2017 Proposed Rule
MIPS Composite Performance Score – Quality Category

Dr. Dan Mingle

Register for Webinars or Access Recordings
http://mingleanalytics.com/webinars

Agenda

- Context - Review
  - Evolution from PQRS to QPP
  - MIPS Adjustment Factor
  - MIPS Composite Performance Score
- Details of the Quality Performance Category
- Watch for Future Webinars
  - Details of the Resource Use Performance Category
  - Details of the Advancing Care Information Performance Category
  - Details of the Clinical Practice Improvement Activities Performance Category

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MACRA

Medicare Access and CHIP Reauthorization Act of 2015

Merit-Based Incentive Payment System (MIPS)

and

Alternative Payment Model (APM) Incentive

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Proposed Rule for QPP Published
May 9, 2016

Final Rule to be Published by
November 1 Annually

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Introducing Medicare's New

Quality Payment Program

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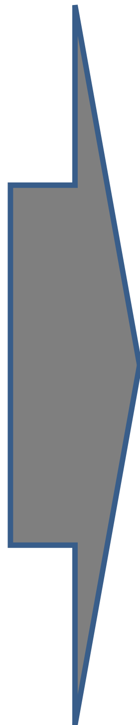
Physician Quality Reporting System (PQRS)

Value Based Modifier (VBM or VM)

Quality Tiering

Medicare EHR Incentive Program (aka: meaningful use)



Quality Payment Program(QPP)

Merit-Based Incentive Payment System (MIPS)

- Eligible Clinicians
- Virtual Groups

Alternate Payment Mechanisms (APM)

- APM Type
- APM Entity
- Advanced APM
- Qualified Providers (QP)
- Partial QP
- Split TIN

2016	Last Reporting Year
March 31, 2017	Last Submission Due
2018	Last Payment Adjustments Applied

2017	First Reporting Year
March 31, 2018	First Submission Due
2019	First Payment Adjustments Applied

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Revenues Increasingly at Risk

$50B Medicare Revenue will be at risk by 2022

Program Year	Reporting (Service Year)	Adjustment Expected	Physician Average
2019	2017	± 4%	± $4,000
2020	2018	± 5%	± $5,000
2021	2019	± 7%	± $7,000
2022	2020	± 9%	± $9,000

CMS 2013 PQRS Experience Report

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Estimated Impact in 2019

Program	Applies to	Negative Adjustments	Positive Adjustments
MIPS Adjustments	687k to 747k providers	$833m	$833m
Exceptional Performance Payments			$500m
Advanced APM Incentives	30k – 90k Providers		$146m - $429m

