

ACO Forum

January 29, 2021 9-10AM

AGENDA

- I. Family Choice ACO Overview
- 2. MSSP Overview Quality Measures
- 3. FCACO Current and Future Strategy
- 4. CCM Operations Overview
- 5. Provider Performance and Evaluation



FCACO PROGRAMS

Total ACO Providers

2021 (212)

Chronic Care Management Providers

2021 (73)

In-House Billing Providers 2021(62)

Hospitalist Program Providers

2021(63)





YEAR MEMBERSHIP

2018 6,624

2019	11,362
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2020 12,204

2021 TBD (January 2021)



FCACO CCM MEMBERSHIP

YEAR MEMBERSHIP

2018 5,097

34

2020	7, I	69

2021 TBD



YEAR TO DATE ACO SAVINGS

YEAR	CMS	FAMILY CHOICE
2018	\$2,433,368	\$1,216,684
2019	\$4,390,664	\$2,195,332
2020	Fall of 2021	Fall of 2021
2021	TBD	TBD



2021 MSSP OVERVIEW CURRENT AND FUTURE STRATEGY



QUALITY MEASURES PY 2021

ACO -13: Falls: Screening for Future Falls

- 2. ACO 14: Preventive Care and Screening: Influenza Immunization
- 3. ACO 17: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- 4. ACO 18: Preventive Care and Screening: Screening for Depression and Follow-up Plan
- 5. ACO 19: Colorectal Cancer Screening
- 6. ACO 20: Breast Cancer Screening
- 7. ACO 42: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- 8. ACO 40: Depression Remission at Twelve Months
- 9. ACO 27: Diabetes Hemoglobin Alc (HbAlc) Poor Control (>9%)
- **10. ACO 28: Hypertension: Controlling High Blood Pressure**



FCACO SHARED SAVING MODELS Covid 19 Public Health Emergency 1 year Extension in MSSP 1+
50/50 Shared Savings Rate

FCACO will apply for PY2022
MSSP Enhanced ACO Track
- 75/25 Shared Savings Rate

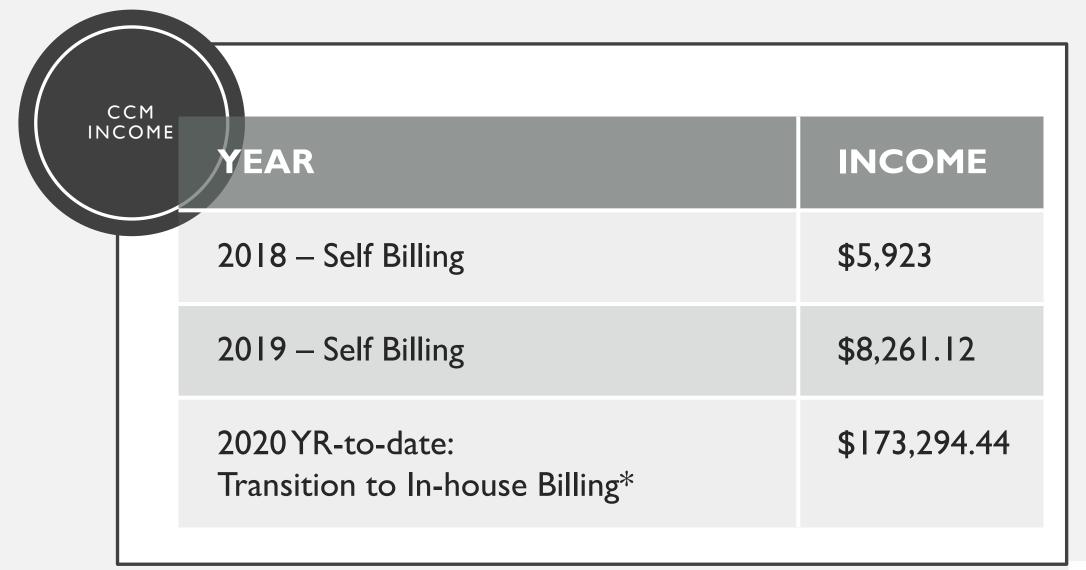
3. FCACO will apply for PY 2022 Direct Contracting Entity Model

