



2017 Final Rule for MIPS/MACRA

Advancing Care Information

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<http://mingleanalytics.com/webinars>

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Agenda

- Of PQRS, MACRA, and a Wild-Card Administration
- Brief Review of the Quality Payment Program (QPP)
- The Second Pathway of QPP
- Advancing Care Information
- Opportunity, Risk, and Strategy



Notes, Predictions, and Reminders

- The Old Programs have one last Submission Period
~~PQRS 2016~~ = Lose up to 6% Medicare Allowable
- Medicaid and Hospital Meaningful Use are Unchanged by MACRA
- MACRA ≠ ACA
- 2017 transition year looks easy BUT
 - Make sure the submission is rock solid
 - Engage help to manage CMS processing errors
 - Put your infrastructure in place for 2018



MACRA

Medicare Access and CHIP Reauthorization Act of 2015

Merit-Based Incentive Payment System (MIPS) Alternative Payment Model (APM) Incentive

- Signed into Law April 2015
- Final Rule Available for View 10/14/2016
- Published on the Federal Register 11/4/2016
- Comment Period open through 12/19/2016
- Effective 1/1/2017



Physician Quality Reporting System (PQRS)

Value Based Modifier (VBM or VM)

Quality Tiering

Medicare EHR Incentive Program (aka: meaningful use)

Quality Payment Program(QPP)

First Pathway

Alternative Payment Models (APM)

APM Type

APM Entity

Advanced APM

Qualifying Participants (QP)

Partial QP

Second Pathway

Merit-Based Incentive Payment System (MIPS)

