

# Gaining Market Share as a Benefit to Value-Based Organizations:

A Panel Discussion with  
Cura Health Management and Palm Beach ACO  
May 20, 2020



# Speakers



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# Covid-19 and how At-Risk Organizations Will be Effected

Benchmarks are updated based on nation and/or regional trend

- 2019 A (hybrid national and regional)
- 2017, 2018 starters are 100% regional
- 2016 are still 100% national

“Update: An ACO’s benchmark is updated during annual financial reconciliation to reflect trends in national or regional FFS spending and to account for changes between the benchmark and performance year assigned beneficiary health status.”

## Extreme and Uncontrollable Circumstances:

- Highest Between: Actual Quality Score or ACO National Avg Quality Score (All MSSP ACO Types)
- Prorated Losses based on ratio of counties in states with emergency declaration and number
- \* No impact to upside only ACOs

# Covid-19 and Telehealth for Providers

Telehealth  
benefit  
expansion-pay  
for services at  
same rate as  
in person

Eligible  
qualified  
health  
professionals  
eligible for  
telehealth  
expanded

New and  
established  
patients

Waive cost-  
sharing

Increased  
payment

Licensure  
cross state  
lines

Authorized  
use of popular  
video chat  
apps



# News Headlines

**HEALTHCARE FINANCE**

REIMBURSEMENT | REVENUE CYCLE MANAGEMENT | STRATEGIC PLANNING | CAPITAL FINANCE | SUPPLY

FOR PAYERS

Mergers in 2020 expected to be more strategic than financial in nature

The hospital-to-hospital merger or partnership is about to become a reality as resources put together for the benefit of patients.

