

MassHealth Program Update

Mike Nickey, Vice President
Public Payer Strategy, Tufts Medicine
June 30th, 2022





Wellforce Care Plan (MassHealth ACO) has a new MCO Partner starting April 2023

- BMC WellSense (BMCWS), formerly BMC HealthNet, will become our ACO managed care partner on April 1, 2023
- BMC has extensive experience servicing MassHealth (MH) populations, additional benefits including:
 - Larger network including BMC Hospital, Boston Children's, BI Lahey
 - No referrals for in network care
 - Contract that allows PCPs to exit the program once per year
 - Monthly Medical Capitation for PCPs guarantee that ensures a providers is paid 10% more than if the provider had been in the PCC or state fee for service system
 - Full pass through of monthly prepaid capitation to providers
 - Reduced risk sharing from current ACO contract
- MassHealth will move patients from existing MassHealth payers to the new ACO, patients do not need to request a move



ACO Participation: Benefits to Providers

New Partner:

BMC WellSense (BMCWS), formerly BMC HealthNet, will become our ACO managed care partner on April 1, 2023

Extensive experience servicing MassHealth (MH) populations

Broader Network:

Patients get easier access to a broader array of services

Larger network including BMC Hospital, Boston Children's, BI Lahey

Better Financial Arrangement:

Monthly Medical Capitation for PCPs guarantee that ensures a providers is paid 10% more than if the provider had been in the PCC or state fee for service system

Full pass through of monthly prepaid capitation to providers

Reduced risk sharing from current ACO contract

Contract that allows PCPs to exit the program once per year

Reduced administrative burden:

MassHealth will move patients from existing MassHealth payers to the new ACO, patients do not need to request a move

No referrals for in network care



How do I join the network?

- BMCWS approach to the July deadline is to identify as many providers as possible with interest in joining the ACO, then allow providers to opt out if future details cause concern prior to final participation agreements
- **Please let your LCO Administrator know if you have interest in joining the ACO by July 12**
- Providers joining the network must also self attest to the level of BH integration, the higher the integration the greater the administrative tier payment
 - Attestation is forward looking to April 2023 capabilities
 - A combination of provider, health plan and ACO resources can meet integration requirements
 - Individual practice attestations are not submitted with the RFP response



Financial Terms

- On a monthly basis PCPs will be paid a risk adjusted **monthly medical capitation** and an **administrative tier payment** (\$4-\$14 admin per patient per month).
 - Providers attest to their level of BH integration associated with administrative tier
- **The monthly medical capitation + administrative tier payment = provider total capitation**
- MassHealth will set the **monthly medical capitation** and the **administrative tier payment**, BMC will pay the **provider total capitation** directly to the practices, no withhold will be taken
- Our arrangement with BMC WellSense provides financial protection to our providers in several ways:
 - Monthly Capitation Floor: ensures that **provider total capitation** is equal to at least 110% of the **monthly medical capitation**
 - Annual Capitation FFS Guarantee: At the end of each year, BMCWS will guarantee that PCPs received the greater of **provider total capitation** vs. 110% of what would have been paid for the same clinical services under the MassHealth FFS/PCC/remaining MCO program



Risk Corridors are more generous than our current 50% gain/loss risk share with Fallon

(5)-0% (loss)	Year 1	Year 2	Year 3	Year 4	Year 5
Tufts Medicine	20%	30%	40%	50%	50%
WS	80%	70%	60%	50%	50%
Outside 5% losses; EOHHS (95%); WS (4.25%); Tufts Medicine (0.75%)					

0-5% (gain)	Year 1	Year 2	Year 3	Year 4	Year 5
Tufts Medicine	50%	50%	50%	50%	50%
WS	50%	50%	50%	50%	50%
Outside 5% gains: EOHHS (95%); WS (4.25%); Tufts Medicine (0.75%)					

If Tufts Medicine experiences a loss, BMC takes at 50%-80% of the losses first. The ACO governance will need to determine split of risk between hospitals and providers. Tufts Medicine is evaluating paths to create a reserve for our providers similar to our current ACO.



