

MACRA Made Simple



Pennsylvania
MEDICAL SOCIETY[®]



Overview

Medicare Access and CHIP Reauthorization Act of 2015

- Repealed Sustainable Growth Rate (SGR)
- Provides framework for transition from volume to value

Final Rule

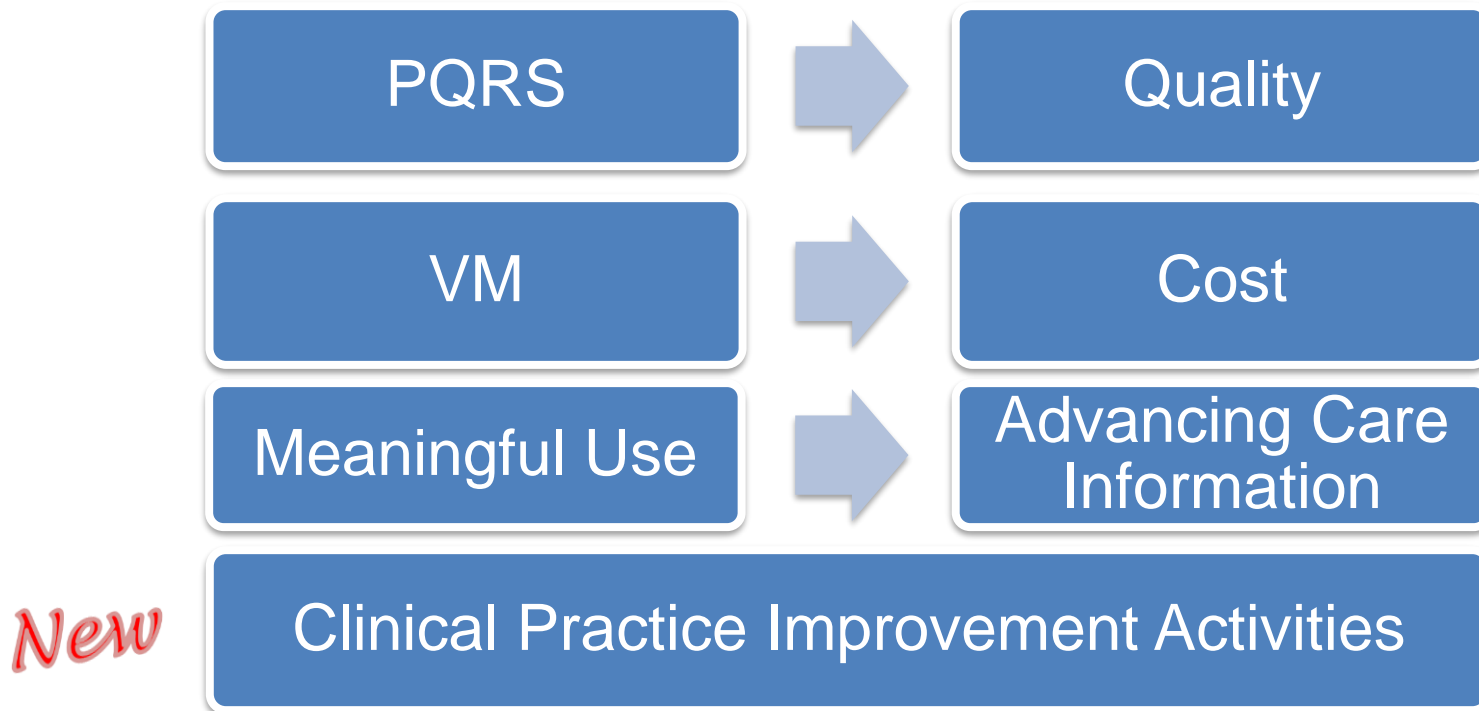
- Detailed plan for implementation of Quality Payment Program (QPP)

Two tracks for physicians and NPPs:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (AAPMs)

