The HEART Payment: The Five Ws

CMMI
MDPCP PMO

January 27, 2022

Agenda

Introduction & Logistics   (2 mins)
Background: Area Deprivation Index (ADI)   (5 mins)
HEART Payment: The Five Ws   (8 mins)
Allowable Uses   (5 mins)
Unveiling HEART Payment Playbook   (7 mins)
Tracking Spending and Financial Reporting   (5 mins)
FAQs   (5 mins)
Q&A   (15 mins)
Menti Poll   (7 mins)
Conclusion & Farewell   (1 min)

Introductions

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Health Equity Program
Manager
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Platform Logistics

Background: Area Deprivation Index (ADI)

Purpose: quantify and compare social disadvantage across geographic neighborhoods

- University of Wisconsin database

- Composite measure of 17 input variables

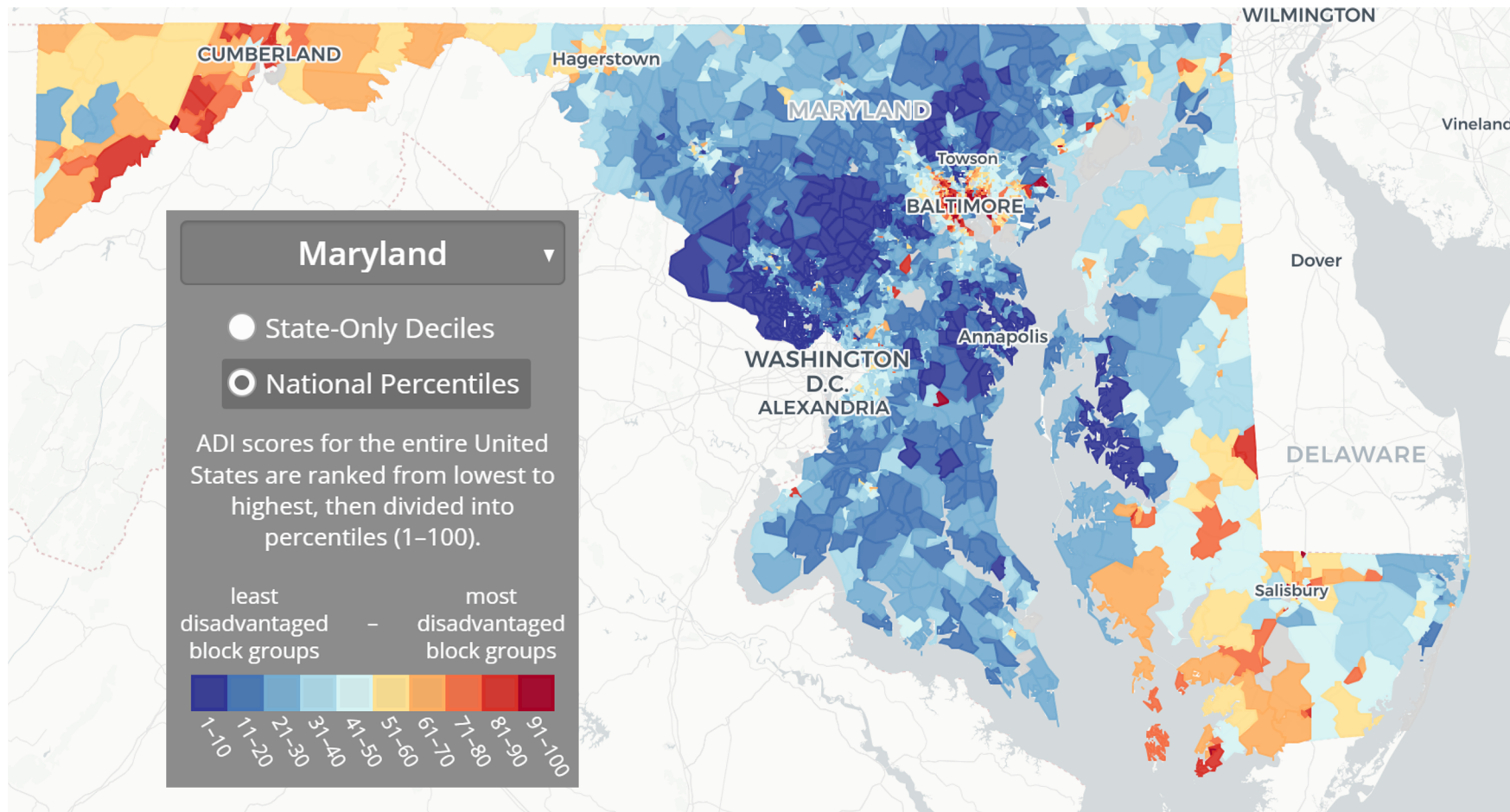- Census block group level = neighborhood

