

Primary Care First: HealthTeamWorks' Revenue Calculator and Practice Support

December 11, 2019, 9:00 – 10:00 a.m. MT

David Ehrenberger, MD, CMO
Bert Miuccio, CEO

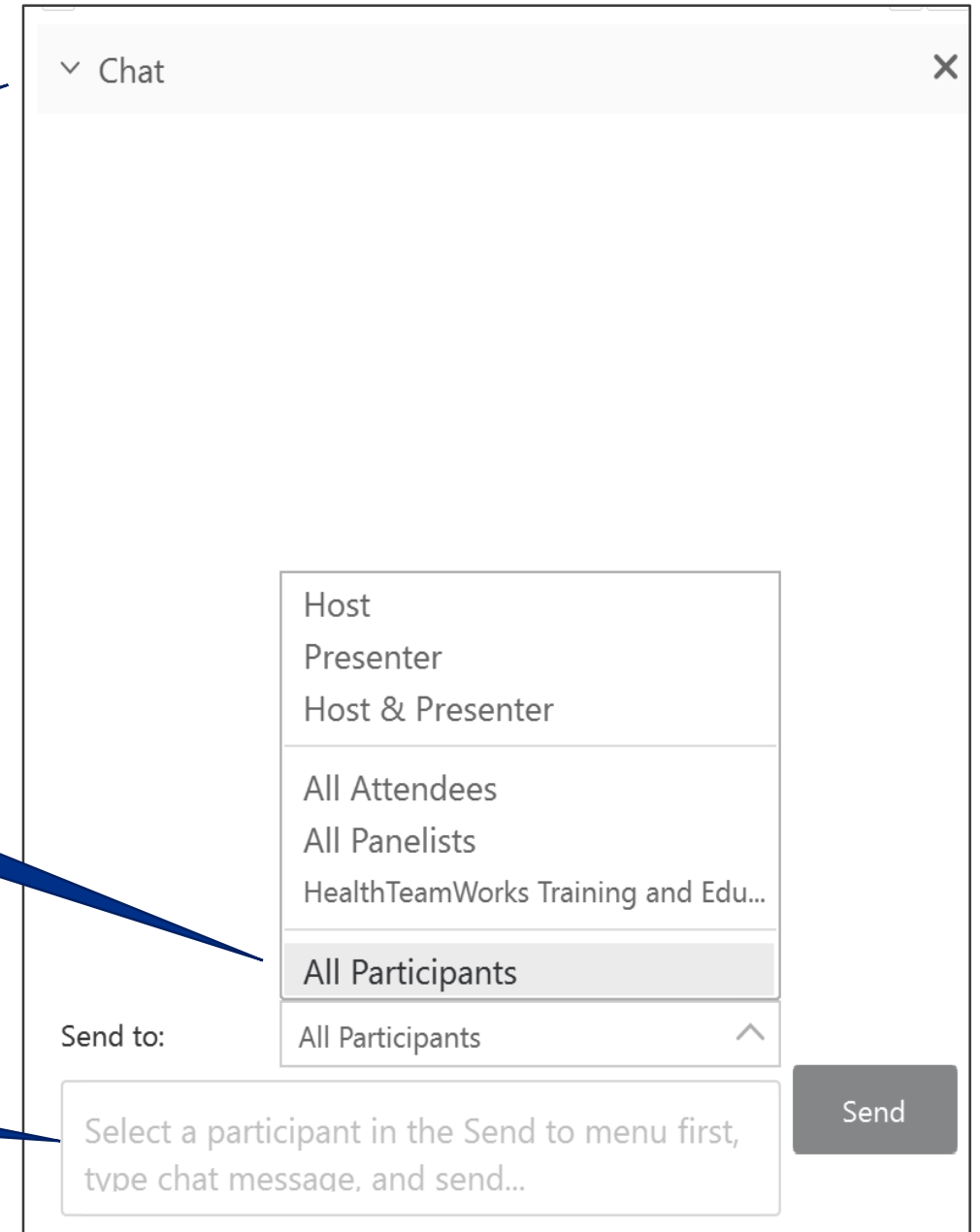


Using WebEx Chat

Open Chat pane

Click on "All Participants"

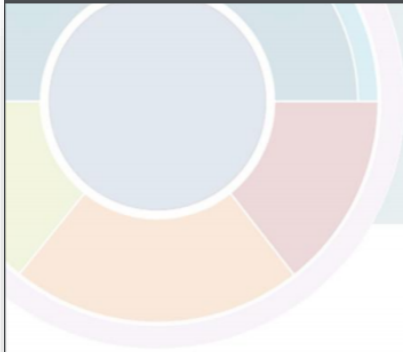
Type message & "Enter"



