Implementing MIPS in Your Practice

Merit-Based Incentive Payment System

Your performance in 2017 affects your bonus or penalty in 2019 for Medicare Part B

Payment Adjustments

	2016-18	2019	2020	2021	2022	2026
Fee Updates	0.5%	0.5%	0%	0%	0%	**0.25 MIPS** **0.75% APMs**
MIPS (Merit-Based Incentive Payment System)		4% -4%	5% -5%	7% -7%	9% -9%	
APMs (Alternative payment models)		5%	5%	5%	5%	5% bonus stops after 2024
Additional Funding		**Up to $500 million** authorized every year for additional MIPS bonuses of up to 10% for exceptional performance (2019-2024) – minimum of .5% for eligible clinicians who score 70 or higher				

Zero-Sum Game

- MIPS is a budget-neutral program
- Balanced adjustments upward and downward
- Expected average adjustment: 0%

Merit-Based Incentive Payment System

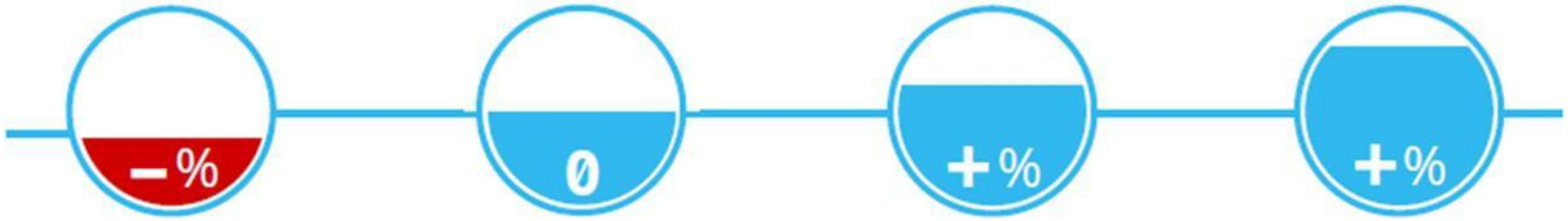
Main Option for **ALL PROVIDERS**

- Impacts payment beginning January 2019
  - Based on 2017 performance
- Consolidates/replaces existing incentive programs
  - PQRS
  - Meaningful use of electronic health records
  - Value-based modifier
- Incentives based on composite score (of 100 Possible Points this year)
  - Adds together four measurement categories

CMS Offers Initial Flexibility

- Pick-your-pace transition plan (Quarter/Yearly)
- Increased flexibility for 2017 MIPS reporting
  - This enables more providers to avoid penalties in 2019
- **Four MIPS options for PROVIDERS during transition year**
  - Do nothing – Receive 4% penalty in 2019
  - Submit “some data” under MIPS – Completely avoid penalties in 2019
  - Partially participate in MIPS – Remain eligible for smaller bonuses
  - Fully participate in MIPS – Remain eligible to earn larger bonuses

Pick Your Pace



Don’t Participate
If you don’t send in any 2017 data, then you will receive a negative 4 percent payment adjustment.

Test
Submit a minimum amount of 2017 data (for example one quality measure or one improvement activity), you can avoid a downward payment adjustment.

Partial Participation
Submit more than 1 quality measure or more than 1 improvement activity at any time during the 2017 year. You may qualify for a neutral or small positive payment adjustment.

Full Participation
Submit at least 90 days of 2017 data, or up to a full year. You may earn a moderate positive payment adjustment.

The size of your payment adjustment will depend both on how much data you submit and your quality results.

