



Value Based Performance Management Solutions

# Get on Track: How to select the right track for you

Amy H. Kotch, MHA  
Lead Business Consultant





# Agenda

- The 5 tracks
- Assignment methodologies
- KPIs governing assignment
- Benefit enhancements
- **Case Study: Accountable Care Options, FL**

# The 5 Tracks

	Downside Risk	Minimum Loss Rate	Upside Risk	Minimum Savings Rate	Assignment Method
Track 1	None	None	50% 10% cap	2-4%	Retrospective
Track 1+	30% Limit based on revenue (8%) or benchmark (4%)	0, .5, 1.5, 2	50% 10% cap	0, .5, 1.5, 2	Prospective
Track 2	60% Year 1: 5%; Year 2: 7.5%; Year 3: 10%	0, .5, 1.5, 2	60% 15% cap	0, .5, 1.5, 2	Retrospective
Track 3	70% Up to 20%	0, .5, 1.5, 2	75% 15% cap	0, .5, 1.5, 2	Prospective
Next Gen.	80% Years 1-3 85% Years 4-5 OR 100% with 15% cap	None	80% Years 1-3 85% Years 4-5 OR 100% with 15% cap	None	Prospective

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# Retrospective Overview

Population assigned based on potential or actual attribution from prior year based on performance year with quarterly attribution files followed by a final attribution.

Pros	Cons
Inaccurate attribution may correct itself based on utilization.	Unsure if current population will stay true by end of year.
Have the ability to manipulate risk score by year end based on new population.	Continuously attributed cannot have a changed risk score.
New patients are added.	Benchmarks are inaccurate with changing populations.
Treat all patients the same since they may not ultimately know who they are accountable for.	14% of patients will be attributed to a different provider than expected.

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# Prospective Overview

Population assigned based on potential or actual attribution from prior year based on performance year.

Pros	Cons
Know your population.	Population attributed may be inaccurate.
Set risk score.	Set risk score.
Work against a utilization benchmark for CPI.	No new patients can be added in the current year.
	May not treat all patients the same knowing who they are accountable for (potential bias).

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Set risk score.
Work against a utilization benchmark for CPI.



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## Cons

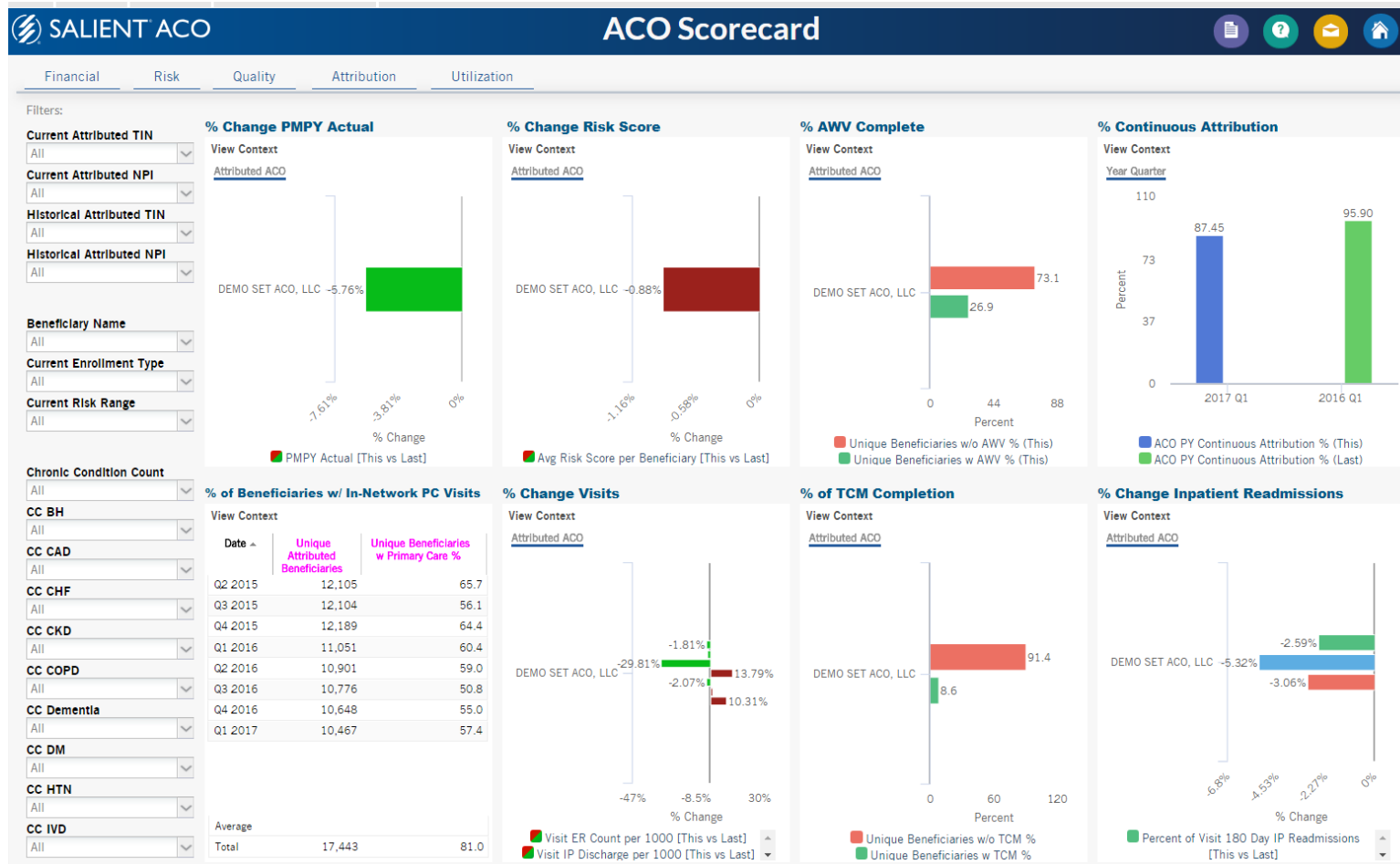
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# Focus on Attribution



