

Mission: We provide superior healthcare and value through an integrated partnership among patients, providers, and community resources.

As 2016 draws to a close, we think about all those things for which we feel thankful. In lieu of our standard quarterly newsletter, your Alliance Team thought it would be fitting to publish what we are grateful for.

We would like to thank everyone for:

- 1) **100% successful PQRS reporting** thus avoiding a 2% penalty on Physician Medicare payments.
- The efforts of our PCPs to close Quality Measure gaps.
- Working with us on our MSSP program to generate \$3.5 million in savings.
- 4) Supporting the change in the Ownership Structure of the Alliance which will facilitate our transition to the Advanced APM Track of MACRA in 2018 which will lead to a bonus equal to 5% of the prior year's Medicare Part B spend for our Medicare treating physicians in 2020.
- 5) Supporting the PinnacleHealth transition which has already borne fruit in the form of improved contracts. We are in the midst of negotiating new contractual terms with existing payers. One of the "big three" have requested meetings with the Alliance leadership to begin negotiations which could lead to a contract which may cover more lives than all of our other commercial contracts combined.
- 6) Collaboration among the specialists in our ongoing QuE (Quality and Efficiency) Programs which continue to generate significant internal cost savings that are being shared among MWHC and our electrophysiologists and orthopedists and neurosurgeons.

- 7) Interdisciplinary programs that have enabled us to be very successful in our BPCI (Bundled Payment for Care Improvement) Program such that proceeds from BPCI should cover a significant portion of Alliance operating expenses which will free up funds generated in our other programs to be distributed via our performance distribution plan in early 2017
- Embracing the unblinding of physician performance data to support transparency of data reporting and recognition of high performers with both tangible and intangible rewards.
- 9) Working with us on our Collaborative Care Coordination Program which enables us to reach many more beneficiaries than we could through our four RN Care Coordinators alone. Through this program our practices learn the principles of effective care coordination, our patients get the enhanced care directly from their own providers and the Alliance's population health objectives are supported.
- 10) Being part of an organization and system that fosters the health of the community connecting you, your practices and your patients to available **community resources.**

On Behalf of the *MWMD Board of Managers*



Twas the Night Before PQRS Reporting

As the end of the year approaches, we wanted to take a moment to send out a message regarding the Mary Washington Health Alliance's Q1 2017 GPRO effort. Like we did at the beginning of Q1 2016, the Alliance will work with MSSP participating offices to satisfy your PQRS requirement for performance year 2016 (you will not be able to independently report PQRS). Please note only practices that joined the MSSP prior to the start of 2016 will have their PQRS requirements satisfied by this effort. Additionally, this effort does not take the place of Meaningful Use (MU).

If you have any questions or would like additional information about the GPRO reporting, please contact Thomas Magrino at **540-741-3085** or <u>Thomas.Magrino@mwhc.com</u>. We look forward to working with you through the GPRO (PQRS) audit.

What we ALL need to do to make 2017 better!

- AWVs
- Improve access to providers
- See patients promptly for post-acute care
- Use the appropriate post-acute care setting
- Use Generic drugs when appropriate
- Attention to Health Maintenance
 - *Flu Vaccine *Treat lipid abnormalities
 - *Pneumonia Vaccine *Mammograms
 - *Colonoscopies *Weight Control
 - *BP Control *Smoking Cessation
 - *Control Blood Sugar

- Choose Wisely Eliminate Low- and No- Value Care
- Advanced Care Planning
 - Palliative Services
 - Hospice Services
- Encourage Patients' accountability and participation in their own health care
- Provider Engagement
 - *Town Halls *PCP Forums
 - *Committee Meetings *Webinars
 - *Monthly Medical Director Updates
 - *Quarterly Newsletters





January 2017



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				-		-
l Happy New Year!	2	3	4	5Quarterly Webinar Series: ACO GPRO Reporting Update	6	7
8	9	10	H Business Relations Council : 7:30a to 8:30a	12	13	14
15	16 Martin Luther King Day	17	18	19 Board of Managers Meeting 7a—8:30a	20	21
22	23	24 Clinical Quality 7:00-8:00 am MWH I West A	25	26 Quarterly PCP Forum 7:00 am FHA 5th FI CR	27 Communications & Education 7:30-8:00 am TMMP Classroom E	28
29	30	31				

ALLIANCE EVENTS

CMS Announces New ACO Track 1+ Model Among Alternative Payment Models to Support Clinician Participation in the Quality Payment Program

On Tuesday December 20, 2016, CMS announced new Innovation Center models that continue the Administration's progress to shift Medicare payments from rewarding quantity to rewarding quality, and provide additional opportunities for ACOs to transition to performance based risk and eligible clinicians to qualify for a 5 percent incentive payment through the Advanced Alternative Payment Model (APM) path under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the Quality Payment Program.

The Track 1+ Model will be open to Shared Savings Program Track 1 ACOs that are within their current agreement period, initial applicants to the Shared Savings Program, and Track 1 ACOs renewing their agreement that meet Model eligibility criteria. The Track 1+ Model 2018 application cycle will align with the annual application cycle for the Shared Savings Program. Additional information about the application process is forthcoming, but organizations interested in applying should plan to submit the required Notice of Intent to Apply in May of 2017. ACOs will have additional opportunities to join the Model test as part of the 2019 and 2020 Shared Savings Program application cycles.

IN THE NEWS!

Factsheet: Advancing Care Coordination through Episode Payment Models (Cardiac and Orthopedic Bundled Payment Models) Final Rule (CMS-5519-F) and Medicare ACO Track 1+ Model

LINK: <u>https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-12-20.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending</u>

Travis B. Turner, MBA	SVP of Clinical Integration	540-741-2248	Travis.Turner@MWHC.com				
Richard A. Lewis, MD	Medical Director	540-741-1552	Richard.Lewis@MWHC.com				
Pamela Johns	Business Manager	540-741-2118	Pam.Johns@MWHC.com				
Joan Snyder, RN, MS	Population Health Manager	540-741-2119	Joan.Snyder@MWHC.com				
Terry Sullivan MSN, RN, CDE	Pop. Health Care Coordinator	540-741-2456	Terry.Sullivan@MWHC.com				
Raun Craven, RN BSN	Pop. Health Care Coordinator	540-741-	Raun.Craven@MWHC.com				
Tina Scotto, RN, BSN	Pop. Health Care Coordinator	540-741-	Tina.Scotto@MWHC.com				
Ezem Ajeroh, MT (ASCP)	CI Analytics Coordinator	540-741-7666	Ezem.Ajeroh@MWHC.com				
Thomas C. Magrino	CI Business Analyst	540-741-3085	Thomas.Magrino@MWHC.com				
David M. Mears, MHA	CI Business Analyst	540-741-3087	David.Mears@MWHC.com				
Carole Sillman	Executive Assistant	540-741-2436	Carole.Sillman@MWHC.com				

Alliance Staff Contact Information: