

MACRA/MIPS 2018 - Practical Applications and Information

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Overview of Today's Discussion

- ▶ Not a traditional rehash of the Final Rule
- ▶ Share my personal experiences on submitting MIPS data for 10 TINs in 2017 and 8 TINs in 2018
- ▶ Provide a framework/thought process for score maximization and efficiency
- ▶ Provide insight on where the Quality Payment Program is going, particularly electronically

Quality Category - Key Points

- ▶ 50% of the final MIPS score
- ▶ Data must be captured for the full calendar year (365 days)
 - Several methods can take advantage of Data Completeness (more on this later)
- ▶ 6 measures needed for full participation
 - Submit 1 outcome measure- if none applicable, submit a High Priority measure in its place
 - Outcome measure needs to improve a patient's health, as opposed to most other measures where you just need to "do something" (even if there is no health improvement)
- ▶ Not all measures can be submitted via any submission method
- ▶ Best source of measures (and all MIPS info) - [QPP.CMS.GOV](https://www.cms.gov/qpp)

Quality Category - Key Points Continued

- ▶ Bonus Points - up to 10% of category value = 5 points maximum
 - End-to-End electronic reporting - submit measures via EHR, registry, Qualified Clinical Data Registry, or the CMS Web Interface
 - Submitting ≥ 2 Outcome or High Priority measures
 - No bonus for 1st Outcome or High Priority measure
- ▶ Data Completeness - *you don't need to report all of your eligible cases!!!!*
 - 60% is all that's required, as long as your denominator is ≥ 20
- ▶ Measure scoring is subject to benchmarking (i.e. deciles)
 - A performance rate of 95% on a given measure doesn't necessarily mean you earn maximum points for it!
- ▶ Exclusions - don't forget to apply these if they will help you

