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Driving Change: Navigating ACO Support from the State Flex Program Perspective

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University of North Dakota
School of Medicine & Health Sciences

Today's Objectives

Attendees will:

1. Have a basic understanding of the MSSP ACO Program.
2. Understand how two Flex programs supported their CAHs, and rural hospitals, in their ACO journey.
3. Understand the implications of network development on ACO membership.
4. Understand the current state of flex program alignment with ACO priorities.

What is a MSSP ACO?

- Medicare Shared Savings Program (Shared Savings Program) ACOs are groups of doctors, hospitals, and other health care providers who collaborate to give coordinated high-quality care to people with Medicare, focusing on delivering the right care at the right time, while avoiding unnecessary services and medical errors.
- When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, the ACO may be eligible to share in the savings it achieves for the Medicare program (also known as performance payments).

Shared Savings Program | CMS

Michigan Center for Rural Health (MCRH)

Vision: "The Michigan Center for Rural Health will be universally recognized as the center for expertise for rural health in Michigan through creative and visionary education, service, and research."

Mission: "To coordinate, plan, and advocate for improved health for Michigan's rural residents and communities."

Board of Directors:

- Michigan State Senate
- Michigan Osteopathic Association
- MDHHS - Bureau of EMS Trauma and Preparedness
- Michigan State Medical Society
- Michigan Department of Health and Human Services – Policy, Planning and Legislative Services
- Michigan Health & Hospital Association
- Michigan Nurses Association
- Michigan Association for Local Public Health
- Michigan House of Representatives
- Michigan Primary Care Association
- MSU College of Osteopathic Medicine
- Office of the Governor

MCRH Programs

Standard FORHP Programs (our foundation)

- State Office of Rural Health
  - Continuing Education
    - Project ECHO
  - Recruitment/Retention
- Medicare Rural Hospital Flexibility Grant Program
- Small Hospital Improvement Program

17 Supplemental Programs

- Northern MI Opioid Response Consortium
- National Kidney Foundation
- Rural Health Outreach Program (Swing Bed)
- Remote Patient Monitoring
- Palliative Care
- Rural Health Equity Plan
- Rural EMS (Flex Supplemental)
- Rural Veterans (Flex Supplemental)
- Rural Public Health Workforce Training Network (UP WIN)

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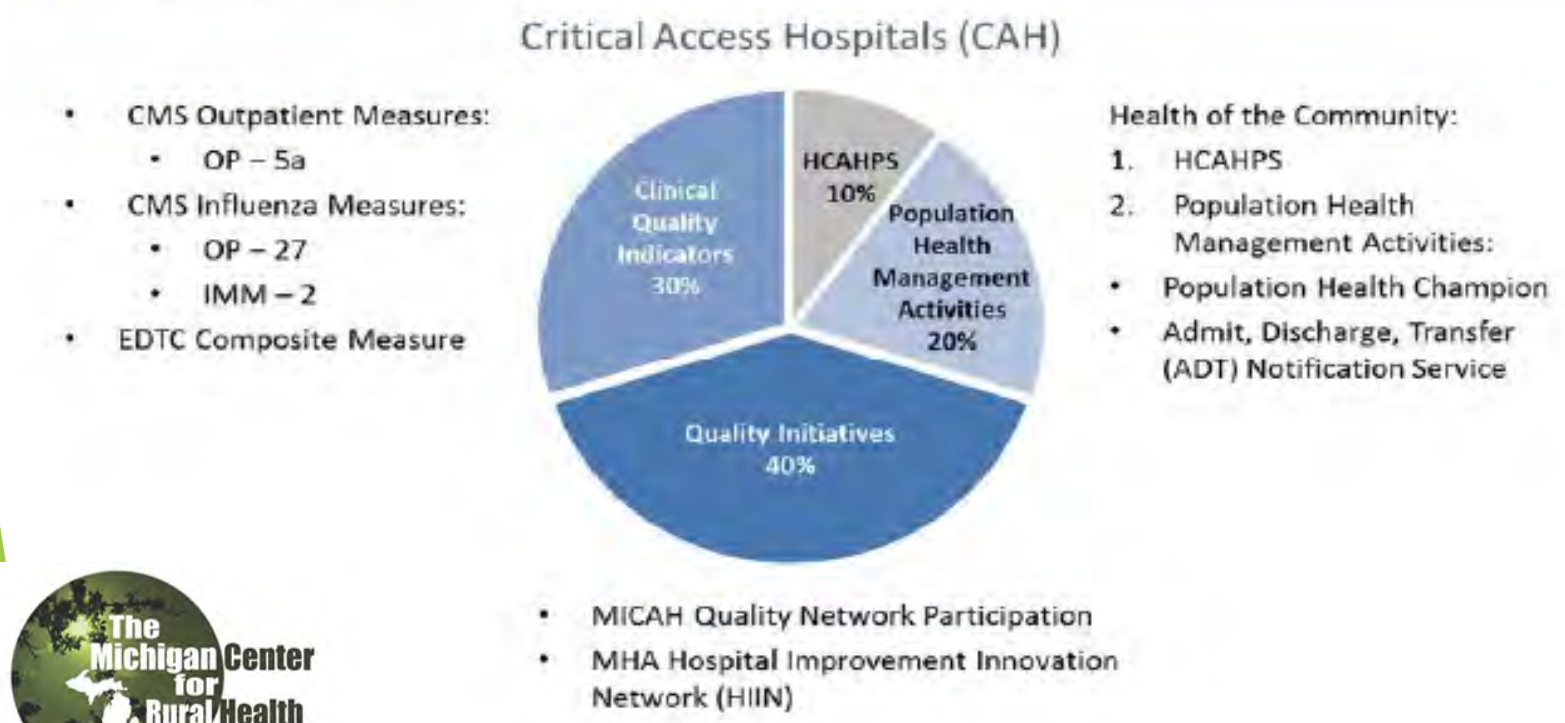
Michigan's Rural ACO Journey

