



Starting at
Noon EDT
8/22/2016

2017 Proposed Rule MIPS Composite Performance Score – Resource Use Performance 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 Resource Use Performance Category
- Watch for Future Webinars
 - Alternate Payment Mechanisms

Networking Opportunities

- Florida Bones Society, Manalapan, FL, Sept 16 – 19: Speaking
- HBMA Revenue Cycle Conference, Atlanta, GA, Sept 21– 23: Speaking
- NH/VT HFMA Fall Conference, Manchester, VT, Sept 28: Speaking
- CAPG Annual Conference, Washington, DC, Sept 28 – 30: Attending
- HIMSS Big Data Conference, Boston, MA, Oct 24 – 25: Attending
- Maine Health Management Coalition / Maine Medical Association, Annual Conference, Portland, ME: Attending
- AMBA Annual Conference, Las Vegas, NV, October 27– 28: Attending
- MGMA Annual Conference, San Francisco, CA, October 30 – Nov 2: Attending

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

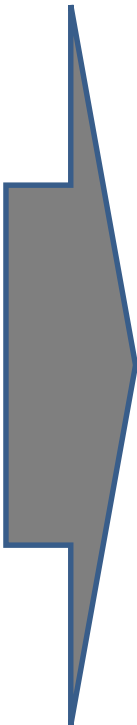
Physician Quality Reporting System (PQRS)

Value Based Modifier (VBM or VM)

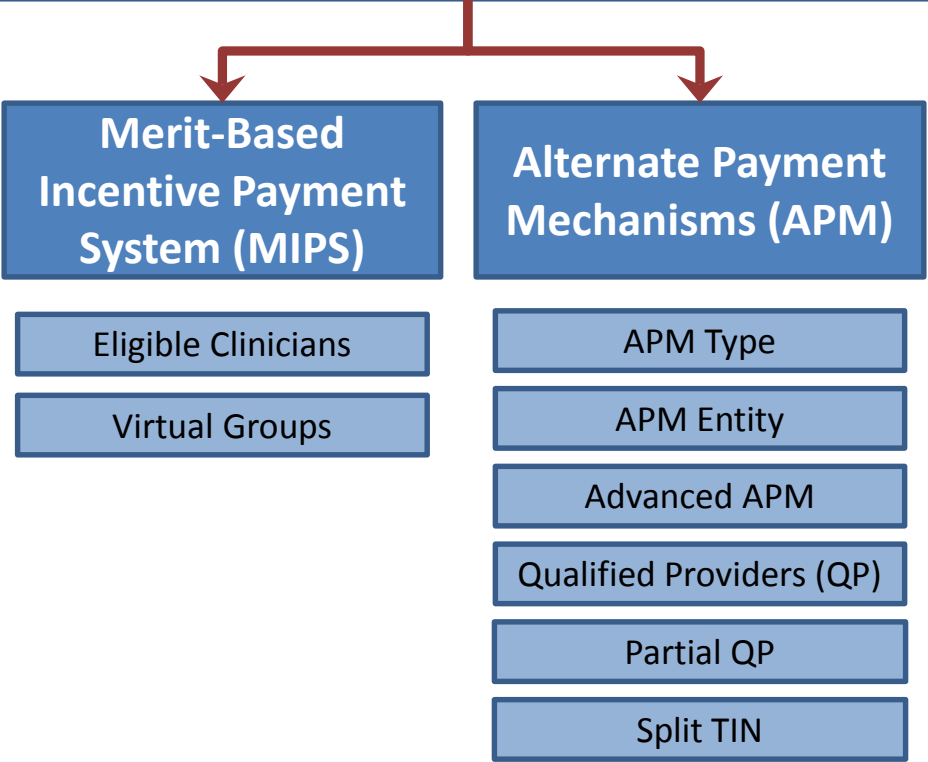
Quality Tiering

Medicare EHR Incentive Program (aka: meaningful use)

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



Quality Payment Program(QPP)



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



Revenues Increasingly at Risk

\$50B Medicare Revenue will be at risk by 2022

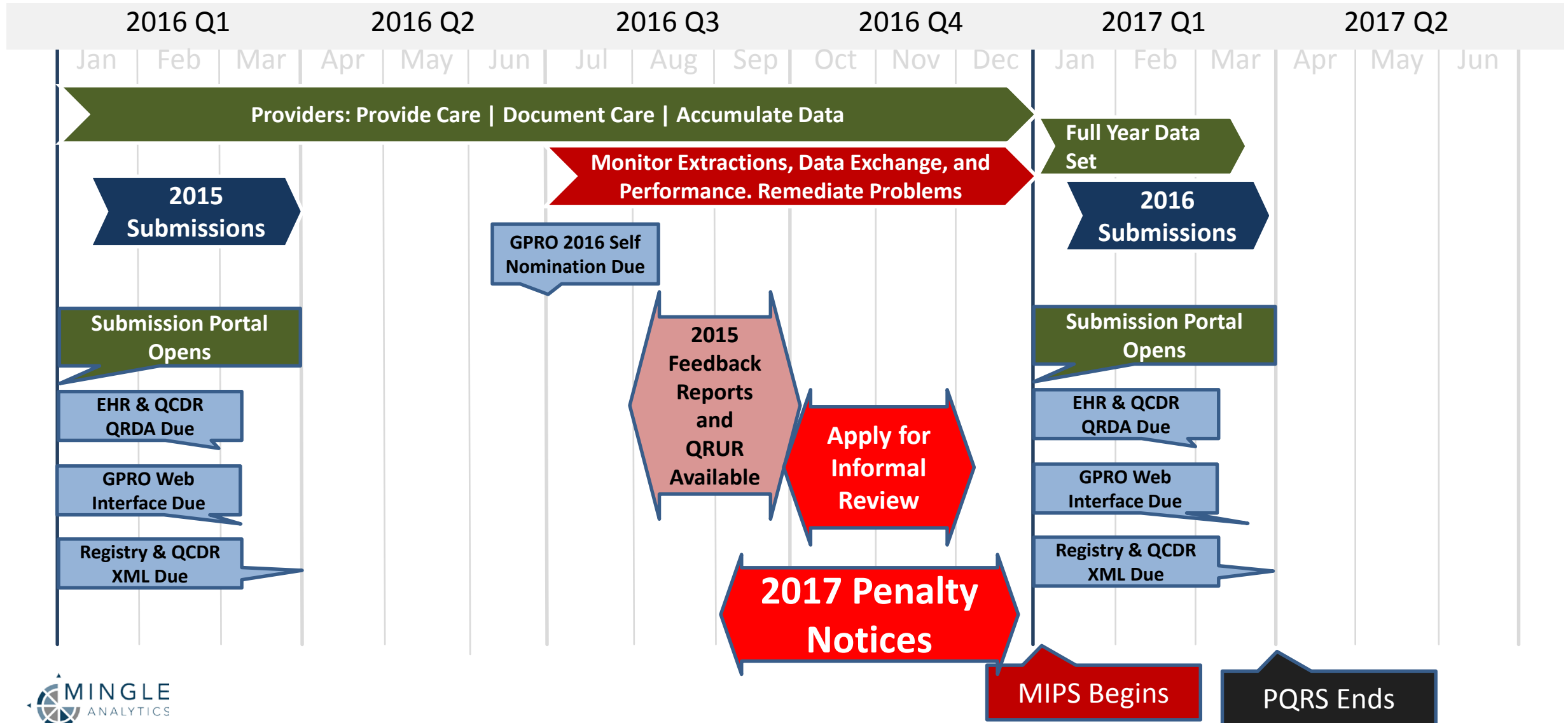
Program Year	Reporting (Service Year)	Adjustment Expected	Physician Average
2019	2017	± 4%	± \$4,000
2020	2018	± 5%	± \$5,000
2021	2019	± 7%	± \$7,000
2022	2020	± 9%	± \$9,000

