



20 HEALTH 21 MEETING

June 14–16, 2021



Value-Based Payment Arrangements – Past and Future

June, 15, 2021

20 **HEALTH**
21 MEETING

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- **Do not** discuss what you or other entities plan to do in a particular geographic or product markets or with particular customers.
- **Do not** speak on behalf of the SOA or any of its committees unless specifically authorized to do so.
- **Do** leave a meeting where any anticompetitive pricing or market allocation discussion occurs.
- **Do** alert SOA staff and/or legal counsel to any concerning discussions
- **Do** consult with legal counsel before raising any matter or making a statement that may involve competitively sensitive information.

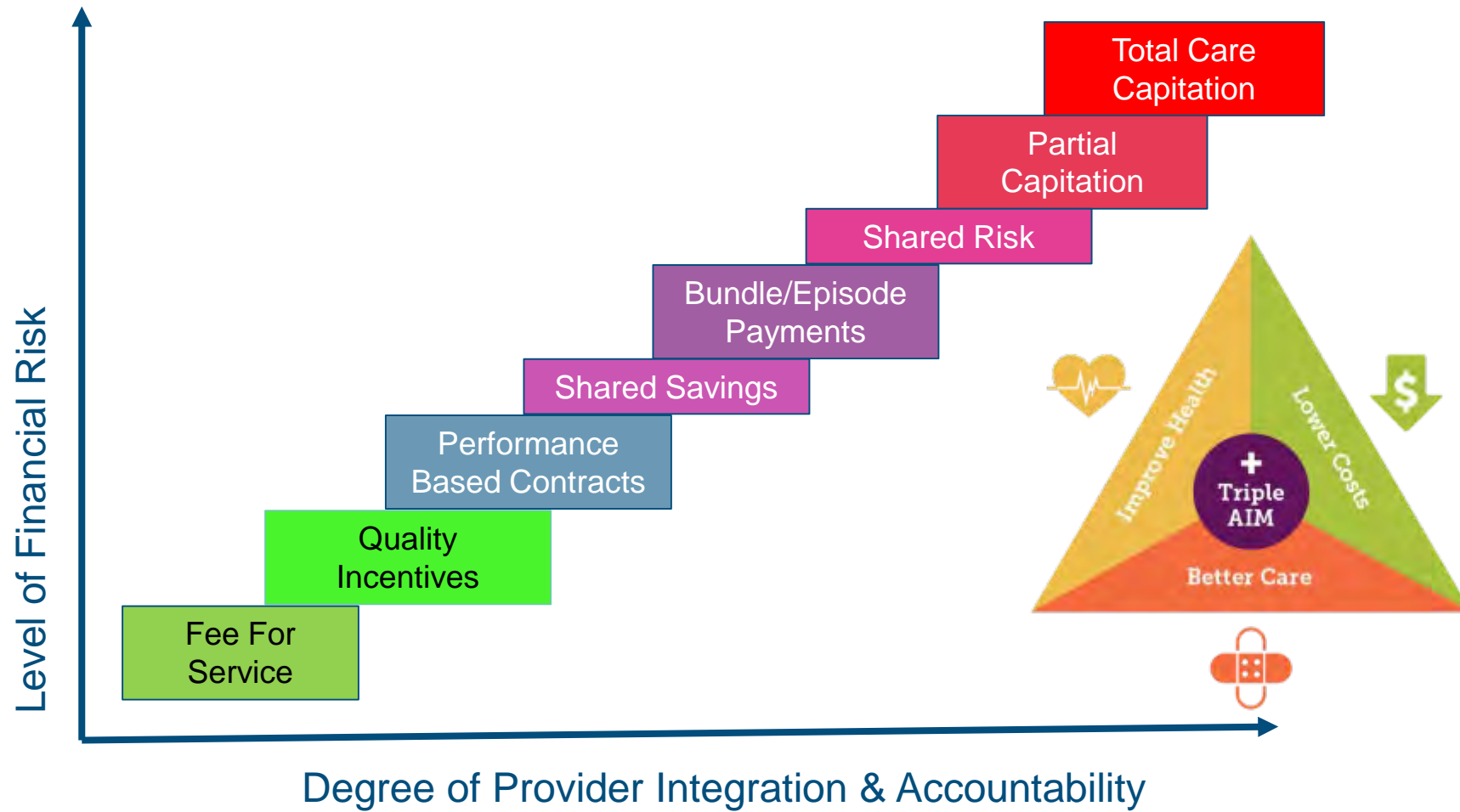
Adherence to these guidelines involves not only avoidance of antitrust violations, but avoidance of behavior which might be so construed. These guidelines only provide an overview of prohibited activities. SOA legal counsel reviews meeting agenda and materials as deemed appropriate and any discussion that departs from the formal agenda should be scrutinized carefully. Antitrust compliance is everyone's responsibility; however, please seek legal counsel if you have any questions or concerns.