Quality Measure Description Example

Controlling High Blood Pressure

High Priority Measure: Intermediate Outcome

Percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period



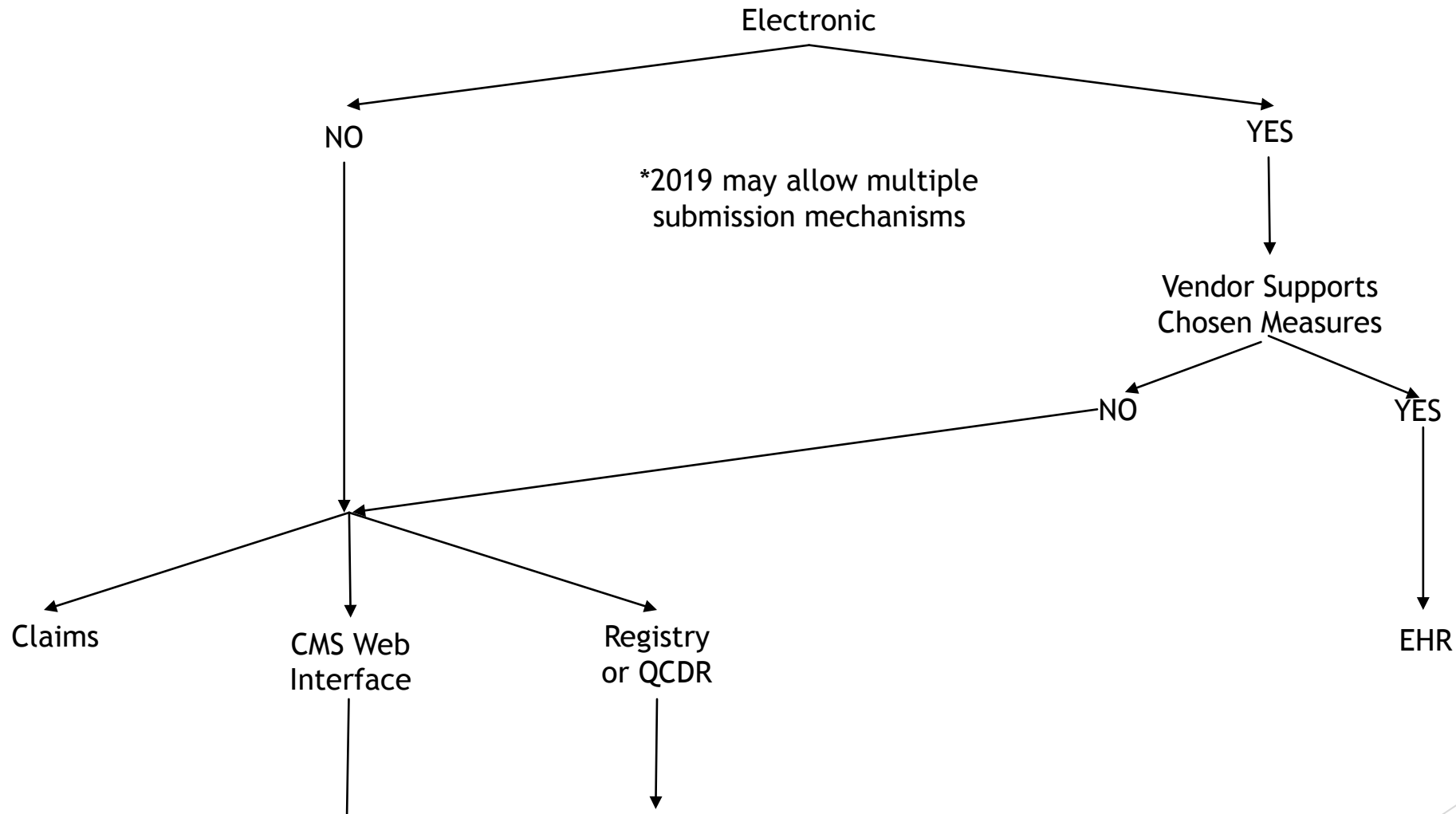
Submission Methods

- Claims
- CMS Web Interface
- EHR
- Registry

Documentation

Claims [Specifications \(PDF\)](#) [Benchmarking \(CSV\)](#)
CMS Web Interface [Specifications \(PDF\)](#) [Benchmarking \(CSV\)](#)
Electronic Health Record [Specifications](#) [Benchmarking \(CSV\)](#)
Registry [Specifications \(PDF\)](#) [Benchmarking \(CSV\)](#)

Submission Method Flow Diagram



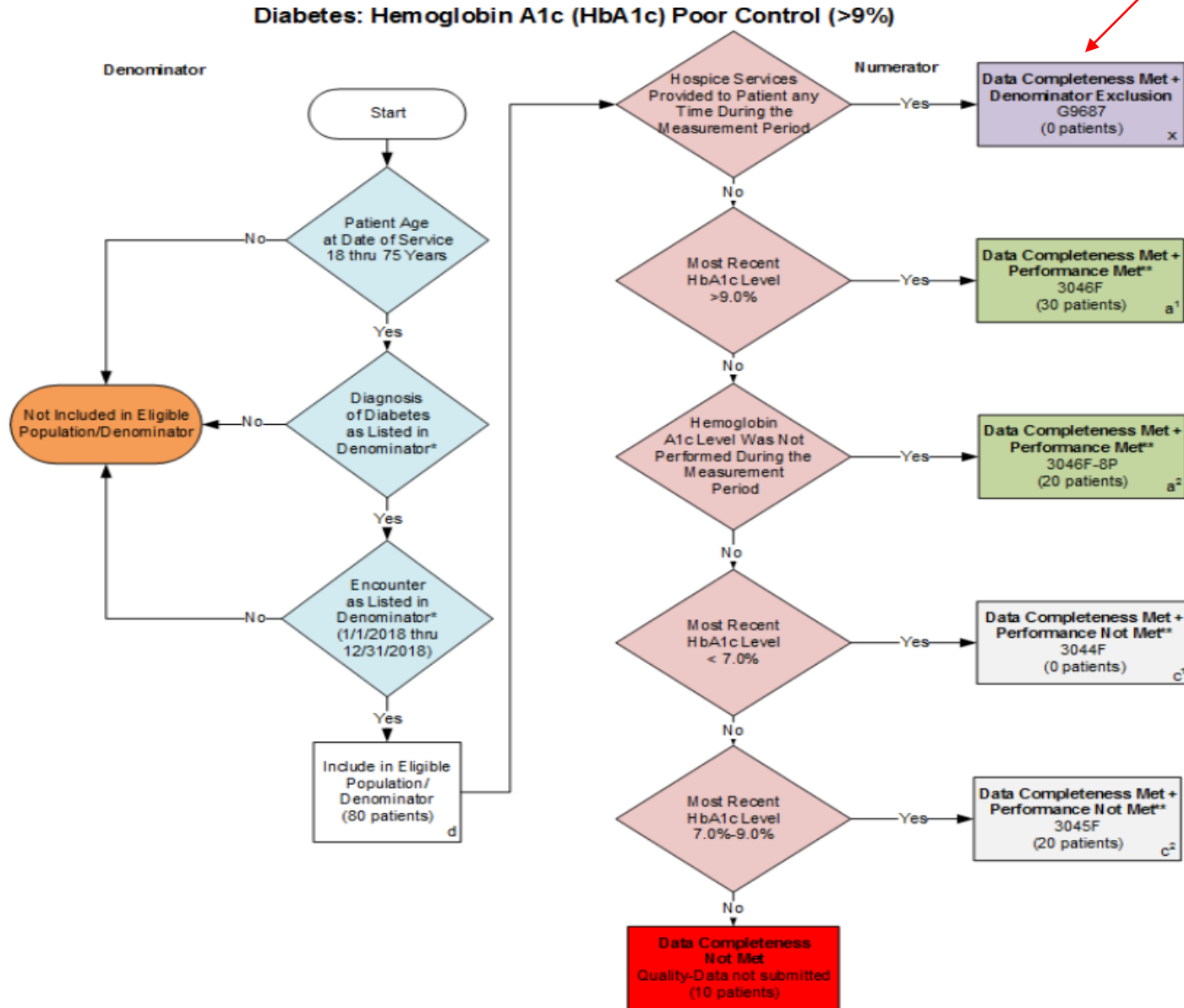
- Groups ≥ 25
- No choosing measures
- Sampling of patients, not all
- Enter info on secure, web-based application
- Vendor Integration Possible

