



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

Chairman of MWMD Board

Message from Thomas A. Janus, DO



We lost a good friend and an ardent supporter of Mary Washington Health Alliance this month. Susan Holland, M.D., resigned her position on the board as she prepares for the next stage of her career which entails moving her practice to Northern Virginia. Susan chaired our quality committee since the Alliance's inception. She pushed her committee relentlessly to identify quality measures for MWMD in pursuit of achieving the goals of the Alliance. Dr Holland will be greatly missed, and I want to thank her for her commitment and her enthusiasm.

One of the challenges of the Alliance is how to infuse the passion of our mission in all of our members. Effective work by the board of managers and committee members will not enable our success. To be successful, we need engagement and commitment from all physicians within the MWHA. Trying to wrap our arms around Population Health is no easy accomplishment; incorporating risk based contracts at the same time makes this an even more strategic challenge. I have no doubt in time we will succeed, for we must in order to remain independent and financially viable. But imagine, just for a moment, how much sooner we could achieve our goals if all members of the Alliance actively participated

Allow me to pose two difficult situations for your consideration. Both of which are core measures for our success as an ACO. Imagine how much better our patients would be if we as an Alliance could find avenues to deliver care to patients within our offices so unnecessary emergency room visits could be avoided. Imagine further, how better off our patients would be if we as an Alliance develop systems to avoid readmissions to the hospital by implementing intensive post acute follow up programs within our offices.

To say the least, these are daunting challenges. Challenges left unattended because there was no pressing need to address them—the need now clearly exists. I want our members pushing the board with potential solutions. Nobody signed up with the Alliance to have a board of managers tell them how to practice medicine. I encourage you to get involved, help redesign how we provide healthcare, and improve the health of our community.

Do it to provide better care for your patients. Do it to enhance your professional satisfaction. Do it so the work of people like Susan Holland, M.D. will continue.

Thomas A. Janus
Thomas A. Janus,

Welcome New Providers & Practices

Barbara Arcarese, MD Fall Hill Gastro.	Vladimir Bakalov, MD Maitri Shelly Kalia-Reynolds, DO MWMD Endocrinology	Frank Hill, MD Urology Associates of Fredericksburg
Howard Heppe, MD Harold Bautista, MD Pejman Aflaki, MD Plastic Surgery Services of Fredericksburg	Michael Bowen, DPM Fredericksburg Orthopedic Associates	Mehulkumar Rupporeliya, MD Chancellor Internal Medicine
Jason D. Poirier, MD American Anesthesia Associates of VA	Kurt Graham, MD Meridian Independent Physician Group Bonny Moore, MD Hematology Oncology Associates of Fred.	Stephen Bakos, MD Paul Koops, MD Ear, Nose and Throat & Facial Plastic Surgery Center

Inside this Issue:

Message from Board Chair and Welcome	1
Message from Medical Director	2-3
Committee Corner, Jeffrey Frazier, MD	4
Care Coordination Team Update	5
What's New—Updates	6-7
Quarterly Events Calendar	8

Message from the Medical Director—Richard Lewis, MD



MACRA 2.0

MACRA went live January 1, 2017. This complex program will guide Medicare reimbursements for the foreseeable future. There are two major components of MACRA: MIPS and APM. Based upon the features of these programs and the structure of the Alliance, we feel that APM is

clearly a better place for the Alliance than MIPS. But despite multiple educational efforts on our part last year (Town Halls, newsletters, emails, webinars), our recent Alliance provider survey revealed that (at least among 72 survey respondents), MIPS was favored 58% to 42%. Our Communication and Education Committee has recommended a re-education program that we have dubbed “MACRA 2.0”.

What is MACRA?

MACRA (Medicare Access and CHIP Reauthorization Act) is a federal legislation signed into law in 2015. It affects healthcare reimbursement because it repeals the sustainable growth rate (SGR) formula, which determines Medicare reimbursements; it creates a new framework for rewarding health care providers for giving better care; and it combines existing quality reporting programs into one new system.

