JITA MEDICAL BILLING & CONSULTING, LLC

MACRA: What is it and how will it affect you?

AGENDA

1. MIPS Explained
2. 10 Facts about MIPS
3. Questions
4. APMs what is it?

MACRA EXPLAINED

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WHAT IS MIPS?

- On April 27, 2016, CMS released the proposed rule for one of the most bipartisan and significant legislative changes to Medicare in a generation, the so-called "doc fix" bill or MACRA, which repeals the Medicare Part B Sustainable Growth Rate (SGR) reimbursement formula and replaces it with a new value-based reimbursement system called the Quality Payment Program (QPP). The QPP consists of two tracks: The Merit-based Incentive Payments System (MIPS) and the Advanced Alternative Payment Models (APMS) . Each Medicare Part B clinician is in MIPS, an Advanced APM, both, or neither (regular fee-for-service). CMS predicts that most Part B clinicians will be subject to MIPS, as MIPS is effectively the "new default" for Part B where clinicians are exempt from MIPS only under several conditions

WHAT IS MIPS?

- Some of the most frequently asked questions about MIPS, such as how MIPS impacts the management and reporting of performance measures inherited from Meaningful Use (MU), the Physician Quality Reporting System (PQRS) and Value-Based Modifier (VBM).

- MIPS consolidates and strengthens the financial impacts of these programs, while leveraging their respective rules which have become increasingly familiar to clinicians over the last few years.

10 FACTS ABOUT MIPS

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FACT NUMBER 1 WHAT IS MIPS?

- MACRA combines the existing Medicare Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value-Based Modifier (VBM) programs into MIPS, starting with the CY 2017 performance year.

FACT 1 CONT'D

- MIPS payment adjustment are applied to Medicare Part B payments two years after the performance year, with CY2019 being the payment adjustment year for the CY2017 .
- MIPS defines four categories of eligible clinician performance, contributing to a MIPS composite performance source (CPS) of up to 100 points (relative weights are indicated for the CY2017 performance year and associated CY2019 payment year):
- Quality (50%)

FACT 1 CONT'D

- Advancing Care Information (ACI, renamed from Meaningful Use) (25%)
- Clinical Practice Improvement Activities (CPIA) (15%)
- Resource Use (10%)
- The CPS earned by a clinician for a given performance year then determines MIPS payment adjustments in the second calendar year after the performance year. Furthermore, each clinician's annual CPS performance is released to the public by CMS.

FACT 1 CONTINUED

- Although MIPS inherits much from the MU, PQRS and VBM programs, historical high performance or penalty avoidance under the existing programs does not guarantee the same under MIPS. We explore below how MIPS specifically impacts performance management and reporting for MU, PQRS and VBM.

2. WHAT ARE THE FINANCIAL AND REPUTATIONAL IMPACTS OF MIPS?

- MACRA defines two types of financial impacts for clinicians participating in MIPS:
- A small, annual inflationary adjustment to the Part B fee schedule
- MIPS payment adjustments (incentives or penalties) based on the MIPS 100-point Composite Performance Score (CPS)
- The inflationary adjustment is an annual +0.5% increase for the payment years CY2016 to CY2019, which is the first payment year for MIPS under the QPP. The inflationary adjustment resumes in CY2026 and thereafter, where MIPS eligible clinicians will receive a +0.25% annual adjustment.

