

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

October 19, 2023



# Agenda

- Advocacy Updates
- Program Updates
- Care Management
- Performance Monitoring



# Advocacy Updates

# Advocacy in DC - Value-Based Care

Our advocacy efforts continued in DC meeting with numerous representatives.

Alongside the Alliance for Value-Based Patient Care, representatives heard about the Value in Health Care Act and the need for changes to ACO benchmarking.

Pictured right is PSW CEO Melanie Matthews delivering the Champion of Value in Health Care Award to Rep. DelBene and Rep. Schrier.



# Policy Priorities

MPFS Proposed Rule Comments

Benchmark rebasing (Ratchet effect)

Promoting Health Care Value Act

QP Thresholds / MACRA payment

REACH Rate Book – parity with MA

NPP taxonomy for attribution



# Program Updates - 2023

# QPD Available Now!

The next round of Quarterly Provider Data (QPD) Reports are available now in Box.com.

## **Reports include**

- GAP: List of aligned beneficiaries still in need of an AWW in the current year according to claims.
- PEF: Updated set of HCC Codes present in previous year claims but not captured in the current year.
- HURR: Shows high cost of care beneficiaries, readmissions, and those that may be a good fit for chronic care management.

## **Directions**

- Log into **Box.com** and access your organization's folder.
- Access the ACO 2023\_REACH folder.
- Access the 2023\_Operation Reports folder.
- Access the folder of the report you wish to view and then access the "Q2" folder download your reports.



# Direct Contracting Fee Reduction Reconciliation Payment

- The most recent ACO REACH monthly Fee Reduction Reimbursement payment was processed on Wednesday October 11<sup>th</sup>. Payment reports are available in Box.com.
- For the September 13<sup>th</sup> payment, a Direct Contracting reconciliation payment was also sent to cover any changes in 2022 claims since March 2023. This is the final payment that will be sent on 2022 claims (*unless continued CMS changes on those claims exceeds \$50 total*).
- The net amount of the 2023 and 2022 September payments was submitted to your organization on September 13<sup>th</sup>.

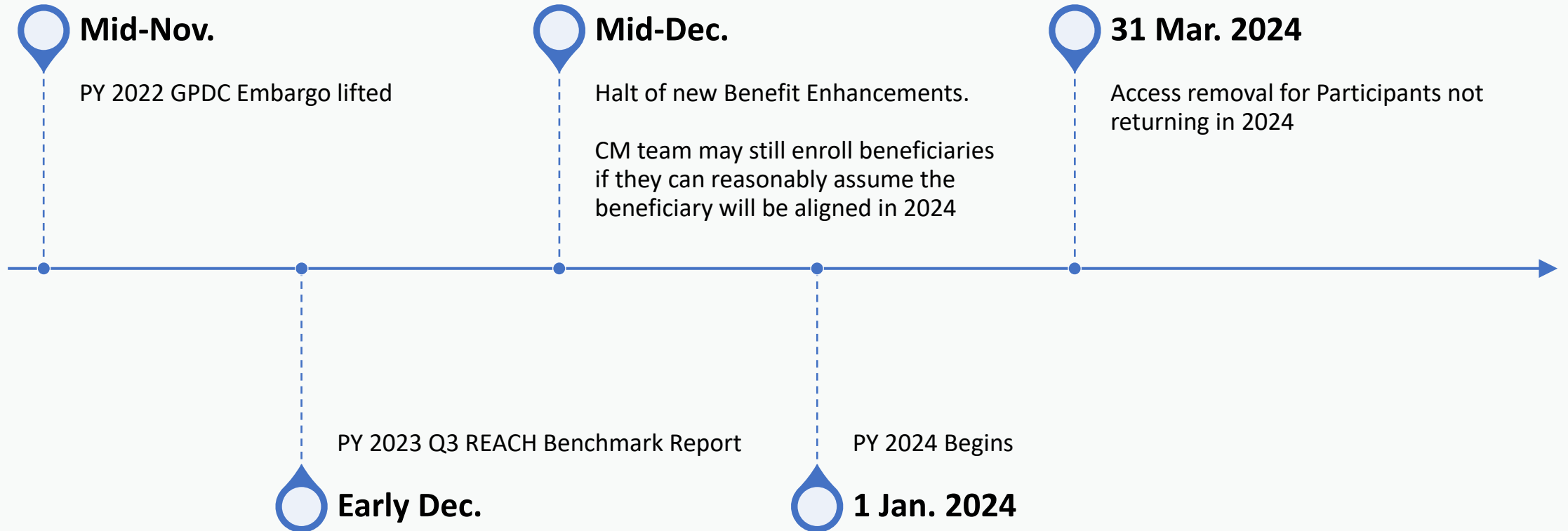
# Final 2023 Reporting Period for CEHRT

- October 3, 2023, marked the start of the final 90-day EHR reporting period for 2023.
  - The EHR reporting period is the timeframe CMS uses to determine compliance with the CEHRT CURES requirement.
- The EHR reporting period will increase to 180 days in 2024.

## **What does this mean?**

- CMS is proposing a CEHRT requirement increase from 75% to 100% of ACO Participants.
- This will mean that any Participants not using a CEHRT CURES EHR must update to meet the requirements by July 4, 2024.
- CMS will require ACOs to remove any Participants that do not meet the CEHRT CURES requirement.

# 2023 Wind Down



**Services and Benefit Enhancements provided during the 2023 Performance Year will be able to carry into 2024 without disruption so long as the beneficiary is aligned in 2024.**

# ACO REACH Data Requirements

- REACH ACOs are required to collect and submit beneficiary-reported demographic data annually.
  - Starting PY2024, ACOs will also be required to collect and report Social Determinants of Health (SDOH) Data.
  
