



Physician Partnerships.... in any physician-led setting

- 1. Create new value propositions for PAMED membership**
- 2. Assist/Invest in physicians Value/Risk-Based Arrangements**
 - Invest profitably in Pennsylvania physicians' new contracting arrangements
- 3. Practice service support for physician-led practice**
 - Enhance this patient care option in the marketplace



So... What Exactly Is the “Collaborative?”



A for-profit subsidiary of the Pennsylvania Medical Society....



that is deploying unlocked endowment capital to....



partner with *physicians* to achieve the....



upsides of aggregation without the **downsides of consolidation**.



Better patient care: more network options and consumer value



Greater relevance of PAMED membership



Invest in Pennsylvania’s doctors.



Funded by PAMED with \$15M to assure Pennsylvania physician success with value-based care.



Named the *Care Centered Collaborative*

- 5/17: MACRA-MIPS reporting support....
- 10/17 launch MSO practice service support....
- By Q1/18: Value & Risk-Based contracting for physician-led practices:
 1. co-invest/partnerships in population health,
 2. informatics support, predictive modeling,
 3. care management services

Collaborative Planned Offerings

Management Services Organization			Population Health Value/Risk Contracting	
Revenue Cycle	Practice Operations	Business Operations	Quality & Care Management	Service Excellence
<ul style="list-style-type: none"> <input type="checkbox"/> Appointment Scheduling and Patient Registration <input type="checkbox"/> Front End Management, Point of Service Collections, Coding, Charge Capture, and Reimbursement <input type="checkbox"/> Financial Clearance and Counseling <input type="checkbox"/> Billing and Collections, AR and Cash Receivables, Charity Care and Self Pay AR Management, Claims Processing, Denials and Appeals, Bad Debt Management <input type="checkbox"/> KPI Reporting <input type="checkbox"/> Provider Enrollment <input type="checkbox"/> Physician and Extender Credentialing <input type="checkbox"/> Chart Abstraction/ Review 	<ul style="list-style-type: none"> <input type="checkbox"/> Practice Management <input type="checkbox"/> Patient Portal and Engagement Tools <input type="checkbox"/> **MACRA Readiness** <input type="checkbox"/> Applications, Interfaces and EHR Support <input type="checkbox"/> Infrastructure and Telecomm. Support <input type="checkbox"/> IT Consulting & Project Management <input type="checkbox"/> Ambulatory Property Mgmt Svcs (Cleaning, Snow, Valet, Etc) <input type="checkbox"/> Construction Management <input type="checkbox"/> Security <input type="checkbox"/> Capital Project Development and Management <input type="checkbox"/> Safety and Regulatory Compliance 	<ul style="list-style-type: none"> <input type="checkbox"/> Staff Payroll <input type="checkbox"/> Staff Recruitment, Acquisition, Compensation, Labor Relations, and Satisfaction <input type="checkbox"/> Staff Training and Education <input type="checkbox"/> Accounts Payable and Data Integrity <input type="checkbox"/> Supply Chain <input type="checkbox"/> Accounting <input type="checkbox"/> Financial Analytics, Budget Development, Forecasting, and Financial Reporting <input type="checkbox"/> Payor Contracting <input type="checkbox"/> Physician Recruitment <input type="checkbox"/> Real Estate / Leasing <input type="checkbox"/> Marketing and Communication <input type="checkbox"/> Risk Contracting <input type="checkbox"/> Business Plan Development <input type="checkbox"/> Treasury/Banking, Tax, Audit <input type="checkbox"/> Legal / Regulatory Compliance and Policy Development <input type="checkbox"/> Insurance 	<ul style="list-style-type: none"> <input type="checkbox"/> Utilization Review, Chronic Care Management, and Case Management <input type="checkbox"/> Population Health Management <input type="checkbox"/> Metric Development, Performance Improvement, Root Cause Analysis, and Survey Readiness <input type="checkbox"/> Clinical Protocols and Pathways <input type="checkbox"/> Risk Management Services <input type="checkbox"/> Contract Support 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient Access and Throughput Initiatives <input type="checkbox"/> Patient Satisfaction Surveys, Service Recovery, Patient Education <input type="checkbox"/> Referral Management <input type="checkbox"/> Strategy, Business & Program Development, and Market Placement

