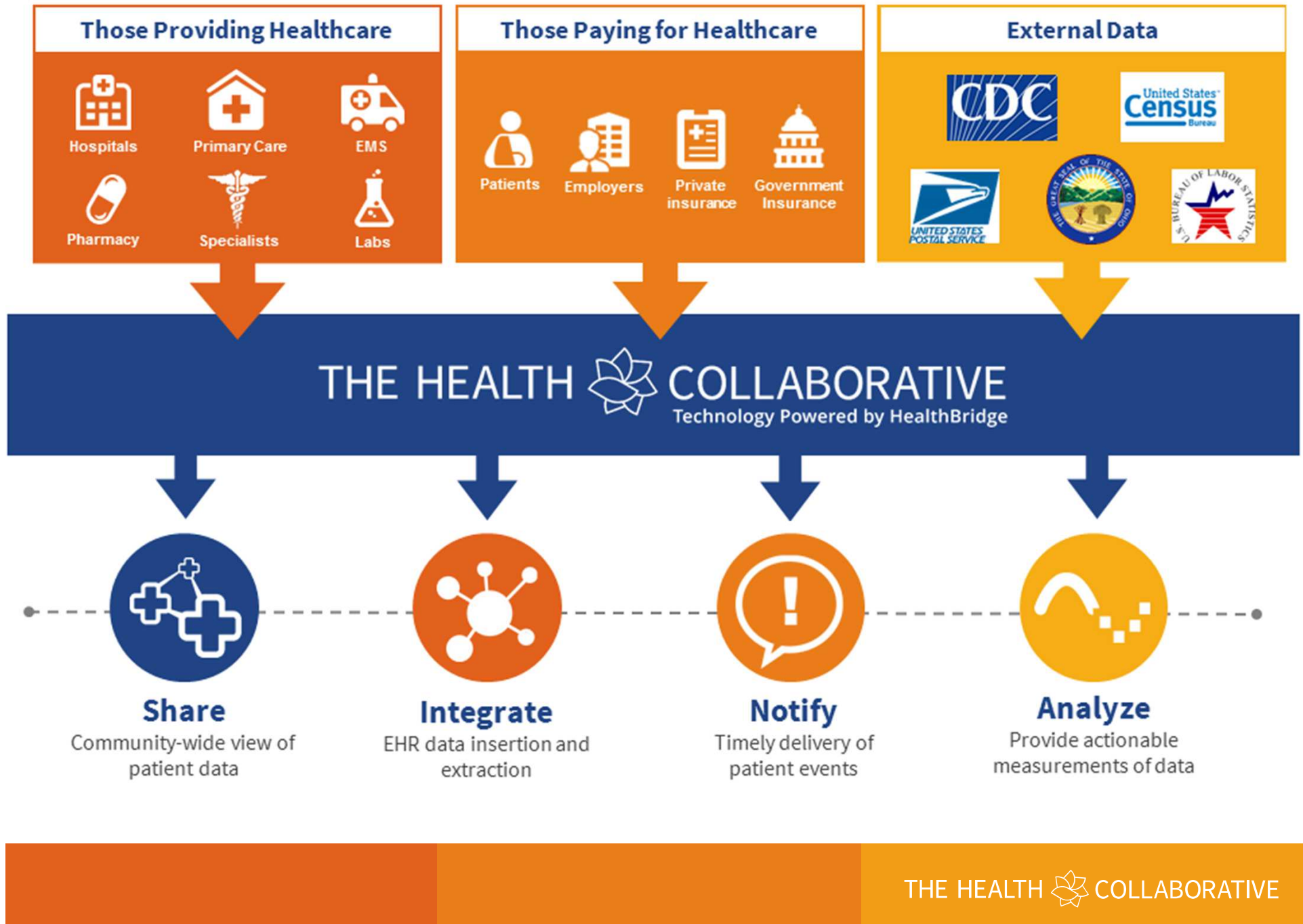


THE HEALTH  COLLABORATIVE

Recognizing & Rewarding Excellence

National Trends. Local Action.

Dr. Richard Shonk
Chief Medical Officer



The move to value payment

THE WALL STREET JOURNAL.

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<http://www.wsj.com/articles/medicare-to-rework-billions-in-payments-142293419>

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The New York Times

POLITICS

Congress Approves Bill to Avert Medicare Pay Cut for Doctors

By REUTERS MARCH 31, 2014, 7:09 P.M. E.D.T.

WASHINGTON — The U.S. Senate gave final congressional approval on Monday to legislation to avert a pay cut for doctors who participate in the Medicare insurance program for the elderly and disabled.

By a vote of 64-35, the Democratic-led Senate sent the measure, approved last week by the Republican-led House of Representatives, to President Barack Obama to sign into law.

