MACRA/Quality Payment Program: Pick Your Pace

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South Carolina Office of Rural Health Center for Practice Transformation
Transformation

• Changes in Healthcare Delivery System
• Changes in Payment Systems
• Changes in Culture
MACRA/QPP
Medicare Access and CHIP Reauthorization Act of 2015

• New framework of physician reimbursement – rewards better care (value) rather than more care (volume)
• Repeals and replaces sustainable growth rate (SGR)
• Primarily still based on fee-for-service architecture
• Consolidates Medicare quality programs
  o Meaningful Use
  o Physician Quality Reporting System (Quality)
  o Value Based Payment Modifier Program (Cost)

“Dedicated to providing access to quality health care in rural communities”
Affected clinicians are called “MIPS eligible clinicians” and will participate in MIPS. The types of Medicare Part B eligible clinicians affected by MIPS may expand in future years.

Years 1 and 2

Physicians (MD/DO and DMD/DDS), PAs, NPs, Clinical nurse specialists, Certified registered nurse anesthetists

Years 3+

Secretary may broaden Eligible Clinicians group to include others such as

Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals
Who is Exempt from MIPS?

Clinicians who are:

- Newly-enrolled in Medicare
  - Enrolled in Medicare for the first time during the performance period (exempt until following performance year)

- Below the low-volume threshold
  - Medicare Part B allowed charges less than or equal to $30,000 a year
  - See 100 or fewer Medicare Part B patients a year

- Significantly participating in Advanced APMs
  - Receive 25% of their Medicare payments
  - See 20% of their Medicare patients through an Advanced APM
Quality Payment Program
Medicare Physician Reimbursement

MIPS (Merit-Based Incentive Program):
• Based on fee-for-service
• Performance score based on “value”
• FFS payment adjusted based on performance score

APMs (Alternate Payment Models):
• Moves to population-based and episode-based payment
• Requires shared two-sided risk
• Incentives for organizations to move towards APMs (bonus)

Merit-Based Incentive Program

Each physician or eligible professional or group will receive a composite performance score: 1-100; score will determine reimbursement.

Quality 60%
Cost 0%
Advancing Clinical Information 25%
Improvement Activities 15%

Final Score (1-100)


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MIPS

Quality: 6 performance measures (1 outcome) or one specialty-specific or subspecialty-specific measure set (PQRS)

ACI: 5 required measures of EHR functionality & how well you are using EHR/HIT/HIE); optional measures that provide bonus points (MU)

Cost: Claims-based; total per capita cost per attributed beneficiary & Medicare spending per beneficiary; 30% CPS by 2019/2021 (VM)

IA: high and medium weighted activities; PCMH recognition maximum points; must complete 4 medium or 2 high-weighted activities; small practices 1 high or 2 medium; activity that involves CERHT gets bonus score
Reporting

Report as an Individual
• Report by NPI tied to single TIN
• Reporting through EHR, Registry or QCDR and claims

Reporting by group
• Set of clinicians whose NPIs are tied to a shared TIN
• Submit group level data through CMS web interface or an electronic health record, registry, or a qualified clinical data registry
• Option for solo or small practices to create virtual group for MIPS reporting

Pick Your Pace
Measurement Year 2017; Payment Year 2019

2017 data must be submitted by March 2018


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Option 1: Pick Your Pace

- Submit minimum amount of 2017 data to Medicare
- Avoid a downward adjustment

**You Have Asked:** "What is a minimum amount of data?"

- OR - 1 Quality Measure
- OR - 1 Improvement Activity
- OR - 4 or 5 Required Advancing Care Information Measures


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Option 2: Partial Participation

- Report data for a minimum of 90 days
- Avoid negative payment adjustment or receive small positive adjustment
- Data must include more than 1 quality measure OR more than 1 improvement activity OR more than required ACI measures
Option 3: Full Participation

- Report data for full 90-days or full calendar year
- Receive modest positive adjustment
- Data must include more than ALL quality measure AND ALL improvement activity AND ALL required ACI measures
Action Items

• Determine eligibility
• Select reporting mechanism
• Explore capabilities related to Pick Your Pace options
• Explore quality measures – explore performance
• Select quality measure(s)
• Identify and select related improvement activity(ies)
• Coordinate improvement activities with quality measures and ACI measures
• Determine ACI (MU) capabilities and performance
Explore Quality Measures