*CMS 2013
PQRS
Experience
Report*

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

PQRS Timeline



Quality Tiering – How it was done

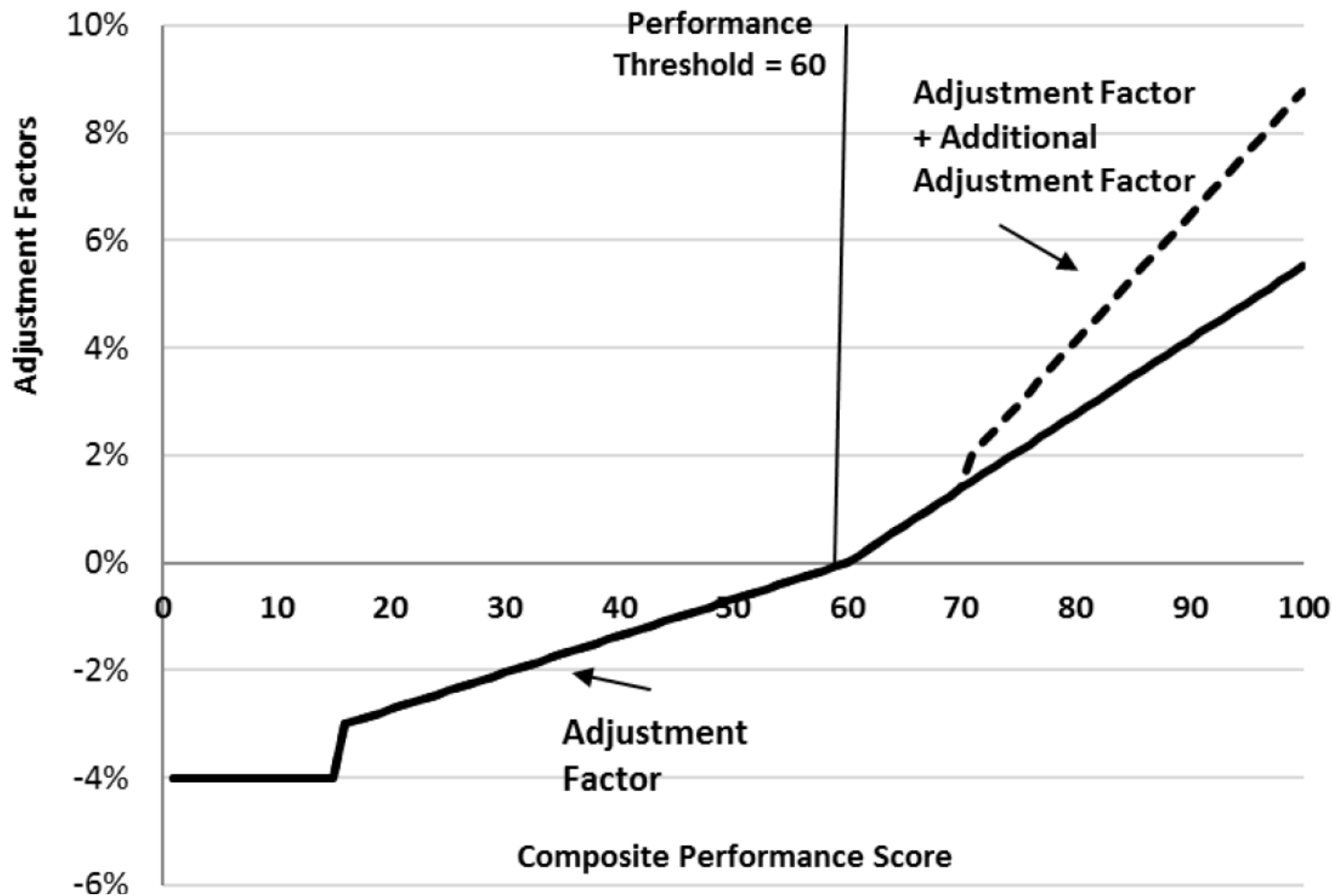
5%	90%	5%		
Low Quality	Avg Quality	High Quality		
0	+2x%	+4x%	Low Cost	5%
-2%	0	+2x%	Avg Cost	90%
-4%	-2%	0	High Cost	5%