# Focus on Attribution

## % of Beneficiaries w/ In-Network PC Visits

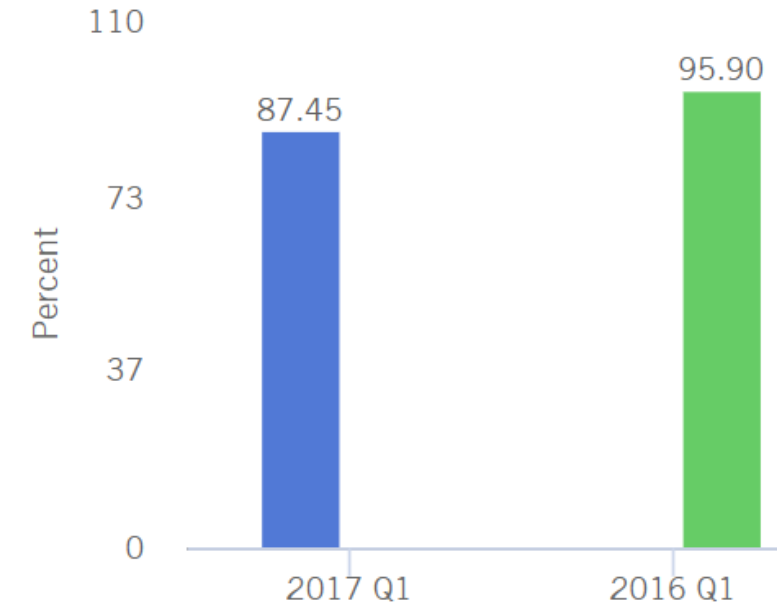
View Context

Date ▲	Unique Attributed Beneficiaries	Unique Beneficiaries w Primary Care %
Q2 2015	12,105	65.7
Q3 2015	12,104	56.1
Q4 2015	12,189	64.4
Q1 2016	11,051	60.4
Q2 2016	10,901	59.0
Q3 2016	10,776	50.8
Q4 2016	10,648	55.0
Q1 2017	10,467	57.4
Average		
Total	17,443	81.0

## % Continuous Attribution

View Context

Year Quarter



- ACO PY Continuous Attribution % (This)
- ACO PY Continuous Attribution % (Last)

# Beneficiary Retention

Continuous beneficiary assignment to the ACO for one entire calendar year

# Churn Rate

The rate of lost attribution



# Why does churn rate matter?

Low Churn Rate

Low Variability

Greater  
Predictability

**REGARDLESS OF TRACK, IT'S IMPORTANT TO DECREASE CHURN!**



# KPI goals and thresholds

Population

5,000 attributed & alive.

