

Heritage Medical Systems



**HealthCare Providers Accountable Care Organization
(HCP ACO)**

**Data, Data, Data
Strategies for Immediate Actions
Version 2.0**

September 2013

Immediate Action Topics – V2.0

- 2014 vs. 2013 vs. 2012 Start Dates
- Assignment and risk selection in MSSP
- Care management that makes immediate impact
- Risk scoring in MSSP
- Segment management in MSSP

Assignment and Risk Selection

- 20% +/- are “at risk” to roll through MSSP assignment ever year
- Quarterly Updates
 - Interim reporting
 - Final assignment – it is the only one that counts
 - Pioneer is prospective vs. retro
- Can overwhelm care management results
- More difficult for “IPA” style vs. single tax I.D.
- Must be proactively managed

Assignment and Risk Selection

- 20% +/- are “at risk” to roll through MSSP assignment ever year
 - Healthy patients don’t see their PCP
 - “Cooking train wrecks” don’t see their PCP
 - Patients change PCPs
 - Network leakage
 - Network changes

Assignment and Risk Selection

- Quarterly updates
 - Getting newly assigned addresses
 - Deceased
 - Claims info stop = reassigned to different ACO
 - Where did they go?
- Category
 - ESRD?
 - Dual?

Assignment and Risk Selection

- Overwhelming Care Management
 - 10% fail assignment from low/no claims
 - Starting with only 90% of Benchmark
 - Costs of “users” didn’t go down
 - Care management has to save 10% just to breakeven!
 - ESRD qualification is slow
 - 6 or 7x lost benchmark
 - When does the clock start ticking?

Conclusion: You must manage both Assignment and Risk Selection

It is Admissions!!!

Current				New		
% of Pop	Admits/ Yr	Admits/000	Tranisations	% of Pop	Admits/ Yr	Admits/000
7%	1 & done	70	0%	10%	1 & done	100
6%	2-3	150	2% -3%	5%	2-3	125
4%	4+	180	-2%	2%	4+	90
17%		400		17%		315
	Per Case	\$ 10,000			Per Case	\$ 10,000
	PMPY	\$ 4,000			PMPY	\$ 3,150

Eligibility Pings - Network Based ACOs

Imminent Transaction

Opportunity Improve Quality and Resources

Much Faster Than CLF

Initiate Care Transitions

Hospital Admissions Processing - As of 03/15/2013

List of notifications from hospital not processed.



Bene. ID	Bene. Name	Date of Birth	Facility Name	Facility Phone	Eligibility Check Date ▾	Process Status	Complex Case Tier	q.H	Action	Close	Not Admission
501039		1944	Richmond University Medical Center	(718) 818-1234	03/19/2013		3		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
501039		1944	Richmond University Medical Center	(718) 818-1234	03/14/2013		3		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
502291		1962	Richmond University Medical Center	(718) 818-1234	03/14/2013		3		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
500963		1941	Richmond University Medical Center	(718) 818-1234	03/14/2013		5		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
502041		1917	Richmond University Medical Center	(718) 818-1234	03/14/2013		5		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
502276		1939	NYUFGP-Columbus Medical Institute	(718) 261-9100	03/14/2013		5		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
501493		1952	Richmond University Medical Center	(718) 818-1234	03/13/2013		3		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
501823		1954	NYUFGP-Columbus Medical Institute	(718) 261-9100	03/13/2013		5		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
500407		1928	NYUFGP-Columbus Medical Institute	(718) 261-9100	03/12/2013		5		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>
500753		1940	NYUFGP-Columbus Medical Institute	(718) 261-9100	03/13/2013		5		<button>Process</button>	<button>Close</button>	<input type="checkbox"/>

Log Out

Structured View to Status & Claims

Present Critical Information in an
Consistent Format that is Easy to Follow

Beneficiary Info

Beneficiary ID: [REDACTED]
 DOB--Age/Sex: [REDACTED]
 Address: [REDACTED] 306
 Phone No: [REDACTED]
 Effective Date: 01/01/2013 - ACTIVE
 Health Plan: New York ACO
 Personal Health: Opt In
 Alcohol/Drug: Opt Out
 Dual Status: Medicare + QMB and Medicaid

Aligned Provider ID: 200180304

Outstanding Quality Measures

ACO16 - Adult Weight Screening and Follow-Up
 ACO17a - Tobacco Use and Cessation (queried tobacco use)
 ACO17b - Tobacco Use and Cessation (received cessation)
 ACO18 - Depression Screening
 ACO19 - Colorectal Cancer Screening
 ACO21 - BP Measurement
 ACO22 - Diabetes: HbA1c < 8%
 ACO23 - Diabetes: LDL < 100

Aligned Provider: Island Medical Specialists, P.L.L.C.