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Overview

Value Based Models - Overview



Types of Models

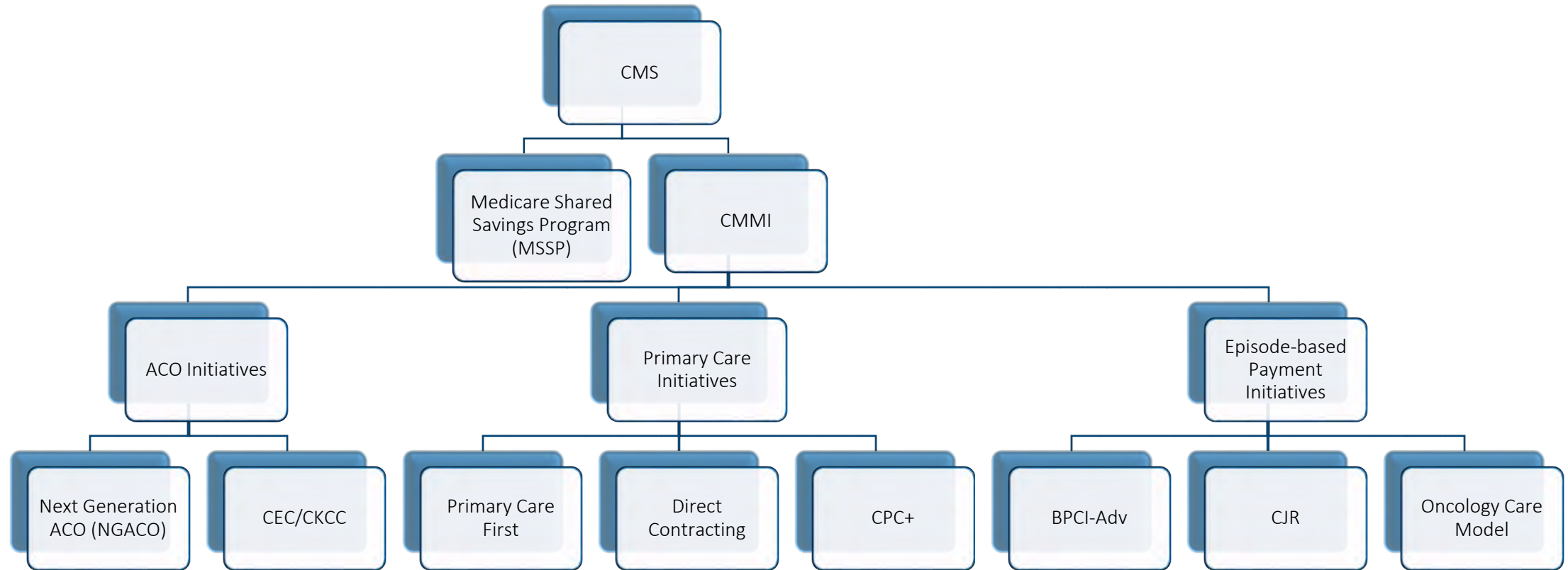
Public Programs

- CMMI / CMS Programs

Private Programs

- Contracts between Payer/Providers

Public Programs – CMMI/CMS Programs



CMMI has a wide variety of programs aimed at achieving the Triple Aim

What Opportunities are Available Under Value-Based Arrangements

Opportunity to Increase Provider Engagement

- Increase provider responsibility on aligned members
- Providers responsible for quality
- Include in up-side and down-side shared savings

Opportunities for Value Based Care

- Quality Measures
- Incentive Payments
- Capitation Potential

Increase Flexibility

- Capitation vs. FFS
- Benefit Enhancements / Incentives
- Provider -> Payer Contracting

BCBSMA AQC

ALTERNATIVE QUALITY CONTRACT: THE BEGINNING (2009)

Moving hospitals and physicians away from fee-for-service

GLOBAL BUDGET

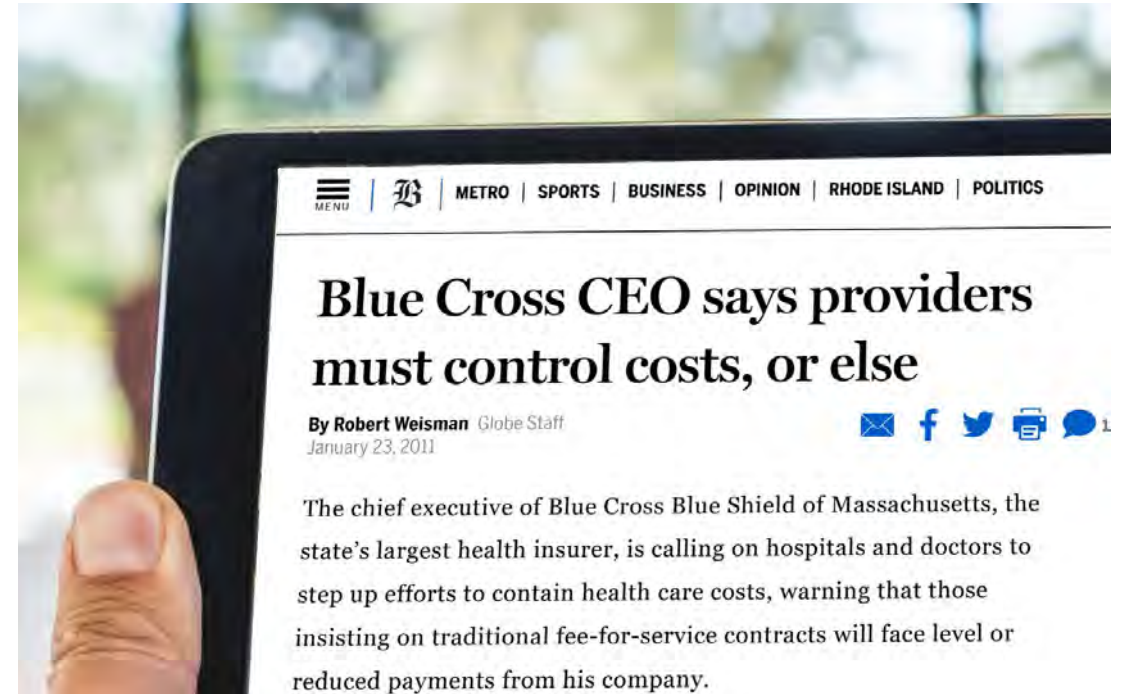
Covering all medical services for a whole population, health status adjusted, based on historical trend, shared risk