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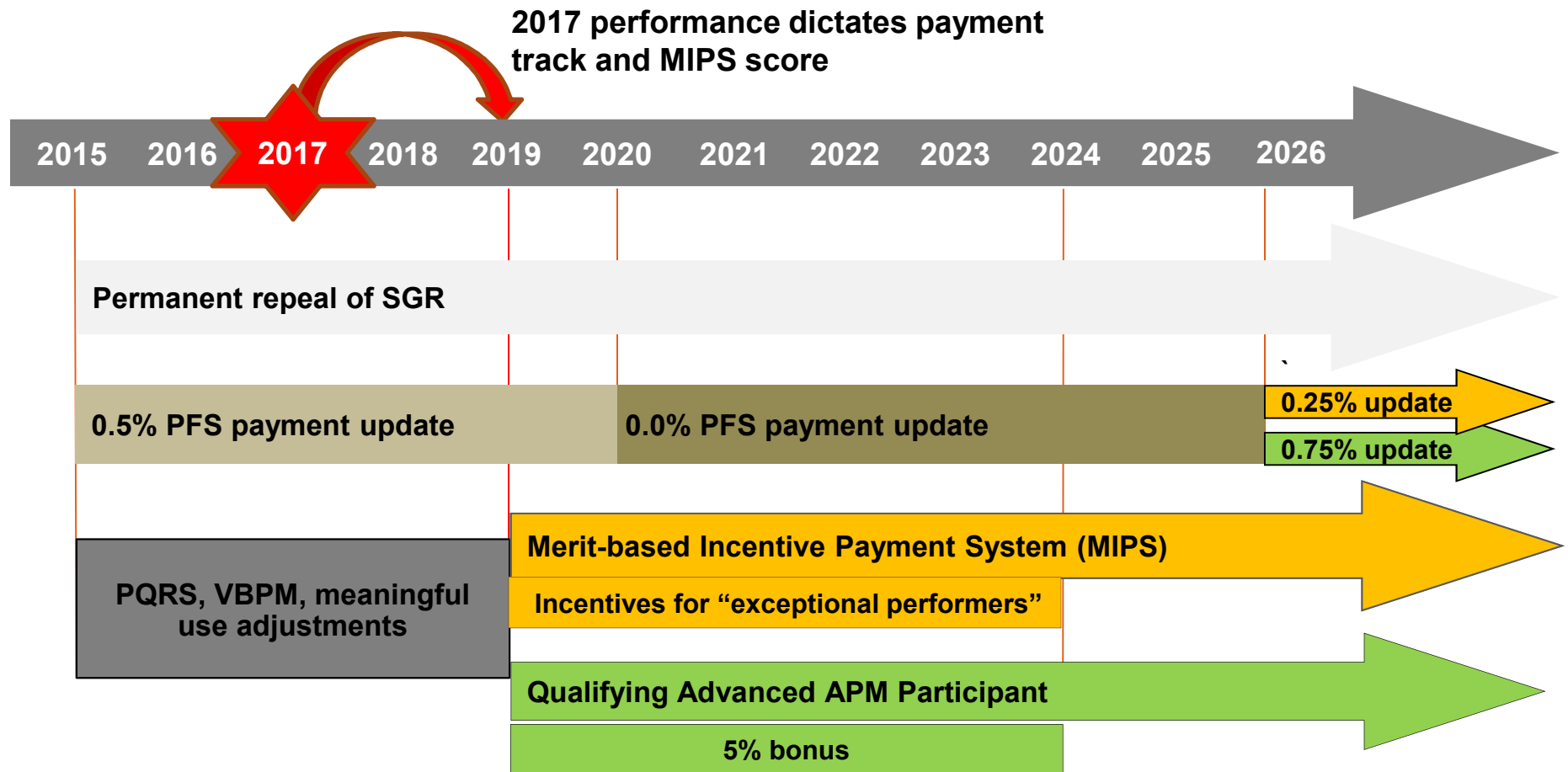
to value-based arrangements by 2020

Written by Emily Rappleye (Twitter | Google+) | January 28, 2015

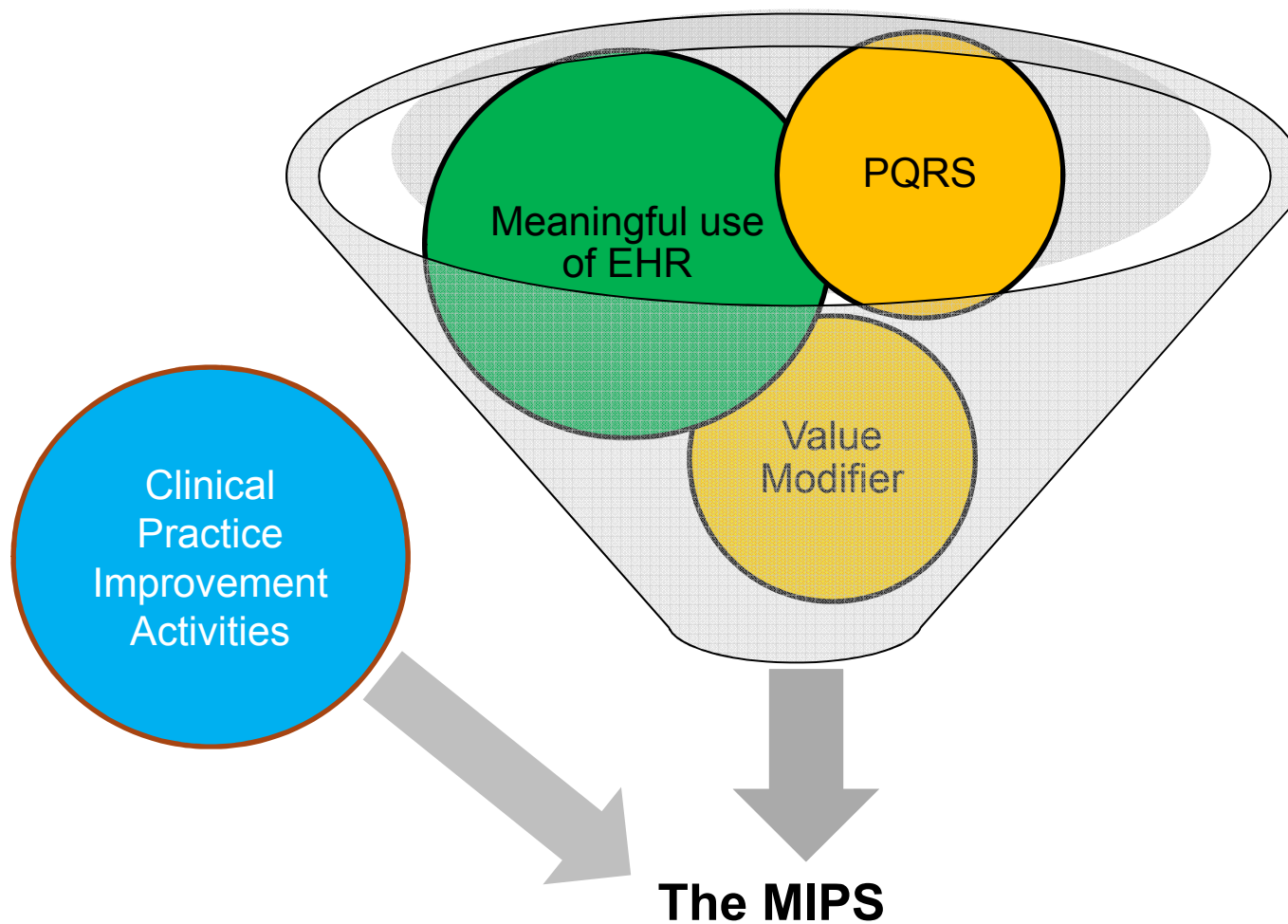
A group of the top U.S. health systems, payers and stakeholders announced Wednesday the formation of the Health Care Transformation Task Force, a private-sector alliance aimed at accelerating the healthcare industry's transformation to value-based care.

