

All Roads Lead to Value-Based Care

Part 4: Real-Life Operationalization of VBC





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Net Health provides specialized consulting, analytics services, software solutions, and comprehensive support across the healthcare continuum.

As a trusted state government and payer partner, we help clients accelerate value-based care innovations to transform payment and healthcare delivery.

We Help States Transform Payment & Delivery Systems

STATE MEDICAID AGENCIES

Measurably advance the goals and objectives of the state's quality strategy.

MEDICAID MANAGED CARE PLANS

Fulfill state value-based contracting requirements to achieve more effective and efficient care.

Learning Objectives

- Identify key factors that contribute to the success of value-based care (VBC) programs
- Describe the role of data analytics in supporting the implementation of VBC, how they enable more informed decision-making, and how their use impacts outcomes
- Summarize the relationship between providers using real-time analytics to better manage patients, quality measure performance, incentive payments, healthcare utilization, and costs

The Landscape of Value-Based Care



Why?

Align with CMS Innovation Strategy

Achieve the goals of accountable care:

- Improve quality
- Increase access
- Impact SDOH
- Better utilization
- Decrease cost



Figure 1. CMS Innovation Center Vision and 5 Strategic Objectives for Advancing System Transformation.

Value-Based Care (VBC) Programs & Alternative Payment Models (APM)



Pay-for-Performance (P4P)

Provides financial incentives, including supplemental payments and/or penalties, to providers for the achievement of performance metrics and outcomes.



Accountable Care Organizations (ACOs)

A group of healthcare providers that assume responsibility for the cost and quality of care for a defined population. They may receive shared savings or shared risk payments based on their performance.



Capitation/Full Risk Contracts

Pays a fixed amount per patient per month (or year) to healthcare providers or organizations, regardless of the number of services rendered. Providers are responsible for delivering comprehensive care within this reimbursement.



Bundled Payments

A single payment for all services related to a specific medical condition or episode of care, such as a joint replacement surgery. Providers are responsible for managing costs while maintaining quality.



Quality Withholds

A portion of provider payments is withheld initially and returned if specific quality and cost targets are met. It incentivizes providers to achieve better quality and cost-efficiency.



Patient-Center Medical Homes (PCMH)

PCMHs receive additional payments for providing comprehensive, coordinated, and patient-centered care. They often serve as a central point for managing a patient's healthcare needs.

Net Health VBP Programs



Texas Nursing Facility QIPP

California Nursing Facility QASP

Solutions for SNFs to monitor and manage performance in real-time, with forecasting of projected payments

New Mexico Nursing Facility VBP

Managed Care Directed Payment

State data aggregator, analytics provider, software supplier, and trusted advisor

Analytics, reporting, and real-time solutions for all stakeholders

Source of truth to issue payments each quarter

New Mexico Nursing Facility HCQS

Managed Care Directed Payment

State data aggregator, analytics provider, software supplier, and trusted advisor

Analytics, reporting, and real-time solutions for all stakeholders

Source of truth to issue payments each quarter

New Mexico Hospital VBP

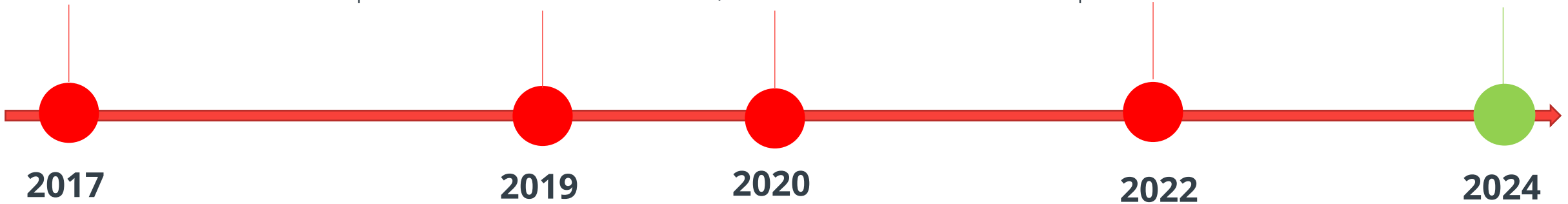
Managed Care Directed Payment

State data aggregator, analytics provider, software supplier, and trusted advisor

Analytics, reporting, and real-time solutions for all stakeholders

Source of truth to issue payments each quarter

NEW PROGRAMS



Innovate with Intention

AREAS OF PRIORITY

Clinical Outcomes
Utilization
Access to Healthcare Services
Health Equity & SDOH
Care Coordination

DELIVERY SYSTEMS

- Fee-for-Service
- Managed Care

PROVIDER TYPES / SETTINGS

- Hospital
- Nursing Facility
- Primary Care
- Other

DOMAINS & POPULATIONS

- Physical Health
- Behavioral Health
- LTSS
- Substance Use Disorder
- Maternal Health
- Complex Care
- Chronic Care
- Palliative/End-of-Life

