From Surviving to Thriving in the QPP World

Today's Objectives

- Brief MACRA Overview
- Where are we going?: Advanced Alternative Payment Models (APMs)
- Where are we now? Merit Incentive-Based Payment System (MIPS)
- MIPS Categorical Scoring Summary
- Circumstantial Action Steps
  - Immediate Questions
  - Short Term Solutions
  - Long Term Strategy
- Real World Experience

SHP
Strategic Healthcare Partners

Medicare Access and CHIP Reauthorization Act of 2015

- "MACRA" Out; "QPP: Quality Payment Program" In
- Passed 92-8 in Senate, 392-37 in the House
- 2 payment models referred to as the Quality Payment Program
  - Merit Incentive-Based Payment System (MIPS)
  - Advanced Alternative Payment Models (APMs)

SHP
Strategic Healthcare Partners

SHP
Strategic Healthcare Partners

Where are we going? APMs

…and why are we in this handbasket

2017 APMs qualified as “Advanced”

- Medicare Shared Savings Program (MSSP) Tracks 1+, 2 & 3
- Comprehensive Primary Care Plus (CPC+)
- Comprehensive End-stage Renal Disease Care Model
- Oncology Care Model
- Next Generation (NextGen) Model
- Vermont Medicare ACO All-payor model

SHP
Strategic Healthcare Partners

Key Takeaway: 90%+ of ACOs currently are MSSP Track 1, these entities will be scored in MIPS.

Advanced Alternative Payment Models (APMs)

Generic term for physicians receiving “greater than nominal” reimbursements via risk-bearing arrangements

To Qualify:

- Must used Certified Electronic Health Record Technology (CEHRT)
- Base payment for services on quality measures comparable to those in MIPS
- Be listed on 1 of 3 APM ‘Eligible Providers’ publications from CMS during a performance year
- Meet payment thresholds:

Metric	2019-2020	2021-2022	2022 and Later
% of Patients	25%	50%	75%
% of Payments	25%	50%	75%
Source	From a Medicare eligible APM	From any payer eligible APM, with at least 25% from a Medicare APM	

SHP
Strategic Healthcare Partners

Key Takeaway: APM thresholds will continue to be more stringent

What is the benefit of being in an APM?