- Submitted demographic data must consist of all elements as specified in the United States Core Data for Interoperability Version 2 (USCDI v2), which includes race, ethnicity, language, gender identity and sexual orientation.
  
- Two Options for ACOs to report to CMS:
  1. CMS provided questionnaire utilizing Fast Healthcare Interoperability Resources (FHIR) data standards.
  2. CMS provided excel template provided USCDI v2 demographic data specifications are met.
  
- NWMHP will report data to CMS on behalf of Participants in Q1 2024.

## Submission to CMS

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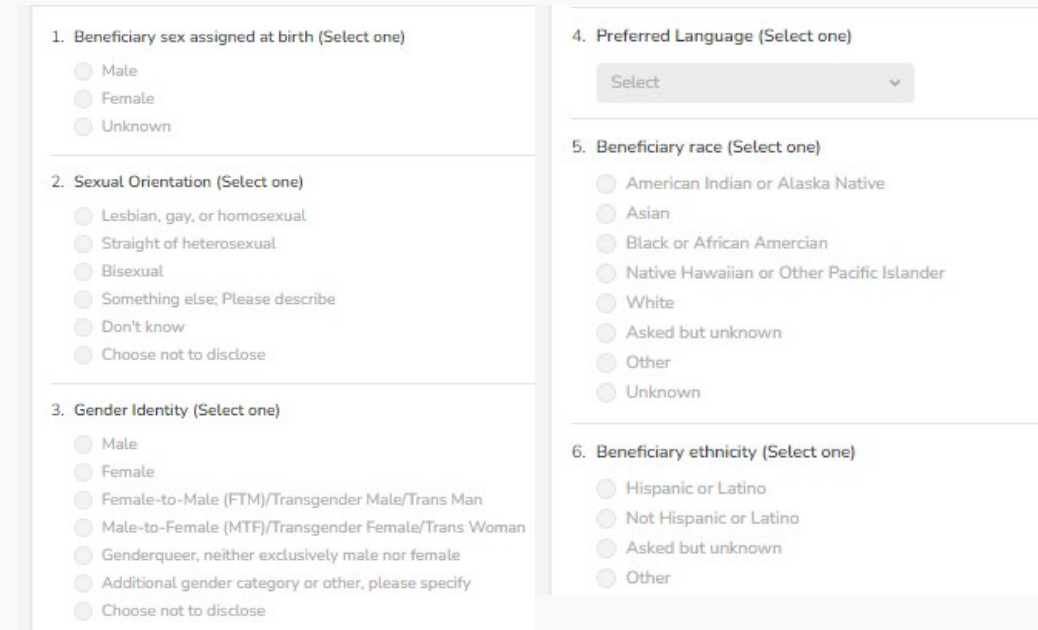
❖ NWMHP will submit data to CMS. Sources will be:

1. Innovaccer
2. EMR

❖ NWMHP will report data utilizing CMS approved templates

# PY 2023 Demographic Collection

- Assessments have been created in Innovaccer to help collect the information.
- NWMHP Care Management team members use these assessments when outreaching to beneficiaries.



1. Beneficiary sex assigned at birth (Select one)

Male  
 Female  
 Unknown

2. Sexual Orientation (Select one)

Lesbian, gay, or homosexual  
 Straight or heterosexual  
 Bisexual  
 Something else; Please describe  
 Don't know  
 Choose not to disclose

3. Gender Identity (Select one)

Male  
 Female  
 Female-to-Male (FTM)/Transgender Male/Trans Man  
 Male-to-Female (MTF)/Transgender Female/Trans Woman  
 Genderqueer, neither exclusively male nor female  
 Additional gender category or other, please specify  
 Choose not to disclose

4. Preferred Language (Select one)

Select

5. Beneficiary race (Select one)

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Asked but unknown  
 Other  
 Unknown

6. Beneficiary ethnicity (Select one)

Hispanic or Latino  
 Not Hispanic or Latino  
 Asked but unknown  
 Other

- Demographic information is also collected through clinical connectivity to partner EMRs.
- Once the information has been obtained once, NWMHP Care Management will not request the information again. A single collection of this data can be re-submitted to CMS each year.



# PY 2023 Demographic Collection

## Why is this important?

1. Submitting demographic data is a requirement of the ACO REACH Model.
2. Collecting the data ensures that the population we serve is accurately recorded and submitted to CMS.
  - Helps develop a more accurate and effective Health Equity Plan.
3. NWMHP ACO **receives a 1% Quality Score bonus in 2023** for complete data submitted for every 10% of the ACO aligned population.
  - Could result in an additional 60K-80K in Shared Savings for the ACO in 2023.
  - Future years may have a negative adjustment for missing data.

# SDOH Collection in PY 2024

- REACH ACOs will also be required to collect SDOH data yearly and report data to CMS.
- The CMS template follows questions from the PRAPARE assessment.
- NWMHP Care Management will also collect this information when outreaching to beneficiaries.
- Innovaccer has created an assessment to help capture the information.

**Section 1: Personal**

1. Beneficiary declines to take the SDOH assessment

Yes- Select Submit to Complete Assessment

No

2. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income? Select one

Yes

No

I choose not to answer this question

3. Have you been discharged from the armed forces of the United States? Select one

Yes

No

I choose not to answer this question

**Section 6: Optional (Safety)**

1. Do you feel physically and emotionally safe where you currently live? Select one

Yes

No

I choose not to answer this question

2. In the past year, have you been afraid of your partner or ex-partner? Select one

Yes

No

I choose not to answer this question





# Program Updates - 2024

# ACO REACH Changes for 2024

CMMI has made changes to the following areas for REACH ACOs in 2024:

- Health Equity Benchmark Adjustment
- Retrospective Trend Adjustment
- Risk Adjustment

**These changes are a direct result of our advocacy efforts and are changes that we believe are better for participants.**

# 2024: Health Equity Benchmark Adjustment

CMMI has changed the weight of the variables used to determine the Health Equity Benchmark Adjustment.