QUALITY INCENTIVES

Significant earning potential for care quality, using nationally accepted measures

LONG-TERM CONTRACT

5-year agreement, sustained partnership, supports ongoing investment



INDEPENDENT EVALUATIONS CONFIRM AQC SUCCESS



HealthAffairs
RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 36, NO. 1: COVERAGE EXPANSION, ACCOUNTABLE CARE & MORE

Lower- Versus Higher-Income Populations In The Alternative Quality Contract: Improved Quality And Similar Spending

Zirui Song, Sherri Rose, Michael E. Chernew, and Dana Gelb Safran

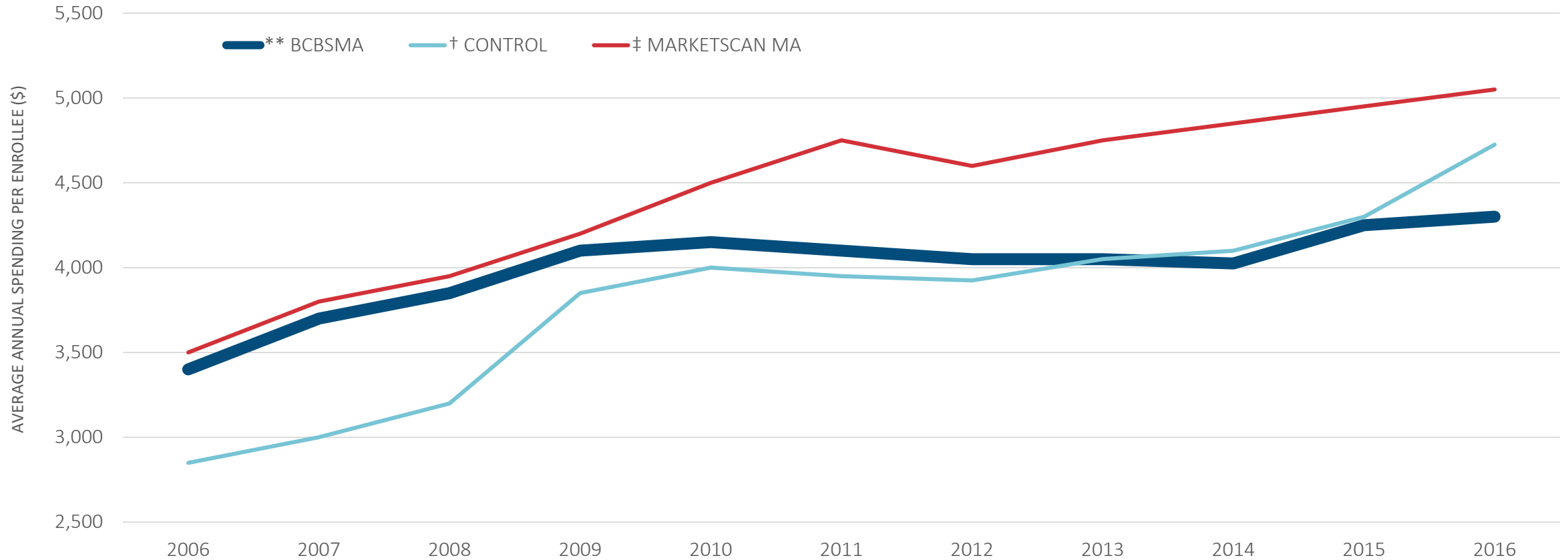
AFFILIATIONS ▾





RATE OF MEDICAL SPENDING ON CLAIMS – BCBSMA VS. CONTROL

Results of 8 Year Study by Harvard Medical School



*This figure shows unadjusted medical spending on claims for BCBSMA, a control group, and Marketscan, MA. **B C B S M A – Blue Cross Blue Shield of Massachusetts 2009 AQC Cohort.

† C O N T R O L – enrollees in similar employer-sponsored plans across 8 Northeastern states (CT, ME, NH, NJ, NY, PA, RI, and VT).

‡ M A R K E T S C A N M A – enrollees in similar employer-sponsored plans in Massachusetts.

