

Together 2 Goal[®]

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

February 16, 2017

TODAY'S WEBINAR

- **Together 2 Goal® Updates**
 - Webinar Reminders
 - Goal Post February Newsletter Highlights
 - Upcoming Dates
 - Campaign Spotlight: Together 2 Goal® Diabetes Symposium
 - Resource of the Month: AMGA 2017 Annual Conference
- **Diabetes & MACRA**
 - Darryl M. Drevna, AMGA's Director of Regulatory and Public Policy
- **Q&A**
 - Use Q&A or chat feature



WEBINAR REMINDERS

- Webinar will be recorded today and available the week of February 20th
 - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
 - Email distribution
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



GOAL POST NEWSLETTER: FEBRUARY HIGHLIGHTS



AMGA 2017 Annual Conference

March 22-25, 2017

Gaylord Texan Resort & Convention Center, Grapevine, Texas

February 2017 Edition

Welcome to Goal Post our monthly newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

We hope to see you and your colleagues at the **2017 AMGA Annual Conference**. This year's conference is designed to give you 3 main opportunities for the most exciting healthcare industry, as well as 181 tools and strategies you'll need to succeed in the new world of "value."

Due to the volume of registrations the past weekend, we are honoring the requests to extend the early bird discount rate through today (Friday, February 16).

From inspiring keynote sessions and innovative pre-conference activities (including an immersion session featuring the world-renowned Disney Institute) to peer-to-peer educational sessions and networking opportunities with 100+ AMGA members and industry leaders, the conference promises to be the most valuable educational and networking event you will attend in 2017. We hope to see you there.

Register

Among these activities, we also want to ensure you're aware of peer-to-peer breakout sessions led by "Value Together 2 Goal" participants that can help advance your own campaign efforts:

Partnering for Improved Health: Diabetes Implementation Journey

Led by Global Health Medical Group on Friday, March 24, 2:00 pm - 3:15 pm.

This session will describe how Global Health Medical Group (GHMG), through their participation in Together 2 Goal®, effectively used partnerships and technology to support patient outreach and engagement, improve clinical quality measurement reporting, and manage large-scale improvement programs to prepare for value-based transformation. You will learn how a healthcare system used people, processes, and technology to increase patient engagement and improve clinical quality care for diabetes, vision, and oral health. Watson Health, improved the ease and accuracy of data reporting internally and externally for clinical quality improvement and how to take the next step for using data to further drive a value-based transformation.

Improving Care Delivery: Assessing and Addressing the Risk of Cardiovascular Disease for Patients with Diabetes

Led by Premier Medical Associates on Saturday, March 25, 11:00 am - 12:15 pm.

Through assessments of Together 2 Goal® and local healthcare systems, Premier Medical Associates (PMA) recognized their practice was falling short on high performance levels for rates of prescription of statins for adults with Type 2 diabetes. In this session, leaders from PMA will describe the interventions that led to dramatically improved adherence to evidence-based guidelines. After attending this session, you will return to your practice with fresh ideas on how to improve prescribing rates for statins for your patients with diabetes.

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email GoalPost@amga.org.

Best,
-The Together 2 Goal® Team



Upcoming Dates

February 16: 2017 AMGA Annual Conference early bird registration ends (more information [here](#)).

February 16: Monthly campaign webinar on Diabetes AMGA (register [here](#)).

March 1-24: 2017 data due (more information [here](#)).

March 22-25: AMGA 2017 Annual Conference

Campaign Spotlight

We're excited to announce the Diabetes Implementation Journey with the award-winning team from Global Health Medical Group.

This team on health will share how medical and health systems can improve the engagement of people with Type 2 diabetes by implementing evidence-based care processes.

Resource of the Month

Join Healthy People 2020 and the Diabetes Advocacy Alliance on Tuesday, February 21 at 12:00 pm ET for a Spotlight Health webinar about diabetes screening and prevention.

The webinar will feature leading diabetes experts who will review the new screening guidelines and Medicare's Value Focus on diabetes prevention, share insights from research on why screening and

Upcoming Dates

- **March 1:** Q4 2016 data submission due
- **March 16:** Monthly campaign webinar (Minimally Disruptive Medicine & Diabetes)
- **March 22-25:** AMGA 2017 Annual Conference

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From inspiring key note sessions and thought-provoking pre-conference activities (including an immersion session featuring the world-renowned Disney Institute) to peer-to-peer small group sessions and networking opportunities with fellow AMGA members and industry leaders, the conference promises to be the most valuable educational and networking event you will attend in 2017. We hope to see you there.

Register

Among these activities, we also want to ensure you're aware of peer-to-peer breakout sessions led by "Together 2 Goal" participants that can help advance your own campaign efforts:

Partnering for Improved Health: Diabetes Health Implementation Journey

Led by Excelsa Health Medical Group on Friday, March 24, 2:00 pm - 3:15 pm.

This session will describe how Excelsa Health Medical Group (EHMG), through their participation in Together 2 Goal®, effectively used partnerships and technology to support culture change and engagement, improve clinical quality measures, and reporting, and manage large-scale implementation programs to create a value-based transformation. You will learn how a healthcare system used people, processes, and technology to increase patient engagement and improve clinical quality, care, how Delta, Vertex, JMS, and IHI Watson Health, improved the ease and accuracy of data reporting internally and externally for clinical quality improvement and how to take the next step for using data to further drive a value-based transformation.

