MIPS Deep Dive: 9 Steps to Reporting

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The Oregon MACRA Playbook Conference
June 22, 2017

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HealthInsight

Who is HealthInsight?

Our business is redesigning health care systems for the better

HealthInsight is a private, non-profit, community based organization dedicated to improving health and health care in the western United States.

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POLL: Who do we have in the room?

- Pick the option that best describes your role:
  - Outpatient Clinician
  - Administrator/Manager for Outpatient Office
  - Clinician or representative of a non-outpatient office, other setting of care (e.g. hospital, LTPAC, home health)
  - Community stakeholder – State or local government, health department or health district, community programs, other

What You Will Learn Today

- Quick summary of MACRA and the Merit-based Incentive Payment System (MIPS)
- Nine essential steps for ensuring readiness for the requirements of MIPS
- Available assistance for eligible clinicians

Medicare Access and CHIP Reauthorization Act of 2015

The intent of MACRA is four-fold:

1. Sustainable Growth Rate (SGR) repeal
2. Improve care for Medicare beneficiaries
3. Reauthorizes the Children's Insurance Program (CHIP)
4. Change our physician payment system from focus on **quantity of services** to **quality of care**

MACRA = Quality Payment Program

- MACRA is being implemented as the **Quality Payment Program (QPP)**
- The QPP encompasses two pathways:

The Merit-based Incentive Payment System (MIPS)

or

Advanced Alternative Payment Models (APMs)

Quality Payment Program Strategic Goals

- Improve beneficiary outcomes
- Increase adoption of Advanced APMs
- Improve data and information sharing
- Enhance clinician experience
- Maximize participation
- Ensure operational excellence in program implementation

Merit-Based Incentive Payment System (MIPS)

MIPS streamlines the existing programs into one program:

- **Physician Quality Reporting System** (PQRS) **-> Quality**
- **Value-Based Modifier -> Cost**
- **Meaningful Use** of EHRs **-> Advancing Care Information**

MIPS also adds a new category:

- **Improvement Activities** (IA)

Merit-based Incentive Payments

MIPS Breakdown

A physician's MIPS composite score, which determines future payment adjustments, is calculated through a changing ratio of four key categories of information each year.

		2017	2018	2019
	Quality decreases	60%	50%	30%
	Cost increases	0%	10%	30%
	Advancing Care Information	25%	25%	25%
	Improvement Activities	15%	15%	15%

POLL: Rate Your Level of Readiness for MIPS Reporting

- On a scale of 1-4 rate your clinicians or practice's readiness level for MIPS reporting:
  - 1 = Not Ready
  - 2 = Somewhat Ready
  - 3 = ready
  - 4 = Very Ready

QPP: The Quality Payment Program

Nine-Step Guide to Reporting in the Merit-based Incentive Payment System (MIPS)

1 Am I included in MIPS?

You are required to report MIPS in the Quality Payment Program for performance year 2017 unless you fall below the low volume threshold or are a Qualifying Participant in an Advanced Alternative Payment Model (APM).

Check to see if you need to participate using your NPI number: https://qpp.cms.gov/learn/eligibility

