

# Frequently Asked Questions

## **What is the Compass Practice Transformation Network (Compass PTN)?**

The Compass Practice Transformation Network (Compass PTN) was founded by the Iowa Healthcare Collaborative (IHC) and partners across Georgia, Iowa, Kansas, Nebraska, North Dakota, Oklahoma, and South Dakota as part of the Transforming Clinical Practice Initiative (TCPI). This grant's purpose is to help clinicians across the United States proactively prepare for the impact of the recently enacted Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) legislation.

The Compass PTN is one of 29 Practice Transformation Networks that was funded by a Center for Medicare & Medicaid Innovation (CMMI or CMS Innovation Center) grant to provide support to primary and specialty healthcare professionals in achieving sustainable and quality care practices that will:

- Improve health outcomes for patients;
- Improve care coordination;
- Better engage patients and families in their care;
- Improve patient, clinician and staff satisfaction; and
- Reduce the overall cost of care.

## **What is the CMS Transforming Clinical Practice Initiative (TCPI)?**

The TCPI is a national initiative funded by the CMS Innovation Center 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.

The initiative model is designed to align with both the Affordable Care Act (ACA) and MACRA by promoting improved quality and reduced cost through five stages of practice transformation:

1. Set aims
2. Use data to drive care
3. Achieve aims
4. Achieve benchmark status
5. Thrive as a business via pay for value approaches

TCPI establishes a collaborative, peer-based learning community and opportunity for stronger partnerships, bidirectional learning, strengthening of healthcare policy and sustainable methods and results for clinicians, patients and families.

### **What are the goals of TCPI?**

- Support more than 140,000 clinicians in their practice transformation goals
- Improve health outcomes for millions of Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries and other patients
- Reduce unnecessary hospitalizations for 5 million patients
- Generate \$1 to \$4 billion in savings to the federal government and commercial payers
- Sustain efficient care delivery by reducing unnecessary testing and procedures
- Transition 75% of practices completing the program to participate in Alternative Payment Models
- Build the evidence base on practice transformation so that effective solutions can be scaled

### **How many Full-Time Equivalent (FTEs) employees/staff will it take to participate?**

This initiative is designed to align initiatives and reporting requirements you are already working on and is not intended to require additional FTEs. Your clinic's assessment and aims will determine how much time will be required and your designated Quality Improvement Advisor (QIA) will guide you through this process as well as the selection of your quality team and identifying PTN resources to support your specific needs. With or without Compass PTN, clinicians and practices will need to invest time to successfully transform to value-based healthcare.

### **What makes the Compass PTN unique?**

Compass PTN is committed to meeting clinics where they are with a flexible and proven approach of aligning and equipping providers with evidence-based models of care that thoughtfully utilizes data to drive quality, safety and measurable outcomes. Since 2004, the convener of Compass PTN, IHC has been a provider-led and patient-focused organization dedicated to promoting a culture of continuous improvement in healthcare. IHC plays a unique role in putting healthcare providers in a leadership position to drive clinical improvements and accelerate change and does so by focusing on three cornerstones:

- Align and equip healthcare providers for continuous improvement

- Promote responsible public reporting of healthcare information
- Raise the standard of healthcare

IHC has been recognized for its contributions on numerous grants and statewide strategies including: Hospital Engagement Network/Partnership for Patients; State Innovation Model; Choosing Wisely; Health Literacy; Patient and Family Engagement; 1305; and numerous statewide work groups and strategies with the Iowa Department of Public Health.

### **What are the key benefits of joining?**

- Learn how to achieve and maintain benchmark status in order to thrive under MACRA and its value-based reimbursement models of Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs).
- Take ownership of health care transformation to lead, guide and influence the future of care with the support of your Compass PTN peers.
- Optimize health outcomes and safety for your patients with the assistance of a designated Quality Improvement Advisor who will work onsite with your practice to provide evidence-based quality improvement and patient engagement resources that align with your existing clinic processes and quality initiatives.
- Enhanced data access, awareness and understanding of how it can be thoughtfully used to drive performance and how it will be used to measure benchmark status under MIPS and APMs.
- Get ahead of the 2019 mandated reimbursement curve and implement patient-centered, quality-focused strategies now that produce measurable results for your clinic and the people you serve. Performance measurement begins January 1, 2017.
- Collaborate with local, regional and national colleagues and clinics to accelerate your own innovative care strategies.

### **Why should you participate in the Compass PTN?**

Over the next seven years, all Physician Quality Reporting System (PQRS) Eligible Professionals (EP) will be reimbursed according to where they fall within various performance thresholds. The bi-partisan passed MACRA law consolidates the PQRS, Value-Based Payment Modifier (Value Modifier), and Electronic Health Record (EHR and Meaningful Use) Incentive Programs.

This initiative was designed to provide qualifying clinicians the support and resources necessary to achieve benchmark status and thrive in value-based healthcare.