Submission via Claims- Key Points

- ▶ Individual only
- ▶ Need to be excellent at coding - flow diagrams on NQF measure definitions
 - Don't be shy about choosing measures purely based on ease of coding
- ▶ **Only Medicare Part B patients need data submitted**
 - Other methods need all payer data reported
- ▶ Data completeness applies
 - Only 60% of your eligible cases need be reported
- ▶ Bonus Points - choose as many Outcome and/or High Priority measures as possible

Coding Flow Chart Example

Exclusion Example



Submission via Registry or QCDR - Key Points

- ▶ Individual or group submission
- ▶ Data must be captured for **ALL** payers, not just Medicare Part B
- ▶ Data completeness applies
 - Only 60% of your eligible cases need be reported
- ▶ Bonus Points - Earn 1 point per measure submitted due to End-to-End electronic transmission

Qualified Registry vs QCDR

▶ Qualified Registry (QR)

- CMS-approved registry that collects patient data
- Vendor integration possible
 - If not, must log your cases on an external website

▶ Qualified Clinical Data Registry (QCDR)

- CMS-approved registry that collects clinical data
- Vendor integration possible
 - If not, must log your cases on an external website
- **Unique measures** available that are CMS-approved
 - Won't find them on QPP.CMS.GOV!
 - Very helpful in the case of a highly specialized provider

QCDR Example



► Unique measures available:

- [MIPS Measure #262: Image Confirmation of Successful Excision of Image-Localized Breast Lesion](#)
- [MIPS Measure #263: Preoperative Diagnosis of Breast Cancer](#)
- [MIPS Measure #264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer](#)

Submission via EHR - Key Points

- ▶ Individual or group submission
- ▶ Data must be captured for **ALL payers**, not just Medicare Part B
- ▶ Data completeness applies
 - Only 60% of your eligible cases need be reported
- ▶ Bonus Points - 1 point per measure submitted with End-to-End electronic transmission

Submission via EHR - Key Points continued

- ▶ Customizable and flexible documentation
 - Vendor will likely offer you multiple ways to capture the measure with explicit instructions on how to do so
 - CPT coder, structured data, etc.
- ▶ Favorable benchmarking/decile scoring
 - More on this later



EHR Submission- Structured Data Example

MIPS Hypertension

MIPS BP Screening FIRST HYPERTENSIVE BP READING FOLLOW-UP PLAN: Follow-up 1 month Encouraged to follow-up with PCP or Cardiologist, REFERRAL TO ALTERNATIVE / PRIMARY CARE PROVIDER: Referral to general physician, LIFESTYLE RECOMMENDATION: Lifestyle education regarding hypertension, PHYSICAL ACTIVITY RECOMMENDATION: Recommendation to exercise, WEIGHT REDUCTION RECOMMENDATION: Weight control education, DIETARY RECOMMENDATIONS: Dietary needs education, MODERATION OF ETOH CONSUMPTION RECOMMENDATION: Alcoholism counseling.

