MACRA Readiness: Understanding and Preparing for Key Changes Under MIPS
Learning Objectives

1. Identify the key financial and reputational impacts of MIPS on healthcare operations
2. Explain how MIPS is scored
3. Identify major APM models and rules
4. Describe best practices for preparing to succeed under MIPS
Agenda

• About Us

• MACRA Quality Payment Program (QPP) Overview

• MIPS 101

• APM 101

• How to Prepare for MIPS

• Q & A
About Us
Dawn Nee is Executive Director of LMMER (Lawrence Melrose Medical Electronic Record) at Hallmark Health System in Medford, Massachusetts. She has been in this role for six years and manages all aspects of the ambulatory SaaS model Electronic Medical Record for 200+ employed and private physicians affiliated with Hallmark Health. Previously, Dawn worked as Director of Software Development at GE Healthcare IT/IDX and managed the Centricity Business EDI & Interoperability engineering teams. Prior to GE Healthcare, she served as an Applications Analyst for Partners Healthcare and a Practice Manager for a multi-specialty health center affiliated with St. Elizabeth’s Medical Center. Dawn earned her Bachelors degree from The George Washington University and her MPH from Boston University.
Tom S. Lee, PhD
Founder & CEO
SA Ignite

Tom is a serial entrepreneur and leading expert in healthcare value-based programs such as MIPS, MACRA, Meaningful Use, and PQRS. He is the father of two small children and after a frightening personal healthcare experience, his concern for their future in the world inspired him to create a company that matched his personal passion: driving innovation in the public healthcare system. Leveraging its cloud-based physician performance analytics and reporting platform, SA Ignite has grown to serve 15,000+ physicians in 80+ healthcare organizations. Tom is a member of the Young Presidents’ Organization and earned a Bachelor of Science with Distinction in Physics from Stanford, a PhD in Physics from U.C. Berkeley where he was a National Science Foundation Fellow, and an MBA with Distinction from the Kellogg School of Management at Northwestern University.
About SA Ignite

We help healthcare organizations simplify complex value-based programs.

15,000+ providers, 80+ organizations
IgniteQ Platform: Program Management & Analytics to Optimize QPP Participation
About Hallmark Health System and LMMER

**Hallmark Health** is a comprehensive system of community hospitals, outpatient centers, primary care and specialist physician practices, along with VNA and hospice programs serving more than 13 communities in north suburban Boston.

**LMMER** is a joint venture corporation between Hallmark Health System and the affiliated private and employed physicians to provide a shared electronic medical record system. There are 240 providers across more than 21 specialties on a shared GE Centricity platform. Other than 1 large employed group the practice size is <5 providers.
MACRA QPP Overview
The MACRA Quality Payment Program (QPP)

Largest Change in a Generation to Medicare Part B Reimbursement

Bi-partisan support
- Passed 92-8 by Senate and 392-37 by House

Volume Value
- Shifts incentives from volume to value of care

Complex programs
- Introduces complex, multi-program rules and scoring

Dual Impacts
- Amplifies both financial and reputational impacts

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QPP Programs-at-a-Glance

For CY2017, out of 1.3M Part B clinicians CMS projects*:

- ~600,000 MIPS eligible clinicians
- ~100,000 Advanced APM clinicians

*QPP Final Rule
MIPS 101
## 2017 MIPS Categories & Scoring
(QPP Final Rule)

### Scoring Model

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Use (Cost)</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Practice Improvement Activities</td>
<td>15</td>
</tr>
<tr>
<td>Advancing Care Information (Meaningful Use)</td>
<td>25</td>
</tr>
<tr>
<td>Quality (PQRS/VBM)</td>
<td>60</td>
</tr>
</tbody>
</table>

- **Resource Use (Cost)**: 0 POINTS
- **Clinical Practice Improvement Activities**: 15 POINTS
- **Advancing Care Information (Meaningful Use)**: 25 POINTS
- **Quality (PQRS/VBM)**: 60 POINTS

- Creates **100-point** system to increase and consolidate financial impacts
- Ranks peers nationally, and reports scores publicly
- 2017 weightings put 85% in the Quality and ACI categories
- Resource Use is 0 for 2017, but will be scored in 2018+

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MIPS Participation

Individual
NPI

Group
A group of clinicians, as defined by taxpayer identification number (TIN), assessed as a group across all MIPS performance categories

APM Entity Group
A collection of entities participating in an Alternative Payment Model
Winners and Losers:
Budget-Neutrality Means Penalties
Fund Incentives

