



Medicaid Learning Lab



June 2, 2023
2:00 pm to 3:30 pm ET

Introductions



Melody Danko-Holsomback, Vice President of Education, NAACOS

Melody Danko-Holsomback, MSN, CRNP is the Vice President of Education for NAACOS. She has over 11 years of population health experience and was the CAO and Director of Keystone ACO prior to her current role. She has over 28 years of experience in nursing, including positions in outpatient and inpatient care, as a CRNP healthcare provider and as an IT analysts and performance consultant.

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Emily Perron, Education Manager

Emily is the education coordinator at NAACOS where she works directly with the director of operations on tasks related to the day-to-day running of the organization and with the vice president of education on the boot camp and the two annual conferences along with overseeing marketing and registration. Before starting at NAACOS, she previously worked at Police and Firemen's Insurance Association (PFIA) in new business where she handled all incoming new life and disability insurance plans. While at PFIA, she obtained two Life Office Management Association (LOMA) certificates. She received her bachelors of science in elementary education from Liberty University.

eperron@naacos.com

Welcome!



AGENDA

Medicaid Accountable Care Contracting
Learning Lab Virtual Series

June 2, 2023
2:00 pm – 3:30 pm

Location: Zoom Meeting **Sent to participants**

		Speakers
2:00 pm – 2:15 pm	Learning Lab Opening Introductions	Melody Danko-Holsomback, NAACOS
2:15 pm – 2:40 pm	Principles of Benchmarking in Medicare, MA, Commercial, and Medicaid	Travis Broome, MPH, MBA SVP of Policy and Economics, Aledade
2:40 pm – 3:05 pm	<u>KidWell</u> Network Value-based Contracting	Karen Wilding, Chief Value Officer Nemours
3:00 pm – 3:30 pm	Learning Lab participant Discussion	Facilitated by Melody Danko- Holsomback
3:30 pm	Adjourn	Melody Danko-Holsomback

Housekeeping Items



- The learning lab is meant to be a classroom type of setting
- We request that participants be on camera whenever possible. This helps keep you engaged in the meeting material and place faces with names of participants.
- Questions are not only welcomed, but they are also imperative to enhance everyone's learning experience.
- We may call on you at any time for your opinion on the current topic of discussion
- Please mute your microphone when not speaking and unmute when speaking.

Learning Lab Documents



- Agenda
- Learning Lab Educational Plan
- Learning Lab Note Template
- Monthly Presentations – will be distributed after each meeting
- Meeting recordings and documents found on Learning Lab [webpage](#) on the NAACOS website

Featured Presenters



Travis Broome, SVP of Policy and Economics, Aledade

Travis Broome is the senior vice-president of policy and economics at Aledade, Inc. and the Treasurer of the NAACOS Board. He guides Aledade and partner physicians through the policy, strategy and economics of value-based health care. Joining Aledade shortly after its start, he worked on nearly every aspect from business development for both practices and payers, to early analytics, to serving as an ACO executive director for Aledade Louisiana ACO. Prior to Aledade, he spent seven years at the Centers for Medicare & Medicaid Services in roles ranging from regulation writing to quality improvement to management. Mr. Broome earned his masters of public health and business administration from the University of Alabama at Birmingham.



Karen Wilding, MHA, Chief Value Officer, Nemours

Karen Wilding is the chief value officer and president of Nemours Children’s Health and Delaware Children’s Health Network. Working “well beyond medicine”, Karen’s areas of focus include the growth of strategic partnerships that support the value journey, clinical practice transformation, and emerging payment models. Through community engagement, an emphasis on care across the continuum, and promoting overall health and well-being, she is positioning Nemours as a national thought leader in this area. She has extensive knowledge of commercial and government payer models, facilitating workstreams and process improvement efforts on accountable care for our acute facilities and practice locations across all regions. Karen also provides executive oversight for the Delaware Children’s Health Network (DCHN), the Nemours-owned clinically integrated network. The DCHN partners with practices and payers to ensure the most efficient, effective, equitable, and high-quality care; the foremost goal is improved population health outcomes and create the “healthiest generations”. A former first responder, she has over twenty years of experience in healthcare, with over ten years in senior leadership for accountable care, analytics, and quality. She holds a master’s degree in health administration, several professional certifications, and serves on the board of directors for NAACOS.