Foundation for VBC (Hospitals and MCRH)

- BCBS of MI
  - Hospital-wide patient safety assessment survey at least once every two years
  - Determines up to 6 percent of a rural hospital's payment rate for the following year. Participation is mandatory.
- Most CAHs have received the full incentive payment since the program launched



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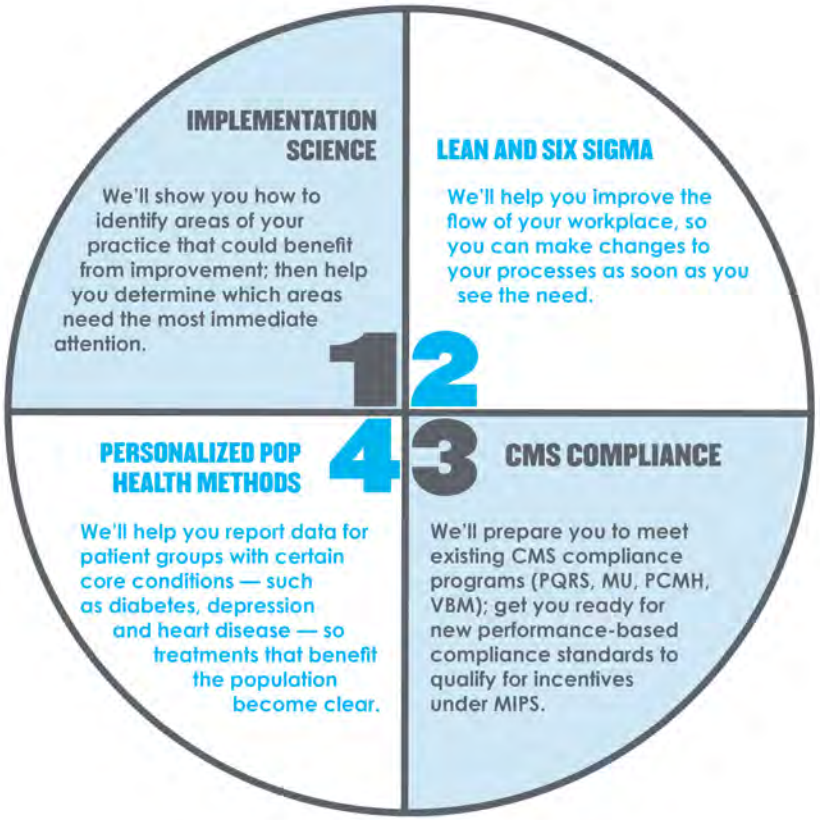
Foundation for VBC (Hospitals and MCRH)