2. WHAT ARE THE FINANCIAL AND REPUTATIONAL IMPACTS OF MIPS?

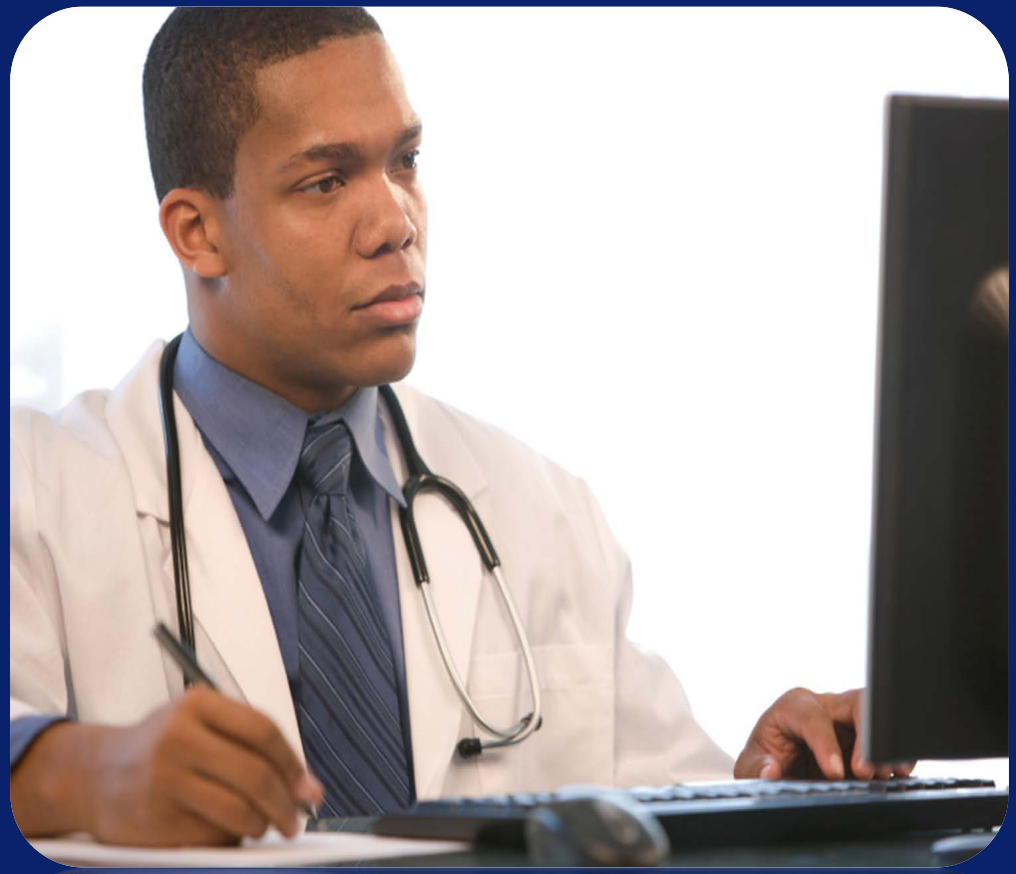
- The potential MIPS incentives and penalties via payment adjustments are much more substantial than the inflationary adjustments, so we focus on those for the remainder of this FAQ.
- In the next slide the table shows how the CPS could result in incentives reaching 37% of Medicare Part B payments by the fourth year of the program, while maximum penalties grow to 9%:

2. WHAT ARE THE FINANCIAL AND REPUTATIONAL IMPACTS OF MIPS?

Program	Performance Year	Medicare Part B Payment Adjustment Year	Maximum -% Medicare Part B Payment Adjustment	Maximum +% Medicare Part B Payment Adjustment
PQRS/VBM	2016	2018	-4% penalty	+4%*X incentive
MIPS	2017	2019	-4% penalty	+4%*X incentive
MIPS	2018	2020	-5% penalty	+5%*X incentive
MIPS	2019	2021	-7% penalty	+7%*X incentive
MIPS	2020	2022	-9% penalty	+9%*X incentive

2. WHAT ARE THE FINANCIAL AND REPUTATIONAL IMPACTS OF MIPS?

- Precedence: 2014 PQRS/VBM, X=16 (not capped), so 32% max incentive
- For MIPS, x capped at 3.0 plus a 10% "exceptional performance bonus"
  - For Performance Year 2020, up to 9% x 3.0 + 10% = 37% bonus
- As an example, look at the row corresponding to the CY2017 performance year. If a clinician has a CPS of zero, the penalty assessed is 4%, the maximum penalty. If a clinician earns a CPS of 100 points, then the incentive is 4%*X, where X is a "budget-neutrality factor" CMS calculates to set the total MIPS incentive pool in dollars equal to the total MIPS penalties assessed, so as to keep the program budget neutral.



