



Healthy People, Healthy Communities
Providing Better Care at Lower Cost

MIPS Tips

Advanced Alternative Payment Models (Advanced APMs)

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**Presented by HealthInsight and
Mountain Pacific Quality Health**

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Slide Deck Available

- Today's slide deck and recording will be made available a few days following the event.
- Watch your email to be notified when they are available or visit <https://healthinsight.org/qpp#webinars> to find all past MIPS Tips and QPP webinar recordings.



HealthInsight

Our business is redesigning health care systems for the better

HealthInsight is a private, non-profit community based organization dedicated to improving health and health care in the western United States (Nevada, New Mexico, Oregon, Utah).



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Mountain-Pacific Quality Health

We are the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for:

- Montana
- Wyoming
- Hawaii
- Alaska
- Guam
- American Samoa
- The Commonwealth of the Northern Mariana Islands



Poll #1

What type of organization are you with?

1. Primary Care Provider
2. FQHC/Rural Health Center
3. Specialist
4. Public Health
5. Insurer



Poll #2

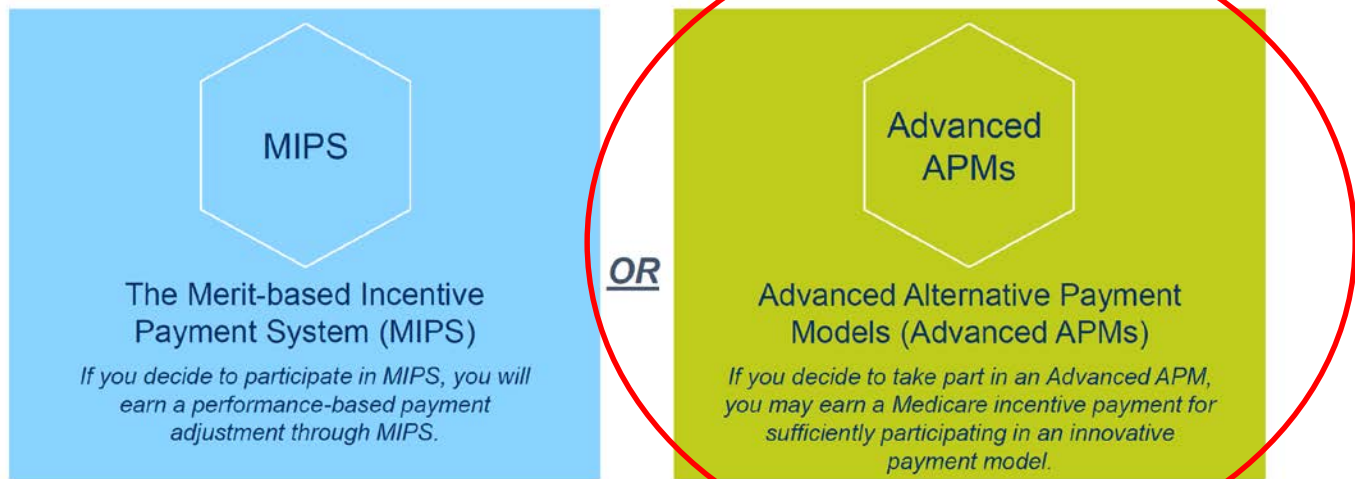
Are you involved with an Advanced Alternative Payment Model (Advanced APM) or an Alternative Payment Model (APM)?

1. Yes, I'm involved with an Advanced APM
2. Yes, I'm involved with an APM
3. No
4. Don't know – what is that?



Topic Introduction

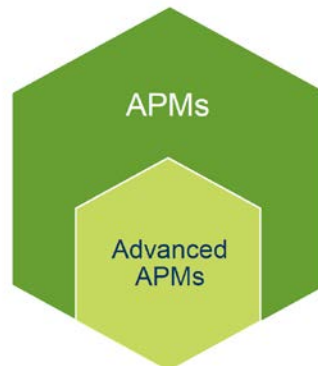
The CMS Quality Payment Program has two tracks – MIPS and joining an Advanced Alternative Payment Model (APM). In this session we will focus on the Advanced APM track in QPP, including APM activity in your state.



Value-Based Payment

Value-based payment -- move away from fee-for-service toward payment for care of populations. APMs are approaches to paying for health care that incentivize quality and value.