Two new variables added:

- Low-Income Subsidy (LIS) Status
- State-based Area Deprivation Index (ADI)

National-based ADI, State-based ADI, and Dual Medicare-Medicaid status/Low-Income Subsidy (LIS) status will be applied equally in composite measure

Components of Composite Measure	PY2023 Weighting	PY2024 – PY2026 Weighting
<b>National-based ADI</b>	4/5	1/3
<b>State-based ADI</b>	N/A	1/3
<b>Dual-Eligible and Low-Income Status</b>	1/5 (Dual Status only)	1/3

# 2024: Health Equity Benchmark Adjustment

CMMI has also changed the adjustment amount to the benchmark based on Health Equity.

ACOs with highly served beneficiaries will receive a larger downward adjustment, while more ACOs will receive an upward adjustment.

Beneficiary Decile	1	2	3	4	5	6	7	8	9	10
<b>PY2023 Adjustment Level</b>	\$30	\$0	\$0	\$0	\$0	-\$6	-\$6	-\$6	-\$6	-\$6
<b>PY2024 – PY 2026 Adjustment Level</b>	\$30	\$20	\$10	\$0	\$0	\$0	\$0	-\$10	-\$10	-\$10

# 2024: Retrospective Trend Adjustment (RTA)

CMMI is creating a corridor for the RTA.

RTAs are only applied when the prospective trend is off by more than +/- 1%.

As a reminder, the PY2022 RTA was -6%.

RTA Risk Corridor (Over/Understatement of Prospective Trend Factor)	Portion of RTA in Corridor that is ACO's Responsibility	Portion of RTA in Corridor that is CMS' Responsibility
<b>Greater than 8%</b>	0%	100%
<b>4% to 8%</b>	50%	50%
<b>0% to 4%</b>	100%	0%
<b>0% to - 4%</b>	100%	0%
<b>- 4% to - 8%</b>	50%	50%
<b>Less than - 8%</b>	0%	100%

## 2024: Risk Adjustment

CMMI will phase in the new V28 Risk Adjustment Model similar to the Medicare Advantage phase-in.

### PY2024 Risk Adjustment Model

Blended using:

- 67% of the risk scores under current 2020 risk adjustment model
- 33% of the risk scores under revised 2024 risk adjustment model

Link to August Town Hall with V28 slides: [Aug. ACO Town Hall](#)



# Care Management

# Post-Acute Network

- Changes in SNF ownership affecting eligibility for contracted facilities for 3-day direct admit waiver
  - ProMedica Lacey - new name: Lacey Post-Acute
  - Willapa Harbor (Raymond, WA)- change of ownership
  - The Dalles Health & Rehab (Hood River, OR) - change of ownership
  - Shelton Health & Rehab - change of ownership
- Contracts for 2024 MSSP will not include these facilities



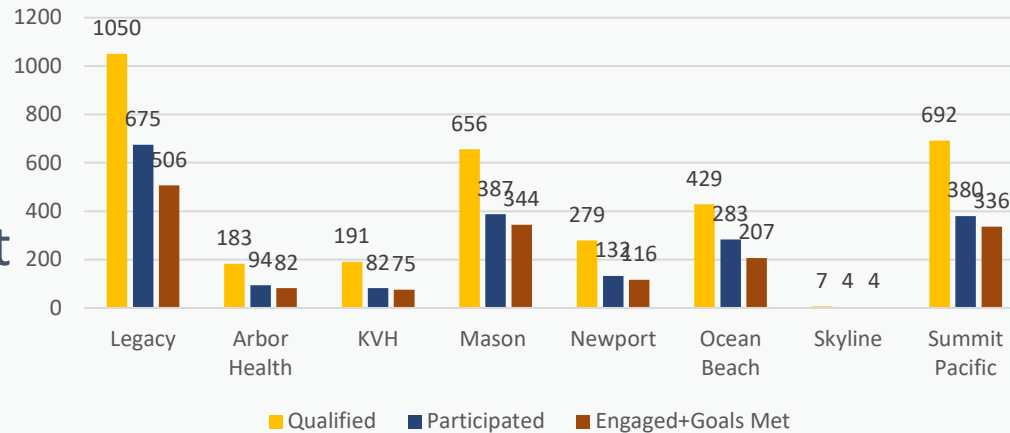
## 3-day Direct ACO Admission Waiver

- Finding that front-line staff are unfamiliar with ACO, or benefits available
- Direct SNF admit requires assessment by ACO provider within 3 days of admission, and admission paperwork for SNF
  - Can be telehealth
  - Could be another ACO participant provider, or ED/hospital provider
- Access to medical records would aid in review process

