

# MIPS & PCMH

## Your Start to APM Success

*Presented by*

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# Objectives

- Describe the Quality Payment Program (QPP)
- Review the 4 MIPS categories
- List the MIPS scoring and weighting
- Review the 2017 transition year options
- Describe the PCMH connection to MIPS?
- Provide helpful resources
- Case study for a small practice (less than 15 eligible clinicians) enrolled in a PCMH
- 5 Steps to Success in MIPS
- Question and answer period

# Poll #1

- I am a Quality Payment expert
- I've attended enough webinars to have a good grasp
- I am struggling to understand this program
- This is completely Greek to me!

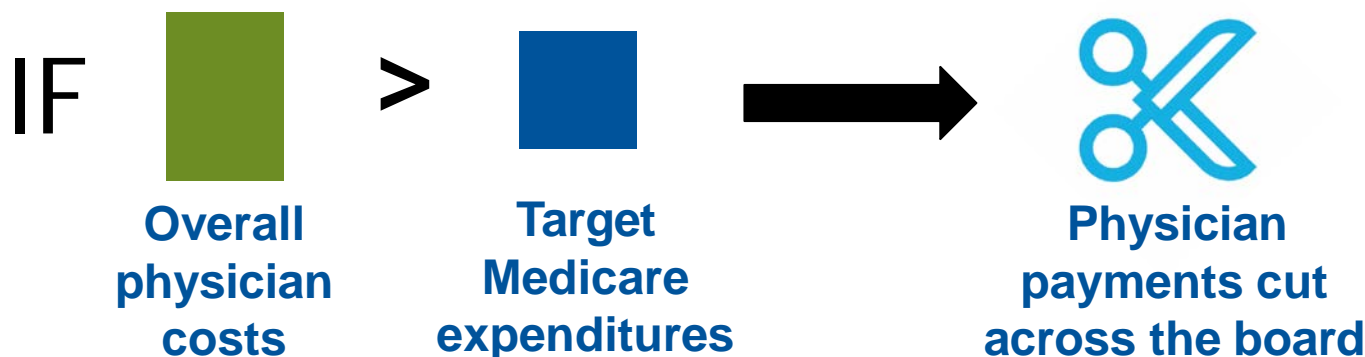
# WHAT IS THE QUALITY PAYMENT PROGRAM?

# Medicare Payment prior to MACRA

**Fee-for-service** (FFS) payment system, where clinicians are paid based on **volume** of services, not **quality** of services.

## The Sustainable Growth Rate (SGR)

Established in 1997 to control cost of Medicare payments to physicians



Each year, Congress passed temporary “doc fixes” to avert cuts (no fix in 2015 would have meant a 21% cut in Medicare payments to clinicians)

# The Quality Payment Program

The Quality Payment Program policy will

- reform Medicare Part B payments for more than 600,000 clinicians;
- improve care across entire health care delivery system.

**Clinicians have two tracks to choose from:**



**MIPS**

**OR**



**Advanced  
APMs**

## **The Merit-based Incentive Payment System (MIPS)**

If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.

## **Advanced Alternative Payment Models (APMs)**

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

# A LOOK AT THE MIPS TRACK

# What is the Merit-based Incentive Payment System?

Combines legacy programs into single, improved reporting program



## Legacy Program Phase Out

Last Performance Period

PQRS Payment End

2016

2018



# Eligible Clinicians

Medicare Part B clinicians billings more than \$30,000 a year AND providing for more than 100 Medicare patients a year.

## These clinicians include:

Physicians	Physician Assistants	Nurse Practitioner	Clinical Nurse Specialist	Certified Registered Nurse Anesthetists
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# Who is excluded from MIPS?

Clinicians who are:



## Newly enrolled in Medicare

Enrolled in Medicare for the first time during the performance period (exempt until following performance year)



## Below the low-volume threshold

Medicare Part B allowed charges less than or equal to \$30,000/year

**OR**

See 100 fewer Medicare Part B patients/year



## Significantly participating in Advanced APMs

Receive 25% of your Medicare payments

**OR**

See 20% of your Medicare patients through an Advanced APM



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# MERIT-BASED INCENTIVE PAYMENT SYSTEM PERFORMANCE CATEGORIES

# What is the Merit-based Incentive Payment System?

## Performance Categories



**Quality**



**Cost**



**Improvement  
Activities**



**Advancing  
Care  
Information**

- Moves Medicare Part B clinicians to a performance-based payment system
- Provides clinicians with flexibility to choose the activities and measures that are most meaningful to their practice
- Reporting standards align with Advanced APMs wherever possible

# MIPS Performance Category: Quality

## Category Requirements:

- Replaces PQRS and Quality portion of Value Modifier
- **“So what?”** – Provides for easier transition due to familiarity



60%

60% of  
final  
score

### Select 6 of 271 quality measures

(minimum of 90 days to be eligible for maximum payment adjustment); 1 must be:

- Outcome measure OR
- High-priority measure – defined as outcome measure, appropriate use measure, patient experience, patient safety, efficiency measures or care coordination

