

A hand holding a stethoscope over a laptop keyboard. The stethoscope has a silver chest piece and green tubing. The hand is wearing a white lab coat over a blue shirt. The laptop is black and open, with the keyboard visible. The background is white with blue and green wavy lines at the top.

2016 MEANINGFUL USE AND 2017 CHANGES to the Medicare EHR Incentive Program for EPs

September 27, 2016

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Agenda

- Meaningful Use (MU) in 2016
- MACRA and MIPS (high level overview)
- Advancing Care Information (new name for MU) in 2017
- What To Do Now
- How Quality Insights Can Help



2016 Proposed Changes

- Proposed changes:
 - 90-day reporting period for **everyone**
 - Privacy & Security Risk Assessment must be **completed by 12/31/16** instead of prior to attestation date
- Final Rule will be published this fall



Certified EHR Technology

- In 2016, providers can utilize EHR technology certified to the:
 - 2014 Edition
 - 2015 Edition
 - A combination of the two



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2016 Attestation Deadlines

- The 2016 MU attestation deadline for **Medicare** is 2/28/17
- **New** participants must attest by **10/1/16** to avoid 2017 and 2018 payment adjustments



Hardship Exceptions

- Last year, CMS automatically approved hardship exception applications for EPs that were unable to meet MU due to the delay in releasing the 2015 Final Rule. In prior years, CMS reviewed each application to determine if hardship criteria was met. It is unknown what CMS will do this year.
- Quality Insights will notify you when CMS announces hardship exception application requirements for 2016.



2016 Objectives

Eligible Professional Objectives and Measures	
(1)	Protect electronic protected health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
(2)	Use clinical decision support to improve performance on high-priority health conditions.
(3)	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
(4)	Generate and transmit permissible prescriptions electronically (eRx) .
(5)	Health Information Exchange -The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
(6)	Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
(7)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation .
(8)	Patient electronic access - Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.
(9)	Use secure electronic messaging to communicate with patients on relevant health information.
(10)	Public Health Reporting -The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.



Objective 1 of 10: Protect PHI

- **Measure:** Conduct or review a security risk analysis, address security and encryption of ePHI, implement security updates as necessary, and correct identified security deficiencies.
- **NEW:** This measure must be completed prior to 12/31/16.
- An updated Security Risk Assessment Tool and guidebook are available on the [HealthIT.gov website](http://HealthIT.gov).
- **TIP:** If you edit your 2015 P&S Risk Assessment for 2016, be sure to save a copy of the 2015 report and then rename a copy for 2016.



Objective 2 of 10: Clinical Decision Support

- **Measure 1:** Implement five Clinical Decision Support (CDS) interventions related to four or more clinical quality measures (CQM) for the entire EHR reporting period.
 - There is **no exclusion** for measure 1.
- **Measure 2:** The functionality for drug-drug and drug allergy interaction checks is enabled for the entire EHR reporting period.
 - **Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period



Objective 3 of 10: Computerized Physician Order Entry (CPOE)

- **Measure 1:** More than 60 percent of **medication** orders created by the EP during the EHR reporting period are recorded using CPOE.
 - **Exclusion:** Any EP who writes less than 100 medication orders during the EHR reporting period
- **Measure 2:** More than 30 percent of **laboratory** orders created by the EP during the EHR reporting period are recorded using CPOE.
 - **Exclusion:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period
 - **Alternate Exclusion:** Any EP in first year of program in 2016
- **Measure 3:** More than 30 percent of **radiology** orders created by the EP during the EHR reporting period are recorded using CPOE.
 - **Exclusion:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period
 - **Alternate Exclusion:** Any EP in first year of program in 2016



Objective 4 of 10: e-Prescribing

- **Measure:** More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically.



