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## MIPS Program Year 2: Proposed Rule Overview

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- Slides and a recording of today's presentation will be made available after the session

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## Today's Presenters



**Anika Weber, Quality Program Specialist**

- Graduate of East Carolina University Health Service and Information Management Program
- Experience analyzing patient satisfaction data for a 670 bed general hospital, and 40+ office practices, express cares and ambulatory surgery centers
- Completed 15+ process improvement projects to increase operational efficiency and clinical quality



**Tyler Surratt, Quality Program Specialist**

- Graduate of UNC Chapel Hill with a degree in public policy concentrating in domestic health policy
- 5+ years of healthcare experience
- 2+ years of experience with healthcare policy research and analysis
- Experience managing 700+ health records for topics including immunizations, medications, patient history, and many more

## TSI Healthcare

A Boutique & Concierge Style Approach:



### Sales, Support & Implementation:

- Electronic Health Records,
- Practice Management System,
- Revenue Cycle Management,
- Cloud Hosting
- NextGen Healthcare (EHR Vendor) 's Largest Value-Added Support Organization
- By the Numbers:
  - 2,000 Clinician Clients
  - 9,500+ Active Users
  - 5,000,000 Estimated Patients

## Top Ranked in Service Worldwide



- The “Oscars” of Customer Service
  - Over 1,900 Nominations
- TSI Healthcare was Top Ranked in Service Worldwide 3 years in a row
  - 2015, 2016, 2017
  - Customer Service Department of the Year in Healthcare, Pharmaceuticals, and Related Industries
- Finalists in Other Categories:
  - Wells Fargo, Marriott, Delta, Cisco, iHeart Media
- Judges:
  - JP Morgan Chase, TicketMaster, Forsee Advertising, Franklin Templeton, and many more of the world’s most respected executives

## Today’s Agenda

- Why:
  - MACRA: A Brief History
  - Review the Quality Payment Program
- When:
  - MIPS Timeline
- Who:
  - MIPS Eligible Clinicians (ECs)
- What:
  - MIPS Performance Categories
  - MIPS Reporting & Scoring
  - MIPS APM Changes
  - Advanced APM Changes
- How:
  - MIPS Submission Options
- What’s Next:
  - How You Can Prepare
- Q&A

*Important Note: The changes discussed during today’s webinar are proposed for 2018 and do not impact 2017.*

## Poll Question #1

How comfortable do you feel with 2018 Proposed Rule?

- a. Very Comfortable – I can't wait for the Final Rule!
- b. Semi-comfortable – I need more information
- c. Not Comfortable at all – Not sure where to start

# Why?

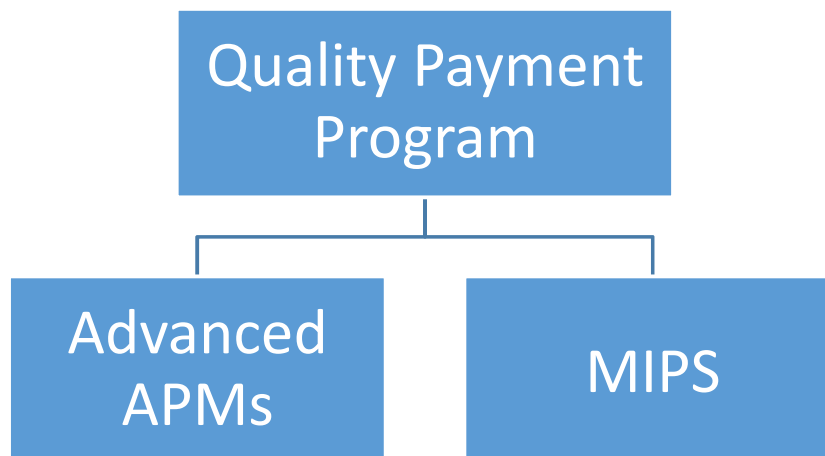
*How we got to where we are today*

## MACRA: Kind of a Big Deal

*This regulation proposes **the most fundamental changes to how physicians are paid** that we've seen in decades...  
...It is **likely to have a greater impact** on the way physicians practice medicine than **The Patient Protection and Affordable Care Act (aka Obamacare)**!*

