

Introduction to MIPS

Merit Based Incentive Payment System

MEDICARE ACCESS & CHIP REAUTHORIZATION ACT

We will be covering the following information today.....

- MACRA & the Quality Payment Programs
- Who is eligible/Who is not
- 4 Categories of MIPS=Composite Score
- Payment adjustments
- Timeline
- Comment Period

MACRA

Medicare Access & CHIP Reauthorization Act

- ▶ Law was signed April 16, 2015
- ▶ Repeals the Sustainable Growth Rate (SGR) methodology
- ▶ Creates a unified framework known as Quality Payment Programs, MIPS and APMs.
- ▶ Combines our existing quality reporting programs into one new system

Sustainable Growth Rate (SGR)

MACRA - Repeals the Sustainable Growth Rate (SGR) methodology

- ▶ Established in 1997 to control the cost of Medicare payments to Physicians.
- ▶ Each year Congress passed temporary "Doc Fixes" to avert cuts.
- ▶ Without the "Doc Fix" in 2015, clinicians would have been subject to a 21% cut in their Medicare payments

PQRS, MU, VBM programs will sunset at the end of 2016. Payment adjustments end in 2018. Aspects of these programs are being rolled into MIPS .

2018 Penalty Information
based on 2016 PQRS, VM & MU

- ▶ VM = Negative 2-4%
- ▶ PQRS = Negative 2%
- ▶ MU = Negative 4%

Quality Payment Programs

There are two paths

MIPS

Merit Based Incentive Payment System

4 Performance Categories

- ▶ Cost/Resource Use
- ▶ Clinical Practice Improvement Activities
- ▶ Advancing Care Information
- ▶ Quality

APMs

Alternative Payment Models

- ▶ Comprehensive ESRD Care Model (Large Dialysis Organization Arrangement) •
- ▶ Medicare Shared Savings Program Track 2&3
- ▶ Next Generation ACO Model
- ▶ Comprehensive Primary Care Plus (CPC+)
- ▶ PCMH

Advanced APMs must meet the following criteria:

Requires participants to **use certified EHR technology.**

The APM bases payment on quality measures comparable to those in the MIPS quality performance category.

The APM either:
 (1) requires APM Entities to bear more than nominal financial risk for monetary losses; OR
 (2) is a Medical Home Model expanded under CMMI authority

MACRA does **NOT** change how any particular APM functions or rewards value. Instead, it creates **extra incentives for APM participation**

EXCEPTIONS TO MIPS

There are **3 groups** of physicians and practitioners who will NOT be subject to MIPS:



FIRST year of Medicare participation



Participants in eligible Alternative Payment Models who qualify for the bonus payment



Below low volume threshold

Note: MIPS **does not** apply to hospitals or facilities

ELIGIBLE CLINICIANS BY YEAR

2017 – 2018 Performance years

□ Physicians (MD/DO and DMD/DDS), , physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists

2019 and thereafter

□ Physical & occupational therapists, speech-language pathologists, audiologists, nurse midwives, clinical social workers, clinical psychologists & dieticians or nutrition specialists

MIPS: Eligible Clinicians

Eligible Clinicians can participate in MIPS as an:

Individual



Group



A group, as defined by taxpayer identification number (TIN), would be assessed as a group practice across all four MIPS performance categories.

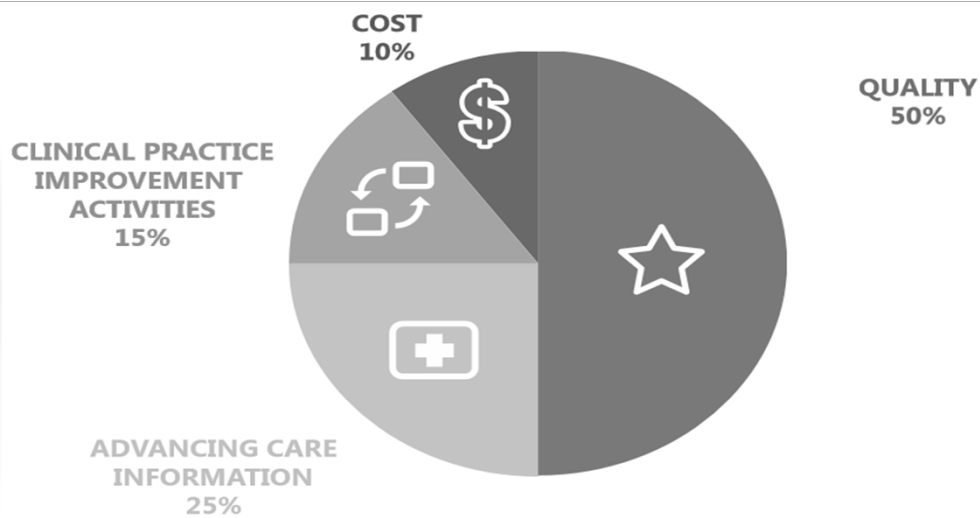
MIPS: Performance Category Scoring

The MIPS composite performance score will factor in performance in 4 weighted performance categories on a 0-100 point scale :

