LOUISIANA ASSOCIATION
OF RURAL HEALTH CLINICS

Value Based Care (VBC) Program

Phase 1 - Pilot ✔
Phase 2 - Clinic Aggregation (Now Open)
Phase 3 - Patient Lives Aggregation (Coming Soon)

HEALTHCARE SOLUTIONS

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Target Health
HEALTHCARE ADVOCATE

VBC Pilot Program Overview

VBC Pilot Phase Team

- **LA-RHC** - Coordination & Consolidation
- Partners Assisting with the Project
  - i3Med - Technology & Analytics
  - Target Health - Value Based Care Expertise & Payer Relationships
- **RHC Clinics** - 8 clinic from around the state

We didn't get all the data we needed from the payers, but enough to complete the pilot.

Pilot Activities (Medicaid MCO focused)

- Clinic outreach, participation application, and survey
- Data release consent
- Requested and obtained patient attribution data by clinic/TIN
- Reviewed Contracts for Quality/Value Care engagement & opportunities
- High level analysis of attributed patients against patient visits & historical VBC reimbursement

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VBC Pilot Goals & Objectives

GOALS

RHCs

- Increase knowledge of VBC programs
- Identify VBC revenue opportunities
- Better understand patient population & payer relationships

PAYERS

- Provide the RHCs a voice with payers
- Establish RHCs as a valuable care provider group to payers

OVERALL

- Identify additional VBC possibilities

OBJECTIVES

- Gain better understanding of your patient attribution and population *(Identify attributed patients)*
- Analyze attributed patients against patient visits
- Assess current level of VBC engagement & financial results
- Quantify, to the extent possible, current and future revenue opportunities
- Identify next steps to expand VBC participation & reimbursement

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VBC Pilot Initial Findings

FINDINGS

- Not a lot of attention because volume is low
- Clinics don't login to portal
- Clinics do not understand programs
- Payer Reps / RHC relationship not strong
- Payer does not really address RHCs
- Limited 'management' of Value Based Care Revenue Opportunities
- High interest from all parties to expand VBC
- Conflicts with Patient Attribution

No Voice

ATTRIBUTION

- Attributed patients and patient visits DON'T match
  - Instances clinics had zero attributed patients
  - Provider panels may not be open to accept patients
- Cases of patient attributed but not seen ('orphaned')
- Cases of patients seen but not attributed ('adopted')

Example of Attribution Differences

Payer	Clinic Patient w/ Visits	Payer Attributed Patients
Healthy Blue- HB	129	178
United Healthcare- UHC	438	663
AmeriHealth Caritas- ACLA	367	249

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Revenue Opportunities

- Per Member Per Month (PMPM)/Care Management Fee (CMF)
- HEDIS gaps in care closure
- CPT II coding
- Risk adjustment/severity of illness
- Shared Savings-/Medical Loss Ratio performance

**Target will email out individual participant findings and data.

Payer/Patients Lives	Revenue Potential	Revenue Achieved
Smaller Health Center		
Payer A: 71 Attributed Patients	NA	$0
Payer B: 178 Attributed Patients	NA	$0
Payer C: 663 Attributed Patients	$24,000 annual	$6,000 annual
Payer D: 200 Attributed Patients	$4,800 annual	$4,800 annual
Payer E: 700 Attributed Patients	$36,000 annual	$8,000 annual
Larger Health Center		
Payor A: 437 Attributed Patients	$15,000 annual	$3,000 annual
Payor B: 612 Attributed Patients	NA	$0
Payor C: 1,130 Attributed Patients	$43,000 annual	$8,000 annual
Payer D: 400 Attributed Patients	$36,000 annual	$36,000 annual
Payer E: 1,350 Attributed Patients	$54,000 annual	$13,500 annual

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LA-RHC VBC Program Overview

OVERVIEW

- Open to ALL LA-RHC Members
- Stay independent but work as a team to succeed in VBC
- Medicaid focus initially
- Technology & workflow/contracting services provided by i3Med & Target
- Follow a standardized process of improvement
- Track/manage reimbursement against performance

Keys to Success

- Technology to compare attribution to visits
- Workflow assistance
- Track reimbursement to performance

THE PROCESS

- Sign up at i3Med or Target booth
- Sign participation agreement
- Attend group meeting & execute improvement strategies
- Share in the increased revenue based on performance and patient base

The goal is to improve quality & revenue, but also position for the next phase - Aggregate Patient Lives

WHERE TO … Next

Phase 3 - Patient Lives Aggregation

Even More $$$

- Aggregate the lives served by participating RHCs
- Negotiate collectively with MCOs to establish advanced VBC arrangements
- Distribute revenue to participating clinics based on patient attribution & quality execution
- Additional Revenue Opportunities

More Services & Programs from Target & i3Med

SDOH

- Attribution File
- Billing services in Nov
- Sign up at Target Booth
- Additional Revenue Opportunities

Other Value Based Services

- Patient Outreach
- Risk Coding
- Medicare/MA/Commercial Programs

Integrated Health Services

- Consolidated Population Health Dashboard

WRAP UP

Value Based Care (VBC) Program

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LA-RHC Integrated Network

Other Services Similar to VBC Available

https://la-rhc.org/integrated-network

Q&A?