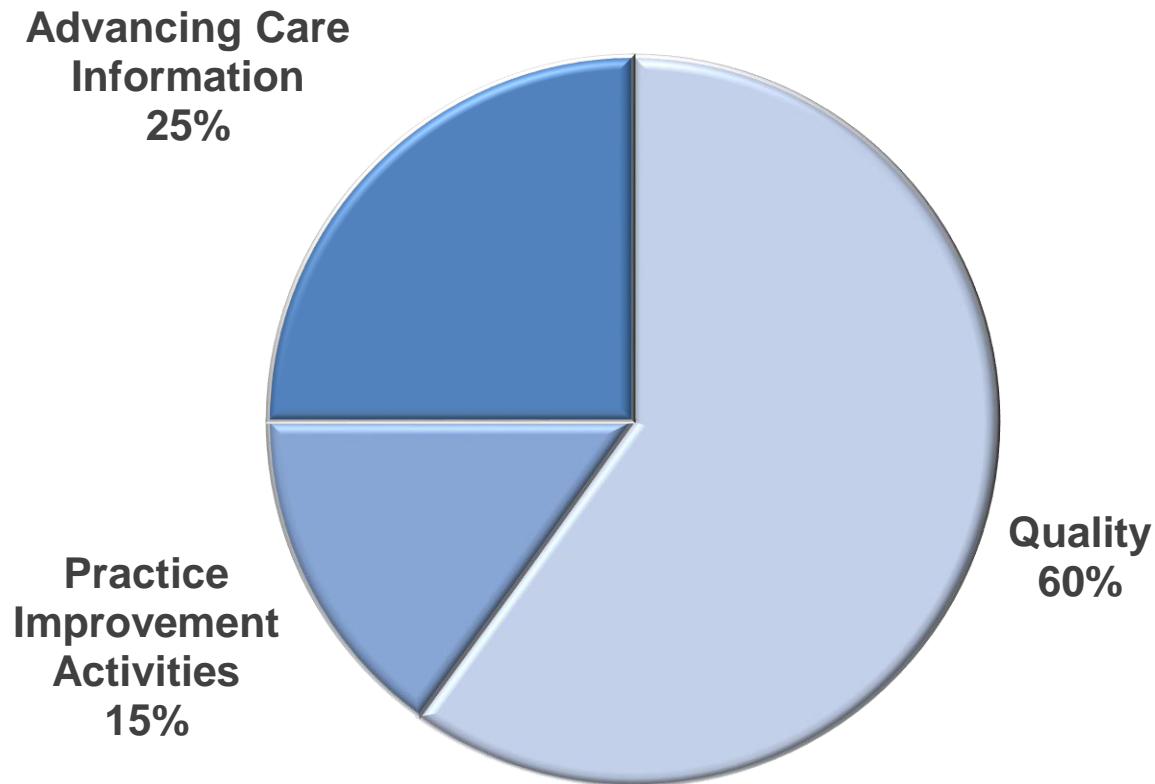
MIPS Categories

Streamlines three existing programs, adds new category



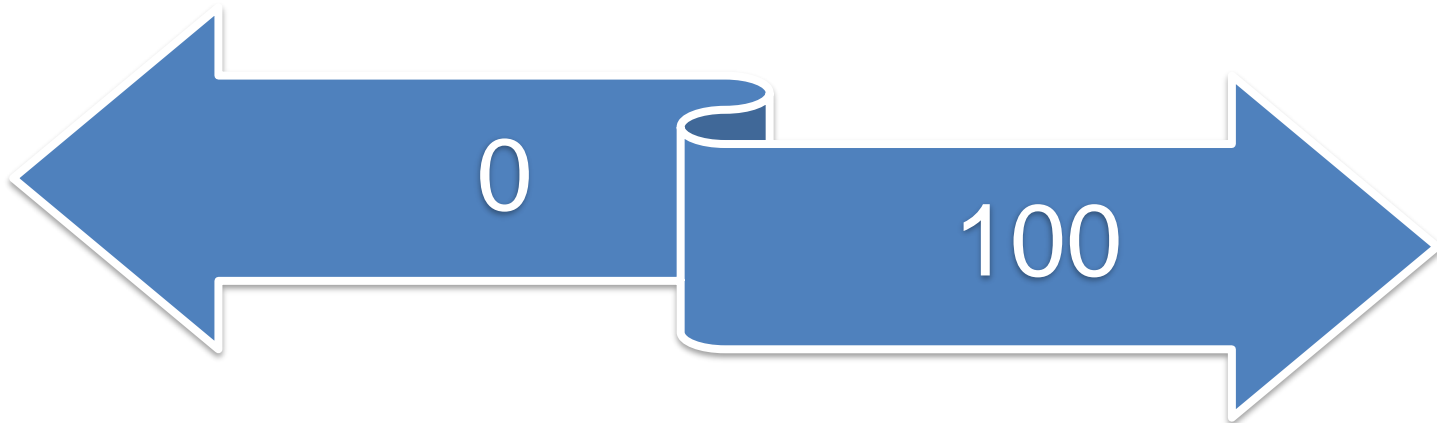
MIPS Category Weights

Year 1 (2017 Performance Year)



MIPS Final Score

Each category is weighted and scored individually, contributing to a MIPS Final Score ranging from 0 to 100.



