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stress not included.

Training • Assessments • Support

Uncharted Waters...

ACI and CPIA -

Acronyms, Slang, or both.



Discuss

Assess

Create

Learning Objectives

1

Discuss-

the translation from previous CMS programs to the new MIPS incentives.

2

Assess-

your practice's ability to meet new objectives, particularly ACI & CPIA standards.

3

Create-

an action plan for discussion within your practice.

Description

It's common for medical professionals to use acronyms and slang to help make sense out of complex terminology.

The **Merit-Based Incentive Payment System (MIPS)** is a new program that combines parts of the **Physician Quality Reporting System (PQRS)**, the **Value Modifier (VM or Value-based Payment Modifier)**, and the **Medicare Electronic Health Record (EHR) incentive program (Meaningful Use)** into one single program.

The following presentation will focus on the two categories with acronyms that have the potential to have a significant impact on practices, and could potentially include a significant amount of slang.





Hello!

I'm Eric Christensen,

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Healthcare Compliance Pros

Don't wait, ask questions...

Too shy? You can also:

Call me at 855-427-0427 or

Email me at eric@hcp.md



Healthcare Compliance Pros

Many years ago, as part of his inaugural address, Franklin D. Roosevelt famously opened with:

“So first of all, let me assert my firm belief that the only thing we have to fear is... fear itself.

- Franklin D. Roosevelt



Historic, Bipartisan Legislation

- 
- **484 members of Congress or 91% voted for MACRA**
 - **Supported by national medical organizations and physicians**
 - **Signed into law April 2015**

Background

In October, 2016 the Department of Health and Human Services (HHS) issued a final rule to implement key provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).



Included in the proposed rulemaking was the framework for the “Quality Payment Program,” which includes two paths:

1. Merit-Based Incentive Payment System (MIPS)
2. Advanced Alternative Payment Models (AAPMs)

Important Terminology

- Under MIPS participants are defined as “**MIPS eligible clinicians**” rather than “MIPS Eligible Professionals (EPs).”
- MIPS eligible clinicians will include **physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and groups that include such clinicians.**
- A “**group**” is defined as a single Taxpayer Identification Number (TIN) with two or more MIPS eligible clinicians, as identified by their individual National Provider Identifier (NPI), who have reassigned their Medicare billing rights to the TIN.

Assessed as a Group

- Under MIPS, clinicians have the option to be assessed as a group across the four MIPS performance categories.
- A group must meet the proposed definition of a group at all times during the performance period for the MIPS payment year.
- In order to have their performance assessed as a group, individual MIPS eligible clinicians within a group must aggregate their performance data across the TIN.
- Under MACRA, solo and small practices may join “virtual groups” and combine their MIPS reporting. Virtual groups will not be implemented during the transition year, but will be in future years of the program.

How do you know if you are subject to MIPS?

1. Letter from CMS

- CMS may have sent a letter to your practice with a list of clinician(s) associated with your TIN, with their National Provider Identifiers (NPI) number(s) and whether they are subject to MIPS.

2. Quality Payment Program Website

- www.qpp.cms.gov

Low Volume Threshold Increase

- CMS notified providers of participation status.
- Transition Year (2017) Threshold was \$30,000 in Medicare Part B allowed charges AND 100 or more Part B beneficiaries.
- Proposed rule increasing Threshold to $\leq \$90,000$ in Part B allowed charges or ≤ 200 Part B beneficiaries
- Other Exclusions may also reduce participation in 2018



I am an Eligible Clinician, what next?

DON'T PANIC!
DON'T FEAR!



