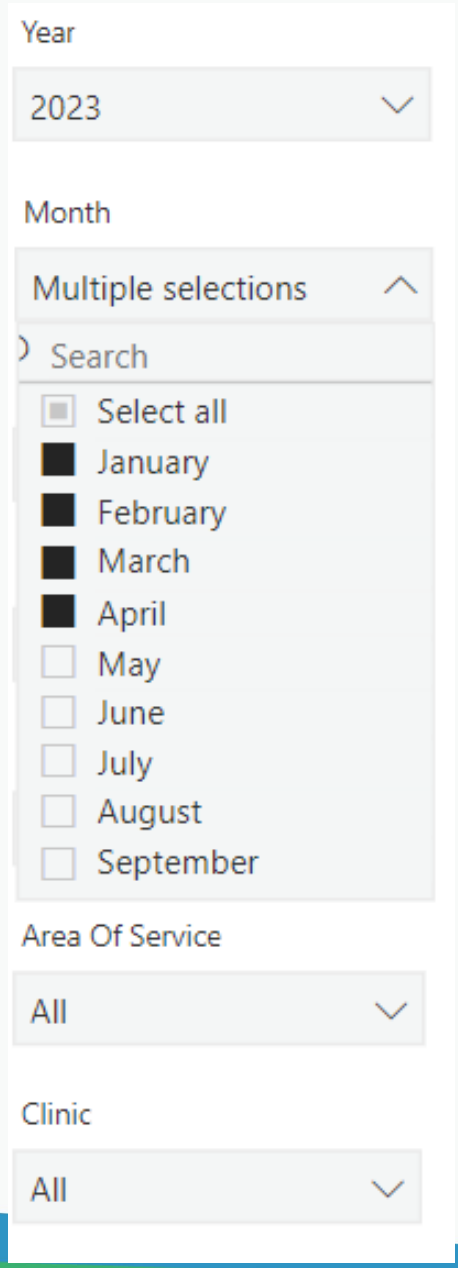


- Click the “Emergency Department” tab at the top of the dashboard

Check your filters!

Always check the filters on the right side of the dashboard to ensure you see accurate data.

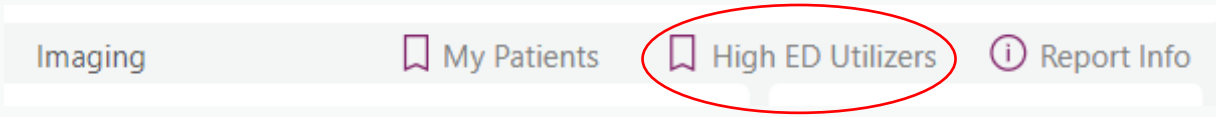
Confirm that you are in the correct year and month. Also confirm that you are viewing data for your entire organization.



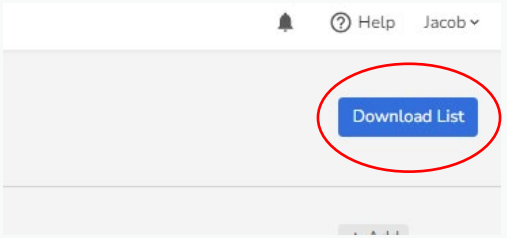
*Due to the lag in claims data, always filter to 90-days prior when viewing the dashboards

Pulling the High Utilizer Patient List

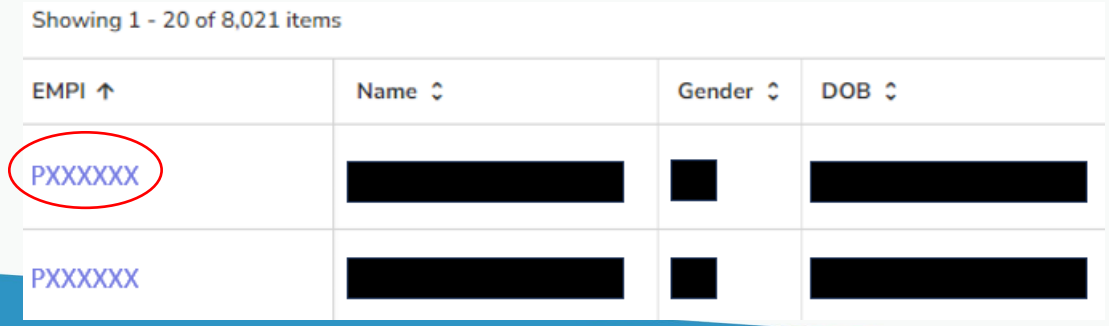
Select the “High ED Utilizers” button on the right side of the dashboard.



To pull an excel version of the patient list, select the “Download List” button in the top right of the screen.

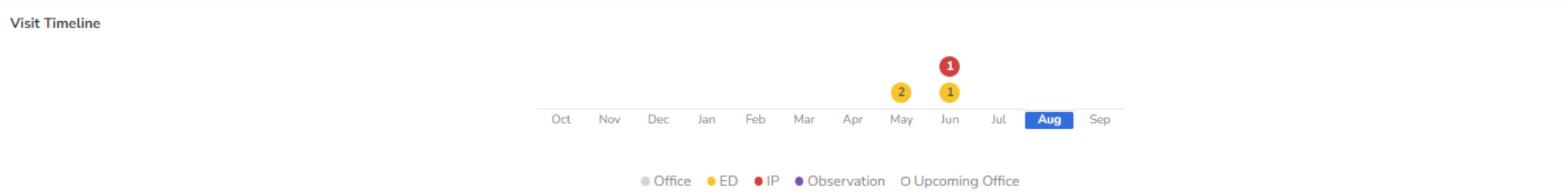


Or view a patient’s profile by selecting the blue EMPI number for the patient.



