

Hawthorn Solution

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Hawthorn Physician Services

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MIPS 2017: Results Are In *Hawthorn's Clients Met or Exceeded Program Requirements*

Hawthorn Physician Services has received the results from its 2017 MIPS reporting, and all 450 client providers have met or exceeded the program's requirements.

Many of Hawthorn's providers have qualified for an Exceptional Performance Bonus, and some practices achieved a perfect score of 100 on the MIPS Final Score. Those practices with scores in the top tier have qualified for the highest positive payment adjustment next year. MIPS payment adjustments for 2017 will be applied to Medicare Part B reimbursements starting January 1, 2019.

Some Hawthorn practices achieved a perfect score of 100 on the MIPS Final Score.

Alan Dombrowski, CEO of Hawthorn Physician Services, commented on the outstanding results achieved by Hawthorn's physician practices and he complimented the Hawthorn team members who constantly track and report the required MIPS data. "Our physicians are all high-performing clinicians who demonstrate every day their commitment to professional care," Dombrowski said. "These 2017 MIPS results simply validate the standards that our clients have already set for themselves to deliver quality medical care. It is our professional privilege to support them in this important work, and I am grateful to our staff for the results we have been able to achieve together."

The Merit-Based Incentive Payment System (MIPS) is part of the healthcare reform legislation passed in 2015. MIPS is a component of the

Quality Payment Program, a value-based reimbursement system that was written into the Medicare Access and CHIP Reauthorization Act (MACRA). This legislation replaced the previous Medicare reimbursement schedule with a program that follows a performance-based model for payments. The Centers for Medicare and Medicaid (CMS) have stated that MACRA rewards healthcare providers for giving better service instead of more service.

Shelly Bangert, Hawthorn's director of revenue cycle management, explains how Hawthorn supports its client practices in meeting their MIPS reporting requirements. "One of the promises of the Hawthorn Advantage is to make sure our physicians are compliant with the guidelines of all the various oversight agencies, including Medicare and Medicaid," Bangert says. "Our staff has been trained in all aspects of MIPS reporting, and they are very diligent with tracking and reporting results in the four categories required by MIPS."

Making sure our clients are compliant with the guidelines of all oversight agencies is a promise of the Hawthorn Advantage.

The four categories Ms. Bangert mentioned are used to calculate a weighted MIPS Final Score between 0% and 100%.

- **Quality.** This category includes reporting data related to patient outcomes, efficiency, care coordination and patient experience. For 2017 this category represented 60% of the practice's Final Score.

- **Advancing Care Information (ACI).** This category reflects physicians' performance in areas related to technology and information exchange, and it accounted for 25% of the Final Score in 2017.
- **Improvement Activities.** Reporting in this category is related to areas of shared decision making, patient safety, coordinating care and increasing access. In 2017 this category represented 15% of the Final Score.
- **Cost.** This category is fairly self-explanatory and is related to how CMS measures resource utilization. The Cost category was weighted at 0% of the Final Score in 2017, but its value will increase during future reporting periods.

In 2019 CMS will use the 2017 Final Scores to apply payment adjustments that may be positive, neutral or negative. The highest scoring practices are eligible for the Exceptional Performance Bonus, which means at least an increase of 0.5%.

"The 0.5% increase is a minimum," Bangert says. "We know that an annual pool of incentive dollars has been established for physicians that scored in the top tier. The actual incentive amounts will be applied after all the scores of participating practices have been collected and assessed."

Bangert also commented on the financial benefit that will accrue to Hawthorn's high-achieving practices. "We're proud of our part in helping our client practices achieve such high scores," Bangert said. "Our goal every day is to improve the financial results of our client practices, and we're very pleased to know that our collective efforts will generate real dollars that will flow directly to our physicians."

PHYSICIAN ADVOCACY AT HAWTHORN

Professional Care for Caring Professionals

Outside pressures are demanding more time and attention from physicians—and the trend is toward increasing complexity. At Hawthorn we are physician advocates, and we have the knowledge and experience to address complexity with certainty.

Conduct. Fulfilling and communicating the highest levels of integrity, security and confidentiality expected of a revenue cycle management company.

Compliance. Assuring practice billing and collection processes that follow the guidelines required by all applicable oversight agencies.

Credentials. Assisting practice physicians with the credentials they need to meet the criteria required by hospitals and insurance companies.

Communication. Sharing information and insights about business performance metrics and recommending strategies for continuous improvement.

Consulting. Delivering professional feedback about business decisions and identifying issues that can affect the financial performance of the practice.

Continuity. Retaining a professional record of financial performance and sustaining best practices year after year.



HAWTHORN
PHYSICIAN SERVICES CORPORATION

Addressing Complexity with Certainty