MACRA and CBOs: New Opportunities for Engagement Abound

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Part of the Aging and Disability Business Institute Series-A Collaboration of n4a and ASA
The “Business Institute”

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

[link]

Partners and Funders

**Partners:**
- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence
- National Council on Aging
- Meals on Wheels America
- Evidence-Based Leadership Council

**Funders:**
- Administration for Community Living
- The John A. Hartford Foundation
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation
We need your responses!

• To better understand track current contracting practices and national trends among CBOs, the Business Institute, in collaboration with Scripps Gerontology Center, is launching a survey.

• Please take the time to complete it. It is critical to future success in this area.
Overview

• Contracting Opportunities for CBOs
• MACRA and other government payment reform initiatives
• Private-Sector Initiatives
• Inspirational Examples
• Challenges/Pitfalls to watch out for

The Critical Role of Community-Based Organizations in Delivery System Reform

- Chronic disease self-management
- Diabetes self-management
- Nutrition programs (counseling, education & meal provision)
- Education about Medicare preventive benefits
- Peer supports
- Telehealth/telemedicine
- Evidence-based care transitions
- Care coordination
- Information, referral & assistance/system navigation
- Medical transportation
- Evidence-based medication reconciliation programs
- Evidence-based fall prevention programs/home risk assessments
- Nutrition programs (counseling & meal provision)
- Caregiver support
- Environmental modifications
- Housing assistance
- Personal assistance

Managing chronic conditions

- Transitions from nursing facility to home/community
- Person-centered planning
- Self-direction/self-advocacy
- Assessment/pre-admission review
- Information, referral & assistance/system navigation
- Environmental modifications
- Caregiver support
- LTSS innovations
- Transportation
- Housing assistance
- Personal assistance

Avoiding long-term residential stays

- Person-centered planning
- Self-direction/self-advocacy
- Assessment/pre-admission review
- Information, referral & assistance/system navigation
- Environmental modifications
- Caregiver support
- LTSS innovations
- Transportation
- Housing assistance
- Personal assistance

State aging & disability agencies

Community-based aging & disability organizations

ACL

Preventing hospital (re)admissions

Diversion/Activating individuals

n4a

advocacy. actions. answers for aging

Aging and Disability Business Institute
Contracting Opportunities for CBOs

- **Health Plans**
  - Medicaid Managed Care Organizations, Managed Long-Term Services and Supports (MLTSS), Duals Plans, Special Needs Plans (SNPs), Medicare Advantage, Commercial

- **Merit-Based Incentive Systems (MIPS) and Advanced Alternative Payment Models (APMs)**
  - Hospitals and hospital systems
  - Primary Care
    - Physicians, Physician Groups, Patient-Centered Medical Homes (PCMH)
  - Accountable Care Organizations

- **Medicare**
- **State Medicaid Department**
- **Veterans Administration Medical Centers**
- **Skilled Nursing Facilities and Post-Acute Care Providers**

Quality Payment Program

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- **Provides incentive payments** for participation in Advanced Alternative Payment Models (APMs)

- First step to a fresh start
- We’re listening and help is available
- A better, smarter Medicare for healthier people
- Pay for what works to create a Medicare that is enduring
- Health information needs to be open, flexible, and user-centric
Incentive to switch from FFS/MIPS to AAPMs

- Annual update larger for AAPMs (5% vs. 0.5%)
- MIPS is zero sum game, stakes = 4-9% of total Medicare revenue
- Reporting requirements more burdensome for MIPS

Advanced APMs meet certain criteria.

As defined by MACRA, advanced APMs must meet the following criteria:

- The APM requires participants to use certified EHR technology.
- The APM bases payment on quality measures comparable to those in the MIPS quality performance category.
- The APM either (1) requires APM Entities to bear more than nominal financial risk for monetary losses; OR (2) is a Medical Home Model expanded under CMMI authority.
Figure 4. The term APM is used broadly, but few existing APMs would qualify as Advanced APMs towards the target MACRA thresholds