Great Lakes Practice Transformation Network (GLPTN)

- Centers for Medicaid and Medicare Services' (CMS) Transforming Clinical Practice Initiative
- Guided 15,000+ clinicians in five Midwestern states through the five phases of patient-centric practice transformation necessary to effectively participate in value-based payment systems.
- MCRH Staff served as Quality Improvement Advisors

Great Lakes Practice Transformation Network



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ACO Investment Model (AIM)

- Medicare Shared Savings Program (MSSP) Medicare/CMS program that allowed providers to **continue to be paid fee-for-service and/or cost-based reimbursement, while gaining the infrastructure, tools, and knowledge to manage population health**.
- If a group of providers successfully reduces costs, while meeting patient satisfaction and quality thresholds, they can share up to 50% of the savings. If costs go up, there is no penalty or payment due from the providers.
- Three-year program January 1, 2016 – December 31, 2018

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ACO Investment Model Payment

ACOs participating in the AIM-funded MSSP received these payments:

- an upfront fixed payment of $250,000
- an upfront variable payment of $36 per assigned Medicare beneficiary (based on preliminary prospectively assigned beneficiaries);
- and a monthly payment of $8 per Medicare beneficiary (based on preliminary prospectively assigned beneficiaries).

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MCRH Role (Beginning)

- Flex Staff supported:
  - Recruitment & Education of Participating Hospitals
    - Road Trips!
  - Facilitating Process to Determine ACO Enabler
    - Caravan Health
  - State Based Executive Director
    - Monthly meetings with CEOs
    - Liaison between Participating Hospitals and Caravan Health

ACO Investment Model

Core Components of the Program

- Care Coordination
  - Care Coordination Management and Transitional Care Management Billing
- Annual Wellness Visits
- Claims Data Analysis (core to reducing costs and improving population health)
  - Referral Patterns
  - Patient usage/spend
  - Chronic Conditions

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Michigan's Rural ACOs

Greater MI Rural ACO

- Sheridan Community Hospital (CAH)
- Scheurer Hospital (CAH)
- Hills & Dales General Hospital (CAH)
- Marlette Regional Health System (CAH)
- McKenzie Health System (CAH)
- Helen Newberry Joy Hospital (CAH)
- Schoolcraft Memorial Hospital (CAH)
- Alcona Health Center (FQHC)

Southern MI Rural ACO

- Hayes Green Beach Memorial Hospital (CAH)
- Sturgis Hospital (PPS)
- Three Rivers Health (PPS)
- Hillsdale Hospital (PPS)
- Community Health Center of Branch County (PPS)
- Allegan General Hospital (PPS)
- Memorial Medical Center (CAH)
- Deckerville Community Hospital (CAH)

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Map of ACO Communities

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The “How”

