California Orthopaedic Association

MACRA and implementing QPP

How to Avoid a -4% Reduction in your Medicare Reimbursement

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Performance and Reimbursement under MIPS

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Disclaimers

- Information here is based on the Final Rule published Oct.14, 2016
- CMS issues FAQ and changes all the time-this info is as of Dec 2, 2016
- Summaries like this one omit important detail
- The scoring methodology requires study to be fully understood
- This presentation focuses on MIPS only
- This presentation does not cover Alternative Payment Models, eligibility, or exemptions

- Some graphics/table credits to CMS

Public Awareness

- Deloitte 2016 Survey of US Physicians
  - 50% of non-pediatrician physicians had never heard of MACRA
  - **32% recognized the name, but are not familiar with details**
  - **21% of self-employed physicians reported some level of familiarity**
  - 9% of employed physicians reported the same

- **Survey: http://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/macra.html**

Today's Presentation

- MACRA Basics
- MIPS Components and Scoring
- Operational considerations
  - Choosing the best measures
  - How to estimate your composite score
  - Methods to maximize your score
  - Evaluating CMS "flexibility" on reporting

MACRA Basics

MIPS

The Medicare Access and CHIP Reauthorization Act of 2015

Replaces the Sustainable Growth Rate (SGR)

- PFS increase is only 0.5% for next 5 years.
- Only mechanism for larger increase is via MIPS/APM

Aligns current independent programs into one

- Physician Quality Reporting System
- Meaningful Use
- Value Based Modifier
- One reporting period for all measures

Adjusts FFS payments up or down based on a "composite score"

- Quality measures are scored and totaled
- This is called the **Merit-Based Incentive Payment System** (MIPS)

Until MIPS, participation in MU and PQRS was optional

- Beginning in 2017 these reporting programs are fully merged into the payment calculation

Specialty organizations have a role in measure development

- Specialty measure sets for orthopedics
- Self-select your peers

Timeline

Oct 14, 2016
- Publication of Final Rule (Federal Register 11/1/16)

Jan. 1, 2017
- PFS adjustments based on 2015 performance (PQRS/MU/VBM)
- MIPS performance period begins

Jan 1, 2018
- PFS adjustments based on 2016 performance
- MIPS second performance period begins