Public Law 114-10
114th Congress

An Act

To amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes. <<NOTE: Apr. 16, 2015 - [H.R. 2]>>

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, <<NOTE: Medicare Access and CHIP Reauthorization Act of 2015. 42 USC 1305 note.>>

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.--This Act may be cited as the "Medicare Access and CHIP Reauthorization Act of 2015".

(b) Table of Contents.--The table of contents of this Act is as follows:

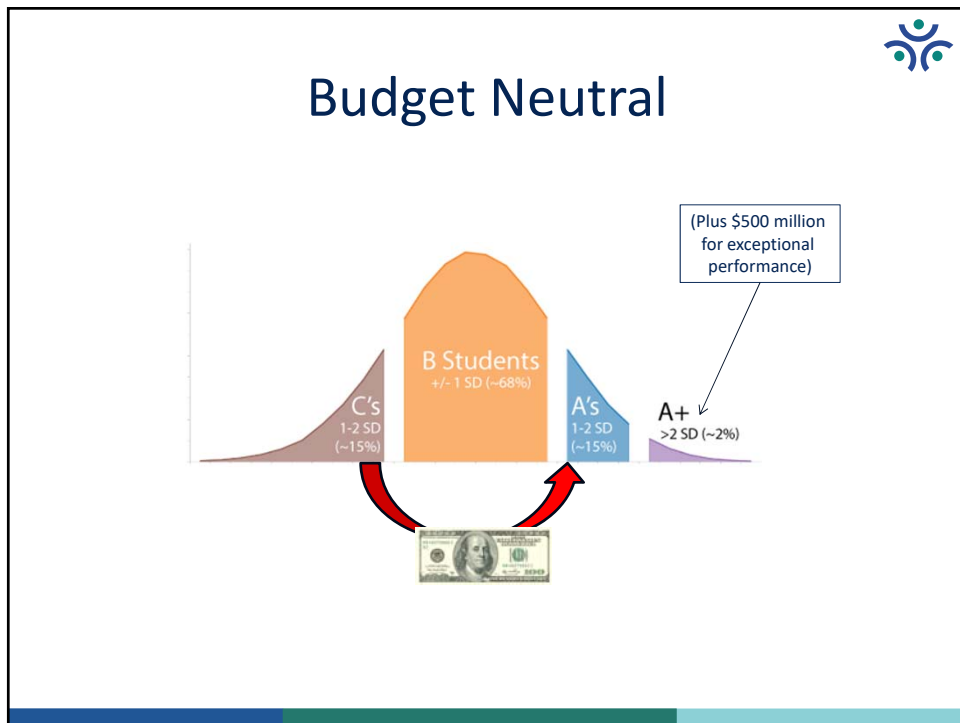
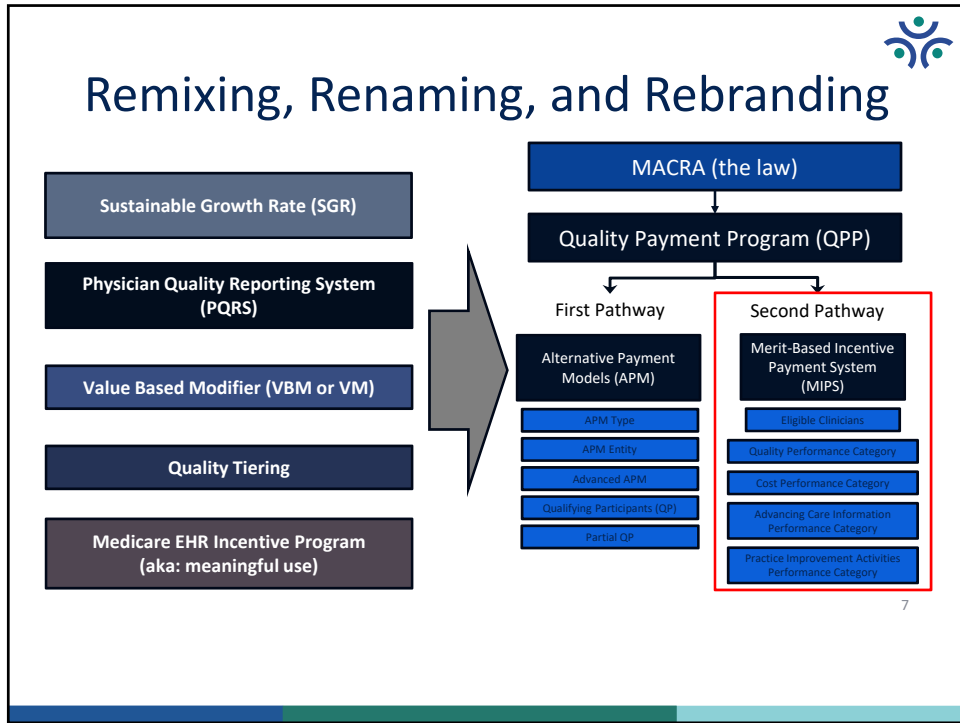
Sec. 1. Short title; table of contents.