-Chris Emper, Director Gov & Industry Affairs  
NextGen Healthcare

## Quality Payment Program Options



# When?

*Timeline of what to expect*

## Timeline of MIPS

### 2017 and Beyond - Payment Adjustments

- MIPS started in **2017 as the first performance year**
- Payment adjustments for the 2018 performance year will be based on a 2 year look back period
  - Ex: If a provider has a better than average MIPS score in 2018, this provider *may* be eligible for a positive payment adjustment in 2020

Performance Year	2017	2018	2019	2020
Payment Year	2019	2020	2021	2022

## Proposed Reporting Period Options

- It is proposed that ECs and groups be required to report Quality for the entire year in 2018 while other categories retain their 2017 reporting period requirements

Year	Quality (60%)	Advancing Care Information (ACI) (25%)	Improvement Activities (IA) (15%)	Cost (0%)
2017	≥ 90 days	≥ 90 days	≥ 90 days	entire year
2018	<u>entire year</u>	≥ 90 days	≥ 90 days	entire year



## Who?

*Which of my providers may be impacted?*

# MIPS Eligible Clinicians

There are no proposed changes to Eligible Clinicians for the 2018 performance year

## 2017 & 2018

- Physicians (MD/DO & DMD/DDS)
- Physician Assistants\*
- Nurse Practitioners\*
- Clinical Nurse Specialists\*
- Certified Registered Nurse Anesthetists\*

## 2019

- All from 2017 & 2018, plus
- Physical or Occupational Therapists
- Speech-Language Pathologists
- Audiologists
- Nurse Midwives
- Clinical Social Workers
- Clinical Psychologists
- Dietitians/Nutritional Professionals

\*Previously participated in PQRS but not MU

# Non MIPS Eligible Clinicians



FIRST Year of Medicare Part B Participation

## New Medicare Providers

- Clinicians who are new to submitting Medicare claims will not report MIPS during their first year of participating in Medicare Part B



Certain Participants In ADVANCED Alternative Payment Models

## Advanced APM Participants

- Clinicians who are participating significantly in an Advanced Alternative Payment Model (APM)



Below Low Patient Volume Threshold

## Low Threshold Providers

- Clinicians who are below the Medicare thresholds for payment **OR** patient volume
  - 2017: < \$30,000 in Medicare billing charges per year **OR** fewer than 100 Medicare Part B patients in one year
  - 2018: < \$90,000 in Medicare billing charges per year **OR** fewer than 200 Medicare Part B patients in one year



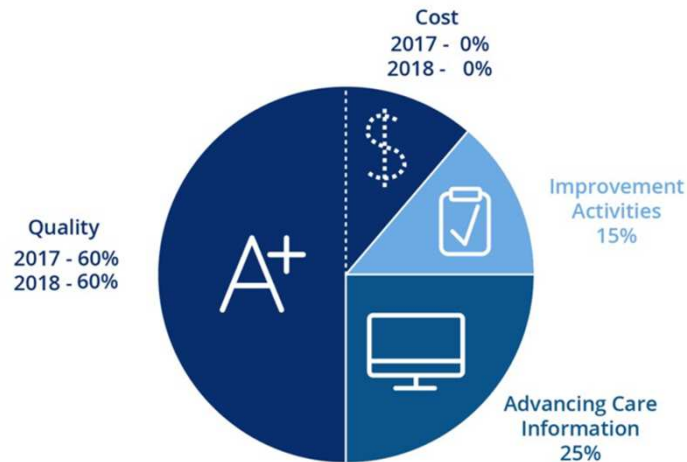


# What?







What are the major changes to MIPS under the 2018 Proposed Rule?  
What are the major changes affecting Advanced APMs?

