

# 27<sup>th</sup> Annual Best Practice Forum Oahu, Hawaii

## California Alternative Payment Model

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# Capitation Payment Preparedness Program Alternative Payment Method (CP3/APM)

- Pilot Project created by Senate Bill 147
- CPCA Developed CP3; In Collaboration with
  - California Health Care Safety Net Institute (SNI)
  - Center for Care Innovations (CCI)
- Transformation of Care Delivery
- Improve Access to Care
- Prepare for Different Reimbursement Mechanisms
- Support Triple AIM
  - Patient Satisfaction
  - Reduce Costs
  - Improve Quality



## CP3 Aims to...

- Define Successful, FQHC with Value-Based, Managed Care Capitation Payment System
  - Financial
  - Operational
  - Clinical Care Measures
- Provide Technical Assistance and Support transition from current fee-for-service payment to APM
- Utilize Lessons Learned for Future Reform Efforts
- Coordinate & Provide Services via CPCA
- Working with NextGen – Transparent Partnership



# CP3 Program Participation

35+ Organizations

64 Sites

16 Counties

15 Plans

15 NextGen Clients



# CP3/APM CFO Conference

- January 15, 2016 meeting of NextGen CP3/APM CFO's hosted by La Clinica in San Leandro
  - Invitations sent to all CFO's of participating NextGen clients
- General Discussion
  - Data Elements – Unknown; still with the State
  - Capitated Payments
  - Contracts
  - Utilization Reports
  - Rosters Management – 834 & MS Excel Format Files
  - NextGen Population Health; and Outreach
  - Milliman Risk Stratification
- Timeline – January, 2018 with 6 Month Evaluation



# CP3/APM Work Group Committees

- Contracting
- Rate Setting
- Alternative Touches
  - Oregon Health Authority Model reviewed/considered
  - Survey of 28 Health Centers
  - Approximately 40 Various “Touches” Identified
  - Billable Providers & Non-Billable Providers
    - Billable Provider examples: Phone; E-mail; Group; 2<sup>nd</sup> Appointment on Same Day, etc.
    - Non-Billable Provider examples: Phone Encounter; Face to Face in Clinic; Care Management, etc.



# Meeting Action Items

- Analyze Data Elements upon Release from State
- Obtain 834 File from Payers with Add/Drop
- Capitation reconciliation. APM is split into groups/categories (AID code) - adults, child, and SPD
- PPS Reconciliation - Utilization reports – go up by 5, drop by 30 – true-up/payment adjustment
- NextGen Participation / Communication with 3 APM Work Group Committees
- Alternative Touches – where should they be recorded in the systems?
- Cap per member – can we add this to our contract maintenance?
- APM by rates – adult, spd's, person with disability, children
- Populate the payer record; automate the update the payer record with eligibility at AID Category



# NextGen Role & Solutions/Opportunity

- Data Elements – unknown, still in state review
- Capitated payments
- Contracts
- Utilization Reports
- Roster Management – 834 & MS Excel formats
- NextGen Population Health; and outreach NG Care
- Risk Stratification
- Proof of Concept project with our EDI team





# EDI Roster/Member File Management

## Proof of Concept Overview

### **Problem:**

- ❖ Due to changing payment and reimbursement methodologies:
- ❖ There is a growing need for Provider Organizations to be able to know which patients they are responsible for under a given Health Plan Contract
- ❖ Health Plans are currently providing this information to Provider Organizations in many different ways or, in some cases, not at all
- ❖ Providers currently have no way of matching or reconciling Health Plan Members to their NextGen® Practice Management and/or Electronic Health Record (EHR) systems
- ❖ It is difficult to know which patients need to be tracked for outreach



# The Need

- Provider Organizations need to be able to obtain roster/member lists from the Health Plans they are contracted with
- Provider Organizations need a mechanism to match and reconcile the roster/member lists with patients and/or persons in their NextGen® Practice Management System and/or EHR
- NextGen® Healthcare needs a Provider Organization Partner to work with to develop a solution, create Proof of this Concept



# The Goals

- ✓ Deliver healthcare more globally, we can help!
- ✓ Improve quality of care and manage your assigned member populations using NextGen® products and services
- ✓ Ability to import your payer member listings into the NextGen® database using our interface agent.
- ✓ Perform outreach activities.
- ✓ Track and manage patient outcomes



