PPLLC Office Managers meeting

July 19, 2023

Agenda

- WellSense ACO
  - PCP capitation
  - Continuity of care period ending
  - Pharmacy and BH changes
  - Flex services
- HPHC cybersecurity update
- Yankee Alliance – group purchasing opportunity
- Geographic pod level performance meetings
- Epic timeline

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WellSense ACO

- PCP capitation payment – issues?
- Capitation reports will be sent through secure portal – reply by Friday July 14 to be included
    - Information was sent to practices – reach out if you need more information
- PCP tiering audits will begin in July – supporting documentation should be up to date
- Continuity of care period has expired
- All standard WellSense policies are in place, including prior authorization requirements
- Reminder: referrals to see WellSense patients are not required

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WellSense ACO

- Reminder: Walgreens is not part of the WellSense pharmacy network

- Eleanor Health, a behavioral health services vendor, will no longer be in network as of July 18, 2023

    - Reach out to the WellSense BH mailbox at BHACO@wellsense.org with any questions or issues

Flex & Community Partners Program

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2023 ACO Community Partners Program Overview

WellSense BILHPN ACO operates two Community Partners (CPs) Programs. CPs are community-based entities that work with Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) to provide <u>care management and coordination</u> to certain members.

- **Behavioral Health (BH):** members with significant behavioural health needs.

BH CPs *examples*	Community Care Partners, LLC.	Eliot Community Human Services, Inc.	Riverside Community Partners	Behavioral Health Partners of MetroWest, LLC.

- **Long-Term Services and Supports (LTSS):** members with complex LTSS needs, such as children and adults with physical developmental disabilities and brain injuries.

LTSS CPs *examples*	LTSS Care Partners, LLC.	Massachusetts Care Coordination Network	North Region LTSS Partnership	Merrimack Valley Community Partner

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BH CP vs LTSS CP

BH CP Supports

BH CPs perform comprehensive care coordination and care management, including

- *Outreach and engagement*
- *Comprehensive assessment and ongoing person-centered treatment planning*
- *Care coordination and care management across services including medical, behavioral health, long-term services and supports, and other state agency services*
- *Support for transitions of care*
- *Medication reconciliation support*
- *Health and wellness coaching*
- *Connection to social services and community resources*

LTSS CP Supports

LTSS CPs are experts who perform LTSS care coordination, including

- *Outreach and engagement*
- *LTSS care planning that includes providing information to support informed choice of services and providers by members*
- *Care team participation*
- *LTSS care coordination, including other state agency services*
- *Support for transitions of care*
- *Health and wellness coaching*
- *Connection to social services and community resources*