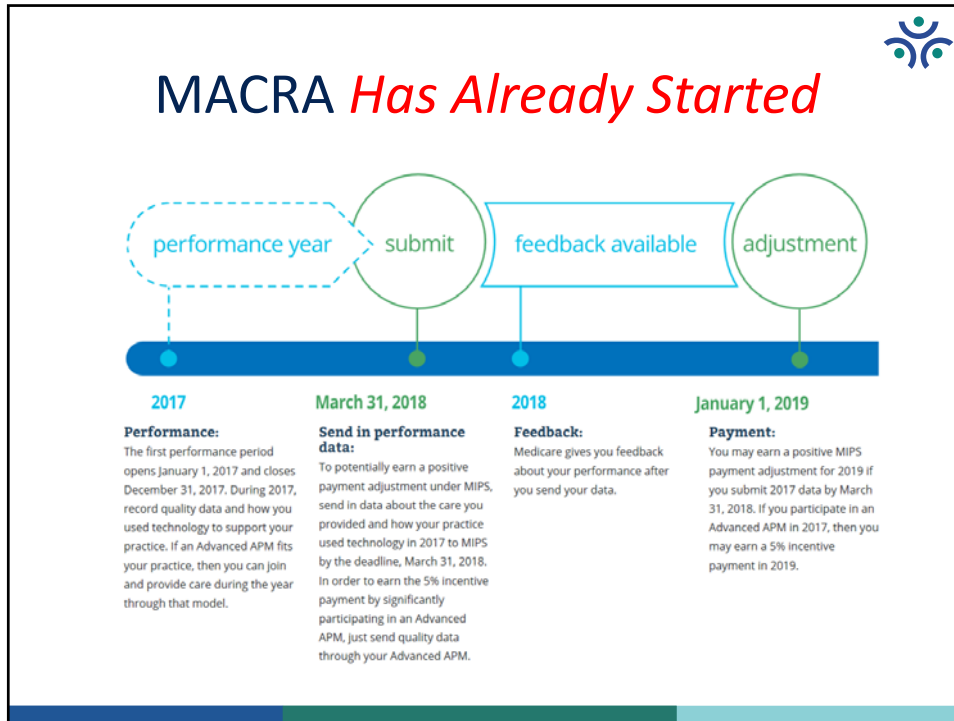
TITLE I--SGR REPEAL AND MEDICARE PROVIDER PAYMENT MODERNIZATION

Passed the House on March 26, 2015 (392–37)

Passed the Senate on April 14, 2015 (92–8)