Components of ADI

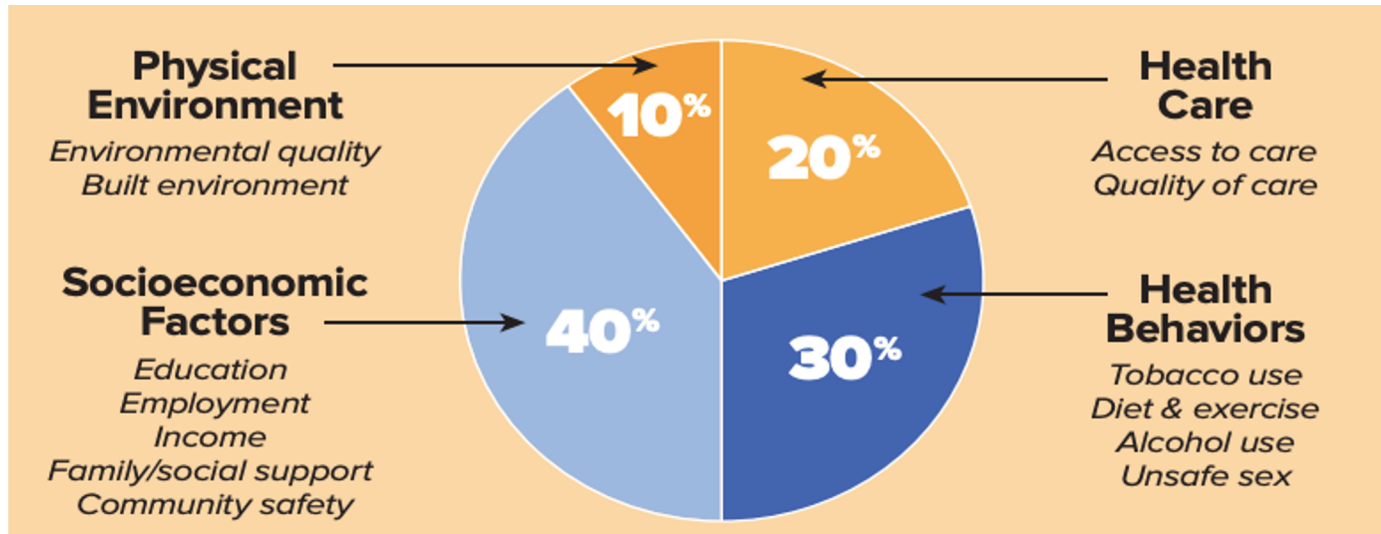| Census Block Group Component	Factor Score Coefficient
Percentage of population aged ≥25 y with <9 y of education	0.0849
Percentage of population aged ≥25 y with at least a high school diploma	−0.0970
Percentage of employed persons aged ≥16 y in white collar occupations	−0.0874
Median family income	−0.0977
Income disparity†	0.0936
Median home value	−0.0688
Median gross rent	−0.0781
Median monthly mortgage	−0.0770
Percentage of owner-occupied housing units (home ownership rate)	−0.0615
Percentage of civilian labor force population aged ≥16 y unemployed (unemployment rate)	0.0806
Percentage of families below the poverty level	0.0977
Percentage of population below 150% of the poverty threshold	0.1037
Percentage of single-parent households with children aged <18 y	0.0719
Percentage of occupied housing units without a motor vehicle	0.0694
Percentage of occupied housing units without a telephone	0.0877
Percentage of occupied housing units without complete plumbing (log)	0.0510
Percentage of occupied housing units with >1 person per room (crowding)	0.0556

ADI = area deprivation index.
* Components and factor score coefficients drawn from reference 28. All coefficients are multiplied by −1 to ease interpretation (greater ADI means a greater disadvantage).
† Income disparity defined by Singh as the log of 100 × ratio of the number of households with <$10 000 annual income to the number of households with ≥$50 000 annual income.

