Maryland | Medicaid

Glide path to risk

Provider learning collaborative 2021

Wellpoint℠

Goal guidelines

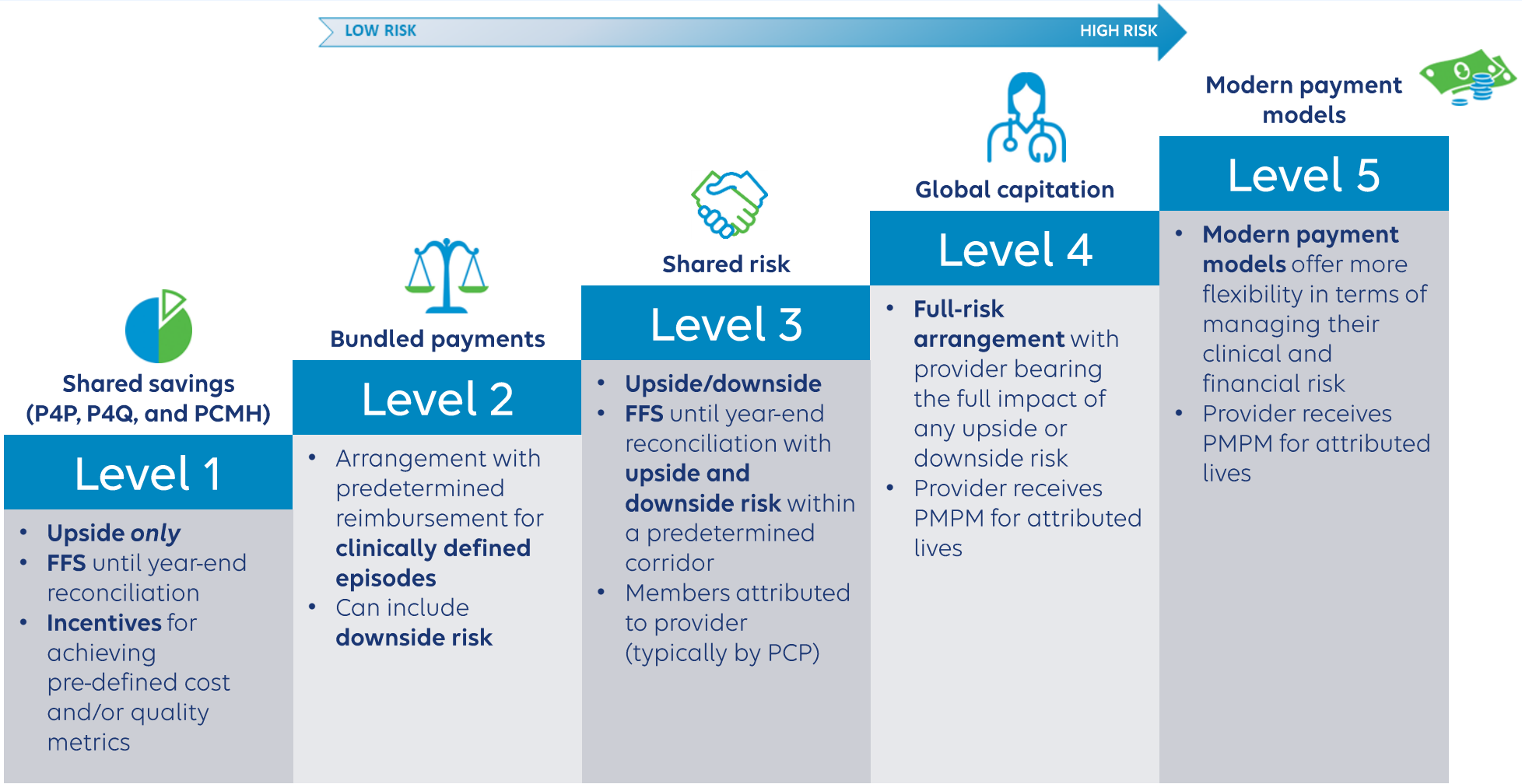
Goal:

Provide information to PCPs participating in existing incentive programs on risk arrangements and successful practice models.

Objectives:

- Define two different risk arrangements.
- Understand five key elements of primary care infrastructure required to succeed in risk arrangements.
- Identify five data tools that support population health.
- Describe two successful PCP case studies.