2. WHAT ARE THE FINANCIAL AND REPUTATIONAL IMPACTS OF MIPS?

- As CMS estimates that approximately half of all MIPS eligible clinicians will earn an incentive for the first performance year, and the other half will be assessed a penalty*, X will likely be approximately 1.0 for the CY2017 performance year. That would result in a maximum "base incentive" of 4% x 1.0 = 4% for achieving a CPS of 100. However, there is an additional "exceptional performance bonus" that escalates up to 10% for progressively higher performers within the top ~30% (technically, it's for the top 75% of those earning an incentive). Hence, the sum of the maximum base incentive and exceptional performance bonus equals a maximum total upside potential of 4% + 10% = 14% for the CY2017 performance year. **Therefore, the top-to-bottom MIPS potential impact on Part B payments for CY2017 is likely to be from a 14% incentive down to a -4% penalty, or a total 18% top-to-bottom swing.**

PAYMENTS INCENTIVE

- For each performance year (say CY2017, corresponding to the CY2019 payment year), CMS sets a "performance threshold" (PT) number of points at which a provider earning PT points receives 0% adjustment to their Medicare Part B payments. Each incremental point that a provider earns above the PT results in progressively more incentives, whereas for each point the CPS is below the threshold, the clinician is assessed a proportional penalty until a floor is reached. Consequently, very few eligible clinicians will experience a zero payment adjustment, which greatly escalates the level of competition among clinicians and their need for a rapid and effective performance improvement cycle. Essentially, practically every CPS point translates directly into higher or lower reimbursement.

MIPS PAYMENT INCENTIVES

- The performance threshold is determined annually as the mean or median of the MIPS scores for all EPs in a prior period as selected by CMS. For the initial two payment years (2019 and 2020), the PT will not be based on historical MIPS scores but rather on a combination of historical performance on measures and activities related to PQRS, MU, VBM, and possibly other factors as determined by CMS.
- Using a few facts about your organization, the calculator shows the maximum possible incentives (including base and exceptional performance) and penalties on a year-by-year and a four-year average basis, in both percentages and dollars. In addition, you can see how the MIPS payment adjustment varies with the CPS points achieved and the value of the performance threshold set by CMS.
- CMS has a calculator and SA Ignite have free calculators to use.

REPUTATIONAL IMPACTS

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REPUTATION IS EVERYTHING

- CMS publishes an array of clinician-identifiable performance measures through its Physician Compare website 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].

REPUTATION IS EVERYTHING

- 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.

REPUTATION IS EVERYTHING

- MACRA provisions address this consumer demand. MIPS will publish each eligible clinician's annual Composite Performance Score (CPS) and scores for each MIPS performance category within approximately 12 months after the end of the relevant performance year.
- For the first time, consumers will be able to see their providers rated on a scale of 0 to 100 and how their providers compare to peers nationally.
- This level of transparency and specificity goes beyond existing programs such as VBM, which calculates quality and resource use scores but does not publicly publish the results.

