

MIPS in 2017

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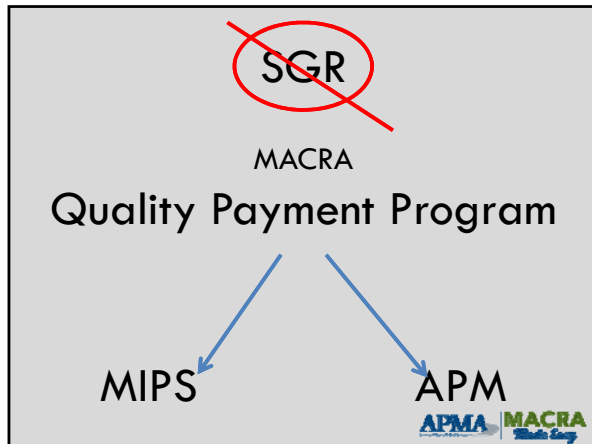
MIPS IN 2017

Date	Jeffrey D Lehrman, DPM, FASPS, MAPWCA
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MACRA Made Easy Webinar Series

- ▣ Register for upcoming webinars
- ▣ View archived recordings
- ▣ Download PDF versions of each presentation
- ▣ apma.org/MacraWebinars or apma.org/webinars





MIPS Score

- Highest total of 100
- EPs will receive either a positive or negative payment adjustment to Medicare part B fee schedule based on MIPS score
- Podiatrists will report through MIPS in 2017 unless they meet one of the exclusions

APMA | MACRA

MIPS


- Exempt from MIPS payment adjustment if:
 - ▣ Newly enrolled in Medicare
 - ▣ Less than 30K in Medicare charges or less than 100 Medicare patients
 - ▣ Significantly participating in APM
 - ▣ Certain Partially Qualifying APM

APMA | MACRA

MIPS


☐ Two determination period options to meet 2017 low volume threshold:

9/1/2015 - 8/31/2016
or
9/1/2016 - 8/31/2017




MIPS Adjustments

2019: -4% to +4% (based on 2017 score)
 2020: -5% to +5% (based on 2018 score)
 2021: -7% to +7% (based on 2019 score)
 2022 : -9% to +9% (based on 2020 score)



MIPS Year 1


- ☐ Mostly budget neutral
- ☐ Penalty no more than 4%
- ☐ Most positive adjustments no more than 4%
...positive moved based on budget neutrality
- ☐ "Exceptional Performance" (70?)



MIPS


MIPS reporting not limited to Medicare patients*

* Except for Quality measures reported via claims

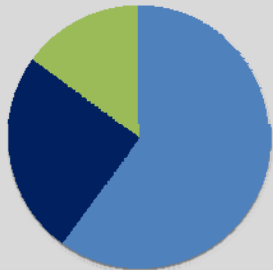


MIPS Performance Year 2017


- Quality (Replaces PQRS)
 - 60%
- Advancing Care Information (Replaces MU)
 - 25%
- Clinical Practice Improvement Activities
 - 15%
- Cost (Resource Use)
 - 0%



MIPS Score Performance Year 2017



- Quality 60%
- ACI 25%
- Clinical Practice Improvement Activities 15%
- Cost 0%



Quality – 60%

APMA MACRA
Make Easy

MIPS Quality (60%)

- Choose 6 PQRS measures
 - ▣ One must be an outcome measure
 - ▣ If outcome measure not available, must report on at least one high priority measure
- All 6 must be reported by the same mechanism

APMA MACRA
Make Easy

Quality Measures Submission Methods

- Claims
 - ▣ 50% or more of Medicare Part B patients
- Registry
 - ▣ 50% or more of all patients
- EHR
 - ▣ 50% of all patients
- CMS Web Interface (groups of 25+)

ALL SIX MUST BE SUBMITTED BY SAME MECHANISM

APMA MACRA
Make Easy

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Quality Payment Program

Learn About the Program

Explore Measures

Education & Tools

Program Performance

Quality Measures

Advancing Care Information

Improvement Activities

Quality Measures

Instructions

1. Review and select measures that best fit your practice.
2. Add up to six measures from the list below, including one outcome measure. You can use the search and filters to help find the measures that meet your needs or specialty.
3. If an outcome measure is not available that is applicable to your specialty or practice, choose another high priority measure.
4. Download a CSV file of the measures you have selected for your records.

