MACRA & the Changing Reimbursement Structure
A Message From Michael Edbauer, DO, President & CEO

In this edition of Boardline, we have a specific segment associated with the new Medicare Access & CHIP Reauthorization Act (MACRA) rule that has been proposed by CMS. MACRA is the replacement for the Sustainable Growth Rate (SGR), which was repealed last year. While the end of SGR was welcome news to physicians, the replacement regulation was not well identified in the initial proposals. Currently, the “final rule” recommendations are being circulated for public comment.

Although the “final rule” will not be completely known for several weeks, the general tenants of the program are well established. A detailed article on MACRA in this edition will give important details of the program, which includes the Advanced Payment Model (which CMP qualifies for) as well as the MIPS program, which fortunately, we will be able to avoid.

While the details of the new program are very important, and I would recommend that everyone become familiar with them, the underlying driver is what I want to highlight. The main goal of the MACRA is to drive physicians away from traditional fee-for-service (FFS) models and move to risk-based contracting. We have been accustomed to some degree of risk-based contracting for more than 10 years; however, the speed of the change from FFS to greater risk-based payment appears to be accelerating. This is evidenced by MACRA as well as the introduction of partial capitation payments within our market and across the country.

Changes like these can be challenging, yet they also provide an opportunity to innovate in ways that were not possible in the past. The work that you, as a member of CMP, have undertaken over the past several years also positions you for success in this evolving payment model. Specifically, the investment in Electronic Medical Records (EMRs); Care Management; Patient Centered Medical Home (PCMH); Meaningful Use; and, more recently the rolling out of Crimson will pay dividends in this new environment. Over the next several months, CMP will host workshops for our physicians to assist in the preparation for these changes and sharing of best practice models. This will also be an opportunity to explore innovations either as pilots within a practice, or more broadly across the network.

We will be doing this in large group settings as well as on an individual basis at your office. The Clinical Transformation Team will be taking the lead role in this work, and will be augmented by all other areas of the CMP support staff. I strongly encourage as many members of your practice team as possible to become engaged in this work.

I, along with our entire CMP administrative team, look forward to working closely with you to ensure the continued success of each of your practices.

Thank you for your continued engagement in leading the change in WNY!
MACRA & MIPS
A Detailed Overview

Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)
✓ Repeals the Sustainable Growth Rate (SGR) Formula & replaces it with a Merit-Based Incentive Payment System (MIPS)
✓ The proposed rule would make these changes through a single framework called the “Quality Payment Program.” The program has two paths:
  o The Merit-Based Incentive Payment System (MIPS)
  o Advanced Alternative Payment Models (APMs)

MIPS
✓ Streamlines three currently independent programs to work as one, and to ease clinician burden.
  o Physician Quality Reporting Program (PQRS)
  o Value-Based Payment Modifier (VM)
  o Medicare Electronic Medical Records (EMR) Incentive Program (aka: meaningful use)
✓ Adds a fourth component to promote ongoing improvement and innovation to clinical activities.
✓ Phases in adjustments to a physician’s payment based on their performance in the four performance categories. In 2019 the adjustment is +/-4% of allowed fees and increase over time to +/- 9%.
  o Quality: This is essentially a modified PQRS. Physician would choose six quality measures to report on from a list of options tailored to each specialty. Currently PQRS requires physicians to report on nine quality measures.
  o Advanced care information: This modifies the meaningful use program. The score will be based on performance, on measures that cover categories such as patient electronic access to health information, care coordination and patient engagement, and electronic exchange of health information.
    - Scoring based on key measures of health IT interoperability and information exchange.
    - Flexible scoring for all measures to promote care coordination for better patient outcomes.
  o Clinical practice improvement activities: Physicians will need to participate in programs to improve their practices in the areas of care coordination, patient engagement, and patient safety. There are about 90 measures for physicians to select from, covering areas such as patient access; engagement; health disparities; population management; care coordination; behavioral health; alternative payments; and emergency preparedness. Full credit will be received for patient-centered medical home and a minimum of a half credit for APM participation.
    o Cost: This replaces the value-based modifier. CMS will calculate these scores based on Medicare claims.
✓ MIPS provides clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.
✓ The program has identified eligible clinicians in years one and two as physicians (MD/DO and DMD/DDS), PAs, NPs, clinical nurse specialists, and certified registered nurse anesthetists.