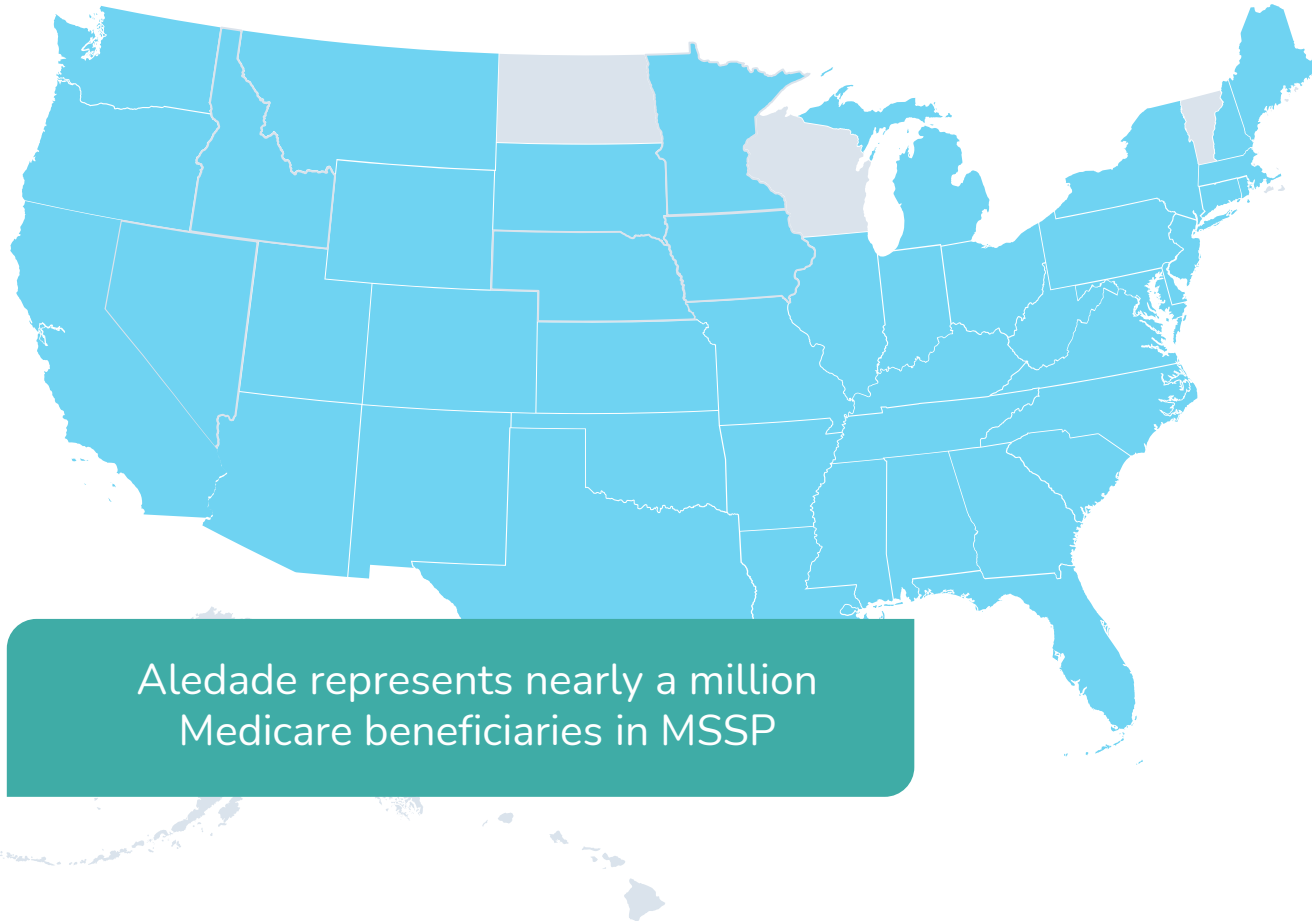
Expected Costs:

Principles of Benchmarking in Medicare, MA,
Commercial, and Medicaid

Travis Broome, MPH, MBA

travis@aledade.com

Aledade is the largest and fastest growing independent primary care network.