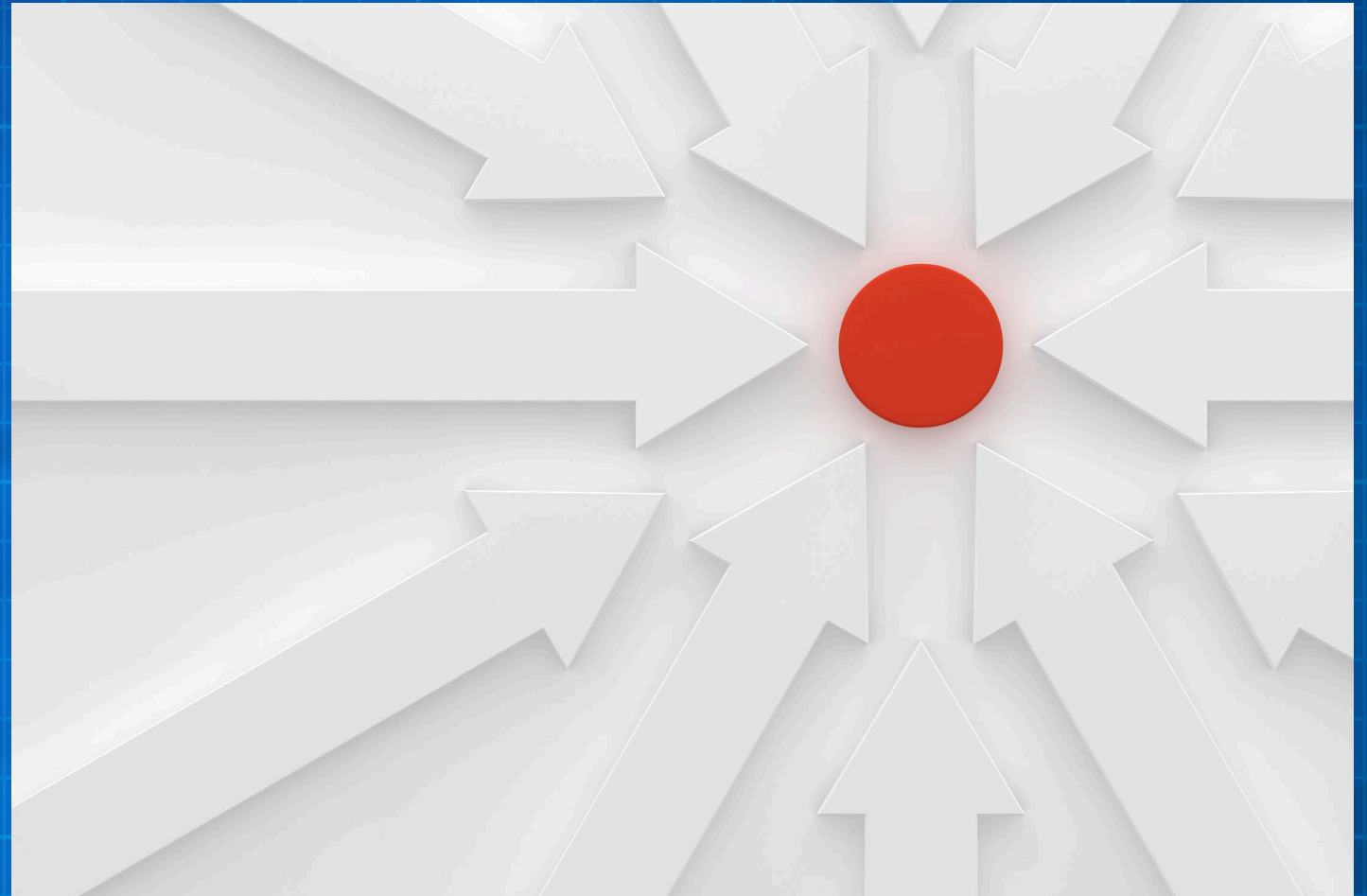
MEASURES

- Clinical
- Utilization
- Satisfaction
- Process
- Outcome
- Structural

DATA SOURCE OPTIONS

- Claims/MMIS
- EHR
- MDS
- Publicly-reported
- Submitted by providers

Role of Data Analytics in Informing Decision Making



Components of a VBP P4P Program

Funding mechanism

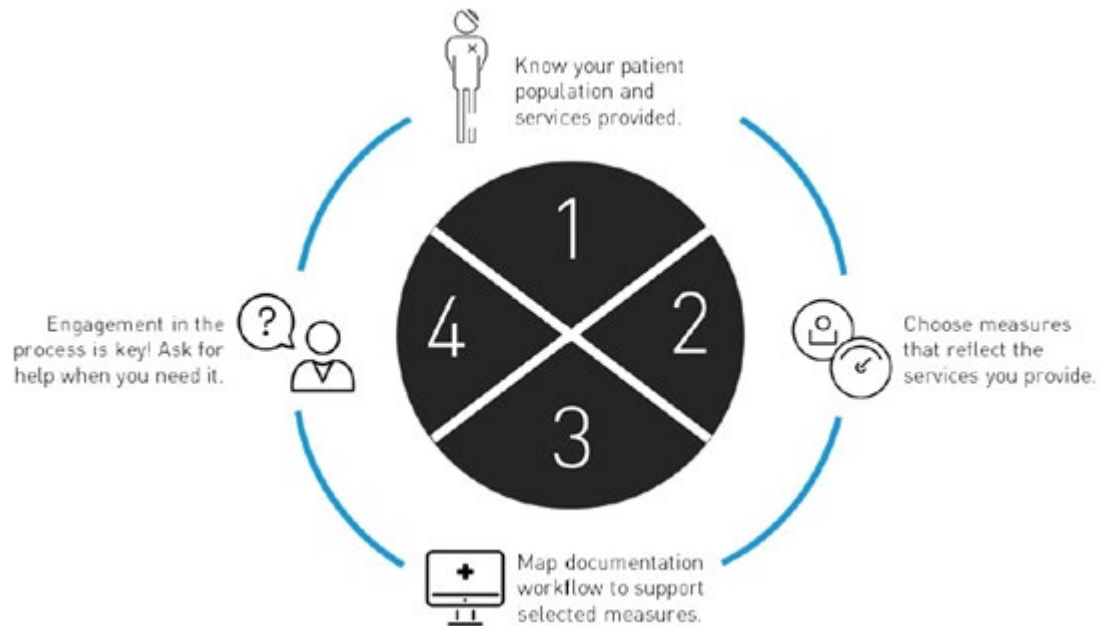
Quality measurement

Assessing performance

Linking performance to payment

Ongoing evaluation & changes

Selection of quality measures



By choosing relevant and meaningful quality measures the program can effectively assess and incentivize high-quality care

Definition of baselines and benchmarks



Baselines provide a starting point against which improvement can be measured

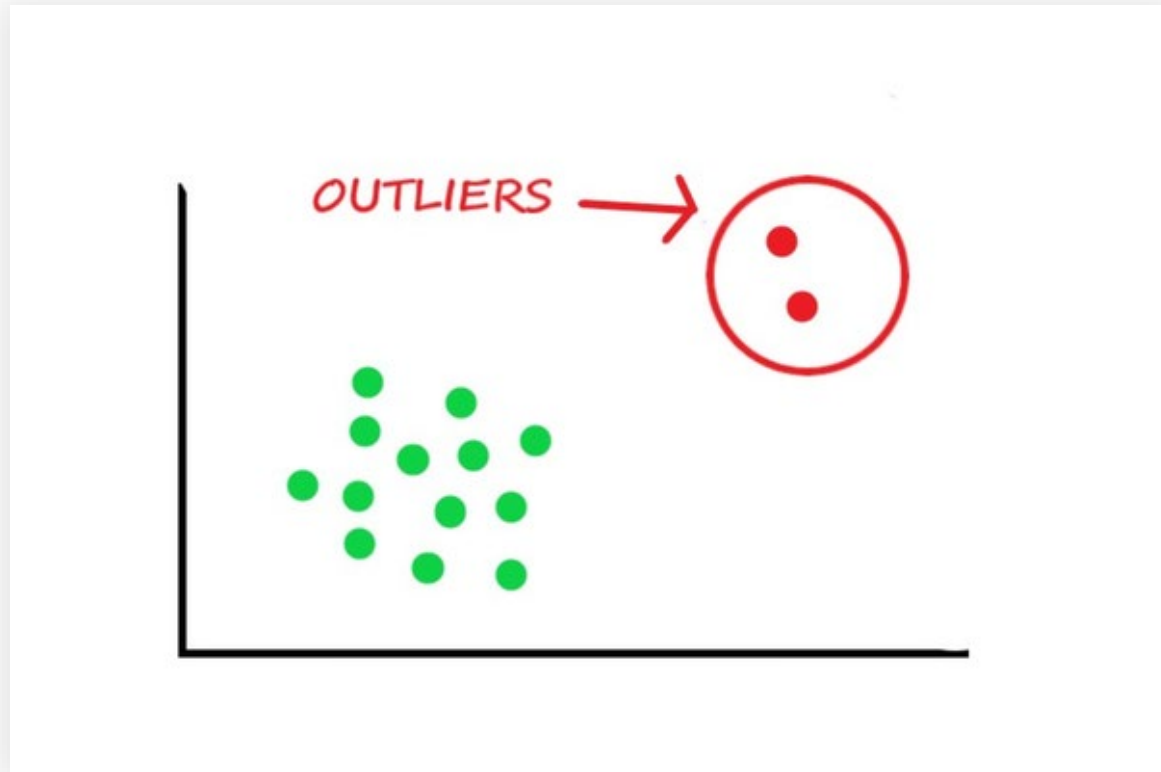
Benchmarks represent the desired level of performance

Unbiased performance assessment methodology



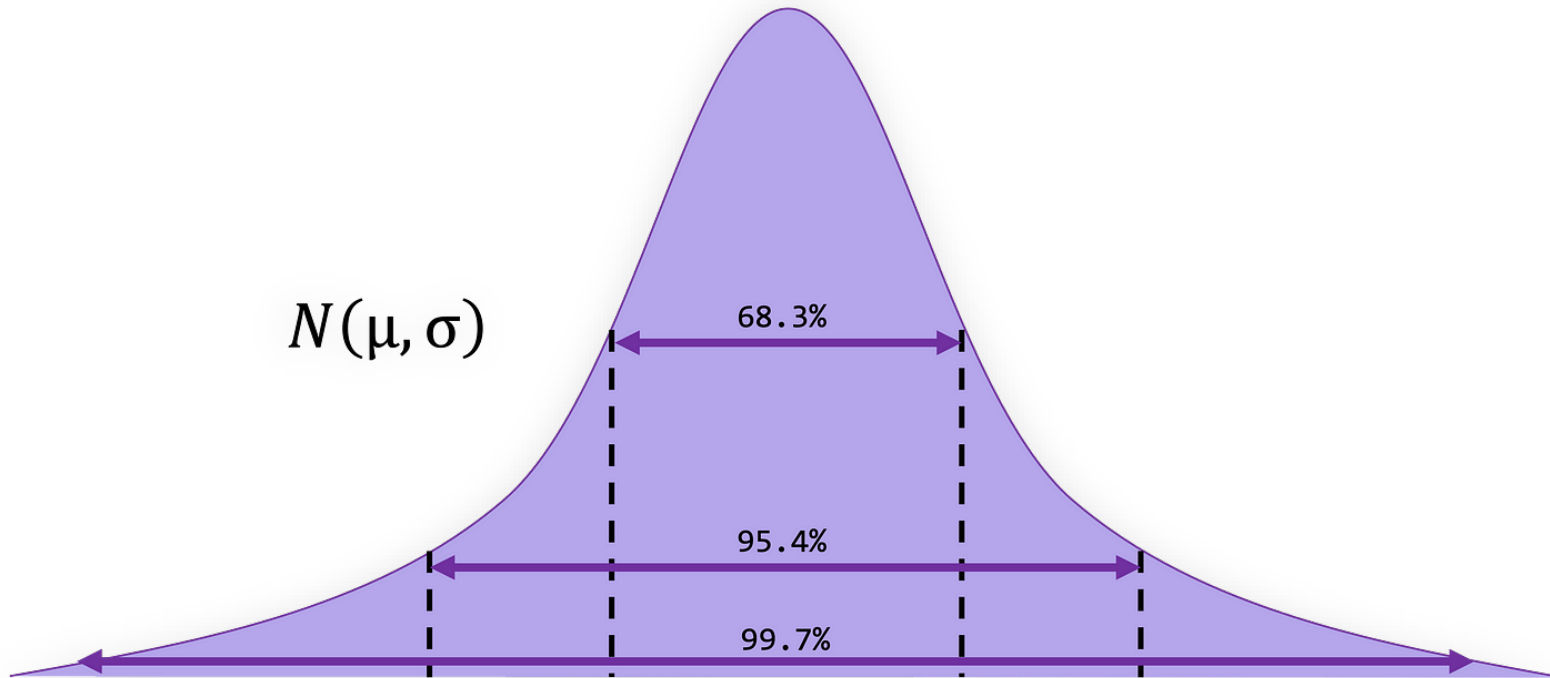
By using a rigorous and unbiased approach, the program can provide accurate assessments that drive improvement and maintain the integrity of the overall system

Identification and handling of outliers



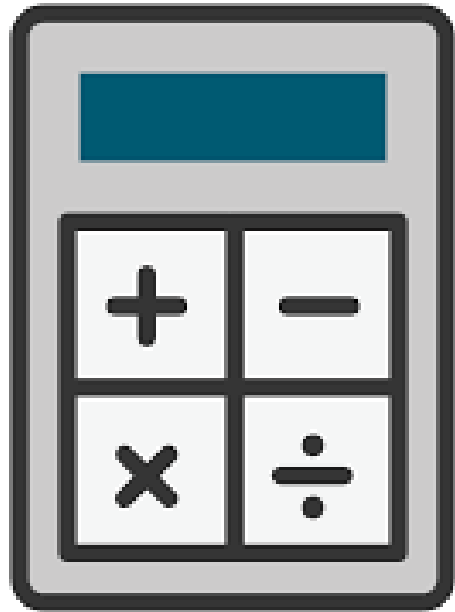
Outliers should be carefully evaluated to understand the reasons behind their performance and take appropriate actions