Advanced APMs are
a subset of APMs.



Goals Around APMs...HHS

MACRA 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**

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through alternative payment models (categories 3-4) by the end of 2016, and 50% by the end of 2018

GOAL 2: **85%** 

Medicare fee-for-service payments are tied to quality or value (categories 2-4) by the end of 2016, and 90% by the end of 2018



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



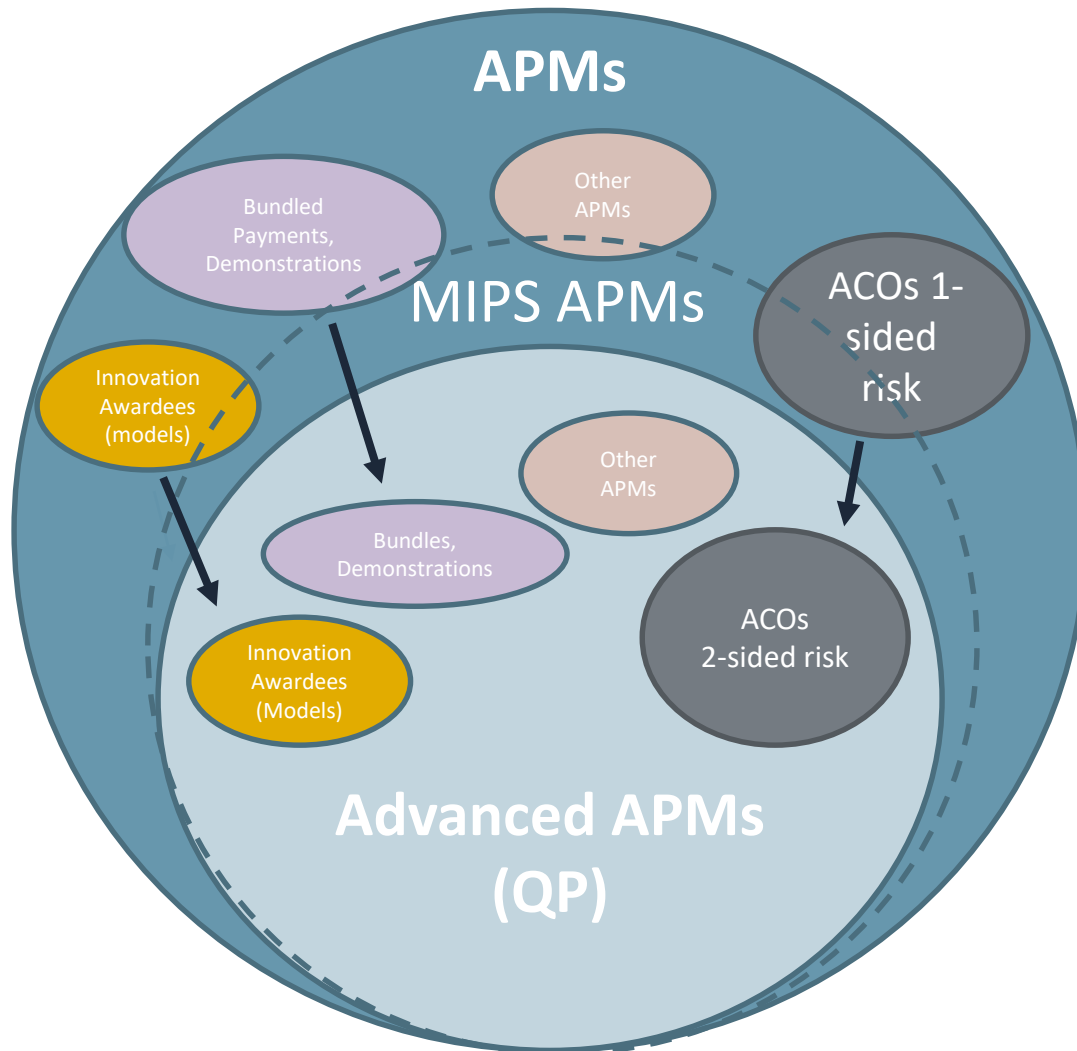
Set internal goals for HHS



Invite private sector payers to match or exceed HHS goals



Alternative Payment Models (APMs) and Advanced APMs



ACOs: Accountable Care Organizations

What Are They?