March 5, 2020

**NATIONAL LAW REVIEW**

FTC and Commonwealth of Pennsylvania Challenge Proposed Hospital Merger

Wednesday, March 4, 2020

**FierceHealthcare**

HOSPITALS & HEALTH SYSTEMS | TECH | PAYER | FINANCE | PRACTICES | REGULATORY | SPECIALTY

Practices

ACOs linked to consolidation of physician practices, study finds

**HealthAffairs**

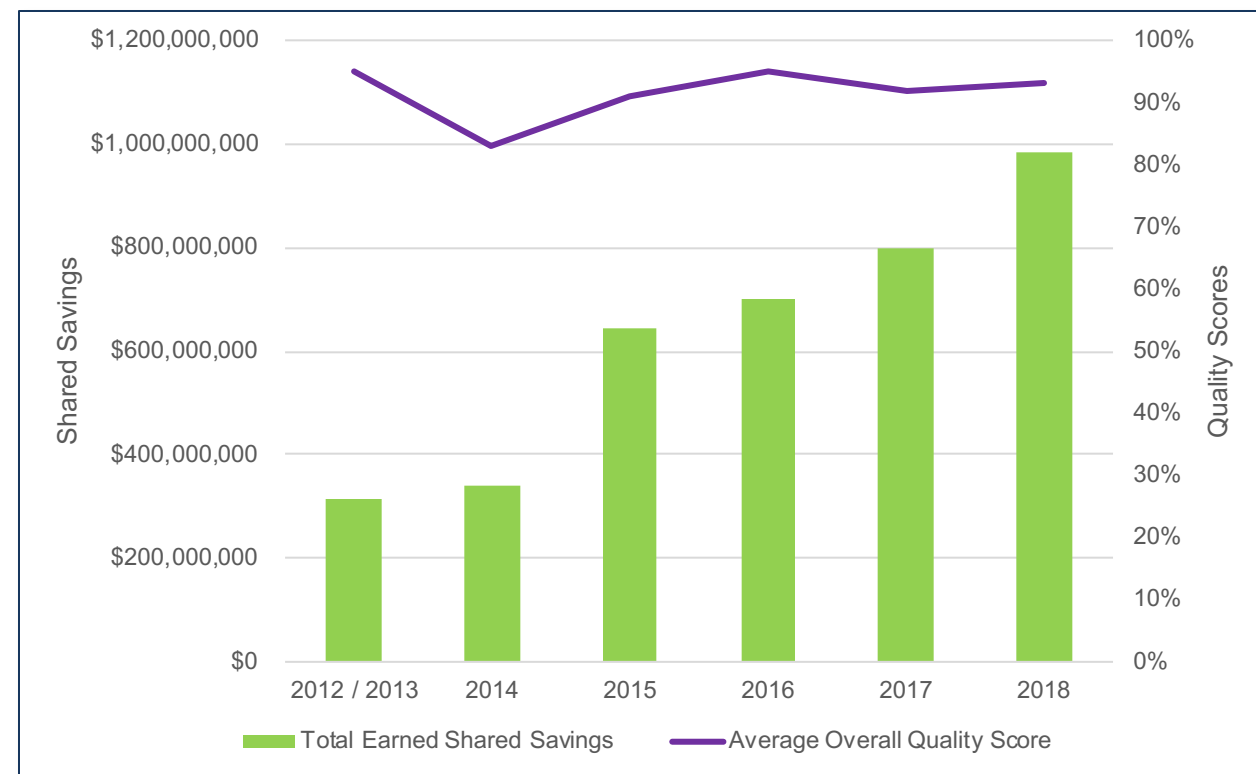
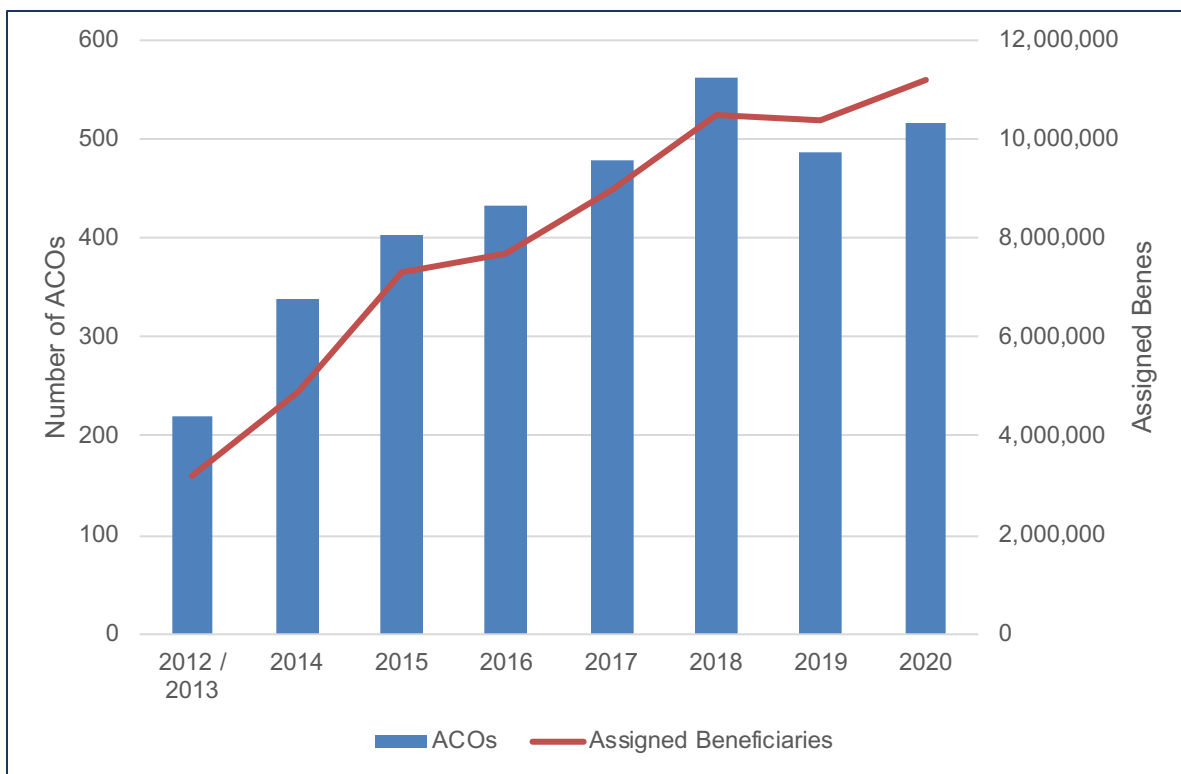
TOPICS | JOURNAL

