MINGLE ANALYTICS

Starting at
Noon EST
1/10/2017

2017 Final Rule for MIPS/MACRA

Cost & Practice Improvement Performance Categories

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http://mingleanalytics.com/webinars

Dr. Dan Mingle

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2017 Final Rule for MIPS/MACRA

Advancing Care Information

Dr. Dan Mingle

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Agenda

- Of PQRS, MACRA, and a Wild-Card Administration
- Brief Review of the Quality Payment Program (QPP)
- Cost Performance Category
- Practice Improvement Activities Performance Category
- Opportunity, Risk, and Strategy

Notes, Predictions, and Reminders

- The Old Programs have one last Submission Period

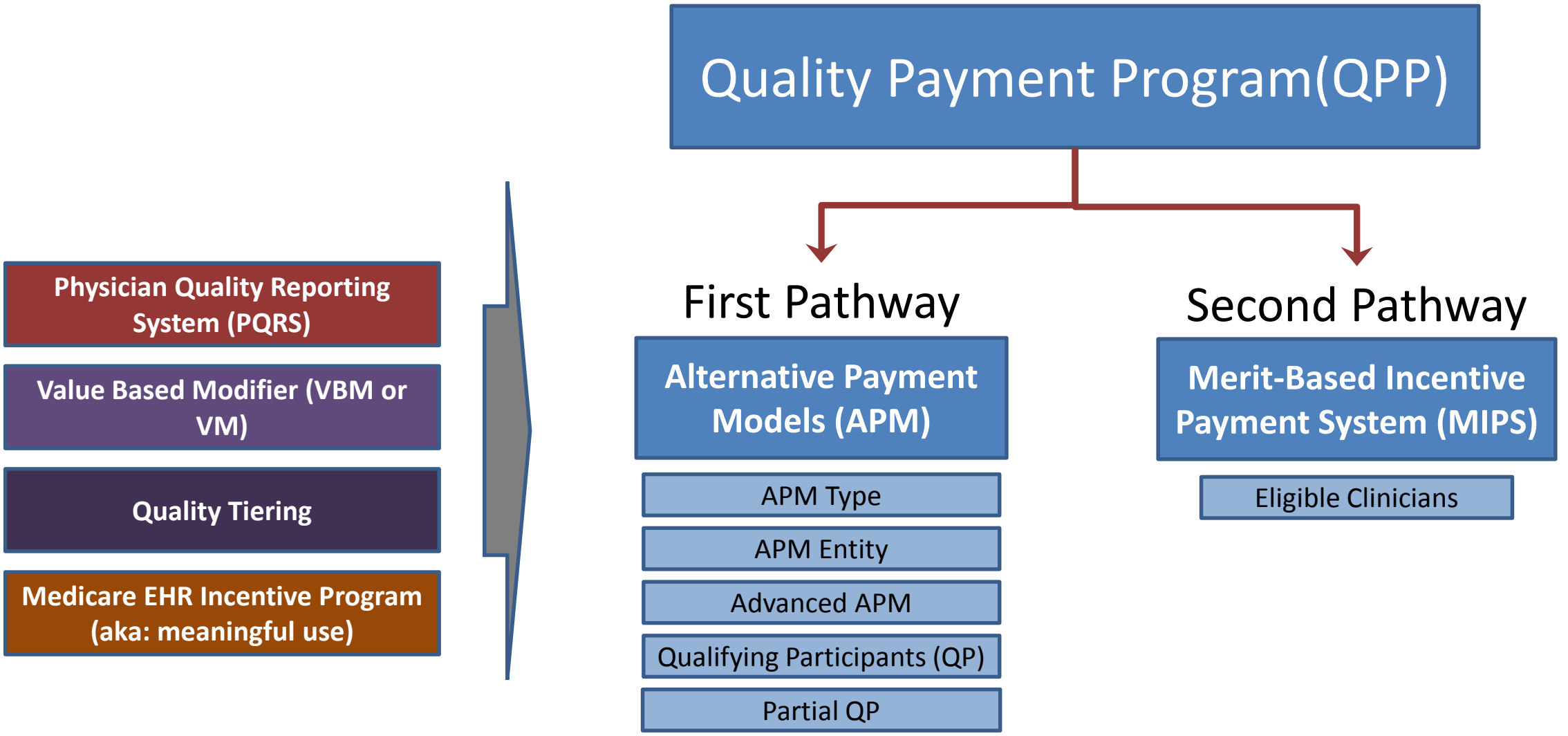
  ~~PQRS 2016~~ = Lose up to 6% Medicare Allowable
- Medicaid and Hospital Meaningful Use are Unchanged by MACRA
- MACRA ≠ ACA
- 2017 transition year looks easy BUT
  - Make sure the submission is rock solid
  - Engage help to manage CMS processing errors
  - Put your infrastructure in place for 2018

