



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



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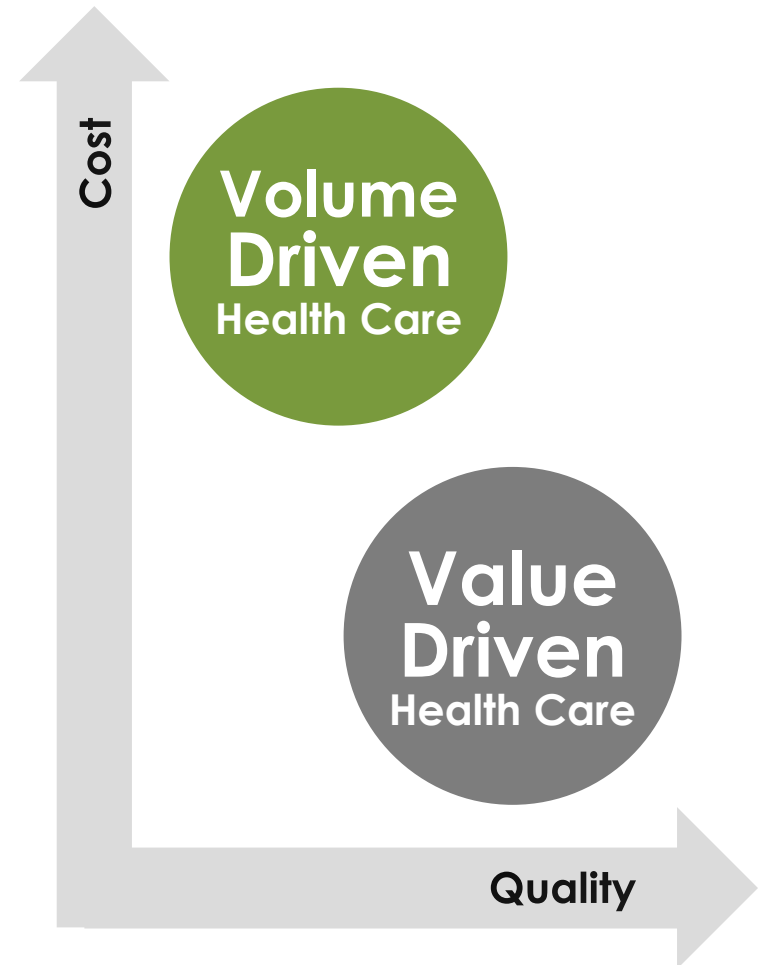
I cover global and domestic health care and health care reform. [FULL BIO](#) ✓

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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



