PATIENTPING

Direct Contracting: Preparing for the New Model & How Real-Time Data will Support Success

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 the screen shot below in green.
2. There will be time for questions at the end of the presentation. To submit your questions during the presentation, please submit it in the question tab in your GotoWebinar Control Panel.
3. This webinar is being recorded and will be made available on NAACOS' On-Demand Webinar page within 2 business days.

Introductions

Today's Speakers

Natalie Sheehan, MBA

Product Marketing

PatientPing

Kirsten Lundquist, MBA

Product Marketing

PatientPing

Goals for Today's Webinar

1. Discuss the CMS Innovation Center's new Direct Contracting Model
2. Highlight key considerations in preparing for Direct Contracting
3. Share how real-time patient event notifications can help participants succeed
4. Show how PatientPing can directly support Direct Contracting participants

Overview

Direct Contracting

First Performance Period Begins April 1, 2021

- Implementation period running from October 1, 2020 – March 31, 2021
- Second cohort begins January 2022
- Runs through December 2026
- Geographic model scheduled to start January 2022

Part of CMMI's strategy to redesign primary care to drive broader healthcare reform, improve quality, and reduce costs

- High risk model that builds off the Next Generation ACO Model (NextGen), innovations from Medicare Advantage, and commercial payer risk arrangements

Model Goals

- Transform risk-sharing arrangements in Medicare FFS
- Broaden participation in CMMI models
- Empower beneficiaries to engage in their own care delivery
- Reduce provider burden to meet health care needs effectively

Direct Contracting Participants

3 types of Direct Contracting Entities (DCE)

Standard DCE

- Experience serving Medicare FFS beneficiaries
- Minimum of 5,000 aligned beneficiaries required

New Entrant DCE

- Limited experience delivering care to Medicare FFS beneficiaries
- Minimum of 5,000 aligned beneficiaries required by PY5 with glide path

High Needs Population DCE

- Tailored to Medicare FFS beneficiaries with complex needs
  - Similar care delivery strategies as PACE organizations
- Minimum of 1,400 aligned beneficiaries required by PY6 with glide path

Voluntary or claims-based alignment of beneficiaries

Voluntary alignment takes precedence over claims-based alignment

- **Voluntary Alignment**
  - Medicare beneficiaries choose to align to a DCE by electing a Direct Contracting Participant Provider as primary clinician
  - DCEs permitted to proactively outreach to beneficiaries
- **Claims-based Alignment**
  - Alignment based on primary care services provided by Direct Contracting Participant Providers
  - Two-year look back period used

DCE Considerations

- Engagement strategies to drive voluntary alignment in order to meet minimum requirements
- Retention strategies for aligned beneficiaries

Direct Contracting Risk Options

Two initial risk-sharing model options

Professional

Lower Risk Option

- 50% shared savings/losses with CMS
- Primary Care Capitation (7%)
- Option to elect Advanced Payment for remainder of payment

Global

Full Risk Option

- 100% shared savings/losses with CMS
- Choose between Primary Care Capitation or Total Care Capitation
  - Option to elect Advanced Payment if selecting Primary Care Capitation

DCE Considerations

- Care management resources that enable visibility into patient care events and collaboration among DCE providers & external organizations will be critical to minimize losses

Performance Year benchmark methodology

Historical & Regional Expenditures				
	Standard DCE		**New Entrant DCE**	**High Needs Population DCE**
	Claims Aligned Beneficiaries	Voluntarily Aligned Beneficiaries	Claims & Voluntarily Aligned Beneficiaries	Claims & Voluntarily Aligned Beneficiaries
PY1-4	Blend of Historical Expenditures & Regional Expenditures	Regional Expenditures		
PY5-6	Blend of Historical Expenditures & Regional Expenditures			

→ **Risk Adjustment** →

Discount & Quality Withhold

Discount
- Applies only to Global DCEs
- 2% in PY1 (2-5% in PY2-PY6)
- Ensures CMS obtains savings

Quality Withhold
- Applies to all DCEs
- 5% of benchmark
- Can be earned back based on quality performance

→ **Final PY Benchmark**

Performance Year benchmark methodology

DCE Considerations

- For Standard DCEs, voluntarily aligned beneficiaries may carry higher payment benchmarks in PY1-4 than claims aligned beneficiaries
  - Consider beneficiary engagement strategies for voluntary alignment and retention
- Evaluate resources and operational capabilities to drive success for quality measures to earn back withhold