MACRA

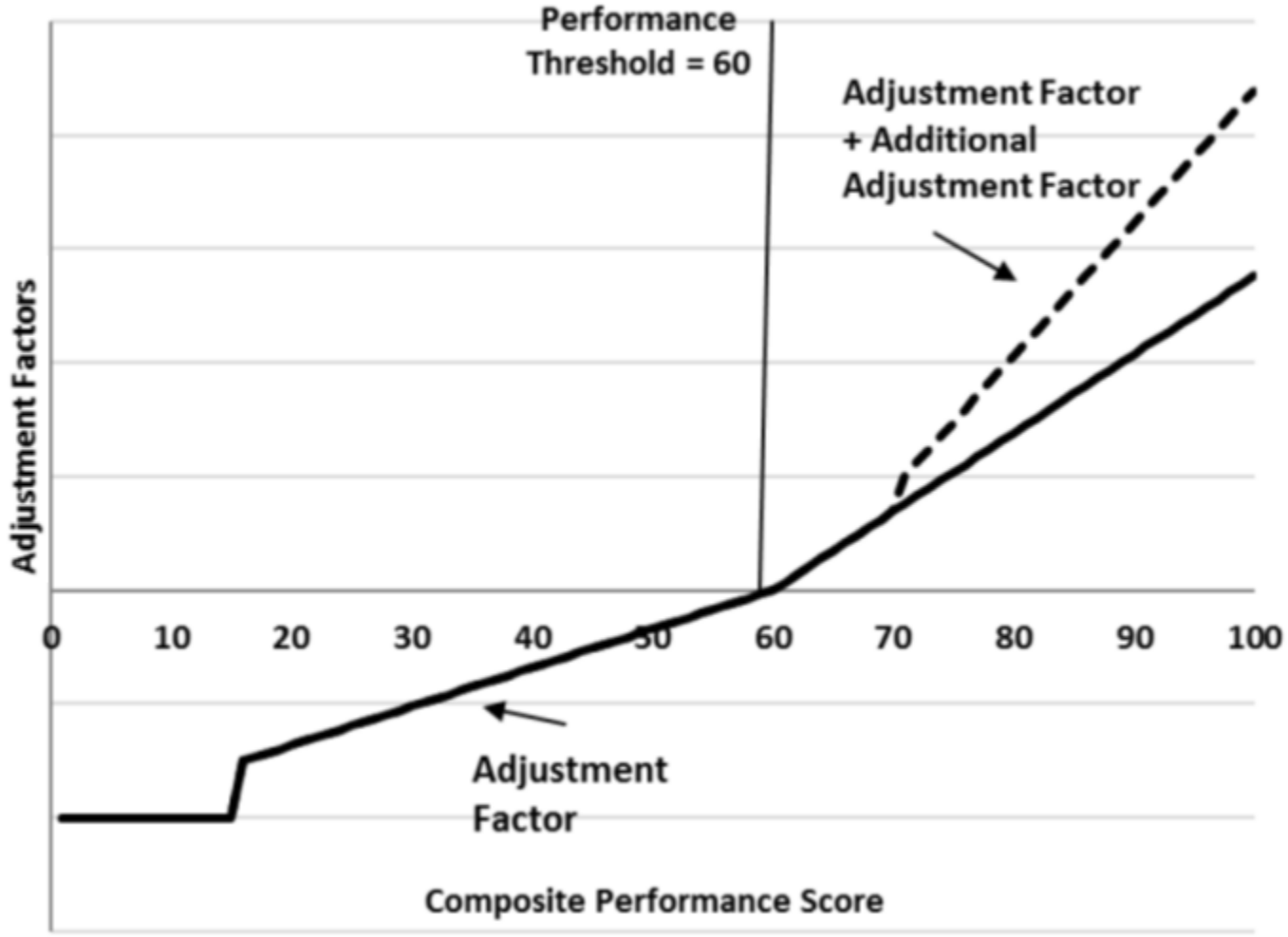
Medicare Access and CHIP Reauthorization Act of 2015

