Million Hearts Cardiovascular Disease Risk Reduction Model

Program Objective	Million Hearts CVD risk reduction model promotes CVD prevention, improved CVD outcomes and accountability for costs among Medicare beneficiaries through risk assessment and risk management. Model financially incentivizes providers to use ACC/AHA ASCVD risk calculator tool to design sustainable models of care to help reduce 10-year ASCVD risk to prevent heart attacks and strokes.
Program Purpose	Model supports prevention of CVD, improved health outcomes and health care cost savings through systematic implementation of beneficiary risk calculation and stratification for Medicare beneficiaries between the ages of 18-79.
Duration	Model is targeted for 5 years in duration with estimated start date of September 2016 and end date of August 2021.
Core Care Delivery Elements	Using a randomized controlled design the model targets: risk stratified care (through use of ACC/AHA ASCVD risk calculator tool); evidence-based risk modification using shared decision-making between beneficiaries and care team to reduce ASCVD risk scores; use of prevention/population health management strategies based on individual needs; reporting of risk calculator variables/risk score and PQRS measure set through CMS certified data registry to formulate individual risk modification plans. Practices have option to report on additional PQRS measures within the data registry to meet both PQRS and VM reporting requirements.
Model Participant Eligibility	Approximately 516 practices to be selected on first-come, first-serve basis (260 intervention & 256 control practices). Practices must have at least 1 provider (MD, DO, NP or PA). Practices must also use ONC-certified EHR and must have met criteria for EHR Stage 1 of Meaningful Use.
Payment Model (Intervention Group)	Intervention group will be reimbursed for CVD Risk Assessment Payment (RA) and CVD Care Management Payment (CM). CVD RA is a one-time payment to stratify risk for eligible beneficiaries. CVD CM is a monthly payment to support management, monitoring /care of beneficiaries identified as high risk. Year 1 = one-time $10 per beneficiary payment for risk score calculation plus monthly $10 CVD CM payment for high risk beneficiaries identified . Years 2-5 = 1-time $10 per beneficiary payment for risk score calculation for each new beneficiary and monthly CVD CM payment for high risk beneficiaries variable based on average cumulative risk reduction of the practice's high-risk beneficiaries ranging for $0-$10. Practices asked to report data on a 6 month

	cycle.
Payment Model (Control Group)	Control group will be asked to submit clinical data on beneficiaries for comparison purposes against intervention practices and given a *one-time* payment of $20 per beneficiary. Control group will need to submit data for eligible beneficiaries to CMS at beginning of years 1, 2, 3 and 5 of the model.
Beneficiary Notification	Practices in intervention group are required to inform beneficiaries identified as high-risk of inclusion in the model. Beneficiaries must be notified using CMS pre-approved form letters with following elements: short model description; explanation that beneficiary retains full Medicare FFS benefits/freedom of choice for his/her provider; data sharing description; and CMS contact information for the model.
Quality & Metrics Reporting	Practices in the model are required to report on 2 sets of measures. First set are clinical indicators needed to calculate risk-score and longitudinal treatment benefit reduction and include: age, race, total cholesterol, HDL, LDL, systolic blood pressure, use of statin therapy, use of anti-hypertensive medication, use of aspirin therapy; smoking status, diabetes status; and 10-year ACC/AHA risk score. Second set are core CV PQRS measure set and include: aspirin use (PQRS 204); blood pressure screening (PQRS 317); blood pressure control (PQRS 236); smoking cessation/screening (PQRS 226) and statin therapy for prevention/treatment of CVD (PQRS TBD). Metrics for model to be submitted using data registry. A registry will be provided to practices at no cost as an additional incentive to participate in the model. Providers may report PQRS data through the GPRO and if this is the case, they are not required to use the model's PQRS system. Clinical and quality measures may be added or changed by CMS to ensure compliance with clinical guidelines throughout the life cycle of the Model.
Learning Systems Strategy	Each practice is required to participate in the model's learning system for a minimum of 1-2 hours bi-monthly (webinars, videoconferences, telephone conferences and via web-based collaboration site). Goal of learning network is to enable participants to learn from peers and to assist in improving outcomes throughout the model's duration.