Jan 1, 2019
- PFS adjustments for MIPS (-4/+14) based on 2017 performance

MIPS Components and Scoring

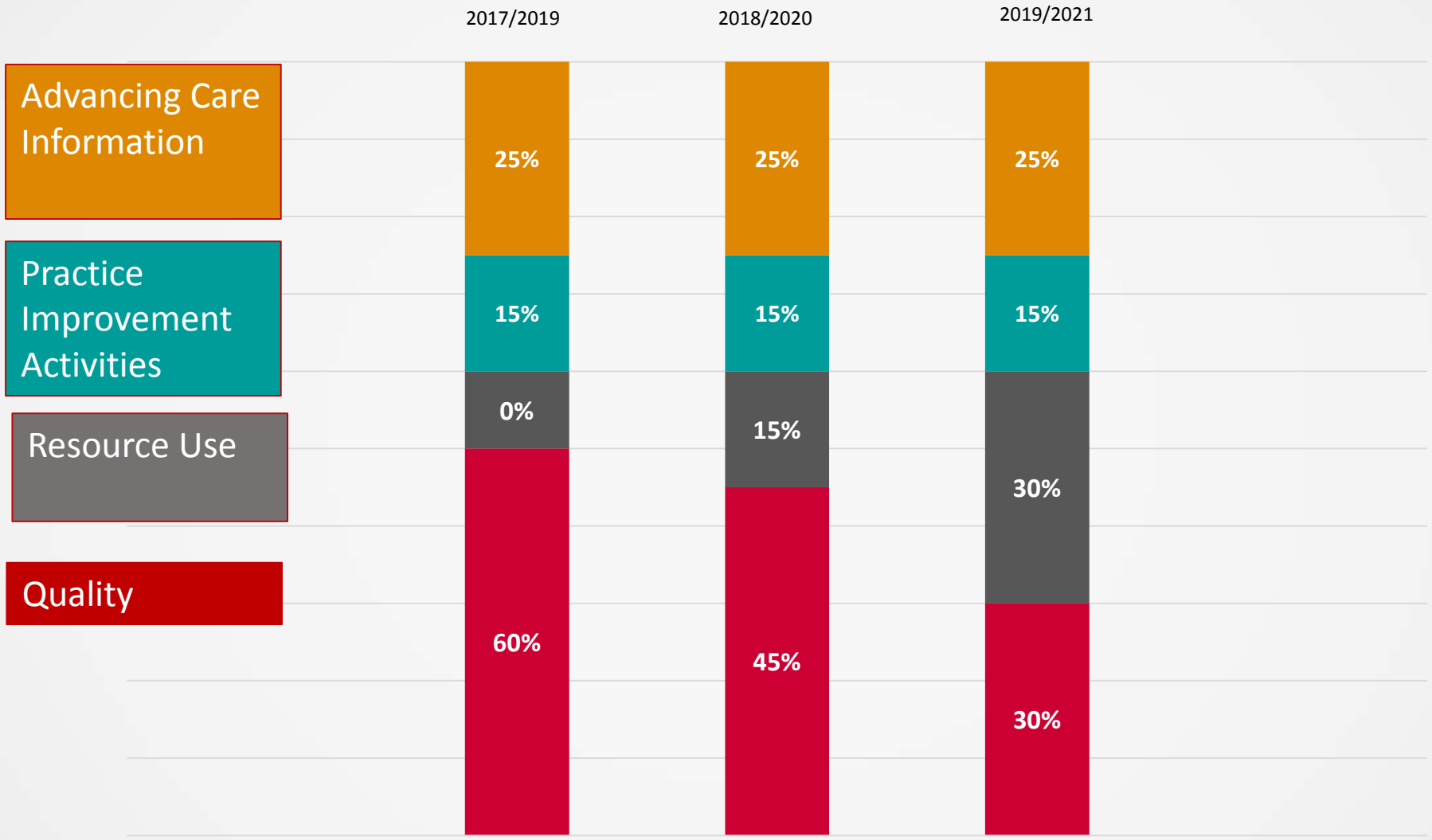
Brief Overview

MIPS performance categories

- Quality (PQRS)
- Resource Use (Cost)
- Advancing Care Information (MU)
- Practice Improvement Activities (new)

Performance in each category is combined to arrive at a clinician's "composite score."

Elements of the Composite Score are weighed differently



Composite Score Calculation

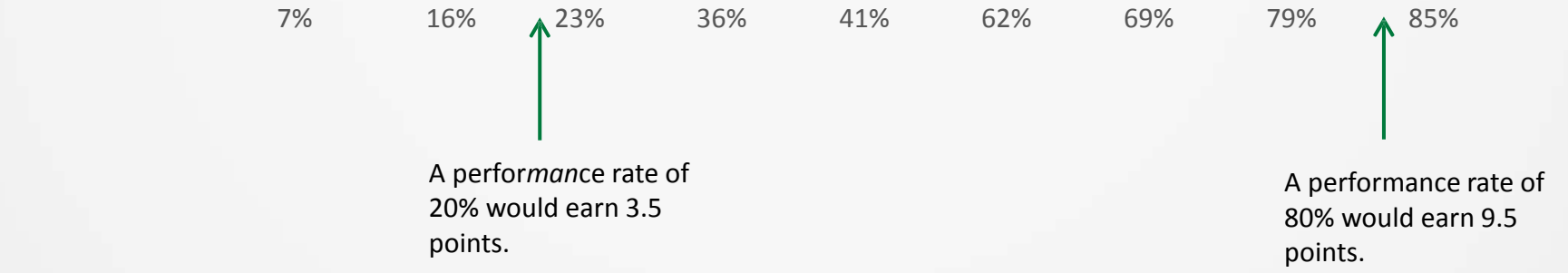
• **Component**	X	**Weight**	=	**Score**
• ACI points	X	25%	=	ACI Score
• Quality points	X	60%	=	Quality Score
• PIA Points	X	15%	=	PIA Score
• Resource Use	X	0%	=	Resource Use Score
Total				Composite Score

Points for each measure are based on performance

CMS publishes deciles based on national performance in a baseline period (2-years prior to the performance period).