Aledade represents nearly a million Medicare beneficiaries in MSSP

45 States

16,300+ Clinicians

2M+ Patients

1,500+ Practices & CHCs

\$20B+ Medical Spend Under Management

Today's speaker



Travis Broome, MPH, MBA

*Senior Vice President,
Policy & Economics*



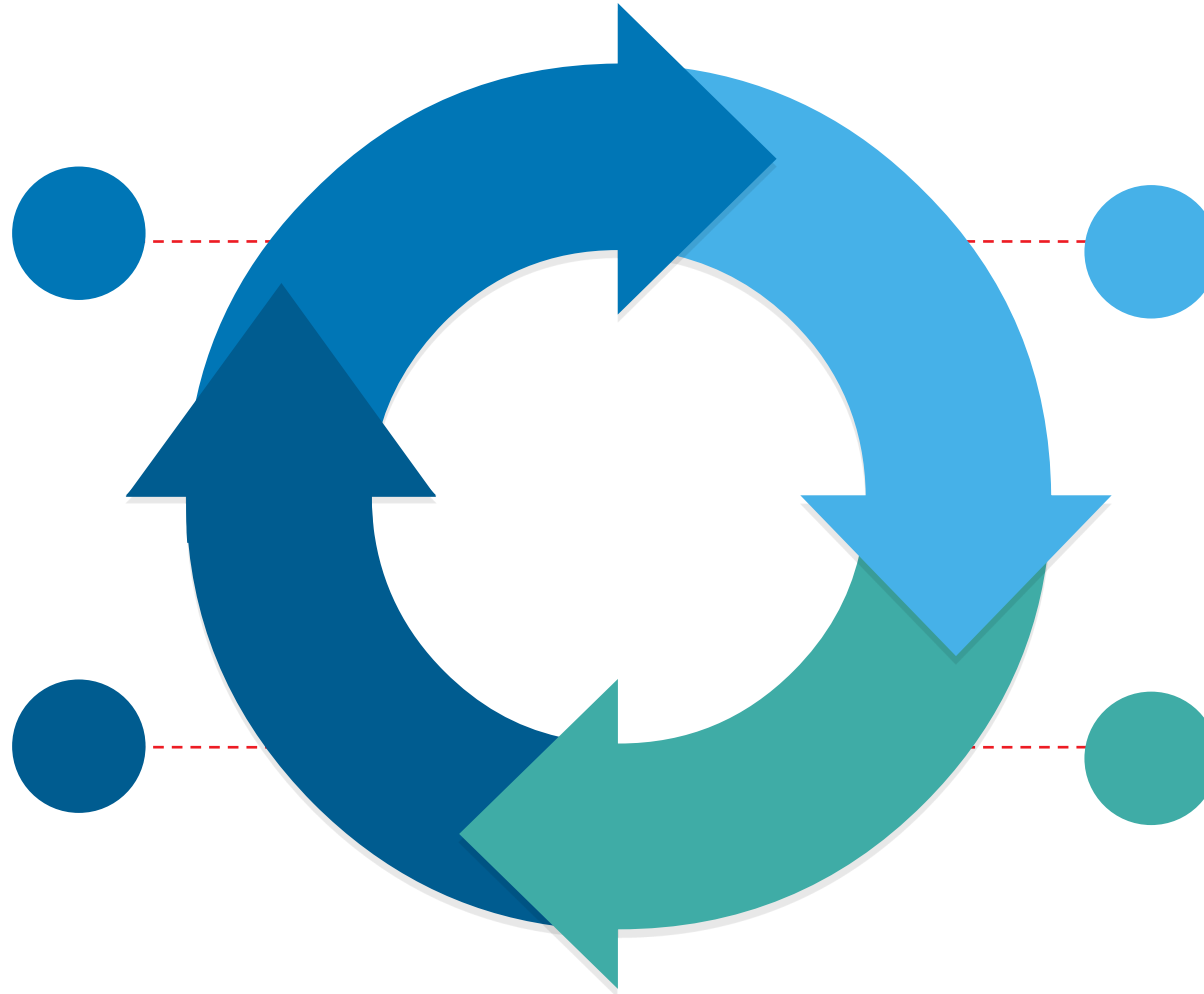
Successful ACOs Beat Expectations – What goes into expected costs?

Attribution
Who are the patients
in your population?

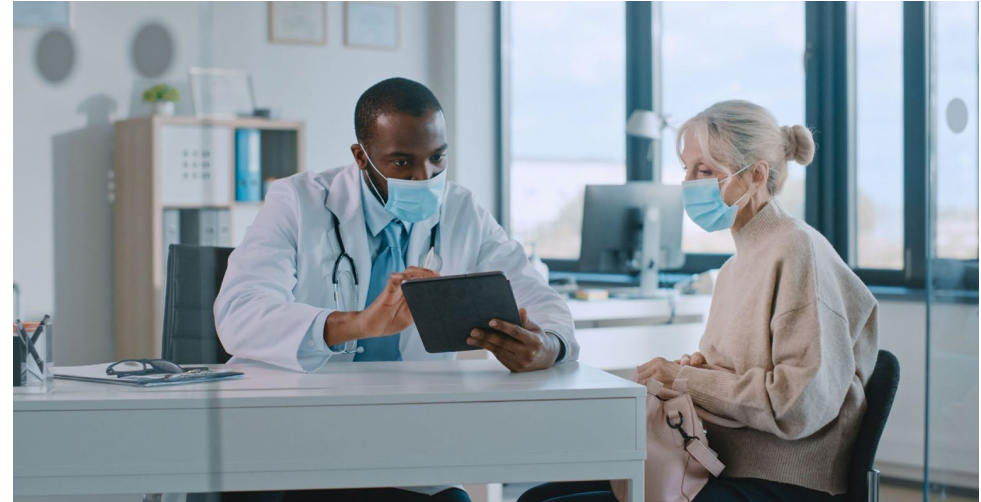
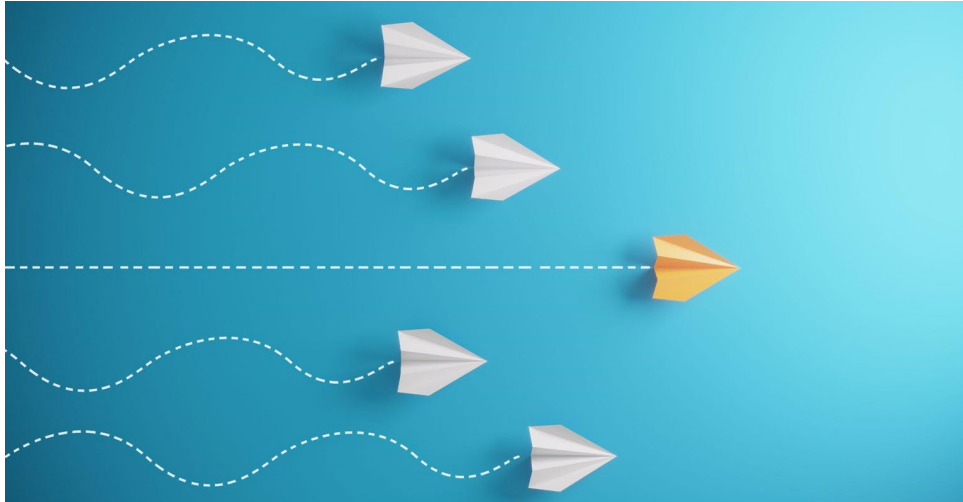
Risk
How healthy/sick are
they?