MIPS Fall Risk

Fall Risk Assessment Have you had two or more falls in the past year? No, Have you had any falls with injury in the past year? No.

EHR Submission - CPT II Coder Example

PQRS/MIPS Quality X

Test, Christian2
DOB:9/7/1988 Age:30Y Sex:M
Tel:
Acct No:204675, WebEnabled: No
Flgh Status:

Hub

<input type="checkbox"/>	MeasureId	NumeratorCoding	CPTII Code	Modifier
<input type="checkbox"/>	110	Influenza immunization administered or previously received	G8482	
<input type="checkbox"/>	110	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	G8483	
<input checked="" type="checkbox"/>	110	Influenza immunization was not administered, reason not given	G8484	

Quality Measure Benchmarking

- Pattern of favorable decile scoring for EHR submission is common, but not universal

Measure_Name	Measure_ID	Submission_Method	Measure_Type	Decile_6	Decile_7	Decile_8	Decile_9	Decile_10
Cervical Cancer Screening	309	EHR	Process	28.30 - 37.64	37.65 - 47.75	47.76 - 58.15	58.16 - 71.63	>= 71.64
Cervical Cancer Screening	309	Registry/QCDR	Process	60.90 - 63.33	63.34 - 72.83	72.84 - 79.56	79.57 - 89.45	>= 89.46

Measure_Name	Measure_ID	Submission_Method	Measure_Type	Decile_6	Decile_7	Decile_8	Decile_9	Decile_10
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	Claims	Process	78.57 - 90.52	90.53 - 98.16	98.17 - 99.99	--	100.00
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	EHR	Process	26.94 - 29.99	30.00 - 33.32	33.33 - 37.61	37.62 - 45.98	>= 45.99
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	Registry/QCDR	Process	71.26 - 76.46	76.47 - 81.40	81.41 - 88.06	88.07 - 97.68	>= 97.69

Measure_Name	Measure_ID	Submission_Method	Measure_Type	Decile_6	Decile_7	Decile_8	Decile_9	Decile_10
Falls: Screening for Future Fall Risk	318	EHR	Process	48.37 - 65.67	65.68 - 81.76	81.77 - 93.39	93.40 - 98.80	>= 98.81
Falls: Screening for Future Fall Risk	318	Registry/QCDR	Process	50.40 - 58.25	58.26 - 68.16	68.17 - 74.99	75.00 - 95.18	>= 95.19

Promoting Interoperability Category - Key Points

- ▶ 25% of the final score
- ▶ Data must be captured over a consecutive ≥ 90 day period
 - Track for the whole year, but report your best 90 days
- ▶ No need for perfection → **only 100/155 possible needed for max score**
- ▶ General summary of Promoting Interoperability category for the future: All about **TRANSITIONS OF CARE** and **PATIENT PORTAL!!**

Promoting Interoperability - 2018 Measure Sets

2 Possible Measure Sets

- ▶ PI Objectives and Measure Set (approaching MU Stage 3)
 - 2015 CEHRT or 2014/2015 CEHRT combo → **Must use 2015 CEHRT in Year 3!!**
 - 10 bonus points in 2018 if you use this measure set with 2015 CEHRT

- ▶ PI Transition Objectives and Measure Set (Modified MU Stage 2)
 - 2015 CEHRT, 2014/2015 CEHRT combo, or 2014 CEHRT
 - This will be our main focus for today

Promoting Interoperability - Reweighting

- ▶ Automatic reweighting of PI score to 0% → 25% added to Quality category
 - PA, CRNP, CRNA, CNS, clinicians lacking face-to-face, ambulatory surgical center based, hospital based
 - If reporting as a group, all participants need to qualify
 - These providers may still choose to report, PI weight will be 25%
- ▶ Hardship based reweighting of PI score to 0% → 25% added to Quality category
 - Decertified EHR, insufficient internet connectivity, extreme/uncontrollable circumstances, no control over whether CEHRT is available

Promoting Interoperability - Base Score 50 Points

- ▶ Security Risk Analysis
- ▶ 1 Electronic Prescription (eRx) sent
 - < 100 permissible eRx sent during reporting period → EXCLUSION
- ▶ 1 Patient Portal Enabled
- ▶ 1 Health Information Exchange*
 - < 100 referrals/transitions of care sent during reporting period → EXCLUSION