Account for facility variation



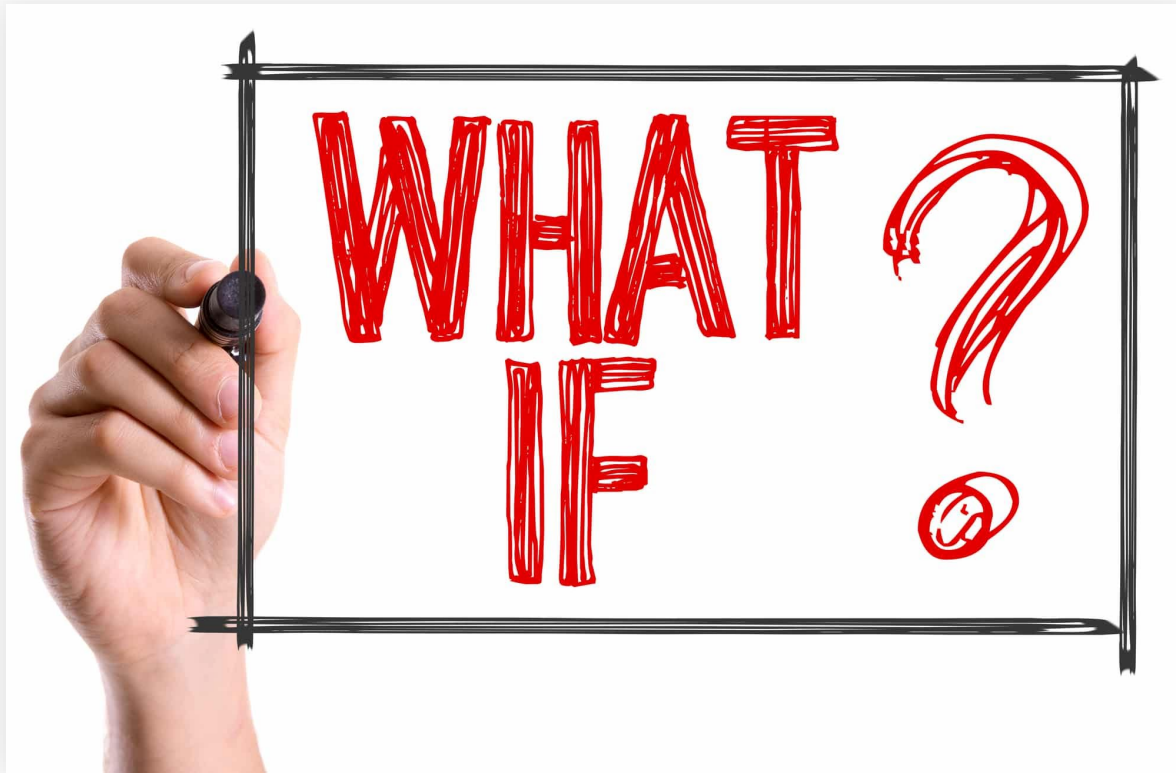
By appropriately adjusting for facility variation, the program can provide a more accurate reflection of the quality of care delivered

Clear and straightforward payment calculation methodology



By employing a straightforward and transparent methodology, the program promotes accountability and encourages participation from healthcare providers

What-if scenarios and modeling for decision-making



By incorporating such decision-making tools, the program can be designed more effectively, optimize outcomes, and anticipate potential unintended consequences before implementation

Best Practices for Value-Based Purchasing (VBP) P4P Programs

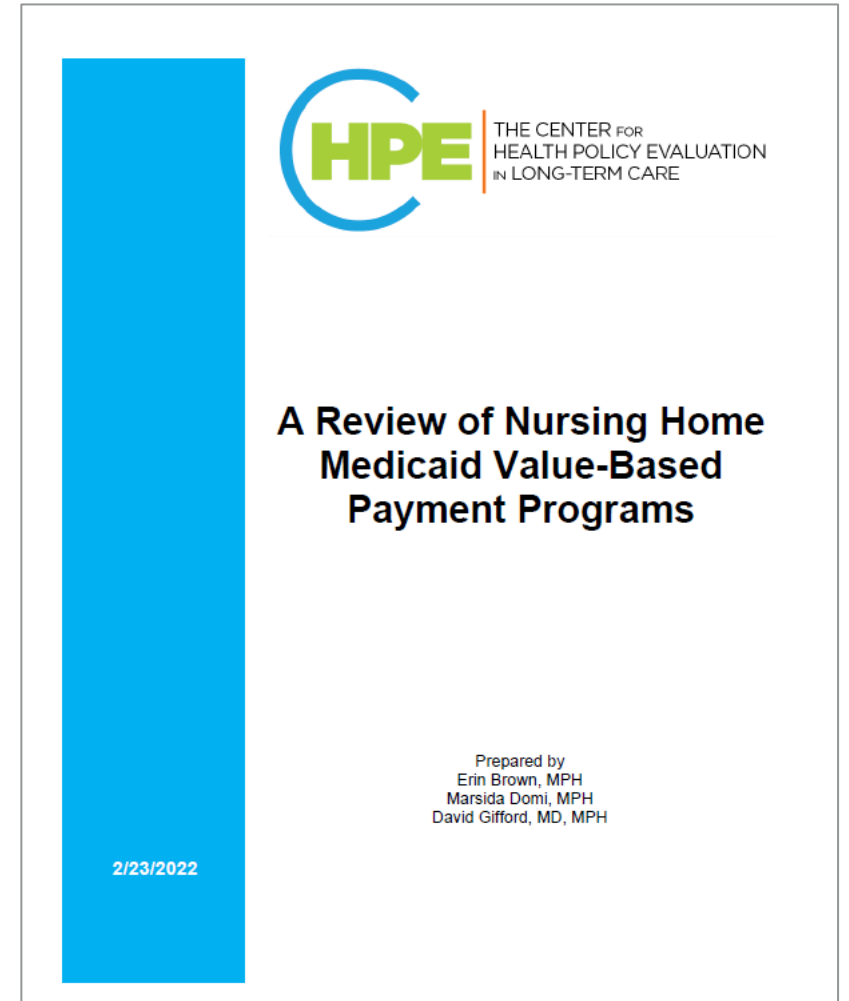


In the Literature

Study: A Review of Nursing Home Medicaid Value-Based Payment Programs

Center for Health Policy Evaluation in Long –Term Care,
February 2022

- 30 unique nursing home Medicaid VBP programs across 24 states
- Identified features that would incentivize better quality or better value for resident care
- Evaluated alignment with the best practices reported in the literature
- Only four programs were “fully or highly aligned” – **two of which are Net Health’s New Mexico programs**



[LINK TO STUDY](#)

Best practices impact outcomes

Key Takeaways

- Programs should strive to align with expert recommendations and
 - be predictable, transparent, and consistent,
 - use stable performance benchmarks,
 - use tiered payment structure,
 - maintain a simple incentive structure.
- There is a lot of variation in reviewed nursing home Medicaid VBP program design features, and not all align with best practices.

Guiding Principles Matter

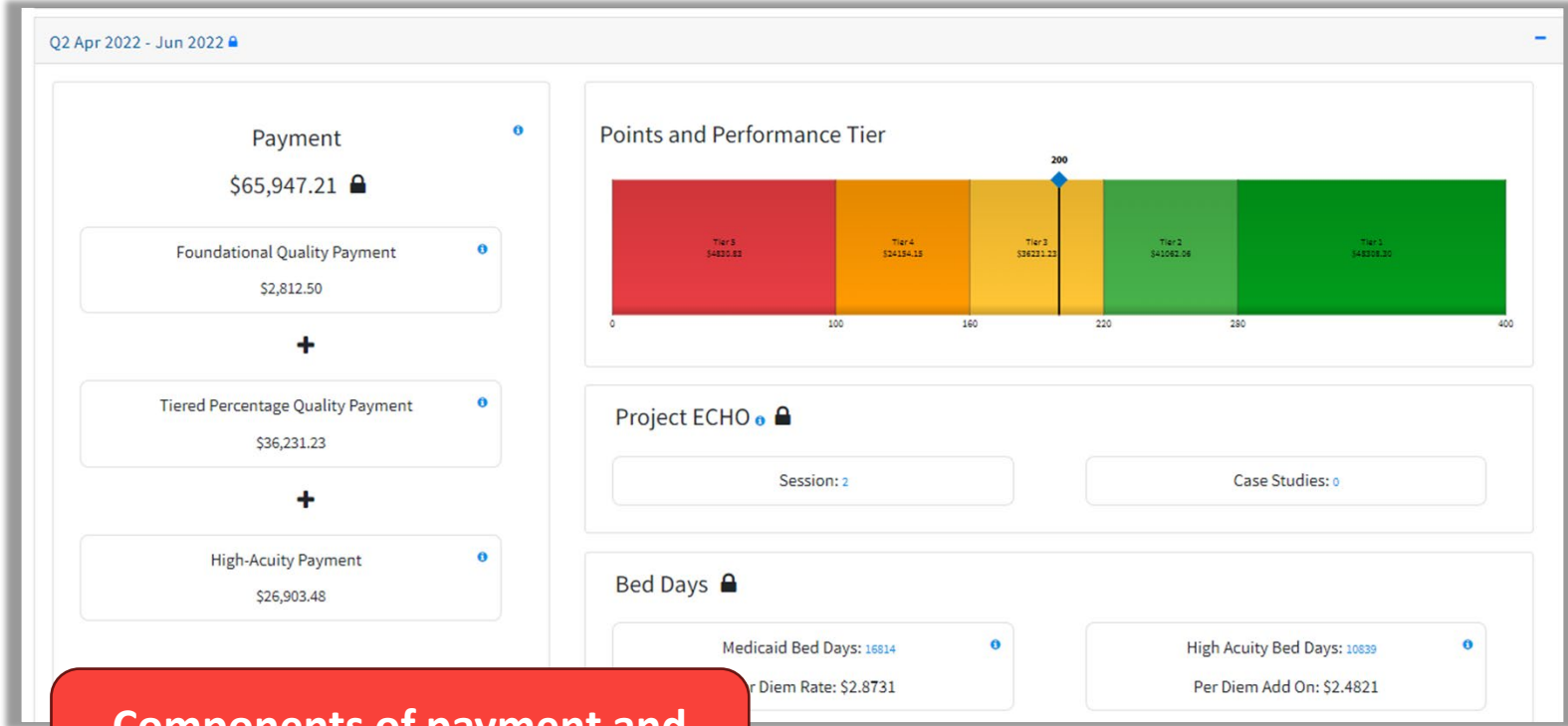
- Align with **state quality strategy, goals and objectives**
- **Minimize administrative burden** on healthcare providers
- Leverage and build on **existing processes and tools**
- Develop a program that will be **transparent and simple to understand** to influence behavior and outcomes
- Provide **actionable insights** to help drive **performance outcomes** with no surprises
- **Account for variation** across healthcare providers
- Distribute payments based on **performance relative to targets**
- Implement regular program reviews to **evaluate effectiveness** and make any changes needed

