

Current and emerging CMS payment models

Intersection between Hospice, Palliative and Primary Care

SIP PROGRAM UPDATES

CMS released the formal Request for Application (RFA) this morning. The team at Acclivity is reviewing the updated rules and regulations of the program and will provide a summary shortly. Below are updates to the timeline for the program rollout that all hospices should be aware of.

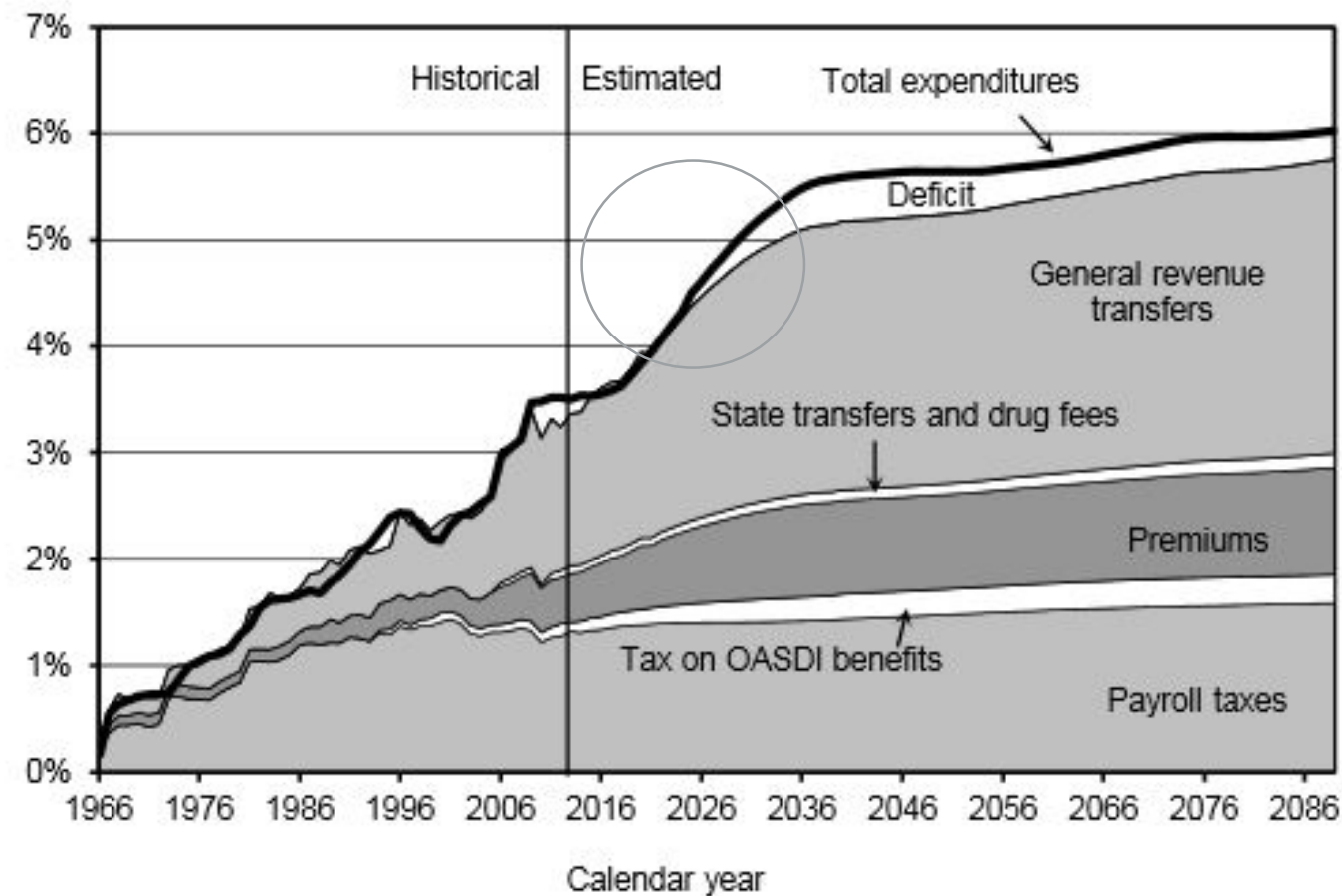
- The application period begins **today, October 24** and closes **Wednesday, January 22**
- CMS will review/approve applications between **now and Spring 2020**
- Approved hospice participants will be onboarded beginning in **July 2020**, with a program go-live in **January 2021**
- Though the program will not begin until January 2021, interested hospices must apply before the January 2020 deadline in order to participate