Conceptual Model of MIPS Year 1

From the CMS Proposed Rule

2017
Reporting
Year

2019
Payment
or
Program
Year



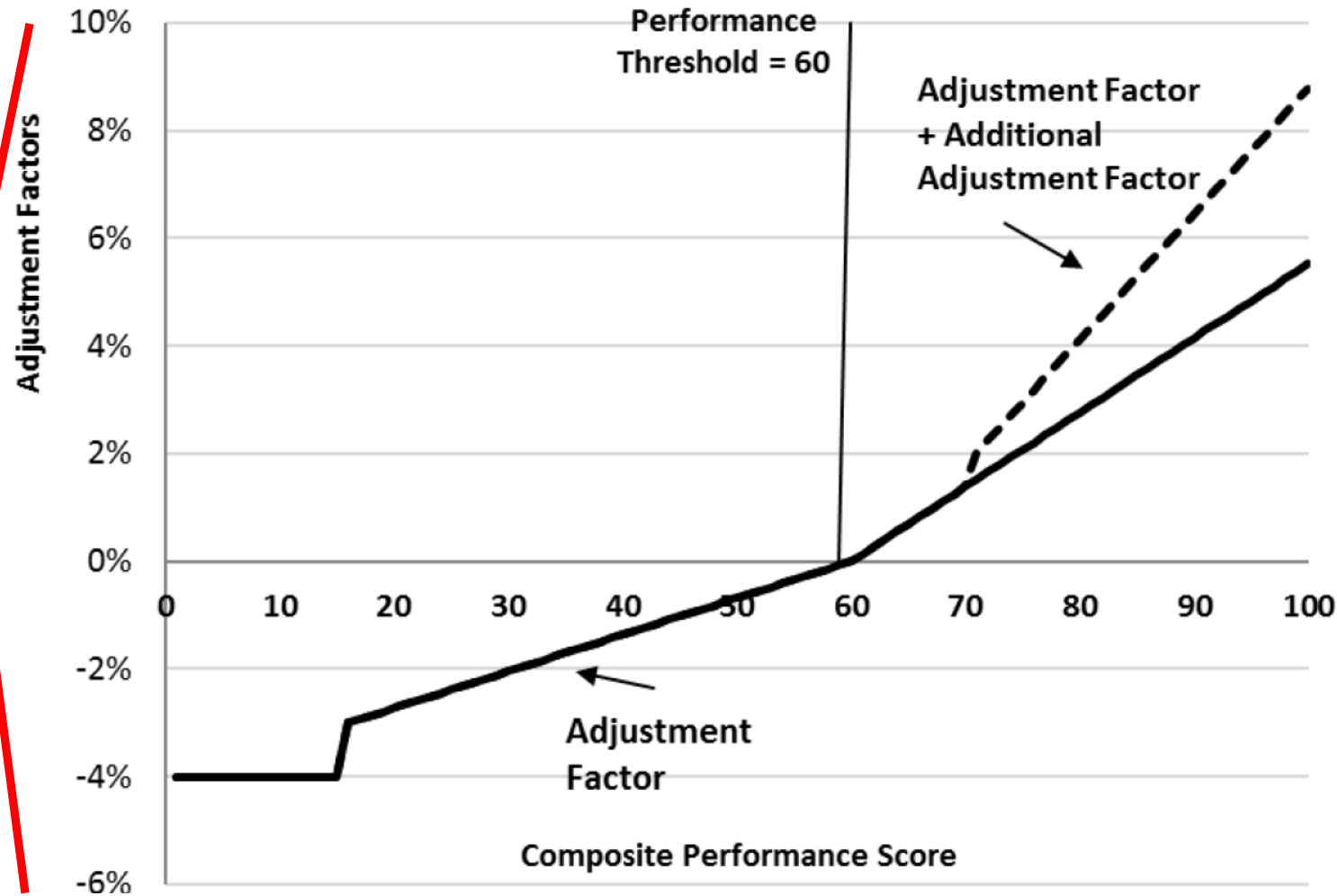
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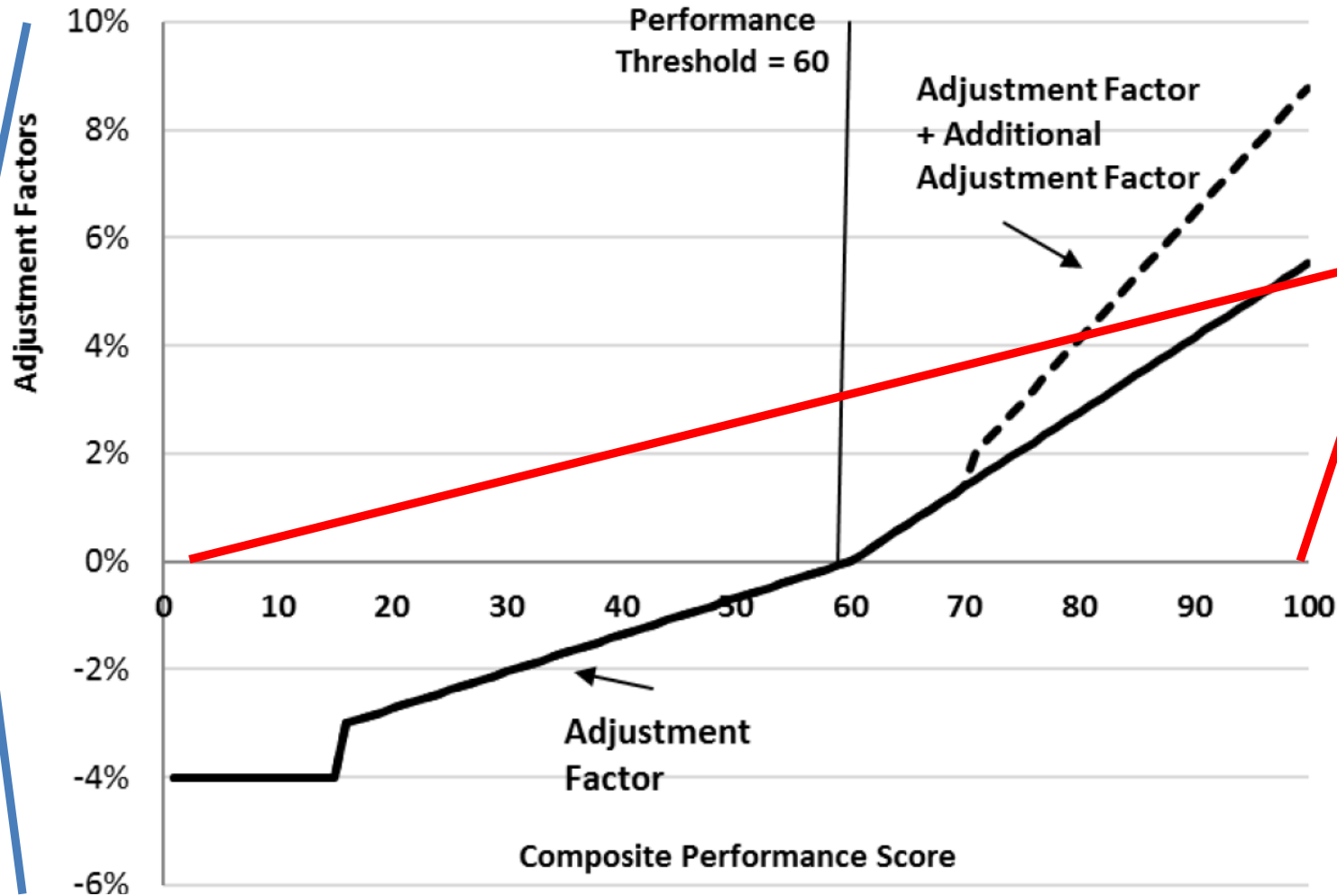


Conceptual Model of MIPS Year 1

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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

Conceptual Model of MIPS Year 1

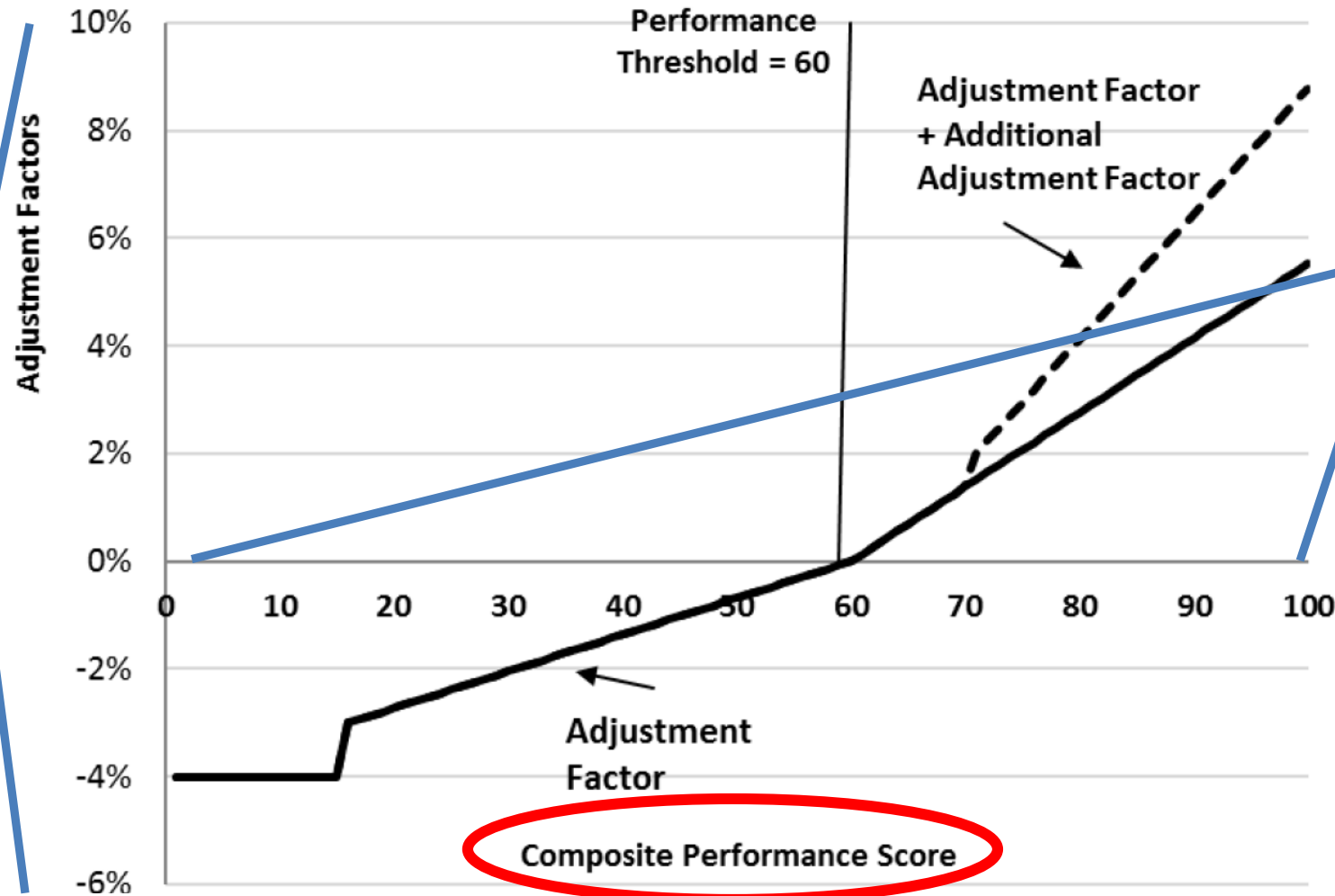
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Each Performance Category must be submitted
with a Single Mechanism