Pick Your Pace: Impact on Payments

- **MIPS is Budget Neutral**
  - Penalties make up pool of money for bonuses (No government money allocated)
- If Few Eligible Clinicians Receive a Penalty:
  - The bonuses would be lower in order to maintain budget neutrality
  - Maximum bonus earned could be less than 4%
- Exceptional Performance:
  - Eligible clinicians who participate fully and earn a MIPS score of 70 or higher would qualify for additional bonuses – a minimum of 0.5% and could be up to 10%
  - Funded by $500 million authorized by the law for “exceptional” performers

Some Are Excluded From MIPS

You're automatically excluded from MIPS if you:

- See 100 or fewer Medicare patients OR have $30,000 or less in allowed charges
- Are newly enrolled, which occurs during training, in Medicare during the reporting year
- Participate in an advanced APM that meets the required thresholds (MIPS Risk Programs)

MIPS' Four Categories for Evaluation (100 pts)

60%

(60 points total)

Quality Measures
(6 with no domains)

25%

(25 points total)

Advancing Care Information
(EHR MU deja vu)

15%

(15 points total)

Clinical Practice Improvement Activities

0% (2017)

Resource Use

(Average Medicare Case Cost from claims)

Starts 2018

First-Year Payment Adjustments

Out of a possible MIPS final score of 100:

- Final MIPS scores of at least **3** will avoid negative payment adjustments
  - This can be achieved by submitting one quality measure or one improvement activity
- Final MIPS scores greater than 3 and lower than 70 may be eligible for a small positive incentive payment up to 4%
- Final MIPS scores of 70 or higher will be eligible for an incentive payment of at least 0.5% from funding authorized for MIPS participants with “exceptional performance”
  - The additional bonus for exceptional performance is capped at 10%

How Quality Works in MIPS:
To Avoid Penalties Only

- Report one quality measure at any point during the year
- This can be reported by Registry, EHR or claims

- Can be as little as one measure on one patient, but report more if possible to ensure penalty avoidance

How Quality Works in MIPS:
To Be Eligible to Earn a Small Bonus

- Successfully report more than one quality measure at any time during the year

How Quality Works in MIPS:
To Maximize Quality Score

- For a minimum of 90 days, report six quality measures using Registry, EHR or claims
- Report on at least 50 percent of applicable patients
  - Medicare only (includes railroad and Medicare as secondary) for claims reporting
  - All-payers for Registry and EHR reporting
- One measure must be an outcomes measure or a high-priority measure
- Earn bonus points:
  - Report on more than one outcome or high-priority measure
  - Electronically report quality measures using EHR or Registry EHR Integration

Quality Scoring: 60 Percent of MIPS Score

- Each of the six reported measures is worth from 3 to 10 points depending on your success on the measure
  - Each measure submitted will earn a minimum of 3 points – even if not reported for 90 days, and even if not reported on 50% of patients
- Groups with 16 or more eligible clinicians will be measured on the “all cause readmission” measure (10 points)
  - This measure will be calculated by CMS using administrative claims data – no reporting required
  - There must be at least 200 eligible cases

Quality Scoring: Performance Points

- MIPS participants will earn points for each quality measure reported based on the performance rate
  - CMS will break measure performance rates from the baseline period (2015) into deciles
  - MIPS participants will earn points based on the decile under which their 2017 measure performance rate falls

Reputational Impacts

CMS publishes an array of clinician-identifiable performance measures through its Physician Compare website for consumers to browse and third-party physician rating websites to procure for free. As consumers spend more out-of-pocket for their healthcare, they are seeking more transparency into clinician quality and the cost-value equation. A study found that 65% of consumers are aware of online physician rating sites and that 36% of consumers had used a ratings site at least once[1]. Unlike direct Medicare reimbursement impacts, which can change year to year based on clinician performance, damage to a clinician's online public reputation may take years to reverse. Conversely, consistently high performance scores and ratings can become a strategic advantage over local competitors.

