

Benefit Enhancement Waivers Panel

Fall 2023 NAACOS Conference
Thursday, September 21, 2023

Moderator

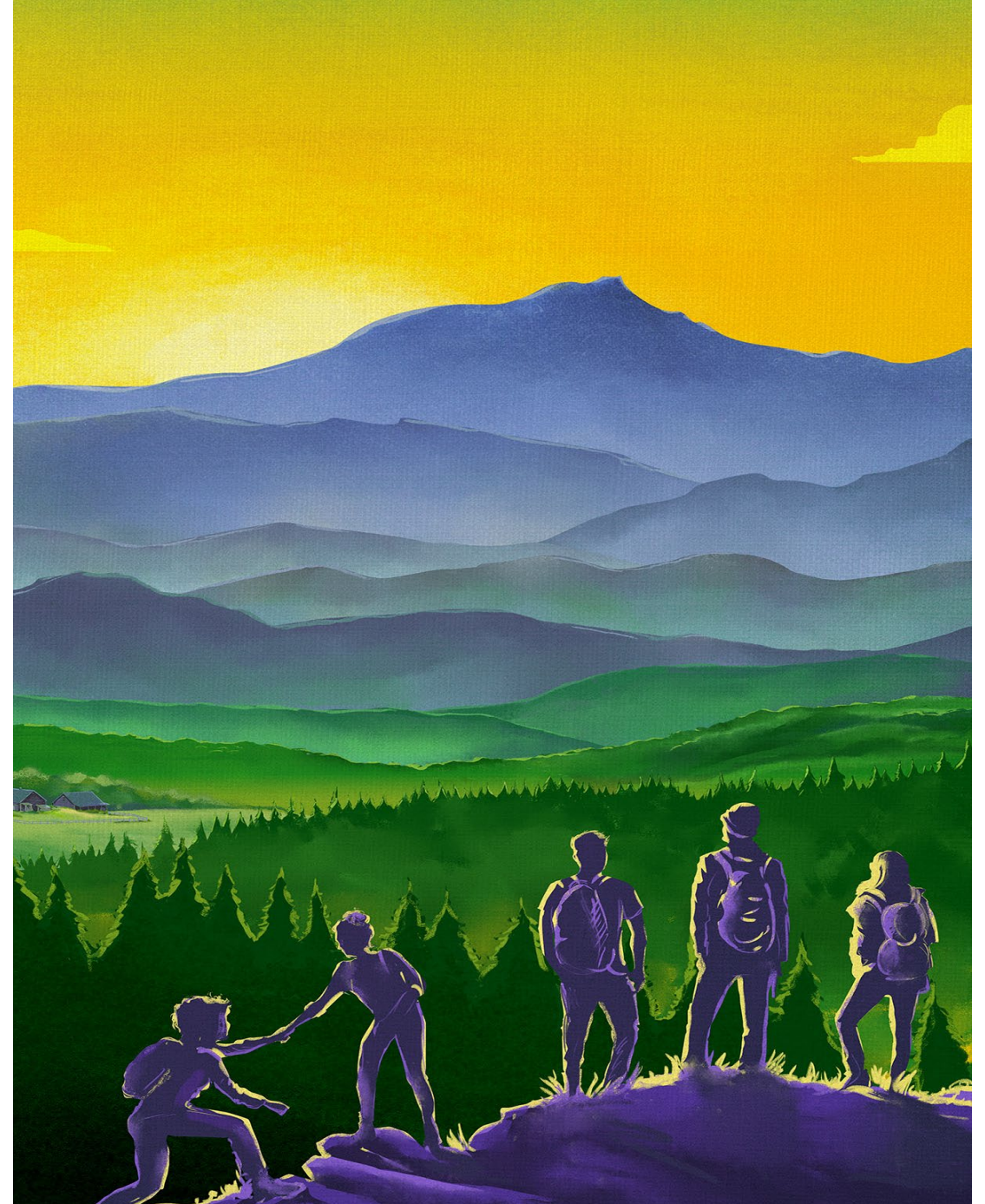
Jodi Frei, PT, MSMIIT, CCM
Assistant Director, Population Health Model Integration
OneCare Vermont