## 2018 MIPS Performance Category Weights

★ It is proposed that the Cost Category remain weighted at zero percent in 2018



## Quality Payment Program 2017-2020 Payment Adjustments & Performance Category Weights

Performance Year	2017	2018	2019	2020
Payment Adjustment Year	2019	2020	2021	2022
Potential Payment Adjustment	+/- 4%	+/- 5%	+/- 7%	+/- 9%
 Quality 	60%	60%	30%	30%
 Cost 	0%	0%	30%	30%
 Improvement Activities	15%	15%	15%	15%
 Advancing Care Information	25%	25%	25%	25%

*Note: the above point distributions are subject to change as per CMS.*

## Quality Category: Summary



- Required to report on at least 6 measures
  - Ability to select measures from either individual measures or a specialty specific measure set
- Must report 1 CMS designated “outcome” measure
  - If unavailable, must choose a CMS designated high priority measure
- **Maximum Points for this category: 60 or 70 points**
- **2017 MIPS Composite Score Weight: 60 percent**

## Quality Category: Major Proposed Changes for 2018



- **Multiple Submission Mechanisms for Quality Measures:**
  - Example: Dr. Benson could report 3 measures via NextGen HQM and 3 measures via RISE
- **Topped Out Measures:**
  - Measures deemed “topped out” for 2 consecutive years would be capped at 6 instead of 10 performance points
  - A measure may be retired after being “topped out” for three consecutive years

## Quality Category: Major Proposed Changes for 2018

*Continued*



- **Improvement Bonus:**
  - MIPS EC's and Groups would earn a maximum of 10 percentage bonus points for improving performance on their Quality Category score from 2017 to 2018
- **It is proposed that the Quality Category remain weighted at 60% of the overall MIPS Composite Score (CPS) instead of dropping to a 50% weight in 2018**

## Advancing Care Information(ACI) Category: Summary

- **Nine Objectives mirroring Meaningful Use concepts:**
  - **Base Score:** Protecting Patient Information, E-Prescribing, Health Information Exchange (HIE), Patient Electronic Access (part 1)
  - **Performance Score:** Health Information Exchange (HIE), Patient Electronic Access (part 1 & 2), Secure Electronic Messaging, Medication Reconciliation, Patient Education, Immunization Registry Interface
- **Bonus Points:**
  - Specialized Registry Interface (5 points)
  - CEHRT Improvement Activity (10 points)
- **Maximum Points for this category:** 100 points (155 points available)
- **2017 MIPS Composite Score Weight:** 25 percent



## ACI Category: Major Proposed Changes for 2018

- **Immunization Registry Measure:**
  - Allow reporting on other public health registries that may be more readily available for 5 percentage points each, up to 10 percentage points
- **Certified EHR Technology:**
  - Allow clinicians to use either 2014 or 2015 CEHRT
  - 5 point bonus for those who use 2015 CEHRT for the entire reporting period
- **New Categories for Exceptions:**
  - MIPS ECs in small practices could reweight the ACI category to 0 percent and reallocate the 25 percent to the Quality Category
  - MIPS ECs who are based in an Ambulatory Surgery Center (ASC) could reweight the ACI category to 0 percent and reallocate the 25 percent to the Quality Category
  - MIPS ECs who make less than 100 referrals could exclude the HIE objective
  - MIPS ECs who write less than 100 prescriptions could exclude the E-prescribing objective

## Improvement Activity (IA) Category: Summary



- **Must select Improvement Activities from 90+ available options:**
  - Medium-Weighted Activities: 10 Points
  - High-Weighted Activities: 20 Points
- Alternate scoring available for small practices, rural areas, and health professional shortage areas (HPSAs)
- **Partial or Full credit for:**
  - Patient-centered medical homes (PCMH)
  - Alternate Payment Models (APM)
- **Maximum Points for this category: 40 points**
- **2017 MIPS Composite Score Weight: 15 percent**