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VBC Pilot Phase 1 Activities

Medicaid Managed Care Organization (MC) Focus

- Clinic outreach, participation application, and survey
- Data release consent
- Requested and obtained patient attribution data by clinic/TIN
- Reviewed Contracts for Quality/Value Care engagement & opportunities
- High level analysis of attributed patients against patient visits & historical VBC reimbursement

MCO Status/Results

- HealthyBlue - Received attribution & contract data
- AmeriHealth Caritas - Received attribution & contract data
- United Healthcare - Received attribution & contract data
- Louisiana Healthcare Connections - Indicated they would engage in Q3/Q4
- Aetna - Reached out several times, but did not retrieve any data
- Humana Healthy Horizons (2023) - seem interested in working with us

5 today

6 in January!

VBC Pilot Program Overview

FINDINGS

- Big mismatch between attributed patients and patients seen in the RHC
- Not much focus on VBC programs due to low volumes and varying requirements by payer
- Little/no tracking of VBC payments against quality/value performance
- **More VBC $$$ available, but requires some teamwork to get there**

OUR ASSESSMENT

- There is an opportunity here if we put a group together and work as a team
- Need significant participation of RHCs to make it more financially viable

So what does it mean

Phase 1 - Pilot Complete

THE BAD NEWS

At the individual clinic level

- Programs are too complicated to fully understand
- Limited resources to apply to VBC
- Limited understanding of payer tools available
- Dollars associated with individual payer programs at the individual clinic level are too low to be interesting

At the vendor level

- Too costly to work with individual clinics on a one on one basis
- Standardization and modification of clinic workflows required
- Technology challenges associated with collecting, monitoring, and reporting quality data

At the payer level

- Very unaware of RHCs in general and the patients they serve
- No good way for them to 'reach' RHCs
- High level of interest in expanding VBC to RHCs
- Bringing it all together - LA-RHC

THE GOOD NEWS

There is a revenue $$ opportunity . . .

But we must:

- Collaborate
  - Group Approach
- Standardize
- Leverage Services & Experts
- Put in a Little Effort

**It's not just Value Based $ opportunity...
More patients, more visits, more services

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PHASE 2 - Clinic Aggregation

Phase 2 - RHC Clinic Aggregation *(must assemble enough clinics in the group)*

LA-RHC Group & Partner Responsibility

Target & i3Med in conjunction with LA-RHC

- Gain Portal Access & Maximize participation
- Identify specific action plan with each MCO
- Periodic Payer meetings to represent all participating clinics
- Group Clinic Calls/planning to identify steps & activities required
- Hold payers & RHCs accountable to reconcile performance to payment
- Open this phase to other LA-RHC member clinics
- Analysis & revenue distribution at individual clinic level
- Shared Revenue
- We will issue a participation agreement to each RHC articulating this in detail - sign to participate
- Technology to track performance and reimbursement

Individual Clinic Responsibility

- Sign up for Phase 2 - Agreements
- Allocate resources & assign a Project Champion
- Transparency to VBC Funds Deposited
- Must be LA-RHC member to participate

Payer Responsibility

- Provide Portal Access & Maximize participation
- Identify specific action plan with our Group
- Payer meetings to represent all participating clinics
- Recognize LA-RHC as the voice for clinic participants
- Work with RHC clinics to achieve good quality
- GIVE US THE DATA.....

**Move to Phase 3 >

LARHC

Next Steps

What do we put here????- wait to decide together when we talk

I think we need to review this as a group one more time to get to agree on specific action items

As Glenn mentioned, I think this needs to be where we move the program from a pilot to 'production'

We need to identify the tasks/scope of the next steps and detailed financial info (i.e. financial commitment/sharing, etc.)