Eligible clinician's performance is compared to the published decile breaks.
Points are assigned based on which decile range the performance data is located. All scored measures receive at least 1 point.

Decile	1	2	3	4	5	6	7	8	9	10
Points	1.0-1.9	2.0-2.9	3.0-3.9	4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10



Quality Component Score (out of 100)=(Total Measure Points + Bonus Points)/Possible Points

Resource Use Component

Resource Use (Cost) Component

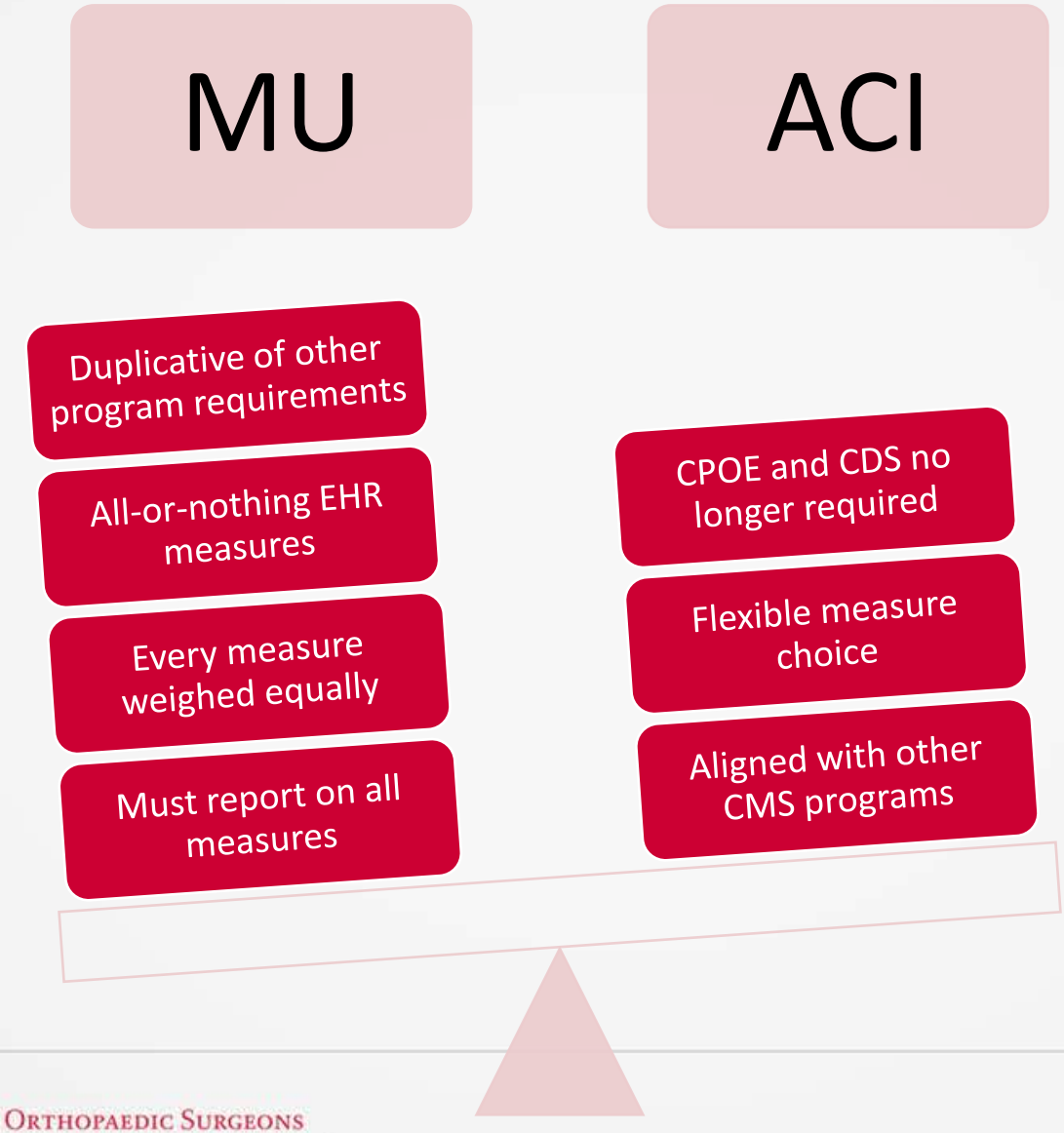
- Based on Medicare cost of attributed patients
- Includes 40+ cost measures to account for specialties
- No reporting requirements
- Look at your 2015 QRUR* Report to see your current cost score
- Calculation shifting to episodes