MIPS Participants

MIPS “Eligible Clinicians” in Years 1 and 2:

Physicians

Physician Assistants

Certified Registered Nurse Practitioners

Certified Registered Nurse Anesthetists

Clinical Nurse Specialists

HHS Secretary may broaden list of eligible clinicians to include other practitioners in Year 3 and beyond.

MIPS Participant Exclusions

Most clinicians will be subject to MIPS. However, CMS offers three exclusions:

First year of Medicare Part B participation

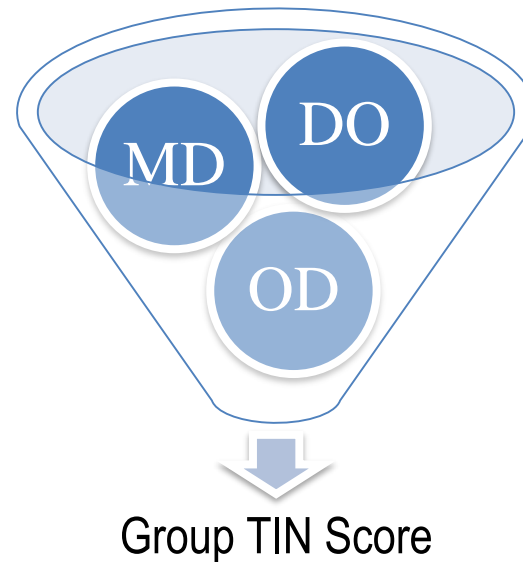
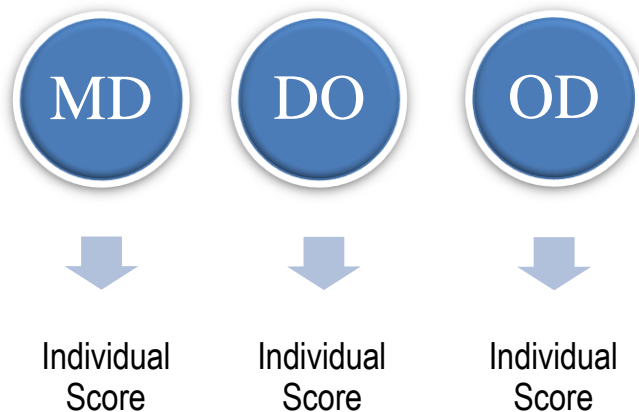
Low volume – either \$30,000 or less in allowed charges, or fewer than 100 Medicare beneficiaries

Significantly participating in an Advanced APM

Individuals or Groups

Eligible clinicians can participate as an individual or as part of a group

- Group is defined by Taxpayer Identification Number (TIN) and would apply across all four MIPS categories



