



TECHNOLOGY • CONSULTING • ANALYTICS

Maximizing Your Potential Under MIPS

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Michael J. Sexton, MD

Catherine I. Hanson, JD





COI Disclosure

To assure the highest quality of CME programming, the OMA requires that all faculty and planning committee members disclose any relationships or affiliations with commercial companies whose products or services are discussed in educational presentations.

Our disclosures are as follows:

Michael J. Sexton

I am an owner and officer of QVH Systems, LLC.

Catherine I. Hanson

I am an owner and officer of QVH Systems, LLC.



MACRA – helping physicians find their way

- MIPS Overview
- Charting a practice specific path
 - Avoid the penalty
 - Maximize potential bonus
 - Quality
 - HIT
 - Practice Improvement
 - Cost?
 - Complicating factors
- APMs?

Dancing on the Grave of the SGR?

Were we premature?





MACRA/MIPS Overview

- Merit-based Incentive Payment System (**MIPS**)
 - Started January 1, 2017, for 2019 payment year
 - Consolidates PQRS, MU and VM
 - Phases in penalties and bonuses:
 - **4% 2019, 5% 2020, 7% 2021, 9% 2022 and beyond**
- Payment Updates
 - **Zero** for 2020-2025 but **+5% incentive payment if in an Advanced APM (2019-2024)**
 - 2026 and beyond, 0.75% if in APM, 0.25% for all others



Merit-based Incentive Payment System

➤ Profiles physicians and other “Eligible Clinicians (ECs)” on 4 domains:

- Quality
- HIT use
- Practice Improvement Activities
- Cost



➤ Publishes each clinician’s results on Physician Compare

➤ Imposes a penalty on every clinician who scores below the median- except in 2017 where threshold is 3 points



MIPS Winners

- Those who score above the threshold get a bonus
 - Budget neutrality applies – base bonus pool is funded by those who pay penalties
 - Budget neutrality capped at a scaling factor of 3 (base bonus cannot exceed 300% of the maximum penalty)
 - Exception - additional \$500 million/yr. for those with “exceptional performance”- those performing from the 25th percentile above the threshold (70 points in 2017)
- **2019 theoretical Maximum bonus = 22%**
 - (12% (3x4%) MIPS + 10% Exceptional performance)



MIPS Details

- MIPS adjustment applied to all Part B services
- CMS is predicting nearly \$200 million will be transferred from the losers to the winners in 2019
- VM experience suggests early adopters may receive significant bonuses

LOST?





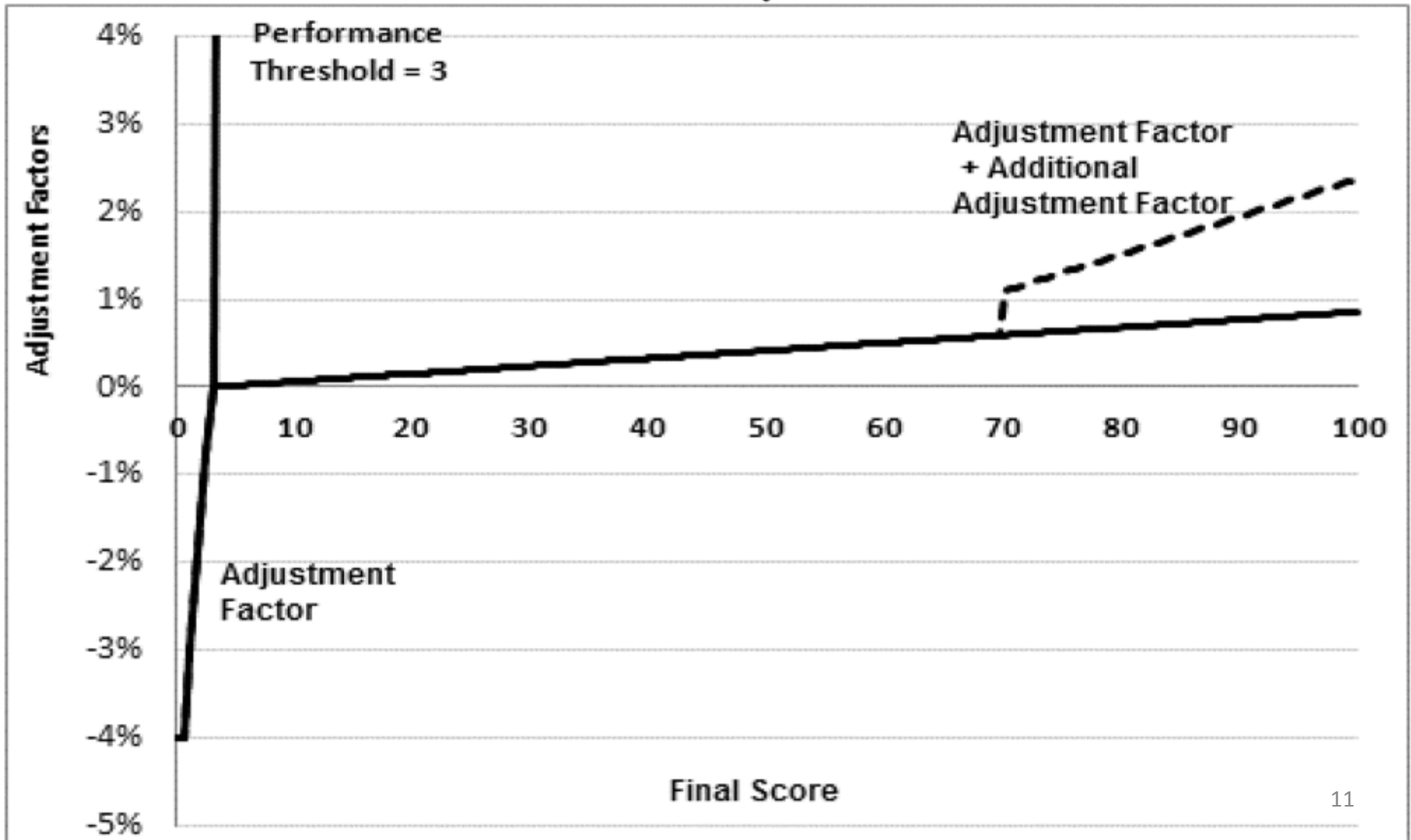
Avoiding the 4% penalty

Child's play

- Be exempt (738,000-780,000)
- Do one thing for 90 days and report by the March 31, 2018 deadline
 - One quality measure for one patient
 - One practice improvement activity
 - Achieve HIT base score

The 2019 MIPS Payment Adjustments

FIGURE A: Illustrative Example of MIPS Payment Adjustment Factors Based on Final Scores and Final Performance Threshold and Additional Performance Threshold for the 2019 MIPS Payment Year





Maximizing the MIPS bonus

- Make a plan-
 - pick the quality measures you will do best on
 - Pick a reporting mechanism – claims, registry or EHR
 - CMS Web Interface or QCDR alternatives
 - Understand what's required for HIT
 - Pick your improvement activities
 - Decide whether to report as a group
- Perform for 90 days (longer if necessary to get to 20 case minimum)
- Report on all required measures and bonus opportunities by the 3/31/2018 deadline



Group vs Individual Reporting?

- **Group reporting**
 - Must report and be scored as a group across all three 2017 MIPS domains (quality, HIT and improvement activity)
 - Each MIPS EC in the group will receive the same MIPS payment adjustment based on the aggregated performance of all MIPS ECs in the group, as reflected in the group's MIPS filing
 - That same adjustment will be applied to the claims submitted by each MIPS EC in the group in 2019, unless they were excluded from MIPS in 2017.
 - Groups are not able to use claims-based quality measures
 - Groups of 25 or more can use the CMS Web-Interface, but must register by June 30, 2017



Group vs Individual Reporting?

- **Individual reporting**
 - Each MIPS eligible clinician must create a MIPS plan and report separately
 - Each MIPS eligible clinician will get a MIPS adjustment based on his or her individual performance
 - The group's payments in 2019 will vary based on the MIPS adjustment applied to each of these individual clinician's claims.



Group vs Individual Reporting?

- Advantages of group reporting
 - less administrative burden
 - less internal divisiveness if individual clinicians score differently
 - option of including those clinicians who are categorically excluded from MIPS in 2017 (e.g. PTs, OTs, SLPs, etc.)
 - MIPS bonus opportunity for those below the threshold
- Disadvantages of group reporting
 - Can't pick quality measures relevant to each separate specialty in the group
 - Will apply to individual clinicians who do not exceed the low volume threshold (unnecessary burden/penalty potential)

