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Dr. Ashby Wolfe currently serves as Chief Medical Officer for Region IX of the Centers for Medicare and Medicaid Services (CMS). CMS Region IX includes California, Arizona, Nevada, Hawaii, and the Pacific Territories. The San Francisco Regional Office spans a vast geographic area, has one of the most culturally diverse populations in the nation, and serves over 20 million Medicare, Medicaid, and Children's Health Insurance Program beneficiaries.

In her current position, her focus is on implementation of the many facets of the Affordable Care Act (ACA) and its role in providing access to high quality care and improved health at a lower cost. In addition, Dr. Wolfe provides clinical expertise to many regional CMS programs and divisions, as well as serving as the medical and scientific lead for quality improvement efforts; as chief clinician for all regional CMS outreach and education efforts; and as a liaison with healthcare providers in the region.

Dr. Wolfe is a board-certified family physician. She completed her MD at the State University of New York (SUNY) Stony Brook School of Medicine, and completed her residency training at the UC Davis Medical Center in Sacramento, California. She also holds a Masters in Public Policy and a Masters in Public Health from the University of California, Berkeley. She practiced broad-scope family medicine in Oakland, California, before joining CMS in March 2015. Dr. Wolfe has experience in the development and implementation of health policy at the local, state and federal levels and holds particular interest in improving the quality and equity of care for underserved and low-income populations. Dr. Wolfe has worked with a number of healthcare organizations, provider groups and community organizations in her clinical and health policy work, including leadership roles with the California Academy of Family Physicians and the California Medical Association. She has experience as a physician team leader for quality and access-to-care improvement projects. In addition, she has served as a commissioner on the Healthcare Workforce Policy Commission for the state of California. She has published articles on Medicare and Medicaid policy, assisted in the development of pandemic flu and continuity of operations planning for skilled nursing facilities in California, and is a contributing author of the public health text, *Prevention is Primary* (Jossey-Bass).

Updates on the Affordable Care Act & the Provider Compliance Program

Ashby Wolfe, MD, MPP, MPH
Chief Medical Officer, Region IX
Centers for Medicare and Medicaid Services

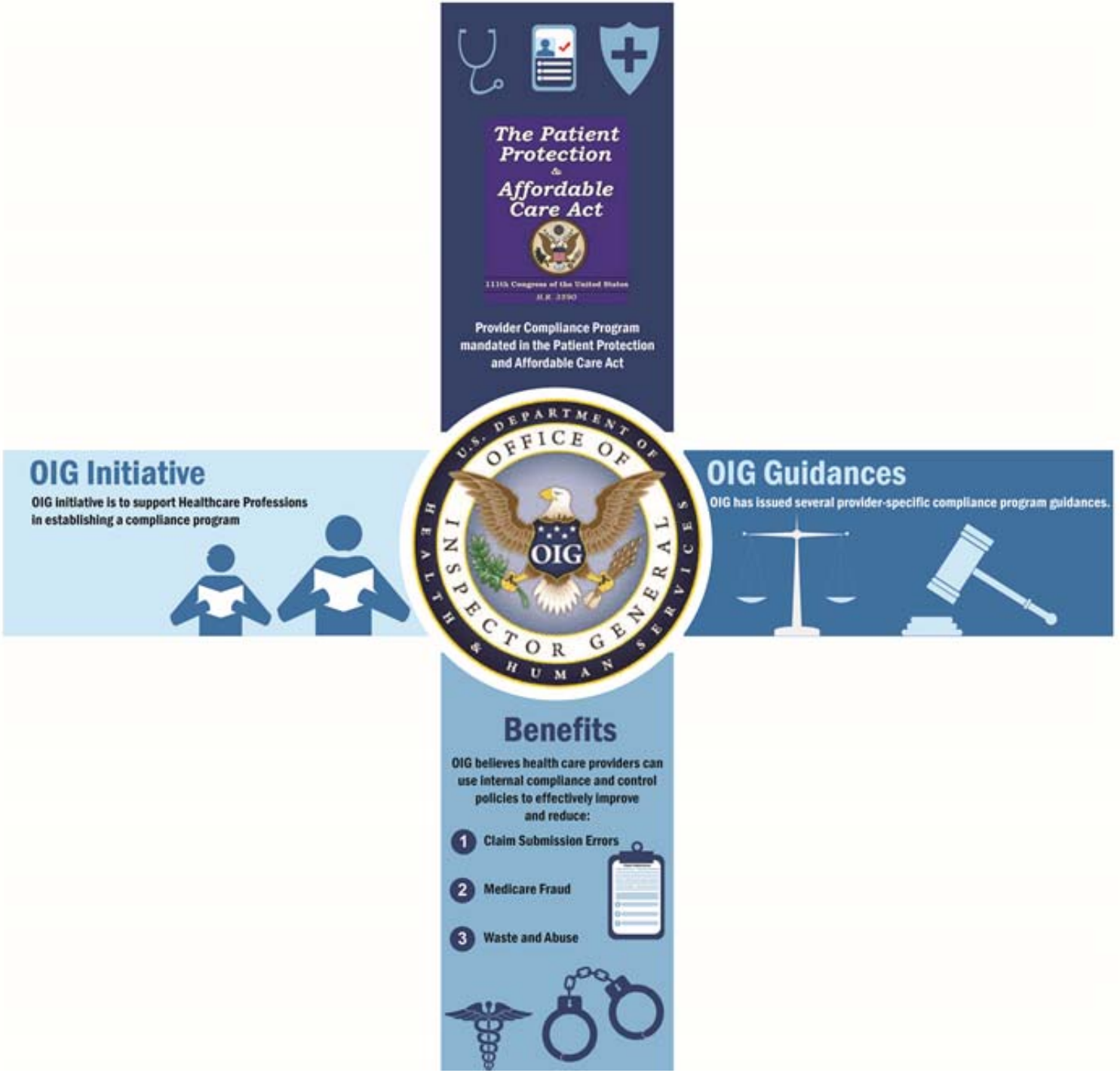
Presentation to the California Medical Board
July 30, 2015

