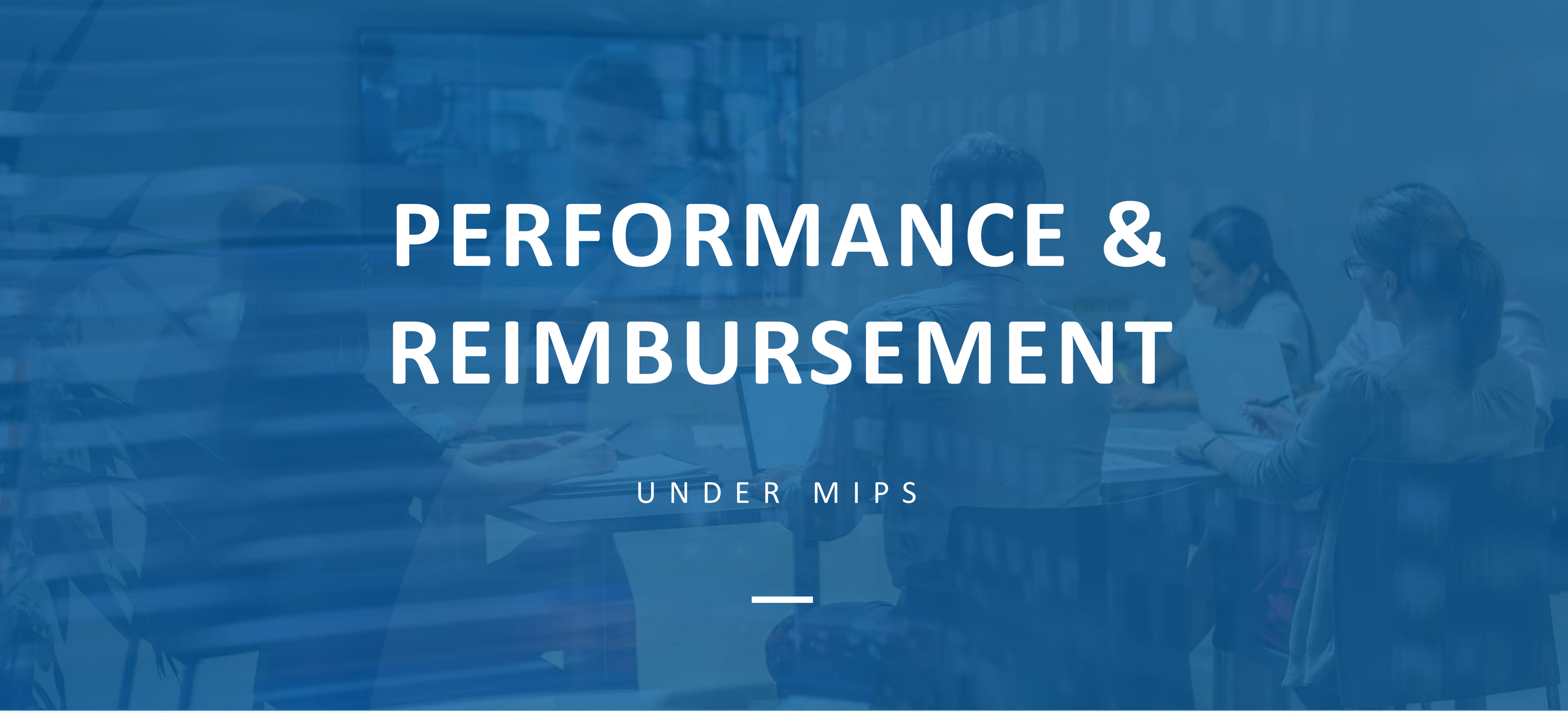


PERFORMANCE & REIMBURSEMENT

UNDER MIPS

Karen R. Clark, MBA, CPHIMS.FHIMSS

ORTHO TENNESSEE

DISCLAIMERS

- Information here is based on the Final Rule published Oct.14, 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