Next Phases explanation

- Phase 1 - Pilot & Identification
  -
- Phase 2 - Group Level - Practice specific
  - Individual practice evaluation
  - Group level strategy & execution
  - Clinic Specific Transformation
- Phase 3 - Patient Aggregation
  -

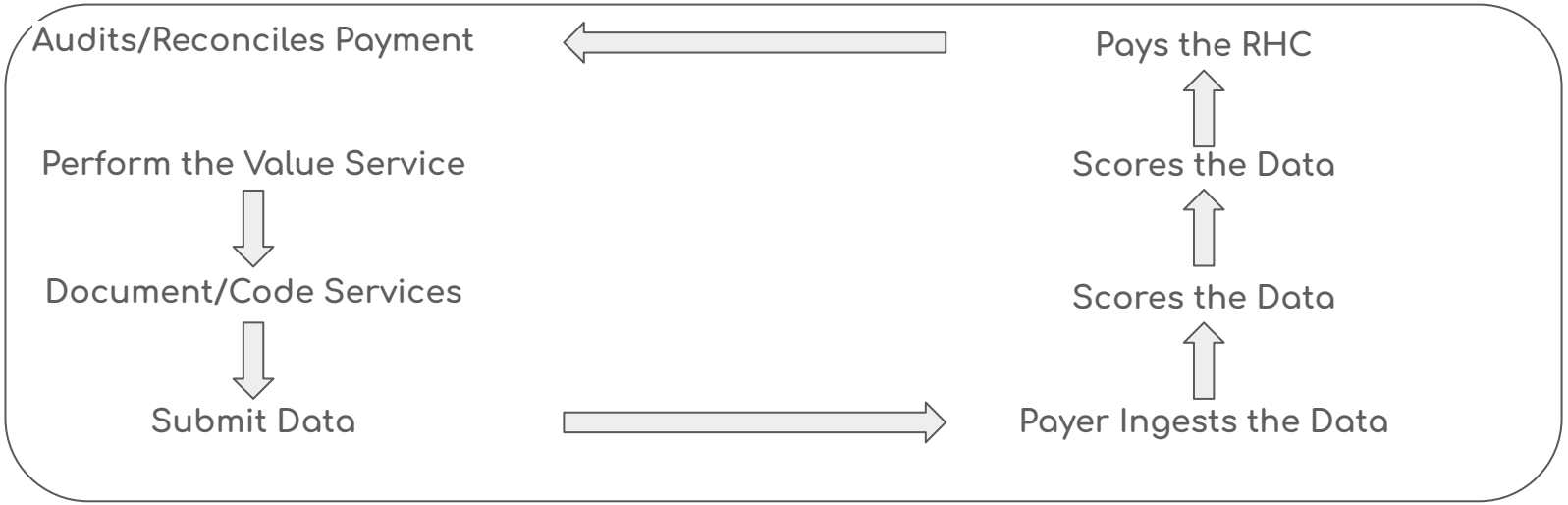
Phase 3 - RHC Patient Lives Aggregation

- Establish RHC Aggregated business entity
- Aggregate the lives served by participating RHCs
- Negotiate collectively with MCOs to establish advanced VBC arrangements
- Distribute revenue to participating clinics based on pat attribution & quality execution
- Revenue share with Aggregated business entity

Phase II

LARHC

- Limited Value Based Care Programs available for individual RHCs (is this the case ?)
- Multiple opportunities for services provided to not get counted/credited (explain)
- Lots of work to manage process from start to finish (who provides the details of all of these processes?)
- Very little cooperation between RHCs & Payers to serve the patient (explain or how do we change))



But there is money to be made with the right infrastructure and resources

LARHC

What is VBC Worth $

(PMPM) Per Member Per Month, (CMF) Care Management Fee, (SS) Shared Savings

Individual RHCs (<250 lives/payer)

- Attribution is key, that's where the $ comes from
  - Orphaned vs. Adopted Patients
  - Open panels
- Utilize payer portals to identify attributed patient
  - Quality gaps, preventative services, Annual Wellness Visits, Chronic Care Management
- Perform patient outreach regularly
- Cultivate relationship with payor representative
- Coding for quality credit and incentive
- ?? < VBC incentive opportunity with <250 attribution
- Can increase revenue with visit volume

THIS PROBABLY GOES AWAY

Aggregate VBC Programs (> 1,000 lives/payer)

- Patient attribution > 1000 = negotiation options
- Increased opportunities for monthly CMFs
- Payments for reaching quality benchmarks
- Sharing in total cost of care savings
- Risk adjusted payment methodology
- Regular payer meetings to hold payer accountable and track financial/quality performance
- Data feeds from payer to identify patients recently discharged from hospital/ER
- Patient outreach is necessary to improve quality and lower total cost of care