Continuously  
Assigned Population

No less than 70% by Q4.

Percent of Population  
Seen Quarterly

70% based on health statistics.

# The ACO at a Glance

## Unique Attributed Beneficiaries YTD

View Context

10,978

-4.41% vs. YAG

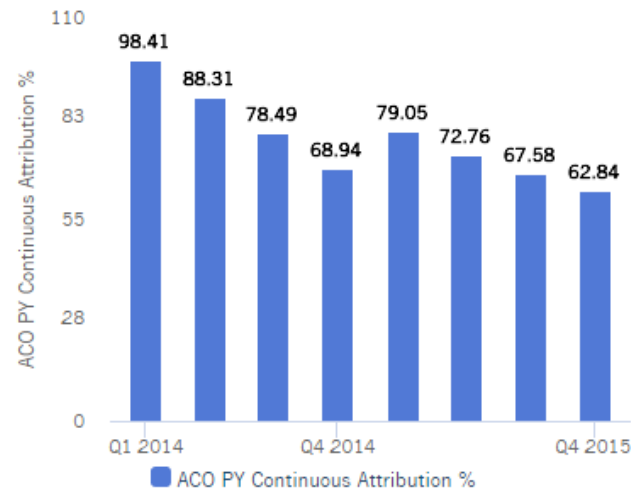
Last 11,484

06/2015 01/2016 08/2016 05/2017

## ACO Performance Year Continuous Attribution

View Context

Year Quarter



## % of Beneficiaries w/ In-Network PC Visits

View Context

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# The ACO at a Glance

## % of Beneficiaries w/ In-Network PC Visits

Unique

View Context

View C

1

-4.4

Last

06/20

Date ▲

Unique  
Attributed  
Beneficiaries

Unique Beneficiaries  
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776

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648

55.0

467

57.4

2017

What can I do  
**right now**  
to manage  
**KPIs?**



# Be proactive to hit goals and thresholds

## Current Performance Year Attribution by TIN

View Context

Current Attributed TIN

	Current Attributed TIN ▲	Unique Attributed Beneficiaries	Beneficiaries TIN Continuously Attributed	Beneficiaries TIN Continuously Attributed %
<input type="checkbox"/> <input type="checkbox"/>	ADA WHITAKER PHYSICIAN GROUP	249	247	99.20
<input type="checkbox"/> <input type="checkbox"/>	ADDY MCCLURE	214	209	97.66
<input type="checkbox"/> <input type="checkbox"/>	ALAINA HOPKINS PHYSICIAN GROUP	75	75	100.00
<input type="checkbox"/> <input type="checkbox"/>	ALIYAH REDINDON D.O. P.A.	109	109	100.00
<input type="checkbox"/> <input type="checkbox"/>	ALLIE MCINTOSH M.D. P.A.	202	201	99.50
<input type="checkbox"/> <input type="checkbox"/>	ALYSSA DEMICELL D.O. P.A.	433	428	98.85
<input type="checkbox"/> <input type="checkbox"/>	ARCHIE ESPARZA D.O. P.A.	175	171	97.71
<input type="checkbox"/> <input type="checkbox"/>	ART NAIK D.O. P.A.	105	102	97.14
<input type="checkbox"/> <input type="checkbox"/>	ARTIE AVILA M.D. P.A.	167	163	97.60
<input type="checkbox"/> <input type="checkbox"/>	BARKLEY MEDICAL GROUP	64	63	98.44
<input type="checkbox"/> <input type="checkbox"/>	BAUER MEDICAL GROUP	48	48	100.00
<input type="checkbox"/> <input type="checkbox"/>	BILL IALLO M.D. P.A.	345	336	97.39
<input type="checkbox"/> <input type="checkbox"/>	BLAKELY HOEING M.D. P.A.	259	249	96.14
<input type="checkbox"/> <input type="checkbox"/>	CAMILA LARA M.D. P.A.	281	281	100.00

