

Beginning January 2017, through its Quality Payment Program, Medicare will require physicians who are not part of an accountable care organization (ACO) to submit certain quality and performance data to avoid a 4% payment penalty beginning October 2018. The penalty will increase to 9% by October 2021.

To prepare your practice for the Quality Payment Program, ***Compass Practice Transformation Network (PTN)*** will provide advisors, at no cost, thanks to a federal grant initiative known as the Transforming Clinical Practice Initiative (TCPI) from the U.S. Dept. of Health and Human Services.

Supported by the Medical Association of Georgia as well as the Georgia Hospital Association, TCPI funds the advisors, through the ***Compass PTN***, which was founded by the Iowa Healthcare Collaborative and partners across Georgia, Iowa, Kansas, Nebraska, Oklahoma, North Dakota and South Dakota.

Purpose:

- Prepare clinicians for a new Medicare reimbursement methodology
- Achieve quantifiable improvement outcomes
- Improve upon practice-selected quality measures
- Ensure physician practices comply with mandatory quality reporting in 2017
- Collaborate with clinician colleagues
- Assist in improving patient health

Process:

If interested, join by going to www.ihconline.org. Click on “Compass PTN” at the top and follow the instructions. If you need assistance with enrolling, contact Program Lead Joyce Reid at jreid@gha.org or 770-249-4545.

To get you started, the Business Association Agreement (BAA) is attached for your review and signature. The BAA is HIPAA compliant, allowing the exchange of information between the Georgia Hospital Association and the Iowa Healthcare Collaborative (dba Compass PTN), of which GHA is a subcontractor.

Once enrollment is complete, a quality improvement advisor will conduct an assessment of your practice to identify gaps and help your practice prioritize next steps.

A strategic plan will be developed to guide your quality improvement activity. Your advisor will be available for regularly scheduled phone calls and/or on-site visits to support you through **Compass PTN**.

At the conclusion of the process, your practice will have a better understanding of, and comfort level with, data measurement and quality improvement to prepare you for the value-based payment model of the Quality Payment Program.

The Commitment

As a **Compass PTN** participant, you will select a representative from your practice who must submit monthly data measures selected by your practice. **Compass PTN** participants allow our quality improvement advisors to spend time with your designated representative through on-site visits and/or phone calls. Although your practice selects the measures, Quality Improvement Advisors will work with your practice to prepare you for the Quality Payment Program while improving and sustaining quality care practices.

In joining the **Compass PTN**, you will have committed to work with your designated advisor to:

- Establish your practice's quality improvement team.
- Complete a Practice Assessment Tool (PAT) every six months to assess your progress as a practice.
- Set aims that align with your practice's goals, values and capabilities.
- Collect and submit performance data via a secure web portal.
- Participate in four-month improvement cycles and annual learning communities.
- Track your progress and measure your readiness for MACRA.
- Collaborate and share your successes with peer PTN providers via online and in-person educational opportunities.

We look forward to collaborating with your practice as part of our mutual goal to ensure the health and safety of all Georgians. Please call us for additional information.

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ARE YOU READY FOR MACRA?

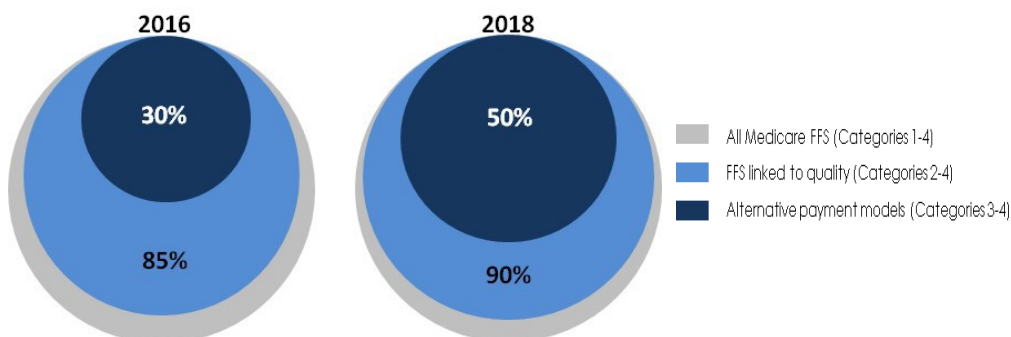
On April 16, 2015, federal legislation, with bipartisan support, permanently eliminated the Sustainable Growth Rate (SGR) formula and replaced it with a new law known as the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA.

Over the next seven years, all Physician Quality Reporting System (PQRS) Eligible Professionals will be reimbursed according to where they fall within various performance thresholds. The MACRA law consolidates the PQRS, Value-Based Modifier (Value Modifier) and Electronic Health Record (EHR) incentive programs. By the end of 2016, 85% of all traditional fee-for-service Medicare Part B services will be tied to quality and value.