Quality measures

Full quality methodology to be published in February 2021

Proposed quality measures for the PY1:

- All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
- Risk-Standardized All Condition Readmission
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)

DCE Considerations

- Operational resources and care coordination strategies to minimize admissions and readmissions
- Beneficiary engagement and experience strategies to maximize CAHPS

Anticipated enhancements encourage beneficiary engagement

Anticipated benefit enhancements build upon those in NextGen and introduce new incentives to encourage beneficiary engagement

Current NextGen Benefit Enhancements Anticipated for DC PY1	New Benefit Enhancements Anticipated for DC PY1	Potential Future Benefit Enhancements Under Consideration by CMS
• SNF 3-Day Rule Waiver • Telehealth Expansion • Post-discharge Home Visits • Care Management Home Visits • Chronic Disease Management Reward Program • Cost-sharing Support for Part B Services	• Homebound Home Health Waiver • Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefit • Beneficiary engagement incentives in the form of certain in-kind items and services	• Tiered Cost Sharing Reduction • Alternative Sites of Care • Cost-sharing Support for SNF Services • Long-term Care Hospital 25-day average Length of Stay requirement and Other Site of Care Restrictions

Direct Contracting

Key considerations

High risk model requires DCEs to evaluate strategies that support maximizing both revenue and shared savings

Maximize revenue

- ❑ Strategies to drive voluntary beneficiary alignment
- ❑ Beneficiary engagement tactics that support retention
- ❑ Processes to support maximizing quality scores