# NextGen CP3 Proof of Concept Participants

1. **Asian Health Services** - John Chiang
2. **CPCA** - Roopak Manchanda, CIO
3. **Northeast Valley Health Care** - Stephen Gutierrez
4. **Community Clinic Association of Los Angeles County** - Candice Rowland
5. **Community Clinic Association of Los Angeles County** - Aisha Iqbal
6. **Community Health Center Network** - Rhonda Aubrey
7. **Community Health Center Network** - Latonya Hines
8. **Community Health Center Network** - Candido Anicete
9. **Integrated Health Partners (IHP) in San Diego** - Jessica Savage
10. **La Clinica Administration** - Patricia Aguilera
11. **Marin Community Health Clinics** - Art Feagles
12. **Vista Community Clinics** - Michele Lambert



# Proof of Concept

## Participants Responsibilities

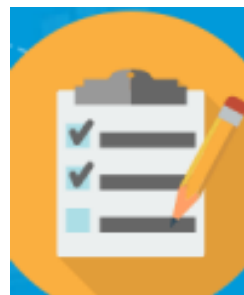
### **Volunteer Time & Resources to:**

- Help define the purpose, goals and objectives of the Proof of Concept
- Help outline high level requirements
- Help establish success criteria
- Review and test prototype
- Provide feedback for enhancements and workflow optimization
- Co-author a Case Study on the results of the Proof of Concept
- Act as a reference site for the completed solution



# Participant Benefits

- Provide critical input into the process
- Have a say in how the solution should work
- Early access to use the solution
- Free ongoing use of the product outside of any inherent costs
  - Any fees that may be imposed by payers, clearinghouses, or third-party providers of data
  - Any outside tools that may need to be incorporated
    - This would be agreed upon by both parties prior to incorporating such tools



# NextGen Responsibilities

- Arrange for planning meetings to define the scope of the proof of concept
- Provide a Scope of Work document that both parties will agree to
- Provide a dedicated contact to work with
- Provide periodic status updates while work is in progress
- Provide training and support while the solution is in testing
- Provide a complete and functioning solution signed off on by both parties
- Provide ongoing support once the solution is live



# Conducting the Pilot



Determine whether preliminary decisions and assumptions made regarding performance and service are acceptable