Panelists

Franke Elliott
Co-Founder & Chief Strategy Officer
Bloom Healthcare

Joel Port, MHSA, FACHE, CMPE
SVP, Business and Network Development
Delaware Valley ACO

Kathy Harris
ACO Executive Director
Equality Health



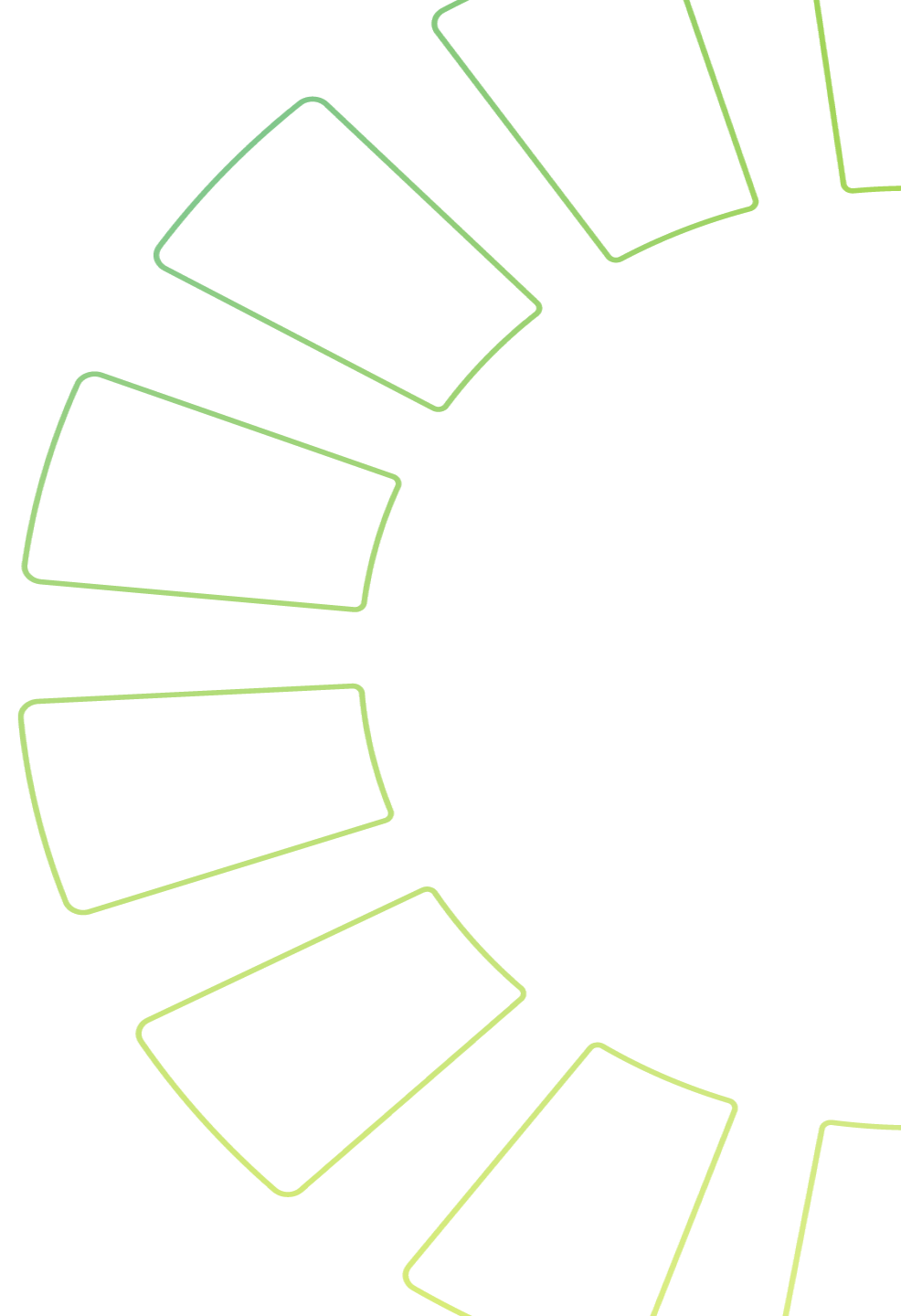


OneCare Vermont

Jodi Frei, PT, MSMIIT, CCM
Assistant Director,
Population Health Model
Integration

