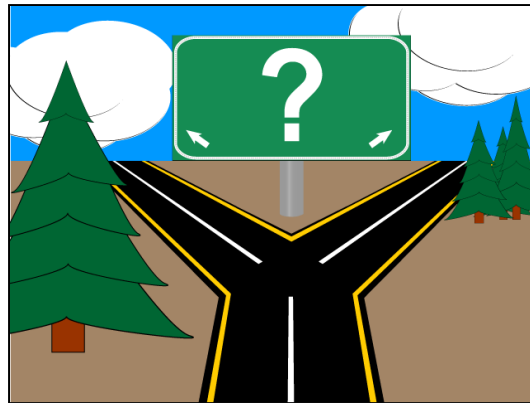


Mapping Out MIPS for FQHCs



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Overview

- MACRA Overview
- FQHCs and MIPS
- MIPS APMs
- Deep Dive into Advancing Care Information
- 2018 Proposed Rule
- Resources
- Questions

Acronyms

- ❑ **APM** – Alternative Payment Models
- ❑ **CMS** – Centers of Medicare & Medicaid Services
- ❑ **EHR** – Electronic Health Record
- ❑ **MACRA** – Medicare Access & CHIP Reauthorization Act
- ❑ **MIPS** - Merit-Based Incentive Payment System
- ❑ **IA** – Improvement Activities
- ❑ **QPP** – Quality Payment Program
- ❑ **MU** – Meaningful Use
- ❑ **EC** – Eligible Clinician
- ❑ **PQRS** – Physician Quality Reporting System
- ❑ **QRUR** – Quality Resource & Use Reports
- ❑ **TIN** – Tax Identification Number
- ❑ **VBM** – Value Based Modifier
- ❑ **ACI** – Advancing Care Information
- ❑ **ONC** – Office of the National Coordinator

Medicare Access and CHIP Reauthorization Act (MACRA)

MACRA (2015)

- Bipartisan legislation that repealed the flawed sustainable growth rate (SGR) in an effort to reduce Medicare spending
- Created the Quality Payment Program, which includes the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)

MIPS

- Positive payment adjustment based on performance (up to 4%)
- Three reporting paces available for 2017 transition year
- 4% negative payment adjustment for non-participation

APMs

- Positive payment adjustment based on performance (5%)
- MIPS APMs receive favorable MIPS scoring
- Advanced APMs follow risk structure of payment model

Eligibility and Exclusion Criteria

- ❑ Eligible Clinicians include:
 - ✓ Physicians
 - ✓ Physician Assistants
 - ✓ Nurse Practitioners
 - ✓ Clinical Nurse Specialist
 - ✓ Certified Registered Nurse Anesthetist

❑ Who is excluded from MIPS?

Clinicians who are:

- ✓ Below the low-volume threshold **OR**
- ✓ Newly-enrolled in Medicare **OR**
- ✓ Significantly participating in an Advanced APM

Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to \$30,000 a year OR
- Provide care for 100 or fewer Medicare Part B patients a year

Are FQHCs included in MIPS?



Factors to Consider

- Total Medicare Part B allowed charges
 - Determine whether the TIN has EC's that have submitted >\$30,000 in Part B claims (use the NPI lookup tool on qpp.cms.gov)
 - If a clinician exceeds the low-volume threshold, they do have to participate in MIPS reporting

Note: FQHCs are reimbursed under the PPS and tend to have limited Part B claims. However, there are some services that are furnished under Part B, and if an eligible clinician exceeds the low-volume threshold for these charges, then they would be considered included in MIPS.

Factors to Consider

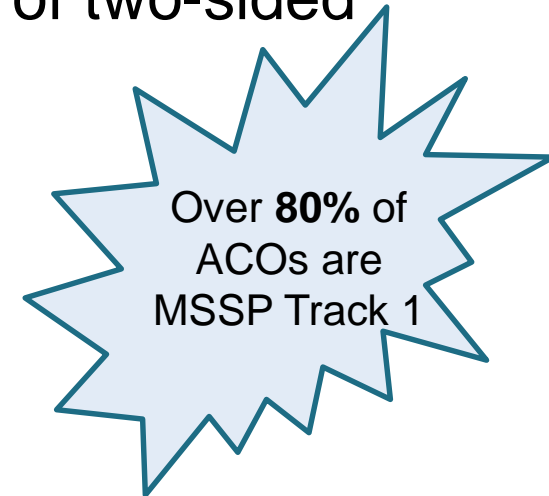
- Participation in an Alternative Payment Model (APM)
 - Is it an advanced APM or a MIPS APM?
 - Is there 2-sided risk sharing?
 - Are you considered a QP or partial QP?

