



Innovation Center Outlook: Understanding Recent Announcements and Participation



The webinar will begin at 1:00 pm ET. Please make sure you are dialed in to the webinar on your telephone with the audio pin.

Agenda



1. Housekeeping
2. Presentation:
 - Next Generation Model updates
 - COVID-19 updates for CMMI models
 - Direct Contracting Model
 - ACO Perspectives
3. Audience Q&A

Housekeeping



1. If you would like to make the presentation full screen on your device, hover over the presentation and hit the double arrow button circled in green.
2. To ask a question, click on the green “ask” button in the bottom right of the questions box. Please see the red circle in the screen shot below.
 - You can type in a question at any time during the presentation.

A screenshot of a web browser displaying a live webcast. The browser's address bar shows the URL "naacoslive.com/upcoming-events/162/webcast/1". The page has a dark teal header with navigation links: HOME, PRESENTERS, WEBCAST AGENDA, PAST EVENTS, SUPPORT, STREAM TEST, and LOG OUT. Below the header, there are tabs for "QUESTIONS", "PRESENTERS", "SLIDE DECKS", and "DIAL IN NUMBER - 800-111-1111". The main content area is split into two sections. On the left is a presentation slide with a blue and green background. The slide features the NAACOS logo at the top right, followed by the text "Save the Date!" in blue, a dotted line, and "NAACOS Fall 2020 Conference" in green. Below that, it says "September 23-25, 2020" and "Marriott Wardman Park, Washington, D.C." in black. At the bottom of the slide, it reads "COMING SOON: More information about the conference format, in person or virtual, and how to register." In the bottom left corner of the slide, there are icons for a square, a speaker, and the word "LIVE". On the right side of the screen is a "QUESTIONS" box. At the top of this box is a text input field with a green checkmark icon and the placeholder text "Type your question". Below the input field is a large grey area with a question mark icon and the text "There are no questions asked yet. Ask the first one!". At the bottom right of the questions box is a green circular button with the word "Ask" in white. A green circle highlights a double arrow icon in the bottom right corner of the presentation slide, and a red circle highlights the "Ask" button in the questions box.

Speakers



Allison Brennan

Senior Vice President of Government Affairs
NAACOS



Dave Ault

Counsel at Faegre Drinker, LLP
Serves as consultant to NAACOS; formerly with CMS

Speakers



Perry Payne

Health Insurance Specialist
Center for Medicare and Medicaid Innovation
Centers for Medicare & Medicaid Services (CMS)



Emily Brower

Senior Vice President, Clinical Integration and Physician
Services
Trinity Health



Melanie Matthews

CEO of Physicians of Southwest Washington
President, MultiCare Connected Care



Recent Updates to Existing Innovation Center Models

Next Generation ACO Model



- NAACOS has been advocating for over a year to extend the successful Next Gen Model, including with this recent [letter](#).
- CMS recently announced the model will be extended through the end of performance year (PY) 2021.
- View more about our advocacy and resources for Next Gen ACOs on our dedicated Next Gen [webpage](#)
- **2019 Settlement reports** – delayed because of errors with coding service areas exclusions
- COVID-19: NAACOS has a new [webpage](#) with key updates, fact sheets, FAQs, telehealth resources, webinars and much more to help ACOs in the face of the COVID-19 pandemic.

Next Gen Model Updates



2021 Extension

- CMMI will release a new (revised and restated) performance agreement
- *Only 1 provider list; Due September 4*
- *Baseline years: 2018-2019*
- *Risk adjustment: HCC is still being discussed across CMS for 2021*
- *Benchmark: Will use prospective regional trend*
- *Alignment: Additional codes are being considered for alignment*

**** Note: italicized information has only been communicated verbally and not confirmed in writing by CMS**

Next Gen Model Updates



COVID-19 Adjustments

- 2020 regional trend will be retrospective
- No 2020 financial guarantee
- 2019 quality audit has been cancelled
- Amendment:
 - *Optional*
 - Downside risk protection including: *updating stop loss election, reducing shared losses by proportion of months during PHE*
 - CMMI will remove all expenses for months including episodes of care for treatment of COVID-19 during PHE (using the same process as MSSP, summarized in this NAACOS [resource](#))
 - 5% upside cap, 5% *downside cap*
 - Amendment to be released in July; *3 weeks to review and return*
- CMMI webinar in July