## IA Category: Major Proposed Changes for 2018

- **New Activities:**
  - A number of new activities have been proposed with some changes to existing activities
- **CEHRT Bonus:**
  - New activities related to the use of CEHRT that qualify for a 10 point bonus for the ACI category

## Cost Category: Summary



- **Three different measures**
  - Automatically calculated based on claims
  - Will be compared against peers using national benchmarks
- **Key focus:**
  - Reduce unnecessary spending such as hospitalizations, tests, etc. via preventative and outcome focused care
- **Maximum Points for this category:** 10 points
- **2017 MIPS Composite Score Weight:** 0 percent

## Cost Category: Major Proposed Changes for 2018

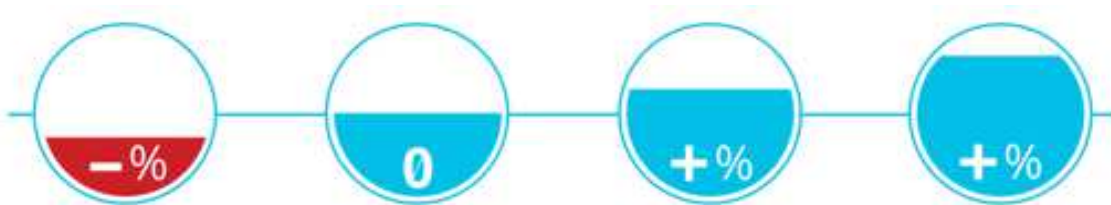
- **It is proposed that the Cost Category remain weighted at 0% of the overall MIPS Composite Score (CPS) in 2018 instead of increasing to 10%**
  - Remember: 2019 will be 30%!
- **Measures Included:**
  - Medicare Spending per Beneficiary (MSPB)
  - Total per capita cost measure
- **Measures Not Included:**
  - Episode-based measures (*CMS will likely reintroduce these in the future*)
- **Improvement Bonus:**
  - MIPS EC's and Groups would earn up to 1 bonus point for improving performance from 2017 to 2018 on the two measures being evaluated

## Additional Proposed Bonus Points ★

CMS has proposed two ways to earn bonus points which would be assigned to your MIPS Composite Score:

- **Small Practice Bonus:** Practices with 15 or fewer ECs would have 5 bonus points added to their final MIPS Composite Score for the 2018 performance year
- **Complex Patient Bonus:** Based on an average Hierarchical Condition Category (HCC) score, this bonus would award between 1 and 3 points to the EC or group's MIPS composite score

## Proposed: Increased Performance Threshold



Year	Negative Adjustment	Neutral Adjustment	Positive Adjustment	Positive Adjustment + Additional Bonus
2017	< 3 points	3 points	4-69 points	70+ points
2018	< 15 points	15 points <span style="color: green;">★</span>	16-69 points	70+ points

## MIPS APMS: Major Changes

- It is proposed to align weighting across all MIPS APMs and assess all MIPS APMs on Quality

Domain	2017 Transition Year		2018 Proposed
	SSP & Next Generation ACOs	Other MIPS APMs	All MIPS APMs
Quality	50%	0%	50%
Cost	0%	0%	0%
Improvement Activities	20%	25%	20%
Advancing Care Information	30%	75%	30%

## MIPS APMS: Major Changes *(continued)*

Adding a 4<sup>th</sup> MIPS APM Participant Snapshot Date:

- This would allow participants who joined certain APMs between September 1st and December 31st of the performance year to benefit from the APM scoring standard

2017 Final Rule	2018 Proposed Rule
<p>MIPS APM Participant Snapshot Dates:</p> <ul style="list-style-type: none"> <li>• March 31<sup>st</sup></li> <li>• June 30<sup>th</sup></li> <li>• August 31<sup>st</sup></li> </ul>	<p>MIPS APM Participant Snapshot Dates:</p> <ul style="list-style-type: none"> <li>• March 31<sup>st</sup></li> <li>• June 30<sup>th</sup></li> <li>• August 31<sup>st</sup></li> <li>• <b>December 31<sup>st</sup></b></li> </ul>