The screenshot shows the WebEx chat interface. At the top, there is a 'Chat' header with a dropdown arrow and a close button. Below the header is a large empty text area for messages. On the right side, there is a 'Send to:' dropdown menu. The menu is open, showing a list of options: 'Host', 'Presenter', 'Host & Presenter', 'All Attendees', 'All Panelists', 'HealthTeamWorks Training and Edu...', 'All Participants' (which is highlighted), and 'All Participants' (with an upward arrow). Below the dropdown menu is a text input field with a placeholder message: 'Select a participant in the Send to menu first, type chat message, and send...'. To the right of the input field is a 'Send' button.

AGENDA

Time	Topic	Facilitator
9:00 – 9:05	Welcome & Introductions	Kristen Stine, MSOD
9:05 – 9:30	Primary Care First Revenue Calculator & Business Modeling	David Ehrenberger, MD
9:30 – 9:45	<i>HealthTeamWorks</i> PCF Practice Support	Bert Miuccio, CEO
9:45 – 10:00	Q&A and Discussion	All



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Source: "Primary Care First: Foster Independence. Reward Outcomes. Model Briefing", Center for Medicare & Medicaid Innovation

Comprehensive Primary Care Function	PCF Intervention
Access and Continuity	<ul style="list-style-type: none"> ▪ Provide 24/7 access to a care team practitioner with real-time access to the EHR
Care Management	<ul style="list-style-type: none"> ▪ Provide risk-stratified care management
Comprehensiveness and Coordination	<ul style="list-style-type: none"> ▪ Integrate behavioral health care ▪ Assess and support patients' psychosocial needs
Patient and Caregiver Engagement	<ul style="list-style-type: none"> ▪ Implement a regular process for patients and caregivers to advise practice improvement
Planned Care and Population Health	<ul style="list-style-type: none"> ▪ Set goals and continuously improve upon key outcome measures

CMS Primary Cares Initiatives  Center for Medicare & Medicaid Innovation

Source: "Primary Care First: Foster Independence. Reward Outcomes. Model Briefing", Center for Medicare & Medicaid Innovation

Total Primary Care Payment Promotes Flexibility in Care Delivery

The Total Primary Care Payment is a hybrid payment that incentivizes advanced primary care while **compensating practices with higher-risk patients**.

Population-Based Payment

Payment for service in or outside the office, adjusted for practices caring for higher risk populations. This base rate is the same for all patients within a practice.

Practice Risk Group	Payment (per beneficiary per month*)
Group 1: Average Hierarchical Condition Category (HCC) <1.2	\$28
Group 2: Average HCC 1.2-1.5	\$45
Group 3: Average HCC 1.5-2.0	\$100
Group 4: Average HCC >2.0	\$175

Payment will be reduced through calculating a "leakage adjustment" if beneficiaries seek primary care services outside the practice.



Flat Primary Care Visit Fee

Payment for in-person treatment that reduces billing and revenue cycle burden.

\$40.82

per face-to-face encounter

Payment amount does not include copayment or geographic adjustment

These payments allow practices to:

- ✓ Easily predict payments for face-to-face care
- ✓ Spend less time on billing and coding and more time with patients

* PBPM = Per Beneficiary Per Month



The Model's Quality Strategy for Practice Risk Groups 1-2 Includes a Focused Set of Clinically Meaningful Measures

The following measures for **Practice Risk Groups 1-2** will inform performance-based adjustments and assessment of quality of care delivered.

Measure Type	Measure Title	Model Years
Utilization Measure for Performance-Based Adjustment Calculation (Calculated Quarterly)	Acute Hospital Utilization (AHU) (HEDIS measure)	Years 1-5
Quality Gateway (Calculated Annually)	Patient Experience of Care Survey (CAHPS® with supplemental items)	Year 2-5
	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (eCQM)	
	Controlling High Blood Pressure (eCQM)	
	Advance Care Plan (MIPS CQM measure)	
	Colorectal Cancer Screening (eCQM)	

CMS Primary Cares Initiatives



Center for Medicare & Medicaid Innovation

Source: "Primary Care First: Foster Independence. Reward Outcomes. Model Briefing", Center for Medicare & Medicaid Innovation

Primary Care First Model Payments Include Two Major Components

Total Primary Care First Model payments

Total primary care payment



Performance-based adjustment

Professional
Population-Based
Payment



Flat Primary Care
Visit Fee

Opportunity for practices to **increase revenue by up to 50%** of their Total Primary Care Payment based on key performance measures, including acute hospital utilization (AHU).

