



Gail Zahtz

CEO

WiseCare

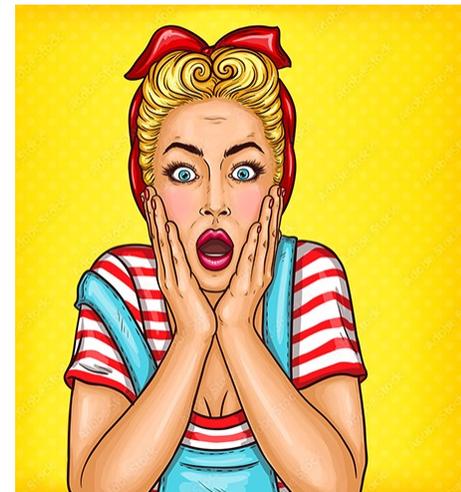
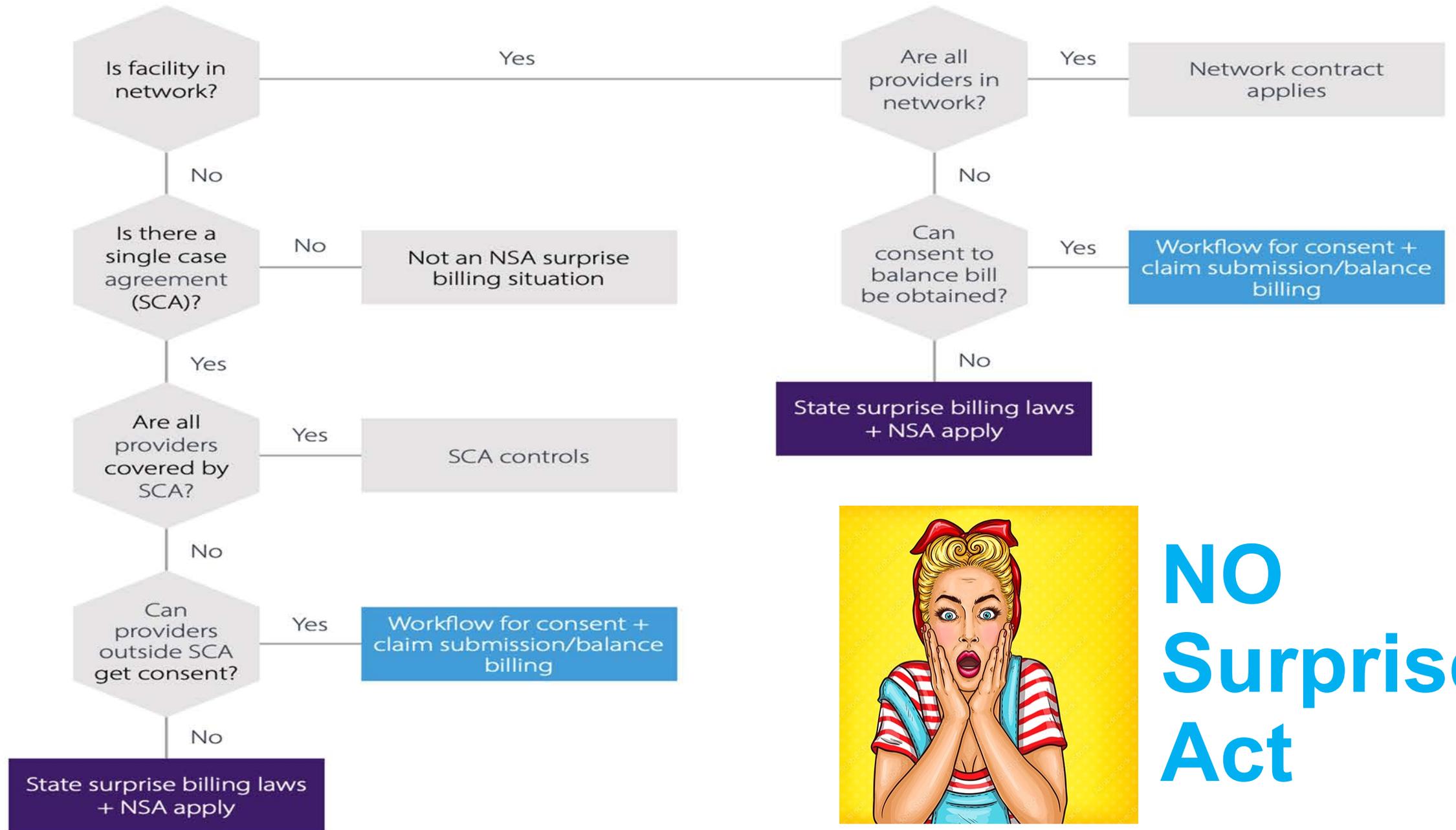
WiseCare[™]
HEALTHCARE MADE WELL