Anthem Blue Cross Nears 60% Value-Based Care Spend



Bruce Japsen, CONTRIBUTOR

I write about healthcare business and policy

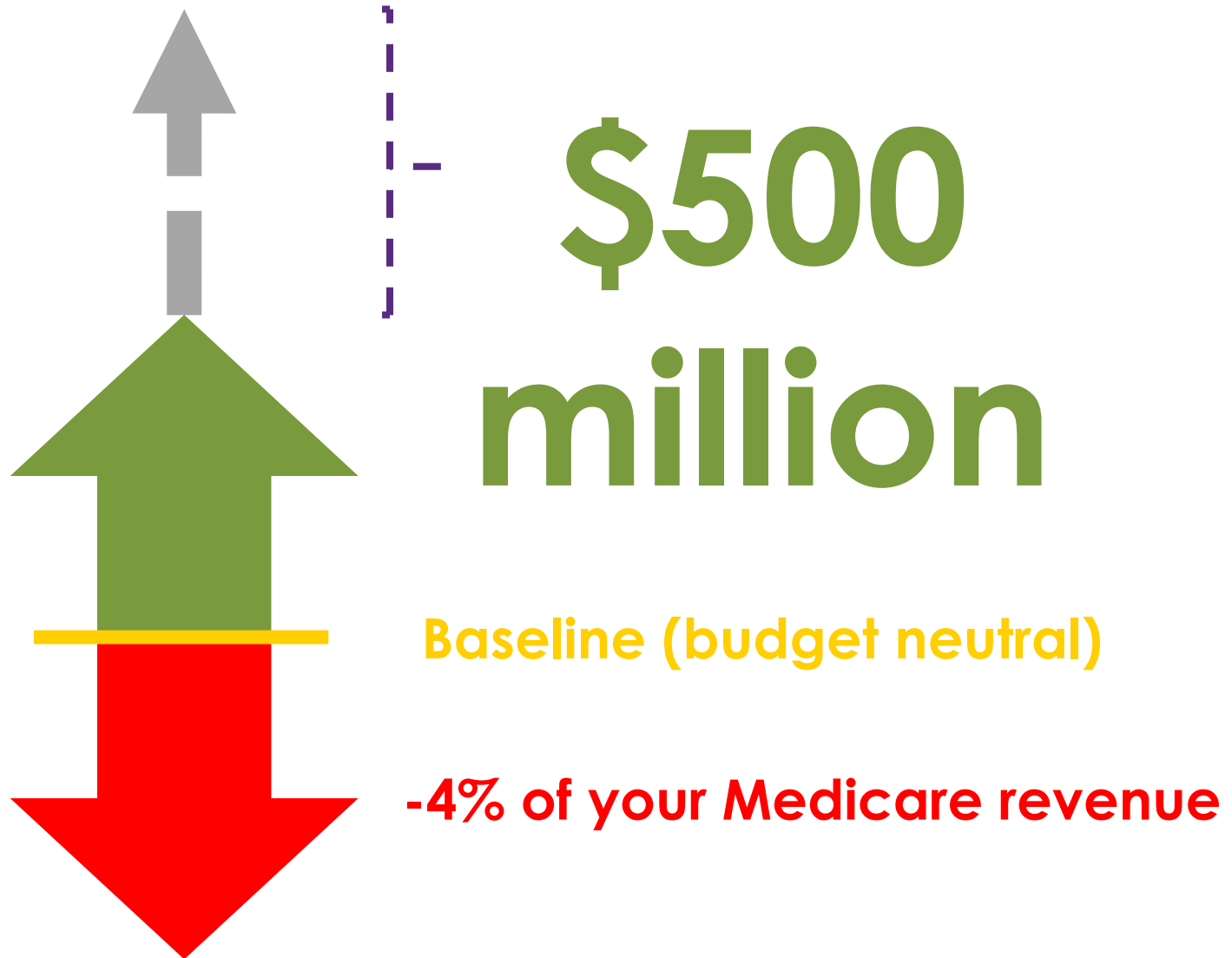
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Anthem's top executive says the health insurer is paying out 58% of its reimbursements via value-based care models that are quickly dominating the U.S. medical system.

