



Demystifying MIPS:
The Regulatory Landscape for LTPAC Medical Providers

Series One of Four:
MIPS Overview & Quality Component

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MIPS Webinar Four-Part Series Schedule

June 16th, 2016

MIPS Overview
&
Quality Component

July 7th 2016

Clinical Practice
Improvement
Activities
&
Resource Use

July 28th, 2016

Advancing Care
Information

August 4th, 2016

Scoring Overview
&
Q&A

Webinar Presenters



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- AMDA Committee Member - Public Policy & Government Affairs, QM Task Force
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Webinar Series Target Audience

- LTPAC Medical Professionals,
 - The 16,500 MD/DO/NP/PAs who's primary Place of Service is SNF/NF or AL
 - And the subset of 10,340 who exclusively serve these LTAC locations
(Data based on CPT® Data from CMS)
- LTPAC Practice Managers & Staff
- LTPAC Facilities
- Organizations supporting LTPAC Practices and Facilities
- This is not a general MIPS introductory course

MACRA Overview

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- Repealed Sustainable Growth Rate (SGR) formula; “Doc fix” bill passed 92-8 by Senate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 one of 3 buckets:
 - MIPS 80%+ of all providers
 - both MIPS and an APM – 15%?
 - Advanced Alternative Payment Models (Advanced APMs) such as two-sided Medicare ACOs (Track 2 and 3 MSSP ACOs) - <5%

MACRA Rule – Making Timeline



April 27th, 2016

MACRA Draft Rule
Released

June 27th 2016

Notice of Proposed
Rule-Making Period
Ends

November 1st, 2016

Release of Final Rule

January 1st, 2017

First Performance
Year

ONLY 60 DAYS!

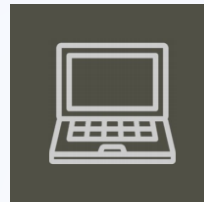
962 Pages of New Regulations... Where To Start?



Linking Two Worlds - MIPS and Medicare B circa 2016



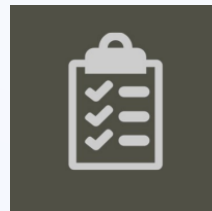
QUALITY @ 50%
= PQRS + Quality Score from Value Based Purchasing



CLINICAL PRACTICE IMPROVEMENT @ 15%
= Update of Maintenance of Certification



RESOURCE USE @ 10%
= Cost Score from VBP



ADVANCING CARE INFORMATION @ 25%
= Meaningful Use

MIPS Is Competitive...

