Primary Care Payer Action Collaborative (PAC)
Constructing the Alternative-to-Fee for Service Payment

If you require technical assistance, please contact ***Kristian Motta*** at kmotta@rippleeffect.com.

February 28, 2018

3:00-4:30 PM ET

HCP LAN
Health Care Payment Learning & Action Network

Welcome and Introductions

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Logistics

Two-step log in process:

1. Use the ReadyTalk link provided
2. Dial-in for audio using the number listed in the invite

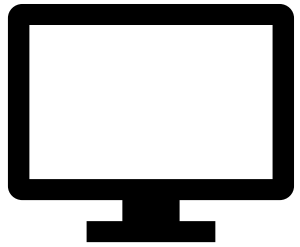
   U.S. Toll-Free: 866.740.1260

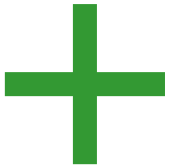
   Access Code: 2712000

We encourage participants to ask questions by phone or in the chat box.

Please manage your own mute button on your phone and computer.

Lines will be left open.





Welcome

Edith Coakley Stowe
Senior Manager
Manatt Health (DC)

Susan Stuard
Independent Consultant (NY)

Dori Glanz Reyneri
Senior Manager
Manatt Health (DC)

Kaylee O'Connor
Consultant
Manatt Health (DC)

Curriculum, Topics and Calendar

Constructing the Alternative-to-Fee for Service Payment

Today!

Risk Adjustment and Year-End Reconciliation

February 7th
3:00 – 4:30 pm EST

Designing Payment to Support Advanced Team-based Care at the Practice Site

March 12th
12:00 – 1:30 pm EDT

Quality Measurement in Medicaid CPC+

Date and Time TBD

Claims Processing System Re-Configuration

Date and Time TBD

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Today's Agenda

	Timeframe (EST)	Topic	Facilitators/Presenters
1	**3:05-3:10**	Reminder of PAC and Purpose	***Susan Stuard***
2	**3:10-3:15**	Interactive Polling	***Susan Stuard***
3	**3:15-3:20**	Today's Objective	***Susan Stuard***
4	**3:20-4:05**	Alternative-to-FFS Deep Dive *(in the context of CDPHP)* • Overview of CDPHP Enhanced Primary Care (EPC) model • Code inclusion and exclusion • Handling multiple fee schedules • Member cost share • Practice experience adopting EPC model • Practice reports used to support payment model	***Vince Speenburgh***
5	**4:05-4:15**	Interactive Polling	***Susan Stuard***
6	**4:15-4:30**	Optional Q&A Session	***Susan Stuard***

Reminder: LAN Action Collaboratives

A LAN Action Collaborative (AC) provides a results-oriented forum for sharing, integrating, and applying new knowledge and tailoring solutions.

This will support committed participants with a shared aim to take more effective action in their organizations to increase adoption of APMs and to make a collective impact on the U.S. health care system.

ACTION COLLABORATIVE

Reminder: PAC Overview

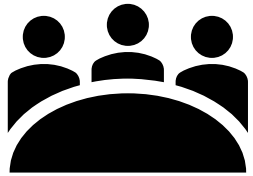
PAC

The Primary Care Payer Action Collaborative (PAC) serves as a “national table” for payers committed to improving the implementation of CPC+, a of multi-payer primary care APM, to more effectively support practice-level transformation by:

- Identifying and committing to collective goals
- Sharing learning to accelerate action
- Tackling operational barriers to successful APM implementation

Upcoming Events

Mark Your Calendars



PAC In-Person Meeting

Monday, May 7

Baltimore Convention Center

Baltimore, Maryland

This meeting will correspond with the Annual CPC+ Meeting on May 8.

More Details to Follow

PAC Portal

For more information and resources please visit the Primary Care Payer Action Collaborative (PAC) Portal.

PAC Learning Labs on Alternatives to FFS Payment in CPC+ Track 2

Learning Labs on Alternatives to FFS Payment in CPC+ Track 2

This section includes an overview of the PAC and materials from each virtual meeting beginning in August 2017, when the PAC tailored learning lab content and discussions to support payers as they operationalize alternatives to fee-for-service payment specifically in "CPC+ Track 2."

PAC Overview

Overview

PAC Session 1: Introduction to Designing and Implementing Alternatives to FFS in CPC+ Track 2 — August 29, 2017

This kick-off webinar outlines PAC objectives and serves as a preview of four upcoming "learning labs" on key payment design and implementation topics. As part of this interactive session, members of the CMS CPC+ team outline key principles and features of the CPC+ model and address participant questions.

Live Poll Results | Highlights | Slides

PAC Session 2: Design Work Flow — September 14, 2017

This learning lab discusses initial design decisions in developing any alternative to FFS payment for primary care practices, ranging from which lines of business to include in the model, to handling patient attribution.

Slides, session highlights and polling results are posted from PAC fall webinars

Interactive Polling

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Polling Question #1a:

Which CPC+ Region are you from?

a) *Arkansas*
b) *Buffalo (2018 Start)*
c) *Colorado*
d) *Hawaii*
e) *Kansas City*
f) *Louisiana (2018 Start)*
g) *Michigan*
h) *Montana*
i) *Nebraska (2018 Start)*
j) *New Jersey*

Polling Question #1b:

Which CPC+ Region are you from?

a) *North Dakota (2018 Start)*
b) *Hudson/N Capital NY*
c) *Ohio/N Kentucky*
d) *Oklahoma*
e) *Oregon*
f) *Philadelphia*
g) *Rhode Island*
h) *Tennessee*
i) *Payer in multiple regions*

Polling Question #2:

If your organization plans to move some FFS payment to prospective payment, is your claims processing system ready?

a. *Yes*
b. *No*
c. *Don't know*
d. *N/A*

Please tell us details via the chat

Today's Objective

Objective for Lab

- Build a deeper understanding of payer operations relating to CPC+ Track 2 Alternative to FFS payment
- Provide an overview of Capital District Physicians' Health Plan (CDPHP)'s Enhanced Primary Care model, addressing specific aspects of constructing this alternative to fee-for-service payment

Antitrust Statement

PAC Participants agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, **no financial information from payer participants will be shared with other payers or the general public.**

During meetings and other activities, including all formal and informal discussions, each payer participant will refrain from discussing or exchanging information regarding any competitively sensitive topics. Such information includes, but is not limited to:

- ✓ PMPM
- ✓ Shared savings or incentive payments
- ✓ Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage

Alternative-to-FFS Deep Dive

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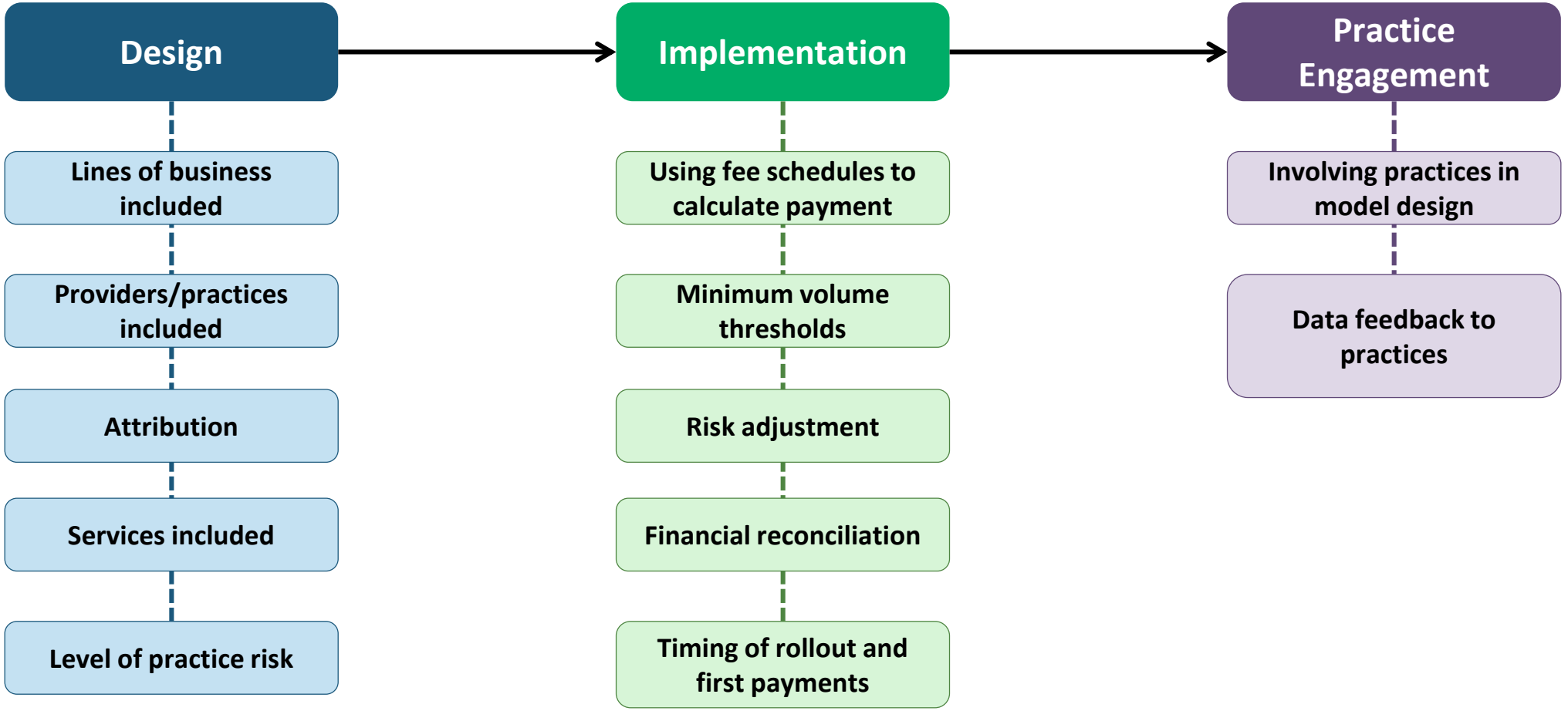
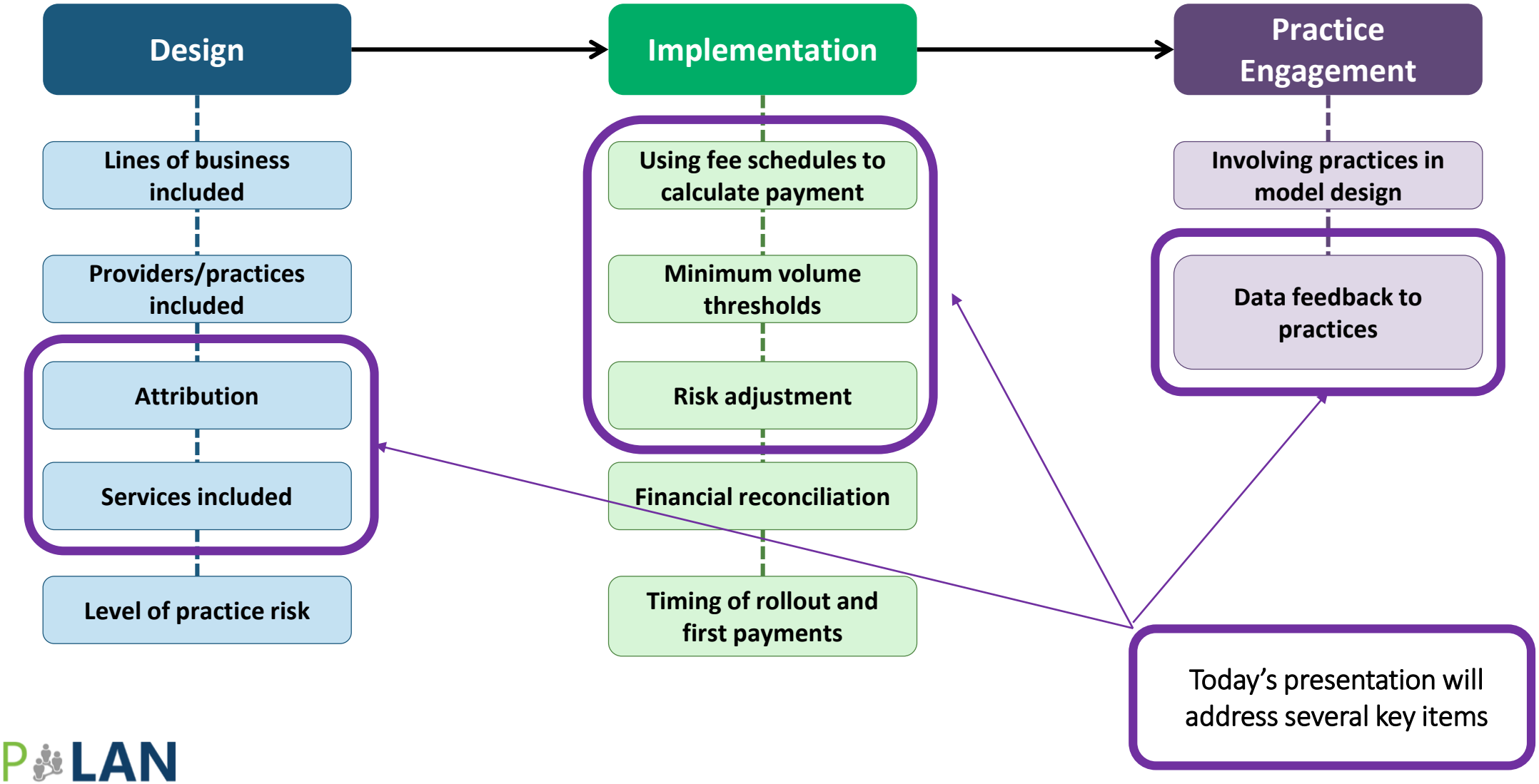
Track 2 Alternative to FFS Payment: Work Flow



