Advanced APMs and your practice
The final rule

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Agenda

- Advanced APM overview
- Specific APMs
- MIPS APMs
- Additional resources
Poll question

How familiar are you with MACRA & Advanced APMs?

a) Not at all
b) A little
c) Somewhat
d) I know a good amount
e) Expert
MACRA TIMELINE

2016
• Final performance period for MU/PQRS/VBM
• Payment year for 2014 performance period

2017
• Payment year MU/PQRS/VBM (2015 performance)

2018
• Final payment year for MU/PQRS/VBM (2016 performance)
• First MIPS performance period
• May select either 8 Modified Stage 2 objectives or 6 Stage 3 objectives

2019
• Second performance period for MIPS
• Stage 3 only & 2015 CEHRT required
• Feedback report from CMS due in July
• March 31: QCDR/EHR attestation submission deadline for 2017 performance
• Payment year for 2017 MIPS performance period
• Performance period for 2021
• “ACI” objectives – same as Stage 3 with different thresholds

Sunset activities
ADVANCED APM OVERVIEW
Proposed definition and general structure

- Updated annually
- Cost/quality similar to MIPS
- 30% Marginal risk
- Total risk: 4% of APM spending target
- 4% minimum loss rate
Nominal risk

Revenue standard
8% of average estimated total Medicare Parts A & B revenue

Benchmark-based standard
3% of expected expenditures the APM is responsible for
THE MEDICAL HOME MODEL

Only for CMMI Medical Homes with 50 or fewer Eligible Clinicians

General definition

Or

Quality incentive or PMPM at risk

2017: 2.5%
2018: 3%
2019: 4%
2020: 5%

RISK
WHO’S IN THE APM TRACK?

Qualifying Participants

2019-2020
- Medicare APMs only

2021+
- Include private payers

Payments
- 2019: 25%
- 2020: 50%
- 2021+: 75%

Patients
- 2019: 20%
- 2020: 35%
- 2021+: 50%
IMPACT TO PROVIDERS

Financial Rewards

- 2016: .5%
- 2017: .5%
- 2018: .5%
- 2019: .5%
- 2020: FFS rates frozen
- 2025: .25% for MIPS
- 2026+: .75% for Advanced APMs

5% Lump Sum Bonus
Cost & Quality (PQRS and the Value-based modifier)
These elements won’t be defined by the MIPS track, but must be similar, and Advanced APMs require both.

Clinical Practice Improvement Activities (New)
You escape the need to report on CPIA activities, but many Advanced APMs still require this to realistically succeed.

Advancing Care Information (MU)
You do not have to report on ACI (MU) objectives, but still must use CEHRT.
Changes to Advanced APMs

- Looking to introduce in 2018
- Lower financial risk than Tracks 2/3
- May reopen applications
- Accelerating timeline on QP determinations, notification prior to end of MIPS performance period
SPECIFIC ADVANCED APMS
Enumerated Advanced APMs

- Medicare Shared Savings Program Track 2
- Medicare Shared Savings Program Track 3
- Next Generation ACOs
- Comprehensive Primary Care Plus (CPC+)
- Oncology Care Model Two-Sided Risk Arrangement (2018)
- Comprehensive End Stage Renal (ESRD) Care Model
A NOTE ON MEDICARE SHARED SAVINGS PROGRAM TRACK 1

Risk, then reward

$0 at risk

Does not qualify
**TRACK 2 VS. TRACK 3**

**Advanced APM Definition**
- Benchmark standard at 3%
- Revenue standard at 8%

**Track 2**
- ✔ Marginal risk/shared losses 40%-60%
- ✔ Shared losses cap at 5%-10%
- ✔ Minimum loss rate at between 0%-3%

**Track 3**
- ✔ Marginal risk/shared losses 40%-75%
- ✔ Shared losses cap at 15%
- ✔ Minimum loss rate at between 0%-3%
NEXT GENERATION ACO

Arrangement A
- Minimum loss rate at 0%
- Losses cap at 15%
- 80%-85% loss/savings rate
- Losses cap at 15%

Arrangement B
- Minimum loss rate at 0%
- Losses cap at 15%
- 100% loss/savings rate
NEXT GENERATION ACO

Fee schedule options

- Capitation
- FFS+
- Standard Medicare FFS
- Standard FFS and up to $6 PBPM for investment
- Paid back to ACO monthly in lump sum
- Percentage reduction to FFS
- Population based payments
COMPREHENSIVE PRIMARY CARE PLUS (CPC+)

Payment structure

1. Care Management Fee
   - Per beneficiary per month infrastructure investments that must be spent on things like staffing or HIT

2. Quality and utilization incentive
   - Paid upfront per beneficiary per month. Must be repaid to CMS if metrics not met.

3. Comprehensive Primary Care Payment
   - Similar to population based payments, FFS reduced and paid to CPC+ upfront monthly
COMPREHENSIVE PRIMARY CARE PLUS (CPC+)

Four Drivers of Care

- Comprehensive care
- Use of enhanced, accountable payment
- Continuous improvement driven by data
- Optimal use of HIT
COMPREHENSIVE PRIMARY CARE PLUS (CPC+)

What makes Track 2 different

- CPCP payments only for Track 2
- Higher Care Management Fee and Quality Incentive payments

HIT Vendor Letter of Support

- Emphasis on behavioral and social health
- Focus on complex patients
What’s a MIPS APM?

- Participate in an APM through CMS, or when mandated through legal/regulatory requirements
- APM requires that APM Entities include at least one EC
- APM bases payment on performance on cost and quality
MSSP/Next Generation ACOs scoring

- Advancing Care Information: 30%
- Quality: 50%
- Clinical Practice Improvement Activities: 20%
All other MIPS APMs

- Clinical Practice Improvement Activities: 25%
- Advancing Care Information: 75%
Greenway Community

Visualized analytics

Integrated care management

Greenway Exchange
Poll question

Would you like to be contacted by a sales representative about Greenway Community?

a) Yes
b) No
QUESTIONS
ADDITIONAL RESOURCES
Acronym cheat sheet

- ACI: Advancing Care Information
- APM: Alternative Payment Model
- CPIA: Clinical Practice Improvement Activities
- EC: Eligible Clinician
- HHS: The US Department of Health & Human Services
- MACRA: Medicare Access & CHIP Reauthorization Act of 2015
- MIPS: Merit-based Incentive Payment System
- MU: Meaningful Use
- NP: Nurse Practitioner
- NPRM: Notice of Proposed Rulemaking
- PA: Physician Assistant
Resources

- Quality Payment Program website
- Executive Summary of the Final Rule
- The Medicare Access and CHIP Reauthorization Act of 2015
- Comprehensive list of APMs
- Improvement Activities and APMs