Different requirements for groups reporting CMS web interface or those in MIPS APMs

May also select specialty-specific set of measures

Readmission measure for group submissions that have  $\geq 16$  clinicians and a sufficient number of cases (no requirement to submit)

# MIPS Performance Category: Advancing Care Information



- Promotes patient engagement and electronic exchange of information using certified EHR technology
- Ends and replaces the Medicare EHR Incentive Program (also known as Medicare Meaningful Use)
- Greater flexibility in choosing measures
- In 2017, there are **2 measure sets for reporting based on EHR** edition:

Advancing Care Information  
Objectives and Measures

2017 Advancing Care  
Information Transition  
Objectives and Measures

# MIPS Performance Category: Improvement Activities



- Attest to participation in activities that improve clinical practice
  - Examples: Shared decision-making, patient safety, coordinating care, increasing access
- **Clinicians choose** from 90+ activities under 9 subcategories:

1. Expanded Practice Access	2. Population Management	3. Care Coordination
4. Beneficiary Engagement	5. Patient Safety and Practice Assessment	6. Participation in an APM
7. Achieving Health Equity	8. Integrating Behavioral and Mental Health	9. Emergency Preparedness and Response

# MIPS Performance Category: Cost



- No reporting requirement; 0% of final score in 2017
- Clinicians assessed on Medicare claims data
- CMS will still provide feedback on how you performed in this category in 2017, but it will not affect your 2019 payments
- *Keep in mind:*

Uses measures previously  
used in the Physician  
Value-Based Modifier  
program or reported in the  
Quality and Resource Use  
Report (QRUR)

Only the scoring is different



# What are the Performance Category Weights?

Weights assigned to each category based on 1 to 100 point scale



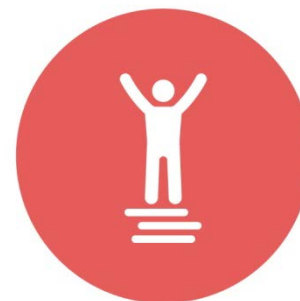
**Quality**

**60%**



**Cost**

**0%**



**Improvement  
Activities**

**15%**



**Advancing  
Care  
Information**

**25%**

**Note:** These are default weights. The weights can be adjusted in certain circumstances.

# OPTIONS FOR THE 2017 TRANSITION YEAR

# Pick Your Pace for Transitional Year Participation

Participate in Advanced Alternative Payment Model (APM)	MIPS		
	Test Pace (Submit something)	Partial Year (Submit a partial year)	Full Year (Submit a full year)
Some practices may choose to participate in an Advanced APM in 2017	<ul style="list-style-type: none"><li>• Submit some data after Jan. 1, 2017</li><li>• Neutral or small payment adjustment</li></ul>	<ul style="list-style-type: none"><li>• Report for 90-day period after Jan. 1, 2017</li><li>• Small positive payment adjustment</li></ul>	<ul style="list-style-type: none"><li>• Fully participate starting Jan. 1, 2017</li><li>• Modest positive payment adjustment</li></ul>

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.

# MIPS: Choosing to Test for 2017

- Submit minimum amount of 2017 data to Medicare
- Avoid a downward adjustment

You have asked, “What is a minimum amount of data?”



**1**

**Quality  
Measure**

**OR**



**1**

**Improvement  
Activity**

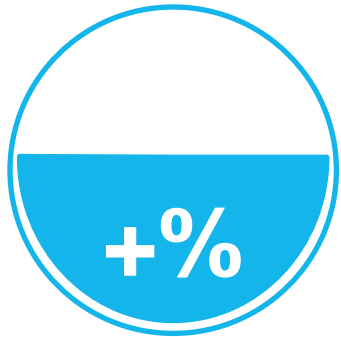
**OR**



**4 or 5**

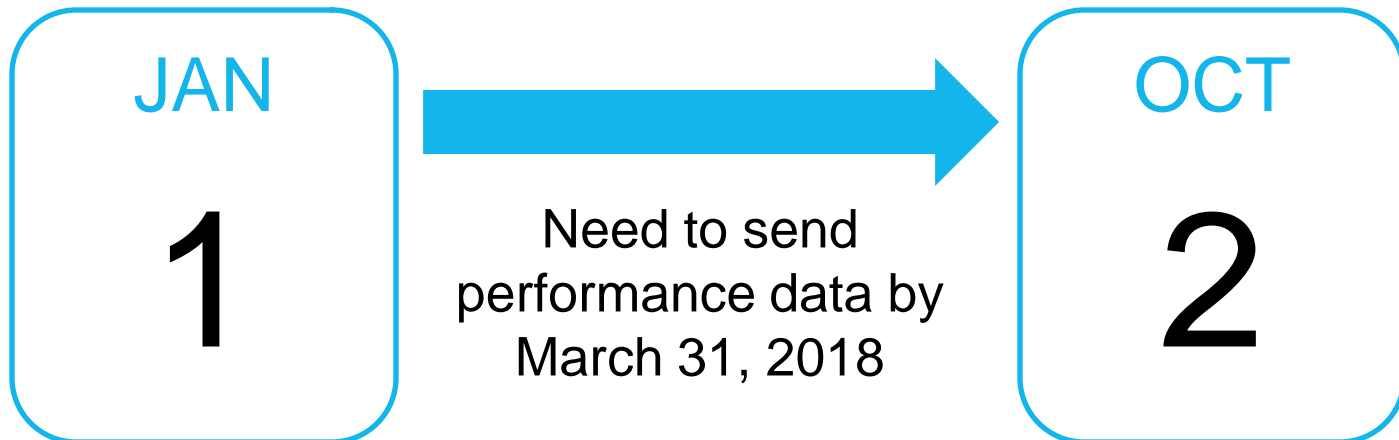
**required  
Advancing Care  
Information  
Measures**

# MIPS: Partial Participation for 2017

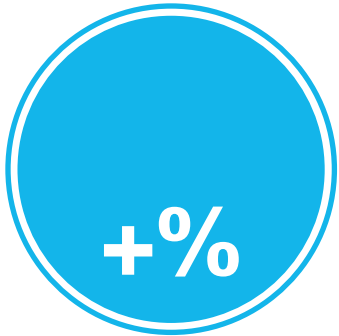


Submit a  
Partial Year

- Submit 90 days of 2017 data to Medicare
- May earn a positive payment adjustment  
“**So what?**” – If you’re not ready on January 1, you can start anytime between January 1 and October 2



# MIPS: Full Participation for 2017



Submit a  
Full Year

- Submit a full year of 2017 data to Medicare
- May earn a positive payment adjustment
- Best way to earn largest payment adjustment is to submit data on all MIPS performance categories

## Key Takeaway

Positive adjustments are based on the performance data on the performance information submitted, not the **amount** of information or **length of time submitted**.



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# PCMH – HOW DOES IT PERTAIN TO MIPS?

# PCMH – Where does it fit in MIPS?

## Improvement Activity

- Participants in a certified PCMH receive **FULL credit** for the Improvement Activity category
- **FULL credit** is for the entire TIN (reporting as a group) regardless of the number of providers participating in the PCMH

## Quality Measure Alignment

- WY Medicaid has selected measures which align with the MIPS program
- Select 6 measures of your choice (including one outcome or high priority measures)



# Improvement Activities

Participants in certified patient-centered medical homes, comparable specialty practices or an APM designated as a Medical Home Model:

You will automatically earn full credit.

# Quality Measures

- WY Medicaid's PCMH is in the process of configuring all 64 electronic Clinical Quality Measures certified for EHR use:
  - Which measures does your EHR support?
  - Which measures make sense to your practice, specialty or patient demographic?
    - Use the same set of measures for MIPS and for PCMH!
  - Does your EHR track and trend data in a simple fashion?
    - If no, use the WY Medicaid dashboard to view your results and progress

# PCMH – Maximize the impact in MIPS

- Align measures
- Using PCMH resources to track and trend data
- Identify measures which have the largest opportunity for improvement
  - 2017 Benchmark Report
  - <https://qpp.cms.gov/resources/education>
- Monitoring the effect of improvement activities

# Small, Rural and Health Professional Shortage Areas (HPSAs) Exceptions

- Established low-volume threshold
  - Less than or equal to \$30,000 in Medicare Part B allowed charges or less than or equal to 100 Medicare patients
- Reduced requirements for Improvement Activities performance category
  - One high-weighted activity or
  - Two medium-weighted activities
- Increased ability for clinicians practicing at critical access hospitals (CAHs), rural health clinics (RHCs) and federally qualified health centers (FQHCs) to qualify as a Qualifying APM Participant (QP).

# Where to find help?

- Specific tools and education on the QPP website:
  - <https://qpp.cms.gov/learn/qpp>
  - <https://qpp.cms.gov/measures/quality>
  - <https://qpp.cms.gov/resources/education>
- Mountain-Pacific blogs
  - [www.mpqhf.org](http://www.mpqhf.org) → **Blogs**  
Subscribe to the MIPS blog to get up-to-date information sent straight to your inbox!

# Case Study

For a small practice (15 or fewer eligible clinicians) enrolled in a PCMH:

- Previous Meaningful Use participation
  - EHR version in place, Upgrade scheduled
- Previous PQRS participation
  - Quality Measure review / current performance
- Improvement Activity
  - Covered by participation in certified PCMH
- Cost component
  - Review QRUR

# Poll #2

- Our clinic/provider will not participate due to being excluded
- Our clinic/provider will participate at the test pace to avoid negative adjustment
- Our clinic/provider will participate at the 90 day level
- Our clinic/provider will participate for the full year

# 5 Steps to Success in MIPS

- Step 1: Determine eligibility for MIPS
  - *Have you received your Eligibility Letter?*
- Step 2: Decide on pick your pace goal
- Step 3: Decide on individual/group reporting, and mechanism
- Step 4: Select measures for each category
  - Quality
  - Advancing Care Information
  - Improvement Activities
- Step 5: Data submission and audit documentation



# QUESTION & ANSWER PERIOD

# Thank you for attending!

## Contact information:

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