

COA: Practice Management

QPP: Part 1 – MIPS

QPP: Part 2 – APMs

Quality: Collection, Reporting

Opportunities in the New Healthcare Area

Keynote Speakers

Legislative Update





Do Orthopedists Expect to Participate in MACRA?



Payment Reform 2017 - **MACRA**nyms:

1. **MACRA**: Medicare Access and CHIP Reauthorization Act of 2015

 **QPP**: Quality Payment Program

- **MIPS**: Merit-based Incentive Payment System

- **ACI**: Advancing Care Information

- **APMs**: Alternative Payment Models

- **A-APMs**: Advanced APMs

3. **CJR**: Comprehensive Care for Joint Replacement

4. **SHFFT**: Surgical Hip/Femur Fracture Treatment



MIPS vs. APM

- 90%+ will need to report via MIPS (Merit-based Incentive Payment System)
- Currently (2017) APM options limited, particularly for specialists
- Reimbursement (and ease of reporting) strongly favor APMs, hence need to stay aware of the opportunity
- Should be more options available by 2018 (CJR, SHFFT, new “advanced” BPCI)



Medicare's Quality Payment Program (QPP)

Part I: MIPS for Most

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Chair, AAOS Health Care Systems Committee



https://qpp.cms.gov/learn/eligibility/

Quality Payment Program

[Learn About the Program](#) [Explore Measures](#) [Education & Tools](#)

[How Do I Participate in the Program?](#) [How Do I Participate in Alternative Payment Models?](#) [Am I included in MIPS?](#) [What Can I Do Now?](#)

Am I included in MIPS?

To check if you need to submit data to MIPS, enter your 10-digit National Provider Identifier (NPI) number.

If you're exempt from MIPS with the first review, you won't need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2017. [Learn more about MIPS eligibility.](#)

National Provider Identifier (NPI)

[Check Now](#)

Participating in an Alternative Payment Model (APM)? Talk to your Center for Medicare & Medicaid Innovation (CMMI) team or leaders managing your participation. If you need help finding this information, please email us at qpp@cms.hhs.gov or call 1-866-288-8292

Quality Payment Program

LEARN MORE ABOUT THE QUALITY PAYMENT PROGRAM

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Quality

**Tim
Brox**



**Improvement
Activities**

New category.



**Advancing Care
Information**

Replaces the Medicare EHR
Incentive Program also known as
Meaningful Use.



Cost

Replaces the Value-Based
Modifier.



Quality

Replaces PQRS.



Improvement Activities

New category.



Advancing Care Information

Replaces the Medicare EHR Incentive Program also known as Meaningful Use.



Cost

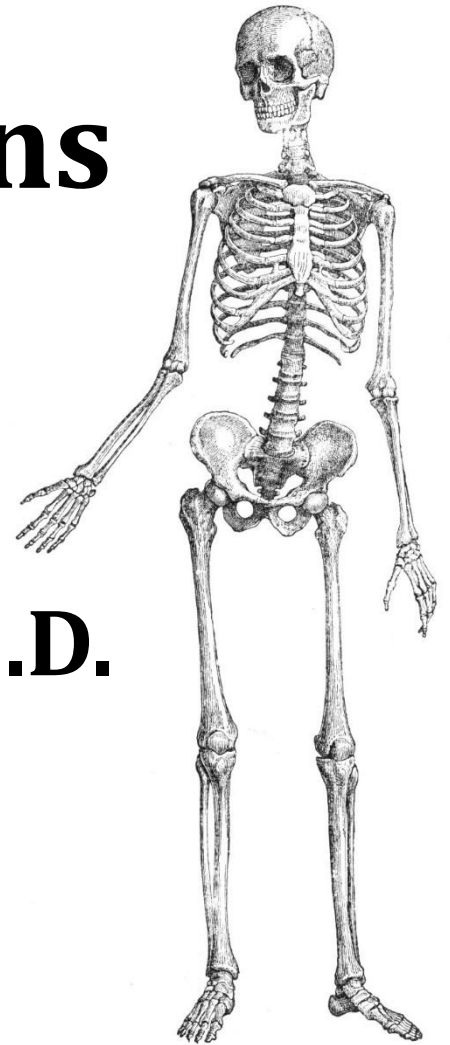
Replaces the Value-Based Modifier.