**Note: If your practice appears on the APM Participation List on any of the snapshot dates, you are required to participate in the Quality Payment Program as a MIPS APM.**



## Advanced APMs: Summary

- The Alternate Payment Model (APM) incentivizes quality and value
- **Three requirements:**
  - Requires participants to use certified EHR technology;
  - Provides payment for covered professional services based on quality measures comparable to those used in the MIPS quality performance category; and
  - Either: (1) is a Medical Home Model under CMS Innovation Center authority OR (2) requires participants to bear a more than nominal amount of financial risk
- To qualify for a 5% incentive payment as an APM, participants must:
  - receive 25% percent of Medicare Part B payments through an Advanced APM or
  - see 20% of Medicare patients through an Advanced APM during the associated performance year

## Advanced APMs: Major Changes

2017 Final Rule	2018 Proposed Rule
<p><b>Total Potential Risk under the APM must be at least:</b></p> <ul style="list-style-type: none"> <li>• 8% of average estimated Parts A and B revenue of a participating APM entity for 2017 and 2018 performance periods</li> </ul> <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> <li>• 3% of the expected expenditures for which an APM entity is responsible</li> </ul>	<p>The 8% revenue-based standard will be <u>extended for two additional years</u>, through performance year 2020</p>
<p><b>Advanced APM Models:</b></p> <ul style="list-style-type: none"> <li>• Comprehensive ESRD Care Model</li> <li>• Comprehensive Primary Care Plus (CPC +)</li> <li>• Medicare Shared Savings Program- Track 2</li> <li>• Medicare Shared Savings Program- Track 3</li> <li>• Next Generation ACO Model</li> <li>• Oncology Care Modem (OCM)- two-sided risk</li> <li>• Comprehensive Care for Joint Replacement (CJR)</li> </ul>	<p><b>Advanced APM Models:</b></p> <ul style="list-style-type: none"> <li>• <b>Medicare ACO Track One Plus (1+)</b></li> <li>• <b>Not to be confused with Track 1</b></li> <li>• Comprehensive ESRD Care Model</li> <li>• Comprehensive Primary Care Plus (CPC +)</li> <li>• Medicare Shared Savings Program- Track 2</li> <li>• Medicare Shared Savings Program- Track 3</li> <li>• Next Generation ACO Model</li> <li>• Oncology Care Modem (OCM)- two-sided risk</li> <li>• Comprehensive Care for Joint Replacement (CJR)</li> </ul>

# How?

*How do my providers receive their MIPS score?*

## Individual vs. Group Reporting Option

Eligible Clinicians can participate in MIPS as either:



**Individual**

Based on Tax ID & NPI combination

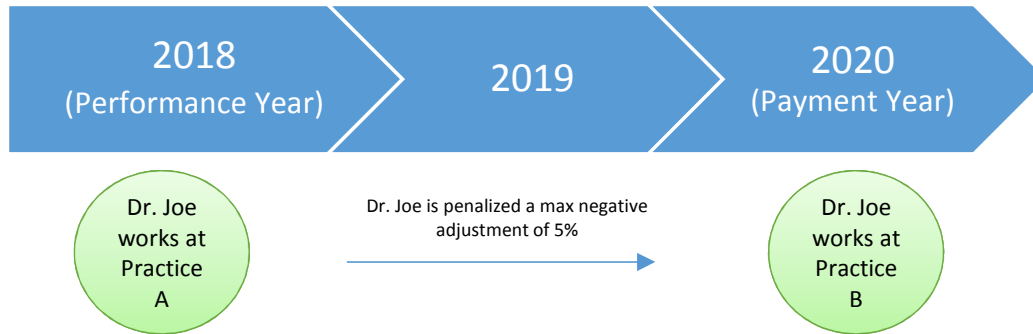


**Group**


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

## Individual vs. Group Reporting Option

- Remember: Incentives and penalties are assigned at the TIN/NPI level
- There are no proposed changes as to how incentives and penalties are assigned for the 2018 performance year