MIPS TIMELINE

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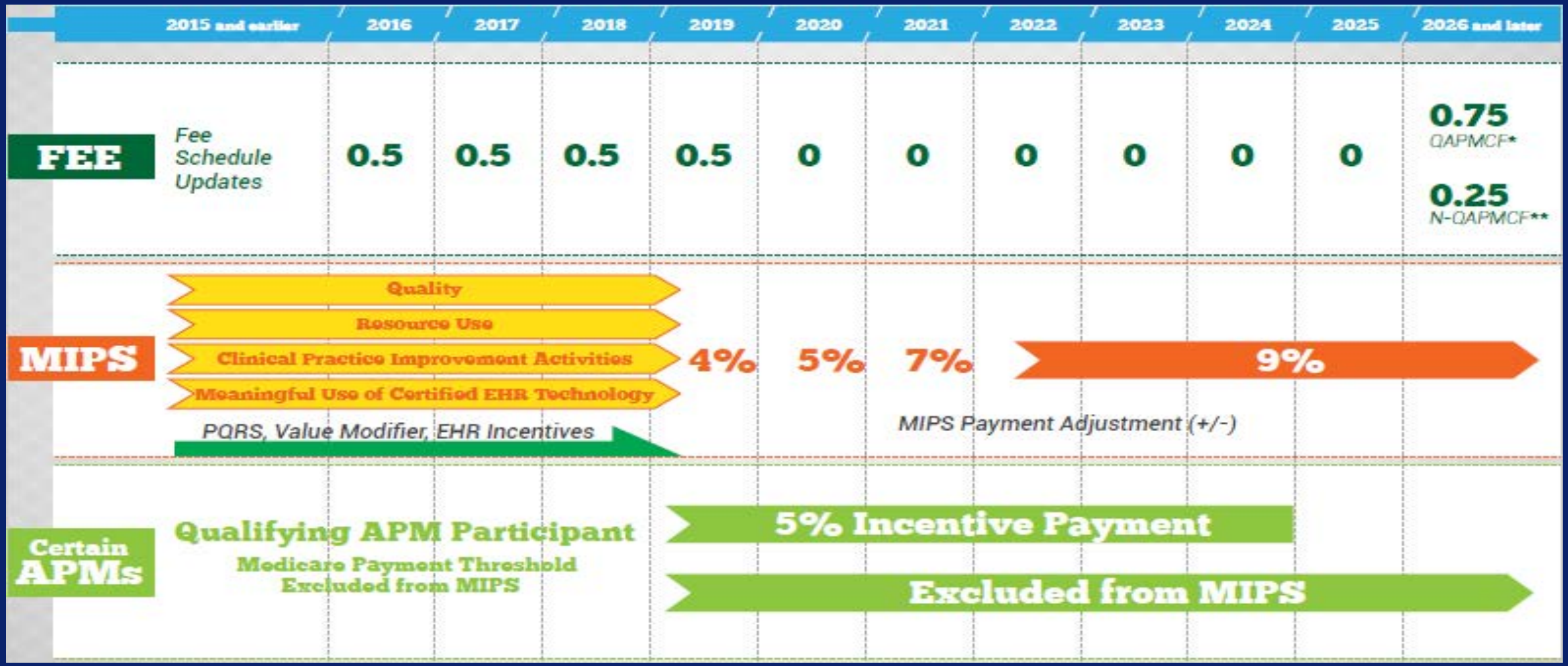
3. WHAT IS THE TIMELINE FOR MIPS?

- Here is the timeline for the MIPS rulemaking process, leading up to the launch of the program on January 1, 2017:
- April 27, 2016 – CMS released proposed MACRA rule containing MIPS regulations
- By November 1, 2016 – MACRA final rule published (mandated by the MACRA legislation)
- January 1, 2017 – First MIPS performance year begins
- For MIPS, clinician performance data for the Advancing Care Information, Quality, and Clinical Practice Improvement Activities categories for a performance year are generally due to CMS by March 31st of the following calendar year.
- There is no official end date to MIPS. In particular, the potential financial impacts persist as described above without a scheduled end.

3. WHAT IS THE TIMELINE FOR MIPS?



4. WHAT IS AN ADVANCED ALTERNATIVE PAYMENT MODEL (ADVANCED APM) AND ITS RELATIONSHIP TO MIPS?

- Certain clinicians participating in Advanced APMS are exempt from MIPS. In order to understand Advanced APMs, we must first understand how MACRA defines an alternative payment model (APM), of which Advanced APM is a subclass. Strictly speaking, an APM includes only these payment models run by CMS (not by commercial payers)

- We will discuss APMS more in depth at the next webinar on June 29th.

5. WHAT ARE THE ELIGIBILITY REQUIREMENTS AND EXEMPTIONS FOR MIPS?

- **CY2017 and CY2018 performance years:** Physicians (MD/DO and DMD/DDS), Physician Assistants, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists
- **CY2019+ performance years:** Expanded to physical and occupational therapists, speech-language pathologists, audiologists, nurse midwives, clinical social workers, clinical psychologists, and dietitians/nutritional professionals

5. WHAT ARE THE ELIGIBILITY REQUIREMENTS AND EXEMPTIONS FOR MIPS?

- Only those clinicians in the categories above who bill for Medicare Part B (otherwise known as the Physician Fee Schedule) or Critical Access Hospital (CAH) Method II payments assigned to the CAH
  - **Excluded from MIPS eligibility determination:** Billings for Medicare Part A, Medicare Advantage Part C, Medicare Part D, FQHC or Rural Health Clinic payment methodologies, and CAH Method I payments
- CMS predicts that about 700,000 Part B clinicians will receive a MIPS performance score for the first performance year (CY2017) and will expand to 800,000+ clinicians when the eligibility net expands for CY2019*.

