
Moving MACRA-MIPS Forward: Role by Role

Todd Searls, President & Founder



Wanda Kelley, VP Clinical Informatics

Rhonda Luetkenhaus, Manager Quality Programs

2016

2017

2018

2019

2020

2021

- Attest to Modified Stage 2 MU (2014 CEHRT) by 2-28-2017
- Report PQRS
- Review QRUR
- Prepare for MIPS

- Start MIPS-- 1st Year for Performance
- Plan MIPS Reporting
- Mid-Level providers have Option to submit ACI Measures

- MIPS—2nd Year
- Stage 3 MU (2015 CEHRT)
- March 31, 2018 submit MIPS data
- Dec. 31 will end MU, PQRS, and VM Penalties

- 1st Year MIPS Payment Adjustments : +/- 4%, plus chance for Bonus
- QPs receive 5% Bonus

- 2nd Year MIPS Payment Adjustments: +/- 5% plus chance for Bonus
- QPs receive Bonus

- 3rd Year MIPS Payment Adjustments: +/- 7% plus chance for Bonus
- QPs receive Bonus

The Composite Performance Score for MIPS

Category	Weight	Scoring - 2017
Quality	60%	<ul style="list-style-type: none">• Each measure is 1-10 points and compared to a benchmark• Bonus for reporting additional outcomes, patient experience, appropriate use, patient safety measures• Bonus for electronic reporting• Minimum of 3 points for measures submitted
ACI*	25%	<ul style="list-style-type: none">• Base score (50%) achieved by meeting “required” measures• Performance score (opportunity to gain high score)• Public Health Reporting bonus percent• Total capped at 100%
CPIA	15%	<ul style="list-style-type: none">• Each activity worth 10 points; double weight for “high” value activities• Twice the amount of points for Small, Rural, and HPSA practices
Resource Use	0%	Measures are 1–10 points and compared to a benchmark

MIPS by Role

- **Care team:** performance & documentation; HIPAA compliance
- **Informatics:** EHR reporting experts; audit documentation; trainers
- **Coders:** ICD-10 code review (important for quality measures)
- **IT:** EHR experts; technical advisors to informatics team; security
- **Administration:** audit preparation; HIPAA compliance; improvement activities, contracting



Attestation Team

Care Team – Documenting MIPS

- Quality Performance
 - Six Measures (one outcome measure)
- Advancing Clinical Information
 - cEHRT use
 - Information Exchange w/ other providers
- Clinical Performance Improvement Activities
 - Improving the Patient Experience / Engagement
- Resource (Cost) Category
 - Obtained from Medicare claims data

Care Team

- Meaningful MACRA?
 - Providers want to capture data relevant to their specialty
- The Risk – CMS scoring
 - “Very high benchmarks for some items in the cardiology set of quality performance measures [...] lack adjustments or automatic exclusions for disease severity for many of them” – JAMA Cardiology, July 31, 2017
- New workflows to capture all information?
 - 50% data capture threshold
 - All payers, all patients
 - Inpatient care data capture

Care Team Concerns

- Documentation Workload
- Shoulder Support
 - MIPS Data Reviews
 - Continuing Education
- Employment Review?
 - Payment Penalties
 - Salary Adjustments
 - Contract Changes

Provider Type	Number of Physicians and Other Clinicians	Allowed Charges (mil)	Percent with negative payment adjustment
ALL ⁴⁸	761,342	\$72,606	45.5%
Allergy/Immunology	3,031	\$199	57.1%
Anesthesiology	34,233	\$1,904	47.4%
Cardiology	29,176	\$5,791	37.5%
Chiropractic	20,572	\$585	98.4%
Clinical Nurse Specialists	1,681	\$57	54.7%
Colon/Rectal Surgery	1,244	\$136	40.0%
Critical Care	2,550	\$265	46.3%
Dentist	915	\$26	68.9%
Dermatology	10,317	\$2,824	42.2%
Emergency Medicine	41,728	\$2,626	35.4%
Endocrinology	5,401	\$445	32.6%
Family Practice	79,541	\$5,666	40.2%

