



## MACRA & MIPS Overview

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MAY 19, 2016



# About Beth Houck, MBA VP Client Services of SA Ignite

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Beth believes that the industry needs to do more and dig deeper to create a meaningful and effective digital relationship to benefit patients, doctors and the entire health care system. She led strategy and business development for Northwestern Memorial Healthcare and the Rehabilitation Institute of Chicago and was a Vice President at Press Ganey.



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# Agenda

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MACRA Overview

Merit-based Incentive Payment System (MIPS)

- Eligibility
- Financial impact
- Components & MACRA impact

Q&A



# MACRA Overview

# MACRA Overview

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## The Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)

- Repealed Sustainable Growth Rate (SGR) formula; “Doc fix” bill passed 92-8 by Senate
- Places each Medicare Part B provider into:
  - MIPS;
  - Advanced Alternative Payment Models (Advanced APMs) such as two-sided Medicare ACOs (Track 2/3 MSSP ACOs)
  - both MIPS and APM; or,
  - Neither.

# MACRA Rule-making Timeline

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April 27, 2016

- MACRA draft rule released

June 27, 2016

- NPRM comment period ends

By November 1, 2016

- Release of final rule

January 1, 2017

- First performance year begins

# MACRA Overview: New Terminology

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MIPS + APM  Quality Payment Program

CPS  Composite Performance  
Score

ACI  Advancing Care Information



# Merit-based Incentive Payment System (MIPS)



# MIPS Overview

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- 100-point scale composite of multiple programs
- Leverages and augments PQRS, Value-Based Modifier (VBM) and Meaningful Use rules
- Increases and consolidates financial impacts
- Ranks peers nationally & reports scores publicly
- MIPS is budget neutral: Incentives to winners funded by penalties applied to losers

# Program Eligibility: Eligible Clinicians

## Years 1 and 2 (2017 & 2018)



MDs



PAs



NPs



CNSs



CRNAs

## Years 3+ (2019+)

Secretary may broaden eligible clinicians group to include others such as:



PTs



OTs



SLPs



AuDs



CNMs



LCSW



LCPs



RDNs



LNs

# Who Is Not Eligible

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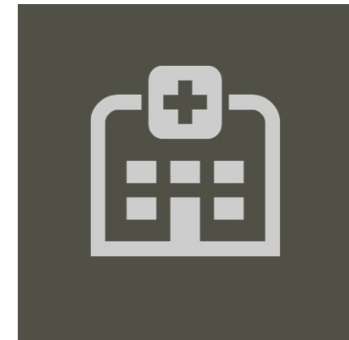


**First year** of  
Medicare Part B  
participation



Below **low patient volume**  
threshold

Medicare billing charges less than or  
equal to \$10,000 and provides care  
for 100 or fewer Medicare patients  
in one year



Certain  
participants in  
**ADVANCED**  
Alternative  
Payment Models

# Participation

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Can be as an individual or a group