Signed into law by President Barack Obama on April 16, 2015





January 25, 2017

The Honorable Donald J. Trump
 President of the United States
 The White House
 1600 Pennsylvania Avenue, N.W.
 Washington, D.C. 20500

The Honorable Michael R. Pence
 Vice President of the United States
 The White House
 1600 Pennsylvania Avenue, N.W.
 Washington, D.C. 20500

Dear Mr. President and Mr. Vice President:

On behalf of the nation's leading clinicians, employers, hospitals, biopharmaceutical companies, pharmacists, patients, consumer groups and insurance providers, we are writing to underscore our commitment to advancing the highest quality, most cost-effective healthcare system in the world. We call upon Congress and the Trump Administration to help us achieve this goal.

This work has been spurred by nearly two decades of bipartisan leadership and was most recently accelerated by this Congress' overwhelming passage of the Medicare Access and CHIP Reauthorization Act (MACRA). Through private and public sector alignment, the move toward value-based care is succeeding, measurably improving healthcare quality and contributing to historically low costs. Now is not the time for policymakers to signal a shift away from value-based care, either through action or inaction.

We, the undersigned, strongly support this movement and are committed to working with Congress and the Trump Administration to build the next generation of healthcare policy. As you take up the mantle of addressing the challenge of improving quality while safely reducing costs, we strongly urge you to continue focusing on driving value-based, patient-centered payment models that incent healthcare innovation. Together, we share a vision for a modernized,

Physician Support for MACRA?



Drew et al: Provider perspectives on APMs. *Pop Health Manag* Jan. 2017

N=242 with an interest in population health.

Likert 1 (strongly disagree) - 5 (strongly agree)

Under Alternative Payment Models.....

Domain	Overall	Health System Leader	Physician Leader	Non-leader Physician	P value
... changes in my practice/system have hindered its ability to provide high-quality care.	3.00 (1.19)	2.61 (1.05)	3.16 (1.26)	3.27 (1.12)	P<.05
... I feel more professionally satisfied.	2.69 (1.13)	3.11 (0.89)	2.46 (1.23)	2.54 (1.10)	P<.05
... my practice/system has hired new staff to manage patients effectively	3.41 (1.39)	4.05 (1.14)	3.20 (1.39)	2.83 (1.40)	0.001
Attitudes Toward Alternative Payment Models (AAPM) Scale	3.05 (0.52)	3.28 (0.42)	2.91 (0.57)	2.95 (0.47)	0.003

<http://online.liebertpub.com/doi/full/10.1089/pop.2016.0128>



How Does It Work?

Performance Categories



0-100 Scale



- Will compare clinicians, regardless of specialty, to each other and to a performance threshold.
- Quality in 2017 will account for 60% of the overall score for the 2019 payment adjustment period....
 - Minimal reporting for a single quality measure will automatically result in a score of 3 points with avoidance of a 4% payment penalty in 2019.
- Choosing to participate with multiple categories for a part of 2017 results in being eligible for a positive payment adjustment in 2019 and....
 - choosing to participate for the full calendar year results in eligibility for maximum 4% positive adjustment in 2019.

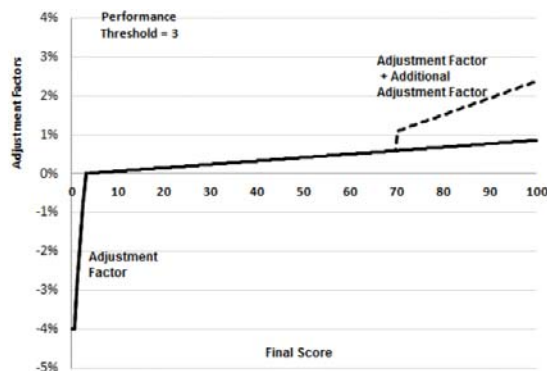
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Transition Year Plan

2017 Performance Year
2019 Payment Year

Pick Your Pace Options 2017

1. Do Nothing
2. One Measure
3. Some Data
4. All In
5. (Advanced APM)



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Why Do More Than Just the Minimum?