## Current Performance Year Attribution by NPI

View Context

Current Attributed NPI

	Current Attributed NPI ▲	Unique Attributed Beneficiaries	Beneficiaries NPI Continuously Attributed	Beneficiaries NPI Continuously Attributed %
<input type="checkbox"/> <input type="checkbox"/>	AVILA, ARTIE	167	163	97.60
<input type="checkbox"/> <input type="checkbox"/>	BOCKENKAMP, NORRIE	11	11	100.00
<input type="checkbox"/> <input type="checkbox"/>	BOHLINDON, MAEVE	28	27	96.43
<input type="checkbox"/> <input type="checkbox"/>	BOND, JOSIE	1	1	100.00
<input type="checkbox"/> <input type="checkbox"/>	CARMODY, LUNA	16	16	100.00
<input type="checkbox"/> <input type="checkbox"/>	COLVIN, QUINN	228	227	99.56
<input type="checkbox"/> <input type="checkbox"/>	CORIELL, IRIS	113	109	96.46
<input type="checkbox"/> <input type="checkbox"/>	DANIELSON, DANIELLE	175	170	97.14
<input type="checkbox"/> <input type="checkbox"/>	DEMICELL, ALYSSA	433	428	98.85
<input type="checkbox"/> <input type="checkbox"/>	ESPARZA, ARCHIE	175	171	97.71
<input type="checkbox"/> <input type="checkbox"/>	FERRELL, KYLEE	283	278	98.23
<input type="checkbox"/> <input type="checkbox"/>	FLETCHER, LEAH	423	415	98.11
<input type="checkbox"/> <input type="checkbox"/>	FREY, ARYA	411	398	96.84
<input type="checkbox"/> <input type="checkbox"/>	FLUNK, FATIMA	2	1	50.00



# Be proactive to hit goals and thresholds

Identify those  
at risk of  
leaving  
or losing  
attribution  
from not being  
seen

## Beneficiaries Not Utilizing Primary Care Services

View Context (Failed Beneficiary) ~ [Procedure Count >= 1]

### Beneficiary List

	Beneficiary	Beneficiary Name	Date of Birth	Current Age	Current Risk Score	Current Attributed TIN
<input type="checkbox"/>	005943447Q	CAMPEN, ARABELLA	1944-06-08	73	0.28	MANGO MEDICAL GROUP
<input type="checkbox"/>	006324841C	POLLARD, KIRAN	1929-05-26	88	0.54	CATALEYA SEVERAL M.D. P.A.
<input type="checkbox"/>	007683748FO	MCLIN, ADALYN	1947-04-17	71	0.28	GREAT PHYSICIANS OF FL
<input type="checkbox"/>	010249424B	CAVALLARI, BRITTANY	1951-08-27	66	1.17	BILL IALLO M.D. P.A.
<input type="checkbox"/>	010767379L2	SHABALIN, RILEY	1976-12-27	41	0.29	CHASE MEDICAL GROUP
<input type="checkbox"/>	012143013F	SHEPHERD, MADILYN	1932-02-22	86	0.97	GREAT PHYSICIANS OF FL
<input type="checkbox"/>	012677553F	MORROW, JEAN	1950-10-25	67	0.72	GREAT PHYSICIANS OF FL

# Be proactive to hit goals and thresholds

Identify those at risk of leaving due to plurality of services.

## Beneficiaries At Risk of Leaving Current Attributed TIN (Plurality)

View Context

Beneficiary Name

		Beneficiary Name	Procedure Count	Percent of Proc Claims w Attributed TIN ▲	Claim Pmt Amt
<input type="checkbox"/>	<input type="checkbox"/>	LINDSEY, DAVE	2	0.00	144.69
<input type="checkbox"/>	<input type="checkbox"/>	HURKETT, ALISON	4	0.00	371.44
<input type="checkbox"/>	<input type="checkbox"/>	DOCKTER, DILLAN	3	0.00	250.37
<input type="checkbox"/>	<input type="checkbox"/>	RECKER, VALERIA	5	0.00	465.60
Rendering NPI - 4 of 4					
		BELTRAN, ARIA	2	0.00	187.38
		ROTHKUGEL, JACQUES	1	0.00	92.74
		SMITH-BATESON, ZEKE	1	0.00	92.74
		TAYLOR, LEON	1	0.00	92.74

# Be proactive to hit goals and thresholds

## The 3 ways to combat the Snowbird game:

1. Pre and post op for all identified snowbirds
2. Prescribe for the time away
3. Check-in call for status update

SCREENSHOT FROM SIM

# Benefit Enhancements

- 3-day SNF Waivers
- Telehealth
- Home Visits
- Varying payment mechanisms

# Track Benefit Entitlements

	Track 1	Track 1+	Track 2	Track 3	Next Generation
SNF Waiver	No	Yes	Yes	Yes	Yes
Telehealth	No	Yes	Yes	Yes	Yes
Home Visit	No	Yes	Yes	Yes	Yes
FFS Only?	Yes	Yes	Yes	Yes	FFS, FFS+ infrastructure, PBP, AIPBP