- 1 Regional adjustment
- 2 Continuous improvement adjustment

CMS Primary Cares Initiatives



Center for Medicare & Medicaid Innovation

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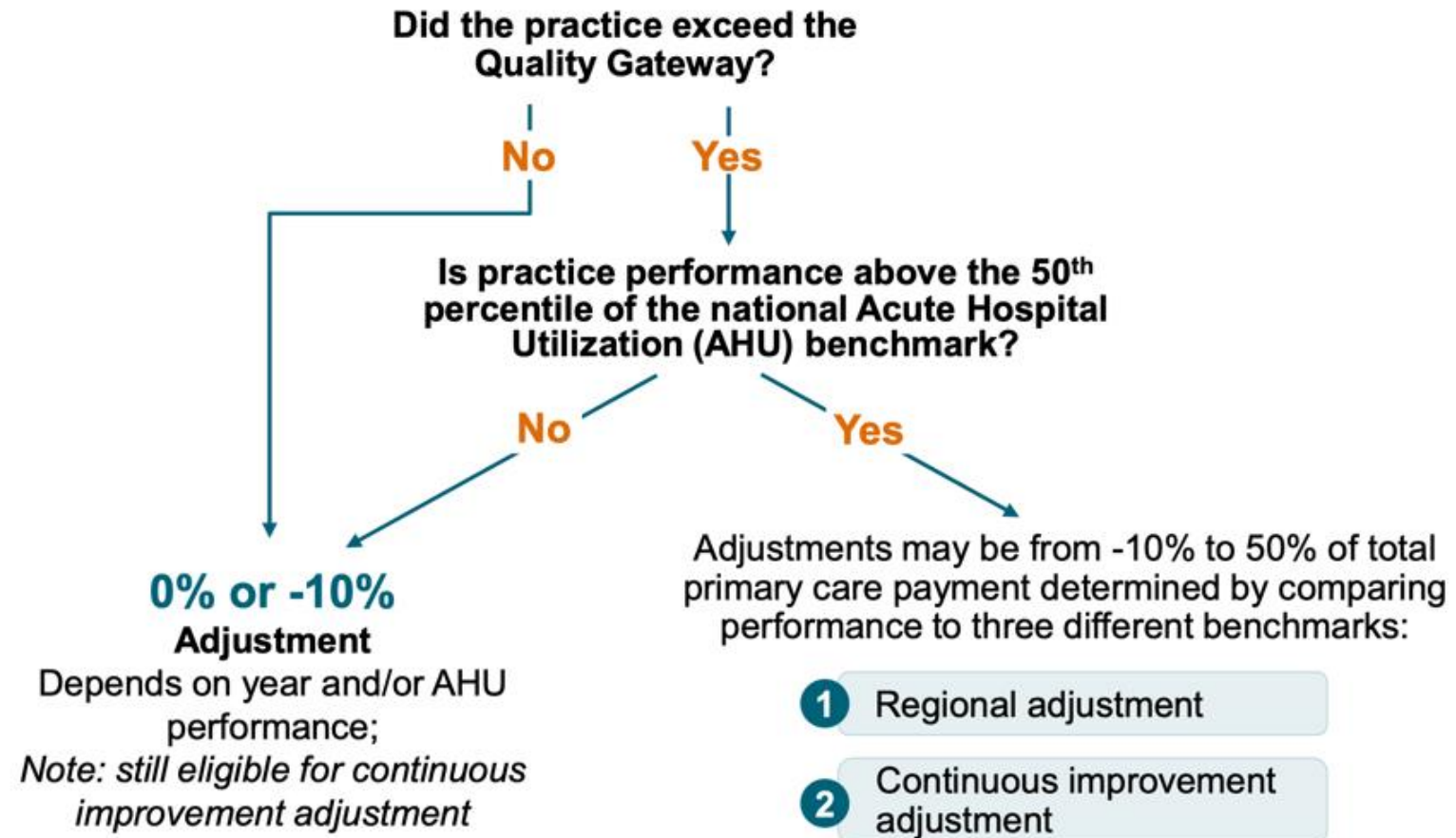
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Performance-Based Payment Adjustments Are Determined Based on a Multi-Step Process

In **Year 1**, adjustments are determined based on **acute hospital utilization (AHU)** alone.
In **Years 2-5**, adjustments are based on performance as described below.



