Making Sense of MIPS: The New Quality Payment Program

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From Volume To Value: Achieving Bold Change In Our Healthcare Payment Systems

One question I hear repeatedly as I travel the country discussing healthcare is whether the transition from fee-for-service to value-based care can really be done in a way that lowers cost and improves patient care. The answer is: it can.

While there isn’t a one-size-fits-all solution, successful systems change requires the collaboration and coordination of payers, providers, physicians, regulators, and patient-consumers, taking them outside their comfort zone by flipping the current incentive structure on its head.

It’s useful to review why we should change the way we pay for our healthcare in the first place. The current, dominant fee-for-service (FFS) model incentivizes over-provision of services, which contributes nothing to improving health. Physicians are paid for each medical test they run, but they aren’t compensated for coordinating patient care among different providers, or spending
Over 2,400 pages of the final ruling, released October 14th, 2016
Payment adjustments in 2019 for performance in 2017 shows there is real money on the table.
Your data is public
Welcome to 2017
Pick your MIPS reporting pace in 2017

- **TRACK ONE**: Report “some data” (from certain categories)
- **TRACK TWO**: Report for a partial year 90 days
- **TRACK THREE**: Full year of reporting athena Clients
BRACE YOURSELF...

2018 IS COMING
Let’s geek out
4 MIPS Reporting Categories

- Quality
- EHR Use (Advancing Care Information)
- Care Coordination (Improvement Activities)
- Cost
Quality – Measuring the standard of care provided to your patients
Each individual measure worth up to 10 points.

- Quality Measure
- Quality Measure
- Quality Measure
- Outcomes Measure
- High Priority Measure

For a minimum of 20 cases, at least one must be an Outcome Measure or a High Priority Measure.

Pending CMS
6 Selected Measures

- Optimal Asthma Control
- Childhood Immunization Status
- Tobacco Use: Screening and Cessation Intervention
- Breast Cancer Screening
- Falls: Risk Assessment
- Use of Imaging Studies for Low Back Pain

Bonus Points

- Dr. Samuel Optimal Asthma Control
- CEHRT
- 13 clinical practice requirements

Quality points total = 43.2
(out of possible 60)
Advancing Care Information – Measuring the use of secure technology helping to engage your patients
ACI Reporting

Dependent upon the certification of your EHR

Option 1

15 Measures
5 required

Base Score
Measured with a Yes/No metric

Performance Score
Measured on a 0 – 100 scale

155 possible total points, capped at 100

50 total points
90 total points

Bonus Score
Measured on a 0 or 10 basis

15 total points

Option 2

2017-specific
11 Measures
4 required

155 possible total points, capped at 100

50 total points
90 total points

Bonus Score
Measured on a 0 or 10 basis

15 total points

Clinical Data Registry Reporting
Clinical Information Reconciliation
Electronic Case Reporting
Immunization Registry Reporting
Patient-Generated Health Data
Patient-Specific Education
Provide Patient Access
Secure Messaging
Security Risk Analysis
Specialized Registry Reporting
Syndromic Surveillance Reporting
View, Download and Transmit (VDT)
Dr. Samuel

13 clinician practice

Auto Base Points
50

Auto

Base Points
50

Total

Performance

Base Points
21

Total Performance Score Points
18

Total ACI points = 94
Capped at 100 if higher

Health Information Exchange
Provide Patient Access
Security Risk Analysis
e-Prescribing

Total Performance Base Points
21

Total Score Points
18

Total Bonus Points
5

Total Bonus Points
5

Required measures for base score
Health Information Exchange
Provide Patient Access
Security Risk Analysis
e-Prescribing

7 Optional measures for additional performance score
Patient-Specific Education
Immunization Registry Reporting
Specialized Registry Reporting

Option 2

Total ACI points = 94
Capped at 100 if higher
Historically, our clients perform better

2015 Meaningful Use Stage 2 attestation

<table>
<thead>
<tr>
<th>NATIONAL AVERAGE</th>
<th>ATHENAHEALTH CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>53%</td>
<td>97.6%</td>
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% of HCPs avoiding PQRS penalties in 2016

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Improvement Activities – Measuring and ensuring your proactive management of patient care
93 possible activities

High Weight
14 Activities
20 points each

Medium Weight
79 Activities
10 points each

Maximum credit
40 points
Anticoagulant management improvements

Use of Patient Safety Tools

Regular Training in Care Coordination

Total IA points = 40
Currently estimating our clients' performance in real-time.
Specialized teams at athenahealth all across the country have your back

4,752 employees

8 locations

5 services
We’ve got you covered

With today’s ever-shifting payment landscape, avoiding penalties and banking incentives is more difficult than ever. Our dedicated teams provide the support providers need to succeed.

Government Affairs Team
4 People
Tracking legislation that will affect you

Quality Performance Team
35 People
Ensuring measures are easy to capture and report on

Dedicated teams
that help support quality programs (ex MIPS, CCM)

3 teams tracking 105+ different programs
Cost - Used to help lower healthcare spending without sacrificing quality
Auto calculated by CMS in 2017
Cost performance category will weigh more in relation to the MIPS final score in subsequent years.

- **2017**: 0% of total score
- **2018**: 10% of total score
- **2019**: 30% of total score
Calculating a MIPS Final Score

Quality points = 43.2

ACI points = 94

IA points = 40

60%  25%  15%
DEEP BREATH.
$5.3 billion
Collections posted per quarter

195,900+
Active interfaces

80,000+
Providers on our network

1.2 billion
Data transactions processed annually

90 million+
Patient records
athenaOne
CLOUD-BASED SERVICES

- Practice Management
- Patient Engagement
- Electronic Health Records
- Care Coordination
NETWORK

KNOWLEDGE

WORK

RESULTS
The athenahealth MIPS Guarantee

We guarantee our clients success with MIPS or we will pay the penalty