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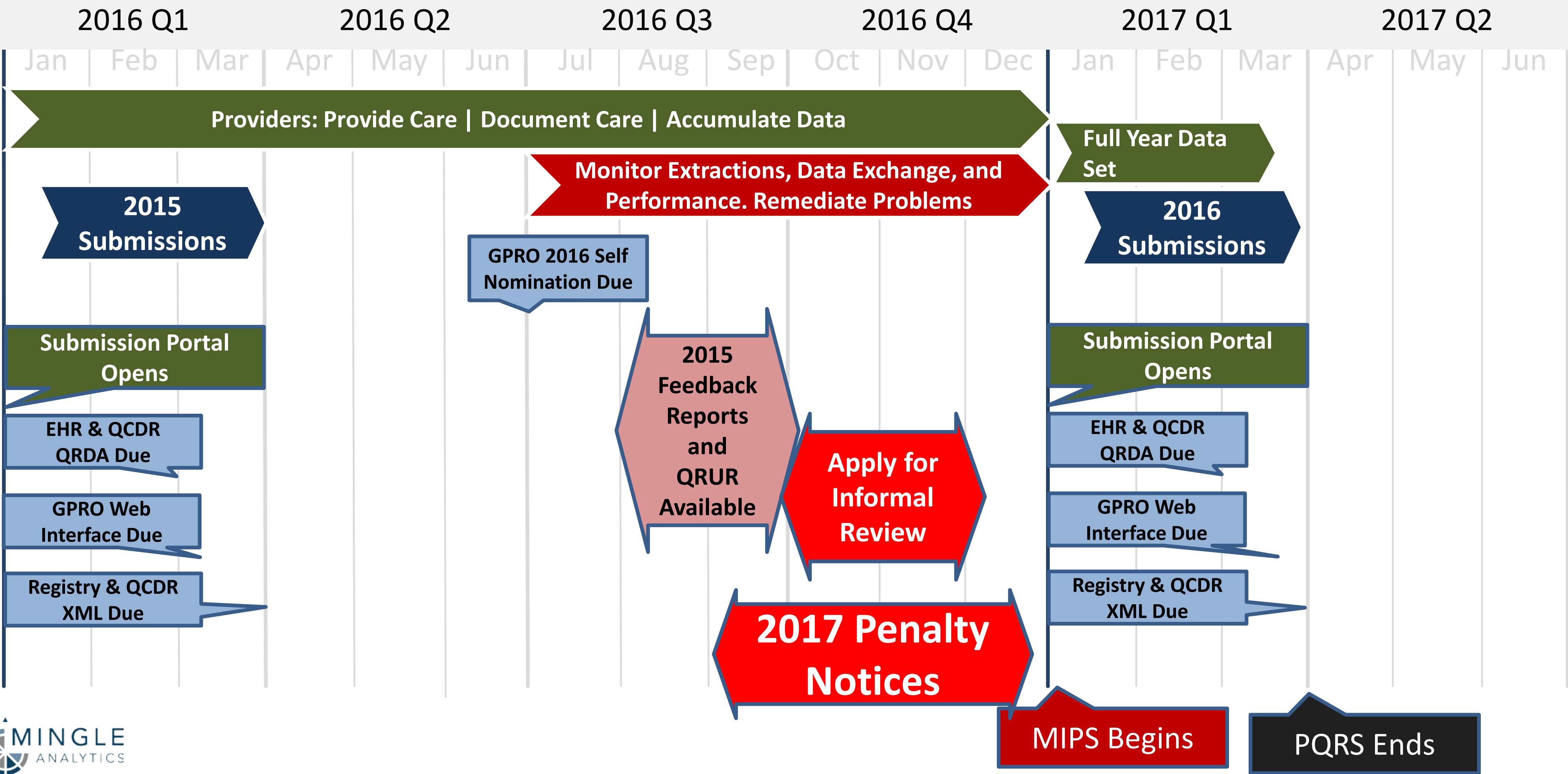
PQRS Timeline
2016 Q1
2016 Q2
2016 Q3
2016 Q4
2017 Q1
2017 Q2
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
Providers: Provide Care | Document Care | Accumulate Data
Full Year Data Set
Monitor Extractions, Data Exchange, and Performance. Remediate Problems
2015 Submissions
2016 Submissions
GPRO 2016 Self Nomination Due
Submission Portal Opens
2015 Feedback Reports and QRUR Available
Submission Portal Opens
EHR & QCDR QRDA Due
Apply for Informal Review
EHR & QCDR QRDA Due
GPRO Web Interface Due
GPRO Web Interface Due
Registry & QCDR XML Due
Registry & QCDR XML Due
2017 Penalty Notices
MIPS Begins
PQRS Ends
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Quality Tiering – How it was done

5%	90%	5%		
Low Quality	Avg Quality	High Quality		
0	+2x%	+4x%	Low Cost	5%
-2%	0	+2x%	Avg Cost	90%
-4%	-2%	0	High Cost	5%