Improving Care Delivery: Assessing and Addressing the Risk of Cardiovascular Disease for Patients with Diabetes

Led by Premier Medical Associates on Saturday, March 25, 11:00 am - 12:15 pm.

Through assessments of both Together 2 Goal® and local healthcare systems, Premier Medical Associates (PMA) recognized their practice was falling short on high performance levels for rates of recognition of patients for adults with Type 2 diabetes. In this session, leaders from PMA will describe the process of how they have dramatically improved adherence to evidence-based guidelines. After attending this session, you will return to your practice with fresh ideas on how to improve prescribing rates for statins for your patients with diabetes.

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email GoalPost@amga.org.

Best,
-The Together 2 Goal® Team



Upcoming Dates

February 16: AMGA 2017 Annual Conference early bird registration ends (more information [here](#))

February 16: Monthly campaign webinar on Diabetes AMGA (register [here](#))

March 1-24: 2017 diabetes data (more information [here](#))

March 22-25: AMGA 2017 Annual Conference

Campaign Spotlight

We're excited to announce the February 2017 Campaign Spotlight with the January-June 2017 award.

The award will be held from February 16-18 in Indianapolis, IN.

The winners of the award will be announced on the AMGA website and in the February 2017 issue of the Goal Post newsletter.

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Upcoming Dates

• AMGA 2017 Annual Conference

– Agenda, registration, and more information available at www.amga.org/AC17

– Together 2 Goal® sessions include:

- Improving Care Delivery: Assessing and Addressing the Risk of Cardiovascular Disease for Patients with Diabetes (Premier Medical Associates)
- Partnering for Improved Health: Excelsa Health's Implementation Journey (Excelsa Health Medical Group)

AMGA 2017
Annual Conference

March 22-25, 2017

Gaylord Texan Resort & Convention Center
Grapevine, Texas

Register TODAY!

GOAL POST NEWSLETTER: FEBRUARY HIGHLIGHTS

T2G GOAL POST
A monthly newsletter of the national Together 2 Goal® campaign.

AMGA 2017 Annual Conference

March 22-25, 2017

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February 2017 Edition

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From inspiring key note sessions and in-person pre-conference activities (including an immersion session featuring the world-renowned Disney Institute) to peer-to-peer small group sessions and networking opportunities with fellow T2G members and industry leaders, the conference promises to be the most valuable educational and networking event you will attend in 2017. We hope to see you there.

Register

Among these activities, we also want to ensure you're aware of peer-to-peer breakout sessions led by fellow Together 2 Goal® participants that can help advance your own campaign efforts:

Partnering for Improved Health: Diabetes Health Implementation Journey

Led by Social Health Medical Group on Friday, March 24, 3:00 p.m.-3:15 p.m.

This session will describe how Social Health Medical Group (SHMG), through their participation in Together 2 Goal®, effectively used partnerships and technology to support culture change and engagement, improve clinical quality measures, reporting, and manage large-scale improvement programs to prepare for value-based transformation. You will learn how a healthcare system used people, processes, and technology to increase patient engagement and improve clinical quality care. How Delta, working with SHMG and IBM Watson Health, improved the ease and accuracy of data reporting internally and externally for clinical quality improvement and how to take the message for using data to further drive a value-based transformation.

Improving Care Delivery: Assessing and Addressing the Risk of Cardiovascular Disease for Patients with Diabetes

Led by Premier Medical Association on Saturday, March 25, 11:00 a.m.-12:15 p.m.

Through assessments of both Together 2 Goal® and local healthcare systems, Premier Medical Association (PMA) recognized that their practice was missing high performance levels for rates of recognition of patients for adults patients with Type 2 diabetes. In this session, leaders from PMA will describe the interventions that have drastically improved adherence to evidence-based guidelines. After attending this session, you will return to your practice with fresh ideas about how to improve reporting rates for rates for your patients with diabetes.

Questions about Together 2 Goal®? Please reach out to your Regional Lead or email GoalPost@t2g.org

Best,

-The Together 2 Goal® Team



Upcoming	Campaign Spotlight	Resources
February 16-17, 2017 Annual Conference and registration information	We're pleased to announce that the Together 2 Goal® Diabetes Symposium in collaboration with the American Diabetes Association will be held September 12-13 in Indianapolis.	Join Health Analytics 2017, October 20-21, 2017 AMGA Analytics' A4i learning collaborative meeting, February 12-13, 2017 AMGA's Chief Medical Officer/Medical Director, Chief Nursing Officer & Quality Leadership Council meetings, September 13-15, 2017
February 16-17, 2017 campaign webinars Diabetes AMGA	The in-person meeting will focus on how medical groups and health systems can address the management of people with Type 2 diabetes by using existing evidence and screening and	The in-person meeting will focus on how medical groups and health systems can address the management of people with Type 2 diabetes by using existing evidence and screening and
March 1-4, 2017 AMGA 2017 Annual Conference		
March 22-25, 2017 AMGA 2017 Annual Conference		

Campaign Spotlight

- **Together 2 Goal® Diabetes Symposium**
 - In collaboration with the American Diabetes Association
 - September 12-13 in Indianapolis
 - In conjunction with:
 - Chronic Care Roundtable (September 11-12)
 - AMGA Analytics' A4i learning collaborative meeting (September 12-13)
 - AMGA's Chief Medical Officer/Medical Director, Chief Nursing Officer & Quality Leadership Council meetings (September 13-15)



In collaboration with:



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Partnering for Improved Health: Diabetes Health Implementation Journey

Led by [Diabetes Health Medical Group](#) on Friday, March 24, 2:00 p.m.-3:15 p.m.