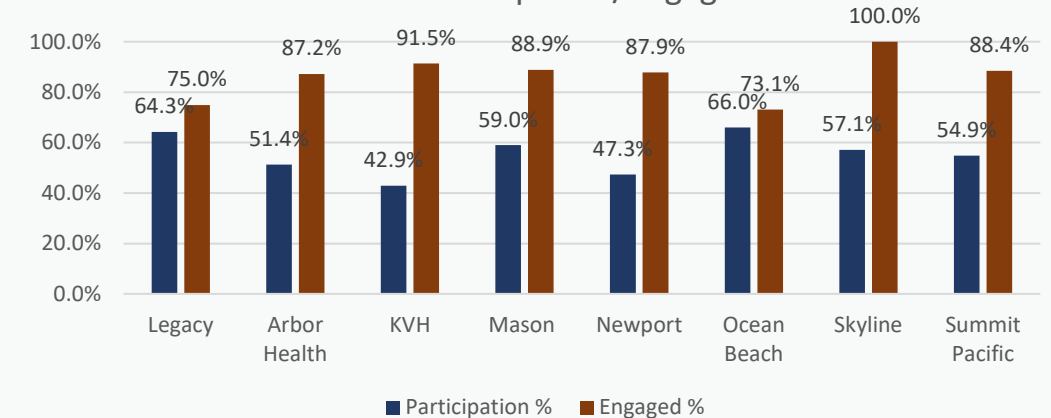
# Care Management Engagement

3487  
Outreached  
After ED Visit

YTD EDTC Outreach

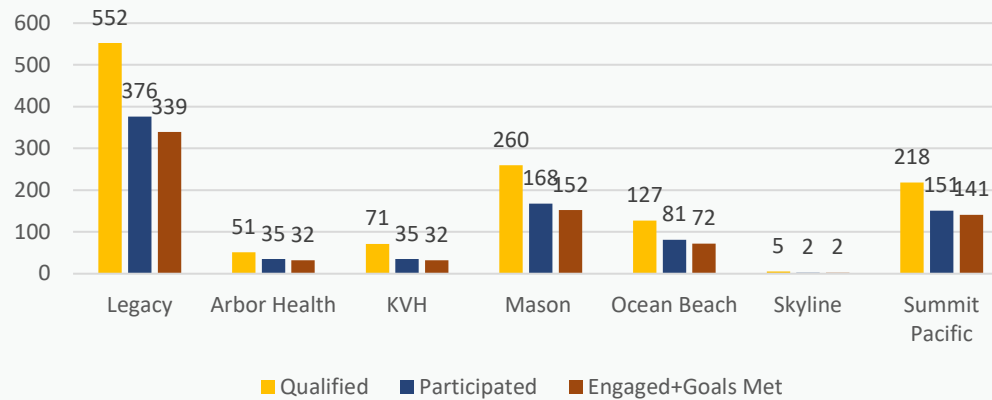


YTD EDTC Participation/Engagement

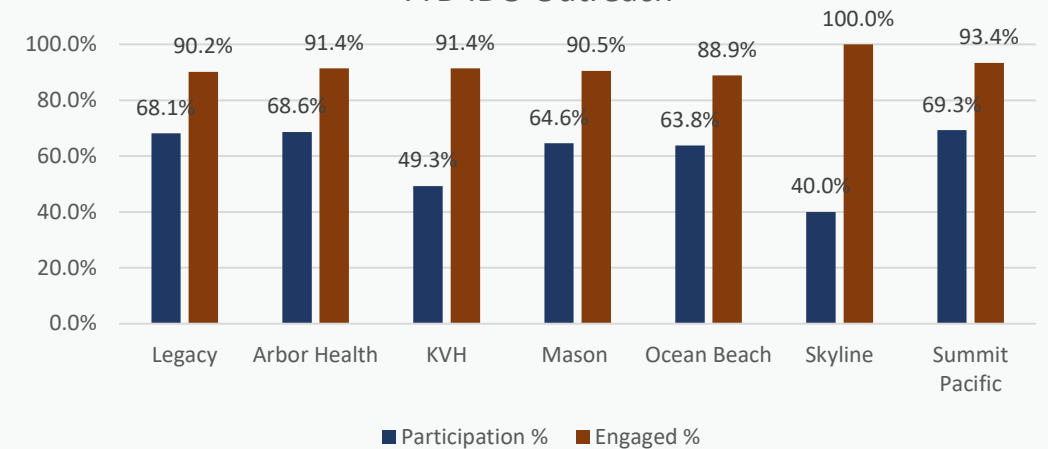


1284  
Outreached  
After IP Stay

YTD IDO Protocols



YTD IDO Outreach



**Definitions:**

- Population outreach = the number of beneficiaries that were offered services.
- Participation rate = % of population outreached that were reached and offered services.
- Engagement rate = % of population that were offered services that engaged in the services.

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# Updated CM Collateral

Created customized letters,  
co-branded with TRC partners:

- Eligibility – sent to low risk
- Unable to Contact
- Lost Contact – talked at least once, but no answer for follow-up
- Goals met/completion



Hello,

We see you were in the emergency department (ED) recently, and sincerely hope you're feeling better! We are sending you this letter because your practitioner is part of NW Momentum Health Partners (NWMHP), an Accountable Care Organization (ACO), and you qualify to participate in a program which provides free Care Management services following an ED visit. The Care Management program available to you supports your healthcare goals so that you may achieve the best outcomes. Also, you may be eligible for additional benefits through participating. Enrollment into services supplements engagement with your practitioner to help you meet your healthcare or treatment needs.

This Care Management program is voluntary at no cost to you. If you are interested in enrolling or would like more information about services available, please contact me at the number or email provided below.

Our Care Management team includes Nurses and Care Navigators who are here to support you between visits to your medical provider. Services they can provide include but are not limited to:

- Support to arrange transportation to get to your appointments
- Review of your medications to address any questions or concerns you may have
- Review and explain discharge instructions
- Discuss signs of a worsening condition and when to contact your practitioner
- Assistance with managing chronic conditions
- Disease education
- Preparing for provider appointments
- Coordination of care between all members of your healthcare team
- Connections to resources such as: medication, food, housing, transportation, mental health services, substance abuse treatment, medical equipment, care giving services, home health, etc.
- Assistance with Medicaid applications (if applicable)
- Health coaching