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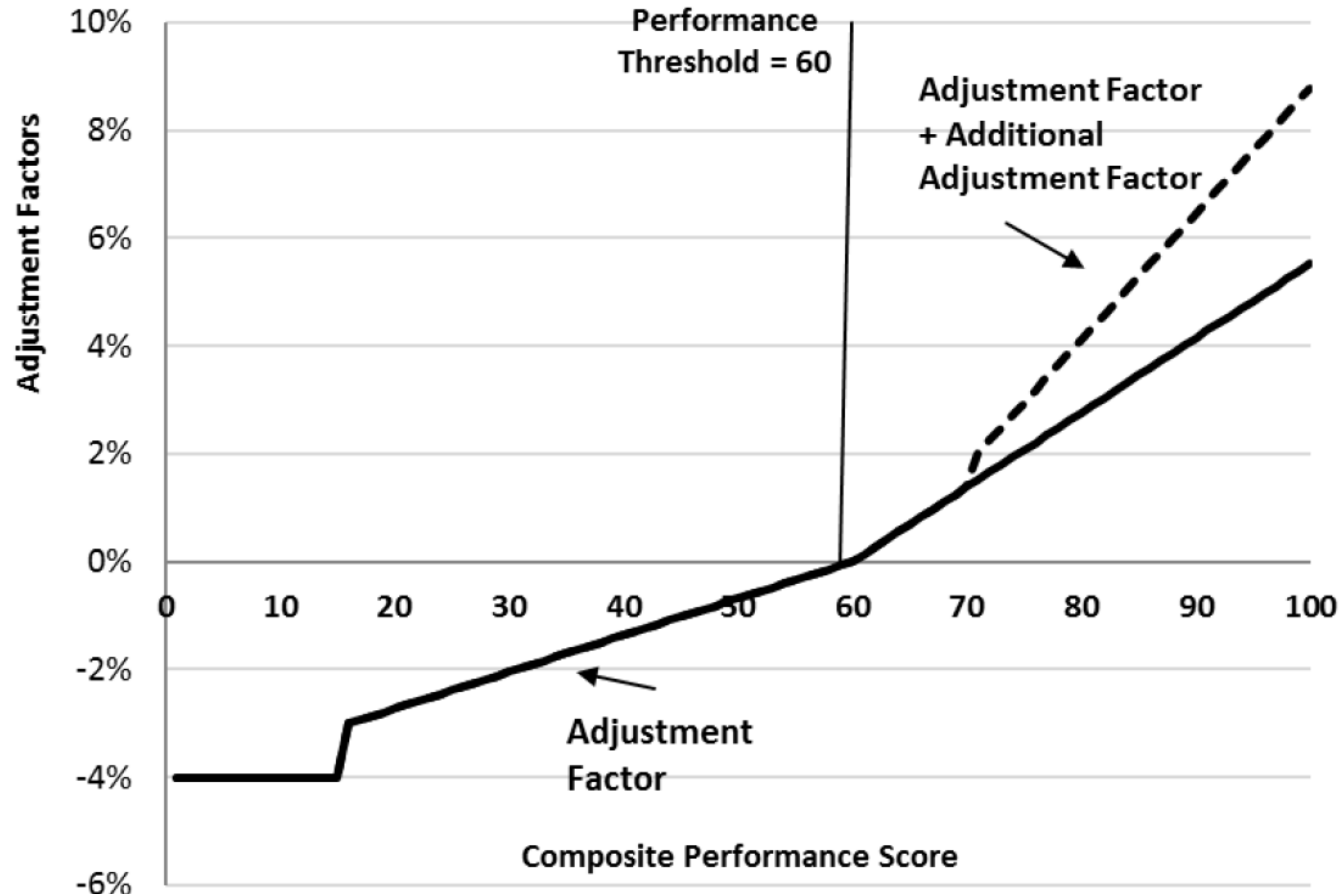
Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