Sample Best Practice Methodology for P4P Program

1. Each Quality Measure (QM) is worth a certain number of points.
2. Compare each provider/facility's QM values to established cut points.
3. Assign points for each QM based on cut point range, then sum the points.
4. Total number of points determines performance tier.
5. Performance tier determines percentage of maximum provider/facility-specific payment hospital will receive.
6. Distribute residual funds as an enhanced tier percentage.

Give Providers the Insights They Need

Sample VBP Dashboard

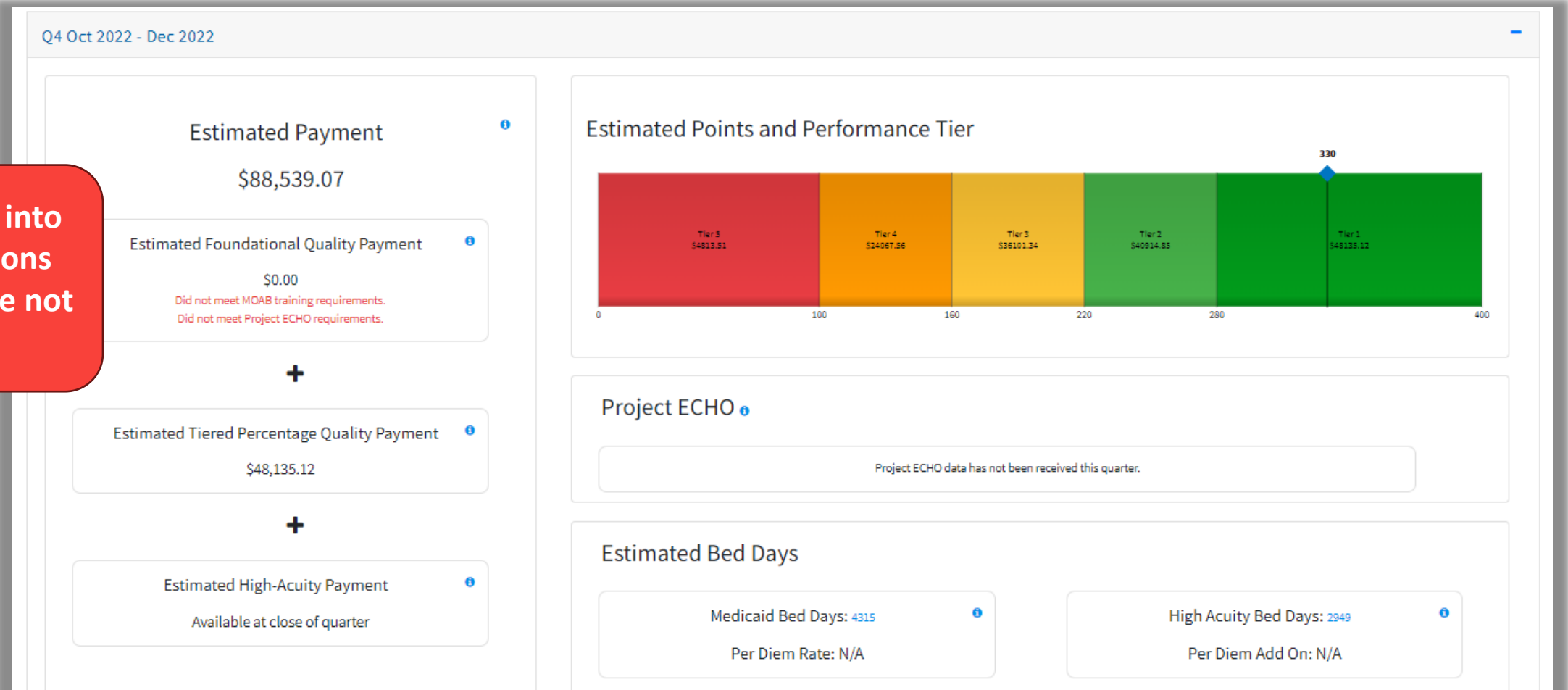


Components of payment and performance versus targets

- Actual performance versus targets, in real-time
- Information to understand what's driving performance outcomes
- Forecast payments
- Predict adverse events