Develop the tool



Create documentation



Perform knowledge transfer





# Evaluate the Proof of Concept



Install the tool at the client site



Train the staff



Monitor usage

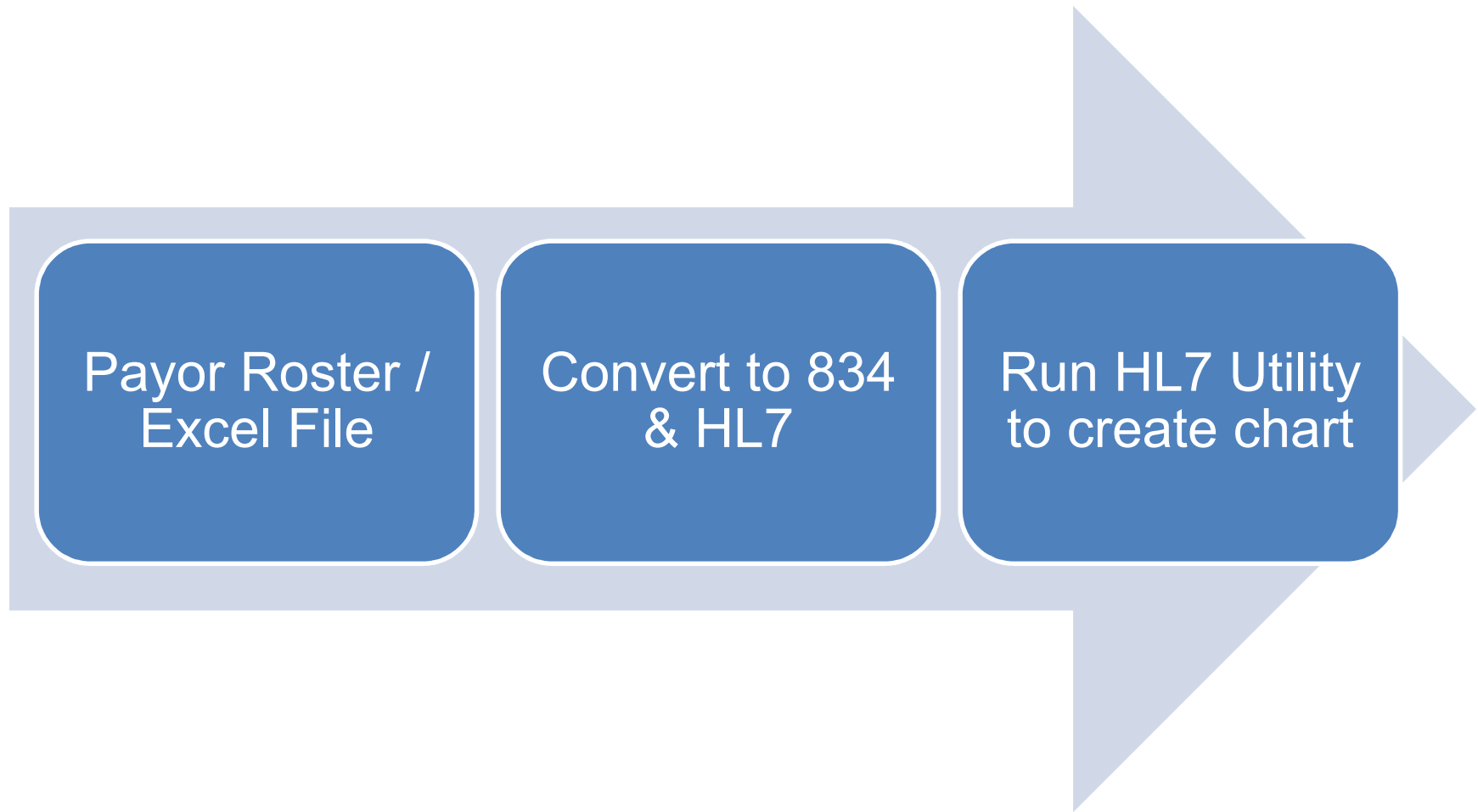


# Completing the Proof of Concept

- Develop set specifications and recommendations for further customization
- Document system management procedures
- Discuss and prioritize possible enhancements
- Produce metrics that validate the benefits realized from use of the tool
- Prepare a “go to market” strategy



# Proposed Solution for Roster Management



# Coupling CP3 with NextGen Solutions

- ☐ **EDI Transaction Fees (for 834 file transmission)**
- ☐ **NextGen Care for Population Health Outreach**
- ☐ **NextGen Share**
- ☐ **NextGen – Interoperability Interfaces (with Hospitals, e.g. ADT feeds; or Mirth Solutions)**
- ☐ **NextGen Professional (Physician and/or Operational Consulting)**
- ☐ **Risk Stratification**
- ☐ **Business Analytics – Utilization Reporting**
- ☐ **CareSync – NextGen Business Partner for Chronic Care Management (CCM)**



# FAQ's



# FAQ's

1. Can a person or patient record be created from the member eligibility file?

Yes.

2. Will there be a comparison against records already in my NextGen database?

Yes. The interface agent will perform match against existing records.

3. Can I have the option of having a chart created upon record import?

Yes. The option to create a chart with the person record is available as an option through the interface agent.



# FAQ's

4. Can outreach be performed for people who do not have a chart created?

In order to track, report and record the outreach efforts a Chart must exist for the patient. If you would like to perform outreach on a person record instead of a patient record, NextGen can customize a solution for you.

5. Will the member's insurance record be associated to the record in NextGen?

Yes. If the data is formatted with the proper fields in the INS1/INS2 segments the payer record can be attached to the patient record just as if it was created inside the Practice Management system.



# FAQ's

6. If the member information on the member eligibility file is changed, will it be updated in NextGen?

Yes. Once the record is matched using matching criteria, such as date of birth, name, etc. the most recent information on the roster file will be updated.

7. My member eligibility files are not HL7 formatted, what other formats can the interface agent work with?

The NextGen Technical Consulting team has a utility that has some options for converting many file types to HL7.





# FAQ's

8. Will records that have been imported into NextGen be removed when they are no longer eligible under their plan?

No. Once records are inserted into the NextGen database they cannot be removed.