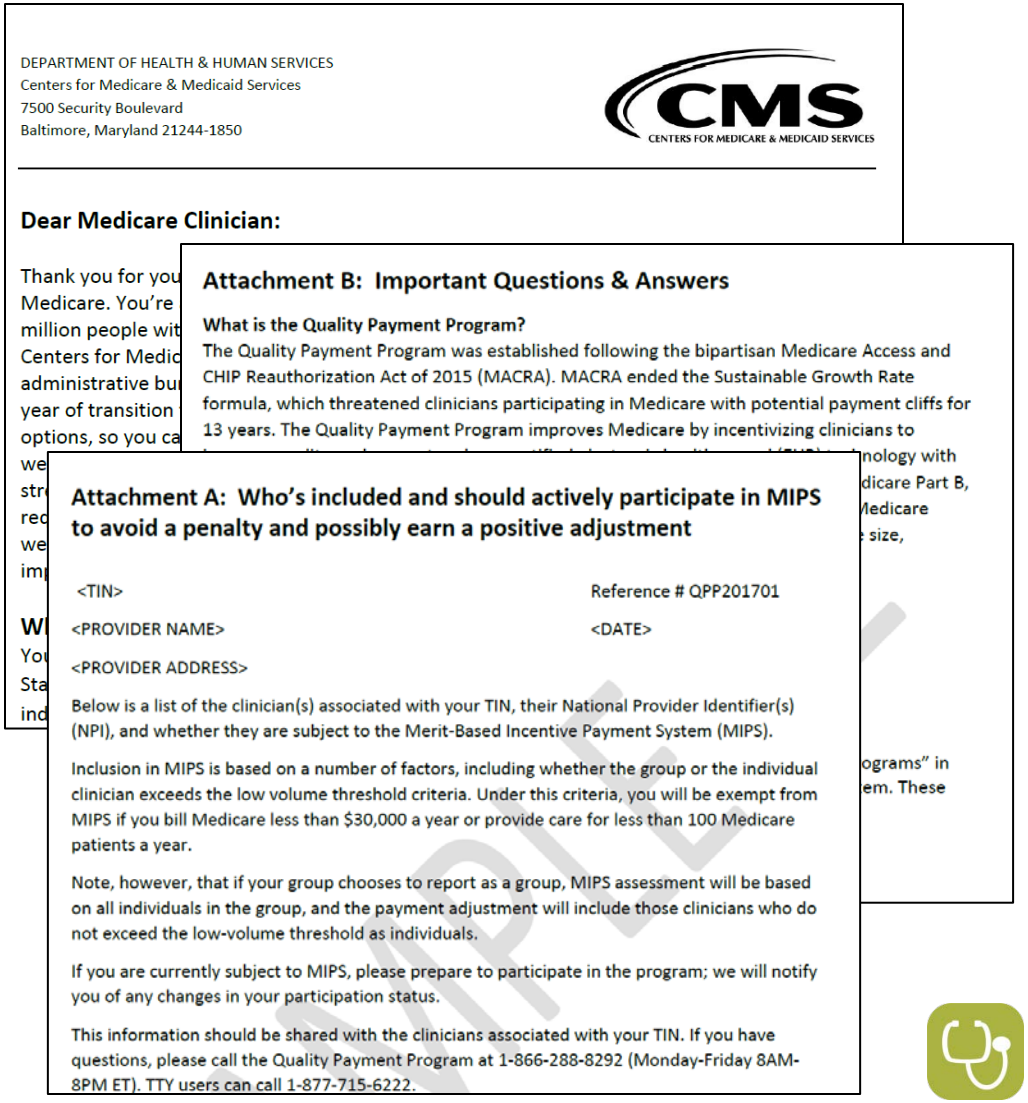
2 Decide if clinicians in your practice will participate as a group or individually.

An individual is a single NPI tied to a single tax ID number. Medicare payment adjustment is based on individual performance.

STEP 1 - CHECK MIPS ELIGIBILITY

MIPS Eligibility Letters

- Letters mailed from CMS late April – May 2017
- Assist in determining eligibility/requirement for MIPS reporting
- Groups by TIN and Individuals by NPI
- Letter plus Attachments A & B



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Dear Medicare Clinician:

Thank you for you
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Attachment B: Important Questions & Answers

What is the Quality Payment Program?
The Quality Payment Program was established following the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA ended the Sustainable Growth Rate formula, which threatened clinicians participating in Medicare with potential payment cliffs for 13 years. The Quality Payment Program improves Medicare by incentivizing clinicians to

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Attachment A: Who's included and should actively participate in MIPS to avoid a penalty and possibly earn a positive adjustment

<TIN> Reference # QPP201701

<PROVIDER NAME> <DATE>

<PROVIDER ADDRESS>

Below is a list of the clinician(s) associated with your TIN, their National Provider Identifier(s) (NPI), and whether they are subject to the Merit-Based Incentive Payment System (MIPS).