Source: Kind AJ, Jencks S, Brock J, et al. Neighborhood socioeconomic disadvantage and 30-day rehospitalization: a retrospective cohort study. *Ann Intern Med.* 2014;161(11):765-774. doi:10.7326/M13-2946

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Background: Area Deprivation Index (ADI)

Why use ADI?

Physical Environment — Environmental quality, Built environment — 10%

Health Care — Access to care, Quality of care — 20%

Socioeconomic Factors — Education, Employment, Income, Family/social support, Community safety — 40%

Health Behaviors — Tobacco use, Diet & exercise, Alcohol use, Unsafe sex — 30%

- ADI is validated in many studies and higher ADI is associated with:

  ⬇ Worse outcomes

  ⬆ Higher cost

Source: Institute for Clinical Systems Improvement. Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
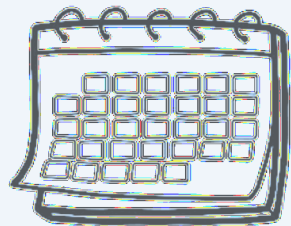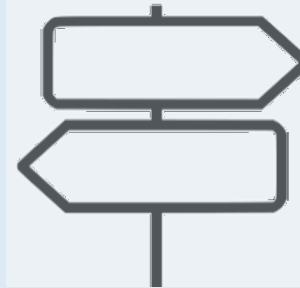
HEART Payment: The Five Ws

Why?

Who?

What?

When?

Where/How?

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HEART Payment: Why?

Why?

ADDITIONAL SUPPORT

The HEART payment provides additional support to MDPCP participants, serving socioeconomically disadvantaged populations.

IMPROVEMENT IN PATIENT HEALTH OUTCOMES & COST

Investing in patients with high medical complexity and high ADI aims to improve health outcomes and lower costs in this group of high-need individuals.

HEALTH EQUITY

The HEART payment promotes the State's and CMS' goal to advance health equity. The payment provides additional resources to address SDOH for those most in need.

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HEART Payment: Who?

Which beneficiaries qualify?

4th HCC risk tier (75th - 89th percentile)

OR

complex risk tier (90th - 99th percentile)

High medical complexity (HCC)

High ADI

Highest deprivation quintile of ADI (based on MDPCP beneficiary population)

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HEART Payment: What?

- ✓ $110 PBPM

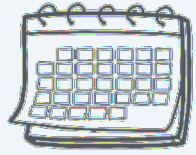- ✓ Paid to both Tracks 1 and 2 (quarterly basis)

- ✓ Part of the CMF and will <u>not</u> be tied to an MDPCP participant's performance on quality and utilization measures and not subject to recoupment via the PBIP

- ✓ As part of CMF, subject to eligibility recoupment should a beneficiary no longer be attributed to the practice or FQHC
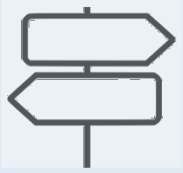
HEART Payment: When?

Issued as part of quarterly MDPCP payments the last week of the first month of each quarter (i.e. the last week of Jan, Apr, Jul, Oct)

Spending in same PY as receipt

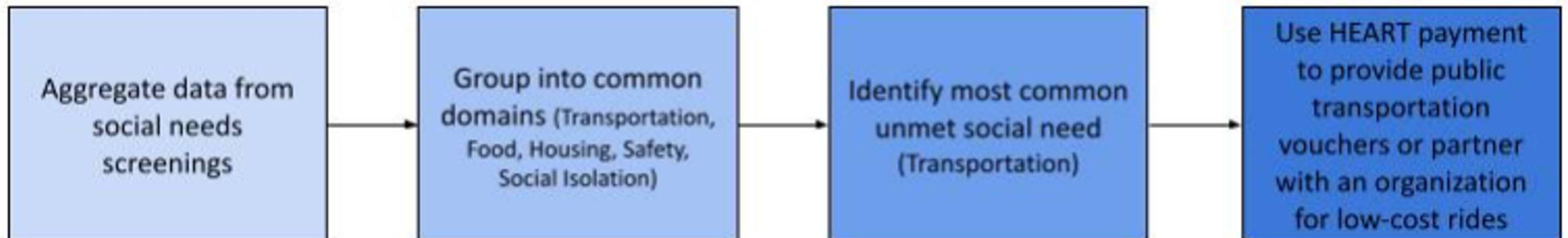Q1 & Q3 Care Transformation Reporting; 2022 Financial Reporting

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HEART Payment: Where/How?