- **Graded on a curve:** many physicians may not report in 2017, resulting in more funds for the high performers
- **Low stakes effort** with a high return
- **Learning curve:** will have to do this in 2018 & beyond
- **Keep the momentum going:** Many have reported already reported PQRS
- **Public comparison** reporting of MIPS scores
- **Other payers** are highly likely to follow suit.

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Reporting Options Data Completeness Criteria



Reporting Options	Payers	Period 2017	Reporting Rate 2017	Period 2018	Reporting Rate 2018	Long Term Rate
Claims	Medicare Part B	90 days	50% Medicare pts	1 Year	60%	90%
Web Interface	Medicare Part B	1 Year	248 consecutive ranked assigned patients	1 Year	248 patients	248 patients
Qualified Registry	All	90 days	50% all payer	1 Year	60%	90%
Qualified Clinical Data Registry	All	90 days	50% all payer	1 Year	60%	90%
EHR & Data Submission Vendor	All	90 days	50% all payer	1 Year	60%	90%

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ACI Scoring (2014 Edition)

Objective	Measure	Base Score	Perf Score	Report
Protect Patient Health Information	Security Risk Analysis	Required	NA	Yes/No
Electronic Prescribing	e-Prescribing	Required	NA	Num/Den
Patient Electronic Access	Provide Patient Access	Required	Up to 20%	Num/Den
	View, Download, or Transmit (VDT)		Up to 10%	Num/Den
Patient-Specific Education	Patient-Specific Education		Up to 10%	
Secure Messaging	Secure Messaging		Up to 10%	Num/Den
Health Information Exchange	Health Information Exchange	Required	Up to 20%	Num/Den
Medication Reconciliation	Medication Reconciliation		Up to 10%	Num/Den
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting		0 or 10%	Yes/No

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Improvement Activities

- PCHM = Maximum Possible Points (40)
- APM Participation = 50% of Maximum Possible Points (20)
- High Weighted Activities = 20 Points
- Medium Weighted Activities = 10 Points
- Maximum = 40 Points

Participation Thresholds

- 90 days required
- No Practice or Provider Participation thresholds

Special Populations: Points Doubled for

- Practice with ≤ 15 Providers
- Rural Practice
- HPSA Practices
- Non-patient facing MIPS Eligible Clinicians

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I think my EHR vendor will help me with my MIPS Reporting . . .



Myth

- They will do it for free; it's easy
- My EHR is already tracking quality measures
- EHRs are expert on this

Reality

- Not easy; laborious, and often not free; often more expensive than Registry Reporting, but without the same level of expertise
- Most EMR vendors track 20 -30 measures; Registry reporting supports all of the 272 CMS-approved measures
- EHR submission rates: **57%**; Registries: **93%**; Mingle Analytics: **99.8%**

I think my EHR vendor will help me with my MIPS Reporting



Myth

- If my MIPS submission fails, my EHR company will help me
- My EHR company will be there for us in the future

Reality

- EHR vendors may help report data; they will not assist a practice in any appeals process.
 - **Mingle Analytics** will assist you
- **Mingle Analytics**, a registry reporting service for quality payment programs, has been asked by 6 EHR companies to take over this type of reporting for their clients.

A reminder about.....

Learn About the Program | Explore Measures | Education & Tools

Our collaboration with **one statewide MACRA Service Provider:**

- Turn-key**
- High Value for Patients**
– Enable greater quality delivery – e.g. dashboards
- High Value for Physicians**
– Build on clinical excellence – e.g., achieve a quality bonus
- Certified QCDR**
- Understands Physician Practice & Is Service Oriented**
- Adaptable to/Sustainable in any Practice Setting**
- Established Track Record**