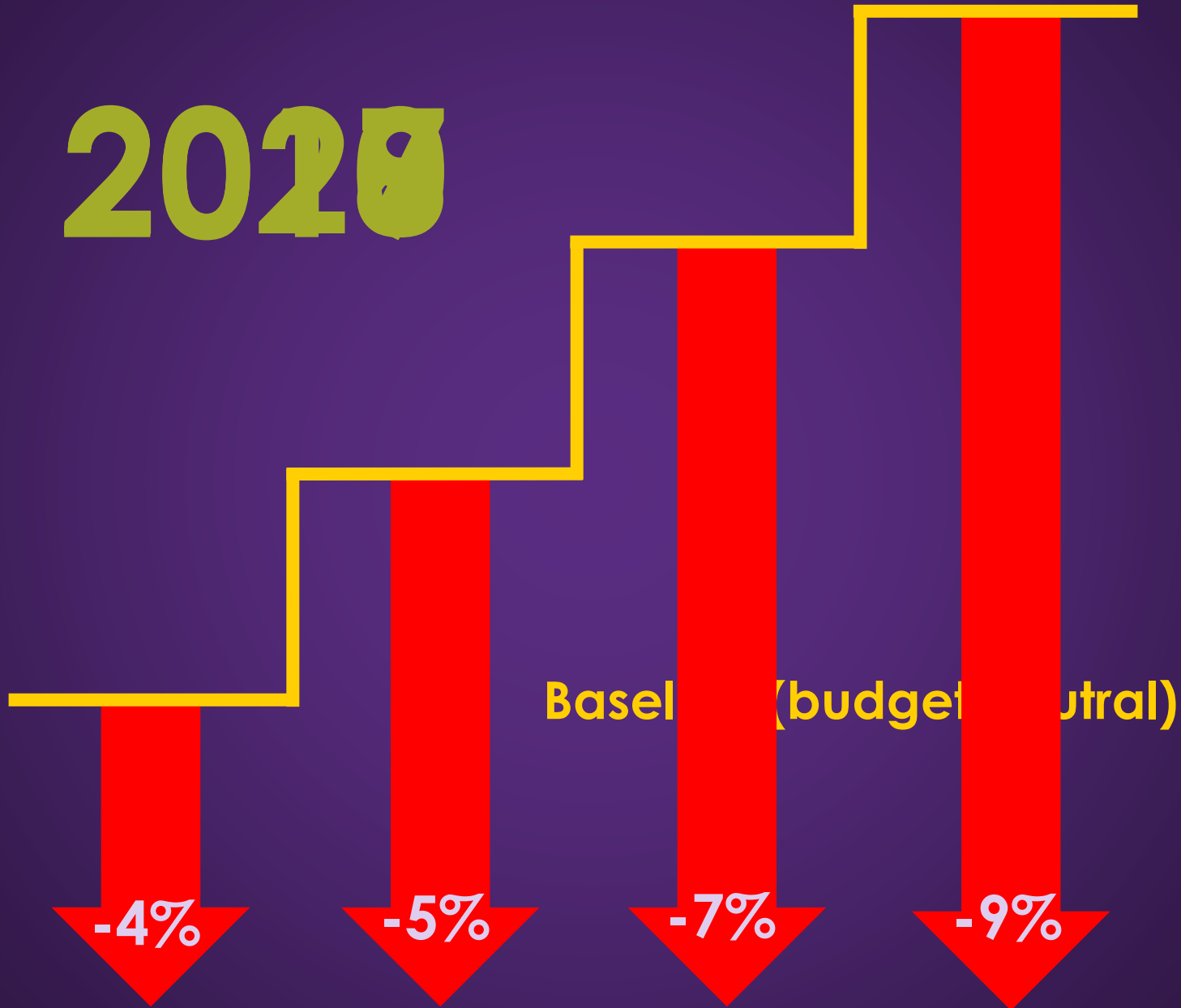
Anthem ANTM +0.39%, which operates Blue Cross and Blue Shield plans in 14 states, this week opened a window into the health insurance industry's shift away from the traditional fee-for-service approach that is based on volume of care delivered and can lead to overtreatment and unnecessary medical tests and procedures. Rival insurers, including **Aetna** AET +0.33% and **UnitedHealth**



Signage is displayed on the exterior of an Anthem Blue Cross Blue Shield office building in [+]



2020



Physician Compare
Home

About Physician
Compare

About the data

Resources

Help

Physician Compare Home

Share



Find physicians and other health
care professionals

Find group
practices

Search another
way

A field with an asterisk (*) is required.