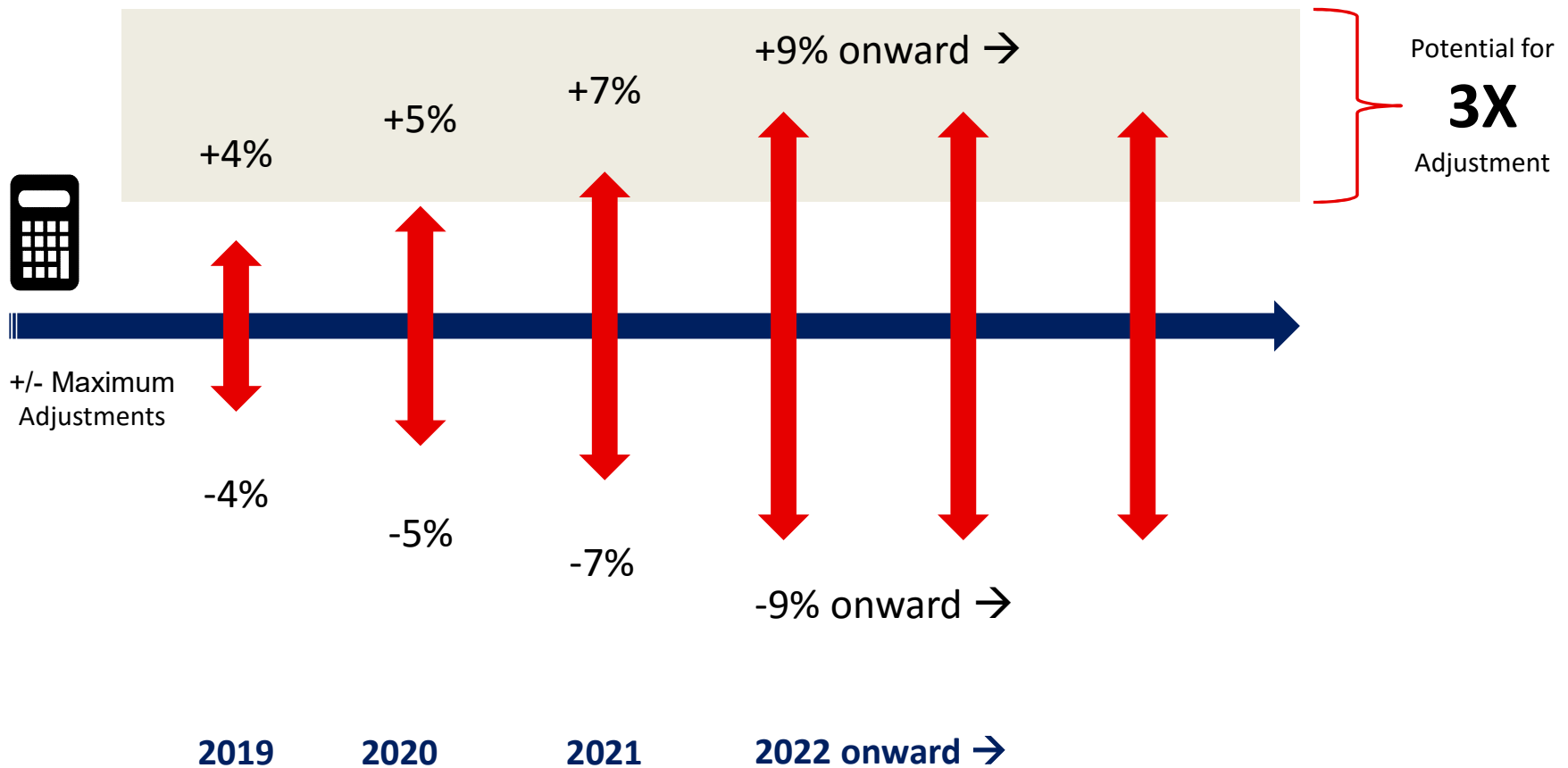
**Individual**



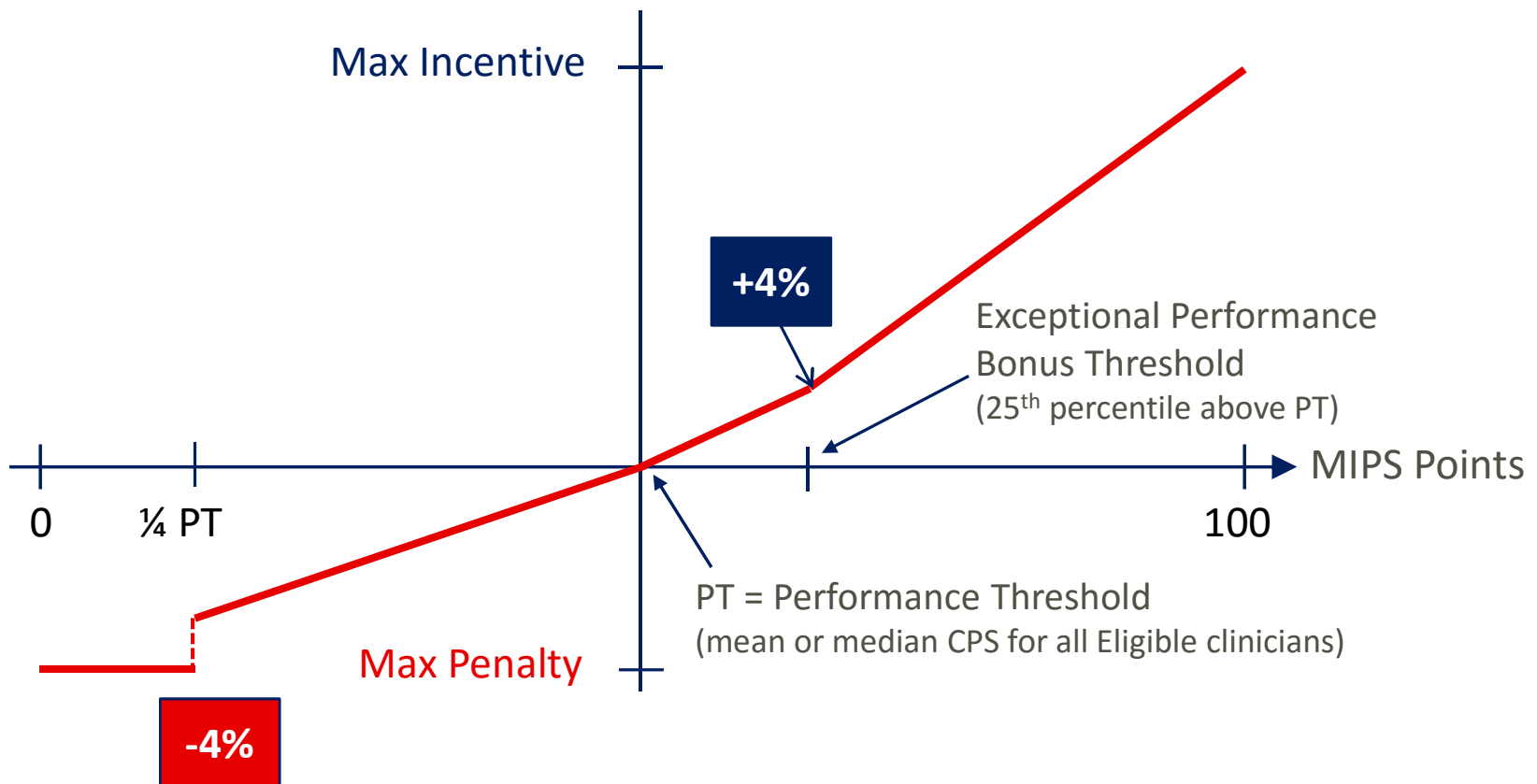
**Group**

A group, as defined by taxpayer identification number (TIN), would be assessed as a group practice across all four MIPS performance categories

# Budget Neutral Program with Significant Financial Impact



# Every MIPS Point Counts



# MIPS Components

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**50%**

Quality



**10%**

Resource Use



**15%**

Clinical practice  
improvement  
activities



**25%**

Advancing care  
information



# MACRA Impacts to Existing Programs



# MIPS Components: ACI

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**50%**

Quality



**10%**

Resource Use



**15%**

Clinical practice  
improvement  
activities



**25%**

Advancing care  
information

# ACI Overview

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- MU renamed “advancing care information” (ACI)
- Medicaid MU and hospital MU unaffected
- CY2017 Performance Year: 2014 or 2015 CEHRT
  - Report MU Modified Stage 2 or Stage 3 measures, respectively
- CY2018+ Performance Years: 2015 CEHRT
  - Report Stage 3 measures

# Characteristics of Current MU Program

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Existing	Future ACI Program
Thresholds for measures	
All-or-nothing	
Little choice in what to report	
CQM reporting	
Exclusions/Hardship	
Individual performance only	
Medicaid & Medicare aligned	



# Characteristics of Current MU Program

Existing	Future ACI Program
Thresholds for measures	Base score + Performance score Thresholds eliminated
All-or-nothing	Partial scores count
Little choice in what to report	Can choose which measures to report
CQM reporting	Aligned with other programs; not reporting requirement
Exclusions/Hardship	Generally eliminates exclusions and Hardship exemptions = ACI 0% weighting
Individual performance only	Group performance option
Medicaid & Medicare aligned	Separate programs