TOP NEWS STORIES

- **No Surprises**
- **Payment Updates**
- **Executive Order**
- **Infrastructure Bill**
- **Telehealth**
- **The Pandemic & Value-Based Models**
- **2022 ACOs – A New Start**



FIGURE 1. NONEMERGENCY SERVICES NSA DECISION TREE



**NO
Surprises
Act**

MIPS and Reimbursement

Becker's estimates that the total decrease in reimbursement between the NSA, the removal of the advanced payment bonus and the lower MIPS payment will be a total of **20% loss of revenue to health systems for 2022.**

CONVERSION FACTOR DECLINE

The conversion factor declines 3.75% to \$33.58. This decrease is driven by the expiration of temporary congressional funding provided in 2021.



SHARED E/M VISITS EXPANSION

All E&Ms are eligible for shared visits. Guidance for shared visits is **time-based**: the provider who spends more than half of the time with the patient should submit the claim. **SNF settings and critical care services are eligible** for shared visits.

TELEHEALTH REIMBURSEMENT EXTENSION

Telehealth E&M reimbursement continues through the end of 2023, with the potential to be permanent.



QUALITY PAYMENT PROGRAM REDESIGN

QPP thresholds increase in 2022, reducing the number of providers receiving incentive payments. **MIPS Value Pathways (MVPs)** begin in 2023. MVPs replace the current one-size-fits-all model, which would **simplify provider decision-making** and provide clear direction based on practice type.

PHYSICIAN PAYMENT UPDATES



Payment Cuts
Could Total
9.75% YOY
To Providers

- Medicare Conversion Factor Cut \$34.89 to \$33.60
- -2% VBC Payments
- -4% American RP "Pay-as-you-go legislation"

Healthcare providers are looking at pay cuts January 1 Between the MIPS reduction in payment and the consequences of the No Surprise Act.

Quality Payment Program updates going into effect Jan 1, 2022 (Performance YR 2022 and Payment YR 2024). There are not only many new quality metrics and/or ways needed to collect your quality measures for 2022, but CMS has increased the minimum line for success to get paid for your quality reporting.

- The performance threshold is set at 75 points- an increase of 15 points from the previous year
- No bonus points for measures that meet end-to-end electronic reporting criteria
- CMS changed the weights of each metrics- more for cost and health outcomes and less for what you have improved from last year. The numbers now are: 30% for quality, 30% for cost from claims, 15% for improvement activities, and 25% for promoting interoperability.

CX EXECUTIVE ORDER

Tapping into new online sources may help patients obtain faster and broader SDoH coverage for your patients

- May extend more telehealth past the PHE
- Patients will all have easier, more direct on-line ways of getting SDoH, health and other benefits
- Veterans will be able to get more health coverage information at VA.gov
- Tribal communities will have a streamlined application process
- Online tools for beneficiaries to manage their Medicare including online in-network pharmacy tool
- Expanded Medicaid (especially maternal health) benefits
- SNAP and WIC recipients will be able to grocery shop online



Infrastructure Bills and Arizona

- From the \$5 billion to AZ dept of transportation, highly likely to see roads in Navajo nation
- Public transportation in and between Phoenix and Tucson
- Funding to support public and private water systems
- Prioritized broadband coverage in rural Arizona (specifically named)
- Fully funded Indian Water Rights Settlements including Gila River Indian Community, Tohono O'odham Nation and White Mountain Apache Tribe
- Sanitation on tribal communities to be improved via new sanitation facilities construction

