Agenda

• Introduction – Fred Letourneau
• MACRA – MIPS and AAPM’s
• What are we doing?
  - Benefits to your practice
• Next Steps – CIN (CNY AIM) and THIC ACO
• Updates
  - Fidelis
The Quality Payment Program is part of a broader push towards value and quality.

In January 2015, the Department of Health and Human Services announced new goals for value-based payments and APMs in Medicare.

**GOAL 1:**
Alternative Payment Models (categories 3-4)

**GOAL 2:**
Tied to quality or value (categories 2-4)

**STAKEHOLDERS**
- Consumers
- Businesses
- Payers
- Providers
- State Partners

Source: CMS
Quality Payment Program

- Repeals the Sustainable Growth Rate (SGR) Formula
- Streamlines multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- Provides incentive payments for participation in Alternative Payment Models (APMs)
MIPS: First Step to a Fresh Start

MIPS is a new program

• Streamlines 3 currently independent programs to work as one and to ease clinician burden.

• Adds a fourth component to promote ongoing improvement and innovation to clinical activities.

MIPS provides clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.

Source CMS:
Medicare Reporting Prior to MACRA

Currently there are multiple quality and value reporting programs for Medicare clinicians:

- Physician Quality Reporting Program (PQRS)
- Value-Based Payment Modifier (VM)
- Medicare Electronic Health Records (EHR) Incentive Program

Source CMS:
How much can MIPS adjust payments?

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments up to the percentages below.

The potential maximum adjustment % will increase each year from 2019 to 2022.

Source CMS:
MIPS Performance Categories

A single MIPS composite performance score will factor in performance in 4 weighted performance categories on a 0-100 point scale:

- Quality
- Resource
- Clinical practice improvement activities
- Advancing care information

Source CMS:
What is an Alternative Payment Model (APM)?

APMs are new approaches to paying for medical care through Medicare that incentivize quality and value.

As defined by MACRA, APMs include:

- CMS Innovation Center model (under section 1115A, other than a Health Care Innovation Award)
- MSSP (Medicare Shared Savings Program)
- Demonstration under the Health Care Quality Demonstration Program
- Demonstration required by federal law

Source CMS:
Advanced APMs meet certain criteria.

As defined by MACRA, Advanced APMs must meet the following criteria:

- The APM requires participants to use certified EHR technology.
- The APM bases payment on quality measures comparable to those in the MIPS quality performance category.
- The APM either: (1) requires APM Entities to bear more than nominal financial risk for monetary losses; OR (2) is a Medical Home Model expanded under CMMI authority.

Source CMS:
Proposed Rule Advanced APMs

Based on the proposed criteria, which current APMs will be Advanced APMs in 2017?

- Shared Savings Program (Tracks 2 and 3)
- Next Generation ACO Model
- Comprehensive ESRD Care (CEC) (large dialysis organization arrangement)
- Comprehensive Primary Care Plus (CPC+)
- Oncology Care Model (OCM) (two-sided risk track available in 2018)

Source CMS:
How do Eligible Clinicians become Qualifying Participants (QPs)?

All the eligible clinicians in the Advanced APM Entity become QPs for the payment year.

Scores above the QP threshold = QP Status

Scores below the QP threshold = No QP Status

All the eligible clinicians in the Advanced APM Entity become QPs for the payment year.

Source CMS:
# QP Determination and APM Incentive Payment Timeline

<table>
<thead>
<tr>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QP Performance Period</strong></td>
<td><strong>Incentive Payment Base Period</strong></td>
<td><strong>Payment Year</strong></td>
</tr>
<tr>
<td>QP status based on Advanced APM participation here.</td>
<td>Add up payments for a QP’s services here.</td>
<td>+5% lump sum payment made here. (and excluded from MIPS adjustments)</td>
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<table>
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<tr>
<td>Repeat the cycle each year...</td>
<td></td>
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</table>
MIPS adjustments and APM Incentive Payment will begin in 2019.
How will the Quality Payment Program affect me?

Am I in an Advanced APM?
- Yes
- No

Do I have **enough payments or patients** through my Advanced APM?
- Yes
- No

Favorable MIPS scoring & APM-specific **rewards**

Qualifying APM Participant (QP)
- **Excluded** from MIPS
- 5% lump sum **bonus payment** (2019-2024), higher **fee schedule updates** (2026+)
- APM-specific **rewards**

Is this my **first year** in Medicare OR am I below the **low-volume threshold**?
- Yes
- No

**Not subject to MIPS**

**Subject to MIPS**

Bottom line: There will be **financial incentives for participating in an APM**, even if you don't become a QP.
Perfect Storm or Opportunity?
St. Joseph’s Health ACO (Track 1)
Trinity Integrated Care ACO (Track 3)
What is St. Joseph’s doing...