Very broadly, HEART payments can be used at the:

- **beneficiary level**: Payments are intended for interventions for specific HEART-qualifying beneficiaries
- **practice level**: Certain practice-wide uses of funds are permitted to allow the practice to build infrastructure to most effectively address needs of HEART-qualifying beneficiaries

Example: Aggregating data from social needs screening

Aggregate data from social needs screenings	→	Group into common domains (Transportation, Food, Housing, Safety, Social Isolation)	→	Identify most common unmet social need (Transportation)	→	Use HEART payment to provide public transportation vouchers or partner with an organization for low-cost rides

Allowable Uses

See your PA and HEART Playbook for details!

Comprehensive Primary Care Functions of Advanced Primary Care	MDPCP Track 1 and MDPCP Track 2
Access and Continuity	• Identify and address barriers to care initiation, continuity, and preventative care for MDPCP Beneficiaries including, but not limited to, language barriers, transportation, cost, and/or health system navigation and health literacy. • Identify and address barriers to care continuity through the use of technology such as telehealth and remote patient management technology
Care Management	• Provide holistic high intensity care management that may include coordination for essential clothing, education/employment support, access to safe exercise facilities, and emergency preparation needs. • Provide an MDPCP Beneficiary experiencing interpersonal violence/toxic stress with services such as ongoing safety planning and management or linkages to community-based social services and mental health agencies with interpersonal violence experience • Provide one-on-one case management or educational services to assist MDPCP Beneficiary in addressing food insecurity and access to safe water. Assist the MDPCP Beneficiary in accessing community-based food and nutrition resources, such as food pantries, farmers market voucher programs, etc.
Comprehensiveness and Coordination across the Continuum of Care	• Facilitate access to health-related legal supports • Facilitate access to food and nutrition care management services • Facilitate access to housing navigation, support, and sustaining services, including access to essential utilities. • Connect the MDPCP Beneficiary to social services to help with finding housing necessary to support meeting medical care needs. • Connect the MDPCP Beneficiary to home remediation services that may eliminate known home-based health and safety risks (i.e. pest eradication, carpet or mold removal)
Beneficiary & Caregiver Experience	• Engage beneficiaries and caregivers in identifying and mitigating barriers to recommended resources (i.e. assistance with enrollment in additional eligible benefits and/or supports) • Build practice capacity to provide culturally competent care and strong patient-provider partnerships through activities such as access to language interpreter services, extending linguistic competency beyond the clinical encounter, providing staff with training on implicit bias, cultural competency, or other related knowledge and skills • Take action to ensure racial, ethnic, and socioeconomic diversity among PFAC members that represents the community served by the practice
Planned Care for Health Outcomes	• Implementation and tracking of social needs assessment screening, customizing electronic health records to capture social determinants and demographic information and linking data through health information exchanges, screening for unfilled prescriptions or underdosing of medications due to cost, behavioral health and substance use screening, intimate partner violence screening, adverse childhood experiences scoring, and/or determining rates of preventive health screenings, vaccinations, and/or management of chronic diseases in order to optimize care of underserved populations fare on MDPCP practice performance on quality, patient experience, and utilization measures • Data collection and analysis, including disaggregated data on race and ethnicity, gender identity, family size and income through the use of social determinants of health (SDOH) screening systems with standards equivalent to or better than those specified by CMS.

Source: 2022 MDPCP Participation Agreement, Appendix A, Section II

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Allowable Uses: Example

Situation

- Independent practice with 15 HEART-qualifying beneficiaries
- 11 HEART-qualifying beneficiaries have diabetes
- 2 HEART-qualifying beneficiaries have insecure housing
- Most **prevalent social need** among patient population is **transportation resources**

Share data with care team and explore options

HEART Payment Usage

- Group diabetes class for HEART-qualifying beneficiaries with diabetes
- Diabetes self-management education using existing curriculum
- Distribute healthy food boxes with recipes and demonstrations
- Pharmacist presentation on medication management
- Provide transportation vouchers to group diabetes class

Allowable Uses: Tips

- Where to start? Use data!