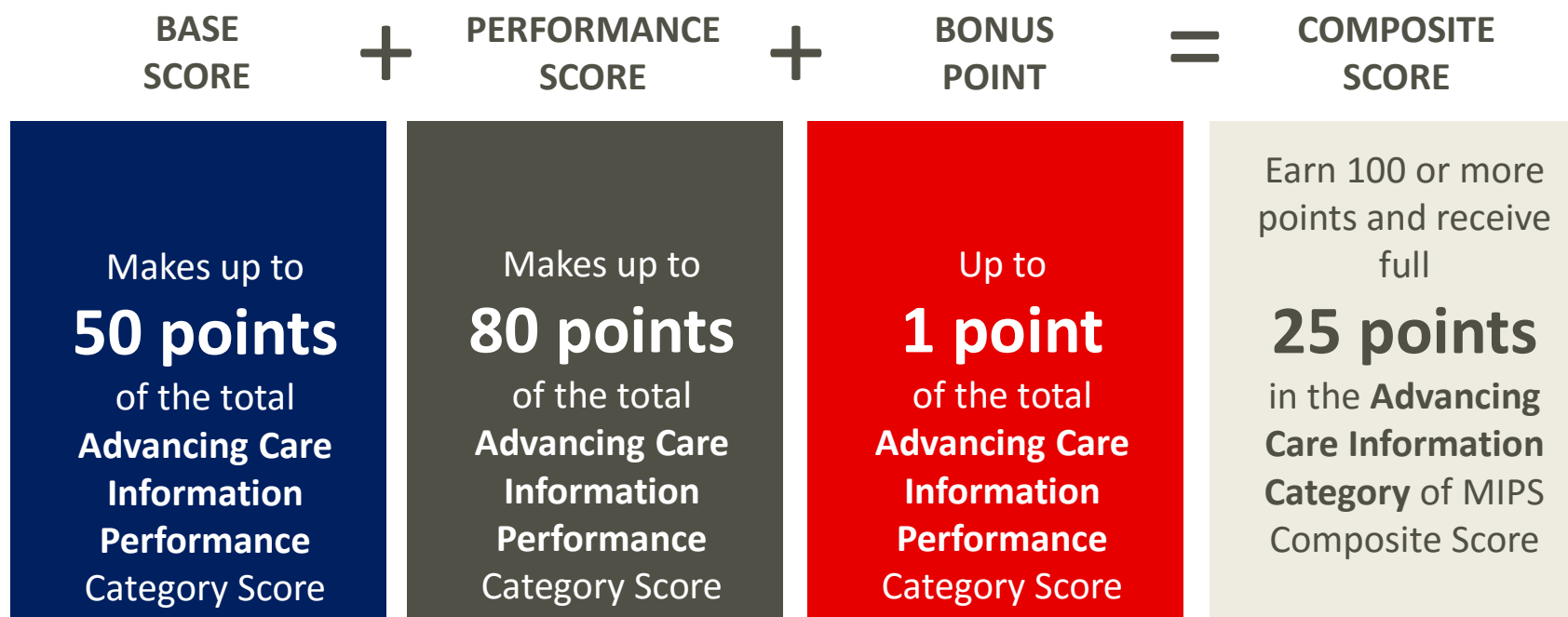
# Other Proposed Changes

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- May reduce % of weight of ACI if more than 75% of Eligible Clinicians are deemed meaningful users
- If there are not sufficient measures and activities applicable to each type of MIPS Eligible Clinician, the ACI category may be assigned a lower weight or a weighting of zero
- Other issues generally attributed to hardship exemptions may create a weighting of zero to this category
- Starting CY2016, must attest for Medicare and Medicaid MU to cooperate with surveillance of CEHRT by ONC and good faith CEHRT implementation that does not inhibit health information exchange nor exhibit information blocking - same for ACI

# New Advancing Care Information Structure

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# New Advancing Care Information Structure

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## BASE SCORE

Makes up to  
**50 points** of  
the total **Advancing  
Care Information  
Performance  
Category Score**

- Only need to provide numerator/denominator or yes/no
- No threshold
- 6 objective categories; 9\* measures in 2017 (per Modified Stage 2/3 rule)