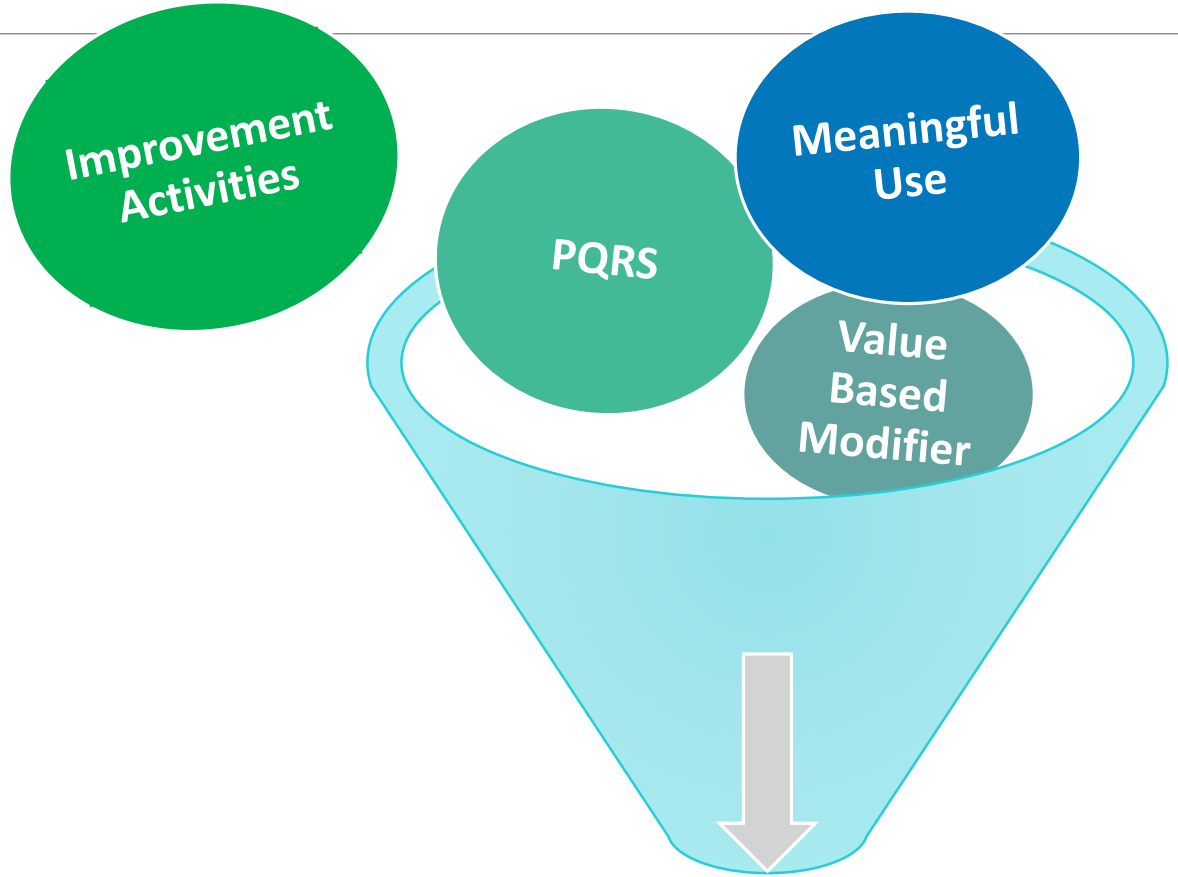
Strategic Healthcare Partners

SHP
Strategic Healthcare Partners

Where are we now?: MIPS

"If confusion is the first step to knowledge, I must be a genius."
~ Larry Leissner

Merit Incentive-Based Payment System

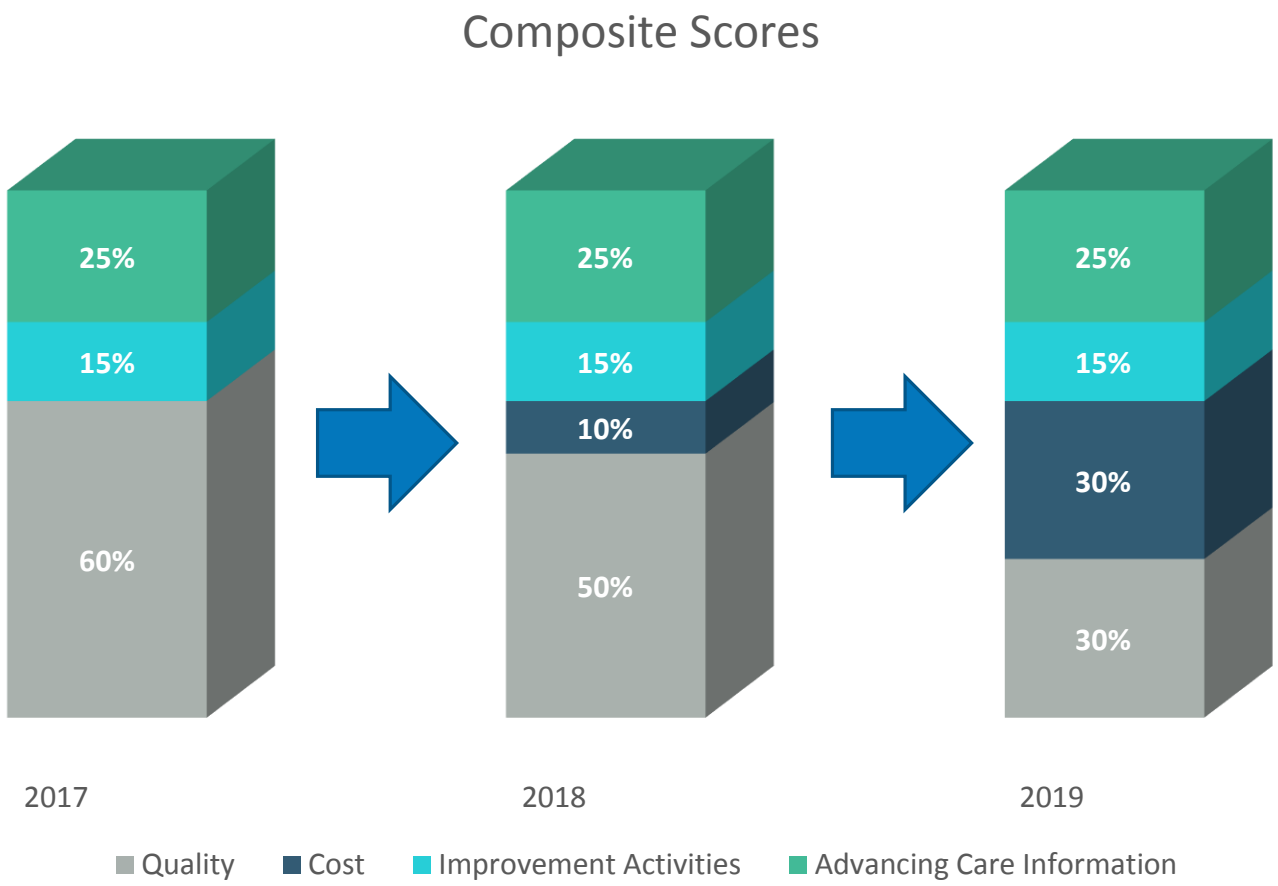


0-100 Composite MIPS Score

Strategic Healthcare Partners

Key Takeaway: The Composite MIPS Score will be publicly available!