- **Exclusions:**

1. Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period
2. Any EP who does not have a pharmacy in their organization or within 10 miles of practice that accepts electronic prescriptions at the start of the EHR reporting period



Objective 5 of 10: Health Information Exchange

- **Measure:** The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit the summary to a receiving provider for more than 10 percent of transitions of care and referrals.
 - **Exclusion:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period



Objective 6 of 10: Patient Education

- **Measure:** Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.
 - **Exclusion:** Any EP who has no office visits during the EHR reporting period



Objective 7 of 10: Med Reconciliation

- **Measure:** The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
- A transition of care includes both new patients and existing patients who have been to another provider (i.e. specialist) or care setting (i.e. urgent care or hospital).
 - **Exclusion:** Any EP who was not the recipient of any transitions of care during the EHR reporting period



Objective 8 of 10: Patient Electronic Access

- **Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.
- **Measure 2:** For an EHR reporting period in 2016, at least one patient seen by the EP during the EHR reporting period (or representative) views, downloads or transmits health information to a third party during the EHR reporting period.
 - **Exclusion:** Limited broadband availability to the practice



Objective 9 of 10: Secure Messaging

- **Measure:** For at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or representative), or in response to a secure message sent by the patient (or representative) during the EHR reporting period.
 - **Exclusion:** Limited broadband availability to the practice



Objective 10 of 10: Public Health Reporting

- In 2016, there are three measures for this objective:
 1. Immunization Registry
 2. Syndromic Surveillance (SS)
 3. Specialized Registry
- **In 2016, everyone can claim an ‘alternate exclusion’ for SS and specialized registry reporting. If you don’t give immunizations, you can claim exclusions for all three measures.**
- CMS is developing a centralized repository to assist providers in finding entities that accept electronic public health data.



Objective 10 of 10: Immunization Registry Reporting

- **Measure 1** -The EP is in active engagement with a public health agency to submit immunization data.
 - **Exclusions:**
 1. EP does not administer immunizations.
 2. Immunization registry is not capable of accepting specific standards from CEHRT.
 3. Immunization registry has not declared readiness to accept immunizations.



Objective 10 of 10: Syndromic Surveillance Reporting

- **Measure 2** – The EP is in active engagement with a public health agency to submit syndromic surveillance (SS) data.
 - **Exclusions:**
 1. EP is not in a category of providers from which SS data is collected.
 2. No state public health agency is capable of accepting SS from EPs.
 3. No state public health agency has declared readiness to accept SS from EPs.
**This is true for most states.*
 - **Alternate Exclusion:** Requires acquisition of additional technologies that EP did not previously have or intend to include for MU



Objective 10 of 10: Specialized Registry Reporting

- **Measure 3** –The EP is in active engagement to submit data to a specialized registry.
 - **Exclusions:**
 1. EP does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by a specialized registry.
 2. There is no specialized registry capable of accepting electronic registry transactions in the specific standards for CEHRT.
 3. There is no specialized registry for which the EP is eligible that has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
 - **Alternate Exclusion:** Requires acquisition of additional technologies that EP did not previously have or intend to include for MU



Clinical Quality Measure (CQM) Reporting

- Report 9 CQMs from 3 of the 6 National Quality Strategy domains.
- Check with EHR vendor to see which of the 64 CQMs are available.
- Report measures that do not have a zero denominator unless remaining measures also have a zero.
- At least four of the CQMs must have clinical decision support interventions related to them.



Examples of CQMs

Clinical Quality Measures

Must report 9 Clinical Quality Measures from 3 Different Domains for 2016 Meaningful Use

NQF	CMS	PQRS	NQF Description	Domain
0002	146	66	Appropriate Testing for Children with Pharyngitis	Efficient Use of HC Resources
0018	165	236	Controlling High Blood Pressure	Clinical Process/Effectiveness
0024	155	239	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	Population/Public Health
0028	138	226	Preventive Care & Screening -Tobacco Use: Screening & Cessation Intervention	Population/Public Health
0031	125	112	Breast Cancer Screening	Clinical Process/Effectiveness



Changes for 2017



2017 Changes

- The Medicare EHR Incentive Program is completely changing for EPs in 2017 due to the **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).**
- MACRA represents the largest change in a generation in how Medicare clinicians are paid.
- Medicare Part B clinician payments will be paid for **VALUE** rather than volume (fee-for-service).



Waiting for the Final Rule...