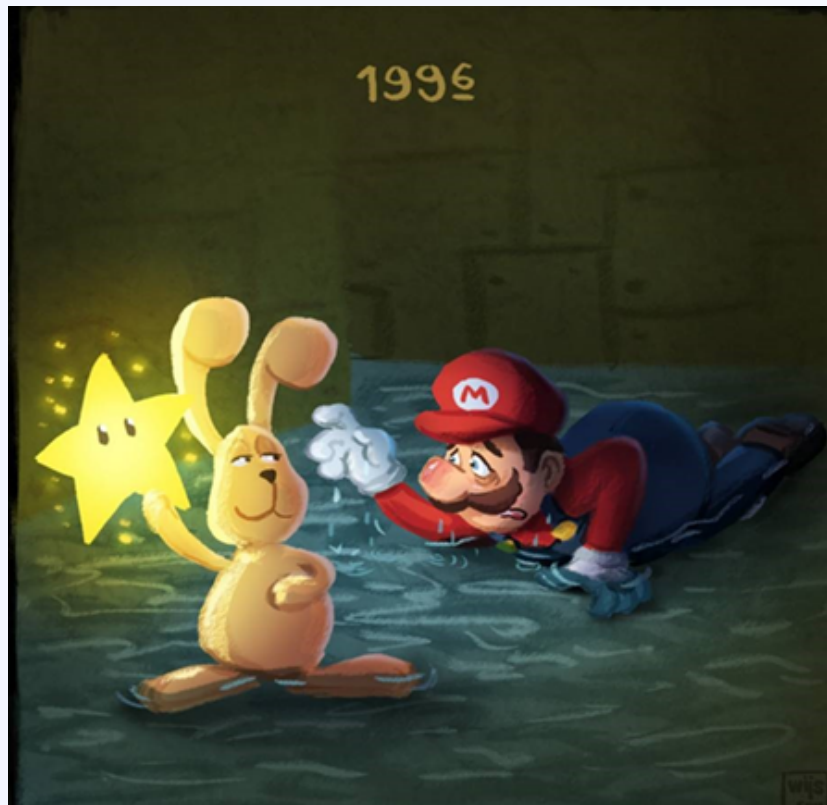
You vs. CMS



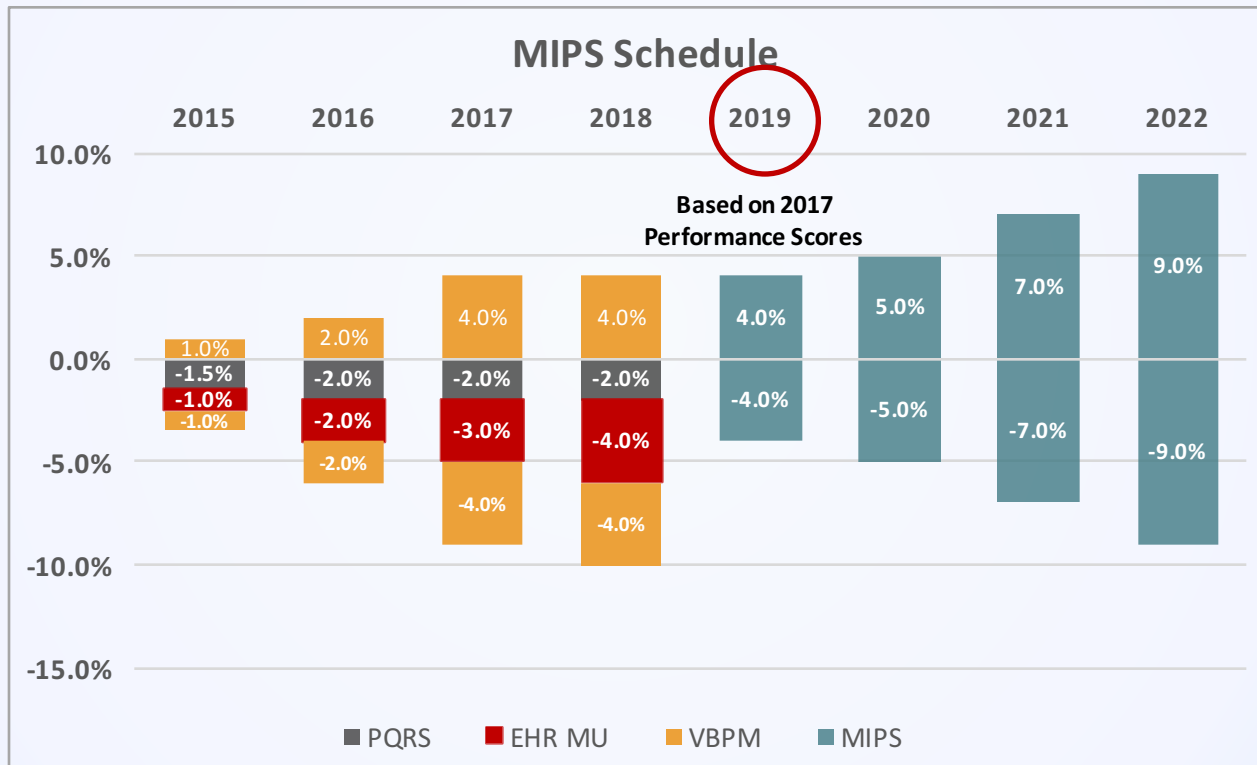
You vs. Your Peers



Introducing - *GAME of MIPS* (MIPS © Nintendo)