EXEMPTIONS FROM MIPS

- For the CY2017 performance year, there are only three exemptions from MIPS for clinicians who otherwise meet the eligibility requirements above:
- Clinicians in their first year of Medicare Part B participation
- Clinicians billing Medicare Part B up to $10,000 and providing care for up to 100 Part B patients in one year*

EXEMPTIONS FROM MIPS

- Clinicians participating in an Advanced APM entity (see the MACRA FAQs for more on Advanced APMs) for which either:
- Note that clinicians may choose to either be rated on an individual-clinician basis or as a group of clinicians billing through a common tax ID. Hence, the preceding references to "clinician" in this eligibility section also hold true if "clinician" is replaced with a "group of clinicians billing through a common tax ID."

MIPS PERFORMANCE CATEGORIES

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6. WHAT ARE THE MIPS PERFORMANCE CATEGORIES AND HOW ARE THEY SCORED?

- As described above, there are four categories of MIPS eligible clinician performance contributing to a MIPS composite performance score of up to 100 points. For the CY2017 performance year (and associated CY2019 payment year), the relative category weightings are:
- Quality (50%)
- Advancing Care Information (ACI, renamed from Meaningful Use) (25%)
- Clinical Practice Improvement Activities (CPIA) (15%)
- Resource Use (10%)

PERFORMANCE CATEGORIES

- MIPS clinicians can choose to be rated on either an individual-clinician basis or as a group of clinicians (defined by a tax ID), with the constraint that the choice applies across all performance categories.
- A clinician's achievable CPS could be significantly impacted depending upon whether that clinician is rated individually or inherits the CPS earned by an entire group.
- MIPS clinicians also participating in certain alternative payment models, such as Medicare ACOs, must be rated as a group of clinicians and do not have the choice to be rated as individuals.

PERFORMANCE

Each performance category is scored separately as a percentage of maximum possible performance within that category, and then the category-level scores are weighted by the appropriate category weight listed in the bulleted list above, and then summed to produce the CPS.

An important fact is that clinicians who have historically performed well under MU and avoided PQRS and VBM penalties may not have high enough ACI scores nor MIPS Quality scores to avoid MIPS penalties. MIPS forces historically high performers to re-evaluate their performance status under MIPS, given how the MIPS scoring system differs from those of MU, PQRS and VBM.

QUALITY

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QUALITY MEASUREMENTS

- MIPS essentially adopts the quality measures and reporting methods from the PQRS and VBM programs. Although there are some changes to the PQRS reporting methods as described later, for the most part the quality reporting methods remain the same.
- For the registry, EHR, and qualified clinical data registry (QCDR) reporting methods, a clinician must typically select a minimum of six PQRS measures, across any combination of quality domains, where one measure is a cross-domain-cutting measure if the clinician is patient-facing, and one measure is an outcome measure (or a high priority measure, if an outcome measure is unavailable) *.

QUALITY MEASURES

- In addition to the six PQRS measures, CMS calculates either two (for individual clinicians and groups with less than 10 clinicians) or three (for groups with 10+ clinicians) population (claims-based) quality measures*.
- Each PQRS and population quality measure is assigned a possible 10 quality points. Hence, either 80 or 90 quality points are available, respectively, depending on the number of clinicians in the group being rated for MIPS. Each measure earns up to 10 points based upon the percentile-basis performance of that measure relative to national peer benchmarks.
- PQRS measure has a 62% measure rate that is better than 60% of peers reflected in the benchmark, then that measure would earn 7 out of 10 possible points

EXAMPLE OF USING BENCHMARKS FOR A SINGLE MEASURE TO ASSIGN POINTS

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

BENCHMARK MEASURE EXAMPLE

- As an example, if all eight measures earned seven points each, then the total points would be 8 x 7 = 56 out of a possible 80 points, or a 56/80 = 70%. As the Quality category for the CY2017 performance year has a weight of 50%, then a quality score of 70% would result in the Quality category contributing 70% x 50% x 100 = 35 points to the clinician's overall CPS.
- 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 (56+2)/80 = 72.5%, resulting in 36.25 CPS points.