Inclusion in MIPS is based on a number of factors, including whether the group or the individual clinician exceeds the low volume threshold criteria. Under this criteria, you will be exempt from MIPS if you bill Medicare less than $30,000 a year or provide care for less than 100 Medicare patients a year.

Note, however, that if your group chooses to report as a group, MIPS assessment will be based on all individuals in the group, and the payment adjustment will include those clinicians who do not exceed the low-volume threshold as individuals.

If you are currently subject to MIPS, please prepare to participate in the program; we will notify you of any changes in your participation status.

This information should be shared with the clinicians associated with your TIN. If you have questions, please call the Quality Payment Program at 1-866-288-8292 (Monday-Friday 8AM-8PM ET). TTY users can call 1-877-715-6222.

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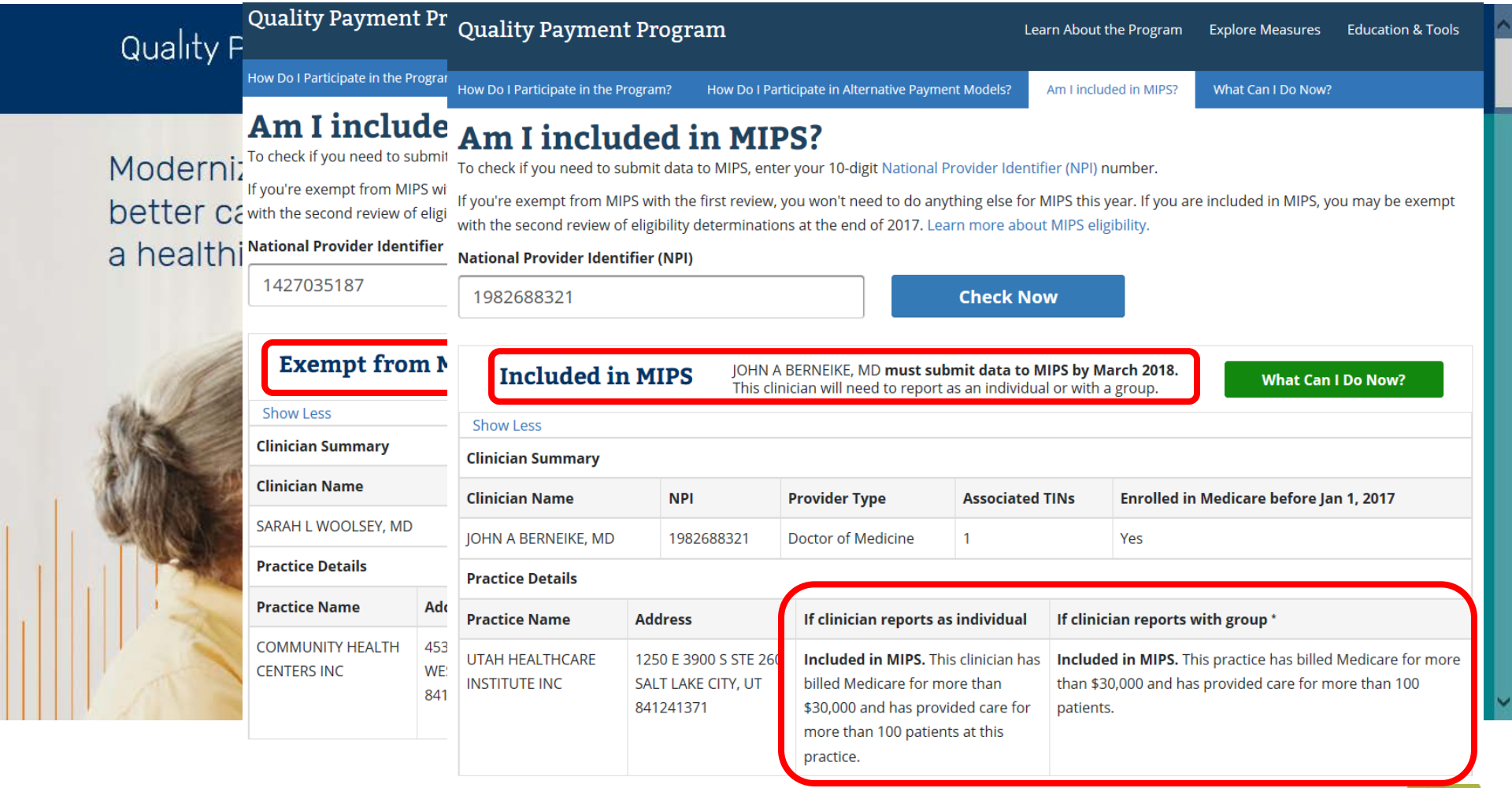
MIPS Eligibility Lookup Tool