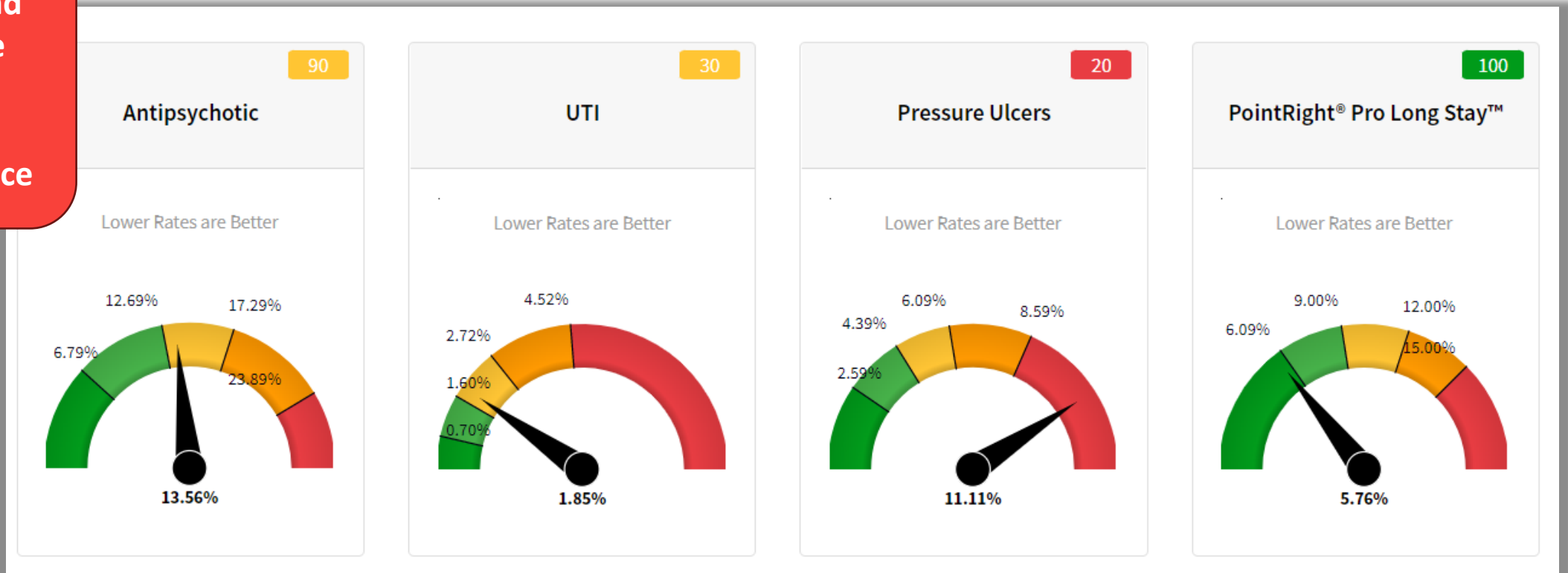
Sample VBP Dashboard

Visibility into the reasons targets are not met



Sample VBP Dashboard

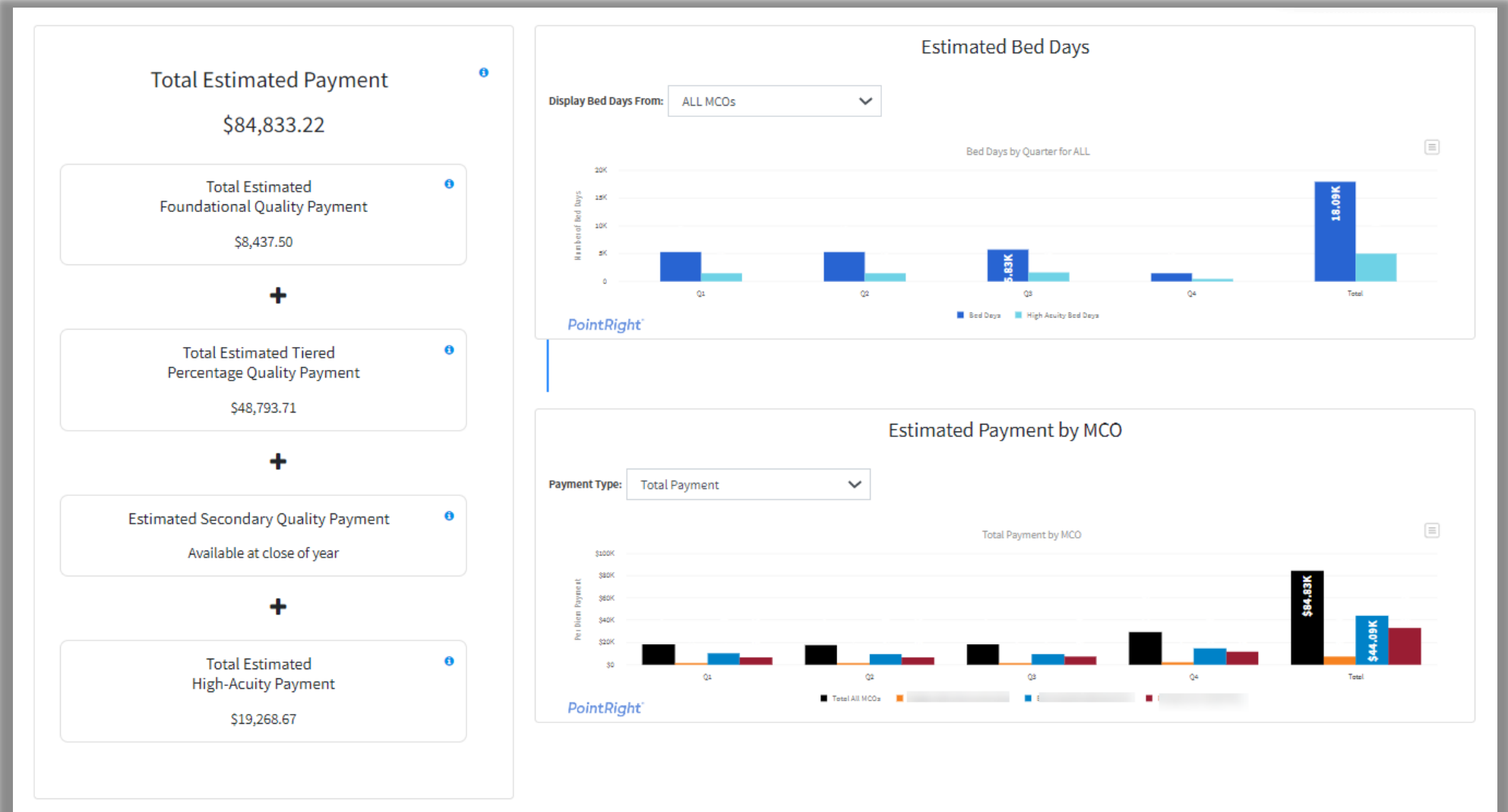
Easy-to-understand real-time quality measure performance



Sample VBP Dashboard

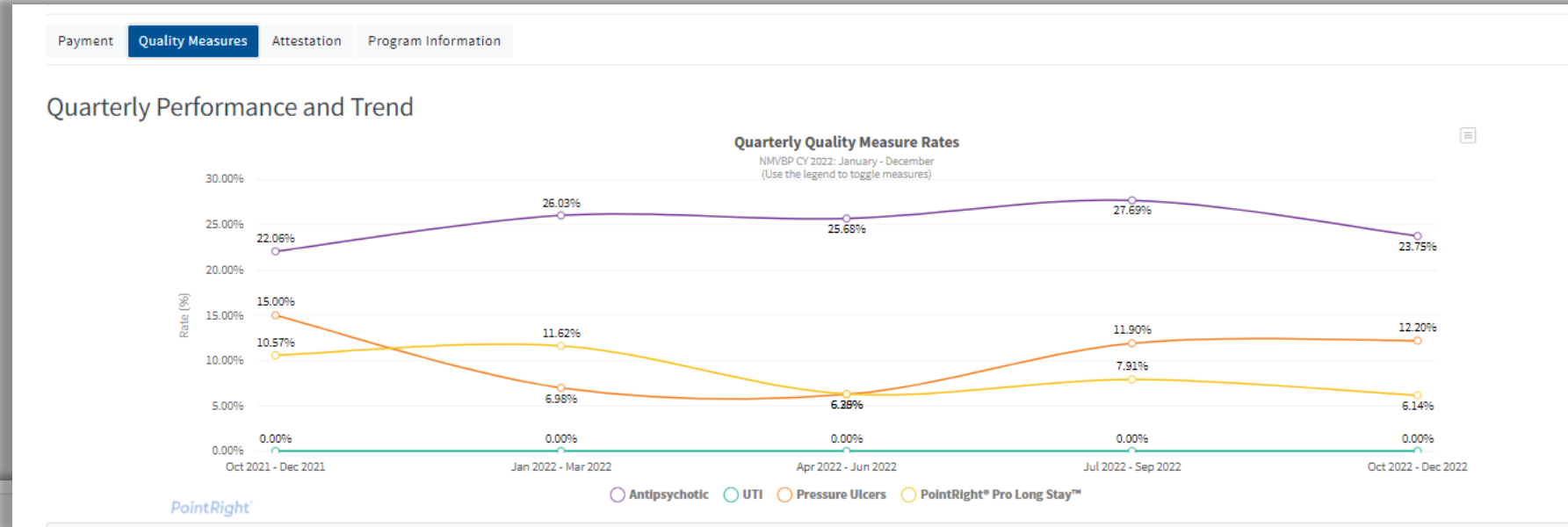
Estimated payment calculation in real-time during performance period in progress

Visibility to utilization multiplier (e.g. NF bed days) and payment by MCO



Sample VBP Dashboard

Quality measure performance over time



Q4 Oct 2022 - Dec 2022

Measure	Count	Rate	Population
Antipsychotic	60	23.75%	19/80
UTI	50	0.00%	0/65
Pressure Ulcers	20	12.20%	5/41
PointRight® Pro Long Stay™	80	6.14%	20/150

Drilldown from facility to patient level outcomes

Sample VBP Dashboard

Frequently Asked Questions

Q. How are Medicaid bed days determined?

A. For the purposes of this program, bed days for each facility are reported to PointRight by Myers & Stauffer. Medicaid Fee-For-Service, Medicaid MCO, and Medicaid Hospice days from the Myers & Stauffer report are included in Medicaid bed days.

Q. I submitted an MDS today with an ARD in the current quarter that triggers a QM, so why don't I see the resident's information on the QM details page?

A. The HCQS P4P Scorecard is refreshed once daily. Applicable data from an MDS assessment should be included in the P4P Dashboard information the day after it is submitted to PointRight.

Q. On the Quality Measures tab in the quarter section, why does, "IMPUTED" appear at the top left of a measure?

A. In the instance where a specific QM cannot be calculated for a facility (e.g. not enough instances in the denominator), the facility is assumed to perform at the state average for that QM. Therefore, the measure is labelled as "imputed."

Eligibility

- To be eligible for the Nursing Facility VBP Program in CY 2022, the facility must meet the following minimum requirements:
 - » Medicaid Certified facility.
 - » Contracted with at least 1 Medicaid MCO.
 - » Submit Minimum Data Set (MDS) data to Data Vendor.
 - » Facility must have Medicaid utilization during the measurement quarter to be eligible to receive payment. If the facility does not have Medicaid utilization during the measurement quarter, no payment shall be tendered.
 - » Data use agreements signed with Data Vendor (PointRight®/NetHealth®) and MCOs.
- Within six months of implementation, the nursing facility must meet the following requirements. Failure to do so within the stated timeframe will result in suspension of Foundational Payments until requirements are met.
 - » Participate in required number of Medicaid Quality Improvement and Hospitalization Avoidance (MQIHA) Project ECHO® sessions as determined by the Nursing Facility Value Based Purchasing ECHO® Workgroup.

NOTE: For CY2022 and beyond, this would be a minimum of 2 sessions per quarter and will include participation in MQIHA ECHO® or National Nursing Home COVID Action Network (NNHCAN) ECHO® and submit one case study per year.

 - » To earn the CY2022 Q2 foundational payment, facilities will need to attest in the PointRight®/NetHealth® application that no less than two employees have attended and completed the MOAB® De-escalation certification programs.
 - » To earn the CY2022 Q4 foundational payment, facilities will need to produce evidence that at least 3 employees (in addition to those trained in person) have completed the MOAB® De-escalation certification programs for every increment of each 50 licensed beds.

Number of Facility Beds vs. NF Staff Attendance

Number of Beds	Required Staff Attendance
1 to 50	3

In-app program
information
and FAQs

Outcomes of Effective “Real-Life” Programs





State Agencies



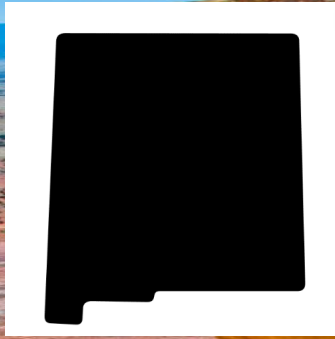
**Effective use of
funds and CMS
Directed
Payments**