Quality Scoring: Bonus Points

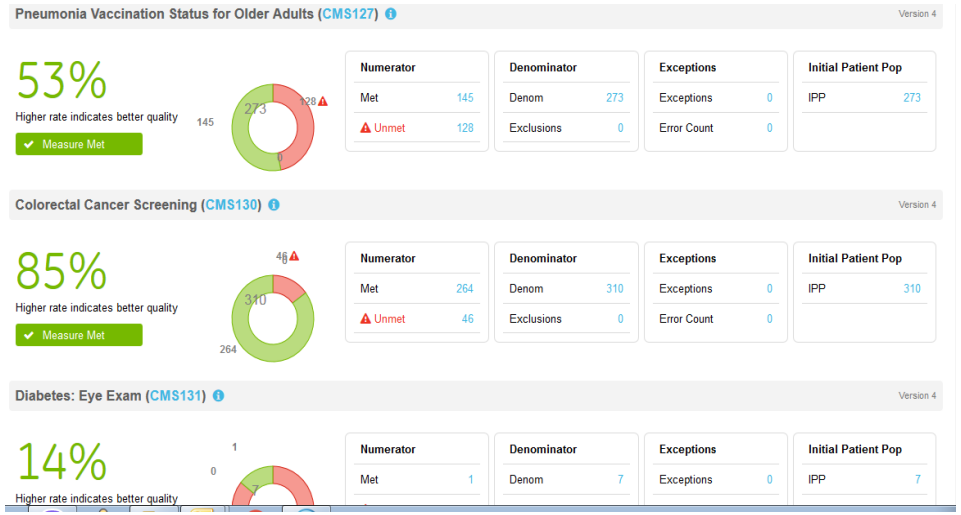
- 2 bonus points per measure are awarded for additional outcome measures when more than one outcome measure is reported
- 1 bonus point per measure awarded for electronically reported quality measures (EHR reporting, or Registry EHR integration)

Am I required to report on measures from specific “quality domains”?

- No
- Instead, CMS requires physician report on at least one measure that is: Outcome, or High Priority

Measure Title	Outcome or High Priority
Diabetes: HbA1c Poor Control (> 9%)	**Outcome**
Documentation of Current Medications in the Medical Record	**High Priority**
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	
Pneumonia Vaccination Status for Older Adults	
Diabetes: Eye Exam	
Preventive Care and Screening Tobacco Use: Screening and Cessation Intervention	
Falls: Screening for Fall Risk	**High Priority**
Preventive Care and Screening: Influenza Immunization	
Use of High-Risk Medications in the Elderly	**High Priority**
Controlling High Blood Pressure	**Outcome**
Pneumonia Vaccination Status for Older Adults	

How do we calculate Points?



That is the tricky part….

Decile	Sample Quality Measure Benchmarks	Possible Points
Decile 1	0 – 6.9%	1.0 – 1.9
Decile 2	7.0 – 15.9%	2.0 – 2.9
Decile 3	16.0 – 22.9%	3.0 – 3.9
Decile 4	23.0 – 35.9%	4.0 – 4.9
Decile 5	36.0 – 40.9%	5.0 – 5.9
Decile 6	41.0 – 61.9%	6.0 – 6.9
Decile 7	62.0 – 68.9%	7.0 – 7.9
Decile 8	69.0 – 78.9%	8.0 – 8.9
Decile 9	79.0 – 84.9%	9.0 – 9.9
Decile 10	85.0 – 100%	10

As an example, if all six measures earned seven points each, then the total points would be 6 x 7 = 42 out of a possible 60 points, or 42/60 = 70%. As the Quality category for the CY2017 performance year has a weight of 60%, then a quality score of 70% would result in the Quality category contributing 70% x 60% x 100 = 42 MIPS points to the clinician's overall MIPS final score.

MIPS also provides additional paths to achieve a Quality score of 100% by granting bonus points for certain quality reporting activities. So if two bonus points were earned in the example immediately above, then the quality score would increase to (42+2)/60 = 73.3%, resulting in 44 MIPS points. Note that the bonus points are not counted in the Quality score denominator (we still divide by the 60-70 possible points from the 6-7 measures, not by 62 or 72 points), so it is possible to get a Quality score of greater than 100%, in which case the quality score is truncated back down to 100%. Bonus

How EHR Use Works in MIPS (ACI)

- Meaningful use renamed – Advancing Care Information
- Based off modified Stage 2 and Stage 3 measures
- Under MIPS 2017
- In 2017 (transition year), four measures are required to earn any ACI credit
  - Report these measures on a single patient and you earn credit for the Base Score
- Practices can report individually or as a group
- “Patient portal measures” are optional (View, download, transmit and secure messaging)

Advancing Care Information

- Certified EHR Technology Requirements
  - In 2018, all providers required to upgrade to the 2015 edition certified EHR technology
  - Upgrade is optional in 2017
  - Important because practices using 2015 CEHRT have ability to report on different measures (5 measures) than those with 2014 CEHRT (4 measures)