Eligible Clinicians



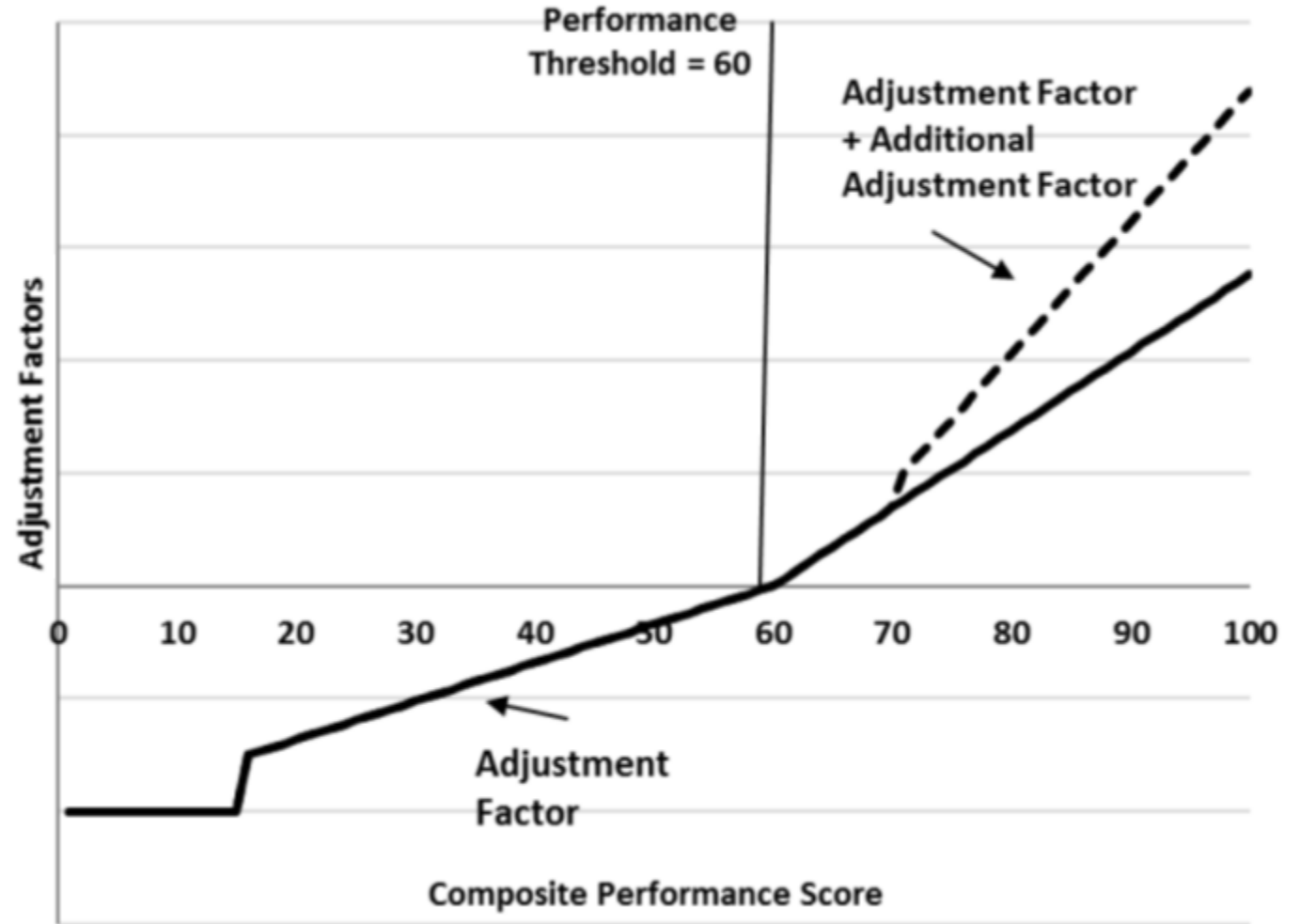
<https://qpp.cms.gov/>

Quality Payment Program

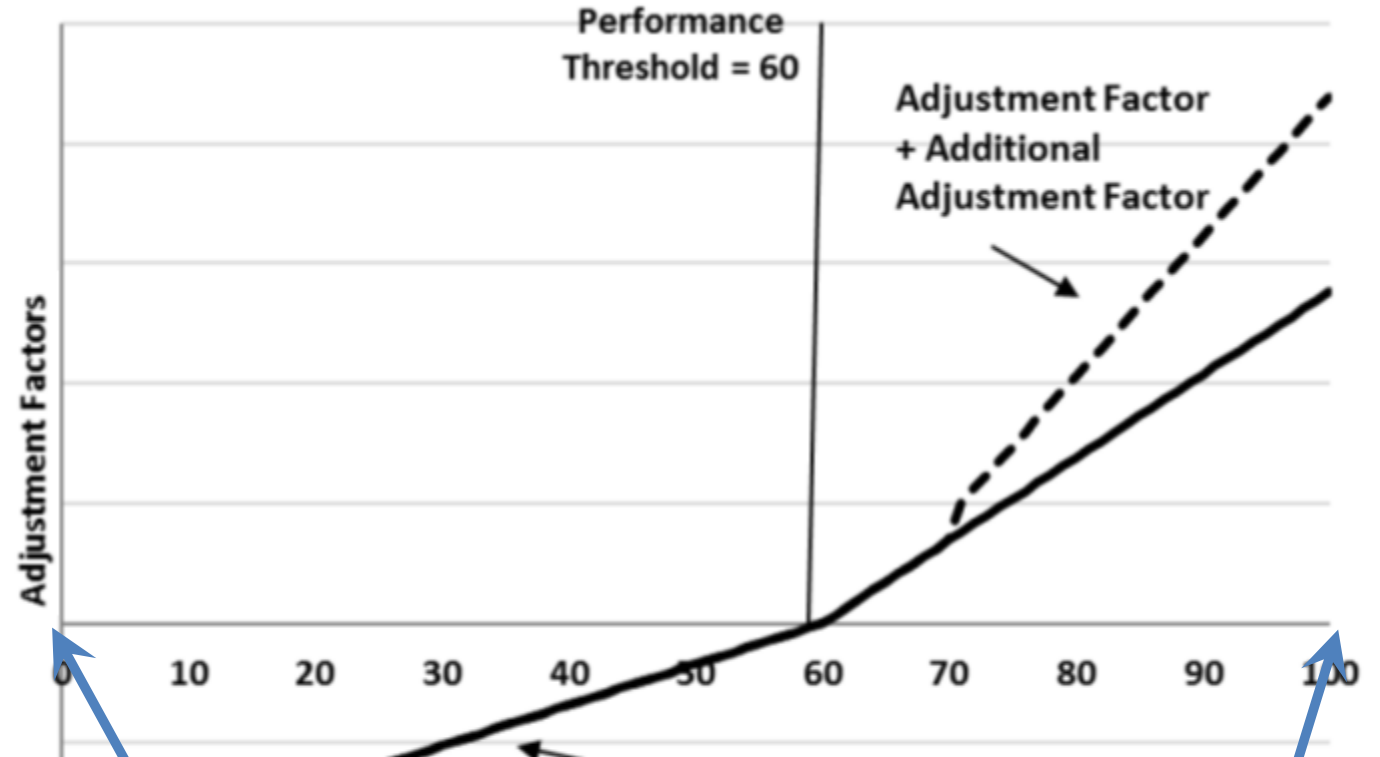
Modernizing Medicare to provide better care and smarter spending for a healthier America.