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

Resource Use is the one Performance Category
that Requires no Submission

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 \geq 25	Grp \geq 25	Grp \geq 25
Survey Vendor		Grp \geq 2		
Administrative Claims	Ind Grp	Select Measures		Maybe

Proposed Components of the Resource Use Performance Category

- Total Costs per Capita for All Attributed Beneficiaries
- Medicare Spending per Beneficiary (MSPB)
- Episode Based Measures (New)
 - 31 Method A Measures
 - 7 Method B Measures

Resource Use Dynamics

- Performance Period
 - 2 Calendar years Prior to Payment Period
- Claims Data Run-out
 - 60-day floor (March 1)
 - 90-day goal (March 31)
- Partial Year Practitioners evaluated for all available data
 - Subject to low-volume thresholds

MIPS Excluded Clinicians

- Newly Medicare-enrolled eligible clinicians
- Qualifying APM Participants (QPs)
- Certain Partial Qualifying APM Participants (Partial QPs),
- Clinicians that fall under the low-volume threshold
 - Individual or Group with
 - ≤ \$10,000 Allowable Charges
 - AND
 - ≤ 100 unique Medicare Beneficiaries

Resource Use Exclusions

- Will not apply to Shared Savings Plan and Next Gen ACO Model Participants
 - Distribute weight evenly between ACI & CPIA
- All other APM
 - 0% Quality – Quality reporting will be specific to the APM type
 - 0% Resource Use – Resource Use analysis will be specific to the APM type
 - 25% CPIA
 - 75% ACI

Adjustments

- Geographic Payment Rate
- Beneficiary Risk (HCC Codes)
- Specialty Adjustment applied only to Total per Capita Costs Measure

Plans to Develop

- Additional Episode Measures
- Additional Patient Condition Groups
- Patient Relationship Categories
- Risk Adjustment on Socio-Economic Status
- Include Part D Costs

Change from VBM

- Track Resource Use by Group (TIN) AND Individual (NPI)
- For the MSPB measure
 - Eliminate Specialty adjustment (Risk Adjustment appears to be adequate)
 - Drop case minimum from 125 to 20

Attribution Methodology

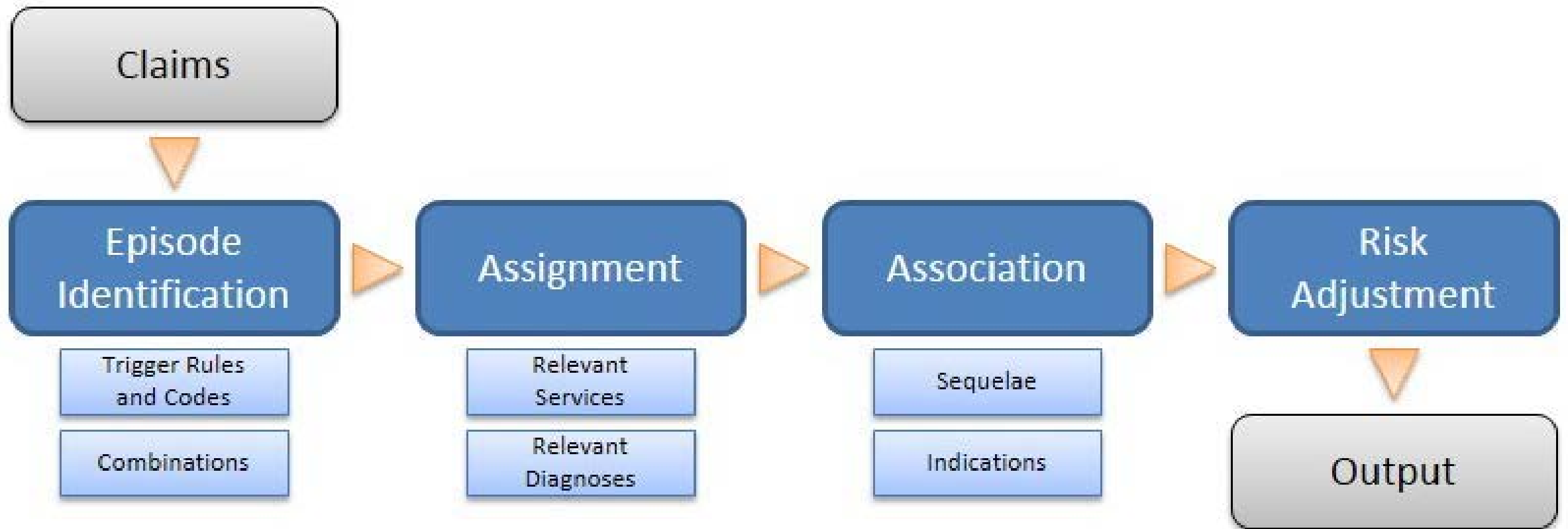
Total Per Capita Cost

1. When there is at least one Primary Care Provider Visit
 - Attribute to the TIN with the Plurality of PC visit codes by PCPs
2. When there is no Primary Care Provider Visit
 - Attribute to the TIN with the Plurality of PC visit codes by Specialists

Medicare Spending per Beneficiary

- Attribute to the TIN providing the Plurality of MC Part B charges during the hospitalization

Episode Groupers



Proposed Method A Episode Measures

- Breast
 - Mastectomy for Breast Cancer
- Cardiovascular
 - Acute Myocardial Infarction (AMI) without PCI/CABG
 - Abdominal Aortic Aneurysm
 - Thoracic Aortic Aneurysm
 - Aortic/Mitral Valve Surgery
 - Atrial Fibrillation (AFib)/Flutter, Acute Exacerbation
 - Atrial Fibrillation (AFib)/Flutter, Chronic
 - Ischemic Heart Disease (IHD), Chronic
 - Pacemaker
 - Percutaneous Cardiovascular Intervention (PCI)