**Meet goals and
objectives of
quality
strategy**



**Meet
performance
targets across
providers and
settings**



NM Nursing Facility Value-Based Purchasing Programs

GOALS & OBJECTIVES

Better value for Medicaid funds spent on care

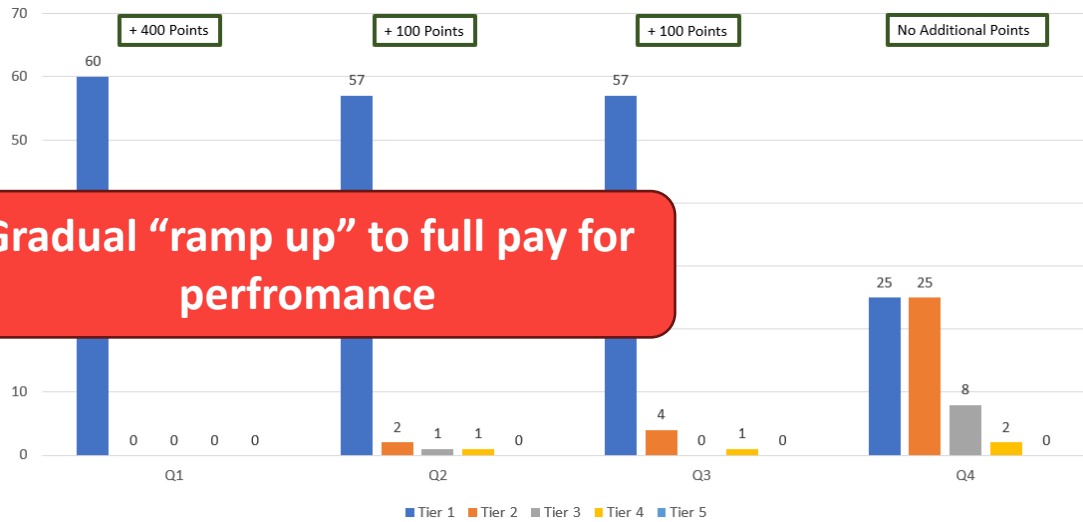
Avoid unnecessary hospitalization and adverse events and improve quality outcomes

Create incentives for nursing facility providers to improve or maintain high quality

Opportunities for “early wins” and ongoing quality improvement

Increase access to services for Medicaid beneficiaries

Support caring for higher-acuity beneficiaries; encourage use of telemedicine

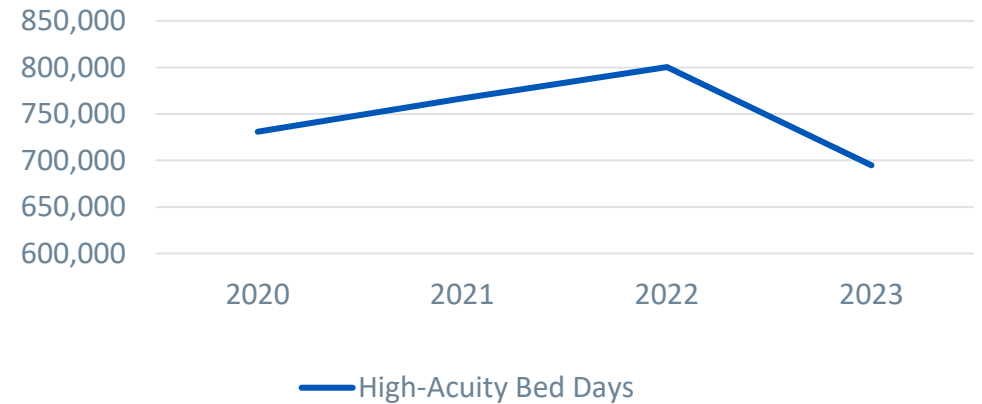


Gradual “ramp up” to full pay for performance

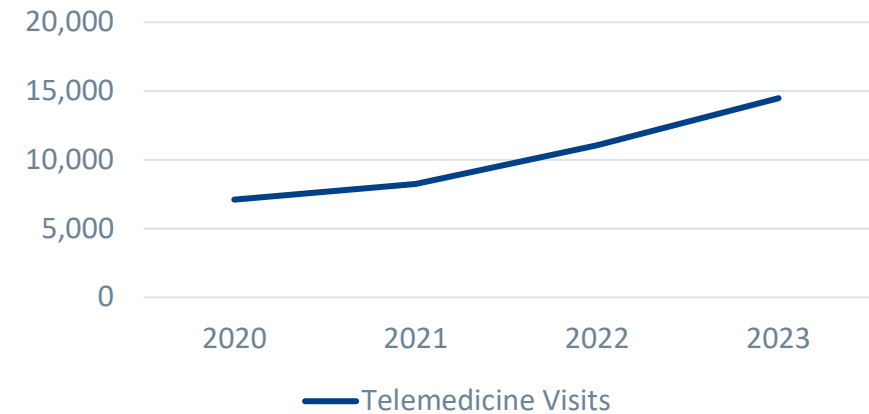
PROVIDER SUPPORT & HIGH LEVELS OF SATISFACTION

- Supported repeal of the provider surcharge sunset and continuation of both VBP programs
- Provider testimonials
- NPS score OF 65.5 (100th percentile, best-in-class performance)

High-Acuity Bed Days



Telemedicine Visits





NM Nursing Facility Value-Based Purchasing Programs

Optimize health for New Mexico Medicaid members receiving services in nursing facilities

PERFORMANCE TARGETS

Improve quality of care

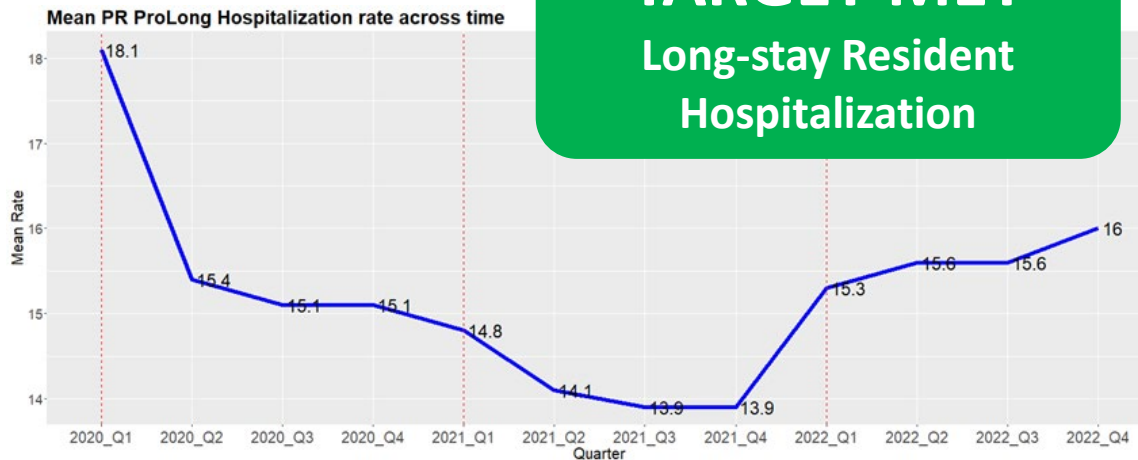
- Decrease mean rates of long-stay residents with antipsychotic medications, urinary tract infections, falls with major injury, & symptoms of depression
- Maintain mean rate of long-stay residents with pressure ulcers
- Increase rates of long-stay resident influenza and pneumococcal vaccination

Reduce avoidable hospitalizations

Decrease the mean long-stay resident hospitalization rate

TARGET MET

Long-stay Resident Hospitalization



TARGETS MET

- Long Stay Resident:
- Antipsychotic Medication
- Urinary Tract Infection
- Pressure Ulcers
- Falls with Major Injury
- Influenza Vaccination
- Pneumococcal Vaccination





Providers



**Achieve
financial
benefits**

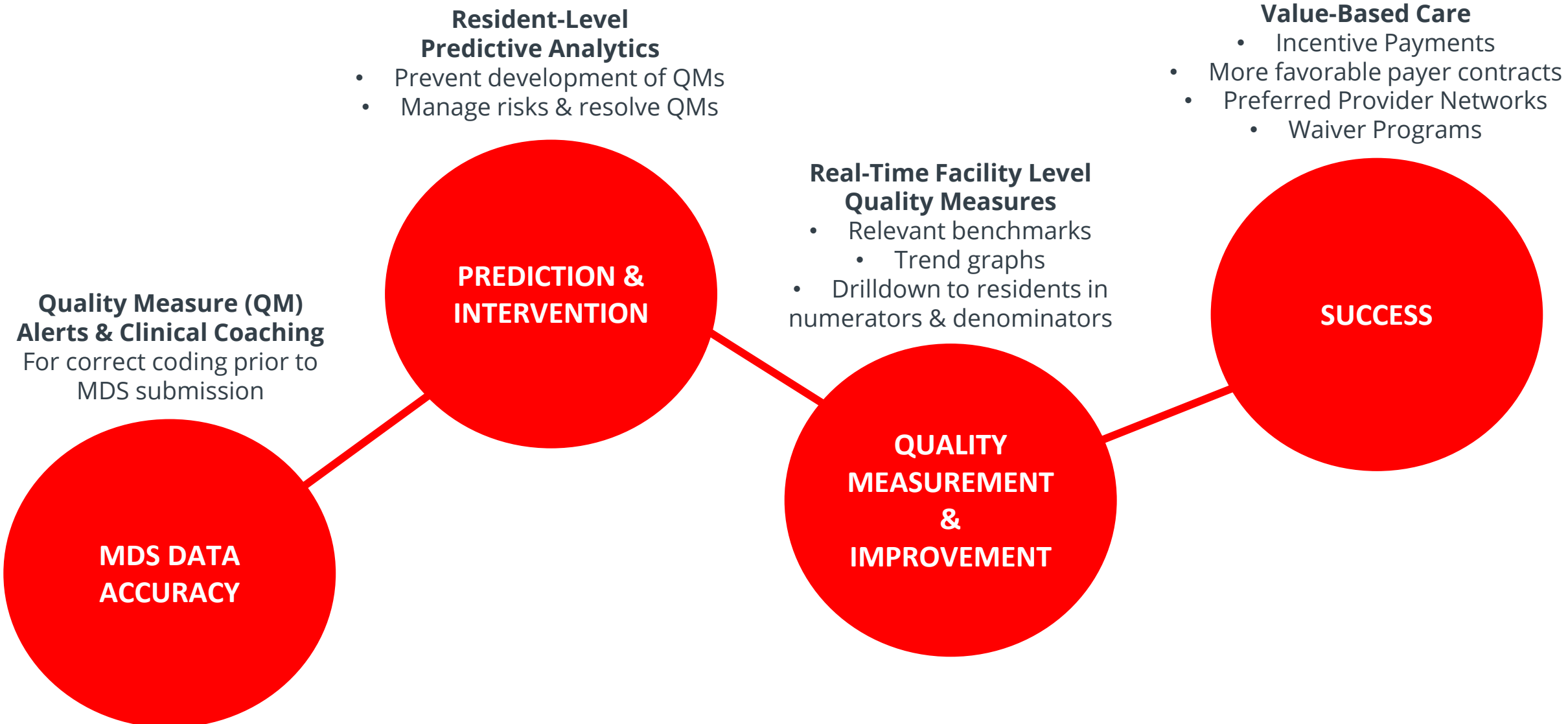


**Improve
quality**



**Enhance
operations**

How Nursing Facilities “Connect the Dots” for Success in VBP



Give Providers Solutions to Improve Quality

(Nursing Facility example)