IMPACT OF ADMINISTRATIONS ON MEDICARE DEFICIT PROJECTIONS

- Even including a significantly higher GDP growth rate, current administration projects higher health care spending and higher Medicare deficits

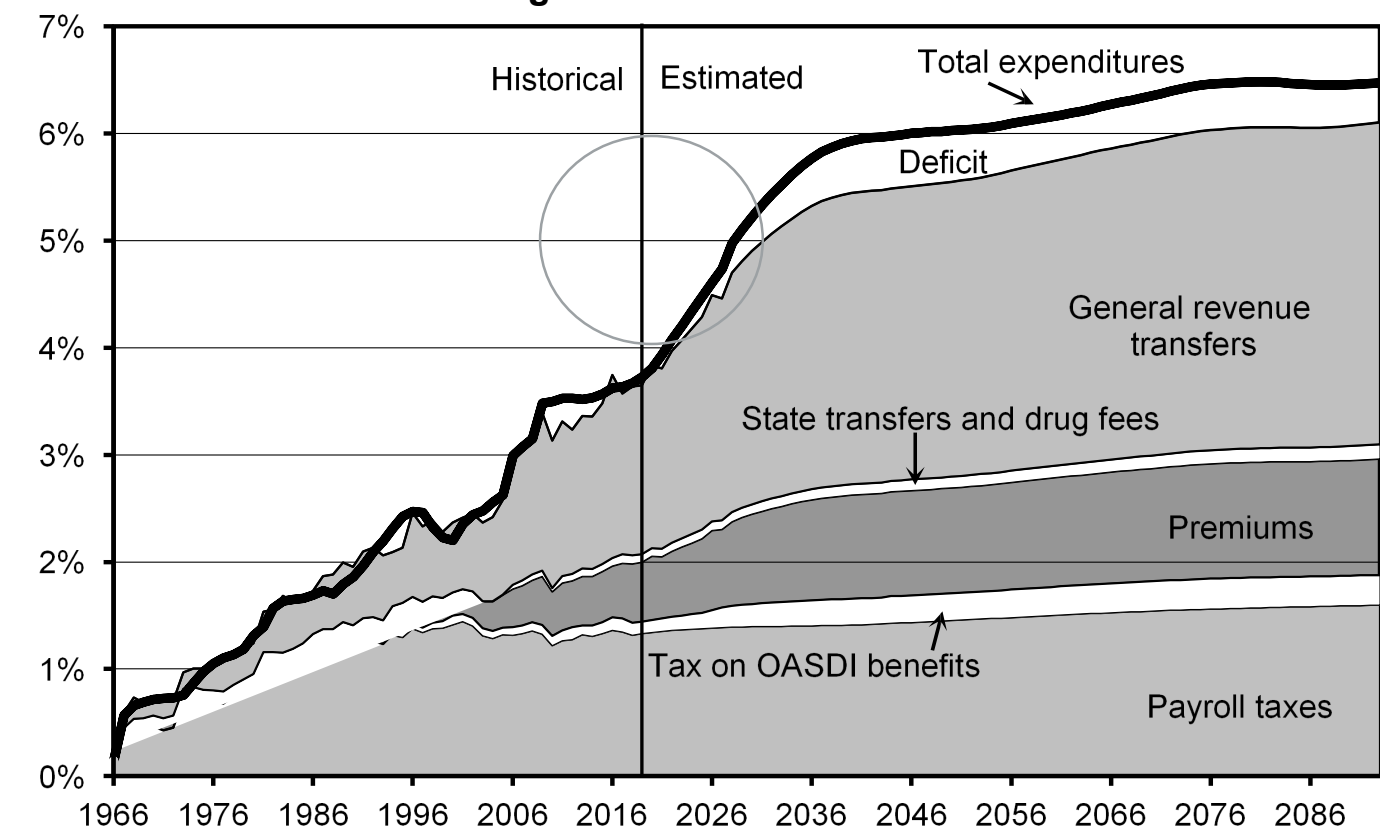
Obama Administration

Figure II.D2.—Medicare Sources of Non-Interest Income and Expenditures as a Percentage of the Gross Domestic Product