2017 Reporting Year



2019 Payment or Program Year

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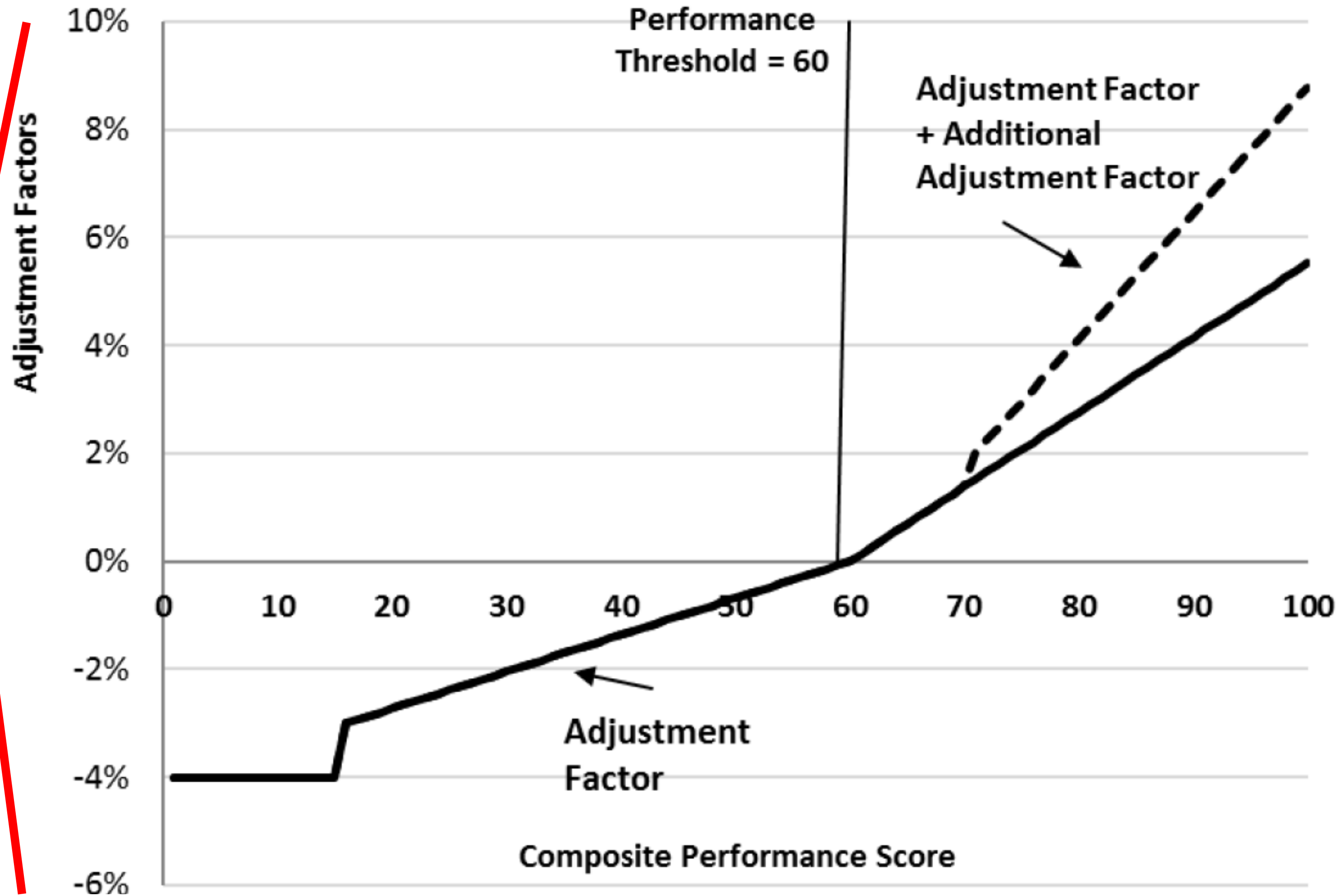
Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

2017
Reporting
Year

Pmt Year	Adj Factor
2019	± 4%
2020	± 5%
2021	± 7%
2022	± 9%



2019
Payment
or
Program
Year

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Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

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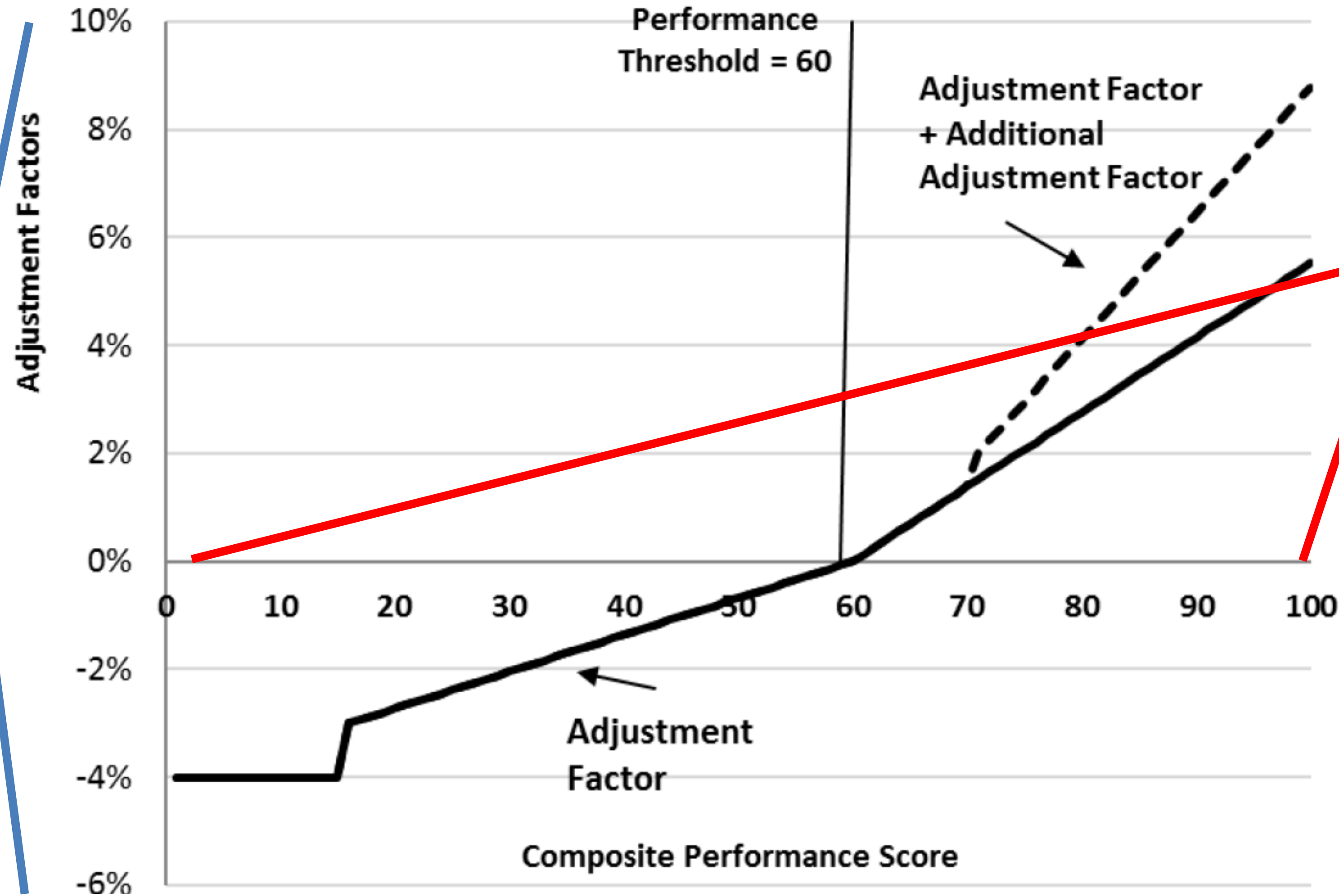