For MIPS Eligibility Lookup visit [QPP.CMS.gov](QPP.CMS.gov)

MIPS Eligible Clinicians

Medicare Part B clinicians billing more than $30,000 a year **AND** providing care for more than 100 Medicare patients a year.

Quick Tip:

Physician means doctor of medicine, doctor of osteopathy (including osteopathic practitioner), doctor of dental surgery, doctor of dental medicine, doctor of podiatric medicine, or doctor of optometry, and, with respect to certain specified treatment, a doctor of chiropractic legally authorized to practice by a State in which he/she performs this function.

These clinicians include:

Physicians	Physician Assistants	Nurse Practitioner	Clinical Nurse Specialist	Certified Registered Nurse Anesthetists

Who is Excluded from MIPS?

Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)

Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to $30,000 a year

OR

- See 100 or fewer Medicare Part B patients a year

Significantly participating in Advanced APMs

- Receive 25% of your Medicare payments

OR

- See 20% of your Medicare patients through an Advanced APM

STEP 2 – DECIDE PARTICIPATION AS A GROUP OR INDIVIDUAL

Group or Individual?

- **Individual** – a single NPI tied to a single tax ID number (TIN). Payment adjustment is based on individual performance
- **Group** – a set of 2 or more eligible clinicians sharing a common tax ID number (TIN) whose Medicare payment is based on the group's performance

Group vs Individual - Considerations

- Quality Measure Scores
  - High and low performers
  - look at the averages for group v individual scores
- Eligibility
  - Individual clinicians may not be eligible, but will be pulled into group if in same TIN
- Know the requisites for submission methods
  - Claims reporting not available for Group under Quality section

POLL: Do you plan to report as a Group or Individual for MIPS?

- 1 – Group
- 2 – Individual
- 3 – Don’t know / Undecided at this point

STEP 3 – CONSIDER ELECTRONIC HEALTH RECORD (EHR) STATUS

EHR Technology

- Patient engagement, quality improvement, and population health management efforts enhanced through technology
- Consider selecting or upgrading to certified EHR Technology

- For a full list of certified EHR technology see: *https://chpl.healthit.gov/*

POLL: Are you aware of or have you seen a MIPS Dashboard in your EHR?

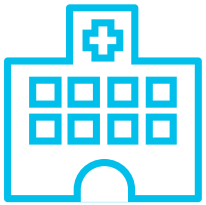
- 1- Yes
- 2- No

STEP 4 – CONSIDER YOUR REPORTING PERIOD

Pick Your Pace in 2017 (Transition Year)

MIPS

Participate in an Advanced Alternative Payment Model



- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

Test Pace

- Submit **some** data after January 1, 2017
- Avoid negative payment adjustment

Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.

STEP 5 – SELECT HOW YOU WILL REPORT MIPS DATA

Submission Methods for MIPS

Category	Individual	Group
Quality	• Qualified Clinical Data Registry (QCDR) • Qualified Registry • EHR • Claims	• QCDR • Qualified Registry • EHR • Administrative Claims • CMS Web Interface • CAHPS for MIPS Survey
Improvement Activities	• QCDR • Qualified Registry • EHR • Attestation	• QCDR • Qualified Registry • EHR • CMS Web Interface • Attestation
Advancing Care Information	• QCDR • Qualified Registry • EHR • Attestation	• QCDR • Qualified Registry • EHR • CMS Web Interface • Attestation
Cost	• No submission required • *CMS will use claims data*	• No submission required • *CMS will use claims data*