• Pursue participation in collaborative Track 3 Trinity ACO – Trinity Health Integrated Care; St. Joseph’s Hospital has committed to move forward.

• Defaulting to MIPS is not an optimal solution if we are already building the programmatic structure and elements to successfully manage attributed patients.
Differences between Track 1 and Track 3 MSSP

- Track 3 ACO’s meet MACRA criteria as an Advanced Alternative Payment Model (AAPM)
- Higher share rate in Track 3: 75% vs. 50%
- Choice of MSR/MLR – symmetrical risk corridors
- Higher performance payment limit: 20% vs. 10%
- Prospective beneficiary assignment
- Same quality measures and reporting
- SNF 3-day rule waiver

TRACK 3 MSSP HAS PROGRAMMATIC ADVANTAGES
Participation in Advance Alternative Payment Model (AAPM)

Why?

1. Participation in AAPM is consistent with our collective strategy (people centered care - delivering the highest value care through strong population health infrastructure).

2. We want to be the CIN and ACO of choice for community physicians (grow the CIN and ACO).

3. MACRA – MIPS and AAPM’s.

PARTICIPATION IN AN AAPM IS CONSISTENT WITH OUR ACO & CIN’s VISION AND STRATEGY
Benefits of Participating in an AAPM

- Eligible for earned savings
- **Beginning in 2019, qualified practitioners in AAPM are eligible for a +5% annual lump sum incentive payment on Medicare Pt B payments**
- Exempt for MIPS reporting – smaller practices are projected to do poorly under MIPS; 60% of more of practices under 25 providers are projected to be penalized under MIPS
- Higher fee schedule updates beginning in 2026
Participation in Trinity Health Integrated Care ACO – Track 3

• Why?
  1. Optimal scale for risk – confederation of chapters
  2. Shared Governance – representation from each chapter
  3. Trinity Health System Office Support and cross collaboration among chapters/CIN’s
  4. System efficiency with local ACO/CIN execution (e.g. GPRO)
  5. No downside risk for independent, private practice physicians

SJH ACO BENEFITS TO PARTICIPATING IN AN ENTERPRISE WIDE COLLABORATIVE ACO
What does this mean?

• Re-contract the existing ACO network of providers (new agreements, new compacts). TIGHT TIMEFRAMES! **DEADLINE: AUGUST 22\textsuperscript{nd}.**

• Your practice will need to make a quick decision – we are prepared to come and speak with your practice’s medical leadership.
1. Participate in CIN and ACO and receive benefits of participation.

2. Choose to participate in CIN only (Tier 1 for St. Joseph’s Health and Wellness Plan and participate in ACQA and other CIN negotiated contracts); Choose not to participate AAPM ACO. MIPS participation and reporting; be subject to MIPS incentives/penalties.

3. Choose not to participate in either the CIN or ACO. (Tier 2 for St. Joseph’s Health and Wellness Plan; do not participate in ACQA and CIN negotiated contracts). MIPS participation and reporting; be subject to MIPS incentives/penalties.
2017 MSSP Track 3 ACO Timeline

- **Trinity Health Internal Deadlines for MSSP ACO Applications (7/27)**
- **2017 MSSP ACO RFI-1* (9/6)**
- **2017 MSSP ACO Start Date (1/1)**
- **2017 MSSP ACO RFI-2** (10/5)
- **2017 MSSP ACO RFI-3 (10/26)**
  *Last chance to withdraw

**Trinity Health Deadline**

**MSSP ACO Deadlines**

**Other Announcements**

**June**

- Last chance to turn back to MSSP Track 1 (late Aug.-early Sept.)