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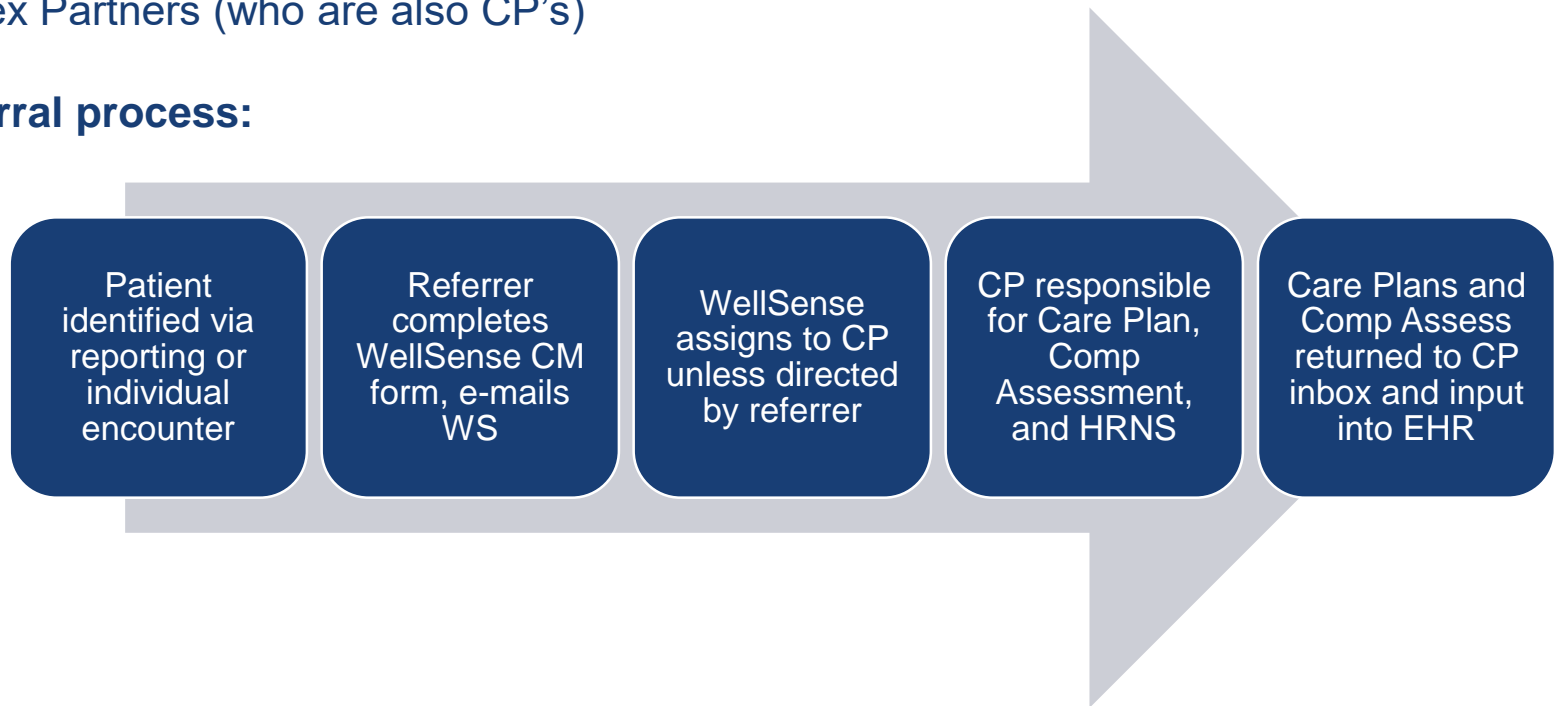Performance Network

What this Means for Providers

- Providers of MassHealth services and programs should continue to deliver services in accordance with all applicable regulations, program or service specifications, agency guidance, and contracts with ACOs, MCOs, and the MassHealth behavioral health vendor.

- Community Partners will coordinate with providers and **supplement** but not duplicate functions performed by providers. CPs will be a resource and support for coordinating with the member's providers, ACO and MCO.
  - For example, a CP may support integration making sure that ACOs, MCOs, PCPs and other providers share the right information and coordinate services, including additional social services, through a single care plan.)

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BILHPN Internal CP Workflow

Referral sources:

- BILHPN community health workers (CHW)
- Local practice sites (with social work or CHW availability)
- Community Partners (CPs)
- WellSense (WS) Care Management
- Flex Partners (who are also CP's)

Referral process:

| Patient identified via reporting or individual encounter | Referrer completes WellSense CM form, e-mails WS | WellSense assigns to CP unless directed by referrer | CP responsible for Care Plan, Comp Assessment, and HRNS | Care Plans and Comp Assess returned to CP inbox and input into EHR |

ACO Care Management Referral Form

WellSense HEALTH PLAN

WellSense Health Plan offers a variety of care management programs to members with complex medical or behavioral health conditions, or other barriers to health. Please complete this form to recommend your patient for Care Management. We will notify you via email of the program that best fits your patient's needs.

Member Information

Member Name		DOB	Gender
WellSense ID #	Medicaid ID #		ACO name
Home phone		Cell phone	
Address			
Legal guardian name		Legal guardian phone number	

Referring Provider Information

Referring provider name		☐ PCP ☐ Specialist ☐ Other_____
Referring provider/group name		/
Email	Phone	Fax
State or community agency involvement	☐DMH ☐DDS	☐DCF ☐Mass Rehab	☐ CBHI ☐ Other _____