**RESEARCH ARTICLE** | **THE PRACTICE OF MEDICINE**

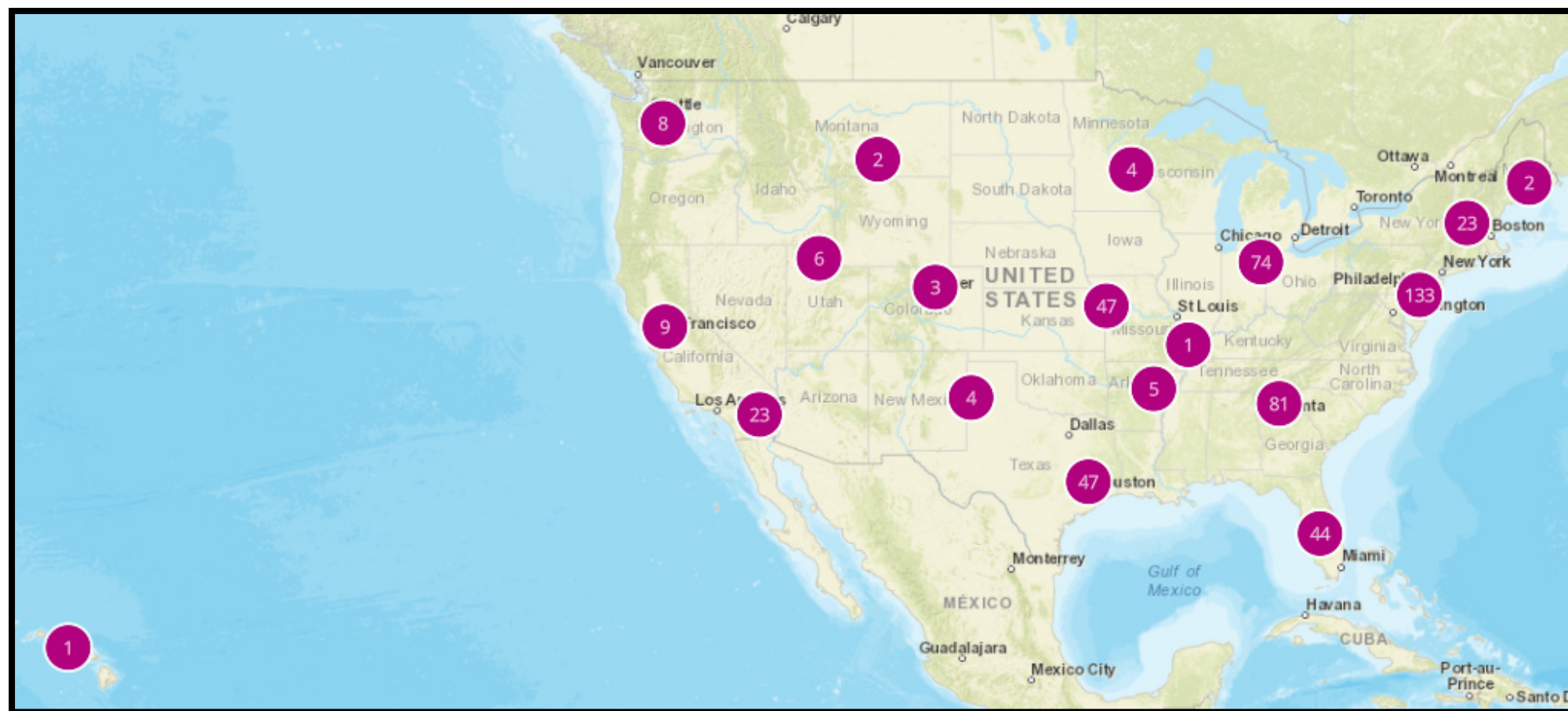
HEALTH AFFAIRS > VOL. 38, NO. 11: HOUSEHOLD COSTS, FOOD & MORE