ADVANCING CARE INFORMATION (ACI)

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ADVANCING CARE INFORMATION

- MIPS changes MU (renamed to ACI) from an all-or-nothing compliance program to a continuous scoring system where MU measure rates are compared to benchmarks in much the same way as described for the MIPS Quality category immediately above.
- For example, if a clinician in the existing MU program achieves a performance rate of 15% on an MU measure with a compliance threshold of 10%, then that clinician is just as compliant with MU as another who achieves a 90% rate on the same measure. However, under the ACI scoring system, the former will only earn two out of 10 performance points, whereas the latter will earn 10 out of 10 points, according to the decile measure scoring scale. This explains why a historically high MU achiever may end up having a low ACI score if MU performance rates do not improve.

ADVANCING CARE CONT'D

- The ACI category defines 131 ACI performance points that can be earned:
- **Base Score:** 50 points for reporting either a non-zero numerator or a "yes," as applies, for selected measures from the MU Modified Stage 2 or MU Stage 3 measure sets
- **Performance Score:** Up to 80 points for performance on eight measures per the decile scoring scale described above

ADVANCING CARE CONT'D

- **Bonus Point:** Up to 1 bonus point for reporting to an additional public health registry
- 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.

CLINICAL PRACTICE IMPROVEMENT ACTIVITIES (CPIA)

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CLINICAL PRACTICE IMPROVEMENT ACTIVITIES (CPIA)

- Under MIPS, a clinician can earn up to 60 points within the CPIA category as follows:
- Report any combination of "medium-weight" activities (worth 10 points each) and/or "high-weight" activities (worth 20 points) each, or
- If a clinician is non-patient-facing, a small practice with 15 or fewer professionals, a practice in a rural area, or a practice in a geographic Health Professional Shortage Area (HPSA), then all activities are worth 30 points each, or
- If a clinician participates in an APM, the clinician earns 30 points and can earn additional points as described above, or
- If a clinician is in certain medical home models, the clinician automatically earns the full 60 points.

EXAMPLE OF CALCULATING A CPS

- Assuming that the numerical examples used for the four categories as described above all apply to the same clinician, we can calculate a total CPS from the components:
- Quality = (56 of 80 points) x 50% weight x 100 = 35 CPS points
- ACI = (50 of 100 points) x 25% weight x 100 = 12.5 CPS points
- CPIA = (40 of 60 points) x 15% weight x 100 = 10 CPS points
- Resource Use = (14 of 20 points) x 10% weight x 100 = 7 CPS points
- Total CPS points = 35 + 12.5 + 10 + 7 = 64.5

7. HOW DOES MIPS IMPACT MEANINGFUL USE?

- MIPS impacts clinicians eligible for Medicare MU in the following ways:
- Sunsets Medicare Part B payment adjustments and replaces them with MIPS payment adjustments where 25% of the MIPS Composite Performance Score is determined by the Advancing Care Information performance category, which is based upon MU Modified Stage 2 measures (for 2014 Edition CEHRT) and MU Stage 3 measures (for 2015 Edition CEHRT).
- Moves away from all-or-nothing MU compliance based on measure thresholds to a hybrid scoring system for ACI where clinicians earn an all-or-nothing base score for reporting required measures, a continuous performance score for measure rate performance relative to a decile scale, and bonus credit for reporting to more than one public health registry

MEANINGFUL USE

- Removes the requirement to report electronic clinical quality measures, as quality reporting is already addressed by the MIPS Quality category
- Enables ACI to be reported either for individual clinicians or for a group of clinicians and through additional data submission methods beyond attestation, such as registry and EHR methods, previously reserved only for PQRS reporting
- Requires that clinicians agree to cooperate with surveillance of CEHRT by ONC and to implement CEHRT in good faith such that no inhibition of health information exchange nor information blocking occurs

8. HOW DOES MIPS IMPACT PQRS AND THE VALUE-BASED MODIFIER?

- MACRA sunsets the standalone Physician Quality Reporting System (PQRS) and Value-Based Modifier (VBM) programs for applying Medicare Part B payment adjustments related to PQRS quality reporting and VBM quality and cost performance. However, the MIPS Quality performance category inherits aspects of the PQRS quality measures and reporting infrastructure created by the PQRS program and leveraged by the VBM quality measurement system as well. For example, the array of PQRS reporting methods, including registry, EHR, and web interface, are largely preserved for purpose of reporting quality performance under MIPS. In addition, the MIPS Resource Use performance category largely mirrors the VBM resource use measurement system in terms of measures, patient attribution methodology and benchmarking.