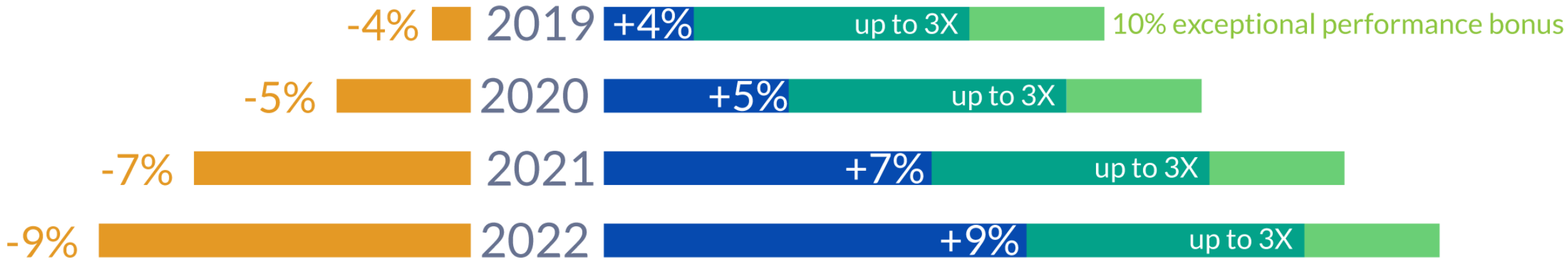
MIPS Composite Scoring



SHP
Strategic Healthcare Partners

Financial Impact Over Time

Minimum and Maximum Adjustment for full MIPS participation



*Potentially up to 3 times these rates plus up to a 10% exceptional performance bonus

SHP
Strategic Healthcare Partners

Wait, who is “We”?

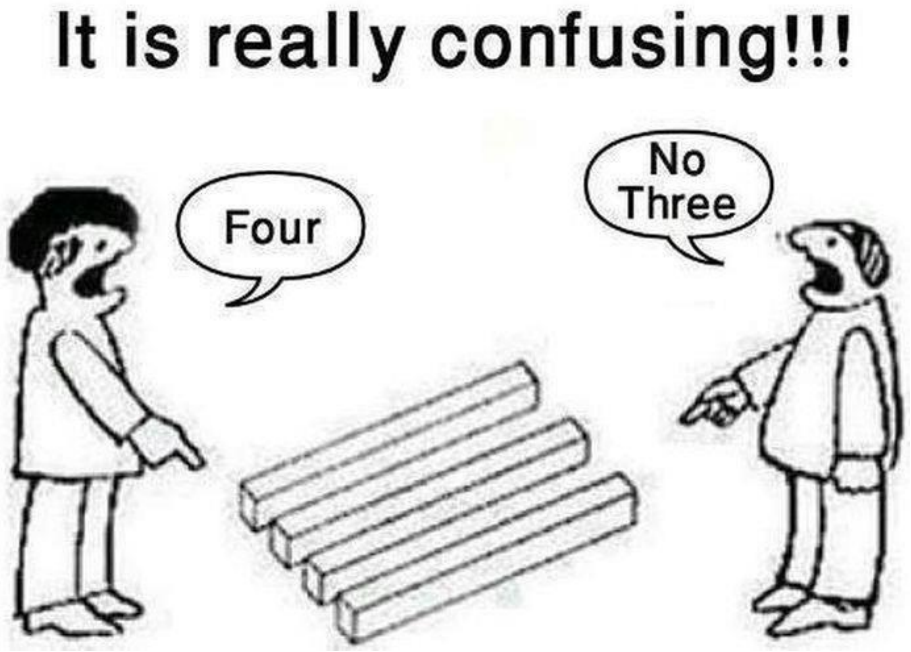
- Medicare Part B clinicians **billing** more than $30,000 a year **OR**
- Caring for more than 100 Medicare patients a year

Physicians	Physician Assistants	Nurse Practitioners
Clinical Nurse Specialists	Certified Registered Nurse Anesthetists	

SHP
Strategic Healthcare Partners

SHIP
Strategic Healthcare Partners

MIPS: Categorical Scoring

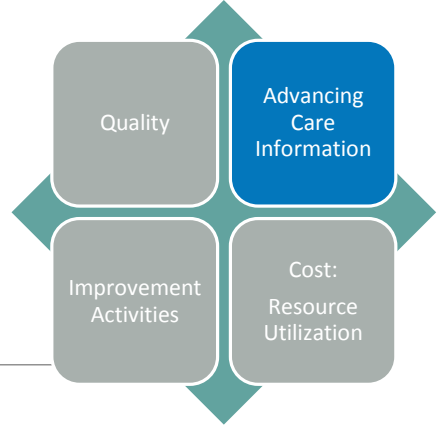


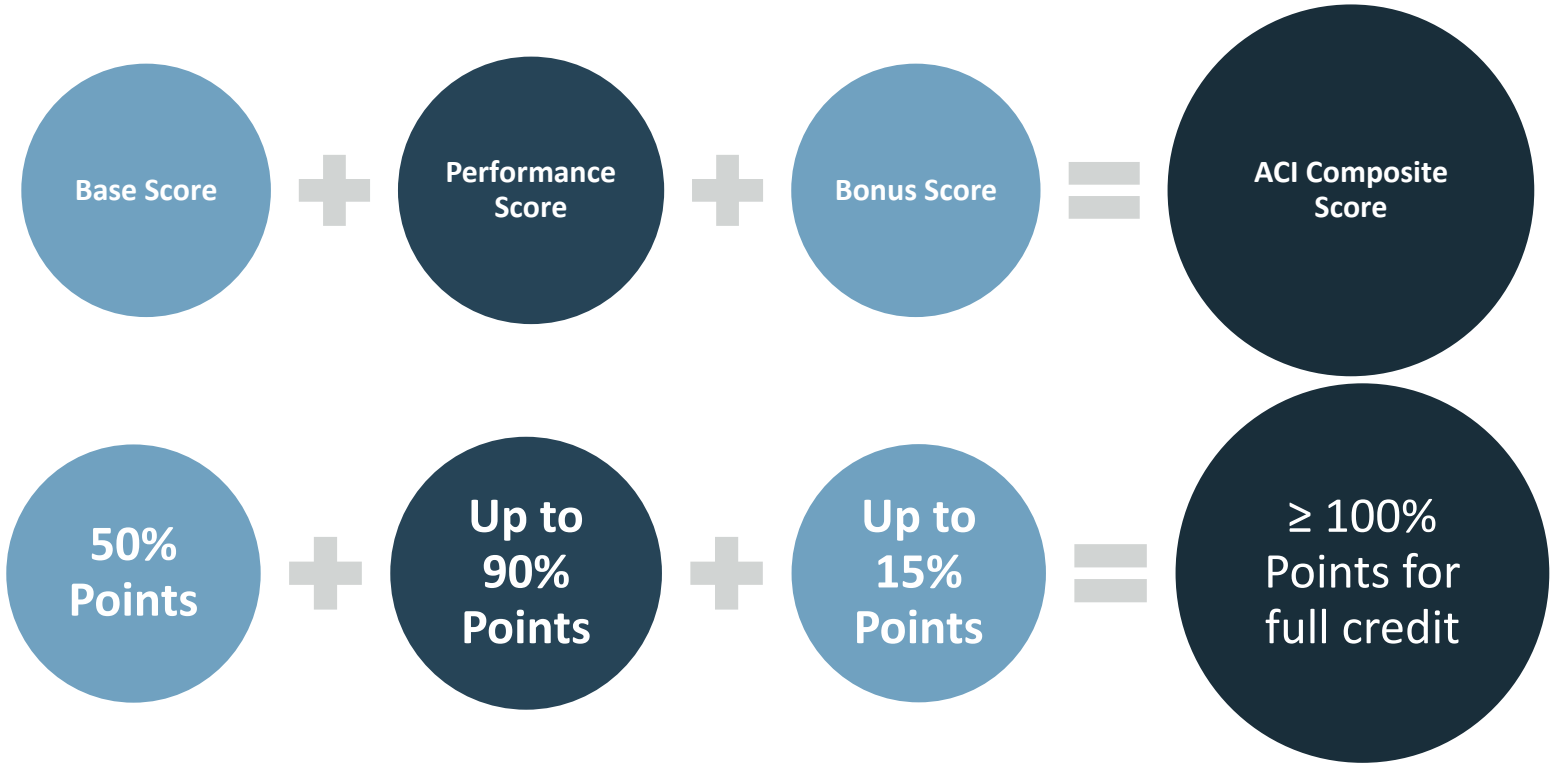
Quality (60%)