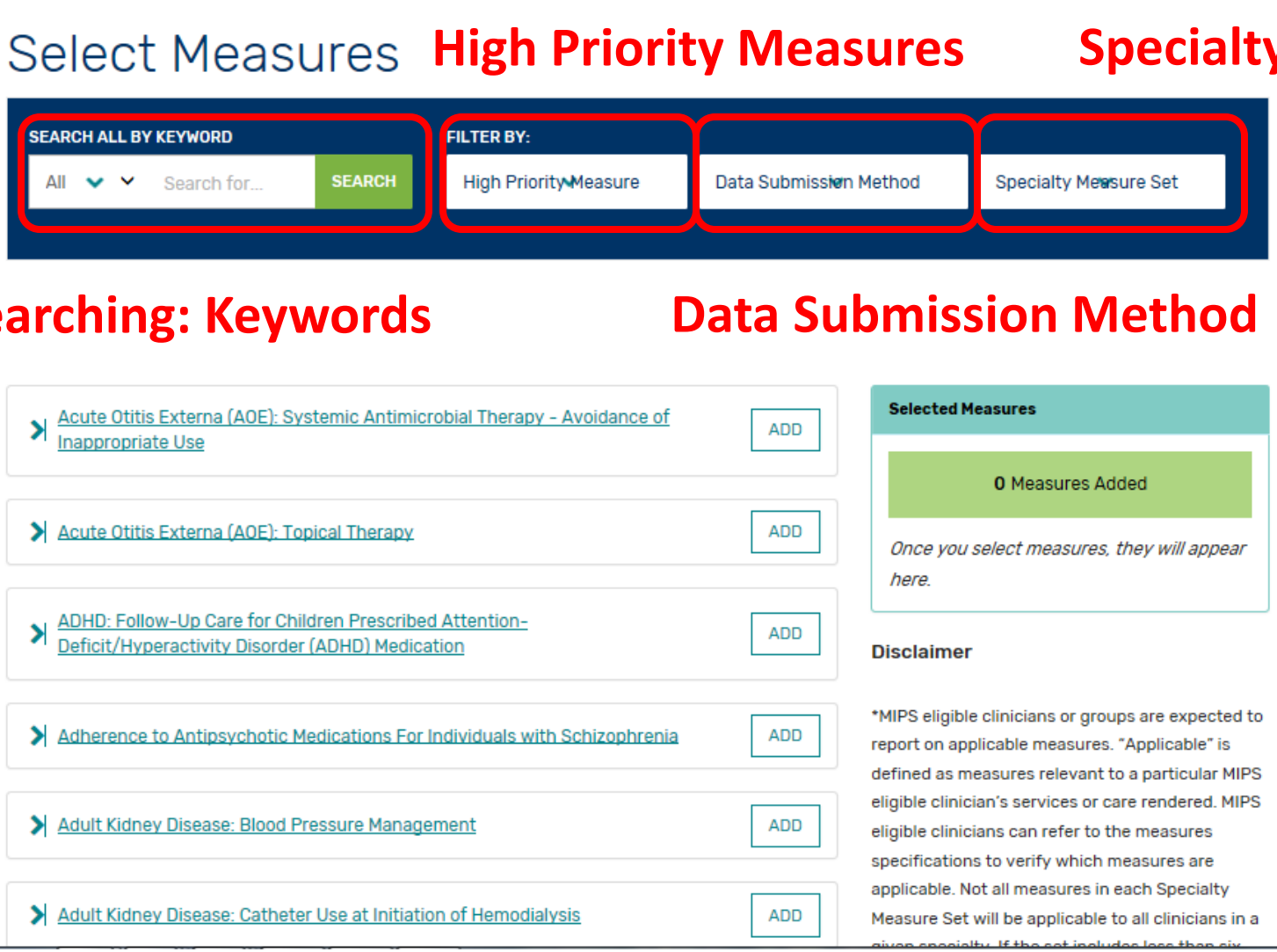
STEP 6 – CHOOSE YOUR MEASURES

MIPS Category: Quality

- 270+ measures available
  - **Most participants:** Report up to six quality measures, including an outcome measure, for a minimum of 90 days.
  - **Groups using the web interface:** Report 15 quality measures for a full year.
  - Strongly consider reporting additional high priority and outcome quality measures to maximize potential bonus points.