\*Comment period will clarify this

# New Advancing Care Information Structure: Base Score

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- Security Audit Risk



Protect Patient Health Information (yes/no)

- Patient Access
- Patient Specific Information



Patient Electronic Access (numerator/denominator)

- VDT
- Secure Messaging
- Patient-generated health data



Coordination of Care Through Patient Engagement (numerator/denominator)



Electronic Prescribing (numerator/denominator)



Health Information Exchange (numerator/denominator)



Public Health & Clinical Data Registry Reporting (yes/no)

- eRx

- Patient Care Record Exchange
- Request/Accept Patient Care Record
- Clinical Information Reconciliation

- Immunization Registry Reporting



# New Advancing Care Information Structure

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## PERFORMANCE SCORE

Makes up to  
**80 points** of  
the total Advancing  
Care Information  
Performance  
Category Score

- Performance rate matters for each measure
- No threshold to reach; future years suggest evaluation against benchmark
- 3 objective categories; 6/8\* measures in 2017 (per Modified Stage 2/3 rule)

\*Comment period will clarify this

# New Advancing Care Information Structure: Base Score

- Security Audit Risk



Protect Patient Health Information (yes/no)



Electronic Prescribing (numerator/denominator)

- eRx

- Patient Access (**Portal**)
- Patient Specific Information (**Patient Education**)



Patient Electronic Access (numerator/denominator)



Health Information Exchange (numerator/denominator)

- Patient Care Record Exchange (**Summary of Care**)
- Request/Accept Patient Care Record (**Stage 3**)
- Clinical Information Reconciliation (**Med rec/Stage 3**)

- View Download Transmit
- Secure Messaging
- Patient-generated health data (**Stage 3**)



Coordination of Care Through Patient Engagement (numerator/denominator)



Public Health & Clinical Data Registry Reporting (yes/no)

- Immunization Registry Reporting

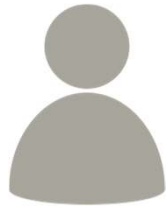
# How the Calculation Works: An Example

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	Performance	Total Possible	Points Received	% of Total
Base Score	All	50	50	
Performance Score: VDT	10%	10	1.0	
Performance Score: Patient Education	33%	10	3.3	
Performance Score: Portal	85%	10	8.5	
Performance Score: All others	50%	50	25	
Public Health Registry Reporting	None	1	0	
TOTAL Points				87.8%
ACI Contribution to MIPS				21.95

# ACI: Getting Data to CMS

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## Individual

- ✓ Attestation
- ✓ QCDR
- ✓ Qualified Registry
- ✓ EHR Direct



## Group

- ✓ Attestation
- ✓ QCDR
- ✓ Qualified Registry
- ✓ EHR Direct
- ✓ CMS Web Interface  
(groups of 25 or more)