Promoting Interoperability - Easy 90 Points

- ▶ Provide Patient Access - worth up to 20 points → **Easy to get!!**
 - Patients don't have to agree to the portal. If they decline, document the reason for the declination.
- ▶ Medication Reconciliation for Transitions of Care - worth up to 10 points
- ▶ Report to Public Health/Clinical Data Registry - worth 10 points (1 needed)
 - Vendor will guide you through how to do this
 - State immunization registry, syndromic surveillance, public health registry, clinical data registry

Promoting Interoperability - Last 10 Points

- ▶ Patient Specific Education - up to 10 points
- ▶ View, Download, and Transmit (VDT) - up to 10 points
 - ▶ Patients logging into the Portal
- ▶ Secure Messages - up to 10 points
 - ▶ Portal messages going back and forth
- ▶ HIE - up to 20 points
 - ▶ **Not only referrals, but any transition of care**
 - ▶ Specialist sending a note back to PCP electronically
 - ▶ Medical record requests sent electronically
 - ▶ PCP electronically sending most recent progress note to community hospital

Improvement Activities Category - Key Points

- ▶ 15% of the Final MIPS Score
- ▶ Must engage in the activity for ≥ 90 days
- ▶ Roughly 113 activities to choose from - must scour the list carefully
- ▶ 40 points needed for maximum score - any combo of high/medium works
 - High weight activities = 20 points
 - Medium weight activities = 10 points
- ▶ Scoring requirement **cut in half** for certain situations
 - Small practice: ≤ 15 provider group
 - Rural area
 - Health professional shortage area (HPSA)

Improvement Activities - How to choose

- ▶ Consider the following types of activities:
 - Promoting Interoperability bonus points
 - Aid in the Cost category
 - Aid in any other quality incentive programs in which you may participate
 - Aid in the Quality category



Improvement Activities - Suggestions

▶ Aiding in PI

- Annual registration in PDMP - **proposed to be a future component of PI**
 - Required in many states
- Consultation of PDMP
- Engagement of patients through implementation of improvements in patient portal
 - PI bonus points
- Improved practices that disseminate appropriate self-management materials
 - Patient education

▶ Aiding in other Quality Incentive Programs

- CAHPS Survey - CMS Web Interface (multiple submission methods proposed 2019)
- PCMH - some payers give incentives

Improvement Activities - Suggestions continued

▶ Aiding in Quality

- Depression screening
- Implementation of formal quality improvement methods, practice changes, or other practice improvement processes
- Participation in a QCDR

▶ Aiding in Cost

- **3 Transitions of Care activities → can also get you a jump on PCMH certification**
 - Care transition documentation improvements
 - Care coordination agreements that promote improvement in patient tracking across settings
 - Care transition standard operation improvements

Improvement Activities - Final Thoughts

- ▶ Consider becoming a PCMH - Why?
 - DO NOT do it for the CIA credit, it's not worth it!
 - Do it because it will help you with our last category - Cost



Cost Category - Key Points

- ▶ 10% of the Final Score
 - Will increase in future years
- ▶ Tabulated from Medicare Part B claims
- ▶ No manual submission method necessary

Cost Category - Measures

- ▶ Medicare Spending per Beneficiary (MSPB)
 - Risk adjusted average spending per episode of care
 - Episode of Care - period immediately prior to, during, and following hospital stay

- ▶ Total per Capita Costs (TPCC)
 - Risk, specialty adjusted measure that evaluates overall efficiency of care provided to beneficiaries

Cost - What are we going to do about this?

- ▶ Utilization reduction is a talk within itself
- ▶ How aspects of PCMH can help
 - Concept - Patient Centered Access and Continuity
 - Same-day appointments
 - Expanded hours
 - Quick Patient Portal responses
 - Concept - Care Coordination and Care Transitions
 - Referral handling and follow-up
 - Transitions of Care appointment management - partner with community hospital, decrease readmissions

Final MACRA/MIPS Thoughts

▶ Quality Category

- Value based payer models are here to stay
- Expectation is for more outcome measures to be necessary in the future

▶ Promoting Interoperability Category

- Patient Portal is going to be more important in the future
- We don't let Web Enabled patients leave our practices without **full Portal training**
- CMS will want almost all provider communication and transfer of patient information to be electronic → build your peer-to-peer communities

▶ Improvement Activities and Cost Categories

- Focus on PCMH concepts and highly consider a transformation

Questions