**** Note: italicized information has only been communicated verbally and not confirmed in writing by CMS**

Updates to other CMMI models



Track 1+ ACO Model

- Voluntary extension through December 2021
- Financial
 - Remove episodes of care for treatment of COVID-19
 - MSSP Extreme and Uncontrollable Circumstances policy applies to 2020 financial reconciliation
- Quality
 - MSSP Extreme and Uncontrollable Circumstances policy applies to 2019 and 2020 reporting

Updates to other CMMI models



Comprehensive ESRD Care Model

- Extended to March 31, 2021
- Financial
 - Reduce 2020 downside risk by reducing shared losses by proportion of months during the PHE
 - Cap ESCOs' gross savings upside potential at 5%
 - Remove COVID-19 inpatient episodes
 - Remove 2020 financial guarantee requirement

Updates to other CMMI models



Bundled Payments for Care Improvement Advanced (BPCI-A)

- Financial
 - Option for Participants to eliminate upside and downside risk by excluding Clinical Episodes from Reconciliation for Model Year 3 (2020)
 - Without option, will exclude certain Clinical Episodes from reconciliation with a COVID-19 diagnosis during the episode

Comprehensive Care for Joint Replacement (CJR)

- Extended PY5 to March 31, 2021
- Financial
 - Remove downside risk by capping actual episode payments at the target price for episodes with a date of admission to the anchor hospitalization between January 31, 2020 through the termination PHE
 - Extend appeals timeline for PY3/PY4 from 45 to 120 days

Updates to other CMMI models



Oncology Care Model

- Financial
 - Option for OCM practices to elect to forgo upside and downside risk for performance periods affected by the PHE
 - Without option, will remove COVID-19 episodes from reconciliation for those performance periods
- Quality
 - Optional for the affected performance periods:
 - Aggregate-level reporting of quality measures
 - Beneficiary-level reporting of clinical and staging data
 - Remove the requirement for cost and resource utilization reporting and practice transformation plan reporting in July/August 2020

Updates to New CMMI Models



- The Innovation Center made changes to several other APMs last week, including:

Model	Original Start Date	Revised Start Date	Application Info
Primary Care First	Jan. 1, 2021	No Change	Application for practices closed in Jan.
Primary Care First – Seriously Ill Option	Jan. 1, 2021	April 1, 2021	Application for payers closed in May
Kidney Care First	Jan. 1, 2021	April 1, 2021	Application period closed in Jan.
Comprehensive Kidney Care Contracting	Jan. 1, 2021	April 1, 2021	Second application period to come for a 2022 start.
Emergency Triage, Treat, and Transport	May 1, 2020	Fall 2020	Accepted applicants announced in Feb.



Direct Contracting Model

Direct Contracting Resources



CMS resources on Direct Contracting:

- Fact [sheet](#)
- Request for [Applications](#)
- FAQ [document](#)

These resources and more are on our Direct Contracting web [page](#):

- NAACOS Direct Contracting model [overview](#)
- NAACOS in-depth [analysis](#) of the RFA
- NAACOS [comparison](#) of high-level accountable care models
- Three on-demand [webinars](#) on Direct Contracting and Understanding the Model Matrix (101 and 201)

Speaker



Perry W. Payne, Jr.

Perry Payne, Jr., MD/JD/MPP, works full time at the Center for Medicare and Medicaid Innovation - a component of the Centers for Medicare and Medicaid Services - where he works on developing and implementing alternative health care delivery and payment models to improve the quality of care being received by recipients of Medicare and Medicaid, lower health care costs for taxpayers, and improve health outcomes. He is currently one of the model leads for the Direct Contracting model, a new model building on lessons learned from the Next Generation ACO model and MSSP. Prior to working at CMS, Dr. Payne was a full-time assistant professor at George Washington University (GWU) with appointments in the department of clinical research and leadership, department of health policy, and department of systems biology. He continues to teach as an adjunct professor at GWU.

Direct Contracting Model: Professional and Global Options



*Brief Overview of
Model for NAACOS*

*June 11, 2020
Co-Model Lead
Perry Payne*

Agenda

1. Model Overview
2. DCE Types
3. Alignment and Payment
4. Benefit Enhancements
5. Quality

Direct Contracting Overview: Design and Goals

Background

- Direct Contracting Model (Direct Contracting), together with the Primary Care First Model and the updated Medicare Shared Savings Program ENHANCED Track, are part of the CMS strategy to use the redesign of primary care to drive broader delivery system reform to improve health and reduce costs.
- The model builds off the Next Generation ACO Model and innovations from Medicare Advantage and private sector risk sharing arrangements.



