Is the Value Movement Delivering Value?

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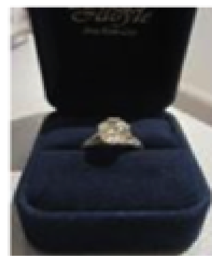
Accountable Care financing and administration

Third-Party Payers
Government Commercial

Healthcare Exchanges
Government Commercial

packaging and marketing the asset



Effective financial tools, marketing and negotiations to collaborate with a variety of payers

Population Health Management

Provider Network

Population

Quality Outcomes

Cost Outcomes

developing the asset

Improving the quality of care, and reducing waste for a defined population of patients with appropriate provider resources

Accountable Care Organizations

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The ABCs of ACOs

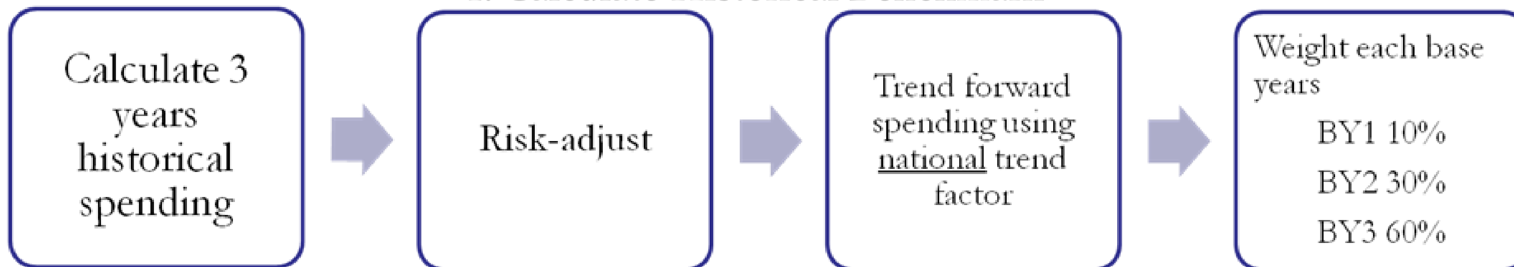
Accountable Care Organizations Explained

MSSP Current Risk Structure

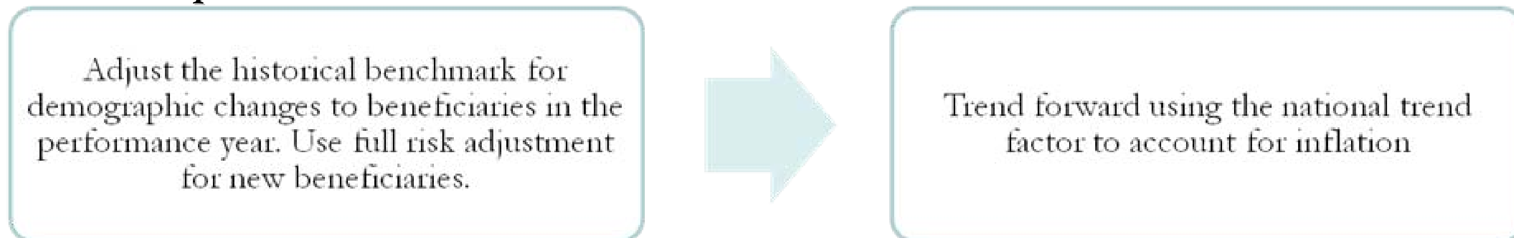
	Track 1	Track 1+	Track 2	Track 3
Stop Gain	10%	10%	15%	20%
Stop Loss	N/A	4% (or 8% of revenue)	15%	20%
Shared Savings	50%	50%	60%	75%
Shared Losses	N/A	30%	40-60%	40-75%
Min. Loss/ Savings Rate (MSR/MLR)	Dependent on # of beneficiaries (2% - 3.9%)	ACO's Choice (0-3.9%)	ACO's Choice (0-3.9%)	ACO's Choice (0-3.9%)