THE HEALTH  COLLABORATIVE

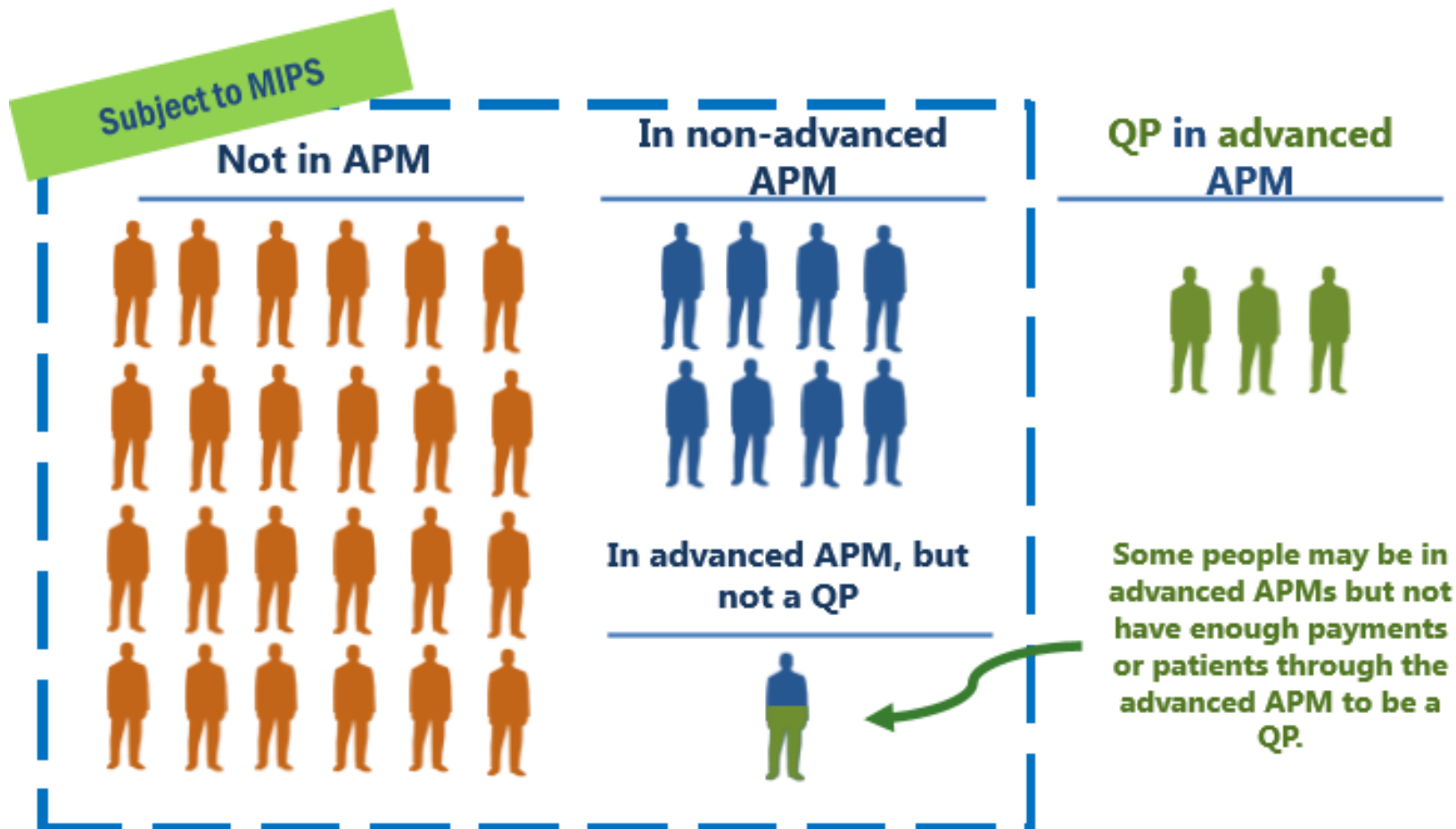
Basic MACRA Timeline



The MIPS is a consolidation of current law programs into one performance-based payment program



Note: Most clinicians will be subject to MIPS.



Note: Figure not to scale.

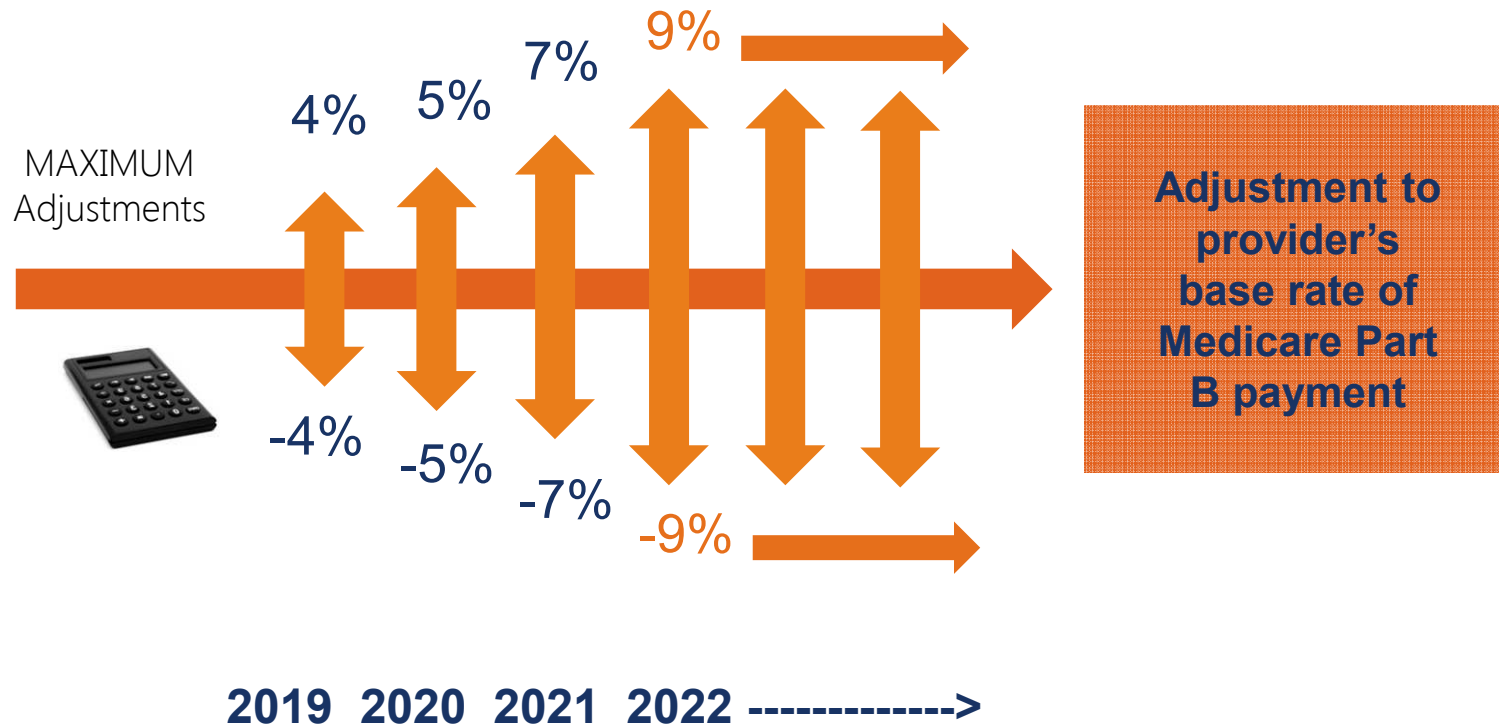
16

2017 Reporting Options

1. Test the Quality Payment Program
2. Participate for part of the calendar year
3. Participate for the full calendar year
4. Participate in an Advanced Alternative Payment Model in 2017