MIPS Conceptual Model



MIPS Conceptual Model

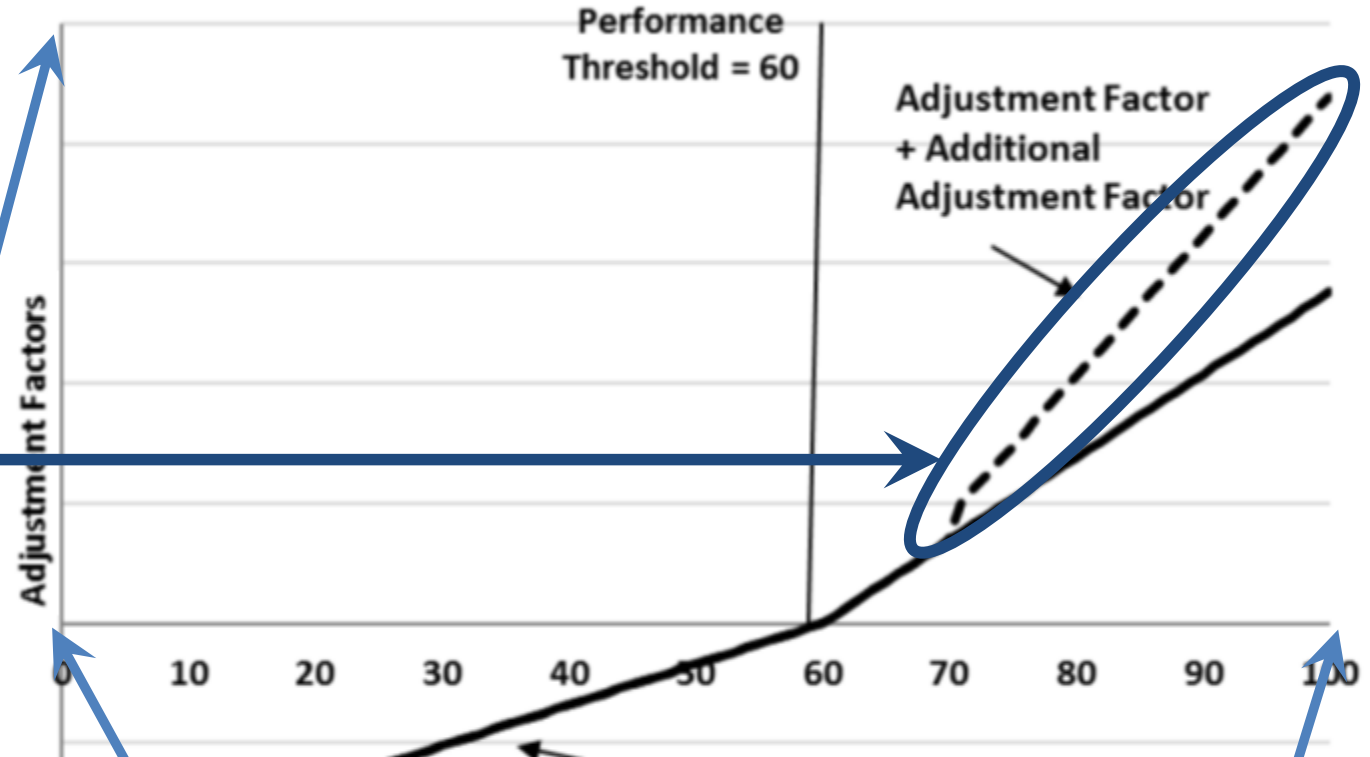


| PerfYr | PmtYr | Quality | Cost | Advancing Care Information | Clinical Practice Improvement Activities |
|--------|-------|---------|------|----------------------------|--|
| 2017 | 2019 | 60 | 0 | 25 | 15 |
| 2018 | 2020 | 50 | 10 | 25 | 15 |
| 2019 | 2021 | 30 | 30 | 25 | 15 |
| 2020 | 2022 | 30 | 30 | 25 | 15 |