Proposed Method A Episode Measures

- Cerebrovascular
 - Ischemic Stroke
 - Carotid Endarterectomy
- Gastrointestinal
 - Cholecystitis
 - Clostridium difficile Colitis
 - Diverticulitis of Colon
- Genitourinary
 - Prostatectomy for Prostate Cancer
- Infectious Disease
 - Kidney and Urinary Tract Infection (UTI)

Proposed Method A Episode Measures

- Metabolic
 - Osteoporosis
- Neurology
 - Parkinson Disease
- Musculoskeletal
 - Rheumatoid Arthritis
 - Hip/Femur Fracture or Dislocation Treatment, Inpatient (IP)-Based
 - Hip Replacement or Repair
 - Knee Arthroplasty (Replacement)
 - Spinal Fusion

Proposed Method A Episode Measures

- Respiratory
 - Asthma/Chronic Obstructive Pulmonary Disease (COPD), Acute Exacerbation
 - Asthma/Chronic Obstructive Pulmonary Disease (COPD), Chronic
 - Pneumonia, Community Acquired, Inpatient (IP)-Based
 - Pneumonia, Community Acquired, Outpatient (OP)-Based
 - Pulmonary Embolism, Acute
 - Upper Respiratory Infection, Acute, Simple
- Vascular
 - Deep Venous Thrombosis of Extremity, NOS, Acute

Proposed Method B Episode Measures

- Gastrointestinal
 - Cholecystectomy and Common Duct Exploration
 - Colonoscopy and Biopsy
 - Transurethral Resection of the Prostate (TURP) for Benign Prostatic Hyperplasia
- Infectious Disease
 - Kidney and Urinary Tract Infection (UTI)
- Ophthalmology
 - Lens and Cataract Procedures
- Musculoskeletal
 - Hip Replacement or Repair
 - Knee Arthroplasty (Replacement)

Scoring the Resource Use Performance Category

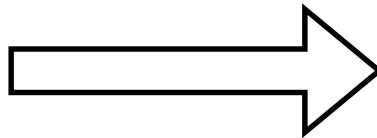
Resource Use Scoring Basics

- Score Each Measure on a 10 point scale
- Compare to Measure-Specific Performance Period Benchmarks
- Consider Improvement Scoring after the First Year
- 20 case minimum to be included in Benchmark
- Composite Score is a Straight Average of All Calculated Standardized Components that have a 20 case Minimum

Converting Resource Use to a Standard Score

Analysis by CMS
Resource Use expressed as
\$ Value

\$xxx



Output to Practices and the Public
Resource Use Expressed as a
Normalized Score

1.0 – 10.0

Converting a Performance Rate to a Standard Score

Benchmark Decile	Hypothetical Resource Use	Scored
1	≥ \$100,000	1.0 – 1.9
2	\$75,893-\$99,999	2.0 – 2.9
3	\$69,003-\$75,892	3.0 – 3.9
4	\$56,009-\$69,002	4.0 – 4.9
5	\$50,300-\$56,008	5.0 – 5.9
6	\$34,544-\$50,299	6.0 – 6.9
7	\$27,900-\$34,543	7.0 – 7.9
8	\$21,656-\$27,899	8.0 – 8.9
9	\$15,001-\$21,655	9.0 – 9.9
10	\$1,000-\$15,000	10

$$(\$56008 - \$50300)/10$$

$$= \$571$$
 Every \$571
 increments 0.1 Score

Performance	Score
\$56,008 to \$55,437	5.0
\$55,436 to \$54,866	5.1
\$54,865 to \$54,295	5.2
\$54,294 to \$53,724	5.3
\$53,723 to \$53,153	5.4
\$53,152 to \$52,582	5.5
\$52,582 to \$52,011	5.6
\$52,010 to \$51,440	5.7
\$51,439 to \$50,869	5.8
\$50,868 to \$56,008	5.9

Measure	Type	Cases	Performance \$	Median	Points	Total Possible
1	Medicare Spending Per Beneficiary	20	\$15,000	\$13,000	4.0	10
2	Total Per Capita Costs	21	\$12,000	\$10,000	4.2	10
3	Episode 1	22	\$15,000	\$18,000	5.8	10
4	Episode 2	10	\$11,000	\$9,000	Below Case Threshold	NA
5	Episode 3	45	\$7,000	\$10,000	8.3	10
Total Points					22.3	40