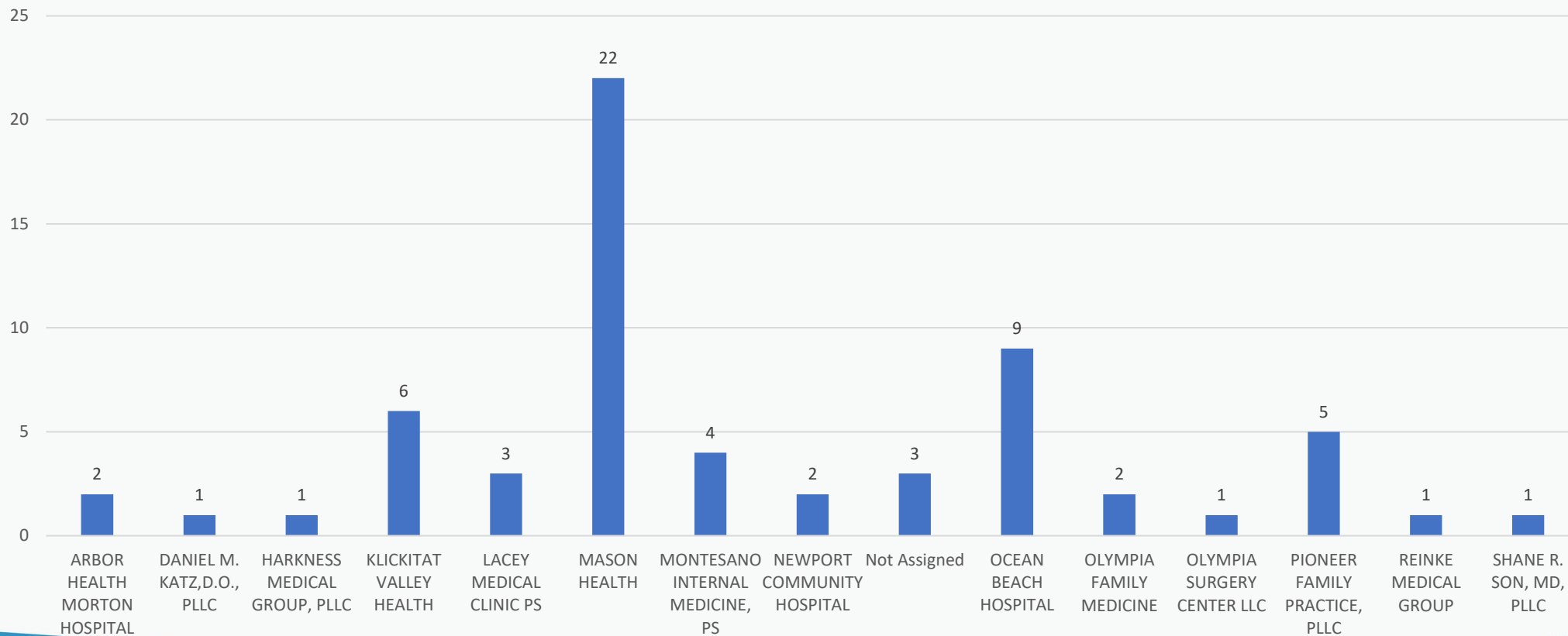
# Complex Care Management

- Collaboration necessary to engage beneficiaries who would benefit from complex care - can be done by:
  - HURR quarterly report - discuss with those beneficiaries when they come to clinic
    - Can provide CM flyer for distribution, or post in waiting area
    - Referrals can be sent to [CareTeam@NWMHPACO.com](mailto:CareTeam@NWMHPACO.com)
  - Weekly high-risk/high-utilizer reports
    - If you are not receiving list and would like to please email [JennyG@pswipa.com](mailto:JennyG@pswipa.com)
    - Willing to engage regularly in scheduled check-ins with appropriate clinical team members to review, discuss barriers, and coordinate plan for reaching those who are not engaging with CM attempts

# Care Management Volumes 2023

Represents number of beneficiaries who completed CM programs or are currently enrolled Jan-Sept 2023

CM Goals Met & Currently Enrolled





# Performance Monitoring



**PY2022**

# PY22 Results: **Utilization**

PSW Actuarial Services and Medical Economics  
 Utilization Metrics for PY22 NWMHP Direct Contracting ACO  
 Incurred through December 2022, paid through March 2023

Risk Pool	Raw Risk Score	MMs	AWV		ED Visits/1,000		IP Admits/1,000		Readmits	
			2022 Rate	Goal	2022 @ 1.0 Risk	Goal	2022 @ 1.0 Risk	Goal	2022 YTD	Goal
Original	1.04	128,102	34%	45%	334	342	149	192	14%	11%
WRHC	1.09	163,893	19%	30%	637	646	150	187	14%	11%

## Takeaways:

- Neither Risk Pool achieved the AWV completion goal.
- Both Risk Pools saw a decrease in claims-based alignment (likely due to low utilization during the pandemic).
- Spike in ED Visits and Readmissions in the second half of 2022 led to higher claims expenditures.
- Risk Score increased for both Risk Pools from 2021 to 2022. This has a positive impact on the 2023 benchmarks.