ACOs are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high-quality care to their Medicare patients.



ACOs: Accountable Care Organizations

“The idea at the heart of the ACO concept, that we can lower costs by providing better, more coordinated care for patients, is not new. The ACO offers a simple and reasonable deal to providers of care....if they are able to achieve savings by improving care, they can share in those savings.” Don Berwick



ACOs: One-Sided and Two-Sided Models

One-sided models get to keep some of the savings generated (distributing savings among members) and don't lose money if care costs more than expected. If you are in this kind of ACO, you'll still need to report MIPS measures. ACO may report some of them.



ACOs: One-Sided and Two-Sided Models

ACOs start out as one-sided models, and as they gain confidence in their ability to generate savings while delivering high-quality care, they may evolve into two-sided models.



ACOs: One-Sided and Two-Sided Models

Two-sided models get to keep a bigger share of the savings generated, but if costs are higher than expected, the ACO (including you) may lose money. Two-sided models qualify as advanced APMs.



ACOs: Various Tracks (1, 1+, 2, 3)

- Track 1: Seen as one-sided
- Track 1+: Less one-sided... 😊
 - Limited risk
 - Revenue
 - Benchmark-based loss sharing limit
- Track 2: Two-sided; loss and gain (Advanced APM)
- Track 3: More risk/gain (Advanced APM)



ACOs: Consider

Each ACO has a different arrangement with Medicare. Consider:

- How cost savings are generated and shared?
- Volume – how many patients?
- How patients are attributed?
- What support the ACO provides for MIPS reporting and care coordination
- What data you need to report and how much does the ACO need?



Alternative Payment Model (APM)

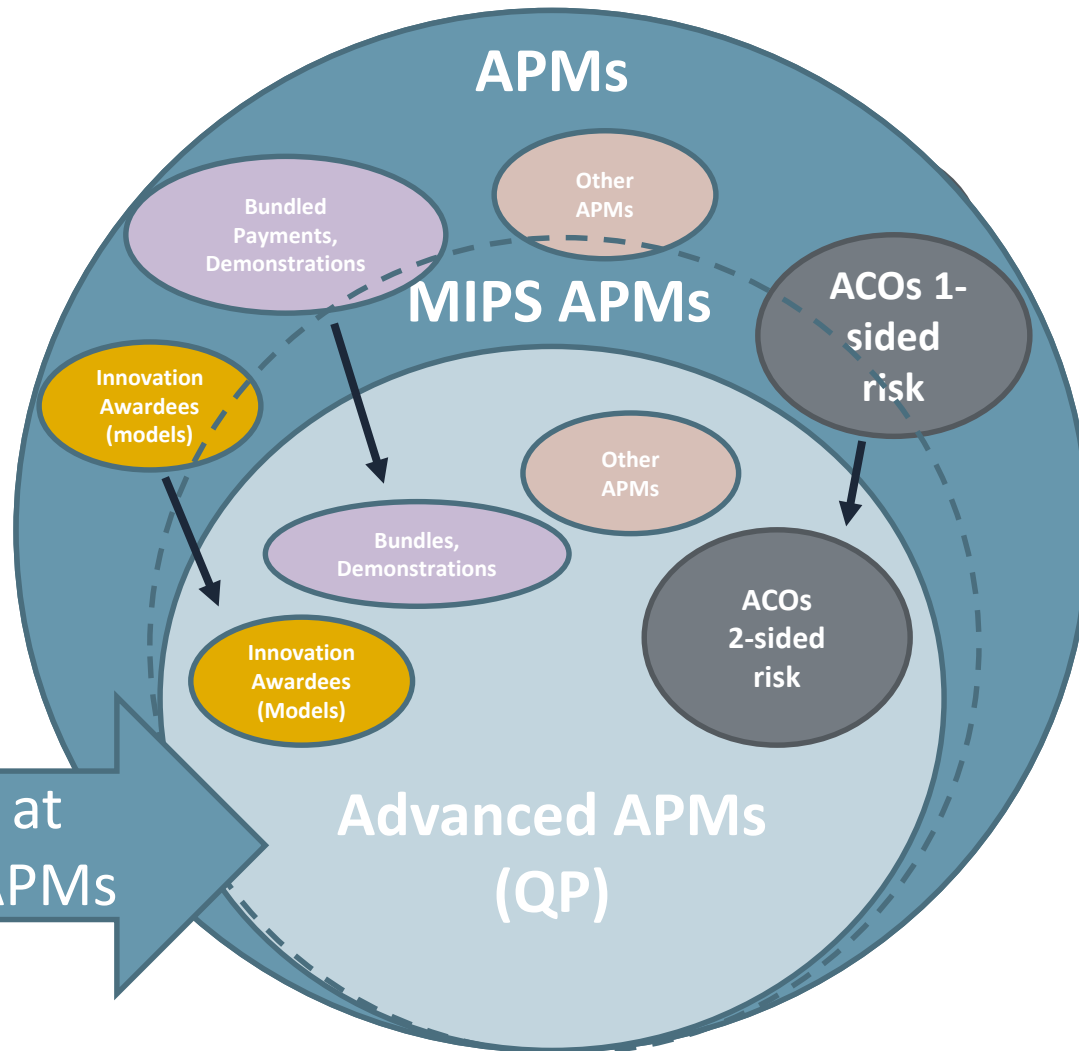
- Payment approach that gives added incentive payments to provide high-quality and cost-efficient care.
- APMs can apply to a specific clinical condition, a care episode or a population.
- One goal of APMs is to reduce clinician reporting burden.
- May offer significant opportunities for eligible clinicians who are not ready for an advanced APM.