MIPS Schedule



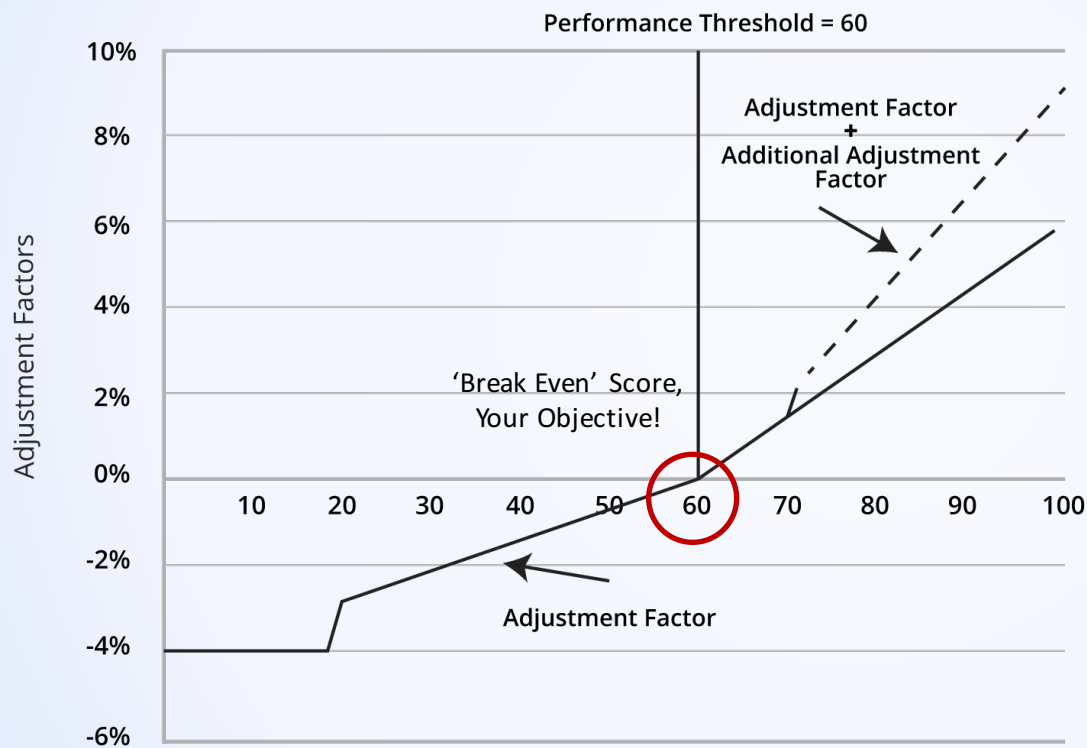
Assumptions for Simplifying Tactics for 1st Strategic Plan

- You are part of LTPAC Medicine
 - Focus on Codes **99304-99318**
- You belong to a group (more than one clinician under a single TIN)
- For 2017 no LTPAC medical groups will qualify for the APM exemption to MIPS
- You elect to participate in MIPS as a group.
- Your group has an EHR capable of:
 - Capturing structured data, and
 - Transmitting it electronically to CMS or a Quality Registry

MIPS Scorecard

Quality			Advancing Care Information			Clinical Practice Improvement			Resource Use		
Measure	Max value	Score	Objectives	Possible points	Score	Activity	Possible Points	Score	Measure	Possible Points	Score
1 –Outcome Measure	10		Protect PHI			#1 – High					
2 – Cross-Cutting Measure			eRx			#2 – Medium					
Measure # 3	10		Patient Access			#3 – Medium					
Measure #4	10		Coordination of Care			#4 – Medium					
Measure #5	10		HIE			#5 – Medium					
Measure #6	10		Reporting to Public Health								
CMS – 1 (Acute Composite)	10										
CMS-2 (Chronic Composite)	10										
CMS-3 (All Cause Rehospitalization)	10										
Total Points			Total Points			Total Points			Total Points		
Weighted Score			Weighted Score			Weighted Score			Weighted Score		