Changes In Physician Consolidation With The Spread Of Accountable Care Organizations

# The ACO Landscape



# The ACO Landscape



# Why Plurality of Care Important?

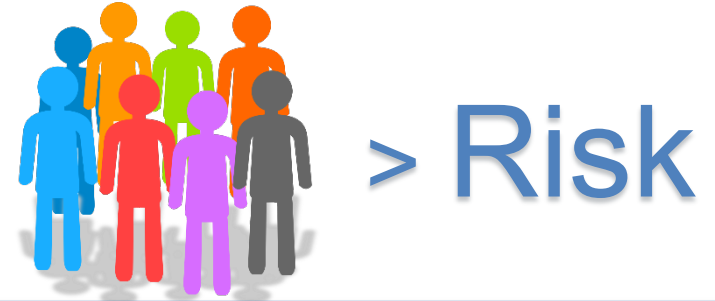
| Primary Care 1  | Primary Care 2  | Specialist  |
|---|---|---|
|  |  |  |

# Why is Market Share so Important for VBP?



## Other Reasons

- Risk bearing arrangements
- Group purchasing for health insurance and other benefits
- Efficiency when running off of a single platform (analytics/infrastructure costs)
- FFS Stakeholders/Name Recognition



## Other Reasons

- Risk Mitigation-Tolerance for outlier outcomes
- Meritocracy – more tolerance to remove bottom performers
- Widespread recognition that there are large upfront cost with potential for large dividends
- Administrative burden

# The 4 Ways to Gain Market Share

Continuous Attribution

Assignables

New Patient Strategy

New TIN Additions

# 1. Continuous Attribution



Low Churn  
Rate

Low  
Variability

High Level of  
Probability in  
Predicting  
Final  
Outcomes



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# Case Study on Continuous Attribution

| Comp ~ ME 1/2019 - 12/2019 |                                 |             |                                |                              |
|----------------------------|---------------------------------|-------------|--------------------------------|------------------------------|
| Total Attributed: 1        |                                 |             |                                |                              |
|                            | Unique Attributed Beneficiaries | PMPY Actual | Avg Risk Score per Beneficiary | Unique Beneficiaries w AWV % |
| +                          | 6,513                           | \$14,155.43 | 1.33                           | 26.3                         |

| Comp ~ ME 1/2019 - 12/2019 |                                 |             |                                |                              |
|----------------------------|---------------------------------|-------------|--------------------------------|------------------------------|
| Total Attributed: 1        |                                 |             |                                |                              |
|                            | Unique Attributed Beneficiaries | PMPY Actual | Avg Risk Score per Beneficiary | Unique Beneficiaries w AWV % |
| +                          | 4,242                           | \$16,716.69 | 1.36                           | 16.2                         |

# How to Decrease Churn Rates

AWV  
Initiatives  
are a Must



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| Comp ~ ME 1/2019 - 12/2019 |  |                   |
|----------------------------|--|-------------------|
|                            |  |                   |
| Procedure Summary          |  |                   |
| Total Procedure Summary: 3 |  |                   |
|                            |  | Claim Avg Pmt Amt |
| + G0439                    | ANNUAL WELLNESS VISIT, INCLUDES A PERSON | \$147.02          |
| + G0438                    | ANNUAL WELLNESS VISIT; INCLUDES A PERSON | \$173.25          |
| + G0402                    | INITIAL PREVENTIVE PHYSICAL EXAMINATION: | \$227.61          |
| Totals                     |  | \$152.40          |

