

Imperium Vox

Newsletter for Imperium Health clients and those invested in the ACO Industry

Volume III, Issue 4 Winter 2018

In this season of reflection and thanksgiving, we at Imperium Health want to extend our thanks for the wonderful partnerships we have forged with others who also believe in our mission to support the successful transition to patient-centered, value-based care models.

To our ACO physicians, leadership, strategic partners, thought leaders and employees, thank you. We sincerely appreciate your belief in Imperium, your hard work and guidance and your dedication. We can all be very proud of the efforts that have resulted, once again, in industry-leading results. Our Quality Scores, Shared Savings earnings and Patient Outcomes continue to be best-in-class.

As part of our commitment to you in our leadership within the National Association of ACOs (NAACOS) by accepting a position on the organization's executive committee. Earlier this month, I, along with Southern Kentucky Healthcare Alliance Executive Kamal Singh, met with members of the House and perspective on The Centers for Medicare and Medicaid Services (CMS) proposed "Pathways to Success" rule changes to the

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2018, Imperium has worked to expand Medicare Shared Savings Program.

We were fortunate to have the opportunity to advocate on behalf of our ACOs on this important topic and I assure you that with uncertainty comes opportunity, for example, with our LHC Group partner, we have submitted a proposal for a post-acute bundled care initiative. Imperium is well-positioned to capitalize on the opportunities presented by this proposal.

Our commitment to innovation, collaboration and agility in the market have always given us the edge on competitors and provided our partners with unparalleled options. We have navigated uncharted waters before, and we are prepared to take on these challenges.

Again, thank you for your belief in Imperium Health. Happy Holidays to your and yours, we look forward to a great 2019 and beyond!

**God Bless,
Gary Albers, Imperium Health CEO**

*CMS released the final ACO Pathways to Success on December 20. It contains significant changes to the Medicare Shared Savings Program (MSSP).
[Read the CMS fact sheet.](#)*

Quality Corner — Q1 2019 ~ By Angela Farley

Group Physician Reporting Option (GPRO) begins January 22, 2019 and ends March 8, 2019.

GPRO is conducted annually and replaces the former PQRS reporting. Please ensure that you have designated staff and appropriated time to complete the GPRO audit. 2018 Auditor Web Interface training began December 4th 2018. If your audit staff has not attended the training please reach out to an Imperium Representative IMMEDIATELY.

The 2019 Flu season began October 1, 2018 and ends on March 31, 2019. You must document influenza vaccinations for your patients during this time to receive credit for the Prev 7 Quality Measure. Be sure to document, even if the patient refuses the immunization! **Flu vaccinations given or refused after March 31, 2019 WILL NOT COUNT for the 2019 Quality Measure requirement.**

January is Mental Wellness Month There is no better time to get those depression screenings done! Remember to code to the highest specificity and a "score" is not an interpretation. Always code the frequency (single episode or recurrent), severity (mild, moderate or severe) and clinical status of the current episode (stable, partial or full remission etc.).

Leadership Tip ~ Excerpted from LHC Group CEO, Keith Myers' November 19 leadership column

"Leadership is based on inspiration, not domination; on cooperation, not intimidation." - William Arthur Wood

An important and, in fact, crucial element of leadership is the responsibility to help inspire and develop those around us to reach their full potential and accomplish more than they ever thought possible. By setting high standards for ourselves first and establishing goals that may sometimes even seem impossible to achieve, we challenge and inspire those around us to be the best and always stretch for more in their own personal and professional lives...We all feel empowered when we accomplish more than we ever thought possible and more than is expected of us. The result is personal growth and development that stems from the learning that naturally occurs through participation and teamwork. Our vision comes to life for our whole team when we work together, empowering and inspiring one another, and leading by example each and every day with a work ethic that accepts nothing less than best in class in all that we do at a every level of our organization.

"Leadership is when you have the integrity coming from the mindset to be of service and add value to other people's lives through personal development, empowering them to the highest levels of who they are by implementing their own innate unique gifts and talents and making them a part of

A new report shows Medicare ACOs saved \$859 million in 2016 and \$2.66 billion from 2013-2016. There should be no doubt ACOs are helping bend the health cost curve. ~ [2016 Updates: MSSP Savings Estimates](#)

Enrollment's impact on CMS benchmarking ~ By Adam Kirking

The financial benchmark for a Medicare Shared Savings ACO is adjusted and updated by CMS as part of the annual reconciliation process. One of the main factors in the adjustment is changes to the patient mix.

CMS calculates the average per capita, risk-adjusted, expenditures for the population that would have been assigned to the ACO for each of the three benchmark years. A benchmark is established for each of the four Medicare enrollment types (Table 1 on page 3). Changes in the mix of patients can have a significant impact on the ACO's benchmark because the average total cost of the four enrollment types is very different.