***Quality and Resource Use Report**

Advancing Care Information

Rebranded Meaningful Use

Advancing Care information vs. Meaningful Use



Advancing Care Information Required Measures

- Security Risk Analysis
- Electronic Prescribing
- Patient Electronic Access (Patient Portal)
- Request/Accept Summary of Care
- Send Summary of Care

Advancing Care Information Scoring

Base Score:

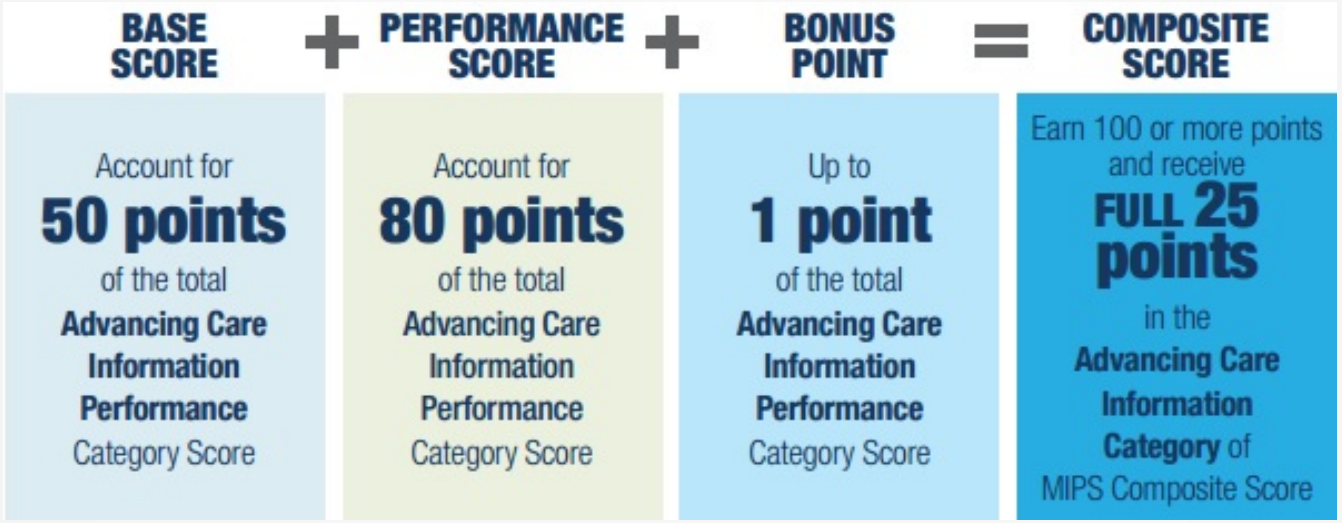
- Accounts for 50 points of the total Advancing Care Information category score.
- Clinicians must provide numerator/denominator or yes/no for each objective and measure.

Performance Score:

- Accounts for up to 80 points towards the total Advancing Care Information category score
- The total score can exceed 100 points, but anyone who scores 100 points or above will receive the full credit of the maximum 25 points
- Physicians and other clinicians select the measures that best fit their practice

Clinicians must be able to report “yes” to the Protect Patient Health Information objective

Advancing Care Information Scoring



Practice Improvement Activities

Clinical Practice Improvement Activities

- 8 categories of CPIA activities
- Each activity is defined as “medium” or “high” value
- Medium value activities earn 10 points/ High earns 20 points
- Clinicians report on four medium or two high-weighted activities for 2017
- Receive credit for things your practice is already doing