Track 2 Alternative to FFS Payment: Work Flow



Speaker Introduction

Today's Speaker

Vincent Speenburgh, MPH, PCMH CCE
Manager, Practice Transformation
Capital District Physicians' Health Plan, Albany NY

EPC Model Overview

Overview of Enhanced Primary Care Model | Code Inclusion and Exclusion | Handling Multiple Fee Schedules | Member Cost Share | Practice Reports

Base

- Risk-adjusted comprehensive global payment, prospective

FFS

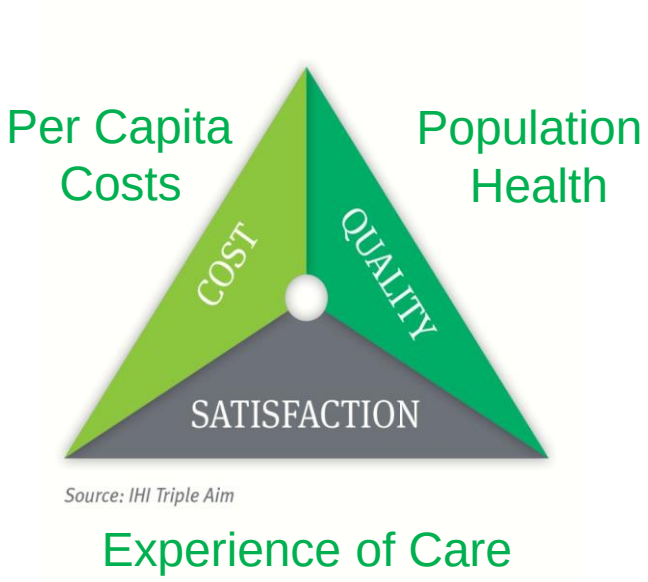
- Billing codes not covered under global payment
- Patients who are not yet imputed to the practice
- Select ASO groups not included in model

Bonus

- Triple Aim
- Performance compensation, retrospective

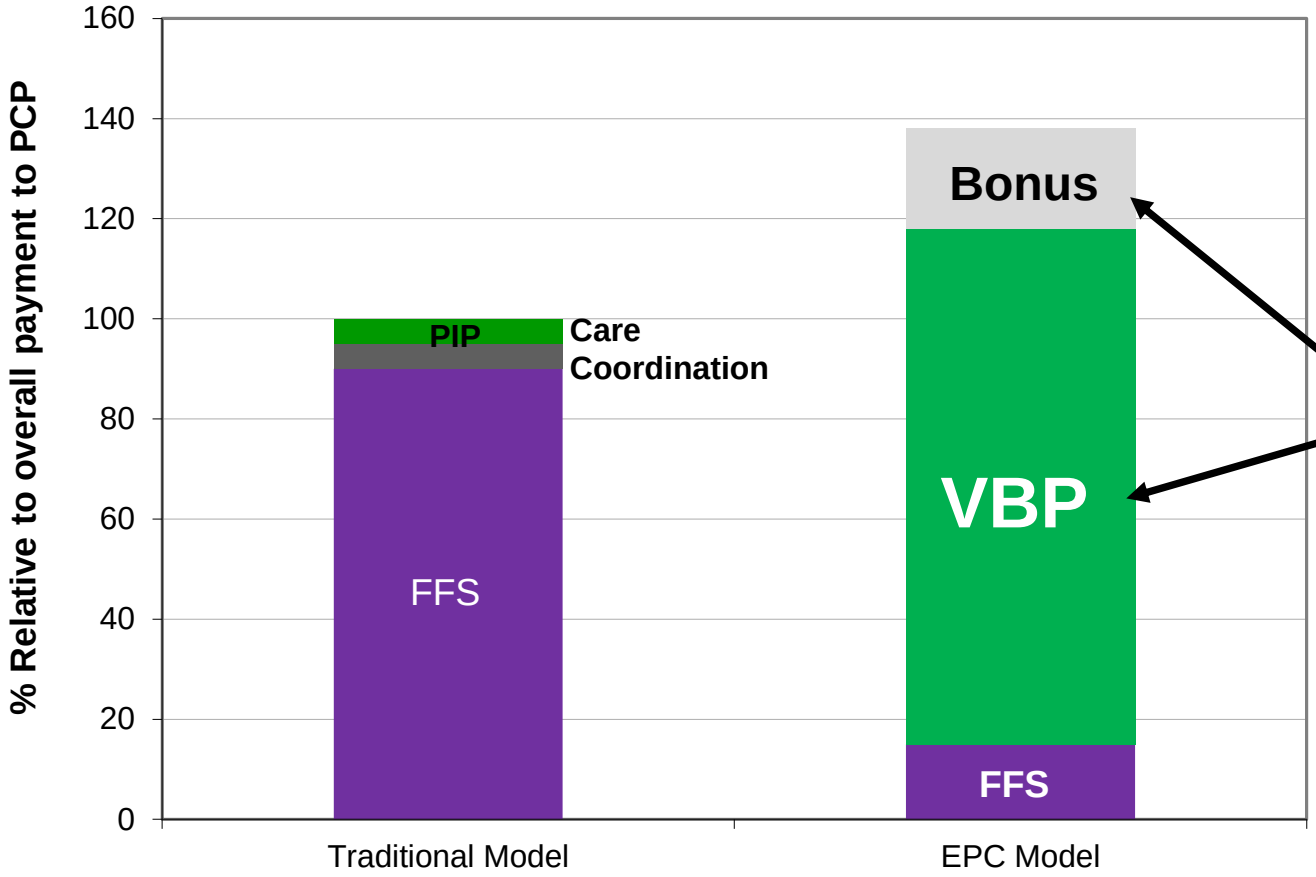
Goals of EPC Value Based Payment

- Payment aligned with Triple Aim
- Provider incentives improve quality and reduce cost trends
- Compensation for value (not volume)