Performance Category	Max Points / % of Overall MIPS Score
★ Quality: Replaces PQRS and the quality component of VM.	80-90 pts depending on group size / 50%
⊕ Advancing Care Information: Replaces Meaningful Use	100 pts / 25%
🔄 Clinical Practice Improvement Activities: New on a National Level!	60 pts / 15%
💰 Cost also known as Resource Use: Replaces the cost component of VM	Average score of all cost measures that can be attributed / 10%

MIPS Scoring

1st Performance Year





Quality Performance



- ▶ Selection of 6 measures
- ▶ 1 cross-cutting measure and 1 outcome measure, or another high priority measure if outcome is unavailable
- ▶ Select from individual measures or a specialty measure set
- ▶ Key Changes from Current Program (PQRS): 1. Reduced from 9 measures to 6 measures with no domain requirement. 2. Emphasis on outcome measurement
- ▶ Year 1 Weight: 50%



Advancing Care Information



- ▶ Scoring based on key measures of patient engagement and information exchange.
- ▶ Flexible scoring for all measures to promote care coordination for better patient outcomes
- ▶ Key Changes from Current Program (MU):
 1. Dropped "all or nothing" threshold for measurement.
 2. Removed redundant measures to alleviate reporting burden.
 3. Eliminated Clinical Provider Order Entry and Clinical Decision Support objectives.
 4. Reduced the number of required public health registries to which clinicians must report.
- ▶ Year 1 Weight: 25%



Advancing Care Information

Achieving the total possible points within this performance category



Advancing Care Information – Base Score.

CMS proposes 6 objectives and their measures that would require reporting for the base score

- ▶ **Protect Patient Health Information** – Yes/No
- ▶ **ERx** – Numerator/Denominator
- ▶ **Patient Electronic Access** – Numerator/Denominator
- ▶ **Coordination of Care Through Patient Engagement** – Numerator/Denominator
- ▶ **Health Information Exchange** – Numerator/Denominator
- ▶ **Public Health and Clinical Data Registry Reporting** – Yes/No



Advancing Care Information – Performance Score.

- ▶ Accounts for up to 80 points towards the total category score
- ▶ Clinicians select the measures that best fit their practice from the following objectives:
 - Patient Electronic Access
 - Coordination of Care Through Patient Engagement
 - Health Information Exchange



Advancing Care Information – Bonus Point.

- ▶ Public Health Registry Bonus Point: Immunization registry reporting is required.
- ▶ In addition, clinicians may choose to report to other public health registries, and will receive one additional point for reporting beyond the immunization category



Quick Recap!

★ Quality

- ✓ 50% of Composite Score
- ✓ Minimum of 6 Measures
- ✓ Must have 1 Cross-Cutting Measure for patient facing care
- ✓ Must have 1 Outcome Measure (If not available, select another high priority)
- ✓ Select individual or specialty set measures
- ✓ Report as an individual or group

☒ Advancing Care Information

- ✓ 25% of Composite Score
- ✓ Consists of 3 scoring elements:
 - Base = 6 objectives
 - Performance = 1 out of 3 objectives
 - Bonus Point – Public Health Registry
- ✓ Report as an individual or group



Clinical Practice Improvement Activities

- ▶ Minimum selection of one CPIA activity (from 90+ proposed activities) with additional credit for more activities
- ▶ Full credit for patient-centered medical home
- ▶ Minimum of half credit for APM participation
- ▶ Key Changes from Current Program: Not applicable (new category)
- ▶ Year 1 Weight: 15%



\$ Cost/Resource Use



- ▶ Counts for 10% of total composite score
- ▶ Assessment under all available resource use measures, as applicable to the clinician
- ▶ CMS calculates based on claims so there are no reporting requirements for clinicians
- ▶ Key Changes from Current Program (Value Modifier): Adding 40+ episode specific measures to address specialty concerns