Factors CMS Looks at for Alternative Payment Models (APMs)



Alternative Payment Models (APMs) and Advanced APMs



ACOs: Two-Sided Models

Advanced APMs

Threshold for a qualified participant (QP):

- See 20% of your patients or obtaining 25% of your Medicare Part B revenues through your advanced APM.
- This threshold is changing every year so need to keep a close eye on this.



Advanced APMs Must Meet Three Requirements

- Requires participants to use **certified EHR technology**.
- Provides payment for covered professional services based on **quality measures** comparable to MIPS measures.
- Either: (1) is a **Medical Home Model expanded** under CMS Innovation Center authority OR (2) requires **participants to bear a more than nominal amount of financial risk**.

Note: Remember the threshold requirements for Advanced APMs

Note: PTAC - <https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>



Advanced APM: Medical Home Requirement

A Medical Home Model is an APM that has the following features:



Participants include primary care practices or multispecialty practices that include primary care physicians and practitioners and offer primary care services.



Empanelment of each patient to a primary clinician; and



At least four of the following additional elements:

- Planned coordination of chronic and preventive care.
- Patient access and continuity of care.
- Risk-stratified care management.
- Coordination of care across the medical neighborhood.
- Patient and caregiver engagement.
- Shared decision-making.
- Payment arrangements in addition to, or substituting for, fee-for-service payments.



What Models are Advanced APMs for 2018 (Year 2)?

- Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)
- Comprehensive ESRD Care (CEC) - Two-Sided Risk
- Comprehensive Primary Care Plus (CPC+)
- Medicare Accountable Care Organization (ACO) Track 1+ Model
- 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)



I'm in an Advanced APM: What Can I Expect?

- QPP does not change the design of any particular APM. Instead, it creates extra incentives for a sufficient degree of participation in Advanced APMs.
- Also excluded from MIPS reporting.