Claims Data Analysis: Merging Claims Data with EHR

Community Care Coordination
ED Utilization/Risk Stratification/ATI

BirthDate	[redacted]	Provider	12 Mo Cost	ER Visits	Chronic Condition Count	Hospital Dominant Condi	ATI (Risk Score plus factors)	Risk Score (1=average; 2=double the average amounts of resources)	National Cost Multiplier
3/6/1946		MARK ENGLISH	$51,410	1	12	2	8.3	6.44	24
1/10/1947		McKenzie CCN 231314	$41,541	3	16	2	8.44	3.05	11
7/28/1952		McKenzie CCN 231314	$51,550	3	14	2	8.44	3.71	14
12/15/1977		McKenzie CCN 231314	$121,386	1	12	4	8.8	8.88	33
3/19/1931		JAMES SAMS	$86,605	3	15	2	8.1	4.64	17
6/15/1937		JAMES SAMS	$68,596	2	11	3	8.14	4.81	18
11/20/1968		McKenzie CCN 231314	$29,583	2	6	3	8.5	4.95	18
		JAMES SAMS	$5,681	0	6		8.62	0.29	1
9/8/1944		JAMES SAMS	$55,114	1	12	3	4.79	3.12	11
1/29/1936		McKenzie CCN 231314	$43,460	3	8	3	6.65	3.53	13
		SUZETTE WALKER	$3,747	0	6		8.22	0.31	1
		JAMES SAMS	$2,936	0	4		8.16	0.29	1
6/21/1956		McKenzie CCN 231314	$26,627	1	13	3	7.59	5.01	18
		JAMES SAMS	$1,412	0	4		8.52	0.28	1
5/10/1935		MARK ENGLISH	$39,443	1	11	1	5.76	3.24	12
12/3/1925		McKenzie CCN 231314	$1,400	0	6		8.08	0.86	3
10/3/1938		MARK ENGLISH	$27,780	7	8	1	8.76	1.19	4
3/2/1937		MARK ENGLISH	$20,613	2	11	1	8.84	1.85	7
		McKenzie CCN 231314	$3,134	0	4	1	8.9	0.8	3
2/27/1931		MARK ENGLISH	$107,976	2	14	1	5.46	3.05	11
		McKenzie CCN 231314	$717	0	8		8.75	0.62	2
		SUZETTE WALKER	$3,047	0	2		8.21	0.74	3
5/9/1961		McKenzie CCN 238537	$4,837	1	7		8.47	0.76	3
11/9/1941		JAMES SAMS	$22,384	1	5		8.64	0.78	3
2/22/1936		MARK ENGLISH	$23,801	4	10	1	7.87	3.07	11
8/11/1926		ALFREDO DOMINGO	$17,206	3	10	2	6.65	3.31	12
12/11/1935		JAMES SAMS	$56,867	2	13	1	6.27	3.8	14
10/26/1968		JAMES SAMS	$27,289	16	10	2	8.84	2.41	9
4/18/1944		MARK ENGLISH	$21,229	2	8		6.47	4.52	17

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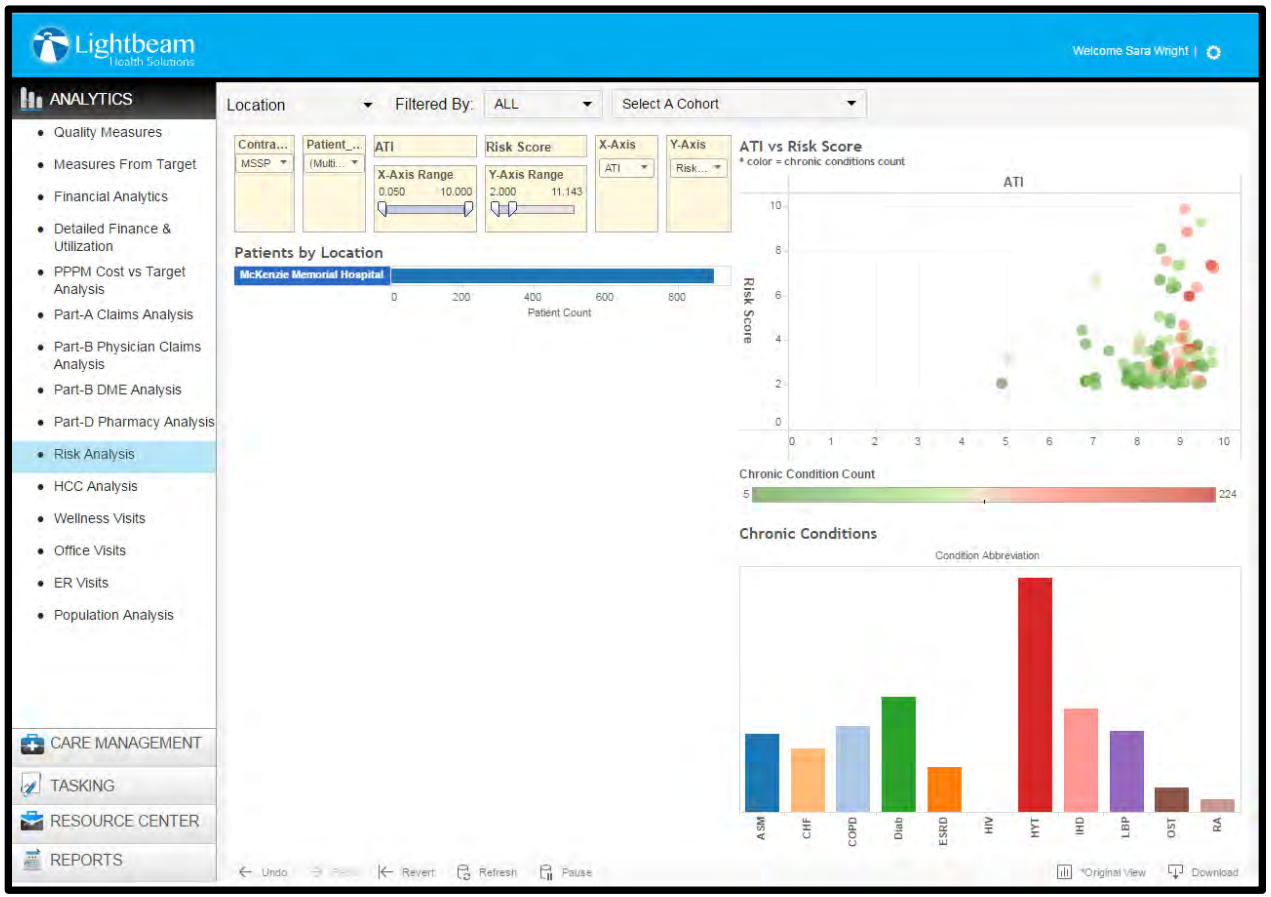
Risk Analysis of McKenzie Health System's Attributed Medicare Beneficiaries



