

September 21, 2023  
1:00 – 3:00 PM

**Presented By:**

Adam Falcone, JD, MPH  
Leah Montgomery, JD  
Suzanne Daub, LCSW

The source of funding for this grant award is District appropriated funds earned based on the American Rescue Plan Act (ARPA) of 2021. The obligated amount funded by Grantor shall not exceed \$999,000 in the first year per year, and one option year of up to \$500,000 unless changes in the obligated amount are executed in accordance with ARTICLE XV of this agreement.

# FORMING COMMUNITY PARTNERSHIPS TO PARTICIPATE IN VBP ARRANGEMENTS (PART 2)



# CONTINUING EDUCATION CREDITS

- » The AAFP has reviewed Value-Based Payment Virtual Learning Collaborative and deemed it acceptable for up to 4.00 Live AAFP Elective credits. Term of Approval is from 09/21/2023 to 09/21/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. **2.00 credits are available for this session.**
- » Health Management Associates (HMA), #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2022–09/22/2025. Social workers completing this course receive 2.00 continuing education credits.
  - » To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- » **If you would like to receive CE/CME credit, the online evaluation will need to be completed.**

You will receive a link to the evaluation shortly after this webinar.

  - » Certificates of completion will be emailed within 10–12 business days of course completion.



# PRESENTER(S)



**Leah Montgomery, JD**  
**Senior Consultant**  
**Health Management Associates**  
[Lmontgomery@healthmanagement.com](mailto:lmontgomery@healthmanagement.com)



**Adam Falcone, JD, MPH**  
**Partner**  
**Feldesman Tucker Leifer Fidell LLP**  
[afalcone@feldesmantucker.com](mailto:afalcone@feldesmantucker.com)



**Suzanne Daub**  
**Principal**  
**Health Management Associates**  
[sdaub@healthmanagement.com](mailto:sdaub@healthmanagement.com)

<b>Faculty</b>	Elizabeth Wolff, MD, MPA CME Reviewer	Shelly Virva, LCSW, FNAP CE Reviewer	Adam Falcone Presenter	Leah Montgomery Presenter	Michele Melden Presenter
<b>Company</b>	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
<b>Nature of relationship</b>	N/A	N/A	N/A	N/A	N/A

# AGENDA

Schedule	Item
12:00 – 12:10 pm	Introductions & Orientation to the format we will use for this session.
12:10 – 12:40 pm	Establishing a Referral Agreement
12:40 – 12:55 pm	Debrief
12:55 – 1:00 pm	- 5 MIN BREAK -
1:00 – 1:30 pm	Provider Networks
1:30 – 1:55 pm	Debrief
1:55 – 2:00 pm	Evaluation

## Learning Objectives

1. Apply legal concepts and planning framework to hypothetical collaboration
2. Analyze potential risks and benefits to community partners
3. Assess application to VBP arrangements with Medicaid MCOs

# **ESTABLISHING A REFERRAL AGREEMENT**

# ESTABLISHING A REFERRAL AGREEMENT

1

Recruit  
Partners

2

Develop  
Preliminary  
Agreements

3

Conduct Joint  
Planning  
Process

4

Develop  
Definitive  
agreements

5

Obtain  
Regulatory  
Approvals

# RAINBOW BEHAVIORAL HEALTH (RBH)

Patient census = 38,000  
10% Commercial or Private Insurance  
85% Medicaid  
5% No coverage

50% of patients have had **more than 2 hospitalizations** in the past fiscal year.

70% of patients had **more than 5 ED visits** in the past fiscal year.

60% of **patients moved** during the past fiscal year.

45% of moves were **due to eviction**.

In most recent patient survey, 85% expressed **high satisfaction with services**.

55% of patients **did not have a preventative care visit** in the past fiscal year.

29% of patients have **A1C above 9**

RBH screens for substance use for all patients at intake.

35% of patients are receiving services for **substance use disorder treatment and outpatient mental health services**.

RBH has a **no-show rate** of approximately 38%.

About 30% of patients receive **appointment reminder texts** and access their records through their EHR.