<table>
<thead>
<tr>
<th>Advanced APM?</th>
<th>Model</th>
<th>Number of participating organizations in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Next-generation Accountable Care Organization (ACO) Model</td>
<td>21</td>
</tr>
<tr>
<td>✓</td>
<td>Medicare Shared Savings Program (MSSP) Track 3</td>
<td>16</td>
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<tr>
<td>✓</td>
<td>Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) - Large Dialysis Organization (LDO) arrangement</td>
<td>12</td>
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<tr>
<td>✓</td>
<td>MSSP Track 2</td>
<td>6</td>
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<tr>
<td>✓</td>
<td>Comprehensive Primary Care Plus (CPC+)</td>
<td>None (available in 2017)</td>
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<tr>
<td>✓</td>
<td>Oncology Care Model (OCM) two-sided risk arrangement</td>
<td>None (available in 2018)</td>
</tr>
<tr>
<td>✗</td>
<td>MSSP Track 1</td>
<td>411</td>
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<tr>
<td>✓</td>
<td>Bundled Payments for Care Improvement</td>
<td>1,522</td>
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</tbody>
</table>


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**Independent PFPM Technical Advisory Committee**

**PFPM** = **Physician-Focused Payment Model**

Goal to encourage new **APM options** for Medicare clinicians

Submission of model proposals by Stakeholders

11 appointed care delivery experts that review proposals, submit recommendations to HHS Secretary

Secretary comments on CMS website, CMS considers testing proposed models

For more information on the PFTAC, go to: [https://aspe.hhs.gov/pftac-physician-focused-payment-model-technical-advisory-committee](https://aspe.hhs.gov/pftac-physician-focused-payment-model-technical-advisory-committee)
Most Important Elements linking AAAs to Payment Reform

• Readmission Penalties in Medicare
  ➢ “Discovery” of Social Determinants of Health!

• Commitment to Alternative Payment Models
  ➢ Care Coordination AND Integration

• Idea/goal/value of triple aim (better care, better health, lower cost)

• Commitment (within ACA) to access for all
### Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
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<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Health status</td>
<td>Community engagement</td>
<td>Provision of services</td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Functional limitations</td>
<td>Discrimination</td>
<td>Linguistic and cultural competency</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Quality of care</td>
<td></td>
<td>Quality of care</td>
</tr>
</tbody>
</table>

**Health Outcomes**
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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### Accountable Health Communities Model Structure

- **Clinic Delivery Site (Provider's Office)**
- **Clinical Delivery Site (Hospital)**
- **Clinical Delivery Site (E.g., PHCH)**
- **Clinical Delivery Site (Retail Health Facility)**
- **Health Plan**

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**Bridge Organization**

- **Community Service Provider**
- **Community Service Provider**
- **Community Service Provider**
- **Community Service Provider**
Other Payment Models Connecting Delivery System with Population Health

- Community Based Care Transitions Program
- State Innovation Model Program
- Financial Alignment Initiative for Dual-Eligibles
- Accountable Health Communities*
- MLTSS spreading across the states

Community-Based Care Transitions Program Success Story

- Eastern Virginia Care Transitions Partnership
  - Bay Aging (AAA), Riverside Health System → 5 AAAs, 4 hospital systems, independent MD groups, 3 MCOs, other public and private HHS providers
- Reduced Medicare readmissions from 23 to 9%, saving $10m
- Now VAAACares is ready to help MLTSS implementation
“It is crucial to design care that goes beyond a health and discharge plan to get at what is needed for true well-being.”

-Kathy Vesley, CEO, Bay Aging
Medicaid Managed Long-term Supports and Services (MLTSS) Status
As of February 6, 2017

Active MLTSS Program as of 2016
Intends to Implement by 2017
Intends to Implement MLTSS by 2018
Active capitated Duals Demo (MLTSS for duals in demo)
Note: Though ID is largely a FFS Medicaid state, it offers a Medicare Medicaid Coordinated Plan for duals that includes MLTSS

Example of pro-active AAA & ACO collaboration

• Southern Maine Agency on Aging and MaineHealth ACO

• SMAA educated ACO about patient needs, and care transition expertise

• MaineHealth ACO shares some of Medicare shared savings with SMAA
Takeaways

• Payment reform, away from FFS and toward VALUE, potentially “liberates” resources from delivery system and traditional payment systems

• Focus on outcomes, and social determinants of health, has taught delivery system and MCOs that CBOs/AAAs exist and are useful

• They are under intense cost pressures, and are afraid of risk of new populations and incentive schemes, so contract carefully
Questions & Answers: Please Submit Using the “Questions” Box

Questions about the Aging and Disability Business Institute?

Email us: BusinessInstitute@n4a.org