Alternative Payment Model (APM)
✓ APMs are new approaches to paying for medical care through Medicare that incentivize quality and value.
✓ There is a subset of the APM called Advanced Alternative Payment Models (Advanced APMs). An Advanced APM requires participants to use certified EMR technology, bases payment on quality, and requires the APM entity to bear more than nominal financial risk for monetary losses.
  o Catholic Medical Partners, an Accountable Care IPA (CMP-AC), as a Track 3 Medicare Shared Savings Program (MSSP) entity, qualifies as an Advanced APM. Physician groups can select on a yearly basis (beginning in 2018), if they wish to be paid under MIPS or Advanced APM.
  o Participation in CMP-AC exempts a practice from having to report on the quality and cost portions of MIPS. They are still required to report on the advanced care information and clinical practice improvement sections as per regulations.
✓ The calculation to determine eligibility under the Advanced APM is much more complex. In CMS-speak, this is referred to as a “qualifying APM participant (QP).” To qualify as a QP, the percentage of Medicare Fee for Service Patients covered under an advanced payment model starts at 20% in 2017. Based on the prospective attribution models used in the Track 3 MSSP and the Next Generation ACO programs, it is impossible for us to reach this threshold. The proposed rules recognize this and by statute proposes that Track 3 MSSP and NextGen ACO participants qualify as QPs.

(Cont.)
MACRA & MIPS (Cont.)

✓ In order to determine whether clinicians met the requirements for the Advanced APM track, all clinicians will report through MIPS in the first year. Both MIPS and APMs have minimum requirements for the application of the programs.

Providers excluded are:

- Clinicians in their FIRST year of Medicare Part B participation.
- Certain participants in ADVANCED Alternative Payment Models.
- Those below the low patient volume threshold, which is: Medicare billing charges less than or equal to $10,000 and provides care for 100 or fewer Medicare patients in one year.

Quality Measure Update

Catholic Medical Partners’ 2016 Clinical Integration (CI) Plan retired five measures and added three new measures. This better aligns our CI program with the ACO GRPO measures, and our risk contracts with local health plans. Our goals and thresholds were determined using ACO Benchmarks or HEDIS Benchmarks.

CMP performance on the newer measures as of April 2016:

**Annual Wellness Visit** - 64% (100% of payment: 80% - 90%)

**Diabetes Eye Exam** - 44% (100% of payment: 59.31% - 70.19%)

**Med Attention for Nephropathy** - 88.18% (100% of payment: 85.92% - 89.6%)

**Falls Risk Screening** (New measure in 2015) - 56% (100% of payment: 42.32% - 73.38%)

In addition to these new measures, we continue to see a slow, but steady, increase in the preventive measures and prescribed medication measures.

These measures show improvements over the past 12 months, ranging from 3% for Colorectal Cancer Screening and Breast Cancer Screening, to 13% for ACE/ARB prescribed for Coronary Heart Disease.

Two additional measures of which you should be aware are included in our 2016 HealthNow CI plan, but are not part of the HPHS payments. These include Anti-Rheumatic Drug Therapy & Osteoporosis Management. We are doing well on these measures, but just a little extra effort will allow us to hit it out-of-the-park on our HealthNow incentive for 2016!

Log in to McKesson Risk Manager to identify the patients in your practices that are still in need of services (according to the Claims).

Time is of the essence for a lot of these measures, so the sooner you log in, the sooner we can make an impact!