This session will describe how [Diabetes Health Medical Group \(DHMG\)](#), through their participation in Together 2 Goal®, effectively used partnerships and technology to support culture change and engagement, improve clinical quality measures, and improve and manage large-scale improvement programs to create a value-based transformation. You will learn how a healthcare system used people, processes, and technology to increase patient engagement and improve clinical quality care. How [Bellin](#), working with [JDS&J](#) and [Walton Health](#), improved the ease and accuracy of data reporting internally and externally for clinical quality improvement and how to take the message for using data to further drive a value-based transformation.

Improving Care Delivery: Assessing and Addressing the Risk of Cardiovascular Disease for Patients with Diabetes

Led by [Premier Medical Associates](#) on Saturday, March 25, 11:00 a.m.-12:15 p.m.

Through assessments of both Together 2 Goal® and local Medicare Stars data, [Premier Medical Associates \(PMA\)](#) recognized that their practice was maintaining high performance levels for rates of recognition of patients for adults with Type 2 diabetes. In this session, leaders from PMA will describe the interventions that dramatically improved adherence to evidence-based guidelines. After attending this session, you will return to your practice with fresh ideas about how to improve prescribing rates for statins for your patients with diabetes.

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email GoalPost@amga.org

Best,

-The Together 2 Goal® Team



Upcoming Dates	Campaign Spotlight	Resource of the Month
February 16: AMGA 2017 Annual Conference early bird registration ends (more information here)	We're pleased to announce the Diabetes Symptom Collaborative with the American Diabetes Association and the Indiana Diabetes Association.	Join Healthy People 2020 and the Diabetes Advocacy Alliance on Tuesday, February 21 at 1:00 p.m. ET for a Spotlight Health webinar about diabetes screening and prevention.
February 16: Monthly campaign webinar on Diabetes AMGA (register here)	The in-person meeting focused on how medical groups and health systems can address the management of people with Type 2 diabetes by implementing evidence-based care processes.	The webinar will feature leading diabetes experts who will review the new screening guidelines and the National Value Focus on Type 2 diabetes by Medicare providers, share implementation research, and discuss how research is
March 1-24: 2016 data disclosure information here		
March 22-25: AMGA 2017 Annual Conference		

Resource of the Month

- Improving Diabetes Screening and Referral to Prevention Programs: A Healthy People 2020 Spotlight on Health
 - Webinar will highlight:
 - The U.S. Preventive Services Task Force recommendation on blood glucose and Type 2 diabetes screening
 - Provider referral to evidence-based diabetes prevention programs
 - Medicare's focus on diabetes prevention programs
 - February 21 from 12:30 p.m. – 2:00 p.m.
 - To register, visit healthypeople.gov

TODAY'S SPEAKER

Darryl M. Drevna

Director of Regulatory and Public Policy
AMGA





Advancing High Performance Health

MACRA and Diabetes

February 16, 2017

Darryl M. Drevna, M.A.
Director, Regulatory and Public Policy
AMGA

Presentation Outline



Medicare Access and CHIP Reauthorization Act (MACRA)

Legislative History

Merit-Based Incentive Payment System (MIPS)

Eligible Clinicians (ECs) and Exemptions

MIPS Reporting and Performance Categories

Diabetes Measures and Improvement Activities

Advanced Alternative Payment Models (APMs)

2017 Performance Year Models

Patient and Payment Thresholds

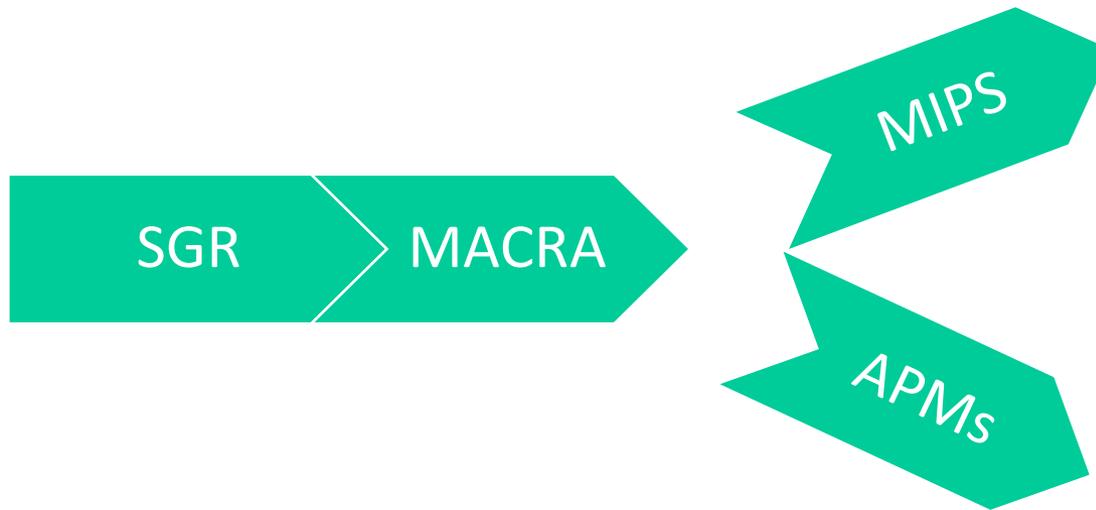
Obstacles and Challenges

Medicare Access and CHIP Reauthorization Act (MACRA)