**July**

- 2017 MSSP ACO Applications Due (7/29)
  (For initial, renewal and SNF 3-Day Waiver)

**August**

- 2017 MSSP ACO Approval or Denial (late fall)

**Sept**

- 2017 MSSP ACO Applications Due (7/29)
  (For initial, renewal and SNF 3-Day Waiver)

**Oct**

- 2017 MSSP ACO RFI-2** (10/5)

**Nov**

- 2017 MSSP ACO RFI-3 (10/26)
  *Last chance to withdraw

**Dec**

- 2017 MSSP ACO Approval or Denial (late fall)

**Jan**

- 2017 MSSP ACO Start Date (1/1)

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*RF-1 is the deadline for physicians to sign-up  **RF-2 is the last date for providers to withdraw
Source: CMS
CNY AIM (Clinically Integrated Network)
Trinity Integrated Care (Track 3 MSSP ACO)
Enrollment Packet
Initial Enrollment Packet

1. Participating Provider Compact - *draft*
2. CNY AIM, LLC Network Participation Agreement (CIN)
3. Trinity Integrated Care, LLC – Medicare Shared Savings Program Agreement ACO Participating Provider Agreement
4. Chronic Care Management Services Agreement
5. Letter of Release for potential self-insured health insurance product(s) for CIN participants.
1. Participating Provider Compact
Why is this a draft?

- Not a legal document – it is a “promise”
- The new ACO’s shared governance will issue a compact for the new entity.
- Until then, our local compact will apply.
What is a Participating Provider Compact?

Our Expectations of Each Other
Between the ACO/CIN Board and the participating practices

Behavioral in Nature, Not Just Numbers
Addresses how we will work together

Fundamental Elements of Physician Compact
1. Peer transparency
2. Clinical metrics
3. Practice leadership and staff support
4. Citizenship

Accountability by Signature
Each member of the ACO/CIN signs the Physician Compact
2. CNY AIM, LLC Network Participation Agreement

- Provides for participation in CNY AIM.
- Allows for participation in Shared Savings agreements with private payers.
- PCP’s agree to exclusive participation.
- Specialists can affiliate with more than one CIN.
- Your group needs to be in the CIN in order to be considered Tier 1 in the St. Joseph’s Health and Wellness Benefit Plan for St. Joseph’s employees and their family members.
CNY AIM, LLC Participation Agreement
Types of Members

Two types of Participating Members:

- **Full participating:**
  a) Agree to delegate contracting authority to the CIN.
  b) Free to contract independently with health plans with which CIN does not secure contracts with.
  c) May opt out of participation of *classes* of contracts (e.g. Medicaid Managed Care, Medicare Managed Care).
  d) Primary care physicians may only participate as Full Participating Members.

- **Incentive participating:**
  a) Retain independent contracting authority.
  b) Contract directly with plans.
  c) Agree to participate in the CIN Incentive Programs.
  d) Reelect to participate as Incentive Participating on an annual basis or may choose different level of participation based on approval by Management Board.
CNY AIM Participation Agreement
Compliance with Network Standards

• Participate in network clinical integration program and quality measures.
• Comply with policies and clinical protocols developed and adopted by Network, which form the basis upon which Network will negotiate contracts.
• Commit to standards of access and share claims data.
• Maintain high speed internet access (IT connectivity).
• Participate in committees from time-to-time as requested by Network.
CNY AIM Participation Agreement
Term and Termination

• Initial term through December 31, 2018.
• Automatically renews for additional two year terms unless either Party gives written notice of intent to terminate not less than 120 days prior to end of current term.
3. Trinity Integrated Care
Medicare Shared Savings Program
ACO Participating Provider Agreement

• Provides for participation in Trinity Integrated Care ACO.
• Allows for participation in MSSP through an AAPM ACO.
• Only for Medicare FFS beneficiaries; not Medicare Advantage.
• PCP’s agree to exclusive participation (CMS regulations).
• Specialists eligible for attribution (i.e., bill for “Primary Care Services”) can affiliate as an “other entity” with more than one ACO but can only “participate” with one ACO (CMS regulations).
• Specialists that do not bill for “Primary Care Services” can affiliate as an “other entity” with more than one ACO.
Trinity Integrated Care
Term and Termination

• Initial term through December 31, 2017.
• Evergreen, automatically renews and continues throughout the term of the ACO’s participation in MSSP but may be terminated by providing 180 days prior written notice (after the completion of first performance year).
ACO Participating Provider Agreement
TIN Exclusivity for PCP’s and Specialists

• This ACO agreement may trigger TIN exclusivity pursuant to CMS regulations. If it does, the ACO shall notify the ACO Participant and ACO Participant agrees that it shall not participate in any other ACO participating in MSSP.