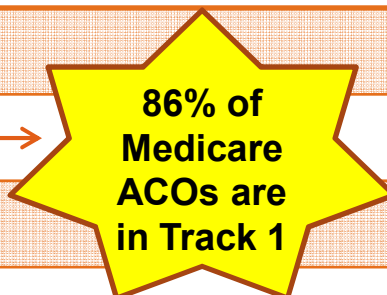
High Stakes

- Based on the MIPS **composite performance score**, providers will receive positive, negative, or neutral adjustments up to the percentages below.
- MIPS adjustments are **budget neutral**.



Proposed financial risk criterion narrows current options

APM	Advanced APM?
Next Generation ACOs	Yes
MSSP ACOs Track 1	No
MSSP ACOs Track 2	Yes
MSSP ACOs Track 3	Yes
Bundled Payment for Care Improvement	No
Comprehensive Care for Joint Replacement	No
Comprehensive Primary Care Plus	Yes
Medicare Part B Drug Payment Model	No
Oncology Care Model 1-sided risk arrangement	No
Oncology Care Model 2-sided risk arrangement	Yes
Comprehensive ESRD Care model (2-sided risk)	Yes





PCMH + Payment Reform

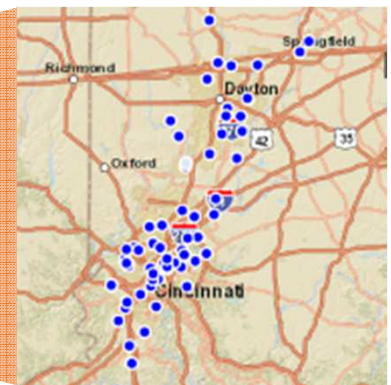
Greater Cincinnati
1 of only 7
chosen sites nationally

75 practices and
350 providers

Multi- payer:
9 health plans +
Medicare

500,000 estimated
commercial,
Medicaid and
Medicare enrollees

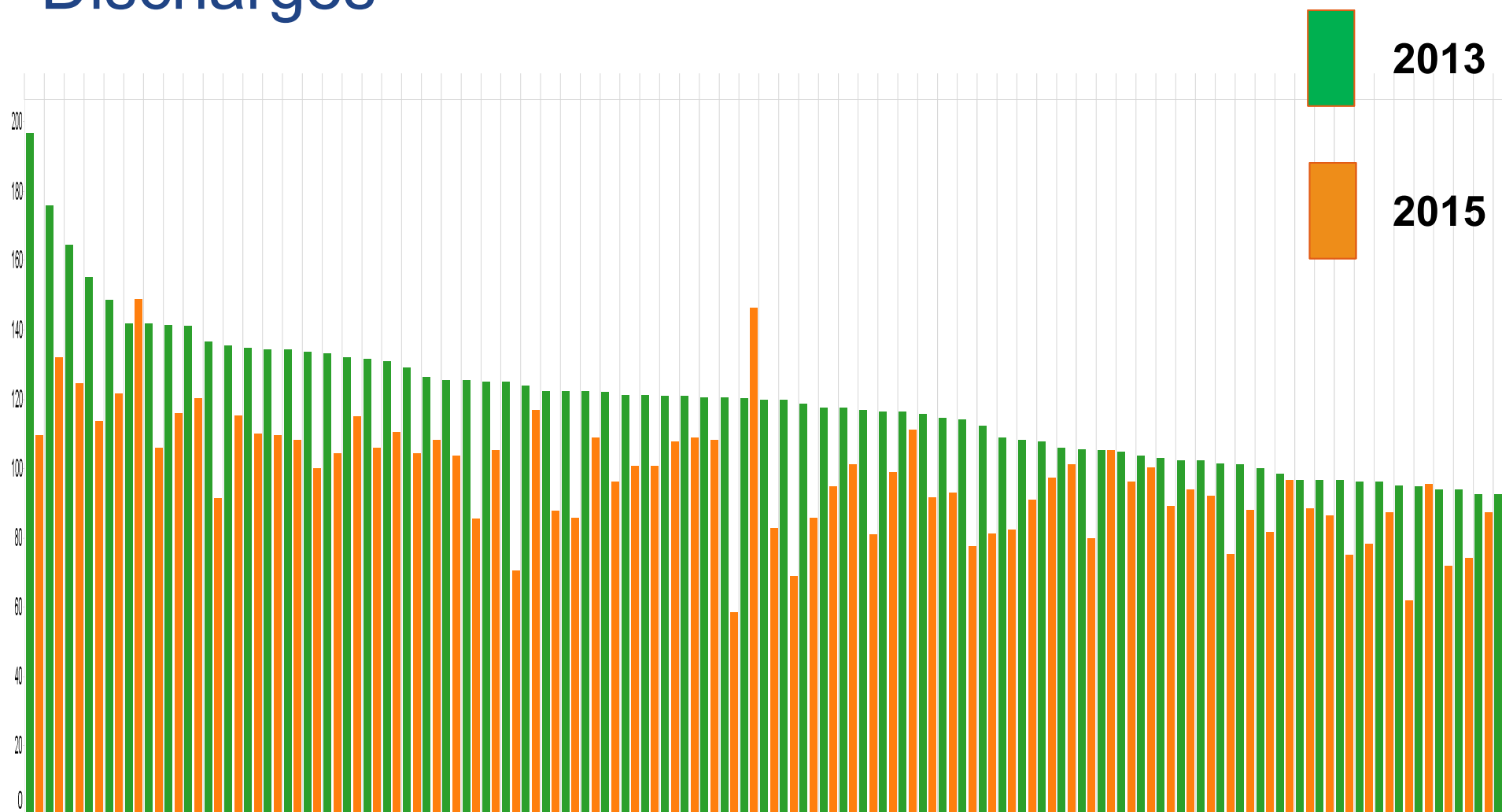
65 miles from
Williamstown, KY to Piqua, OH