MIPS Conceptual Model

| Payment Year | Adjustment Factor | Exceptional Bonus |
|--------------|-------------------|-------------------|
| 2019 | ± 4% | \$500m |
| 2020 | ± 5% | \$500m |
| 2021 | ± 7% | \$500m |
| 2022 | ± 9% | \$500m |
| 2023 | ± 9% | \$500m |



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MIPS Eligible Clinicians (EC)

- for the first 2 years
 - Physician (doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, optometry, and chiropracty)
 - Physician Assistant (PA)
 - Nurse Practitioner (NP)
 - Clinical Nurse Specialist (CNS)
 - Certified Registered Nurse Anesthetist (CRNA)
- Secretary has discretion to specify additional ECs starting in year 3 which may include
 - Certified Nurse Midwife
 - Clinical Social Worker
 - Clinical Psychologist
 - Registered Dietician or Nutrition Professional
 - Physical or Occupational Therapist
 - Speech-Language Pathologist
 - Audiologist



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



Low Volume Threshold

- Allowable Charges \leq \$30k

OR

- Unique Patients \leq 100
- 2-year Low-Volume Threshold Determination Period (LV if either year is LV)

For 2017 Performance Period

1. 9/1/2015 – 8/31/2016 (with 60d runout)
2. 9/1/2016 – 8/31/2017 (with 60d runout)



2017

“Transition Year and Iterative Learning and
Development Period”