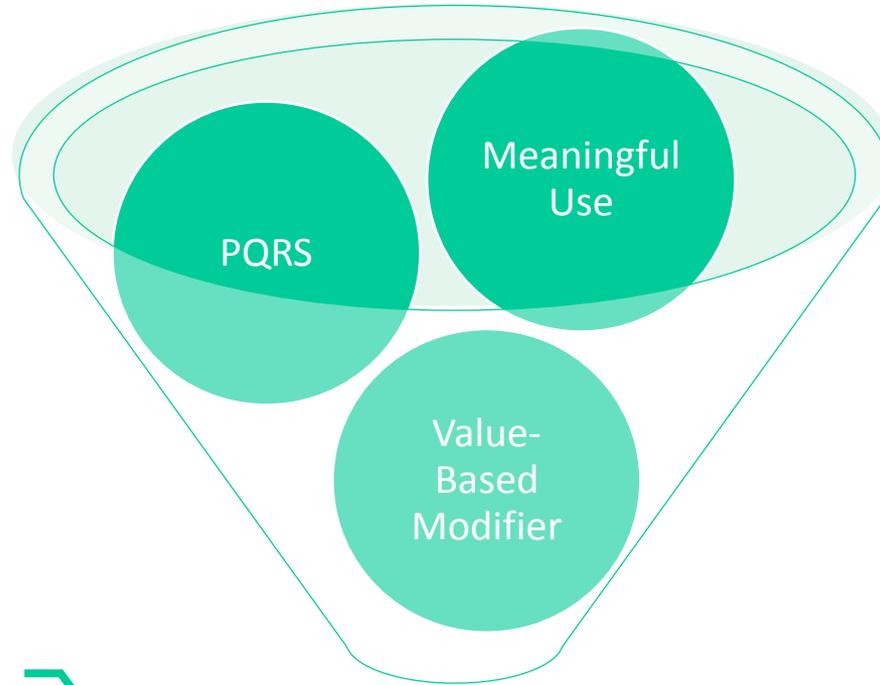


- MACRA became law April 16, 2015 (the bill passed with overwhelming Congressional support, i.e., received over 90% of Senate and House votes)
- MACRA Title 1 sunsets and replaces the SGR annual physician (and other eligible professionals) fee update methodology
- MACRA creates what CMS terms the “Quality Payment Program”
- The law establishes a 0.5% annual physician fee update in the short-term, from 2015 and through 2019

MACRA: Two Pathways



MACRA: Merit-Based Incentive Payment System



Performance Year
begins in 2017



Quality

Resource Use

Clinical Practice Improvement Activities

Advancing Care Information

MIPS: Eligible Clinicians (ECs)



Years 1 – 2
(2017-
2018)

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

Potential
additional
ECs
(2019+)

- Physical or Occupational Therapists
- Speech Language Pathologists
- Audiologists
- Nurse Midwives
- Clinical Social Workers
- Clinical Pathologists
- Clinical Psychologists
- Dietitians/Nutritional Professionals

MIPS Exclusions



- Total Part B ECs estimated at approximately 750,000
- ECs who fall below low volume Medicare threshold
 - (\$30,000 **OR** less than 101 beneficiaries annually)
- CMS estimates 32.5% or 380,000 to be excluded
- First year Medicare ECs
- APM qualifying/partially qualifying participants
 - 70,000 – 120,000 expected in 2017

MIPS Performance Categories



Quality



Resource
use



Clinical
practice
improvement
activities



Advancing
care
information



MIPS: Four Components



Quality:
60%

Advancing Care
Information: 25%

Improvement
Activities:
15%

Cost: 0%

- Increased quality weight in 2017 from 50% to 60%
- Renamed proposed “Clinical Practice Improvement Activities” to “Improvement Activities”
- Renamed “Resource Use” to “Cost” and delayed until performance year 2018

MIPS: Minimum Participation



To avoid a negative update in 2019

During the 2017 performance year:

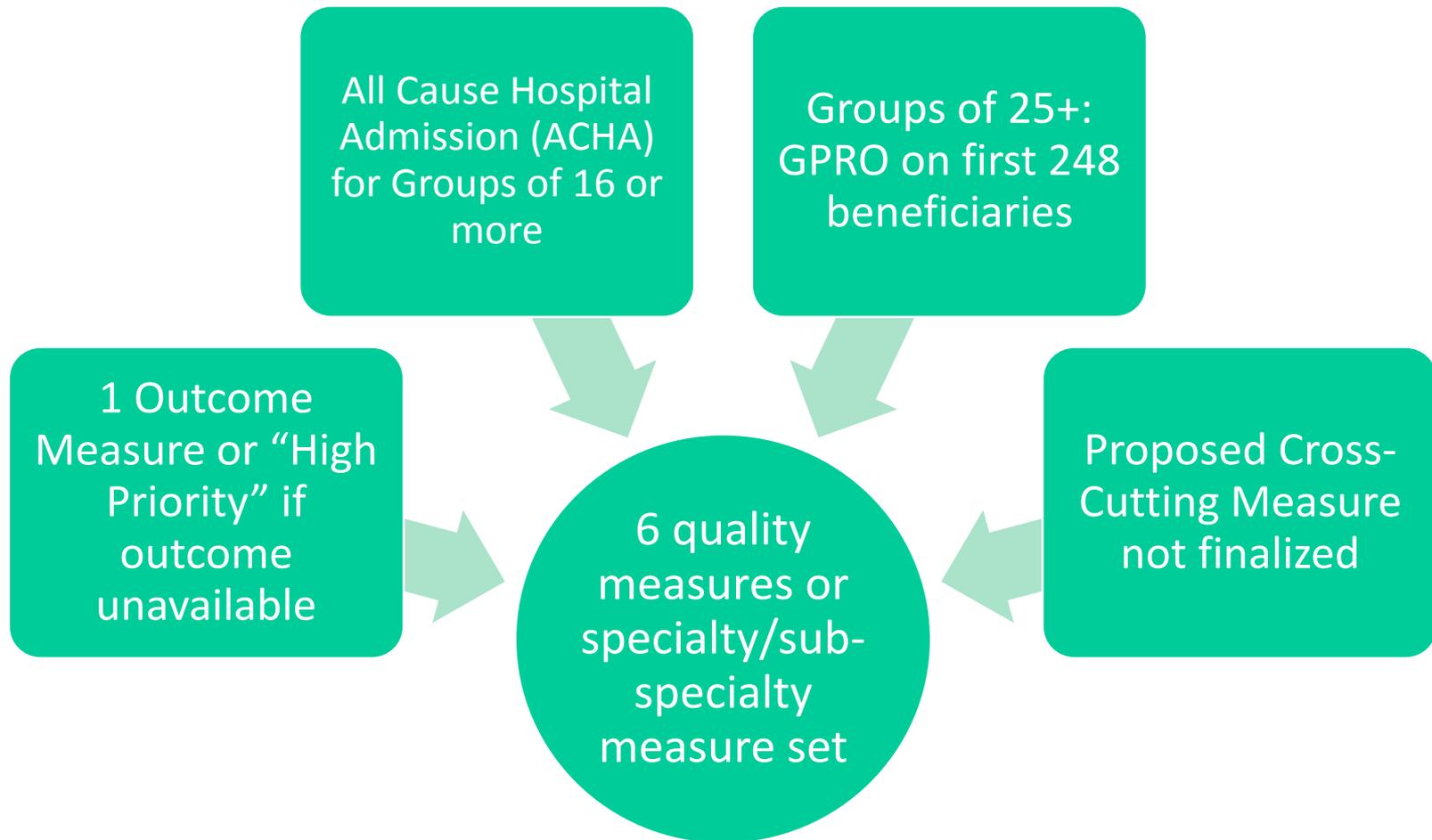
Report 1 quality measure OR

Report 1 improvement activity OR

Report all 5 ACI base measures

What happens in 2018?

MIPS: Quality Measures Reporting Full Participation



Diabetes Quality Measures



Together2Goal®

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

- Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (T2G is >8%)

Diabetes: Medical Attention for Nephropathy

- The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

- Percentage of the patients considered at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period

<https://qpp.cms.gov/measures/quality>

Other Diabetes Quality Measures



- Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- Diabetes: Eye Exam
- Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation
- Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear

<https://qpp.cms.gov/measures/quality>

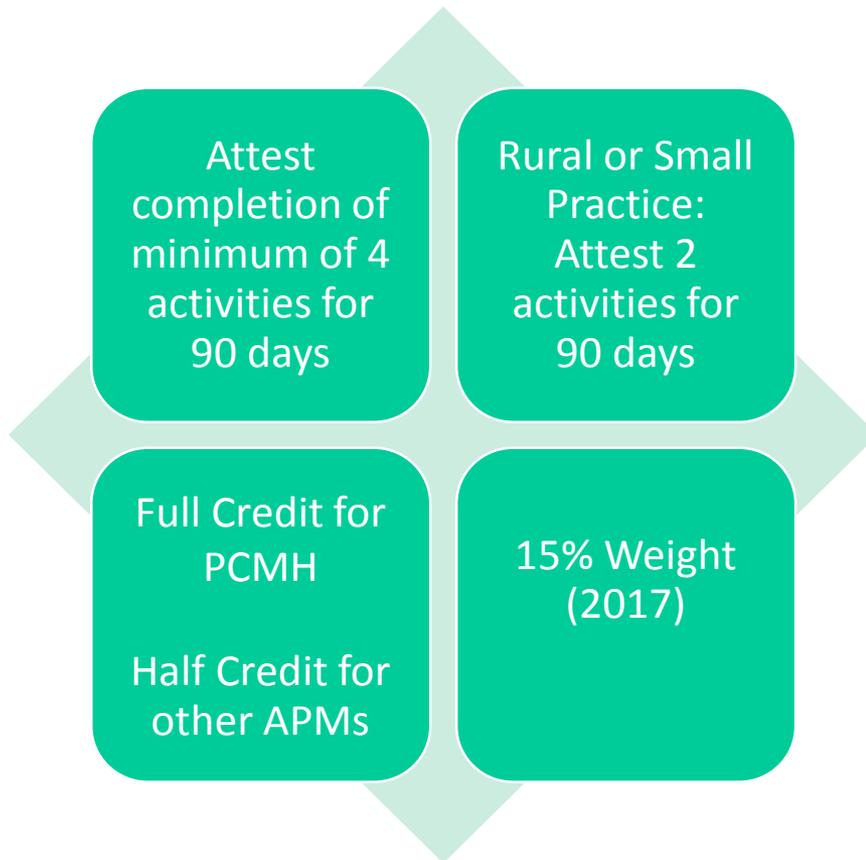
MIPS: Quality Measures Scoring



For 2017 Performance Period

- 60% weight in 2017, 50% in 2018, 30% in 2019 performance years
- Total of 60 or 70 points possible: measures are scored between 1 and 10 points (in deciles)
- Bonus points are available for outcome and patient experience measures
- If an insufficient number of quality measures are reported, scores will re-weight ACI and Improvement Activities
- Separate benchmarks for EHR, QCRD, Qualified Registry, Claims, GPRO
- Topped out measures (half of measures are topped out) for 2017 scored same as all other quality measures
- MIPS APMs (ACOs) are scored based on MSSP quality reporting

MIPS: Improvement Activities Reporting



Expanded Care Access

Care Coordination
Population Management

Beneficiary Engagement

Patient Safety and Practice
Assessment

Achieving Health Equity

Emergency Preparedness and
Response

Integrated Behavior and Mental Health

Diabetes Improvement Activities Measures



Together2Goal®

- For outpatient Medicare beneficiaries with diabetes and who are prescribed antidiabetic agents (e.g., insulin, sulfonylureas), MIPS eligible clinicians and groups must attest to having: For the first performance year, at least 60 percent of medical records with documentation of an individualized glycemetic treatment.
- Develop pathways to neighborhood/community-based resources to support patient health goals that could include one or more of the following:
- Maintain formal (referral) links to community-based chronic disease self-management support programs, exercise programs and other wellness resources with the potential for bidirectional flow of information; and/or Provide a guide to available community resources.
- Provide condition-specific chronic disease self-management support programs or coaching or link patients to those programs in the community.
- Provide self-management materials at an appropriate literacy level and in an appropriate language.
- Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities Integrate practice change/quality improvement into staff duties;

<https://qpp.cms.gov/measures/ia>

Other Diabetes Improvement Activities



- Diabetes screening for people with schizophrenia or bipolar disease who are using antipsychotic medication
- As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services (e.g., investment of on-site diabetes educator)
- Use group visits for common chronic conditions (e.g., diabetes)
- Proactively manage chronic and preventive care for empaneled patients