# ESTABLISHING A REFERRAL AGREEMENT – FAMILY HEALTH CENTER (FHC)

FHC serves approximately 95,000 people.  
60% under age 21.  
20% age 22 – 64.  
10% age 65 or older.

10% have private or commercial coverage.  
85% have Medicaid.  
5% have no coverage.

90% have income **below 100% Federal Poverty Level.**  
  
50% reported a **move during the last year.**

35% prescribed **behavioral health medications**

20% had **two or more hospitalizations** in the past year.  
30% had more than **2 ER visits** in the past year.

**No-show rate of 67%.**

FHC **does not use text** appointment reminders and does not monitor **patient activity in its EHR.**

65% express high satisfaction with FHP.  
Patients who had  $\geq 4$  visits had 90% satisfaction.  
50% had one visit within the past 12 months.

# BREAKOUT SESSION #1 – REFERRAL AGREEMENTS

What is your organization trying to accomplish through a referral agreement?

What are the gaps/needs that a partnership could address?

What are the qualities of your ideal referral partner?

What are the services you want your partner to provide?

What can't you compromise on?



What is RBH trying to accomplish through a referral agreement?

What are the gaps/needs that a partnership could address?

What are the qualities of an ideal referral partner?

What are the services you want your partner to provide?

What can't you compromise on?

What is RBH trying to accomplish through a referral agreement?

What are the gaps/needs that a partnership could address?

What are the qualities of an ideal referral partner?

What are the services you want your partner to provide?

What can't you compromise on?

1. Click the link
2. Click “view as a visitor”
3. Go to your area, grab a “sticky note” and start typing



## 8-MINUTE BREAK



Photo by Laureen Missaire on Unsplash

# **ESTABLISHING A PROVIDER NETWORK**

## FIVE YEARS LATER...

FHC has a no-show rate of 30%.  
(Decreased by 16%)

40% of RBH patients had a primary care visit in the past 12 months.  
(Increased by 28%)

RBH's census is now 63,800.  
FHC census is now 104,500.  
(Increased by 10%)

25% of RBH patients had three or less ED visits in the past 12-months.  
(Decreased by 50%)

FHC has a no-show rate for visits of 30%.  
(Decreased by 20%)

10% of FHC patients had two or more hospitalizations in the past year.  
(Decreased by 20%)

- »» What type of VBP arrangement should Rainbow BH and Family HC pursue?
  - »» Pay for Reporting
  - »» Performance Incentive Payment (PIP)
  - »» Total Cost of Care using shared savings only
  - »» Total Cost of Care using shared savings and shared risk
- »» What type of network should they form?
  - »» IPA – Independent Provider Association
  - »» ASO – Administrative Services Organization
  - »» ACO – Accountable Care Organization
- »» What type of business entity should they form?
  - »» LLC
  - »» Tax-Exempt

## BREAK OUT DISCUSSION: ASK THE LAWYER!

1. What type of VBP do they want to pursue?
  - a) Pay for Reporting
  - b) Performance Incentive Payment
  - c) Total Cost of Care using shared savings only
  - d) Total Cost of Care using shared savings and shared risk
2. What type of network should they form?
  - a) IPA – Independent Provider Association
  - b) CIN – Clinically Integrated Network
  - c) ACO – Accountable Care Organization
3. What type of business entity should they form?
  - a) LLC
  - b) Non-Profit
  - c) For Profit

# NOW WHAT?: WHAT IS YOUR 15% SOLUTION

» Chat in:

» To apply what you learned today, what action can you take tomorrow that require no additional resources, permission or authority?