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

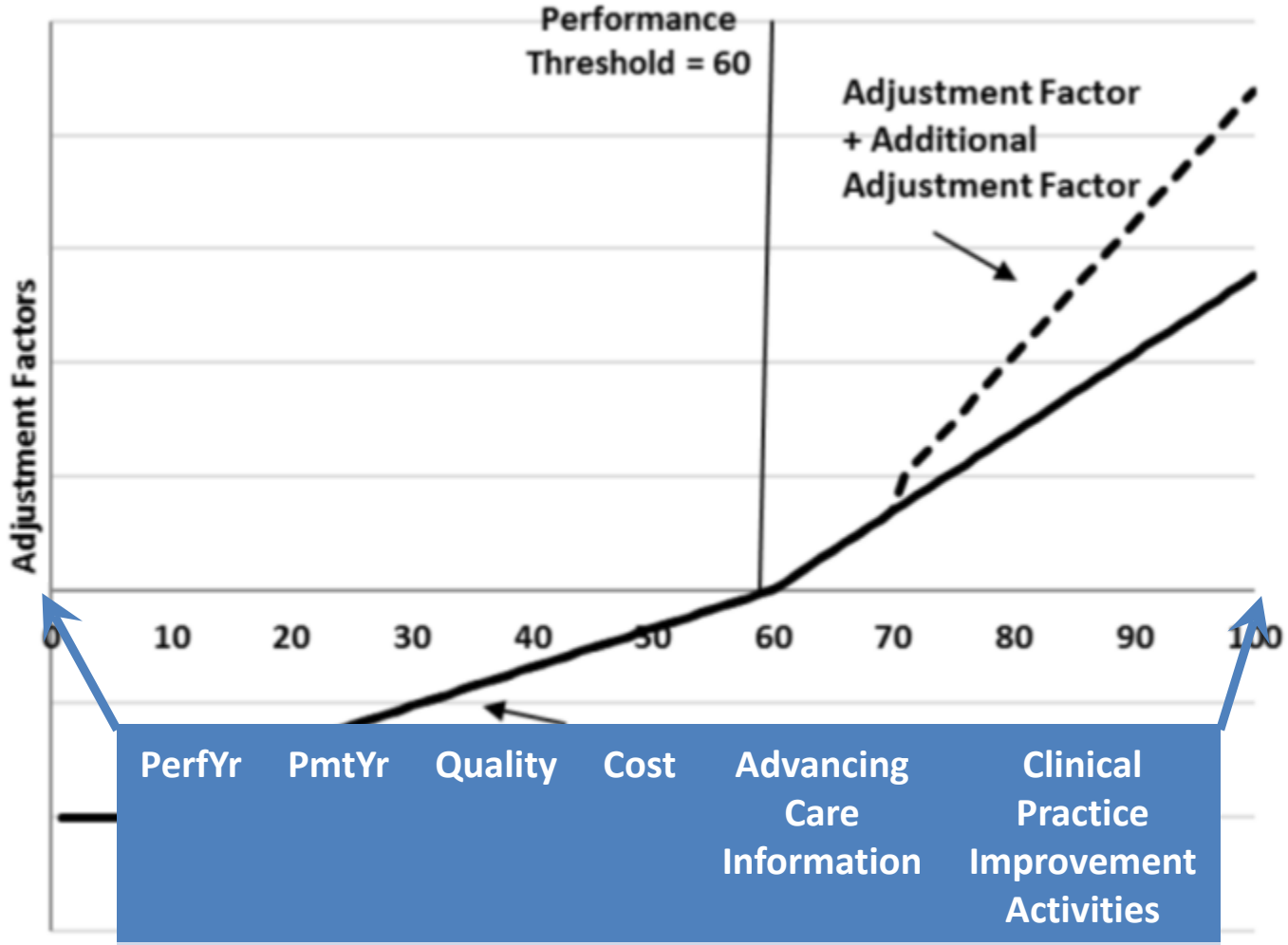
- Signed into Law April 2015
- Final Rule Available for View 10/14/2016
- Published on the Federal Register 11/4/2016
- Comment Period open through 12/19/2016
- Effective 1/1/2017


