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2017 Proposed Rule
MIPS Composite Performance Score –
Advancing Care Information Category

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

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Agenda

- Context - Review
  - Evolution from PQRS to QPP
  - MIPS Adjustment Factor
  - MIPS Composite Performance Score
- Details of the Advancing Care Information Performance Category

- Watch for Future Webinars
  - Details of the Resource Use Performance Category
  - Details of the Clinical Practice Improvement Activities Performance Category

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)
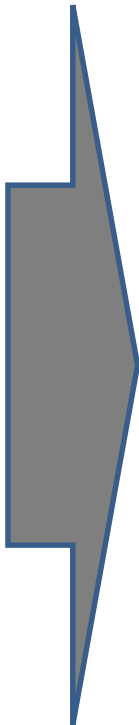
Quality Payment Program(QPP)

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

$$$
Fee For Service
Volume Based Paymen[t]

$
Value Based Purchasing
Quality / Cost

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

2015 Submissions

Monitor Extractions, Data Exchange, and Performance. Remediate Problems

2016 Submissions

GPRO 2016 Self Nomination Due

Submission Portal Opens

EHR & QCDR QRDA Due

GPRO Web Interface Due

Registry & QCDR XML Due

2015 Feedback Reports and QRUR Available

Apply for Informal Review

Submission Portal Opens

EHR & QCDR QRDA Due

GPRO Web Interface 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
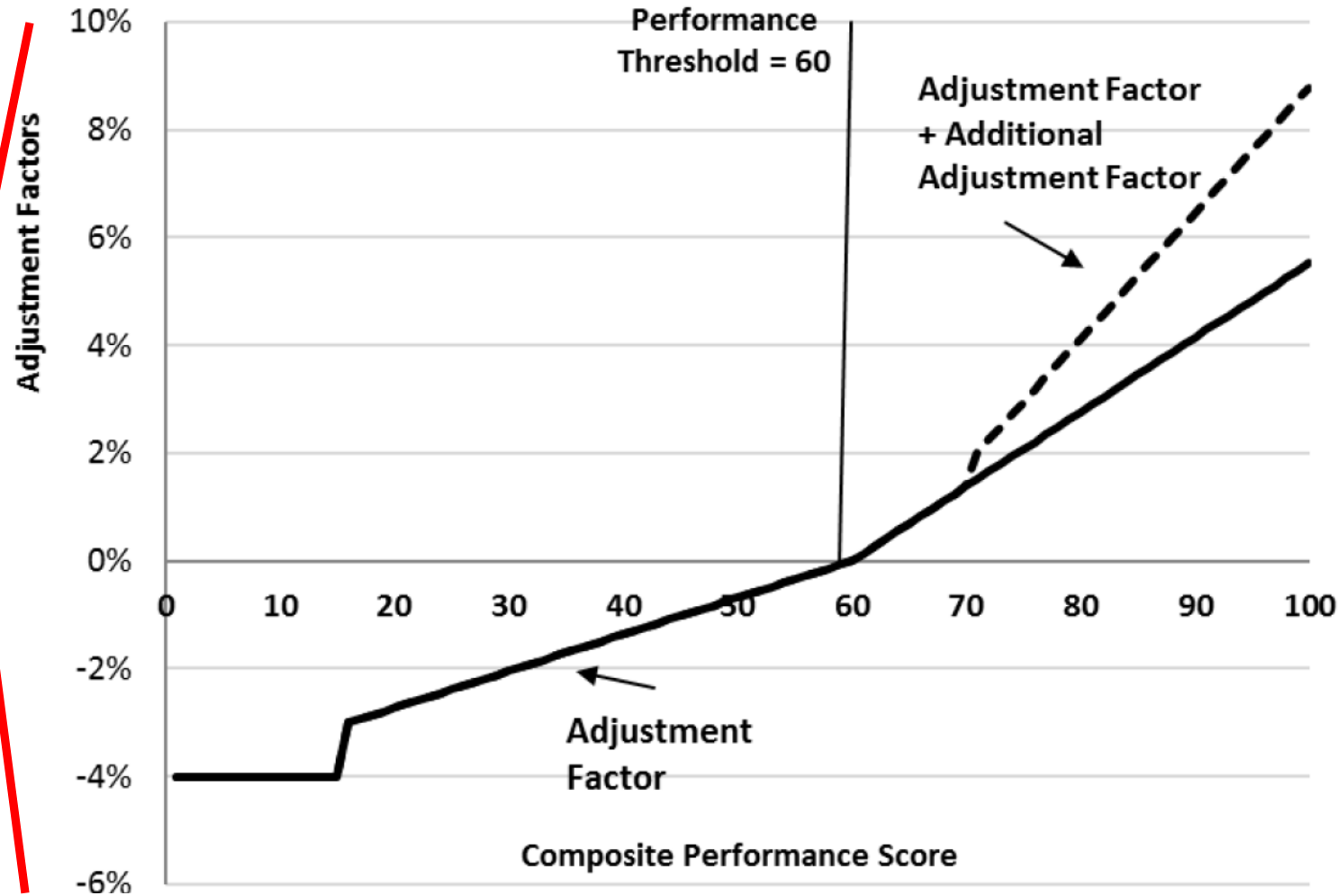
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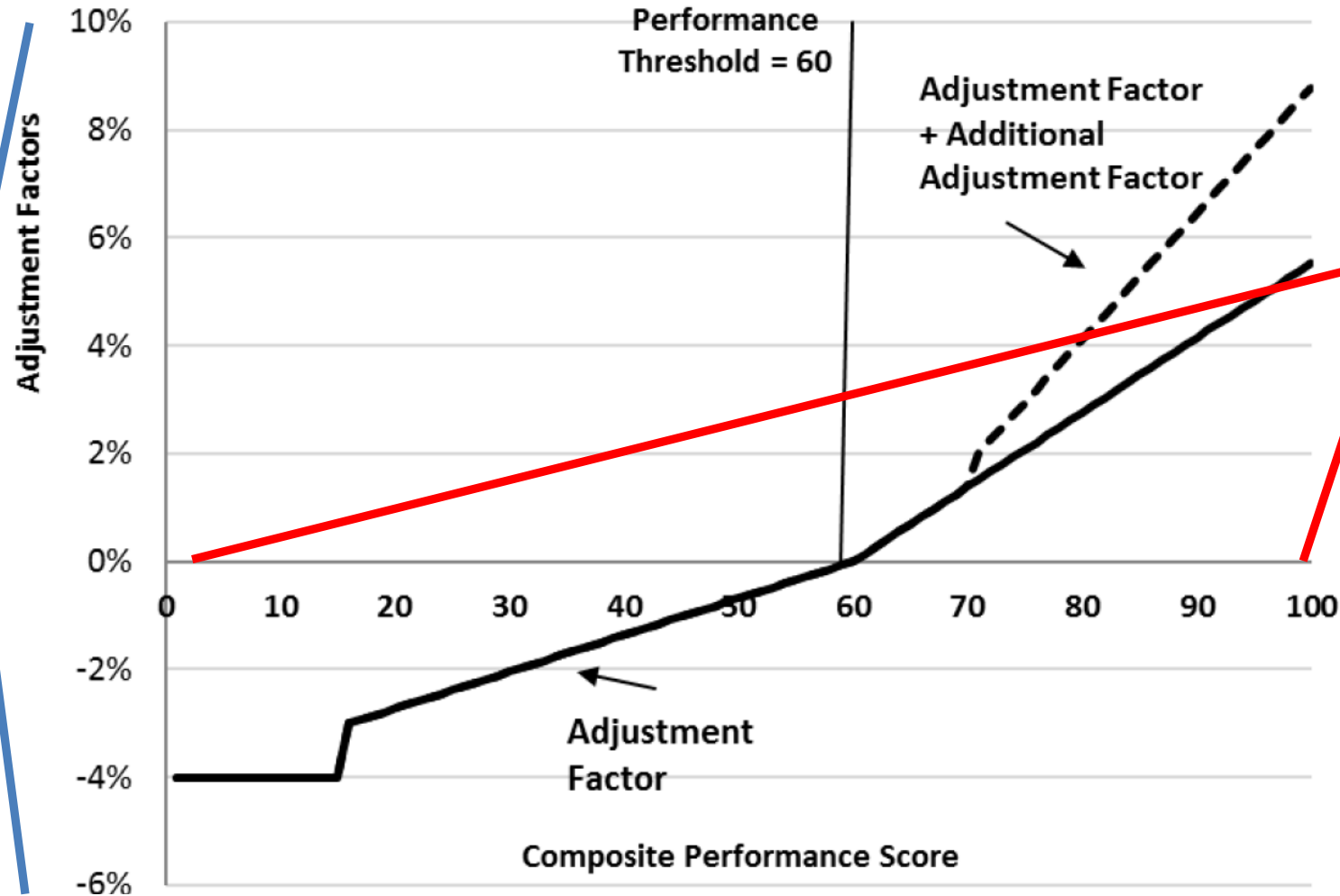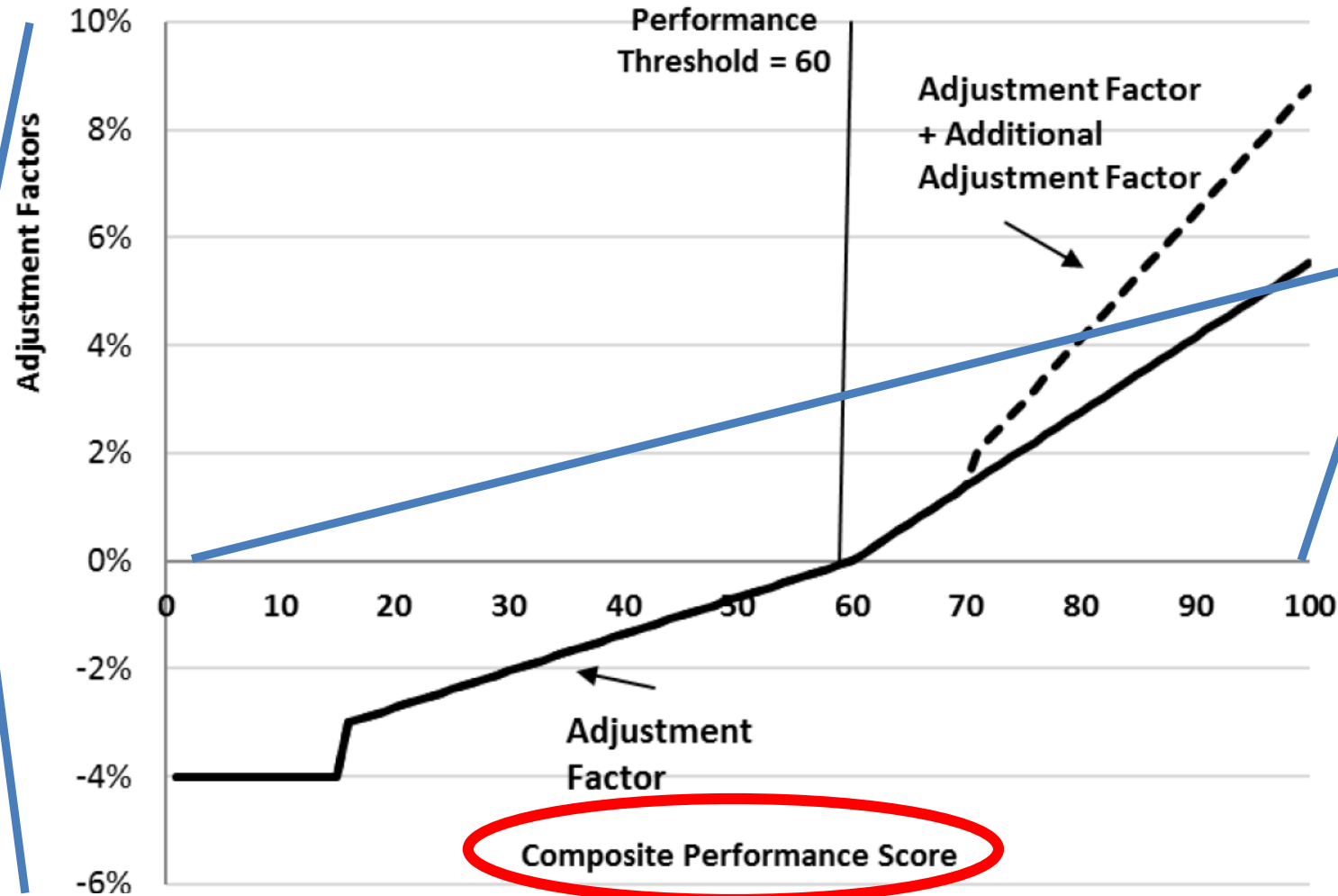Reporting
Year