Choose your MIPS Solutions™ Edition

Discounts for all PAMED Members

Essentials Edition	Most Popular! Performance Edition	Enterprise Edition
Participate in MIPS to avoid a penalty Report one quality measure; or, the base ACI measures; or, IA attestation \$249 per provider	Fully participate in MIPS to become incentive and bonus eligible Analyze up to 9 measures plus report IA and ACI categories \$399 per provider	Maximize potential for MIPS and APM incentive and bonus payments Analyze up to 18 measures with continuous performance reporting \$699 per provider

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Current MIPS Clients – 128 physicians



- Altoona
- Bala Cynwyd
- Bethlehem
- Chambersburg
- Clarion
- Clarks Summit
- Coraopolis
- Dunmore
- East Stroudsburg
- Easton
- Greensburg
- Hermitage
- Hummelstown
- Indiana
- Lemoine
- Mechanicsburg
- Monongahela
- Monroeville
- Moosic
- Muncy
- Philadelphia
- Phillipsburg
- Pittsburgh
- Scranton
- Sellersville
- Seneca
- State College
- Waymart
- Wexford
- Williamsport
- Willow Grove
- Wynnewood

Based on average Medicare Part B Revenue:

- \$785,000 in avoided penalties
- > \$1M in avoided penalties plus bonuses



The Stakes for Specialties

PROVIDER TYPE	Medical Services			Drug Services			Combined Medical and Drug Services				
	Avg. Medicare Allowed Amount Per Physician for Medical Services	Total 4 year Potential Incentive	Total 4 year Cumulative Potential Loss	Total 4 year Cumulative Potential +/- Revenue Swing	Avg. Medicare Allowed Amount Per Physician for Drug Services	Total 4 year Potential Incentive	Total 4 year Cumulative Potential Loss	Total 4 year Cumulative Potential +/- Revenue Swing	Total 4 year Potential Incentive	Total 4 year Cumulative Potential Loss	Total 4 year Cumulative Potential +/- Revenue Swing
	Hematology/Oncology	\$225,379	\$56,345	\$56,345	\$112,690	\$583,237	\$145,809	\$145,809	\$291,619	\$202,154	\$202,154
Medical Oncology	\$181,747	\$45,437	\$45,437	\$90,874	\$473,926	\$118,482	\$118,482	\$236,963	\$163,918	\$163,918	\$327,837
Ophthalmology	\$326,621	\$81,655	\$81,655	\$163,311	\$166,745	\$41,686	\$41,686	\$83,373	\$123,342	\$123,342	\$246,683
Rheumatology	\$156,839	\$39,210	\$39,210	\$78,420	\$208,011	\$74,503	\$74,503	\$149,006	\$113,713	\$113,713	\$227,425
Radiation Oncology	\$403,512	\$100,878	\$100,878	\$201,756	\$4,687	\$1,172	\$1,172	\$2,344	\$102,050	\$102,050	\$204,100
Hematology	\$128,187	\$32,047	\$32,047	\$64,094	\$265,011	\$66,253	\$66,253	\$132,506	\$98,300	\$98,300	\$196,599
Dermatology	\$331,108	\$82,777	\$82,777	\$165,554	\$2,937	\$734	\$734	\$1,469	\$83,511	\$83,511	\$167,022
Vascular Surgery	\$329,874	\$82,469	\$82,469	\$164,937	\$206	\$52	\$52	\$103	\$82,520	\$82,520	\$165,040
Interventional Pain Mgmt	\$313,547	\$78,387	\$78,387	\$156,774	\$8,335	\$2,084	\$2,084	\$4,168	\$80,471	\$80,471	\$160,941
Cardiology	\$296,129	\$74,032	\$74,032	\$148,065	\$7,062	\$1,766	\$1,766	\$3,531	\$75,798	\$75,798	\$151,596

Medicare Part B Billings taken from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-06-01-2.html>

Yearly reductions taken from: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/macra-mips-and-apms/macra-lan-ppt.pdf>