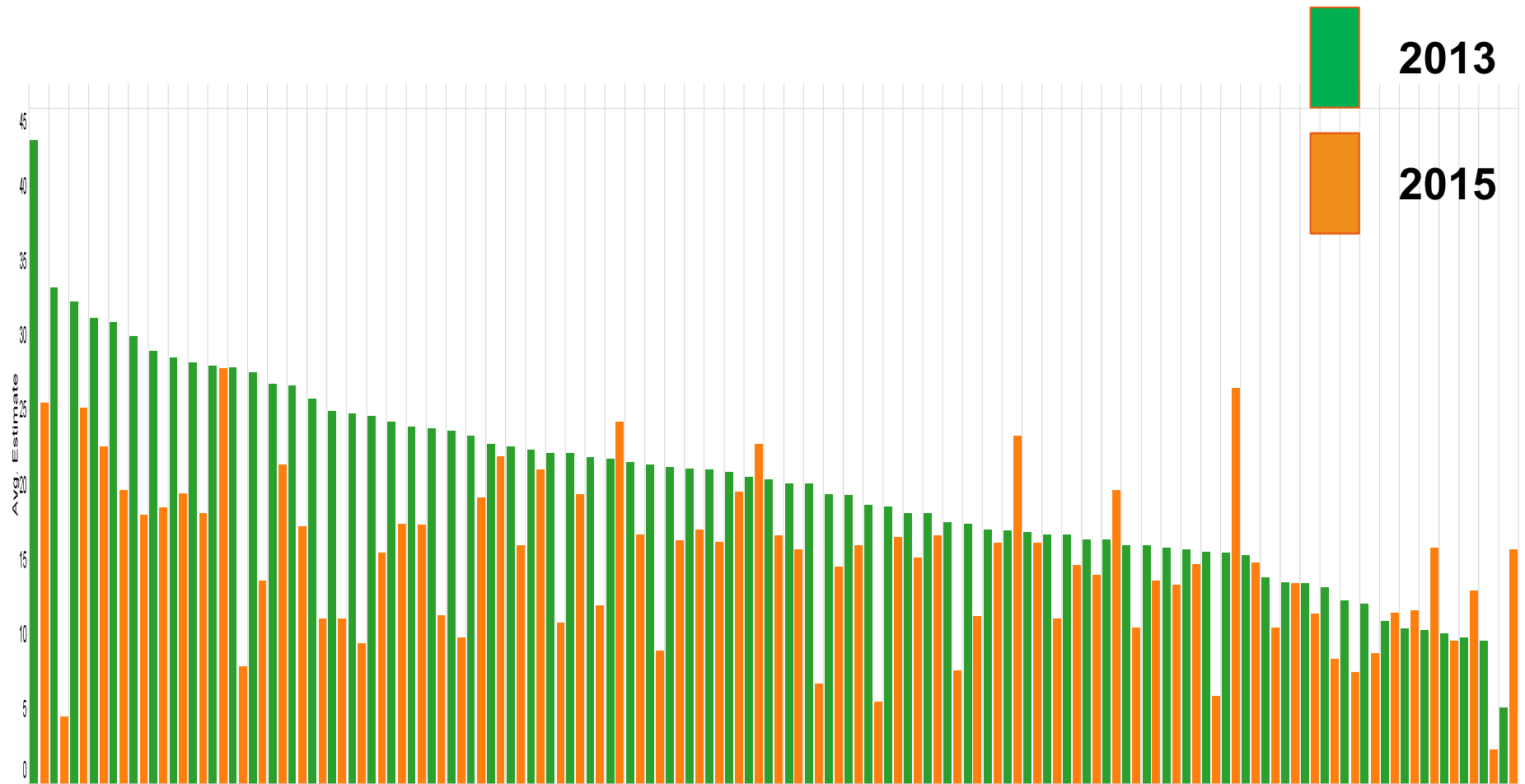
Outcomes through 3 years: All Payer Claims Data Aggregation

Risk-Adjusted Utilization Rates per 1,000 <i>OH/KY CPC Region: All Payer Aggregate</i>				
<u>Measure</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>% Change from 2013</u>
ED Visits	302.8	301.8	294.3	-2.8%
Inpatient Bed Days	578.2	507.0	475.5	-17.8%
Inpatient Discharges	121.5	107.9	100.9	-17%
Primary Care Visits	2593.9	2544.4	2357.5	-9.1%
Specialist Visits	2487.6	2265.8	2222.5	-10.7%
Risk-Adjusted Quality Measure Rates per 1,000				
PQI CHF	6.2	5.6	4.4	-28.4%
PQI COPD	5.7	5.0	4.9	-13.3%
PQI Composite	21.0	18.0	16.2	-23.0
PCR(30-day readmits)	0.9	0.9	1.0	

OH/KY Aggregate Payer Data: Risk Adjusted - Inpatient Discharges



OH/KY Aggregate Payer Data: Risk Adjusted – PQI Composite (ACSC)



OH/KY Aggregate Payer Data: Blinded Payer Data

CPCi % Change from 2013 (risk-adjusted) OH/KY Region: Commercial Plans <i>Risk Adjusted Utilization Rates per 1,000</i>		
Measure	Blinded Health Plan	% Change from 2013-2015
Inpatient Discharges	All Payers	-17.0%
	Health Plan 05	-41.3%
	Health Plan 17	-14.9%
	Health Plan 31	-17.6%
	Health Plan 77	-15.1%
	Health Plan 81	-29.8%
PQI Composite	All Payers	-23.0%
	Health Plan 05	-49.3%
	Health Plan 17	-34.0%
	Health Plan 31	-27.2%
	Health Plan 77	-38.0%
	Health Plan 81	-32.6%

To pay for value, one must measure value!

