

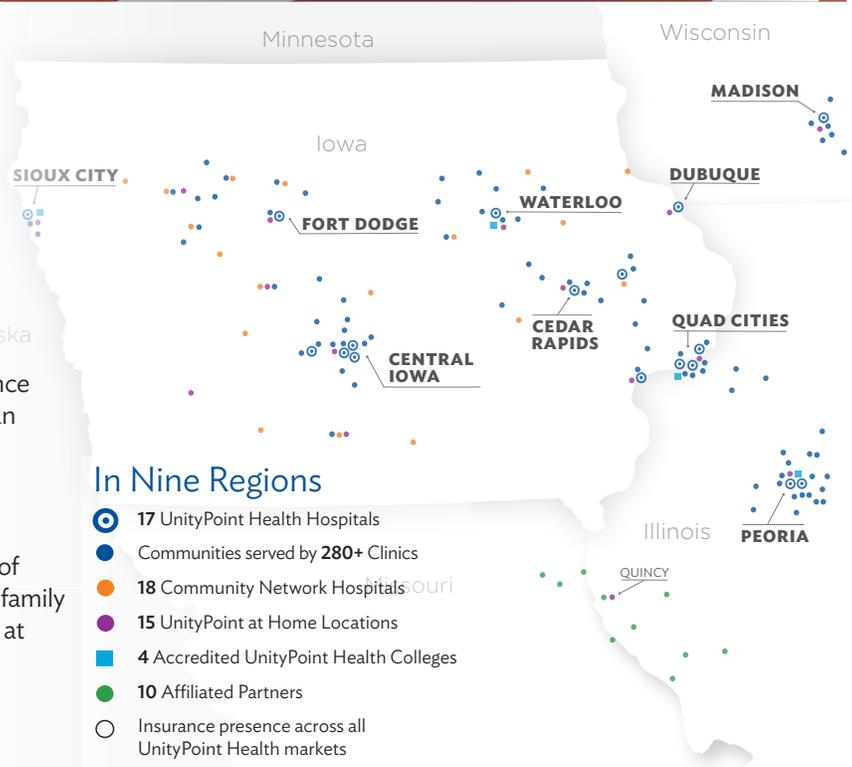
# UnityPoint Health® and the Center for Medicare and Medicaid Innovation



## Overview of UnityPoint Health

UnityPoint Health is one of the nation's most integrated health systems, providing care in nine regions throughout Iowa, western Illinois and southern Wisconsin. Through relationships with more than 280 physician clinics, 33 hospitals in metropolitan and rural communities and home care services, our physician-led team of professionals clearly and effectively addresses patient health care needs, whether in the hospital, clinic or at home. In addition, UnityPoint Health offers insurance and ACO networks across its regions, covering more than 360,000 lives with its ACO value-based agreements.

As the nation's 13th largest nonprofit health system and the fourth largest nondenominational health system in America, UnityPoint Health estimates annual revenues of \$3.9 billion and more than 5.6 million patient visits. Our family of UnityPoint Health, UnityPoint Clinic® and UnityPoint at Home<sup>SM</sup> is over 30,000 employees strong.



### In Nine Regions

- 17 UnityPoint Health Hospitals
- Communities served by 280+ Clinics
- 18 Community Network Hospitals
- 15 UnityPoint at Home Locations
- 4 Accredited UnityPoint Health Colleges
- 10 Affiliated Partners
- Insurance presence across all UnityPoint Health markets