Started by Northwell Health
400 customers


1. Ambulatory Service Solutions:

- Scheduling & Registration
- Patient Outreach

2. Revenue Cycle Management

- Intake
- Charge Capture
- Billings

3. Practice Operations/Workflows

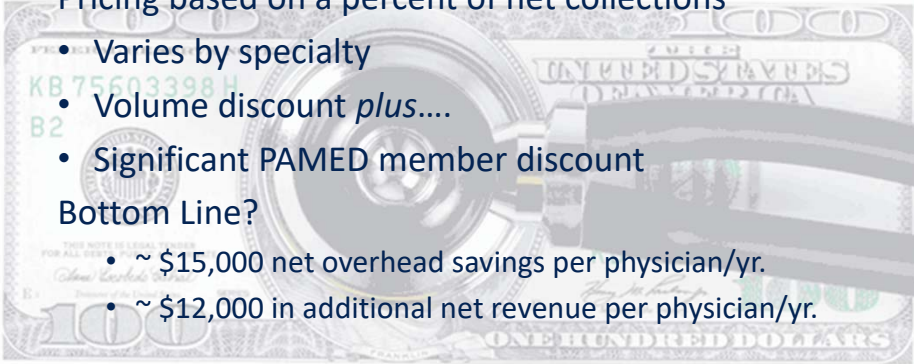



Pricing based on a percent of net collections

- Varies by specialty
- Volume discount *plus...*
- Significant PAMED member discount

Bottom Line?

- ~ \$15,000 net overhead savings per physician/yr.
- ~ \$12,000 in additional net revenue per physician/yr.



Collaborative Planned Offerings

Management Services Organization			Population Health Value/Risk Contracting	
Revenue Cycle	Practice Operations	Business Operations	Quality & Care Management	Service Excellence
<ul style="list-style-type: none"> <input type="checkbox"/> Appointment Scheduling and Patient Registration 	<ul style="list-style-type: none"> <input type="checkbox"/> Practice Management <input type="checkbox"/> Patient Portal and Engagement Tools 	<ul style="list-style-type: none"> <input type="checkbox"/> Staff Payroll <input type="checkbox"/> Staff Recruitment, Acquisition, Compensation, Labor Relations, 	<ul style="list-style-type: none"> <input type="checkbox"/> Utilization Review, Chronic Care Management, and Case Management 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient Access and Throughput Initiatives <input type="checkbox"/> Patient Satisfaction
<p>Negotiating with two commercial payers:</p> <ol style="list-style-type: none"> 1) Value-based, alternate site of service for a southeast pediatrics network 2) Cost-sharing, MSO services & quota share for high-performing central PA practices <p>Three managed care Medicaid payers:</p> <p>“We are ready to go when you have a network”</p>				
<ul style="list-style-type: none"> <input type="checkbox"/> Receivables, Charity Care and Self Pay AR Management, Claims Processing, Denials and Appeals, Bad Debt Management <input type="checkbox"/> KPI Reporting <input type="checkbox"/> Provider Enrollment <input type="checkbox"/> Physician and Extender Credentialing <input type="checkbox"/> Chart Abstraction/ Review 	<ul style="list-style-type: none"> <input type="checkbox"/> Construction Management <input type="checkbox"/> Security <input type="checkbox"/> Capital Project Development and Management <input type="checkbox"/> Safety and Regulatory Compliance 	<ul style="list-style-type: none"> <input type="checkbox"/> Physician Contracting <input type="checkbox"/> Physician Recruitment <input type="checkbox"/> Real Estate / Leasing <input type="checkbox"/> Marketing and Communication <input type="checkbox"/> Risk Contracting <input type="checkbox"/> Business Plan Development <input type="checkbox"/> Treasury/Banking, Tax, Audit <input type="checkbox"/> Legal / Regulatory Compliance and Policy Development <input type="checkbox"/> Insurance 	<ul style="list-style-type: none"> <input type="checkbox"/> Risk Management Services <input type="checkbox"/> Contract Support 	

Pennsylvania Medical Society
House of Delegates Annual Education Conference
 Oct. 13-15, 2017

- Stop by our booth!
- See you at the Opening Session
- Report for HOD Attendees
- Our staff will be available to you