- We are presenting information in the **proposed** rule.
- CMS will release the Final Rule by November 1, 2016.
- On September 8, CMS stated that the Final Rule will include two reporting options for 2017 in addition to the two options in the proposed rule:
 - Submit **some data** to avoid a negative payment adjustment ***New**
 - Submit data **for part of the year** to qualify for a small positive payment adjustment ***New**
 - Submit data for the complete year
 - Participate in an Advanced Alternative Payment Model (APM)



Quality Payment Program

- Two tracks in the new Quality Payment Program:
 - Merit-based Incentive Payment System (MIPS)
 - Advanced Alternative Payment Models (APMs)
- In 2017, everyone will be placed in the MIPS track and at the end of the year CMS will determine who meets the criteria to qualify for the Advanced APM track
- In 2017, approximately 95 percent of clinicians will remain in the MIPS track



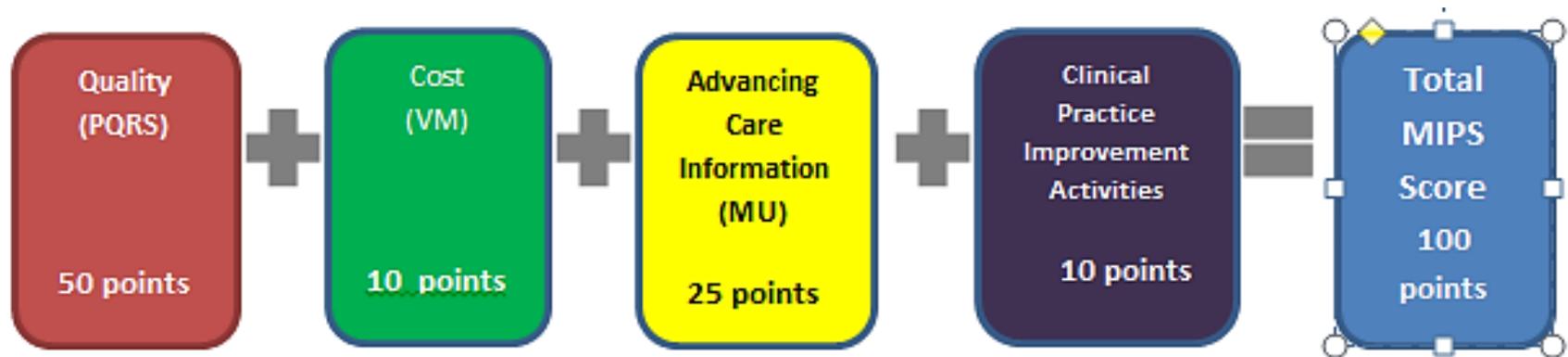
What is MIPS?

- MIPS combines three current Medicare programs into one consolidated program, plus a new category was added:
 - Meaningful Use (MU)
 - Physician Quality Reporting System (PQRS)
 - Value-Based Modifier (VBM)
 - Clinical Practice Improvement Activities - ***New**



MIPS Performance Categories

- Four performance categories contribute to a MIPS score worth 100 points:
 - Quality** (formerly PQRS)
 - Cost** (formerly VM)
 - Clinical practice improvement activities (CPIA)** - *New
 - Advancing care information (ACI)** - formerly MU



MIPS Eligible Clinicians

- In 2017 and 2018, ECs include:
 - Physicians (MD/DO)
 - Physician Assistants (PA)
 - Nurse Practitioners (NP)
 - Clinical Nurse Specialists (CNS)
 - Certified Registered Nurse Anesthetists (CRNA)
- In 2017, ACI reporting is optional for PAs, NPs, CNSs and CRNAs. The three other MIPS categories will be reweighted.
- More clinicians will be required to participate in MIPS in future years, such as physical therapists, occupational therapists, nurse midwives and audiologists.



Clinicians Exempt from MIPS

- Three groups of clinicians are **NOT** subject to MIPS:
 - **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** (CMS determines if Advanced APM criteria is met)



Hospital-Based Clinicians

- Hospital-based clinicians will be assigned a weight of zero to the ACI category. The three other MIPS categories will be reweighted.
- “Hospital-based” clinician is a MIPS EC who furnishes 90 percent or more of his/her services to inpatients or the emergency room setting in the year prior to the performance period, i.e. 2017 determinations will be made based on covered professional services furnished in 2016.