Crimson Quality Reporting

Scott Kitchen, Vice President of Clinical and Business Intelligence, and the Clinical Transformation Team, have been working with the Advisory Board to pull data from Medent, eClinicalWorks and Epic. The team has started outreach to Allscripts, STI Chartmaker and Amazing Charts, but have not received any data from these vendors yet. The quality measures that are the initial focus of our data pull are the ACO quality measures along with a few other high priority quality measures.

To date, the Crimson Quality Reporting module has data from 50 Medent practices, 16 eCW practices and one Epic practice.

The Clinical Transformation Team is working with the Advisory Board and the EMR vendors on the first phase of measure improvement, which entails finding where the data is stored in the EMR. Training on the module for the practices is slated to start in the fall.

If you have any questions about Crimson Quality Reporting, please contact your Clinical Transformation Specialist, or Paula Conti, Director, Clinical Transformation, at (716) 862-2188.
BCBS Changes to Primary Care Reimbursement

BestPractice

HealthNow (BlueCross BlueShield of WNY) has announced that it is changing how it is reimbursing Primary Care physicians (Internal Medicine, Family Practice and Pediatrics) effective January 1, 2017. All PCPs will be moved into a partial capitated model that combines fee-for-service payments for certain preventive services such as annual physicals, well visits and immunizations, with a monthly capitation payment. The monthly capitation payment will be comprised of a set amount for each enrolled patient assigned to your practice, for a fixed amount of time, whether or not that person seeks medical care. The per-member, per-month (PMPM) base rate is adjusted by member-based factors such as age, gender, and acute and chronic diseases, in addition to quality (HEDIS) and efficiency metrics.

CMP hosted meetings in May and June this year to provide our members more information around the BestPractice model, and how your practice can prepare. We will continue to keep you updated as new information becomes available over the next few months.

Three things your practice can do to prepare now are:

1. Implement the Vatica coding tool to ensure that your patients have the most accurate reflection of their diagnosis complexity.
2. Get access to McKesson Risk manager to understand your quality and efficiency scores, and to work on closing gaps.
3. Meet with your BlueCross BlueShield Representative to get practice-specific information.

To learn more, visit these webpages:
- [https://securews.bcbswny.com/content/WNYprovider/NewsandEvents/BestPractice.html](https://securews.bcbswny.com/content/WNYprovider/NewsandEvents/BestPractice.html)
- [https://securews.bcbswny.com/content/dam/BestPractice/BCBSWNY%20BestPractice%20Brochure_04_16.PDF](https://securews.bcbswny.com/content/dam/BestPractice/BCBSWNY%20BestPractice%20Brochure_04_16.PDF)

If you have questions or would like more information, please contact Sarah Cotter, Vice President, Clinical Transformation & Operations, (716) 862-2150.

DSRIP Medical Records Review Process Forthcoming

Between August 2016 and February 2017, Community Partners of WNY PPS DSRIP will be working alongside a medical record collection team from Verisk Health on a HEDIS-like audit, to locate and abstract data on a randomly selected sample of Medicaid Managed Care and Medicaid patients’ charts. Verisk Health will be collecting data on eight measures that span all the DSRIP projects. Successfully locating and collecting charts is vital to fulfilling the reporting requirements of the DSRIP projects and ensuring compliance with important milestones. Providers and office staff can play an important part in this records collection process by assisting the Verisk Health team with timely data collection by providing access to review records. A more detailed communication will be sent out to practices in the beginning of August. Questions about the records collection process should be directed to Amy White-Storfer, Director, Community Partners of WNY PPS at (716) 862-2186 or Patti Podkulski, Director of Medical Policy and Accreditation at (716) 862-2160.

More information about the medical records review process can be found at [wnycommunitypartners.org/2016/07/08/868/](http://wnycommunitypartners.org/2016/07/08/868/).

ACO Update

2016 Annual Wellness Visit Campaign

As of January 2016, we have provided all practices with a list of patients that CMS has assigned to this contract. For primary care offices, we requested that all of these patients receive an Annual Wellness Visit. Based on this request, the 2016 Annual Wellness Visit Campaign began!