MIPS Pick Your Pace Options for 2017 to Avoid Negative Adjustment

Test your participation

- Report one quality measure, or one improvement activity, or base ACI measures

90 Continuous Days

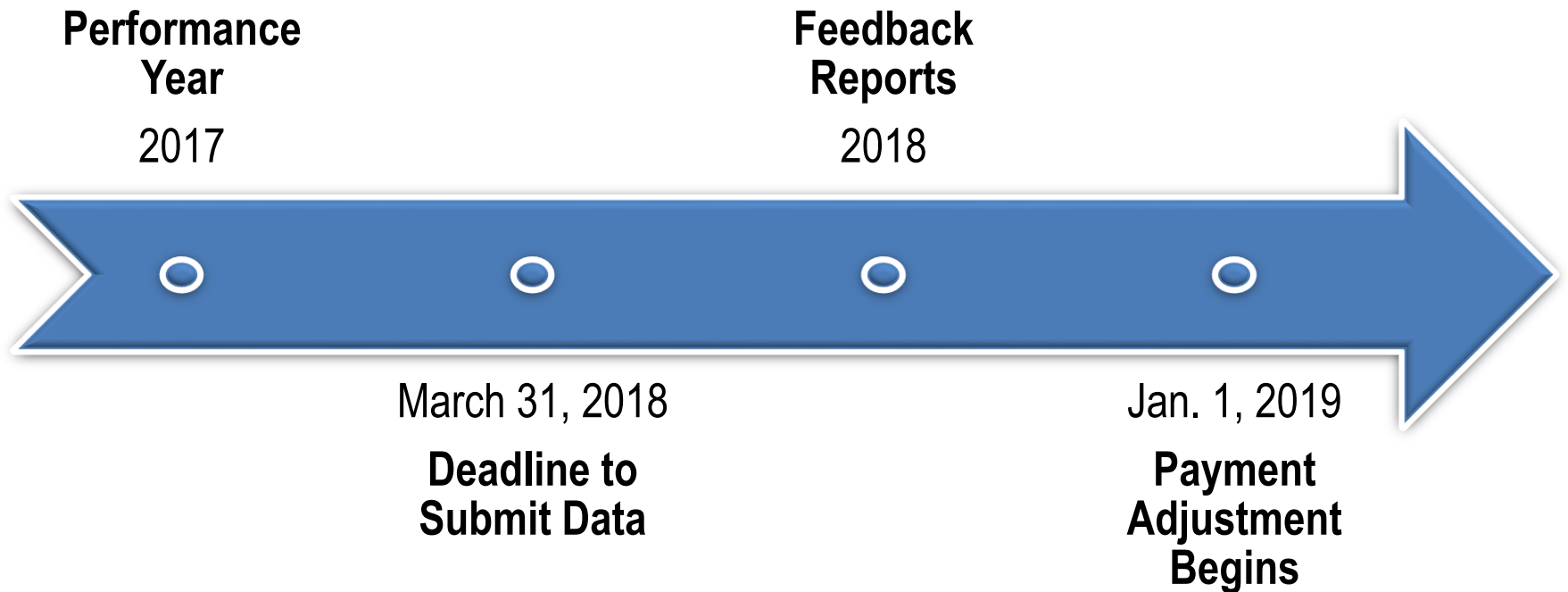
- Start no later than Oct. 2, 2017

Full Year

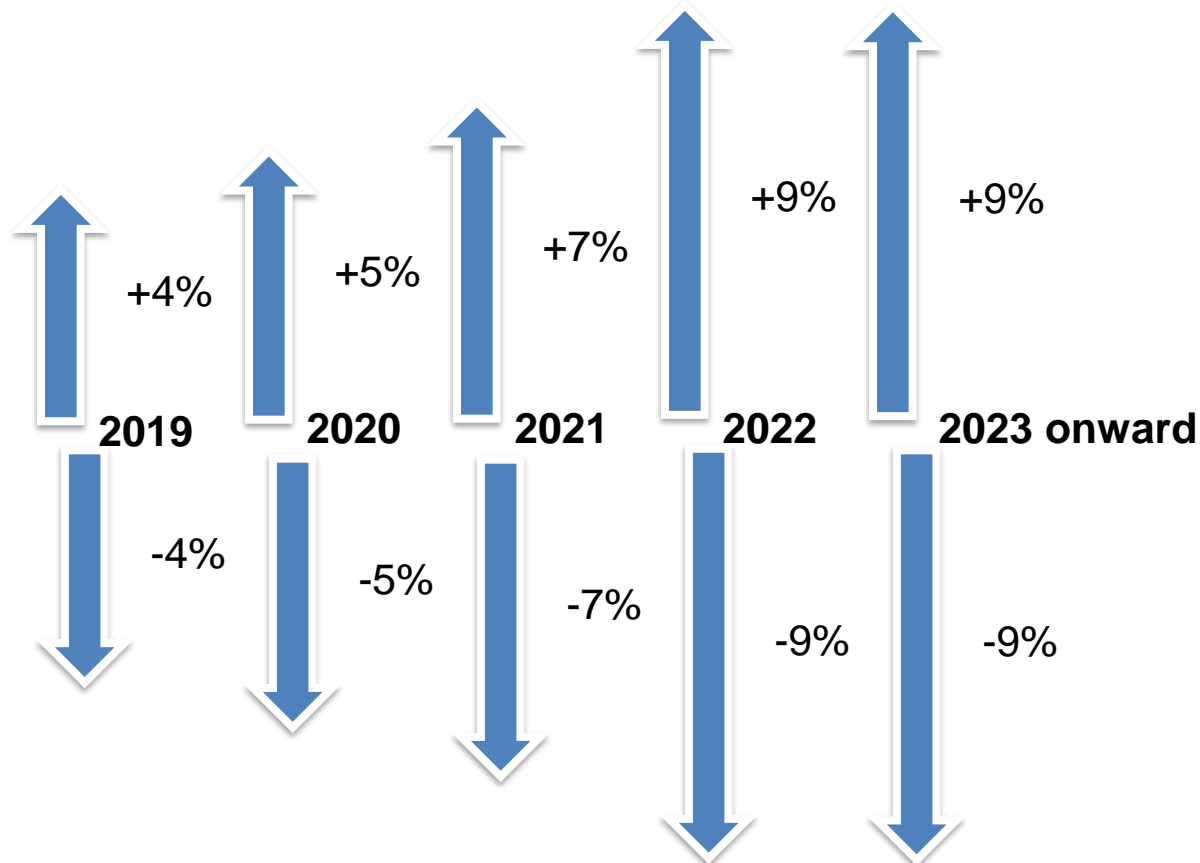
- Performance period start date is Jan. 1, 2017