Key Points:

Data that has never been provided before – all payers, all claims

A database to which can be added a practice's **clinical results**

Data a practice can use to **measure and improve** across the entire practice population

Data that is a comprehensive and credible evaluation of a practice's **performance**

Evidence with which to negotiate with payers for the purposes of paying for value



The Case for Claims Data Aggregation

Comprehensive View

Paying for Value is Enhanced by Comprehensive Practice Level Measurement

Measurable Value

Statistical Validity of Aggregated Data Improves the Accuracy of Performance Comparisons

Standard Approach

Adoption of a Standard National Measure Set is Reliable and Valued by Stakeholders

Sustainability

Accurate, Co-Owned Data Gives Confidence to pay for Value in a Sustainable and Scalable Approach

Value for Payers

Value for Providers

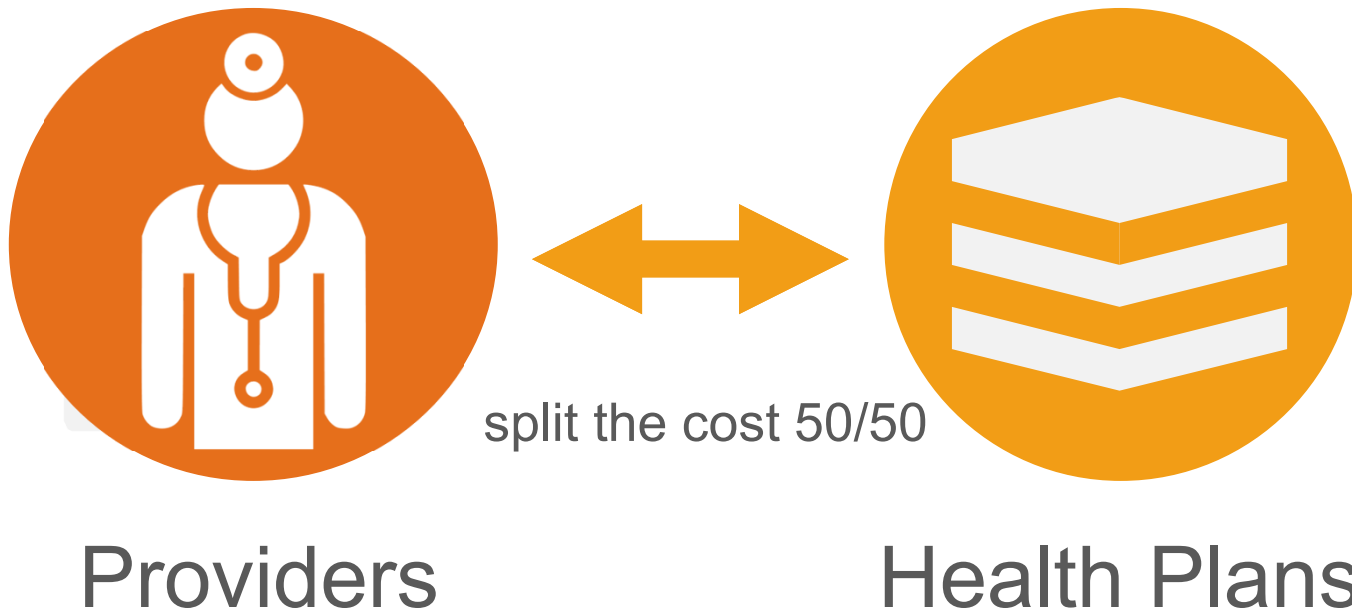
Comprehensive Reports Provide a One Stop Shop for Practice-Wide Data at Patient Level Detail

Aggregated Data Reports Provide a “Third Party” vetted Value of the Provider’s Performance

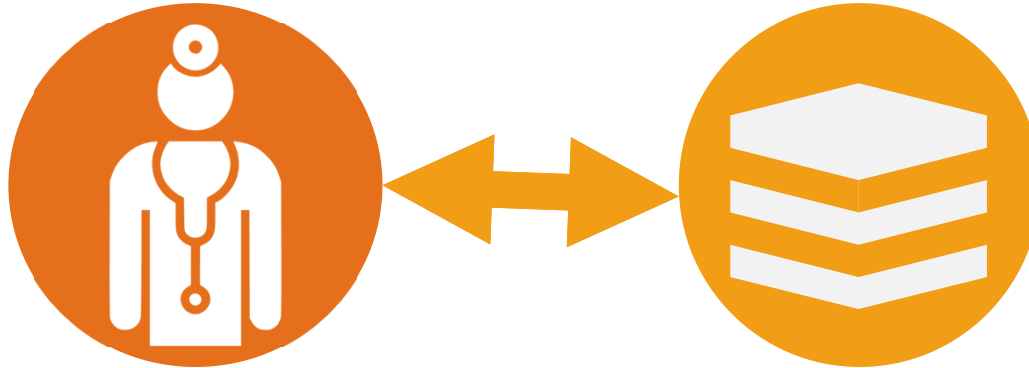
Improvement Efforts are More Efficient with Reductions in Variability and “Drill Down” Capabilities

Sustained Engagement is Made Possible With Co-Owned, Trusted, & Transparent Data

Business Model: Co-Ownership



Business Model: “Claims Data Co-Op”



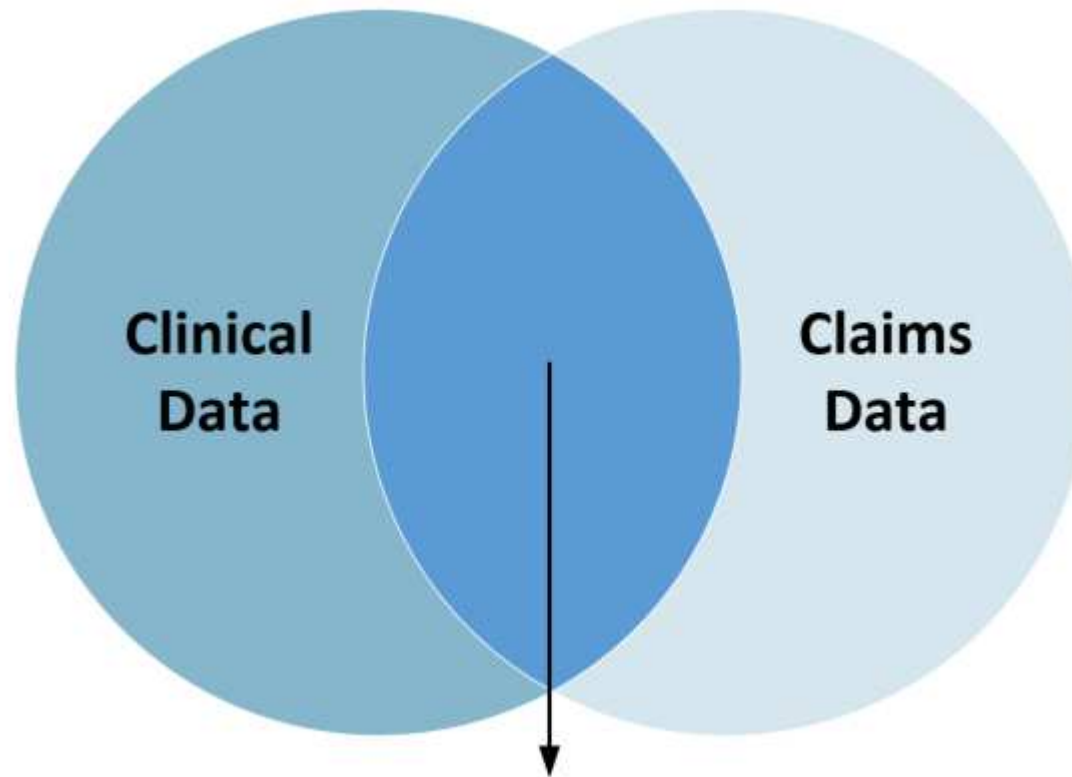
- Co-Own **the Process**
- A look into the “Black Box”
- Ownership of **the results**
- No longer “Their data” but “Our data”
- Nothing engages like paying for it
- Knowing who to call