Musculoskeletal Health Care Solutions

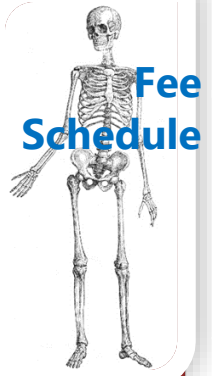
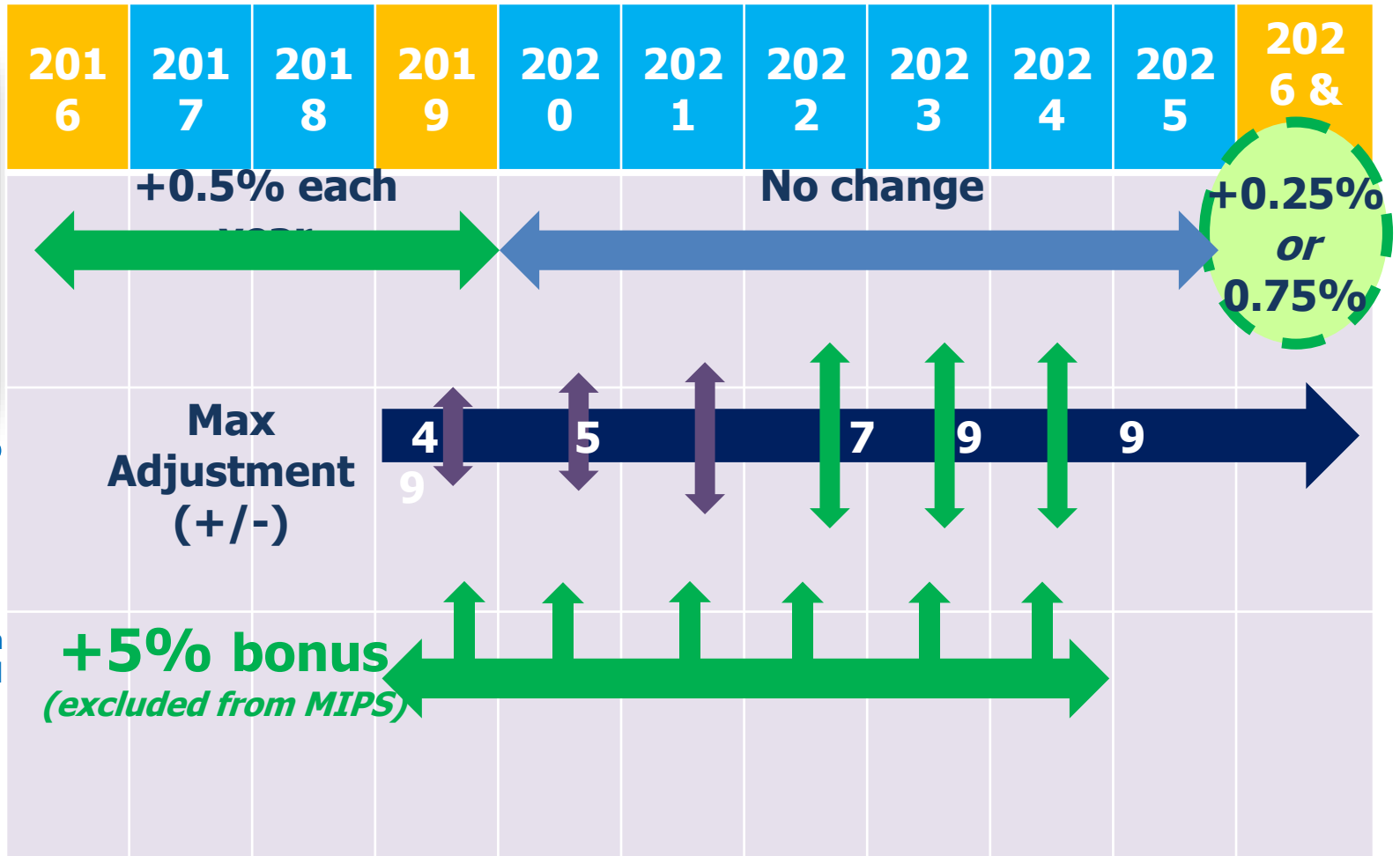
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Putting It All Together:



Fee Schedule

MIPS

QP in Advanced APM



Performance:

The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can provide care during the year through that model.

Send in performance data:

To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5% incentive payment for participating in an Advanced APM, just send quality data through your Advanced APM.

Feedback:

Medicare gives you feedback about your performance after you send your data.

Payment:

You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you may earn a 5% incentive payment in 2019.

Quality Performance Category Score: Bonus Points

Bonus for reporting additional outcomes, patient experience, appropriate use, patient safety

Bonus for EHR reporting

- Minimum case volume required
- Bonus points:
 - Up to 10% “extra credit” total in bonus points
 - Additional high priority measures (up to 5% of possible total)
 - 2 bonus points awarded for additional outcome/patient experience
 - 1 bonus point for other high priority measures
 - CEHRT Bonus (up to 5% of possible total)
 - 1 bonus point for each measure reported using CEHRT for end-to-end electronic reporting
 - Not available for claims



MIPS Advancing Care Information Objectives and Measures

Objective	Measure
Protect Patient Health Information	Security Risk Analysis*
Electronic Prescribing	ePrescribing**
Patient Electronic Access	Patient Access***
	Patient-Specific Education***
Coordination of Care Through Patient Engagement	View, Download and Transmit (VDT)***
	Secure Messaging***
	Patient-Generated Health Data***
Health Information Exchange	Exchange Information with Other Physicians or Clinicians***
	Exchange Information with Patients***
	Clinical Information Reconciliation***
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting*
	(Optional) Syndromic Surveillance Reporting
	(Optional) Electronic Case Reporting
	(Optional) Public Health Registry Reporting
	(Optional) Clinical Data Registry Reporting

* Required measures

** Required to fill out the measure (either yes/no or numerator/denominator)

*** Required to fill out the measure, may be selected as a part of the performance score