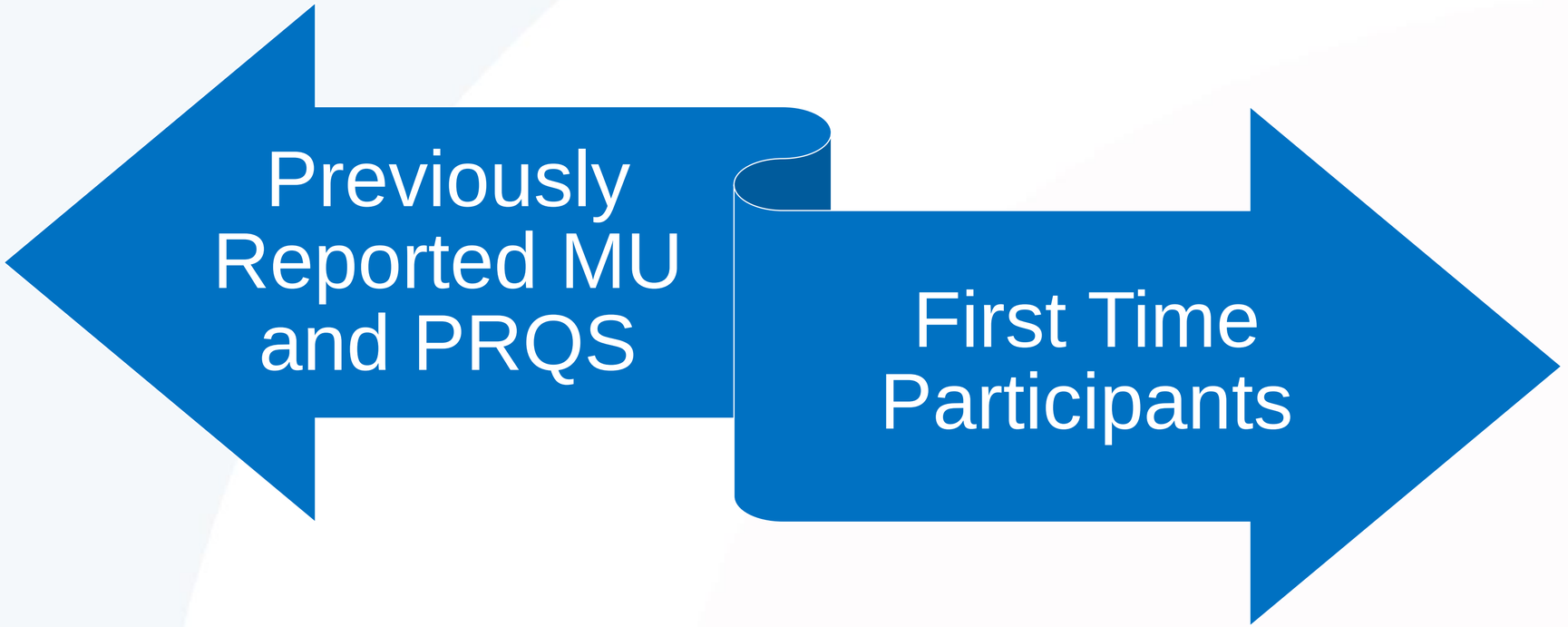
Public Awareness

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

Choose Your Path



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*

MIPS

MACRA BASICS

ORTHO TENNESSEE

The **M**edicare **A**ccess and **C**HIP **R**eauthorization **A**ct of 2015

Replaces the Sustainable Growth Rate (SGR)

- Planned increase is only 0.5% for next 5 years.
- Only method 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”