Types of value-based care contracts in progression



Source: Innovaccer, 2020

Incentive program continuum

	Category 1 FFS	Category 2 FFS: link to quality and value	Category 3 APMs built on FFS architecture	Category 4 Population-based payment
CMS		**A. Foundational payments for infrastructure and operations:** • Care coordination fees • Payments for health information technology investments **B. Pay for reporting:** • Bonuses for reporting data or penalties for not reporting data **C. Pay for performance:** • Bonuses for quality performance	**A. APMs with shared savings:** • Shared savings with upside risk only **B. APMs with shared savings and downside risk:** • Episode-based payments for procedures and comprehensive payments with upside and downside risk	**A. Condition-specific population-based payment:** • PMPM payments • Payments for specialty services (such as oncology or mental health) **B. Comprehensive population-based payment:** • Global budgets or full/percent of premium payments **C. Integrated finance and delivery systems:** • Global budgets or full/percent premium payments in integrated systems
Wellpoint		Shared savings	Bundled payments	

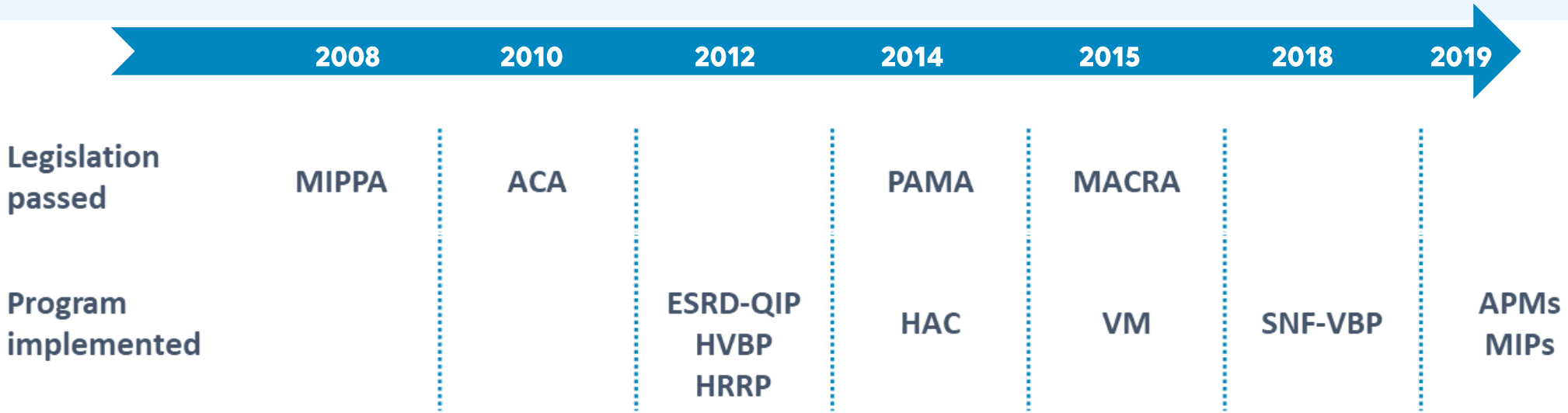
Source: Health Care Payment Learning & Action Network (HCP LAN) APM Framework, 2017

Value-based payment (category 4)

- Prospective, population-based payments that encourage providers to deliver well-coordinated, high-quality, person-centered care:
  - Replacing volume-based FFS with prospective/population-based payments creates stronger incentives for maximizing quality within a budget.
- Requires accountability for measures of appropriate care to provide safeguards against incentives to limit necessary care.
- Incentives can cover a wide range of preventive health, care coordination, wellness services, and standard medical procedures typically paid for through claims.

Source: Health Care Payment Learning & Action Network (HCP LAN) APM Framework White Paper, 2017

Federal models and expectations from CMS



Legislation:
ACA: *Affordable Care Act*
MACRA: *The Medicare Access & Chip Reauthorization Act of 2015*
MIPPA: *Medicare Improvements for Patients & Providers Act*
PAMA: *Protecting Access to Medicare Act*

Program:
APMs: Alternative payment models
ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
HACRP: Hospital-Acquired Condition Reduction Program
HRRP: Hospital Readmission Reduction Program
HVBP: Hospital Value-based Purchasing Program
MIPS: Merit-Based Incentive Payment System
VM: Value Modifier or physician Value-based Modifier (PVBM)
SNFVBP: Skilled Nursing Facility Value-based Purchasing Program

Source: Innovaccer, 2020

Transitioning to full risk

Shared savings	Shared risk	Full risk: capitation models

• Rewards providers who reduce total healthcare spending on their patients below an expected level; providers are entitled to a share of their savings:
  ○ Potentially higher level of reward for providers
  ○ PMPM payments and FFS increases (inherent to other models); often only covers the added infrastructure/staff resources required
	• Next level in risk arrangements
	• Providers receive incentive-based payment to share cost savings combined with disincentives to share the excess costs of healthcare delivery
	• Model is based upon an agreed upon budget with payer
		• Provider organization (or group of organizations) receive a set payment per-patient for specified medical services
		• Provider takes on 100% of the risk for the covered patient/services
		• Monthly per-patient fee adjusted to reflect acuity or level of risk associated with patient population

Global capitation	Partial capitation
Single fixed payment for the entirety of healthcare services of a patient/ member (includes primary care, hospitalizations, specialist care and ancillary services)	Single monthly fee paid to provider covers a defined set of healthcare services (i.e., includes primary/specialty care, laboratory services; excludes hospital-based care, pharmacy, and mental health benefits); uncovered services are paid for on an FFS basis