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

MIPS Conceptual Model



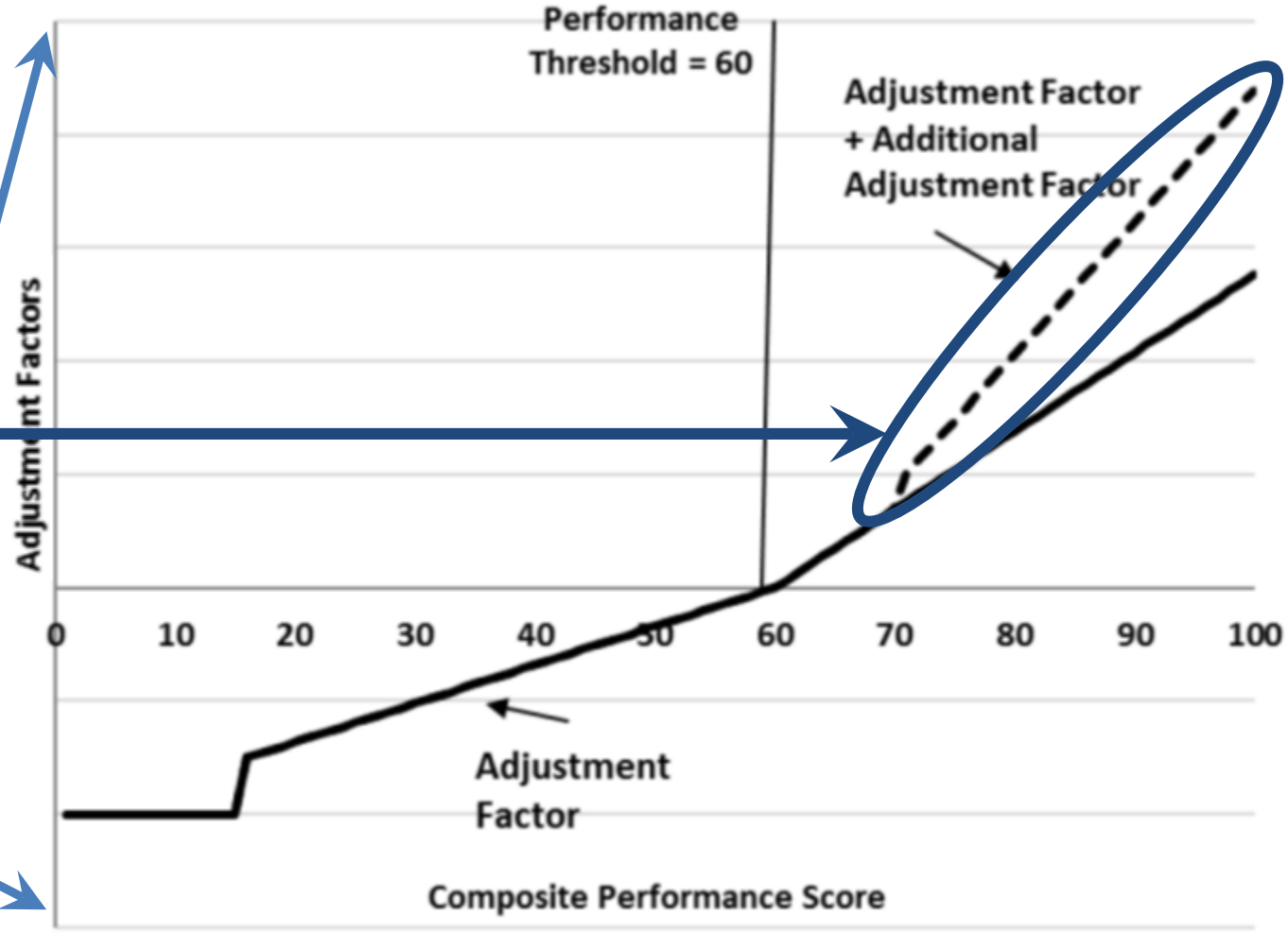
MIPS Conceptual Model



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



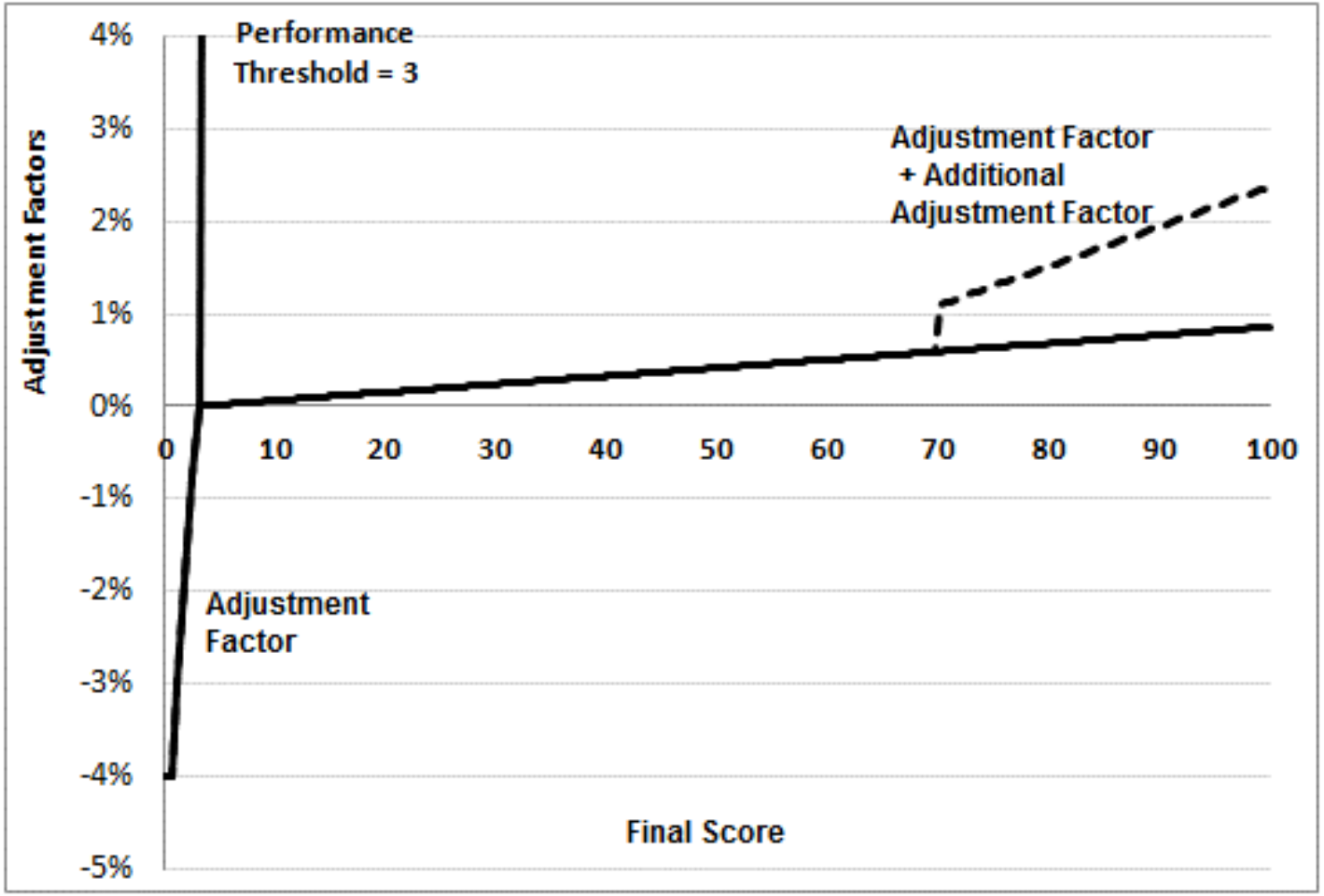
2017

"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

Cost

Performance Category

Cost Changes

- Weighted at 0/100 for
  - 2017 Performance Year
  - 2019 Payment Year
- Weighted at 10/100 for
  - 2018 Performance Year
  - 2020 Payment Year
- Weighted at 30/100 for
  - 2019 Performance Year
  - 2021 Payment Year

Cost Changes

- Patients attributed at the TIN-NPI level
  - Aggregated to the TIN Level
  - May change TIN Cost Performance metrics
- Cost compared by decile ranking instead of ± 1 standard deviation

Resource Use Dynamics

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

Adjustments

- Geographic Payment Rate
- Beneficiary Risk (HCC Codes)
- Specialty Adjustment applied only to Total per Capita Costs Measure
  - Risk adjustment seems adequate for MSPB measure

Resource Use (Cost) Measures

- Total per capita costs for all attributed beneficiaries
  - Annual costs per beneficiary from all sources
  - Attributed to one Primary Care Provider (group)
- Medicare Spending per Beneficiary (MSPB)
  - Charges attributed to inpatient stays
  - Attributed to provider (group) with plurality of charges
  - Case minimum dropped from 125 to 35
- Episodes of Care
  - 10 anticipated in 2018
  - 40 being tracked

