




# What's New and What's Next for Medical Homes

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# AGENDA



What MACRA means for  
medical homes

NCQA PCMH Recognition  
Redesign 2017

Don't forget benefit design!



# What MACRA means

# MACRA Proposed Rule Overview

## Merit-Based Incentive Performance System (MIPS)\*

### Who's in?

-All *clinicians* not meeting threshold of patient/payment volume from Advanced APM

### How are they paid?

- Scores in 4 categories generate Composite Performance Score (CPS)
- Receive +/- payments based on how CPS compares to threshold score
- Bonuses/penalties range from 4% in 2019 to 9% in 2022+
- .25% annual fee schedule update in 2026+

\* CMS is predicting that as many as 95% of clinicians will be in the MIPS path in 2019

## Alternative Payment Models (APMs)

### Who's in?

-Clinicians who meet threshold for percentage of patients they treat/payments they receive through Advanced APM

### How are they paid?

- Annual 5% automatic bonus based on previous year's fees begins 2019
- .75% annual fee schedule update in 2026+

# Direction is Clear




- Incentives for value
- Discourages fee-for-service
- Puts more teeth into quality, cost and utilization measurement
- Primary care as foundation

Path Forward is NOT



# MACRA as Change Management Opportunity

- MIPS  Torture
- Build multiple bridges to Advanced APMs
- Minimize reporting and compliance burdens
- Shared services/infrastructure for smaller practices



# MACRA and the PCMH, PCSP Value Proposition

- 100% automatic credit for CPIA
  - PCMHs within non-qualified APMs bring auto credit and boost overall scores
  - NCQA programs specifically named in proposal
- PCMH transformation should result in:
  - Higher quality scores
  - Lower resource use
  - Higher ACI scores
- PCMH & PCSP as foundation of effective Advanced APMs





# NCQA PCMH Recognition Redesign 2017

*We've Heard...*

PCMH transformation is hard.

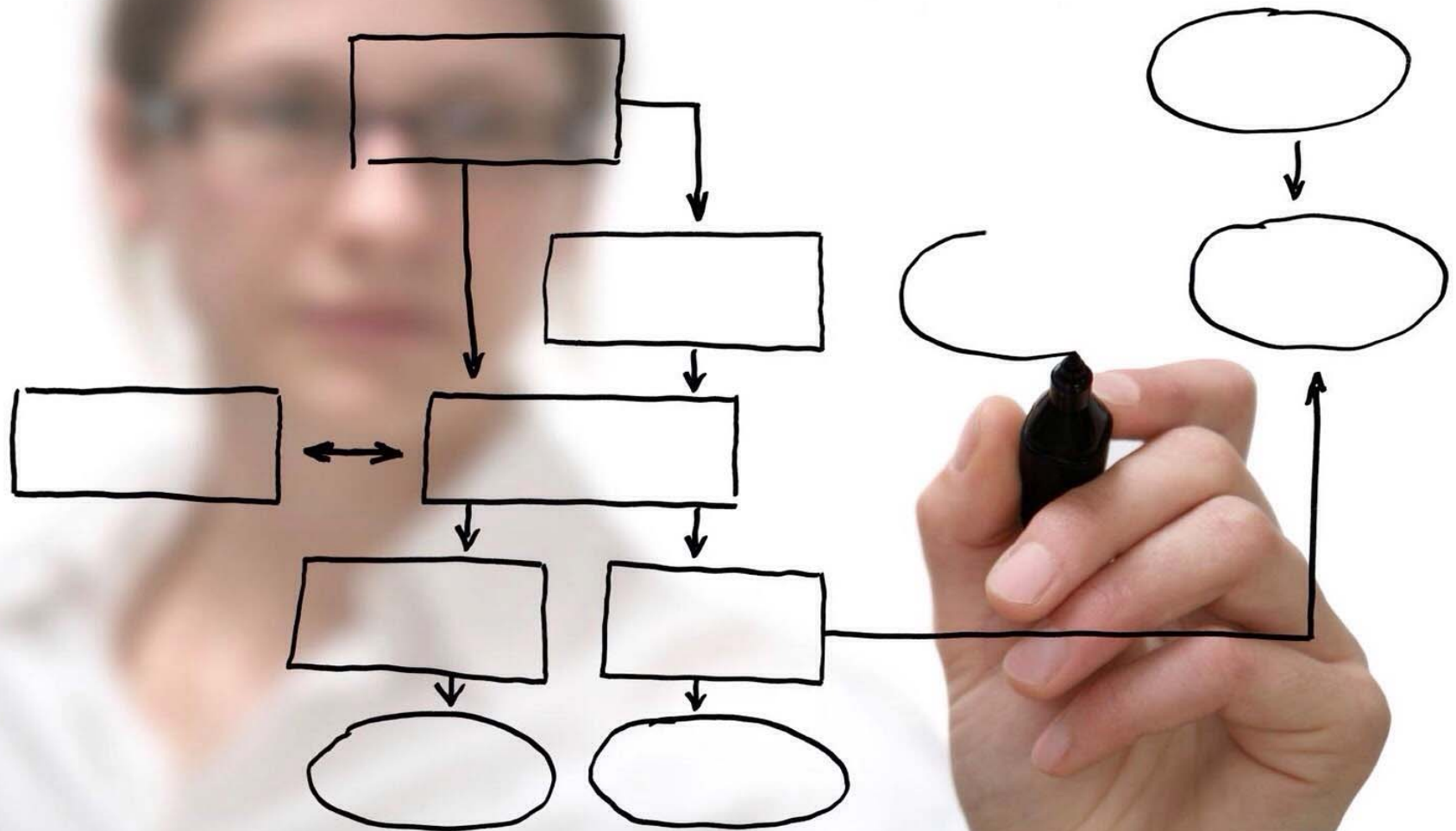
Becoming a recognized PCMH shouldn't be.