Skilled Nursing Facility Three-Day Rule Waiver

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Vermont's Reform Model

The Agreement:

- Administration, regulation, and evaluation
- Design and financing of public insurance programs

The Payers:

- Offer health care insurance
- Contract with ACOs to offer value-based health care program contracts

ACO(s):

- Implement clinical programs to support patient care
- Design payment reform programs (fixed payments/Comprehensive Payment Reform)
- Provide data, analysis and risk management

Public-Private Partnership

Vermont All Payer Model

Five-year agreement between these organizations:

Green Mountain
Care Board

Office of
the Governor

Agency of
Human Services



the
State of
Vermont



Commercial and Public Payers

Medicaid.gov
Keeping America Healthy

Medicare.gov



Accountable Care Organizations (ACOs)



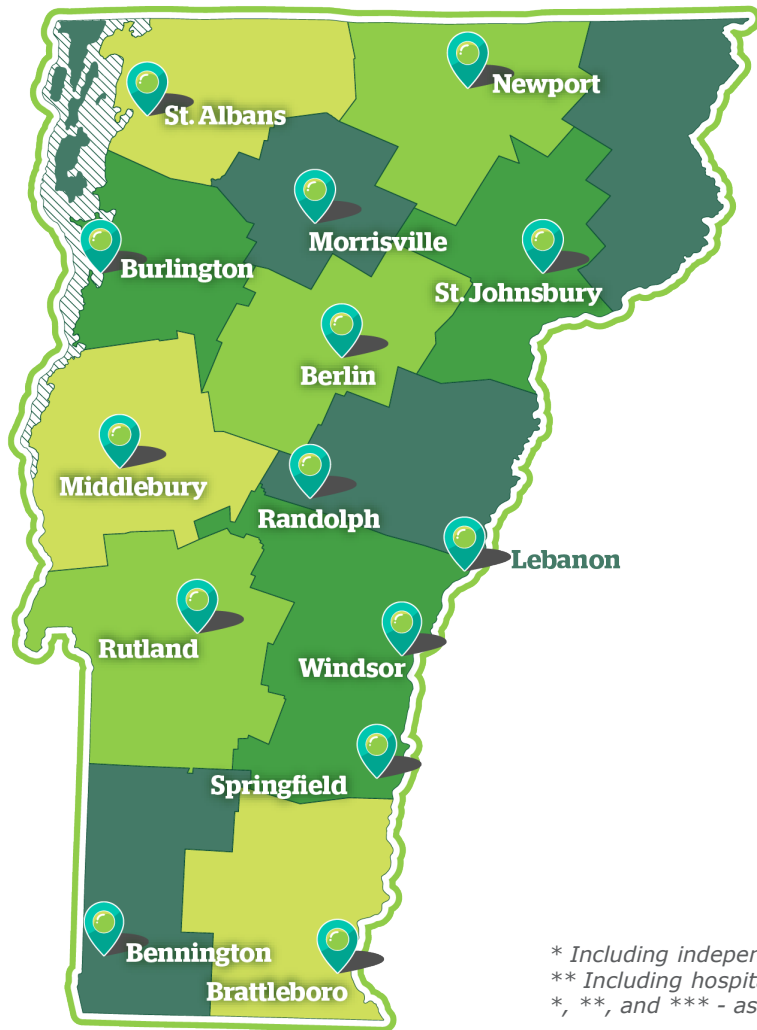
OneCare
Vermont

OneCare is led by:

Vermont Hospitals, Primary Care, Home Health,
Mental Health, Skilled Nursing Facilities, and
Specialty practices