* **Location**

ZIP code/City, State/Address/Landmark

* **What are you searching for?** ⓘ

Doctor last name or specialty or medical condition

Search

Additional search options ▶

Spotlight

Learn more about Physician Compare - watch this video:

Getting the Most
from
Physician
Compare

Your data is public

Additional information

- ◆ Question or comments? E-mail Physician Compare [↗](#)
- ◆ Learn more about quality programs on Physician Compare
- ◆ Physicians: How to keep your information current
- ◆ Download the Physician Compare database (Updated: 3/3/2016)
- ◆ Having trouble with the website?
- ◆ Accountable Care Organization (ACO) quality

More Medicare compare websites:

- ◆ Hospital Compare

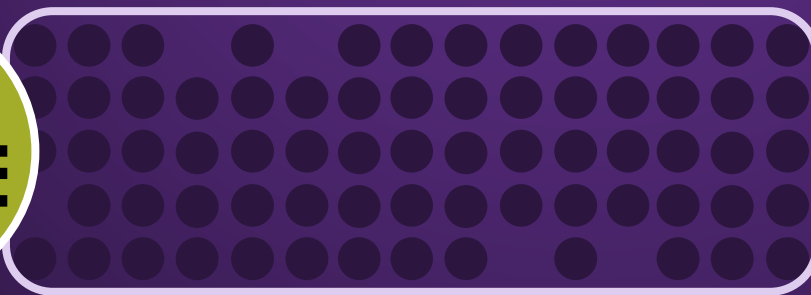
Pick your MIPS reporting pace in 2017



Report
“some data”
(from certain categories)



Report for a
partial year
90 days



Full year
of reporting
athena Clients

Pick your MIPS Reporting Pace 2018

**No More
Freebies**

365 Days Required

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

6 reported measures

20 case minimum for all measures

Quality Measure

Quality Measure

PENDING CMS

Quality Measure

Outcomes Measure

At least one must be an Outcome Measure **OR** a High Priority Measure

Quality Measure

High Priority Measure



6 Selected Measures

Bonus Points

Dr	CEHRT & High Priority	Functional Status Asmt for Knee Replacement	511
13 clinic practices	High Priority	Documentation of Current Medications	913
	CEHRT	Tobacco Use: Screening and Cessation Intervention	1
		BMI Screening & Follow Up	7.3
	CEHRT & High Priority	Functional Status Asmt for Hip Replacement	815
	High Priority	Use of Imaging Studies for Low Back Pain	3

Quality points total = 44.2

(out of possible 60)

Functional Status Assessment for Knee Replacement

1

Documentation of Current Medications

2

Tobacco Use: Screening and Cessation Intervention

3

Functional Status Assessment for Hip Replacement

4

BMI Screening & Follow Up

5

Use of Imaging Studies for Low Back Pain

6

271 measures



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

Clinical Reporting
Clinical Record
Electronic Prescribing
Immunization Reporting
Patient Health Data
Patient-Engagement
Public Health Registry

Base Score
Measured with a Yes/No metric

50 total points

Option 2

2017-specific
11 Measures

4 required

e-Prescribing
Health Information Exchange
Immunization Reporting
Medical Device Reporting
Patient-Satisfaction
Provide Patient Access
Secure and Confidential Reporting
Specialty Reporting
Syndromic Reporting

Performance Score
Measured on a 0 – 100 scale

90 total points

Bonus Score
Measured on a 0 or 10 basis

15 total points

155 possible total points, capped at 100



Dr. Samuel

13 clinician practice

Option 2

Auto Base Points
50

Health Information Exchange

Provide Patient Access

Security Risk Analysis

e-Prescribing



Total Performance Base Points
21

Auto Base Points
50

Total Performance Base Points
21

Total Performance Score Points
18

Total Bonus Points
5
Score Points
18

7 Optional measures for additional performance score

Patient-Specific Education

Immunization Registry Reporting



Total ACI points = 94

Capped at 100 if higher

Total Bonus Points
5

Specialized Registry Reporting



Improvement Activities –

Measuring and ensuring your
proactive management of
patient care

93 possible activities

High Weight

Medium Weight

14 Activities
20 points
each

79 Activities
10 points
each

Maximum credit
40 points



Dr. Samuel

13 clinician
practice

High Weight

Medium
Weight

Medium
Weight

1

- Collection and follow up on patient experience and satisfaction data on beneficiary engagement