IHI = Institute for Healthcare Improvement

Enhanced Primary Care Payments



EPC Value-Based Payment

Risk-Adjusted Comprehensive Global Payment

- PMPM across all lines of business
- **Additional Bonus Opportunity**

EPC Payment Model



Alignment with CPC+ Payment Model	Comprehensive Risk-Adjusted Prospective Global Payment (PMPM)	Performance-Based Incentive Payment (retrospective)	Underlying Payment Structure
Track 1	PMPM Risk-Adjusted	PMPM Opportunity (same in Track 1 and 2)	Standard FFS
Track 2	**Increased** PMPM risk adjusted (includes complex case management for medical, BH and pharmacy)	PMPM Opportunity (same in Track 1 and 2)	FFS replaced except for select codes (ex. Immunizations)

EPC Track 2 Payment is on average 174% of FFS for Medicare patients (prior to incentive payments)

EPC Model Overview

- Practice Eligibility Criteria
  - Accept all lines of business (Commercial, Medicaid and Medicare Advantage)
  - Minimum of 150 CDPHP members across all LOBs
    - CDPHP will consider practices interested in the program that are close to the minimum threshold

EPC Bonus Methodology

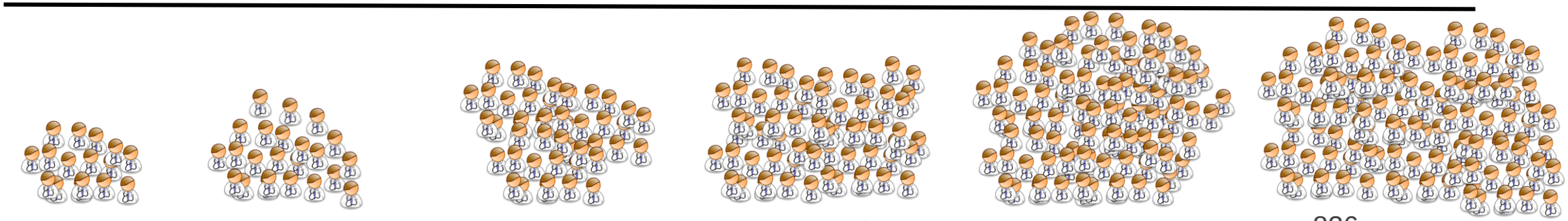
- Patient Experience:
  - 10 questions from CG-CAHPS survey
- Effectiveness:
  - 15 HEDIS process metrics in 4 domains
- Efficiency:
  - 6 Categories of Healthcare Utilization
    - ED/Hospital/Lab/Radiology/Rx/Specialists

EPC Bonus Methodology

Appropriate Use						
Measure	Measure ID	Numerator	Denominator	2017[1]	2016[2]	2015[3]
Antibiotic Stewardship Summary	EPC - ANTIBIO			100.00%	100.00%	86.36%
Low Back Imaging	LBP - IMAGING			33.33%	4.55%	0.00%
Behavioral Health						
Measure	Measure ID	Numerator	Denominator	2017[1]	2016[2]	2015[3]
ADHD Med Initial	ADD - INITIATION			0.00%	0.00%	0.00%
Antidepressants - 180 Days	AMM - ECPT			25.00%	50.00%	33.33%
Clinical Depression Screening (NQF)	DEP			0.00%	0.00%	0.00%
Managing Chronic Conditions						
Measure	Measure ID	Numerator	Denominator	2017[1]	2016[2]	2015[3]
Diabetes - Monitoring	CDC - COMBO3			55.56%	71.43%	43.33%
Musculoskeletal Conditions	EPC - MUSCSKEL			0.00%	50.00%	0.00%
Med Mgt for Asthma 50 Pct - 5 to 85	MMA - 5TO85PD50			83.33%	60.00%	0.00%
Persistent Meds Monitoring	MPM - ALL			80.00%	85.35%	74.60%
Population Health						
Measure	Measure ID	Numerator	Denominator	2017[1]	2016[2]	2015[3]
Adult BMI	ABA			13.44%	17.75%	0.00%
Chlamydia Screening	CHL - TOTAL			58.82%	54.35%	72.73%
Cancer Screening Summary	EPC - CANCER			75.00%	86.49%	0.00%
Immunizations Summary	EPC - IMMS			75.00%	54.17%	16.67%
Tobacco Use Screening (NQF)	TOB			10.99%	8.93%	0.00%

EPC Practices and Practitioners

	2012	2013	2014	2015	2016	2017
Practices	19	80 (49)	100 (46)	112 (38)	161 (38)	184 (94)
Practitioners	147	403	510	576	757	836



- In 2017, 184 practices in CDPHP's EPC model with 94 contracted for CPC+
- Of the 94 practices, 36 in T1 and 58 in T2 as designated by CMS

* More than 235,000 members are a part of an EPC practice

EPC Practice Demographics

- 25% independent practices
- 32% multi-specialty group practices
- 43% facility owned practices

- Performance varies by site even within each subset

Attribution

- Patient attribution is established at the practitioner level within a site, based on member encounters
- Patients can impute to an MD, DO, PA and NP
- Per NYS Medicaid requirements, CDPHP will auto-assign Medicaid members a primary care physician (PCP) if they do not select one

Risk Adjustment

- Use Verisk Health to calculate risk scores based on determined primary care burden, called primary care activity level (PCAL)
- Risk scores are calculated monthly based on a rolling 12 months of claims data, which drives the prospective global payment
- Pediatric global payment is driven by age, sex and gender with an additional care management payment based on risk score
  - This is an inverse model to account for the higher frequency of primary care visits for younger patients.