Catholic Medical Partners Accountable Care has initiated regional meetings for office managers and providers to discuss and share innovative solutions to complete Annual Wellness Visits in practices. Meetings have been held in all the regions, and there was excellent attendance and collaboration.

For questions, please contact Sheree Arnold (716) 862-2453.

Lunch and Learn Series

The ACO Lunch and Learn Series has moved into its second year! They remain the third Wednesday of the month from 12pm - 1pm. We thank you for the outstanding response from those that participated along with all of the questions received afterwards! For those of you that may have missed previous presentations, the slides have been posted and archived to the CMP website under “Physician & Office Support,” “ACO Learning Series.”

The third quarter of Lunch and Learn will be:

- August 17, 2016: “2016 CMS Quality Measures”
- November 16, 2016: “Performance Year 3- ACO Results”
- December 21, 2016: “Six Sigma- Measuring Your Practice Performance”

Please go the following link to sign-in: [http://www.catholicmedicalpartners.org/PhysicianOfficeSupport/ACO](http://www.catholicmedicalpartners.org/PhysicianOfficeSupport/ACO).

No RSVP is necessary. If you have any questions, please contact Sheree Arnold (716) 862-2453.

Enhance In-Network Utilization - Catholic Medical Partners Network

We have worked with EMR vendors eClinical Works and Medent to successfully create the Catholic Medical Partners Network! This will help enhance communication between primary & specialty care offices and improve in-network utilization. Practices that have these EMRs were sent instructions for the set-up. If you have any questions, please contact your EMR vendor, or Sheree Arnold at (716) 862-2453 or [sarnold@chsbuffalo.org](mailto:sarnold@chsbuffalo.org).

CMS Skilled Nursing Facility Waiver

As a Track 3 ACO, we are eligible to apply to CMS for a Skilled Nursing Facility (SNF) waiver of the “three day rule.” If accepted, this waiver would start as of January 2017. The waiver will allow the patients on our prospective list, with certain eligibility criteria, to be admitted to a SNF directly from a hospital, ER, or other outpatient setting of care, without the three day hospitalization requirement.

For more information on this benefit for ACO patients and how it may impact your practice, please contact Sheree Arnold (716) 862-2453 or David Nielsen (716) 862-2161.
CMP Pharmacy Update

The CMP pharmacy team continues to focus on individual patient medication therapy management (MTM). The team’s efforts include attention to practitioner referral; enhanced transition of care with medication reconciliation for Mercy Hospital inpatient discharges; support of care management; and targeted outreach for medication-related quality metrics (HEDIS, STAR). Additionally, the Mercy Hospital-based CMP pharmacy team began a pilot for transfer medication reconciliation for patients being admitted to Father Baker Manor.

The pharmacist and clinical pharmacy assistants conduct structured patient interviews as well as review and update multiple EMRs, in order to compile a thorough medication history for medication reconciliation. This helps to avoid medication errors and improve patient safety and clinical outcomes. It also decreases workload redundancy between settings of care for nursing and pharmacy staff. The success of this pilot supports adoption by other facilities within Catholic Health, and we will keep you informed of program expansion.

For individual patient medication therapy management, the CMP Pharmacists continue to work closely with the practice Care Team via telephone, fax and EMR communication to accomplish the core elements of MTM: Medication Therapy Review, Personal Medication Record, Medication-Related Action Plan, and Documentation & Follow-up. Pharmacists also work with patients through a phone consult.

Virtual integration for MTM is available upon practitioner referral. The Med Management Service referral form should be completed, and can be found by visiting the “Outpatient Clinical Pharmacy Support” page located under “Clinical Pharmacy Services” through the “Physician & Office Support” tab at CatholicMedicalPartners.org. Forms can also be obtained by emailing medmanagement@chsbuffalo.org.

For more information about the Med Management Service referral process or about CMP Pharmacy services, please contact Richard Kraft, Director of Pharmacy Services at (716) 359-2165 or by emailing rkraft@chsbuffalo.org.