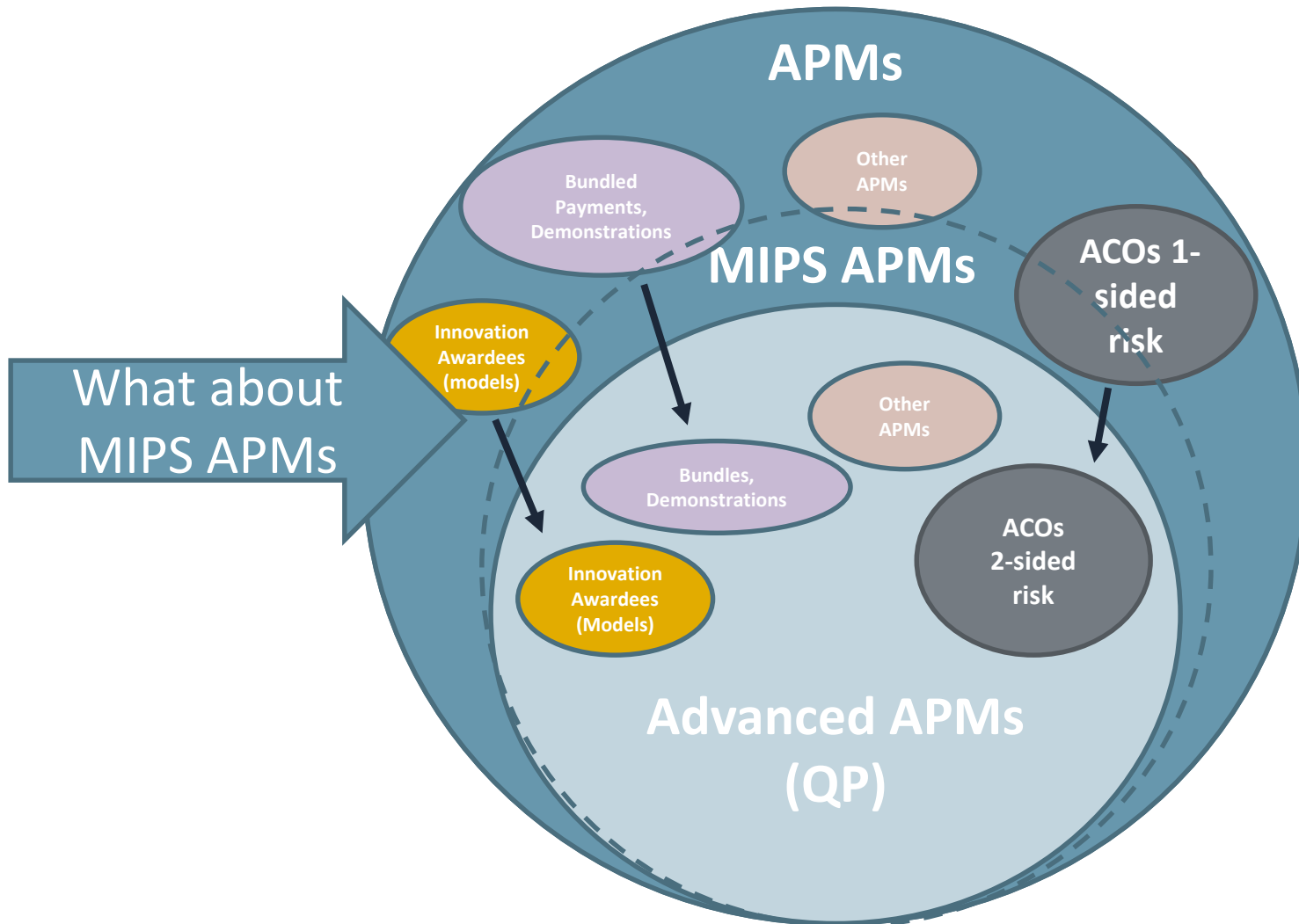


Advanced APM: What's the Timeline?

- The QP Performance Period (determining who will be a QP) for each payment year will be from January 1st - August 31st for the calendar year that is two years prior to the payment year.



MIPS APMs



MIPS APM: What's This?

Most Advanced APMs are also MIPS APMS so if an eligible clinician does not meet the threshold for sufficient payments or patients in order to be a qualifying participant (QP), they aren't under the basic MIPS rules. Other APMs can also be counted as MIPS APMS. In both cases they are scored differently from regular MIPS scoring or Advanced APM scoring.



MIPS APM Scored?

Clinicians in MIPS APMs are scored using the APM scoring standard, which was established to reduce the reporting burden on participants by eliminating the need to report to both the APM and MIPS (e.g. don't meet threshold requirement but are still in an APM or Advanced APM).

Year 2 (2018) Final

All MIPS APMs	
Quality	50%
Cost	0%
Improvement Activities	20%
Promoting Interoperability	30%



How Do I Find Out If We Are Already in an APM?