- 6 measures must be reported or a specialty measure set
  - 1 must be an outcome measure
  - At least 20 patients per measure
  - 90 day reporting window
  - 272 measures available
- Report on 50% of eligible patients in 2017, regardless of payer
- Bonus points available for:
  - Reporting via QCDR, EHR, or web-interface
  - Additional high priority or outcomes measure

SHP
Strategic Healthcare Partners

Advancing Care Information 25%

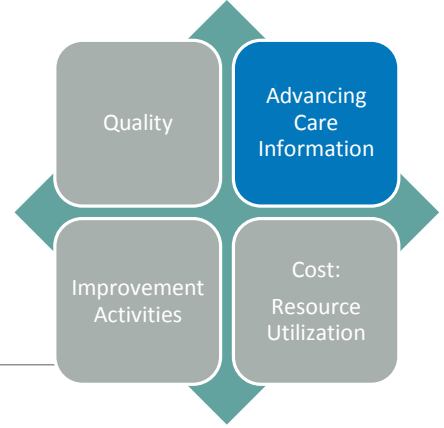




SHP
Strategic Healthcare Partners

Key Takeaway: You can only earn ACI credit if you're on an EHR

ACI: Base Score

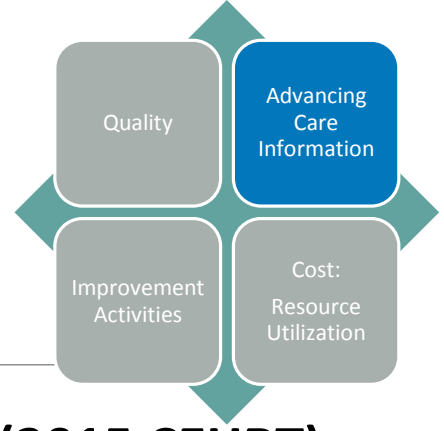


Objective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	E-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange*	Send a Summary of Care*
Health Information Exchange*	Request/Accept Summary of Care*

SHP
Strategic Healthcare Partners

Key Takeaway: 2014 Certified EHRs are all able to do this

ACI: Performance Score



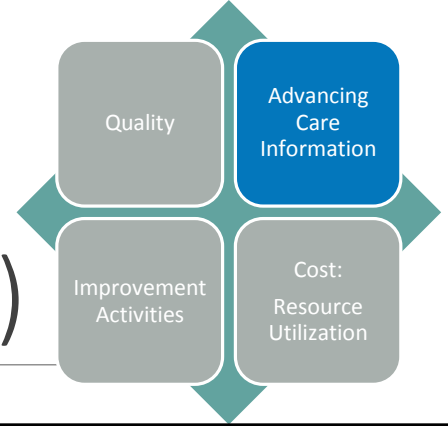
ACI Performance Measures (2014 CEHRT)

Measure	Performance Score
Provide Patient Access	Up to 20%
Health Information Exchange	Up to 20%
View, Download, and Transmit	Up to 10%
Secure Messaging	Up to 10%
Medication Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%

ACI Performance Measures (2015 CEHRT)

Measure	Performance Score
Provide Patient Access	Up to 10%
Patient-Specific Education	Up to 10%
View, Download, and Transmit	Up to 10%
Secure Messaging	Up to 10%
Patient-Generated Health Data	Up to 10%
Send a Summary of Care	Up to 10%
Request/Accept a Summary of Care	Up to 10%
Clinical Information Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%

ACI: Composite Score (2017 Transition Year)

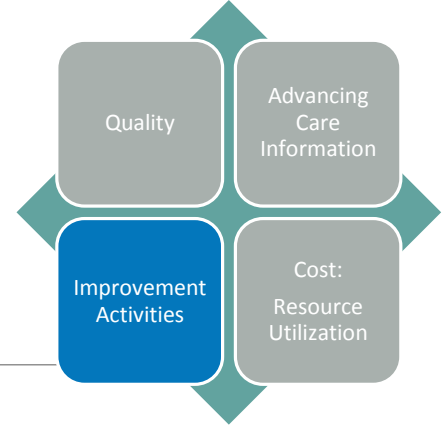


Base Score		
Metric	Measure	Measure
Security Risk Analysis	Yes	Yes
E-Prescribing	30/250	30/250
Provide Patient Access	65/250	65/250
Health Information Exchange	0/250	1/250
Base Score	**0%**	**50%**

Performance Score			
Metric	Measure	Performance Rate	Percentage Score
Medication Reconciliation	125/250	50%	5%
Secure Messaging	250/250	100%	10%
View, Download, Transmit	53/250	21%	3%
Patient Access	23/250	9%	2% (worth 20%)
Health Information Exchange	48/250	19%	4% (worth 20%)
Total Performance			**24%**
Immunization Registry Reporting			*10%*