HCC	HCC Description	2012	2011
104	Vascular Disease with Complications	Y	Y
105	Vascular Disease	Y	-
108	Chronic Obstructive Pulmonary Dis.	Y	Y
111	Aspiration & Specified Bacterial Pneumonias	Y	-
130	Dialysis Status	Y	Y
131	Renal Failure	Y	Y
132	Nephritis	Y	-
149	Chronic Ulcer of Skin, Except	Y	Y

Diagnosis	Diagnosis Code Description	HCC	2013	2012	2011
			-	Y	Y
03849	Oth Septicemia Due Gm-Neg Organism	2	-	Y	-
0388	Other Specified Septicemia	2	-	Y	-
0389	Unspecified Septicemia	2	-	Y	-
04112	Methicillin Resistant Staph Aureus	-	-	Y	-
0416	Proteus Infection In Cce & Uns Site	-	-	-	Y
1369	Unspec Infectious&Parasitic Dz	-	-	A	-
25000	Db W/O Comp Type Ii/Uns Not Uncntrl	19	-	Y	-
25040	Db W/Renal Type Ii/Uns Not Uncntrl	15	-	Y	-
25060	Db W/Neuro Type Ii/Uns Not Uncntrl	16	-	Y	Y
25070	Db Periph Circ Type Ii Not Uncntrl	15	-	Y	-
25080	Db W/Oth Manfst Type Ii/Uns Not Un	16	-	Y	Y
25082	Db W/Oth Manfst Type Ii/Uns Uncntr	16	-	Y	Y
25090	Db Uns Comp Type Ii/Uns Not Uncntrl	18	-	Y	-
262	Oth Severe Protein-Calorie Mlnutrit	21	-	Y	-
2720	Pure Hypercholesterolemia	-	-	Y	A
2724	Other&Unspecified Hyperlipidemia	-	-	-	Y
27542	Hypercalcemia	-	-	A	A
2761	Hyposmolality And/Or Hyponatremia	-	-	Y	-
2764	Mixed Acid-Base Balance Disorder	-	-	Y	-
27669	Other Fluid Overload	-	-	Y	-
2767	Hyperpotassemia	-	-	Y	-

CPT	CPT Description	2013	2012	2011
Cardiac or Cardiovascular Tests: Car-ECHO				
93306	Tte W/Doppler, Complete	-	-	A
Cardiac or Cardiovascular Tests: Car-EKG				
93010	Electrocardiogram Report	-	Y	Y
Hospital Records: Hos-Admission H+P				
99221	Initial Hospital Care	-	Y	-
99222	Initial Hospital Care	-	Y	Y
99223	Initial Hospital Care	-	Y	-
99231	Subsequent Hospital Care	-	Y	Y
99232	Subsequent Hospital Care	-	Y	Y
99233	Subsequent Hospital Care	-	Y	Y
Hospital Records: Hos-Discharge Summary				
99238	Hospital Discharge Day	-	Y	Y
99239	Hospital Discharge Day	-	Y	Y
Immunizations/Injections: Immunizations				
90740	Hepb Vacc, Ill Pat 3 Dose Im	-	A	-
Pathology Report: Pat-Tissue Biopsies (surgical, endoscopic etc)				
88304	Tissue Exam By Pathologist	-	Y	Y
88311	Decalcify Tissue	-	Y	Y
Pathology Report: Surgery				
11042	Debride Skin/Tissue	-	-	Y
11044	Debride Tissue/Muscle/Bone	-	Y	-
11045	Debride Skin/Tissue	-	-	-

Stratification Based On Claims

HCCs, Specific Diseases, Emergency Room Use,
Hospitalizations

All From CLF Predict Near Term Expense

High Risk Populations

Several Populations Have Specific Needs and Opportunities:

ESRD, Duals, Disabled – Each with “Special Needs”

Dual Eligible Care Plan Roster

Filter Options:

Plan Name

All

Dual Type

Medicare + QMB and Medic:

Program

All

Care Plan Completed

All

Care Plan Date Range

From Date

Through Date

Plan	q.H	Bene. ID	Bene. Name	DOB	Aligned Provider	Dual Type
New York ACO		502		1934	Island Medical Spec	Medicare + QMB and Medica:
New York ACO		502		1957	Family Medical Car	Medicare + QMB and Medica:
New York ACO		502		1942	Health And Wellne:	Medicare + QMB and Medica:
New York ACO		502		1926	Ocean Breeze Medi	Medicare + QMB and Medica:
New York ACO		502		1973	Diamond Medical	Medicare + QMB and Medica:
New York ACO		502		1933	Mahendra Amin, M	Medicare + QMB and Medica:
New York ACO		502		1924	Ocean Breeze Medi	Medicare + QMB and Medica:
New York ACO		502		1933	Rena Khanukayeva,	Medicare + QMB and Medica:
New York ACO		502		1938	Diamond Medical	Medicare + QMB and Medica:
New York ACO		502		1940	Queens Nassau Car	Medicare + QMB and Medica:

Log Out

Don't Forget To Ask Your Doctors

OK, so this isn't from CMS – Why Wait?

There will be More Cases to Manage than You
have Staff

Simple Roster – Basic Information

HCP ACO Patient Roster

Care Coordination Patient Referral

Please review your patient panel and circle any condition that is active.

If you have any concern for the patients near term health status that could be improved through care coordination please use the space provided. Please fax or mail to us as soon as possible to xxx-xxx-xxxx

Date of Birth	Last Name	First Name	Street	City	Zip	Conditions					
03/20/1958	Barrett	Michael	123 Main	NY	11111	ESRD	CHF	COPD	Diabetes	Cancer (Chem/Rad)	Pain Mgt
Phone 516-394-5626			Other Concern poor hand grip - often loses grip on reality								
12/31/1939	Wayne	John	123 Main	NY	11222	ESRD	CHF	COPD	Diabetes	Cancer (Chem/Rad)	Pain Mgt
Phone N/A			Other Concern Respiration has ceased								
7/4/1776	Dogmata	Washington	123 Main	NY	11222	ESRD	CHF	COPD	Diabetes	Cancer (Chem/Rad)	Pain Mgt
Phone 202-555-1776			Other Concern G/I track compromised by retrograde motion								

MSSP and Risk Scoring

- Pioneers have completely different benchmark formula
- MSSP will receive some value for RAF management – not as much as Medicare Advantage
- Is still worth doing
- Has challenges as info is only claim based and not separate file submission as in M.A.

Risk Score Algebra, MSSP & Relativity

Small Increase in BY 3 Risk Score

<u>Year</u>	<u>Risk Score</u>	<u>Risk Score Adj Factor (BY3/BYx)</u>	<u>Weight</u>	<u>Component</u>	<u>Risk Arbitrage "Inflation"</u>
P/BY1	0.75	1.27	10%	0.127	
P/BY2	0.75	1.27	30%	0.380	
P/BY3	0.95	1.00	60%	0.600	
Imputed Risk Score				1.107	10.67%

Moderate Increase in BY 3 Risk Score

P/BY1	0.75	1.40	10%	0.140	
P/BY2	0.75	1.40	30%	0.420	
P/BY3	1.05	1.00	60%	0.600	
Imputed Risk Score				1.160	16.00%

Significant Increase in BY 3 Risk Score

P/BY1	0.75	1.47	10%	0.147	
P/BY2	0.75	1.47	30%	0.440	
P/BY3	1.10	1.00	60%	0.600	
Imputed Risk Score				1.187	18.67%

Submitting New Dx to CMS

- Charting, charting, charting
 - It is not just coding
 - Must meet documentation standards
 - DSP, DSP, DSP, DSP
- Precise wording counts
 - Pressure Sores vs. Ulcers
- NOW coding is easier
- Quality reporting just got easier too
 - Level II codes
 - Precise ICD-9 Codes – any bets on ICD-10?

Segment Management

- ESRD is 6x or more Aged/Dual
- Dual 20% or more than Aged/Dual
- Disabled often less than Aged/Dual
- Will vary by ACO – how are you managing which patients are in each segment?

Questions?