2019
Payment
or
Program
Year

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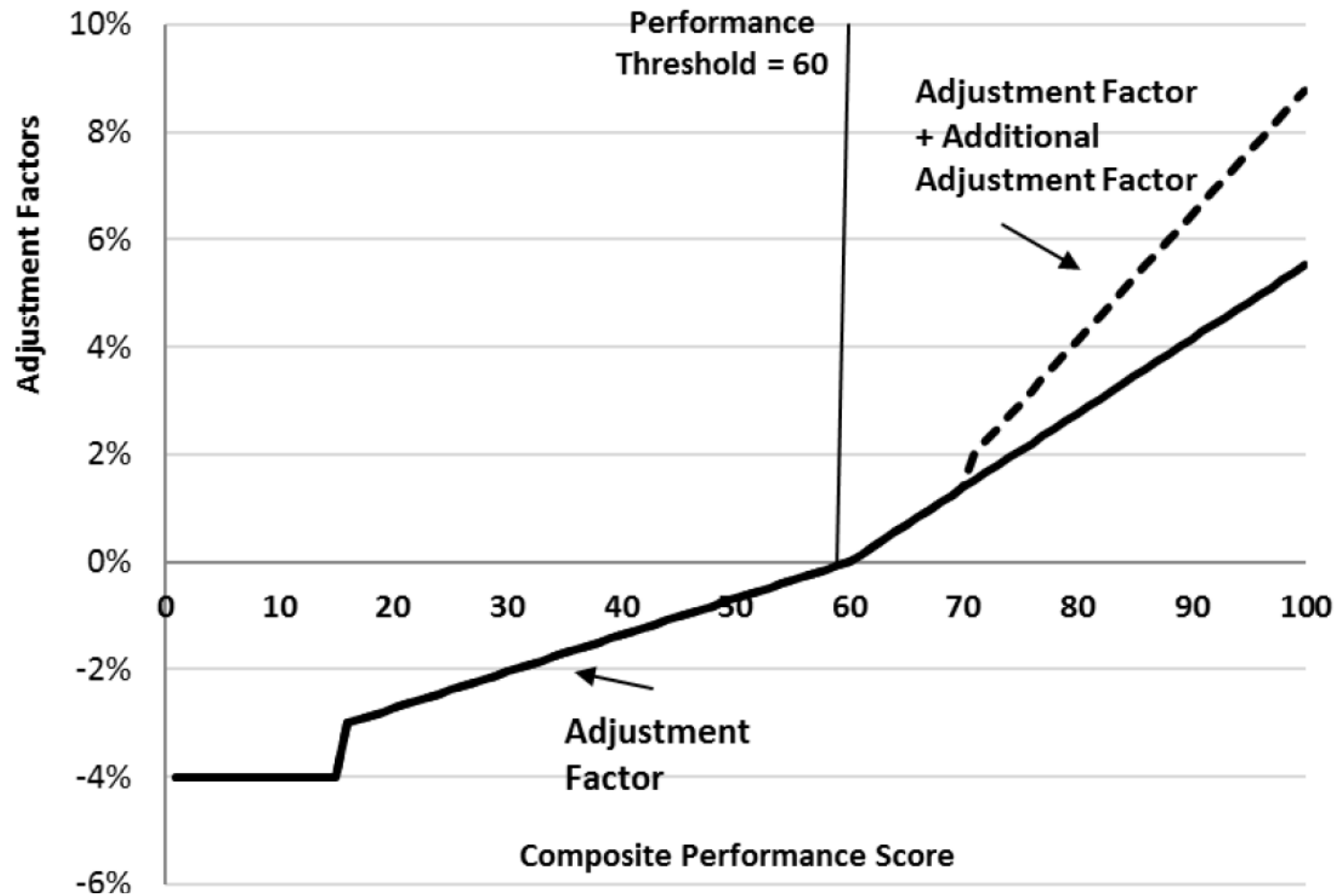
Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