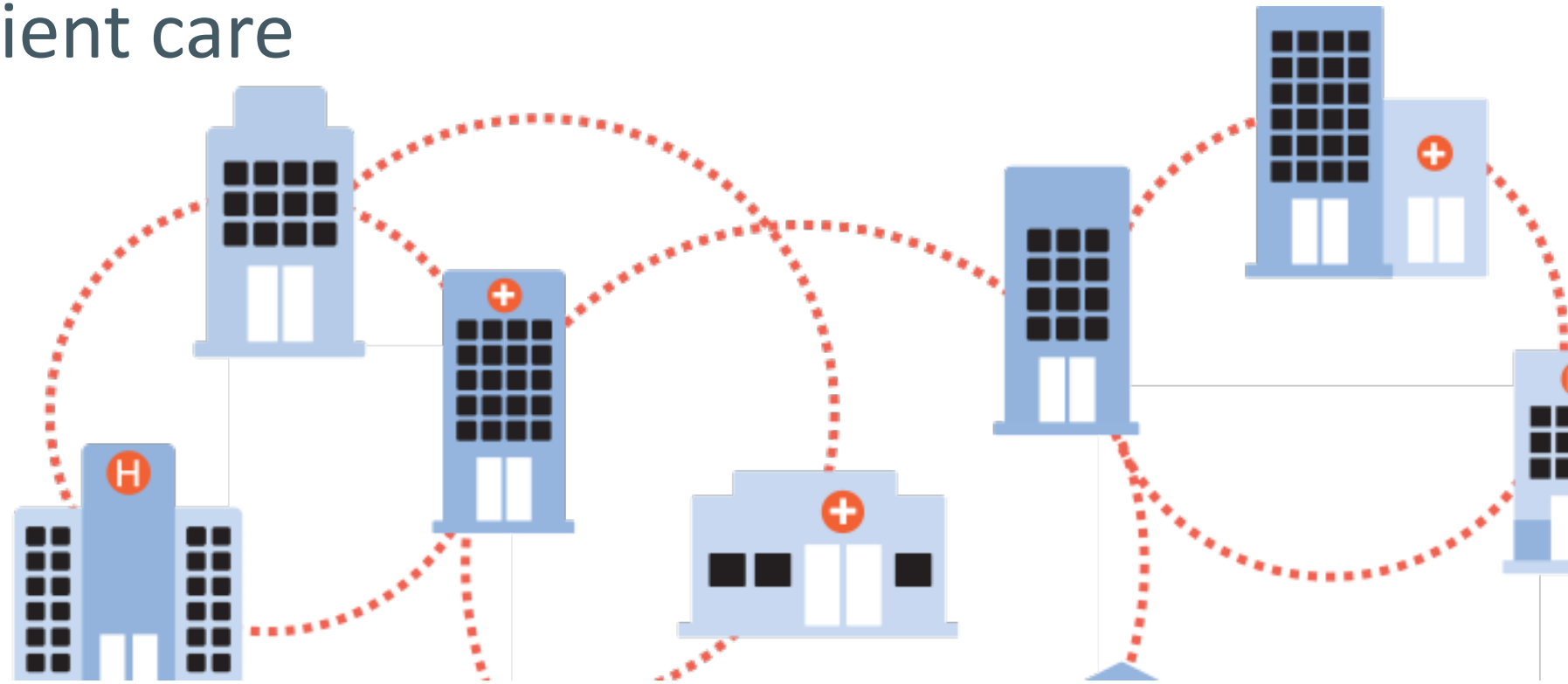
Maximize shared savings

- ❑ Care management resources and processes to minimize avoidable utilization
- ❑ Beneficiary engagement tactics that support proactive preventative care

PatientPing

Our Mission

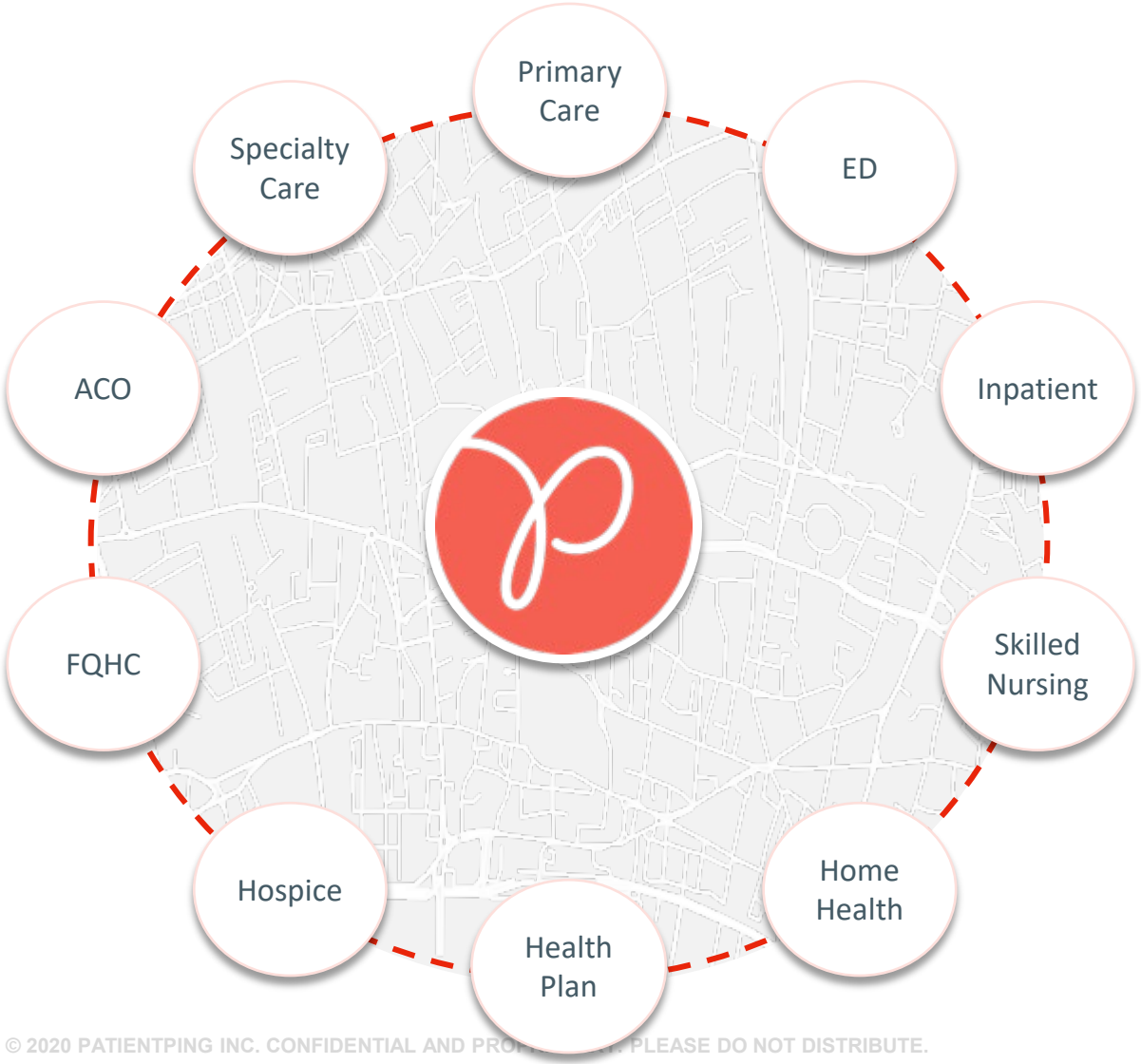
Connecting providers to seamlessly coordinate patient care