- This is called **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

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

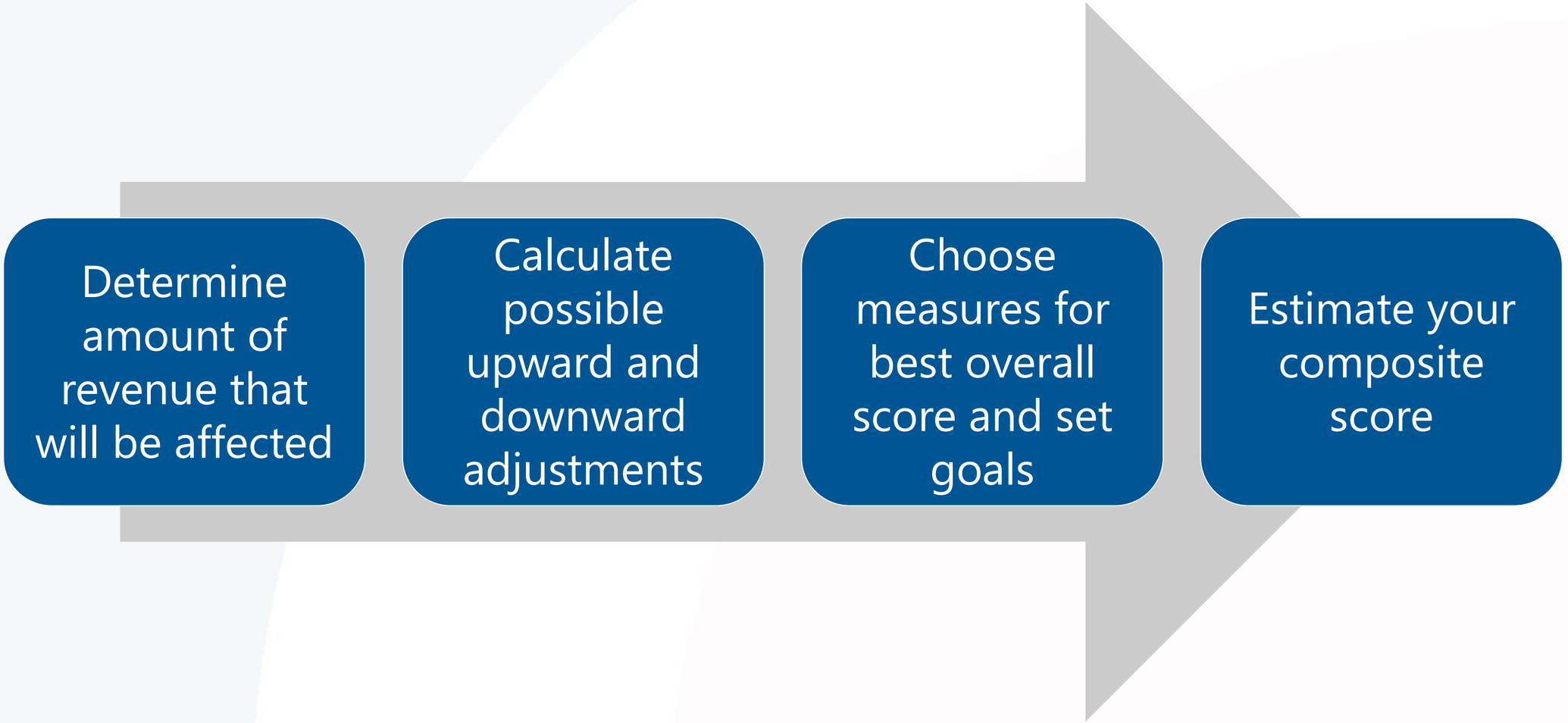
- <=$30,000 charges
- <=100 patients

FORECASTING MIPS IMPACT ON REVENUE

—

ORTHO TENNESSEE

Evaluating your risk



*Quality and Resource Use Report from CMS

MIPS COMPONENTS & SCORING

BRIEF OVERVIEW

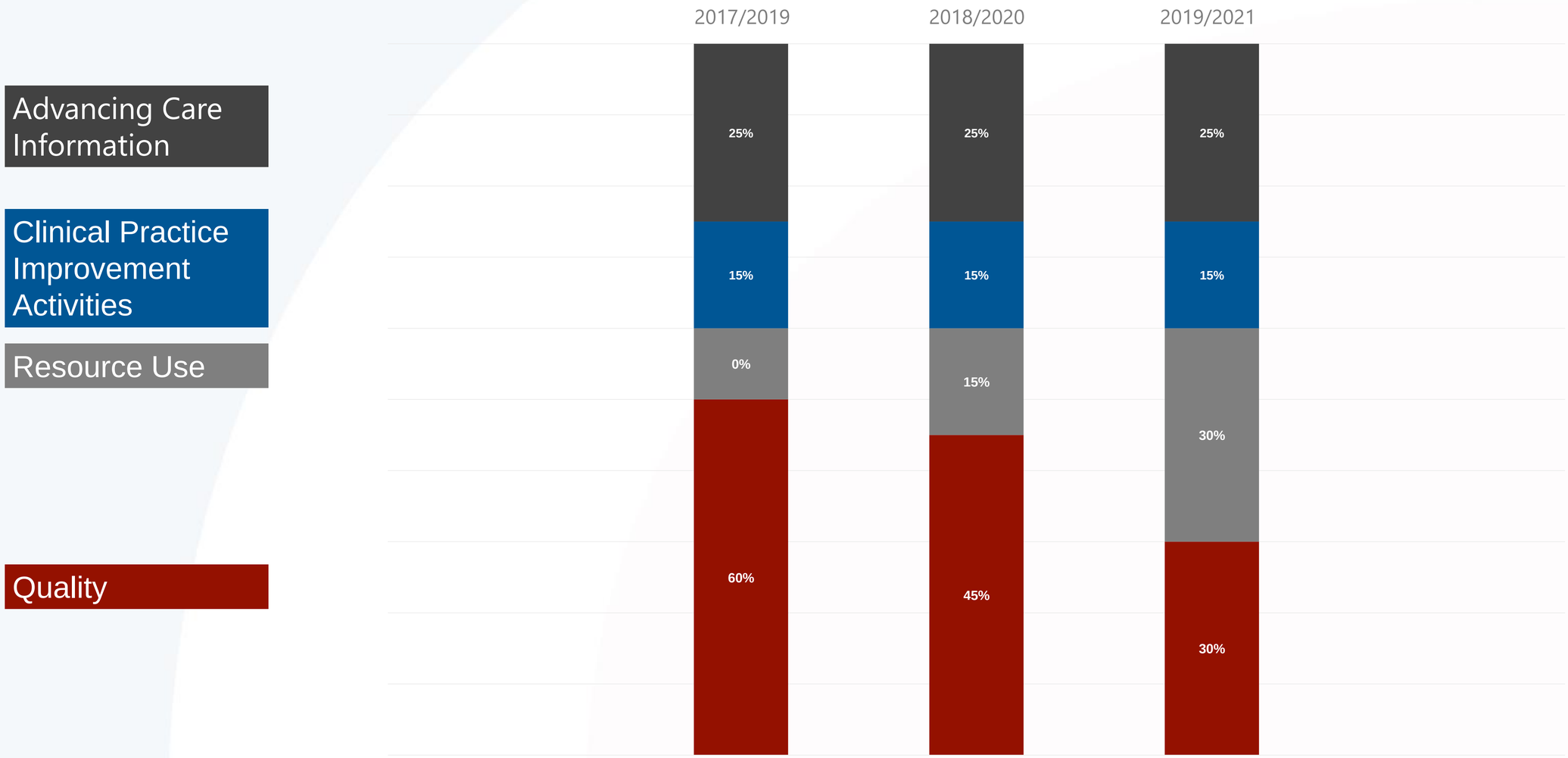
ORTHO TENNESSEE

MIPS performance categories

- Quality
- Resource Use
- Advancing Care Information – Dr. Kim
- Practice Improvement Activities – Dr. Page

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

Elements of the Composite Score are weighed differently



Sample measure performance

		Your TIN				All TINs in Peer Group	
Measure Identification Number(s)	**Measure Name**	Number of Eligible Cases	**Performance Rate**	Standardized Performance Score	Included in Domain Score?	**Benchmark (National Mean)**	Standard Deviation
130 (GPRO Care-3, CMS68v4)	Documentation of Current Medications in the Medical Record	34,565	**52.06%**	-1.26	Yes	**83.63%**	25.09
238* (CMS156v3)	Use of High-Risk Medications in the Elderly	12,179	**15.40%**	—	No	—	—

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

7% 16% 23% 36% 41% 62% 69% 79% 85%

A perfor*manc*e rate of 20% would earn 3.5 points.

A performance rate of 80% would earn 9.5 points.

