

CMS Primary Care Advanced Alternative Payment Model Opportunity

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Speakers



Kerri Lanum, MS
Clinical Informatics Specialist
ILHITREC



Samantha Ruotolo
Associate Manager, Customer Success
Clover Health

Disclaimer

- The target audience of this presentation is Eligible Providers, but some references will be made related to hospitals and healthcare systems.
- This webinar is based on official guidance provided by the Centers for Medicare and Medicaid Services (CMS) and experiences from ILHITREC, Blue Agilis and Clover Health.
- This presentation was prepared as a tool to provide information to providers who are interested in participating in a Primary Care Advanced Alternative Payment Model (AAPM). This webinar is for information purposes only and does not guarantee contracts or agreements. Medicare policy changes frequently. It is highly recommended to review CMS rules and regulations frequently.
- The focus of this presentation is the CMS Advanced Alternative Payment Model offered through Clover Health Partners which is a direct contracting entity.

Acronyms

- AAPM- Advanced Alternative Payment Model
- DCE-Direct Contracting Entity
- PMPM- Per Member Per Month
- ACO-Accountable Care Organization
- MSSP-Medicare Shared Savings Program
- QIA- Quality Improvement Advisor
- FFS- Fee for Service
- CEHRT-Certified Electronic Health Record Technology
- CQM-Clinical Quality Measure
- NP- Nurse Practitioner
- PA-Physician Assistant
- EHR-Electronic Health Record
- NPI-National Provider Identifier
- EP- Eligible Professional
- MIPS- Merit Based Incentive Payment System

Agenda

- Give Overview of the AAPM Opportunity
- Demonstrate the Clover Health Assistant Tool
- Review Program Timeline & Discuss Next Steps

CMS Direct Contracting

- CMS Innovation Center launched its first direct contracting models in April of 2021
- Open to a wider range of organizations that may have not been eligible to participate previously
- Clover Health was selected as one of the Direct Contracting Entities (DCE)
 - Advance Alternative Payment Model for Primary Care
- Aims of model:
 - Transform Primary Care
 - Reduce program expenditures
 - Improve quality of care and health outcomes for Medicare beneficiaries
 - Alignment of financial incentives and an emphasis on beneficiary choice and care delivery
 - Maintenance of access to care for beneficiaries, including patients with complex, chronic conditions and seriously ill populations.
- <https://www.cms.gov/newsroom/fact-sheets/direct-contracting>

Program Overview

- **Key Aspects**

- Providers can earn at least **30% more revenue** per visit on their aligned Medicare FFS beneficiaries.
- Health care organizations can also gain additional revenue by receiving up to a **\$5 Per Member Per Month (PMPM) fee**
- **Upside only shared savings** options available
- **5% AAPM Bonus**

Program Overview

- **Key Aspects**

- Use of Clover Assistant Tool for Medicare FFS beneficiaries
- Additional revenue paid with claim within days to weeks rather than 1 ½ years later with shared savings like ACO and MSSP
- Current participants do not report MIPS
- Participants can leave the program at anytime with written notice
- Quality Improvement Advisor (QIA) Resource (ILHITREC)

Program Overview

- **Clover Assistant Tool**

- The Clover Assistant tool is a web-based application powered by clinical and claims data on Medicare beneficiaries (3 years Medicare data)
- Dynamically surfaces up-to-date, patient-specific information, including care gaps, medications, and potential diagnoses.
- Providing you with a comprehensive view, populated with data from anywhere aligned beneficiaries have received care.
- Minimum use for Clover Assistant is an average of 90% of the time for Medicare beneficiaries
- In the process of integrating with many EHR systems

Program Overview

- Participation Options

Option 1: FFS revenue increases for aligned Medicare beneficiaries by at least 30%

Option 2: Shared Savings, no downside risk

Option 3: Shared Savings with downside risk

Program Overview

QIA Support

Tier 1

Dedicated Quality Improvement Advisor(s) (QIA) to help providers and practices implement the program.

Tier 2

Dedicated Quality Improvement Advisor(s) (QIA) to help providers and practices implement the program and align all value-based incentive strategies and activities, optimizing workflows and processes to achieve optimal success in population health.