Advancing Care Information

- Hardship Exceptions
  - Will continue under MIPS for providers facing a qualifying hardship
  - Category would be re-weighted to zero and points would be shifted to Quality category
- Medicaid Meaningful Use
  - Program is separate and unrelated to ACI
  - All providers subject to MIPS must meet the requirements of ACI, separate from their participation in Medicaid Meaningful Use

Advancing Care Information Scoring (ACI): 25% of MIPS Score

- Highest Achievable Score is 100%
  - Scores over 100% will = 100% and earn full 25 points for ACI
  - Allows providers to focus on measures most relevant to their practice
- Base Score is “All or Nothing”
  - Earn 50% Base Score (50% of ACI– 12.5 points toward total MIPS score) by reporting each required ACI measure once
- Performance Score
  - Credit is awarded based on achievement level for each measure

2017 ACI Transition: Objectives and Measures

Objective	Measure	Required / Not Required	Performance Score
Protect Patient Health Information	**Security Risk Analysis**	**Required**	0
Electronic Prescribing	**E-Prescribing**	**Required**	0
Patient Electronic Access	**Provide Patient Access**	**Required**	Up to 20%
	View, Download Transmit	Not Required	Up to 10%
Patient-Specific Education	Patient-Specific Education	Not Required	Up to 10%
Secure Messaging	Secure Messaging	Not Required	Up to 10%
Health Information Exchange	**Health Information Exchange**	**Required**	Up to 20%
Medication Reconciliation	Medication Reconciliation	Not Required	Up to 10%
Public Health Reporting	Immunization Registry	Not Required	**0%** or 10%
	Syndromic Surveillance	Not Required	5% Bonus
	Specialized Registry	Not Required	
Bonus: CPIA using CEHRT	CPIA using CEHRT	Not Required	10% Bonus
TOTALS		**50% Base Score** earned for reporting required measures	95% possible Performance Score, including bonus

2017 Advancing Care Information Transition: Required for Base Score

Required for 50% “Base Score” (12.5 MIPS points): Report each at least once

- Security Risk Analysis
  - Conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician’s risk management process
- Electronic Prescribing
  - At least one permissible prescription written is queried for a drug formulary and transmitted electronically using CEHRT
- Patient Electronic Access: Provide Patient Access
  - At least one unique patient is provided timely access to view online, download and transmit his or her health information
- Health Information Exchange
  - For at least one patient that is transitioned or referred to another setting of care or health care clinician—(1) create a summary of care record using CEHRT; and (2) electronically exchange the summary of care record

2017 Advancing Care Information: Performance Score

Report these measures to earn a Performance Score based on achievement:

- Patient Electronic Access:
  - Provide Patient Access (up to 20%)
  - View Download Transmit (up to 10%)
- Patient Specific Education (up to 10%)
- Secure Messaging (up to 10%)
- Health Information Exchange (up to 20%)
- Medication Reconciliation (up to 10%)
- Immunization Registry Reporting (0% or 10%)

- Example: Meet “patient-specific education” measure for 50 out of 100 patients seen during the reporting period: (50/100) x 10% = 5% credit toward Performance Score

2017 Advancing Care Information:

Earn 5% Bonus:

- Participate in Registry (specialized registry)

Earn 10% Bonus:

- Complete a clinical practice improvement activity using CEHRT
  - Example CPIA:
    - Provide 24/7 access to a clinician for urgent or emergent care advice:
      - Use CEHRT secure messaging functionality to provide 24/7 access for advice about urgent and emergent care
      - For example, sending or responding to secure messages outside business hours

2017 Advancing Care Information:

How are points Calculated?

The ACI percentage score is calculated by dividing the number of ACI points by 100 and capping the percentage at 100%, should more than 100 ACI points be earned. If fewer than 100 ACI points are earned, then the ACI performance decreases proportionally. For example, 50 ACI points equates to 50% ACI performance, resulting in 50% (ACI performance) x 25% (ACI category weight) x 100 = 12.5 CPS points contributed by ACI.