For a full list of measures, please visit QPP.CMS.gov/measures/quality

Select Quality Measures



MIPS Category: Advancing Care Information (ACI)

- Promotes patient engagement and the electronic exchange of information using certified EHR technology
- Replaces the Medicare EHR Incentive Program (a.k.a. Meaningful Use)
- Greater flexibility in choosing measures
- Resource for details on Advancing Care Information:
  - https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf

Select ACI Reporting Option

- In 2017, there are two measure options for reporting – ACI and 2017 ACI Transition
- Identify your EHR edition
  - 2014 v 2015 edition
  - Measures slightly different based on EHR edition
- Choose option for 2017 Transition measure set unless you have 2015 edition CEHRT that can report on full ACI measures

For a full list of measures, please visit QPP.CMS.gov/measures/aci

MIPS Category: Advancing Care Information (ACI)

- **Fulfill the required measures for a minimum 90 days:**
  - Security Risk Analysis
  - e-Prescribing
  - Provide Patient Access
  - Send Summary of Care
  - Request/Accept Summary of Care

  Choose to submit up to nine measures for a minimum of 90 days for additional credit.

- **Bonus Credit** for Public Health and Clinical Data Registry Reporting Measures

Meaningful Use in Medicaid

- MIPS applies to services under Medicare Part B. MIPS does not replace the Medicaid EHR Incentive Program, which continues through program year 2021.
- Clinicians eligible for Medicaid EHR Incentive Program will continue to attest to their State Medicaid Agencies to receive their incentive payments.
- If those clinicians serve patients in Medicare Part B, they may also participate in MIPS.

MIPS Category: Improvement Activities

- Attest to participation in activities that improve clinical practice
  - Examples: Shared decision making, patient safety, coordinating care, increasing access
- Choose 1-4 activities from 90+ in nine subcategories:

Expanded Practice Access	Population Management	Care Coordination
Beneficiary Engagement	Patient Safety and Practice Assessment	Participation in an APM
Achieving Health Equity	Integrating Behavioral and Mental Health	Emergency Preparedness and Response

For a full list of activities, please visit QPP.CMS.gov/measures/ia

MIPS Category: Improvement Activities

Special consideration for:

Participants in **certified patient-centered medical homes**, comparable specialty practices, or an APM designated as a Medical Home Model: **Automatically earn full credit**	Current participants in **APMs, such as MSSP Track 1**: **Automatically receive points based on the model - full or half credit**
Groups with 15 or fewer participants, **non-patient facing clinicians**, or if you are **in a rural or health professional shortage area**: **Lesser requirements** - attest that you completed two activities for a minimum of 90 days.	

POLL: What is your current state on Improvement Activities?

- 1 – Already selected and implementing
- 2 – In the process of selecting
- 3 – Have not selected and interested in assistance

MIPS Category: Cost

- No reporting requirement; 0 percent of Final Score in 2017
- Clinicians assessed on Medicare adjudicated claims data
- CMS will still provide feedback on how you performed in this category in 2017, but it will not affect your 2019 payments.
- Uses measures previously reported in the Quality and Resource Use Report (QRUR)

STEP 7 – UNDERSTAND YOUR COST (AND QUALITY) SCORES

Understand Quality & Cost through Quality Resource Use Report (QRUR)

- Do you have an Enterprise Identity Data Management (EIDM) account?
  - Yes: Continue below
  - No: Visit bit.ly/newEIDMacct
- Access your 2015 QRUR
  - Develop a quality improvement plan for measures below the national benchmark, high cost (spending) per beneficiary, hospital admissions for chronic conditions, and review attributed patients
  - bit.ly/QRURaccess

Does Your EHR Have a MIPS Dashboard?