Clinical Data Core Services:



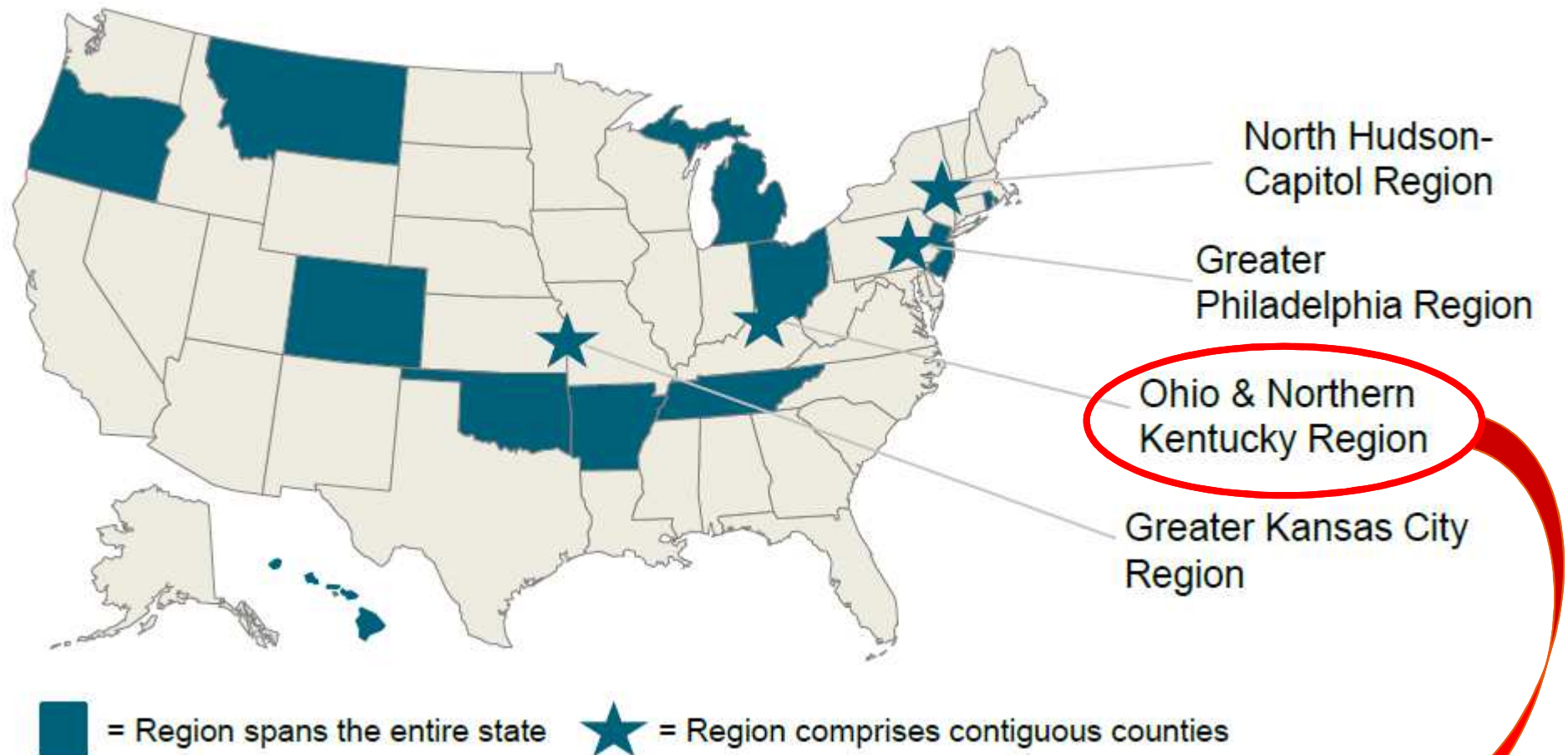
- Clinical Results Delivery
- Meaningful Use
- Encounter Notifications
- Admission Analysis
- HEDIS
- Quality & Cost Measurement

Cost & Clinical Data Combination



Combined data set tied together via
master patient and provider index

14 Selected Regions



All counties in Ohio, 4 Counties in Kentucky: Boone County, Campbell County, Grant County, Kenton County

Payer Participation in OH/KY Region

In addition to Medicare:



Aetna

Anthem

Aultman Health Foundation

Buckeye Health Plan

CareSource

Gateway Health Plan of Ohio

Medical Mutual of Ohio

Ohio Medicaid

Molina

Paramount Health Care

SummaCare, Inc.