Build Back Better Bill and Arizona

- Access to affordable childcare for 430,000 Arizona kids whose parents earn less than \$198k/ year
- 134,000 Arizona toddlers (age 3-4) who did not have free preschool will
- Expanded access to free school meals
- Expanded rental assistance
- Expanded Medicaid by extending the additional coverage from the rescue plan
- More hearing support coverage from Medicare

TELEHEALTH

Remote Therapeutic Monitoring Codes

NEW TELEHEALTH COVERAGE



- New outpatient cardiac coverage via telehealth (CPT without continuous ECG 93797, with continuous ECG 93798; HCPCS without ECG GEO422 HCPCS with ECG GEO433)
- Patients can receive tele-mental health at “home” (incl. hotels/shelters) with a yearly in person visit

More on Telehealth

- Audio only visits not extended except audio only allowed for mental health and opioid treatment
- Remote direct supervision has not been extended (past PHE)
- Telehealth diabetes care (medical nutrition therapy or diabetic self-management training) allowed
- Once the PHE ends, rural health centers and FQHC can no longer bill as a distant site practitioner
- New codes for remote **therapeutic** monitoring only for musculoskeletal and respiratory system status. Unlike RPM, this can be done by any Qualified Healthcare Practitioner- thus including physical and occupational therapists, psychologists and dieticians.

02.11.2022

Current Trends in Healthcare

WisecareTM
HEALTHCARE MADE WELL

Gail Zahtz, CEO

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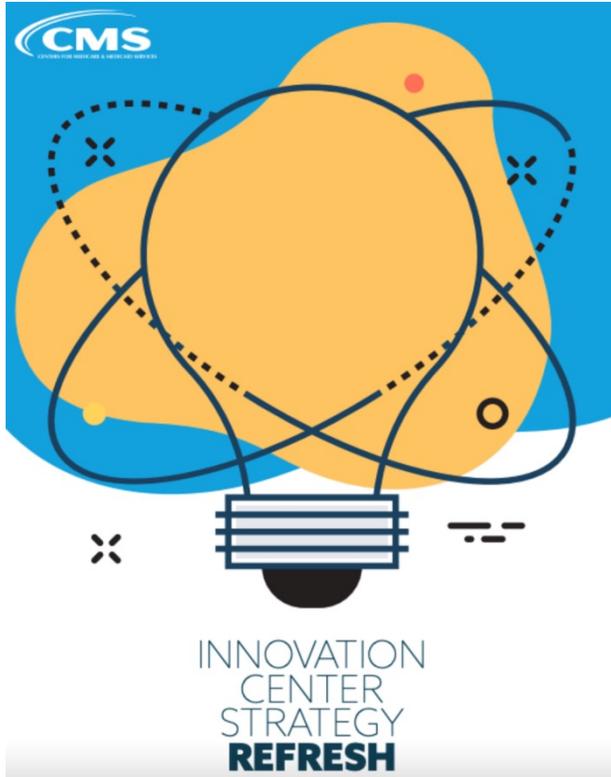


CMS priorities per strategic refresh

- overview
- historical context
- AZ Players
- what we know we'll see
- what we likely will see



OCTOBER 2021



Home / White Papers, E books, Reports and more

CMMI Announces Strategy Refresh for Alternative Payment Models

OCTOBER 27TH, 2021



MELANIE MACEACHERN



NATIONAL NEWS, WHITE PAPERS, E BOOKS, REPORTS AND MORE

Officials with the Center for Medicare and Medicaid Innovation (CMMI) published a strategic plan last Wednesday to make value-based care (VBC) payment models more streamlined in order to increase provider and patient participation. Since President Joe Biden took office, many alternative payment models (APMs) were put on hold or under review prior to the report. The strategic plan includes the key goals of judging success of models not simply by savings for the Medicare program but also their use in improving health equity.

A highly anticipated announcement within the strategy plan is that CMMI expects there will be far fewer models going forward, as the number of models has caused confusing overlap and alienated providers from participating. ***Fierce Healthcare*** reports that officials also promised to provide more functional data and payment flexibility for providers.

Furthermore, CMMI made the goal of shifting all Medicare beneficiaries and most people on Medicaid into some type of accountable care program by 2030.