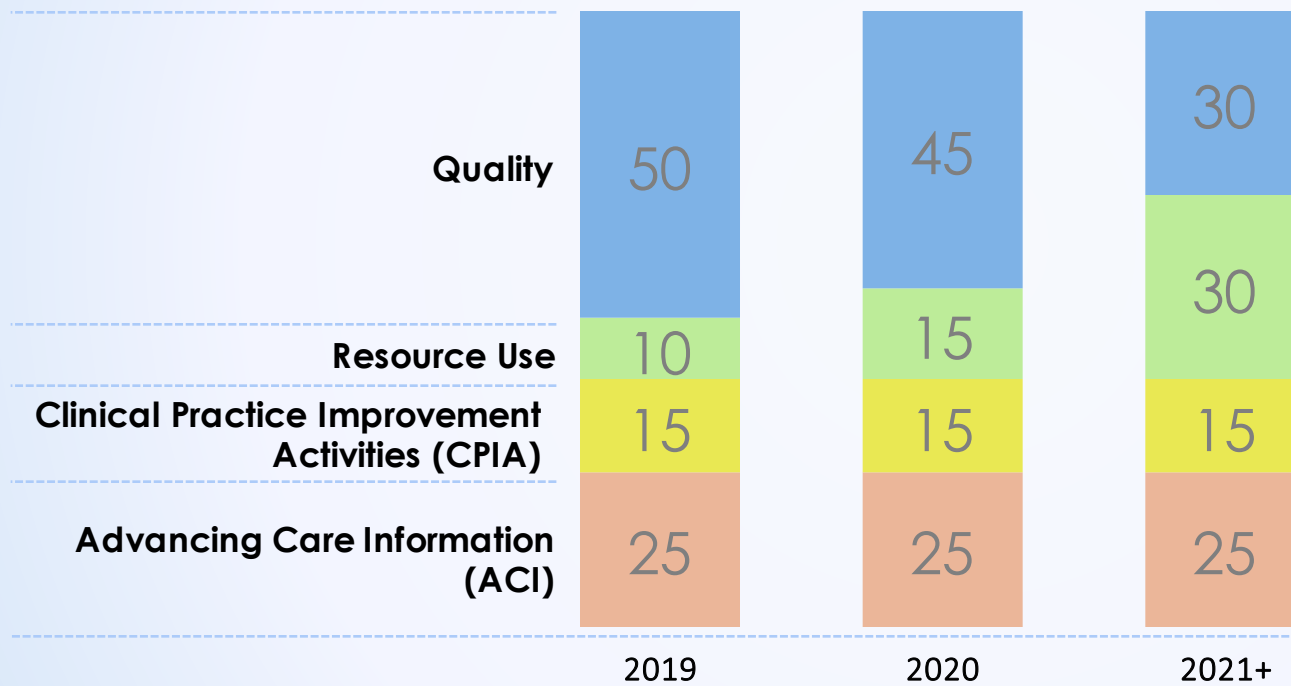
MIPS Adjustment Factors Based on Composite Performance Scores



- Score below 'Break Even' point (60), pay a penalty
- Score above 'Break Even' point (60), earn incentive money
- Below the 'Break Even' Point (Penalized)
 - $\frac{1}{4}$ of the bottom half ($\frac{1}{8}$ of total players), receive flat 4% penalty.
 - The rest have a gradually decreasing penalty until the 'break even' point.
- Above the 'Break Even' Point (Rewarded)
 - Gain incentive bonus linearly

MIPS Components: Relative Weight Over Time

MIPS Score Relative Weight Over Time



Proposed MIPS Rules— Running a Test Based on existing 2015 or 2016 Standards



MIPS: Quality Component (Currently PQRS)

Quality @ 50%		
Measure	Max value	Score
1 –Outcome Measure	10	
2 – Cross-Cutting Measure	10	
Measure # 3	10	
Measure #4	10	
Measure #5	10	
Measure #6	10	
CMS – 1 (Acute Composite)	10	
CMS – 2 (Chronic Composite)	10	
CMS – 3 (All Cause Rehospitalization)	10	
Total Points	90	
Weighted Score		

- 50% of MIPS Composite Score
- 300+ Measures Listed
- Only 40 Measures Related to SNF/NF
- 3 Measures Mandated by CMS

MIPS: Advancing Care Information Component (Currently “Meaningful Use”)

Advancing Care Information – 25%		
Objectives	Possible points	Score
Protect PHI		
eRx		
Patient Access		
Coordination of Care	50	All or None
HIE		
Reporting to Public Health		
8 Menu Measures	80	
Total Possible Points 130 but Max is 100		
Weighted Score		

- 25% of MIPS Composite Score
- 11 - 16 Mandatory Measures for 50% of the score
- Clinicians Choose from 8 Measures for Remaining 50% of Score

MIPS Component: Clinical Practice Improvement (New Category)

Clinical Practice Improvement @ 15%		
CPI Activity	Possible Points	Score
#1 – High	20	
#2 – Medium	10	
#3 – Medium	10	
#4 – Medium	10	
#5 – Medium	10	
Maximum Points	60	

- 15% of MIPS Composite Score
- 90 Possible Activities
- Clinicians must pick between 3 -6 Activities
 - High Value activities @ 20 Points
 - Medium Value @ 10 Points

MIPS Component: Resource Use @ 10% (Currently VBM)

Resource Use		
Measure	Possible Points	Score
MSPB	10	
Episode Measures	Varies	
Total Per Capital \$s	10	