Care Management Referral Reason

Reason for Referral (check all that apply):	**Diagnoses** (check all that apply):	**Socioeconomic barriers** (check all that apply):
☐Multiple recent hospitalizations	☐Serious and Persistent Mental Illness (SPMI)	☐Homelessness
☐Multiple ED visits	☐Substance Use Disorder (SUD)	☐Housing insecurity
☐Complex behavioral health/SUD needs	☐Diabetes	☐Food insecurity
☐Complex medical needs	☐Asthma	☐Lack of social supports
☐Special needs	☐Heart failure	☐Frequent missed or canceled appointments
☐2+ chronic conditions under poor control	☐Other _____	☐Other SDOH needs
☐Need functional assistance with ADLs/IADLs		_____
☐High risk pregnancy		
☐Other _____		

Add pertinent clinical and psychosocial information to assist with triage to appropriate program (e.g. specific diagnosis, social determinants of health, recent admits, and/or current presentation/goals):

Preferred Care Management Program (If unknown, check the first box)	**Submit to:**
☐ ACO Care Management (includes medical, social, maternal child health)	ACOCMReferral@wellsense.org or fax 857-366-7800
☐ ACO Behavioral Health Care Management (includes BH and SUD)	BHCMReferrals@wellsense.org
☐ BH Community Partner	BHCP@wellsense.org
☐ LTSS Community Partner	LTSSCP@wellsense.org

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2023 ACO Flexible Services Programs Overview

WellSense BILHPN ACO operates two Flexible Support Programs to support MassHealth members with housing and/or nutritional needs.

- **Nutrition:** meals, gift cards, debit cards, and/or groceries for patients with food insecurity <u>and</u> certain chronic conditions and/or number of ED visits

- **Housing:** Housing Navigation services to secure new housing units or to sustain their current housing safely for patients with housing insecurity <u>and</u> certain chronic conditions and/or number of ED visits

Partner Social Service Organization (SSO)	Nutrition			Housing		
	Community Servings	**AgeSpan** *(formally Elder Services of the Merrimack Valley and North Shore)*	**About Fresh**	**Eliot**	**Vinfen**	**Community Counseling of Bristol County (CCBC)**
Services Provided	-Medically Tailored Meals	-Gifts Cards (for groceries) -Medically Tailored Meals -Groceries	-Debit Cards *(for produce only)*	-Housing Navigation (for new units) -Eviction Prevention -Home Modifications	-Housing Navigation (for new units) -Eviction Prevention -Home Modifications	-Housing Navigation (for new units) -Eviction Prevention -Home Modifications

BILHPN Internal Flexible Services Workflow

Referral sources:

- BILHPN community health workers (CHW)
- Local practice sites (with social work or CHW availability)
- Community Partners (CPs)
- MCO care managers

Referral process:

Patient identified via registry or individual encounter → Referrer inputs referral into SMC Portal (No more forms!!) → WellSense works with Flex Vendor → Referrer sees status in SMC Portal
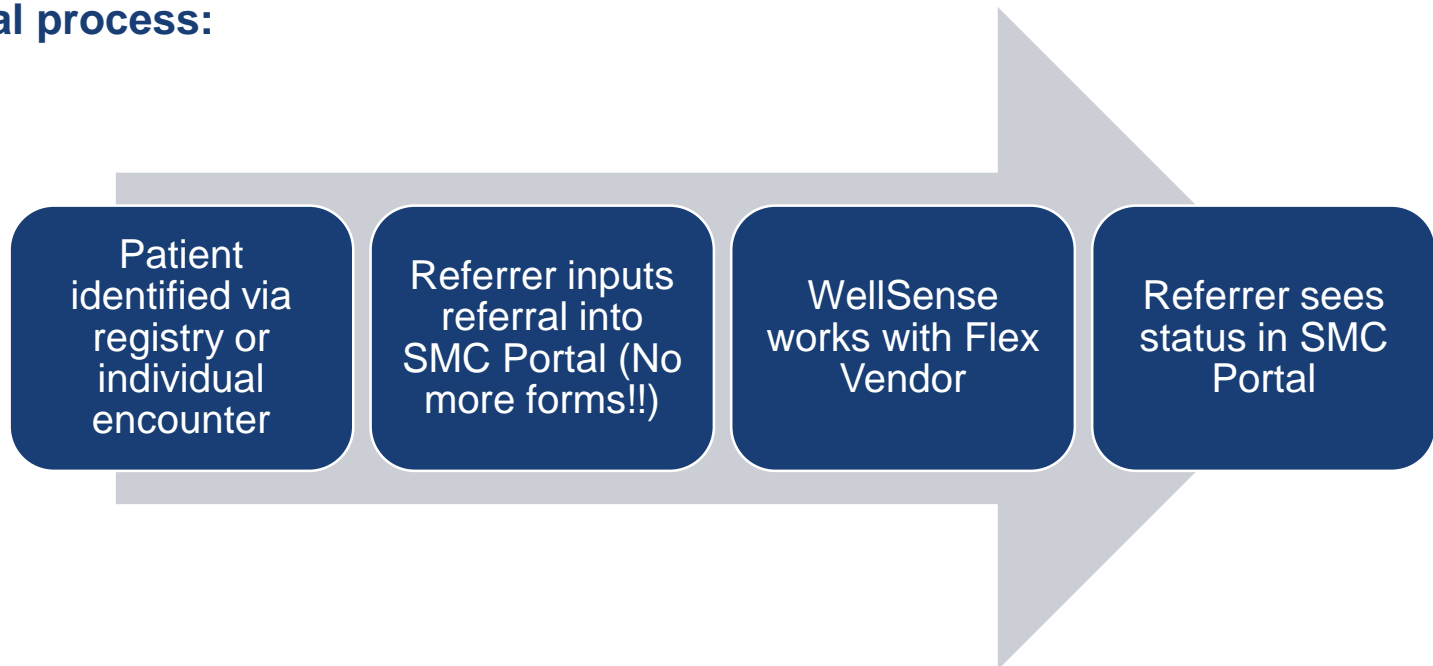
Flex Referral Process

