Leveraging Policy Reforms to Scale Home-Based Primary Care:
Enhancing engagement in CMS models

Tuesday, November 28, 2023 | 12:00-3:00 PM ET

Key Takeaways

The Centers for Medicare and Medicaid Services (CMS) is committed to having all Medicare and most Medicaid beneficiaries enrolled in accountable care relationships by 2030. Achieving this goal will require increasing engagement of diverse provider groups, such as home-based medical care and rural providers, in CMS' accountable care models. Duke-Margolis hosted a workshop on November 28th, 2023 to identify key areas to advance CMS' accountable care goals and improve health care access for older adults and homebound populations. The workshop consisted of two key group discussions. The first discussion explored practical opportunities to increase access to comprehensive, longitudinal care through CMS-led models and the second focused on supporting high-quality home-based care through Medicare Advantage.

Assigning Beneficiaries and Accounting for High Need

Participants discussed challenges related to identifying individuals who would benefit from home-based medical care and assigning these individuals to accountable providers. For instance, the CMS Innovation Center (CMMI) model, ACO Realizing Equity, Access, and Community Health (REACH) offers a High Needs Population option for Accountable Care Organizations (ACOs) serving Medicare beneficiaries with complex health and social needs. Workshop attendees noted that participants in the ACO REACH High Needs Population often have a smaller portion of their patient panel that qualify for the High Needs track under the current designation. Including more codes for cognitive function (e.g., dementia) in the eligibility criteria may help by capturing more eligible (but currently excluded) patients. Participants also considered the question of whether to assign the "high-need" designation at the practice or patient level and suggested using beneficiary minimums – thresholds for the proportion of beneficiaries with complex health and social needs served by a practice to qualify for the high-need designation – or implementing patient tiers like the Seriously Ill Population in Primary Care First.

Accounting for Home-based Primary Care in Risk Adjustment

The predominant risk adjustment model used in many CMS models may underestimate the health care needs of older adults with complex health and social needs, including those who are homebound and live in rural areas. Participants discussed the need for alternative approaches such as using a concurrent risk adjustment model using current year data to calculate a patient's risk score (as is currently done for High Needs Population ACOs in ACO REACH). Participants also suggested strategies to better account for functional status and social needs in risk adjustment methodologies, such as capturing cognitive and physical function in Annual Wellness Visits in a structured way.

Supporting Smaller Independent Practices

Current CMS-led payment models could further support smaller independent practices who provide home-based primary care. Participants discussed additional pathways to provide upfront capital and support to help these smaller practices engage in accountable care models. As an example, the Medicare Shared Savings Program (MSSP) now offers Advanced Incentive Payments to eligible new entrant ACOs to invest in the infrastructure needed to engage in MSSP. Participants also noted that longer glidepaths with graduated risk could help smaller practices engage in accountable care models by

enabling them to build the operational capacity over longer periods of time. Some practices contract with third-party entities, known as value-based care enablers or aggregators, that provide operational support and aggregate risk to allow practices to engage in accountable care models. Participants cautioned that there is potential for cherry picking with aggregators selecting high performing practices. Participants also highlighted the need to direct savings earned from value-generating activities towards further building and strengthening provider capacity to support home-based primary care services.

Supporting Home-Based Care through Medicare Advantage

The continued investment and growth in Medicare Advantage (MA) provides opportunity to expand beneficiary access to home-based care services in MA. Medicare Advantage Organizations (MAOs) provide a variety of home-based services, with recent CMS and congressional action increasing opportunities to support home-based care services through supplemental benefits. For instance, one quarter of MA plans are leveraging these new opportunities to offer home-based care through supplemental benefits. While utilization of home-based care services is increasing in MA, it is not clear if these services support the type of longitudinal care management that many homebound and home-limited beneficiaries require. New research shows that MA beneficiaries are 30 times more likely to receive a single home-based care visit than traditional Medicare, but have lower rates of longitudinal home-based care visits. Workshop participants discussed the following opportunities to ensure MA beneficiaries have access to comprehensive, longitudinal care in the home:

- **Increase guidance on how MAOs can take advantage of model flexibilities**. Regulatory flexibilities offered in MA can support home-based primary care, but are not widely utilized by MAOs. Participants discussed the opportunity for CMS to provide guidance to MAOs on how to best leverage CMS authorities (e.g., Special Supplemental Benefits for the Chronically Ill) to advance care through home-based modalities. Participants also discussed the opportunity to leverage flexibilities supported by the Medicare Advantage Value-Based Insurance Design. The model tests innovations within MA to reduce spending, improve outcomes, and improve care coordination. The model has evolved over the years to enable MAOs to tailor supplemental benefits towards patients with certain chronic conditions and socioeconomic status. In 2021, CMMI launched the Hospice Benefit Component to test spending and health outcomes associated with including hospice (Medicare Part A benefit) in MA, through which some MAOs are providing home-based palliative and hospice care.
- **Enhance model transparency**. Participants raised key challenges facing providers and beneficiaries in MA, including delays due to prior authorization and uncertainty around what services are available. Participants also discussed the need for transparency into how services are being utilized, which can help scale best practices.
- **Promote multi-payer alignment**. Participants noted that increased alignment across payers – including traditional Medicare, MA, and Medicaid – could build a home-based care ecosystem and improve care, particularly for older adults and homebound individuals who are enrolled in both Medicare and Medicaid programs. Potential areas of alignment include defining what populations would best benefit from home-based primary care and defining standards of quality for home-based primary care services.