Tier 3

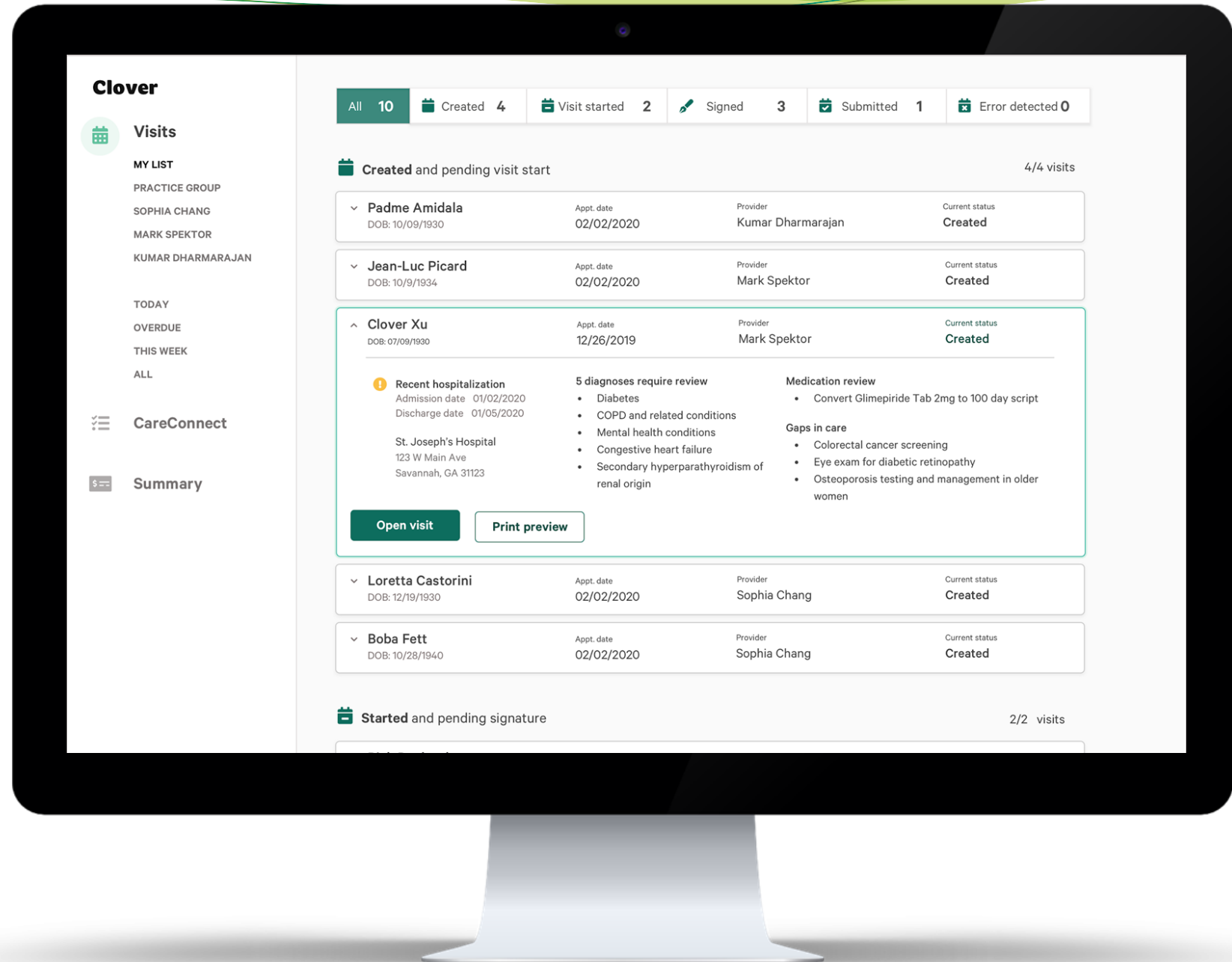
In addition to what's offered in Tier 2, providers and practices have access to national physician experts to guide the adoption and implementation of evidence-based clinical programs that addresses the needs of their most vulnerable, high-cost patient populations.