- Total per capita cost measure (parts A+B \$s from VM with slight modification)
- MSPB (Medicare Spending per Beneficiary) from VM with slight modifications (inpatient episodes for attributed Physician)
- Episode-based measures (41 across specialties - Inpatient)

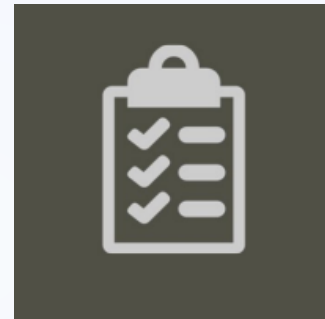
MIPS Components: Quality Deep Dive



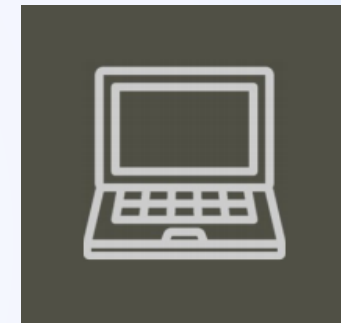
50%
Quality



10%
Resource Use



15%
**Clinical Practice
Improvement
Activities**



10%
**Advancing Care
Information**

MIPS Components: Quality Deep Dive

Quality				
Measure	Max value	High Priority Bonus Points	Data Capture via CHERT?	Score
1 –Outcome Measure	10			
2 – Cross– Cutting Measure	10			
Measure # 3	10			
Measure #4	10			
Measure #5	10			
Measure #6	10			
CMS – 1 (Acute Composite)	10			
CMS – 2 (Chronic Composite)	10			
CMS – 3 (All Cause Rehospitalization)	10			
Total Score				
Weighted Score				

Quality Component Characteristics: PQRS vs. MIPS

Existing	Future
9 Measures, or 1 Measures Group, or GPRO Web	6 Measures (1 Cross-cutting; 1 Outcomes Measure)
Domain Reporting	Eliminated
Some methods require only partial patient volume (e.g., measures groups, registry)	Report on 90% of all eligible patients
Neutral financial impact for ± 1 Std. Deviation	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

Quality Component: Select a Reporting Plan

1. Individual Measures via Claims – not available for Groups

- Choose your own measures, submit data on bill. Threshold for success is 80% of Part B population eligible for the measure. Hard to manage your patients' as a Population– likely delay timely billing.

2. GPRO for Web Interface (25 or more EPs)

- Set of 18 measures designed for ACO use – CMS chooses sample of 248 patients, the group supplies data. Your peer group is treating ambulatory patients. Expect low scores.

3. Group Reporting via Registry, EHR, or QCDR.

- Choose your own measures, submit in early 2017. Report on **90%** of all eligible patients. Works well in a Population Management model.

MIPS Quality Measures Applicable to LTPAC

Report Six Individual Measures

One Outcomes Measure Required *(if available)*

- Psoriasis: Clinical Response to Oral Systemic or Biologic Medications *(applies only to ALF/Rest Homes)*
- Pain Brought Under Control Within 48 Hours *(applies to only ALF/Rest Homes)*
- Diabetes: Hemoglobin A1c Poor Control *(applies to All LTC Locations)*
- Controlling High Blood Pressure *(applies to All LTC Locations)*

One Cross-Cutting Measure Required *(if available)*

- Care Plan *(applies to All LTC Locations)*
- Screening for High Blood Pressure and Follow-up Documented *(applies to All LTC Locations)*
- Diabetes: Hemoglobin A1c Poor Control *(applies to All LTC Locations)*
- Body Mass Index (BMI) Screening and Follow-Up Plan *(applies to All LTC Locations)*

- 4 Additional Measures picked from a list of ~40 other PQRS Measures

6 Quality Measures: Achieve CMS's Criteria for SNF/NF Care

Measure Title	POS	MIPS Measure Type	Bonus Points	Benchmark Registry 2014 Mean
Diabetes: Hemoglobin A1c Poor Control	31, 32, 13	Intermediate Outcome, High Priority	2	28.44%
Care Plan	31, 32, 13	Process, High Priority, Cross-Cutting	1	57.82%
Influenza Immunization	31, 32, 13	Process		47.75%
Falls: Risk Assessment	31, 32, 13	High Priority	1	38.78%
Adult Sinusitis: Appropriate Choice of Antibiotic:	31, 32, 13	Process, High Priority, Appropriate Use	1	41.92%
Body Mass Index (BMI) Screening and Follow-Up Plan	31, 32, 13, 14, 33, 54, 12	Process, Cross-Cutting		63.92%