Trump Administration

Figure II.D2.—Medicare Sources of Non-Interest Income and Expenditures as a Percentage of the Gross Domestic Product



PROGRAM OVERVIEW

Beginning January 2020 organizations can participate in the new CMS Primary Care First payment model. Hospice and Palliative providers are especially well-positioned to support the Seriously Ill Population and to reap the financial benefits

The **three Primary Care First (PCF) payment models** accommodate a continuum of providers that specialize in care for different patient populations.

Option 1

PCF Payment Model

Focuses on **advanced primary care practices ready to assume financial risk** in exchange for reduced administrative burdens and performance-based payments. Introduces new, higher payments for practices caring for complex, chronically ill patients.

Option 2

PCF High Need Populations Payment Model

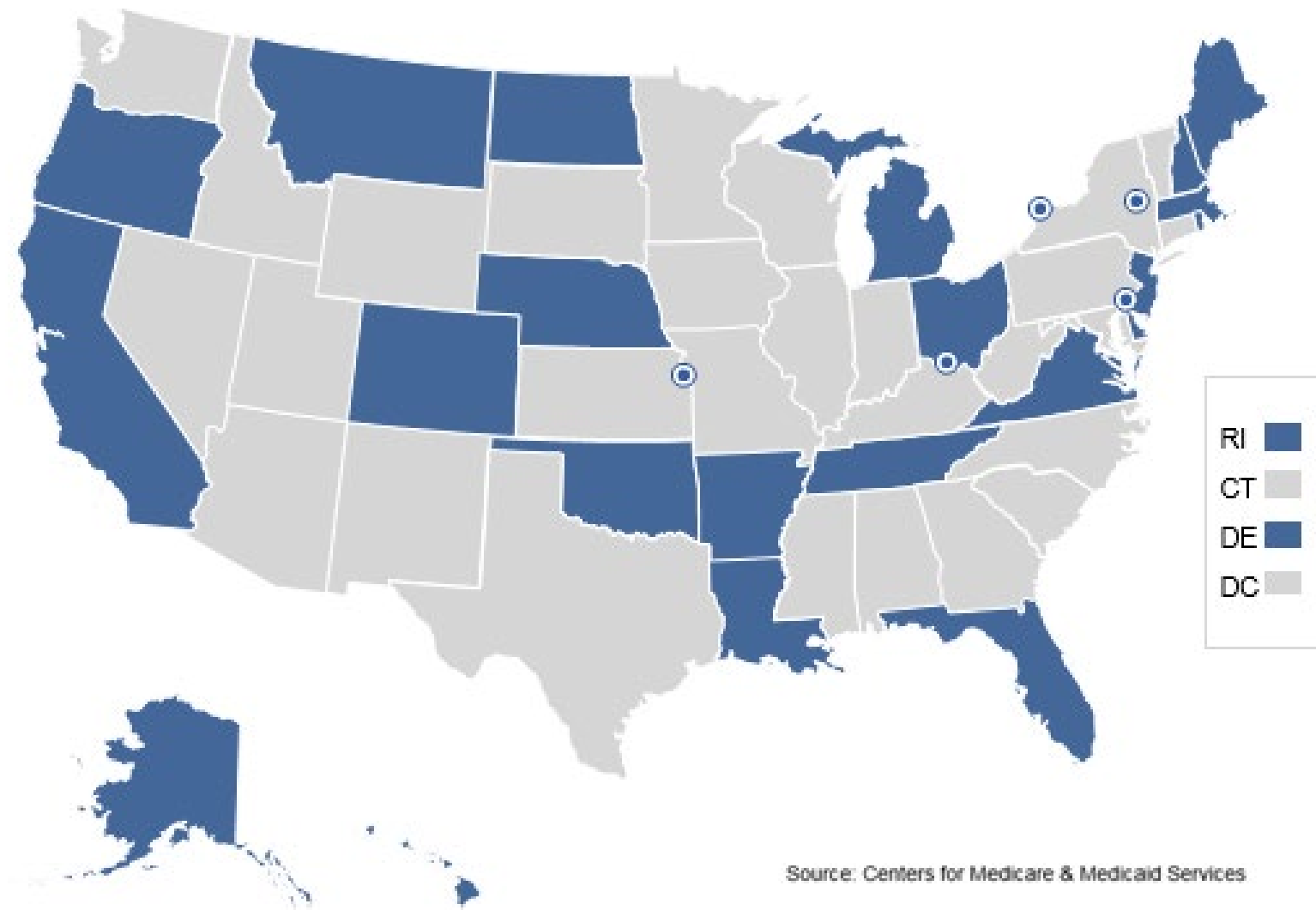
Promotes care for high need, **seriously ill population (SIP)** beneficiaries who lack a primary care practitioner and/or effective care coordination.