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Using Claims Data to Leverage Partnerships

Post Acute Care Work Group

SNF Spend by Patient

City	Attending Provider	Facility	DiagnosisDescription	Facility Spend	Pt Total (All Facilities)
Deckerville	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Age-related physical debility	$ 86,228.24	$ 86,228.24
(blank)	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Encounter for surgical aftercare following	$ 79,830.80	$ 79,830.80
Deckerville	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Necrotizing fasciitis	$ 74,113.48	$ 74,113.48
Snover	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Age-related physical debility	$ 53,024.86	$ 64,681.78
Brown City	GOLECHHA, NITIN	MARLETTE REGIONAL HOSPITAL-SWING BED	Other malaise	$ 14,625.52	$ 39,276.37
Sandusky	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Encounter for surgical aftercare following	$ 38,623.76	$ 38,623.76
Sandusky	ENGLISH, MARK	SANILAC MEDICAL CARE FACILITY	Displaced intertrochanteric fracture of left	$ 14,032.48	$ 37,536.80
Deckerville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Chronic obstructive pulmonary disease wi	$ 35,222.69	$ 35,222.69
Sandusky	ENGLISH, MARK	SANILAC MEDICAL CARE FACILITY	ST elevation (STEMI) myocardial infarction	$ 8,802.13	$ 33,808.79
MARLETTE	AQIL, ARSHAD	FISHER SENIOR CARE AND REHAB CENTER	Unspecified fracture of shaft of humerus, l	$ 31,973.78	$ 32,463.26
Ubly	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Acute interstitial pneumonitis	$ 29,756.72	$ 29,756.72
Sandusky	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Sepsis, unspecified organism	$ 28,896.68	$ 28,896.68
Carsonville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Encounter for other specified surgical after	$ 28,383.87	$ 28,383.87
Sandusky	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Weakness	$ 5,010.05	$ 28,198.81
Sandusky	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Aftercare following surgery for neoplasm	$ 27,911.38	$ 27,911.38
Sandusky	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Cerebral infarction, unspecified	$ 27,382.18	$ 27,382.18
Carsonville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Weakness	$ 26,490.48	$ 26,490.48
IMLAY CITY	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Other specified fracture of right pubis, sub	$ 26,442.36	$ 26,442.36
(blank)	ENGLISH, MARK	SANILAC MEDICAL CARE FACILITY	Unspecified fracture of right pubis, subsec	$ 26,307.02	$ 26,307.02
Minden City	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Chronic obstructive pulmonary disease, un	$ 25,472.66	$ 25,472.66
MARLETTE	GOLECHHA, NITIN	MARLETTE REGIONAL HOSPITAL-SWING BED	Other fatigue	$ 25,402.58	$ 25,402.58
Sandusky	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Chronic obstructive pulmonary disease wi	$ 16,510.42	$ 24,006.68
Applegate	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Aftercare following joint replacement surg	$ 23,786.56	$ 23,786.56
Lexington	RANDLE, AFRIYIE	ST. ANN'S HOME INC.	Encounter for other specified aftercare	$ 23,454.45	$ 23,454.45
CROSWELL	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Alzheimer's disease with late onset	$ 23,018.60	$ 23,018.60
MARLETTE	ENGLISH, MARK	SANILAC MEDICAL CARE FACILITY	Acute kidney failure, unspecified	$ 22,480.02	$ 22,480.02
Deckerville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Weakness	$ 21,348.71	$ 21,348.71
Applegate	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Nonrheumatic aortic (valve) stenosis	$ 20,773.06	$ 20,773.06