Please email the following information to the BILHPN Masshealth Community Health Worker inbox:

masshealthchworker@bilhpn.org

Referring Practice/Risk Unit:	
Patient Name:	
MassHealth ID *(if available)***:**	
DOB:	
Patient Phone #:	
Flex Program Needed *(Housing, Nutrition, and/or other social determinant)***:**	
Preferred SSO?	
Urgent? *(if yes, please elaborate as to why)*	

HPHC cybersecurity update

- HPHC is accepting claims submissions, and is paying claims on a FIFO method
- If claims deny for no authorization, HPHC is manually overriding the denial
- UM activities – notification, prior auth and referrals – will begin for service dates beginning July 24
- Requests can be sent in as of July 10 (no sooner)
- UM is not required for services occurring in the waiver period (4/15-7/23)
- If services continue from waiver period past 7/23, UM is needed

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UM slides from HPHC

Resumption of Utilization Management Requirements

Utilization management (UM) activities – including notification, prior authorization, and referral – for Harvard Pilgrim Health Care members will resume for dates of service beginning July 24, 2023. Includes:

- Commercial, Medicare Supplement, and Medicare Advantage Stride^{SM} (HMO)/(HMO-POS)
- UM programs with vendors (such as NIA, Carelon, OncoHealth, Progeny, Optum/UBH, etc.)
- Medical and behavioral health
- Out-of-area/national network partner, United Healthcare

