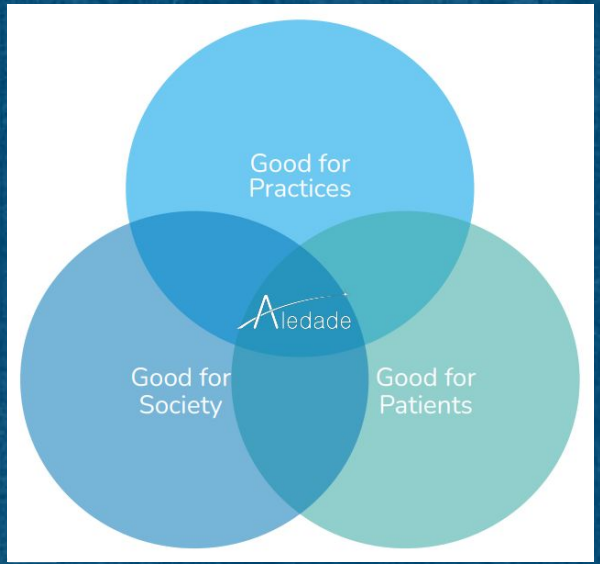
Aledade Colorado Value-Based Care Summit

Gaylord Rockies Resort & Convention Center
Denver, CO

September 22, 2023

Aledade

The 5,280-Foot View



The 5,280 Foot View

Erica Pike, MS

Director of Policy & Government Relations
Colorado Academy of Family Physicians

COLORADO ACADEMY OF
FAMILY PHYSICIANS

The 5,280 Foot View

Beverly Razon, MBA

Senior Vice President of Public Affairs
COPIC Insurance Company

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Our mission

Improve medicine in the communities we serve.

Health Care Availability Act (HCAA)

Challenges Ahead

September 22, 2023

California is Coming to Colorado

- Overview of Threats and Activity to Date:

✔ Stated Challenge
✔ Confirmed Threat
✔ Acquired Title Board Attorneys
✔ Conducted Statewide Poll
✔ Outreach to Ongoing

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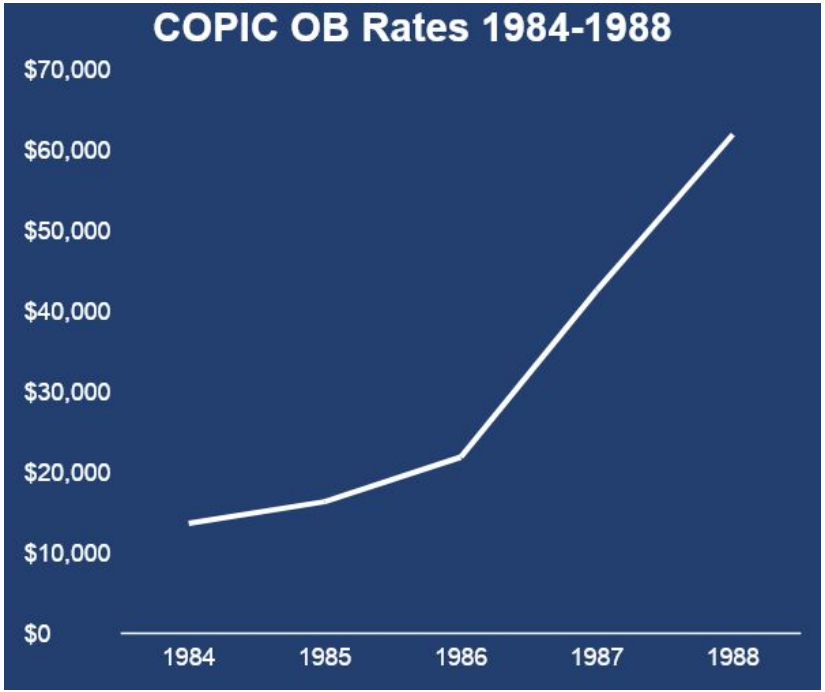
The Health Care Availability Act's Impact to You

- Enacted in 1988 with the bipartisan support.
- Established a key statutory structure to govern medical malpractice litigation.
  - Financial liability requirements (e.g. mandating medical liability insurance coverage);
  - Limitations on damages (e.g. caps on non-economic damages); and
  - Establishing judicial procedure (e.g. expert witness standards, disclosure of evidence and judgments)

- ***For 35 years HCAA has withstood legislative and judicial challenges to provide the physicians of Colorado with stable and predictable liability rates.***



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What We've Done and What We Are Doing