Quality Payment Program Timeline

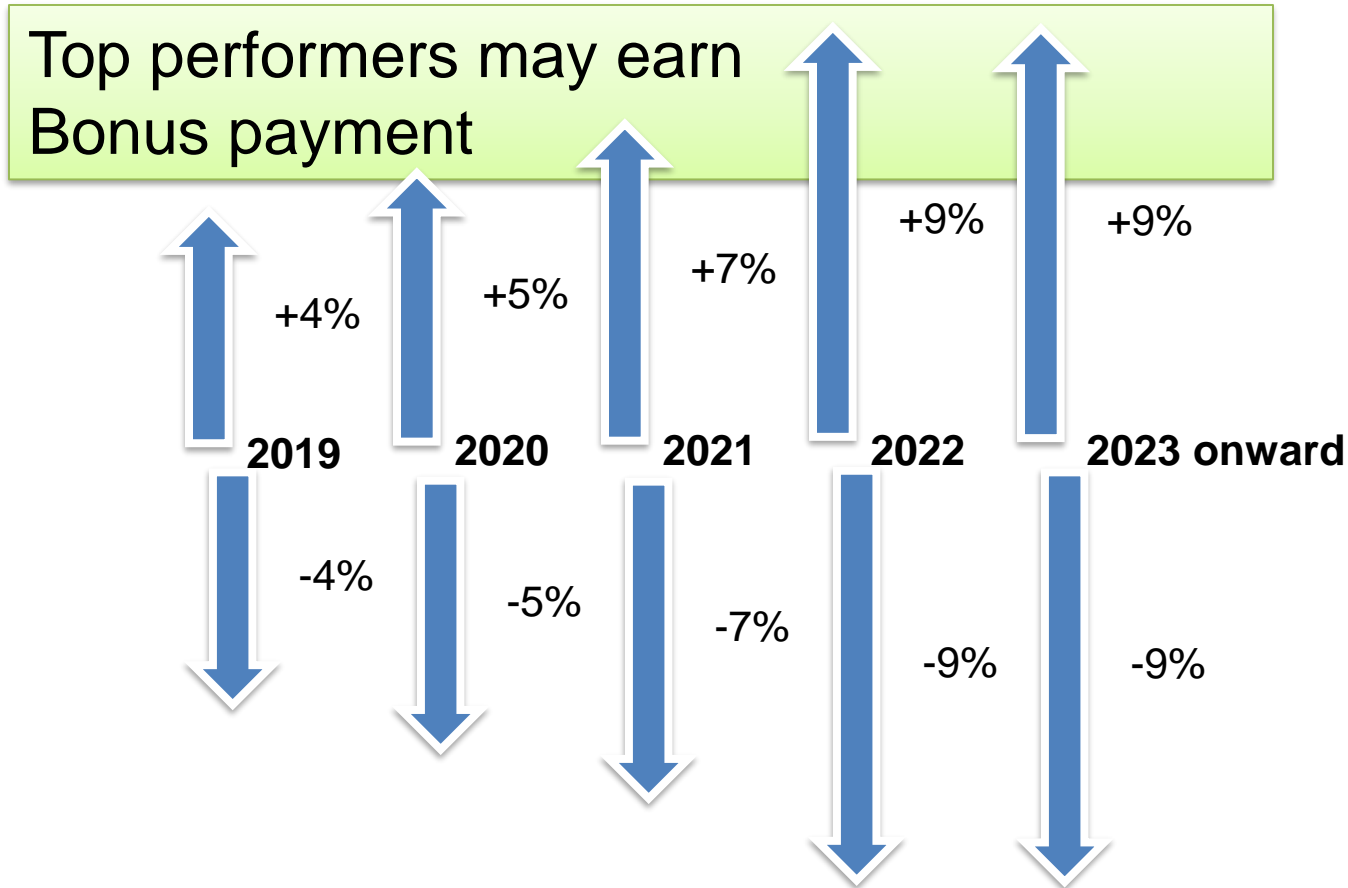


MIPS Payment Adjustments



Based on the MIPS Final Score, clinicians will receive a positive, negative, or neutral payment adjustment.

Scaling Factor



\$500 million in bonus awards for exceptional performance

Quality

- Formerly PQRS
- Select 6 measures – include at least 1 outcome measure, or high priority measure; or
- Select 1 measure set based on specialty/subspecialty
- All-cause hospital readmissions measure
 - Groups of >15
 - Based on claims data – no reporting required

Year 1 category weight = 60%

Quality Bonus

- High priority measures
 - Two bonus points for each outcome or patient experience measure
- CEHRT reporting
 - One bonus point earned for each measure reported using CEHRT
- Bonus points are capped at 10% of the total possible points