Improved CMP Website!

We are excited to introduce the refreshed and updated CatholicMedicalPartners.org!

This important resource now features:

- Easier navigation
- Important information & calendar of events right on the home page
- Fewer pages requiring password access

We hope that you and your practice team will visit our website to gain more information about our programs, and find up-to-date information about our network.

If you have suggestions for the website, or content that you would like available, please let us know.
Dental & Vision Plans

We are pleased to announce that we are once again offering the Dental and Vision Plan for our physicians and their practices through ProBenefits Administrators, effective July 1, 2016. This year, we have added a Standard Dental Plan that includes major restorative services, as well as an increase to the annual maximum allowable per person. The Standard Dental Plan replaces the former Starter Dental Plan and is offered in addition to the Enhanced Plan that is already popular with our membership. There are no changes in the premiums for the Enhanced Plan.

Additionally, we continue to offer the Vision Plan through VSP which is also popular among our membership. There are also no changes in the premiums for the Vision Plan.

If you decide to remain with your current coverage for dental and vision, it is not necessary to complete a new application.

However, if you are new to the Dental and Vision Program or are choosing the new Standard Dental Plan, an application must be completed.

New enrollments are welcome at this time. ProBenefits Administrators offers CMP members the unique opportunity for rolling enrollment. This will allow you to sign on throughout the year and not be bound to the July 1, 2016 date.

All members of Catholic Medical Partners, as well as office staff, are eligible to participate in these plans.

Please request an application or direct questions to Danny Koch-Thomas, Account Executive, ProBenefits Administrators at (716) 831-8171 Ext. 269.

Integrated Nutrition & Pharmacy Services

In keeping with our commitment to our member practices to be conscientious stewards of our limited clinical integration funds, Catholic Medical Partners will discontinue the integrated nutrition and pharmacy services in participating practices by this fall. The pharmacy changes are in alignment with and complement Catholic Health’s Pharmacy reorganization strategy that will begin later this year.

CMP has been fortunate to have a highly professional and dedicated team of Clinical Pharmacists and Registered Dietitians working with our physicians and their patients. We thank them for their contributions to the health of our community and the mission of Catholic Medical Partners.

Crimson Care Management

Congratulations to the first 25 Internal Medicine and Family Practice care coordinators who have begun using Crimson Care Management. This new communication tool provides notifications from HEALTHeLink when patients have an ED visit and when they are admitted or discharged from a Catholic Health hospital.

By fall, all WNY hospital notifications will be available through Crimson Care Management. The remaining primary care practices participating in the CMP care management program, will be trained to use this new tool.
Palliative Care

CMP is dedicated to improving the quality of life for those living with chronic health conditions through the support of Palliative Care. Patients who may benefit from Palliative Care include those with CHF, COPD, Alzheimers Disease, Dementia, Parkinson’s Disease, Kidney or Liver Disease. This type of care focuses on symptom, pain and stress relief. Palliative Care can reduce ED visits and hospitalizations.

CMP has partnered with Hospice Buffalo’s Home Connections and Niagara Hospice Pathways programs to provide Palliative Care. For more information, visit:

http://www.niagarahospice.org/palliative-care

Join us Saturday, September 17, from 7:30am - 12:30pm, at the Millennium Hotel in Buffalo, for a CME Conference titled, “Engaging Patients in End of Life Decisions; Honoring Patient Wishes and Values.”

http://www.catholicmedicalpartners.org/EndofLifeDecisions

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Physician Meetings - Save The Dates

**Primary Care and Surgical Specialist**

**Tuesday, September 13, 2016**

We are asking general, colorectal, neuro, orthopedic, and vascular surgeons to attend and will be working together on communication and collaboration. As we continue to face changes in the healthcare environment, we will focus on opportunities for collaboration to help us work together to achieve our triple aim.

*Dates and times for additional workgroups will be shared as they become available.*