Coalition Building

Coloradans Protecting Patient Access

- **Research**
  - Focus Groups
  - Statewide Poll
- **Campaign**
  - Launching October
- **Stakeholder Outreach**
  - Health Care
  - Elected Officials
  - Adversaries

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The 5,280 Foot View

John Molera, JD

Senior State Policy Analyst
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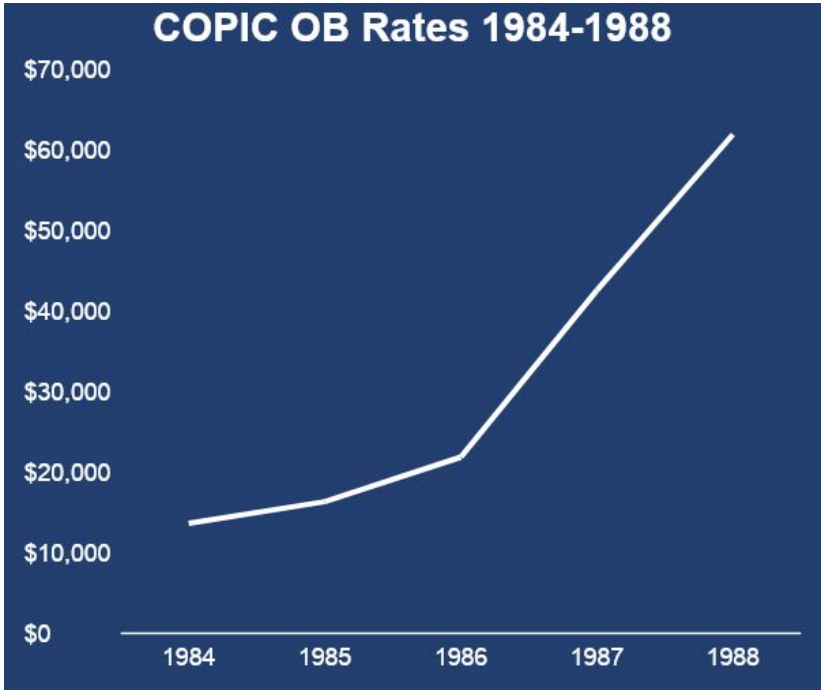

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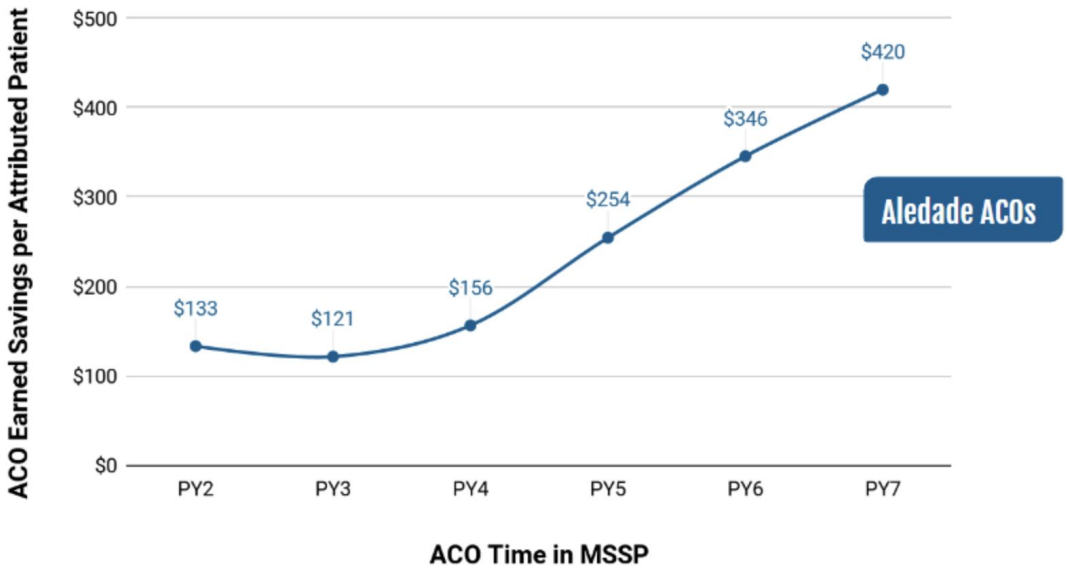
MSSP is the Most Successful Value Based Program Running