2019
Payment
or
Program
Year

	2019	2020	2021
Quality	50	45	30
Cost	10	15	30
ACI	25	25	25
CPIA	15	15	15

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Conceptual Model of MIPS Year 1

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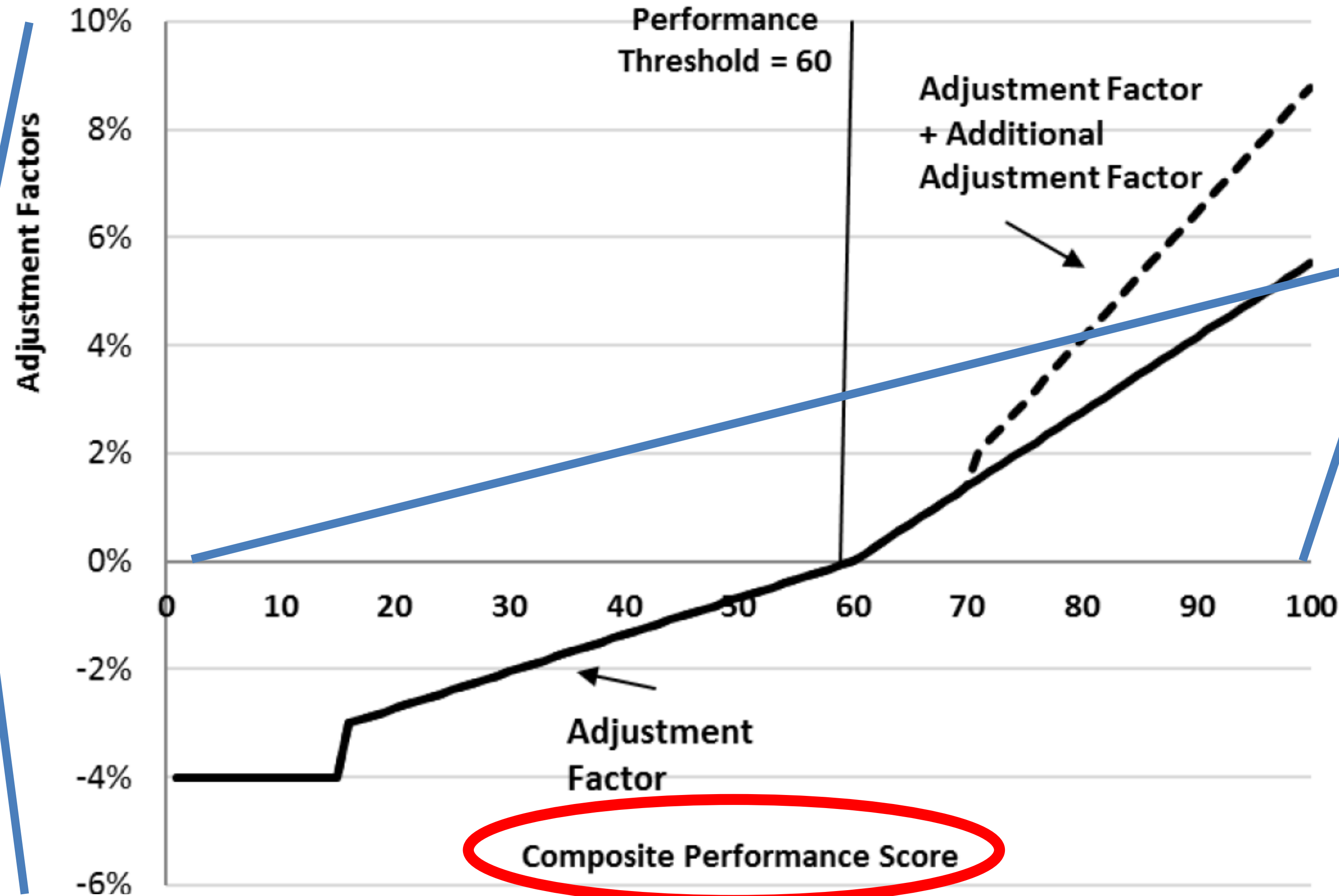