What is an APM?

An APM (Alternative Payment Model) is a new approach to paying for medical care that incentivizes quality and value. Examples of APMs included MSSP (Medicare Shared Savings Program), Bundled Payments and Patient Centered Medical Homes.

What is an Advanced APM (AAPM)?

Advanced APMs are a subset of APMs that let practices earn more for taking on sufficient risk related to patients’

outcomes. Examples of AAPMs in which the Alliance is considering participation include the Next Generation ACO Model (“NextGen ACO”), MSSP Tracks 2 and 3 and ACO Track 1+.

What is the financial impact of being under an Advanced APM Track?

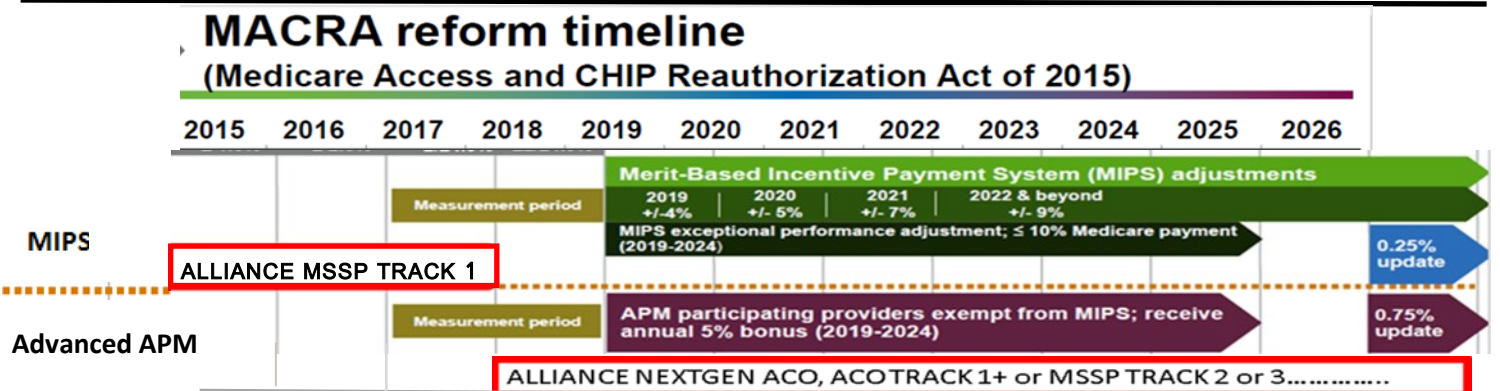
Physicians in Advanced APMs will receive an annual 5% bonus based on their Medicare Part B payments. This is in addition to the bonuses or penalties that are part of the specific Advanced APM in which one is participating. The provider will also be exempted from MIPS reporting and associated payment adjustments.

What is “Pick your Pace”?

CMS has provided several options to participate in MIPS in 2017 and avoid a negative payment adjustment in 2019: (1) “Test the Program” – report a single quality or improvement activity measure or four meaningful use-type measures (ACI) and avoid a penalty and earn no bonus (2) “Report for 90 Days” and avoid a penalty and perhaps earn a “slight” bonus (3) “Report on Quality, Improvement Activities and ACI for Full Year” and avoid a penalty and perhaps earn a “modest” bonus.

What is Merit Based Incentive Program (MIPS)?

The Merit Based Incentive Program is one of two new payment tracks established by MACRA. It combines parts of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-based Payment Modifier), and the Medicare Electronic Health Record Incentive Program into a single program. Eligible Clinicians will be scored on quality, cost, improvement activities, and meaningful use of certified EHR technology and a threshold set by CMS will determine whether clinicians receive a positive (bonus) or negative (penalty) payment adjustment.





MWMD
Mary Washington Health Alliance

MACRA 2.0 (cont'd)

This table illustrates the pros and cons of participating in either of the two arms of MACRA: MIPS or Advanced APM. Especially considering that the risk is borne by Mary Washington Healthcare (MWHC) and providers have access to a 5% bonus, Advanced APM appears to be the logical choice for the Alliance.

MIPS		Advanced APM	
Pros	Cons	Pros	Cons
<ul style="list-style-type: none"> Individual NPI or TIN reporting (avoid group reporting) Avoid Network-associated risk 	<ul style="list-style-type: none"> It takes lots of work/resources to report PQRS and CPIA (required in 2018 and beyond) Budget neutral/potentially competing with large, experienced healthcare systems like the Mayo Clinic No 5% Part B Bonus Cost component returns next year and with a vengeance in 2019 (30% of total score) 0.25% yearly increase in FFS starting 2026 vs 0.75% in AAPM Bonus (if earned) is paid out as an adjustment on next year's billings 	<ul style="list-style-type: none"> FOR THE ALLIANCE. ALL THE RISK IS BORNE BY MWHC (not the providers) Yearly 5% PART B BONUS Bonus paid as a single check You are your only competition Exempt from MIPS 0.75% yearly increase in FFS starting 2026 vs 0.25% in MIPS 	<ul style="list-style-type: none"> Requires that the organization takes on more than nominal risk (again, for the Alliance, MWHC is the sole equity owner/risk bearer) Group (not individual) reporting

MACRA Education



Podcasts

Look for our newest podcasts covering an overview of:

- **MACRA**
- **MACRA MIPS**
- **MACRA advanced APM**

In addition, our earlier podcasts (1-5) include:

- **GPRO Reporting,**
- **Million Hearts Program**
- **Collaborative Care Coordination**
- **BPCI Session 1 (overview and post acute care)**
- **BPCI Session 2—Detail (data, performance and what we are doing today)**

You can access these eight educational audio files through the Provider Portal on the Alliance Website. Each educational podcast is between 5 and 7 minutes long and gives a brief overview of each topic. All podcasts are audio allowing you to listen to them anytime, anywhere. Click the link below to hear or download the podcasts:
<http://www.mwhealthalliance.com/mwmd-podcasts>

Committee Corner...

Message from Jeffrey Frazier, MD Chair, Finance & Contracting Committee, Board of Managers



Since last we updated the progress of the Alliance's Finance and Contracting Committee, much has happened.

On the **Finance** side, we instituted a new per member per month (PMPM) payment to our primary care physicians taking care of our Medicare population.

Our success in the BPCI [Bundled Payment Care Initiative] has strengthened both our balance sheet and our income statement.

We attained shared savings in our Mary Washington Healthcare population for the second year in a row. For the first time we also reached the savings threshold to participate in our Collaborative Accountable Care (CAC) Program with CIGNA. Both of these programs contribute to the successful financial performance of the Alliance.

We distributed our largest performance distribution to our Alliance physicians. While the specialists all received the same distribution, our separate PCP distribution was structured to increase payments to those providers based on the number of Alliance patients attributed to them. This is our continued progression to trying to tie distributions to performance and reward the physicians doing the work of the Alliance.

Through collaboration with our physician partners, three new QUE programs were initiated, one involving major joint lower extremities, the spinal surgery program and the cardiac defibrillator implant program - all of which have generated savings for the health care system, and income for both the Alliance and responsible physicians.

On the **Contracting** side, we signed a new single signature payor contract with Aetna. Not only did this result in the first Aetna rate increase in more than 10 years, it included escalators for the rates in years 2 and 3, similar to the other two contracts we have signed, with VHN and Optima.

We also signed a new shared savings arrangement with Anthem, our first contract with Anthem, something we were never able to attain in Pinnacle. In addition to a shared savings component, this contract also includes new per member per month payments for our primary care practices that will be included in our Commercial Collaborative Care Coordination Program.

We formalized our combined negotiating team with the health system to maximize the quality, efficiency and benefits of the physicians and health system negotiating as one entity to benefit the providers delivering the care, the employers paying for the care and the patients of the community receiving the highest quality of care.

Alliance Contracts and Contact Information

Aetna

Michelle Manavis, Network Account Manager
Provider Relations Manager
9881 Mayland Drive
Richmond, VA 23233
410-401-9527 (p)
860-907-2865 (f)
Email: ManavisM@AETNA.com

Anthem

Cynthia Beadle
2015 Staples Mill Road
PO Box 27401
Richmond, VA 23230
(804) 354-2426
cynthia.beadle@anthem.com

Cigna

Cassandra Bennett
Cigna Healthcare
901 E. Cary Street, Suite 2000
Richmond, VA 23219
Phone: 804-344-2392
Fax: 800-657-3073
Cassandra.Bennett@cigna.com

Humana

Ajah L. Mills (temporarily on leave-see replacement below)
Provider Contracting Manager
Midatlantic Market
4191 Inslake Dr. Suite 100
Glen Allen, VA 23060
Office: 804.205.5687 | Mobile: 804.837.2736 | Fax: 502.508.7763
E-Mail: amills5@humana.com

Humana (cont'd)

Niquetra Temple (Ajah Mills replacement)
Contract Administrator
Contracting Transactions
Midatlantic Market
4191 Inslake Dr. Suite 10
Glen Allen, VA 23060
Phone: 804-205-5721
Email: n temple@humana.com

Innovation Health

Amy K. Turner
Executive Director & Chief Operating Officer
3190 Fairview Park Drive, Suite 570
Falls Church, VA 22042
Office: 571.382.6278
Email: amy.turner@innovation-health.com

Optima

Christy Thick
Office: 1(804)510-7403 (M,TH)
Phone: 1(540)872-0217 (Tues, Wed, Fri)
Fax: 1(540)872-0218 (Direct)
Fax alt: 1(804)510-7459 (Richmond)
Email: cxthick@Sentara.com

VHN

Billie Cline
Sr. Initial Credentialing Coordinator
Virginia Health Network
812 Moorefield Park Drive, Suite 204
Richmond, VA 23236
Ph: 804-320-3837 ext. 119
Fx: 804-320-5984
Email: bcline@vhn.com



Care Coordination Team Update *from Joan Snyder, RN, MS*

Primary Care practices can participate in two collaborative care coordination programs as members of Mary Washington Health Alliance. Both programs provide staff and financial support to offset the cost of performing care coordination activities such as wellness visits, early follow-up appointments after a hospital discharge and addressing “gaps” in evidence based quality measures. Table 1 provides a comparison of our two care coordination programs.

The “embedded” care coordination program began in 2016 and currently has 6 primary care practices participating (33% of those eligible). This program is directed towards our Medicare population and provides incentives for completing four activities: performing Annual Wellness Visits (AWV’s), contacting high risk patients, seeing patients early after discharge and closing quality measure gaps. This program does require a degree of documentation specific to each patient encounter. The Alliance staff work with a key contact at each practice to collaborate and ensure success of this program.

The Commercial Collaborative Care Coordination program was initiated in April 2017 and currently has 21 primary care practices participating (55% of those eligible). This program

is geared towards our commercial contracts (Aetna, Cigna, Innovation Health) and allows more flexibility in the activities a primary care practice can choose to perform each quarter. The Alliance provides data related to high risk patients, patients with frequent ED visits or hospital readmissions, and “gaps” in evidence based quality measures. Pediatric practices are eligible to participate in this program. The Alliance staff provides support for analyzing data and creating quality improvement processes.

The Alliance staff includes four registered nurses with advanced degrees who have experience in working with patients with multiple co-morbidities and complex social issues. These nurses target high risk and rising risk patients who may benefit from consultation in areas such as medication assistance, transportation, disease specific education and continuity of care. These nurses work closely with the primary care practices to ensure smooth transitions of care.

