APM/ESCO/MACRA/MIPS – Alphabet Soup Or The Future Of Vascular Access Reimbursement

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Disclosures

• None related

MACRA

Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act (MACRA) - 4/16/15

• Repealed Sustainable Growth Rate (SGR)
• Instituted the Quality Payment Program (QPP)
• Two participation options - avoid negative and potentially earn positive payment adjustments:

1. Merit-Based Incentive Payment System (MIPS)
2. Alternative Payment Models (APMs)

• Eligible Providers (EPs) can participate in MIPS or
• Meet requirements to be qualifying APM participant

MACRA- Quality Payment Program

4 categories comprise overall score

1. Quality
2. Clinical Practice Improvement
3. Advancing Care Information
4. Resource Use - Cost

Reporting required Registries, etc

Episode Based Cost Measures (EBCMs)

• Acute Condition, Chronic condition, Procedure
• Informs Clinicians about their responsible costs
• Medicare Claims Data (no additional reporting)
### APMs

Networks of health care providers and hospitals that share the responsibility for coordinating care and meeting quality and cost metrics for a defined clinical condition, care episode, or patient population

**Examples:**
- Accountable Care Organizations (ACOs)
- Pay for Performance (P4P)
- Medical Homes

### Advanced APMs

**Requirements**
- Threshold levels of payments or patients
- Payment based on quality measures (similar to MIPS)
- Use certified EHR technology
- Excess of “nominal” financial risk or be a Medical Home

**Benefits**
- 5% incentive
- Exclusion from MIPS
- Higher APM-specific rewards

For managing Risk

### ESCOs

- Large Dialysis Organizations (LDOs) - >200 dialysis facilities
  - Eligible for shared savings, liable for shared losses
  - Higher overall levels of risk (two-sided track)
- Non-large dialysis organizations (Non-LDOs) - <200 dialysis facilities
  - Choose between one-sided track (receive shared savings, not liable for shared losses) or two-sided track
- LDO and Non-LDO two-sided payment tracks are considered Advanced APMs for the purpose of the Quality Payment Program
ESCOs
- Performance year 2019 – 13 Advanced APMs
- 2 are ESCOs
  1) Comprehensive ESRD Care (CEC) – Two-Sided Risk
  2) Comprehensive ESRD Care (CEC) Model (updated 2019)
- Currently 33 ESCOs, no further solicitation

Timeline

MVP

MIPS Value Pathways - MVPs

“The goal is to move away from siloed activities and measures and move towards an aligned set of measure options more relevant to a clinician’s scope of practice that is meaningful to patient care.” – 2020 Final Rule

Framework
- Promote Interoperability and Population Health
- Fewer and more targeted specialty specific measures
- Reduce reporting burden
- Provide enhanced data and feedback to clinicians

Summary
- Evolution from Fee-for-Service (FFS) to Value Based Payment Models (VBM)
- Within VBM framework there is a push to Alternative Payment Models and Team based care
- Team accepts risks, will want to minimize
- Dialysis care is expensive
- Access creation event is a small portion of cost
- Signals the initiation of long term dialysis and is “easily” measured – ripe for episode based models
- ? Impact and fit of percutaneous access creation
“The future ain’t what it used to be”
– Yogi Berra