Note: For MIPS APMs, if the APM entity exceeds the low volume threshold, then all of the participants of the MIPS APM are required to participate in MIPS, even if individually they would have been excluded from MIPS.

What is a MIPS APM?

❑ APMs that do not meet the requirements of two-sided risk sharing

✓ Medicare Shared Savings Track 1



Over **80%** of ACOs are MSSP Track 1

❑ What are the benefits to participation?

➤ Aggregates EC MIPS scores to the APM Entity level

- Follows the APM scoring standard

➤ All ECs in an APM Entity receive the same MIPS composite score

Not sure if you are in a MIPS APM?

- Contact the administrator of your ACO to determine if your ACO is a MIPS APM
- Verify if your practice TIN and all associated NPIs are listed as participants
- Determine if the ACO exceeds the low-volume threshold

Reporting for MIPS APMs & the APM Scoring Standard

50%

Quality – the APM will submit data on behalf of participants

- Data aggregated at the APM Entity level
- Reported via CMS web interface

30%

Advancing Care Information

- Each participating group (TIN) is responsible for attesting to ACI
- Participant TIN scores weighted for aggregate APM Entity score

20%

Improvement Activities

- Automatic full credit given for participation in APM

0%

Cost

- Does not count towards the final MIPS composite score in 2017

MIPS Performance Category: Advancing Care Information



- ACO participants are required to attest for ACI– ***the ACO does not submit this data for participant TINs***

-
- Ends and replaces the Medicare EHR Incentive Program (also known as Meaningful Use)
 - Promotes patient engagement and the electronic exchange of information using certified EHR technology
 - 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**

Advancing Care Information: Group Reporting



- MSSP ACO participants are required to attest for ACI as a group – *the ACO does not submit this data for participant TINs*
- Group combines their MIPS eligible clinicians' performances under one TIN.
- A score is calculated based upon the entire TINs performance
- ACO participants scores are then aggregated and an overall score is calculated for the ACO based on a weighted mean (*weighted by the number of MIPS ECs in each ACO Participant TIN relative to the total number of MIPS ECs in the ACO*)

Advancing Care Information: Group Reporting



Who should be included in the group?

- **MIPS eligible clinicians** (even those that would have been excluded from MIPS participation due to the low-volume threshold)
- Optional for 2017:
 - Hospital-based MIPS clinicians
 - Nurse Practitioners
 - Physician Assistants
 - Clinical Nurse Specialists
 - Certified Registered Nurse Anesthetists (CRNAs)

Is There A Hardship Exemption?

- What if an eligible clinician is experience significant hardship and is unable to report on the required ACI measures?
 - They may apply to have the ACI performance category weighted at 0%
- Hardship Exemptions include:
 - Insufficient internet connectivity
 - Extreme and uncontrollable circumstances
 - Lack of control over the availability of CEHRT

Advancing Care Information: EHR Technology

Quality

Improvement
Activities

Advancing
Care
Information

Cost

- Clinicians must use certified EHR technology to report
- In 2017, *there are 2 measure sets for reporting based on EHR edition*

For those using EHR Technology Certified to the 2015 Edition:

Option 1: Advancing Care
Information Objectives and
Measures

Option 2: Combination of the
two measure sets

For those using EHR Technology Certified to the 2014 Edition:

Option 1: 2017 Advancing Care
Information Transition
Objectives and Measures

Option 2: Combination of the
two measure sets

Find details on EHR edition [here](#).

MIPS Performance Category: Advancing Care Information



ACI accounts for 30% of the final MIPS score under the APM scoring standard. Points are earned in three categories and combined for an overall ACI score.

Base Score



Performance Score



Bonus Score

Advancing Care Information: Base Score

Quality

Improvement
Activities

Advancing
Care
Information

Cost

50%

Base score (worth 50%)

Clinicians must submit a numerator/denominator or Yes/No response for each of the following required measures:

Advancing Care Information Measures

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care
- Request/Accept a Summary of Care

2017 Advancing Care Information Transition Measures

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Health Information Exchange

0%

Failure to meet reporting requirements will result in a base score of zero, and an advancing care information performance score of zero.