2017 is a MIPS Transition Year

Pick your pace options, include:

- Test
- 90 Days
- Full year

Year 2 of MIPS

CY 2018 Updates to the Quality Payment Program



- Check Your Eligibility at <https://qpp.cms.gov/>
- Proposed Rule published on June 20, 2017
- Comment Period closed August 21, 2017
- May be less burdensome for clinicians

Virtual Group Proposal



- New reporting option for the 2018 performance year
- Combination of a solo practitioner(s) or a group with 10 or fewer eligible clinicians
- Must submit a written agreement to CMS by December 1 prior to performance period
- Virtual Group with other solo practitioners or groups of 10 or fewer eligible clinicians regardless of location or specialties

Complex Patients

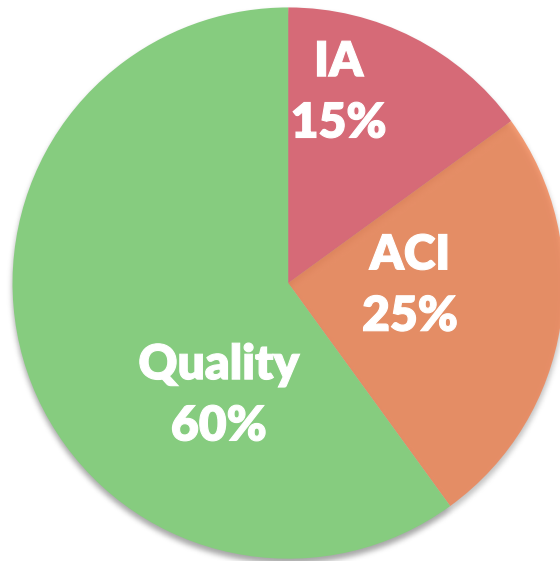


- CMS is proposing a one-time special consideration for eligible clinicians who care for complex patients in 2018
- CMS proposed bonus points of up to 3% for complex patients

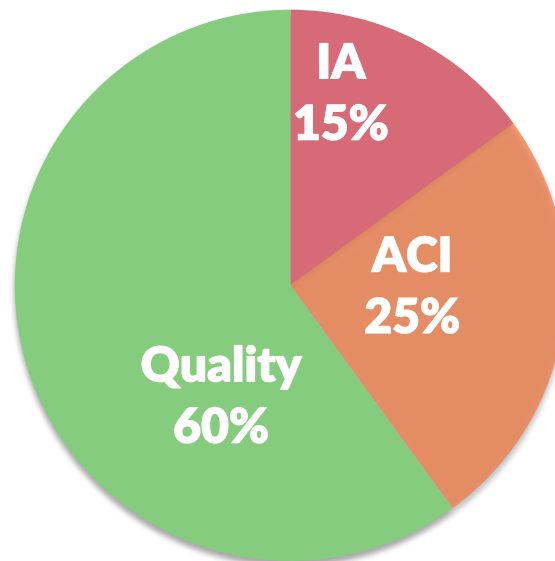
Category Weights

Costs will slowly become larger and quality will become smaller

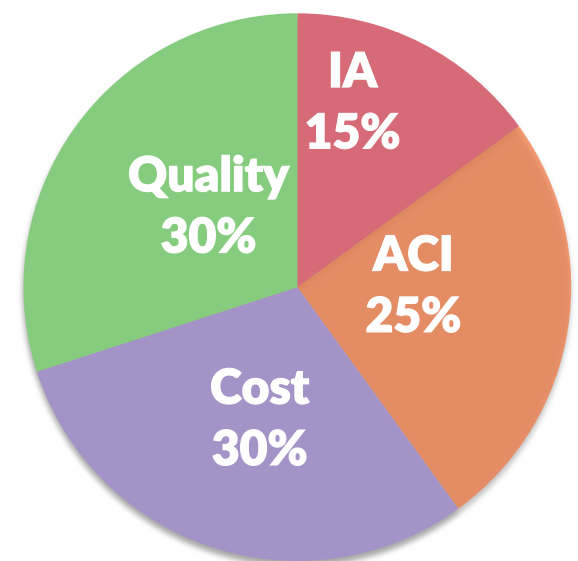
2017



2018



2019



- Category weights are fixed by statute for the first two years of the payment adjustment
- 2019 Cost could increase from 0% to 30%

Emphasis on Quality

- **Quality makes up 60% of 2017 MIPS Performance Score**
- **Quality replaces PQRS**
- **Several PQRS measures are also part of MIPS**
- **Specialty Measure Set**
- **Consider reporting on six measures**

“Our goal with **Advancing Care Information** is to support the vision of a simpler, more connected, less burdensome technology. Compared to the existing Medicare Meaningful Use program for physicians, the new approach increases flexibility, reduces burden, and improves patient outcomes.”