■ Shared Infrastructure

2023 OneCare Participating Network



- 14** Hospitals
- 122** Primary Care Practices*
- 272** Specialty Practices**
- 5119** Individual Providers***
- 9** Federally Qualified Health Centers
- 25** Skilled Nursing Facilities
- 10** Home Health Agencies
- 10** Area Agencies on Aging
- 5** Regional Housing Authorities (SASH)
- 21** Designated Agencies for Mental Health & Substance Abuse

* Including independent primary care practices and hospital primary care practices
** Including hospital and independents
*, **, and *** - as of Feb. 7, 2023; numbers fluctuate as providers are added/removed

The network fluctuates daily/monthly; visit our list of participating providers for up-to-date info at:

OneCare's 2023 3-Day SNF Waiver Experience

Early Awareness



- Post pandemic SNF Waiver changes and timing
- CMS documentation
- 2023 eligible SNFs

Preparation



- Project plan
- Updated resource materials
- Creation of training materials

Education



- Treated as new content
- SNFs, Referring Providers
- Variety of forums

Ongoing Support



- Online resources
- Availability of SNF Waiver Administrator
- Quarterly refreshers (requested at trainings)

Key Learnings



**Early and
Frequent
Communication**



**Communicate
with eligible and
not-eligible SNFs**



**Ensure referring
provider
awareness**



**Emphasize clinical
appropriateness &
importance of
attribution confirmation**



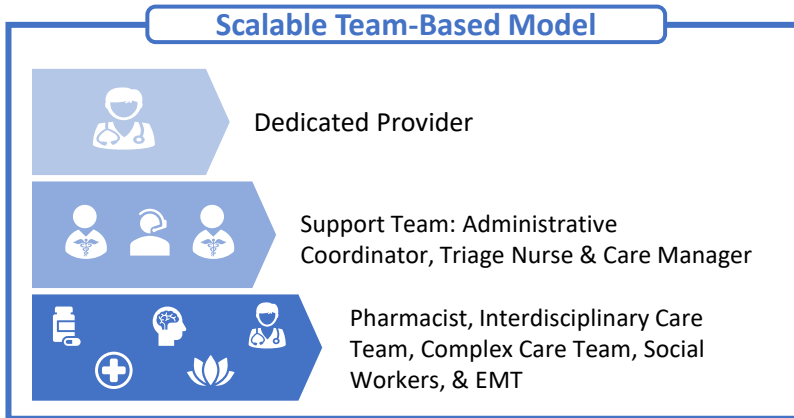
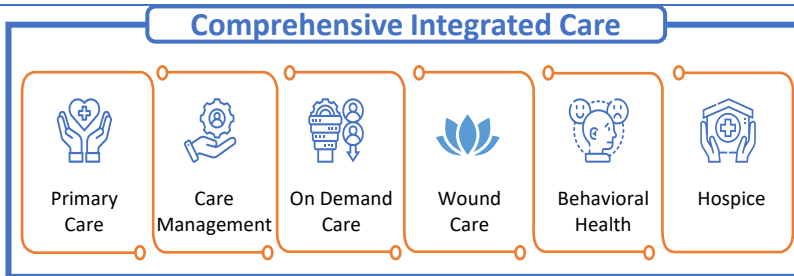
**Ensure access to
updated Medicare
attribution lists**