Source: Valence Health, Solutions for Value-Based Care, 2013

Primary care infrastructure

- Population health strategy: targeting high-risk patients
- Improve outcomes amongst highest utilizers (top 3 to 5% of high-risk patients)
- Identify top two chronic conditions impacting your high-risk patients
- To succeed in effectively targeting high risk patients,
  it is crucial to have the following three components in place:

Source: Health IT Outcomes: Targeting High Risk Patients, Chris Gibson, Greenway Health

People

- **Lead physician**: champions change across the practice
- **Program compliance champion**: strong understanding of incentive programs
- **Clinical workflow champion**: proficient with clinical data coding
- **Analytics leader**: identifies highest value opportunities
- **Care manager**: proactively engages with patients

Source: Valence Health, Solutions for Value-Based Care, 2013

Processes

Access existing workflows

- Daily huddle
- Scheduling: prevent no shows, find hidden capacity
- Redefining visits: telehealth, group visit
- Chart preparation: leverage EHR templates, offload EHR data entry from provider, if possible

Implement/hire appropriate supports for provider:

- Scribes, clinical assistants, access to resources, EHR support, training

Source: Health Care Payment Learning & Action Network (HCP LAN) APM Framework, 2017

Processes (cont.)

Expand access:

- Panel management
- Extended schedules
- Group visits
- Telehealth

Source: Health Care Payment Learning & Action Network (HCP LAN) APM Framework, 2017

Technology

- Electronic health records are just the tip of the iceberg for a population health initiative:
  - Leverage EHR for condition care initiatives
  - Focus on high spend utilization
- Consider integrating complementary technologies (analytics tools, patient engagement and care coordination solutions):
  - CRISP
  - 121
- Leverage technology to streamline processes to make staff/doctors more efficient

Source: Valence Health, Solutions for Value-Based Care, 2013

Case studies

Chinese American Independent Physician Association (CAIPA)

Overview	Providers (#)	Members (#)	Locations (#)	Geography
CAIPA is a large, multi-specialty independent physician association (IPA).	[#]	35,000	500+	Urban

Incentive Program journey

Years 1-3	**Shared savings**: Provider achieved significant improvements in MLR and quality performance through consistent engagement with participating providers and Wellpoint team.
Year 4	**Shared risk**: After consistent performance, Provider Collaboration team introduced opportunity to increase savings opportunity through transition to a shared risk model. Market achieves increased focus on a more robust quality program and stronger MLR management target. Provider is currently engaged in this program and is assumed to achieve favorable results at first reconciliation point.

Corinthian/Excelsior

Overview	Providers (#)	Members (#)	Locations (#)	Geography
Corinthian and Excelsior are large, multi-specialty IPAs. Both started shared savings participation independently.	[#]	38,000	500+	Urban

Incentive Program journey

Years 1-3	**Shared savings**: Provider achieved significant improvements in MLR and quality performance through consistent engagement with participating providers and Wellpoint team.
Year 4	**Shared risk**: After consistent performance, Provider Collaboration team introduced opportunity to increase savings opportunity through transition to a shared risk model. IPA recognized that a subset of participating providers in both IPAs were high performing and ready for increased engagement in a shared risk model. Corinthian and Excelsior formed a joint IPA in SOMOS IPA for the purposes of participating in risk bearing value-based models. Remaining physicians continue to participate in original, independent IPA upside only shared savings program.

SOMOS (Corinthian/Excelsior)

Overview	Providers (#)	Members (#)	Locations (#)	Geography
SOMOS is a joint venture IPA between a number of local NYC IPAs but primarily consisting of physicians from the Corinthian and Excelsior IPAs.	[#]	20,000	100 to 200	Urban

Incentive Program journey

Years 1-3	**Shared savings**: Provider moved into shared risk following spin-off from Corinthian and Excelsior IPA. SOMOS fully engaged with Wellpoint resource support for population health management.
Year 4	**Non-delegated risk**: The group has begun process to move into a full-risk value-based agreement for the upcoming participation year.

HealthCare Partners

Overview	Providers (#)	Members (#)	Locations (#)	Geography
HealthCare Partners is an IPA formed in various states by parent Heritage Partners Network, for the purposes of engaging physician groups in risk bearing agreements with MCOs.	[#]	11,000	100 to 200	Varied

Incentive Program journey

Year 1	**Non-delegated risk**: HCP aggregated groups of physicians in New York and engaged directly in a full risk-based contract with Wellpoint. Through their internally developed process for risk management, they have been engaging with partnered physicians for population health management. Currently operating at a deficit but has prepared corrective action plan for performance improvement.

Addabbo FQHC

Overview	Providers (#)	Members (#)	Locations (#)	Geography
Addabbo Health Clinic is a FQHC primarily in the Brooklyn region of New York.	[#]	4,000	5	Urban

Incentive Program journey

Years 1-4	**Shared savings**: Group has engaged in shared savings and utilization of CDT resources supplied by Wellpoint. The partnership is growing steadily as performance improves and relationship with Health Plan resource grows.

https://provider.wellpoint.com/md/

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