- Variable risk tracks up to 100%



CCM OPERATIONS OVERVIEW







ONIC ARE GEMENT	"CCM Year at a Glance"	Count of Claims	\$ Amount
	Total Paid by CMS	4,773	\$173,294.44
	Total Applied Toward Deductible by CMS	NA	\$24,122.79
	Total Pending by CMS	2,040	Owed to ACO
	Total Unique Members Billed	3,351	NA





	inhouse fee
1645	\$35,034.67
1345	\$20,011.44
655	\$17,218.32
744	\$14,066.78
639	\$12,988.36
462	\$12,830.08
	345 655 744 639

IN-HOUSE BILLING

How will Family Choice ACO CCM In-house Billing Work?

- Patient Care Coordinators (PCCs) will continue to enroll eligible patients and create comprehensive care plans as they do daily.
- FC ACO will aggerate for all eligible monthly charges and bill Medicare directly.
- FC ACO will invoice PCP 45% of CCM allowed amount for performing monthly CCM services
- ✓ FC ACO will make monthly disbursements to providers along with a copy of summary of EOBs for your records.
- ✓ FC ACO will bill <u>only</u> one of the below CPT codes monthly.
 - o 99490
 - 99487
 - o 99489

HOW CAN I PATRICIATE?

Sign ACO Participation Agreement
Addendum – Chronic Care Management
Program

Complete and return Medicare
Enrollment Application - Reassignment of
Medicare Benefits form 855R

SNF 3-DAY RULE WAIVER

- Approved for SNF 3-Day Rule Waiver
- SNF 3-Day Rule Waiver begins TBD
 - Depending on COVID-19 PHE



PROVIDER PERFORMANCE AND EVALUATION

Three-part shared savings distribution plan

- I. HCC coding recapture
- 2. Quality performance
- 3. ACO Program Participation
 - \checkmark CCM opt in
 - ✓ CCM In-house Billing opt in
 - \checkmark ACO Hospitalist opt in

EVALUATION FORM



We will email you the evaluation form after the meeting



Please fill it out and email it back to <u>familychoiceipa@verizon.net</u> or fax it to 714-898-0610



We will mail the check after we received the complete evaluation form



Provider's Meeting Evaluation Form

Please take a moment to give us your feedback so that we may better assist you in your practice. With your input, we will be able to deliver patient care of the highest quality and efficiency to our patients.

**Please rate the following presentation

1. IPA: Family Choice Initiatives

□ Clear and no additional information needed □ Clear but more information <u>needed</u> □ Unclear and more information <u>needed</u> Additional information requested

2. IPA: HEDIS

□ Clear and no additional information needed □ Clear but more information <u>needed</u> □ Unclear and more information needed Additional information requested

3. IPA: Risk Adjustment Factor (RAF) Score

□ Clear and no additional information needed □ Clear but more information <u>needed</u> □ Unclear and more information needed Additional information requested

4. IPA: Access/Members Experience

□ Clear and no additional information needed □ Clear but more information <u>needed</u> □ Unclear and more information <u>needed</u> Additional information requested

5. ACO: Are you or do you know how to participate in FCACO CCM program?

□ Clear and no additional information needed □ Clear but more information <u>needed</u> □ Unclear and more information needed Additional information requested

6. ACO: Are you or do you know how to participate in the FCACO CCM in-house billing?

Clear and no additional information needed Clear but more information needed

Unclear and more information needed

Additional information requested _____

7. ACO: Are you or do you know how to participate in the FCACO hospitalist program?

Clear and no additional information needed Clear but more information needed

Unclear and more information needed

Additional information requested _____

8. ACO: Do you know where to obtain HCC and Gaps in Care information for your patients?

□ Unclear and more information needed

Additional information requested

Addition Comments (are most welcomed):

Full Name: _____

Preferred Contact Information

Thank you for your time!