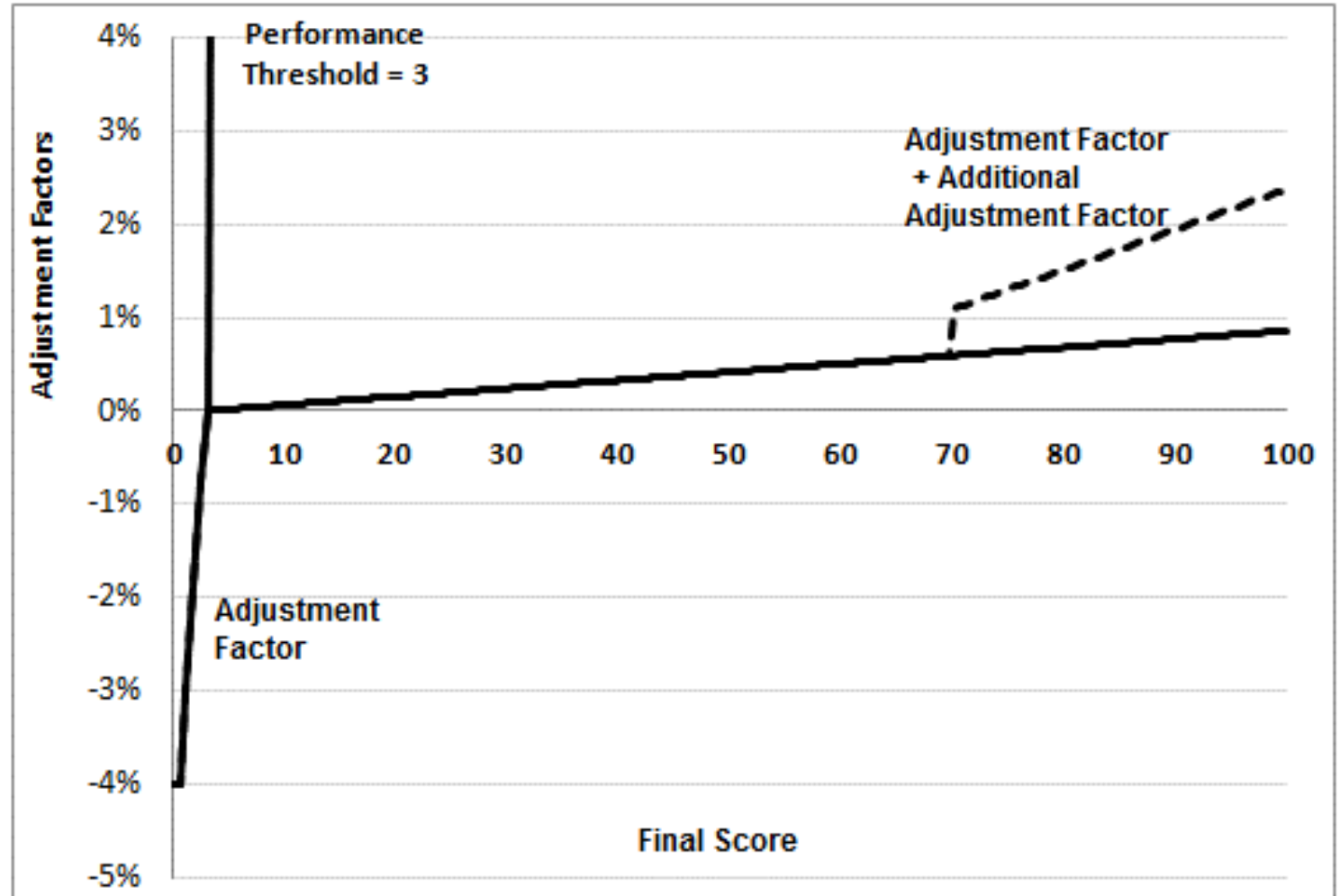
Transition Year Plan

2017 Performance Year

2019 Payment Year

Pick Your Pace Options 2017

- Do Nothing
- One Measure
- Some Data
- All In
- Advanced APM



Focus on

Advancing Care Information

Performance Category



Medicaid and Hospital Meaningful Use Do 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
- Use EHR technology in a manner more relevant to your practice



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



The default reporting unit-of-
measure is now
Practice - NPI



ACI Exclusions

- New Clinicians to CEHRT: NP, PA, CRNA, CNS
 - ACI points awarded if reported
 - ACI reweighted to 0, Quality points reweighted to 85
- Hospital Based
 - If $\geq 75\%$ of charges in POS 21, 22 or 23
 - Hospital Based Determination Period (9/1 thru 8/31 in the 2 years prior)
 - ACI points awarded if reported
 - ACI reweighted to 0, Quality points reweighted to 85
- Hardship
 - Apply for Hardship Exclusion (Reweightings) by 3/31 submission deadline
 - [Insufficient Internet](http://www.broadbandmap.gov/) | <http://www.broadbandmap.gov/>
 - Extreme and Uncontrollable Circumstances
 - Lack of Control over Availability
 - Lack of Face to Face Patient Interaction



Scoring Methodology

| | |
|-------------------|--|
| Base Score | Incent Participation and Reporting All Base Score Points have to be earned to earn Performance Points |
| Performance Score | Incent Exceptional Performance |
| Bonus Points | Extra Registry Data Connections Use of CEHRT in CPIA |

Scoring is specific to the certification edition



ACI Bonus Points

| Objective | Measure | Bonus | Report |
|--|----------------------------------|-------|--------|
| Public Health and Clinical Data Registry Reporting | Syndromic Surveillance Reporting | 5% | Yes/No |
| | Electronic Case Reporting | | Yes/No |
| | Public Health Registry Reporting | | Yes/No |
| | Clinical Data Registry Reporting | | Yes/No |
| Improvement activities using CEHRT | | 10% | Yes/No |



Using CEHRT in Improvement Activities ACI Bonus

10% for any one or more

examples:

| Subcategory | Activity | Weight | Related ACI Measures |
|--------------------------|--|--------|--|
| Expanded Practice Access | Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record | High | Provide Patient Access Secure Messaging Send A Summary of Care Request/Accept Summary of Care |
| Population Management | Implementation of episodic care management practice improvements | Medium | Send A Summary of Care Request/Accept Summary of Care Clinical Information Reconciliation |
| Care Coordination | Implementation of use of specialist reports back to referring clinician or group to close referral loop | Medium | Send A Summary of Care Request/Accept Summary of Care Clinical Information Reconciliation |
| Beneficiary Engagement | Use of certified EHR to capture patient reported outcomes | Medium | Provide Patient Access Patient-Specific Education Care Coordination through Patient Engagement |