Quality Scoring

- 2017 = 3 point minimum per measure
- Class 1 measures are based on performance, and earn 3-10 points per measure
 - Performance compared to historical benchmarks,
 - Has at least 20 cases, and
 - Meets data completeness threshold
- Class 2 measures earn 3 points:
 - Measure does not have benchmark,
 - Measure does not have at least 20 cases, or
 - Measure does not meet data completeness criteria

Cost

- Formerly value-based payment modifier (VM)
- Also known as “Resource Use”
- No data submission required
- CMS calculates Medicare Spending Per Beneficiary (MSPB) based on claims data

Year 1 category weight = 0%*

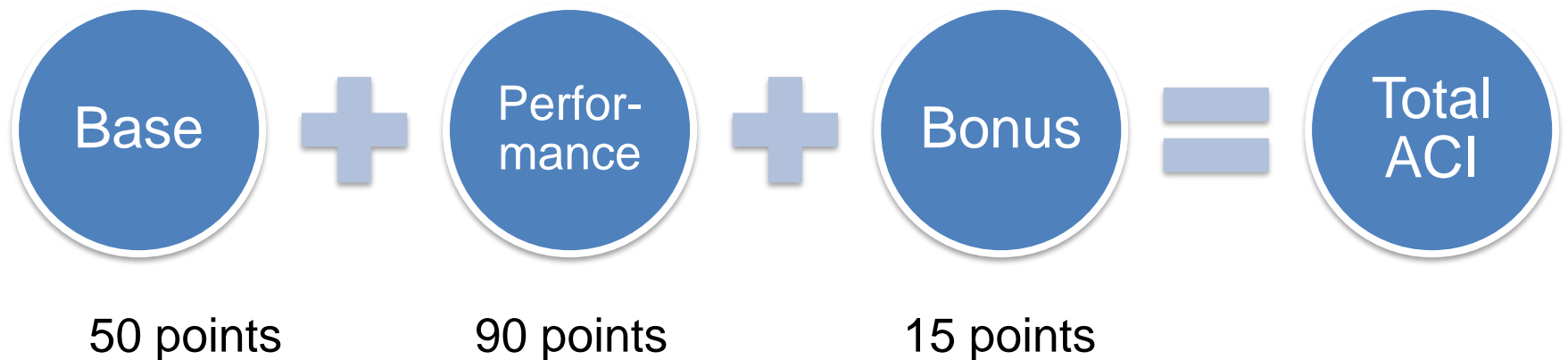
* Informational feedback will be available, but the measures will not count toward the MIPS Final Score in the first year.