Option 3

Participation in both options 1 and 2

Allows practices to **participate in both** the PCF Payment Model and the PCF High Need Populations Payment Model.

ELIGIBLE REGIONS AND REIMBURSEMENT



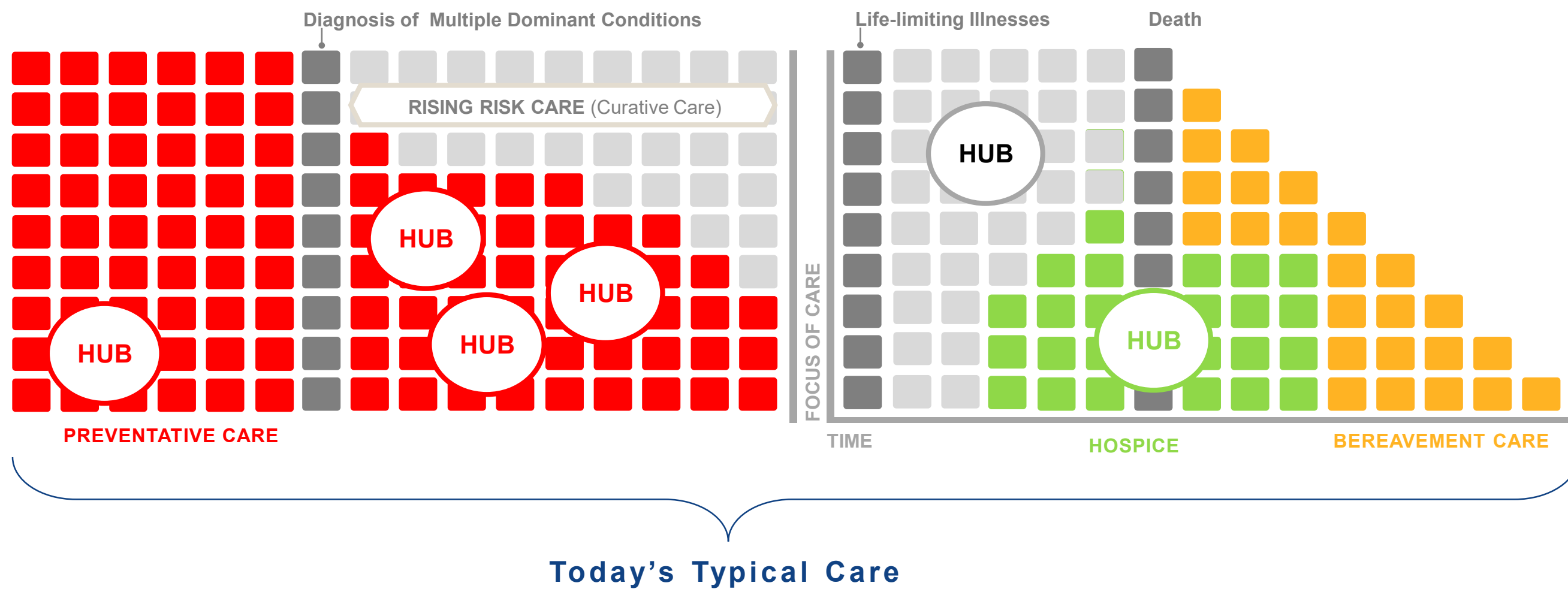
Payments

Payments for practices serving seriously ill populations:

First 12 Months

- One-time payment for first visit with SIP patient: **\$325 PBPM**
- Monthly SIP payments for up to 12 months: **\$275 PBPM**
- Flat visit fees: **\$50**
- Quality payment: up to **\$50**

TO RESOLVE PERVERSE INCENTIVES AT SEPARATE “HUBS” OF CARE



Each HUB has reimbursement models that inform deliverables

Each HUB Unclear when (or if) to transition patients to palliative or hospice care

HUBs are not trained or incentivized to use basic principles and practices of palliative care

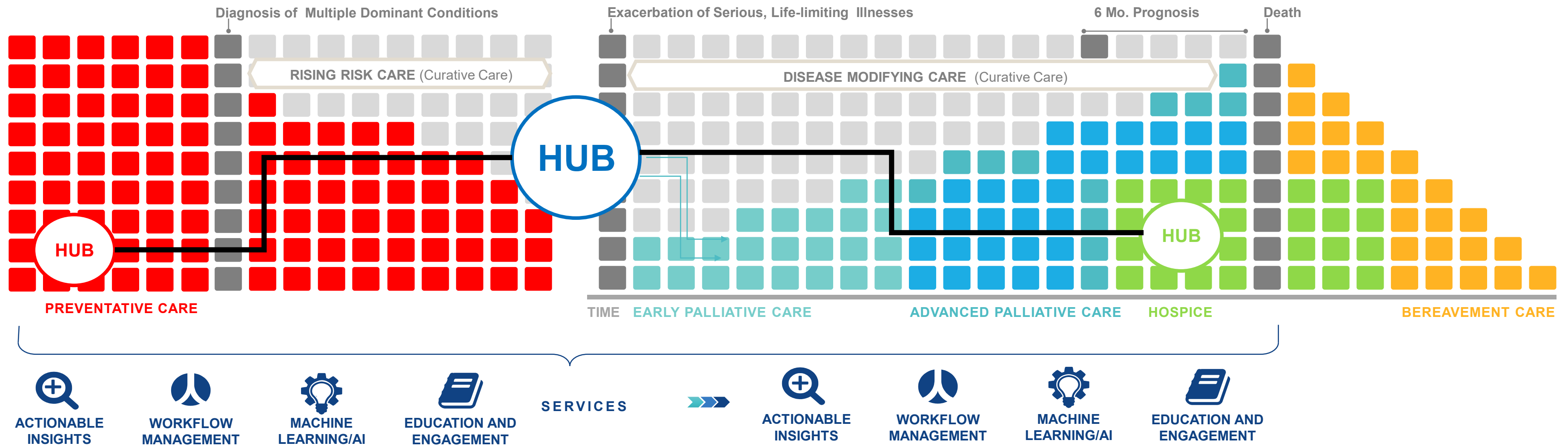
Current rules require each HUB to refer to other provider for certain kinds of care

Patients must meet impossible to predict prognosis threshold for service

HUBs overestimate this prognosis by a factor of 5 *FIVE

Exhaustive cycling of patients causing workflow inefficiencies

TOMORROW'S LANDSCAPE IS CONNECTED AND EFFICIENT



A Network of Networks will be leveraged to drive analysis, insights, and outcomes from all data available in the ecosystem