- Reach out to your EHR vendor to request your MIPS dashboard or MIPS report
- Specifically ask them for a timeline of availability
- In the meantime, use existing reports/registry queries such as:
  - PQRS or other quality measures reports
  - Meaningful Use reports (for ACI measures)

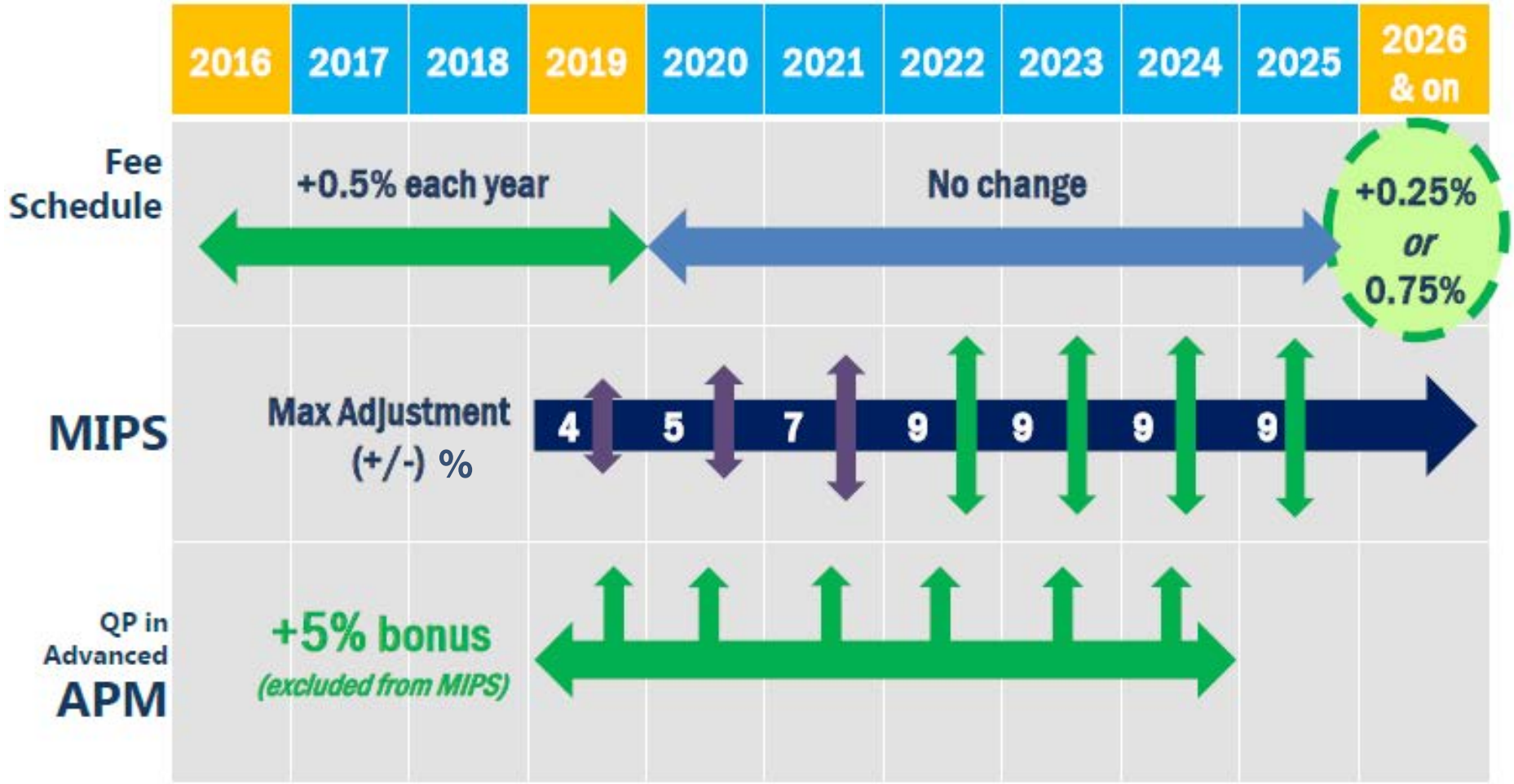
STEP 8 – PREPARE AUDIT DOCUMENTATION

Prepare Audit Documentation and Retain

- Consider source documents that demonstrate meeting MIPS objectives and measures
  - EHR Reports and Lists
  - Screen shots
  - Submission confirmations
  - Documentation for exclusions or special considerations
- Retain documentation for at least six years