# Lead the Way to Value-Based Care with a VBC Readiness Survey

MACRA/MIPS

# Value Based Care

- MACRA is a zero sum proposition; there will be winners and losers under the new payment models the penalties from some will fund the incentive payers for the others
- We have already left the starting gate, practices need to be ready in 2017 – “Pick Your Pace”
- MIPS scores will be made public, affecting provider reimbursement and reputation



# Keeping Pace With The Industry

The industry is changing... and we must change with it.

## Full-Service Consulting

- Partner with clients to meet strategic goals and business needs

## Instructor-led Education

- Proactive approach to education on a broad range of topics

## Flexible Platform

- Built-in interoperability

## Broad, scalable solution portfolio

- Solution for every aspect of a practice and the path to value-based care



# Value Based Readiness Survey

**This tool is  
designed to:**

- ✓ Evaluate client's capacity to deliver value based care
- ✓ Prioritize opportunities to build value based care capacity
- ✓ Design client specific action plans
- ✓ Facilitate tracking progress against strategic action plans
- ✓ Demonstrate our commitment to the client's success



# Methodology

- Key questions are aligned to the four value based care capacities:
  - Quality based on PQRS
  - MU/ACI
  - Clinical Practice Improvement Activities (CPIA) such as APM
  - Cost – as collected by Medicare
- Answers are color coded red, yellow or green
- Yellow and red answers reveal relevant talking points
- Each capacity is given an overall score based on the number of red, yellow, green answers
- Answers are weighted red=0, yellow=.5, and green=1
- Output is populated into a PowerPoint presentation
- Strategic action plan is generated



# The Survey

NEXTGEN <sup>®</sup> Value Based Readiness Survey		
Quality  ACI  CPIA  Cost	Quality	Get Report
	Does your organization's mission formally address better patient care, improved health, an...	✓
	Does your organization regularly review value-based performance (such as clinical quality,...	✓
	Is staff performance evaluated in relation to clinical quality, patient satisfaction, or c...	✓
	Does your practice have a defined clinical governance structure with clear paths for decis...	✓
	Does your organization regularly review operational data such as telephone call volumes, r...	✓
	Does your practice provide Care Management, Case Management, or Medicare Chronic Care Mana...	✓
	Does your practice have a workflow in place to "close the loop" on orders, ensuring that e...	✓



# The Talking Points

Quality

ACI

CPIA

Cost

NEXTGEN<sup>®</sup>  
HEALTHCARE

Value Based  
Readiness Survey

Quality

24% Complete

Does your practice provide Care Management, Case Management, or Medicare Chronic Care Management (CCM) Services?

No

⚠

The Centers for Medicare & Medicaid Services (CMS) recognizes care management as one of the critical components of primary care. This is important because payers are focused on better health care and outcomes for individuals, as well as reduced spending. This can take the form of Medicare CCM Services but may also take place through commercial payer or other local/regional programs.

Notes

◀ Prev

Next ▶





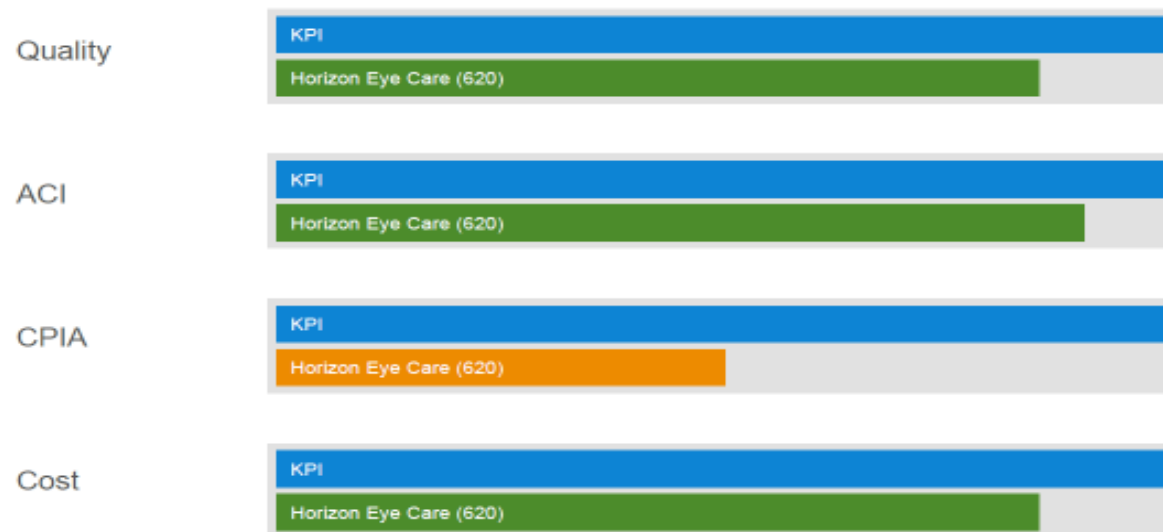
# The Report

- Survey results are combined to demonstrate the relative percent of value-based care capacity assessments within each category.
- Value-based care capacity assessment combinations include:
  - Strengths
  - Opportunities