2017
Reporting
Year

2019
Payment
or
Program
Year

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

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

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

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%

Performance Threshold = 60

Adjustment Factor + Additional Adjustment Factor

Adjustment Factor

Composite Performance Score

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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Each Performance Category must be submitted with a Single Mechanism

Medicare Encourages Groups and Individuals to use the same Vendor for 3 Performance Categories

Submission Mechanisms

Mechanism	Resource Use	Quality	Advancing Care Information	Clinical Practice Improvement Activities
Attestation			Ind | Grp	Ind | Grp
Qualified Registry		Ind | Grp	Ind | Grp	Ind | Grp
Qualified Clinical Data Registry (QCDR)		Ind | Grp	Ind | Grp	Ind | Grp
Electronic Health Record / Data Submission Vendor		Ind | Grp	Ind | Grp	Ind | Grp
Web Interface		Grp ≥ 25	Grp ≥ 25	Grp ≥ 25
Survey Vendor		Grp ≥ 2		
Administrative Claims	Ind | Grp	Select Measures		Maybe

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All MIPS Eligible Clinicians
Subject to Advancing Care Information Performance Category

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Hospital Based Clinicians

Current proposal is to exclude Hospital Based Physicians from Advancing Care Information in early years of the program

Hospital Based Clinician = 90% of Claims

In the year prior to the reporting year

at POS = 21(hospital) or 23(Emergency Room)

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ACI Hardship Considerations

Apply by March 31 for Hardship Exemption (ACI Weight of Zero)
- Insufficient Internet Connectivity
- Extreme and Uncontrollable Circumstances
- Lack of Control over the Availability of certified EHR technology
- Lack of Face-to-Face Patient Interaction

Weight of Zero Applied if no ACI Data Submitted
- Lack of Experience or Previous Inducement to adopt CEHRT
  - Nurse Practitioners
  - Physicians Assistants
  - Certified Registered Nurse Anesthetists
  - Clinical Nurse Specialists

Medicaid Meaningful Use Does Not Change

Other than to sunset the requirement for States to Report their Meaningful Users to Medicare

Medicaid Meaningful Use:

- 2016 is the last year to begin receiving Incentive Payments
- 2021 is the Final distribution of Incentive Payments

New Focus

- Use of Certified EHR Technology (CEHRT)
- Health Information Exchange
- Patient Engagement
- Care Coordination

New Approach

- Reward
  - Small Incremental Steps – continuous improvements
  - Isolated Areas of Excellence
- Eliminate Thresholds (for now)
- Support Reporting by
  - Individual (TIN-NPI)
  - Group (TIN)
- Support Innovation
- Allow MIPS eligible clinicians to use EHR technology in a manner more relevant to their practice

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Certification Edition Requirements

Reporting Year	Require Certification Edition	Correlation with Stages
2017	2014, 2015	Modified Stage 2, Stage 3
2018	2015	Stage 3

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CMS Introduces a
Group Practice Reporting Option for the Advancing Care Information Performance Category

Scoring Methodology

Base Score	Incent Participation and Reporting
Performance Score	Incent Exceptional Performance

2 Options Outlined

Stage 3 Equivalent ACI Scoring Option 1

	Objective	Measure*	Total Base Score
1	Protect Patient Health Information	Security Risk Analysis	Base Score counts for 50 % of total ACI Category Score
2	Electronic Prescribing	ePrescribing	
3	Patient Electronic Access	Patient Access	Requires every measure to have:
		Patient-Specific Education	Yes or > 0
4	Coordination of Care Through Patient Engagement	View, Download or Transmit (VDT)	
		Secure Messaging	
		Patient-Generated Health Data	Failure of any measure → Zero ACI Category Score
5	Health Information Exchange	Patient Care Record Exchange	
		Request/Accept Patient Care Record	
		Clinical Information Reconciliation	
6	Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	
		(Optional) Syndromic Surveillance Reporting	1 Category Bonus Point for Each Optional Element
		(Optional) Electronic Case Reporting	
		(Optional) Public Health Registry Reporting	
		(Optional) Clinical Data Registry Reporting	
x	Clinical Decision Support	Discontinued	
x	Computerized Provider Order Entry		

