MACRA Redux: Transforming Medicare Payments to Providers

By Dr. Michael Pinnolis
Chief Medical Officer, ICP

Exactly one year ago, Congress overwhelmingly repealed the Sustainable Growth Rate (SGR) formula and replaced it with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA offers a blueprint for how the Centers for Medicare & Medicaid Services (CMS) will transform Medicare payments over a decade, beginning in 2019. Everyone who treats Medicare patients needs to understand MACRA and the two options it offers providers.

Beginning in 2019, every Medicare provider must choose either the Merit-based Incentive Payment System (MIPS) or an Alternative Payment Model (APM). MIPS is a single program that combines previously separate programs – Meaningful Use, Physician Quality Reporting System (PQRS) and the Value-Based Payment Modifier programs – into one program that measures performance on:
- Meaningful use of a certified electronic health record (EHR),
- Quality of care,
- Resource use and
- Clinical practice improvement.

Performance on these metrics will be combined to create a score which will be used to modify your Medicare fee schedule up or down. The range begins at +/- 4 percent in 2019 and increases every year until 2022, when it levels off at +/- 9 percent of the fee schedule. Clinicians in MIPS will have no fee-schedule increases from 2019 through 2014 and then will be allowed a 0.25 percent increase in fee schedules each year, beginning in 2025.

CMS will base your performance on the previous two years of data; therefore, your bonus or penalty for 2019 will depend on how you perform on the MIPS measures in 2017 and 2018. In order to maintain budget neutrality, the MIPS program is a “zero sum” game with as many “losers” as winners.

The other option is to participate in an APM program. APMs include Medicare Shared Savings Programs (MSSPs). Participating in a qualified MSSP may protect providers from MIPS penalties. Participation in an MSSP must be done through an accountable care organization (ACO) like the ICP MSSP ACO; it is not possible to participate in an MSSP as an individual provider or small, group practice.

Even if you are in the ACO, you still must have at least 25 percent of your Medicare payments or patients in the APM model in 2019 and 2020 in order to be protected from the MIPS penalties. That number rises to 50 percent of your patients in 2021 and 2022 and then it increases to 75 percent in 2023 and thereafter. Participants in an Alternative Payment Model program are protected from the MIPS penalties, will receive a 5 percent bonus each year from 2019 through 2024, and will receive a 0.75 percent increase in their fee schedules from 2025 onward.

If you wish to read more about MACRA, MIPS and APMs, you may check out the following web sites:

- [https://innovation.cms.gov/Files/x/macra-faq.pdf](https://innovation.cms.gov/Files/x/macra-faq.pdf)

In order to become a member of the ICP MSSP program, providers must meet certain criteria and commit to specific performance standards. The main requirements for membership in the ICP MSSP program include:

- Having a certified EHR
- Willingness to actively improve and report on quality metrics
- Willingness to work on practice transformation and lowering the cost of care
- Willingness to share data directly with ICP analytics
- Willingness to risk code patients appropriately using (Hierarchical Condition Categories) HCC codes

If you are interested in participating in the ICP MSSP program or finding out more about the requirements, please contact your ICP provider services reps: Shaleighne Murphy or Christine Garthwaite. Applications must be completed in early July, and contracts must be signed prior to July 31, 2016.
Regional Medical Director Reaches Out to ICP Members Face-to-Face

Dr. Peter Jannuzzi, MD, recently accepted a new role as one of ICP's regional medical directors.

He has been on the ICP Board of Directors since 2013 when his practice joined ICP. Previously, he served on the Hartford Hospital Physician Organization Board for 17 years. He has practiced with Unionville Pediatrics since 1989. Prior to coming to Connecticut, he served as a U.S. Army physician and was stationed at Fort Campbell, Ky. and West Point, N.Y.

"My main goal is to educate and engage our providers in current and future ICP programs," he said. "We believe that face-to-face, real-time meetings are a more effective way to do that as opposed to video presentations, newsletters or email communications. I also will act as a liaison between providers and ICP to help troubleshoot problems."

In addition, he is recruiting and meeting with practices that are potential ICP members.

"The practices I have met with are interested and grateful for the effort," he said. "Our hope is that this position will prove to be a real benefit to our members."

Dr. Peter Jannuzzi

According to ICP Chief Medical Officer Dr. Michael Pinnolis, regional medical directors "will play a vital role in ICP's success as an accountable care organization."

"Dr. Jannuzzi’s role will be to inform, listen and ensure ICP members understand how ICP’s value-based contracts work and how to be successful," Pinnolis said.

Geriatric Consultations Available

Hartford Hospital Senior Primary Care at Duncaster offers state-of-the-art geriatric primary and consultative care for patients 55 and older. Services include memory assessments and management of dementia and its behavioral symptoms, fall and balance evaluations and management, and medication reconciliation. Younger patients with symptoms of dementia also will be seen.

The team includes three board-certified geriatric physicians and two nurse practitioners, who can see patients within a week of receiving a referral.

Duncaster is recognized by the National Committee for Quality Assurance as a level two Patient Centered Medical Home. The team will assist in care coordination and work with caregivers in helping the patient manage his or her illness. The clinic works in coordination with the Connecticut Center for Healthy Aging for additional resources a patient might need.