# MIPS Components: Quality

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**50%**

Quality



**10%**

Resource Use



**15%**

Clinical practice  
improvement  
activities

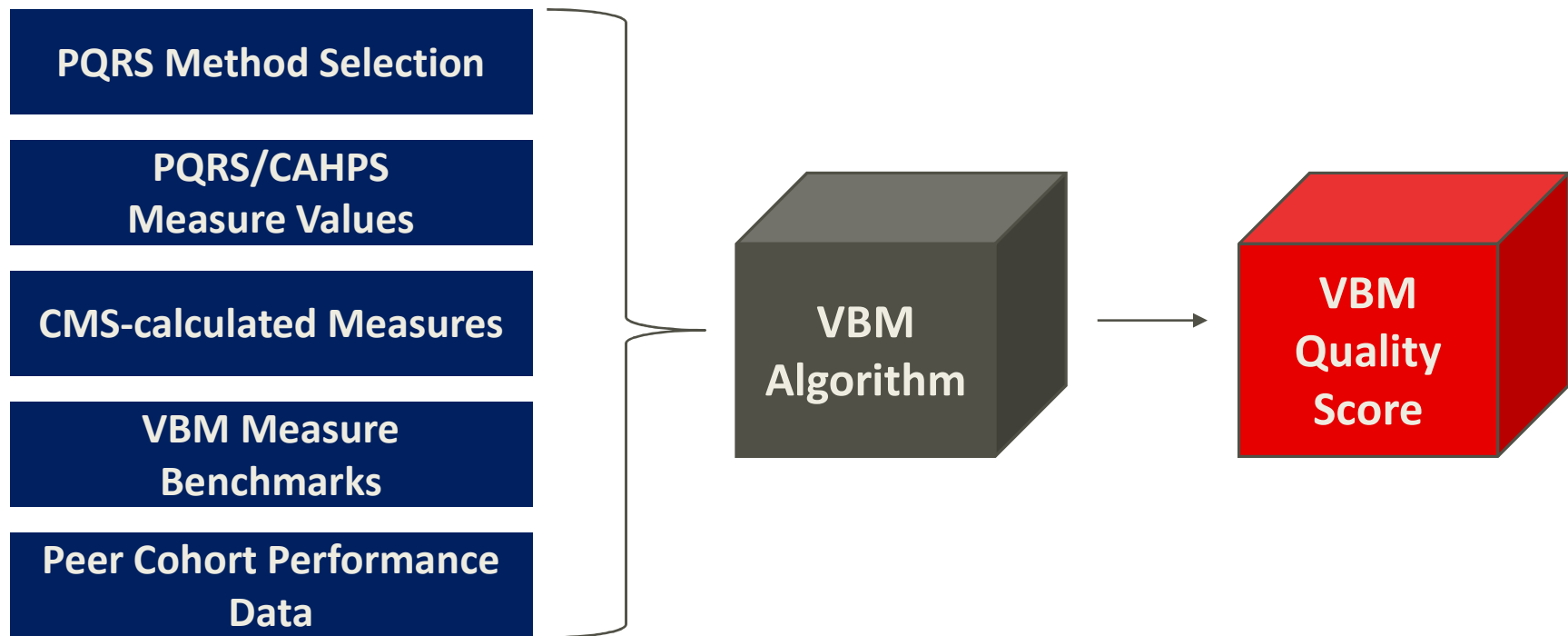


**25%**

Advancing care  
information

# Current Quality Component: PQRS & VBM

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# Existing Quality Program (e.g., PQRS and VBM)

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Existing	Future ACI Program
9 measures (depending on method)	
Domain reporting	
Some methods require only partial patient volume (e.g., measures groups, registry)	
ACQS/SQCS Score	
Neutral financial impact for -1.0 to 1.0	
Single measure benchmark across all reporting methods	
Requirement to declare GPRO reporting by June 30th	

# Characteristics of Current Quality Program

Existing	Future ACI Program
9 measures (depending on method)	6 measures (1 cross-cutting; 1 outcomes measure)
Domain reporting	Eliminated
Some methods require only partial patient volume (e.g., measures groups, registry)	Require 90% of patients across all payers
ACQS/SQCS Score	Replaced with decile calculation
Neutral financial impact for -1.0 to 1.0	No possibility of neutral impact
Single measure benchmark across all reporting methods	Each reporting method has its own benchmark
Requirement to declare GPRO reporting by June 30th	No declaration required* *except GPRO web-interface and CAHPS



# Additional Quality Changes

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- QRUR (for VBM) to be replaced by new MIPS feedback report – Likely still published ~9 months after performance year
- March 31 is data submission deadline for all methods, possibly except GPRO Web interface which could be due earlier

# Proposed Changes: Quality Scoring Algorithm

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Each measure earns points based on a decile scale versus benchmarks, e.g. 74% measure rate is greater than 60% of peers (60-70% decile) so earns 7 out of 10 points

Add up points and divide by maximum points to derive quality score as a percentage, then multiple quality score by 50 (for CY2017) to get MIPS points contributed by quality category

Bonus points available for specific measures and using CEHRT to capture and report measures (quality score > 100% still only yields max 50 points)