Practice Improvement Activity Categories

- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety
- Health Equity
- Emergency Preparedness and Response
- Behavioral/Mental Health

CPIA for Orthopedics

Most CPIA activities are primary care focused

Some examples for orthopedics:

- Collection of patient satisfaction data (medium)
- Providing specialist reports back to referring (medium)
- Participation in an HIE (medium)
- Consultation of a Prescription Drug Monitoring Program prior to prescribing Schedule II (high)

This is a place where you should get the full 40 points

Reporting is by attestation-be careful to document for audits

Quality Component

Quality Component

Measures will be published in the Final Rule

- More specialty measures
- Review specifications carefully

Clinicians report on 6 measures

- 1 Outcome measure

Likely similar to many of your current PQRS measures

- Validate specifications with your EHR vendor

Reporting requirement moves from 50% of patients to 90%

- N.B. if you've been doing well based on 50% reporting

Operational considerations

Putting it into practice

Choosing the right measures

Choosing measures requires a strategic approach

Meaningful Use had set targets

For PQRS, simply reporting met one requirement

Some practices chose measures based on their minimal impact to clinicians

Look at the total score

- Reporting by Tax ID allows you to take advantage of sub-specialists

For 2017, choose measures:

- That have the maximum weighting
- Are achievable
- Where you believe you can affect the result

Different ways to score

Eligible Clinician Submits only 1 Quality Measure – no payment adjustment

Performance Category	Score	Weight	Weighted Score
Quality	3	60%	3
Resource Use	0	0%	0
CPIA	50%	15%	7.5
Advancing Care Information	50	25%	12.5
Composite Performance Score (Subtotal x 100)			23 points

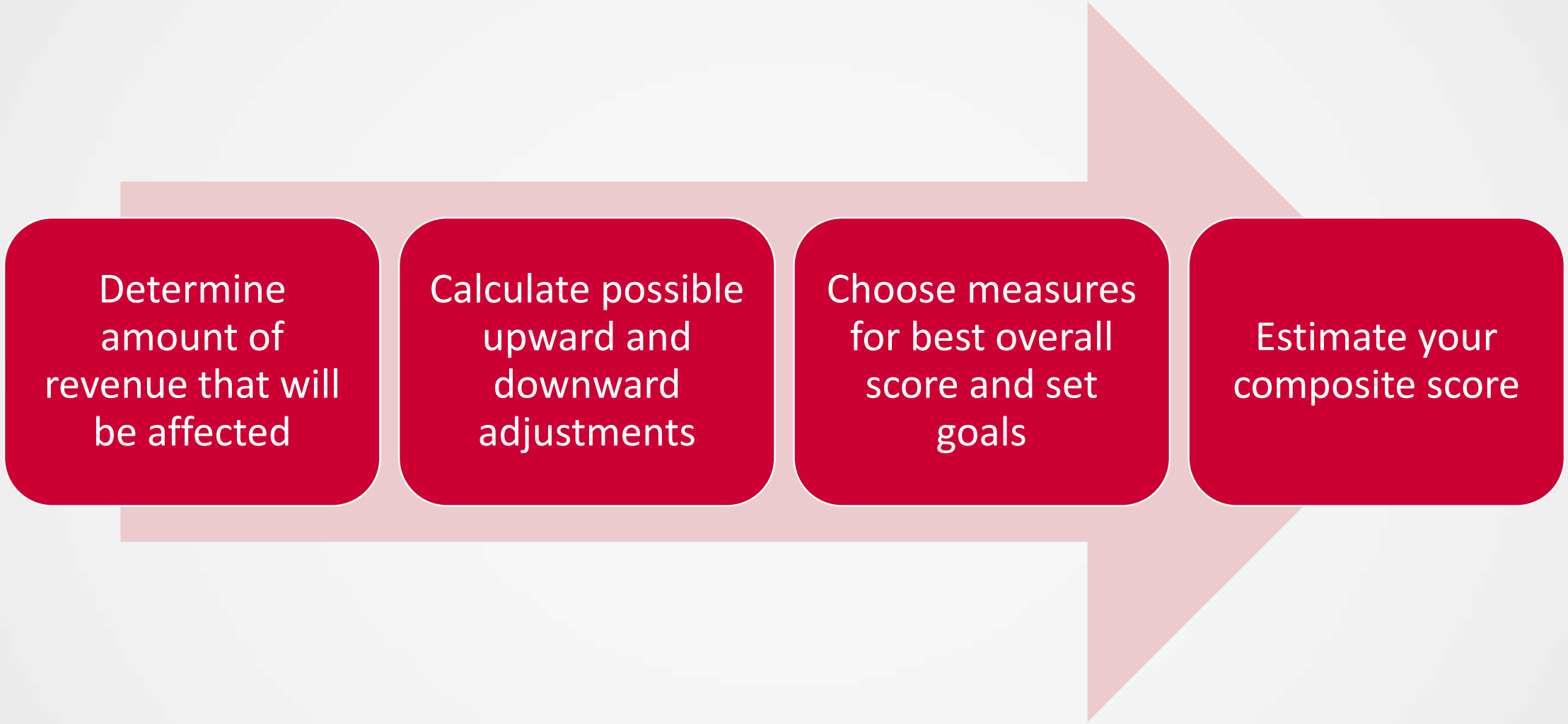
Eligible Clinician Submits data in all 3 categories