PATIENTPING.COM

Connecting Providers to Seamlessly Coordinate Patient Care Across the Continuum

Our Approach



National Data Network

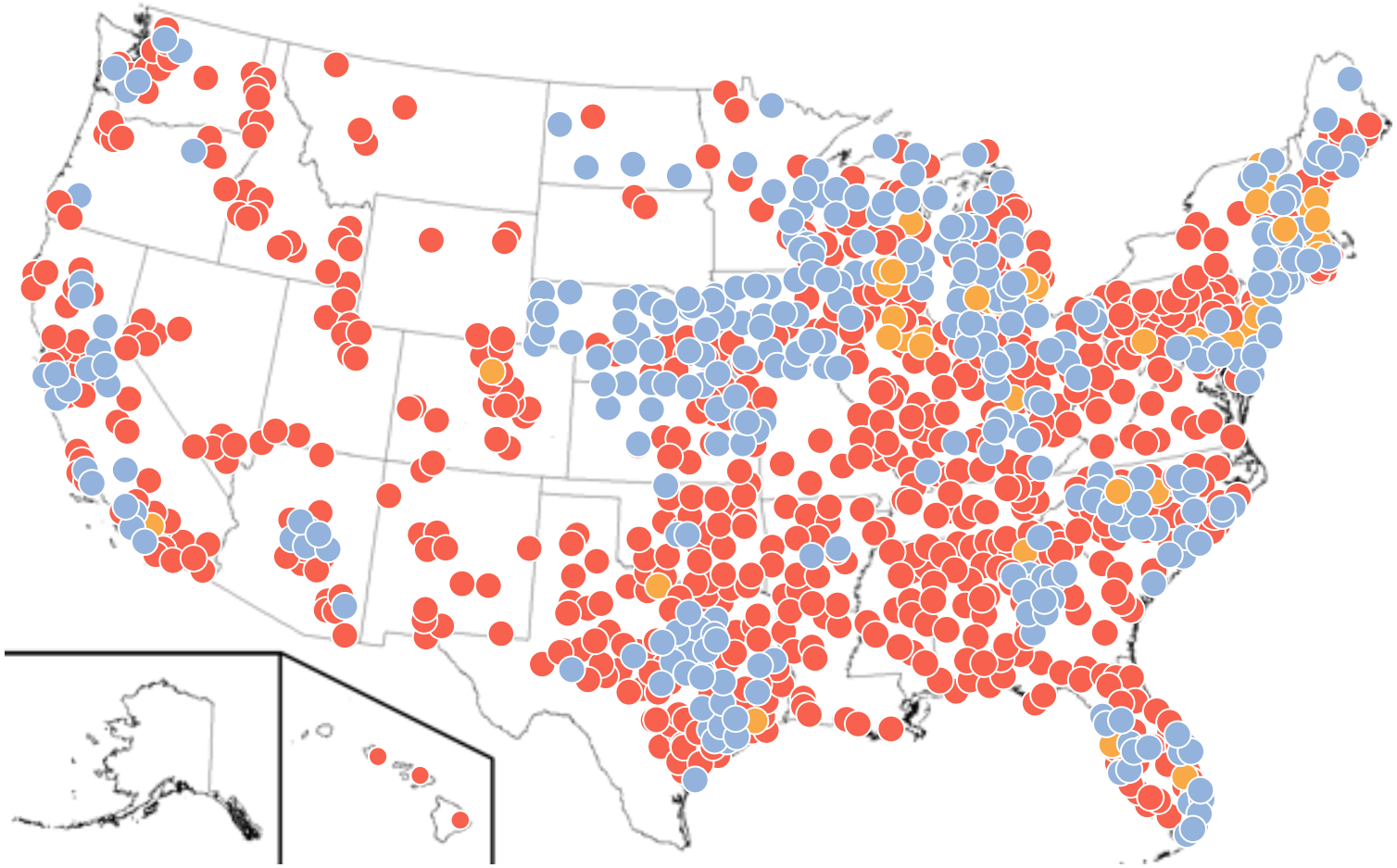
Brings provider & payer data into a single network that adds value to all participants