Certification Edition Requirements

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



ACI Scoring (2014 Edition)

| Objective | Measure | Base Score | Perf Score | Report |
|--|-----------------------------------|------------|------------|---------|
| Protect Patient Health Information | Security Risk Analysis | Required | NA | Yes/No |
| Electronic Prescribing | e-Prescribing | Required | NA | Num/Den |
| Patient Electronic Access | Provide Patient Access | Required | Up to 20% | Num/Den |
| | View, Download, or Transmit (VDT) | | Up to 10% | Num/Den |
| Patient-Specific Education | Patient-Specific Education | | Up to 10% | |
| Secure Messaging | Secure Messaging | | Up to 10% | Num/Den |
| Health Information Exchange | Health Information Exchange | Required | Up to 20% | Num/Den |
| Medication Reconciliation | Medication Reconciliation | | Up to 10% | Num/Den |
| Public Health and Clinical Data Registry Reporting | Immunization Registry Reporting | | 0 or 10% | Yes/No |



ACI Scoring (2015 Edition)

| Objective | Measure | Base Score | Perf Score | Report |
|--|-------------------------------------|------------|------------|---------|
| Protect Patient Health Information | Security Risk Analysis | Required | NA | Yes/No |
| Electronic Prescribing | e-Prescribing | Required | NA | Num/Den |
| Patient Electronic Access | Provide Patient Access | Required | Up to 10% | Num/Den |
| | Patient-Specific Education | | Up to 10% | Num/Den |
| Coordination of Care Through Patient Engagement | View, Download, or Transmit (VDT) | | Up to 10% | Num/Den |
| | Secure Messaging | | Up to 10% | Num/Den |
| | Patient-Generated Health Data | | Up to 10% | Num/Den |
| Health Information Exchange | Send a Summary of Care | Required | Up to 10% | Num/Den |
| | Request/Accept Summary of Care | Required | Up to 10% | Num/Den |
| | Clinical Information Reconciliation | | Up to 10% | Num/Den |
| Public Health and Clinical Data Registry Reporting | Immunization Registry Reporting | | 0 or 10% | Yes/No |



Total Possible Points

- There are 145 points to be earned
 - 50 Base
 - + 15 Bonus
 - + 80 Maximum Performance @ 10 points in each of 8 measures
 - = 145 Maximum Available Points
- You are capped at 100



Hypothetical Scoring Example (2014 Edition)

| | Objective | Measure | Rptd Perf | Base Score | Perf Score | Bonus |
|--|--|---|-----------|------------|------------|-------|
| 1 | Protect Patient Health Information | Security Risk Analysis | Yes | Pass | NA | |
| 2 | Electronic Prescribing | e-Prescribing | 85% | Pass | NA | |
| 3 | Patient Electronic Access | Provide Patient Access (x2) | 20% | Pass | 4.0 | |
| | | View, Download, or Transmit (VDT) | 15% | | 1.5 | |
| 4 | Patient-Specific Education | Patient-Specific Education | 65% | | 6.5 | |
| 5 | Secure Messaging | Secure Messaging | 31% | | 3.1 | |
| 6 | Health Information Exchange | Health Information Exchange (x2) | 25% | Pass | 5.0 | |
| 7 | Medication Reconciliation | Medication Reconciliation | 45% | | 4.5 | |
| 8 | Public Health and Clinical Data Registry Reporting | Immunization Registry Reporting | Yes | | 10 | |
| | | Optional Syndromic Surveillance Reporting | | | | |
| | | Optional Electronic Case Reporting | Yes | | | 5 |
| | | Optional Public Health Registry Reporting | | | | |
| | | Optional Clinical Data Registry Reporting | | | | |
| CEHRT in Practice Improvement Activities | | | | | | 10 |
| Subtotals | | | | 50 | 29.6 | 15 |
| Total | | | | | | 94.6 |