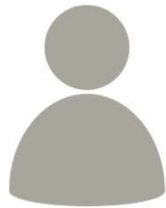
# How the Calculation Works: An Example

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	Performance	Total Possible	Points Received	% of Total
Measure 1	80 <sup>th</sup> Percentile	10	8	
Measure 2	70 <sup>th</sup> Percentile	10	7	
Measure 3	50 <sup>th</sup> Percentile	10	5	
Measure 4	50 <sup>th</sup> Percentile	10	5	
Measure 5	50 <sup>th</sup> Percentile	10	5	
Measure 6	50 <sup>th</sup> Percentile	10	5	
<i>Bonus Points available: High-priority measure chosen, CAHPS, end-to end e-Reporting</i>				
<b>TOTAL Points</b>		<b>60</b>	<b>35</b>	<b>58%</b>
<b>Quality Contribution to MIPS</b>				<b>29.2</b>

# Quality: Getting Data to CMS

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## Individual

- ✓ Claims
- ✓ QCDR
- ✓ Qualified Registry
- ✓ EHR Direct
- ✓ Administrative Claims (no submission required)



## Group

- ✓ QCDR
- ✓ Qualified Registry
- ✓ EHR Direct
- ✓ CMS Web Interface (groups of 25 or more)
- ✓ CAHPS for MIPS Survey
- ✓ Administrative Claims (no submission required)

# MIPS Components: Clinical Practice Improvement Activities

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**50%**

Quality



**10%**

Resource Use



**15%**

Clinical practice  
improvement  
activities



**25%**

Advancing care  
information

# Clinical Practice Improvements: Examples

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- Care coordination
- Shared decision-making
- Safety checklists
- Expanding practice access



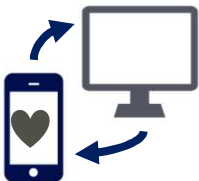

# Clinical Practice Improvements: Scoring of CPI Category

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- Minimum selection of one CPI activity (from list of 90 possible activities) with additional credit for more activities
- Full credit for Patient-centered Medical Home
- Minimum of half-credit for APM participation

# MIPS Overview: Summary

## Summary of MIPS Performance Categories

	Performance Category	Maximum Possible Points per Performance Category	% of Overall MIPS Score (PY 1 – 2017)
	<b>Quality:</b> Clinicians choose 6 measures to report to CMS that best reflect their practice. One of these measures must be an outcome measure or a high-value measure and one must be a cross-cutting measure. Clinicians also can choose to report a specialty measure set.	80 to 90 points depending on group size	50%
	<b>Advancing Care Information:</b> Clinicians will report key measures of interoperability and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.	100 points	25%
	<b>Clinical Practice Improvement Activities:</b> Clinicians can choose the activities best suited from their practice; the rule proposes over 90 activities from which to choose. Clinicians participating in medical homes earn “full credit” in this category, and those participating in advanced APMs will earn at least half credit.	60 points	15%
	<b>Cost:</b> CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.	Average score of all cost measures that can be attributed	10%



# Things You Can Do Now

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- Educate your organization, particularly the C-suite, as soon as possible, e.g. leverage MIPS Financial Calculator
- Estimate your MIPS score (stay tuned for our forthcoming tools)
- Optimize MU & PQRS/VBM Quality to maximize the MIPS score
  - Comprise 75% of the CY2017 MIPS score
- Evaluate staff, resources and organizational structure
  - e.g. combine MU & PQRS efforts under a single leader
- Identify CY2016 deadlines impacting CY2017 MIPS
  - e.g. MSSP ACO or PCMH application deadlines to gain MIPS exemptions or points

# SA Ignite On-going Education

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12 FAQs about MACRA

- <http://www.saignite.com/MACRA-FAQs>

10 FAQs about MIPS

- [www.saignite.com/resources/faq-about-merit-based-incentive-payment-mips](http://www.saignite.com/resources/faq-about-merit-based-incentive-payment-mips)

Free MIPS Financial Calculator (plus video and user guide)

- [www.saignite.com/resources/mips-calculator](http://www.saignite.com/resources/mips-calculator)

ABCs of MIPS monthly webinar videos and PDF presentations

- [www.saignite.com/resources/hitech-abc-of-mips-webinar](http://www.saignite.com/resources/hitech-abc-of-mips-webinar)

LinkedIn Group: Merit-Based Incentive Payment System (MIPS)

# Q&A



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