Hypothetical Scoring Example

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Total Points					22.3	40

4 Resource Use
Measures Scored

Total Possible
Points = 40

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Actual Total Score
= 22.3

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Total Points					22.3	40

22.3 Possible
 ÷ 40 Total Points
 = 55.8%

Max Resource
 Use Category
 Score for 2017 =
 10

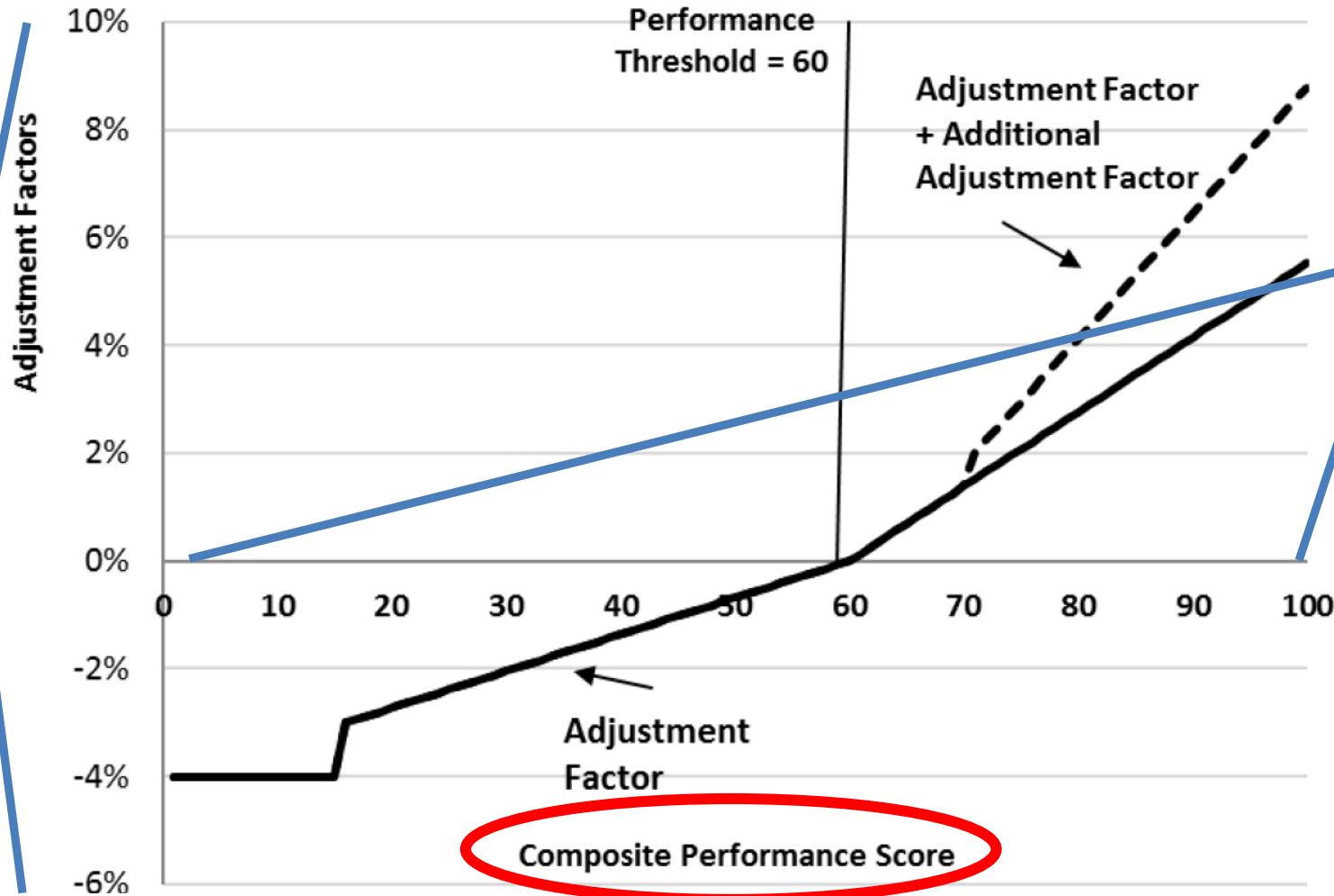
55.8% of 10
 = 5.6

Conceptual Model of MIPS Year 1

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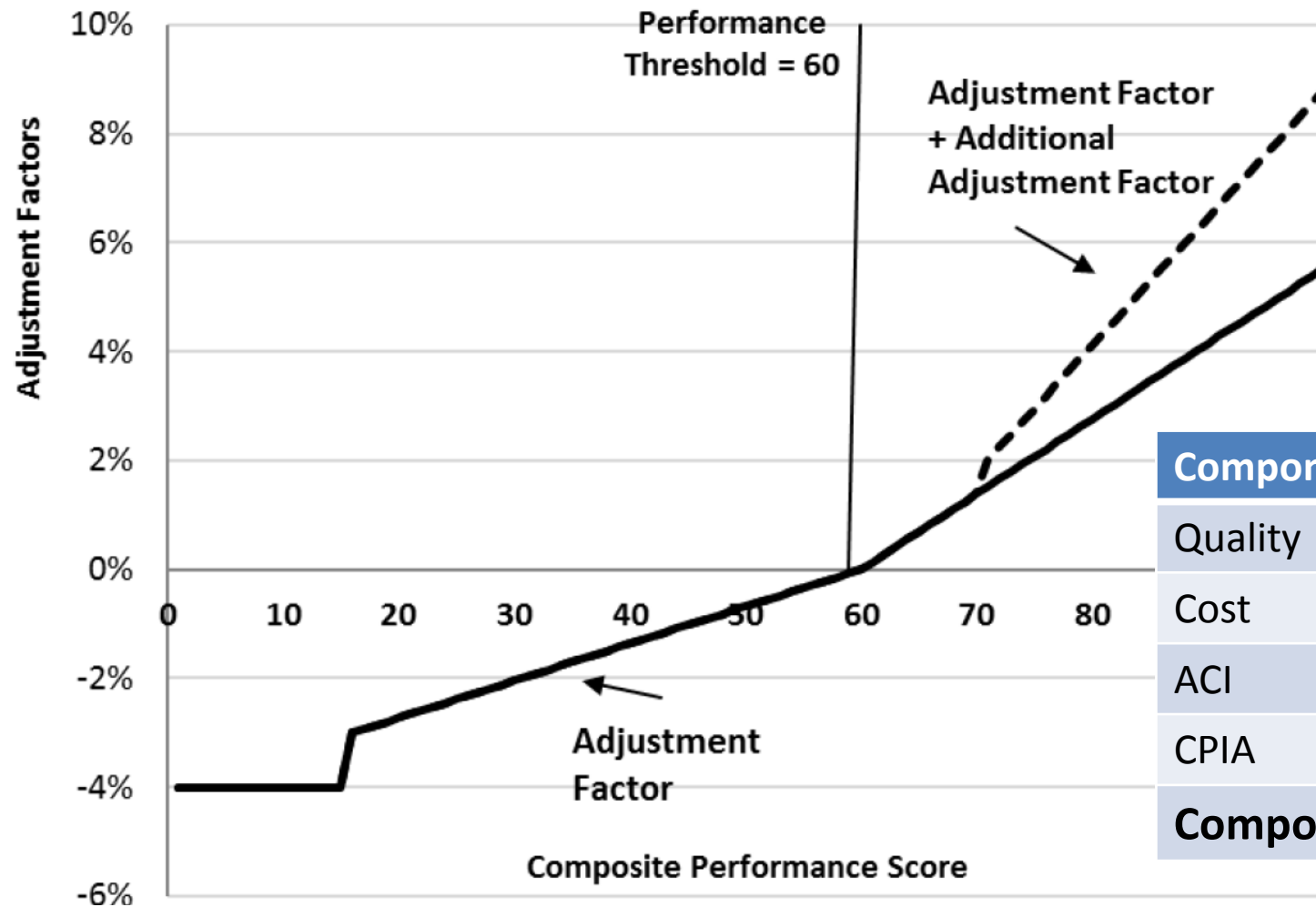
2019
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CPIA	15	15	15