During July, several important steps are underway for our new ACO with BMC WellSense

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
RFP Issued													
LOI Due													
MCO Contracting													
PCP Interest Identification													
Provider Contracting													
RFP Response Due				15-Jul									
Program Redevelopment													
Patient Notifications													
New ACO go live													1-Apr
Curret ACO													



Additional training and information is coming

Short-term (last week of June, first week of July):

- Webinars
- Summary written materials

Medium-term (late summer, early fall of 2022)

- Formal rate proposal from BMC Wellsense
- Process of seeking final agreement from primary care doctors on participation
- Additional trainings

Longer-term (fall – winter 2022, early 2023)

- Trainings on BMC WellSense claims submissions, UM, etc.
- Patient education

For immediate questions contact: Mike Nickey, michael.nickey@tuftsmedicine.org

Wellforce ACO, LLC (MSSP ACO)

Overview Materials for Potential New Entrants

Kathy Garland, Executive Director, Lowell General PHO
June 30, 2022



1. Today's Goal



Today's Goals

- The purpose of this webinar is to provide MSSP program information to help practices make upcoming decisions on joining MSSP for 2023
- Participation in MSSP is at the Tax Identification Number (TIN) level, and therefore the entire practice TIN participates
- Each year, we have an opportunity to add or remove TINs from the ACO
- CMS deadlines for new MSSP practices to join for 2023:
 - August 4, 2022 noon: submit TINs of any new practices
 - September 9, 2022 noon: submit executed Practice Participation Agreements

We will be asking interested practices (TINs) to please:

- Confirm (non-binding) interest to join MSSP as a new participant for 2023 **before late July**
- Sign a Practice Participation Agreement **before late August**



Goal of the MSSP ACOs

Medicare Shared Savings Program



Better
Care for
Individuals.



Better
Health for
Populations.



Lowering
Growth in
Expenditures.

The Medicare Shared Savings Program (Shared Savings Program) is committed to achieving better health for individuals, better population health, and lowering growth in expenditures.



ACO Participation: Benefits to Providers

Better payments:

MACRA rewards clinicians participating in Alternative Payment Models (APMs): 5% bonus through performance year 2022; then better payment adjustments

Reduced reporting burden:

Not subject to MIPS; ACO reports quality for you

Additional financial reward:

Eligibility for a distribution of ACO earnings if ACO achieves savings

Increased provider satisfaction:

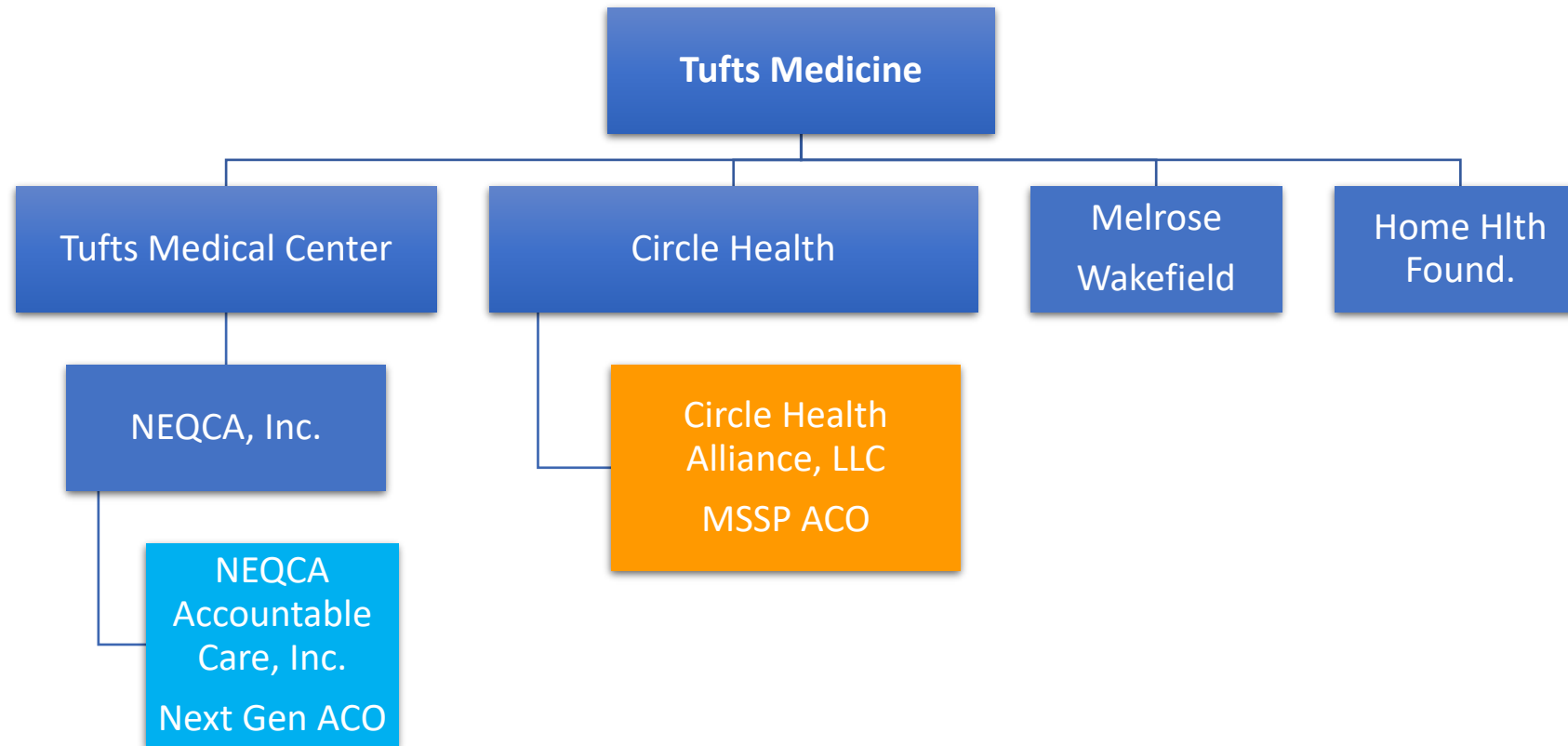
Better outcomes and better patient experience

Market Advantage:

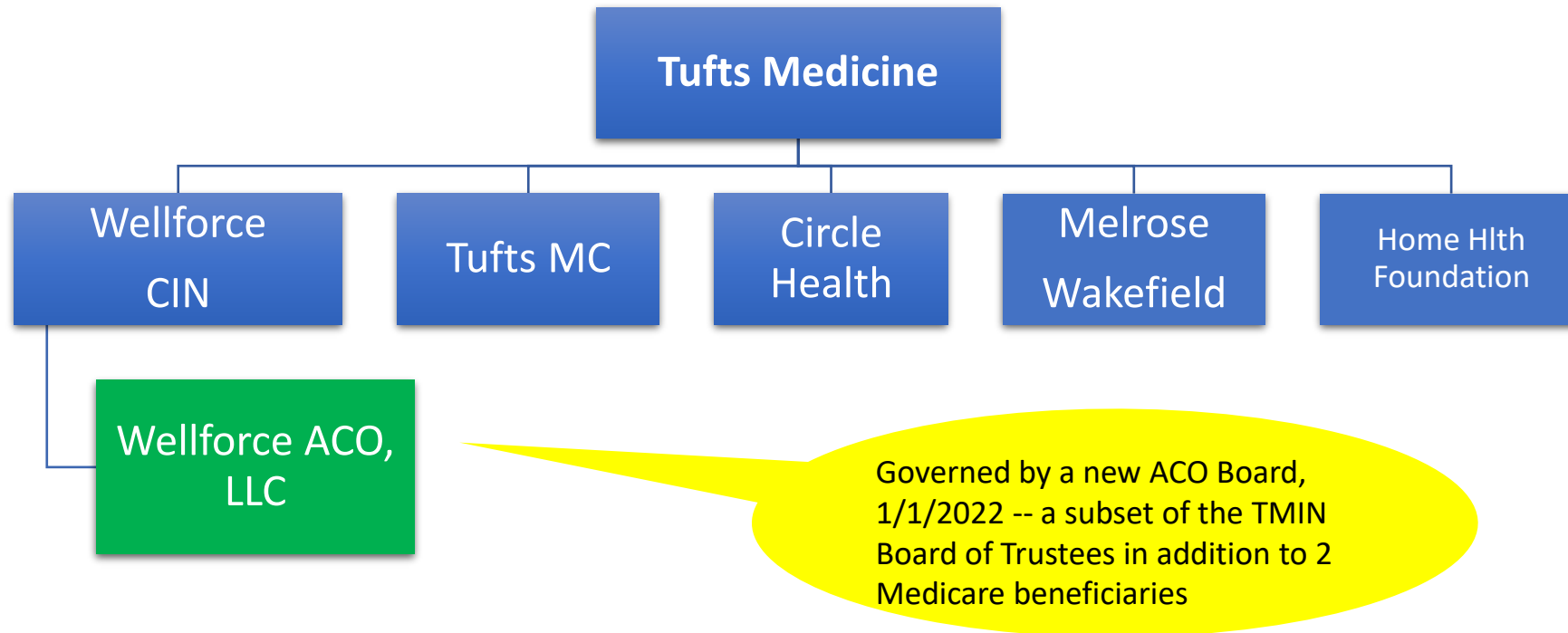
The entire health care industry is moving toward risk-based contracting; opportunity to shape and implement value-based models