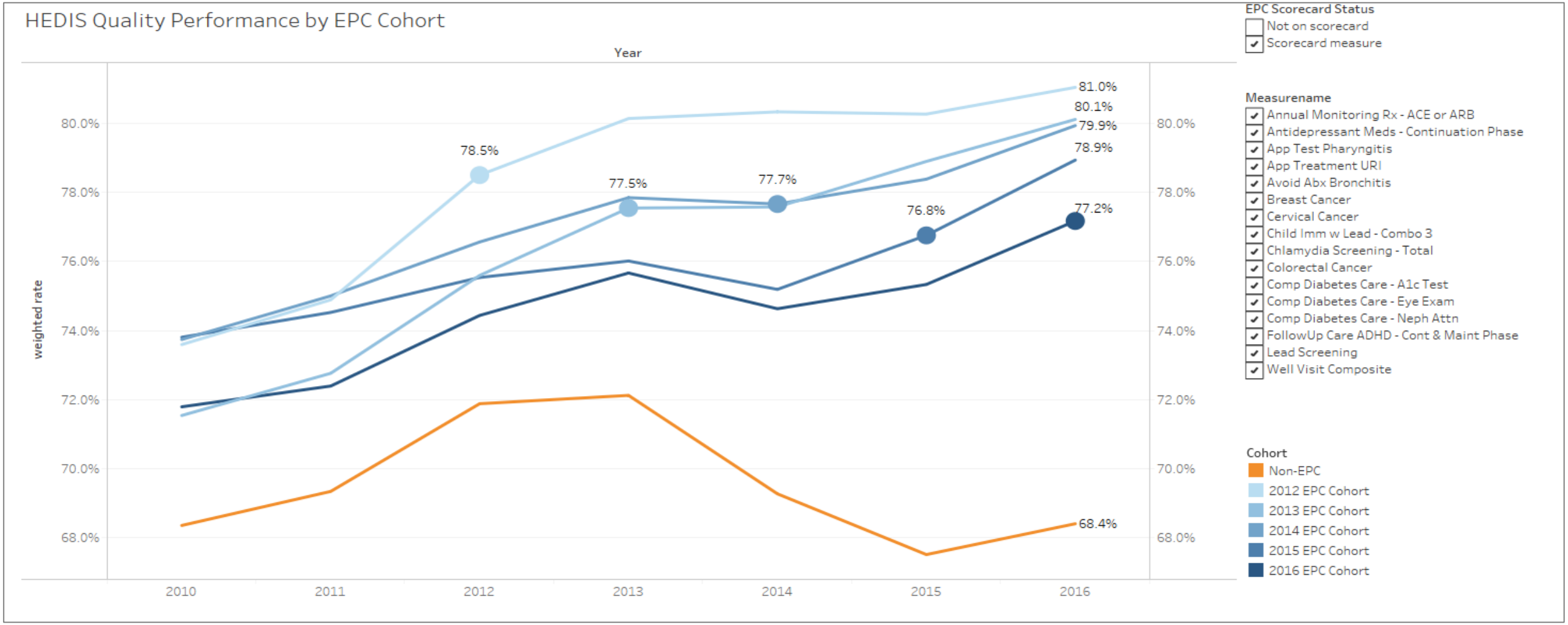
Risk Adjustment

- CDPHP calculates risk scores at the member level
- Occasional challenge discussing risk adjustment results with providers due to the complexity of the PCAL algorithm
- Providers have challenged their PCAL and that their risk scores are not representative of their patient's acuity
- CDPHP works with providers to review on a case-by-case basis

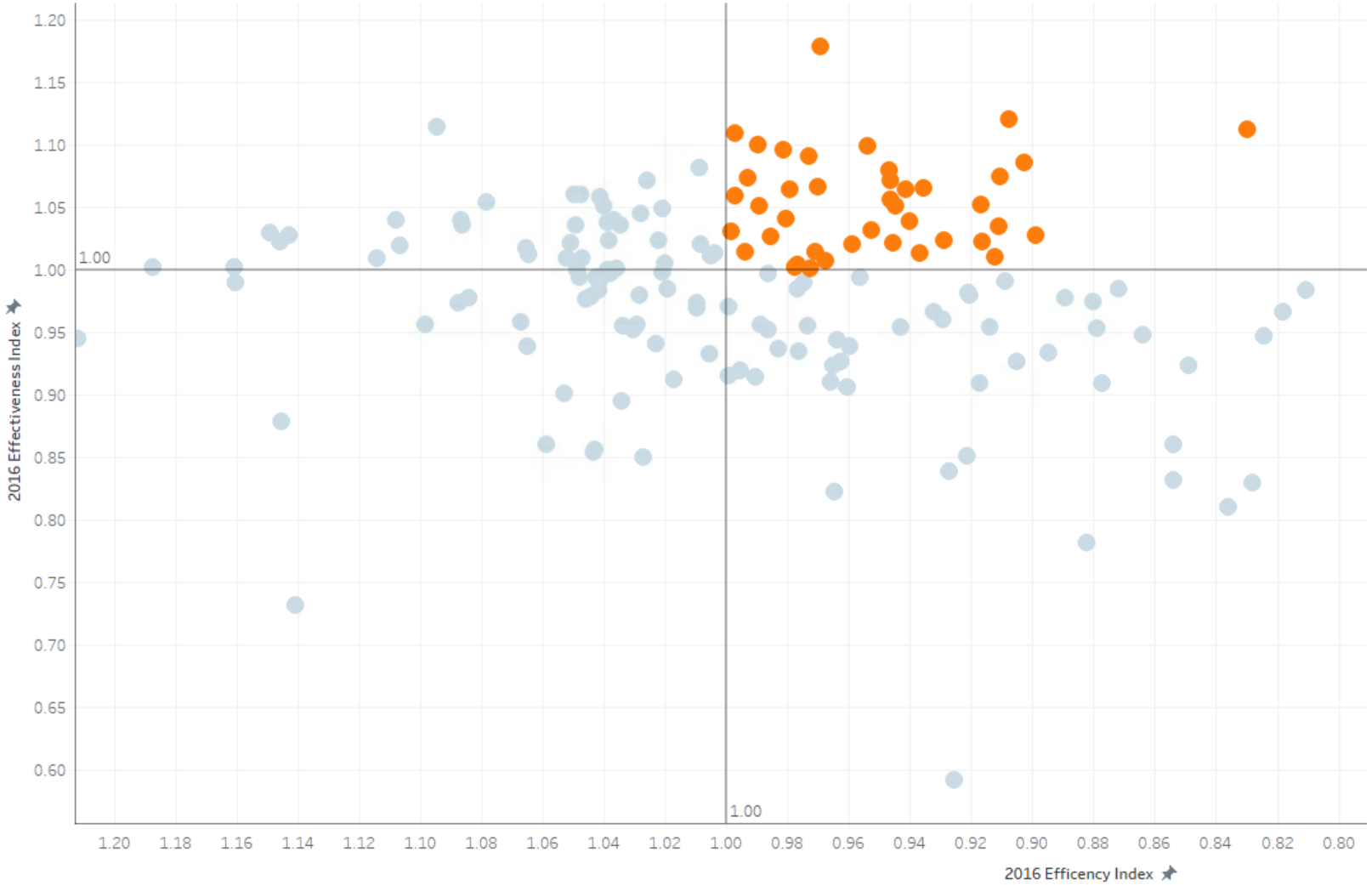
ASO Groups

- CDPHP added ASO groups in mid-2016 to the EPC program
- CDPHP utilized outcome data from our EPC program and CPC+ to demonstrate the value of care provided to ASO clients