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Stage 3 Equivalent ACI Scoring Option 2

	Objective	Measure*	Total Base Score
1	Protect Patient Health Information	Security Risk Analysis	Base Score counts for 50 % of total ACI Category Score
2	Electronic Prescribing	ePrescribing	
3	Clinical Decision Support	Clinical Decision Support (CDS) Interventions	Requires every measure to have:
		Drug Interaction and Drug-Allergy Checks	Yes
4	Computerized Provider Order Entry	Medication Orders	or
		Laboratory Orders	> 0
		Diagnostic Imaging Orders	Failure of any measure → Zero ACI Category Score
5	Patient Electronic Access	Patient Access	
		Patient-Specific Education	
6	Coordination of Care Through Patient Engagement	View, Download or Transmit (VDT)	
		Secure Messaging	
		Patient-Generated Health Data	
7	Health Information Exchange	Patient Care Record Exchange	
		Request/Accept Patient Care Record	
		Clinical Information Reconciliation	
8	Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	
		(Optional) Syndromic Surveillance Reporting	1 Category Bonus Point for Each Optional Element
		(Optional) Electronic Case Reporting	
		(Optional) Public Health Registry Reporting	
		(Optional) Clinical Data Registry Reporting	

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Mod Stage 2 Equivalent ACI Scoring Option (2017 only)

	Objective	Measure*	Total Base Score
1	Protect Patient Health Information	Security Risk Analysis	Base Score counts for 50 % of total ACI Category Score
2	Electronic Prescribing	ePrescribing	
3	Clinical Decision Support	Clinical Decision Support (CDS) Interventions	Requires every measure to have:
		Drug Interaction and Drug-Allergy Checks	Yes
4	Computerized Provider Order Entry	Medication Orders	or
		Laboratory Orders	> 0
		Diagnostic Imaging Orders	
5	Patient Electronic Access	Patient Access	Failure of any measure → Zero ACI Category Score
		View, Download or Transmit (VDT)	
6	Patient-Specific Education	Patient-Specific Education	
7	Secure Messaging	Secure Messaging	
8	Health Information Exchange	Health Information Exchange	
9	Medication Reconciliation	Medication Reconciliation	
10	Public Health Reporting	Immunization Registry Reporting	
		Syndromic Surveillance Reporting	
		Specialized Registry Reporting	

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Performance Scoring

Objective	Measure*	Possible Points
Patient Electronic Access	Patient Access	10
	Patient-Specific Education	10
Coordination of Care Through Patient Engagement	View, Download or Transmit (VDT)	10
	Secure Messaging	10
	Patient-Generated Health Data	10
Health Information Exchange	Patient Care Record Exchange	10
	Request/Accept Patient Care Record	10
	Clinical Information Reconciliation	10

50 Points = 50% of the Maximum Potential ACI Composite Performance Category Score

Hypothetical Scoring Example

	Objective	Measure	Reported Performance	Base Score	Bonus	Performance	TOTAL
1	Protect Patient Health Information	Security Risk Analysis	Yes	50			
2	Electronic Prescribing	ePrescribing	20%				
3	Patient Electronic Access	Patient Access	95%			9.5	
		Patient-Specific Education	65%			6.5	
4	Coordination of Care Through Patient Engagement	View, Download or Transmit (VDT)	33%			3.3	
		Secure Messaging	31%			3.1	
		Patient-Generated Health Data	25%			2.5	
5	Health Information Exchange	Patient Care Record Exchange	21%			2.1	
		Request/Accept Patient Care Record	38%			3.8	
		Clinical Information Reconciliation	57%			5.7	
6	Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	Yes				
		(Optional) Syndromic Surveillance Reporting					
		(Optional) Electronic Case Reporting					
		(Optional) Public Health Registry Reporting					
		(Optional) Clinical Data Registry Reporting	Yes		1		
	TOTAL			50	1	36.5	87.5

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Scoring

- There are 134 points to be earned
  - 50 Base
  - 4 Bonus
  - 80 = 10 points in each of 8 measures
- You are capped at 100
- 87.5 Total points in our example
- Means you earn 87.5% of 25 possible ACI Points
- Is .875 x 25 = 21.9