| Comp ~ ME 1/2019 - 12/2019  |  |                   |
|-----------------------------|--|-------------------|
|                             |  |                   |
| Procedure Summary           |  |                   |
| Total Procedure Summary: 10 |  |                   |
|                             |  | Claim Avg Pmt Amt |
| + 99214                     | ESTABLISHED PATIENT OFFICE OR OTHER OUTP | \$77.92           |
| + 99213                     | ESTABLISHED PATIENT OFFICE OR OTHER OUTP | \$52.69           |
| + 99204                     | NEW PATIENT OFFICE OR OTHER OUTPATIENT V | \$119.37          |
| + 99215                     | ESTABLISHED PATIENT OFFICE OR OTHER OUTP | \$106.64          |
| + 99203                     | NEW PATIENT OFFICE OR OTHER OUTPATIENT V | \$73.59           |
| + 99205                     | NEW PATIENT OFFICE OR OTHER OUTPATIENT V | \$153.83          |
| + 99212                     | ESTABLISHED PATIENT OFFICE OR OTHER OUTP | \$32.74           |
| + 99202                     | NEW PATIENT OFFICE OR OTHER OUTPATIENT V | \$45.04           |
| + 99211                     | OFFICE OR OTHER OUTPATIENT VISIT FOR THE | \$15.79           |
| + 99201                     | NEW PATIENT OFFICE OR OTHER OUTPATIENT V | \$18.07           |
| Totals                      |  | \$70.23           |

# How to Decrease Churn Rates

% Seen Quarterly  
Population Health

| SALIENT ☆ ACO Scorecard ▾ |                          |                                       |
|---------------------------|--------------------------|---------------------------------------|
| View Context              |                          |                                       |
| Date ^                    | Attributed Beneficiaries | % of Beneficiaries w/<br>Primary Care |
| Q1 2019                   | 11,051                   | 60.4 ●                                |
| Q2 2019                   | 10,901                   | 59.1 ●                                |
| Q3 2019                   | 10,776                   | 50.8 ●                                |
| Q4 2019                   | 10,648                   | 55.0 ●                                |