– *Andy Slavitt & Dr. Karen DeSalvo*



Transition: 2014 or 2015 CEHRT



- Transition year could use 2014 Certified Electronic Health Record Technology (CEHRT) or 2015 CEHRT
- CMS will continue to allow the use of 2014 CEHRT in 2018
- Will encourage the use of 2015 CEHRT in 2018

So, when do I perform an SRA? (Security Risk Assessment)

Joe, an eager practice administrator has been tasked with making sure all providers of the practice are ready to report information gathered for 90 days.

Joe knows he must perform a Security Risk Analysis (SRA) and previously for Meaningful Use purposes, the SRA was required to be reported during the reporting period.

For 2017, Joe performed a SRA in March of 2017. Joe is currently gathering his data for MIPS purposes. He wonders, **will I need to perform or review my SRA again?**

But, what if I don't have a Certified EHR...

So what if you don't have Certified Electronic Health Records Technology (CEHRT)? What happens to you ACI score?

- Under MIPS, you can apply for a Hardship Exception if you don't have CEHRT. Important to note, simply lacking CEHRT does not qualify the MIPS eligible clinician or group for reweighting.
- CEHRT is required for participation in the ACI category of the QPP.
- ACI score can be reweighted to 0 percent of the final score.

What about Advancing Care Information?

**Think less burdensome version of Meaningful Use
Makes up 25% of MIPS Performance Score**

May choose between two measure sets:

- Advancing Care Information Objectives and Measures
- 2017 Advancing Care Information Transition Objectives and Measures
- We expect most to opt for 2017 Transition Objectives and Measures
- Will depend on certification of EHR technology
- Make sure you perform a Security Risk Analysis

Improvement Activities

- Improvement activities weighted as “high” are worth up to 20 points each; “medium”-weighted measures are worth up to 10 points each.
- In CY 2017, the number of activities required to achieve full credit is four medium-weighted or two high-weighted activities.
- If one eligible clinician (EC) in your group can attest to completing an improvement activity, the entire group may count in towards improvement activity reporting requirements.
- You may earn additional bonus points in the Advancing Care Information category for using certified electronic health record technology (CEHRT) when performing certain improvement activities.

Why CPIA?

- 92 activity option to choose from
- Improvement activities are reported by attestation.
- Improvement Activities make up a total of 15% of a ECs performance score.
- ACI score can be reweighted to 0 percent of the final score.

How to Succeed at CPIA

1. Strive for 40 points (e.g. 2 high-weighted measures; 1 high and 2 medium, etc.)
2. Choose one or more measures that help you achieve ACI bonus points (e.g. Expanded Practice Access).
3. Select activities your practice may already be doing, but would like to formalize the process (e.g. you might already have a provider who is available after-hours; now just document and formalize the process).
4. Consider activities that are applicable to and/or would benefit your practice.
5. Maintain documentation of when you started the measure and steps you took while working on the measure.

Flexibility in Submissions

In the transition year you should only choose 1 submission mechanism per performance category:

- Quality
- Advancing Care Information
- Improvement Activities
- Cost - not required in 2017 & 2018

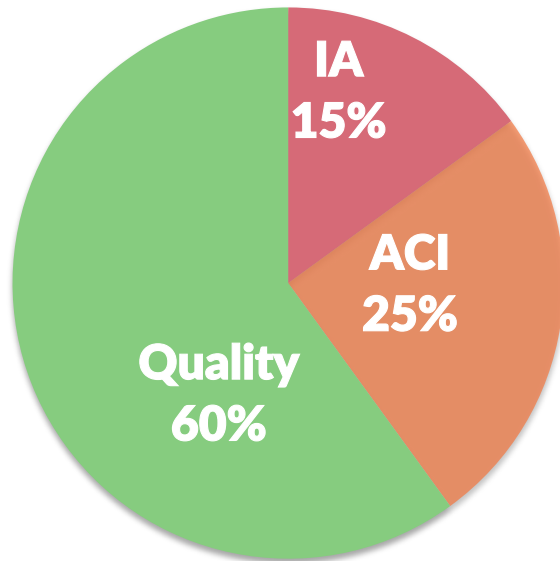
In 2018 permissions will include multiple submission mechanisms offering greater flexibility.



