

The CHALLENGE facing healthcare providers

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law on April 16, 2015.

MACRA:

- Repeals the Sustainable Growth Rate (SGR) Formula
- Changes the way Medicare rewards clinicians for VALUE over volume
- Streamlines multiple quality programs into the Merit-Based Incentive Payments System (MIPS) (est. annual payment of \$4750 per provider)
- Provides bonus payments for participation in ELIGIBLE Advanced Payment Models (APM) (annual bonus payment of 5%)
- Providers are either eligible for the MIPS OR Advanced APM bonus.

The Medicare FFS payment model is being pushed into a significant transition that requires physician, clinician and health system providers to reevaluate their existing practices and environments and to move to high performance alternative care delivery models.

These developments are still evolving and are complex... creating a growing demand from providers for detailed analysis of where they are in the continuum of change and recommendations for sustainable solutions.



Develop a sound STRATEGY now!

Our proven APPROACH:



A detailed STRATEGY to navigate the transition from Fee for Service to Performance-based payment and reward.

The implementation timeline of MACRA is aggressive. Strategic Health Care's health policy analysts and strategists clearly understand the requirements of providers to maximize their participation in MIPS, Alternative Payment Models, or Advanced Alternative Payment Models. As your trusted partner, we will:

- **Analyze** your current capabilities as relates to maximum opportunity for success in the available models,
- Provide a detailed **roadmap** on how to achieve success in the appropriate model, and
- **Assist** you in enhancing current and developing new competencies to for a sustainable long term solution.

Providers are offered multiple pathways with varying levels of risk and reward to tie more of your payments to value over volume. Over time, your opportunities to participate in various models will expand. Advanced Payment Models are designed to minimize additional reporting burdens for providers, support multi-payer initiatives, and promote the functional move away from fee for service. Understanding your current capabilities and your capacity to develop new competencies provides the opportunity for a strategic decision roadmap for your best path forward.

Strategic Health Care's approach objectively defines your current competencies, clearly presents your best opportunities to move forward, and stands beside you through the journey. Our financial modeling provides a clear understanding of risk and reward available with all models. This is the information you need to respond strategically and thoughtfully to this significant change in health care policy.

Our Team

As CMS aggressively moves from volume to value, our team is well prepared to assess, develop and implement Alternative Payment Models that move your organization forward.

Our Team's APM experience is relevant and unparalleled:

Vicki Perry - Former multi-hospital owned health plan CEO.

Qualifications include but not limited to:

- Setting strategy and direction that included the successful development of an agnostic reporting and analytics technology solution to enable providers to manage downstream risk efficiently and consistently with the established work streams
- Modeling and setting the clinical and technology division to collaborate and accommodate and compliment the client culture and existing business practices
- Building and leading conversation and strategy to assist the client's senior executive teams in collaborative work stream efforts and development of a client-specific implementation plan with roadmap
- Ensuring adequate resource at the project management level to enable all parties to efficiently and effectively meet and exceed the projects goals and objectives
- 35+ years of experience integrating a variety of PHO networks a capitated full risk environment

David Oliver - Managing Solution Engineer for multi-hospital owned health plans and ADVantis™ clients. Qualifications include but not limited to:

- Data Management by aggregating claims, clinical and social-economic data from diverse systems
- System development of member engagement and care management strategies and efforts
- Quality measures and analytics that enable actionable reporting and bench-marking to improve outcomes and cost of care for "at risk" populations
- Interoperability solutions and protocols to connect the bidirectional transfer of relevant and actionable data across multiple EHRs and provider locations
- 15+ years expertise in lean and Six Sigma process improvement

John Byrnes, MD - Widely recognized for his quality and patient safety expertise. Qualifications include but not limited to:

- VP, CMO of a multi-hospital system responsible for CMO functions including ACOs, physician integration, quality and various electronic medical record integration and data analytics
- Designed award winning quality and patient safety programs for organizations throughout the United States and Europe.
- National faculty for the American Association for Physician Leaders (AAPL) and their Board's Faculty Advisory Council.
- Founder of Quality Boot Camp and HRO Academy
- Member of National Board of Directors for the Healthcare Financial Management Association.