Cost
What did they cost in
the past?

Regional
How do they compare
to other people in the
market?



Benchmarks are updated yearly usually on two factors



Inflation

- Usually set at the market level roughly equating to a hospital referral region
- Can be prospective; however, we believe actual inflation is a better measure of value creation

Risk

- Several common models with HCC being the most common
- Models attempt to either predict next year's costs (prospective) - or - attempts to account for this year's costs (concurrent)

Quality – The Other Side of the Value Coin

Measuring quality is difficult so focus on the most impactful measures is needed



Blood pressure control for hypertension

Saves the most lives



A1c control for diabetic patients

Biggest impact on co-morbidities



Risk adjusted hospitalizations

Prevention



Risk adjusted emergency department visits

Strong PCP relationship



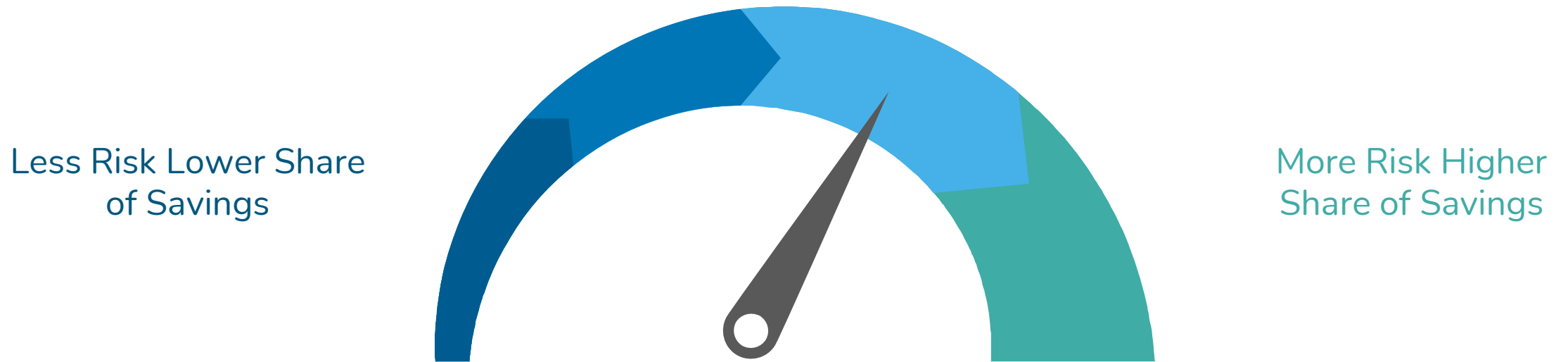
Patient Reported Outcomes

Impactful on members



Risk and Reward - Utilize the Savings Rate to create the right incentives

An ACO can either just make investments in primary care and population health or it invest and take downside risk where it would cover a percentage of losses about the benchmark



Health care providers still do not become insurance companies when they form ACOs

- Downside risk should be motivating, but not ruinous
- Tying risk exposure to a percentage of health care provider revenue can calibrate risk
 - Too much and the health care providers are incentivized to take risks with people's health
 - Too little and health care providers are rewarded on the upside without any real downside pressure

Two Types of Risk: Health Services and Insurance Risk



Health Services

- Risk is reduced when more comprehensive and effective health services are delivered
- Keeping people healthier than expected
- Successful intervention to the right site of care

Insurance Risk

- Risk is mostly unaffected by effectiveness of health services
- Car Accidents
- Transplants
- Cancer



Create Sustainability in Accountable Care

1

High performing health care providers should derive at least one third of their revenue through the ACO

2

Benchmarks should reward both improvement over the ACO's historical performance and comparative performance against other health care providers

3

Design should support accountable care with benefits incentivizing long-term primary care relationships and claims data being available on day one

The Premium Dollar - Where does the money to pay savings come from?

Medicare	Medicaid	Commercial
<p>MSSP - Taxpayer and debt</p> <p>MA - Taxpayer and debt passed through private companies</p>	<p>Direct - Split between feds and state</p> <p>MCO - Split between feds and state and passed through private companies</p>	<p>Fully Insured - Individual members</p> <p>Self-Insured - Employers</p>



How do owners of the premium dollar measure success?