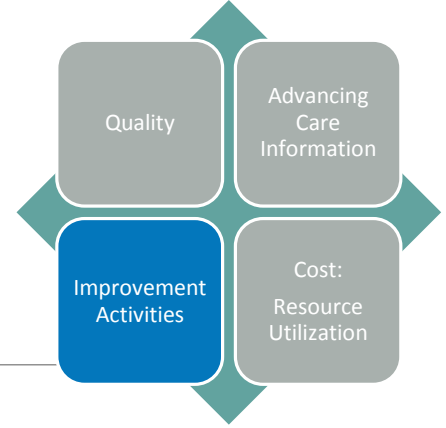
50% + 24% + 10% = 84% 84% × .25 = 21

Key Takeaway: “Direct Messaging” is the Game-Changer



Improvement Activities 15%

- Attestation for 90 days
- 40 Points = full credit
  - "Medium weight" activities = 10 points
  - "High weight" activities = 20 points
- Special scoring for:
  - Groups with <15 Eligible Clinicians
  - Non-patient facing clinicians
  - Rural or Healthcare Professional Shortage Areas (HPSAs)
- Full Credit for:
  - Patient-Centered Medical Home or comparable specialty practice
  - Advanced Payment Model
  - MSSP Track 1 ACO

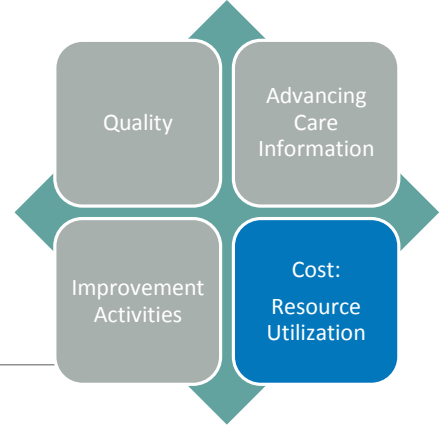


Improvement Activities 15%

Expanded Practice Access	Population Health Management	Care Coordination
Beneficiary Engagement	Practice Safety and Assessment	Participation in APM
Achieving Health Equity	Integrating Behavioral and Mental Health	Emergency Preparedness and Response

SHP
Strategic Healthcare Partners

Cost 0%



- No reporting requirement; Purely scored on claims
- CMS will provide feedback on 2017 performance
  - Quality and Resource Use Report (QRUR)
- Part B only (for now)

1. Define an episode group
2. Assign cost to episode group
3. Attribute episode groups to responsible clinicians
4. Risk adjust beneficiaries to compare "like patients"
5. **Align with quality metrics**

SHP Strategic Healthcare Partners

Strategic Healthcare Partners

Circumstantial Action Steps

"It is not the strongest or the most intelligent who will survive, but those who can best manage change."

~ Charles Darwin

Submission Methods

	Individual 	Group 
Quality	➢ QCDR ➢ Qualified Registry ➢ EHR ➢ Claims	➢ QCDR ➢ Qualified Registry ➢ EHR ➢ CMS Web Interface ➢ CAHPS for MIPS Survey
Advancing Care Information	➢ Attestation ➢ QCDR ➢ Qualified Registry ➢ EHR	➢ Attestation ➢ QCDR ➢ Qualified Registry ➢ EHR CMS Web Interface (>25 Eligible Clinicians only)
Improvement Activities		➢ Attestation ➢ QCDR ➢ Qualified Registry ➢ EHR

SHP
Strategic Healthcare Partners

Key Takeaway: Registries generally recognized as preferable route; However, consider cost, available metrics, & manual labor vs. EHR integration

What can we decide by Friday?

1. Are we Penalty-Avoiders or Incentive-Seekers?
   - 2017, 2018, and beyond…
2. Who is eligible?
3. How will we submit?
4. What is our EHR/registry capable of? When will our EHR upgrade to 2015 CEHRT?
5. Are we actively tracking and comparing our Quality- & ACI- metrics?
6. Who is responsible for which measures? Workflow?

SHP
Strategic Healthcare Partners

October 1st is your deadline to pursue incentives!

