



Physician Value-Based Payment Modifier Program: Experience from Private Sector Physician Pay-for-Performance Programs

CMS National Provider Call Series
Physician Feedback and Value-Based Modifier Program
Wednesday, March 14, 2012

Purpose of the Special National Provider Call

- To provide CMS with input on the best practices and lessons learned from physician Pay-for-Performance programs in the private sector.
- To gain information so that CMS will be complementary to physician Pay-for-Performance programs in the private sector as CMS develops a value-based payment modifier.
- To obtain stakeholder input on current private sector Pay-for-Performance programs.



Agenda

- Opening Comments and Background – Sheila Roman, MD, MPH
 - Background on the Value-Based Payment Modifier
 - Introduction of Speakers:
 - **Dana G. Safran, Sc.D.**
Senior Vice President, Performance Measurement and Improvement, Massachusetts Blue Cross Blue Shield
 - **Peter N. Bowers, MD**
Medical Director, WellPoint
 - **Cheryl L. Damberg**
Senior Researcher, RAND Corporation
- Question and Answer Session
- CMS Comments & Closing – Sheila Roman, MD





Background

Sheila Roman, MD, MPH
Senior Medical Officer
Performance-Based Payment Policy Group
Center for Medicare

What is the Value-Based Payment Modifier?

The Affordable Care Act of 2010 requires that under the physician fee schedule Medicare begin using differential payment to physicians, or groups of physicians, based upon the quality of care furnished compared with cost.

A physician's Value-Based Payment Modifier will apply to services the physician bills under the Physician Fee Schedule.

The statute requires that the Secretary apply the Value-Based Payment Modifier to promote systems – based care.

CMS is planning to discuss potential methodologies for the Value-Based Payment Modifier this year. We are using these Special National Provider Calls to inform us and our stakeholders as we develop these methodologies.

In 2012 CMS is planning to provide to all Physician Quality Reporting System participating physicians confidential physician feedback reports which contain the information that will be used in calculating the value modifier.



What is the Implementation Timeline for the Value-Based Payment Modifier?

2013

- The initial performance period is slated to begin in 2013, meaning services provided during calendar year 2013 will be used in calculating the 2015 modifier.

2015

- Beginning in 2015, the Value-Based Payment Modifier will be phased-in over a two-year period
- In 2015 the HHS Secretary has discretion to apply the Value-Based Payment Modifier to specific physicians and/or groups of physicians that he/she deems appropriate.

2016

- In 2016 the HHS Secretary will continue his/her efforts to apply the Value-Based Payment Modifier to specific physicians and/or groups of physicians that he/she deems appropriate.

2017

- Beginning in 2017, the Value-Based Payment Modifier will apply to most or all physicians who submit claims under the Medicare physician fee schedule.



CMS Comments & Closing

Sheila Roman, MD, MPH
Senior Medical Officer
Performance-Based Payment Policy
Group
Center for Medicare

If we were unable to hear your comment or address your question on today's call, please email it to QRUR@cms.hhs.gov for our consideration.





Bookmark Our Website and Visit Often

<http://www.CMS.Gov/PhysicianFeedbackProgram>

Thank you for your participation in today's call.



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To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.

All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

We appreciate your feedback!