# RESOURCES

<p>Minnesota Department of Human Services, Integrated Health Partnerships Model Contract, January 1, 2024, available <a href="#">here</a>.</p>	<p>Refer to this model contract from Minnesota’s Medicaid ACO program to see one approach to organizing roles and responsibilities of providers in an ACO arrangement. <b>Note-</b> in Minnesota, Medicaid ACOs are referred to as Integrated Health Partnerships.</p>
<p>Oregon Health Authority, Value-Based Payment Technical Guide for Coordinated Care Organizations, Updated November 2022, available <a href="#">here</a>.</p>	<p>This is the technical guide that the Oregon Medicaid Agency (Oregon Health Authority) developed for providers participating in its ACO model, Coordinated Care Organizations (CCOs). See p. 15 of PDF for analysis of various VBP arrangements.</p>
<p>Martha Hostetter, Sarah Klein, The Commonwealth Fund, The Perils and Payoffs of Alternative Payment Models for Community Health Centers, Jan. 19, 2022, available <a href="#">here</a>.</p>	<p>Use this article to learn more about how FQHCs and other community-based providers fit into value-based purchasing and how to identify potential risks specific to community-based providers.</p>
<p>Matulis R, Dyer MB, Cuellar AE. Alternative payment models: risk evaluation tool for financial and non-financial risk. George Mason University, 2021, available <a href="#">here</a>.</p>	<p>This is a 1-page tool that provides more detailed information about the level of flexibility and risk for providers posed by various value-based payment arrangements.</p>
<p>Oregon Health Authority, Value-based Payment Toolkit for CCOs, Updated March 2020, available <a href="#">here</a>.</p>	<p>This tool was developed by the Oregon Medicaid agency, OHA, to assist providers and health plans better understand key principles of successful value-based payment contracting.</p>

## REFERENCES

- » Oregon Health Authority. (2020, March). *Elements of value-based payment contracting: a guide for health care plans and health care providers*. Oregon.gov. <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Contracting-Elements-Brief.pdf>
- » *The perils and payoffs of alternative payment models for Community Health Centers*. Commonwealth Fund. (2022, January 19). <https://www.commonwealthfund.org/publications/2022/jan/perils-and-payoffs-alternate-payment-models-community-health-centers>
- » *V -B payment technical guide*. Oregon.gov. (2022, November). <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf>

---

# HMA

---

HEALTH MANAGEMENT ASSOCIATES

**Adam Falcone, JD, MPH**

Subject Matter Expert

[AFalcone@feldesmantucker.com](mailto:AFalcone@feldesmantucker.com)

[Link to Bio](#)

**Leah Montgomery, JD**

Subject Matter Expert

[lmontgomery@healthmanagement.com](mailto:lmontgomery@healthmanagement.com)

[Link to Bio](#)

**Suzanne Daub, LCSW**

Subject Matter Expert

[sdaub@healthmanagement.com](mailto:sdaub@healthmanagement.com)

[Link to Bio](#)

**WRAP-UP/NEXT STEPS**

# BRIEF EVALUATION

>> Please Complete the Online Evaluation:

[https://healthmanagement.qualtrics.com/jfe/form/SV\\_9zEbuA1AyGmE6IC](https://healthmanagement.qualtrics.com/jfe/form/SV_9zEbuA1AyGmE6IC)



## ADDITIONAL INFORMATION

Visit the **Medicaid Business Transformation DC web page** for more information and upcoming events:

[www.integratedcaredc.com/medicaid-business-transformation-dc/](http://www.integratedcaredc.com/medicaid-business-transformation-dc/)

Don't miss this chance to elevate your practice and make a lasting difference in the lives of your patients. **Subscribe to our newsletter today** and embark on a journey towards delivering exceptional care through Integrated Care DC.

<https://www.integratedcaredc.com/newsletter/>

---

# HMA

---

HEALTH MANAGEMENT ASSOCIATES

## **Caitlin Thomas-Henkel, MSW**

Project Director

[cthomashenkel@healthmanagement.com](mailto:cthomashenkel@healthmanagement.com)

[Link to Bio](#)

## **Amanda White Kanaley, MS**

Project Manager

[akanaley@healthmanagement.com](mailto:akanaley@healthmanagement.com)

[Link to Bio](#)

## **Samantha Di Paola, MHA, PMP**

Project Coordinator

[sdipaola@healthmanagement.com](mailto:sdipaola@healthmanagement.com)

[Link to Bio](#)

## **Mary Kate Brousseau, MPH**

Integrated Care DC Liaison

[mbrousseau@healthmanagement.com](mailto:mbrousseau@healthmanagement.com)

[Link to Bio](#)

## **Jean Glossa, MD, MBA, FACP**

Partner Liaison

[jglossa@healthmanagement.com](mailto:jglossa@healthmanagement.com)

[Link to Bio](#)