



| Guiding the Way

The PAC Playbook in Direct Contracting Models

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Today's Presenters



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The PAC Opportunity to Drive Value



Direct Contracting Model At-A-Glance

MODEL PARTICIPANTS

A Direct Contracting Entity (DCE) is an ACO-like organization, comprised of health care providers and suppliers. Operating under a common legal structure, which enters into an arrangement with CMS and accepts financial accountability for the overall quality and cost of medical care furnished to Medicare FFS beneficiaries aligned to the entity.

STANDARD DCEs

DCEs that have experience serving Medicare FFS beneficiaries.

NEW ENTRANT DCEs

DCEs that have not traditionally provided services to a Medicare FFS population. Beneficiaries are aligned primarily based on voluntary alignment.

HIGH NEEDS POPULATION DCEs

DCEs that serve Medicare FFS beneficiaries with complex needs employing care delivery strategies, such as those used by Program of All-Inclusive Care for the Elderly organizations.

PROFESSIONAL

- ACO structure with Participants and Preferred Providers defined at the TIN/NPI level
- 50% shared savings/shared losses with CMS
- **Primary Care Capitation (PCC)** equal to 7% of total cost of care for enhanced primary care services

GLOBAL

- ACO structure with Participants and Preferred Providers defined at the TIN/NPI level
- 100% risk
- Choice between **Total Care Capitation (PCC)** equal to 100% of total cost of care provided by Participant and Preferred Providers, and PCC

REGARDLESS OF PARTICIPATION TRACK, POST-ACUTE CARE (PAC) IS ESSENTIAL.

Source: CMS Direct Contracting Model: Professional and Global Options Model overview <https://innovation.cms.gov/files/slides/dc-model-options-overviewalignment-slides.pdf>

Quality Measures & Post-Acute Care

CLAIMS-BASED MEASURES

- Risk-Standardized, All Condition Readmission
- All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
- Advanced Care Plan
- Days at Home (*proposed – to be developed*)

PATIENT EXPERIENCE SURVEY

- CAHPS®* for ACOs Survey

*CAHPS®, stands for Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Research and Quality

Source: CMS Direct Contracting Model: Professional and Global Options Model overview <https://innovation.cms.gov/files/slides/dc-model-options-overviewalignment-slides.pdf>

Building on Current Benefit Enhancements (NextGen ACO)

Direct Contracting is proposing the same benefit enhancements and patient engagement incentives available in the Next Generation ACO Model:

- 3-Day SNF Rule Waiver Benefit Enhancement
- Telehealth Expansion Benefit Enhancement
- Post-Discharge Home Visits Rule Benefit Enhancement
- Care Management Home Visits Benefits Enhancement
- Chronic Disease Management Reward Program
- Cost Sharing Support for Part B Services

Source: CMS Direct Contracting Model: Professional and Global Options Model overview <https://innovation.cms.gov/files/slides/dc-model-options-overviewalignment-slides.pdf>

New Benefit Enhancements

1

HOME HEALTH
SERVICES CERTIFIED BY
NURSE PRACTITIONERS

Allows nurse practitioners (per state scope of practice) to certify beneficiaries for home health services, improving care coordination and transitions.

2

HOME HEALTH
HOMEBOUND
REQUIREMENT

Provides access to home health services for beneficiaries with specified conditions that are not homebound

3

CONCURRENT CARE
FOR BENEFICIARIES THAT
ELECT THE MEDICARE
HOSPICE BENEFIT

Waives requirement that beneficiaries electing the Medicare Hospice Benefit give up their right to receive curative care.

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Questions?

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Thank You

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