CHI Texas Division

From the CMO
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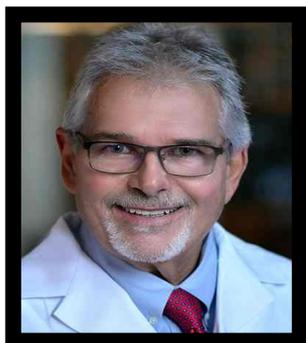
This year, the Baylor St. Luke's ACO performed better than ever in the Medicare Shared Savings Program (MSSP) and saved Medicare over $6 million in 2017. Medicare targets and benchmarks are based on 2 things:

· Which track is the ACO in?

Higher tracks assume risk for loss and we are in Track 1. There is no risk for loss, but we have to save even more to achieve shared savings.

· What is the average risk of our patients?

Improved patient risk scores result in favorable updates to the calculation of the ACO cost-per-patient benchmark. Thus, the "annual well-visit" which is focused on getting all the diagnosis codes in the system each year, becomes key to ensuring we have the right spending targets.

When we have shared savings, some of those savings will be passed on to our clinicians. Thus, missing the shared savings target this year by 0.3% was very disappointing. But we move on, and what is next?

· The Division leadership will assess whether we are ready to take more risk and move on to Track 2 (which would lower our MSSP threshold)

· We continue to urge providers to see their Medicare patients for annual well visits. If you would like to know more about the "AWV" please let me know! Our employed physician groups have developed systems to increase the AWV rate and we're seeing growth in AWV completion year after year.

· Our Care Managers will continue to work with our patients and your offices on high risk patients who have had frequent hospital or ER visits.

· As a provider you can help by referring your patients to CHI facilities for admissions, procedures or ER visits. A review of costs among local hospital systems shows us that CHI is the lowest cost hospital system in Houston! When comparing the average cost per admission between CHI and other hospitals, we are over ***three times less costly.***

For this year, our quality and costs look good. But we never know, until the following year, what our target will be and whether we'll have shared savings. Our goal is to serve our patients and our member physicians. We will continue to strive for shared savings leading to revenues for our members.

What's New in the Network?
Lisa Cochran, Division Director, Network Development

We have new Cigna agreements that Primary Care Providers may choose to participate in. For PCPs, defined as Family Medicine, General Practice, Internal Medicine, Pediatrics, Geriatric Medicine, or Adolescent Medicine, there are three separate products with two options for participation – Collaborative Accountable Care (CAC), Provider Group Agreement, and Pay for Performance (P4P). You may choose to participate in just the CAC, or in all three products. Providers may participate in the CAC as individuals or as a group, but all providers who share a tax identification number must participate in the Provider Group Agreement and P4P.

Collaborative Accountable Care (CAC)

- Value Based Agreement

- CIN receives a per member per month fee that will be shared with providers depending on their performance on quality metrics

- Providers receive the benefit of care coordinators who work with their patients on

- chronic illnesses and gaps in care

- Providers will be measured on a variety of metrics, including:

    - Wellness visits and screenings

    - Treatment of chronic illnesses, such as diabetes, CAD, and depression

    - Treatment of acute illnesses, such as bronchitis, URI, and low back pain

    - Use of generic prescriptions

Provider Group Agreement

- Sets the provider's reimbursement for **Year 1** as a percentage of the Cigna Standard Fee Schedule

- Two levels of reimbursement for independent providers, depending on where their current Cigna agreement lies, as determined by Cigna

    - 105% base relativity factor for E/M Codes, Medicine Codes, and Surgery Codes for those providers who are currently at or below 105%

    - 115% base relativity factor for E/M Codes Medicine Codes, and Surgery Codes for those providers who are currently above 105%

    - Most independent providers with direct Cigna agreements will currently be around 85-90%

- Mid-Level Providers will stay on the Cigna Standard Fee Schedule for such providers

Pay for Performance (P4P)

General Information

- Defines the fee schedule for **Years 2+** based on quality and utilization

- Reimbursement will range from 90-135% base relativity factor

- Mid-Level Providers are not subject to adjustment

- PCPs will be measured based on the most recent 12 months of claims of the patients that are attributed to them. Patients are attributed based on the PCP that they see the most.

- If a patient hasn't seen a PCP in the most recent 12 months, but is still an activity participant in Cigna, assignment will be to the last PCP he or she saw.

