## Value Based Care and Alternative Payment Models:

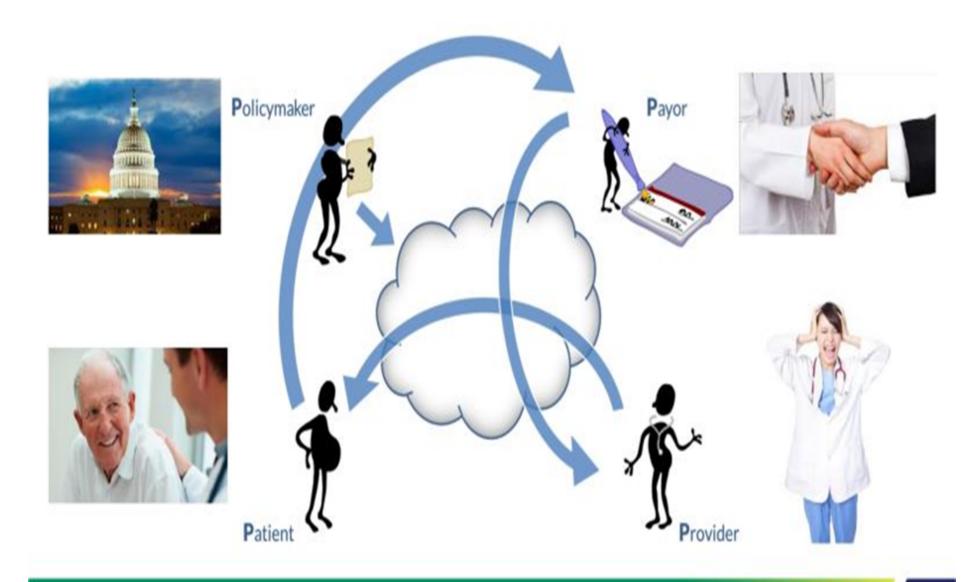
Where We Are, Where We Are Going and the Impact to the Provider



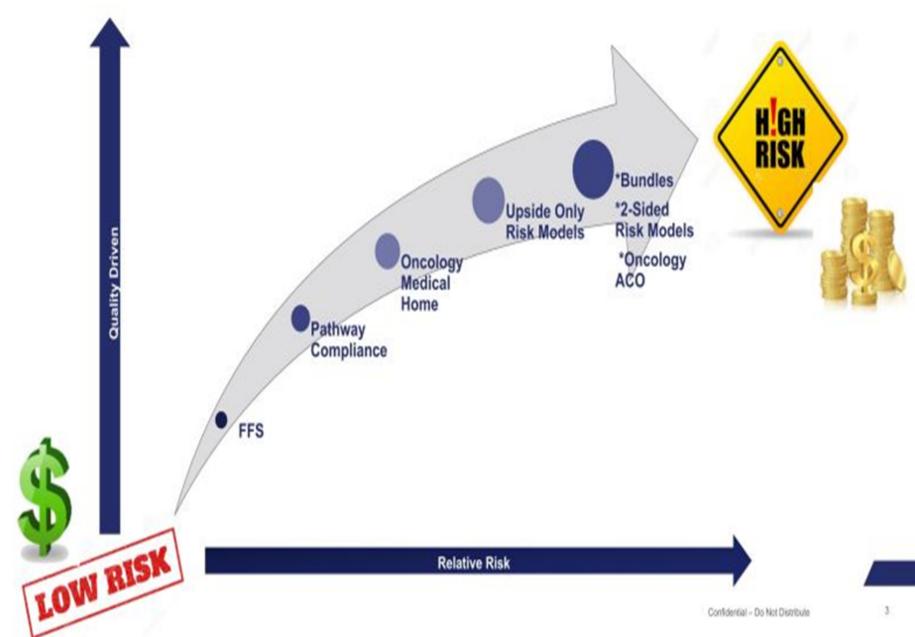
### **Alternative Payment Models: The Hope**