**Results under embargo: do not share**



# PY22 Results: **Financial**

2022 Direct Contracting ACO Final Settlement: **Financial Performance**

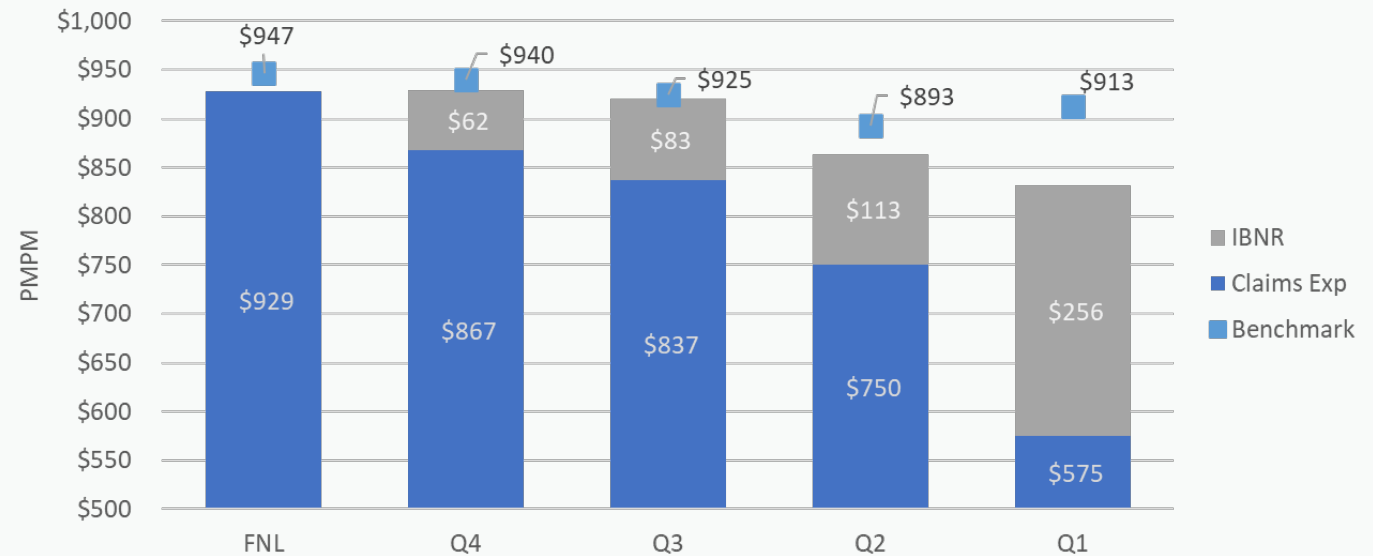
Risk Pool	MMs	Adj Benchmark	Experience	Savings Rate	Total Savings/Loss	Total S/L PBPM	Shared Savings
<b>Total</b>	<b>291,995</b>	<b>947</b>	<b>929</b>	<b>1.9%</b>	<b>5,281,565</b>	<b>18</b>	<b>2,640,782</b>

### Takeaways:

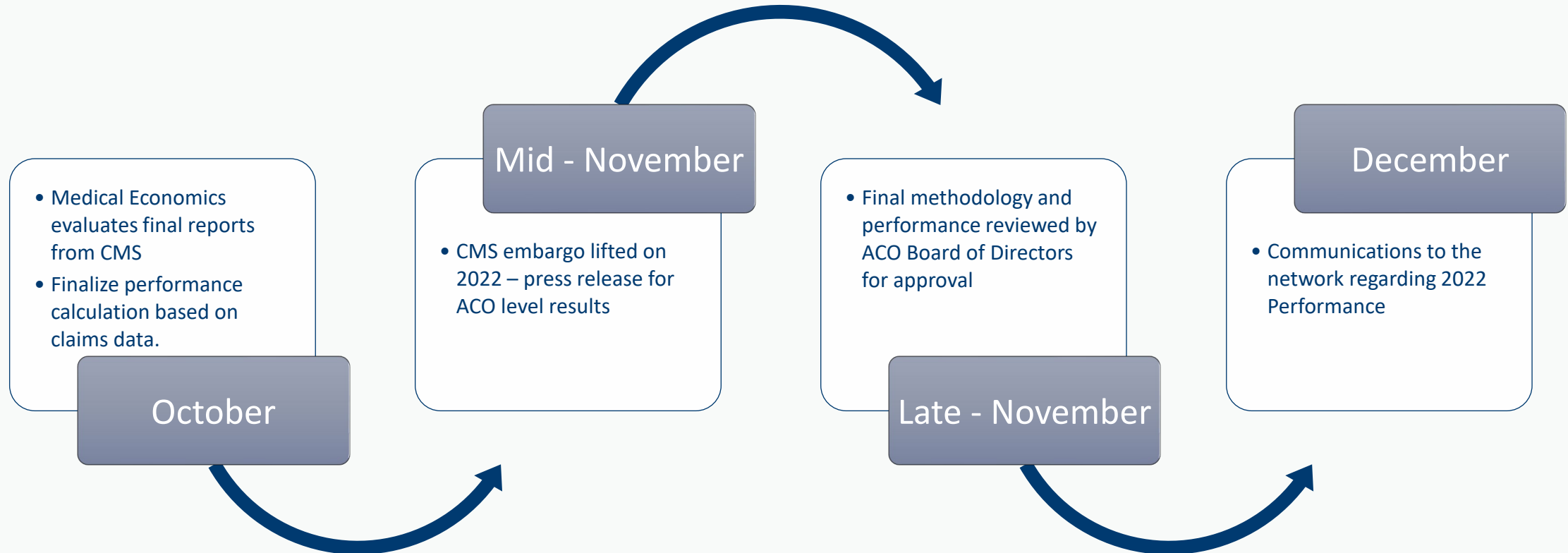
- Financial benchmark fluctuated throughout the year due to the Retrospective Trend Adjustment (RTA).
- Final RTA decreased every ACO's benchmark by 5-6%.
- Spike in claims expenditures in Q3 2022 led to a lowered Shared Savings amount.
- Final ACO savings rate for 2022 was 1.9%.