Groups in APNs qualifying for special scoring standards under MIPS, such as Shared Savings Program Track 1 or the Oncology Care Model: Report quality measures through your APM. You do not need to do anything additional for the MIPS quality category.

Note: This tool is only for informational and estimation purposes. You can't use it to submit or attest to measures or activities.

2017 MIPS Performance

Category	Percentage
Quality (QPP)	60%
Advancing Care Information (ACI)	25%
Improvement Activities (IA)	15%

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Quality Payment Program

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2017 MIPS Performance

Category	Percentage
Quality (QPP)	60%
Advancing Care Information (ACI)	25%
Improvement Activities (IA)	15%

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Select Measures

Search All by Keyword

Filter By:

High Priority Measure

Data Submission Method

Specialty Measure Set

Showing 271 Measures

Add All Measures

Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use

ADD

Acute Otitis Externa (AOE): Topical Therapy

ADD

ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

ADD

Adherence to Antipsychotic Medications For Individuals with Schizophrenia

ADD

Adult Kidney Disease: Blood Pressure Management

REMOVE

Selected Measures

43 Measures Added

Download CSV

Clear All

Adult Kidney Disease: Blood Pressure Management

All-cause Hospital Readmission

Appropriate Treatment of Methicillin Sensitive Staphylococcus Aureus (MSSA) Bacteremia

Biopsy Follow-Up


Care Plan

6

Quality Measures Submission Methods


- ❑ Claims
 - ❑ 50% or more of Medicare Part B patients
- ❑ Registry
 - ❑ 50% or more of all patients
- ❑ EHR
 - ❑ 50% or more of all patients
- ❑ CMS Web Interface (groups of 25+)

ALL SIX MUST BE SUBMITTED BY SAME MECHANISM




**QUALITY MEASURES
Claims Reporting**

1. Documentation of Current Meds in the Medical Record
2. Diabetes: Hemoglobin A1c (HbA1c) Poor Control - Intermediate Outcome
3. Pain Assessment and Follow-Up
4. Pneumococcal Vaccination Status for Older Adults
5. BMI Screening and Follow Up Plan
6. Influenza Immunization
7. Screening for High Blood Pressure and Follow Up
8. Tobacco Screening and Cessation Intervention




**QUALITY MEASURES
Registry Reporting**

1. Diabetes: Hemoglobin A1c (HbA1c) Poor Control - Intermediate Outcome
2. Diabetes: Medical Attention for Nephropathy
3. Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurologic Exam
4. Diabetic Foot and Ankle Care, Ulcer Prevention – Examination of Footwear
5. Documentation of Current Meds in the Medical Record
6. Immunizations for Adolescents




QUALITY MEASURES
Claims Reporting cont.

7. Pain Assessment and Follow-Up
8. Pneumococcal Vaccination Status for Older Adults
9. Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-Up Plan
10. Preventive Care and Screening: Influenza Immunization
11. Screening for High Blood Pressure and Follow Up
12. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
13. Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling




QUALITY MEASURES
EHR Reporting

1. Diabetes: Foot Exam
2. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – Intermediate Outcome
3. Diabetes: Medical Attention for Nephropathy
4. Documentation of Current Medications in the Medical Record
5. Falls: Screening for Future Fall Risk
6. Pneumococcal Vaccination Status for Older Adults
7. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan





QUALITY MEASURES
EHR Reporting cont.

8. Preventive Care and Screening: Influenza Immunization
9. Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
10. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention





QUALITY MEASURES

- When choosing quality measures check minimum case requirements!
- Most minimum case requirements listed as 20






Advancing Care Information (25%)

Advancing Care Information (25%)



- 50% credit just for reporting
- Other 50% depends on performance
- No more clinical decision support rule
- No more CPOE

Total ACI Score



Base Score + Performance Score + Bonus
Points

Max ACI Score = 100



ACI Base Score

- ☐ Base score: 10 points for reporting a measure
- ☐ Base Score: Max 50
- ☐ Base Score: Can get 50 points just for reporting numerators/denominators or yes/no for 5 objectives
- ☐ Need numerator to be ≥ 1 for each


ACI Performance score

- ☐ Performance Score: Receive 1-10 points for each measure reported based on performance of that measure
- ☐ Performance Score: Max 90 points


ACI Bonus Points

- 5 Bonus Points for reporting to any additional public health or clinical data registry
- 10 Bonus Points for achieving one Improvement Activity via CEHRT



ACI

- Score 100 or above on ACI = full 25 MIPS points



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Quality Payment Program
Learn About the Program Explore Measures Education & Tools

Program Performance Quality Measures **Advanced Care Information** Improvement Activities

Advancing Care Information

In 2017, there are two measure set options for reporting. The option you use to submit your data is based on your electronic health record edition.

