ACO REACH: Next Steps on Evaluating and Applying

The webinar will begin at 3:00 pm ET

Agenda

1. Housekeeping and Introductions
2. Remarks and Presentations:
    - Greg Dadlez, Ochsner Health Network
    - Beth Patak, Equality Health
    - Dave Ault, Ropes & Gray
3. Audience Q&A

Housekeeping

1. Speakers will present and deliver remarks for around 45 minutes.

2. Q&A will take the remainder of the time
   - You can submit written questions using the Questions tab on your dashboard to the right of your screen at any time during the webinar.
   - During the Q&A portion, you can ask a live question by using the raise hand feature and we will call on you and unmute your line.

3. Webinar is being recorded
   - Slides and recording will be available on the NAACOS website within 24 hours. You will receive an email when they are available.

Introductions

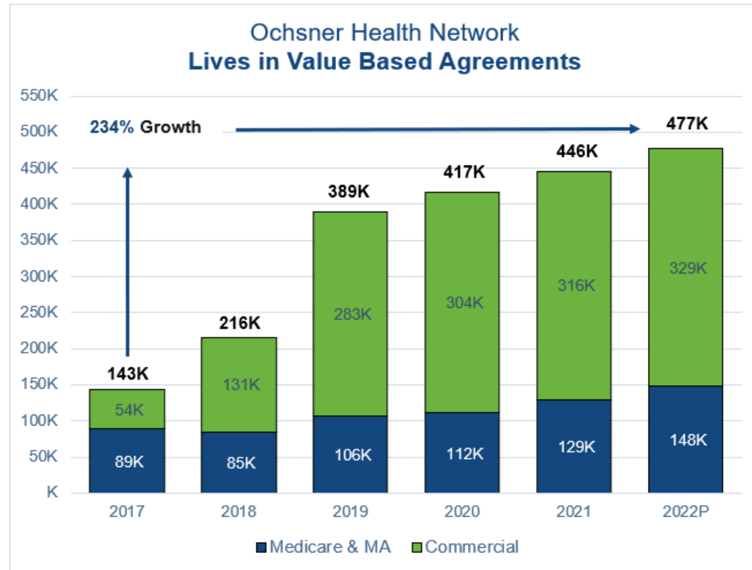
	Greg Dadlez AVP, Value-Based Performance Ochsner Health Network
	Beth Patak Executive Director Equality Health
	Dave Ault Counsel Ropes & Gray

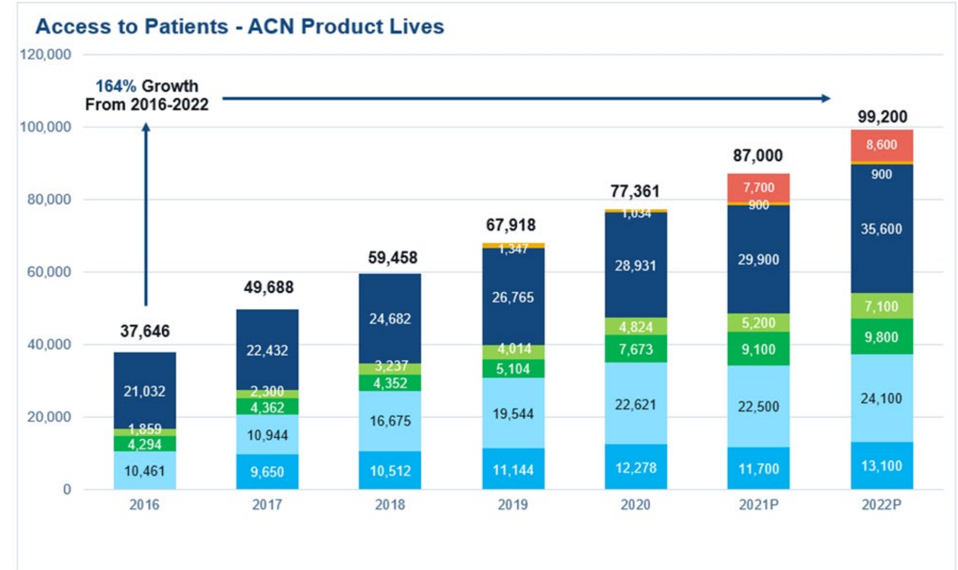
Vetting ACO Reach

Greg Dadlez
AVP, Value-Based Performance
Ochsner Health Network
gdadlez@ochsner.org