MIPS Quality 2017 – 60%

Measure Name	Measure Type	Submission Method	Points Based on Performance	Total Possible Points	Potential High Priority Bonus points	Potential CEHRT Bonus points
Measure title 1	Outcome (or interim outcome) measure		(3-10)	10	0 (required)	1
Measure title 2	High priority measure		(3-10)	10	0 (required if outcome is N/A)	1
Measure title 3	Outcome or patient experience measure		(3-10)	10	2	1
Measure title 4	High priority measure		(3-10)	10	1	1
Measure title 5	Measure type		(3-10)	10	?	1
Measure title 6	Measure type		(3-10)	10	?	1
All-cause Hospital Readmission	Claims – no data submission	None	(3-10)	10	N/A	N/A
Total			?	70	?	?
Cap applied to Bonus Categories (10% each x total possible points)					(up to 7)	(up to 7)
Total with high priority and CEHRT Bonus			? (up to 84)			



How to Maximize your Quality Score

Step 1 – ensure you have picked all required measures

- If < 6 measures, you must report on all the measures that are listed (using your submission method – at least 1)
 - You will not be penalized for having reported on fewer than 6 measures, but, because you will have fewer potential points over all, the value of each measure will be weighted more heavily, and you will be able to earn fewer bonus points.
- Consider selecting more than the 6 measures. Your final MIPS score for the quality domain will be based on your 6 highest scoring measures (including the mandatory outcome or high priority measure).



How to Maximize your Quality Score

Step 2 – pick measures you will do well on

- 3-10 points for each scored measure
- To score higher than a 3, you must report:
 - on at least 50% of your or your group's patients that meet the measure's denominator criteria, regardless of payer;
 - for a minimum of continuous 90 day period;
 - a minimum of 20 cases; and
 - on a measure that has a benchmark.
- Benchmark based on how other clinicians have scored, using your submission method
- Only 1 submission method (except CAHPS)
- MIPS quality score = total points earned/total points possible (not counting bonus points)

Controlling High Blood Pressure

Measure ID 236

Submission Method	Measure Type	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped Out
Claims	Process	57.69 - 63.44	63.45 - 68.28	68.29 - 72.78	72.79 - 77.06	77.07 - 81.47	81.48 - 86.75	86.76 - 93.42	>= 93.43	No
EHR	Process	50.00 - 55.39	55.40 - 59.72	59.73 - 63.59	63.60 - 67.38	67.39 - 71.00	71.01 - 75.33	75.34 - 80.89	>= 80.90	No
Registry/ QCDR	Process	51.00 - 58.20	58.21 - 63.56	63.57 - 68.27	68.28 - 72.40	72.41 - 76.69	76.70 - 82.75	82.76 - 91.06	>= 91.07	No

Decile

Number of Points Assigned for the 2017 MIPS Performance Period

Below Decile 3

3 points

Decile 3

3-3.9 points

Decile 4

4-4.9 points

Decile 5

5-5.9 points

Decile 6

6-6.9 points

Decile 7

7-7.9 points

Decile 8

8-8.9 points

Decile 9

9-9.9 points

Decile 10

10 points



How to Maximize your Quality Score

Step 3 – take advantage of bonus points

- “high priority measure” bonus points:
 - Each scored additional outcome or patient experience measure over the required minimum is worth 2 bonus points.
 - Each scored additional patient safety, care coordination, efficiency or appropriate use measure over the required minimum is worth 1 bonus point.
 - Total "high priority measure" bonus points are capped at 10% of your total possible performance score (e.g., 7 points if your maximum potential score is 70 points).



How to Maximize your Quality Score

Step 3 (cont) – take advantage of bonus points

- "Electronic reporting" bonus points:
 - Each measure for which you record the measure's demographic and clinical data elements using your certified EHR or other certified health IT, and then submit to CMS electronically, either directly or through an intermediary, like a registry or HIT vendor, is worth 1 bonus point.
 - To receive "electronic reporting" bonus points, there must be no manual activity after the initial information is entered.
 - Total "Electronic reporting" bonus points are capped at 10% of your total possible performance score (e.g., 7 points if your maximum potential score is 70 points).
 - **Caution:** Electronic reporting bonus points are available for all submission methods ***other than claims***.



How to Maximize your Quality Score

Step 4– report for at least 90 days

- May need to report longer than 90 days
 - Achieve 20 case minimum
 - Increase performance rate

MIPS HIT 2017 – 25%

HIT Activity – 2014 CEHRT (Advancing Care Information)	Base Score	Performance score	HIT domain score
Complete HIPAA Security Risk Analysis and any necessary remediation	Required Y	None	
Eprescribing	Report required	None	
Provide Patient Access	Report required	Up to 20	
View, download or transmit PHI	Not required	Up to 10	
Patient-Specific Education	Not required	Up to 10	
Secure Messaging	Not required	Up to 10	
Health Information Exchange	Report required	Up to 20	
Medication Reconciliation	Not required	Up to 10	
Report to an Immunization Registry	Not required	Up to 10	
Bonus (up to 15)			
Report to one or more additional public health or clinical data registries		5	
Use CEHRT to perform improvement activities		10	
Total Potential MIPS HIT points	50 points	105 points	100 points
Total Potential MIPS HIT domain score	12.5	12.5 points	25 points ²³