CMS Innovation Center STRATEGY

MOVE ALL MEDICARE
BENEFICIARIES TO VBC BY
2030



Accountable Care



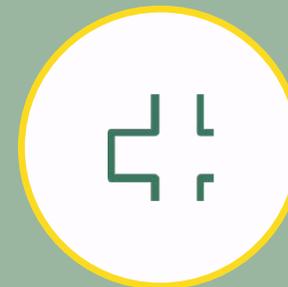
Health Equity



Innovation



Affordability



Partnerships

Historical Context

- ACA Created CMMI to *TEST* payment and delivery models
- CMMI has launched over **50** model tests
- The goals are the “triple AIM”:
 - To improve health outcomes for entire populations of beneficiaries
 - To lower the total cost of care (lower cost for the Medicare Trust fund)
 - To improve patient experience
- **Less than half** a dozen models have shown any savings



2022 MSSP Numbers: 483 ACOs Now Serving 11 Million Medicare Beneficiaries – 13 Arizona ACOs Including 2 Newcomers



JANUARY 26TH, 2022



PAULA BLANKENSHIP

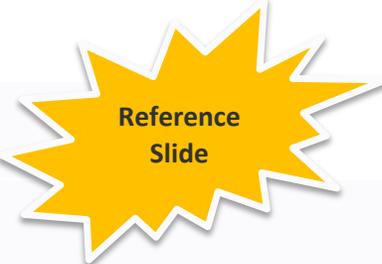


ARIZONA NEWS, NEWS, TOP OF THE DAY

Today, the Centers for Medicare & Medicaid Services (CMS) released data showing that Accountable Care Organizations (ACOs) are serving a growing patient population as accountable care advocates wait to see what participation is like in the new Direct Contracting Model.

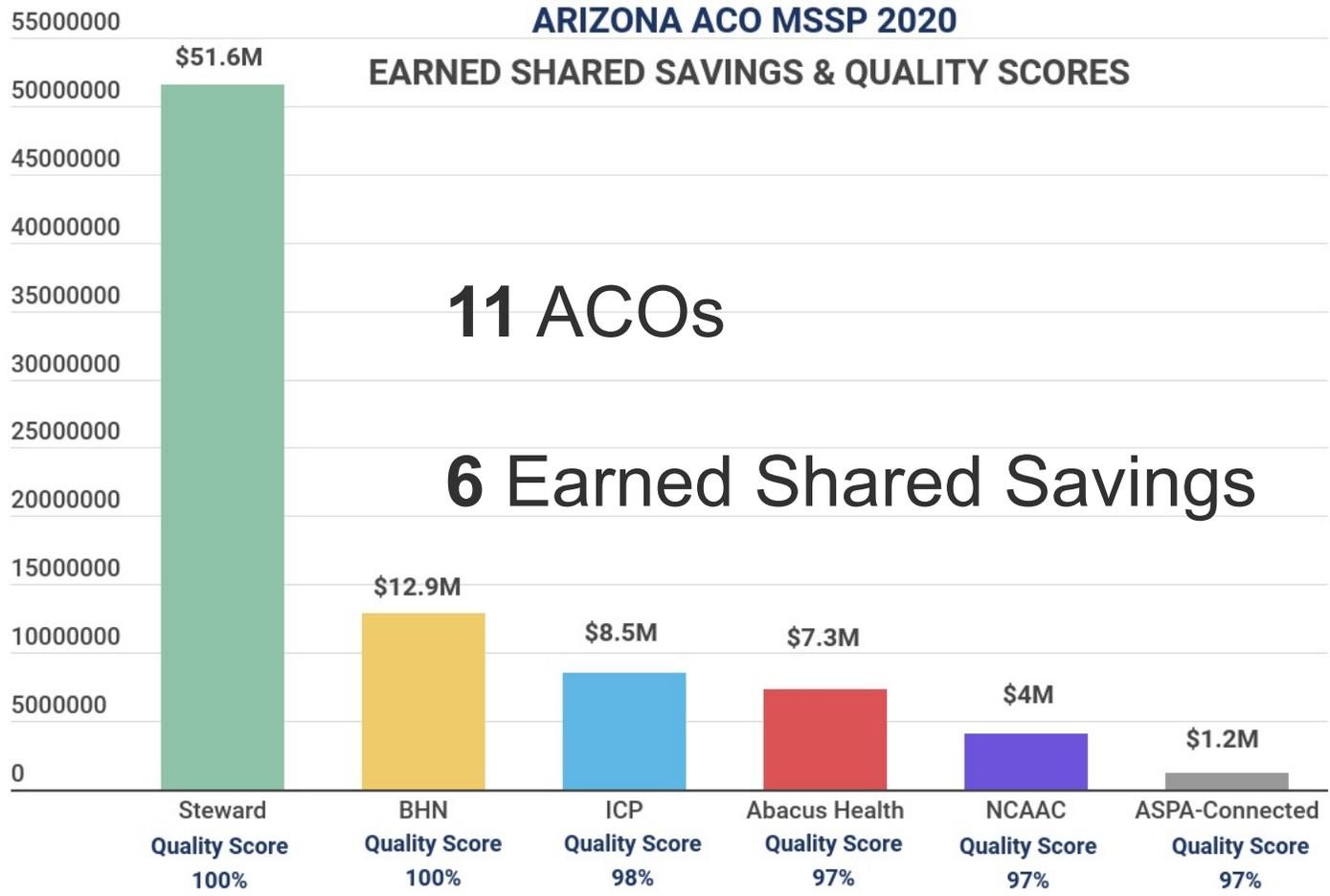
According to CMS, 13 Accountable Care Organizations (ACOs) are operating in Arizona for 2022:

1. Abacus Health LLC
2. Arizona Connected Care, LLC
3. Banner Health Network
4. Caravan Collaborative Pathways
5. Community Clinic Contracting Network ACO
6. CHSPSC ACO 8, LLC dba Imperial Health
7. Commonwealth Primary Care ACO
8. Innovation Care Partners MSSP
9. North Central Arizona Accountable Care
10. Optum Accountable Care, Arizona
11. Prime Accountable Care Arizona
12. Steward National Care Network
13. TX AZ AR CO UT MSSP dba Aledade Accountable Care



2020 ARIZONA ACOs

1. Abacus Health
2. ASPA – Connected
3. Banner Health Network
4. Innovation Care Partners
5. North Central Arizona Accountable Care
6. Steward National Care Network



**381,000
MEDICARE
Beneficiaries**



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DCE Geo Model on Pause as ACOs & VBNs Compete for PCPs

 MARCH 17TH, 2021



PAULA BLANKENSHIP



NATIONAL NEWS, NEWS, TOP OF THE DAY

If you're a PCP chances are there's a handful of organizations seeking your affiliation in a value-based payment arrangement, but the GEO model won't be one of them. The demonstration, originally planned for testing in Phoenix, was paused March 1 by CMS, the same day applications could be submitted.

Participants in the Geographic Direct Contracting Model (Geo), which can include provider groups, health systems, insurance companies, managed care organizations and ACOs, take on full risk for fee-for-service Medicare beneficiaries in an entire geographic region.

The model was targeted to begin in 10 metro regions including Phoenix.

The Commonwealth Fund reported that the Geo model was,

“

One of the most significant changes to the way Medicare beneficiaries receive health care since managed care was introduced into Medicare in the 1970s.

”

Direct Contracting Entities in Arizona

360 Health DCE Inc

AKOS MD IPA, LLC Apricus

American Choice Healthcare, LLC

Arizona Best Care Network LLC

Arizona Health Advantage, Inc

Asaar Medical, LLC

CareMore Aspire Medical Innovation Partners, PC

Clover Health Partners LLC

Equality Direct

Iora Health NE DCE, LLC (One Medical)

VillageMD Arizona ACO, LLC

Vively Health (DaVita)

Plus More?

More to come ACO/VBN/DCE edition

Information not confirmed by CMS





What we KNOW we will see now

- Health equity embedded in every model
- Increased scope of CMMI into Medicaid, more Medicaid focused models and/or modified to include:
 - Less models overall
 - Significant changes to Benchmarks and Risk Adjustment including for Medicare Advantage

What we LIKELY will see



- Re-opening of the Direct Contracting Model (GPDC) to new participants *Likely with a new name*
- Building on MSSP as a core model (Medicare Shared Savings)
- Increased scope of CMMI into Medicaid, more Medicaid focused models and/or modified to include
 - Some forms of new quality, data and technology systems (“integration”)
 - Significant growth of CMS jurisdiction into employer self pay plans