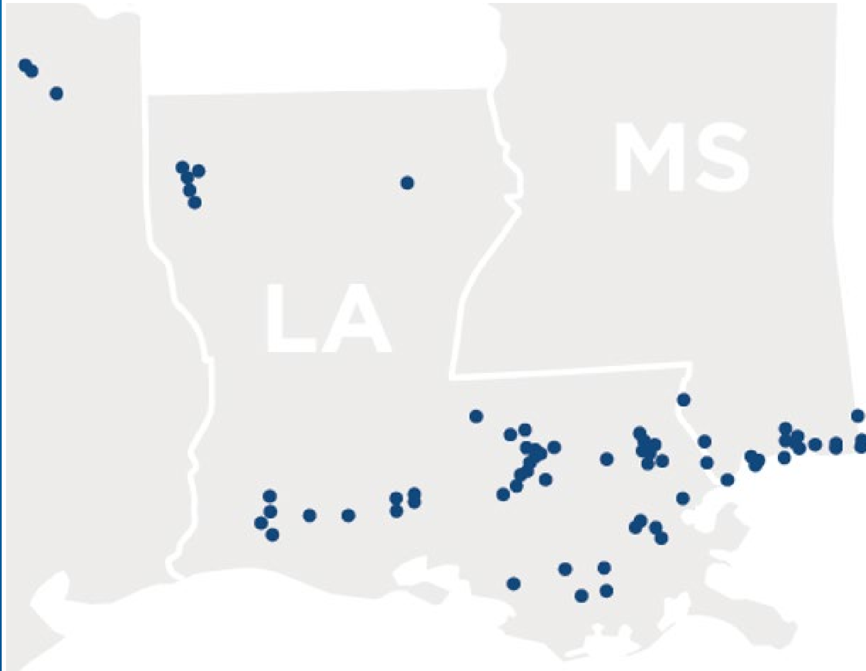
Ochsner Health Network's Journey to Value

- **477K lives under management in value-based agreements** (234% growth since 2017)
- **99K lives in exclusive Accountable Care Networks** (164% growth since 2016)
- **$2.86B in total cost of care managed in value-based agreements** (156% growth since 2017)





Ochsner Accountable Care Network



- Caring for over **55k** Medicare Beneficiaries, Across **3 States**
- **70+** Primary Care Locations
- Over **3,600** Physicians and Advanced Practice Providers
- **Increased** savings each year since 2017
- **$22.4M** in 2020 Shared Savings
  - **2nd** highest MSSP savings rate for ACOs with >30k beneficiaries
- Moved to 1+ in 18, Enhanced in July 2019
- Accepted into DCE* but deferred and ultimately withdrew