Advancing Care Information (ACI)

- ACI replaces Medicare EHR Incentive Program also known as “Meaningful Use”
- Can report as an individual or group
- Optional participation in 2017 for CRNPs, PAs, CRNAs, and CNS
- No measure thresholds

Year 1 category weight = 25%

ACI Scoring



- Maximum possible points = 155
- Full credit earned at 100 points

Base Score

- Perform required measures for 90 days
- Report “yes” to yes/no measure, or one unique patient to earn base score
- Earns half credit (50 points) towards the total ACI score

Security risk analysis

E-Prescribing

Provide patient access

Send summary of care

Request / accept summary of care

or

Security risk analysis

E-Prescribing

Provide patient access

Health information exchange

Performance Score

Performance Rates for Each Measure Worth Up to 10%

Performance Rate	Points	Performance Rate	Points
1-10%	1	51-60%	6
11-20%	2	61-70%	7
21-30%	3	71-80%	8
31-40%	4	81-90%	9
41-50%	5	91-100%	10

- Numerators and denominators for each measure is converted to performance rate.
- Most measures are worth a maximum of 10 points
 - Two measures in 2017 transition measures are worth up to 20 points

Bonus Score

- Earn bonus points
 - Reporting to 1+ public health registries earns 5 bonus points
 - Attesting to 1+ select improvement activities using CEHRT earns 10 bonus points
- 15 maximum available points

Clinical Practice Improvement Activities (CPIA)

- 90+ activities available
- Full score earned at 40 points
 - High weight = 20 points; Medium weight = 10 points
- Considerations for:
 - Small practices (<15 clinicians), Rural, HPSAs, and Non patient-facing clinicians
 - PCMH earns full score
 - APM participation earns full score in 2017
- Incentives for using CEHRT

Year 1 category weight = 15%

Overall Scoring

Category	Scoring	Maximum Points	% of Final Score
Quality	<ul style="list-style-type: none"> Report 6 measures, including 1 outcome measure Class 1 earn 3-10; Class 2 earn 3 points Bonus points for EHR reporting, and reporting outcomes 	60-70	60%
Cost	<ul style="list-style-type: none"> CMS will calculate Medicare spending based on claims (informational purposes only) No need to report data 	0	0%
ACI	<ul style="list-style-type: none"> Base score of 50 points Performance score, up to 10 points per measure Bonus for public health reporting, CPIA reporting 	100	25%
CPIA	<ul style="list-style-type: none"> Medium-weight = 10 points; High-weight = 20 points PCMH and APMs earn full credit Non patient-facing, small, rural, and HPSAs 	20 or 40	15%

MIPS Final Score range 0-100

Performance Threshold

Performance threshold is a benchmark indicating the relationship between the MIPS final score and the payment adjustments.

Final score > performance threshold = + % adjustment

Final score < performance threshold = - % adjustment

Final score = performance threshold = neutral adjustment

Performance Threshold

For 2017 performance year, performance threshold = 3

MIPS Final Score	Payment Adjustment
70-100 points	Positive payment adjustment Eligible for exceptional performance bonus
4-69 points	Positive payment adjustment Not eligible for bonus
3 points	Neutral payment adjustment
0 points	Negative payment adjustment of -4% Did not participate

How should I get started?

- ✓ Learn about the Quality Payment Program (QPP)
 - qpp.cms.gov
 - www.pamedsoc.org/macra

- ✓ MIPS Participation
 - Do I meet any exclusions?
 - Should I report as an Individual or as part of a Group?
 - Deadline to register as a Group for some reporting methods – June 30, 2017

- ✓ Pick Your Pace
 - What is my participation level in 2017?

How should I get started?

- ✓ Focus on Quality
 - Careful selection of measures
 - Represents 60% of final score
 - Scoring is based on performance

- ✓ Review QRURs
 - portal.cms.gov

- ✓ Review practice improvement activities list
- ✓ Assess your CEHRT edition
- ✓ Review workflows to improve efficiency

Questions



PAMED Practice Support

Jennifer Swinnich

Jswinnich@pamedsoc.org

855-PAMED4U (855-726-3348) x2643



Pennsylvania
MEDICAL SOCIETY[®]