How to Maximize your HIT Score

- Achieve the base score
- Achieve at least 50 points for performance
 - Report on the optional measures in addition to the required measures if they will generate points
 - Perform all activities at least 50% of the time
 - Take advantage of bonus points
 - Report to a registry other than an immunization registry
 - Perform one of the practice improvement activities that qualifies for bonus points
- Report for at least 90 days

MIPS Improvement Activities 2017 – 15%

Activity Name	Subcategory	Points Earned	Potential Points
PCMH or other recognized patient-centered practice		40	40
MIPS APM participation		20*	20*
Activity 1	high priority	20	20
Activity 2	high priority	20	20
Activity 3	medium priority	10	10
Activity 4	medium priority	10	10
Totals		[total]	40



How to Maximize your Improvement Activities Score

- Pick activities that generate the required points (20 or 40)
- Pick activities that you will be able to accomplish
- Choose one that also generates HIT points if feasible
- Perform and report as required

MIPS Resource Use 2017 – 0%

Measure Name	Cases	AVG \$ Cost	Median \$ Cost	Points Awarded	Total Possible
Measure 1	TCPP (20)				10
Measure 2	MSPB (35)				10
Measure 3	? (20)				10
Measure 4	? (20)				10
Measure 5	? (20)				10
Measure 6	? (20)				10
Total score				Total earned/ total # of measures	

Note: Points based on decile of risk adjusted, standardized cost. Total score will be the average of all individual measure scores.



How to Maximize your Efficiency

- Obtain and study your QRUR and sQRUR
 - Look for opportunities to be more efficient
 - Avoid unnecessary hospitalizations and SNF days
 - Increase medication adherence
 - Increase patient engagement
 - Maximize prevention
 - Learn how Medicare risk adjusts payments and quality scores
 - ICD coding as important as CPT coding
 - Do you know which diagnoses have "RAF" value?

Final 2017 MIPS Score

MIPS Domain	Weight	Possible points	Earned points	Potential MIPS score	Earned MIPS score
Quality	60%	60-70		60	
HIT-Advancing Care Information	25%	155		25	
Clinical Practice Improvement	15%	40 (20)		15	
Resource Use	0%	10x (number of scored measures)		0	
Total	100%			100	29



MIPS complications - Exemptions

- **Low-volume threshold** – \leq \$30,000 Medicare Part B allowed charges or \leq 100 Part B Medicare beneficiaries
- **New to Medicare** – Never enrolled in PECOS or submitted Medicare claims
- **Not MIPS Eligible** – not an MD, DO, DPM, OD, DDS, DC, PA, NP, CRNA or other nurse specialist
- **Qualifying or Partial Qualifying APM Participant**



MIPS complications - Modifications

- **Specialty**
- **Non-patient facing** – ≤ 100 patient-facing encounters
 - For groups - $> 75\%$ of group's NPIs qualify as non-patient facing
- **Hospital-based** – $\geq 75\%$ of services provided in POS 21, 22 or 23
- **Small practice** – < 16 clinicians
- **Rural or HPSA**
- **No say over HIT**
- **No Internet**
- **EHR? If yes, 2014 or 2015 certified?**
- **PCMH or other patient-centered practice**
- **Etc.**



MIPS APMs - Advantages

Less Administrative burden

- ***MIPS Quality Domain*** (50 or 0%)– Handled by the APM Entity
- ***MIPS Practice Improvement Domain*** (20 or 25%)– Handled by the APM Entity
- ***MIPS HIT (Advancing Care Information) Domain*** (30 or 75%)– Handled by the APM Entity?

Less Risk?

- ***Cost Domain does not apply***

Shared Savings?



MIPS APMs List

https://qpp.cms.gov/docs/QPP_Advanced_APMs_in_2017.pdf



Questions Encouraged!

$$\begin{array}{ccccc} \nabla \times \mathbf{B} & \longrightarrow & \nabla \cdot \mathbf{E} & \longrightarrow & \mu_0 \epsilon_0 \\ \mathbf{H} & \longleftarrow & \mathbf{k} \cdot \mathbf{r} & \longleftarrow & E_{\perp} \end{array}$$

