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

Starting at Noon EDT 7/28/2016

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

Dr. Dan Mingle
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
Proposed Rule for QPP Published May 9, 2016

Final Rule to be Published by November 1 Annually
Introducing Medicare’s New

Quality Payment Program
### Quality Payment Program (QPP)

- **Eligible Clinicians**
- **Virtual Groups**
- **Advanced APM**
- **Partial QP**
- **Split TIN**

### Alternate Payment Mechanisms (APM)

- **APM Type**
- **APM Entity**
- **Qualified Providers (QP)**

### Physician Quality Reporting System (PQRS)

- **Medicare EHR Incentive Program** (aka: meaningful use)

### Quality Tiering

### Value Based Modifier (VBM or VM)

<table>
<thead>
<tr>
<th>Year</th>
<th>Reporting Year</th>
<th>Submission Due</th>
<th>Payment Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Last Reporting Year</td>
<td>March 31, 2017</td>
<td>Last Submission Due</td>
</tr>
<tr>
<td></td>
<td>2018</td>
<td></td>
<td>Last Payment Adjustments Applied</td>
</tr>
<tr>
<td>2017</td>
<td>First Reporting Year</td>
<td>March 31, 2018</td>
<td>First Submission Due</td>
</tr>
<tr>
<td>2019</td>
<td>First Payment Adjustments Applied</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Revenues Increasingly at Risk

$50B Medicare Revenue will be at risk by 2022

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Reporting (Service Year)</th>
<th>Adjustment Expected</th>
<th>Physician Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>2017</td>
<td>± 4%</td>
<td>± $4,000</td>
</tr>
<tr>
<td>2020</td>
<td>2018</td>
<td>± 5%</td>
<td>± $5,000</td>
</tr>
<tr>
<td>2021</td>
<td>2019</td>
<td>± 7%</td>
<td>± $7,000</td>
</tr>
<tr>
<td>2022</td>
<td>2020</td>
<td>± 9%</td>
<td>± $9,000</td>
</tr>
</tbody>
</table>
Estimated Impact in 2019

<table>
<thead>
<tr>
<th>Program</th>
<th>Applies to</th>
<th>Negative Adjustments</th>
<th>Positive Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIPS Adjustments</td>
<td>687k to 747k providers</td>
<td>$833m</td>
<td>$833m</td>
</tr>
<tr>
<td>Exceptional Performance Payments</td>
<td></td>
<td></td>
<td>$500m</td>
</tr>
<tr>
<td>Advanced APM Incentives</td>
<td>30k – 90k Providers</td>
<td></td>
<td>$146m - $429m</td>
</tr>
</tbody>
</table>
Quality Tiering – How it was done

<table>
<thead>
<tr>
<th></th>
<th>5%</th>
<th>90%</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Quality</td>
<td>Avg Quality</td>
<td>High Quality</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>+2x%</td>
<td>+4x%</td>
<td>Low Cost</td>
</tr>
<tr>
<td>-2%</td>
<td>0</td>
<td>+2x%</td>
<td>Avg Cost</td>
</tr>
<tr>
<td>-4%</td>
<td>-2%</td>
<td>0</td>
<td>High Cost</td>
</tr>
</tbody>
</table>

0 +2x%  +4x%  Low Cost  5%
Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

2017 Reporting Year

2019 Payment or Program Year
### Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

<table>
<thead>
<tr>
<th>Pmt Year</th>
<th>Adj Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>± 4%</td>
</tr>
<tr>
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<td>± 5%</td>
</tr>
<tr>
<td>2021</td>
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<tr>
<td>2022</td>
<td>± 9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2019 Reporting Year</th>
<th>2019 Payment or Program Year</th>
</tr>
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</table>
Conceptual Model of MIPS Year 1

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<td>2021</td>
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<tr>
<td>2022</td>
<td>± 9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2019 Payment or Program Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
</tr>
<tr>
<td>Cost</td>
</tr>
<tr>
<td>ACI</td>
</tr>
<tr>
<td>CPIA</td>
</tr>
</tbody>
</table>
Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

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</tr>
<tr>
<td>2022</td>
<td>± 9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Quality</th>
<th>Cost</th>
<th>ACI</th>
<th>CPIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>50</td>
<td>10</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>2020</td>
<td>45</td>
<td>15</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>2021</td>
<td>30</td>
<td>30</td>
<td>25</td>
<td>15</td>
</tr>
</tbody>
</table>

2017 Reporting Year
2019 Payment or Program Year
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

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Resource Use</th>
<th>Quality</th>
<th>Advancing Care Information</th>
<th>Clinical Practice Improvement Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation</td>
<td></td>
<td>Ind</td>
<td>Grp</td>
<td>Ind</td>
</tr>
<tr>
<td>Qualified Registry</td>
<td>Ind</td>
<td>Grp</td>
<td>Ind</td>
<td>Grp</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry (QCDR)</td>
<td>Ind</td>
<td>Grp</td>
<td>Ind</td>
<td>Grp</td>
</tr>
<tr>
<td>Electronic Health Record / Data Submission Vendor</td>
<td>Ind</td>
<td>Grp</td>
<td>Ind</td>
<td>Grp</td>
</tr>
<tr>
<td>Web Interface</td>
<td>Grp ≥ 25</td>
<td>Grp ≥ 25</td>
<td>Grp ≥ 25</td>
<td>Grp ≥ 25</td>
</tr>
<tr>
<td>Survey Vendor</td>
<td>Grp ≥ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Claims</td>
<td>Ind</td>
<td>Grp</td>
<td>Select Measures</td>
<td>Maybe</td>
</tr>
</tbody>
</table>
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)
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
# Certification Edition Requirements