EPC Outcomes - Improves with Time

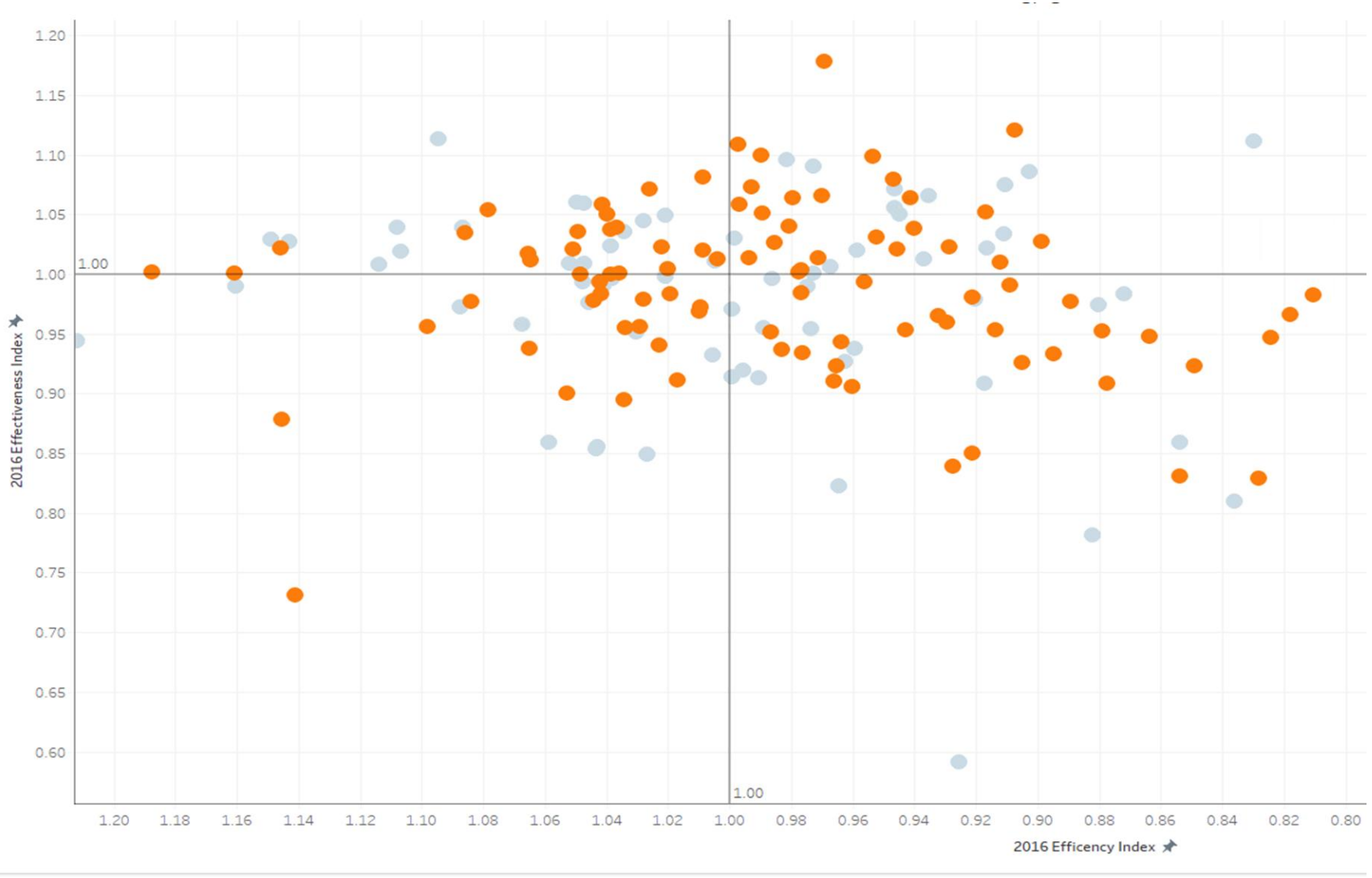


EPC Outcomes - Triple Aim Practices



- Triple Aim

EPC Outcomes: CPC and Non-CPC Practices



- CPC
- Non-CPC

A Model of Care that Revolves Around the Patient

Members benefit from:

More time with their doctors and care team

Expanded practice office hours

HIGHER QUALITY OF CARE

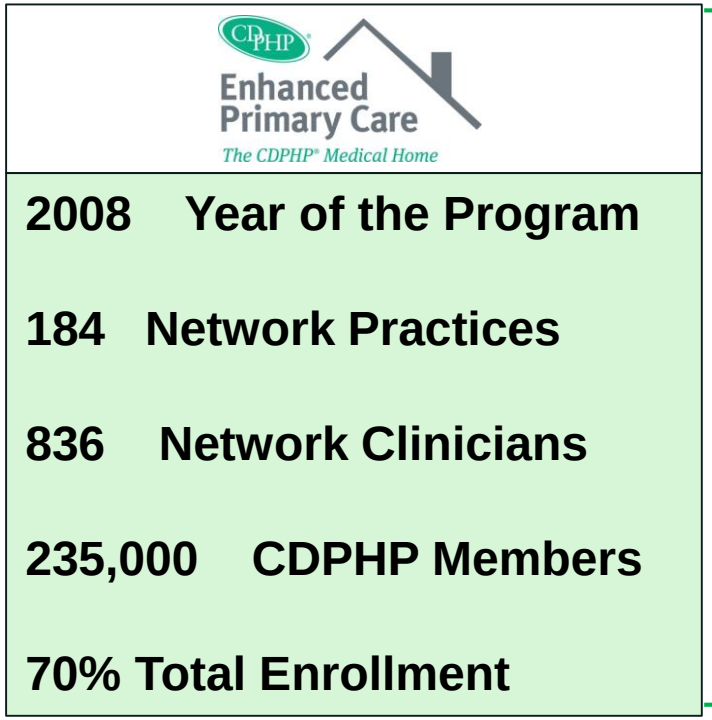
=

LOWER COST OF CARE

Enhanced doctor-patient relationships

Improved electronic communications

Practice Response to Rollout of EPC Model



- How would CDPHP characterize the tipping point at which you noticed a change in reaction towards the model/ payment?
- What portion of practice payment had to move to non-FFS to precipitate practice changes?
- How did patient care and/or practice care management start to change at this tipping point?