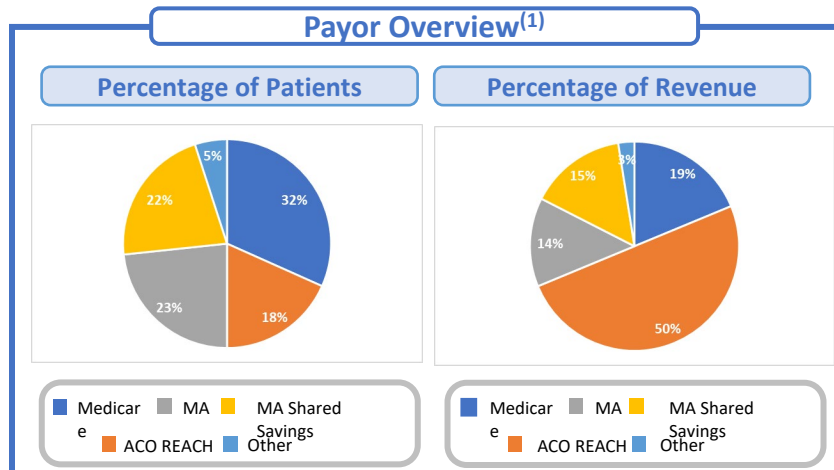
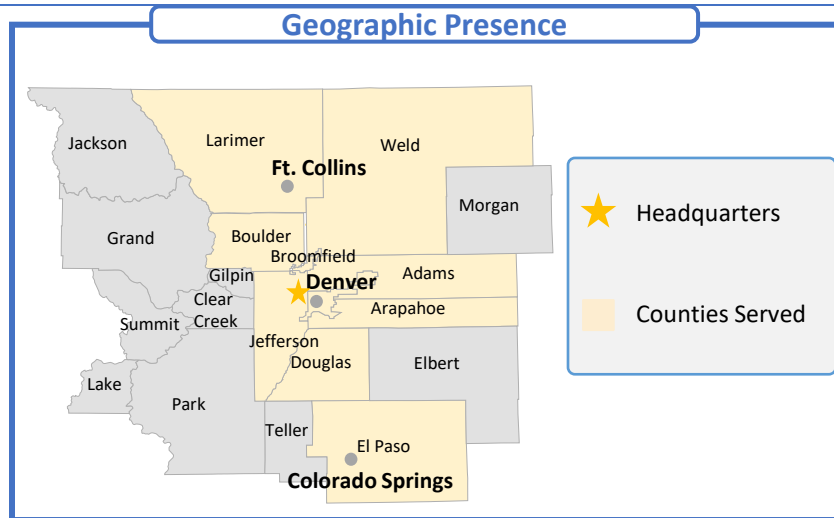
**SNFs not eligible are
motivated to achieve
eligibility, especially those
that have prior experience
with the waiver.**

Bloom Healthcare At-a-Glance

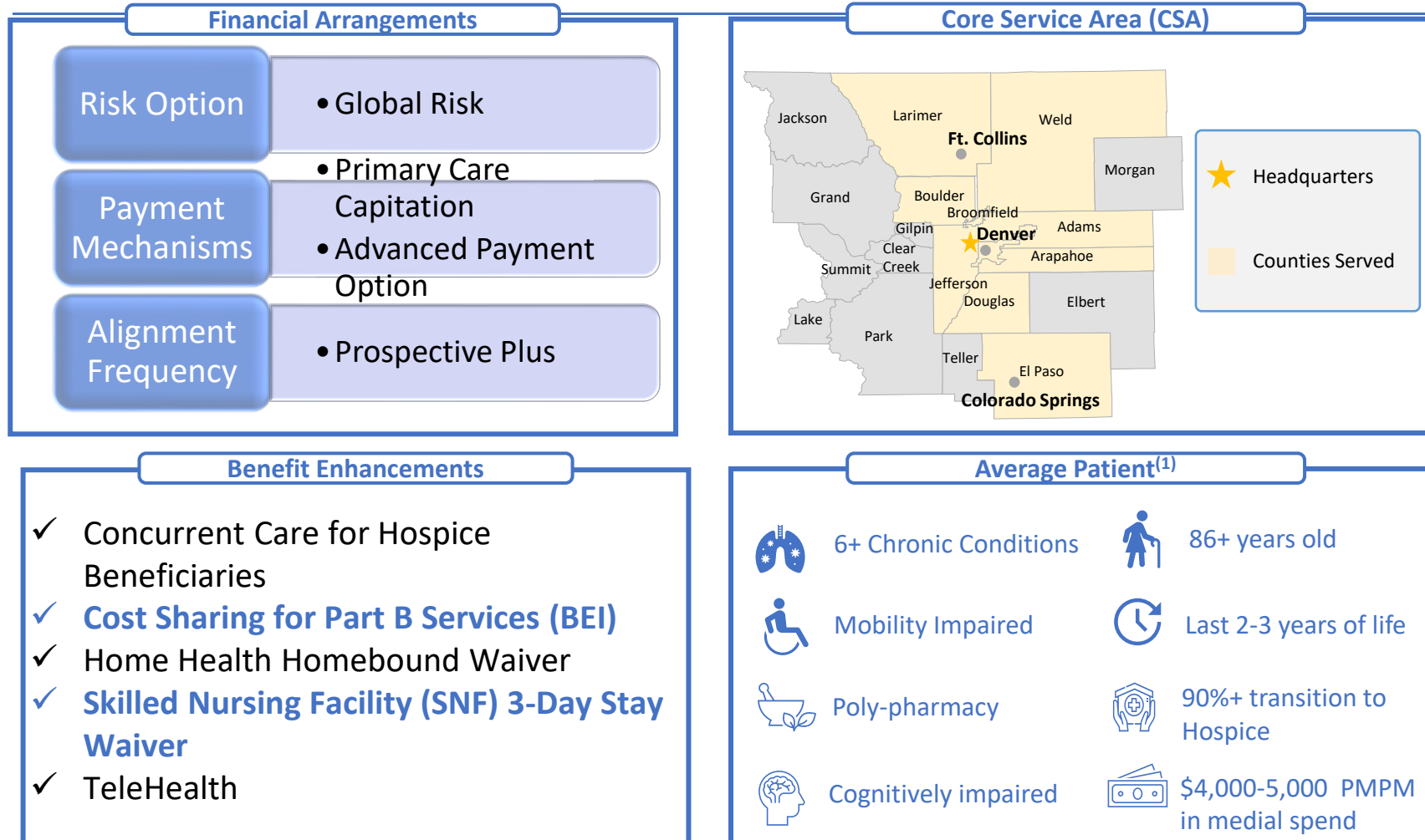
Leading population health platform providing comprehensive, integrated primary care and hospice services to medically complex, homebound geriatric patients



