



Understanding and Preparing for MACRA

June 16, 2016

Moving from Volume to Value

Reforming our health care delivery system to improve the quality and value of care is essential to address escalating costs, enhancing quality, and increasing numbers of Americans coming into the system with no previous healthcare.

Reform will:

- Improve access to right care, right time, right setting
- Improve health and prevent complications of illnesses
- Further migrate payments via incentives

The MACRA legislation is driving CMS to further focus on value in addition to quantity. All other payers are following this migration.



What is MACRA?

- New legislation passed in 2015, repealing annual Sustainable Growth Rate (SGR)
- Locks reimbursement at near 0 growth in lieu of annual performance bonuses
- Two new payment tracts: MIPS or Advanced APM
- Program will be implemented on January 1, 2019, based on provider's 2017 performance



Who will be impacted?

- Nearly all providers are impacted:
 - Medicare Part B payments
 - Physicians, PAs, NPs, Clinical Nurse Specialists, CRNAs
- Excluded are:
 - Clinicians, groups with less than 100 Medicare patients or \$10,000 in Medicare charges
 - Providers in their first year of Medicare billing
 - Medicare Part A



MIPS: Merit-Based Incentive Payment System

- Bonus payments determined by:
 - Score of 0-100 on performance across 4 categories:
 - Quality
 - Cost/Resource Use
 - Clinical Practice Improvement
 - Advancing Care Information
- Stronger performers in a yet-to-be-defined region will benefit over those with low scores or no data
- Participants in a group APM (existing ACO) will benefit over independent provider organizations



What can you do now?

- Educate your providers about this change to performance based payment
- Focus on documenting your high quality care
- Review PQRS and GPRO scores, put together an improvement plan
- Talk with your local ACO or call KentuckyOne Health Partners for support
- Routinely visit the KHP MACRA Resource Center for new information



Implications for Providers

- Nearly all providers are impacted
- By default, most providers will be in MIPS model year one
- In addition to common PQRS measures, each specialty will have a few metrics
- The time to begin improving is now 2019 bonus and penalties are based on 2017 performance



How can KHP help?

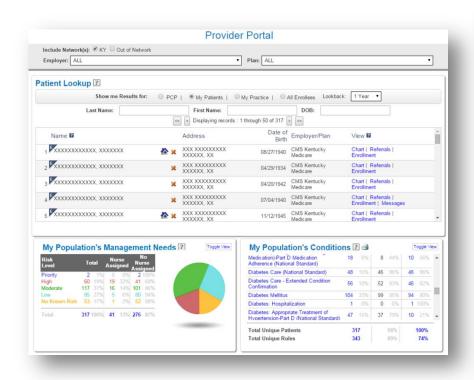
Check out MACRA on KentuckyOneHealthPartners.org:





How can KHP help?

Our Care Management System and Quality Portal are great resources for provider offices.







How can KHP help?

- Education and hands on support to improve provider quality metrics:
 - July/August/September meetings and office visits;
 - September Annual Business Meeting
 - Regional forums in September and October
- Call us at 1.844.804.8725.



Rely on KentuckyOne Health Partners

- Largest Medicare Certified ACO in Kentucky, among the 20th largest ACO's in the US
- More than 100 provider groups and nearly 2,300 clinical providers in Kentucky, Ohio and Indiana
- Managing over 100,000 lives and approaching \$1 billion in medical spend under contract
- Surpassing CMS medical spend savings goals 3 years in a row
- Improved GPRO quality scores 20% for all our ACO providers
- Becker's "100 ACO's to Know" for 4th year
- CAPG 4-Star "Exemplary" rating