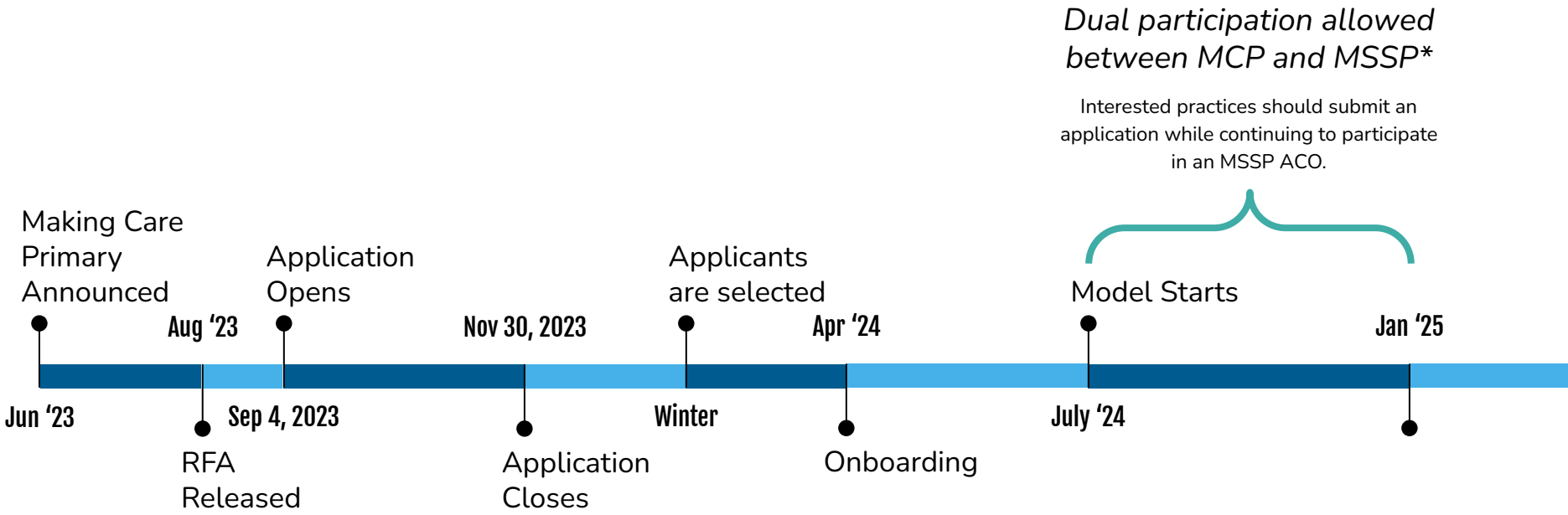
MSSP Shared Savings Protect Against Inflation*

The best time to join an ACO was two years ago.
The second best time is today.



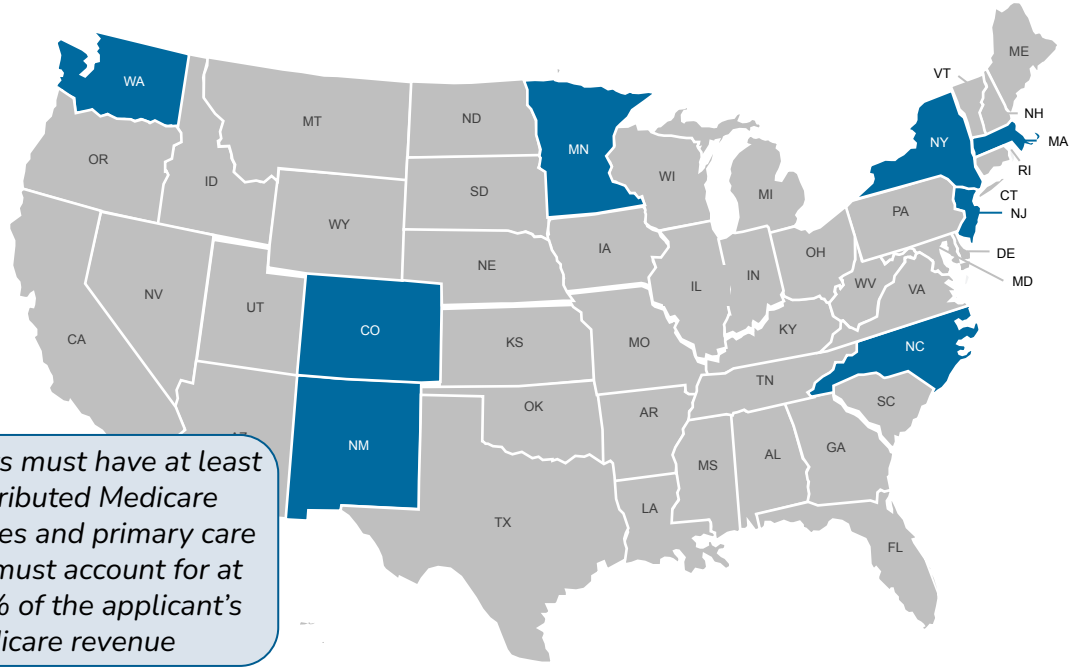
Data from 2021 MSSP PUF. No PY1 ACOs since 1/1/21 starts were not allowed