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# 3-Day SNF Waiver

- **Historically, Medicare would pay for SNF utilization after a 3-day stay in inpatient setting**
- **With the waiver, ACOs have 2 options:**
  1. Send beneficiary to SNF without having to wait 3 full days from inpatient setting
  2. Send beneficiary to SNF straight from the home setting without an inpatient visit
- **What to consider when utilizing the waiver**
  - A. Return on investment
  - B. Identify SNFs with highest utilization and compliance (and star ratings)
  - C. Identify the scenarios that would be best practice for immediate SNF use and disseminate/educate

# Telehealth

- **New technology! Only 18% of consumers use it**
- **Identify champion providers**
  - Identify best candidates for utilization
- **Identify best use cases**
  - Examples:
    - Dermatology
    - Chronic Care Management (CCM)
    - Medication interactions or questions
    - Anxious patients with over utilization of office visits



# Home Visits

- **“Old medicine”**
  - My grandma used to have to call the doctor to come to the house to treat conditions
- **Identify population with highest ROI**
  - Ex: ESRD population, the 15% of Medicare patients with 6+ chronic conditions, care-giver dependent patients
- **Identify which providers would be best utilized in the home setting i.e., PCP vs ARNP vs PA**

# Summary

- Track foundation
- Assignment methodologies
- KPIs for attribution
- Proactive processes
- Benefit enhancements

# Questions?





# How do I make the right decision?



**SALIENT** HEALTHCARE

Value Based Performance Management Solutions



# Accountable Care Options, FL: A Case Study

- ACO began in 2012
- 1 contract period under Track 1
- 1 year under Track 3
- Currently in 2<sup>nd</sup> year as a Next Generation ACO



# Tailwinds for ACO, FL

- MSO experience
  - Tight network
  - Already in risk contracts
- Promote continuity of care
- Provider relations personnel are trained in coding
- Data analyst expertise

# Headwinds for ACO, FL

- Competing ACOs in the same market
- Large snowbird population
- Numerous facilities in the area with siloed EMRs

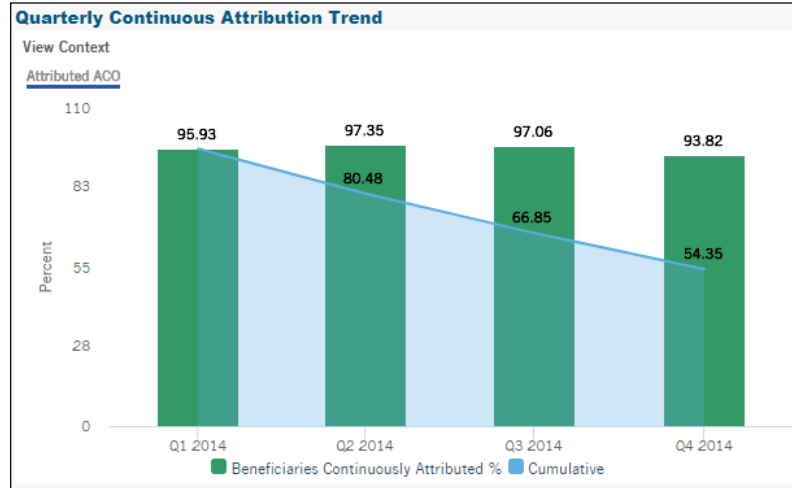
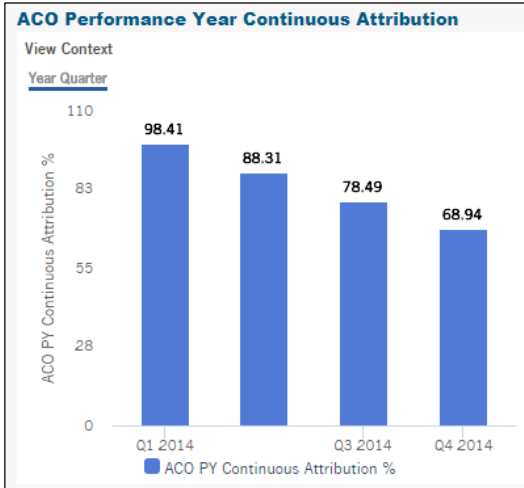
# PY1-3 under contract 1 Track 1