Kelly Leahy, J.D. - Health care attorney. Qualifications include but are not limited to:

- Experienced advisor to development of a legal structure for APMs, and
- Key legal issues including but not limited to:
 - Medicare compliance
 - Antitrust, Stark, AKS and Civil Monetary Penalties (i.e., beneficiary inducements) and applicable waivers
 - Tax-exempt organization standards
 - Data ownership and access
 - Confidentiality, privacy and security
 - Preparation and/or negotiation of required contracts (e.g., participating provider agreements or addenda, payer agreements, vendor agreements, etc.), and develop relevant policies and procedures
- Development of physician compensation models and advise on legal considerations in connection with shared savings distribution formulas

Greg Watson - Founder & CEO of Watson Policy Analysis, a Medicare-focused data analytics consultant firm. Qualifications include but not limited to the following:

- More than 11 years of experience in the modeling, replication, and other analyses related to Medicare data.
- 20+ years of experience in the management, integration, and interpretation of large datasets to enable business work streams utilize data to measure performance and improve outcomes
- Expert analytical skills with complex data sets including:

- Inpatient Prospective Payment System (IPPS)
- Outpatient Prospective Payment System (OPPS)
- Long-Term Care Hospital Prospective Payment System (LTCH-PPS)
- Physician Fee Schedules
- Inpatient Rehabilitation; Skilled Nursing Facility; Partial Hospitalization; Hospice; and Home Health
- Experienced analysis of cost and demographic outliers that impact patterns/cost of care

Glenn Giese, FSA, MAAA - Senior Principal in the Milwaukee office of Oliver Wyman Actuarial Consulting, Inc. with 30 Years of healthcare experience specializing in actuarial and strategic consultant to health plans and providers. Qualifications include but are not limited to:

- Strategy, pricing preparation and certification of Medicare plans
- Feasibility studies, assistance with applications to CMS, product design and implementation of start-up plans
- Strategy and pricing of Financial Alignment Demonstration plans for dual eligible beneficiaries
- Negotiation and analysis of provider alternative payment models and incentive and capitation arrangements including PMPM and percentage of revenue capitation, shared savings, and other models

Josh Sober, FSA, MAAA - Principal in the healthcare practice of Oliver Wyman Actuarial Consulting, Inc. with over 15 years actuarial consulting services experience. Qualifications include but are not limited to:

- Analysis of accountable care contract provisions from both the payer and provider perspective
- Review of health plan system liabilities under the CMS Bundled Payment for Care Improvement initiative
- Strategy and analysis of risk adjustment design alternatives
- Development of liability estimates for health insurers offering coverage under the ACA including review of liability for risk transfer, reinsurance, risk corridors, and cost-sharing reduction subsidies.

[APM Business Analytics & Solutions Team Advisors](#)

Paul Lee - Senior Partner and Founder of the Washington, DC based company, Strategic Health Care with over 22 years serving as an advocate and advisor on matters of interest to over 50 clients nationally..

Qualifications include but are not limited to:

- Significant knowledge in current regulatory matters affecting providers and health systems nationally including:
 - Advanced Payment Models and risk share strategies for providers
 - The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and its potential affect on provider reimbursements
 - Centers for Medicare and Medicaid (CMS) policy at national and state levels.
- Building and leading conversation and strategy with senior executive teams to facilitate the development of a client-specific strategies
- Significant relationships and influence with many members of Congress and senior congressional staff who seek his views and advice on health policy matters.

Tara Canty - Former health system executive with more than 22 years of experience in health care innovation, including the development and operations of a Pioneer ACO, multiple Medicare Advantage and Medicare Risk products, managed Medicaid and Medicare Demonstration Programs.

- Emphasis on the creation of value based delivery systems and improved patient outcomes
- Expertise spans health plan and health system operations, finance, clinical and financial modeling, marketing/sales, clinical programming, project management, lean and Six Sigma process improvement, and strategic planning
- Strong understanding of challenges associated with delivery of health care in suburban and rural markets.
- Expertise spans operations, finance, clinical and financial modeling, marketing/sales, clinical programming, project management, lean and Six Sigma process improvement, and strategic planning.