Objectives

- Review Section 6401 of the Affordable Care Act
  - Review key elements of Provider Compliance
  - No new updates since June 2014
  - Most recent published guidance
- Review ACA updates and programs of note
  - Value-based Payment
  - Cardiovascular Disease Risk Reduction Model
- Questions

Provider Compliance Programs

- Background
  - Section 6401 of the ACA
  - Directs HHS in consultation with OIG to establish core elements for provider and supplier compliance programs within the health industry
  - Enforcement dates not yet established
  - Nursing facilities have their own program, with enforcement date of March 23, 2013


The Patient Protection & Affordable Care Act
Provider Compliance Program mandated in the Patient Protection and Affordable Care Act
OIG Initiative
OIG initiative is to support Healthcare Professions in establishing a compliance program
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL
OIG
OIG Guidances
OIG has issued several provider-specific compliance program guidances.
Benefits
OIG believes health care providers can use internal compliance and control policies to effectively improve and reduce:
1 Claim Submission Errors
2 Medicare Fraud
3 Waste and Abuse

Why emphasize Compliance Programs?

Benefits of a Good Compliance Program

Fraud and abuse recoveries totaled
$4.3 BILLION in FY 2013 and
$19.2 BILLION over the last five years.

CMS Medicare Learning Network® (MLN) fraud and abuse awareness tools are available on the MLN Products web page and the MLN Provider Compliance web page.