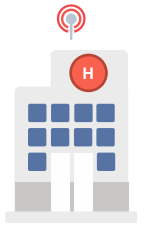
Applications that Engage Users

Software applications built on top of our network data that enable real-world care coordination workflows

The PatientPing Network

The Nation's Leading Care Collaboration Platform





1,100+
HOSPITALS

6,000+
POST-ACUTE FACILITIES

300+
Provider Orgs

PATIENTPING.COM

PatientPing: Real-time data and insights support success

Pings: Real-time notifications on care events in acute and post-acute settings

Spotlights: Real-time interactive performance dashboards on SNF utilization, readmission rates, and multi-visit patients

Diverse & robust national network of hospitals, post-acute facilities, and provider organizations

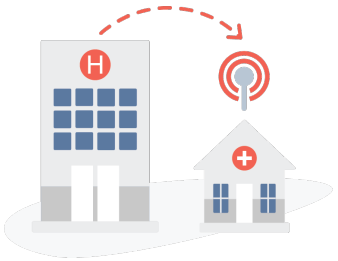
PatientPing for Direct Contracting: Pings

Real-time notifications power targeted care coordination

Real-time notifications on care events in acute and post-acute settings

ED Presentation

Inpatient Admission



Discharge to PAC

Discharge Home

Reduce avoidable admissions and readmissions

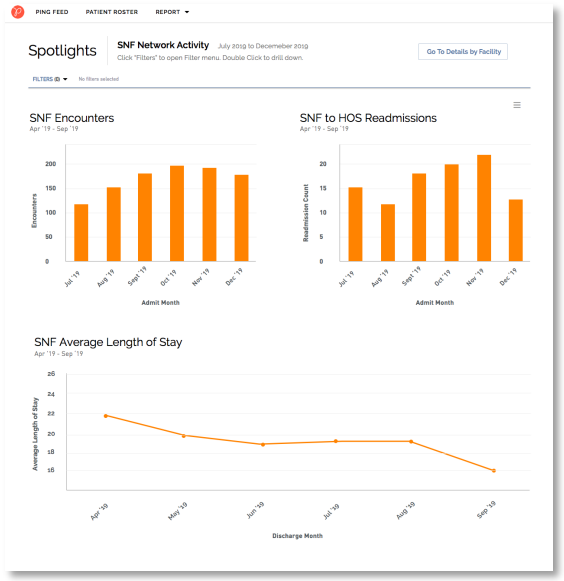
Reduce post-acute utilization and length of stay

Increase beneficiary engagement for voluntary alignment and retention

PatientPing for Direct Contracting: Spotlights

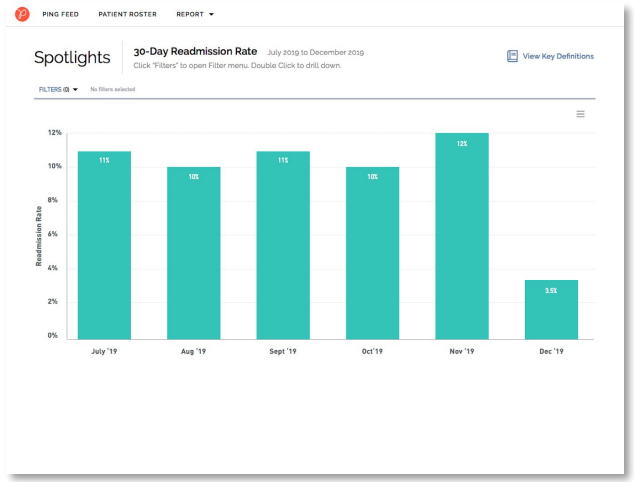
Real-time dashboards support organizational coordination