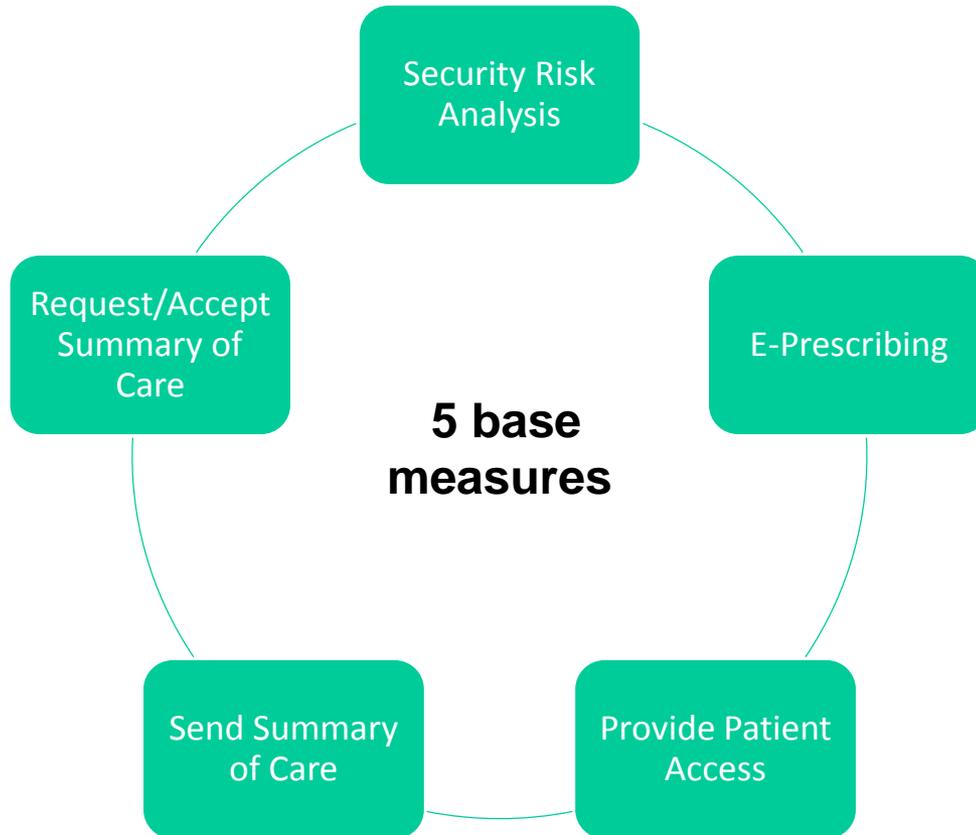
<https://qpp.cms.gov/measures/ia>

MIPS: Improvement Activities Scoring



- Total of 40 points possible for reporting improvement activities
- Each activity is weighted either “high” or “medium”
 - High weighted activities earn 20 points
 - Medium weighted activities earn 10 points
 - Presently cannot measure variable performance
- “Full credit” or 40 points awarded to
 - Certified Patient-Centered Medical Home
- “Half credit” awarded to other APMs
- For small, rural and HPSAs report 2 medium or 1 high improvement activity for “full credit” (\$100 million is budgeted for technical assistance)

MIPS: Advancing Care Information Reporting



Has base and performance reporting components

Final rule reduced required “base” measures from 11 to 5

9 performance measures

2015 CEHRT required to report in the ACI category in 2018

90-day performance period (reduction from full year)

MIPS: Advancing Care Information Scoring



ACI is 25% of composite performance score

Performance period of 90 days: full year encouraged

Base score:

- Pass/Fail: must report on all measures in the base score (50% of total ACI score)
- Reporting the numerator and denominator for each required measure
- Attestation reporting method

Performance score:

- Must first report 5 base measures to earn any ACI score
- 9 total performance measures available

Must meet protect patient health information requirement.

Failure to do so results in a score of 0

MIPS: Cost



0% in
2017

10% in
2018

30% in
2019

MIPS: Cost Scoring



- Cost scoring replaces Value-Based Modifier
- Reporting is claims based – no reporting requirement
- The benchmark is the performance period
- The benchmark is national not regional
- CMS will forward for informational purposes per capita costs (minimum 20 cases) and Medicare spending per beneficiary (MSPP) (minimum 35 cases)

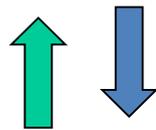
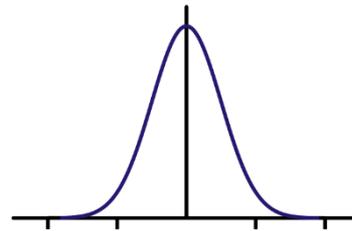
MIPS: Calculating the Composite Performance Score (CPS)



MIPS: Budget Neutral

Clinicians will receive annual adjustments beginning payment year 2019

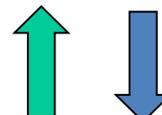
Neutral, Positive, or Negative (Standard Distribution)



2019: 4%



2020: 5%



2021: 7%



2022 and Beyond: 9%

Scaling Factor of 3x may apply to positive adjustment to ensure budget neutrality

Scaling factor does not apply to negative adjustments

MIPS: Exceptional Performance Bonus



- \$500 million available each year from 2019 – 2024 for those with exceptional performance
- Exceptional performance threshold is 70 points for performance year 2017
- Limited to stop-gain restrictions

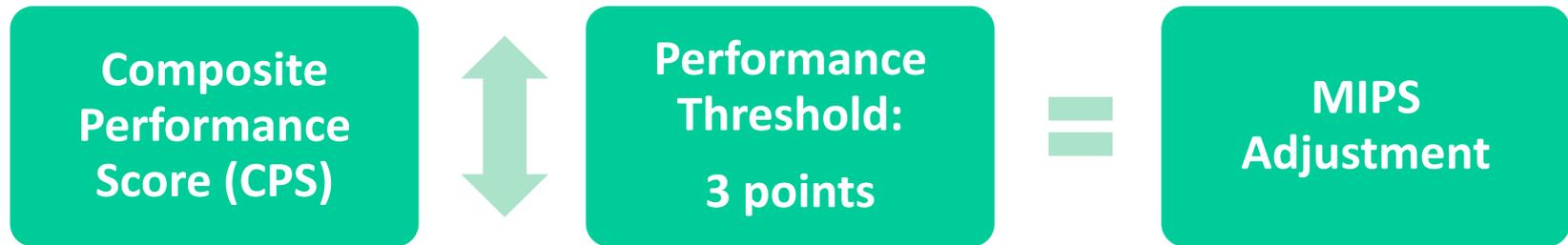
Exceptional
threshold:
70 points

A share of
\$500
million

MIPS: “Pick Your Pace” Payment Adjustment



2017 performance determines 2019 payment adjustment



1. Submit no data = -4% update
2. One quality measure OR one improvement activity OR the required advancing care information measures: neutral or positive MIPS update
 - 1) If reporting via GPRO must meet case minimum requirements
3. More than one quality measure, OR more than one improvement activity, OR advancing care information base measures: positive update possible, avoid negative update

(Medicare physician fee schedule updated 0.5% from 2015-2019)