An increase in the proportion of ESRD or Aged/Dual beneficiaries will often raise the ACO's financial benchmark. An increase in the percentage of Disabled or Aged/Non-Dual beneficiaries may decrease an ACO's benchmark (Figure 1 on page 3).

In addition to changes in enrollment type, other factors that impact an ACO's benchmark include changes to national healthcare expenditures, average risk scores of an ACO's panel, as well as regional adjustments (Figure 2 on page 3). These factors will be discussed in future newsletters. Changes in an ACO's benchmark can feel inconsistent, but an understanding of changes to an ACO's panel can help to project an ACO's benchmark.

Scheduling "Green Patients" can reduce attributed patient turnover ~ By Adam Kirking

Changes in an ACO's patient attribution quarter-over-quarter can be frustrating, and ensuring a practice's attribution is reflective of their actual patients will help to standardize workflows, lower the ACO's minimum savings rate (MSR), as well as increase the number of patients receiving claims data that a provider can use to impact care.

Medicare assigns a patient to an ACO if he or she receives a plurality of primary care services from the ACO. Attribution is updated quarterly and reflects clinic encounters from the previous 12 months.

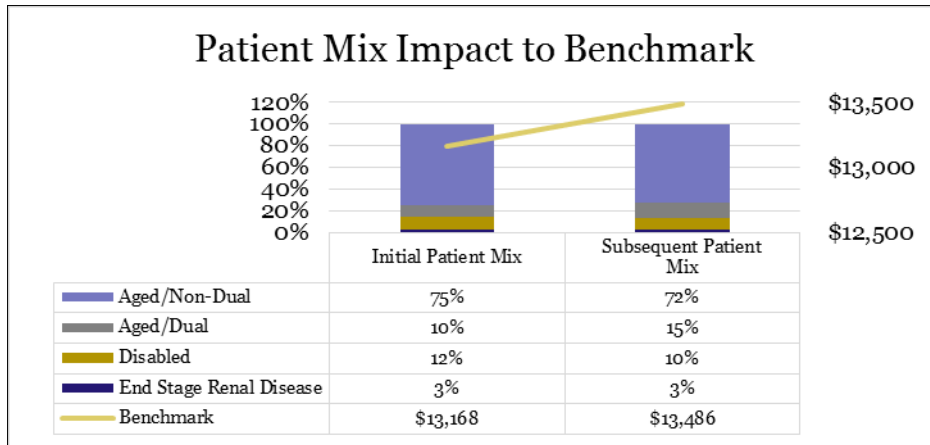
Imperium Health promotes effective attribution management through the "Green Patient" initiative. This initiative targets patients at risk for de-attributing from the ACO's roster as well as patients that could potentially become attributed to the ACO's roster. This initiative has also helped Imperium Health ACOs to reach savings.

Proactively scheduling "Green Patients" for an Annual Wellness Visit or preventative care visit will reduce the quarter-over-quarter turnover of attributed patients. If you have any questions on this initiative, please contact an Imperium Health team member.

Table 1: Medicare Enrollment

Medicare Enrollment Type	Description	Average Cost per MSSP Patient	National Percentage of Enrollment Type
ESRD	Beneficiaries under 65 and diagnosed with ESRD by a doctor	\$79,115	1%
Disabled	Beneficiaries receiving Social Security Disability Insurance (SSDI)	\$10,490	13%
Aged/Dual	Medicare beneficiaries 65 and older but not also receiving Medicaid	\$15,808	7%
Aged/Non-Dual	Medicare beneficiaries 65 and older who are also receiving Medicaid	\$9,711	79%

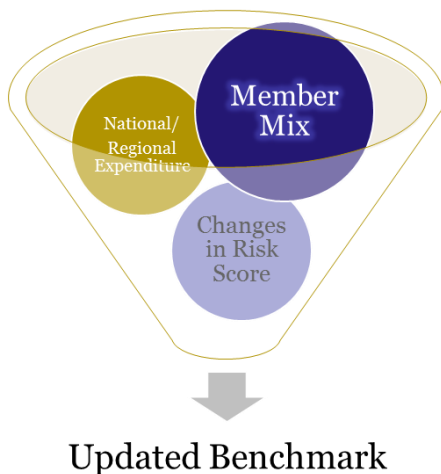
Figure 1: Impact of the changes in Patient Enrollment Mix on an ACO's benchmark



An increase in the proportion of ESRD or Aged/Dual beneficiaries will often raise the ACO's financial benchmark.

*~Adam Kirking,
Imperium Director of
Performance and
Analytics*

Figure 2: Factors influencing the Final ACO benchmark



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Info@ImperiumHealth.com.

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