2019 Payment or Program Year

	2019	2020	2021
Quality	50	45	30
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Basic QPP Rules for Quality Submissions

- Submit 6 Measures including
  - 1 Cross-Cutting Measure (if ≥ 25 F2F visits)
  - 1 Outcome Measure (or intermediate outcome)
    - If no Outcome Measures available, another High Priority Measure: Appropriate Use, Patient Safety, Efficiency, Patient Experience, Care Coordination
  - If fewer than 6 measures apply, submit all that apply

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3 Possible Administrative Claims Measures

- Potentially Avoidable Admissions for Specified Acute Conditions
- Potentially Avoidable Admissions for Specified Complications of Chronic Disease
- 30 Day Hospital Readmissions (Note Special Minimums)
  - 10 Provider Group
  - 200 Cases

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CMS-Calculated
Administrative Claims Measures

- 30-day Hospital Readmissions
- Acute Conditions Composite
  - Bacterial Pneumonia
  - Urinary Tract Infection
  - Dehydration
- Chronic Conditions Composite
  - Heart Failure
  - COPD Exacerbation
  - Diabetes Composite
    - Uncontrolled Diabetes
    - Short Term Complications
    - Long Term Complications
    - Lower Ext Amputation

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CAHPS for MIPS

- No longer required
- Applicable to groups ≥ 2 providers
- Must use CMS approved Survey Vendor
- Survey counts as 1 cross-cutting measure and experience measure
- 2 point Bonus for an Experience Measure
- Need 5 other measures

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QPP Data Completeness Criteria

	Payers	Reporting Rate
Claims	Medicare Part B	80%
Qualified Registry	All*	90%
QCDR	All*	90%
EHR	All*	90%
Survey Vendor	Medicare Part B	100% of Defined Sample
Web Interface	Medicare Part B	100% of Defined Sample

*At least 1 Medicare patient has to be represented in at least 1 measure

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Good News

The Proposal is to eliminate the

All or None Standard

In Quality Submissions

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Risk Adjustment will, at minimum, Include HCC Code Complexity

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Each Performance Category must be submitted with a Single Mechanism

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Benchmarks

- National Benchmark
  - Baseline Performance Period = 2 years prior to Performance Year
  - Mechanism-Specific
  - All Specialties, Individuals, and Groups to Share Same Benchmarks
  - Must have ≥ 20 Eligible Instances to Contribute to the Benchmark
  - APM data included in the Benchmarks
  - Zero Percent Performance will not be included in Benchmarks
- Web Interface Measures Benchmarks to be Based on Shared Savings Program (SSP) Performance
  - There are no SSP benchmarks below 30th Percentile → Assign value of 2