If you would like to learn more about the Alliance Care Coordination programs, please contact Joan Snyder, Population Health Manager, (540) 741-2119 or joan.snyder@mwhc.com.

MWMD Collaborative Care Coordination Programs

	MSSP “Embedded” Program	Commercial Program
Population	Medicare A&B patients, part of Medicare Shared Savings Program	Cigna, Aetna, Innovation Health attributed patients
Activities	Four specific activities: 1. Annual Wellness Visits 2. High Risk Patient Contacts 3. Follow up Visits after hospitalization 4. “Gaps in Care” patient contacts (colonoscopy, eye exam, A1c)	Practice chooses the activities which should address one of the following: hospitalizations, ED utilization, readmissions, use of generic medications.
Staff needed	Identified lead (RN, LPN, MA or practice manager) to coordinate activities	Key contact at practice
Payment rate	\$3.00 per attributed High Risk or Rising Risk member per month or \$9.00 per quarter	\$1.00 per attributed member per month or \$3.00 per quarter
Documentation	Must report specific activities done for each identified patient at end of quarter	No documentation required but practice provides attestation of commitment at beginning of program
Support	Alliance RN Care Coordinator will assist. Patients who qualify for these activities are identified prior to start of each quarter	Alliance staff will assist. Practice will be given individualized reports specific to the suggested activities above at start of quarter.

What's New - Updates

What's New

MSSP Corner *from Tom Magrino*

There is a lot of information floating around about MIPS these days. In light of this, I wanted to take a moment to address some key high level points about what MIPS means for your practice. Practices participating in the MSSP program will report as a MIPS APM. This is an important distinction from standard MIPS, because the Alliance will cover some of your MIPS reporting activities.

The Alliance will cover the quality portion of MIPS through our regular annual GPRO (PQRS) reporting process. Your participation in the Alliance also earns you 100% of your Clinical Practice Improvement Activity (CPIA) score for 2017. The Resource Utilization portion has been waved for this introductory year.

This leaves one final section of MIPS reporting for the practice, Advancing Care Information (ACI). ACI is a replacement for Meaningful Use (MU). In prior years practices have been responsible for Meaningful Use while the Alliance has handled PQRS. This will continue to be the case going forward. I have summarized responsibility by the Alliance and practice below:

If you have any questions about this process please reach out to Thomas Magrino at 540-741-3085.

	Responsibility: MIPS 2017	
	Alliance	Practice
Quality Reporting	X	
CPIA	X	
Resource Utilization	n/a	n/a
ACI (Meaningful Use)		X

New Alliance Website

The new Alliance website went 'Live' at the end of June. The Alliance has partnered with Scorpion, a digital healthcare marketing expert, to redesign our website and set us apart by providing a more dynamic and interactive site. You will be receiving an email in a few days providing instructions on creating a new password to the provider portal.



Please contact pamela.johns@mwhc.com if you did not receive the email. Click on the attached link to view the new site: <http://www.mwhhealthalliance.com/>

Disability Income Offering

We are pleased to provide a Disability Income offering from Mass Mutual. In addition, as a member of the Mary Washington Health Alliance, they will review other areas of need as requested by your practice. Areas of expertise include Life, DI and Long Term care on both a personal and business basis, as well as Employee Benefits including Group Health. Alliance members will have access to a wide array of insurance carriers based on specific needs and products.

Contact: Rusty Dodd
 Financial Group of Virginia
 540-479-3692; rustydodd@cfpva.com

Discounts on Supplies and Services



Provista and Pinnacle have teamed up to connect you with more value and savings by providing discounts on supplies and services, as well as entertainment and home improvement. There is no charge to you or your employees for using the group purchasing; simply another benefit of being part of Alliance/Pinnacle.