Full Quality Score Card – 6 Quality Measures

Quality						
Measure	Max value	High Priority Bonus Points	Data Capture via CHERT?	Benchmark Registry 2014 Mean	Your Score	Points
Diabetes: Hemoglobin A1c Poor Control	10	2	1	28.44%	30%	5+3
Care Plan	10	1	1	57.82%	95%	9+2
Influenza Immunization	10		1	47.75%	95%	9+1
Falls: Risk Assessment	10	1	1	38.78%	90%	10+2
Adult Sinusitis: Appropriate Choice of Antibiotic:	10	1	1	41.92%	50%	4+1
Body Mass Index (BMI) Screening and Follow-Up Plan	10		1	63.92%	90%	8+1
					Subtotal	[55]
CMS-1	10					
CMS-2	10					
CMS-3	10					
Total Score						
Weighted Score						

CMS Quality Scoring for Hospital Admissions/Readmissions

QRUR Report Data

QM: MIPS Score:
CMS -1 1-3

CMS -2 1-3

CMS -3 1-3

PQRS Measure Number and Name	Your Performance		Peer Group Performance			Contribution to Your Domain Score	
	Eligible Cases	Performance Rate	Benchmark Rate	Average Range		Standardized Score	Included In Domain Score
				Benchmark -1 Standard Deviation	Benchmark +1 Standard Deviation		
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care-Sensitive Conditions							
Acute Conditions Composite (links to data table) CMS-1**	3,255	19.79	8.38	1.99	14.77	-1.79	No
- PQI-11 Bacterial Pneumonia**	3,255	29.49	12.37	1.66	23.08	-	-
- PQI-12 Urinary Tract Infection**	3,255	19.84	8.11	0.00	16.76	-	-
- PQI-10 Dehydration**	3,255	9.99	4.61	0.00	9.61	-	-
Chronic Conditions Composite (links to data table) CMS-2**	2,186	57.96	54.02	26.82	81.22	-0.14	No
- Diabetes (composite of 4 indicators)**	1,204	54.84	18.94	0.00	39.27	-	-
- PQI-5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma**	975	60.70	78.06	28.12	127.99	-	-
- PQI-8 Heart Failure**	1,331	96.13	100.70	48.52	152.89	-	-
Hospital Readmissions							
CMS-3** All-Cause Hospital Readmissions (links to data table)	2,061	16.39%	16.43%	14.99%	17.86%	0.02	No

Full Quality Score Card – 9 Quality Measures

Measure	Max value	High Priority Bonus Points	Data Capture via CHERT?	Benchmark Registry 2014 Mean	Your Score	Points
Diabetes: Hemoglobin A1c Poor Control	10	2	1	28.44%	30%	5+3
Care Plan	10	1	1	57.82%	95%	9+2
Influenza Immunization	10		1	47.75%	95%	9+1
Falls: Risk Assessment	10	1	1	38.78%	90%	10+2
Adult Sinusitis: Appropriate Choice of Antibiotic:	10	1	1	41.92%	50%	4+1
Body Mass Index (BMI) Screening and Follow-Up Plan	10		1	63.92%	90%	8+1
					Subtotal	[55]
CMS-1 –Acute Conditions Composite	10				2	2
CMS-2 – Chronic Conditions Composite	10				5	5
CMS-3 – All Cause Rehospitalizations	10				6	6
Total Score	90				Total	68
Weighted Score	50%			(68/90)x50%		38%

Glossary of Terms

- ACI - Advancing Care Information, formerly known as Meaningful Use
- CPIA - Clinical Practice Improvement Activities
- MIPS - MIPS composite performance score
- EC - Eligible Clinician, the new definition of professionals who fall under this category under MACRA
- MIPS - Merit Based Incentive Payment System, the combination of MU, PQRS, VM and new CPIA
- QPP - Quality Payment Program, the overarching name that covers MIPS and APM tracks

Helpful Links

- 2016 Individual PQRS Measures for use in LTPAC Medicine:
<http://www.gehrimed.com/2016-pqrs-measures-for-use-in-ltpac-medicine/>
- The Expiring AIU Incentive Payment Program:
<http://www.gehrimed.com/go/aiu-medicaid-payment/>
- Webinar 2: July 7th, 2016 - Clinical Practice Improvement Activities & Resource Use
bit.ly/MIPS-CPIA-RU