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Individual Measure Scoring

- Each Measure Scored on 1 – 10 Scale
- Missing Measure Gets Score = 0
- Measures Submitted and Valid but Not Scored Removed from Average
  - Must have a Benchmark to be Scored
  - Must have ≥ 20 Eligible Instances to be Scored
- Top 6 Measures are Scored when Extra Measures Submitted

Converting a Performance Rate to a Standard Score

Benchmark Decile	Hypothetical Benchmarks	Scored
1	0 – 6.9%	1.0 – 1.9
2	7.0 – 15.9%	2.0 – 2.9
3	16.0 – 22.9%	3.0 – 3.9
4	23.0 – 35.9%	4.0 – 4.9
5	36.0 – 40.9%	5.0 – 5.9
6	41.0 – 61.9%	6.0 – 6.9
7	62.0 – 68.9%	7.0 – 7.9
8	69.0 – 78.9%	8.0 – 8.9
9	79.0 – 84.9%	9.0 – 9.9
10	85.0 – 100%	10

(40.9 – 36)/10 = .49
Every .49% increments 0.1 Score

Performance	Score
36.00% - 36.48%	5.0
36.49% - 36.97%	5.1
36.98% - 37.46%	5.2
37.47% - 37.95%	5.3
37.96% - 38.44%	5.4
38.45% - 38.93%	5.5
38.94% - 39.42%	5.6
39.43% - 39.91%	5.7
39.92% - 40.40%	5.8
40.41% - 40.90%	5.9

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Scoring for Topped Out Measures

Definition

- Truncated Coefficient of Variation < .10

  AND

- 75th and 90th Percentiles within 2 Standard Errors

  OR

- Median Value ≥ 95% for a Process Measure

Plan

- Assign all the Score at the Cluster Midpoint

Benchmark Decile	Hypothetical Benchmarks	Scored
1	0 - 74.9%	1.0 – 1.9
2	75 - 79.9%	2.0 – 2.9
3	80 – 84.9%	3.0 – 3.9
4	85 – 94.9%	4.0 – 4.9
5	95 – 99.9%	5.0 – 5.9
6-10	100%	8.5

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Bonus Points Proposed

Bonus Scenario	Bonus
Extra Outcome or Patient Experience Measures	2
Other High Priority Measures	1
End to End Electronic Reporting for a Measure	1
QCDR Reporting (per measure?)	1
Bonus applied to unscored Extra measures	
Bonus Capped at 5% of the Denominator	
Standard Bonus applies to Web Interface Reporting	TBD

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Measure	Type	Elig Inst	Perf Points	Possible	Priority Bonus	CEHRT Bonus
A	Outcome CEHRT	20	4.1	10		1
B	Process CEHRT	21	9.3	10		1
C	Process CEHRT	22	10	10		1
D	Process	50	10	10		
E	High Priority Patient Safety	43	8.5	10	1	
F (missing)	Cross-Cutting	NA	0	10		
Acute Composite	Adm Clms	10	Not Scored	0		
Chronic Composite	Adm Clms	20	6.3	10		
Readmit	Adm Clms	NA	Not Scored	0		

- Total Possible Points = 70
- Bonus Cap = 3.5 per Category
- Total Perf Pts = 48.2
- Bonus Points 4
- Total Points = 52.2
- 52.2/70 = 74.6%
- 50 Possible Category Points

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Hypothetical Scoring Example

Measure	Type	Elig Inst	Perf Points	Possible	Priority Bonus	CEHRT Bonus
A	Outcome CEHRT	20	4.1	10		1
B	Process CEHRT	21	9.3	10		1
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D	Process	50	10	10		
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70 Possible Points

70 x 5% = 3.5 Maximum Bonus Points per Bonus Category

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Measure	Type	Elig Inst	Perf Points	Possible	Priority Bonus	CEHRT Bonus
A	Outcome CEHRT	20	4.1	10		1
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48.2 Actual Points

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Measure	Type	Elig Inst	Perf Points	Possible	Priority Bonus	CEHRT Bonus
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B	Process CEHRT	21	9.3	10		1
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Readmit	Adm Clms	NA	Not Scored	0		

1 Priority Measure Bonus Point

3 CEHRT Bonus Points

Both under the 3.5 Bonus Cap

Total Score capped at 100%

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Measure	Type	Elig Inst	Perf Points	Possible	Priority Bonus	CEHRT Bonus
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Chronic Composite	Adm Clms	20	6.3	10		
Readmit	Adm Clms	NA	Not Scored	0		