In our Example:
Resource Use (Cost)
= 5.6

Pulling it All Together

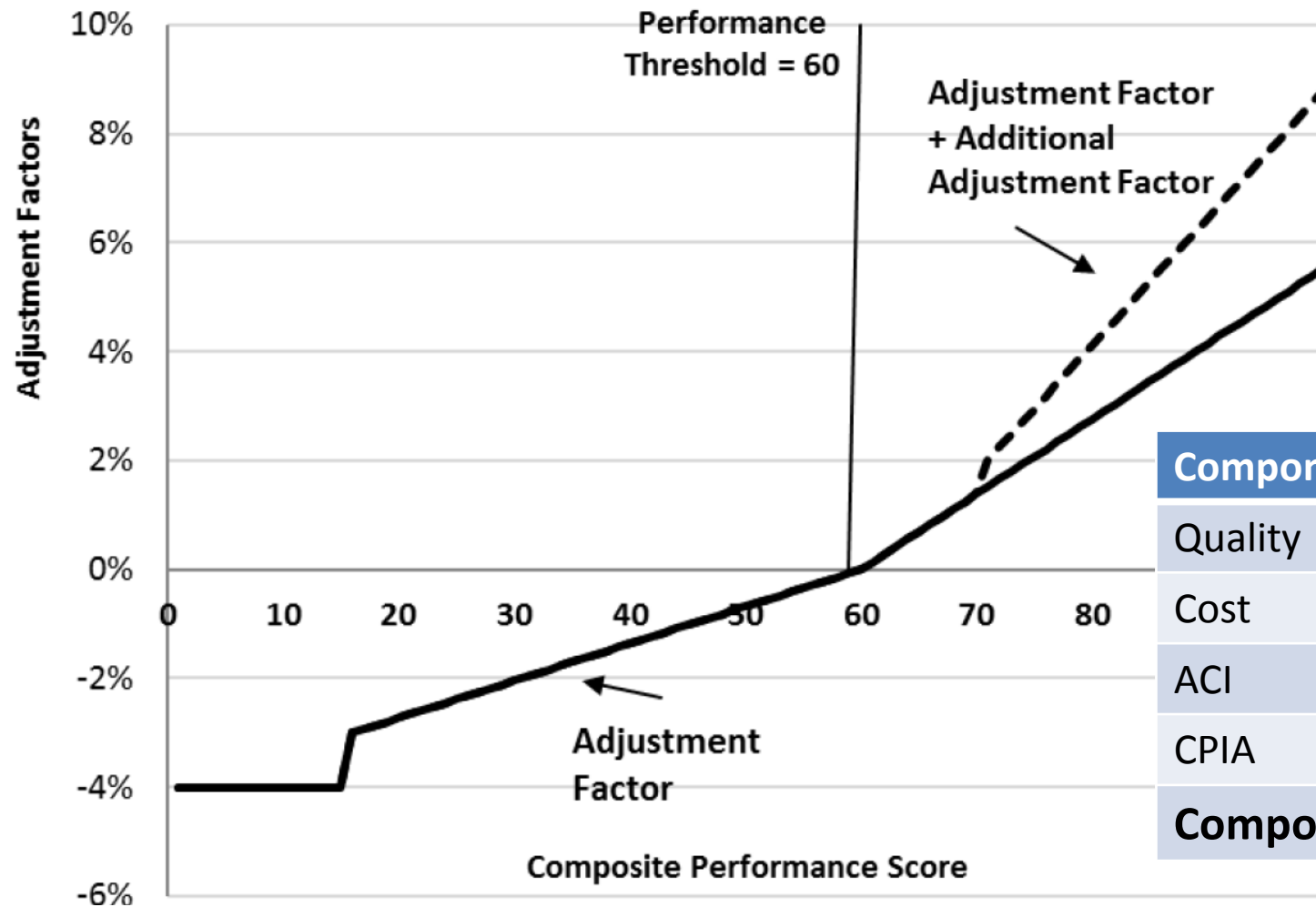
From the CMS Proposed Rule



Component	Presented	
Quality	7/13/2016	37.3 of 50
Cost		
ACI		
CPIA		
Composite Performance		

Pulling it All Together

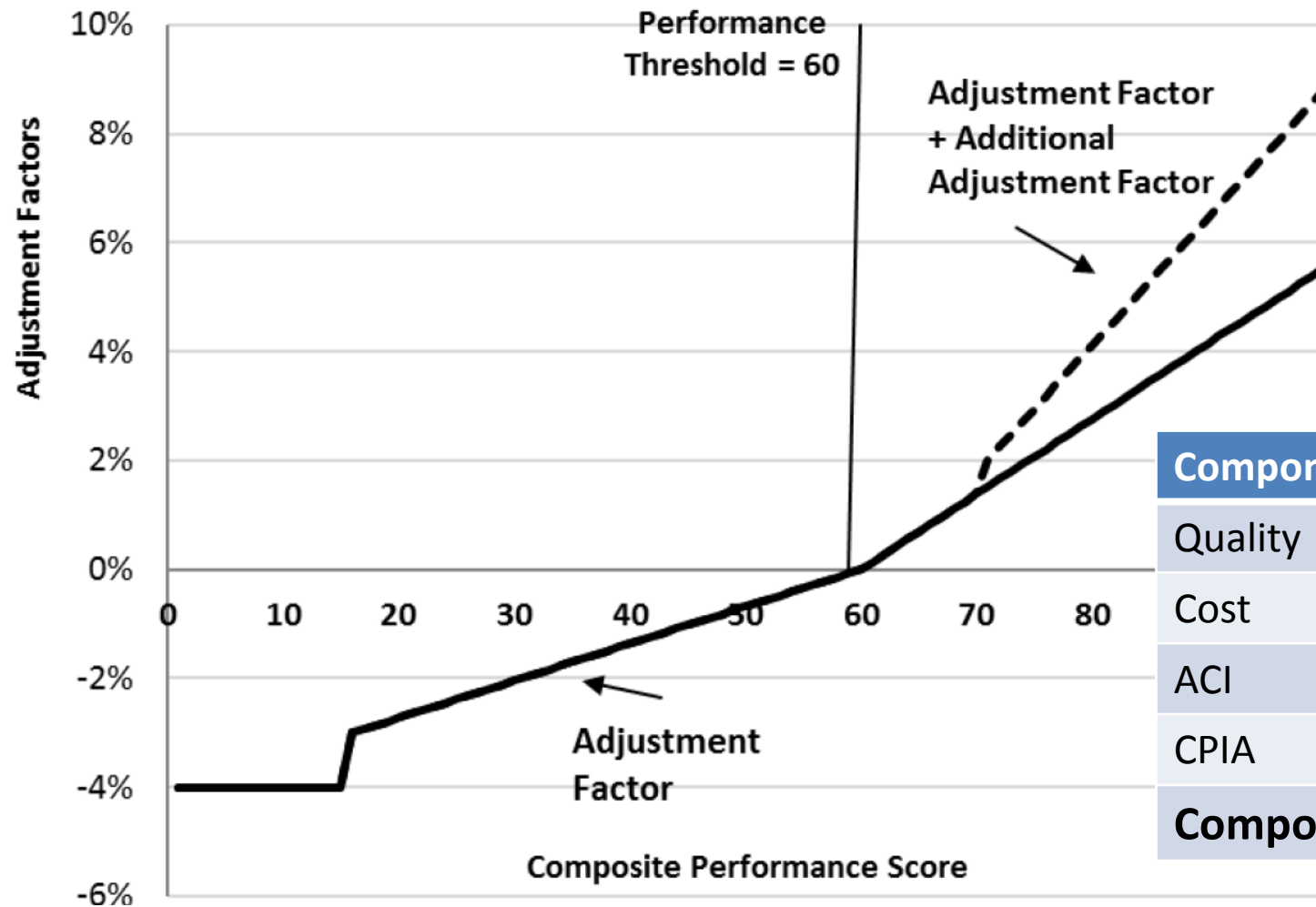
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Component	Presented	
Quality	7/13/2016	37.3 of 50
Cost		
ACI	7/28/2016	21.9 of 25
CPIA		
Composite Performance		

