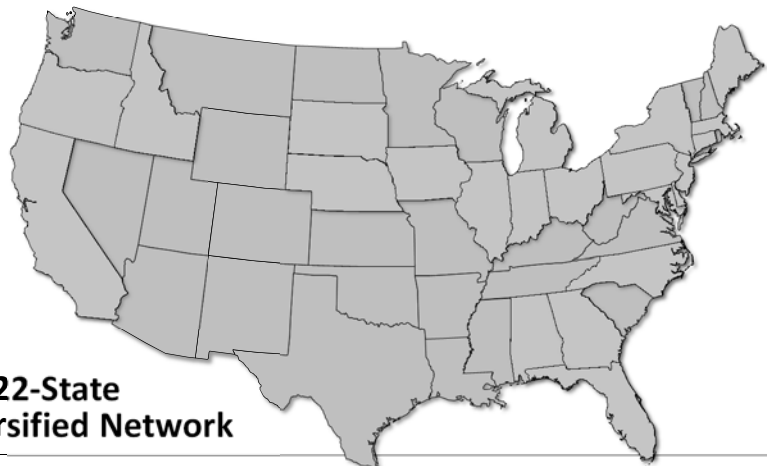


# MACRA – Recommendations from a Health System Committed to Transformation

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## Our 22-State Diversified Network



**92** Hospitals\* in 20 Regional Health Ministries\*\*

**59** Continuing Care Facilities

**23.9K** Affiliated Physicians

**47** Home Care & Hospice Locations Serving 116 Counties

**14** PACE Center Locations

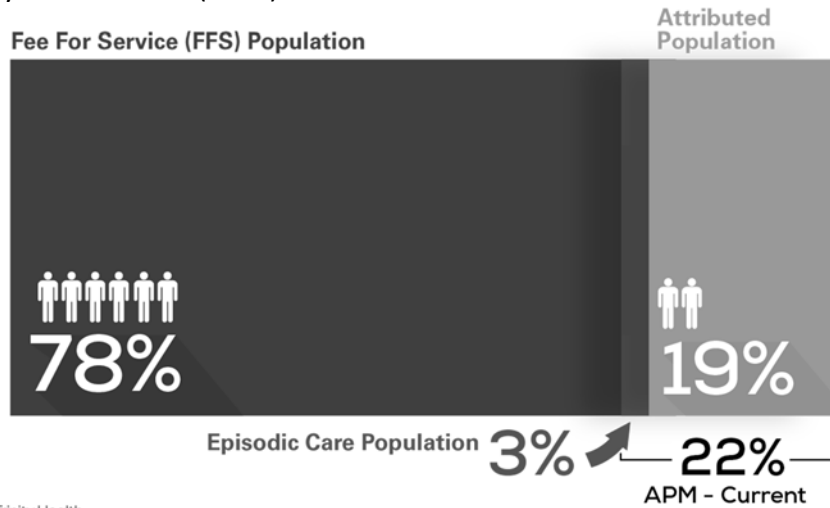
**3.9K** Employed Physicians



\*Owned, managed or in JOAs or JVs.  
\*\*Operations are organized into Regional Health Ministries ("RHMs"), each an operating division which maintains a governing body with managerial oversight subject to authorities.  
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Transforming care requires a transformed business model

Strategic Aim: 75% of all care will be reimbursed via Alternative Payment Models (APM)



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Expanding **ACO** programs are the primary driver of APM growth

- 14 Medicare Shared Savings Program ACOs
- 5 markets partnering as a Next Generation ACO
- Participating in 98 non-CMS APM contracts
- 13.8K physicians participating in our Clinically Integrated Networks accountable for 1.2 million lives



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## Delay MACRA & adjust ACO program deadlines

- Delay first MIPS and Advanced APM payment year to 2020 and delay start date of performance year to January 1, 2018
- Reduce barriers physicians to participate in Advanced APMs by adjusting start dates and participation deadlines



## Modify definition of Advanced APM

- Implement a definition of “more than nominal risk” that recognizes investments as business risk, and allows MSSP Track 1 to qualify as Advanced APM
- Modify rules so that ACOs may voluntarily move into a two-sided risk model at the start of any performance year
- Develop and implement a new MSSP Track 1.5, moderating provider risk yet while including downside accountability



## Adjust BPCI & CJR to qualify as Advanced APMs

- Allow BPCI participants to amend their contracts to CEHRT and quality requirements to qualify as Advanced APM
- Allow CJR programs to voluntarily assume CEHRT obligations to qualify as Advanced APM
- Consider alternative approaches to current overlap policy so both ACO and BPCI models can thrive