• CMS Regulations limit the ability of physicians and their practice entities to “participate” in more than one federally regulated ACO. Why? So it can perform program functions like beneficiary assignment, benchmarking, quality reporting, and performance evaluation.

• MSSP TIN exclusivity prevents practices from being included as “participants” in more than one MSSP ACO if they bill Medicare under any of the “Primary Care Services” HCPCS codes.

**Bottom line:** If you are a Specialist that bills with “Primary Care Services” CPT codes, you can affiliate as an “other entity” with multiple ACO’s, but – because of TIN Exclusivity – you can “participate” with only one.
ACO Participating Provider Agreement
PQRS, MIPS, and AAPM’s

• Trinity Integrated Care ACO meets the MACRA criteria for an Advanced Alternative Payment Model (AAPM).
• AAPM’s that meet the Qualifying APM Participant (QP) threshold are not subject to Merit-based Incentive Payment System (MIPS).
• This agreement would potentially exclude your group from MIPS effective January 1, 2017. AAPM’s that meet the QP threshold and satisfactorily report the required clinical quality measures through the ACO Group Practice Reporting Option (“GPRO”) qualify for the AAPM bonus.
• If this agreement terminates or the ACO does not meet the QP threshold, your group would be subject to MIPS reporting – just like all other providers that do not participate in an AAPM.

**Bottom line:** if you participate in an AAPM that meets the QP threshold, your TIN will not need to report PQRS or MIPS independently through your EMR or claims-based registry.
4. Chronic Care Management Services Agreement

- CNY AIM offers care management services to participating physicians in an effort to ensure that a higher level of care coordination is provided to patients with multiple chronic care conditions.
- For Primary Care Practices only.
- RN Health Coach would be hired by CNY AIM (with practice approval) and embedded in practice to manage “assigned” patients.
- Practice would bill payers for “CCM Services” and collect from payers and patients.
- On a quarterly basis, practice would remit a portion of collections to CNY AIM.
5. Potential Self-insured Health Insurance Option for CNY AIM Participants

- CNY AIM, on behalf of its participating members, is currently looking at creating a multiple employer trust, multiple employer welfare association, or similar entity as a vehicle to self-insure CNY AIM practices and reduce the rising costs of health insurance.

- Rate increases for small business and small group members continue to increase by double-digits. Self-insuring is a good way to control rate increases.

- This form letter authorizes OneGroup to request and receive information about your current insurance plan (plan design, rate history, enrollment, and renewal calculations). You are not appointing OneGroup as a broker.
## Listing of Agreements

### Who can sign each Agreement?

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Who can sign?</th>
<th>Comments</th>
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<tr>
<td>Participating Provider Compact (draft)</td>
<td>President of Group/Practice</td>
<td>Required for either CIN or ACO participation. The Compact may be revised from time-to-time with CIN or ACO Management Board(s) approval.</td>
</tr>
<tr>
<td>CNY AIM Network Participation Agreement (CIN)</td>
<td>President of Group/Practice</td>
<td>Two types of members; PCP groups must be “full” participating members. Agreement may be periodically amended with CIN Management Board approval. All the providers (i.e. NPIs) who bill under a TIN must agree to participate. You cannot sign up as a partial TIN/only half of the providers in your practice, etc.</td>
</tr>
<tr>
<td>Medicare Shared Savings Program ACO</td>
<td>Individual that has legal authority to bind the TIN (as listed in PECOS)</td>
<td>Provides for participation in Trinity Integrated Care ACO. ACO is a AAPM participating in Track 3 of the MSSP. All the providers (i.e. NPIs) who bill under a TIN must agree to participate. You cannot sign up as a partial TIN/only half of the providers in your practice, etc.</td>
</tr>
<tr>
<td>Chronic Care Management Services Agreement</td>
<td>President of Group/Practice</td>
<td>Provides for embedded RN Health Coaches at either CIN or ACO participant practices.</td>
</tr>
<tr>
<td>Form Letter for OneGroup to request and receive data about your current insurance plan</td>
<td>Practice Administrator or President of Group/Practice</td>
<td>Print on Practice Letterhead. Allows OneGroup Benefit Consulting Group to collect information about your current insurance plan.</td>
</tr>
</tbody>
</table>
Fidelis Update

• https://www.youtube.com/watch?v=gzdWPwVTWsI
Recap and Next meeting...

REFER TO
SLIDES 22 and 23
(What does this mean? & Your group’s choices?)

Next Meeting: August 25th @ 8:00 am
Contact

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