Code Inclusion and Exclusion

Codes for Inclusion

- Office visit evaluation and management services (aligned with CMS)
- Waived testing (i.e. strep/ urine)

Codes for Exclusion

- Physician office labs
- Large equipment procedures run by lab personnel
- Drugs or other items the practice would have to buy and pass through

Constant refinement and re-evaluation

Handling Multiple Fee Schedules

Processing Alternative-to-FFS Claims Payments

- Any payments excluded from the global risk-adjusted prospective payment system are impacted by fee schedule changes
- CDPHP implements fee schedule updates using a SQL process
- Practices are notified of fee schedule changes
- FACETS and IBM Robot tool
- Adjustments

Member Cost Share

- CDPHP provides a monthly payment report to practices, the report included any adjustments made for member cost share
- Because EPC is a prospective global payment, services rendered with a cost share will be represented in the following month's payment report
- If needed, CDPHP will retroactively adjust plan payments for member cost share

Practice Reports

Report Type	Frequency
Discharge	Daily
Gaps In Care	Quarterly Q1-Q3, then monthly
Quality Metrics	Quarterly Q1-Q3, then monthly
Patient Roster	Monthly
Population Risk	Monthly
Hospital Utilization	Quarterly
ED Utilization	Quarterly
Specialty Utilization	Quarterly
Pharmacy Utilization	Quarterly
Coding Quality	Q1 then monthly
Gaps In Coding	Q1 then monthly
Provider Satisfaction (practice level)	Quarterly
Provider Satisfaction (practitioner level)	Quarterly
Total Cost of Care (Efficiency)	Quarterly (shared electronically and in person with practice)

Practice Reports – Patient Roster

A plan for life.

Example Practice

Imputed Member Detail Roster

Imputed Provider ID	Imputed Provider Name	Member Last Name	Member First Name	Member ID	Member Date of Birth	EPC Capitation Payment Product Name	PCAL	Case Mgt Description	Imputation Effective Date	Exclusion/Override Reason
					03/15/1951	Medicare	9.118		05/1/2017	
					08/22/1992	Commercial Non-HMO (UBI)	3.627		05/1/2017	
					05/18/1966	Commercial HMO	0.969		05/1/2017	
					11/23/1946	Medicare	13.340		03/1/2017	
					11/16/2010	Medicaid	1.131		04/1/2017	
					10/10/1991	Commercial HMO	0.355		03/1/2017	
					05/18/1981	Commercial HMO	1.912		03/1/2017	
					10/18/1964	Commercial HMO	8.385		04/1/2017	
					03/26/2003	Medicaid	0.286		05/1/2017	
					05/12/1973	ASO Non-HMO	0.365		05/1/2017	
					08/27/1984	Medicaid	1.362		03/1/2017	
					03/25/1988	Commercial HMO	0.863		03/1/2017	

Practice Reports - Gaps in Quality Measures

A plan for life.

Actionable Gaps

Claims and corrections processed by xx/xx/xx

Provider Name	Practitioner ID	Member Last Name	Member First Name	Member M.I.	Member ID	Member Date of Birth	Member Gender	Line of Business	Measure	Intervene by Date	Additional Info
Example	Example	Example	Example	Example	Example	Example	Male	Medicaid	Well Visits - 3-6 years	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Male	Commercial	Adolescent Well Care	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Female	Commercial	Breast Cancer Screening	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Female	Commercial	Colorectal Screening	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Female	Commercial	Cervical Cancer Screening	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Male	Commercial	Diabetes - A1C	12/31/2017	Last A1c Test: 2016-12-29
Example	Example	Example	Example	Example	Example	Example	Male	Medicaid	Adolescent Well Care	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Female	Commercial	Cervical Cancer Screening	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Male	Commercial	Adolescent Well Care	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Male	Commercial	Diabetes - Nephropathy	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Male	Commercial	Colorectal Screening	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Female	Commercial	Cervical Cancer Screening	12/31/2017	
Example	Example	Example	Example	Example	Example	Example	Female	Commercial	Colorectal Screening	12/31/2017	Last FOBT: 2015-08-27
Example	Example	Example	Example	Example	Example	Example	Male	Commercial	Diabetes - Nephropathy	12/31/2017	Last Neph Att: 2013-10-21
Example	Example	Example	Example	Example	Example	Example	Female	Medicare	Diabetes - A1C	12/31/2017	Last A1c Test: 2013-06-04

Practice Reports - Ed

A plan for life.

Example

Highest Emergency Department Utilization by Patient

Services rendered between 1/01/2017 and 3/31/2017

Patient Name	Patient Date of Birth	CDPHP Member ID	Emergency Department Visits	Emergency Departments Visited	Most recent Emergency Department Visit	Most Recent Emergency Department Visited	Diagnosis Code	Diagnosis Desc	ICD Type
Example	Example	Example	5	2	03/25/2017	Example	M542	Cervicalgia	10
Example	Example	Example	3	1	03/25/2017	Example	R0602	Shortness Of Breath	10
Example	Example	Example	3	1	02/27/2017	Example	K5641	Fecal Impaction	10
Example	Example	Example	2	1	03/29/2017	Example	L0231	Cutaneous Abscess Of Buttock	10

Practice Reports - Speciality

A plan for life.

Medical Neighborhood: Specialty Providers
Example
Services rendered between
Total Panel of Patients =

Specialty	Practice Name	Specialist Name	Percent of Patient Panel	Encounters	Unique Patients	Calculated Efficiency Score	Calculated Effectiveness Score
			9.19%	**616**	**467**		
			0.91%	53	46		
			0.53%	31	27		
			0.47%	27	24		
			0.37%	28	19		
			0.35%	18	18		
			0.35%	22	18		
			0.35%	20	18		
			0.33%	20	17		
			0.28%	15	14		
			0.28%	15	14		
			7.32%	**588**	**372**		
			0.63%	41	32		
			0.51%	32	26		
			0.39%	34	20		
			0.33%	18	17		
			0.26%	13	13		
			0.22%	11	11		
			0.22%	15	11		
			0.22%	11	11		
			0.22%	16	11		
			0.22%	13	11		
			7.12%	**722**	**362**		

