

Direct Contracting Learning Discussion



The program will begin at 2:00 pm ET.




.....Ground Rules and Expectations



1. Today's discussion is scheduled for an hour
2. What to expect
 - Our goal is to allow DCEs to share concerns, answer questions and raise points of interest in a collaborative discussion.
 - Feel free to turn your video on and speak up when you feel the need. Please mute yourself when not talking.
3. Today's program is being recorded
 - Recordings will be posted to NAACOS's stand-alone [Direct Contracting page](#)
4. We have a couple topics teed up. Discussion will happen along the way.

Introductions.....



	<p>David Pittman Senior Policy Advisor NAACOS</p>
	<p>Allison Brennan Senior Vice President of Government Affairs NAACOS</p>
	<p>Dave Ault Counsel Faegre Drinker Biddle & Reath LLP</p>

Agenda.....



1. Welcomes and housekeeping
2. A couple of teed-up topics
 - a) Non-emergent medical transports
 - b) Qualifying APM Participant (QP) thresholds
 - c) Questions submitted in advance
3. Open forum and discussion

.....NAACOS Direct Contracting Resources

- Stand-alone [webpage](#) with CMS and NAACOS resources
- [Overview](#) of Quality Measurement Methodology
- [Summary](#) of Direct Contracting Financial Specifications
- [Frequently Asked Questions](#) on Direct Contracting
- In-depth [analysis](#) of Direct Contracting
- Hosted several webinars, town halls and learning discussions
- To continue today's discussion, we encourage use of our Direct Contracting Listserv. You must sign up first and can do so [here](#).
 - DirContractListServ@naacos.com
- NAACOS staff is also available at DirectContracting@naacos.com

Key Dates.....



- **Nov. 12 (est.)** – 2022 alignment estimates sent to DCEs
- **Nov. 18** – Deadline for 2022 provider-level BE/BEI elections
- **Nov. 18** – Deadline for PVA submissions for IP2 participants
- **Nov. 30** – Deadline to distribute beneficiary notifications to Prospective+ patients as of Oct. 1
- **Dec. 10 (est.)** – 2022 Preliminary Benchmark Reports sent to DCEs
- **Dec. 17 (est.)** – Q1 Alternative Payment Arrangement reports sent to DCEs with prospective capitation and APO payment amounts
- **Dec. 17 (est.)** – 2022 financial guarantee amounts shared with DCEs

Non-Emergent Medical Transports



Our MA plans have a medical transport benefit for getting the patient to the clinics, but that usually requires 24-hour notice, and sometimes an urgent request from a patient could result in an ambulance trip to the ER just because they couldn't get to our PCP office for help with their acute, mild illness.

And more importantly, DCE patients do not have such MA transportation benefits, so they are even more likely to end up in an expensive ambulance ride to the ER.

I am thinking we may utilize Uber on a case-by-case basis but would prefer a contract with a national aggregator of transportation vendors, such as Logisticare or National MedTrans (and I think the 2 merged recently).

What solution have DCEs considered?

MACRA Advanced APM Bonus



- The Quality Payment Program from MACRA provides a 5% bonus for qualifying clinicians in Advanced APMs
- Performance year 2021 corresponds to bonus year 2023
- The 5% amount is based on Estimated Aggregate Payment Amounts for Part B Covered Professional Services furnished by the QP during base year (ex. 2022)
- CMS evaluates Advanced APMs three times during the performance year. The DCE must only meet the threshold once for those providers to earn the bonus.

Qualifying APM Participants (QPs):
Advanced APMs must have a certain proportion of patients or payments go “through” the APM. DCE is evaluated collectively and if it meets/exceeds the thresholds, clinicians are designated as QPs and earn 5% bonuses

PY 2021 QP thresholds



QP Threshold Type:	Payment	Patient Count
Medicare		
QP	50%	35%
Partial QP	40%	25%
All-Payer Combination		
QP	50% (25% Medicare)	35% (20% Medicare)
Partial QP	40% (20% Medicare)	25% (10% Medicare)

Did you know? QP thresholds were set to rise to unreasonably high levels in PY 2021, but **NAACOS advocacy** kept the thresholds at 2020 levels for 2 years!

MACRA Advanced APM Bonus



- Three QP evaluations during a performance year
 - Jan. 1 – March 31; Jan. 1 – June 31; Jan 1 – Aug 31
- **With the DC start date in April, what does that mean?**
- DCEs will have data evaluated for the 2nd and 3rd periods
- Data will focus on 4/1 – 6/30 and 4/1 – 8/31
- There is a 2 month claims run out after each period
- The QPP lookup [tool](#) is updated to reflect QP status approx. 4 months after the close of the snapshot period

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Questions Submitted in Advance



- From a Professional, Standard DCE starting in 2022 and opting to use six Benefit Enhancements:
 - How quickly do we receive the three-years claims file for attributed beneficiaries? Is that part of the Nov/Dec files or does it come later in the year?
 - Since the in-home visit codes are listed on the capitation list, if a PCP performs an in-home visit, will those codes be capitated since or are they excluded because we opted into the BE?
- Do any other DCEs reconcile the monthly capitation payments for the following scenarios:
 1. A beneficiary sees an NPI within the TIN who is not on the roster and Medicare pays a claim. Do any other DCEs REDUCE the capitation payment for the TIN to avoid double paying?
 2. If a beneficiary sees an NPI in another TIN participating in our DCE but is not their attributed provider, does CMS pay the claim or not?

Other Topics.....



- **What other topics are on your mind or that you want to discuss?**
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Thank you!