

# **Open Door Forum**

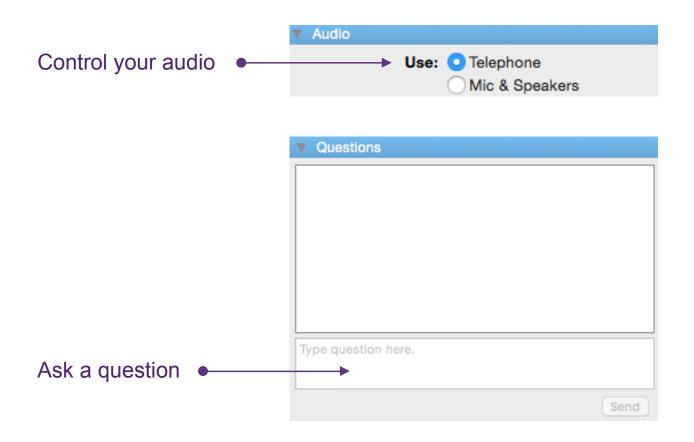
Million Hearts Cardiovascular Risk Reduction Model Application Question & Answer Sessions







## **Call Logistics**







### Today's Speakers



Nina Brown, MPH, CHES Prevention & Population Health Care Models Group, Center for Medicare & Medicaid Innovation, Centers for Medicare & Medicaid Services



Paul Meissner, MSPH
Director, Research Program Development, Montefiore Health System





## Agenda for Today's Webinar

- Overview of Million Hearts Model
- Why Participate in the Model?: Montefiore's Story
- Application Demo
- Q&A Session





### What is the Million Hearts Model?

- First CMS model to incentivize reduction in a predicted risk, paving way for future innovative approaches to value-based prevention (e.g., reduction in other preventable conditions).
- Focus on meaningful, patient-centered risk score.
- Transparent, easily understood provider financial incentive.
- Rigorous design, with clustering at practice level, at large scale (360 intervention and 360 control practices, enrolling almost 300,000 Medicare FFS beneficiaries).
- Path toward nationwide scaling if model test is successful.

### Deadline for applications is Sept. 10





### Why Participate in the Model?

#### **Paul Meissner**

- Been with Montefiore since 1990
- Primary care at 23 sites
- Runs large-scale HIV program for past 20 years

#### **Montefiore's Story**

- Million Hearts is part of New York State
   Department of Health DSRIP Initiative
- Montefiore recently transitioned to Epic
- All the sites will have to be 2014 PCMH level-3 certified
- Has been the champion of the program
  - The Model will this lead to further program development
  - Most effective way to help change physician behavior and manage populations





## **FAQs: Eligibility**

Our organization has multiple providers. Around half of them have attested to Meaningful Use in 2014, others implemented EMR only this year. Are we eligible to apply for the Model and how should we answer the Meaningful Use question?

 Only those providers who have met the meaningful use criteria can participate. As new providers meet the MU requirement, we will work with your practice to incorporate them into the model.

We are a community health center / physician association / membership organization, are we eligible to apply as a group or should we encourage our members to apply individually?

– Groups that do not have one standard practice and use the same EHR should apply to the Million Hearts Model as separate applicants. They will use their own TIN and NPI numbers to file Medicare claims. We would greatly appreciate it if your organization encourages your members to participate in the Model!









## **FAQs: Eligibility**

Can we submit an application on behalf of all or some of our participants even though we do not bill for Part B services?

 If randomized to the intervention group, you will be required to apply for a Part B billing number so CMS can submit claims on behalf of your organization.

Our practice is part of an ACO / shared savings program / comprehensive primary care model / or another CMMI model, are we eligible to apply?

 Yes. You are eligible and can indicate this under the 'Other Initiatives' field in the application.





### **FAQs: Patient Encounters**

Can the three mandatory encounters be either non-face-to-face or face-to-face?

- To receive the ongoing CVD CM payment, practices will attest to the provision of the following services:
  - Conduct at least one annual reassessment of the ACC/AHA ASCVD Pooled Cohort 10 year risk score utilizing the Treatment Benefit Equation.
  - A minimum of two annual follow-up beneficiary encounters.
  - The 1+ risk score reassessment would have to be done in person in terms of physical measurements such as total cholesterol and HDL cholesterol
  - The two plus follow-up beneficiary encounters can be done either face-to-face or remotely.
  - The practice is expected to follow-up with the beneficiary to discuss their progress in risk reduction, modify their risk reduction plan, and/or engage in shared decision making to determine the next best course of action for continuing to reduce or maintain their reduced risk.





## **FAQs: Reporting**

Where can I find more information on the data registry tool?

•We are still in the process of finalizing the data collection platform for the model. Once completed, we will release the information publicly. Our intent is that tool will accept data in multiple formats, i.e. file generated by EHR, manual entry, etc.

If providers report PQRS data through Group Practice Reporting Option (GPRO) Web Interface and the metrics are predefined by CMS, would this be sufficient for reporting the PQRS data for the program?

 Providers may report PQRS data through the GPRO; they are not required to use the model's PQRS system.





More Information

#### **Helpful Links:**

Learn more about the Model: <a href="http://innovation.cms.gov/initiatives/Million-Hearts-CVDRRM/">http://innovation.cms.gov/initiatives/Million-Hearts-CVDRRM/</a>

To get started with your LOI: <a href="http://innovationgov.force.com/MHLOI">http://innovationgov.force.com/MHLOI</a>

To create your application username & password (have your LOI conf. number handy):

https://innovationgov.secure.force.com/mhcvdrrrfa/mhcvdRequestAccess

To login and complete your application:

https://innovationgov.secure.force.com/mhcvdrrrfa/mhcvdLogin

#### For help with username and password issues:

email: CMMIForceSupport@cms.hhs.gov

phone: 888-734-6433 and select "option 5"

#### For programmatic questions about the Model:

email: mhModel@cms.hhs.gov

phone: 703-894-4399