- Make use of existing resources (staff, community-based organizations, federal programs, etc.)

- Consider both beneficiary level and practice level interventions

- *Share successes with other MDPCP practices and CTOs!*

Unveiling HEART Payment Playbook

HEART Payment Playbook
January 2022

- Purpose: Guide practices and CTOs in understanding:
  - HEART Payment details
  - Allowable and effective payment uses
  - Tracking and reporting
  - FAQs
- Use along with guidance in your PA
- *Note: CMS will not be able to weigh in on the allowability of specific payment uses for your practice or CTO*
- Available on Connect and at this link!

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Tracking Spending & Financial Reporting

- A new HEART Payment Expenditures section will be added for 2022 Financial Reporting
  - The HEART expenditures section in the MDPCP Portal will reflect the option to report spending at the Beneficiary Level and Practice Level.
- Participants will be asked to indicate via checkbox if HEART payments were used to fund any staff categories in the Labor Expenditures section.

Beneficiary-Level Expenditures

Categories of HEART Payment Use - Qualifying Beneficiary-Level	MDPCP Expenditures (in dollars)
Behavioral health services	
Community health worker support services	
Education services	
Employment services	
Financial resources	
Food insecurity services	
Health-related legal support	
High intensity care management	
Housing services	
Internet access services	
Intimate Partner Violence services	
Language services*	
Medication affordability services	
Phone access services	
Safety services	
Social isolation services	
Technology, such as telehealth or remote patient monitoring*	
Transportation services	
Utility needs services	
Other (please specify):	

Note: This is a draft and subject to change.

Practice-Level Expenditures

Categories of HEART Payment Use – Practice-Level	MDPCP Expenditures (in dollars)
Building capacity for culturally competent care	
Customizing EHR to capture social determinants and demographic information	
Data collection and analysis	
Diversification of Patient and Family Advisory Council	
Implementation and tracking of social needs assessment	
Language services*	
Technology, such as telehealth or remote patient monitoring*	
Contracting with a community-based organization	
Other (please specify):	

Note: This is a draft and subject to change.

Frequently Asked Questions (FAQs)

How will I know which beneficiaries qualify for HEART payments?	**How did you arrive at the specific ADI threshold? What is the top ADI quintile score cutoff?**	**Can the HEART payment be used to purchase durable medical equipment or medications for HEART beneficiaries?**

- Beginning in Q1 2022 Quarterly Beneficiary Attribution Reports (MDPCP Portal)
- Payment summary tab → number of attributed beneficiaries within each ADI quintile, number of HEART payment-qualifying beneficiaries, and total practice-level quarterly HEART payment
- Note: Attributed Beneficiary Tab

- ADI quintiles used for the HEART payment are based on MDPCP beneficiary population, divided evenly into 5 groups
- Each quarter, the cutoff score will be shared with practices via Connect and other avenues
- Quintiles may change with quarterly attribution (in the past 9 months, cutpoint has not changed)

- No, this is not allowable. This is a prohibited use of CMF payment. As stated in the PA, CMF payments cannot be used:
  - "to pay for the purchase of drugs, biologicals, or other medications"
  - "to pay for the purchase of imaging equipment or other durable medical equipment."

Q & A

Menti Poll

www.menti.com

Code:
7229 6624

Continue the Discussion on Connect

You can find the **HEART Payment Playbook** here for additional information.

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MDPCP: Save the Date

More information and registration details are available on the MDPCP Connect Calendar, in the newsletter, and online ([MDPCP 2022 Learning Live Calendar](#)).

Learning Event	Date & Time	Registration
COVID-19 Updates Webinar	02/02/22 (5 - 6:30 PM)	[Register here](#) (GoTo Webinar)
CRISP Open Office Hour	02/22/22 (5 - 6 PM)	[Register here](#) (GoogleMeet)
Networking in Primary Care (Topic: Heart Health & COVID-19)	02/24/22 (5 - 6 PM)	[Register here](#) (GoogleMeet)