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

MIPS Improvement Activities Fact Sheet (106KB)	PDF	April 6th, 2017
MIPS 2017 Qualified Registries (933KB)	PDF	April 14th, 2017
MIPS Data Validation Criteria (412KB)	ZIP	April 26th, 2017
FOR REGISTRIES, QUALIFIED CLINICAL DATA REGISTRIES (QCDRS) & EHR VENDORS		
Quality Measure Specifications (249.3MB)	ZIP	December 29th, 2016
Quality Measure Specifications Supporting Documents (8.3MB)	ZIP	February 13th, 2017
2017 Quality Benchmarks (193KB)	ZIP	December 29th, 2016
Quality Measure Encounter Codes (131KB)	ZIP	December 29th, 2016
Advancing Care Information Measure Specifications (3.9MB)	ZIP	March 13th, 2017
Advancing Care Information Measure Specifications Fact Sheet (148KB)	PDF	December 29th, 2016
Advancing Care Information for Vendors (82KB)	PDF	December 29th, 2016
Qualified Registry Self-Nomination Fact Sheet (143KB)	PDF	December 29th, 2016
QCDR Self-Nomination Fact Sheet (161KB)	PDF	December 29th, 2016

Looking for Developer Tools and APIs?

Learn more about CMS's ongoing efforts to spur the development of innovative, customizable tools that reduce burden for clinicians and support high-quality care for patients.

Next: Learn More About Developer Tools ›

Top

Composite Score Calculation

COMPONENT	X	WEIGHT	=	SCORE
ACI Points	X	25%	=	ACI Score
Quality Points	X	60%	=	Quality Score
CPIA Points	X	15%	=	CPIA Score
Resource Use	X	0%	=	Resource Use Score
TOTAL				**COMPOSITE SCORE**

ORTHO TENNESSEE

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%	34
Resource Use	0	0%	0
CPIA	100	15%	15
Advancing Care Information	90	25%	22
Composite Performance Score (Subtotal x 100)			71 Points

Credit: CMS

QUALITY COMPONENT

ORTHO TENNESSEE

Quality Component

Measures were 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

Notice: This HHS-approved document has been submitted to the Office of the Federal Register (OFR) for publication and has not yet been placed on public display or published in the Federal Register. This document may vary slightly from the official published document if minor editorial changes have been made during the OFR review process. The document published in the Federal Register is the official HHS-approved document.

If you need to access the information in this document with assistive technology, please email Wesley.Wei@cms.hhs.gov.

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description[2]	Measure Steward
11. Orthopedic Surgery							
!!	0268/ 021	N/A	Claims, Registry	Process	Patient Safety	Perioperative Care: Selection [illegible] First OR Second Generation Cephalosporin Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons
!	0239/ 023	N/A	Claims, Registry	Process	Patient Safety	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	American Society of Plastic Surgeons
	0326/ 047	N/A	Claims, Registry	Process	Communication and Care Coordination	Care Plan Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
!	N/A/ 109	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	Osteoarthritis (OA): Function and Pain Assessment Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	American Academy of Orthopedic Surgeons
	0421/ 128	69v5	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services