# Not Seen in 6 Months

## Beneficiaries Not Utilizing Primary Care Services

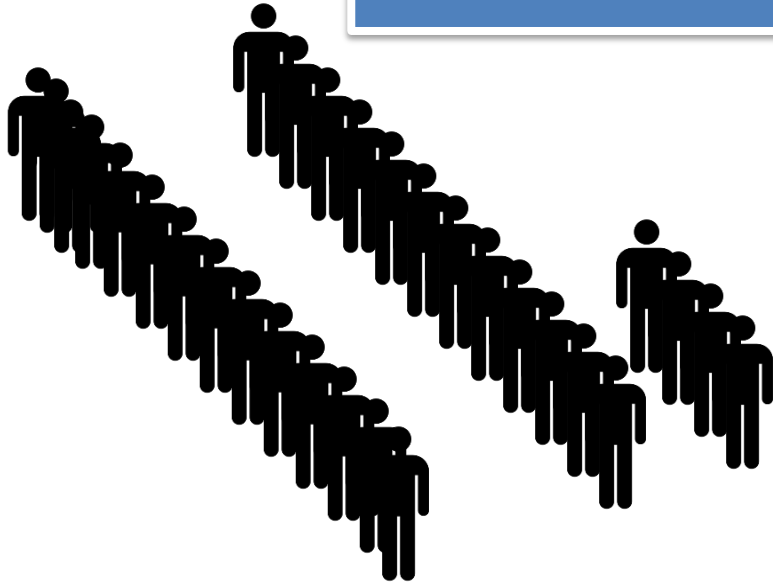
View Context

| Beneficiary                          | Beneficiary Name      | Last Primary Care Date | Last Primary Care Rendering Provider | Last Primary Care Claim w Current Attributed TIN | Last Primary Care Claim w Current Attributed NPI | Date of Birth |
|--------------------------------------|-----------------------|------------------------|--------------------------------------|--|--|---------------|
| <input type="checkbox"/> 005943447Q  | CAMPEN, ARABELLA      | 2014-12-03             | BARZDUKAS FAMILY MEDICINE P.A.       | 2014-10-28                                       | 2014-10-28                                       | 1944-06-08    |
| <input type="checkbox"/> 006324841C  | POLLARD, KIRAN        | 2014-02-28             | CATALEYA SEVERAL M.D. P.A.           | 2014-02-28                                       | 2014-02-28                                       | 1929-05-26    |
| <input type="checkbox"/> 007683748F0 | MCLIN, ADALYN         | 2015-03-10             | SANDOVAL, KHAN                       | 2015-02-21                                       | 2015-02-21                                       | 1947-04-17    |
| <input type="checkbox"/> 010249424B  | CAVALLARI, BRITTANY   | 2016-08-09             | BILL IALLO M.D. P.A.                 | 2016-08-09                                       | 2016-08-09                                       | 1951-08-27    |
| <input type="checkbox"/> 012143013F  | SHEPHERD, MADILYN     | 2015-12-25             | BOHLINDON, MAEVE                     | 2015-12-25                                       | 2015-12-25                                       | 1932-02-22    |
| <input type="checkbox"/> 013388927G  | KRAMER, CHARLIE       | 2015-01-27             | FAULKNER, CALUM                      | 2014-10-30                                       | 2014-10-30                                       | 1933-09-15    |
| <input type="checkbox"/> 016038252D  | PROCTOR, WILLIE       | 2016-12-23             | ART NAIK D.O. P.A.                   | 2016-12-23                                       | 2016-12-23                                       | 1930-11-27    |
| <input type="checkbox"/> 023583691G  | IHRIDON, BLAKELY      | 2016-07-30             | HERRINDON, AMIYAH                    | 2015-03-31                                       | 2015-03-31                                       | 1944-10-31    |
| <input type="checkbox"/> 023642031M  | ASHE, ZOEY            | 2016-10-25             | CONOR FENDON M.D. P.A.               | 2016-10-25                                       | 2016-10-25                                       | 1932-06-02    |
| <input type="checkbox"/> 023878472E  | ONEILL, LEWISON       | 2016-07-27             | REITER, GABLE                        | 2016-05-05                                       | 2016-05-05                                       | 1931-06-22    |
| <input type="checkbox"/> 024805723G  | KIRILOV, MARIANA      | 2015-01-07             | DEMICELL FAMILY MEDICINE P.A.        | 2015-01-07                                       | 2015-01-07                                       | 1931-05-05    |
| <input type="checkbox"/> 025216095A  | SHERMAN, LUDWIG       | 2016-08-16             | MCCONNELL, PRISCILLA                 | 2016-03-19                                       | 2016-03-19                                       | 1944-04-24    |
| <input type="checkbox"/> 025486376D  | RIZALDY, MILA         | 2016-11-23             | ABBAS, WILLIE                        | 2016-06-25                                       | 2016-06-25                                       | 1947-12-07    |
| <input type="checkbox"/> 026439070B  | GODE, SHELBY          | 2016-04-26             | BLAKELY HOEING M.D. P.A.             | 2016-04-26                                       | 2016-04-26                                       | 1933-07-20    |
| <input type="checkbox"/> 035159517J  | KRAPAUSKAS, FREDERICK | 2015-06-05             | TIBBOTT, MADISYN                     | 2014-11-18                                       | 2014-11-18                                       | 1975-03-12    |
| <input type="checkbox"/> 041625971G  | LESKO, LILIANA        | 2016-02-04             | ADA WHITAKER CENTER INC.             | 2016-02-04                                       | 2016-02-04                                       | 1946-12-03    |
| <input type="checkbox"/> 042068200I  | POE, MOLLY            | 2016-09-15             | DEBORDE, BENJAMIN                    | 2016-07-27                                       | 2016-07-27                                       | 1936-11-02    |
| <input type="checkbox"/> 048997993D  | GARRETT, PARIS        | 2016-03-10             | ISABEL VINCENT M.D.                  | 2016-03-10                                       | 2016-03-10                                       | 1949-08-17    |
| <input type="checkbox"/> 057578423G  | MCDANIEL, JILLIAN     | 2016-08-30             | DUSZA, HADLEY                        | 2014-11-21                                       | 2014-11-21                                       | 1931-07-20    |
| <input type="checkbox"/> 059460914C  | NELSEN, DAISY         | 2016-01-28             | CHARLEE PHELPS M.D. P.A.             | 2016-01-28                                       | 2016-01-28                                       | 1977-05-30    |
| <input type="checkbox"/> 063130949H  | BARTNESS, KIMBERLY    | 2016-08-06             | ASTON HOLMES M.D. P.A.               | 2016-08-06                                       | 2016-08-06                                       | 1950-01-01    |
| <input type="checkbox"/> 063601041VC | ZUKOWSKI, TOBIAS      | 2015-08-12             | DEMICELL FAMILY MEDICINE P.A.        | 2015-08-12                                       | 2015-08-12                                       | 1949-06-23    |
| <input type="checkbox"/> 064089499D  | FRINTU, MIRANDA       | 2016-02-23             | CONOR FENDON M.D. P.A.               | 2016-02-23                                       | 2016-02-23                                       | 1945-09-04    |
| <input type="checkbox"/> 068216924I  | SCHNEIDER, GIULIANA   | 2016-12-06             | DODSON, BELLA                        | 2016-05-05                                       | 2016-05-05                                       | 1931-05-20    |
| <input type="checkbox"/> 070957339A  | GLASS, ARNOLD         | 2016-06-23             | FAEBER, LEXI                         | 2016-06-22                                       | 2016-06-22                                       | 1930-12-31    |
| <input type="checkbox"/> 071049150M  | MONTERA, AMAYA        | 2016-08-05             | MCPHERSON, EMILY                     | 2015-07-31                                       | 2015-07-31                                       | 1948-09-19    |
| <input type="checkbox"/> 072324975B  | GATESON, KALEB        | 2016-10-04             | SREENIVASON, GABRIELLA               | 2015-08-11                                       | 2015-08-11                                       | 1946-01-28    |
| <input type="checkbox"/> 076079689R  | PENA, CAL             | 2016-08-30             | HOLM, DAPHNE                         | 2016-01-22                                       | 2016-01-22                                       | 1939-02-09    |
| <input type="checkbox"/> 077002825D  | MAHONEY, PARKER       | 2016-10-21             | ASTON HOLMES M.D. P.A.               | 2016-10-21                                       | 2016-10-21                                       | 1938-07-03    |
| <input type="checkbox"/> 084007000F  | HENDERGART, ARCHIBALD | 2016-05-17             | DEMICELL FAMILY MEDICINE P.A.        | 2016-05-17                                       | 2016-05-17                                       | 1946-09-13    |
| Total (781)                          |                       |                        |                                      |  |  |               |