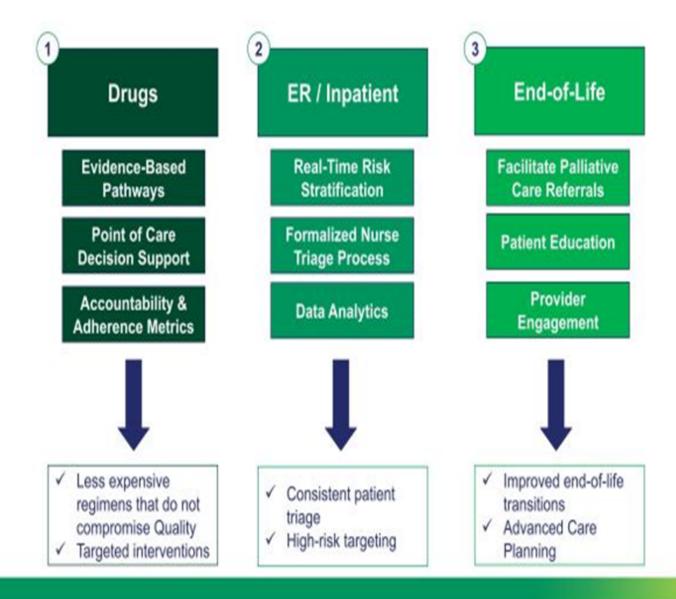
## **Alternative Payment Models: The Reality**