2278

Page 2278 of Final Rule

Appendix H

Orthopedic Surgery Quality Measures

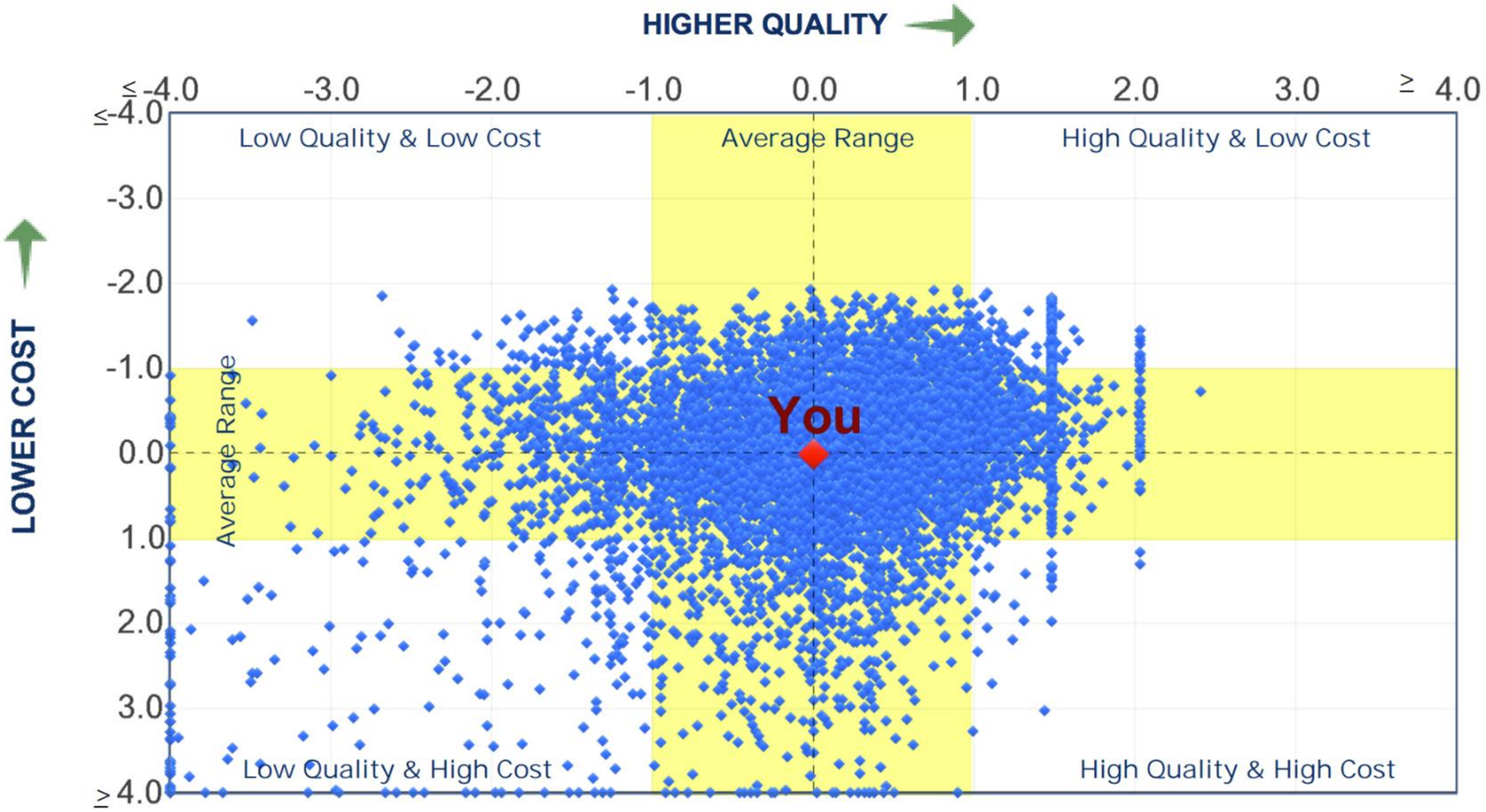
RESOURCE USE COMPONENT

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

The scatter plot below shows how your TIN ("You" diamond) compares to a representative sample of other TINs on the Quality and Cost Composite scores used to calculate the 2017 Value Modifier.