*As Ochsner Senior Care Network

Organizational Priorities and Readiness

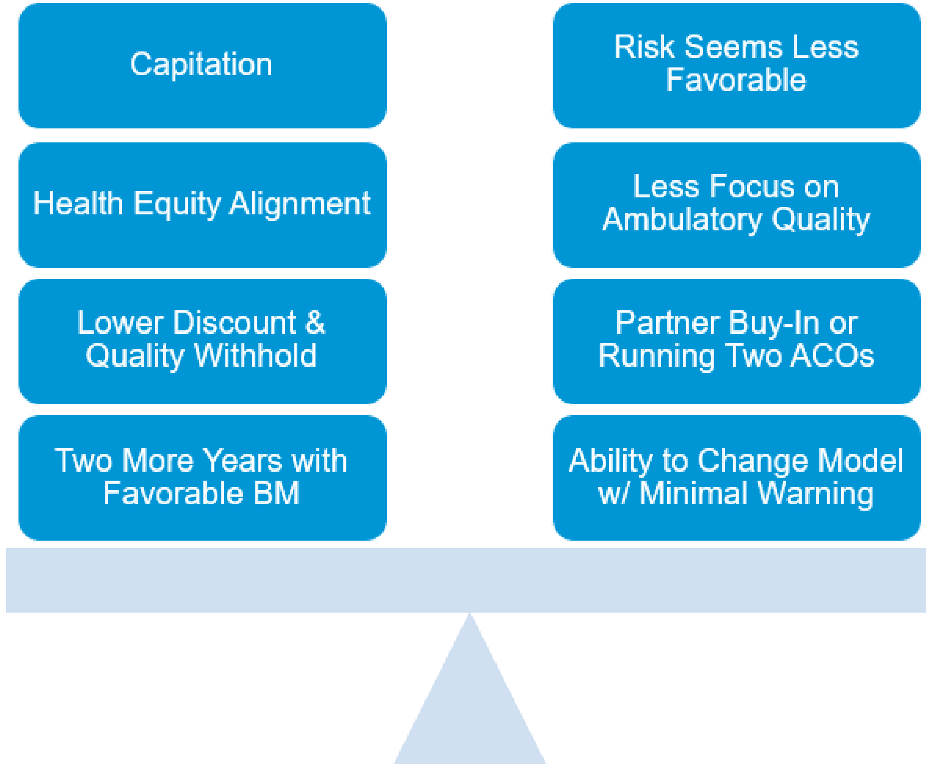
Alignment

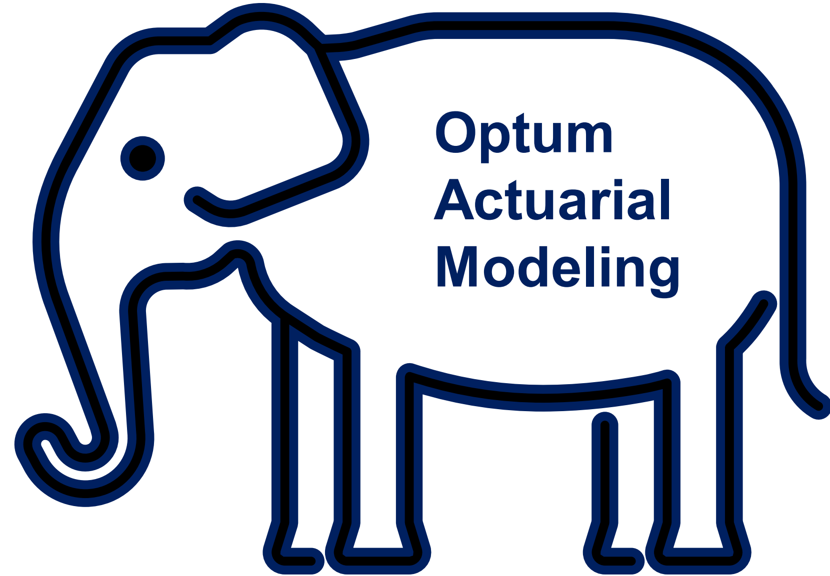
- Vision: Inspiring healthier lives and stronger communities
- Core strategy to accelerate transition to value-based care and global payment
- Healthy state campaign:
  - America's Health Rankings
    - Louisiana: 50th by a margin
    - Mississippi: 49th
  - Ochsner has set a goal in conjunction with the governor of LA to get into the top 40 by 2030
  - Community Health Center expansion to 15 clinics across the state by 2023
  - Partnership with Xavier University New Orleans to develop the Ochsner Xavier Center for Health Equity

Challenges

- ACO participant mix: OACN is ~50% Ochsner Clinic and 50% community partners
- Risk hesitancy: There was significant hesitancy with some stakeholders to even take on moderate downside risk
- Capital requirements: Revenue cycle is not currently set up to function as a TPA
  - Outsourcing to a vendor will be likely
- Administrative lift: Potential of operating two ACOs if necessary
- Operating without complete information

Current Assessment





ACO REACH
Next Steps on Evaluating and Applying

Equality Health Direct – A Current DCE

April 4, 2022

EQUALITY HEALTH DIRECT™

Equality Health deploys a whole-person care model to advance value-based care across independent networks and diverse populations

We partner with health plans to move independent providers into value and risk-based payment models.

We deploy practice-facing technology and hands-on support to optimize practice performance.