July 24
Resumption of UM requirements for dates of service beginning 7/24

April 15
UM requirements waiver begins

July 10
May begin submitting requests for dates of service beginning 7/24

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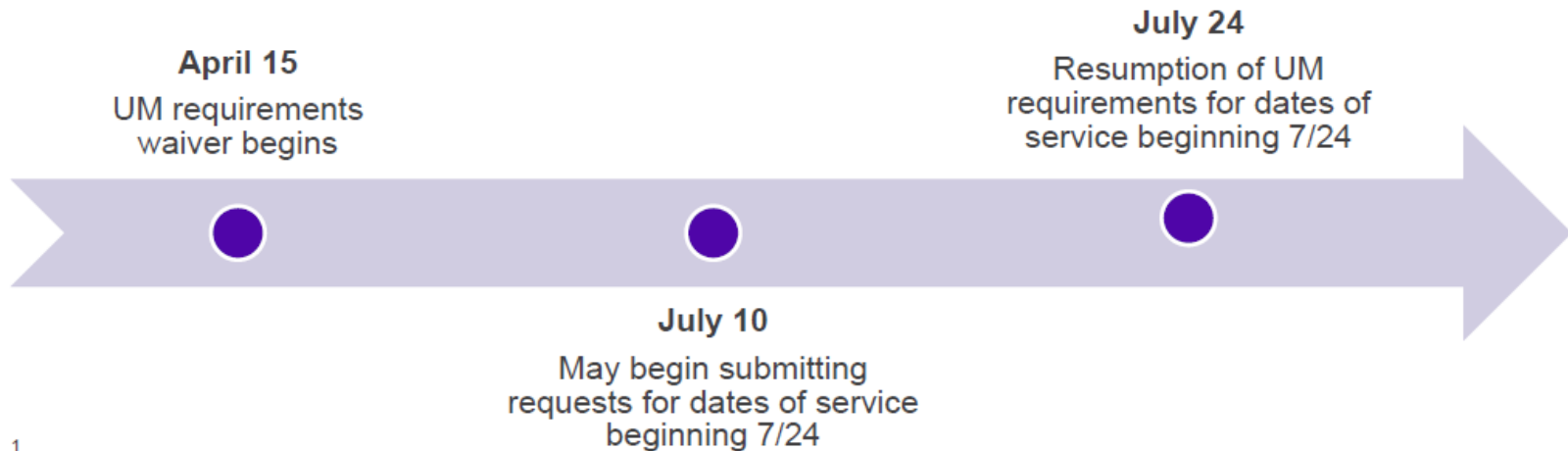
UM slides from HPHC

Submitting Utilization Management Requests

Including notification, prior authorization, and referrals

Before the waiver period (prior to 4/15/23)	**Waiver period** (4/15/23-7/23/23)	**UM Requirements Restored** (7/24/23 and beyond)
Do Not Resubmit	**Do Not Submit**	**Submit Starting 7/10**
Utilization management requirements apply. All approved notification, authorizations referrals are still valid. Do not resubmit.	Utilization management requirements are waived for dates of service during this time. Do not submit a new request.	For services starting with dates of service starting on 7/24 and after, utilization management requirements (prior authorization, referral and notification) apply. Submit new requests.

Continuity of Care

If dates of service begin during the waiver period and end on or after 7/24, please notify us to enable us to coordinate continuity of care.

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Yankee Alliance
Member Focused, Value Driven

July 19, 2023

YANKEE ALLIANCE

PREMIER

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What is a GPO ?

What is a Group Purchasing Organization (GPO)?

A **group purchasing organization (GPO)** is an entity that helps its members realize savings and efficiencies by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors and other vendors.

Member entities use group purchasing to obtain the best products at the best value.

What is a GPO ?

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Yankee Alliance Mission

*Work with our members to **reduce supply and operating expenses** through the aggregation of data, purchasing, knowledge, and ideas*

Cost Reduction • Innovation • Collaboration

Yankee Alliance

- A Group Purchasing Organization (GPO) founded in 1984
- Largest sponsor of Premier, Inc.
- Annual spend of over $4 billion
- Aggregate national contracts so members can achieve higher tiers/lower cost regardless of spend
- Negotiate local contracts to expand portfolio and meet member needs
- Members benefit most when they are fully engaged in the GPO program

No Membership Fees

Voluntary participation; based **on purchasing needs**!

Sample of Premier's Contract Portfolio Category

+2,800 contract portfolio

- Medical Surgical
- Pharmacy
- Office Supplies and Furniture
- Laboratory
- Information Technology
- Imaging
- Facility Management & Maintenance
- PPE
- Capital Equipment
- Administrative, Financial & Management Services
- Cardiology

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Employee Purchase Program

Your business and employees may **enjoy significant savings** from our year-round negotiated discounts from vendor partners and contracted suppliers.

Business and Employee

Discounts

- Mobile Wireless Carriers
- Vehicle Rental Services
- Office Supplies
- Computers, Laptops & Electronics
- Paint, Stains and Sundries
- Flooring Products and Services
- And more…

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Yankee Alliance Members

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Member Support

Supported by member services team

Price activate contracts on their behalf

Liaison to vendors

Ongoing cost analysis support to demonstrate savings

Subject matter experts

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Next Steps

- Communicate to physician groups
  - This Office managers meeting, email to practice leads, newsletter
- Facilitate enrollment of groups with Yankee Alliance
- Groups continue to use their current vendors (but now with a potential bigger discount) or sign up with new vendors based on better pricing opportunity
- No other paperwork or administration needed!