MIPS: Original Estimate



Size	% Positive	% Negative	Aggregate Positive	Aggregate Negative	Aggregate \$500 M	Net
Solo	12.9%	87%	\$65	-\$300	\$40	-\$195
2-9	29.8%	69.9%	\$182	-\$279	\$113	\$16
10-24	40.3%	59.4%	\$103	-\$101	\$61	\$63
25-99	54.5%	44.9%	\$147	-\$95	\$84	\$136
100+	81.3%	18.3%	\$336	-\$57	\$203	\$482

Aggregate Positive/Neutral = \$833

Aggregate Negative = -\$833

Figures in Millions



MIPS: Budget Neutral

90% est. to receive positive or neutral MIPS payment adjustment

90% of practices w/ 1-9 clinicians est. to receive positive or neutral payment adjustment

CMS “Flattening the Curve”: score distribution will be more limited

Size	% Positive/ Neutral	% Negative	Aggregate Positive/ Neutral	Aggregate Negative	Aggregate \$500 M	Net
1-9	90%	10%	\$72	-\$99	\$173	\$145
10-24	90%	10%	\$24	-\$37	\$55	\$42
25-99	92.6%	7.4%	\$31	-\$47	\$70	\$54
100+	98.5%	1.5%	\$72	-\$16	\$202	\$258

Figures in Millions

Alternative Payment Models (APMs)



MIPS APMs
(No 5% Bonus)

Partially-Qualifying
APMs
(No 5% Bonus &
MIPS Choice)

Advanced APMs
(5% Bonus)

Advanced APM Requirements



- Be a CMS Innovation Center model
- Use Certified EHR Technology (CEHRT)
 - For 2017 50% of QPs would need to use CEHRT
- Base payments for services on quality measures comparable to those in MIPS
- Be a Medical Home expanded under Medicare Innovation Center OR require participants to “bear more than nominal financial risk for losses”
- ECs will be notified of their APM status before the end of the performance year
- CMS will take three “snapshots” during the performance period: March 31, June 30, and August 31 to identify qualifying participants (QPs) – not only at December 31 as proposed

CMS “Pre-Approved” Advanced APMs



2017 Performance Year

- Comprehensive ESRD Care (CEC) - Two-Sided Risk
- Comprehensive Primary Care Plus (CPC+)
- Next Generation ACO Model
- Shared Savings Program - Track 2
- Shared Savings Program - Track 3
- Oncology Care Model (OCM) - Two-Sided Risk
- Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1- CEHRT)
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

Updated on an ad hoc basis – will not go through formal rulemaking process

2018 Performance Year and beyond

- ACO Track 1+
- Episode (bundled) payment models to be determined

Advanced APM Thresholds (2019+)



Qualifying Payment Threshold

- 2019-2020: 25%
- 2021-2022: 50%
- 2023+: 75%

Qualifying Beneficiary Threshold

- 2019-2020: 20%
- 2021-2022: 35%
- 2023+: 50%

Quality Measures and CEHRT

- Measures similar to MIPS
- Certified Electronic Health Records Technology

Beneficiaries defined as “eligible” not “assigned”

Payment and patient determinations are determined from January 1 – August 1 of the performance year

Medicare only option for 2017 and 2018

See table 32 in final rule

Partially Qualifying Medicare Thresholds



Partially-Qualifying Payment Threshold

- 2019:-2020: 10%
- 2021-2022: 25%
- 2023+: 50%

Partially-Qualifying Beneficiary Threshold

- 2019-2020: 10%
- 2021-2022: 25%
- 2023+: 35%

Do not meet revenue or patient thresholds for Advanced APMs

CMS lowered partially-qualifying payment threshold

Can choose whether to report under MIPS

Those who report subject to all MIPS requirements and would receive a MIPS payment adjustment

Does not qualify for 5% Advanced APM bonus

APMs: Bonus Payments



- 5% of aggregate amounts paid for Medicare Part B professional services from proceeding year across all billing TINs associated with the QPs NPI
- Payment made no later than 1 year from end of the incentive payment base period (as soon as 6 months possible)
- Payment made to QP's TIN. Multiple TINs will split payment proportionally
- CMS estimates \$333 million to \$571 million in Advanced APM bonus payments in 2019

Obstacles and Challenges



- Immature Risk Market: Lack of access to commercial value-based products make it difficult to achieve Advanced APM status
- Lack of Access to Claims Data: Administrative claims data needed to manage quality and costs
- Non-standard data: Data submitted in different formats, creating an administrative burden
- Limited Access to Capital: Investments in the infrastructure needed are delay
- Inadequate infrastructure: Necessary infrastructure is expensive and difficult to implement

Preparing for 2018



- CMS expects to increase the number of required outcome quality measures
- The weight for the cost performance category is expected to increase to 10%
- CMS may add additional episode-based cost measures
- For performance periods occurring in 2018, CMS finalized a 60% data completeness threshold for claims, registry, QCDR, and EHR submission mechanisms (up from 50%).
- CMS will modify the benchmark methodology for topped out measures beginning with the CY 2018 performance period
- CMS expects 70,000 to 120,000 clinicians will become QPs in 2017. This is expected to increase to 125,000 to 250,000 clinicians in 2018
- PQRS, VM, and Medicare EHR Incentive Program for FFS EPs will “end” in 2018

Thank You

Questions/Comments

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