Winter Conference
Thursday, February 9, 2023
1:00pm-2:30pm

2c. Demystifying Value Based Partnerships for Medicaid Providers

Presented by:
Lauren Tobey, Chief Impact Officer, Helping Restore Ability
and Vicki Neidermeyer, CEO, Helping Restore Ability

Thank you to our event Sponsor:
Demystifying Value Based Partnerships for Medicaid Providers

Vicki Niedermayer and Lauren Tobey

Vicki Niedermayer
Chief Executive Officer, Helping Restore Ability

• Proud Lolli (2 years old) and Mom of 2
• M.A. Texas A&M: Applied Behavior Therapy
• Celebrating 22 years as HRA CEO
• Has grown agency from $1M to $24M
• Entire career focused on disability services
• Initiated HRA Research and VBP program in 2018
Lauren Tobey
Chief Impact Officer, Helping Restore Ability

- Mom of 2 (11 years old and 5 years old)
- M.A. University of Denver: Educational Research and Development Theory
- At HRA since January 2018
- Previous work with at-risk youth and education programs
- Working with VBPs since late 2019

HRA Research and VBP Staff

Vicki Niedermayer - Chief Executive Officer
Lauren Patrick - Chief Impact Officer
Girish Shelke - Chief Research Officer
Tiffany Denny - Chief Integration Officer
Katy Peters – Chief Finance Officer
Masters of Public Health Interns
Masters of Social Work Interns
HRA Research and VBP Committee

Chairperson: Dr. Charles Van Duyne - Medical Director- USMD

Dr. Wijesundara Muthu-Head - Biomedical Technology Division, The University of Texas at Arlington Research Institute (UTARI)

Aida Nasirian - Research Scientist II, UTARI

Ivy Smith Coleman- Senior Medical Director, Optum Health Services

Venkatesh Thayagrajan- Vice President Data and Analytics, Tech Mahindra

Elizabeth Hecksel - Former Chief Information Officer, Cornerstone Lending

Dr. Janelle Bicknell, DDS- Practicing Dentist, Clinical expert and Oral health researcher.

HRA Collaborators and Partners

Tarrant County
Dallas County
University of North Texas Health Science Center
University of Texas Arlington Research Institute

University of Texas San Antonio
Amerigroup
Aetna
Cigna

Superior
University of Notre Dame
Tarleton State University
University of Texas Arlington
What IS a VBP?

Why Does This Even Matter?

- Increased coverage of reimbursement
- Investments focused on needs
- Outcomes and costs at patient level

- High efficacy
- Patient-centered care
- Multidisciplinary approach and cooperation

- Better overall health
- More engaged in goals
- Less costs with care

- Geographic implementation of standards of care
- Overall risk reduction of diseases and evidence-based prevention strategies
- Less costs to governments and health care systems
The three elements of Value Based Management:

- Creating Value
- Managing for Value
- Measuring Value

Value-Based Care Models

**Accountable Care Organizations (ACOs)**
- Network of physicians, hospitals, and other providers providing quality, coordinated care
- Eliminate redundant care, focus on disease prevention, harmonize time and place of interventions
- Level of risk dependent upon selected agreement, ranging from no downside to high downside
- ACO agreement chosen by provider organization, savings created through metric performance

**Bundled Payments**
- Collective form of care that combines reimbursement for a group of providers in a lump sum
- Providers incentivized to coordinate care efficiently during an episode of care
- High risk level for providers, larger portion of assumed downside risk if care isn't sufficient
- Predetermined cost for select service, savings based on the reduced cost created by providers

**Patient-Centered Medical Homes**
- Team of physicians and personnel managing patient's primary care to increase quality and coordination
- Providers, medical personnel coordinate the whole patient experience from bottom up
- Low level of downside risk for providers, high reward ratio based on performance
- Graded based on metrics like patient access, engagement and appropriate use of services
What is a risk sharing model?

- Through shared risk models, also known as downside risk models, **payers and providers agree upon a set budget and quality performance thresholds**. Providers must cover part or all of the healthcare costs if they are unable to keep costs lower than the set benchmarks.

- By sharing the risk, **you, the MCO, and doctors / hospitals** are protected from individually bearing the costs for those who need a lot of health care or have medical emergencies during the year.

- The shared risk model **represents the next level of risk arrangement**. Under this model, providers receive performance-based incentives to share cost savings. These are also combined with disincentives to share the excess costs of healthcare delivery.

What are the benefits of sharing data in healthcare?

- **Improve care for service users**
- **Help clinicians improve performance (diagnosis/management of disease)**
- **Support leaders in the allocation of resources and improve understanding of patient flow using tools such as predictive analytics.**
What is two-sided risk in healthcare?

- In two-sided risk models, providers still share in the savings but are also responsible for some of the loss if spending is above the benchmark.
- Quantitative modeling relies on statistical data and numerical evidence while qualitative relies more on expertise and potentially subjective knowledge.
- The most obvious benefit of risk sharing is the potential of supplementing reimbursement with incentive payments from the risk sharing process.
Identifying MCO Pain Points

- Too many ER visits?
- Too many overnight hospital stays?
- Too many rehabilitation facility stays?
- Too much caregiver turnover?
- Not enough hours authorized being used?
- Not enough preventative care doctor's visits
- Vaccinations
- A1C checks
- Blood pressure monitoring

What's In It for Me?