Geographic pod level meetings

Why Meet?

BILHPN is working to consistently improved results in value-based contracts

> *Up & Down Risk Sharing between BILH Hospitals & Providers*

BILHPN strategic priorities will be key drivers of improved efficiency and quality performance:

- Skilled Nursing Facility admissions and length of stay

- Readmissions

- Ambulatory Clinical documentation

- Care Retention

- Diabetes hba1c and blood pressure

- Hypertension

- Heart Failure Evidence Based Medicine

- Hospital Quality

> *Success relies on collaboration between the hospitals and providers across the network*

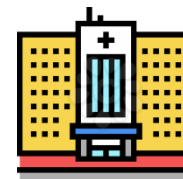# Geographic pod level structure

BIDMC

PCPs:
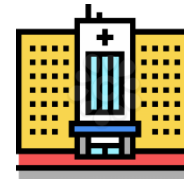API
BIDHC
CHC
HCA

BID-Needham

PCPs:
API
BIDHC

BID-Milton

PCPs:
BIDHC
Milton community

BID-Plymouth

PCPs:
BIDHC

AJH

PCPs:
Whittier

Epic timeline

BILH EHR Consolidation

What Will One Epic Instance Achieve?

Implementing a single Epic instance for BILH will help achieve our promise to deliver extraordinary care for patients, families, provider, and our workforce

Fully integrated clinical infrastructure to deliver seamless care

Evolve and expand digital health solutions across the network

Consistent patient, clinical and research experience

Unify decision support & standardized referral workflows

Accelerate knowledge, discovery, and training for providers and workforce

OneBILH Project
Estimated Go Live Timeline
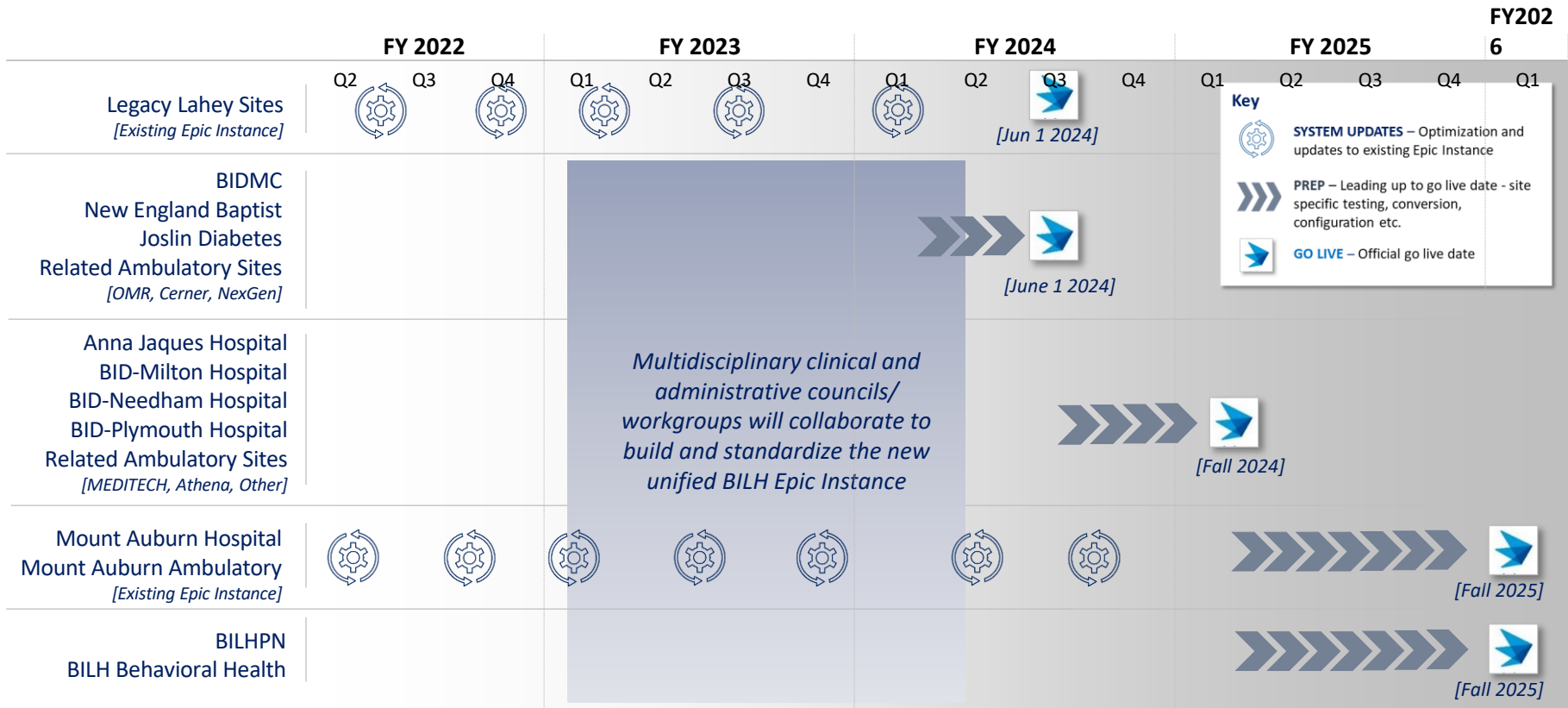
Affiliated/Independent ambulatory providers will not convert during the initial implementation. They will be converted 12-24 months later onto Epic's community connect model to replace their current EHRs (preferred strategy) or can connect to BILH Epic using EpicCare Link while continuing with their current EHRs.