Source: https://qpp.cms.gov/measures/quality

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Determine Improvement Activities

Select Improvement Activities

- Additional improvements in access as a result of QIN/QIO TA
- Administration of the AHRQ Survey of Patient Safety Culture
- Annual registration in the Prescription Drug Monitoring Program
- Anticoagulant management improvements

Showing 92 Activities

Add All Activities

Selected Activities

20 Activities Added

- Download (CSV)
- Clear All

Care transition standard operational improvements
Consultation of the Prescription Drug Monitoring program
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**Reimbursement Opportunity**

<table>
<thead>
<tr>
<th>Activity ID</th>
<th>Subcategory Name</th>
<th>Activity Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_BMH_4</td>
<td>Behavioral and Mental Health</td>
<td>Medium</td>
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</table>

Depression screening and follow-up plan: Regular screening and intervention activities or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NQF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.

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Chronic care and preventative care management for empanelled patients

Proactively manage chronic and preventive care for empaneled patients that could include one or more of the following: Provide patients annually with an opportunity for development and adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; plan of care for chronic conditions; and advance care planning; Use condition-specific pathways for care of chronic conditions (e.g., hypertension, diabetes, depression, asthma and heart failure) with evidence-based protocols to guide treatment to target; Use pre-visit planning to optimize preventive care and team management of patients with chronic conditions; Use panel support tools (registries, functionality) to identify services due; Use reminders and outreach (e.g., phone calls, email, postcards, patient portals and community health workers where available) to alert about services due; and/or Routine medication reconciliation.

<table>
<thead>
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<th>Subcategory Name</th>
<th>Activity Weighting</th>
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<tbody>
<tr>
<td>Population Management</td>
<td>Medium</td>
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</table>

Related to diabetes measures

Reimbursement Opportunities – CCM, AWV...
Explore ACI Capabilities

Select Measures

Advancing Care Information Objectives & Measures

2017 Advancing Care Information Transition Objectives & Measures

Showing 15 Measures

Clinical Data Registry Reporting

The MIPS eligible clinician is in active engagement to submit data to a clinical data registry. Earn a 5% bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Objective Name</th>
<th>Required for Base Score</th>
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<tbody>
<tr>
<td>ACI_PHCDRR_5</td>
<td>Public Health and Clinical Data Registry Reporting</td>
<td>No</td>
</tr>
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</table>

Performance Score

Weight

0

Selected Measures

5 Measures Added

Download (CSV) Clear All

- e-Prescribing
- Provide Patient Access
- Security Risk Analysis
- Send a Summary of Care Record
- Summary of Care Measure

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# ACI: 15 Measures

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<thead>
<tr>
<th>Objective</th>
<th>Measure (Bold = Required Base Score Measures)</th>
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<tbody>
<tr>
<td>Protect Patient Heath Information</td>
<td>Security Risk Analysis</td>
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<tr>
<td>Electronic Prescribing</td>
<td>ePrescribing</td>
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<tr>
<td>Patient Electronic Access</td>
<td>Provide Patient Access</td>
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<tr>
<td></td>
<td>Patient-Specific Education</td>
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<tr>
<td>Coordination of Care Through Patient Engagement</td>
<td>View, Download and Transmit (VDT)</td>
</tr>
<tr>
<td></td>
<td>Secure Messaging</td>
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<td></td>
<td>Patient-Generated Health Data</td>
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<tr>
<td>Health Information Exchange</td>
<td>Send a Summary of Care Record</td>
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<td></td>
<td>Accept/Request Summary of Care</td>
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<td></td>
<td>Clinical Information Reconciliation</td>
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<tr>
<td>Public Health and Clinical Data Registry Reporting</td>
<td>Immunization Registry Reporting</td>
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<tr>
<td></td>
<td>Syndromic Surveillance Reporting (Optional)</td>
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<td></td>
<td>Electronic Case Reporting (Optional)</td>
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<td>Public Health Registry Reporting (Optional)</td>
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<td>Clinical Data Registry Reporting (Optional)</td>
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QUESTIONS?
Next Steps

• Complete survey - https://www.surveymonkey.com/r/QPPHelpSC

• Contact SCORH QPP team at qpp@scorh.net to obtain direct technical assistance