- Too many ER visits? (Risk to client's health)
- Too many overnight hospital stays? (Caregivers can't work if patient is hospitalized)
- Too many rehabilitation facility stays? (Caregivers can't work if patient is in a rehab facility)
- Too much caregiver turnover? (More work for your administrative teams)
- Not enough hours authorized being used? (You are leaving money on the table)
- Not enough preventative care doctor's visits (Higher risk of patient needing higher level care than you provide)
  - Vaccinations
  - A1C checks
  - Blood pressure monitoring
What’s In It for Me?

• Too many ER visits? *(Risk to client’s health)*
• Too many overnight hospital stays? *(Caregivers can’t work if patient is hospitalized)*
• Too many rehabilitation facility stays? *(Caregivers can’t work if patient is in a rehab facility)*
• Too much caregiver turnover? *(More work for your administrative teams)*
• Not enough hours authorized being used? *(You are leaving money on the table)*
• Not enough preventative care doctor’s visits *(Higher risk of patient needing higher level care than you provide)*
  • Vaccinations
  • A1C checks
  • Blood pressure monitoring
Bringing Everyone To The Table

Negotiate Everything

know your worth
Data Sharing

Project Execution

PROGRAM DESIGN & IMPLEMENTATION

COMMUNITY ENGAGEMENT & SYSTEMS CHANGE

RESEARCH & EVALUATION
Sample Outcomes

<table>
<thead>
<tr>
<th>Provider Metrics</th>
<th>Metric Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Members</strong></td>
<td>Multi SDA</td>
</tr>
<tr>
<td>33</td>
<td>1,744</td>
</tr>
<tr>
<td>303</td>
<td>15,441</td>
</tr>
<tr>
<td>4</td>
<td>528</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>0.39</td>
<td>2,198</td>
</tr>
<tr>
<td>0.46</td>
<td>1</td>
</tr>
<tr>
<td>33</td>
<td>3,531</td>
</tr>
<tr>
<td>0.48</td>
<td>1</td>
</tr>
<tr>
<td>62.50%</td>
<td>60.00%</td>
</tr>
<tr>
<td>66.67%</td>
<td>60.00%</td>
</tr>
<tr>
<td>80.00%</td>
<td>87.99%</td>
</tr>
<tr>
<td>100.00%</td>
<td>87.99%</td>
</tr>
<tr>
<td><strong>Statin</strong></td>
<td><strong>ACE</strong></td>
</tr>
<tr>
<td>158</td>
<td>410</td>
</tr>
<tr>
<td>792</td>
<td>1,708</td>
</tr>
<tr>
<td>1,307</td>
<td>2,744</td>
</tr>
</tbody>
</table>

TAHCH Winter Conference – February 9, 2023
### Demystifying Value Based Partnerships for Medicaid Providers

**Vicki Niedermayer and Lauren Tobey**

#### Performance Indicators

<table>
<thead>
<tr>
<th>Efficiency Indicators</th>
<th>Total Max Point Value</th>
<th>Desired Result</th>
<th>Baseline Rates</th>
<th>Program Year Performance Targets</th>
<th>Year End Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provider</td>
<td>Peer Group</td>
<td>Full Credit Target Rate</td>
</tr>
<tr>
<td>Inpatient Utilization (IP Admits/1000/yr)</td>
<td>30</td>
<td>Lower is better</td>
<td>126.55</td>
<td>144.54</td>
<td>113.90</td>
</tr>
<tr>
<td>Emergency Room (ER) Utilization (ER Visits/1000/yr)</td>
<td>30</td>
<td>Lower is better</td>
<td>1078.4</td>
<td>907.68</td>
<td>816.91</td>
</tr>
</tbody>
</table>

**Patient Care, Safety and Service**

<table>
<thead>
<tr>
<th>Efficiency Indicators</th>
<th>Total Max Point Value</th>
<th>Desired Result</th>
<th>Baseline Rates</th>
<th>Program Year Performance Targets</th>
<th>Q3 Interim Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provider</td>
<td>Peer Group</td>
<td>Full Credit Target Rate</td>
</tr>
<tr>
<td>PAC Caregiver Training</td>
<td>10</td>
<td>Higher is better</td>
<td>NA</td>
<td>NA</td>
<td>10%</td>
</tr>
<tr>
<td>PAC Caregiver Assignment Consistency</td>
<td>15</td>
<td>Higher is better</td>
<td>NA</td>
<td>NA</td>
<td>4.0</td>
</tr>
<tr>
<td>Member Satisfaction with PAC Provider Services</td>
<td>15</td>
<td>Higher is better</td>
<td>NA</td>
<td>NA</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**PASQIP Performance Indicator Total Earned Points**

**100**

---

**Let’s Talk:**

Demystifying Value Based Partnerships for Medicaid Providers

Vicki Niedermayer and Lauren Tobey

HELPING RESTORE ABILITY