http://go.cms.gov/MLNProducts

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html

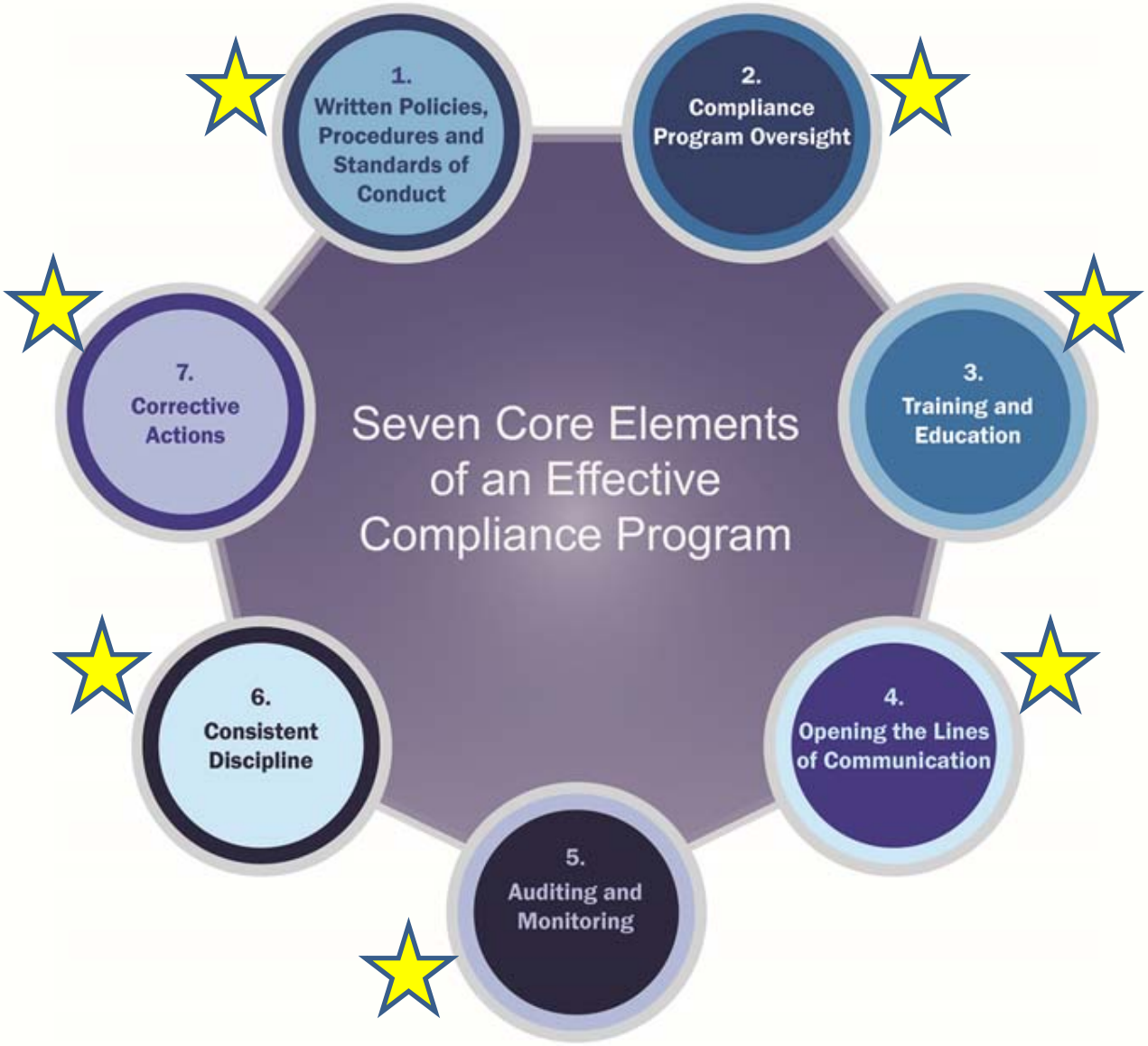
Provider Compliance Programs

Affordable Care Act Compliance Program Mandate

The Affordable Care Act compliance program mandate:

- Is intended to induce ***all*** health care professionals to implement a compliance program;
- Is NOT a guarantee that the risk of fraud, waste, abuse or inefficiency will not occur; and
- Will aid providers in better protecting themselves from risk of improper conduct.

Seven Core Elements



What steps should physicians take?

Dos and Don'ts for Health Care Compliance Plans

1. **Follow the OIGs Guide for Physician Groups**
   http://oig.hhs.gov/authorities/docs/physician.pdf October 5, 2000

2. Know where to locate **easy and free resources** such as the Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training (many great – free tools!) http://oig.hhs.gov/compliance/provider-compliance-training/index.asp

3. **Keep the plan simple!** If it is not readable- it is probably not USEABLE. No one wants an elaborate plan that sits on a shelf (or in a computer) and is never viewed / used.

4. **Set a date to review the plan every year.** Put it on your calendar. It is easy to get busy and forget to review the plan, so set a date!

ACA Programs of note

- PQRS & EHR Incentive program
  - Mandatory participation 2015
  - Negative payment adjustments in 2017 if eligible and not reporting
- MACRA
  - Eliminates old reimbursement plan
  - Streamlines data reporting programs
  - Allows for “means testing” in Medicare
- Regional Innovation Network (through CMMI)
  - Sign up at: https://collaboration.cms.gov/

Million Hearts® Cardiovascular Disease Risk Reduction Model

Background & Rationale

- **New Value-Based Payment Model**
  - Heart attack and stroke (ASCVD) are leading causes of death and disability
- **In the past**
  - Risk reduction focused on specific process measure targets, i.e. LDL cholesterol level and blood pressure, with the same targets applied to all patients
  - Currently, risk factors are discussed as independent conditions rather than risk factors contributing to ASCVD
  - Patients have little idea of their actual risks of heart attack and stroke
- **What the model will change**
  - Uses data-driven, widely accepted predictive algorithm to give individualized 10-year risk score for ASCVD to each beneficiary
  - Providers get value-based payment depending on absolute risk drop across entire panel, necessitating population health management

Model Aim and Eligibility

Aim

- Offer clinicians incentives for risk stratification, shared decision-making and enhanced accountability across a provider's entire Medicare FFS patient panel
- Reduce predicted 10-year ASCVD risk, reduce the incidence of heart attacks & strokes

Practice Eligibility

- At least 1 professional: As defined by the PQRS definition
- Enrolled and eligible to bill for Medicare Part B
- Using an Office of the National Coordinator (ONC) certified Electronic Health Record
- Have met the criteria for the Medicare EHR Incentive Program in performance year 2015

Important Dates

Letters of Intent: due by September 4th

http://innovation.cms.gov/initiatives/Million-Hearts-CVDRRM/

Date	Activity
May 2015	Announcement
May – August 2015	LOI Period
July - August 2015	Application Period
August – November 2015	Application Review & Selection
November 2015	Awards
January 2016	Model Go Live

References & Further Reading

- **Provider Compliance programs & guidance**
  http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLN-Compliance-Webinar.pdf

  https://oig.hhs.gov/compliance/101/

- **Value-Based Payment Programs** (PQRS, Meaningful Use)
- http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/

- **Cardiovascular Disease Risk Reduction** Model
  http://innnovation.cms.gov/initiatives/Million-Hearts-CVDRRM

- **Regional Innovation Network**
  https://collaboration.cms.gov/

Questions?

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