MIPS Payment Adjustments

- Every year, clinicians will be rated on the 100-point, competitive performance scale to determine positive, negative, or neutral adjustments to Part B payments.
- Budget neutral program: the lowest performers (25%) are penalized and their payments to CMS are awarded to the top performers (25%). The middle 50% do not have an adjustment. Additional bonuses will be available for the highest performers.
- Payment adjustments will increase annually based on legislation:
 - 2017 performance will have a 4% adjustment in 2019
 - 2018 performance will have a 5% adjustment in 2020
 - 2019 performance will have a 7% adjustment in 2021
 - 2020 performance will have a 9% adjustment in 2022



MIPS Reporting Options

- MIPS clinicians can choose how they want to be scored. It can be on an individual clinician basis, defined by NPI, or as a group of clinicians, defined by tax ID.
- Reporting selection applies across all 4 performance categories.
- Individual results will be made public on Physician Compare even if group reporting is selected.
- Submission can be via attestation, EHR, qualified registry, or a qualified clinical data registry (QCDR). Groups of 25 or more can also submit using the CMS web interface.



Clinicians and Medicaid MU

- Clinicians who participate in the Medicaid EHR incentive program and also see Medicare patients will need to meet both Medicaid and Medicare program requirements separately in 2017.
- MIPS ECs will not 'get credit' for meeting MU under the ACI category.
- What will the EC need to do?
 - Attest with their state Medicaid agency if they meet MU and want an EHR incentive
 - Participate in MIPS to avoid a Medicare penalty



**Advancing Care
Information (ACI)
Category of MIPS**



Advancing Care Information (ACI)

- Replaces the Medicare EHR Incentive Program for MIPS eligible clinicians in 2017
- Focuses on patient electronic access, care coordination through patient engagement and health information exchange
- Changes from MU:
 - Scoring methodology is completely different
 - Redundant and topped-out measures are removed (CPOE and CDS)
 - Thresholds are eliminated
 - “Stages” of MU are eliminated so everyone has the same requirements
 - Number of required public health registries to which clinicians must report has been reduced to just one – the immunization registry



Certified EHR Technology

- ECs can utilize either 2014 or 2015 certified EHRs in 2017
- Everyone needs to utilize a 2015 certified EHR in 2018 - **this means that upgrade must be completed by December 31, 2017**
- Some ACI measures can only be reported with 2015 CEHRT
- ECs need to determine which measures they want to report in 2017 and then upgrade their CEHRT accordingly



ACI Scoring

- Points are awarded based on which measures are reported (base score) and what the actual performance rate is for eight specific measures (performance score). One extra point is awarded if an EC reports to a public health or clinical data registry other than the immunization registry.



- The total number of possible points is 131, but only 100 are needed to receive full credit for ACI. The extra 31 points are available to assist ECs in achieving a higher score.

ACI Measures

- Most of the ACI measures were MU measures in 2015 and/or 2016, but there are three new measures, which reflect Stage 3 MU:
 - Patient Generated Health Data
 - Request/Accept Patient Care Record
 - Clinical Information Reconciliation



Exclusions

- There are exclusions for only two measures in 2017:
 - Electronic prescribing
 - Immunization registry reporting



The Base Score



The Base Score

- Reflects if the EC (or group) can successfully report specific measures
- Fifty (50) points are awarded if all of the measures are reported
- **There is no partial credit given for the base score – you receive either zero points or fifty (50) points**
- Thresholds do not need to be met, but you must answer “yes” or have at least one in the numerator for all of the measures



Two Options for the Base Score

- **Option 1:**

- 11 measures
- Includes three Stage 3 measures
- Must use 2015 CEHRT

- **Option 2:**

- 14 measures (really 11)
- All modified Stage 2 measures
- CEHRT can be 2014, 2015 or a combination of both



Option 1 Measures

Revised Measures:

1. Privacy & Security Assessment
2. e-Prescribing
3. Secure Messaging
4. HIE/Summary of Care
5. Patient Access
6. Patient Education
7. View/Download/Transfer
8. Immunization Registry

New Measures:

1. Patient-Generated Health Data
2. Request/Accept Patient Care Record
3. Clinical Information Reconciliation



Option 1: Measure 1 of 11

Security Risk Analysis

- **Measure:** Conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies.
- Must answer “Yes” to this measure.
- **The ACI category score will be ZERO (0) points if a Privacy & Security Risk Assessment is not performed.**
- **Assessment must be completed between January 1 and December 31 for each program year.**



Option 1: Measure 2 of 11 e-Prescribing

- **Measure:** At least one permissible prescription written by the MIPS eligible clinician (EC) is queried for a drug formulary and transmitted electronically using CEHRT.
 - **Exclusion:** MIPS ECs who write fewer than 100 permissible prescriptions in a performance period
- Numerator must be ≥ 1 or claim exclusion
- **Second exclusion was removed (location of pharmacy)**



Option 1: Measure 3 of 11

Patient Access

- **Measure:** For at least one unique patient:
 - The patient or representative is provided timely access to view online, download and transmit his/her health information
- AND
- The patient's health information is available for the patient/representative to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the CEHRT
- The numerator must be ≥ 1 .



Option 1: Measure 4 of 11

Patient Education

- **Measure:** The MIPS EC must use clinically relevant information from CEHRT to identify patient-specific educational resources **and provide electronic access to those materials** to at least one unique patient during the performance period.
- Numerator must be ≥ 1



Option 1: Measure 5 of 11

View, Download, or Transmit

- **Measure:** At least one unique patient or representative actively engages with the EHR by either:
 - View, download or transmit to a third party their health information
 - Access their health information through the use of an application program interface (API) that can be used by applications chosen by the patient and configured to the API in the CEHRT
 - A combination of both 1 and 2
- Numerator must be ≥ 1



Option 1: Measure 6 of 11

Secure Messaging

- **Measure:** For at least one unique patient seen by the MIPS EC during the performance period, the MIPS EC sent a secure message to the patient/representative **or responded to a secure message from a patient/representative** using the electronic messaging function of CEHRT.
- Numerator must be ≥ 1
- **Exclusion was removed**



Option 1: Measure 7 of 11

Patient Generated Health Data *New

- **Measure:** Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR for at least one unique patient seen by the MIPS EC during the performance period.
- Numerator must be ≥ 1
- Examples:
 - Patient uploads or enters data from Fitbit or blood glucose monitor into EHR via portal
 - Physical therapist or chiropractor sends evaluation or report to PCP and it is scanned into EHR



Option 1: Measure 8 of 11

Patient Care Record Exchange

- **Measure:** The MIPS EC that transitions or refers their patient to another setting of care or health care provider (1) uses CEHRT to create a summary of care record and (2) electronically transmits such summary to a receiving health care provider for at least one transition of care or referral.
- Numerator must be ≥ 1
- **Exclusion was removed**



Option 1: Measure 9 of 11

Request/Accept Patient Care Record *New

- **Measure:** The MIPS EC receives or retrieves and incorporates an electronic summary of care document into the patient's record for at least one transition of care or referral received or a new patient encounter.
- Numerator must be ≥ 1



Option 1: Measure 10 of 11

Clinical Information Reconciliation *New

- **Measure:** For at least one transition of care or referral received or new patient encounter, the MIPS EC performs clinical information reconciliation for medications, medication allergies and current problem list:
 - Medication: review name, dosage, frequency, and route of each
 - Medication allergy: review known medication allergies
 - Current problem list: review current and active diagnoses
- Numerator must be ≥ 1



Option 1: Measure 11 of 11

Immunization Registry Reporting

- **Measure:** The MIPS EC is in active engagement with a public health agency to submit immunization data **and receive immunization forecasts and histories from the public health immunization registry or immunization information system.**
- **Syndromic surveillance and specialized registry reporting are no longer required**
- **Exclusion:** ECs who do not administer immunizations
- Must answer “Yes” or claim exclusion