Short Term Solutions

1. Educate your staff…Yes, your entire staff.
2. Crosswalk PQRS and Meaningful Use to MIPS
3. Allocate resources – Build a structure
4. Aim Statement
   - "**WHO** will achieve **WHAT** by **WHEN** by doing **WHAT**?"
5. Resources:
   - MGMA.com – Member Community "MIPS/APMS: Medicare Value-Based Payment Reform"
   - WWW.QPP.CMS.GOV
   - Transforming Clinical Practice Initiative
   - Quality Improvement Organizations

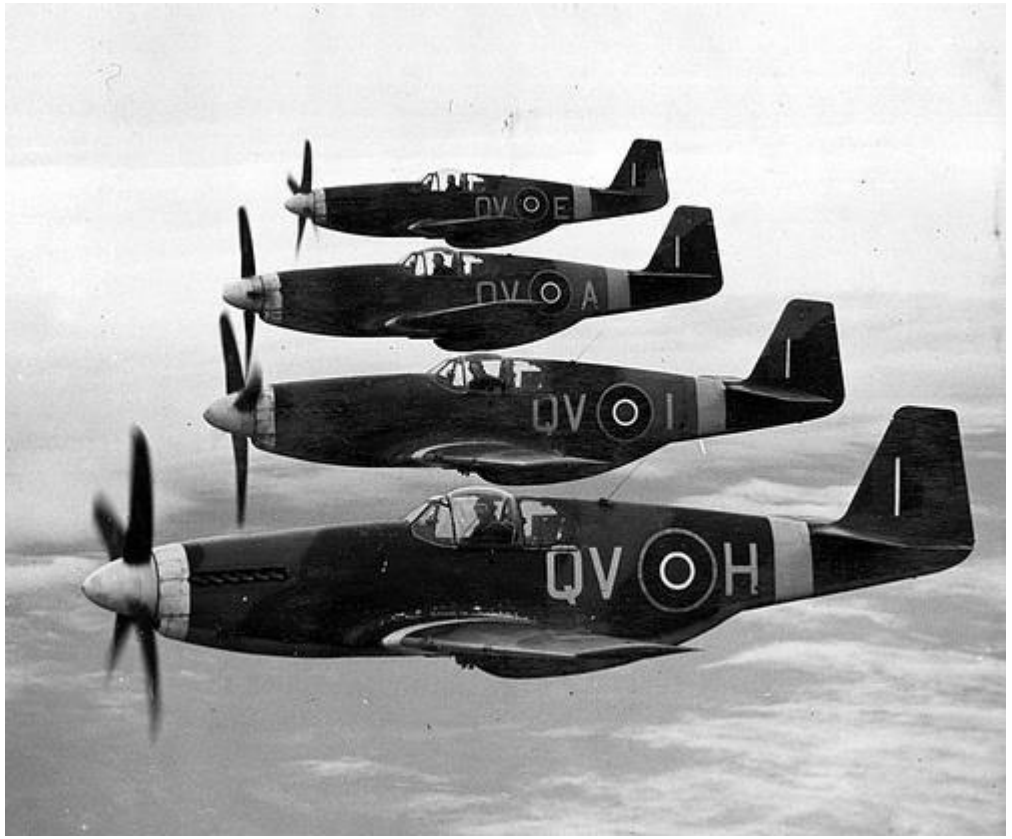
SHP
Strategic Healthcare Partners

Long Term Strategy

1. This is not “just another phase”
2. Care coordination, chronic care management, and HIE **is** the future of healthcare
3. Collaborate
   - “Virtual Groups”
   - Partnerships
   - Clinically Integrate
   - Accountable Care Organization

SHP
Strategic Healthcare Partners

Remember…



SHP
Strategic Healthcare Partners

SHP
Strategic Healthcare Partners

Real World Experience

Common Approaches

- Taking on MIPS alone
- Joining a group of other independent providers:
  - ✓ Independent Physician Association (IPA)
  - ✓ Clinically Integrated Network (CIN)
  - ✓ Physician Hospital Organization (PHO)
- Joining an ACO

SHP
Strategic Healthcare Partners

Case Study A: IPA / CIN

Original Goals of the IPA:

1) Unified approach with payers
2) Enhanced resources to provide constant education and awareness of today's market news
3) Dissemination of best practices
4) Group purchase discounts
5) Lab / Ancillary related purchases

➢FFV Models and MACRA led to the IPA's Evolution….Forming a Clinically Integrated Network (CIN) entity.