## 2. Assignables

# Definition of Assignables

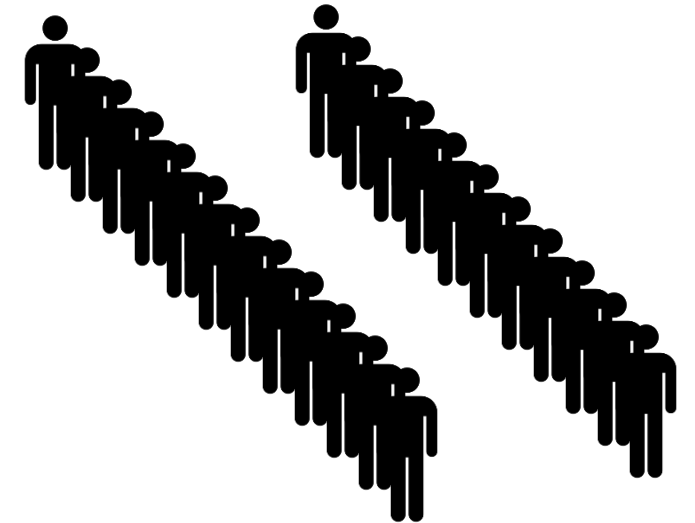
Assignable beneficiaries are those who have received at **least one primary care service billed by an ACO participant** during the assignment window or who have received at least **one primary care service billed by an ACO participant** upon whom assignment is based during the **most recent 12-month period**.