Option 2 Measures

- 14 measures
- All Modified Stage 2 measures
- CEHRT can be 2014, 2015 or a combination of both
- All exclusions removed except for e-Prescribing and Immunization Registry Reporting measures



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Option 2: Measure 1 of 14

Security Risk Analysis

- **Measure:** Conduct or review a security risk analysis, implement security updates as necessary and correct identified security deficiencies.
- Must answer “Yes”
- **The ACI category score will be ZERO (0) points if a Privacy & Security Risk Assessment is not performed**
- **Assessment must be completed between January 1 and December 31 for each program year**



Option 2: Measure 2 of 14 e-Prescribing

- **Measure:** At least one permissible prescription written by the MIPS eligible clinician (EC) is queried for a drug formulary and transmitted electronically using CEHRT.
- **Exclusion:** MIPS ECs who write fewer than 100 permissible prescriptions in a performance period



Option 2: Measure 3 of 14 Clinical Decision Support

- **Measure:** Implement **three** clinical decision support interventions related to **three** CQMs at a relevant point in patient care for the entire performance period.
- Must answer “Yes”



Option 2: Measure 4 of 14

Drug-Drug and Drug-Allergy Checks

- **Measure:** Enable the functionality for drug-drug and drug-allergy interaction checks for the entire performance period.
- Must answer “Yes”
- **Exclusion was removed**



Option 2: Measures 5, 6, and 7

CPOE

- **Measure 5:** At least one **medication** order created by the MIPS EC during the performance period is recorded using CPOE.
- **Measure 6:** At least one **laboratory** order created by the MIPS EC during the performance period is recorded using CPOE.
- **Measure 7:** At least one **diagnostic imaging** order created by the MIPS EC during the performance period is recorded using CPOE.
- Numerator must be ≥ 1
- **Exclusions have been removed**



Option 2: Measure 8 of 14

Patient Access

- **Measure:** At least one patient seen during the performance period is provided timely access to view online, download and transmit to a third party their health information subject to the MIPS EC's discretion to withhold certain information.
- Numerator must be ≥ 1
- **Exclusion was removed**



Option 2: Measure 9 of 14

Patient-Specific Education

- **Measure:** The MIPS EC must use clinically relevant information from CEHRT to identify patient-specific educational resources and **provide access to those materials** to at least one unique patient.
- Numerator must be ≥ 1
- **Exclusion was removed**



Option 2: Measure 10 of 14

View, Download, or Transmit

- **Measure:** At least one patient seen by the MIPS EC during the performance period (or representative) views, downloads or transmits their health information to a third party during the performance period.
- Requirement that more than 50 percent of all unique patients seen by the EP are provided timely access was removed
- Exclusion was removed
- Numerator must be ≥ 1



Option 2: Measure 11 of 14

Secure Messaging

- **Measure:** For at least one unique patient seen by the MIPS EC during the performance period, the MIPS EC sent a secure message to the patient/representative **or responded to a secure message from a patient/representative** using the electronic messaging function of CEHRT.
- Numerator must be ≥ 1
- **Exclusion was removed**



Option 2: Measure 12 of 14

HIE/Summary of Care

- **Measure:** The MIPS EC that transitions or refers their patient to another setting of care or health care provider (1) uses CEHRT to create a summary of care record and (2) electronically transmits such summary to a receiving health care provider for at least one transition of care or referral.
- Numerator must be ≥ 1
- **Exclusion was removed**



Option 2: Measure 13 of 14

Medication Reconciliation

- **Measure:** The MIPS EC performs medication reconciliation for at least one transition of care in which the patient is transitioned into their care.
- Numerator must be ≥ 1
- **Exclusion was removed**



Option 2: Measure 14 of 14

Immunization Registry Reporting

- **Measure:** The MIPS EC is in active engagement with a public health agency to submit immunization data.
- **Exclusion:** ECs who do not administer immunizations
- Must answer “Yes” or claim exclusion
- **Syndromic surveillance and specialized registry reporting are not required**