2

- Care transition standard operational improvements

3

- Engagement of patients through implementation of improvements in patient portal

Total IA points = 40



Cost –

Used to help lower healthcare spending without sacrificing quality

(Medicare beneficiary – MSPB)

**PENDING
CMS**

(Total per capita Medicare beneficiaries)

**PENDING
CMS**

Specific episodes
(episodes)

**PENDING
CMS**



**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

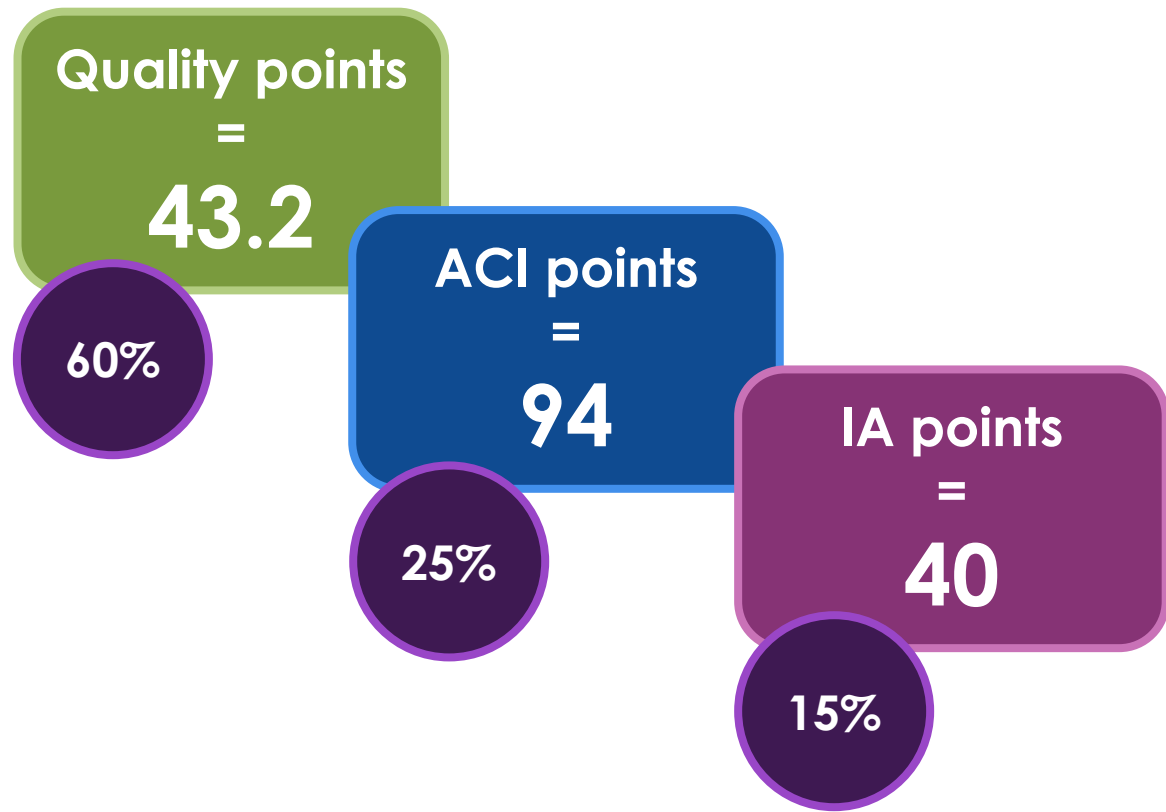
2018

10%
of total
score

2019

30%
of total
score

Calculating a MIPS Final Score





A decorative graphic on the left side of the slide, consisting of a large, stylized leaf shape and a smaller circle above it, both rendered in a lighter shade of purple than the background. The leaf has a central vein and several smaller leaflets branching off. The circle is positioned above the upper part of the leaf.

Thank You