Eligible Providers

- Any Primary Care Provider (physicians and NPs or PAs)
- This is a National program, providers can be practicing in any state
- Providers sign up by NPI so not all providers in a group or working under the same Tax ID have to sign up
- Can be current ACO, MSSP participants but would have to stop participation in ACO/MSSP starting 1/1/2022

Clover Assistant Demo

Improved care & outcomes driven by an intuitive, easy-to-use interface.



Voices from the field



- Marc Feingold, MD
- Small practice in Manalapan, NJ
 - 1 MD, 1 NP
 - Total panel size approximately 4000 patients
 - EMR - Athena
- Clover Assistant Feedback
 - "CA helps me finalize diagnoses which helps with my HCC risk coding and success in value-based care."
 - "The tool is very simple and takes me 2 minutes max."
 - "It has helped myself and office staff create workflows that optimize our performance in our commercial value-based contracts, like United Healthcare, as well."

Program Timeline

- Deadline to sign up for program **6/30/2021**
- Performance Year starts **1/1/2022**
- Renewed **every year up to 5 years**



Next Steps

Fill out Letter of Participation and send to info@ilhitrec.org

ilhitrec
NORTHERN ILLINOIS UNIVERSITY
CLOVER HEALTH PARTNERS (CHP)
CMS DIRECT CONTRACTING NETWORK
Letter of Participation 2022

This Letter of Participation is between [redacted] and the Illinois Health IT Regional Extension Center (ILHITREC) at Northern Illinois University, the lead organization in Illinois, which is part of the Blue Agilia CHP Direct Contracting Network. Each organization participating will be offered technical assistance and support consisting of National, Regional and State-based tools and resources. Local, State-based resources consist of Quality Improvement Advisors ("QIAs") who will coach the Participant through the CHP Direct Contracting Program. QIAs can also provide direct technical assistance to help prepare and/or align clinicians for optimal success in value-based payment systems. The term of this participation coincides with the period of the CMS Direct Contracting agreement.

Our organization is selecting to participate in: (circle one)
 Option 1, Standard CHP Direct Contracting Participation (no shared savings arrangement or downside risk).
 Option 2, CHP Shared Savings Participation Direct Contracting Participation with no downside risk.
 Option 3, CHP Shared Savings Direct Contracting Participation with downside risk.

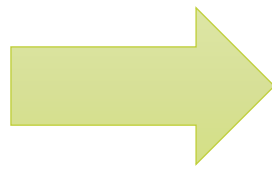
Our organization is selecting to receive the following type of support: (circle one)
 Option 1, Dedicated Quality Improvement Advisor(s) (QIA) to help providers and practices implement the program.
 Option 2, Dedicated Quality Improvement Advisor(s) (QIA) to help providers and practices implement the program, plus financial incentives, program and activities, optimizing workflow and processes to support shared savings.
 Option 3, In a shared savings arrangement, the participant will receive a percentage of the shared savings based on the performance of the participant's population.

Participant agrees to actively collaborate with ILHITREC to implement these Services. In order to do this, the Participant commits to the following:
1) Designate a point of contact and /internal QI champion
2) Regularly communicate with the QIA
3) Participate in onboarding activities and any future trainings as determined
4) Actively participate in transformational activities

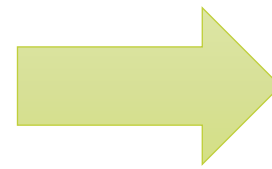
Accepted and Agreed to by Designated Point of Contact, as of Effective Date _____, 2021.
[redacted] ILHITREC at Northern Illinois University

Signature _____ Signature _____
Print Name _____ Title _____ Print Name _____ Title _____
Phone _____ Email _____ Phone _____ Email _____

EMAIL your Letter of Participation AND a list of providers/NPIs to info@ilhitrec.org.
We look forward to assisting you!



Determine Remaining Questions



Begin to set up Implementation plan



Questions



Contact
Information:

ILHITREC
info@ILHITREC.org

<http://www.ILHITREC.org>