- Patients will be attributed to OB/GYNs or Nurse Practitioners if they haven't seen one of the specialties above in the most recent 12 months.

What's New in the Network Continued

Pay for Performance (P4P)

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There are two factors in determining the reimbursement - **Quality** and **Utilization**

- **Quality** is a Success or Fail as determined by the score on the quality metrics of the Cigna CAC product. Those providers who score at 57% or above will receive a Success. Providers with less than 20 measured encounters will receive a Success. Providers who score below 57% will receive a Fail and will not be measured on Utilization.

- **Utilization** is measured based on all claims for the patients attributed to the PCP, including claims where the PCP isn't the attending provider. Providers may earn a total of 16 points in four areas, and in **Year 1,** must have 75% or more utilization at efficient facilities in each area in order to earn the points for that area. In **Year 2**, providers may earn the points by either having a 75% or more of efficient utilization, or a 20 point improvement from the previous year if below 75%.

    - Inpatient Admissions (7 points)

    - Outpatient Services (7 points)

    - Lab Referrals (1 point)

    - High Tech Radiology (1 point)

- After **Year 1**, and annually thereafter, the fee schedule for the entire TIN will be adjusted based on the score of the entire group:

    - Success on Quality and 80%+ of the Utilization points will be adjusted to 135%

    - Success on Quality and 70-79.99% of the Utilization points will be adjusted to 120%

    - Success on Quality and 60-69.99% of the Utilization points will be adjusted to 105%

    - Success on Quality and below 60% of the Utilization points, or Fail on Quality, will be adjusted to 90%

    If you choose to participate in these products, or would like more information regarding these programs, please email us at
        TexasDivisionClinical@stlukeshealth.org .

PatientPing
Royd Hernandez, Division Director, Data and System Integration

PatientPing, a health technology company that connects providers to seamlessly coordinate patient care, has partnered with Catholic Health Initiatives (CHI) - Texas Division. This partnership means that providers throughout Houston, Lufkin, Bryan/College Station and its surrounding communities, as well as across states, will be notified in real time when their patients are admitted to, discharged or transferred from any one of the 13 Catholic Health Initiative hospitals sharing data with PatientPing, allowing for more timely interventions and improved quality of care for patients.

Upon joining PatientPing, providers receive real-time notifications, or "Pings," whenever their patients receive care at a wide range of health facilities in Houston, Bryan and beyond. By receiving real-time information about a patient's medical history, health care team providers can engage and coordinate during the patient's health care event, prevent duplication of services, reduce avoidable readmissions, and ensure safer care transitions. Patients get care from many providers; PatientPing makes it easy for them to coordinate with one another.

Prior to PatientPing, the CHI Texas Division had no way of knowing when certain patients received care out of network or at post-acute facilities. The CHI Texas Division carries both clinical quality and financial risk on several patient cohorts (MSSP ACO, Commercial Contracts, Employee population) and needed a mechanism to know when patients are receiving care, where they are receiving care, and with whom the care coordination should be collaborating at other community providers.

"We could not be more excited to connect providers in Texas so they can more easily serve their patients," said Jay Desai, co-founder & CEO, PatientPing.

PatientPing's network includes tens of thousands of providers nationwide. PatientPing is rapidly accelerating its nationwide expansion so that any providers who share patients anywhere in the country can coordinate with one another.

About PatientPing

PatientPing is a Boston-based care coordination platform that reduces the cost of healthcare by seamlessly connecting providers to coordinate patient care. The platform allows providers to collaborate on shared patients through Pings–real-time notifications when patients receive care–and Stories–important patient context at the point of care–and allows provider organizations, payers, governments, individuals and the organizations supporting them to leverage this real-time data to reach their shared goals of improving the efficiency of our healthcare system. For more information, please visit www.patientping.com.

Need to find a CIN Provider? Update Your Information?

Do you need to find a CIN participating provider, update your location, phone number, email or other important details on file with the Texas Health Network? Please visit http://www.chitxcin.org and click on "FIND A DOCTOR."

CHI Texas Division

Ask the CIN

Questions? Comments? Concerns?

Please refer to the staff directory below and send us your feedback. We look forward to hearing from you and assisting in any way we can. General questions can be sent through the website at www.chitxcin.org or via email to texasdivisionclinical@stlukeshealth.org.

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