Current MSSP Benchmark

I. Calculate Historical Benchmark



II. Update Benchmark for Financial Reconciliation for each Performance Year

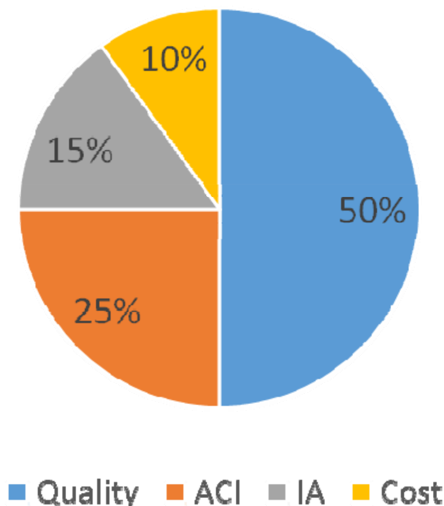


III. Rebase Benchmark for Subsequent Agreement Periods

Merit-Based Incentive Program (MIPS) is Complex and Burdensome

Measure 4 Areas of Care

- Quality: 50% of final MIPS score
  - Participants report at either individual OR group level; 270+ measures available.
  - Performance within and across years may not be comparable due to reporting on different measures.
  - Reporting burden varies depending on submission mechanism.
- Advancing Care Information: 25% of final MIPS score
  - Required measures: security risk analysis, e-prescribing, provide patient access, send summary of care, request/accept summary of care
  - Choose up to 9 measures for additional credit
  - Bonus credit for reporting public health and clinical data, registry reporting measures, using certified EHR to complete certain improvement activities
- Improvement Activities: 15% of final MIPS score
  - Participants attest completion of activities chosen from more than 100 currently available.
  - Requirements vary with group size and medical home model participation.
  - Separate scoring for certain APM participants.
- Cost: 10% of final MIPS score
  - Calculated from claims, but relatively few measures available.
  - Ongoing development of new episodic cost measures.



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FY 2019 President's Budget Proposes to Simplify MIPS

- Reduce Reporting Burden for MIPS Participants:
  - Use broader claims and beneficiary survey calculated measures that assess clinician performance on quality and cost during the performance period at the group-level only.
  - This eliminates participant manual reporting and makes performance measurement comparable among participants within and across performance years.
- Retain the payment adjustments under current statute to fund the payment incentive pool and the $500 million in annual additional performance bonus payments for top performers.

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Advanced Alternative Payment Models

- Current system to determine eligibility for "Qualifying Participant" status (based on patient count, spending, and payer arrangement type) is overly complex.
- Thresholds for attaining QP status are arbitrary and create "cliffs" of those who gain incentive payments and those who do not.

Medicare Option – Payment Amount

Payment Year	2019	2020	2021	2022	2023	2024 and later
QP	25%	25%	50%	50%	75%	75%
Partial QP	20%	20%	40%	40%	50%	50%

Medicare Option – Patient Count

Payment Year	2019	2020	2021	2022	2023	2024 and later
QP	20%	20%	35%	35%	50%	50%
Partial QP	10%	10%	25%	25%	35%	35%

All-Payer Combination Option – Payment Amount

Payment Year	2019	2020	2021		2022		2023		2024 and later	
QP	N/A	N/A	50%	25%	50%	25%	75%	25%	75%	25%
Partial QP	N/A	N/A	40%	20%	40%	20%	50%	20%	50%	20%
			Total	Medicare	Total	Medicare	Total	Medicare	Total	Medicare

All-Payer Combination Option – Patient Count

Payment Year	2019	2020	2021		2022		2023		2024 and later	
QP	N/A	N/A	35%	20%	35%	20%	50%	20%	50%	20%
Partial QP	N/A	N/A	25%	10%	25%	10%	35%	10%	35%	10%
			Total	Medicare	Total	Medicare	Total	Medicare	Total	Medicare

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FY 2019 President's Budget Simplifies QP Eligibility and Better Aligns Incentives to Participate

- Eliminate Arbitrary QP Thresholds:
  - Instead of receiving a five percent bonus on all physician fee schedule payments if they meet or exceed the payment or patient thresholds as under current law and regulations, clinicians would receive a five percent bonus on physician fee schedule revenues received through the Advanced Alternative Payment Models in which they participate.
- This rewards clinicians along a continuum based on their level of participation in Advanced Alternative Payment Models, and eliminates the cliff effect of the current thresholds.

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FY 2019 Budget Includes Additional Proposals to Reduce Burden

- Tailor the frequency of skilled nursing facility surveys to more efficiently use resources and alleviate burden for top-performing nursing homes.

- Eliminate the unnecessary requirement of a face-to-face provider visit for durable medical equipment.

- Repeal IPAB (which was enacted)

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