Patients Seen by Your Practice



Attributed Patients



Assignable Patients

# Salient's Assignables Analytics

## Assignable Analytics

- Assignable Attribution
- Spend PMPY
- Risk Score
- Likelihood Logic

|                | Assignable Months | Unique Beneficiaries [Claim_Services] | PMPY Actual | Avg Risk Score per Beneficiary |
|----------------|-------------------|---------------------------------------|-------------|--------------------------------|
| ⊕ High PC      | 2,820             | 795                                   | \$26,053.48 | 1.28                           |
| ⊕ Very High PC | 1,674             | 576                                   | \$12,067.46 | 0.89                           |
| ⊕ High SP      | 204               | 69                                    | \$29,580.62 | 1.37                           |
| ⊕ Very High SP | 30                | 7                                     | \$43,102.76 | 0.77                           |
| ⊕ Low PC       | 18                | 10                                    | \$55,712.84 | 1.74                           |
| ⊕ Very Low PC  | 6                 | 5                                     | \$80,463.60 | 2.36                           |
| ⊕ Medium PC    | 6                 | 15                                    | \$60,959.19 | 1.49                           |
| ⊕ Low SP       | 6                 | 3                                     | \$25,073.25 | 0.78                           |
| ⊕ Medium SP    | 0                 | 2                                     | \$73,276.04 | 1.85                           |

## 3. New Patient Strategy



# New Patients

What is the right strategy?

Do you replace deceased/discharged patients with the same number or more “average” Medicare patients?

Do you recruit patients from high cost care settings that are not represented in your BM (ED, SNF, ALF, Urgent Care)?

How long does a New Medicare patient have to wait to get an appointment in your office?

## 4. New TIN Additions

# The Contract Between TIN and ACO

Clear, Concise and Consistent Commination Regarding Participant Roles and Responsibilities

Understanding of the Financial Model and Impact of Performance Globally and Individually

On-Going Analytics Regarding Performance

Ability to Leave But With Penalties



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## TERMS

1. General. Each Physician Participant is expected to satisfy, at the applicable Expectations set forth in these Expectations
2. ACO Participant Expectations. At least 40% the physicians performing services on behalf of an ACO Participant must attend at least 75% of the Company's all Member meetings.
3. Primary Care Participating Physician Expectations. Each Primary Care Physician Participant is expected to:
  - (a) Attend 75% of POD Meetings;
  - (b) Work 100% GPRO (Group Practice Reporting Options) after his or her first year of membership in the Company.
  - (c) Permit the Company and its representatives to provide access to its offices for any reason related to the operation of the Company; and
  - (d) Meet with the Company's Medical Director at least six (6) times per year.
4. Specialist Participating Physician Expectations. Each Specialist Participating Physician is expected to:
  - (a) Work 100% GPRO (Group Practice Reporting Options) after his or her first year of membership in the Company.
  - (b) Present in 1 specialty POD (4) per agreement (3 years);
  - (c) Send a Beneficiary's progress notes to their PCP within 24 hours;
  - (d) Schedule an appointment for Beneficiary with their Primary Care Physician ("PCP") before they leave their office;
  - (e) Schedule their assigned patients to their PCP;
  - (f) Schedule an appointment, with a PCP ACO Member, if the patient doesn't have a PCP.

# How to do TIN Due Diligence

Surveys/Physician Approach

QRUR

Existing Networking

Comprehensive Office Review

Referrals

Background checks

Public data



# Future Thoughts

8 Trend to Increase Performance accountability

8 ACOs Under Management Groups or Becoming Large Entities Under CIN or Super CIN

8 Telemedicine, Post-Acute Care, Remote Patient Monitoring



# Questions and Discussion



## References:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/Shared-Savings-Losses-Assignment-Spec-V7.pdf>

<https://salienthealthcare.com/blog-covid-19-health-policy-updates/>



# Stop by our ACO Exhibit Hall Virtual Booth



<https://www.acoexhibithall.com/vendor-booth/salient-healthcare/population-health-ii-software-tools-data-analytics/117/>



# Thank You



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