Pulling it All Together

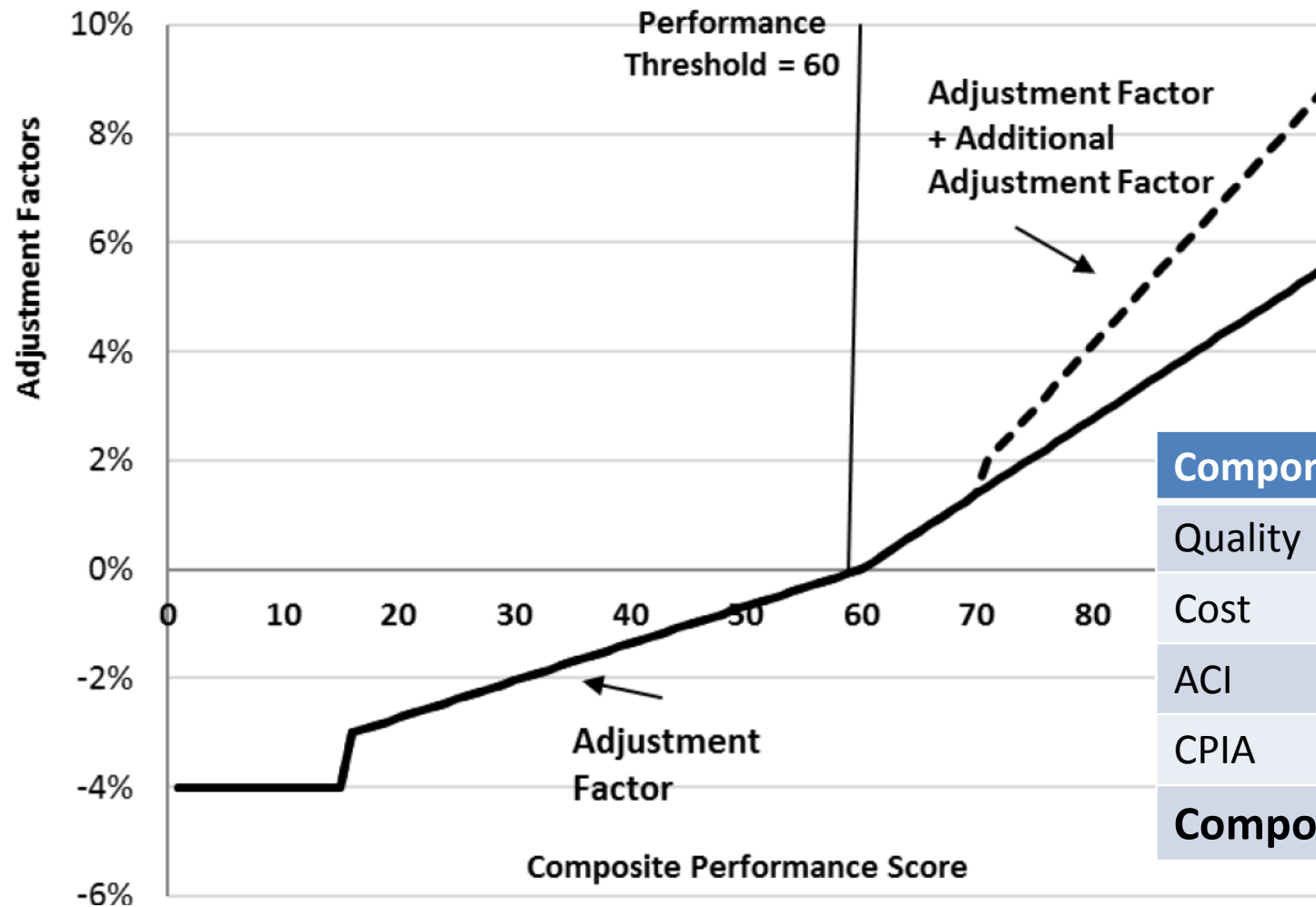
From the CMS Proposed Rule



Component	Presented	
Quality	7/13/2016	37.3 of 50
Cost		
ACI	7/28/2016	21.9 of 25
CPIA	8/4/2016	12.5 of 15
Composite Performance		

Pulling it All Together

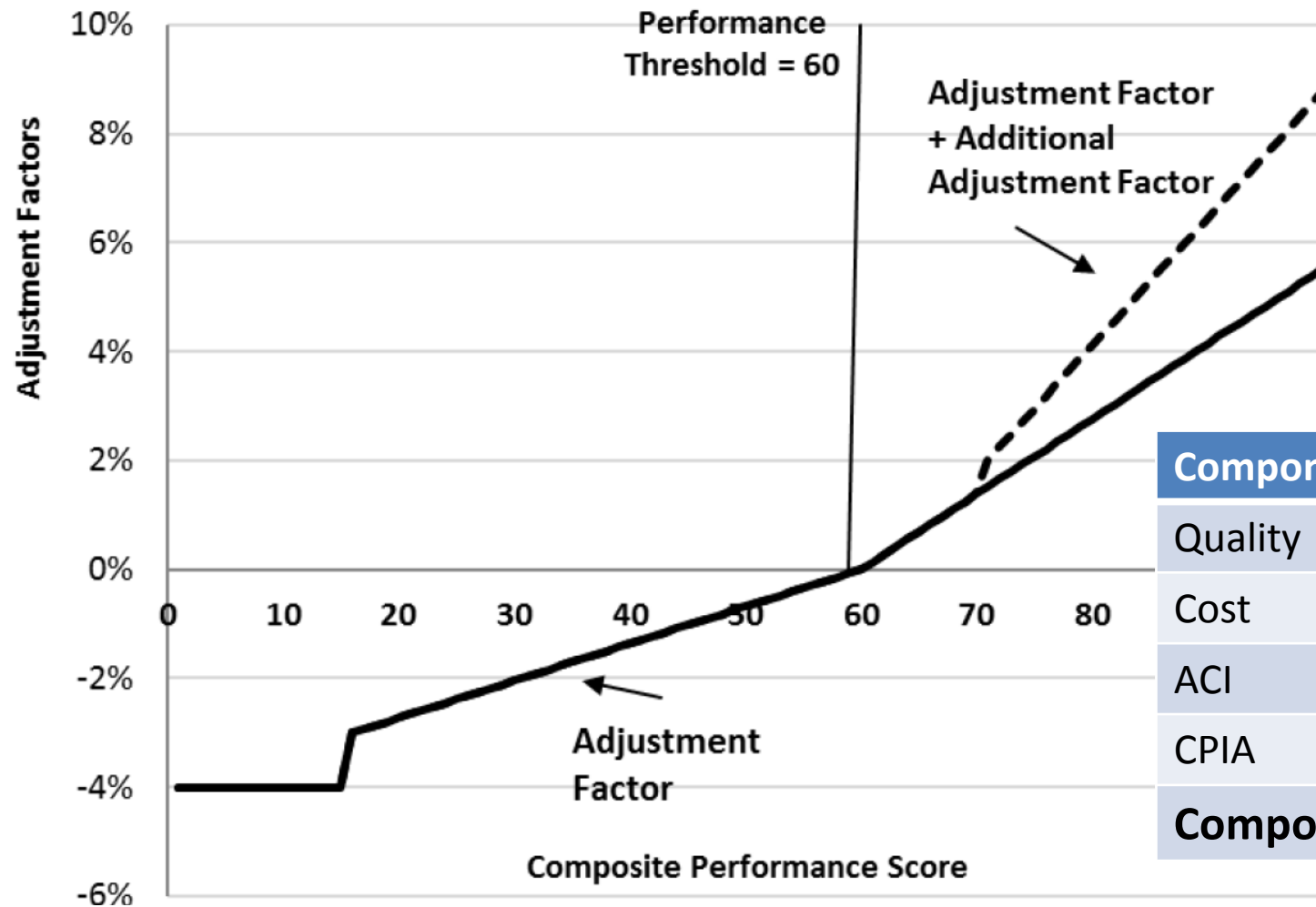
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Component	Presented	
Quality	7/13/2016	37.3 of 50
Cost	8/24/2016	5.6 of 10
ACI	7/28/2016	21.9 of 25
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Composite Performance		

Pulling it All Together

From the CMS Proposed Rule



Component	Presented	
Quality	7/13/2016	37.3 of 50
Cost	8/24/2016	5.6 of 10
ACI	7/28/2016	21.9 of 25
CPIA	8/4/2016	12.5 of 15
Composite Performance		76.3

Pulling it All Together

From the CMS Proposed Rule