Federal Government	State Government	For-Profit Company	Not for Profit Organization
<p>Academic savings</p> <p>Public perception of value</p>	<p>Lower budget line items</p> <p>Public perception of value</p>	<p>Maximize profits within regulations</p> <p>Market perceptions</p> <p>Customer perceptions</p>	<p>Maximize net revenue within regulations</p> <p>Public perception</p> <p>Customer perception</p>



Medicaid Direct Incentives



1 State budget line item

2 Varying capabilities to administer programs

3 Maximizing the federal match

4 Setting Expected Costs

- Attribution is particularly difficult
- Open to unique arrangements
- Risk adjustment is not as common



Medicaid MCO Incentives



1 Risk Transfer

State transfers the risk to the MCO

2 Contract Provisions

May limit delegation and further risk transfer

3 Premium Setting

Tying historical performance to premiums is particularly hard

4 Setting Expected Costs

- Attribution is particularly difficult
- Premiums vary by many factors and percent of premium is more difficult than in MA
- Risk of adjustments by the state must be negotiated between the ACO and MCO

Final Thoughts

- Always understand where your savings would go if not to you
- Historical improvement is valued more than relative efficiency by premium holders
- Insist on some recognition of relative efficiency for sustainability
- Start negotiations by being on the same page about what a successful partnership looks like as a percent of overall providers revenue

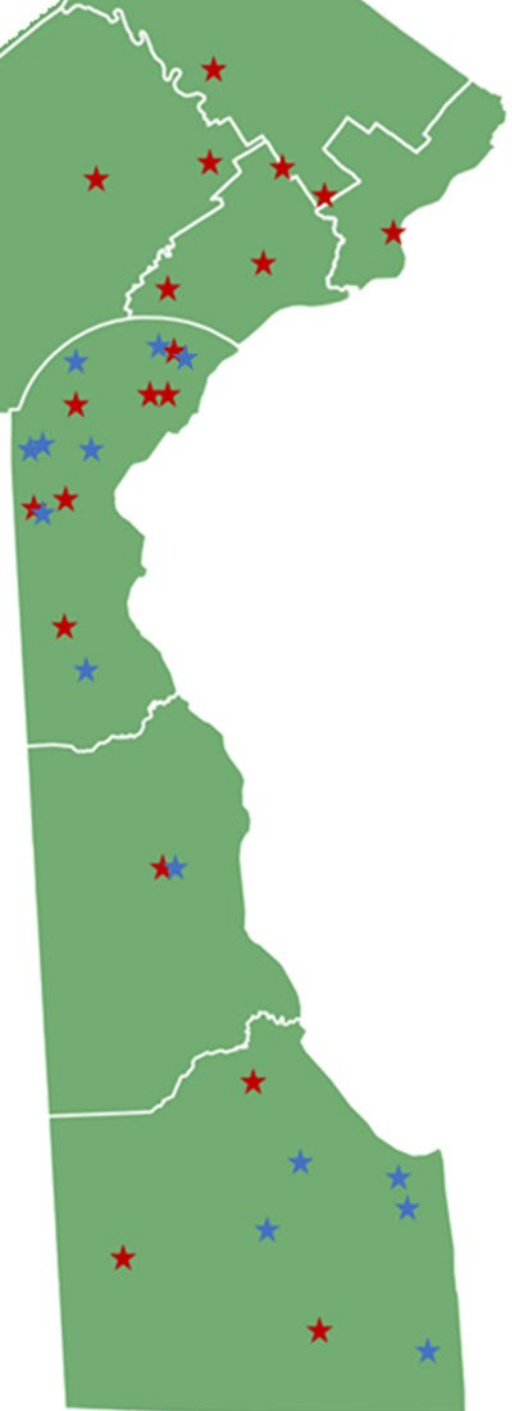
KidWell Network Value-based Contracting



Better Care. Healthier Kids. Reduced Costs.

Goals:

- Better outcomes - healthier children across the state, from birth through adolescence
- Increased focus on preventive care
- Improved, more proactive care coordinated across the continuum of primary, specialty, and inpatient care
- Increased access to care and support services for all children's conditions - acute and chronic, simple and complex
- Reduced redundancies and gaps in care



Nemours Children's Health Locations Pennsylvania



Community Practice Locations

1. Ardmore
2. Collegeville
3. Concordville
4. Exton
5. Media
6. Paoli
7. Philadelphia
8. Radnor

Delaware

1. Bear- Becks Woods
2. Dover
3. Middletown
4. Milford
5. Millsboro
6. Newark
7. Seaford
8. Wilmington - Foulk Road
9. Wilmington - Jessup Street
10. Wilmington - Pike Creek
11. Wilmington - Rockland Road
12. Wilmington - Saint Francis