<table>
<thead>
<tr>
<th>Reporting Year</th>
<th>Require Certification Edition</th>
<th>Correlation with Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2014, 2015</td>
<td>Modified Stage 2, Stage 3</td>
</tr>
<tr>
<td>2018</td>
<td>2015</td>
<td>Stage 3</td>
</tr>
</tbody>
</table>
CMS Introduces a Group Practice Reporting Option for the Advancing Care Information Performance Category
## Scoring Methodology

<table>
<thead>
<tr>
<th>Base Score</th>
<th>Incent Participation and Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Score</td>
<td>Incent Exceptional Performance</td>
</tr>
</tbody>
</table>

2 Options Outlined
# Stage 3 Equivalent ACI Scoring Option 1

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure*</th>
<th>Total Base Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Protect Patient Health Information</td>
<td>Security Risk Analysis</td>
<td>Base Score counts for 50% of total ACI Category Score</td>
</tr>
<tr>
<td>2 Electronic Prescribing</td>
<td>ePrescribing</td>
<td>Requires every measure to have:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes or &gt; 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Failure of any measure → Zero ACI Category Score</td>
</tr>
<tr>
<td>3 Clinical Decision Support</td>
<td>Clinical Decision Support (CDS) Interventions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug Interaction and Drug-Allergy Checks</td>
<td></td>
</tr>
<tr>
<td>4 Computerized Provider Order Entry</td>
<td>Medication Orders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laboratory Orders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diagnostic Imaging Orders</td>
<td></td>
</tr>
<tr>
<td>5 Patient Electronic Access</td>
<td>Patient Access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient-Specific Education</td>
<td></td>
</tr>
<tr>
<td>6 Coordination of Care Through Patient Engagement</td>
<td>View, Download or Transmit (VDT)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secure Messaging</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient-Generated Health Data</td>
<td></td>
</tr>
<tr>
<td>7 Health Information Exchange</td>
<td>Patient Care Record Exchange</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Request/Accept Patient Care Record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Information Reconciliation</td>
<td></td>
</tr>
<tr>
<td>8 Public Health and Clinical Data Registry Reporting</td>
<td>Immunization Registry Reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Optional) Syndromic Surveillance Reporting</td>
<td>1 Category Bonus Point for Each Optional Element</td>
</tr>
<tr>
<td></td>
<td>(Optional) Electronic Case Reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Optional) Public Health Registry Reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Optional) Clinical Data Registry Reporting</td>
<td></td>
</tr>
</tbody>
</table>
## Mod Stage 2 Equivalent ACI Scoring Option (2017 only)

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

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

50 Points = 50% of the Maximum Potential ACI Composite Performance Category Score
## Hypothetical Scoring Example

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Reported Performance</th>
<th>Base Score</th>
<th>Bonus</th>
<th>Performance</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Protect Patient Health Information</td>
<td>Security Risk Analysis</td>
<td>Yes</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Electronic Prescribing</td>
<td>ePrescribing</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Patient Electronic Access</td>
<td>Patient Access</td>
<td>95%</td>
<td></td>
<td></td>
<td>9.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient-Specific Education</td>
<td>65%</td>
<td></td>
<td></td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td>4 Coordination of Care Through Patient Engagement</td>
<td>View, Download or Transmit (VDT)</td>
<td>33%</td>
<td></td>
<td></td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secure Messaging</td>
<td>31%</td>
<td></td>
<td></td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient-Generated Health Data</td>
<td>25%</td>
<td></td>
<td></td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>5 Health Information Exchange</td>
<td>Patient Care Record Exchange</td>
<td>21%</td>
<td></td>
<td></td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Request/Accept Patient Care Record</td>
<td>38%</td>
<td></td>
<td></td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Information Reconciliation</td>
<td>57%</td>
<td></td>
<td></td>
<td>5.7</td>
<td></td>
</tr>
<tr>
<td>6 Public Health and Clinical Data Registry Reporting</td>
<td>Immunization Registry Reporting</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Optional) Syndromic Surveillance Reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Optional) Clinical Data Registry Reporting</td>
<td>Yes</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>50</td>
<td>1</td>
<td>36.5</td>
<td>87.5</td>
</tr>
</tbody>
</table>
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 \( .875 \times 25 = 21.9 \)
Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

Adjustment Factors

Performance Threshold = 60

Adjustment Factor + Additional Adjustment Factor

Composite Performance Score

Advancing Care Information (in our Example) = 21.9

<table>
<thead>
<tr>
<th>Year</th>
<th>Adjust Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>± 4%</td>
</tr>
<tr>
<td>2020</td>
<td>± 5%</td>
</tr>
<tr>
<td>2021</td>
<td>± 7%</td>
</tr>
<tr>
<td>2022</td>
<td>± 9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Quality</th>
<th>Cost</th>
<th>ACI</th>
<th>CPIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>50</td>
<td>10</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>2020</td>
<td>45</td>
<td>15</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>2021</td>
<td>30</td>
<td>30</td>
<td>25</td>
<td>15</td>
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