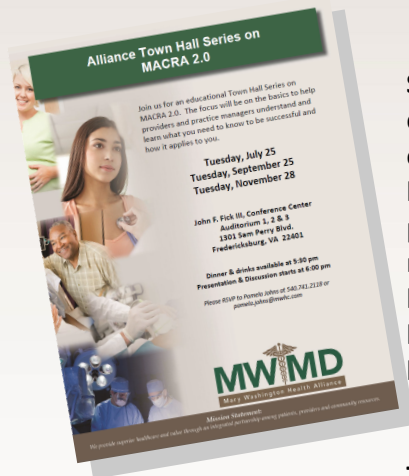
To set up your practice or for more information, contact Brianne.uhlman@mwhc.com or 540-741-3627.



MWMD
Mary Washington Health Alliance

MACRA 2.0 Town Halls

New Alliance Practices and Network Updates



Town Halls

Save the Dates for our Educational Town Hall Series on MACRA 2.0. Focus will be on the basics to help providers and practice managers understand and learn what you need to know to be successful and how it applies to you.

Tuesday, July 25
Tuesday, September 26
Tuesday, November 28

John F. Fick Conference Center at 6 pm
Dinner provided at 5:30 pm
RSVP to pamela.johns@mwhc.com or (540) 741-2118

Million Hearts Update



The Alliance PCP and Cardiology practices participating in our

Million Hearts Model Program (MHM) have been working closely with our Alliance MHM Team to screen and risk stratify patients for inclusion in the intervention phase of this program. We have screened 6447 patients, of whom 1553 have been classified as "high risk" (i.e. have at least a 30% risk of having a first stroke or heart attack over the next 10 years). A significant component of this risk is the high prevalence of diabetes in our population as 31% of the overall population and 69% of the high-risk population are diabetic. The next step is for our providers to work with these patients on a plan to significantly lower their risk using medications and life style changes.

Welcome

Plastic Surgery Services of Fredericksburg



Howard Hepe, MD

The surgeons of Plastic Surgery Services have an established reputation and provide a full range of treatments to obtain true rejuvenation. The board certified plastic surgeons of Plastic Surgery Services only perform procedures that are proven to deliver the best results.



Harold Bautista, MD

Their facility is equipped to hospital standards, and their staff consists of highly trained and vetted medical professionals.



Pejman Aflaki, MD

They have just enhanced their practice with a new plastic and breast reconstructive surgery specialist, Dr. Pejman Aflaki, who will be joining them in July from Johns Hopkins.

They are located at 3312 Fall Hill Avenue, Fredericksburg (540) 371-7730.




Oracle Heart & Vascular

Drs. Raushan Abdula, Anna Czajka and Ashok Prasad are now together as one Cardiology practice, Oracle

Heart and Vascular. They continue to see patients in their Fredericksburg and Woodbridge locations.

July 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4 	5	6	7	8
9	10	11	12	13	14 Communications & Education 7:30 am West A Conf Rm MWH	15
16	17	18	19	20	21	22
23	24	25 MACRA Town Hall 6 pm Fick Center Aud.	26	27 Board of Managers 7:00 am Exec. Brd Rm MWH	28	29
30	31 Finance & Contracting Sub-Committee 7:00 am Fick Ctr					

August 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11 Communications & Education 7:30 am West A Conf. Rm MWH	12
13	14	15	16	17 Board of Managers 7:00 am Exec. Brd Rm MWH	18	19
20	21 Membership & Ops Exec. BR West A 7:00 am	22 Clinical Quality 7:00 am West A CR MWH	23	24	25	26
27	28	29	30	31		

September 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 LABOR DAY 	5	6	7	8 Communications & Education 7:30 am West A Conf Rm MWH	9
10	11	12	13	14 IT Committee FHA Suite 340 11:30 am	15	16
17	18 Membership & Ops Exec. BR West A 7:00 am	19	20	21 Board of Managers 7:00 am Exec. Brd Rm	22	23
24	25	26 Clinical Quality 7:00 am West A CR MWH MACRA Town Hall 6 pm Fick Ctr	27	28	29	30

ALLIANCE EVENTS