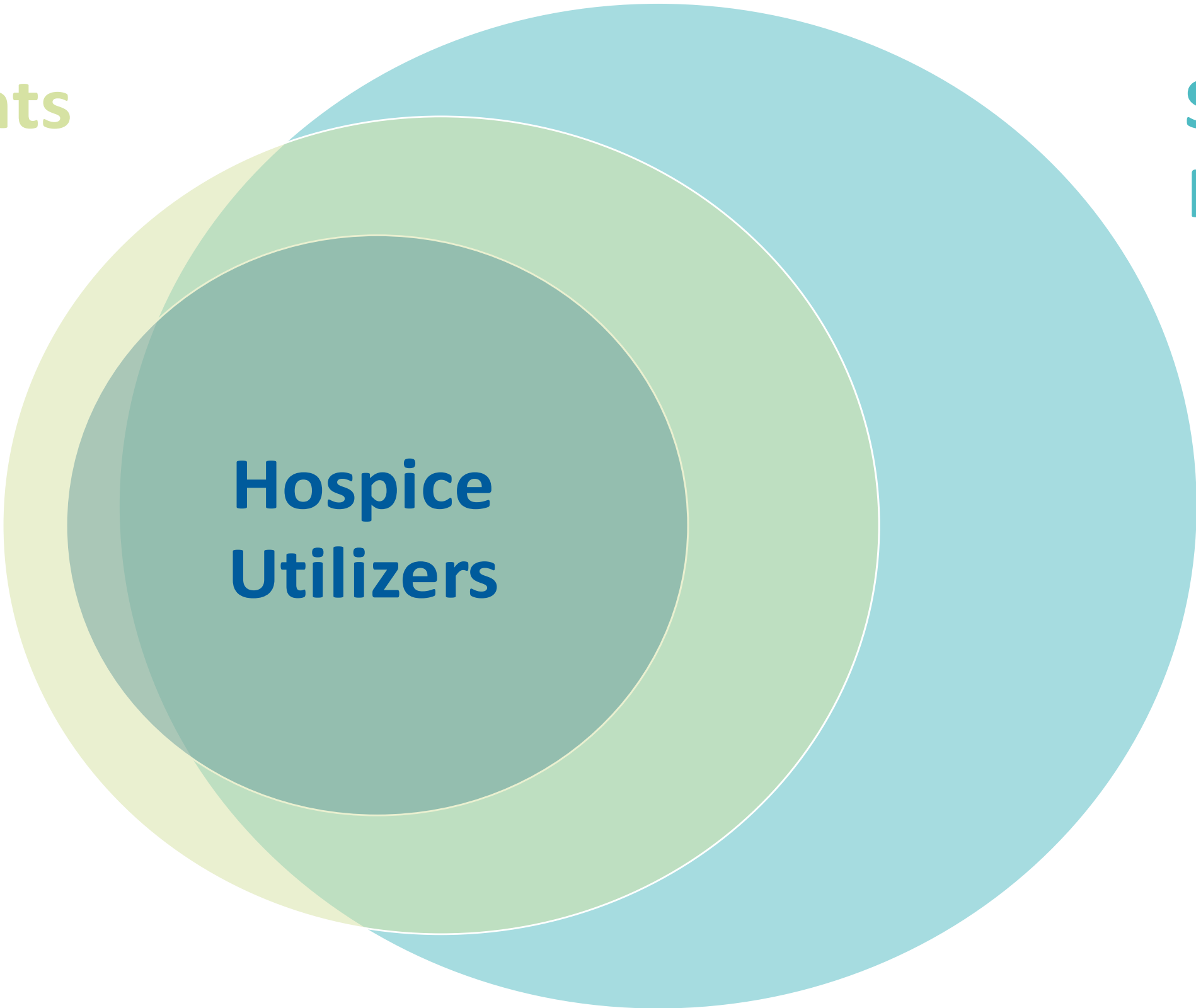
SIP ELIGIBILITY

- **Practices participating in the SIP program provide the following services:**
- An interdisciplinary care team that includes physician/nurse practitioner, care manager, RN, and social worker. Can also include behavioral health specialist, pharmacist, community services coordinator, and chaplain
- Comprehensive, person-centered care management ability, including ability to assess social needs of patients
- Relationships with community and medical resources and supports in the community help address social determinants of health, medical, and behavioral health issues
- Wellness and healthcare planning
- Family and caregiver engagement
- 24/7 access to a member of the care team

Hospices are uniquely positioned to succeed in this new program

THE DETAILS ARE IMPORTANT

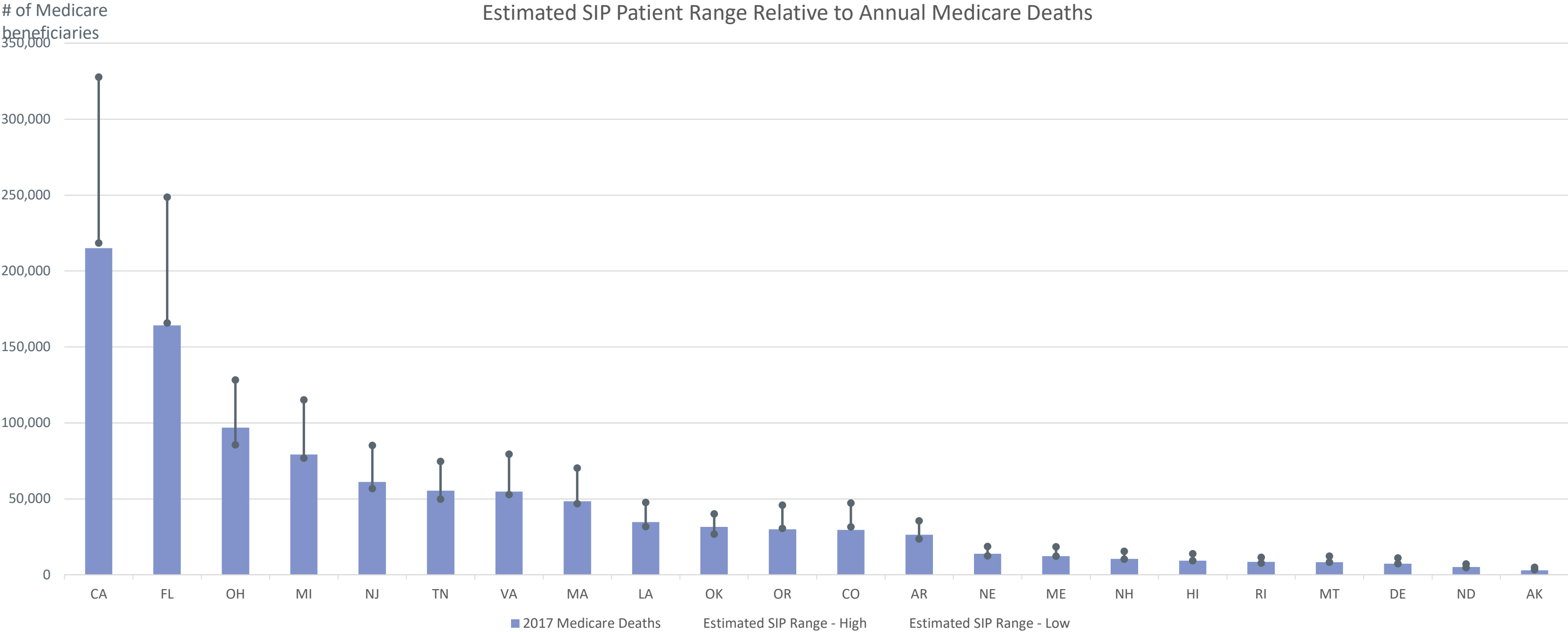
Decedents



SIP-Eligible Population

Hospice Utilizers

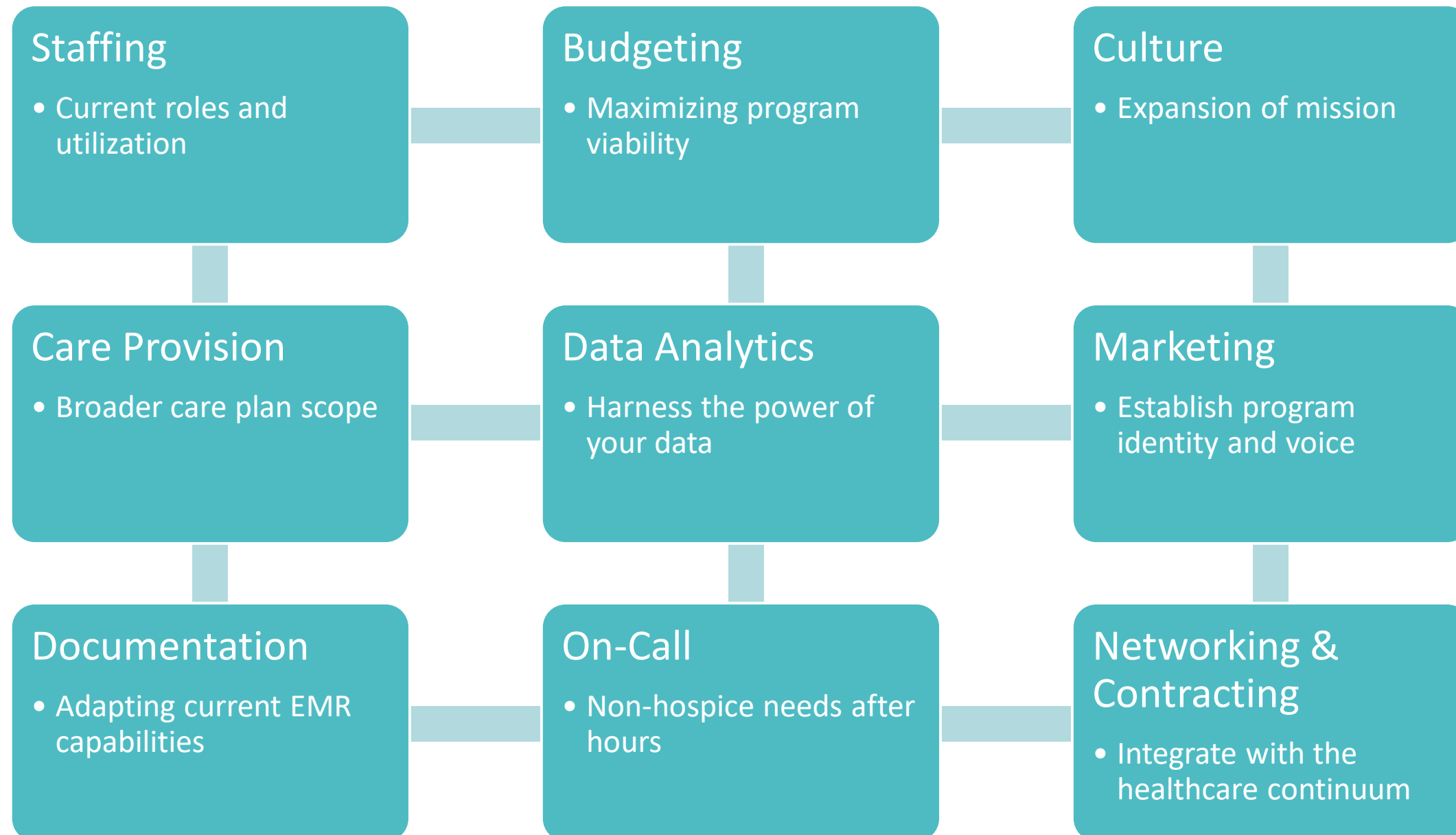
SIP OPPORTUNITY VS. ANNUAL MEDICARE DEATHS (BY STATE)



SIP BENEFITS FOR HOSPICE

- **Mission** – Advancing care for the seriously ill
- **New Service Line** – Unlock new earning potential while diversifying programming
- **Integration into the Care Continuum** – Further ingrain your organization into community networks
- **Positioning for MA Carve-In** – Formal relationships built with payers
- **Referral Pathways** – Establishing relationships with patients through SIP carries over into other service lines, like home health and hospice
- **Building readiness for Value-Based Contracts** – Metric-driven, incentive-based payment model prepares you to take on new opportunities
- **Improved Relationship with Providers** – Building mutually beneficial relationships where patient referrals go both ways

AREAS OF FOCUS



- SIP works regardless of where you are today
- Hospices can focus on serving different SIP patient cohorts based on current capabilities

ACCLIVITY CAN HELP YOU GET STARTED

- We will support you in the application process (which is non-binding), including providing template responses
- We will analyze the raw patient claims files provided by CMS, determining patient acuity and micro-stratifying patients into SIP cohorts
- We will assist with modeling incremental staffing requirements and potential financial returns, based on best-practice SIP care models
- We will conduct an IT gap analysis, including EHR and reporting requirements
- We will identify and support outreach to potential community partners to fill care gaps (if any)
- We offer guidance around discussions with non-Medicare payers who opt into the program
- We provide access to industry thought leaders and best practices surrounding SIP program
- Once the program begins, Acclivity provides ongoing support, analytics, workflow, and reporting capabilities to ensure your success

Questions and answers

Send them to info@acclivityhealth.com