Primary Care First Revenue Calculator

[https://www.healthteamworks.org/
content/primary-care-first-revenue-
calculator](https://www.healthteamworks.org/content/primary-care-first-revenue-calculator)

Simple tool for prospective PCF practices

- Evaluate the business case for PCF participation
- Understand PCF payment model
- Compare to Medicare FFS

Variables & impact on performance / revenue

- Dial-in important variables
 - Practice-specific
 - PCF program-specific

Prioritize advanced primary care practice functions

- Drivers of PCF Performance

PCF Revenue Calculator: Use-Case Scenarios

Both Practices: 3 FTE PCPs, total 6000 patients

Practice 1	Characteristics*	PCF Input Variable
	15% MCR pts	15%
	Struggles w/ relationship/communication w/ Hosp/ED	Exceeds AHU Gateway (barely)
	No process: data review & PI	Fails to meet Quality Gateway
	Inconsistent use of Registries	30 th % for both AHU & CI (PBA = 0%)
	Continuity of primary care inconsistent	Leakage 15%
	No process to capture/optimize HCC	Risk Group 1 (HCC <1.2)
	PCF Overhead--minimal	\$21,000
Practice 2	Characteristics*	PCF Input Variable
	25% MCR pts	25%
	Effective collaborative care partnership w/Hosp & ED	Exceeds AHU Gateway
	Standardized multidisciplinary PI mtgs Track record of Pt-centered care improvements	Exceeds Quality Gateway
	Routine use of multiple patient registries Proactive outreach to pts with chronic illness	60 th % for both AHU & Continuous Improvement (PBA = 20%)
	Good continuity & engagement w/PCP team	Leakage 5%
	Systematic process to update/optimize HCC Coding	Risk Group 2 (HCC 1.2-1.5)
	PCF Overhead—matches # aligned MCR patients	\$100,000

*Both Practice 1&2: 100% attribution concordance, 4.28 OV/y, MCR FFS Avg payment/OV = \$93, 15% pts eligible/billed for CCM; Yr 2 PCF General Participation (not participating in SIP)

Assessment &
Recommendations

Online Coaching
& Group Learning
Sessions

Solutions Center
Tools & Virtual
Collaboration

Data Monitoring
& Rapid
Response

Collaborative
Learning Meeting
in Denver, CO

Primary Care First Practice Support

- HealthTeamWorks Assessment to inform Prioritized Recommendations
- Guidance to leverage CMS Data for Performance & Payment Optimization
- Small-group online coaching meetings focused on your priorities
- Monthly group virtual Learning Sessions on topics essential to all PCF participants
- Access to HealthTeamWorks' Solutions Center tools, peer forums, and collaboration networks
- In-person collaborative learning meeting in Denver, CO
- Individualized level of support via picklist of additional service options

Drivers by priority

- 1) More Medicare patients the better
 - Build your Medicare panel*
- 2) Ability to pass both the Quality and the AHU Gateways & perform well regionally on both Quality and AHU measures
 - Year 1: Must excel in AHU reduction
 - Risk assessment and care management*
 - Collaborative care partnerships with hospitals/EDs*
 - Years 2 & 3: Must excel in Quality measures
 - Master access, registry management, patient engagement*
 - Assess and manage social determinants*
- 3) Continuous Improvement
 - Master advanced teamwork*
 - Master collaborative performance improvement*
 - Leverage CMS and practice data in the work of improvement*



Excelling in PCF Performance

Two flexible pricing options for 18-months of Core PCF Practice Support:

1. Flat participation fee \$7,000 per practice for one year,

OR

2. HealthTeamWorks goes at risk with you
 - I. Lower upfront of \$5,000 per practice for one year
 - II. Additional \$5,000 payable at the end of the year if we together meet specific thresholds



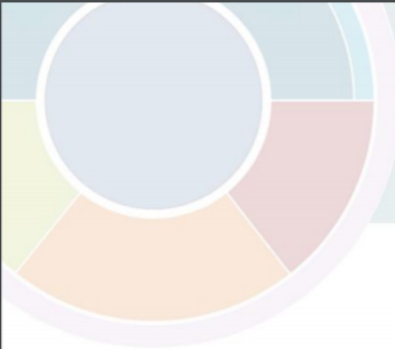
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Questions & Answers

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Thank You

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