- CMS is working to combine the functionality of the NPI lookup tool and Advanced APM QP status lookup tool into one tool. CMS has not set a date for integration yet but is targeting summer 2018.
- Current APM lookup tool can be found here:
<https://data.cms.gov/qplookup>



APMs: List from Medicare

Comprehensive list for APMs (2018):

innovation.cms.gov

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Comprehensive-List-of-APMs.pdf>

The lists that follow are rough lists for our states and are not all inclusive:



ACOs, APMs, Advanced APMs in New Mexico

ACOs (1-sided risk)	APMs	Advanced APMs
NM Care ACO, LLC	BPCI Model 2	Oncology Care Model
ASPA-Connected	BPCI Model 3	
Mountain Prairie ACO	Comprehensive Care for Joint Replacement Model	
Covenant ACO, Inc.	Accountable Health Communities Model	
Texas Panhandle Clinical Partners ACO LLC	Million Hearts: Cardiovascular Disease Risk Reduction Model	
	FQHCs	



ACOs and APMs in Nevada

ACOs (1 sided risk)	APMs and Advanced APMs
Renown Accountable Care, LLC	Accountable Health Communities Model
Silver State ACO LLC	BPCI Initiative: Model 2
UPQC	BPCI Initiative: Model 3
St. Rose Quality Care Network, LLC	Comprehensive ESRD Care Model
Accountable Care of Nevada, LLC	Frontier Community Health Integration Project Demonstration
Intermountain Accountable Care, LLC	Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents: Phase Two
Prime ACO	Health Care Innovation Awards



ACOs and Advanced APMs in Oregon

ACOs (1-sided risk)	Advanced APMs
Community Health Center Network Of Idaho, LLC	CPC+ AllCareHealth, Inc. CareOregon Eastern Oregon Coordinated Care Organization (EOCCO) FamilyCareHealth InterCommunityHealth Plans, Inc. (IHN-CCO) Oregon Health Authority (Medicaid) ModaHealth Plan PacificSource PrimaryHealthof Josephine County Providence Health Plan (PHP); Providence Health Assurance (PHA) Trillium Community Health Plan UnitedHealthcare ((Commercial – CPC+) Western Oregon Advanced Health, LLC Willamette Valley Community Health Yamhill Community Care Organization, Inc.
Caravan	Oncology Care Model (OCM) - Two-Sided Risk



ACOs and Advanced APMs in Utah

ACOs (1-sided risk)	Advanced APMs
Physicians Accountable Care of Utah (Granger, Premier)	Central Utah Clinic, P.C. dba Revere Health (Next Generation ACO)
Steward National Care Network, Inc.	Steward Integrated Care Network, Inc. (Next Generation ACO)
UPQC (UMA)	Utah Cancer Specialists, PC Salt Lake City, UT (Oncology Care Model)
Aledade Mountain West ACO	Ogden-Clearfield, UT MSA (Comprehensive Care for Joint Replacement Model)
Intermountain Accountable Care, LLC	Provo-Orem, UT MSA (Comprehensive Care for Joint Replacement Model)



ACOs and APMs in MT, WY, AK, HI

Mountain Pacific

Name	APM/ACO	States where active	Track	MIPS APM under the APM Scoring Standard
Billings Clinic	ACO	MT, WY	1	YES
CHSPCS ACO 8	ACO	AK	1	YES
Health Connect Partners	ACO	AK	1	YES
Mountain West ACO	ACO	MT, WY	1	YES
Rocky Mountain Accountable Health Network, Inc	ACO	MT, WY	1	YES
UCHealth Integrated Network	ACO	WY	3	YES
Comprehensive Primary Care Plus (CPC+)	APM	HI, MT		YES
TCPI	APM	AK, HI, MT, WY		No
University of Washington		AK, MT, WY		
Community health Center Association of Connecticut, Inc		AK, HI, MT, WY		
BPCI Initiative: Model 2	APM	AK, WY		No
BPCI Initiative: Model 3	APM	AK		No
State Innovations Models Initiative: Model Design Awards Round Two		HI, MT		N/A



Comprehensive Primary Care Plus (CPC +)



Source: Centers for Medicare & Medicaid Services



What's Coming

- Medicaid APMs
- All-Payer APMs
 - Will help with thresholds



All-Payer Combination Option

- Available starting in Performance Year 2019.
- Eligible clinicians achieve QP status based on a combination of participation in Advanced APMs within Medicare fee-for-service, AND Other Payer Advanced APMs offered by other payers.