1. Bear Internal Medicine and Pediatrics
2. Beacon Pediatrics - Rehoboth Beach
3. Beacon Pediatrics - Bethany Beach
4. Brandywine Pediatrics
5. Delaware Modern Pediatrics
6. Delaware Pediatrics - Wilmington
7. Delaware Pediatrics - Townsend
8. First State Pediatrics - Hockessin
9. First State Pediatrics - Newark
10. Kent Pediatrics
11. Khan Pediatrics
12. Newark Pediatrics
13. Pediatric and Adolescent Center
14. Pediatric and Adolescent Medicine
Centers of Philadelphia- Wilmington
15. Premier Pediatrics
16. Rainbow Pediatrics - Georgetown
17. Rainbow Pediatrics - Lewes



Contracting Opportunities

Programs and Measurement



Quality and care delivery improvements

Investments in clinical quality, patient experience, and overall health

- Social determinants of health
- Population health management/ Practice Transformation
- Person-centered care management
- Cross-network coordination and data-sharing
- Standard clinical pathways and care plans

Near-term improvements in child health outcomes, which also drive value

- Quality improvement
- Reductions in avoidable utilization (e.g., ED visits)
- Reductions in Complications, Re-Admissions
- Guiding children and families to best-fit sites of care

Better long-term outcomes for children and families

- Healthier children who grow into thriving adults
- Stronger network of clinical and social services accessible to the community and oriented towards prevention
- Health-literate families empowered to direct their own care

Medicaid Contracting

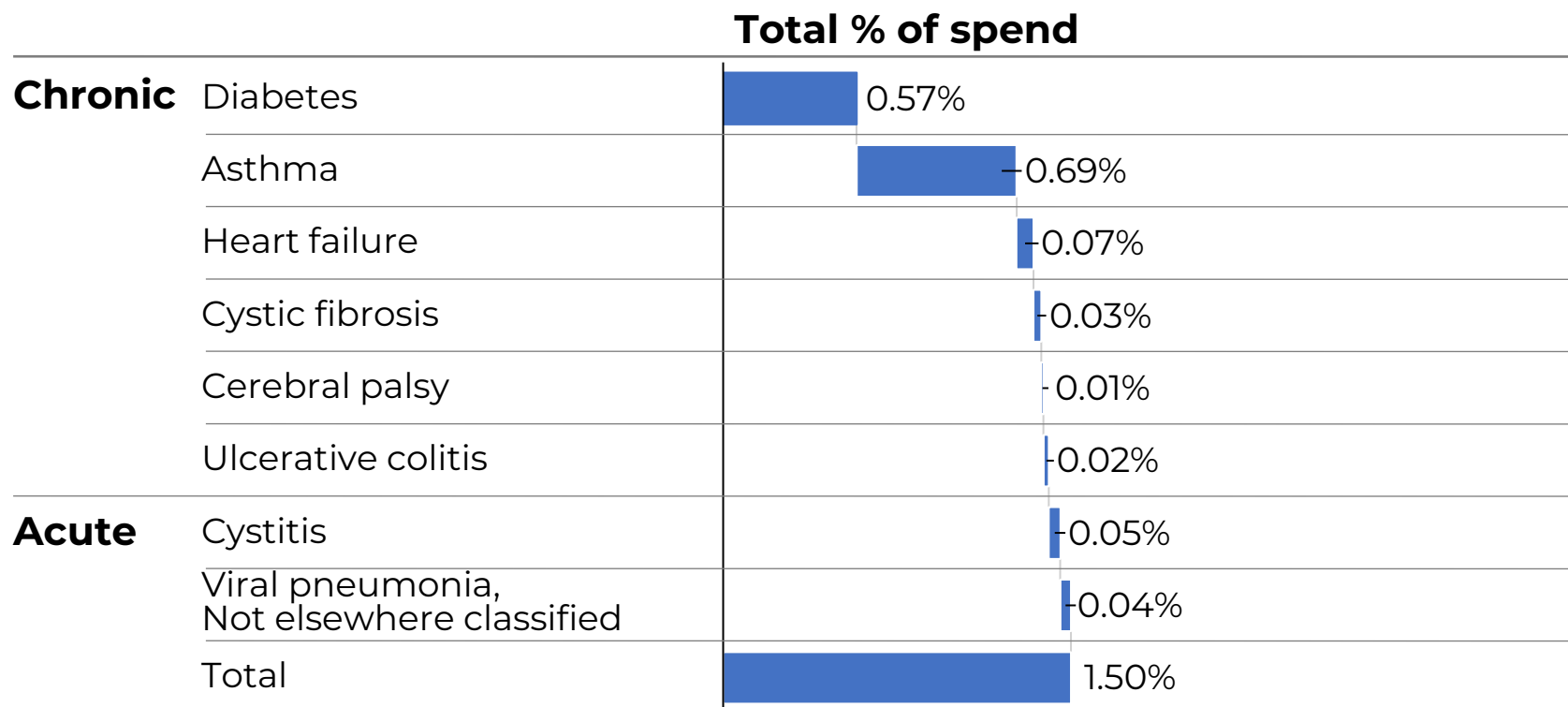
- Methodology Matters
 - Attributed vs Assigned
- Data
 - Historical spending by aid category, rolling calendar
- Advocate for strong Care Management Infrastructure
 - Prospective investment, not at risk
 - Aligned with quality