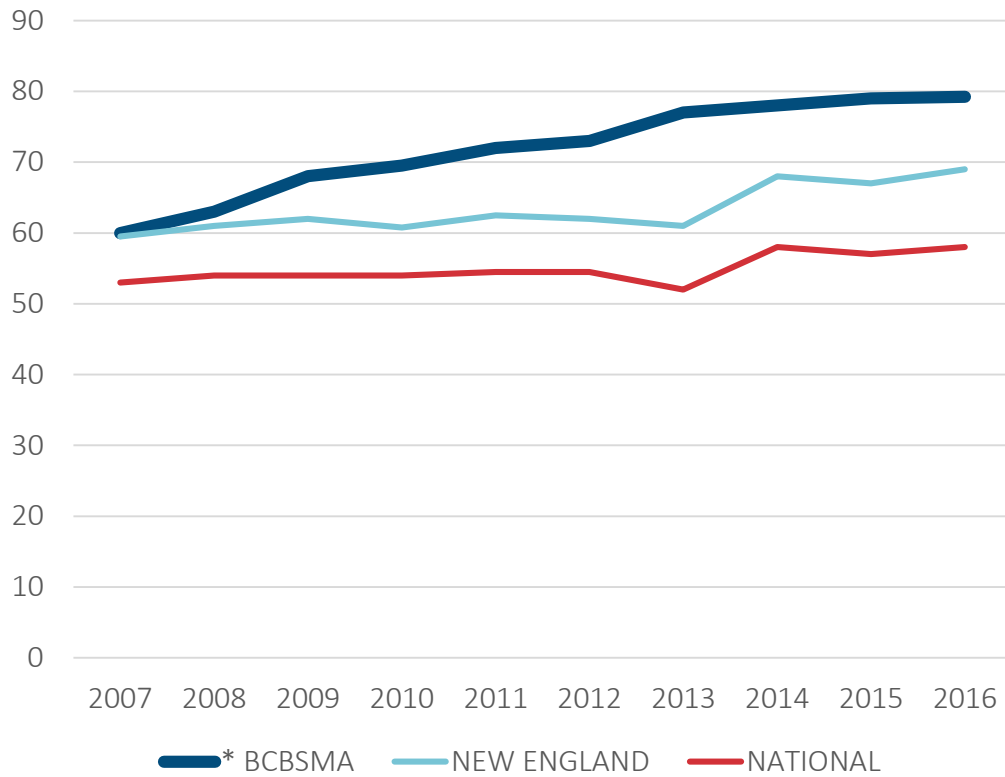
S O U R C E : New England Journal of Medicine