## The Next Generation ACO (NGACO) Model

- The Next Generation ACO (NGACO) Model is a voluntary initiative under the Center for Medicare & Medicaid Innovation (CMS Innovation Center or CMMI) for mature accountable care organizations (ACO) that are experienced in coordinating care for populations of patients.
- The NGACO builds upon experience from two CMMI models: the Pioneer ACO Model and the Medicare Shared Savings Program (MSSP)
- Allows provider groups to assume higher levels of financial risk and reward than are available under the Pioneer ACO Model and MSSP.
- The goal of the NGACO is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for Medicare fee-for-service (FFS) beneficiaries.
- Included in the NGACO are strong patient protections to ensure that patients have access to and receive high-quality care.
- The NGACO is a risk-bearing contract, meaning that participating provider groups must meet certain target performance benchmarks in the areas of quality, patient experience and cost of care in order to share in a portion of health care savings realized. Groups that do not meet target performance in these areas will be required to repay Medicare for losses incurred.
- CMMI will publicly report the performance of the NGACOs on quality metrics, including patient experience ratings, on its website.
- The NGACO began on January 1, 2016 and will consist of three initial performance years and two optional one-year extensions.
- Only those ACOs who previously participated in the Pioneer ACO Model or MSSP are eligible to apply for transition in to the NGACO.

### FAST FACTS

**1 of 18:** Number of ACOs Nationally Participating in the Next Generation ACO (NGACO) of which UnityPoint Accountable Care (UAC) is one

**33:** Number of quality measures NGACO-participating ACOs are responsible for reporting

**1,593:** Number of UAC Physicians and Other Clinicians Participating

**75,000:** Number of Medicare beneficiaries UAC is responsible for under the NGACO

## NGACO and the Medicare and CHIP Reauthorization Act (MACRA)

- As part of the MACRA Final Rule released by CMS in October 2016, financial risk of the Medicare entitlement has been shifted further onto providers in an attempt to curb healthcare spending for decades to come.
- Under this path, each provider must decide to participate in one of two paths that lead to a new reimbursement future. One of these paths, the Alternative Payment Model (APM), is met through the participation in the Next Generation ACO.
  - Participating providers are positioned to qualify for 5 percent bonuses in the first year of the program and into the foreseeable future, while continuing to focus on providing high-quality care for Medicare beneficiaries.

## UnityPoint Accountable Care (UAC)

- The ACO of UnityPoint Health, UnityPoint Accountable Care (UAC), is one of 18 ACOs selected by CMMI to participate in the first round of the NGACO.
- The UAC is unique in that it is the only ACO in the country to include organizations that previously participated in both the Pioneer ACO Model (Trinity Pioneer ACO in the Fort Dodge, Iowa region) and the MSSP (across Iowa, Illinois and Wisconsin).
- Since the inception of the CMMI Pioneer ACO Model in 2010, UnityPoint Health and UAC have been committed to innovating the way in which high-quality, patient-focused, sustainable care is provided to Medicare beneficiaries. Through participation in the Pioneer ACO and MSSP, UAC realized success in quality, patient experience and cost savings, of which some areas are highlighted in the sections below.

### Performance Year 3 (2014) Pioneer ACO Quality Performance – Selected Measures

#### Trinity Pioneer ACO in Comparison to All Other Pioneer ACOs

ACO Quality Measure	Trinity Pioneer ACO (now part of UnityPoint Accountable Care)
ACO-7: Health Status/Functional Status	1st (out of 20)
ACO-11: Percent of Primary Care Physicians Who Successfully Meet Meaningful Use Requirements	1st (out of 20)
ACO-12: Medication Reconciliation	1st (out of 20)
ACO-18: Depression Screening	2nd (out of 20)
ACO-25: At-Risk Population: Diabetes – Tobacco Non-Use	1st (out of 20)
ACO-28: Controlling High Blood Pressure	1st (out of 20)

### 2015 Medicare Shared Savings Program (MSSP) Quality Performance

#### Comparison of ACOs Primarily in Iowa

ACO	States	Overall Quality Score
UnityPoint Accountable Care (Iowa Health Accountable Care, L.C.)	IL, IA, WI	94.50%
Alegent Health Partners, LLC	IA, NE	94.29%
Mercy-Cedar Rapids/University of Iowa Health Care ACO	IA	93.76%
Mercy ACO, LLC	IL, IA	92.97%
Midwest Health Coalition ACO	IA, NE	84.52%