Contracting Options to consider

- Health Equity
- Social Determinants of Health –
Screening & Z-codes
- Aligned incentives to members to boost
engagement

Simple Data Analysis

Top encounter diagnoses contribute most to the variation and provide the greatest opportunity



Key insights

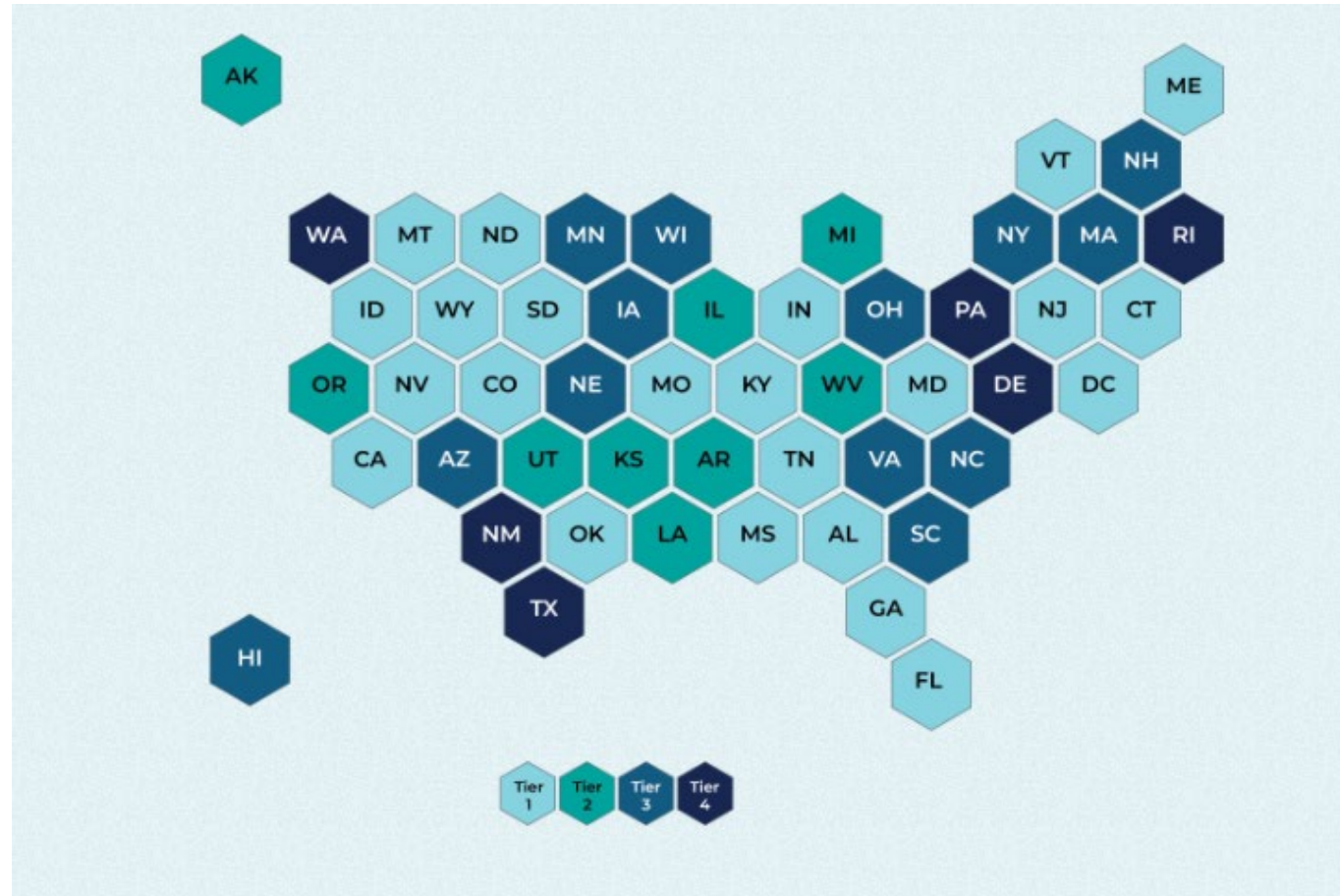
- ~80% of opportunity against benchmark driven by PECs related to diabetes and asthma
- Conditions with small variation (i.e., less than ~\$50K variation) are excluded given they are likely statistically insignificant and unactionable

Source: 2021 Nemours Encounter data, 2019 Truven Commercial and Medicaid Claims Data

1. Only includes spend for patients in clinical segments with opportunity against benchmark (e.g. does not include PEC's spend for asthmatics who are complex chronic and high continuous needs given minimal opportunity)

Market Considerations

Value-Based Care State Disposition



MCO Strategies

1. Integrated Network Strategy

- Aligning with providers optimizes value-based contracting and increases accountability that providers have towards providing efficient, quality care.

2. Technology Infrastructure and Analytics

- Analytic tools and the underlying infrastructure must allow providers seamless access to critical data for a comprehensive view of member needs and health status.