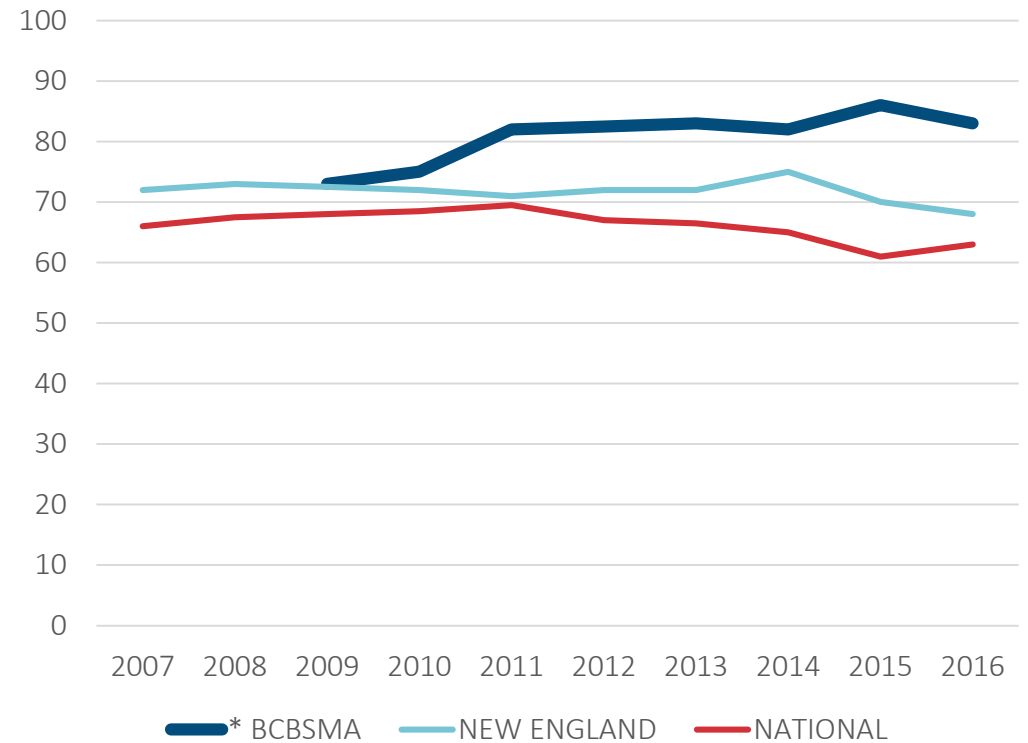
BCBSMA VS. CONTROL

Results of 8 Year Study by Harvard Medical School

ADULT PREVENTATIVE CARE



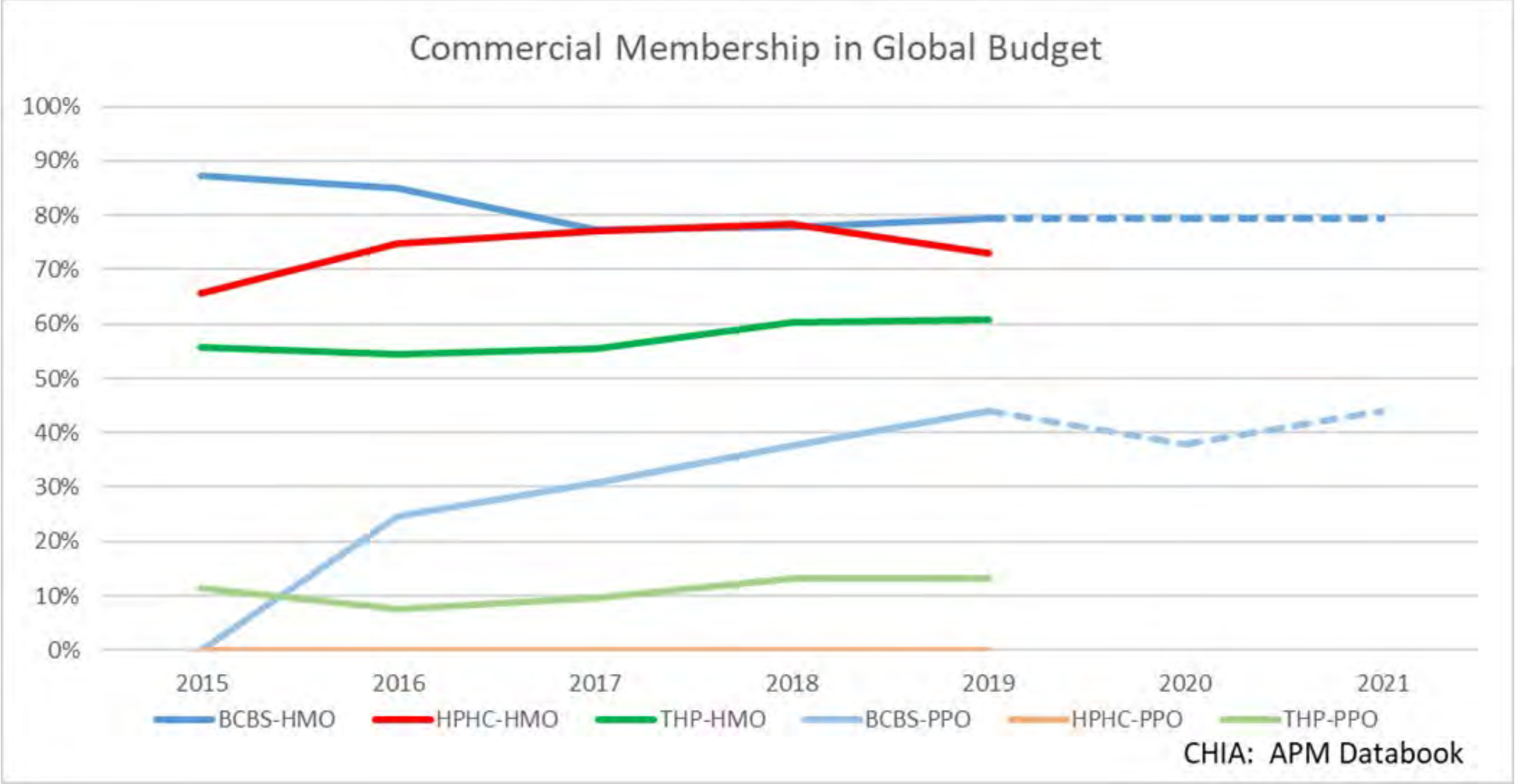
HYPERTENSION AND DIABETES CONTROL



SOURCE: New England Journal of Medicine

*BCBSMA — Blue Cross Blue Shield of Massachusetts 2009 AQC Cohort

ALTERNATIVE QUALITY CONTRACT: THE TRAJECTORY



eBrightHealth ACO

History and Performance

- MSSP Participant since 2016
- Basic Track Level C
- 4 Health Systems, 5 private practices, 2 FQHCs
- > 1500 Primary and Specialty Care Clinicians
- ~43K Beneficiaries
- > \$18 M generated savings



Goals and Key Actions



Leading the Way to Pop Health Success



Next Steps

- Basic Track Level E for PY2022
- Increasing Accountability
- Changing Cost Structure
- Revisions of Care Coordination Structure/Approach
- eCQM!

Panel Discussion

Topic #1

- What are some of the key factors that made this program successful for your organization?

Topic #2

- What are the unique challenges your organization has faced related to the program? How have they been addressed?

Topic #3

- When the program was first introduced, how did the provider community react?
- What are the key strategies to get the providers on board?
- What are the key factors to ensure ongoing engagement from the providers?

Topic #4

- What are some of the newest innovations related to value-based arrangements your organization is considering or you've heard in the industry?