Plans to Develop

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

Attribution Methodology

Total Per Capita Cost

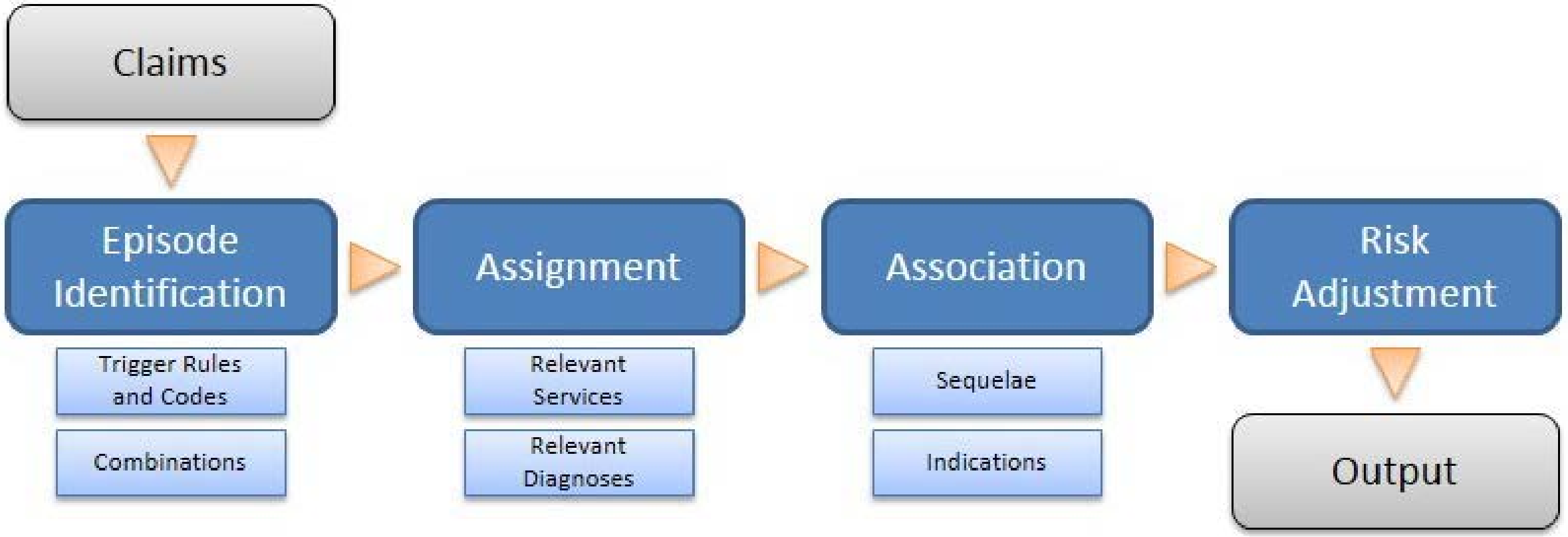
1. When there is at least one Primary Care Provider Visit
   - Attribute to the TIN-NPI with the Plurality of PC visit codes by PCPs
2. When there is no Primary Care Provider Visit
   - Attribute to the TIN-NPI with the Plurality of PC visit codes by Specialists

Note: All PA and NP considered by CMS to be Primary Care Providers

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

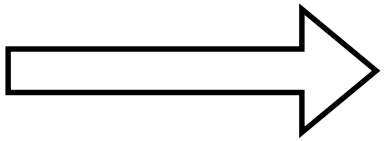
Resource Use Scoring Basics

- Score Each Measure on a 10 point scale based on Decile Rank
- 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

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

Measure	Type	Cases	Performance $	Median	Points	Total Possible
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4 Resource Use Measures Scored

Total Possible Points = 40

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Actual Total Score = 22.3

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22.3 Possible

÷ 40 Total Points

= 55.8%

Max Resource Use Category Score for 2017 = 10

55.8% of 10

= 5.6

Focus on

Clinical Practice Improvement Activities

Performance Category

Clinical Practice Improvement Activities

- Maximum = 40 Points
  - High Weighted Activities = 20 Points
  - Medium Weighted Activities = 10 Points

Participation Thresholds

- 90 days required
- No Practice or Provider Participation thresholds

Special Populations: Activity Points Doubled for

- Practice with ≤ 15 Providers
- Rural Practice
- HPSA Practices
- Non-patient facing MIPS Eligible Clinicians

Activities are Subject, as Appropriate

- 90 Day Minimum
- Thresholds of Participation
  - 60% of applicable patients in Year 1
  - 75% of applicable patients in Year 2

If Certified as Patient-Centered Medical Home By a Nationally Recognized Certifying Agency