The Performance Score



Performance Score

- Based on eight (8) base measures and focus on patient engagement, electronic access, and information exchange
- Each measure is worth ten (10) points for a total of eighty (80) possible points
- Points are calculated by multiplying the measure rate by ten
- Three measures require 2015 CEHRT:
 - Patient-Generated Health Data
 - Request/Accept Patient Care Record
 - Clinical Information Reconciliation



Performance Measures

#	Measure
1	Patient Access
2	Patient-Specific Education
3	View, Download or Transmit (VDT)
4	Secure Messaging
5	Patient-Generated Health Data
6	Patient Care Record Exchange
7	Request/Accept Patient Care Record
8	Clinical Information Reconciliation



Calculating Performance Score

Example of Performance Measure Scoring

Each measure is worth 10 points

<u>Measure</u>	<u>Numerator/Denominator</u> <u>= Performance Rate %</u>	<u>Convert to</u> <u>Points</u>	<u>Points</u>
Patient Access	196/342 = 57%	57% x 10 =	5.7
Patient-Specific Education	330/342=96%	96% x 10 =	9.6
View, Download or Transmit (VDT)	70/342=20%	20% x 10 =	2.0



Bonus Point

- An EC will receive one point if reporting to a public health registry other than an immunization registry
- Examples include:
 - Specialized registry
 - Cancer registry
 - Syndromic surveillance



Calculating the ACI Score

- Points from the BASE score and PERFORMANCE score are added together. One extra point is added if the EC reports to a public health or specialized registry (other than immunization).

Base Score		Performance Score		Registry Point		ACI Score
Possible 50 points	+	Possible 80 points	+	Possible 1 point	=	Possible 131 points
50	+	23	+	0	=	73
50	+	58	+	1	=	109
0	+	32	+	0	=	32
0	+	9	+	0	=	9
0	+	41	+	1	=	42



Converting the ACI Score into MIPS Score

- In 2017, the ACI score will equal 25 percent (25 points) of the total MIPS score of 100 points.
- Multiply the ACI score by 0.25 to calculate points earned towards the total MIPS score, as noted below:

ACI Score		Total MIPS Score
Possible 25 points		Possible 100 points
73	X .25 =	18.25
66	X .25 =	16.50
35	X .25 =	8.75
20	X .25 =	5.00
12	X .25 =	3.00
5	X .25 =	1.25



What You Should Do Now

For 2016

- Run MU dashboard reports and look for a 90-day period when all of the measures are met.
- Print screenshots and reports, and keep all documentation together.
- Complete P&S risk assessment prior to 12/31/16 (the sooner the better).
- Attest on the CMS website prior to 2/28/17.

For 2017

- Contact EHR vendor to schedule upgrade to 2015 certified version.
- Review base measures and select option that will more easily allow you to earn 50 points. Educate office staff and make workflow changes so all measures can be reported.
- Review performance measures and implement workflow changes to improve measure rates. **Performance is key to your revenue.**



Quality Insights' New Goals

- Assist you in the transition from current Medicare programs to new requirements under MACRA
- Provide education, tools and resources to help you succeed in the new Quality Payment Program
- Encourage every MIPS EC to complete at least one CME/CEU learning module about MACRA and MIPS



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Where Can You Find Helpful Information?

- <https://www.qualityinsights-qin.org/Home.aspx>
- Check the Resources section on the Quality Insights QIN-QIO website. Select the category “MACRA/MIPS.” Tools include:
 - ACI Guidebook
 - Base Measure and Performance Measure Pocket Cards
 - 2016 MU Pocket Card
 - 2016 Medicare Attestation Worksheet
- The Archived Events section includes recordings and slide decks of webinars that you can access 24/7.



Physicians Need MACRA Education

- In order to be successful, **physicians, PAs, NPs, CNSs and CRNAs** need to understand how their revenue is going to be impacted by the new Quality Payment Program.
- Quality Insights can help by educating them. Please provide us with everyone's e-mail address so they can be added to the Quality Insights e-newsletter distribution list and instructed on how to access our resources.



Questions and Answers

- We will answer all questions submitted via the chat box today
- If you have any additional questions, please contact the project coordinator in your state:

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Thank You



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