Accountable Care Organizations and Alternative Payment Methods

Opportunities for Community Health Workers

May 11, 2017

The 8th Annual Community Health Worker/Patient Navigator Conference

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Overview

• Health system reform includes
  – Organizing the health care system differently using Accountable Care Organizations
  – Paying for health care services differently using Alternative Payment Methods

• MassHealth Approaches

• Each approach can support CHW services
Overview of delivery system discussion

- Traditional payment and delivery system
- Fee for service
- Paying for volume vs. paying for value
- Accountable care organizations
Traditional payment & delivery system

Payer (Medicare, Medicaid, BCBS, etc.) pays each provider a fee for each service
Payment Method: Fee for Service

Definition: Health care providers receive a separate fee for each service they deliver

Payers often establish a fee for each service code, for example:
- Physician visit, new patient
- Physical therapy 15 minutes
- Hospital stay for asthma

- Providers only paid for covered services
- There are codes for CHW services, but most payers won’t pay for them
- MN & PA Medicaid pay FFS for CHW services
Pay for volume vs. pay for value

Pay for volume: Traditional payment and delivery system rewards providers for providing more services and more expensive services

➢ Health care costs rising
➢ Payers hesitate to cover new services because of cost

Pay for value: Reward providers for providing high quality care (evidence-based practices, healthier patients, better patient experience) and containing costs

➢ Hold provider organizations accountable for quality and cost
➢ Can pay for new services that improve quality and contain cost
Accountable care organizations (ACOs)

Payer (Medicare, Medicaid, BCBS, etc.) pays ACO an amount for all services

Providers join together into ACOs
Accountable Care Organizations (ACOs)

CMS/Medicare definition:

“Accountable Care Organizations (ACOs) are:
• groups of doctors, hospitals, and other health care providers,
• who come together voluntarily
• to give coordinated high quality care

“The goal of coordinated care is to ensure that
• patients, especially the chronically ill,
• get the right care at the right time,
• while avoiding unnecessary duplication of services and preventing medical errors.”

Source: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html?redirect=/aco/
ALTERNATIVE PAYMENT METHODS
Overview of alternative payment discussion

1. Pay for Performance (P4P)
2. Shared Savings
3. Bundled Payment
4. Global Payment

Key terms:
- Financial risk
- Risk corridor
- Risk adjustment
Opportunity

Alternative payment methods:

• Aim to reward providers for outcomes rather than volume of service provided
• Give providers flexibility to provide care that best meets patients’ needs
• Support preventive care that helps to contain total health care costs
Payment method 1: Pay for Performance

Definition: Providers receive bonus payments for meeting specific quality improvement goals or targets

For example, a provider might receive a bonus for:

• Increasing by 10% the share of patients with diabetes who have good glycemic control (HbA1c < 7%)
• Ensuring 95% of patients with asthma have an Asthma Action Plan

• *Providers can invest in services that help achieve these outcomes and bonus payments can pay for those services*
• Providers receive bonus after end of year
Payment method 2: Shared Savings

Definition: Savings that accrue - when actual spending for a population is less than a target amount - are shared between the payer and the provider/ACO.

- Providers can invest in services that produce savings.
- Providers receive savings after end of year.
Payment method 3: Bundled Payment

Definition: A single payment to cover the cost of services to treat one episode of care (a knee replacement surgery, or a year’s worth of asthma care), delivered by multiple providers

- Provider has flexibility to spend payment on CHW and other services
- Most episodes of care don’t have clear boundaries like knee replacement: difficult to figure out what costs/services to include in the bundle
- Administratively very difficult to implement
Payment method 4: Global Payment

Definition: a fixed-dollar payment (“capitation”) for all the care that a group of patients receive in a given time period, such as a month or year.

➢ Providers are at financial risk for both the occurrence of medical conditions (whether people get sick) as well as the management of those conditions (providing services)

➢ Because of financial risk, usually paid to a large organization like an ACO

➢ Flexibility to provide services that best meet patients’ needs

Key Terms: Financial Risk

**Financial risk:** Assuming liability for the financial loss that could occur if actual costs exceed expected costs (shared savings and losses)
Key Terms: Risk Corridor

**Risk corridor:** A provision that limits a provider’s financial losses or profits to a specified percentage above and below its break-even point, to prevent the provider from experiencing excessive profits or catastrophic losses.