A person's arms are visible at the bottom, holding a large white rectangular sign against a solid blue background. The sign has handwritten text in dark ink.

The  
Customer Experience  
is...

*We've Heard...*

**Reduce non-value added work,  
increase practice engagement**



*We've Heard...*

**Leverage practices' investment in HIT to support PCMH recognition**





*We've Heard...*

# Align with other reporting requirements



*We've Heard...*

**Strengthen the link between PCMH  
recognition, performance**



# Criticisms we're focusing on...

Practices can be NCQA-Recognized, but not truly transform.

Reviews focus on process, not outcomes.

Documentation requirements are cumbersome.

Lack of personal support from NCQA during survey process.

Current requirement is that practices meet most of 167 requirements. That's too many!

How do we pare standards to a core, essential set?

...including two challenges NCQA identified



# Current → Future

## Current Process

- Every three years, practice must submit all materials for a full review, with little guidance from NCQA

## Future Process

- NCQA interacts with practice from the start
- Practice submits information at agreed-upon intervals until recognized
- Focused annual review and ongoing data submission to sustain recognition (no renewal survey at 3 years)

# 3-Step Recognition and Support

## Pre-Assessment

- Guided high-level readiness assessment
- NCQA Navigator, practice develop Recognition Plan and Evaluation Schedule
- Identify support and resources for transformation

## Engagement

- Evidence of transformation evaluated according to Recognition Plan, using virtual and document reviews
- Recognition happens here!

## Sustained Recognition

- Annual check-in (demographic updates, compliance check)

NCQA Education

NCQA Best Practices

NCQA User Groups

# PCMH 2017 Structure

Team-Based Care  
and Practice  
Organization

Knowing and  
Managing Your  
Patients

Patient-Centered  
Access and  
Continuity

Care Management  
and Support

Care Coordination  
and Care  
Transitions

Performance  
Measurement and  
Quality  
Improvement

# eCQM Vendor Certification

*When data flows  
like water, who  
tests its quality?*



# eCQM Vendor Certification

**Validate software's ability to extract and report appropriate EHR data**

- "Pioneers" include CE City, Cognizant, Arcadia Solutions

**Includes PCMH & HEDIS measures as "starter set"**





Don't forget benefit design

**High-value care &  
high-deductible  
health plans  
*don't mix***





*Vital to PCMH Success:*  
**Value-Based  
Insurance Design**



**High-value care....**



**....low out-of-pocket cost**



Thank you