- 40 Point Maximum Awarded

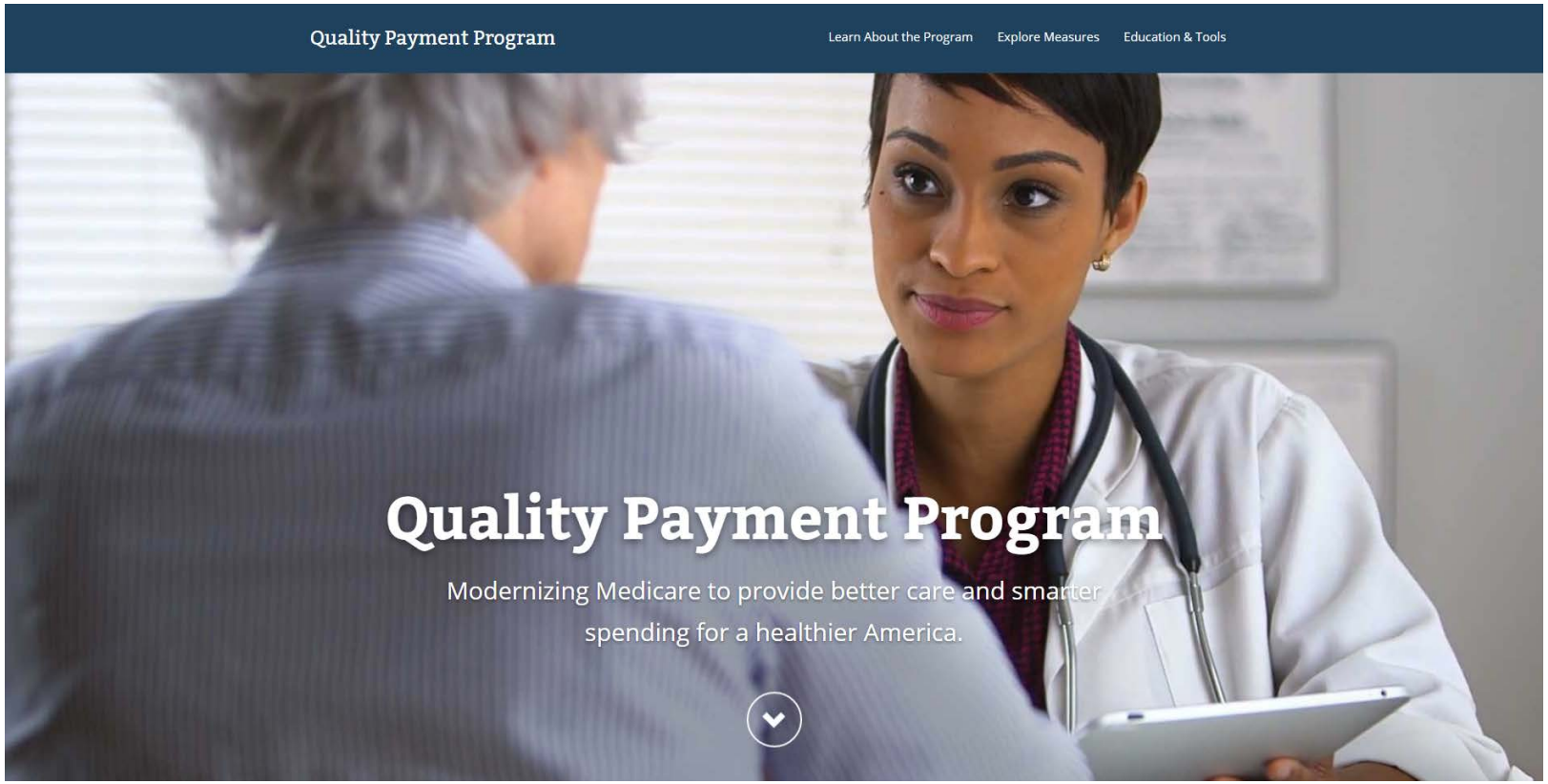
- Accreditation Association for Ambulatory Health Care
- National Committee for Quality Assurance (NCQA)
- The Joint Commission
- Utilization Review Accreditation Commission (URAC)
- Medicaid Medical Home Model
- Medical Home Model
- NCQA Patient-Centered Specialty Recognition

Alternate Payment Mechanism (APM)

- ½ of the Maximum Points (20) Awarded
- An APM may come with additional points by design
- A TIN or NPI can supplement with additional points through MIPS submission

https://qpp.cms.gov/

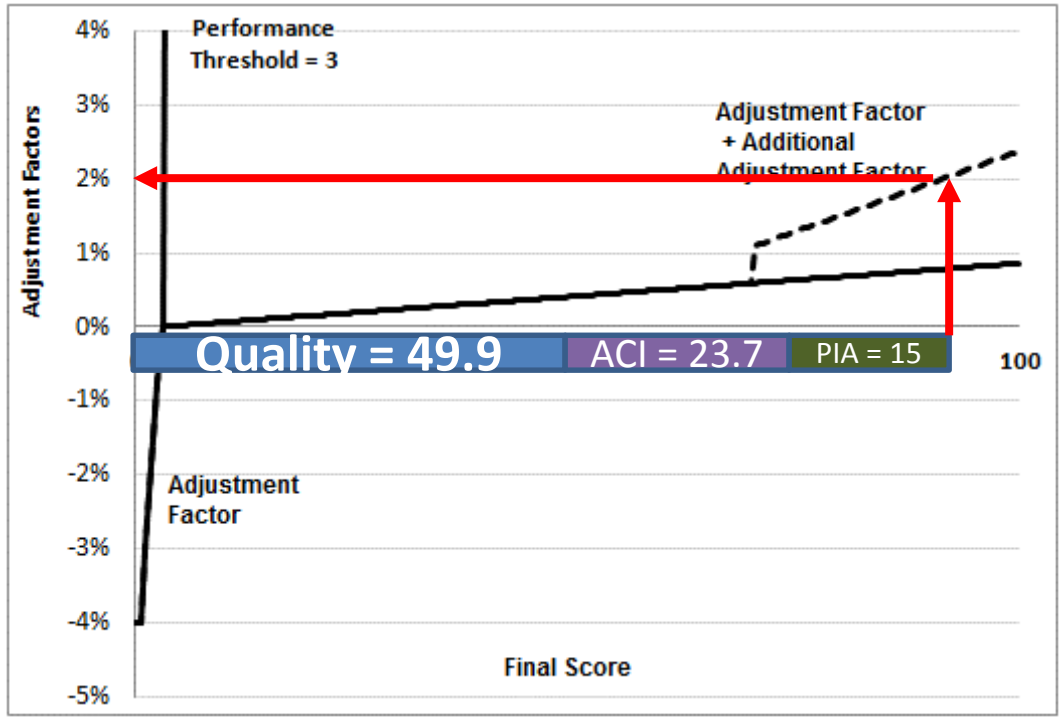
Specifically: https://qpp.cms.gov/measures/ia