Topic #5

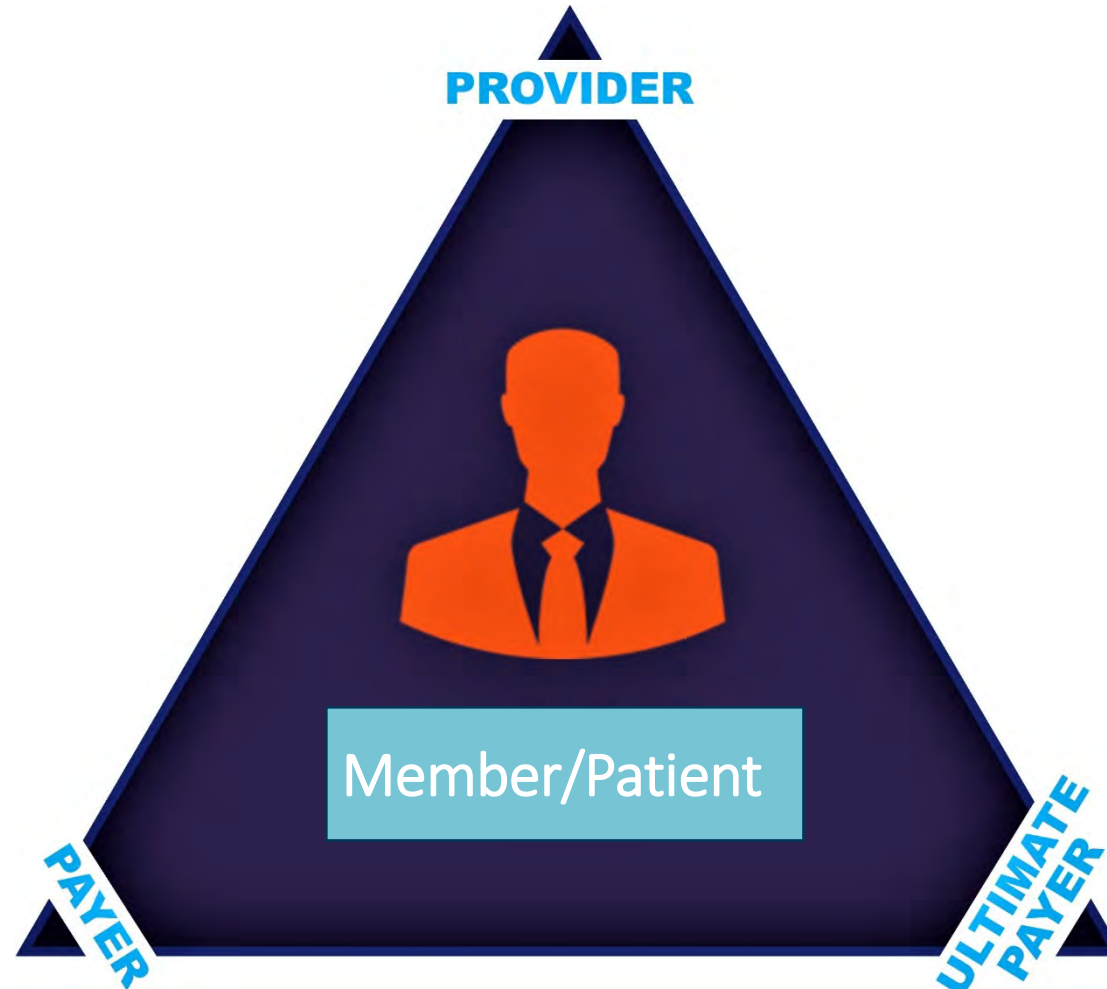
- To our audience, if anyone is considering starting a similar program, what's your advice to them? Where should they start?

Topic #6

- What's your view of the future of Value-Based Arrangements? Will the industry embrace it further or step back a little bit?

Takeaways

So what does it take to be successful in Value Based Arrangements?

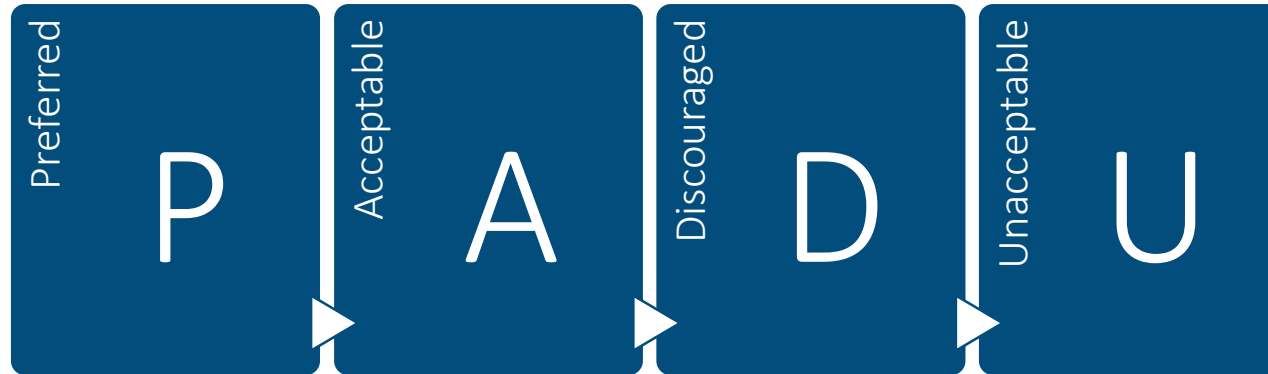


True Partnership

- True partners are interested in each other's success:
 - Aligning goals
 - Facilitating transparency
 - Understanding capabilities and supporting each other
 - Eliminating waste
- Best practices
 - Actionable data sharing – Extremely important!
 - Efficiencies – Division of Financial Responsibilities (DOFR)
 - Collaborative product designs
 - Avoid physician burnout
 - Realistic expectations – MLR targets, quality metrics, appropriate measures
 - Patience...