Practice Reports - Pharmacy

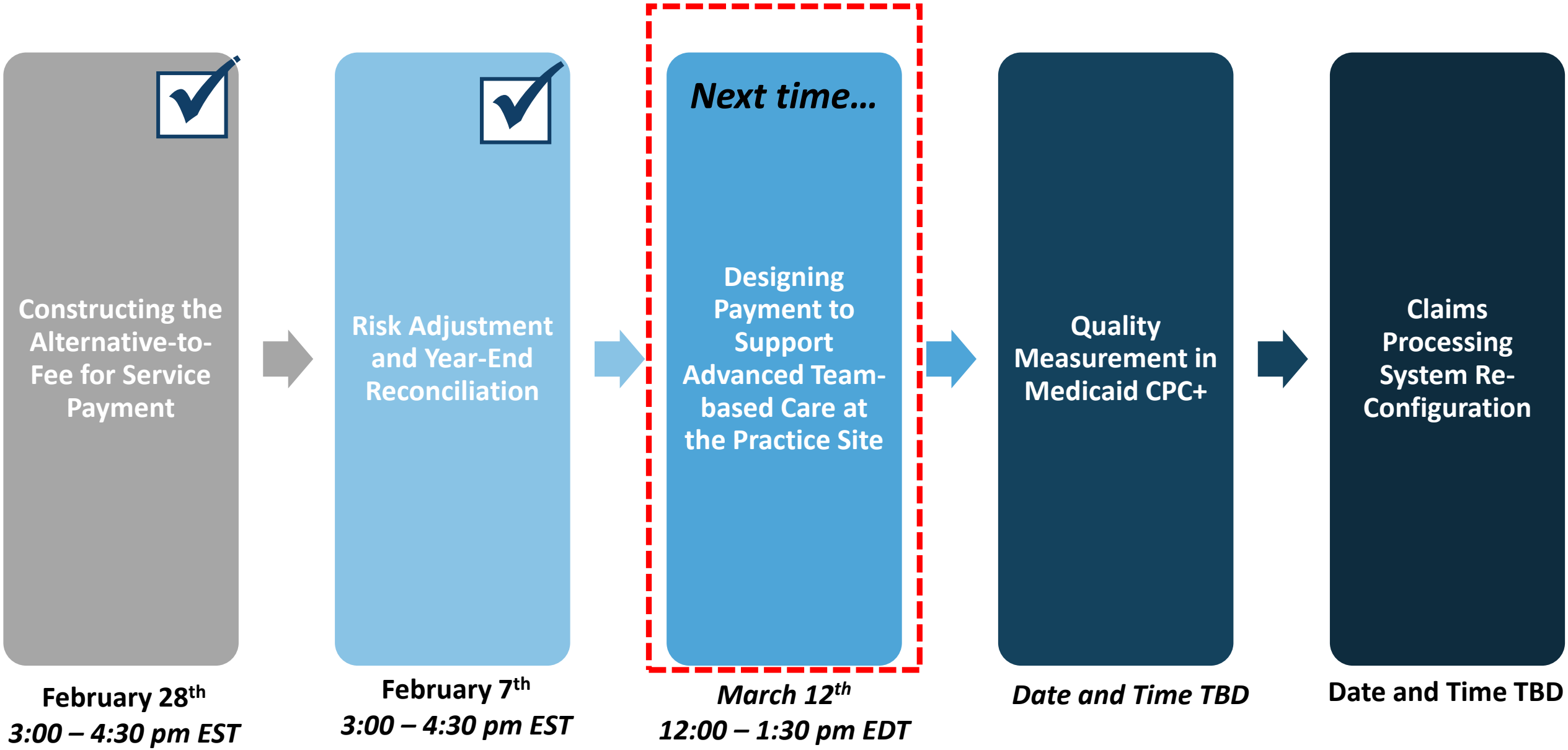
A plan for life.

CDPHP Imputed Members with Complex Medication Regimens
Example
Services rendered from

Patient Name	Patient Date of Birth	CDPHP Member ID	Imputed PCP	Total RX Claims	Unique Drugs	Unique Chronic Drugs	Unique Drugs Prescribers by EPC	Unique Prescribers Outside EPC	Unique Pharmacies
Example	Example	Example	Example	53	30	24	7	11	1
Example	Example	Example	Example	28	18	16	2	8	1
Example	Example	Example	Example	20	18	16	2	5	2
Example	Example	Example	Example	37	18	15	4	6	1
Example	Example	Example	Example	14	14	14	12	2	2
Example	Example	Example	Example	30	17	13	14	2	1
Example	Example	Example	Example	29	17	13	9	3	2
Example	Example	Example	Example	27	16	13	10	3	1
Example	Example	Example	Example	21	13	13	6	1	1
Example	Example	Example	Example	15	13	13	11	2	2
Example	Example	Example	Example	39	17	12	15	1	1
Example	Example	Example	Example	19	14	12	0	5	4
Example	Example	Example	Example	14	14	12	8	4	2
Example	Example	Example	Example	39	13	12	0	2	2
Example	Example	Example	Example	32	20	11	4	8	1
Example	Example	Example	Example	39	19	11	3	7	1
Example	Example	Example	Example	20	17	11	7	6	1
Example	Example	Example	Example	30	16	11	2	5	2

Wrap-Up

Next Time


Constructing the Alternative-to-Fee for Service Payment
Risk Adjustment and Year-End Reconciliation
Next time…
Designing Payment to Support Advanced Team-based Care at the Practice Site
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Claims Processing System Re-Configuration
February 28th
3:00 – 4:30 pm EST
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March 12th
12:00 – 1:30 pm EDT
Date and Time TBD
Date and Time TBD

Questions or Comments?

Overview of Enhanced Primary Care Model | Code Inclusion and Exclusion | Handling Multiple Fee Schedules | Member Cost Share | Practice Reports

If you have any questions you would like to take offline,
please follow up with ***Vince Speenburgh***
at Vincent.Speenburgh@cdphp.com

Interactive Polling

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Polling Question #3:

Please rate your overall satisfaction with this event.

a. *Very satisfied*
b. *Somewhat satisfied*
c. *Somewhat dissatisfied*
d. *Very dissatisfied*

Please type additional thoughts in the chat,

especially any suggestions for improvement

Polling Question #4:

Today's Lab enhanced my knowledge of the subject area.

a. *Strongly Agree*
b. *Agree*
c. *Disagree*
d. *Strongly Disagree*

Please type additional thoughts in the chat,

especially any suggestions for improvement

Polling Question #5:

I will take action or work with others in my organization to take action based on today's lab.

a. *Strongly Agree*
b. *Agree*
c. *Disagree*
d. *Strongly Disagree*

Please use the chat to tell us what you will act on,
or why the information was not actionable

Polling Question #6:

The PAC is helping my organization make progress towards its goals in CPC+.

a. *Strongly Agree*
b. *Agree*
c. *Disagree*
d. *Strongly Disagree*

Please type any additional thoughts in the chat, especially any suggestions for improvement.

Thank You!

HCP LAN
Health Care Payment Learning & Action Network