SNF Management Dashboard



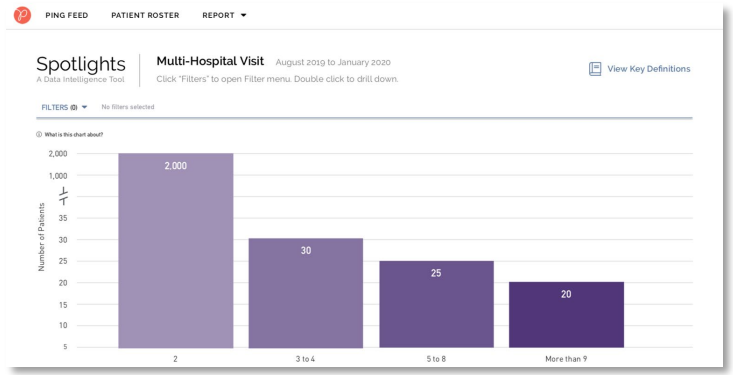
Review SNF utilization, average length of stay, and associated hospital readmission rates by facility

Hospital Readmission Rate Dashboard



Identify trends in hospital readmissions in real-time with the ability to drill down to facility and beneficiary level insights

Multi-Visit Patient Dashboard



Identify beneficiaries with the greatest hospital utilization to efficiently direct care management resources towards highest impact beneficiaries

PATIENTPING.COM

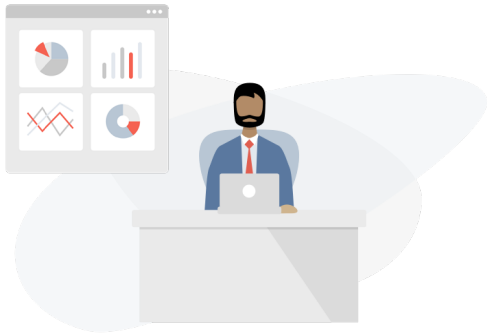
PatientPing for Direct Contracting

Real-time insights power rapid performance improvements

Pings

Targeted beneficiary intervention

Spotlights



Hospital & PAC facility level coordination

Targeted beneficiary intervention, coupled with hospital & PAC facility coordination drive:

- Reductions in overall spend, resulting in savings for DCEs
  - Reductions in avoidable hospital utilization (ED, admissions, and readmissions)
  - Reductions in PAC utilization
- Increases in beneficiary alignment and retention, resulting in continued revenue for DCEs
  - Increases in beneficiary engagement and satisfaction

PatientPing's network of ACOs generate substantial savings

2018 NextGen ACOs

- PatientPing's network of NextGen ACO organizations earned over **$150M** in shared savings
- **More than half of the top 20 ACOs** that earned shared savings are part of PatientPing's network

2019 MSSP ACOs

- PatientPing's network of MSSP ACO organizations generated over **$517M in shared savings**
- PatientPing's MSSP ACO provider network made up more **than 43% of total generated savings** and encompassed **50% of the top 15 MSSP ACOs**

PatientPing for Direct Contracting

PatientPing drives meaningful savings for organizations

Houston Methodist Coordinated Care

- **$681K** in savings by reducing PAC length of stay from 25 to 21 days
- **Doubled** the number of patients receiving care in post-acute network

Saint Francis Health Care Partners

- **24.7%** reduction in 30-day hospital readmission rates for preferred PAC network
- **27.5%** reduction of network average length of stay

Pioneer Valley Accountable Care

- **25%** reduction in SNF costs

Data from case studies published in following months - Houston Methodist Coordinated Care: Feb '19; Saint Francis Health Care Partners: May '18; Pioneer Valley Accountable Care: Jan '18

Summary: How PatientPing can help

	DCE Key Considerations	How PatientPing Helps
Maximize Revenue	• Strategies to drive voluntary beneficiary alignment • Beneficiary engagement tactics to support retention	• Pings enables rapid post-discharge follow up, supporting engagement strategies for increasing voluntary alignment and beneficiary retention
	• Processes to support maximizing quality scores	• Pings & Spotlights support reductions in avoidable admissions and readmissions
Maximize Shared Savings	• Care management resources and processes to minimize avoidable utilization	• Pings & Spotlights power strategies and workflows to minimize avoidable hospital & PAC utilization
	• Beneficiary engagement tactics that support proactive preventative care	• Pings enables timely post-discharge follow up to support transitional care management workflows and engagement for preventative services

PatientPing

Additional resources

Visit
www.patientping.com

Contact
connect@patientping.com

ACO Page
https://patientping.com/who-we-help/acos-pos/