Timeline



* *During the 6-month performance year in 2024, these organizations will be able to participate in MCP and SSP but no MCP model payments will be made to them until 1/1/25 to avoid potential duplicate payments.*

MCP will operate in 8 states



Participants must have at least 125 attributed Medicare beneficiaries and primary care services must account for at least 40% of the applicant's Medicare revenue

Who is eligible?

- Solo primary care practices
- Indian Health Programs
- FQHCs *(not RHCs)*
- Group practices
- Health systems
- Certain Critical Access Hospitals (CAHs)

MCP offers interested organizations three tracks with varying care delivery transformation, infrastructure capacity, and readiness for payment alternatives to Fee-for-Service requirements. An organization's prior experience with VBC will determine their eligibility for individual Tracks in MCP.

MCP will offer three tracks, the first two of which will be time-limited

1

Building Infrastructure

Payment for primary care will remain fee-for-service (FFS) and CMS will provide additional financial support to help participants build advanced care delivery capabilities. Participants can begin earning financial rewards for improving patient health outcomes.

2

Implementing Advanced Primary Care

Payment for primary care will shift partially to prospective, population-based payments and CMS will continue to provide additional financial support as participants build capabilities. Participants are eligible to earn increased financial rewards for improving patient health outcomes and achieving savings.

3

Optimizing Care and Partnerships

Payment for primary care will shift to fully prospective, population-based payment while CMS will provide additional financial support to sustain care delivery activities while participants can earn greater financial rewards for improving patient health outcomes and achieving savings.

Track Progression and Requirements

Organizations with no experience in value-based care may start in Track 1 for 2.5 years. Organizations that are experienced in value-based care MUST start in Track 2 or 3. Organizations will have an additional 6 months in their starting Track. An organization entering the model in Track 1 or 2 must remain in that track for the assigned time-period (they cannot move up prior to the end of their Track). Once an organization reaches Track 3, they will stay in that track for the remainder of their participation in the model. Organizations may not “move down” tracks.

Track 1

- No experience with risk-based value-based care
- Upfront infrastructure payments
- Implement universal health-related social needs (HRSN) screening

Track 2

- Experience in VBC
- Prospective population-based payments
- Identify high-quality Specialty Care Partners and develop Collaborative Care Arrangements (CCA)
- Implement social service referrals and utilize CHWs

Track 3

- Experience in VBC
- Prospective population-based payments
- Enhance Specialty Care Partner relationships
- Optimize social service referrals and the use of CHWs

Requirements build on experience gained in previous tracks

Payment Types by Track

		Track 1	Track 2	Track 3
Prospective Primary Care Payment (PPCP)	• **Replaces fee-for-service** revenue for primary care services for beneficiaries attributed to MCP • Will reflect participants' historical primary care billing for the first three model years • **Partial recoupment** if "outside-of-participant" primary care spend exceeds prior year	0%	50%	100%
Enhanced Services Payment (ESP)	• Risk-adjusted per beneficiary per month (PBPM) payment in addition to payment for typical primary care services • Supports **ongoing care management activities**	*Cannot bill PCM, CCM, or **TCM** codes* $9 - $18 pmpm	*Cannot bill PCM, CCM, or **TCM** codes* $4 - $8 pmpm	*Cannot bill PCM, CCM, or **TCM** codes* $2 - $4 pmpm *Payment for patients enrolled in LIS or Tier 4 HCC and Tier 4 ADI Percentile will be **$25***
Performance Incentive Payment (PIP)	• Upside risk only bonus payment based on quality utilization, and cost • **Must score 70-80th percentile for full bonus** • Assessed every year, *more details on slide 13*	Up to 3% sum of FFS	Up to 45% sum of FFS + PPCP	Up to 60% sum of FFS + PPCP
Upfront Infrastructure Payment (UIP)	• Infrastructure payment that is **only available to Track 1** participants that meet a low revenue threshold AND do not have an e-consult platform • Eligible participants may receive $72,500 at the start of Year 1 and an additional $72,500 at the start of Year 2. Must submit spend plan • Recouped if participant withdraws prior to entering Track 3	✅	❌	❌