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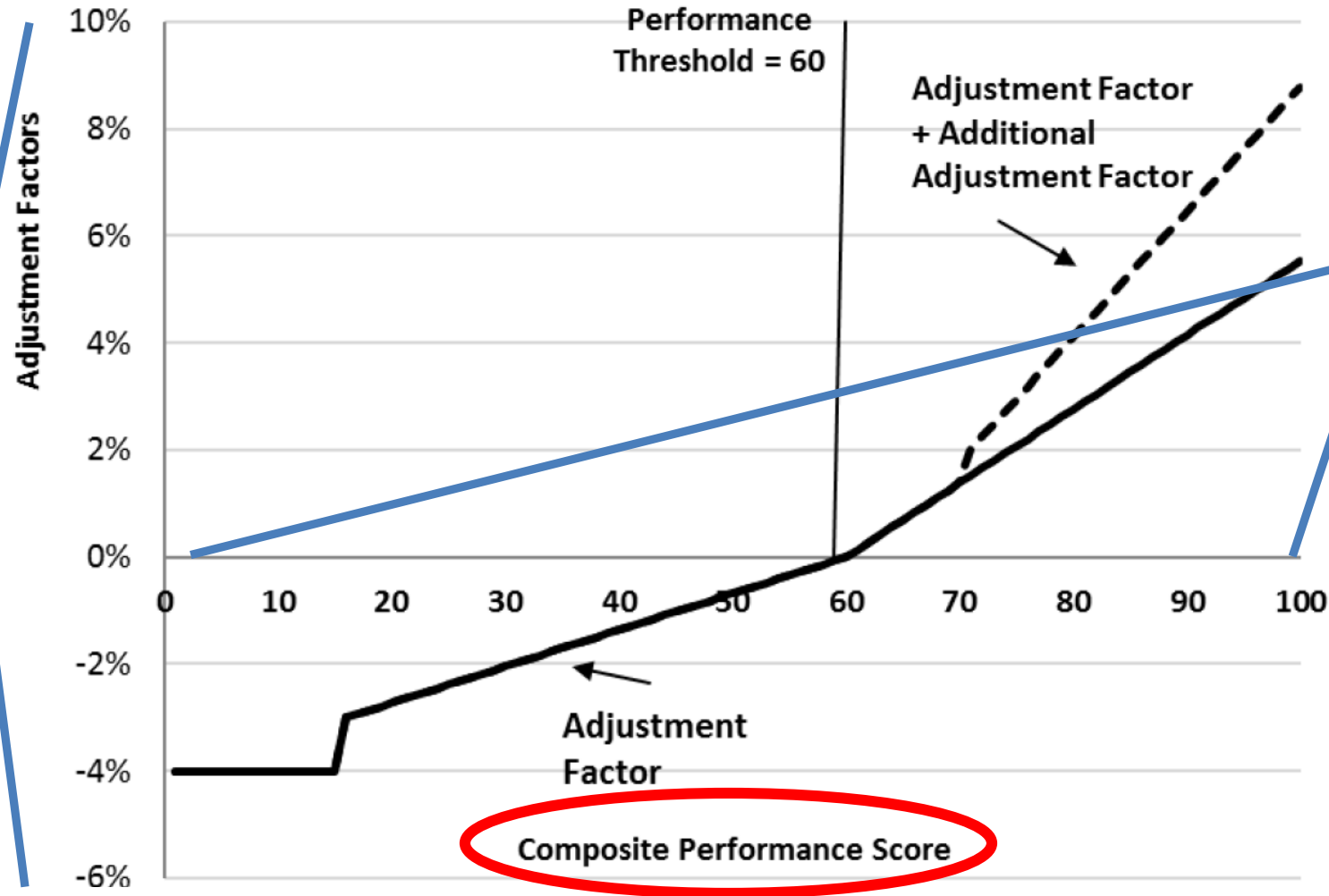ANALYTICS

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Adjustment Factor

Composite Performance Score

	2019	2020	2021
Quality	50	45	30
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Advancing Care Information (in our Example) = 21.9

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