### PY2022 NWMHP: Benchmark vs Claims Expense

Source: Quarterly Benchmark Reports



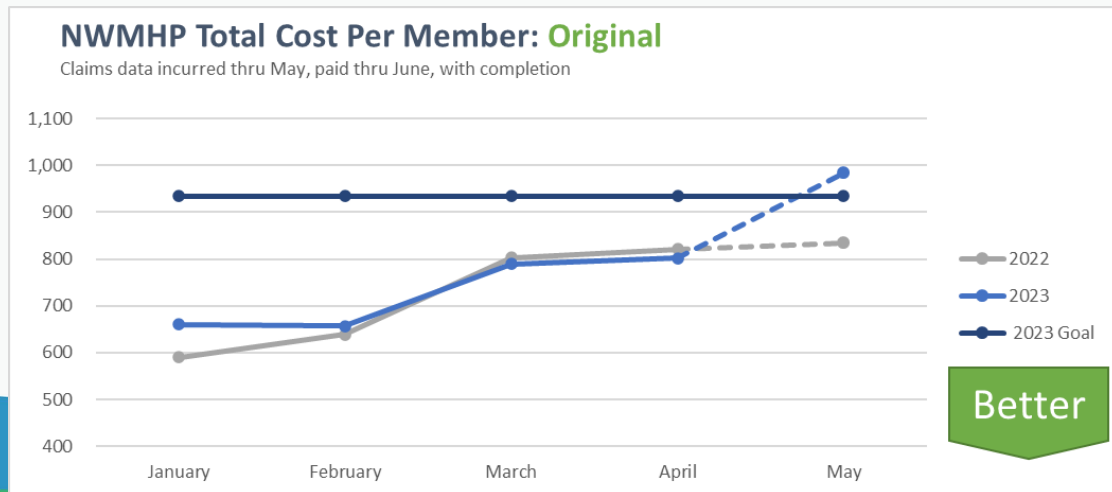
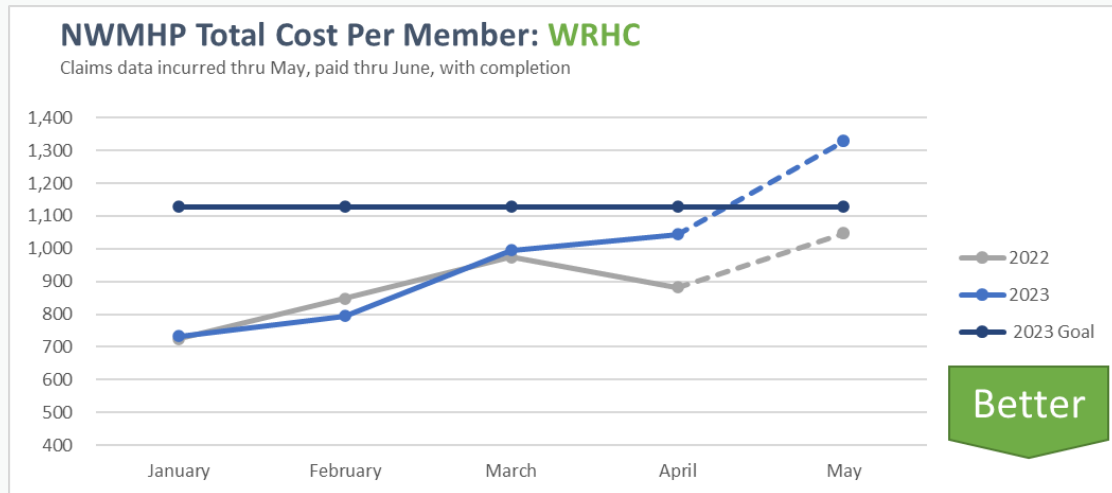
# PY22 Finalization Timeline





**PY2023**

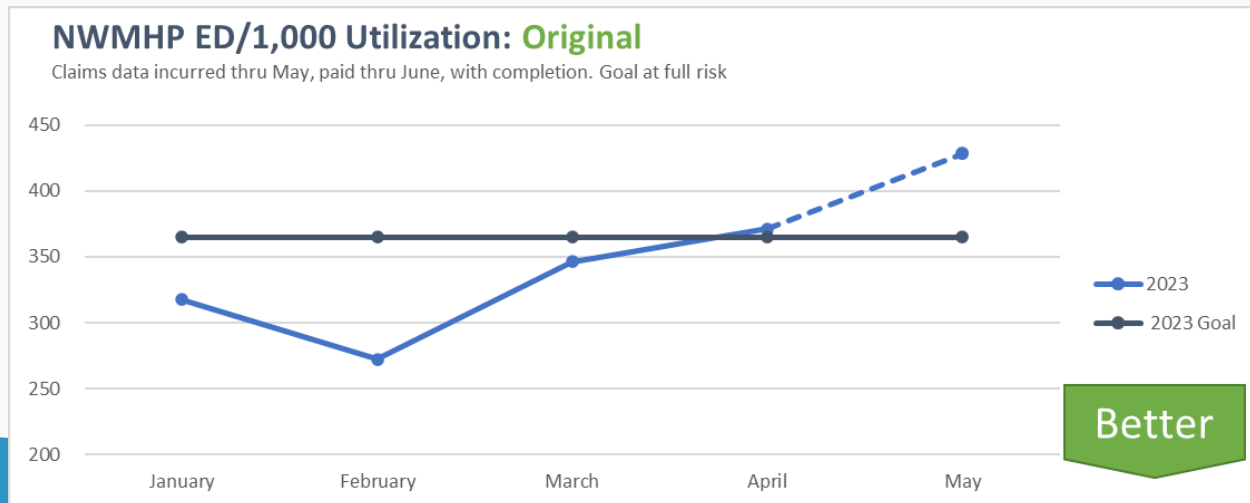
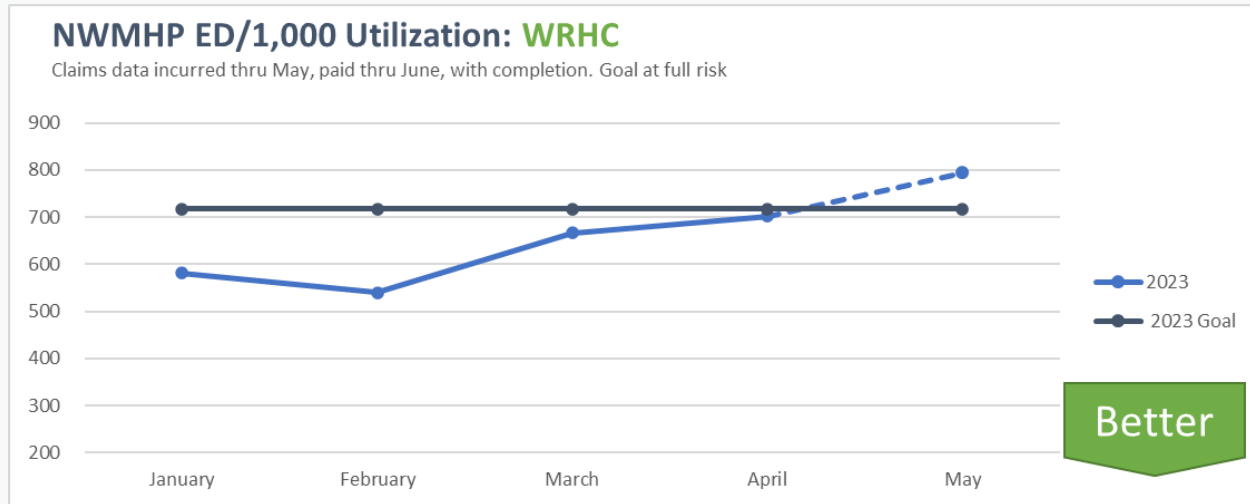
# PBPM Spend: **Claims spike in Q2**