Value-Based Care Performance



P4P Scorecard

Analytics-powered insights into VBP program performance



Care Management



RADAR®

Patient/Resident- and population-level care management with descriptive and predictive analytics



Facility Performance



Data Integrity Audit (DIA)

Ensure accuracy and quality of MDS data with insights into PDPM reimbursement (Patient/Resident and Facility levels)



Quality Measures

Measure, monitor, and manage Quality Measure outcomes



PointRight® Pro 30® Rehospitalization

Monitor and manage rehospitalization



Five-Star FastTrack®

Understand and improve Five-Star ratings

Patient-Level Analytics

PointRight
A Net Health Company

Location: **Northeast Nursing and Rehab (DD-PRNE5)** (Change)

Short Stay **Long Stay**

Current Residents

Showing 1 to 25 of 65 rows **25** rows per page

Resident Information								Descriptive Scales (Impairment)				Predictive Scales (Risk)				Complexity
Name	Resident Summary	Room Number	ARD	OBRA	PPS	Admission Date	ADL	Cognition	Mood	Pain	Falls	Pressure Ulcer	Hospitalization	Mortality	Discharge Planning	
Xbauue, Gyrv		NS0200205P	11/08/2022	Quarterly	None	05/15/2022	↑	↓	↑	█	↓	↓	↑	█	88	
Cxmcdi, Ljbbodb Hospice		NS0600616B	10/23/2022	Quarterly	None	05/11/2021	█	█	█	█	█	█	█	↓	96	
Okwfrak, Httydyn		NS0600603B	10/22/2022	Annual	None	01/25/2022	█	↓	↓	█	↓	↓	↑	↓	56	
Pxxfpord, Dushgp Hospice		NS0600610B	10/19/2022	Quarterly	None	02/27/2015	↓	█	█	█	█	↓	█	↑	88	
Fvmosmnz, Gptxsoa Hospice		NS0500512P	10/27/2022	Quarterly	None	09/20/2021	█	↓	█	█	↑	█	↓	↑	98	
Gusdrl, Voais		NS0600614A	10/14/2022	Quarterly	None	04/11/2022	█	█	█	█	█	█	█	█	50	
Rkwewb, Lbndeuc Hospice		NS1501515P	10/20/2022	Significant Change	None	09/30/2020	↓	↓	⊘	█	█	↓	↑	↓	81	
Fzjfvb, Btlydygg		NS0400406P	10/15/2022	Quarterly	None	04/18/2022	↑	█	█	█	↑	↑	↑	↑	72	

DESCRIPTIVE
Impairment (ADL, Cognition, Mood, Pain)
Discharge Complexity

PREDICTIVE
Risk of Adverse Events (Pressure Ulcers, Falls, Hospitalization, Return to NF Post-Discharge)
Mortality

Insight into Factors Contributing to Impairment & Risk

Short Stay Cognition and Behavior

HERE'S WHY Low Impairment

MDS Items that Contribute to Impairment

- BIMS: 14
- Difficulty recalling the word "bed" (C0400C)

Other Factors to Consider

- Rejection of Care (E0800)
- Wandering (E0900)
- Hallucinations (E0100A)
- Delusions (E0100B)
- Physical behavior towards others (E0200A)
- Verbal behavior towards others (E0200B)

Short Stay Mood

HERE'S WHY Low Impairment

MDS Items that Contribute to Impairment

- PHQ-9a: 1 | Minimal Depression
- Moved or spoke unusually slowly, or was unusually restless (D0200H1, D0200H2)

Short Stay Pain

HERE'S WHY Low Impairment

MDS Items that Contribute to Impairment

- Acknowledged experiencing pain or hurt (J0300)
- Worst pain was Mild (J0600B)

Other Factors to Consider

- Pain medication (J0100A, J0100B)
- Non-medication pain intervention (J0100C)

Short Stay Activities of Daily Living

HERE'S WHY Medium Impairment

MDS Items that Contribute to Impairment

- ADI Score: 8

G0110 Activity	Independent	Supervision	Assistance	Dependent	Less than Three Times	Did Not Occur	Max Staff Support
Bed Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Person
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two+ Persons
Walking in Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
Walking in Corridor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
Locomotion on Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Person
Locomotion off Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Person
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Person
Eating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Setup Only
Toilet Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Person
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Person
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Person

G0600 Mobility: No Device, Cane/Crutch, Walker, Wheelchair, Limb Prosthesis, No Mobility/Bedfast

Long Stay Falls

HERE'S WHY High Risk

Factors that Contribute to Falling

- Age
- Bathing: support provided
- Gender
- BMI
- Dementia: (e.g., Lewy-body, vascular or multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases), or Alzheimer's disease

Long Stay Pressure Ulcer

HERE'S WHY High Risk

Factors that Contribute to Developing a new or worsened Pressure Ulcer

- Bathing: self-performance
- Physician examinations - Physician orders
- Age
- Walk in room: self-performance
- Bowel continence

Long Stay Hospitalization

HERE'S WHY High Risk

Factors that Contribute to Being Hospitalized

- Respiratory treatment
- Heart failure
- Physician examinations - Physician orders
- COPD
- Diuretic

Short Stay Mortality

HERE'S WHY High Risk

Factors that Contribute to Dying in the Next 6 Months

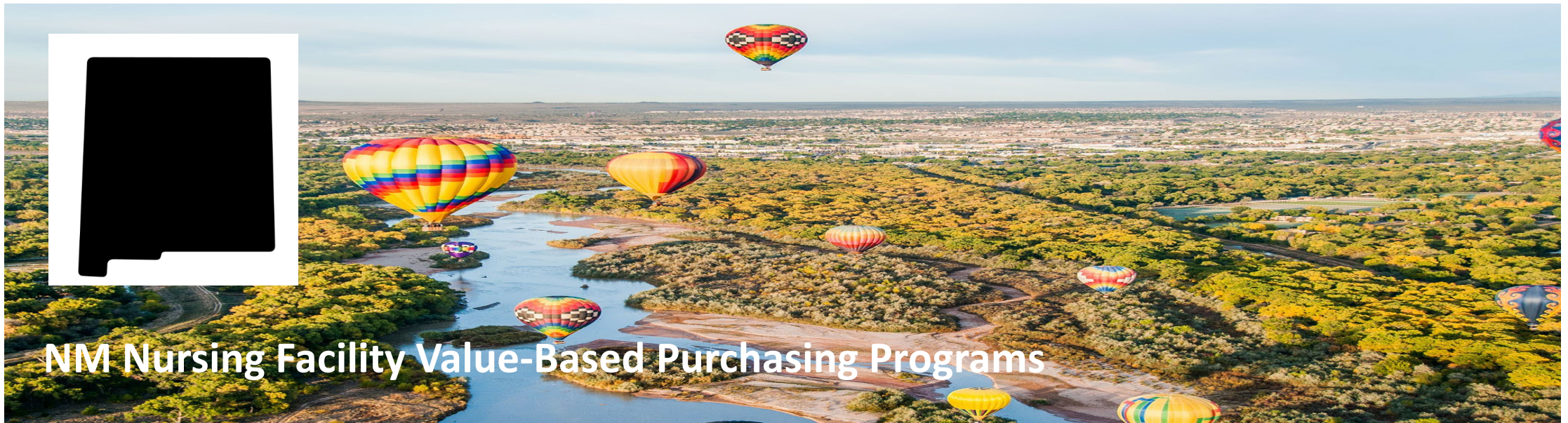
- Total PT minutes
- Active discharge planning for return to community
- Total OT minutes
- Rehabilitative services (physical therapy, speech-language therapy, occupational therapy, etc.), excluding health rehabilitation for MI and/or ID/DD
- Age

Short Stay Discharge Planning : 33

HERE'S WHY Least Complex

MDS Items that Contribute to Complexity

- Malnutrition (I5600)
- Scheduled Pain medication (J0100A)