- ### Unparalleled Value Proposition
- ✓ **Patient:** Individualized quality care in comfort of own home
 - ✓ **Payors:** Addresses unmanaged, sizeable spend near end of life
 - ✓ **Providers:** Focus on quality with tools to enhance care delivery
 - ✓ **Senior Living Facilities:** Higher occupancy - more move-ins, more days in the community, less move-outs



Bloom Health Network - High Needs Population REACH ACO



Benefit Enhancement – Cost Sharing for Part B Services

Original Medicare Limitation

Entities are **prohibited from providing gifts or other remuneration** to beneficiaries to **induce them to receive or continue to receive items or services** from an entity.

ACO REACH Flexibility

Allows participant and preferred providers to **reduce or eliminate beneficiary cost-sharing amounts** for certain categories of Part B services.

Goals of Cost Sharing for Part B Services

- Medicare services often have some amount of cost sharing that beneficiaries are responsible for (e.g., copayments, coinsurance, and deductibles) when they receive health care services. CMS allows some ACO REACH providers to reduce or eliminate cost sharing amounts for certain Medicare Part B services for beneficiaries aligned to the ACO.
- The main goal of this benefit is to allow REACH ACOs to reduce financial barriers for beneficiaries, allowing those beneficiaries to better follow treatment plans thereby improving their health outcomes.



Allow ACOs
flexibility



Support care management
and closer care
relationships



Emphasize high-
value services



Bloom Healthcare is partnering with Medicare and other healthcare providers to help improve your care and make the most of your Medicare coverage

Keep your Medicare insurance coverage and your Bloom Healthcare primary care provider will continue visiting you in your home!

Plus, you get more:

Part B Cost Sharing Support
Bloom Healthcare may be able to lower your out-of-pocket cost.
You may be eligible for reduced deductible and co-insurance amounts for certain Part B covered services.

