

Do you know how the changes in healthcare will impact your practice?

(Hint: You may be in for a surprise.)



Healthcare in America has changed.

Some of the most important changes have received the least **attention**. While many providers are focused on the Affordable Care Act, few have noticed an equally important development: **the wealth of healthcare information available to payers and patients.**^{1,2}

What does this mean to you?



Payers (insurance companies, employers, Medicare, and Medicaid) are now **actively scrutinizing** physician fees, procedure costs, quality of care, outcomes, and patient satisfaction, to determine **which physicians and providers will remain** within their respective networks and **which will be dropped**.



As a healthcare provider, it's important for you to know that this comprehensive data is now accessible to payers and patients alike.

Physicians and healthcare providers are now evaluated on how well they meet the goals of the Triple Aim



For example:

The UnitedHealthcare EDGESM Premium Plan evaluates its Premium Tier 1 physicians using guidelines for quality and benchmarks for cost. If member physicians meet these goals, EDGE members pay lower co-payments and coinsurance.³

The Medicare Value-Based Payment Modifier (VBPM), an integral part of the ACA, directs Medicare to adjust physician payments up or down, depending on the quality and cost of care physicians deliver to their Medicare patients.⁴

Cigna Collaborative Care works with group practices to achieve the same level of population health, cost, and satisfaction as Accountable Care Organizations (ACOs). To join the collaborative, a group practice must be willing to achieve specific targets in outcomes, affordability, and patient satisfaction.⁵



There's a new world of healthcare. And it's transparent.

Clearly, the most important factor contributing to transparency is the **wide availability of detailed data on quality, cost, and satisfaction** to payers and patients.

- For **providers**, there is a growing recognition that this data now informs payers and patients on how treatment decisions correlate to cost and quality.
- For **payers**, who are becoming more vigilant financial stewards for their members, this data supports their decisions about the future of their health networks.
- For **patients**, this information, **easily accessible online**, enables them and their families to make better-informed, objective healthcare decisions.





Here's what's out there.

Websites providing comparative data on costs, care, quality, and more.

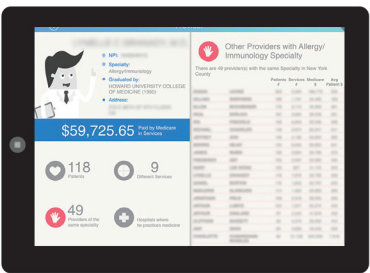


medicare.gov/physiciancompare

Medicare.gov | Medicare Physician Compare

The Physician Compare section of Medicare.gov provides useful information about 860,000 physicians and other healthcare professionals who treat Medicare patients. Among the information you'll find:

- Names, addresses, phone numbers, primary and secondary specialties, educational background, and gender
- Is the provider part of a group practice? If so, you can see names, addresses, phone numbers, and specialties of other professionals in the practice
- Primary language
- Does the provider participate in the following programs?
 - Physician Quality Reporting System (PQRS)
 - Electronic Prescribing (eRx) Incentive Program
 - Electronic Health Records (EHR) Incentive Program
- Hospital affiliation
- Does the provider accept Medicare-approved payment? This means patients will not be billed for any amount over their co-payment and Medicare deductible



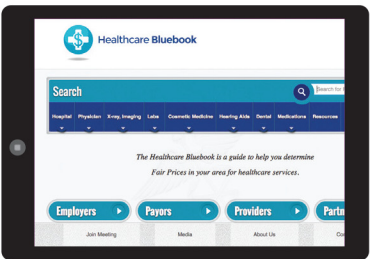
microstrategy.com/us/public-health-ipad-app

MicroStrategy Public Health App

This app, using data on providers collected by the U.S. Department of Health and Human Services, enables public officials, healthcare providers, and Medicare beneficiaries to make data-based healthcare decisions.

The site provides these capabilities and information:

- Users can mine data to create advanced analytics, dashboards, relational databases, and informational graphics
- Physician profiles, categorized by specialty, education, and address
- Gender of each provider
- How much each physician and provider was paid by Medicare for services
- Patient safety statistics at local hospitals
- Hospital affiliation of each physician
- Mobile version shows variations in Medicare spending



healthcarebluebook.com

Healthcare Bluebook App

The Healthcare Bluebook app recommends prices for a range of medical services and procedures, including physician fees, hospital and surgical costs, and other frequently needed services. Recommended fees are based on the average cost, by geographical region, that providers accept from payers. The app offers tips and techniques for negotiating price with providers and finding an in-network provider that charges fair and reasonable prices.



healthcostinstitute.org

Health Care Cost Institute (HCCI)

This site, due to launch in 2015, will help consumers understand the factors behind rising costs in American healthcare. This information is based on actual claims submitted, and paid, by four of the largest payers in America: Aetna, Humana, Kaiser Permanente, and UnitedHealthcare.



<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

Value-Based Payment Modifier (VBPM)

The Affordable Care Act requires that physicians treating Medicare patients be paid based on the quality of care they provide to their patients. This U.S. government website shows the level of payments to physicians based on:

- Quality of care provided to patients, based on self-reported PQRS criteria
- Cost of care provided during the previous calendar year



1. cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/downloads/QRUR_Presentation.pdf
2. qualitynet.org/pqrs

Medicare Physician Feedback Program

There are two separate versions of this report.

1. Group practices reporting to Medicare (GPRO, Group Practice Reporting Option) can receive the **Quality and Resource Use Reports (QRURs)**.
2. Individual physicians reporting to Medicare can receive the **Medicare Physician Feedback Report**.

These reports, part of the Physician Feedback Program, enable physicians treating Medicare patients to see how their quality of care and reimbursement levels compare with similar physicians nationally. The program's ultimate objective is to shift the basis of physician reimbursement levels from volume of patients served to the quality and value of patient care. The data in each report helps physicians by:

- Identifying areas where physicians are doing well along with areas that can be improved
- Comparing the quality of care a physician's Medicare patients receive—and Medicare's cost for this care—with the average cost reported by other physicians practicing in the same geographical area
- Showing how quality of care and cost will be evaluated by Medicare in the future

CMS PQRS QualityNet Help Desk: 866-288-8912

References: 1. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff (Millwood)*. 2008;27(3):759-769. 2. Collins SR, Davis K. *Transparency in Health Care: The Time Has Come*. New York, NY: The Commonwealth Fund; March 15, 2006. [Executive summary taken from The Commonwealth Fund website.] <http://www.commonwealthfund.org/publications/testimonies/2006/mar/transparency-in-health-care--the-time-has-come>. Accessed November 14, 2014. 3. United HealthCare Services Inc. Help your employees find quality, cost-efficient health care. http://www.uhc.com/employers/small_business/what_type_of_plan_is_right_for_your_business/connect_your_employees_to_health_care_providers.htm. Accessed November 14, 2014. 4. Centers for Medicare & Medicaid Services website. <http://www.cms.gov>. Accessed November 14, 2014. 5. Cigna introduces Cigna Collaborative Care [news release]. Bloomfield, CT: Cigna; April 2, 2014. <http://www.newsroom.cigna.com/NewsReleases/Cigna-Introduces-Cigna-Collaborative-Care.htm>. Accessed November 14, 2014.