- **PY1: 6,962 assigned beneficiaries**
  - \$115,534,231 benchmark
  - \$102,788,044 total expenditures
  - Savings = \$12,746,187, bring home \$6,245,631
- **PY2: 6,683**
  - \$88,355,136 benchmark
  - \$78,412,243 total expenditures
  - Savings = \$9,942,893, bring home \$4,416,897
- **PY3: 13,245**
  - \$174,420,847 benchmark
  - \$159,011,171 total expenditures
  - Savings = \$15,409,676, bring home \$7,034,524



# KPI performance

PY2 - 2014

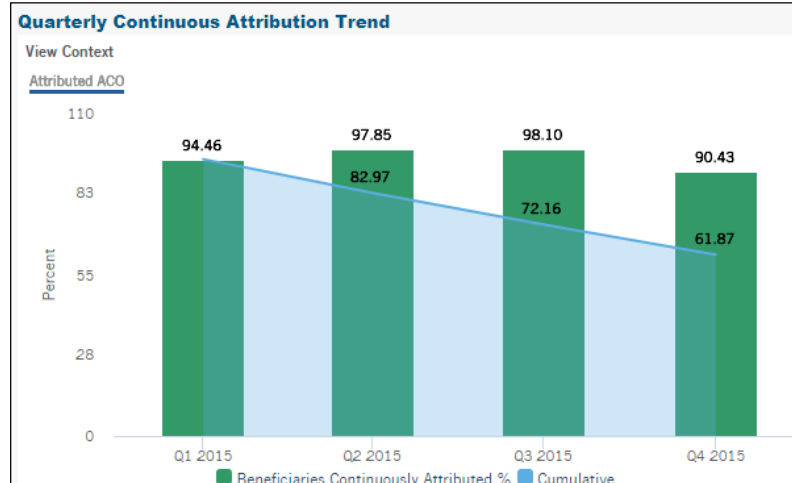
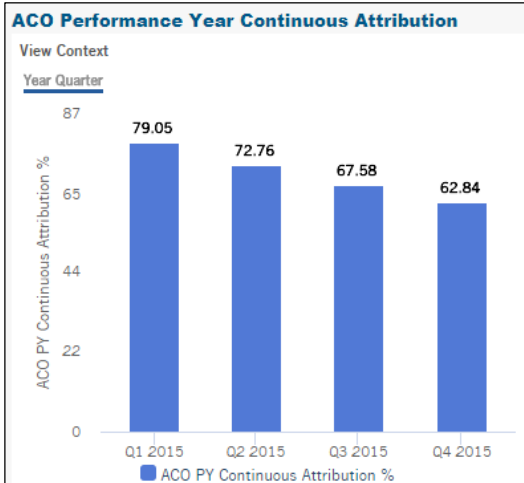


## % of Beneficiaries w/ In-Network PC Visits

View Context

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Q4 2014	6,278	66.6

PY3 - 2015



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# KPI performance

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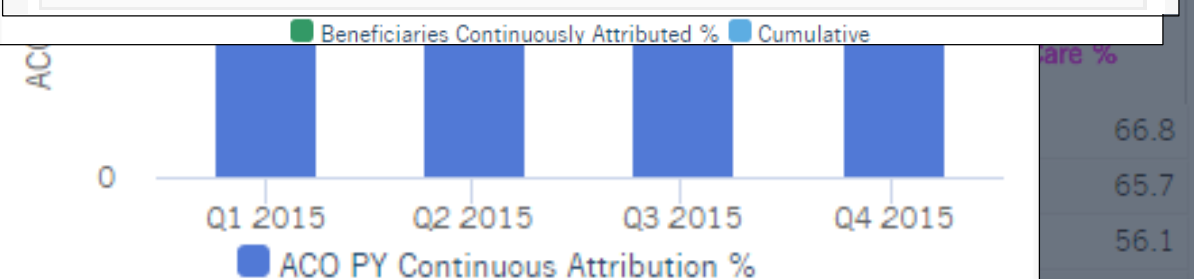
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# PY4 under Track 3

- **PY4: 11,486**
  - \$151,888,029 benchmark
  - \$141,697,353 total expenditures
  - Savings = \$10,190,676, bring home \$7,405,670

# Results and Performance

- Success
- Failures/future improvements
- Benefit enhancements?

# Questions?

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