Advancing Care Information: Base Score



Note: In order to receive any points in the Advancing Care Information category, all base score measures must be met.

Advancing Care Information Objectives and Measures:

Base Score Required Measures

<i>Objective</i>	<i>Measure</i>
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care
Health Information Exchange	Request/Accept a Summary of Care

2017 Advancing Care Information Transition Objectives and Measures:

Base Score Required Measures

<i>Objective</i>	<i>Measure</i>
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Health Information Exchange

Advancing Care Information: Base Score



Minimum requirements to fulfill the base score

Advancing Care Information Objectives and Measures:

Base Score Required Measures

<i>Measure</i>	<i>Result</i>
Security Risk Analysis	yes
e-Prescribing	1 patient
Provide Patient Access	1 patient
Send a Summary of Care	1 patient
Request/Accept a Summary of Care	1 patient

2017 Advancing Care Information Transition Objectives and Measures:

Base Score Required Measures

<i>Measure</i>	<i>Result</i>
Security Risk Analysis	yes
e-Prescribing	1 patient
Provide Patient Access	1 patient
Health Information Exchange	1 patient

Advancing Care Information: Performance Score



90%

Performance score (worth up to 90%)

- Report up to



9 Advancing Care Information Measures

OR

- Report up to



7 2017 Advancing Care Information Transition Measures

Each measure is worth 10-20%.
The percentage score is based on the performance rate for each measure:

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

Advancing Care Information: Performance Score Measures

Quality

Improvement
Activities

Advancing
Care
Information

Cost

Advancing Care Information Objectives and Measures:

Performance Score* Measures

<i>Objective</i>	<i>Measure</i>
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	Patient-Specific Education
Coordination of Care through Patient Engagement	View, Download and Transmit (VDT)
Coordination of Care through Patient Engagement	Secure Messaging
Coordination of Care through Patient Engagement	Patient-Generated Health Data
Health Information Exchange	Send a Summary of Care*
Health Information Exchange	Request/Accept a Summary of Care*
Health Information Exchange	Clinical Information Reconciliation
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting

2017 Advancing Care Information Transition Objectives and Measures

Performance Score Measures

<i>Objective</i>	<i>Measure</i>
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	View, Download and Transmit (VDT)
Patient-Specific Education	Patient-Specific Education
Secure Messaging	Secure Messaging
Health Information Exchange	Health Information Exchange*
Medication Reconciliation	Medication Reconciliation
Public Health Reporting	Immunization Registry Reporting

*Performance Score: Additional achievement in measures above the base score requirements

Advancing Care Information: Bonus Score

Quality

Improvement
Activities

Advancing
Care
Information

Cost



5%
BONUS

For reporting on any of these Public Health and Clinical Data Registry Reporting measures:

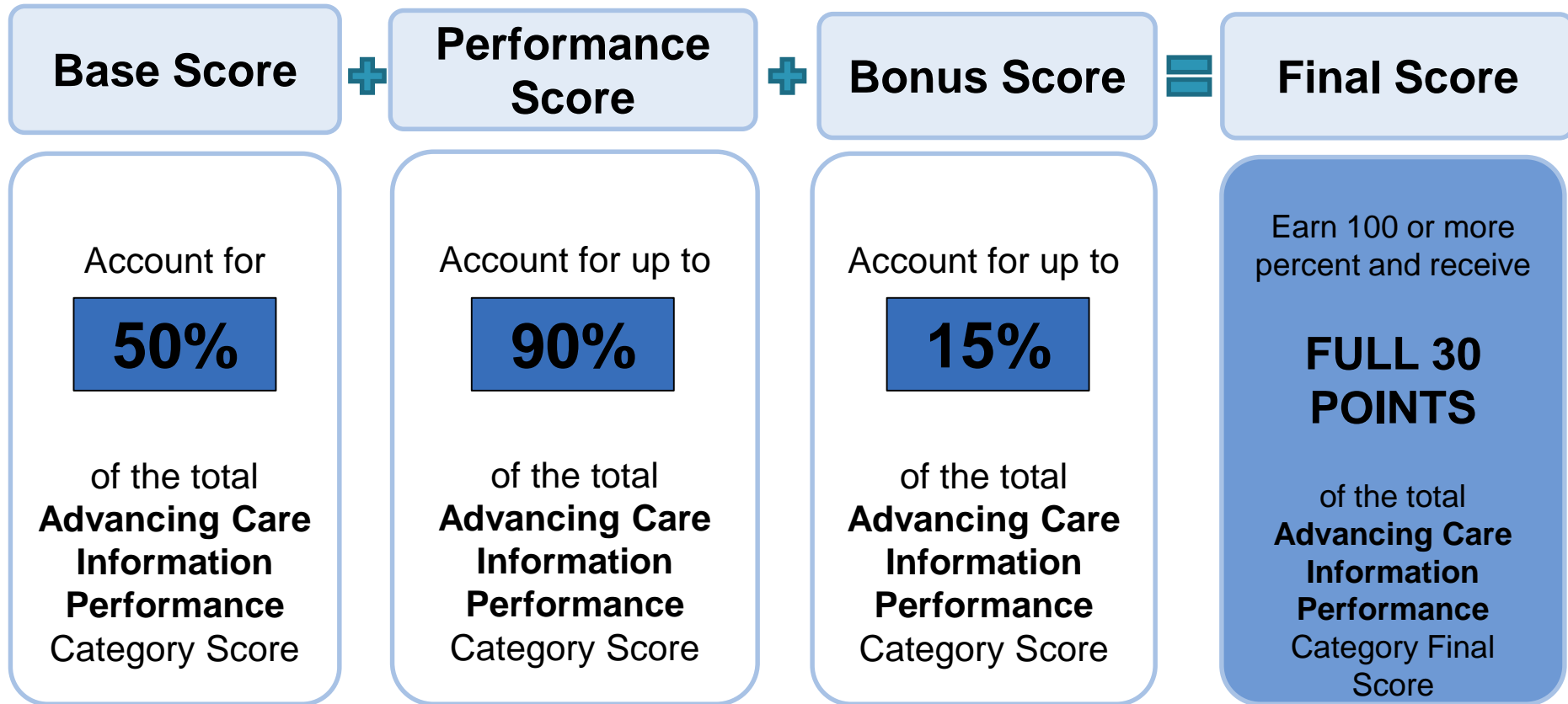
- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting



10%
BONUS

For using CEHRT to report certain Improvement Activities

Advancing Care Information: Scoring



MIPS APM Scoring: Advancing Care Information

- TIN scores for ACI will be combined as a weighted average based on how many MIPS clinicians are in each TIN. This will result in one group score for the ACI category that applies to all MIPS clinicians in the participating APM.

Final MIPS Composite Score for MIPS APMs

All MIPS clinicians scored under the APM scoring standard will get a MIPS final score based on the APM's combined performance.

50% Quality

30% Advancing Care Information

20% Improvement Activities

0% Cost

What Performance Score Do I Need To Achieve?

Performance Score **0**

4% negative payment adjustment

Performance Score **3**

Neutral – no payment adjustment

Performance Score **4-69**

Small positive payment adjustment

Performance Score **70+**

Modest positive payment adjustment
Opportunity for **exceptional performer bonus**

How will MIPS affect Medicare reimbursement?

- 2017 final MIPS composite scores will be used to determine payment adjustments for 2019 reimbursement.
- Positive or negative adjustments will only affect Medicare Part B payments, NOT payments made through the Prospective Payment System (PPS)

2018 Proposed Rule

- Potential increase in the low-volume threshold to <\$90,000 in Medicare Part B allowed charges or <200 patients
- 2014 CEHRT will still be allowed; bonus points for practices that use 2015 CEHRT
- Small practice bonus of 5 points on final MIPS composite score
- Performance threshold may increase to 15 points (from 3 points in 2017)

Resources

- **Find up-to-date information on QPP, upcoming events and webinars, frequently added resources, and more on our website!**

<http://neqpp.org/>

- **CMS Quality Payment Program website:**

<https://qpp.cms.gov/>

- **For more information on MIPS APMs:**

[MIPS_APMs_in_QPP.pdf](#)

Questions?



Contact Information



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