Hartford Hospital Senior Primary Care at Duncaster can be reached by phone at 860-380-5150 or fax at 860-726-2230. (See Patient Story on Page 4.)
Healthcare Providers Should Have the Conversation of a Lifetime

Healthcare workers should be prepared to talk with patients about the end of life, says Colleen Mulkerin, Hartford Hospital director of Palliative Care, Social Work and Spiritual Care.

“As a healthcare community, we should lead by example and take personal responsibility to have our own advance care plans,” she said. “Imagine how our conversations with patients might change if we’ve done our own planning. We can normalize the conversation: ‘I have a healthcare representative, do you?’”

National Healthcare Decisions Day – April 16 – brings attention to having that conversation.

“This conversation is a lifecycle event, not an end-of-life event,” Mulkerin said. “We prepare for everything in life … college, marriage, children, retirement. Having the conversation about the end of life is part of life. Advance planning is a way for the individual to keep his or her voice. It’s like an insurance policy and makes it easier on everyone.”

An advance directive is a legal document providing directions on how the patient wants his or her medical care handled at the end of life. In Connecticut, there are two types of advance directives, both of which can be completed without a lawyer or notary:

- the living will or healthcare instructions
- the appointment of a healthcare representative.

A living will is a statement of a patient’s wishes to be followed if the patient is unable to actively take part in decisions. It refers to preferences for life support (cardiopulmonary resuscitation, artificial respiration and artificial nutrition or hydration). It’s one part of advance care planning and has limitations. For example, it doesn’t provide any clues about your values or what gives your life meaning. The other part of the advance directive is appointing a healthcare representative for all other medical decisions that fall outside the parameters of a living will.

“In circumstances when I can’t make my own healthcare decisions, those caring for me will need direction from someone who knows my values and wishes,” said Mulkerin. “My healthcare representative is authorized to make all healthcare decisions.”

You should give your physician and healthcare representative copies of your documents and review your advance directive regularly – maybe once a year during an annual physical exam, Mulkerin said.

“So many people know they should have the conversation, but only about 25 percent have discussed their wishes for end-of-life care,” said Dr. Ross Albert with HHC at Home Hospice Care. Albert is involved in The Conversation Project, dedicated to helping people discuss their wishes for end-of-life care. “We see people who are really sick,” he said. “By the time they’re in the hospital, a lot of time has been lost with their primary care physician, family and friends.”

Resources available for advance care planning:

- The State of Connecticut web site dedicated to advance directives can be found at http://www.ct.gov/ag/lib/ag/health/advidirec
tivescombinedform2006alt.pdf.
- For free tools to start and structure the conversation with loved ones, go to www.nhdd.org.
- Resources are available on the Hartford Hospital Website.
- Tools also are available at The Conversation Project (http://theconversationproject.org/).
**What is Community Connect?**

Hartford HealthCare (HHC) has partnered with Epic Systems to introduce Community Connect. Unlike most electronic health records (EHRs), Community Connect offers community healthcare providers access to a single community health record, thereby improving patient care and the overall patient experience. Community Connect also offers an all-inclusive, fully-integrated EHR solution.

**New Price for ICP Members**

As an ICP member, you will receive the highest donation from HHC toward the cost of Community Connect: **Up to 80 percent of the cost will be paid by HHC.** In an effort to make Community Connect a reality in every practice, Hartford HealthCare now has new pricing that offers a drastically **reduced up-front cost.**

For more information or to schedule a clinical demonstration, contact the Community Connect account manager Samantha Somma now as 2016 go-live dates are limited: [Samantha.Somma@hhchealth.org](mailto:Samantha.Somma@hhchealth.org) or call 860-677-3876.

**A Patient Story**

**Personalized Dementia Care Offered at Connecticut Center for Healthy Aging**

Caring for people with dementia is challenging for any caregiver and can be especially difficult for an informal caregiver. Dementia is one of the fastest-growing diseases, has no cure, and its prevalence is expected to triple by 2050.

In dementia care, person-centered approaches include the family in addition to the patient. It also involves looking at all aspects of the patient’s life. In the current state, the transitions of care needed to support people with dementia are not always coordinated; The Connecticut Center for Healthy Aging (CTCHA) is working to change that.

Recently, a man reached out to CTCHA via a local senior center after his mother received a diagnosis of dementia from her primary care physician. The son felt overwhelmed with his mother’s change in condition and concerned about providing the best care.

After an initial assessment with a CTCHA resource coordinator, the son was set up with an individual coaching session with a CTCHA dementia specialist. Subsequently, his mother was referred to a geriatrician at Hartford Hospital’s Senior Primary Care Clinic at Duncaster.

As a result of a thorough evaluation, the geriatrician identified a medication that could cause confusion and significantly reduced the dosage. The client’s mother’s diagnosis was changed from dementia to mild cognitive impairment, and she now is able to drive and cook, which she was unable to do prior to her visit to CTCHA.

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**April is Donor Awareness Month**

More than 121,000 people are waiting for a transplant; more than 1,400 in Connecticut.

- Every 10 minutes, someone is added to the organ waiting list.
- Each day, about 80 people receive organ transplants.
- 22 people, on average, die each day waiting for transplants.

A single organ donor may save up to eight lives through organ donation and enhance many others through tissue donation. Last year alone, organ donors made more than 28,000 transplants possible. Another one million people received cornea and other tissue transplants.