Approach

Goal

How CMS expects that Direct Contracting will achieve these goals

Transform risk-sharing arrangements

- Flexible cash flows
- Predictable, prospective spending targets
- Payment that recognizes the challenges of caring for complex chronically ill populations

Empower and engage beneficiaries

- Enhanced voluntary alignment
- Various benefit enhancements and patient engagement incentives

Reduce provider burden

- Small set of core quality measures
- Waivers to facilitate care delivery
- Opportunities for organizations new to Medicare FFS to participate

DCE Types

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 PACE organizations.

Alignment

Beneficiary Alignment

CMS will align beneficiaries to a DCE in two ways:

- **Voluntary alignment**- Beneficiaries choose to align to a DCE by designating a DC Participant Provider affiliated with the DCE as their primary clinician or main source of care
- **Claims-based alignment**- CMS aligns a beneficiary based on where the beneficiary receives the plurality of their primary care services, as evidenced in claims utilization data.
- Voluntary Alignment takes precedence over Claims-based alignment.

Direct Contracting Overview: Payment, Benefit Enhancements and Quality

Risk Options

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 (TCC)** equal to 100% of total cost of care provided by Participant and Preferred Providers, and PCC

Geographic (proposed)

- Would be open to entities interested in taking on regional risk and entering into arrangements with clinicians in the region
- 100% risk
- Would offer a choice between **Full Financial Risk with FFS claims reconciliation** and TCC

← Lowest Risk

Highest Risk →

Financial Goals and Opportunities

The Direct Contracting Model builds on the Next Generation ACO Model, introducing several new model design elements including:

- **NEW PERFORMANCE YEAR BENCHMARK METHODOLOGIES** focused on increasing benchmark stability, simplicity and prospectivity,
- **CAPITATION AND OTHER ADVANCED PAYMENT ALTERNATIVES** for model participants, and
- Financial model that **SUPPORTS BROADER PARTICIPATION** by entities new to Medicare Fee for Service and/or focused on delivering care for high needs populations.

Building on the Next Generation ACO Model

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 Benefit Enhancement,
- Chronic Disease Management Reward Program, and
- Cost Sharing Support for Part B Services.

New Proposed Benefit Enhancements

CMS also proposes to implement three new benefit enhancements to improve care coordination and service delivery:

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.

Home Health Homebound Requirement

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

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.

Proposed Quality Measure Set

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

Contact Information

Direct Contracting Webpage
(includes link to application):

<https://innovation.cms.gov/initiatives/direct-contracting-model-options/>

Email: DPC@cms.hhs.gov

Salesforce Support:

CMMIForceSupport@cms.hhs.gov



ACO Perspective

ACO Perspectives



Emily Brower

Senior Vice President, Clinical Integration and Physician Services

Trinity Health

Emily Brower serves as senior vice president of clinical integration and physician services for Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation, serving more than 30 million people across 22 states. In this role, she provides leadership and strategic direction within the evolving accountable healthcare environment, with an emphasis on clinical integration and transformation under alternative payment models. Ms. Brower joined Trinity Health from Atrius Health, where she last served as vice president of population health, building and executing the essential capabilities required to achieve strong financial and clinical outcomes within integrated care models under value-based reimbursement, particularly for publicly insured populations. Prior to Atrius Health, Ms. Brower spent fifteen years in operational, financial, and contracting leadership roles at Urban Medical Group.

ACO Perspectives



Melanie Matthews

CEO of Physicians of Southwest Washington
President, MultiCare Connected Care

Melanie Matthews is CEO at Physicians of Southwest Washington (PSW) and president at MultiCare Connected Care. She brings more than 20 years of operations, financial, human resources and product marketing experience in health care services for specialty populations. Her passion for public policy and engaging legislatures has propelled her as the “voice” of physician health policies. Since she joined the company in 2016, Ms. Matthews has maintained the core principals in which PSW was founded on and expanded business lines to include MSO services including credentialing, coding and compliance and the implementation of CMMI innovation models such as the Next Generation ACO. Her extensive knowledge in post-acute care provides strategic focus in reducing overall cost of care as well as provider and beneficiary engagement. Prior to PSW, Ms. Matthews served for three years as vice president of operations for Prestige Care, Inc.

Questions?



If you do not get a chance to ask your question today, or if you have additional questions in the future, please email advocacy@naacos.com



Thank you!