Scoring

50 Base Points

+ 29.6 Performance Points

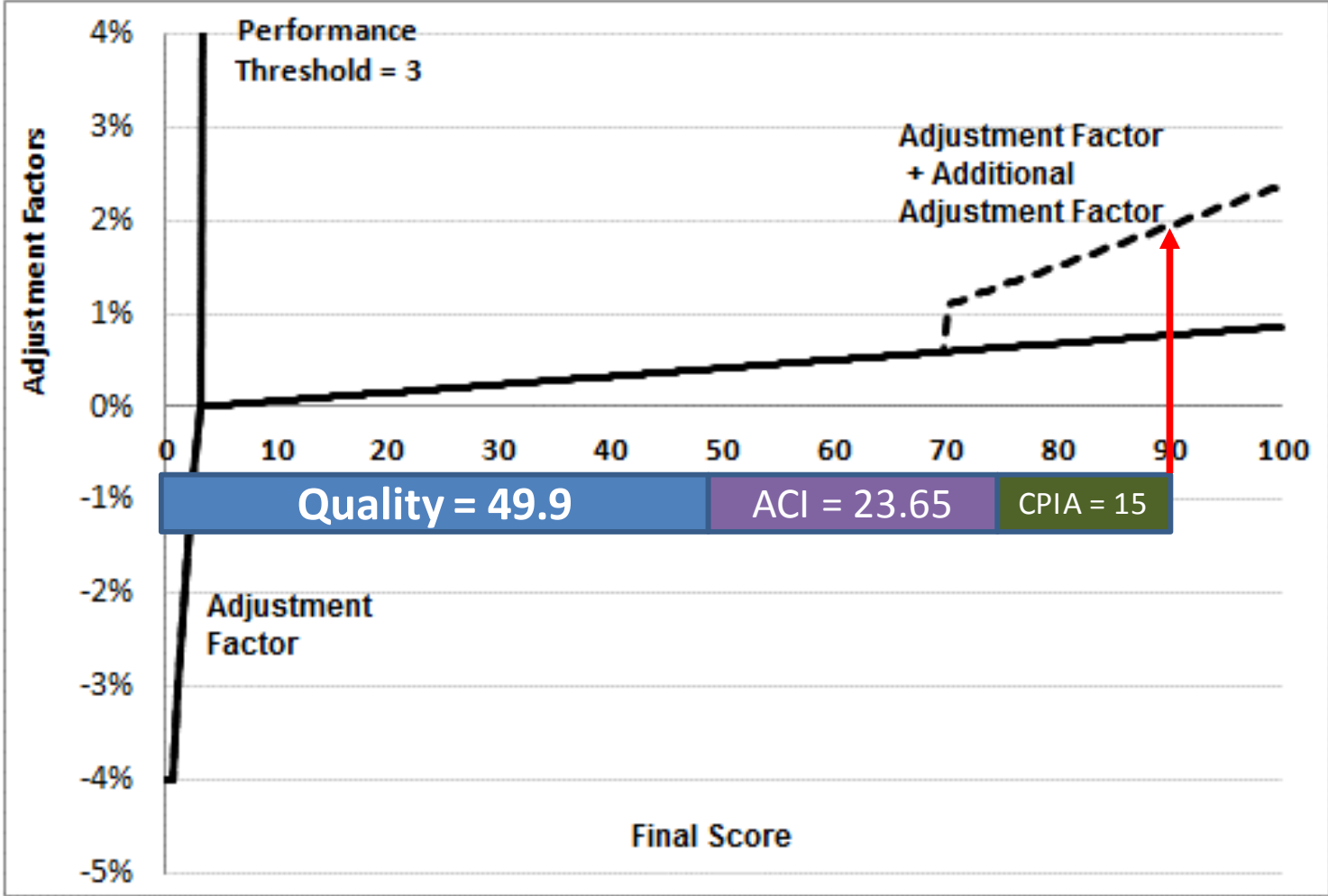
+ 15 Bonus Points

= 94.6%

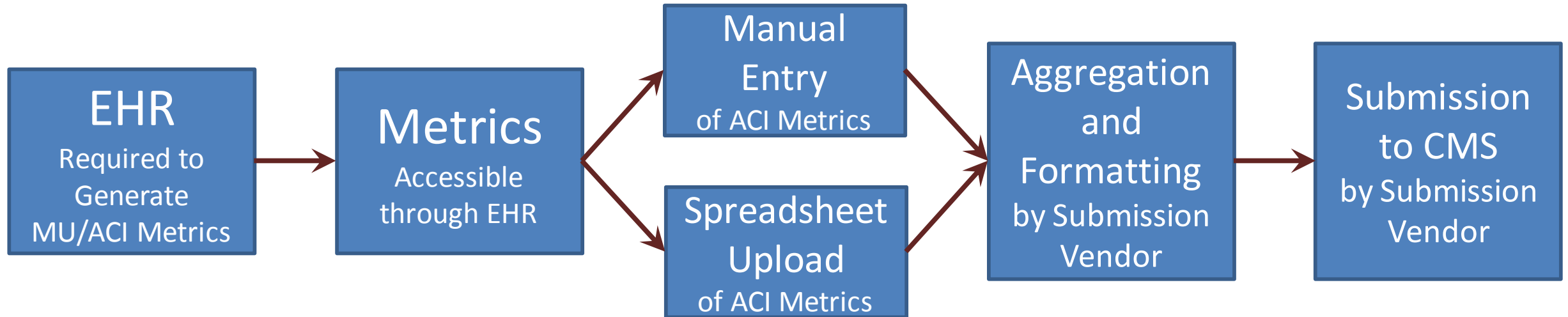
X 25 points contribution to Composite Score

= 23.65 ACI Points





Typical Data Submission Flow



Supporting Providers with the Performance of Certified EHR Technology (SPPC activities)

Clinicians must show good-faith cooperation with ONC with authorized surveillance and direct review

ONC Mediated “in-the-field” Surveillance of CEHRT through Eligible Clinicians

- Reactive Surveillance
- Randomized Surveillance



What Does it all Mean?

- Performance Matters
- Choose measures that matter
- Have extra measures in the hopper
- Continuously monitor your measure performance
- Continuous metric improvement program

The Data Value Stream

- Providing the Care
- Documenting the Care
- Extracting the Data
- Submission Compliance



New Tools to meet New Needs

| | |
|---|----------------------------------|
| Automated Data Connections | A broad selection of options |
| Continuous Access to Performance Metrics | BI tool overlaying the data |
| Continuous Access to Comparative Data (peers, time, benchmarks) | |
| Mingle's MUSE Collaborative | Learn with your peers nationwide |
| Learning Collaborative Specialized Registry | Bonus ACI Points |
| Qualified Clinical Data Registry | Develop your Measures of Meaning |
| All Performance Categories | |
| Flexible Outputs | All Mechanisms |



Pick Your Effort

| | Minimalist | Balanced | Top Tier | |
|----------------------|---|--|--|---------------------------------|
| | | | Community Care Model | Multispecialty Model |