The Health Plan

UnitedHealthcare

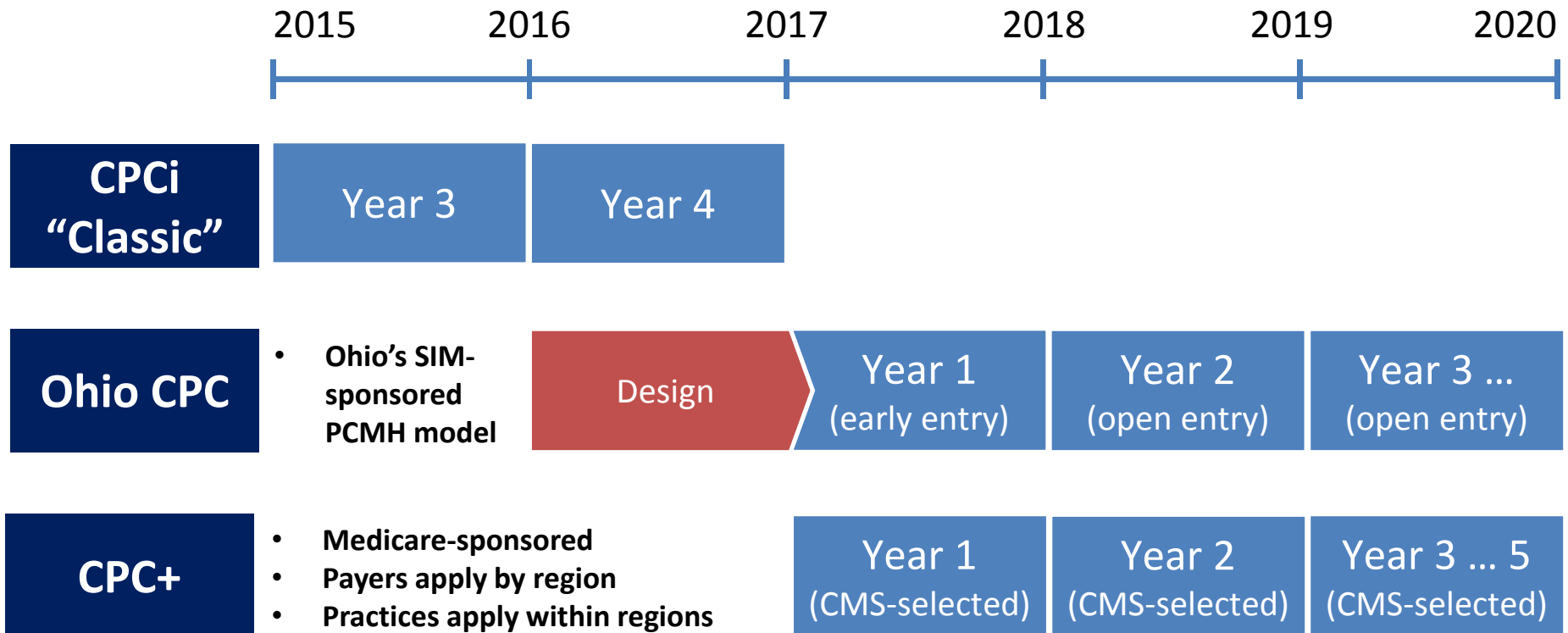
Sample Practice Activities

CPC+ Functions	Track 1	Track 2 <i>Includes and builds on Track 1</i>
Access and Continuity	<ul style="list-style-type: none"> • 24/7 Patient Access • Assigned Care Teams 	<ul style="list-style-type: none"> • E-Visits • Expanded Office Hours
Care Management	<ul style="list-style-type: none"> • Risk-Stratify patient population • Short and long-term care management 	<ul style="list-style-type: none"> • Care Plans for high-risk chronic disease patients
Comprehensive-ness and Coordination	<ul style="list-style-type: none"> • Identify high volume/cost specialists serving population • Follow-up on patient hospitalizations 	<ul style="list-style-type: none"> • Behavioral Health Integration • Psychosocial needs assessment and inventory resources and supports
Patient and Caregiver Engagement	<ul style="list-style-type: none"> • Convene a Patient and Family Advisory Council 	<ul style="list-style-type: none"> • Support patients' self-management of high-risk conditions
Planned Care and Population Health	<ul style="list-style-type: none"> • Analysis of payer reports to inform improvement strategy 	<ul style="list-style-type: none"> • At least weekly care team review of all population health data

CMS' Three Payment Innovations Supporting Practice Transformation

	Care Management Fee (PBPM) 	Performance-Based Incentive Payment (PBPM) 	Underlying Payment Structure 
Objective	Invest in practice capability to deliver comprehensive primary care	Reward practice performance on utilization and quality of care	Reduce dependence on fee for service to offer flexibility in care setting
Track 1	\$15 average	\$2.50 opportunity	Standard FFS Claims Payment
Track 2	\$28 average; including \$100 to support patients w/ complex needs	\$4.00 opportunity	Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)
Payment	Paid prospectively on a quarterly basis.	Paid prospectively on an annual basis. Must meet quality and utilization metrics to keep incentive payment.	T1: Regular FFS Claims Payment
			T2: CPCP paid prospectively on a quarterly basis; Medicare FFS claim is submitted normally but paid at reduced rate

Ohio's Comprehensive Primary Care Timeline



Ohio Comprehensive Primary Care (CPC) per member per month (PMPM) payment calculation

The PMPM payment for a given CPC practice is calculated by multiplying the PMPM for each risk tier by the number of members attributed to the practice in each risk tier

	3M CRG health statuses	Example of 3M CRG	2017 CPC PMPM (Estimated)	
CPC PMPM Tier 1	<ul style="list-style-type: none">▪ Healthy▪ History of significant acute disease▪ Single minor chronic disease	<ul style="list-style-type: none">▪ Healthy (no chronic health problems)▪ Chest pains▪ Migraine	\$1	<ul style="list-style-type: none">▪ Practices and MCPs receive payments prospectively and quarterly▪ Risk tiers are updated quarterly, based on 24 months of claims history with 6 months of claims run-out▪ Finalized 2017 PMPM values will be determined Q3 2016
CPC PMPM Tier 2	<ul style="list-style-type: none">▪ Minor chronic diseases in multiple organ systems▪ Significant chronic disease▪ Significant chronic diseases in multiple organ systems	<ul style="list-style-type: none">▪ Migraine and benign prostatic hyperplasia (BPH)▪ Diabetes mellitus▪ Diabetes mellitus and CHF	\$8	
CPC PMPM Tier 3	<ul style="list-style-type: none">▪ Dominant chronic disease in 3 or more organ systems▪ Dominant/metastatic malignancy▪ Catastrophic	<ul style="list-style-type: none">▪ Diabetes mellitus, CHF, and COPD▪ Metastatic colon malignancy▪ History of major organ transplant	\$22	

Detailed requirement definitions are available on the Ohio Medicaid website:
<http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx#1600562-cpc-payments>



Governor's Office of Health Transformation

The Near Future...

- To avoid MACRA, PCP's will migrate to alternative payment methodologies
- Comprehensive Primary Care Plus will be very attractive as one of those APMs
- SIM PCMH will add State of Ohio and Medicaid as payers to the incentive to join CPC +
- Medicaid lives will be part of the bargain
- Medicaid and Medicare become more sustainable for the practices as long as care management fees are risk adjusted
- Pay for Value will require fair and accurate measurement of Value



Thank You!