## What is MACRA, now known as the QPP (Quality Payment Program)?

On April 16, 2015, federal legislation 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. The final rule was released October 14, 2016 with a 60-day comment period. Over the next seven years, all PQRS EPs will be reimbursed according to where they fall within various performance thresholds. The MACRA law consolidates the PQRS, Value Modifier and EHR Incentive Programs into a single reporting program. By end of 2016, 85% of all traditional fee-for-service Medicare payments will be tied to quality and value. CMS has officially re-named the portion of MACRA that impacts clinician payment as the Quality Payment Program, or QPP. CMS has released a very helpful resource website at [qpp.cms.gov](http://qpp.cms.gov).

MACRA is a budget neutral model where clinicians will be required to choose between MIPS or an APM. Under MIPS, clinicians will be given a composite performance score and where they land on the curve compared to benchmark status will determine whether they receive an upward, downward or no payment adjustment. Under APM, qualifying participants will be given varying incentives with potentially higher risks and rewards.

## Pick Your Pace – 2017 Transition Year

To ease the transition for the 2017 performance year, there are varying extents for organizations to either participate in, or alternatively, be exempt from MIPS. Here is a brief summary of the options:

- **No participation:** Organizations not exempt from MIPS that do not send in any 2017 data will receive a negative 4% payment adjustment.
- **Report one measure for a minimum 90-day period to avoid a penalty:** Reporting only one Quality, ACI, or CPIA measure will earn enough MIPS points to avoid a penalty and possibly earn a small incentive.
- **Report more than one measure for a minimum 90-day period, preferably the entire calendar year 2017:** Reporting more than one measure in any or all of the Quality, ACI, or CPIA categories avoids a penalty, maximizes the MIPS score, and potentially earns the highest possible incentive.
- **Participate in an Advanced APM:** Organizations that sufficiently participate through an Advanced APM earn a 5% Part B bonus and are exempt from MIPS.

## Who is eligible for MIPS? Are Rural Health Clinics and Federally Qualified Health Centers eligible\*, for example?

- **Eligible clinicians in the CY2017 and CY2018 performance years:** Physicians (MD/DO and DMD/DDS), Physician Assistants, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists
- Only those eligible clinicians from the list above who bill for Medicare Part B (otherwise known as the Physician Fee Schedule) or Critical Access Hospital (CAH) Method II payments assigned to the CAH are MIPS-eligible
  - **Excluded from MIPS payment adjustments:** Payments from Medicare Part A, Medicare Advantage Part C, Medicare Part D, **FQHC or Rural Health Clinic facility payments billed under all-inclusive payment methodologies**, and CAH Method I facility payments

*\*Although most FQHCs and RHCs are currently ineligible for MIPS, we encourage all clinical settings to prepare for the future of value-based reimbursement by focusing on improving quality and lowering costs through initiatives such as Compass PTN.*

## Who is exempt from MIPS?

There are currently three defined exclusions:

- Clinicians who are in their first year of Medicare participation
- Clinicians who are participants in eligible APM and who meet the requirements of a Qualifying APM participant (QP)
- Those who fall under a low-volume threshold for treating Medicare patients (Medicare providers with \$30,000 or less in billed Medicare Part B allowed charges **or** 100 or fewer Medicare Part B patients in one year)

If an eligible professional participates in Medicare Part B and is not a qualifying participant in an eligible APM, then he/she will automatically be a participant in MIPS (unless it's his/her first year of Medicare participation or he/she has a very small number of Medicare Part B patients).

## How many providers will the Compass PTN serve?

The Compass PTN will serve over 7,000 primary and specialty care clinicians across the United States, with a particular focus in Georgia, Iowa, Kansas, Nebraska, North Dakota, Oklahoma and South Dakota.

## **What is a Quality Improvement Advisor (QIA)?**

The Compass PTN QIA is a healthcare professional assigned to provide guidance, support, education and evaluation. Your experienced QIA will work with you and your staff to assess and identify the best way to ensure your clinic and your patients thrive under MACRA. To ensure you are meeting clinical, operational and reporting requirements they may use:

- Rapid cycle quality improvement, including PDSA (Plan, Do, Study Act)
- Workflow optimization
- Performance science, including Lean and Six Sigma
- Evidence-based methods for healthcare improvement including those endorsed by Institute for Healthcare Improvement and Network for Regional Healthcare Improvement

## **Who is eligible?**

Clinicians who are included in the CMS 2016 PQRS List of EPs and do not have more than 20% of their patient population enrolled in a Medicare ACO or other similar CMS advanced payment model are eligible to participate\*. This includes primary care and specialty physicians, nurse practitioners, physician assistants, optometrists, oral surgeons, podiatrists, chiropractors, clinical social workers, physical therapists and occupational therapists, among others. *\*An assessment will be completed to determine eligibility.*

## **Am I eligible if I used to be part of an ACO but am no longer enrolled?**

Yes, but please contact Meg Nugent, Compass PTN Director, at [nugentmjohnsonlj@ihconline.org](mailto:nugentmjohnsonlj@ihconline.org) to confirm your eligibility.