| Notes | Emphasis on Reporting | Best Use of Limited Resources | Primary Care Orientation Prep for Managed Care APM | Everyone has skin-in-the-game |
| Quality - Work on | 6 Measures | 9-12 Measures | 15 ACO Measures | 1-6 measures for each Specialty |
| Quality - Submit | 6 Measures | 6 Measures + | Submit best 6 Submit extra to queue improvement bonus | |
| Cost | | Principled Redesign | Planned Care Lean Redesign | |
| Care Information | 0 points | 20 Points | 25 points | |
| Improvement Activity | 15 points | 15 Points | 15 Points | |
| Goal | Minimal Penalty (> 45 th %ile) | Some Incentive (> 60 th %ile) | In the Exceptional Bonus Range (> 70 th %ile) | |



Mingle Infrastructure for Medicare's Quality Payment Program

Continued Excellence

- Highly Available
- Highly Affordable
- Highly Effective

A Comprehensive set of QPP Products and Services

- All Mechanisms
 - Qualified Registry
 - Qualified Clinical Data Registry
 - EHR based Reporting (EHR and DSV)
 - Web Interface Electronic Submissions
- All Measures
- All Performance Categories
- Advanced Analytics
 - Benchmarking and comparisons
 - Trending
 - Predictive Analytics
- Continuous Automated Data Flow and Access to Metrics
 - Roll up
 - Drill down
- Advanced and continuous help
 - Mingle's MUSE Collaborative Learning Collaborative
 - Boots-on-the-Ground Consultancy



Thank You

Ask your questions now or

Send by email to daniel.mingle@mingleanalytics.com

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

There is still time to engage us to help with your 2016 PQRS and VM Submissions

Join our MUSE Collaborative for a Data-Driven learning and improvement process
To help you rise to earn your highest possible MIPS Adjustment