Contract Parameters

- Set parameters with specific contractual terms



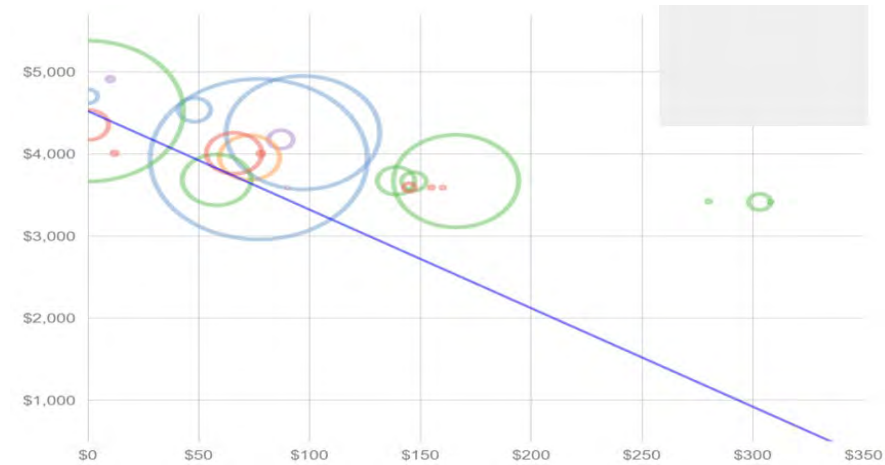
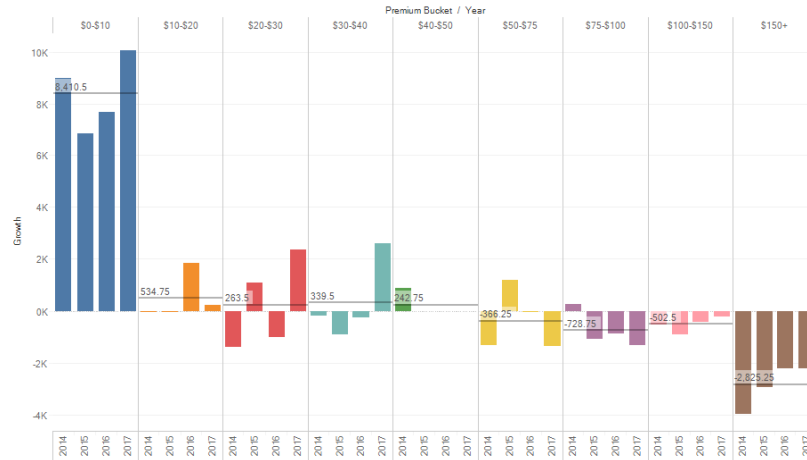
- Create a glide path to full risk



- Membership thresholds
- Physician group capabilities

Product Development

- Have both payer and providers at the table to develop products
- Design and position products that will encourage profitable growth to both organizations



Data Analytics

- Form joint operating committees that regularly meet to discuss emerging trends and measure performance
- Provide KPIs to PCPs at attribution level and tie back to plan financials

Provider Level Score Card

Sort By: Members 2020
Type: Largest to Smallest

Active_Enrollee: N Y
IP_FF: N Y
ERL_FF: N Y
High_Cost: N Y
Contract: H1111
System: System A System B

Only show Providers with at least: 0 Members Clear All Slicers

*Formatting		75.0%	75.0%	\$200	\$200	\$200	\$200	\$200	\$200	\$500	\$1,000	0	0	300	300	\$700	\$700	500	500	500	500
Thresholds		90.0%	90.0%	\$1	\$1	\$1	\$1	\$1	\$1	\$1,500	\$3,000	1,000	5,000	600	600	\$1,000	\$1,000	750	750	250	250
		> 90.0%	> 90.0%	< \$1	< \$1	< \$1	< \$1	< \$1	< \$1	> \$1,500	> \$3,000	> 1,000	> 5,000	> 600	> 600	> \$1,000	> \$1,000	> 750	> 750	< 250	< 250

**Double click on a PCP to open the provider report card (and filter the member score card)*

PCP	Members		Member Months		Part C MLR		Total Margin PMPM		Part C Margin PMPM		Part D Margin PMPM		Risk Adjustment / Mem		Stars Gaps / 1000		Utilization / 1000		RA TCOC PMPM		Rx Adh Gaps / 1000		Mem Engagement / 1000	
	'19	'20 YTD	'19	'20 YTD	'19	'20 YTD	'19	'20 YTD	'19	'20 YTD	'19	'20 YTD	PY20	PY21	'19	'20 YTD	'19	'20 YTD	'19	'20 YTD	'19	'20 YTD	'19	'20 YTD
4	6	7	72	55	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
6	5	6	40	46	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
3	4	6	48	39	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
8	2	5	24	33	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
10	5	5	60	50	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1	5	5	55	46	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
9	5	4	58	35	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
7	5	4	53	25	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
5	4	4	48	36	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2	5	4	60	31	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Population Health