## **What makes you ineligible to join the Compass PTN?**

Clinicians and clinical practices that are part of a Pioneer ACO or have more than 20% of their patient population tied to a Medicare Shared Savings Program (MSSP), Multi-Payer Advanced Primary Care Practice (MAPCP) or the Comprehensive Primary Care Initiative (CPCi or CPC+) are ineligible.

## **What if I'm part of an ACO or other similar program with a commercial payor, like Blue Cross Blue Shield or Aetna – am I eligible to join the Compass PTN?**

Yes. Participating in an ACO or other similar program with a commercial insurer or payor does not disqualify you from joining the Compass PTN.

### **How much does it cost to participate in the Compass PTN?**

There is no cost for clinicians and practices to participate. This national initiative is funded through a four-year cooperative agreement. The Compass PTN is supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

### **What do you expect from me if I decide to participate in the Compass PTN?**

- Join the PTN by completing the online enrollment process found here: <https://compassptn.qualtrac.com>.
- Register at [www.healthcarecommunities.org](http://www.healthcarecommunities.org) to receive updates and information about the PTN
- Identify your clinic's PTN point of contact
- Work with your designated QIA to:
  - Establish your improvement team
  - Complete a Practice Assessment
  - Set aims that align with your clinic's goals, values and capabilities
  - Collect and submit performance data via a secure web portal
  - Participate in 4-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

### **What is a Support and Alignment Network (SAN)?**

A SAN is designed by professional associations and others that support PTNs, clinicians and their practices by aligning membership, communication channels and continuing the medical education credits along with other work.

### **What is a Practice Transformation Network (PTN)?**

A PTN is a peer-based learning network intended to coach, mentor, and support clinicians in developing core competencies that are specific to practice transformation.

### **How many PTNs can I participate in?**

You can only participate in one PTN. Please contact Meg Nugent at [nugentm@ihconline.org](mailto:nugentm@ihconline.org) if you have any questions or are unsure about which PTN to choose.

## How can I enroll in the Compass PTN?

Enrollment is easy!

For the online enrollment process, you will need to complete and submit three items:

1. Participating Clinician National Provider Identifier (NPI excel template)
2. Participation Agreement Charter
3. Business Associate Agreement (BAA)

Please visit our website to complete the enrollment process at <https://compassptn.qualitrac.com>.

## Instead of transforming, can I see more patients and make up for reimbursement penalties with volume?

No. MACRA reimbursement models, both MIPS and APMs, eliminate the ability to impact your score with volume alone.

### MIPS

For example, MIPS will use four measures of different weights to contribute to a total score and over time, the weight of impact will change to focus on quality and value. January 2017 will be the first measurement period to impact 2019 reimbursement:

- Meaningful Use = 25%
- Quality Measures = 60%
- Clinical Improvement Activities = 15%
- Resource Use/Cost Measures = 0% (10% in 2018)

	2019	2020	2021	2022 and onward
<b>MIPS Reward/Risk</b>	<b>+4% to -4%</b>	<b>+5% to -5%</b>	<b>+7% to -7%</b>	<b>+9% to -9%</b>

\*Exceptional Performers receive additional positive adjustment factor from a pool of \$500M each year 2019 to 2024.

### APMs

APM requirements will vary depending on model but will include additional criteria and meeting established thresholds.

- ECs participating in advanced APMs may be determined as qualifying APM participants (QPs) if they meet proposed thresholds

- QPs:
  - Are not subject to MIPS
  - Receive 5 percent lump sum bonus payments for years 2019-2024
  - Receive a higher fee schedule update for 2026 and beyond

**Eligible Advanced APMs Include:**

- ✓ Comprehensive ESRD Care Model
- ✓ Comprehensive Primary Care Plus (CPC+)
- ✓ Medicare Shared Savings Program Track 2
- ✓ MSSP Track 3
- ✓ Next Generation ACO Model
- ✓ Oncology Care Model Two-Sided Risk Arrangement

**2017 Thresholds for APMs**

Participation in Advanced APMs: <i>Incentive Payment Requirements</i> Clinicians must meet <u>payment</u> <u>or</u> <u>payment requirements</u>	
Payment Year	2019
% of Payments for Advanced APMs	25%
% of Patients through an Advanced APMs	20%

**Do I need to do this if I don't see many Medicare or Medicaid patients?**

Participation is optional but keep in mind that historically, commercial payers often follow the lead of CMS when it comes to reimbursement models. If you do enroll, your QIA will also work with you to align payer incentives with those of TCPI since they often overlap.

Another question to ask yourself is whether or not the current population and community you serve is aging. While there are certain specialties that this won't apply to, it may be something to consider if in time, you think this will happen.

**Can I wait or do I need to sign up today?**

You can wait but keep in mind that performance measurement for 2019 reimbursement begins January 1, 2017. Participation will greatly improve your ability to be at or above benchmark status on the effective date, as well as give you peace of mind that you will be able to sustain your score and thrive in value-based healthcare.

**Who do I contact if I have more questions?**

Please send an email to Meg Nugent at [nugentm@ihconline.org](mailto:nugentm@ihconline.org).

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