*1 Table 63, Federal Register May 9, 2016 Page 28372, based on 2014 data, projected to 2017

2018 Proposed Changes Alter MIPS Impact?

Provider type, specialty	Percent eligible clinicians engaging with quality reporting	Percent eligible clinicians with positive or neutral payment adjustment	Percent eligible clinicians with exceptional payment adjustment	Percent eligible clinicians with <u>negative payment adjustment</u>
Pain Management	88.1	86.6	63.4	13.4
Physical Medicine and Rehabilitation	91.3	90.5	68.4	9.5
Dermatology	91.8	91.8	69.6	8.2
Orthopedic Surgery	93.4	93.3	66.8	6.7
Allergy/Immunology	94.9	94.9	80	5.1
Anesthesiology	97.8	95.7	74.5	4.3
Geriatric Medicine	96.4	95.9	77	4.1
Colorectal Surgery (Proctology)	95.7	96.2	75.6	3.8
General Surgery	96.6	96.6	79.4	3.4
Cardiovascular Disease (Cardiology)	96.5	96.8	80.9	3.2
Family Medicine ***	97	96.9	80.7	3.1
Hematology-Oncology	97.5	97.2	77.3	2.8
Rheumatology	97.2	97.2	80.5	2.8
Nurse Practitioner	98	97.8	87.3	2.2
Interventional Cardiology	97.5	98.5	83.8	1.5



Clinical Informatics

- MACRA ownership
 - AMA checklist for MIPS participation: https://www.ama-assn.org/sites/default/files/media-browser/macra-checklist_fly.pdf
- MIPS Coaching
- MIPS Reporting
- EHR Build, Training, Optimization
- Project Management
- Vendor Communication
- Workflow Transformation
- Patient Care....Quality Improvement....Regulatory Updates....Audit Documentation....
 - Oh, and a little thing I like to call “Attestation”



Coders

Hierarchical Condition Categories' Role in MIPS and APMs

“HCC risk-adjustment measures ensure that providers are not unfairly penalized for seeing patients with complexities that impact outcomes and costs beyond the caregiver’s control.

As with former value-based payment modifiers, the system seeks to secure reimbursement adjustments for physicians serving at-risk patient populations. Including applicable HCC codes in claim submissions directly impacts reimbursement.

Provider documentation is required to support diagnoses that map to [HCC codes](#).” – ICD10 Monitor (<https://www.icd10monitor.com/coding-s-role-in-the-macra-quality-payment-program>)

IT



Emphasizes Privacy, Security, Patient Engagement and Interoperability

Administrators

Leading From the Front

- Central message to all clinical and IT staff re: MIPS / APM participation goals;
- Regular meetings with Attestation Team members to identify challenges and opportunities;
- Ensure HIPAA officers have updated facility policies and Security Risk Assessment;
- Evaluate current and future provider contracts to identify MIPS penalty risks and to plan for future reporting overhead (\$\$\$);
- Take primary responsibility for ensuring proper documentation is generated and archived for future CMS / ONC audits.

Administrators

Preparing for Audits

- If a practice is contacted with an audit request, **it has 10 business days to respond to CMS.**
- Data must be stored and **available for auditor review for 10 years post attestation-date.**
- For 2017 performance, the **Quality, ACI, and IA** categories will be subject to audits.
- All payer data may be requested during an audit to substantiate attestation data.
 - Advanced APMs that utilize other Payer data will be especially scrutinized.