- **Option 1:** Advancing Care Information Objectives and Measures
- **Option 2:** 2017 Advancing Care Information Transition Objectives and Measures

Need help identifying your electronic health record edition?


Instructions
 1. Review the advancing care information measures available. Remember, in order to get credit for advancing care information, you must submit information for the required measures.
 2. Download a CSV file of the measures for your records.


Note: This tool is only for informational and estimation purposes. You can't use it to submit or edit measures or activities.


2017 MIPS Performance



Measure Set	Percentage
Quality (QIN)	69%
Advancing Care Information (ACIN)	25%
Improvement Activities (IAN)	6%

MIPS ACI Required 5 Measures	
1.	Protect Patient Health Information (yes/no) 0 Performance
2.	Electronic Prescribing (numerator/denominator) 0 Performance
3.	Provide Patient Electronic Access (numerator/denominator)
4.	Send Summary of Care (numerator / denominator)
5.	Request / Accept Summary of Care (numerator / denominator)
	

ACI	
<input type="checkbox"/>	Can submit more than 5 measures (up to 9) for additional credit
	


Additional ACI Measures	
1.	View, Download, or Transmit (VDT)
2.	Secure Messaging
3.	Patient – Generated Health Data
4.	Clinical Information Reconciliation
5.	Provide Patient-Specific Education
6.	Immunization Registry Reporting
7.	Syndromic Surveillance Reporting 0 Performance
8.	Electronic Case Reporting 0 Performance
9.	Public Health Registry Reporting 0 Performance
10.	Clinical Data Registry Reporting 0 Performance
	

ACI Total Score


- Reporting Score (50) + Performance Score (90) + Registry Bonus (5) + Improvement Activity via CHERT (10) = up to 155

- If earn 100 or more, get the full 25 ACI score

- If earn less than 100, declines proportionately. It is not all or nothing



Clinical Practice Improvement Activities (15%)




Clinical Practice Improvement Activities (15%)

- List of more than 90 options

- Choose 4 medium weight or 2 high weight activities if in a group of more than 15 clinicians

- Choose 2 medium weight or 1 high weight activity(s) if in a group of 15 or fewer clinicians




Clinical Practice Improvement Activities (15%)

- Medium weight = 10 points
- High weight = 20 points

- Activities double weighted if group of less than 15

- Score = points / 40



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Quality Payment Program

[About the Program](#)
[Explore Measures](#)
[Education & Tools](#)

[Program Performance](#)
[Quality Measures](#)
[Advancing Care Information](#)
[MIPS - all activities](#)

Improvement Activities

In this new performance category for 2017, clinicians are rewarded for care focused on care coordination, beneficiary engagement, and patient safety.

Instructions

1. Review and select activities that best fit your practice.
- **Most participants:** Attest that you completed up to 4 improvement activities for a minimum of 90 days.
- **Groups with fewer than 15 participants or if you are in a rural or health professional shortage area:** Attest that you completed up to 2 activities for a minimum of 90 days.
- **Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model:** You will automatically earn full credit.
- **Participants in certain APMs under the APM scoring standard, such as Shared Savings Program Track 1 or the Oncology Care Model:** You will automatically be scored based on the requirements of participating in the APM. For all current APMs under the APM scoring standard, this assigned score will be full credit. For all future APMs under the

2017 MIPS Performance



Category	Percentage
Quality	30%
Advancing Care Information	25%
Improvement Activities	25%

Clinical Practice Improvement Activities (15%)