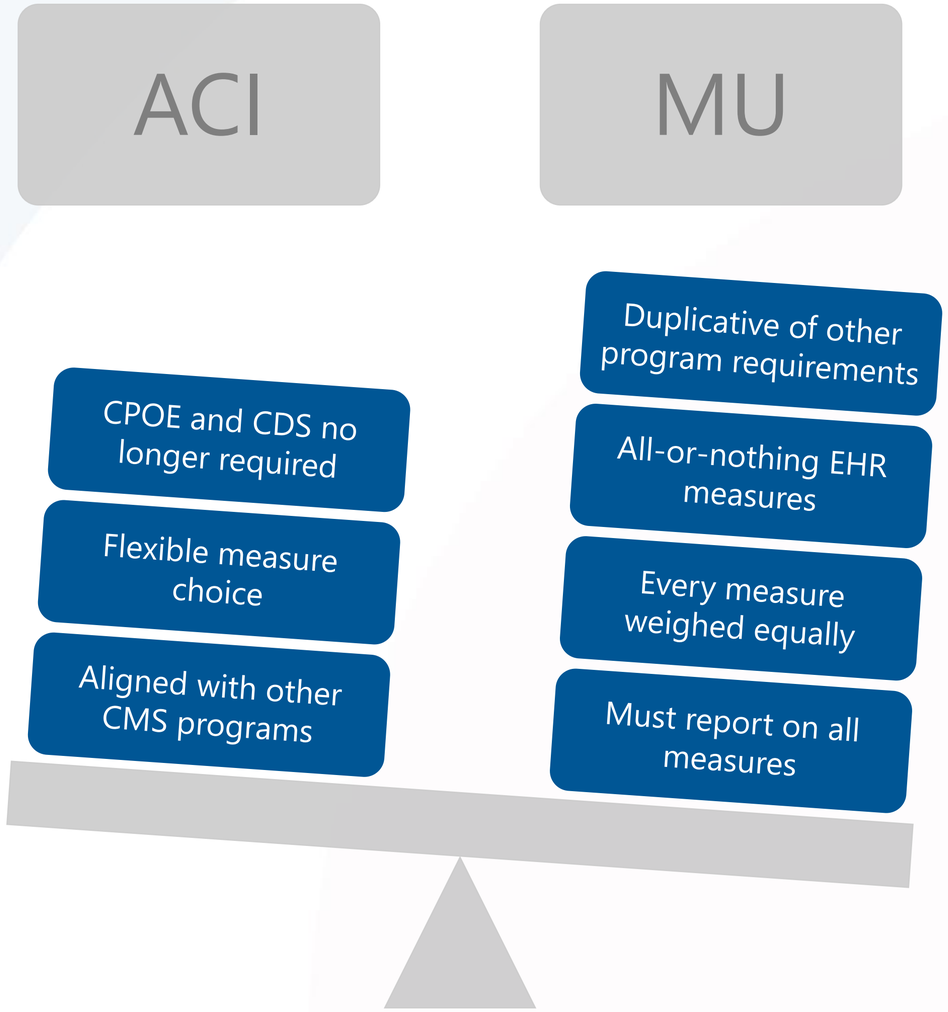
Note: The scatter plot shows performance among a representative sample of all TINs with Quality and Cost Composite Scores reflecting standard deviations from the mean for each Composite Score.

ADVANCING CARE INFORMATION

REBRANDED MEANINGFUL USE

ORTHO TENNESSEE

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

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

Use the HHS SRA Tool to prove compliance

Security Risk Assessment

Guide to Privacy and Security of Electronic Health Information
Health IT Privacy and Security Resources
Mobile Device Privacy and Security
Model Notices of Privacy Practices
Patient Consent for eHIE
Permitted Uses of PHI
Privacy & Security

Security Risk Assessment Tool

What is the Security Risk Assessment Tool (SRA Tool)?

The Office of the National Coordinator for Health Information Technology (ONC) recognizes that conducting a risk assessment can be a challenging task. That's why ONC, in collaboration with the HHS Office for Civil Rights (OCR) and the HHS Office of the General Counsel (OGC), developed a downloadable SRA Tool [.exe - 91.3 MB] to help guide you through the process. This tool is not required by the HIPAA Security Rule, but is meant to assist providers and professionals as they perform a risk assessment.

The SRA Tool is a self-contained, operating system (OS) independent application that

SRA Tutorial Video

Top 10 Myths of Security Risk Analysis

As with any new program or regulation, there may be misinformation making the rounds.

CLINICAL PRACTICE IMPROVEMENT ACTIVITIES

ORTHO TENNESSEE

Clinical 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

OPERATIONAL CONSIDERATIONS

PUTTING IT INTO PRACTICE

ORTHO TENNESSEE

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

ORTHO TENNESSEE

Choose measures and set goals

5 things to Prepare for 2017 Transition

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/
- Download the Quality Benchmarks here: https://qpp.cms.gov/resources/education
- A bookmarked copy of the Final Rule
- HHS Security Risk Assessment Tool: https://www.healthit.gov/providers-professionals/security-risk-assessment

Thank You

Karen R. Clark

kclark@orthotennessee.com

ORTHO TENNESSEE