- Create member/patient level report card
- Drill down to see if members/patients are engaged with their healthcare

Individual Member Report Card

Member ID: 43
 Member Name: LAST, FIRST
 DOB: MM/DD/YYYY
 Member City: CITY, STATE

11/19 11/25/19 12/1/19 1/2/20 2/6/20 3/1/20 3/25/20 4/19/20 5/13/20 6/6/20 7/1/20 7/25/20 8/19/20 9/12/20 10/6/20 10/30/20

Last PCP Visit: 5/13/2020
 Last ER Visit: 7/28/2020
 Last IP Admit: 9/14/2020

Score Card Summary

Metric	2019	2020 YTD
MMs	12	10
Part C MLR	1314%	204.1%
Total Margin	-\$3,168	-\$7,112
Part C Margin	-\$3,205	-\$7,531
Part D Margin	\$36	\$419
Risk Adjustment	\$5,285	\$1,559
Stars Gaps	4	1
Utilization	0	1
RA TCOO	\$11,720	\$15,826
Adherence Gaps	3	2
Mem Engage	1	0

Key Metrics and Information

Demographics		Key Stats	
Member ID	43	Last ER Visit	7/28/2020
Gender	F	Last IP Admit	9/14/2020
Age	72	Last PCP Visit	5/13/2020
Bld County	COUNTY8	Annual Wellness Visit	N
State	STATE	2019 MA Risk Score	1.145
Enrollment Status	Plan Switcher	2020 MA Risk Score	0.945
LI Status	Y		
SNP Type	N/A		
PCP NPI	10		

Stars Measures

Measure Name	Numerator Name	2020 Stars	Weight	Denominator	Passing
Adult BMI Assessment	Adult BMI	1	1		
Disease-Modifying Anti-Rheumatic Drug Therapy for	DMARD Therapy	1			
Breast Cancer Screening	Breast Cancer Screening	1			
Controlling High Blood Pressure	Total BP Compliance	1			
Diabetes Care - Blood Sugar Controlled	HbA1c Poor Control > 9%	3			
Diabetes Care - Kidney Disease Monitoring	Medical Attention for Nephropathy	1			
Diabetes Care - Eye Exam	Eye Exam	1			
Care for Older Adults - Pain Assessment	Pain screening	1			
Care for Older Adults - Functional Status Assessment	Functional status assessment	1			
Care for Older Adults - Medication Review	Medication review	1			
Colorectal Cancer Screening	Colorectal Cancer Screening	1			
Medication Reconciliation Post-Discharge	Medication Reconciliation Post-Discharge	1			
Statin Therapy for Patients With Cardiovascular Disease	Received Statin Therapy	1			
Medication Adherence for Diabetes Medications	> 80% Adherence	3			
Medication Adherence for Hypertension (RAS antagonists)	> 80% Adherence	3			
Medication Adherence for Cholesterol (statins)	> 80% Adherence	3			

Clinical / Pop Health Indicators

Str	Rolling 12	YTD
IP Admits	1	1
IP Days	2	2
IP Readmits	0	0
SNF Admits	0	0
SNF Days	0	0
ER Visits	1	1
UC Visits	0	0
PCP Visits	7	7
Telehealth Visits		0

Disease State / Clinical Documentation

Retrospective - PY2020 / 2019D05				Prospective - PY2021 / 2020D05			
HCC	Description	Weight	Reason	HCC	Description	Weight	Reason
HCC46	Severe Hematological Disord	1.388	Recapture	HCC88	Acute Myocardial Infarction	0.233	Recapture
HCC124	Exudative Macular Degenerati	0.499	Captured	HCC46	Severe Hematological Disord	1.388	Captured
HCC88	Acute Myocardial Infarction	0.233	Captured	HCC28	Cirrhosis of Liver	0.39	Captured
				HCC124	Exudative Macular Degenerati	0.499	Captured

Rx Adherence

Therapeutic Class	2019	2020 YTD
Asthma / COPD		
Diabetes		
Hypertension	24.1%	47.5%
RASA *	100.0%	
Heart Failure		26.9%
Statin *	47.9%	
HIV		
Antipsychotics		
ADHD	53.3%	
Depression	100.0%	
Cholesterol		

Prescription Drug History YTD

Top 10 by most recent fill date and ytd days supplied

Rx Name	Drug Name	Last Pharmacy/CL	Last Fill Date	YTD Days Supplied
Rx Name 1			10/31/2020	30
Rx Name 2			9/6/2020	150
Rx Name 3			9/4/2020	330
Rx Name 4			7/27/2020	270
Rx Name 5			6/13/2020	120
Rx Name 6			6/4/2020	90
Rx Name 7			5/26/2020	270
Rx Name 8			5/22/2020	120
Rx Name 9			5/18/2020	300
Rx Name 10			5/9/2020	180

2021 HEALTH MEETING

A hand holding a white star with a checkmark inside, set against a background of a city skyline at night and a network of glowing nodes.

Complete the
Session Evaluation
and Claim Your
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