Project Timeline Locations in Scope for BILH Epic Project

June 2024 Go-Lives

Hospitals

Beth Israel Deaconess Medical Center

New England Baptist Hospital

Ambulatory Sites/Practices

Joslin Diabetes Center

1 Brookline Place

BID Milton - Center for Specialty Care, MID Milton Bariatric Surgery Program

BID Needham – OMR practices, Cancer Center

BIDHC (formerly APG) – OMR practices in Boston, Brookline, Chestnut Hill, Chelsea, Jamaica Plain, Lexington

BIDMC Offsite - Chelsea, Chestnut Hill, Lexington

NEBH Offsite – Chestnut Hill, Dedham

Bowdoin St Health Center

HMFP Community OMR practices in Brockton, Brookline, Cambridge, Dedham, Milton,

Needham, Plymouth, Wellesley

NEBH Community Practices (Employed)

Urgent Care - Chelsea, Chestnut Hill, Dedham

New Module Implementation

Addison Gilbert Hospital

BayRidge Hospital

Beverly Hospital

BILH at Home in Cambridge, Danvers, Reading and Woburn

Lahey Health Hub in Danvers

Lahey Hospital & Medical Center

Lahey Medical Center Peabody

LOCD in Danvers

Lexington

Legacy Lahey Primary Care

Winchester Hospital

Fall 2024 Go-Lives

Hospitals

Anna Jaques Hospital

Beth Israel Deaconess Hospital – Milton

Beth Israel Deaconess Hospital - Needham

Beth Israel Deaconess Hospital – Plymouth

Ambulatory Sites/Practices

AJH SAGP Practices

Quincy Specialty Care Center

Community Physician Associates

BIDHC - Amesbury, Andover, Braintree, Dedham, Dorchester, Duxbury, Haverhill, Medfield, Methuen, Milton, Needham, Newburyport. Newton, Pembroke, Plymouth, Quincy, Randolph, Salem, Sandwich, Seabrook, Sharon, Waltham, Wayland, Wellesley, Westwood

Plymouth Community Practices

Urgent Care – Quincy

Fall 2025 Go-Lives

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Mount Auburn Hospital

Mount Auburn Ambulatory

Ambulatory sites with BILH employed providers will be converted at the same time as the go live at their affiliated hospital. (For example, the 3 urgent care sites that use OMR systems will convert with BIDMC, and the 4 employed NEBH community practices using eCW will convert with NEBH).

Affiliated/Independent ambulatory providers will not convert during the initial implementation. They can be converted 12-24 months later onto Epic's community connect model to replace their current EHRs (preferred strategy) or can connect to BILH Epic using EpicCare Link while continuing with their current EHRs.

Outstanding questions

- What will be the process for ordering and getting results for patients who receive BILH hospital services?

- How will communication occur between PCPs and specialists in different EMR systems?

- How will community-based physicians get updates on Epic implementation progress?