Performance Category	Score	Weight	Weighted Score
Quality	56	60%	56
Resource Use		0%	0
CPIA	100	15%	15
Advancing Care Information	0	25%	0
Composite Performance Score (Subtotal x 100)			71 points

Credit: CMS

Forecasting MIPS impact on revenue

Evaluating your risk



Determine what is at risk/or potential increase

For 2017 only

- Base performance level is 3
- Maximum MIPS increase 4%
- Maximum MIPS decrease 4%

Exceptional performance bonus

- For scores over 70
- From 0.5% up to 10%
- $500,000,000 allocated

$10,000,000 Part B payments

- Max penalty -$400,000
- Max increase $1,400,000

Low volume exclusion

- <=$30,000 charges
- <=100 patients

Choose measures and set goals

Evaluate your PQRS and MU Performance

- Use your QRUR reports
- Use your registry report for benchmarking

Determine the optimal mix of measures

- Leverage existing workflows
- Set goals using benchmarks

Plan your 2017 strategy

- Set measures and goals
- Establish monthly reporting/feedback loop

N.B. Choose your reporting option

- Minimum (1) with no adjustment
- 90 days for partial adj
- Full year for moderate adj

November 29 CMS webinar update

- Full year vs 90-day to earn modest positive adjustment: *Quality measures are key to achieving maximum adjustment*
- Full year reporting provides the best opportunity for a group or EC to meet requirements for all 3 MIPS categories to qualify for modest incentive
- Quality category is key b/c there are measures that require more than 90 days to meet CMS specifications and benchmarks
- 90-day reporting may qualify for maximum upward adjustment if measure requirements for all 3 MIPS categories are met
- Requires careful review of all six Quality measures selected for 2017 to confirm all specifications and benchmarks can be met in 90 days
- If not met, a group or EC may still qualify for a small upward adjustment for submitting full data sets in all 3 MIPS categories including Quality, Advancing Care Information, and Activity Improvement
- Quality Measures Benchmarks can differ depending on the reporting mechanism
- CEHRT, Attestation, QCDR/Registry, etc, may have different benchmarks for a given Quality measure

5 things to Prepare for January 2017

1. **Educate** your organization, including senior management
2. **Estimate** your MIPS payment adjustment using your 2015 MU/PQRS/VBM scores
3. **Optimize** MU/PQRS/VBM quality to maximize MIPS score
4. **Evaluate** staff, resources and organization structure needed to be successful
5. **Identify** the process you will use to monitor performance throughout the year

Resources

- CMS has put out a user-friendly web page with all of this information at https://qpp.cms.gov/
- For further clarification, Quality Payment Program (MIPS) questions can be emailed to QPP@cms.hhs.gov.
- A bookmarked copy of the Final Rule
- HHS Security Risk Assessment Tool: https://www.healthit.gov/providers-professionals/security-risk-assessment

Thank you for joining COA's Webinar!