View Visit Timeline in Patient Profile

Once you've clicked into the patient's profile, you can view their "Visit Timeline" to see Emergency Department Visits, Inpatient Visits, and more.



This could help providers see when and how often a patient is visiting the Emergency Department.

Beneficiary Stories

Story 1

- Beneficiary receiving care from a SNF had a fall while attempting to transfer into a wheelchair without assistance. They were transferred to a nearby hospital with an intercranial hemorrhage.
- Upon discharge, PSW noticed neurosurgeon's notes and the discharge summary said to hold the use of Eliquis but did not say how long to hold for. However, the DC med list still had Eliquis listed as an active medication send to SNF and showing active in SNF records.
- Provider RN from beneficiary's attributed group joined PSW CM Weekly High-Risk meeting and they discussed this beneficiary.
- Provider RN followed up with hospital – determined the hold was for 5-7 days. Provider then contacted the SNF and gave them the correct information for the hold and temporary medication. Gaps identified in transfer process from hospital>SNF and escalated internally to appropriate channels.

Story 2

- PSW RN joined PSW CM Weekly High-Risk meeting to discuss a beneficiary enrolled in CCM who went to ED recently for a UTI and was prescribed Macrobid. On day 6 the beneficiary reported no improvement.
- Clinical Pharmacist on the meeting confirmed that ED notification & medical records were not sent to the PCP. The Pharmacist had concerns about the effectiveness of the medication due to poor kidney function.
- Pharmacist spoke directly to the PCP to get a same-day appointment for the beneficiary and get better medication for the UTI to prevent a future ED visit.

Questions?

Thank you!

Getting Timely Appointments, Care, and Information

	Your DCE	All DCEs
Getting Timely Appointments, Care, and Information		
Patient Mix Adjusted Weighted Linear Mean SSM Results	**76.99**	**81.97**
Q6. In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?		
Weighted Patient Mix Adjusted Linearized Mean Score	73.55	82.44
Number of Respondents	123	8340
Q8. In the last 6 months, when you made an appointment for a checkup or routine care with this provider, how often did you get an appointment as soon as you needed?		
Weighted Patient Mix Adjusted Linearized Mean Score	78.35	87.36
Number of Respondents	179	16852
Q10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?		
Weighted Patient Mix Adjusted Linearized Mean Score	74.01	77.97
Number of Respondents	134	9766
Q12. In the last 6 months, when you contacted this provider's office after regular hours, how often did you get an answer to your medical question as soon as you needed?		
Weighted Patient Mix Adjusted Linearized Mean Score	82.07	80.10
Number of Respondents	21	2359

How Well Providers Communicate

	Your DCE	All DCEs
How Well Providers Communicate		
Patient Mix Adjusted Weighted Linear Mean SSM Results	**91.79**	**93.10**
Q13. In the last 6 months, how often did this provider explain things in a way that was easy to understand?		
Weighted Patient Mix Adjusted Linearized Mean Score	90.95	92.39
Number of Respondents	273	20709
Q14. In the last 6 months, how often did this provider listen carefully to you?		
Weighted Patient Mix Adjusted Linearized Mean Score	92.00	93.32
Number of Respondents	272	20740
Q16. In the last 6 months, how often did this provider show respect for what you had to say?		
Weighted Patient Mix Adjusted Linearized Mean Score	93.66	95.00
Number of Respondents	272	20698
Q17. In the last 6 months, how often did this provider spend enough time with you?		
Weighted Patient Mix Adjusted Linearized Mean Score	90.53	91.68
Number of Respondents	272	20653

Care Coordination

	Your DCE	All DCEs
Care Coordination		
Patient Mix Adjusted Weighted Linear Mean SSM Results	**82.47**	**84.70**
Q15. In the last 6 months, how often did this provider seem to know the important information about your medical history?		
Weighted Patient Mix Adjusted Linearized Mean Score	87.80	90.71
Number of Respondents	269	20665
Q19. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?		
Weighted Patient Mix Adjusted Linearized Mean Score	86.31	86.39
Number of Respondents	213	17446
Q32. In the last 6 months, how often did you and anyone on your healthcare team talk about all the prescription medicines you were taking?		
Weighted Patient Mix Adjusted Linearized Mean Score	73.28	77.01
Number of Respondents	300	21991

Shared Decision-Making

	Your DCE	All DCEs
Shared Decision-Making		
Patient Mix Adjusted Weighted Linear Mean SSM Results	**54.85**	**61.56**
Q21. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?		
Weighted Patient Mix Adjusted Linearized Mean Score	77.32	86.17
Number of Respondents	145	10239
Q22. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?		
Weighted Patient Mix Adjusted Linearized Mean Score	32.38	36.95
Number of Respondents	272	20399

Stewardship of Patient Resources

	Your DCE	All DCEs
Stewardship of Patient Resources		
Patient Mix Adjusted Weighted Linear Mean SSM Results	**20.79**	**24.96**
Q33. In the last 6 months, did you and anyone on your healthcare team talk about how much your prescription medicines cost?		
Weighted Patient Mix Adjusted Linearized Mean Score	20.79	24.96
Number of Respondents	313	22257