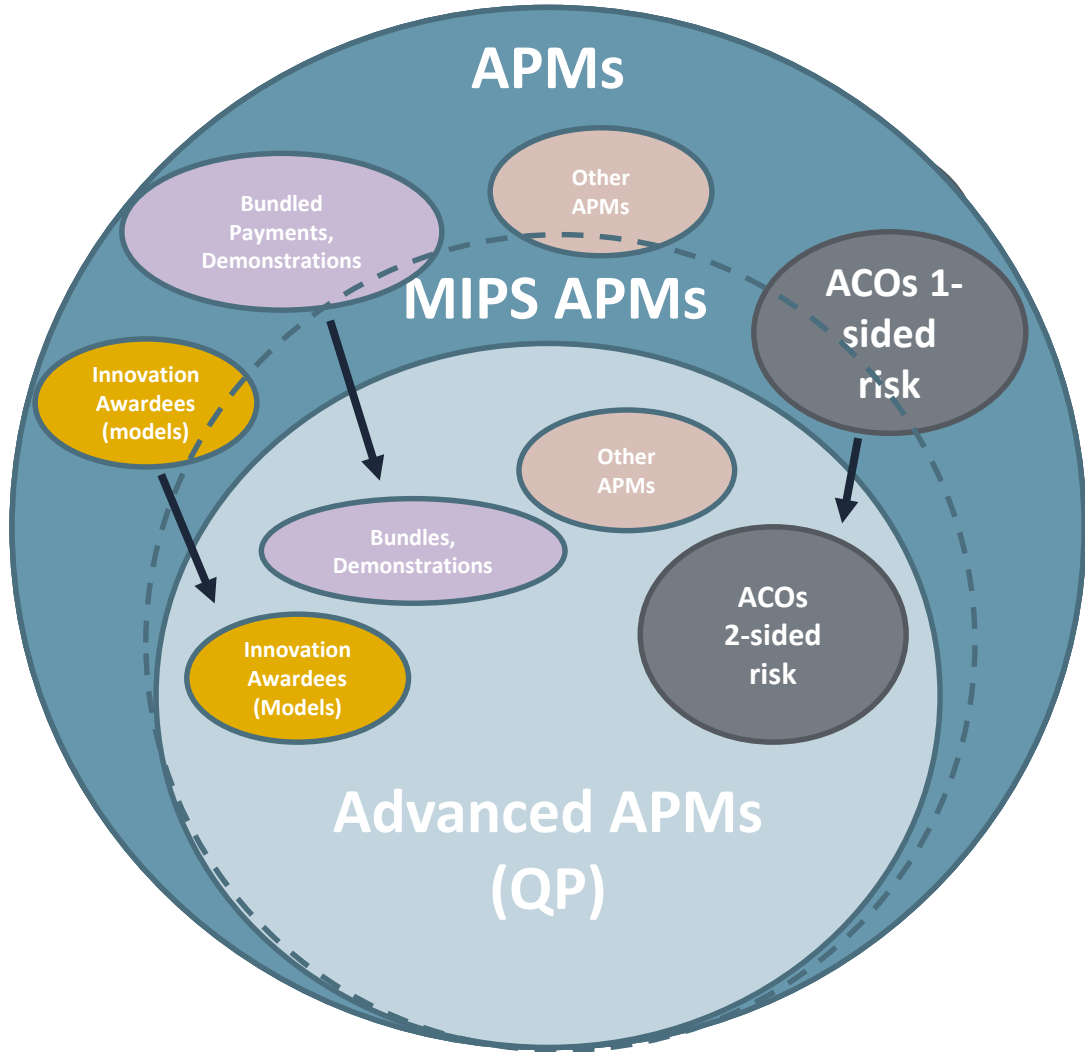


How to Enroll in an APM or an Advanced APM

- Evaluation:
 - Focus your decision on one that fits your clinic/system.
 - Ensure financial risks are understood; 8% revenue-based currently.
 - Evaluate your costs and quality from QRUR/MIPS report
 - Evaluate Total Cost of Care (TCOC) reports (Utah/Oregon)
- Decide which one you want to join.
- Enroll by the APM application deadline (different for each APM).