## Takeaways:

- **Rural Collaborative and Original network risk pools both saw a claims spike in May.** With runout we expect May results to exceed benchmark rates for both networks.
- **Nationally, UnitedHealth Care announced an increase in utilization in April and May as well.** Impact on PY23 performance will depend on longevity of this spike and how it compares with national trends.

# ED Utilization: **Spike in Q2** as well



## Takeaways:

- Preliminary data is showing ED increase in May for both networks.
- ICD-10 primary diagnosis categories with largest YoY increases include:
  - Diseases of the musculoskeletal system
  - Injury, poisonings

**Results under embargo: do not share**



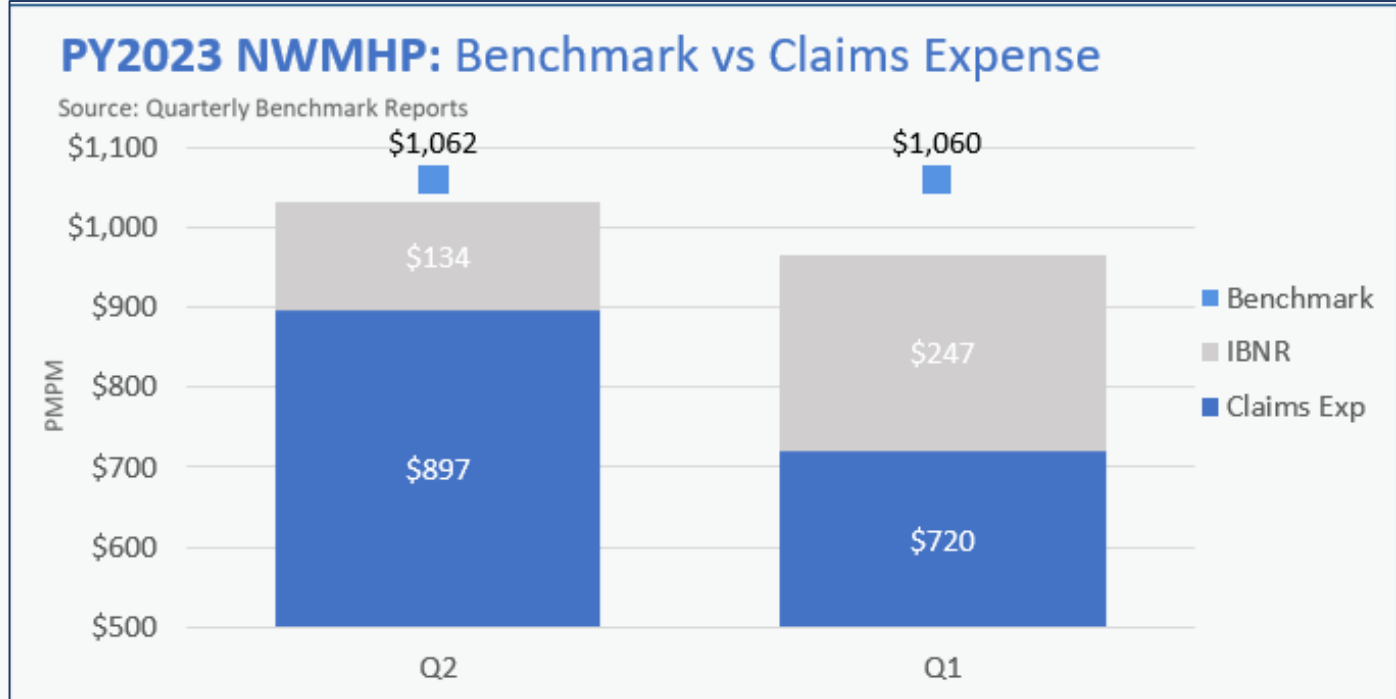
# PY23: Q2 Benchmark Report

2023 ACO REACH Q2 Benchmark: Financial Performance

ACO
<b>Total</b>

MMs	Adj Benchmark	Experience	Savings Rate	Total Savings/Loss	Total S/L PBPM	Shared Savings
137,684	1,062	1,031	2.9%	4,223,999	31	2,112,000

- Takeaways:**
- CMMI has not determined the RTA for 2023 yet.
  - Data above shown through Q2 only (still with IBNR).
  - 2023 started off with a spike in claims expenditures during January.
  - Current ACO savings rate for 2023 shows 2.9%.



Thank you!