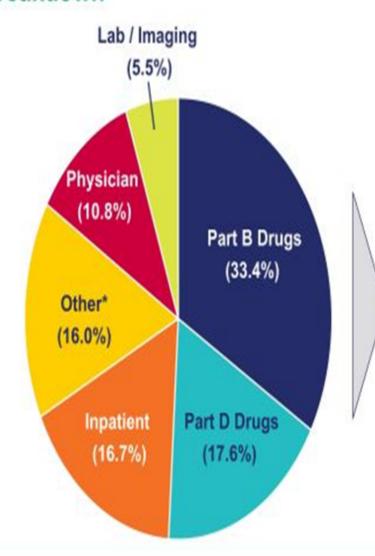
## **APM & RISK LEVELS**



#### APM Performance Drivers- What really impact APM Success



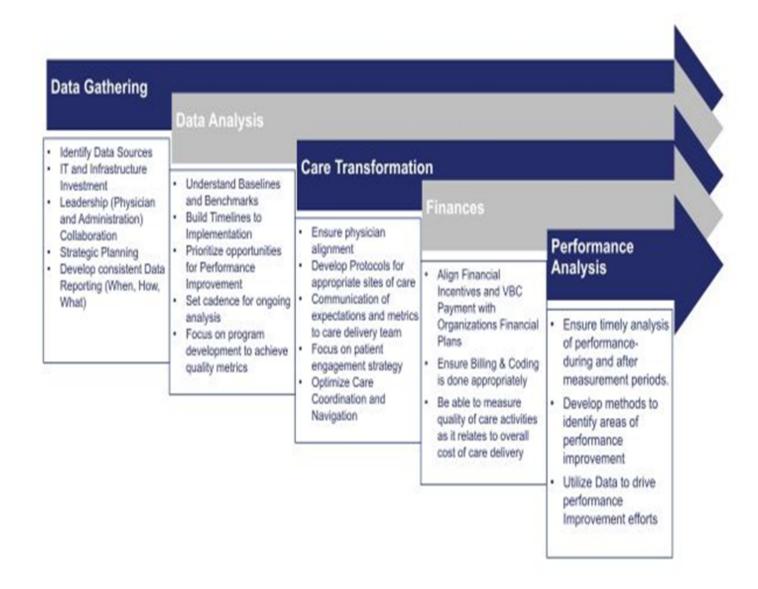
#### Cost Breakdown



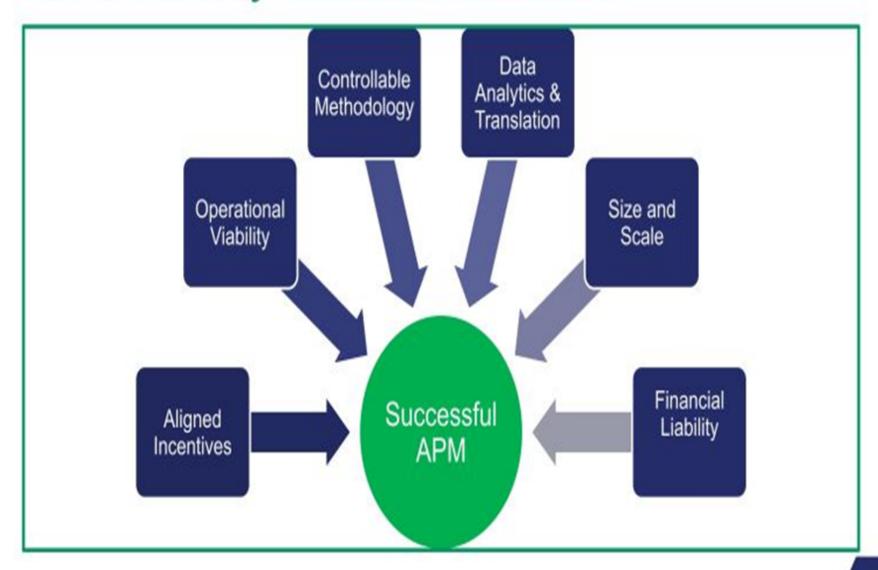
Category of Spend	% Cost
Drugs (Part B + D)	~50%
ER / IP	~15-20%
Other*	Varies

\*Includes Post-Acute, Hospice, Radiation, and End-of-Life

#### Successfully Transforming Into a Value Based Care Model: What does it take?



# **Commercial Payers: Provider Led APMs**



# CMS's Oncology Care First Proposed Core Elements

#### MEOS vs

· MPP- Monthly Population Payment

- In lieu of FFS & MEOS
- · Would be adjudicated for ALL Medicare Beneficiaries, not just those attributed to OCF
- \*Includes Drugs Administration, E&M, and some Part A expenses.
- · MPP will include an enhanced services portion
- OCF Performance and Performance Based Payments will be adjudicated from attributed OCF beneficiaries taken from overall pool of Medicare beneficiaries
- There are three risk tracks:
- . One Sided- Only OCM naive Practices can choose this option for a period of one year
- · "Less Aggressive" 2 Sided Risk
- \* "More Aggressive" 2 Sided Risk

#### Quality Measures

Risk

- · All current quality measures and practice transformation activities would remain
- One additional quality measure/ practice transformation activity is being considered: ePRO (Electronic Patient Reported Outcomes)
- XOCF would allow for a ramp up period for practices to source and implement ePRO

#### **Exclusions**

- Low risk Prostate, Bladder & Breast
- HRT is no longer an episode trigger

#### OCF Participants

Pravider

and.

"Pooling"

HOPD (hospital outpatient departments) can participate if:

\*They partner with a PGP (Physician Group Practice) and both would enter as a grouping

. Pooling of Providers will be allowed under OCF (this was also allowed under OCM)

- +>25% of chemo is administered in the HOPD
- ·HOPD would also receive an MPP

- · Shortened by 6 months (proposed 12 months vs current 18 months)
- . Only one true-up (vs the current two true-ups)

#### CMS's Radiation Oncology Model Proposed Core Elements

- Possible Summer 2020 start
- Mandatory participation for ~40% of centers
- 90-day bundles, set per disease (i.e. modality independent, facility-type independent)
- Predominately factors in your historical rate, rather than national averages
- Automatic savings through discount factor
- PLUS, quality withhold and payment issues withhold = 8% less revenue in year one
- Advanced APM

# **PANEL DISCUSSION**

# Questions???