2. Background of our Medicare ACO

Prior to 2022: Two Medicare ACOs in the Tufts Medicine system governed by two different entities



Effective January 2022 : One Medicare ACO in MSSP Enhanced Track option



Note: Wellforce health system was re-branded to Tufts Medicine in March 2022. The existing Medicare ACO name is still 'Wellforce ACO, LLC'. The ACO will be legally changed to align with the Tufts Medicine re-branding at a future date.

3. Overview of ACO and MSSP Elements/Requirements



Medicare Shared Savings Program - Overview

- 5-year agreement (1/1/2020-12/31/2024) for MSSP Enhanced, the highest 2-sided risk track of MSSP, with potential to earn up to 75% shared savings
- Currently comprised of 112 practices (TINs), representing approximately 405 PCPs and 1,200 individual clinicians
- 44,000 attributed beneficiaries
- 3 Tufts Medicine Hospitals (Tufts Medical Center, Lowell General Hospital, Melrose-Wakefield Hospital)
- 13 quality measures serve as “gate” to shared savings opportunity
- ACO must meet an overall quality performance threshold (across all measures) for the Performance Year in order to be eligible to access earned shared savings
- Risk adjustment impacts financial benchmark (accurate and specific risk code capture, supported by clinical documentation, is important)

MSSP 2022 Quality Measures (13 measures)

Measures to Perform and Document

(reported by ACO via Web Interface for PY22):

- ☐ Breast Cancer Screening
- ☐ Colorectal Cancer Screening
- ☐ Screening for Future Fall Risk
- ☐ Influenza Immunization
- ☐ Controlling High Blood Pressure
- ☐ Screening for Depression and Follow Up Plan
- ☐ Diabetes HbA1c Control
- ☐ *Tobacco Use: Screening and Cessation Use
- ☐ *Depression Remissions at 12 Months
- ☐ *Statin Therapy for Prevention/Treatment of Cardiovascular Disease

*Reporting only for PY2022

Patient Experience Measures:

- ☐ **CAHPS** for MIPS (Surveys administered via vendor to Medicare MSSP patients this Fall into Winter)

'Claims-Based' Measures: (via claims)

- ☐ Hospital-Wide, 30-day, All-Cause Unplanned **Readmission Rate** for MIPS Eligible Clinician Groups
- ☐ Risk Standardized, All- Cause **Unplanned Admissions for Multiple Chronic Conditions** (MCC) for ACOs



MSSP Quality is Tied to Payment



First, the ACO must meet the quality performance standard:

For the 2022 and 2023 performance years:

- ACO must achieve a quality score **equivalent to or higher than the 30th percentile across all MIPS** quality scores, excluding facility-based providers' scores

For the 2024 performance year and subsequent performance years:

- ACO must achieve a quality score **equivalent to or higher than the 40th percentile across all MIPS** quality scores, excluding facility-based providers' scores



Then, if we meet the performance standard, we will be eligible to earn our full 75% of shared savings.