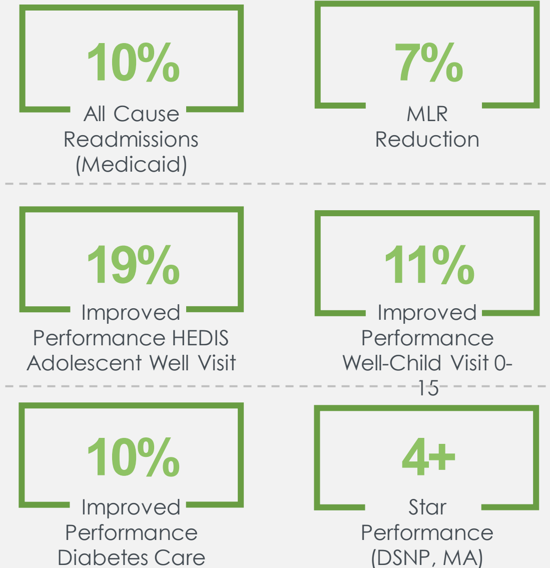
We augment network performance with a proven set of direct-to-patient clinical interventions.

About Equality Health

- **Proven Practice Management Acumen:** Offers practice-facing technology and hands-on support to optimize performance
- **Wrap-Around Care Coordination and Complex Care Support:** Augments practices with a proven set of direct-to-patient clinical interventions
- **Informatics Expertise:** Experienced actuarial staff provides deep insights at the payer, patient and level
- **Value Based Care Experts:** Navigates payer relationships for mutually beneficial results

Health Plan Partnerships

	Partners	Lives
Medicaid	arizona complete health, Banner University Health Plans, Care1st Health Plan Arizona, Health Choice, Molina Healthcare, mercy care, UnitedHealthcare Community Plan	Medicaid **400,000** Est. Lives
Medicare Advantage	aetna, allwell, BlueCross BlueShield Arizona, Cigna, Devoted Health Plans, Health Choice, Humana, Imperial Insurance Companies, scan Health Plan, UnitedHealthcare, WellCare	MA **50,000** Est. Lives
Commercial	BlueCross BlueShield Arizona	Commercial/ACA **10,000** Est. Lives
Medicare FFS	Equality Health Direct	Medicare FFS **10,000** Est. Lives



Evaluating

CMS CMMI Models

Centers for Medicare & Medicaid Services

ACO REACH

- 116-Page Request for Applications
- 14-Page Fact Sheet
- White Papers and explanations of the model "coming this summer"

Evaluating CMMI Models

Outline the Structure

Begin at the Beginning

- Assess company's risk aversion compared to model risk options
- Determine if there is financial flexibility for "build" year(s)
- Understand current PCP network (% Medicare vs. Medicaid)
- Consider the company's "sphere" of control (Hospital and Ambulatory services, wrap-around clinical services)

EHD's GPDC Structure:

- January 2022 cohort
- Professional (risk level)
- Standard entity
- Arizona only
- Bring in leaders with ACO experience
- Leverage Clinical Model with wrap-around services
- Like-minded independent providers
  - Participating providers: Over **220** PCPs
  - Preferred providers: **1,400** preferred specialists and ancillary services

Then you can "skip a few pages" in your Adventure Book

For ACO REACH, Does our current GPDC <u>Structure</u> still make sense? ***YES***

Evaluating ACO REACH

Identify Roadblocks and Checkpoints

Identify Notable Differences Between GPDC and ACO REACH

A. New governance requirements; 75% of the EHD board must be participating providers (compared to 25% in GPDC)
B. The core BE/BEIs remain the same, but we can opt for one additional benefit; increasing NP scope
C. Strong emphasis on Voluntary Alignment activities (optional)
D. Rigorous compliance safeguards: An annual audit on participation agreements and notifications
E. Equity Plan must be in place by 1/1/23: Identify underserved communities within our population and implement initiatives
F. Demographics and SDOH data submission: Details unclear but reporting appears to be annual
G. Regionally adjusted risk and benchmarks:
   - Benchmark is raised for ACOs serving higher proportions of underserved; at the geographic and beneficiary level
   - Risk adjustment, previously capped at 3%, will use a static reference year and be capped relative to demographics

A. ***Challenge:*** Recruiting busy PCPs to serve on the Board

B. ***Opportunity:*** Expand NP scope - we have many in our network - with additional BE

C. ***Opportunity:*** Leverage established Voluntary Alignment activities

D. ***Opportunity:*** Conduct Mock Audit; work with Compliance consultant

E. ***Opportunity:*** Equality Health's key competency is identifying underserved communities and implementing initiatives

F. ***Opportunity:*** Leverage existing SDOH tool (Social Cultural Risk Assessment)

But also, a ***Challenge:*** Annual reporting may add an administrative burden

G. ***Opportunity:*** Many of EHD's network of providers are in underserved areas
But also, may be a ***Challenge***: Budget neutrality and likelihood of having a large enough percentage of providers and beneficiaries in areas with increased benchmark seems unlikely

Thank you for your time and attention!