## What CMMI has Done for Iowans

- Targeted legislation regarding rural and underserved areas has been historically difficult to pass at the federal level, with increasing challenges to best address geographic disparities in Medicare payment. CMMI has worked closely with Iowa physicians and providers to address these disparities in order to allow for greater flexibility that meets the needs of Iowans.
- Through CMMI and the Pioneer ACO, MSSP and NGACO, federal protections have been offered so that we may better coordinate care and serve our most vulnerable older adult populations in ways that would have otherwise been prohibited under federal law.
- **Care Coordination:** Participation in CMMI models have offered the ability facilitate prevention of health complications and readmissions to the hospital. As an example, NGACOs may contract with Home Care for a nominal fee to monitor the care of a high-risk patient during the patient's most vulnerable time after hospital discharge.
- **Mental and Behavioral Health:** To alleviate the shortage of mental and behavioral health services in the communities served by UnityPoint Health, federal protections allow a primary care physician or provider to make clinic space available at a rate below fair market value for the purposes of assessment, treatment, and coordinated care planning for our most vulnerable Iowans with mental and/or behavioral and physical health conditions.
- **Telehealth/Telemedicine:** Federal protections now provide area nursing home with health care support services via telehealth free of charge. Services include discussions about goals of care, symptom management, and referrals to other health care providers and community resources. Future expansion of telehealth and telemedicine will allow for our most vulnerable older Iowans to receive mental health and specialty care, such as cardiology and neurology, which they otherwise would not have been able to receive in their communities.

## CMMI FLEXIBILITY LEADS TO IMPROVED PATIENT EXPERIENCE FOR IOWANS

“I feel protected. If something goes wrong, I call them [his health care team in his primary care provider's office], they get involved. It makes me feel safe.”

– **Phil Bretthauer**  
**(Fort Dodge, IA)**

UnityPoint Accountable Care  
Pioneer ACO Patient and  
Medicare Beneficiary

*Mr. Bretthauer received home care and other health care services under waivers offered to UnityPoint Accountable Care through participation in CMMI Models*

## Our Proposal

- While we understand that Obamacare needs to be repealed and replaced, it is our understanding that some existing provisions may remain.
- We propose supporting the continuation of CMMI that would allow the agency the ability to operate, with minor modifications, as it has in the past.
  - **We support continued efforts to support access to healthcare for older adult Iowans are critical**, including building on the successes and lessons learned through the Pioneer ACO, MSSP and NGACO, as well as understanding components of the models that work to best meet the range of needs among the states' diverse older adult populations in rural, underserved and urban areas.
  - **We support the allowance of continued innovation and delivery of effective health care models**, as well as testing of new models, so that **physicians and other health care providers may continue to collaborate and offer health care services, such as telehealth to rural and underserved communities in Iowa, that otherwise would be prohibited through federal regulations.**
  - **We support the continued efforts toward building clinical, information technology, electronic health record and related infrastructure necessary to offer the level of collaborative and transparent health care services that Iowans have come to expect. Since 2013, UnityPoint Health has invested over \$250 million to ensure these capabilities are in place.**
- We propose that the new Administration may use the authority of the Health & Human Services (HHS) Secretary to modernize Medicare that will allow for continued innovation and flexibility in the development and implementation of effective care delivery models, such as Medicare Advantage (MA) plans and projects like the NGACO, which will continue to refine high quality, sustainable, coordinated care.

## INNOVATION IN MEDICARE: THE PHYSICIAN'S PERSPECTIVE

“Now, if I have a patient with multi-organ conditions or I know that they're alone, I have some way to get care to them that I didn't have before. And we can only do that because our system has been able to figure out a way to make it work...”

– **Dr. Lincoln Wallace**  
**(Fort Dodge, IA)**  
UnityPoint Clinic Family  
Medicine Physician and  
Participating Provider in the  
UnityPoint Accountable Care  
NGACO



**Sabra Rosener**  
Vice President,  
Government & External Affairs

1776 West Lakes Parkway, Suite 400  
West Des Moines, IA 50266  
(515) 205-1206  
sabra.rosener@unitypoint.org