MEASURE SELECTION

- For the registry, EHR, and qualified clinical data registry (QCDR) reporting methods currently requiring nine measures and three quality domains, the minimum quality reporting requirement is reduced to only six measures and can span any combination of quality domains; however, the six measures must include one cross-cutting measure (spans multiple quality domains) for patient-facing providers and one outcome measure
- A clinician may select six measures from a list of pre-defined "specialty measure sets" culled from the list of individual measures. Should a specialty measure set contain fewer than six measures, then a clinician could meet the minimum reporting requirement by reporting all the measures in the measure set and, if necessary, one or more other measures in order to satisfy the cross-cutting and outcome measure requirements

REPORTING METHODS

- For the registry and QCDR reporting methods, the "data completeness" standard, which defines the minimum subset of patients within a measure denominator that must be reported, has been raised from 50% of Medicare patients to 90%+ of all-payer patients. Should this be kept without exception in the final rule, then clinicians currently using the registry "measures group" method, where only 20 patients are required to be reported, may need to switch to a different reporting method.
- Clinicians intending to use a group practice reporting option (GPRO) reporting method (for clinicians choosing to be measured for MIPS performance as a group of clinicians) will only need to declare their specific reporting method by June 30th of the performance year if they choose the CMS Web Interface reporting method and/or choose to report patient experience measures via the CAHPS for MIPS survey (same as the current "CAHPS for PQRS.")

QUALITY PERFORMANCE SCORING AND BENCHMARKING

- Each measure earns quality points based on a percentile scale versus benchmarks, e.g. a 55% measure rate may be greater than that of 60% of all clinicians,
- In order to derive the MIPS Quality points contributing to the clinician's MIPS Composite Performance Score, add up the quality points across reported measures, divide by the maximum possible points to derive a quality score as a percentage, then multiply this quality score by 50 (for CY2017).

MACRA PROPOSED RULE CONTAINS SOME ILLUSTRATIVE EXAMPLES:

- Bonus quality points are available for specific high-priority measures and for using CEHRT to report measures electronically end-to-end (note that a quality score > 100% due to bonus points still only yields a maximum 50-point quality contribution to the MIPS Composite Performance Score)
- Each reporting method will have a different set of measure benchmarks for the measures reported through that method. The baseline period for deriving benchmarks will be two years prior to the performance year, which increases the likelihood that CMS will publish measure benchmarks prior to the start of the relevant performance year
- The VBM feedback report, or "QRUR," will be replaced by a MIPS feedback report for clinicians to see how they scored for the performance year, but the report will likely still be delivered ~9 months after the performance year ends

9. WHAT ARE MIPS DATA SUBMISSION REQUIREMENTS?

- The MACRA proposed rule intends to move clinicians towards using a single data submission method for multiple performance categories of MIPS. To support this, MIPS expands existing PQRS quality reporting methods, such as registry, EHR, and QCDR, to allow for reporting measures across the MIPS categories of Quality, ACI, and CPIA. The Resource Use category is claims-based and thereby does not require clinicians to separately report cost information. However, the proposed rule lacks implementation details regarding how some of those methods will be applied to reporting for those categories.
- Look for further definition in the MACRA final rule or the CY2017 Medicare Physician Fee Schedule, which has historically provided annual updates to PQRS reporting methods.

10. WHAT ARE 5 THINGS TO DO NOW TO PREPARE FOR THE JANUARY 2017 START OF MIPS?

- Educate your organization, particularly the C-suite, as soon as possible, e.g. leverage the MIPS Financial Calculator
- Estimate your MIPS score using your current MU, PQRS and VBM scores
- 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. Medicare Shared Savings Program Track 2/3 ACO or NCQA PCMH application deadlines to gain MIPS exemptions or points

QUESTIONS

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APM WHAT IS IT?

- Our next webinar will be June 29, 2016. Please return and we will discuss APMs what is it and how it will affect your reimbursements!
- Thank you for joining us today.

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