# The Score

## Executive Summary



# The Results

## CPIA

### Strengths

In the new world of value-based care, providers will be increasingly financially accountable for their patients' use of various healthcare resources.

- Your organization assesses access to care during non-typical clinical hours to identify gaps and opportunities, such as emergency department or urgent care.

The Comprehensive Primary Care Initiative (CPCI) was a four-year multi-payer initiative designed to strengthen primary care. Although it ends in 2016, a new program, CPC Plus, begins in 2017. CPC+ will build on the successes of CPCI and continue for five years

## CPIA

### Opportunities

The PCMH model focuses on delivery of comprehensive primary care in which practices work to improve quality, effectiveness, and efficiency of clinical care delivery while considering individual patient needs. 40% of primary organizations using NextGen® solutions are PCMHs, which is one of the three alternative payment models specifically named in MACRA.

- PCMHs are among the most challenging of all the requirements. NextGen® solutions combined with our services can get our clients there. Our NCQA PCMH Certified Content Experts, along with other consulting staff, can help clients through the PCMH process. We offer tiered consulting packages as well as PCMH reporting packages which can earn our clients "auto-credit" with NCQA, making the PCMH recognition process easier.



# The Plan

## Sample Action Plan

	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
<b>PM</b>						
Assessment/Optimization						
Discovery						
System Administration Build						
Train & Implementation						
<b>E.H.R Assessment/Optimization</b>						
Discovery						
System Administration Build						
Train & Implementation						
<b>Population Health</b>						
Care Guidelines						
Chronic Care Management						
Patient Portal						
Care Coordination						
<b>Quality</b>						
Quality Measures/Mapping						
<b>ACI/MU</b>						
Advanced Patient Engagement						
Interoperability						
<b>CPIA Clinical Practice Improvement Activities</b>						
Patient Safety						
Beneficiary Engagement						
Expanded Practice Access						
<b>Cost</b>						
QRUR Report View						



# Value Based Readiness Program

Assess VBM Readiness

Score

Custom Action Plan



OBJECTIVE	PROCESS	JAN	FEB	MAR	APR	MAY	JUN
Client prioritizes Chronic Care Management (CCM)	Benchmark similar CCM programs	X					
	Allocate resources for CCM manager education	X					
	Hire or assign CCM Manager		X				
	Work with NextGen to develop Structure/Processes to implement CCM program		X				
	Establish CCM team accountabilities		X				
	Establish process to identify patients most appropriate for CCM		X				
	Develop policies and procedures for CCM program operation in consultation with CCM team			X			
	Identify a trial cohort of CCM patients				X		
	Establish health status/financial metrics for CCM patients, obtain data, measure baseline					X	
	Apply CCM program to trial cohort of CCM patients						X
	Evaluate trial cohort, adapt, and adjust as needed, develop plan broadening implementation						X



# What should I do next?

- Contact your Account Executive to complete your Value Based Readiness Survey today
- Visit CMS's Quality Payment Program website:
  - <https://qpp.cms.gov>
- Visit the Success Community:
  - [https://www.community.nextgen.com/articles/Hot\\_Topic/MACRA-Health-Reform-Simplified](https://www.community.nextgen.com/articles/Hot_Topic/MACRA-Health-Reform-Simplified)
  - Sign-up to attend upcoming Health Reform Simplified Webinars
  - Watch recordings from past webinars
  - Read the Frequently Asked Question
  - Join the **Healthcare News & Insights** Chatter Group



# Client Upgrade Program

- Designing a program like ICD-10 for clients who need to upgrade to the 2015 Certified Version (5.9/8.4) to support a full-year reporting period for 2018.
- Are you affected?
- How will NextGen help?



# Thank You

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