- Health Risk Assessments
- Provider Visits in Senior Living communities and private homes
- Telehealth visits and Virtual Check-Ins
- Behavioral Health services
- Cognitive assessments and Care Planning
- Chronic Care Management Services
- Advanced Care Planning

Eligible Beneficiaries

- Resides in the ACO's Core Service Area
- Beneficiary Aligned with an ACO Participant Provider (at the time of service)
- Receive a Medicare Part B Covered Services provided by a DC Participant
- Does not have a secondary source of insurance

Eligible Services

- Home visits (E/M) for both new and established patients
- Annual Wellness Visit
- Advanced Care Planning
- Chronic Care Management (CCM)
- Cognitive Assessments

Utilization

- 1,180 Eligible Visits in PY2022
- 1,770 Eligible visits YTD in PY2023
- ~20% of Aligned Beneficiaries accessing the Benefit Enhancement
- E/M visits and CCM most common.

Place Holder



DELAWARE VALLEY ACO
an accountable care organization

Using CMS Waivers in VBC Contracts





Who we are...



DELAWARE VALLEY ACO
an accountable care organization

Supports **population health** strategy of



Philadelphia-based
health systems



Humana

Two Clinically Integrated Networks that include:

DVACO
Network



2,500 Physicians

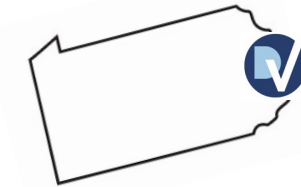
850 PCPs

18 Hospitals

2,600 Care Sites

260,000
BENEFICIARIES

PHILLY REGION
Southeast PA and South NJ



**CMS-MSSP
PARTICIPANT
Enhanced Track**

**Multiple Commercial Shared
Savings Agreements,
Plus E-ACO Product**



DVACO and Waivers

- 22 different waivers since 2014, our initial MSSP year
- Most of the initiatives, which are available on our website, cover the following areas:
 - Funds Flow
 - Support to the network practices, such as EMR assistance with workflows
 - Support to the MSSP Beneficiaries, focused on clinical programs, such as care management, and post acute networks



Care Management

- One of our initial waivers back in 2014
- Patients are identified through claims and/or direct referral by network providers
- Managing patients and families is a high priority area for us
- Implemented preferred provider networks for most post acute services too
- Managing these costs effectively returned DVACO to shared savings in 2022



Post Discharge Home Visit Waiver

- Waiver requested by one of our preferred Home Care Agencies
- Allowed for an in-home assessment to better determine the patient's needs
- Per the Home Care Agency, patients can be more accurately evaluated for their home care needs, once discharge takes place.
- This waiver not only improved the assessment, but increased the likelihood that the patient would qualify for home care services, as initially predicted.
- It's still a challenge to get patients discharged to Home vs SNF, but it has helped our performance, and better supported our beneficiaries and their primary caregivers/family members.



EQUALITY HEALTH
DIRECT™

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ACO Executive Director

📍 Phoenix, AZ

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Equality Health Highlights



End-to-end value-based care solution for highly-complex, hard to manage populations (Medicaid, Medicare, MA)



Rapidly **growing primary care networks** enabled CareEmpower®



Whole-person care model with differentiated focus on health equity and SDOH in Medicaid



Next-Gen MSO **with in-house data, analytics and actuarial** capabilities

Equality Health Direct

Equality Health Direct, a division of Equality Health, is an ACO participating in CMS' REACH model in Arizona.

- ✓ **12,000** aligned beneficiaries
- ✓ About **200** primary providers
- ✓ About **900** preferred providers
- ✓ Lives in every county in Arizona (with biggest concentration in six counties)
- ✓ Entered GPDC in PY2022
- ✓ REACH Professional | Standard

700,000
Attributed Lives

3,200+
Primary Care Providers

90%
Members in
Two-Sided Risk



BE/BEIs Selected and Implemented

BE/BEI	Elected by ACO	Implemented
SNF 3 Day Waiver	Yes	Yes
Part B Cost-Sharing	Yes	In process
Care Management Home Visits	Yes	No
Home Health Homebound	Yes	No
Post-discharge Home Visits	Yes	No
NP Services	Yes	No
Telehealth	Yes	No
Chronic Disease Management Rewards	No	N/A
Concurrent Care with Hospice	No	N/A