(If we don't meet the performance standard, we are not eligible to share in savings at all, or if we experience losses, would need to pay the maximum share.)



ACO Beneficiary Assignment – Basic Things to Know

The ACO is not a health plan that beneficiaries sign up for; it's Original Medicare as usual for the beneficiaries whether they are assigned to an ACO or not.

Beneficiaries can see any Medicare provider they choose, even if they are assigned to an ACO (though you, as their provider, have a lot of influence on their choices).

It is the providers who sign up to participate in the ACO; CMS assigns patients to the ACO based on our participating providers' claims.

If providers leave the ACO during the Performance Year (PY), the ACO remains accountable for beneficiaries who were attributed to those providers for the entire PY.

If providers join an existing Participant TIN during the PY, there will be no beneficiaries attributed to the new providers for the PY, but they will appear on the Participant List.



SNF 3 Day Waiver

- SNF 3 Day Waiver (3DW) is available to us as an Enhanced Track ACO
- An emergency declaration for an emergency blanket waiver waiving the 3 day inpatient requirement is still in effect through the end of the PHE (*currently through July 15, 2022 and expected to be extended*)
- We plan to re-launch the waiver after the PHE ends with the hospital-based entities first (LGPHO, Tufts MC PO, Hallmark)



Telehealth

- Telehealth waiver during the pandemic allowed providers to keep “seeing” their patients throughout the Public Health Emergency (PHE)
- The 2022 Medicare Physician Fee Schedule final rule extends those telehealth flexibilities through 2023
- Post-discharge visits can be done via telehealth
- Annual Wellness Visits (AWVs) can be done via telehealth
- **Audiovisual telehealth visits risk-adjust for Medicare**
 - However, phone-only telehealth visits do not risk-adjust for Medicare
- A/V and phone-only telehealth visits do count for ACO assignment

MSSP Agreements

AGREEMENT
CONTRACT



MSSP Participation Agreement:

- Signed between **CMS** and our **ACO**
- Binds the ACO to participation in MSSP
- Includes compliance with all federal and state laws and regulations

MSSP Practice Participant Agreement (PPA):

- Signed between our **ACO** and each **ACO Participant** (e.g., practice)
- Binds each practice, and all who bill under the TIN, to the ACO and to comply with MSSP rules

'Compliance with Laws. Participant shall comply with all federal, state and municipal laws, statutes, ordinances, orders and regulations applicable to the conduct of the activities of ACO Participants, Preferred Providers and ACO Providers/Suppliers, including the Medicare Shared Savings Program, federal criminal law, the False Claims Act, the anti-kickback statute, the civil monetary penalties law and the physician self-referral law.' **This section addresses the requirements of 42 C.F.R. § 425.116(a) (3)**

Business Associate Agreement (BAA):

- Also signed between our **ACO** and each **ACO participant**; contains privacy and HIPAA requirements



Best Practices for Medicare ACO Success

- ✓ Know who your Medicare ACO patients are
- ✓ See your Medicare patients at least once a year – perform the Annual Wellness Visit (AWV)
- ✓ Accurately and completely code all conditions to the highest specificity and ensure supported by clinical documentation– this also optimizes Benchmark risk adjustment
- ✓ Ensure all preventive screenings are scheduled/done
- ✓ Coordinate care and manage your high risk patients
- ✓ Review performance data to identify improvement opportunities

MSSP ACO Funds Flow Methodology

- The Finance and Funds Flow Committee discusses and recommends a Funds Flow methodology (how shared savings earnings or losses are distributed), which is subsequently voted on by the ACO Board
- The ACO has operating costs; CMS does not provide infrastructure monies to the ACO

4. Next Steps

If your practice is interested in joining the MSSP ACO...

- Please contact your LCO Administrator by July 22, 2022
- Your LCO Administrator will send your TIN, along with confirmation of interest, to the TMIN Medicare ACO team
- Interested TINs will be added to the CMS portal by August 4, 2022 at noon
- Your practice will be asked to sign an MSSP Participant Agreement by early September at the latest
- Please contact Kathy Garland with any questions (Kathleen.Garland@lowellgeneral.org)