Calculating the Composite Performance Score (CPS) for MIPS

☆ **Quality**

⊕ **Advancing Care Information**





📄 **Clinical Practice Improvement Activities**

\$ **Cost/Resource Use**

The total of the 4 Performance Categories

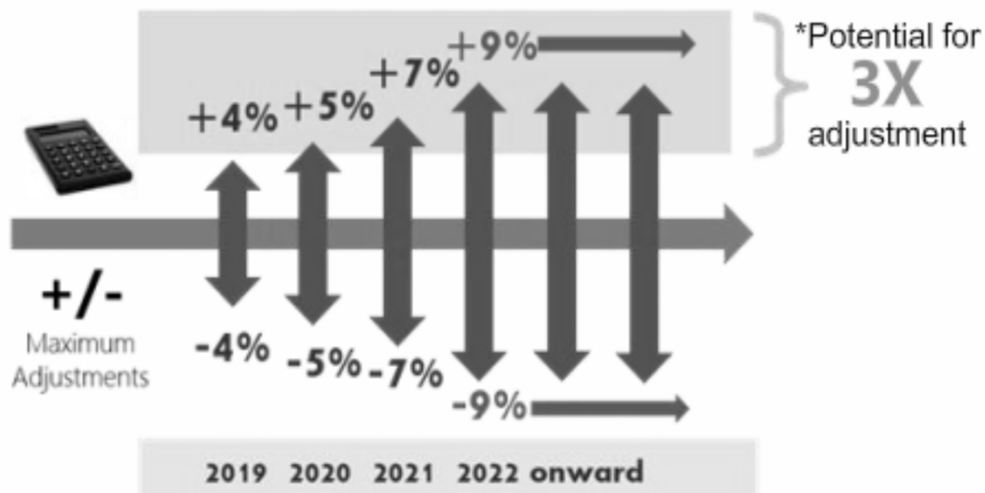
MIPS Composite Performance Score (CPS)
The CPS will be compared to the MIPS performance threshold to determine the adjustment percentage the eligible clinician will receive in 2019.

Calculating the Composite Performance Score (CPS) for MIPS

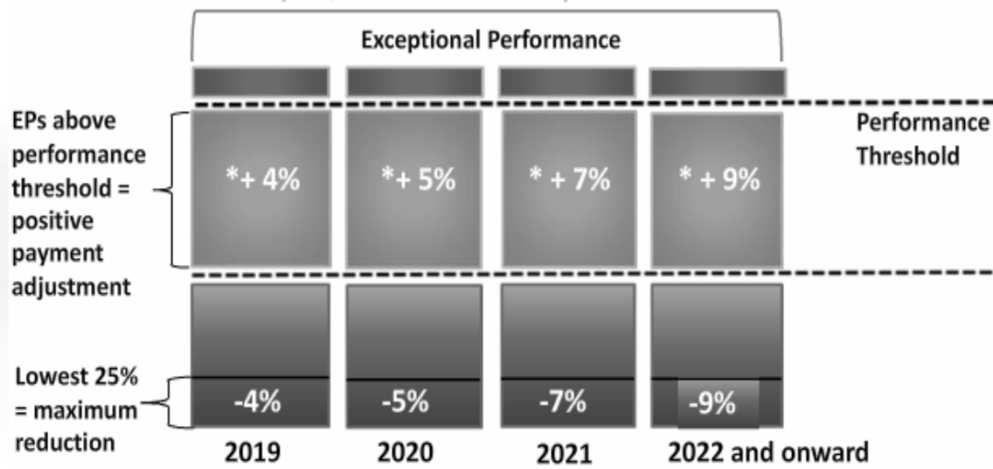
Category	Weight	Scoring
 Quality	50%	<ul style="list-style-type: none"> Each measure 1-10 points compared to historical benchmark (if avail.) 0 points for a measure that is not reported Bonus for reporting outcomes, patient experience, appropriate use, patient safety and EHR reporting Measures are averaged to get a score for the category
 Advancing care information	25%	<ul style="list-style-type: none"> Base score of 50 points is achieved by reporting at least one use case for each available measure Up to 10 additional performance points available per measure Total cap of 100 percentage points available
 CPIA	15%	<ul style="list-style-type: none"> Each activity worth 10 points; double weight for "high" value activities; sum of activity points compared to a target
 Resource Use	10%	<ul style="list-style-type: none"> Similar to quality