Deckerville	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Weakness	$ 20,773.06	$ 20,773.06
Sandusky	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Hemiplegia and hemiparesis following cere	$ 20,593.72	$ 20,593.72
(blank)	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Aftercare following joint replacement surg	$ 20,457.50	$ 20,457.50
(blank)	JAVIER, LAZARO	SANILAC MEDICAL CARE FACILITY	Displaced comminuted fracture of shaft of	$ 20,435.14	$ 20,435.14
Carsonville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Acute on chronic systolic (congestive) hear	$ 19,220.72	$ 19,220.72
Deckerville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Encounter for other specified aftercare	$ 18,661.90	$ 18,661.90
Snover	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Infection following a procedure, sequela	$ 17,628.24	$ 17,628.24
Minden City	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Hemiplegia and hemiparesis following cere	$ 17,628.24	$ 17,628.24
Port Sanilac	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Chronic obstructive pulmonary disease wi	$ 17,311.72	$ 17,311.72
Carsonville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	End stage renal disease	$ 16,918.75	$ 16,918.75
Palms	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Weakness	$ 16,599.05	$ 16,599.05
Deckerville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Pneumonitis due to inhalation of food and	$ 16,588.57	$ 16,588.57
Sandusky	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Alzheimer's disease, unspecified	$ 16,066.75	$ 16,066.75
Sandusky	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Weakness	$ 11,330.76	$ 15,726.30
CROSWELL	JAVIER, LAZARO	SANILAC MEDICAL CARE FACILITY	Acute kidney failure, unspecified	$ 8,547.24	$ 15,281.84
Sandusky	ER DOCTOR	MCKENZIE MEMORIAL HOSPITAL	Weakness	$ 15,107.68	$ 15,107.68
Deckerville	ENGLISH, MARK	AUTUMNWOOD OF DECKERVILLE	Encounter for other orthopedic aftercare	$ 14,736.58	$ 14,736.58
Applegate	MULLALLY, JOHN	REGENCY ON THE LAKE-FORT GRATIOT, LLC	Displaced fracture of base of neck of left f	$ 14,675.79	$ 14,675.79

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MCRH Role

Flex Staff supported:

- Coordination of Monthly Calls with Care Coordinators, ACO Champions and Physician Leads
- Monthly updates from Caravan Health State Lead
- Quarterly meetings with ACO Teams and Caravan Health
- Continued role of State-Based Executive Director
  - Monthly meetings with CEOs
  - Liaison between Participating Hospitals and Caravan Health
  - Coordinated joint decision-making such as Shared Saving Distribution Methodology

Leveraging Additional Programming to Meet Patient Needs

- McKenzie Health System Community Paramedicine Program
- Started in 2022
- Services provided:
  - Assessing vital signs
  - Reviewing medications
  - Assessing home safety and fall risks
  - Providing and connecting patients to primary care services
  - Completing post-hospital follow-up care
  - Following up on Emergency Department patients who are non-compliant, have no PCP, or have a been diagnosed with a high-risk illness or ailment
  - Making referrals to community resources that might benefit the patient
  - Monoclonal Antibody Infusion

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Leveraging Additional Programming to Meet Patient Needs

- Remote Patient Monitoring Project in 3 CAH Communities (participating in ACO)
- Partnership with Higi, Funded by the MI Health Endowment Fund
- Alignment with CVS Health
  - Risk Stratification to target patients
  - Patient Education and Warm “Hand-offs” from Care Coordinators
  - Data Sharing