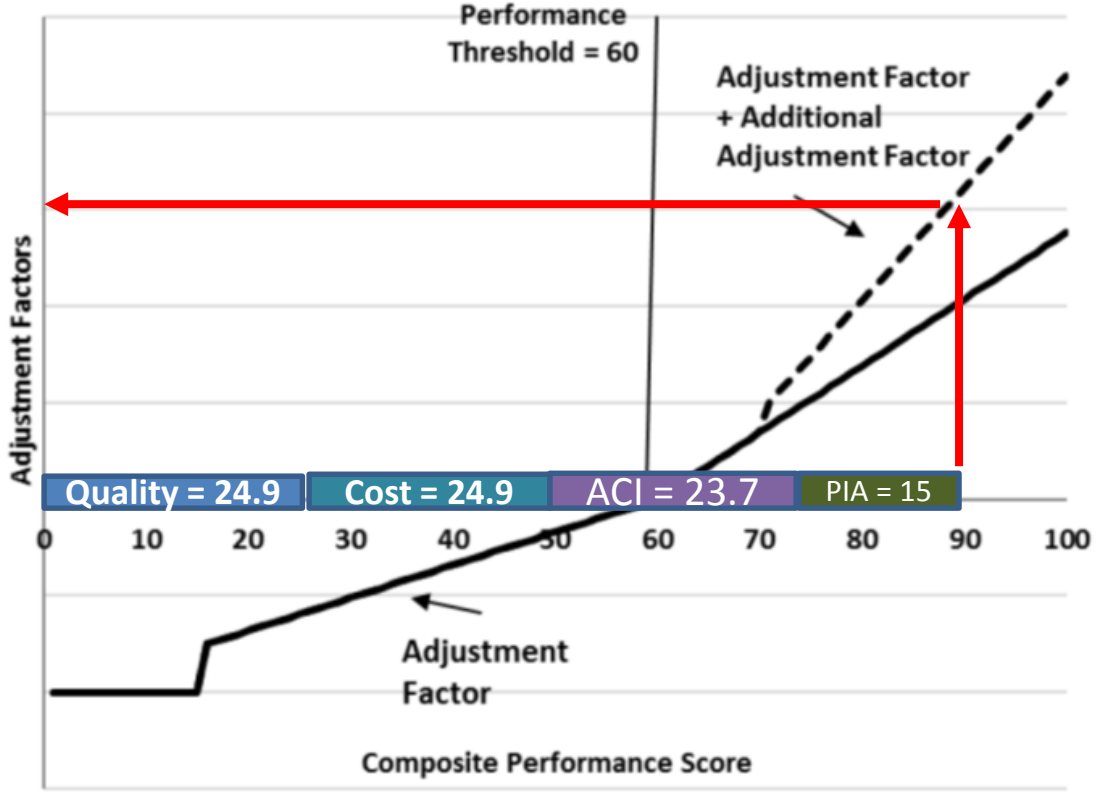


Hypothetical Scoring Example

Activity	Measure	Weight	Points	Total Possible Points
1	Expanded Practice Access	High	20	
2	Population Management	High	20	
3	Integrated Behavioral and Mental Health	Medium	10	
	Total Points		50	40

50 Points
÷ 40 Possible Category Specific Points
= 125%
= 100% Cap
x 15 Possible Composite Category Points
= 15 Composite Category Points Earned





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

Cost is Tough

- Costs are generated that are out of your control
- Timely numbers are hard to come-by

- Simple Rules of Cost Containment
  - Starting an Episode in Primary Care
  - Planned Care
  - Timely Care

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

	Essentials	Professional	Enterprise	
			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 (> 45th %ile)	Some Incentive (> 60th %ile)	In the Exceptional Bonus Range (> 70th %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
- Continuous Automated Data Flow and Access to Metrics
  - Roll up
  - Drill down
- Advanced Analytics
  - Benchmarking and comparisons
  - Trending
  - Predictive Analytics
- 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

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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