Beth Patak, MBA
Executive Director, ACO
Equality Health Direct
epatak@equalityhealth.com

EQUALITY HEALTH DIRECT™

ACO REACH Application

- Application window: March 7 – April 22
- No LOI required
- Current DCEs do not need to apply

ACO REACH Application

Application Sections

1. Application Information
2. Background Information
3. Organizational Readiness (15 points)
4. Financial Plan and Risk-Sharing Experience (35 points)
5. Clinical Care Model (35 points)
6. Data and Health Information Technology Capability (15 points)

ACO REACH Application

Tips for a successful application

Three stages:

1. Before beginning the application
2. While completing the application
3. After submitting application

ACO REACH Application: Tips

Before beginning the application

- Have a full plan for your ACO
- How many ACOs? How to split?
- New policies
  - Must "serve a general heterogenous population of FFS beneficiaries or a sub population for which a specific TCOC initiative doesn't exist; no greater than 50% of aligned population can have a medical condition/sub-population for which a targeted TCOC initiative exists
  - More extensive review of ACO ownership, executives, and board (including those with an ownership interest)
- Think about your organizational structure and plan governing body and executive leadership accordingly: "oversight and strategic direction;" "or their designated representatives"
- Consider how you will provide/manage care to underserved populations

ACO REACH Application: Tips

While completing the application

- Keep in mind the high-level CMMI goals (e.g. scrutiny of leadership and care plan stemming from model opposition; introduction of health equity policies)
- Execute on your ACO planning
- Review RFA, developing a checklist of CMMI policies and rationales (focus on the narrative)
- Addressing ACO unknowns (region, providers, governing body, etc.)
- Once application is submitted, cannot be changed (can submit new application)

ACO REACH Application: Tips

After submitting application

- Making changes and updates – expected by CMMI
- *ACO Type*: cannot switch election to high needs; High needs and new entrant can change to standard
- *Risk-Sharing*: can change election between Professional and Global with permission from CMS (to make sure application still would have been accepted)
  - Easier to switch from Global to Professional
- *Payment capitation mechanisms*: can switch after application (will be a late summer change deadline)
- *Other choices*: Elections for prospective plus alignment and stop loss come at very end of year

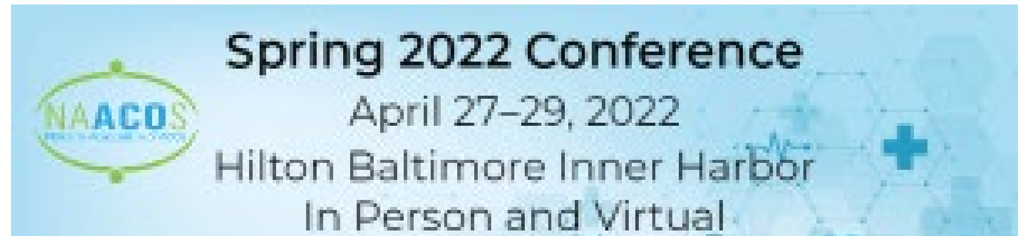
NAACOS ACO REACH Coalition

Dedicated to promoting shared learning and advocating on behalf of Medicare's newest value-based payment model

- Stand-alone webpage with CMS and NAACOS resources
  - NAACOS Summary of ACO REACH Model
- Will provide in-depth resources and education
  - Webinars, resources, in-person conference sessions
- We've set up an ACO REACH Listserv. You must sign up first and can do so here.
- Current NAACOS members will enjoy all of the benefits of the new coalition.

NAACOS ACO REACH Resources

- NAACOS has developed several resources on ACO REACH already
    - March 23 webinar -- The Outsized Impact of Risk Adjustment on ACO/DCE Performance and How It fits into Your Financial Optimization Strategy
    - March 10 webinar -- Understanding Medicare's Latest Accountable Care Model
    - NAACOS MSSP vs. REACH ACO Comparison Chart
    - NAACOS Summary of ACO REACH Model
- You'll find lots of REACH-focused content at the NAACOS Spring Conference
    - Liz Fowler is keynoting
    - Multiple sessions on REACH



Questions

ACOREACH@NAACOS.com