MIPS PAYMENT ADJUSTMENTS Starting 2019

Scaling Factor maintains Budget Neutrality



Exceptional MIPS Performance



Data Submission Options

Individual Reporting



- ▶ QCDR
- ▶ Qualified Registry
- ▶ EHR
- ▶ Administrative Claims
- ▶ Claims



- ▶ Attestation
- ▶ QCDR
- ▶ Qualified Registry
- ▶ EHR



- ▶ Attestation
- ▶ QCDR
- ▶ Qualified Registry
- ▶ EHR
- ▶ Administrative Claims



❖ Administrative Claims – No submission Required for either Individual or Group Reporting

Group Reporting

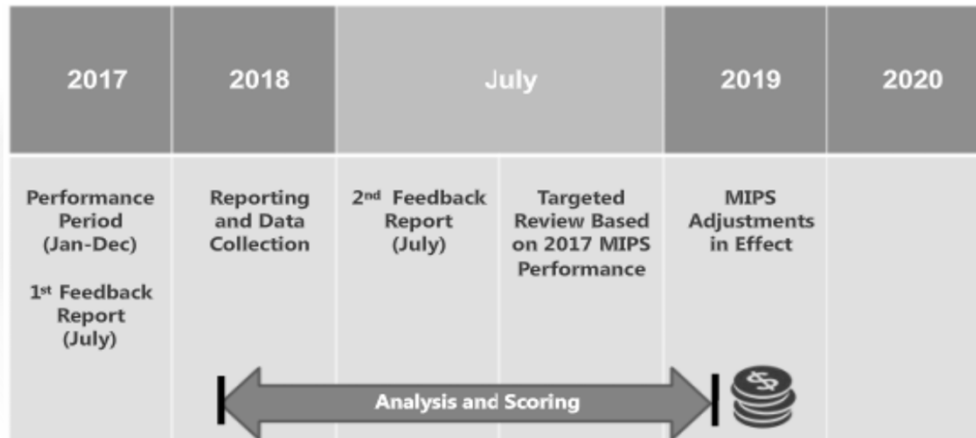
- ▶ QCDR
- ▶ Qualified Registry
- ▶ EHR
- ▶ Administrative Claims
- ▶ CMS Web Interface (Groups of 25 or more)
- ▶ CAHPS for MIPS Survey

- ▶ Attestation
- ▶ QCDR
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MIPS Timeline



Highlights!

- ▶ MIPS performance period begins January 1st 2017 and is for the entire year.
- ▶ MIPS contains 4 Performance Categories: Quality 50%; Advancing Care Information 25%; Clinical Practice Improvement Activities 15%; Cost/Resource Use 10%
- ▶ The 4 performance categories = Composite Score
- ▶ Composite Score will be compared to MIPS overall threshold to determine payment adjustments.
- ▶ MIPS payments adjustments (Positive, Negative or Neutral) begins in 2019.

Make a Difference – Let your voice be heard!!!!!!

- ▶ CMS is currently in the “Comment Period” regarding the proposed rule
- ▶ CMS will review all comments submitted through the formal process
- ▶ Comment Period will end on June 27th at 5pm
- ▶ MUST refer to file code: CMS-5517-P
- ▶ To go <http://www.regulations.gov>

Please note: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment

To go <http://www.regulations.gov> – Enter file code: CMS-5517-P

The screenshot displays the regulations.gov website interface. At the top, the site logo "regulations.gov" is visible with the tagline "Your Voice in Federal Decision-Making". Navigation links for Home, Help, Resources, and Contact Us are present. A search bar contains the text "SEARCH for: Rules, Comments, Adjudications or Supporting Documents:" and a search input field with "CMS-5517-P" entered. A white arrow points to the search input field.

Below the search bar, the website header repeats the logo and navigation links. The search bar now shows "CMS-5517-P" and a magnifying glass icon. Below this, the search results are displayed: "238 results for 'CMS-5517-P'". On the left, there are filter options for "Comment Period" (Open (234), Closed (4)) and "Document Type" (Clear Filter). On the right, there are options for "Results per page: 25" and "Sort By: Best Match".

The main content area shows a search result for "Medicare Program, Merit-Based Incentive Payment System and Alternative Payment Model Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models". A "Comment Now!" button is visible next to the result, with a white arrow pointing to it. Below the result, there is a "Document Contents" section and an "Open Docket Folder" link.

STI is here to support you!!!!!!!!!!

- ▶ STI will be offering a MIPS Assistance Program. It will be published on or about July 1st.
- ▶ Please make sure we have your correct email address for our records.

Send us an email at SWSupport@sticomputer.com

Please include: Practice Name

Your Full Name

Email Address

This will insure you are notified on all MIPS related information and important updates