STEP 9 – SUBMIT DATA BETWEEN JANUARY 1-MARCH 31, 2018

Putting It All Together



Winners and Losers: How MIPS Works

Individual Final Score Compared to Performance Threshold

Eligible clinician final score of 0-100 from four weighted components:

- **Clinical Quality** (PQRS): 60% (30% later)
- **Cost** – total and episodes: 0% (30% later)
- **Advancing Care Information** = use of certified EHR; HIE; etc.: 25%
- **Improvement Activities**: 15%

Clinicians whose score is above the threshold will receive a **positive payment** adjustment of up to + 4% on each claim in 2019, increasing to + 9 % in 2022 (Another bonus pool for top performance, >=70 pts in 2017).

Clinicians who score at the threshold final score will receive **no payment** adjustment.

Clinicians with final scores below threshold* will receive a **negative adjustment** of up to - 4% on each claim in 2019, increasing to - 9 % in 2022.

MIPS information publicly reported on Physician Compare website

**transition year, 2017, only doing nothing gets negative adjustment*

Source (adapted):
Dr. Steven Phillips

Table Top Activity

Considering what you have gained from today's presentation around the 9 steps for MIPS

- Share with your table your planned approach to making sure your clinicians will be successful at reporting, or
- If you are still unsure, communicate your concerns about your readiness and ask your neighbors for their suggestions to address them.

Roadmap to Success: An Integrated Approach to QPP Competency

- Practices should build on what they are already doing, including participating in Quality Improvement Organization (QIO) initiatives
- Consider projects that address multiple categories of MIPS
- Be forward thinking – design your teams and work in a way that gets you ready for Advanced APMs
- Build resiliency in staff (and patients)

Earn Revenue Now to Pay for Change

- QPP itself rewards (or penalizes) two years out
- Practices need new types of staff, such as care managers or IT support, to impact cost and quality
- Use every opportunity to **bring in new revenue now** to cover the cost of the new staff and process changes
  - Well-planned execution of Annual Wellness Visits, Chronic Care Management, Transitional Care Management, PCMH
  - Revenue to support the changes practice needs to invest in
  - Use those visits to update coding for most accurate patient attribution and risk adjustment, which is critical to have right at the start of APM
  - Specialists: reach out to referring practices and associations

CMS QPP Resources

The CMS Quality Payment Program website offers information on **MIPS**, including a **fact sheet**, multiple **slide decks**, in-depth information on the four **MIPs components and scoring, etc.**

Website: QPP.CMS.gov

A Small Analogy – Assistance Needed

HealthInsight Is Ready To Help

- MACRA/QPP training and support – including a portfolio of improvement activities
  - Quality Improvement Organization (QIO) – practices with more than 15 eligible clinicians
  - Small, Underserved and Rural Support (SURS) – practices with 1-15 eligible clinicians, especially those serving rural and underserved communities
- Resources on Annual Wellness Visits, Chronic Care Management and Transitions of Care Management
  - Codes for increased revenue and improved patient care
- HIPAA Privacy and Security Solutions
  - Webinars, boot camps, and compliance training and tools

QIN-QIO Improvement Activities

- Diabetes Self Management and Chronic Disease Self Management – emphasis on Rural Patients
- Million Hearts Coalition – website, resources, best practices for hypertension and blood pressure
- Appropriate use of antibiotics with links to the Choosing Wisely initiative
- Immunizations – flu and pneumonia
- Depression and alcohol misuse screenings, measurement and billing (NM, NV, OR, UT)

Questions and For More Information

HealthInsight QPP Support

Call: 866-797-6512

Email: qpp@healthinsight.org

Web: www.healthinsight.org/qpp

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