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Current State of MI Rural ACO Landscape

- Participating Hospitals (Systemization)
- Evolution of ACO Enabler
  - Caravan Health – Signify – CVS Health Discuss more risk-bearing
- Cost Savings & Quality
- Increased capacity & interest in participating in risk-bearing ACO models
- Clinically Integrated Network
- Medicare Advantage VBC Partners

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Center *for* Rural Health

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs
- Recipient of the UND Award for Departmental Excellence in Research

Focus on

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

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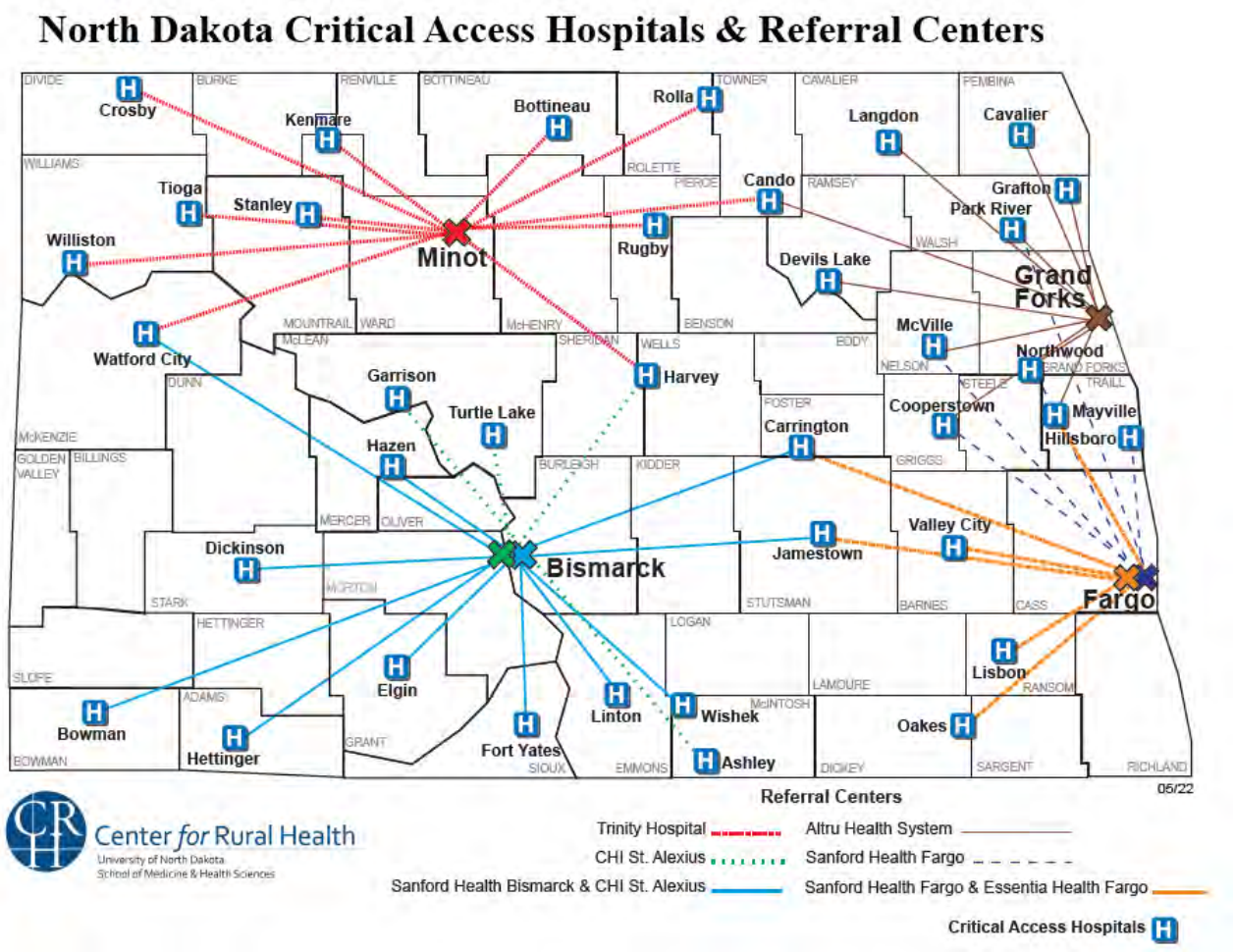
North Dakota at a Glance