Key Term: Risk Adjustment

**Risk adjustment**: A process of adjusting payments to providers (up or down) to reflect patient characteristics, especially health status, age, sex, and other demographic characteristics.

Overview of MassHealth Approaches

Delivery System Reform
– Accountable Care Organizations
– Flexible services
– Community Partners

Alternative Payment Methods
– Global payments
– Shared savings and losses
– Risk adjusted payments

Additional Funding
– DSRIP
Three MassHealth ACO Models

- **Accountable Care Partnership Plan**
  - Contract between MassHealth and Accountable Care Partnership Plan = MCO and ACO joining together
  - Global payment
  - ACOs can use global payments and shared savings to pay for additional services

- **Primary Care ACO**
  - Contract between MassHealth and Primary Care ACO
  - Shared savings and losses

- **MCO-Administered ACOs**
  - Contract between MassHealth and MCO
    - Capitation payment
    - MCO must contract with MassHealth-certified MCO-administered ACOs
  - Contract between MCO and MCO-Administered ACOs
    - Approved by MassHealth
    - Shared savings and losses
Risk Adjustment

MassHealth adjusts payments to each MCO and ACO (up or down) to meet its members’ expected need for health care resources.

MassHealth risk adjustment - new method

New method adjusts payments to address social determinants of health, avoid penalizing providers in disadvantaged neighborhoods

<table>
<thead>
<tr>
<th>Variables included in risk adjustment</th>
<th>Sample additional payment per member</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Managed Care</td>
<td>$5000</td>
</tr>
<tr>
<td>[adjustments for age, sex, geography, diagnoses]</td>
<td>varies</td>
</tr>
<tr>
<td>DMH client</td>
<td>$13,650</td>
</tr>
<tr>
<td>DDS client (not DMH)</td>
<td>$2,550</td>
</tr>
<tr>
<td>All other disabled</td>
<td>$1,400</td>
</tr>
<tr>
<td>Serious mental illness (SMI)</td>
<td>$2,250</td>
</tr>
<tr>
<td>Substance use disorder (SUD)</td>
<td>$2,000</td>
</tr>
<tr>
<td>Homeless (coded in claims) or Unstable housing (3+ addresses)</td>
<td>$550</td>
</tr>
<tr>
<td>Neighborhood stress score*</td>
<td>$50</td>
</tr>
</tbody>
</table>

* Neighborhood Stress Score is a measure of how stressed a neighborhood (census block) is relative to other neighborhoods in terms of share of adults who have low income, are unemployed, receive public assistance, have no car, are a single parent, have less than a HS education
Risk adjustment – hypothetical example

ACOs that serve different populations would receive different payments

<table>
<thead>
<tr>
<th></th>
<th>ACO 1: lower risk patient pool</th>
<th>ACO 2: higher risk patient pool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>1000</td>
<td>1000</td>
</tr>
<tr>
<td>Base payment</td>
<td>$5,000,000</td>
<td>$5,000,000</td>
</tr>
</tbody>
</table>

**Adjustments**

<table>
<thead>
<tr>
<th></th>
<th>ACO 1</th>
<th>ACO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>All BH</td>
<td>$293,000</td>
<td>$1,171,900</td>
</tr>
<tr>
<td>Unstable housing</td>
<td>$31,700</td>
<td>$126,700</td>
</tr>
<tr>
<td>Neighborhood stress</td>
<td>($100,000)</td>
<td>$100,000</td>
</tr>
<tr>
<td>Total payment</td>
<td>$5,224,700</td>
<td>$6,398,600</td>
</tr>
</tbody>
</table>

➢ ACO 2 could use its additional revenues to pay for services to address its patients’ special challenges
Flexible Services

- ACOs may provide community goods/services that address health-related social needs
- Includes services not otherwise covered under Massachusetts’ Medicaid benefits
- Must be pre-approved by MassHealth
- Different ACOs may choose to address different needs
- Address social determinants of health in the following areas:

<table>
<thead>
<tr>
<th>1. Transition services for individuals transitioning from institutional settings into community settings</th>
<th>4. Home and Community-Based Services to divert individuals from institutional placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Services to maintain a safe and healthy living environment</td>
<td>5. Physical activity and nutrition</td>
</tr>
<tr>
<td>3. Experience of violence support</td>
<td>6. Other individual goods and services</td>
</tr>
</tbody>
</table>

Flexible services may include CHW services

Source: EOHHS, MassHealth Delivery System Restructuring Open Meeting, March 2017, Boston, MA and Springfield, MA.
Community Partners (CPs)

“Certified Community Partners (CPs) are community-based organizations that offer members linkages and support to community resources that facilitate a coordinated, holistic approach to care”

- Waiver Extension, STC 63
# Community Partner Functions

## BH CP Functions
1. Outreach and active engagement;
2. Facilitate access and referrals to social services, including following-up on flexible services;
3. Provide health and wellness coaching;
4. Conduct comprehensive assessment and person-centered treatment planning;
5. Identify, engage, and facilitate member’s care team;
6. Coordinate services across continuum of care; and
7. Support transitions of care between settings

## LTSS CPs Functions
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7. Support transitions of care between settings

➢ **CPs can use CHWs to provide some of these functions**

Source: EOHHS, MassHealth Delivery System Restructuring Open Meeting, March 2017, Boston, MA and Springfield, MA.
DSRIP Funding

- MA will receive $1.8 billion in funding over the next five years from the federal Delivery System Reform Incentive Program (DSRIP)
- Funding phases down (higher in year 1 than year 5)
- Important to show positive ROI in first few years
- Funding is allocated for four key objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Five Year Funding (% of DSRIP Funding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACO development – upfront funding</td>
<td>$1.065B (60%)</td>
</tr>
<tr>
<td>Community Partners</td>
<td>$546M (30%)</td>
</tr>
<tr>
<td>Statewide Investments</td>
<td>$115M (6%)</td>
</tr>
<tr>
<td>State Operations &amp; Implementation</td>
<td>$73M (4%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$1.8B</strong></td>
</tr>
</tbody>
</table>

➢ Upfront DSRIP dollars could fund implementation of CHW services
MassHealth ACO/CP timeline

• ACOs
  – RFR responses due Feb 2017
  – Contract start – Summer 2017
  – New ACO enrollments begin December 2017

• CPs
  – RFR responses due end of May 2017
  – Selection and contract start - Summer 2017
  – CP enrollment begins April 2018
CONCLUSION: DELIVERY SYSTEM REFORMS AND ALTERNATIVE PAYMENT METHODS PROVIDE OPPORTUNITIES FOR CHWs
Opportunities for CHW Funding

• New delivery systems can fund CHWs:
  – ACOs
  – Flexible services
  – CPs

• New payment methods make it easier to fund CHW services
  – Pay-for-Performance
  – Shared savings
  – Bundled Payments
  – Global Payments

• DSRIP funding – time-limited investments

• Providers and payers have flexibility to invest in new approaches if they are confident they will achieve:
  – Improved health outcomes
  – Positive return on investment
CHW services can provide benefits to a variety of stakeholders

<table>
<thead>
<tr>
<th>Individuals</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Better experience</td>
<td>➢ Improved patient</td>
</tr>
<tr>
<td>➢ Better quality of life</td>
<td>communication</td>
</tr>
<tr>
<td>➢ Lower out-of-pocket costs</td>
<td>➢ Better patient outcomes</td>
</tr>
<tr>
<td>➢ Fewer missed work days</td>
<td>➢ Meet quality targets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Society</th>
<th>Payers</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Lower health care costs</td>
<td>➢ Improved quality scores</td>
</tr>
<tr>
<td>➢ Increased work productivity</td>
<td>➢ Positive ROI</td>
</tr>
<tr>
<td>and school attendance</td>
<td></td>
</tr>
<tr>
<td>➢ CHW jobs created</td>
<td></td>
</tr>
</tbody>
</table>
Discussion