SHP
Strategic Healthcare Partners

Case Study A: CIN Approach to MIPS

- CIN created in 2015 to provide necessary infrastructure and legal means to coordinate care among independent physicians.
- Members began questioning how such efforts to support a CIN can also help support MIPS compliance and success.
- CIN performed necessary due diligence for MIPS success factors, gaps in current operations, and how MIPS compliance activities and CIN objectives can support one another.
- Research for grant funding that allowed the CIN to take necessary steps as a group, for education and infrastructure otherwise unaffordable and a strain on resources. Focus areas being population health tool, care coordination, and patient engagement.
- CIN requirements remaining include:
  - ✓ Legal counsel engagement
  - ✓ Clinical workgroups / initiatives
  - ✓ Physician engagement
  - ✓ Accountability mechanism

SHP
Strategic Healthcare Partners

Case Study B: PHO to MIPS

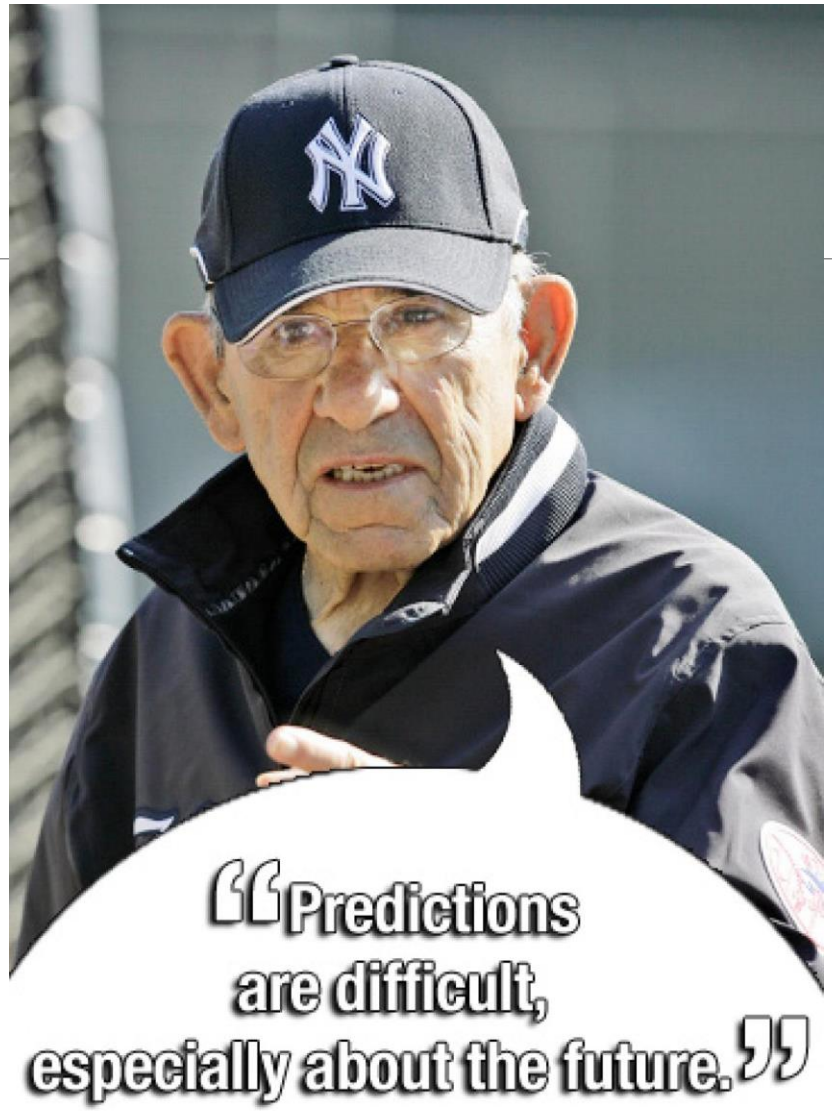
- Rural health system looking to further collaborate with community physicians and other post acute-care entities. Result – PHO formation.
- Entity provided a safeguard and patient outmigration, strengthen position with carriers, and provided physician a larger voice. Furthermore, serves as same structure as CIN's.
- As MIPS came into play, some providers began acting on their own. Confusion, feeling of being overwhelmed, and a sense of lost purpose. Health system provided an anchor for community providers to rally around and tackle MIPS collectively.
- Advantages to the PHO include streamlining care coordination with shared resources, further data integration and analytics, and shared patient engagement resources.

SHP
Strategic Healthcare Partners

MIPS: The Cascade Effect

- Case study commonalities – Community providers collaborating with shared interest. MIPS is the core reason, more coordination and open discussions has been the result.
- Clinically Integrated Networks (CIN) a common theme and structure of such collaboration.
- Key success factors for MIPS and CIN deployment are very similar.
  - ✓ Understanding of reporting capabilities and needs
  - ✓ Physician engagement
  - ✓ Patient engagement
  - ✓ Operational and technology infrastructure
- And many are selecting CIN affiliation for flexibility and to remain genuinely independent.
- Technology and legal fees dominate budgets to deploy new entities.

SHP
Strategic Healthcare Partners



SHP
Strategic Healthcare Partners