37 Critical Access Hospitals

- 24 Independent
- 1 IHS
- 12 System-owned

6 Tertiary Hospitals

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North Dakota & its ACO Timeline

- **Up through 2023**
  - **Signify Health ACO**
    - 9 Independent ND CAHs and their provider-based clinics were part of Signify ACO with various years of membership through 2023
  - **Blue Alliance through BCBSND**
    - Majority of ND providers participating
  - **Creation of Rough Rider High Value Network**
    - 23/24 independent ND CAHs (1 yet to join)
    - Non-Profit, Legal entity
    - Maintain independence and autonomy but work as a network
    - Shared services – new services difficult for one hospital to establish on own
    - Joint purchasing
    - Develop value-products/process, prepare for contracts
    - Population health focus – improve health, better care, lower cost
      - Priority for all members to join ACO

North Dakota & its ACO Timeline

- **January 2024**
  - **All Rough Rider High Value Network members who were not in an ACO, joined an ACO.**
    - 13 members joined CVS ACO (formerly Signify Health)
    - 9 legacy CVS ACO members
    - 1 member joined Rural Advantage ACO
  - **The 24th Independent ND CAH who hasn't joined RRHVN yet, joined CVS ACO**

Great!

Now what?

Questions along the way:

- How does CRH and specifically ND Flex compliment and not duplicate ACO work?
- ACO work is primarily Medicare population focused. What about the other ND populations?
- How does ND Flex serve ALL 37 CAHs
  - Still have 12 System-owned and 1 IHS not in a Medicare focused ACO

Center for Rural Health Support

- **SORH**
  - Discern Collaborative vs. Complimentary opportunities – sometime a partner, sometimes a recipient
  - Quarterly meetings between RRHVN leadership and CRH (Acting Director, SORH Program Director, Flex Program Director and Sr. Project Coordinator)
  - Strategic planning
  - Grant writing workshops
  - Grant application review prior to submission to other funding agencies

Center for Rural Health Support

- **Flex**
  - Terry Hill at National Rural Health Resource Center and Michigan Flex connections – introduced ND to Signify/CVS ACO contacts
  - Established quarterly meetings with ND & MI State Flex Programs and CVS ACO contacts for ND and MI ACO members

Center for Rural Health Support

- **Flex**
  - Quarterly meetings with CVS ACO & MI Flex accomplish:
    - Learn ACO resources available to members
    - Learn established ACO focus areas
    - Identify education opportunities
    - Eliminate education duplication or identify the education being met for CVS ACO members, but not remaining 13 ND CAHs
    - Identify focus area gaps (i.e. SDOH, beyond Medicare population)

Center for Rural Health Support

- **Flex**
  - In the current Flex year…
    - Allowing ND CAHs time to onboard to their ACO
    - Exploring collaborative vs. complimentary opportunities across Flex workplan
      - **Quality:** RRHVN determining QI projects based on ACO
      - **Finance/Operational Improvement:** CAH RFP Financial/Operational Area of Greatest Need
      - **Population Health:** Flex care coordination activities, briefly paused during initial ACO onboarding and resuming in August 2024

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- **SHIP**
  - ND SHIP does direct subawards to each SHIP eligible CAH for their self-selected activities after SHIP priority areas are satisfied
  - Numerous eligible activities in the ACO section
  - Clarify SHIP eligible activities through TASC – use your TA!

Center for Rural Health Support

- **Connections to UND School of Medicine & Health Sciences**
  - SMHS Teaching Sites – RRHVN Elective
  - SMHS Telehealth Committee

Still Learning…

- How to balance work with ACOs, RRHVN and Flex workplan core areas
- How to provide relevant programming for all 37 CAHs

Network Development Implications on ACO Membership

North Dakota

- Created RRHVN prior to majority of members joining an ACO
- RRHVN is an independent, non-profit, legal entity
- Limited requests for support during formation

Michigan

- CIN created after joining MSSP ACO
- CIN goals were to expand VBC contracts to other payers
- CIN challenges and barriers

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