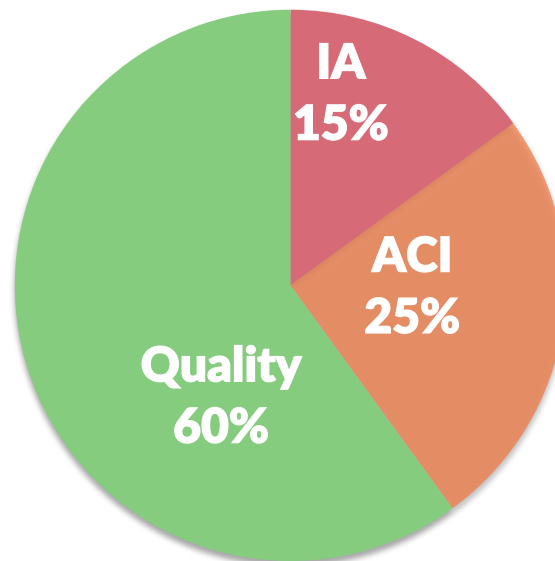
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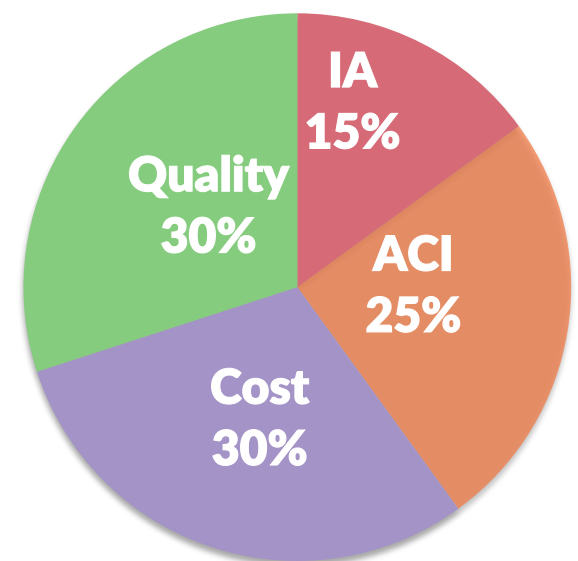
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CONCLUSION

- In 2017 and in 2018 you can participate in MIPS without fear
- 2017 was transitional and so is 2018
- In 2018 more providers will be excluded
- However, more clinicians who are eligible to participate are expected to actively participate in the Quality Payment Program
- It is beneficial to work with MIPS specialists who understand the program

Didn't get to ask your question...

You can also:

Call me at 855-427-0427 or

Email me at eric@hcp.md



Healthcare Compliance Pros

HCP and MIPS Plus

HCP recognizes, that in the ever-changing, burdensome world of CMS physician payment programs, you might need extra education and support. Our MIPS Plus program provides both exclusive educational materials and leading edge tools to help your organization achieve success in CMS' MIPS program.



To learn more, call 855-427-0427 or email us at support@hcp.md

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All Slides below are being deleted

Not Eligible? Consider Voluntary Participation

- CMS had said excluded providers can voluntarily participate
- Not subject to a positive or negative payment adjustment
- Will receive feedback on data

Cost is becoming a bigger factor

Even though MIPS scoring for 2018 will be:

- Quality: 60%
- Cost: 0%
- ACI: 25%
- Improvement Activities: 15%

In 2019, Cost would increase to 30% of performance score