## Proposed: Virtual Group Reporting Option

In 2018, it is proposed that Eligible Clinicians could participate in MIPS as a virtual group: 

- **What is a virtual group?**
  - A combination of two or more TINs that elect to formally form a group with no restrictions based on specialty, geography or virtual group size
- **Who can participate?**
  - Solo Practitioners
  - Group with 10 or fewer eligible Practitioners under the same TIN
- **MIPS Reporting:**
  - Virtual groups would report like traditional groups report
  - Once you declare membership in a virtual group, you will not be permitted to score MIPS individually or at the TIN level

## Proposed: Virtual Group Reporting Option Continued

- **A special note about Virtual Groups:**
  - The Virtual Group must be able to aggregate performance data across TINs for all MIPS performance categories
  - CMS proposes various detailed components that would need to be included in a formal written agreement between each member of the Virtual Group
  - On behalf of a virtual group, the official designated virtual group representative must submit an election to the QPP Service Center **prior to December 1<sup>st</sup>, 2017**

## Poll Question #2

If included in the Final Rule, do you think your practice would be interested in joining a virtual group?

- a. Absolutely
- b. Maybe
- c. Definitely Not
- d. My practice would not be eligible (> 10 providers, doesn't meet low volume threshold, etc.)

## Data Submission Options

*There are no proposed changes to the available options for data submission*

- MIPS data may be submitted via third parties such as:
  - Qualified Registries (such as NextGen HQM)
  - Qualified Clinical Data Registry (QCDR) (such as RISE or IRIS)
  - Attestation (Not applicable for Quality category)
  - Health IT Vendors
  - CMS-Approved Survey Vendors
  - CMS Web Interface
  - CAHPS for MIPS Survey

## Data Submission Options

- Providers could still report full data sets using multiple mechanisms
  - Example: You can report your Quality data via RISE and your Advancing Care Information data via NextGen HQM
- Like the 2017 performance year, providers still cannot report as individual for some categories and as a group for others
  - You must report as individual or group across all four categories
- ★ It is proposed that MIPS ECs and Groups may use multiple submission mechanisms for quality reporting
  - Providers would be able to partially report a data set using two or more different mechanisms
  - Example: A provider could potentially report 3 quality measures via RISE and then report their other 3 quality measures via NextGen HQM

# What's Next?

*What do I need to do today?*

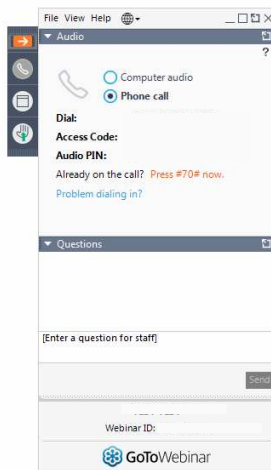
# What's Next?

- **Important Note:** *The changes discussed do not impact 2017. All practices should continue MIPS tracking, preparation, and reporting*
- These changes are only proposed. A final determination on these proposed changes will be published in the Final Rule expected to be released in the Fall of 2017
- If you feel strongly about a proposed change, consider making a an official comment:
  - <https://www.federalregister.gov/documents/2017/06/30/2017-13010/medicare-program-cy-2018-updates-to-the-quality-payment-program#open-comment>
  - Official comments must be submitted by August 21<sup>st</sup>, 2017 at 11:59 PM EDT

## What's Next

- Tips for Success:
  - Continue your 2017 team focus:
    - **Goal:** Quality 60%, ACI 25%, Improvement Activities 15%
  - Review your QRUR report
  - Practice Engagement
    - Meet at least every other week to review Quality and ACI reports
    - Identify areas of improvement
    - Share feedback with your entire team
      - Clinical team (including providers) *and* administrative team

## Question & Answer



### Asking Questions:

- Questions can be asked using the **Questions** section on the webinar Control Panel
- We will attempt to answer all questions

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