TCPI Goals

- Support clinicians in their practice transformation goals
- Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries
- Reduce unnecessary hospitalizations
- Sustain efficient care delivery by reducing unnecessary testing and procedures
- Build the evidence base on practice transformation so that effective solutions can be scaled

Target Percentage of Payments in FFS Linked to Quality and Alternative Payment Models by 2016 and 2018



Giving Clinicians the Support and Tools Needed to Thrive in Value-Based Care

Transformation Clinical Practice Initiative (TCPI) is a national initiative funded by the Center for Medicare & Medicaid Innovation and is designed to "provide hands-on support to 140,000 physicians and other clinicians for developing the skills and tools needed to improve care delivery and transition to alternative payment models." –HHS Secretary Sylvia M. Burwell

The Compass Practice Transformation Network (Compass PTN) was founded by the Iowa Healthcare Collaborative with partners across Georgia, Iowa, Kansas, Nebraska, Oklahoma and South Dakotas to help clinicians in transform and prepare for the new payment system through the TCPI grant.

What is the Cost to Participate?

There is no monetary cost for clinicians and practices to participate in the Compass PTN.

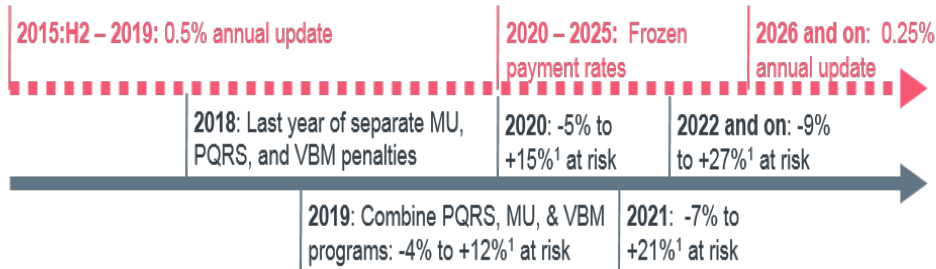
With or without Compass PTN, clinicians and practices will need to invest time to successfully transform to value-based healthcare.

Enroll today and let Compass PTN support and guide your practice through this process.

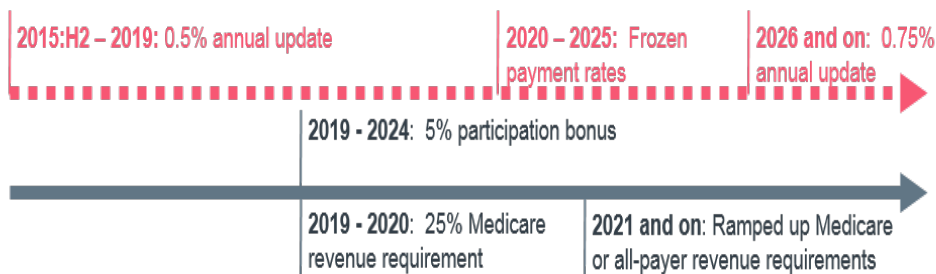
Timeline for MACRA Implementation

By 2019 clinicians must choose between MIPS or APM

Merit-Based Incentive Payment System



Advanced Alternative Payment Models²



1. Fee for service.
 2. Positive adjustments for professionals with scores above the benchmark may be scaled by a factor of up to 3 times the negative adjustment limit to ensure budget neutrality. In addition, top performers may earn additional adjustments of up to 10 percent.
 3. APM participants who are close to but fall short of APM bonus requirements will not qualify for bonus but can report MIPS measures and receive incentives or can decline to participate in MIPS.

Source: The Medicare Access and CHIP Reauthorization Act of 2016; Advisory Board analysis.

- July 2015 – December 2019:
 - Medicare clinician base update is 5%
 - EHR/MU; PQRS; VBM all continue under current law
- January 2017: Performance year for 2019 MIPS reimbursement begins
- January 2019: Based on eligibility, clinicians enter either the APM track or the MIPS track.

How will clinicians be reimbursed under MIPS?

Beginning in 2019 clinicians participating in MIPS will be eligible for positive or negative Medicare payment adjustments starting at 4% and gradually increase to 9% in 2022. These initial adjustments will be based on performance measured in 2017.

- Scores at threshold (i.e., earn the mean composite score) will receive no payment adjustment
- Composite scores above the mean will receive a positive payment adjustment for the following year
- Composite scores below the mean will receive a negative payment adjustment for the following year
- Rolls PQRS, EHR/MU and VBM into a single program measuring quality, resource use, clinical practice improvement activities and EHR/MU technology

CONTACT US

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