3. Utilization and Care Management

- MCOs may opt to focus on a specific population before trying to address all populations simultaneously.



Questions and Discussion

Upcoming Events



- Only 2 weeks Until Summer Boot Camp in Denver, Colorado
- Data and analytics focused sessions.
- Seating is Limited and filling quickly!
[Register Here!](#)

Upcoming Events



Summer Virtual Affinity Group Meetings Starting in June!

Operations Affinity Group

June 27, 2023, from 3–4 pm ET

Participants should include managers and others who oversee day-to-day aspects of running an ACO such as building provider networks, engaging patients, practice transformation, and implementing projects to achieve the ACO's financial and strategic goals, etc.

Sign up for the [Operations Affinity Group](#)

Quality Affinity Group

July 11, 2023, from 3–4 pm ET

Participants should include managers and others who implement initiatives designed to improve, measure, and report the quality of care in an ACO, etc.

Sign up for the [Quality Affinity Group](#)

Upcoming Events



Data and Analytics Affinity Group

July 18, 2023, from 3–4 pm ET

Participants should include managers within ACOs who are responsible for integration, using data to analyze performance, creating and integrating data from sources like EMRs, claims and registries, etc.

Sign up for the [Data and Analytics Affinity Group](#).

Executive Affinity Group

July 25, 2023, from 3–4 pm ET

Participants should include CEOs, CFOs, Executive Directors, Chief Value Officers, and others who oversee the ACO's finances, budget, strategy, contracting, etc.

Sign up for the [Executive Affinity Group](#).

CMO and Clinical Affinity Group

August 1, 2023, from 3–4 pm ET

Participants should include CMOs, CNOs, Pop Health Officers, and others who manage patient care, and clinical care redesign, etc.

Sign up for the [Clinical Affinity Group](#)



Appendix

Learning Lab Objectives

- Learn about Medicaid contracting throughout the states
- Learn about care models to support your contract populations and networks
- Learn about various care settings to address population needs
- Learn workflow options for value-based care related to primary care, SDOH, BH and high needs people
- Learn how to improve quality in the Medicaid population
- Learn how to enhance patient engagement in the Medicaid population

Education Project Plan Document



Project Overview:

The Medicaid Learning Lab will provide NAACOS ACO members the time and platform to explore and learn about topics related to Medicaid value-based contracting and patient care models that include a focus of issues compounded by the socio-economic factors of the Medicaid population. The learning lab meetings will occur virtually each month for 90-minute sessions and will last for a minimum of 12 months and continue until objectives are completed. Additional in-person sessions may also occur at biannual conferences, if warranted.

Standards:

- Participants are asked to be engaged active participants in monthly meetings
- Participants are asked to share best practices and lessons learned from experiences with like populations, care model or topic of discussion
- Participants are expected to actively participate in surveys and document review to better enhance your learning experience and help staff understand your learning needs.
- Please be on camera and ready to participate in each meeting you attend.
- No question, thought, or example is a bad one. Learning is found in all examples whether a success or failure in the past.

Education Project Plan Document



Requirements/Task(s):

- Attend a minimum of 75% of the meetings to receive CEUs
- Actively participate in topic discussions where appropriate
- Develop a draft plan of what your Medicaid ACO looks like including participants, Geographics and Medicaid population you are serving or would look like if planning a new contract. Then outline a 2-year strategic plan on how you will include at least 2 to 3 new initiatives based on information gathered during participation in the NAACOS Medicaid Learning Lab. (Turn completed plan in to NAACOS for Completion Certificate)

Record your notes/research here:

Use this section to note which initiative you may want to include in your strategic plan

Education Project Plan Document



Outline the steps/plan for your project:

- Use monthly meeting note templates to document your notes and options for your final strategic plan
- Start your project outline from the beginning of the learning lab to prevent an additional large time commitment at the end of the learning lab series to complete your strategic plan.
- Meet with others from your ACO throughout the project to get their input, suggestions, and support for possible implementation of learnings.
- Complete your strategic plan after the final meeting, you will have one month to complete and submit to NAACOS Education staff to receive your NAACOS Medicaid Learning Lab completion certificate. (This will be separate from CEUs for participation in live meetings)
- Your final plan will be reviewed by the NAACOS team and Education Committee for presentation and possible award at a future NAACOS event.
- The strategic plan completion is not a requirement to participate in the learning lab monthly session or to receive CEUs, but will provide tangible materials from your participation that have potential for future ACO improvement efforts.
- To Receive the Event CEUs, you must be present and actively participate in a minimum of 75% of the monthly meetings.
- This event is only open to NAACOS members.

Group Discussion



Note Template Questions:

1. What problem does the topic address?
2. What population of patients could benefit from this?
3. What didn't I know or haven't thought about trying in my ACO?
4. Could any of this presentation work in your ACO or CIN?
5. If yes, how? If no, why not?

Take 10 to 15 minutes and create a paragraph describing what your next steps would be to investigate the use of presented material in one or more ACO processes.