52.2 Total Points

÷ 70 Possible

= 74.6%

Max Quality Performance Category Score for 2017 = 50

74.6% of 50

= 37.3 Points

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Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

2017
Reporting
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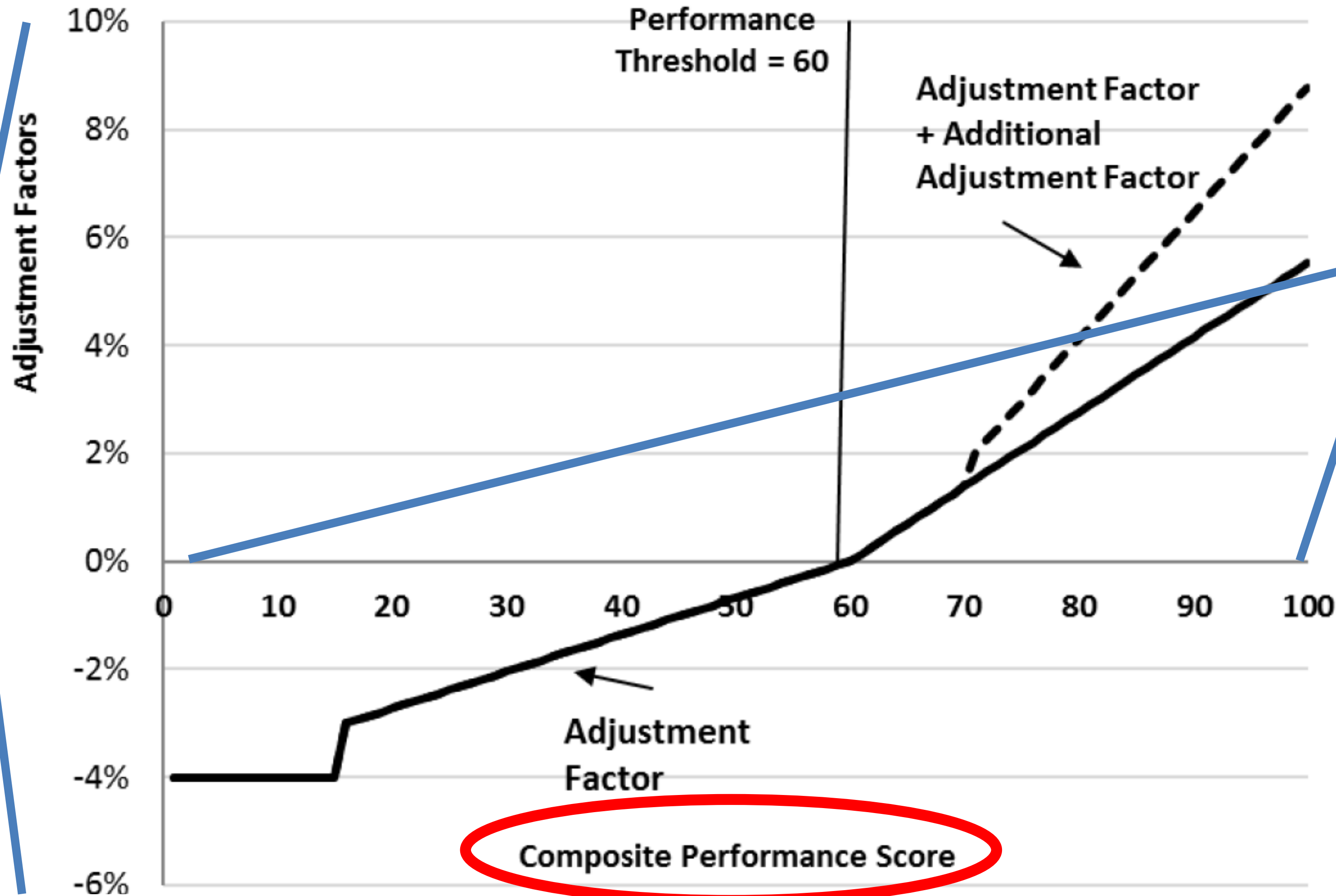

2019
Payment
or
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Quality
(in our Example)
= 37.3

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What Does it all Mean?

- Performance Matters
- Choose Measures You Care About
- Have Extra Measures in the Hopper
- Continuously Monitor your Measure Performance
- Continuous Metric Improvement Program
  - Providing the Care
  - Documenting the Care
  - Accessing the Data
  - Submission Compliance

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