Administrators

Clinical Improvement Activities – Driving Patient Engagement & Care Coordination

- “An upcoming AAAHC patient safety toolkit, [Tracking Patient Tests and Referrals](#), summarizes the evidenced-based research on the topic and includes resources for providers in both the primary care and ambulatory surgical/procedural care settings.
- The Agency for Healthcare Research and Quality (AHRQ) [PCMH Resource Center](#) offers online resources to help clinicians, clinical teams and health care administrators measure care coordination and learn more about how to incorporate care coordination into routine primary care practice.
- An American College of Physician (ACP) [High Value Care Coordination](#) (HVCC) Toolkit contains out-patient referral request templates and response checklists. ACP also has developed two care coordination agreements templates. One template is an agreement between the primary care practice and the hospital and the other is an agreement between the primary care physician and the specialist.”
- Also, see the HealthIT.Gov site for their playbook: <https://www.healthit.gov/playbook/>

Attestation Team - Reporting the Data

	Individual	Group
Quality		
Advancing Care Information		
Improvement Activities		



Attestation Team

CMS Attestation Statements for MIPS

- A health care provider must attest that it did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
- A health care provider must attest that it implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times:
 - (1) connected in accordance with applicable law;
 - (2) compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
 - (3) implemented in a manner that allowed for timely access by patients to their electronic health information (including the ability to view, download, and transmit this information); and
 - (4) implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 USC 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors.

Attestation Team

CMS Attestation Statements for MIPS

- **ONC-Direct Review (Required)**
 - (1) acknowledge the requirement to cooperate in good faith with ONC direct review of their health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and
 - (2) if requested, cooperated in good faith with ONC direct review of their health information technology certified under the ONC Health IT.

- **ONC-ACB Surveillance (*Optional*)**
 - (1) acknowledge the option to cooperate in good faith with ONC-ACB surveillance of their health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and
 - (2) if requested, cooperated in good faith with ONC-ACB surveillance of their health information technology certified under the ONC Health IT Certification Program, as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the EP, eligible hospital, or CAH in the field.

Attestation Team

Documentation, Documentation, Documentation

- CMS – MIPS Data Validation Criteria (Improvement Activities)
 - <http://www.ascrs.org/sites/default/files/Remediated%20MIPS%20Data%20Validation%20Criteria%202017%2004%2024.pdf>
- Online Articles
 - http://journals.lww.com/aswcjournal/Citation/2017/10000/Merit_Based_Incentive_Payment_System_Audit.8.aspx
- Vendor Provided Checklists:
 - <https://www.advisory.com/-/media/Advisory-com/Consulting/Quality-Reporting-Roundtable/2017/34524-QRR-Toolkit-MIPS-Audit-Checklist.pdf>

Moving Forward

2018 Proposed Rules

Changes from Year 1 to Year 2: Proposed Rule

2017 – Year 1, Transition Year

- CPS:
 - Minimum: 3
 - Exceptional Performance: 70
- Low-Volume Threshold:
 - $\leq \$30,000$ OR ≤ 100 Medicare patients
- Cost Category 0%
- Quality Category 60%
- Report Quality measures for >50% of patients—all payer types
- PAs, NPs, NS, CRNAs - option to report ACI
- Reporting:
 - Pick-Your-Pace
- Use 2014 or 2015 CEHRT
- Modified Stage 2 or Stage 3

2018 – Year 2

- CPS (proposed):
 - Minimum: 15
 - Exceptional Performance: 70
- Low-Volume Threshold:
 - $\leq \$90,000$ OR ≤ 200 Medicare patients
- Cost Category 0%
- Quality Category 60%
- Report >50% of patients for quality measures—all payer types
- Reporting:
 - Full Year of Quality and Cost measures
 - 90-days of ACI and Improvement Activities
- Other Proposed:
 - Continue to allow 2014 CEHRT
 - Additional Bonus Points
 - Hardships for small practices
 - Virtual Groups for small practices

Praesidio Healthcare Consulting Contact Information

Address: P.O. Box 22795

Lincoln, Nebraska 68542

Phone: (888) 848-9876

Email: info@praesidioconsulting.com

Website: <http://www.praesidioconsulting.com/>