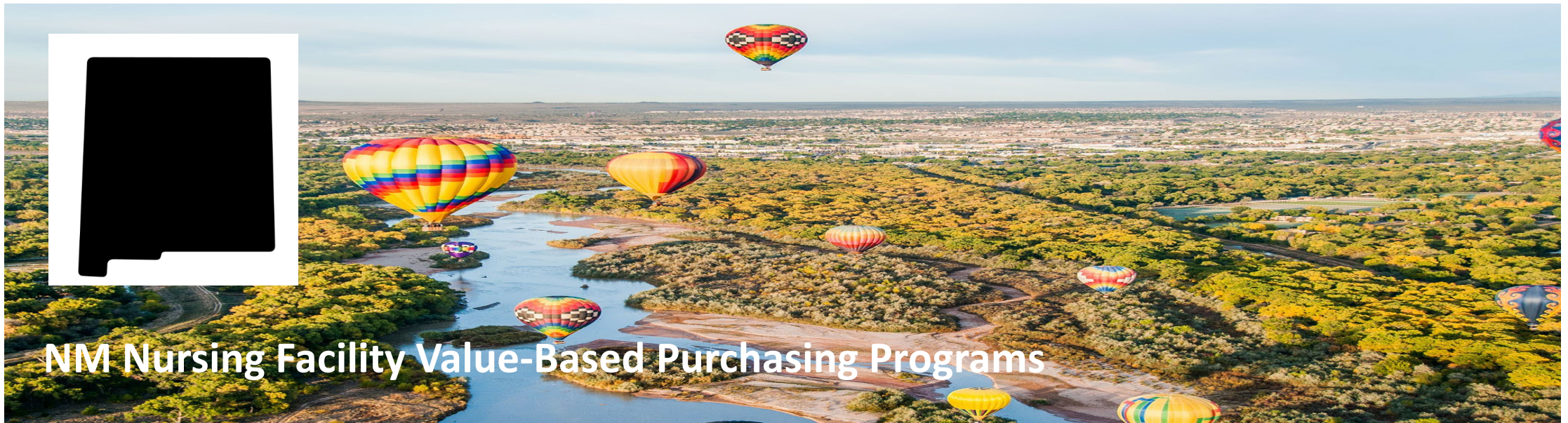
NM Nursing Facility Value-Based Purchasing Programs

**ACHIEVE
FINANCIAL
BENEFITS**

Achieve target incentive payments in the P4P program
Easy-to-understand insights into performance outcomes

Avoid unpaid Medicaid bed hold days
By avoiding unnecessary hospitalization and adverse events

Increase PDPM-based reimbursement in a compliant way
Ensuring accuracy of coding case mix drivers of reimbursement



NM Nursing Facility Value-Based Purchasing Programs

IMPROVE QUALITY

Manage resident risk factors and prevent costly adverse events

Such as falls and pressure ulcers, that impact residents' quality of life and increase healthcare costs, identify end-of-life for advanced care planning

Implement data-driven quality improvement processes

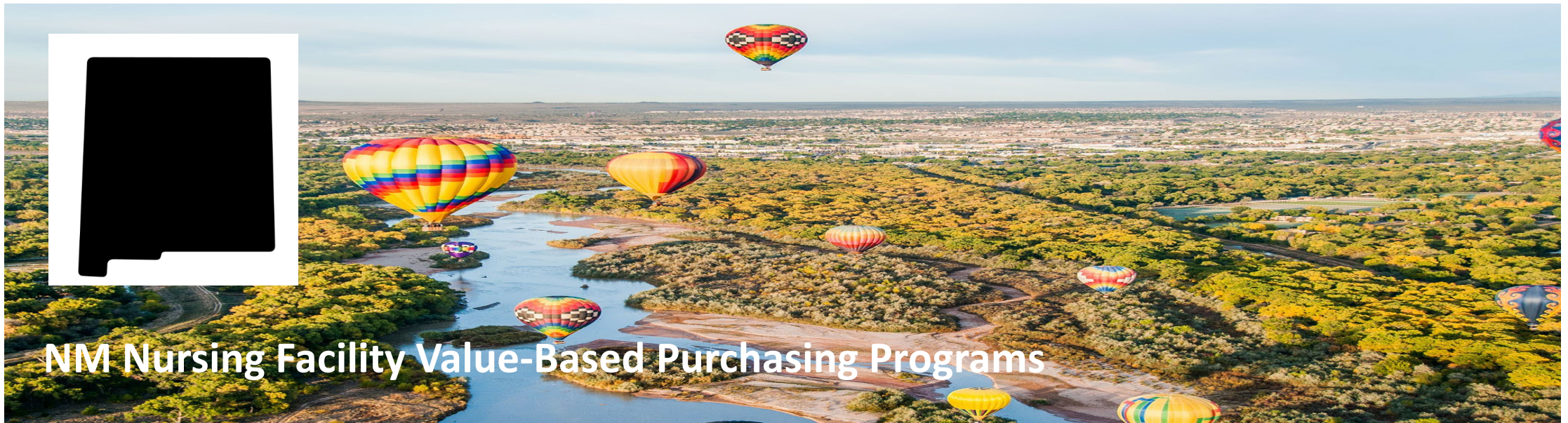
Meeting and exceeding regulatory standards

Better Quality Measure outcomes & higher Five-Star Ratings

Including QMs not in the P4P programs

Do better in Medicare SNF VBP and QRP programs

Through additional tools and replicable, scalable process improvement



NM Nursing Facility Value-Based Purchasing Programs

ENHANCE OPERATIONS

Allocate resources wisely

By focusing on areas that matter most, where they can have the biggest impact

Increased skilled referrals & preferred provider status

Improve outcomes that matter most to referral sources: readmission, LOS, short-stay quality measures, Five-Star ratings & tell their story

Specialize in needed programs and services

Such as behavioral health and complex care

Take on risk-based contracts and arrangements

Value-based performance targets in managed care contracts, SNPs

Demonstrated Value for Stakeholders

PROVIDERS

“The HCQS was implemented with the aim of improving the quality of care for long-term care residents and clients, and quality measure data indicates that the HCQS has been successful in achieving its goal.”

**Vicente Vargas, Executive Director
New Mexico Health Care Association and the New Mexico Center for Assisted Living**

FACILITY OWNERS & OPERATORS

“We are so thankful to the state of New Mexico for this program. It enabled us to invest in our facilities and we were able to turn our troubled facilities into top performers.”

**Jill Matthews, Director of Reimbursement and Revenue Integrity
Heritage Management Services**

MCOs

“The PointRight products give us the access we need to monitor and track much needed quality information from the nursing facilities.”

Monica Marthell, Manager Value Based Payment Initiatives, Western Sky Community Care

MEDICAID BENEFICIARIES & THE STATE

“The data clearly demonstrates this investment is producing viable results in providing better quality care and improved health outcomes for our most vulnerable New Mexicans.

**Kari Armijo, Cabinet Secretary
New Mexico Human Services Department (HSD)**

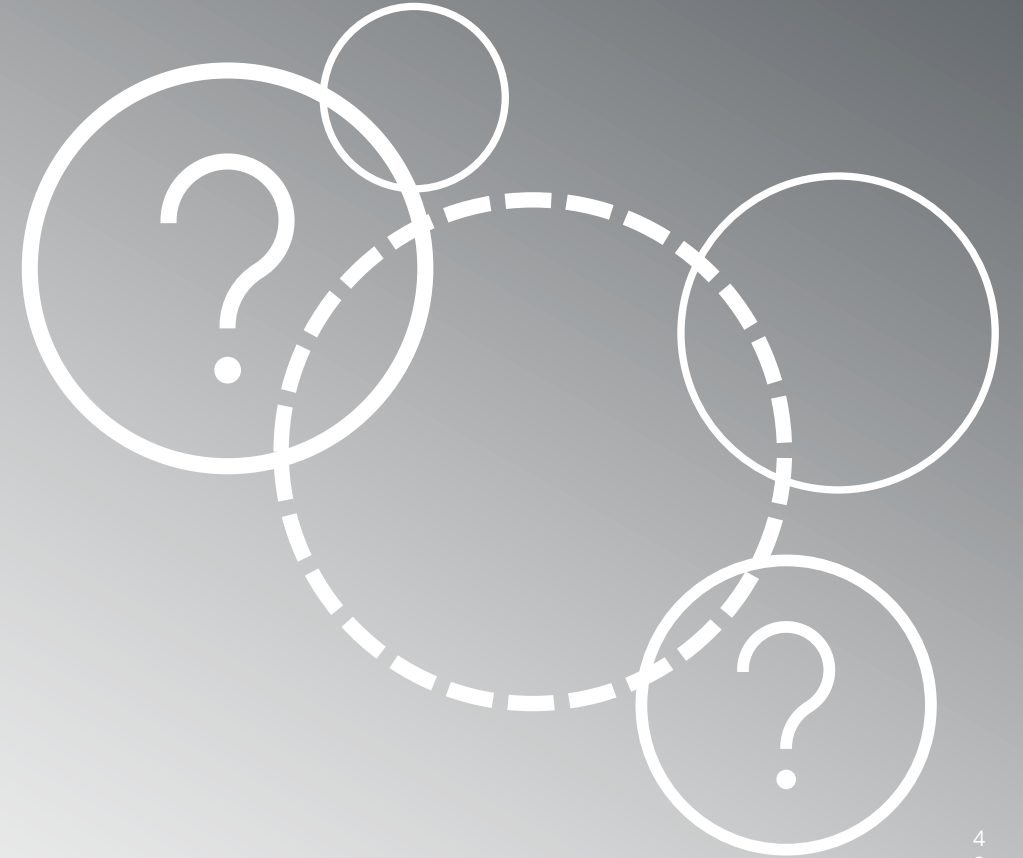
**STAKEHOLDER
WORKGROUP**
Potential
changes for
CY 2025



Ultimately,
successful VBP
programs result
in a better
experience of
care for complex
and vulnerable
patients and
their families



Q&A



Stop by our VBCExhibitHall.com Virtual Booth!



POINTRIGHT

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Net Health

PointRight develops advanced analytics solutions that empower SNFs, health systems, payers, and other post-acute care stakeholders to improve facility performance and patient outcomes.

Strengthen Your ACO with Actionable Analytics

PointRight's trusted analytics give you the data you need to understand your post-acute SNF network, identify strengths and opportunities, and achieve shared savings goals.

RESOURCES

The PointRight Difference

Mikki Lindstrom
Account Executive
mikki.lindstrom@nethealth.com

eBook
5 Ways
Smart SNFs Are Using Analytics

Get the eBook

PointRight

PointRight A Net Health Company **CHA** Cambridge Health Alliance

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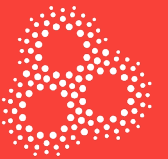
Thank you!

Questions?

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