1. Registration in your state's prescription drug monitoring program - **Medium**
2. Implement Fall Screening & Assessment Program - **Medium**
3. Provide 24/7 access to clinician who has real-time access to patient's medical record - **High**
4. Assess patient experience of care through surveys, advisory councils and/or other mechanisms - **Medium**
5. Use decision support and standardized treatment protocols - **Medium**
6. Program to send reports back to referring clinician - **Medium**



Clinical Practice Improvement Activities Cont. (15%)

7. Collection and follow-up on patient experience and satisfaction data on beneficiary engagement - **High**
8. Collection and use of patient experience and satisfaction data on access - **Medium**
9. Consultation of the Prescription Drug Monitoring program - **High**
10. Engagement of community for health status improvement - **Medium**
11. Engagement of patients, family and caregivers in developing a plan of care - **Medium**



Clinical Practice Improvement Activities Cont. (15%)

12. Engagement of patients through implementation of improvements in patient portal – **Medium**
13. Implementation of condition-specific chronic disease self-management support programs - **Medium**
14. Implementation of use of specialist reports back to referring clinician or group to close referral loop - **Medium**
15. Improved practices that disseminate appropriate self-management materials - **Medium**
16. Use of decision support and standardized treatment protocols - **Medium**




Cost (0% in 2017)

- ☐ Calculated by claims review so no additional reporting
- ☐ Higher points for more efficient resource use




Pick Your Pace!!

- First Option: Test the Quality Payment Program.
 - ▣ Report one quality measure or one clinical practice activity or report ALL required ACI measures
 - ▣ Avoid negative adjustment
 - ▣ No bonus




Pick Your Pace!!

- Second Option: Participate for Part of the Calendar Year.
 - ▣ Minimum of 90 days
 - ▣ Report more than one quality measure or more than one clinical practice improvement activity, or more than 5 measures of ACI
 - ▣ Avoid a negative payment adjustment and possibly qualify for a small positive payment adjustment.




Pick Your Pace!!

- Third Option: Full Participation
 - ▣ 90 days to one year ???
 - ▣ 6 Quality Measures
 - ▣ 2 or 4 CPIA
 - ▣ 5 Required ACI Measures plus additional ACI measures




APMs

- ❑ Exempt from MIPS payment adjustments
- ❑ Successful participation = 5% bonus and no MIPS adjustment
- ❑ Have to receive certain amount of payments or see certain number of patients through APM



Advanced APM

- ❑ Advanced APMs are those in which clinicians accept risk for providing coordinated, high- quality care.



APMA.org/MACRA

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

On April 16, 2015, President Barack Obama signed into law HR 2, Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Two major aspects of this new system are the work-based incentive Payment System (MIPS) and Alternative Payment Models (APMs).

As CMS releases draft and final rules, guidelines, and FAQs for implementation of this new system, APMA will continue to advocate for the best interests of its members, while ensuring that members stay informed and on top of new requirements and deadlines that impact their practice and reimbursements.


Additionally, APMA has established a MACRA task force to design educational programs and strategies to help providers maximize their Medicare reimbursement under the program. These members were chosen based on their extensive experience with the intricacies of CMS reimbursement methods, and their individual expertise range from coding policy to alternative payment models and experience with MIPS, both meaningful use programs, and value-based models. These members represent a cross section of various practice settings, geographic locations, and years in practice.

Task force members: Barbara Aulig, DPM; Brooke Bales, DPM; Lisa Coleman, DPM; Adam Fleischer, DPM; David Friedman, DPM; Mimi Hagan, DPM; Crystal Holmes, DPM; Scott Hughes, DPM; Jeff Lettman, DPM; Angela Nakas, DPM; Dyanne Toner, DPM; MS, MPH, Jacob Vines, DPM; Vicky Birch, DPM (affiliates); Nicholas Bender (American Society of Podiatric Executives (ASPE) co-chair); and Richard Birch, JD (ASPE observer).

APMA Resources

Articles

- MIPS Performance Categories: Quality and Clinical Practice Improvement Activities (APMA News, September/October 2016)
- CMS Announces MACRA Implementation Plan (Sept. 8, 2016)



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MACRA Resources

- Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models. Final Rule with Comment Period
 - <https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm>
- The Quality Payment Program Fact Sheet
 - https://app.cms.gov/docs/Quality_Payment_Program_Overview_Fact_Sheet.pdf (PDF)
- CMS Timeline
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Timeline> (PDF)

www.apma.org/macra

