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.

Doug Patten, M.D.                Joyce Reid, R.N.
Chief Medical Officer            Vice President & Project Lead
770-249-4547                     770-249-4545
dpatten@gha.org                  jreid@gha.org
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

Better Health, Better Care and Lower Costs Through Data-Driven Improvement
### Timeline for MACRA Implementation

By 2019 clinicians must choose between MIPS or APM

#### Merit-Based Incentive Payment System

<table>
<thead>
<tr>
<th>2015-H2 – 2019: 0.5% annual update</th>
<th>2020 – 2025: Frozen payment rates</th>
<th>2026 and on: 0.25% annual update</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018: Last year of separate MU, PQRS, and VBM penalties</td>
<td>2020: -5% to +15% at risk</td>
<td>2022 and on: -9% to +27% at risk</td>
</tr>
<tr>
<td>2019: Combine PQRS, MU, &amp; VBM programs: -4% to +12% at risk</td>
<td>2021: -7% to +21% at risk</td>
<td></td>
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</tbody>
</table>

#### Advanced Alternative Payment Models

<table>
<thead>
<tr>
<th>2015-H2 – 2019: 0.5% annual update</th>
<th>2020 – 2025: Frozen payment rates</th>
<th>2026 and on: 0.75% annual update</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 - 2024: 5% participation bonus</td>
<td>2021 and on: Ramp up Medicare or all-payer revenue requirements</td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

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1. For purposes of Federal income tax and Federal paid leave, an individual’s income is the sum of income from all sources of employment, including self-employment income, earned income, and interest, dividends, and other income.

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**Contact Us**

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www.ihconline.org/CompassPTN

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