REGISTRIES I KNOW WORK AND YOU DON'T HAVE TO DO ANYTHING

American Urological Association / AQUA
American Academy of Neurology / AXON
American College of Emergency Physicians / CEDR
American Board of Family Medicine / PRIME
American College of Rheumatology / RISE, RCR, PR-COIN
American Society of Nuclear Cardiology / ImageGuide
Academy of Dermatology / DataDerm
American College of Cardiology / PINNACLE, Diabetes Collaborative Registry
American Academy of Ophthalmology / IRIS
American Society for Clinical Oncology / QOPI
American Society of Plastic Surgeons / GRAFT, TOPS, NBIR
American Academy of Otolaryngology – Head Neck and Surgery / Regent
American Uro-Gynecologic Society / Aquire
American Academy of Oral and Maxillofacial / OMSQOR
American Board of Medical of Medical Specialties / CertLink
American Psychiatric Association /
American Physical Therapy Association /
American Academy of Physical Medicine and Rehabilitation /

How Clinical Practice Improvement (CPI) Would Work in MIPS

- To avoid penalties:
  - Attest that you have completed at least one activity from the list of 90 possible choices
- To be eligible to earn a small bonus:
  - Attest that you have completed more than one clinical practice improvement activity
- To be eligible to earn a full bonus:
  - Attest that you have completed enough clinical practice improvement activities for a 90-day period to reach 40 points

Clinical Practice Improvement Scoring (CPI): 15% of MIPS Score

- Must reach 40 points to earn full credit for this category
- Activities are weighted as “high” or “medium”:
  - High activities – 20 points
  - Medium activities – 10 points
  - Report on two high, four medium or a combination to reach 40 points
- Small Practices:
  - Points are doubled for practices with 15 or fewer eligible clinicians
  - Report on just one “high” activity to get 40 points or two medium activities

How Clinical Practice Improvement Would Work in MIPS: 15% of MIPS Score

- Must attest to completion of clinical practice improvement activities
- Attestations can be submitted:
  - Using the CMS attestation website
  - Using Specialty Registry
  - Using your EHR (if offered by your vendor)

Choose From Many Activities

- "High" (20 pts) Activities:
  - Provision of same or next-day care for urgent care needs
  - Provide 24/7 access to physician for advice about urgent and emergent care
  - Seeing new and follow-up Medicaid patients in a timely manner
  - Use of a qualified clinical data registry (Specialty Registry) to generate regular feedback reports that summarize practice patterns and treatment outcomes
- "Medium" (10 pts) Activities:
  - Use of qualified clinical data registry (Specialty Registry) data for ongoing practice assessment and improvements in patient safety
  - Participation in registry and use of registry data for quality improvement
  - Provide regular specialist reports back to referring providers
  - Provide self-management materials to patients at an appropriate literacy level and in an appropriate language

How is CPIA calculated?

The CPIA percentage score is calculated by dividing the total CPIA points by 40.

For example, 30 points would yield a 30/40 – 75% CPIA performance score, which in turn would deliver 75% x (15% CPIA category weighting x 100 = 11.3 MPLS points (rounded up from 11.25)

How Resource Use “Costs” Would Work in MIPS

- Weighted as 0% in 2017
- Will not impact your 2017 MIPS score or 2019 Payment Adjustment
- No reporting by the physician required
  - Calculated by CMS using administrative claims
- Physicians measured and feedback will be provided on
  - Total per capita cost
  - Medicare spending per beneficiary

Alternative Payment Models

APMs must:

- Bear financial risk
- Base payments on quality measures
- Participants must use certified EHR

Significant Advanced APM Barriers (For Now)

- Thresholds are simply too high
  - Path includes total revenue (25%) — or patient (20%) — thresholds

WHAT DO WE DO NOW???

1. Do we want to get penalized or get an incentive?

2. **Quality Measures**
   - Pick Clinical Quality Measures, optimize their presence in the documentation, advise all the providers on this strategy and monitor through CQR.
3. **ACI**
   - Work on getting the 4 Requirements done
   - Select the other options we want to implement for reporting purposes.
   - Look at Registry
4. **CPI**
   - Look at what we want to do for CPI, what it will take and train providers and staff on how to meet.