Alternative Payment Models (APMs) and Advanced APMs

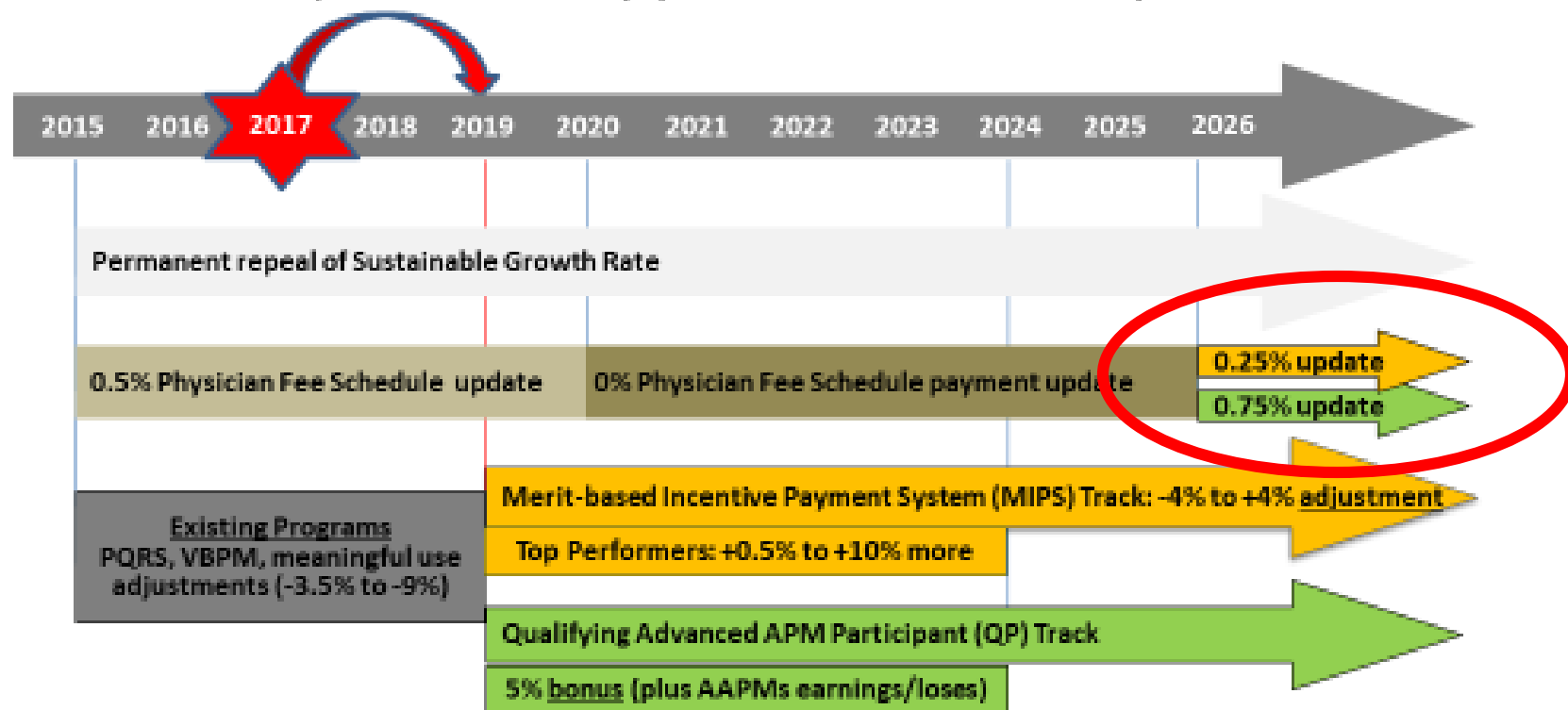


Summary of Rewards for MIPS/APMs



Fee Adjustment – Note 2026!

2017 performance dictates payment track and MIPS score for adjustment in 2019



Non-participants will get -4% adjustment on all Part B allowable charges starting in 2019
 QPs get 5% bonus up front, AAPM earnings/loses, and 0.75% PFS payment update after 2016



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Upcoming MIPS Tips

July 12, 2018 – Feedback Reports

- All webinars will be held at 1 p.m. MT/Noon PT
- Topics are subject to change
- Watch your email for registration information, coming soon!



Poll #3

If we offered CMEs for these webinars, would you apply for them?

1. Yes
2. No
3. Maybe



For More Information

Contact a QPP Expert in Your State

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