<table>
<thead>
<tr>
<th>Performance Year</th>
<th>Incentive</th>
<th>Penalty</th>
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</thead>
<tbody>
<tr>
<td>2017</td>
<td>+4%</td>
<td>-4%</td>
</tr>
<tr>
<td>2018</td>
<td>+5%</td>
<td>-5%</td>
</tr>
<tr>
<td>2019</td>
<td>+7%</td>
<td>-7%</td>
</tr>
<tr>
<td>2020</td>
<td>+9%*x onward</td>
<td>-9%*x onward</td>
</tr>
</tbody>
</table>

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Plus: “Exceptional Performance Bonus” of up to 10% ($500M/year pool)
Example: CY2018 Financial Risk

$2M payment swing for every $10M in Part B payments

*$Assumes 1X multiplier on base incentive plus 10% maximum Exceptional Bonus
Every MIPS Point Counts

“The Accelerating MIPS Treadmill”: PT increases year-over-year as national peers improve.
2017 MIPS Payment Adjustment Versus MIPS Points

CMS sample estimate from QPP Final Rule, p1282-1286. Actual could be higher or lower depending on score and Part B $ distributions.

- Avoid a penalty by reporting at least one measure from any category
- Min 90-day performance period allowed and can earn up to 100 points
MIPS Reputational Impact

Where could the scores be published?

- Physician Compare
- Healthgrades.com
- Amino.com
- Consumer Reports
- Yelp
- Angie’s List

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A Timing Issue: Final MIPS Score Unknown Until After the Year is Over

CMS publishes complete MIPS report card 9+ months after performance year ends

Predicting the MIPS score is critical to continuous improvement and success.
MIPS Score & Payment Adjustment Attached to Clinicians For 2 Years

EXAMPLE:

2017 2018 2019 - 2020

- Provider credentialing, contracting and compensation
- Reputational impact lasts 2 years
- Commercial payers likely to leverage MIPS scores
Discussion
MIPS Performance Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Clinical Practice Improvement</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Resource Use</td>
<td>0%</td>
<td>10%</td>
</tr>
</tbody>
</table>

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Quality

- Quality: 60%
- Advancing Care Information: 25%
- Clinical Practice Improvement Activities: 15%
- Resource Use: 0%

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How Quality Scoring Works

PERFORMANCE SCORE

60-70 points

• Each measure scored relative to benchmark, e.g., 40th decile = 4 points
• 3 point minimum

BONUS POINTS

Up to 10%

• End-to-end electronic reporting
• High priority measures
• CAHPS for MIPS

COMPOSITE SCORE

Earn 60/70 or more points and receive full 60 points in the Quality Category of MIPS Composite Score

Takeaway: Past success avoiding PQRS/VBM penalties does not mean penalties will be avoided under MIPS.
ACI: Finalized Changes

- Medicaid EHR Incentive Program remains a separate program with separate reporting
- Submission methods remain the same
- 90-day reporting in 2017 and 2018 (to support CEHRT upgrade)
- Starting January 1, 2017, must attest for Medicare and Medicaid MU to cooperate with surveillance of CEHRT by ONC and good faith CEHRT implementation that does not inhibit health information exchange nor exhibit information blocking
New Advancing Care Information Scoring

Takeaway: Past high MU compliance does not assure a high ACI score.

Real Example: 97% past MU compliance but ACI score only 78%
Clinical Practice Improvement Activities (CPIA)

- Quality: 60%
- Advancing Care Information: 25%
- Clinical Practice Improvement Activities: 15%
- Resource Use: 0%

2017
Clinical Practice Improvements

- 94 activities available across 8 categories
- Each activity worth 20 or 10 points
- Activity must be implemented at least 90 days
- Automatic points for certain medical home models and alternative payment models (APMs)

**Categories:**

- Expanded Practice Access (4)
- Beneficiary Engagement (24)
- Achieving Health Equity (5)
- Population Management (16)
- Patient Safety and Practice Assessment (21)
- Emergency Preparedness and Response (2)
- Care Coordination (14)
- Integrated Behavioral and Mental Health (8)
Anticipated CPIA Pain Points
From the Field

• Selecting “the best” activities for each provider or TIN

• Capturing audit documentation and facts supporting 90-day activity periods (subject to audit for 10 years)

• CPIA data submission, e.g. attesting for hundreds of providers
Resource Use (Cost)

- Quality: 60%
- Advancing Care Information: 25%
- Clinical Practice Improvement Activities: 15%
- Resource Use: 0%

2017
Resource Use Overview

• Cost measures
  – Inherits measures from Value-Based Modifier (QRUR)
  – New! Episode-based measures for Part A and Part B spending, e.g. pneumonia

• Patients attributed based on primary care services

• Total Part A and B $ for attributed patients scored against national benchmarks

• MIPS weight increases from 0% (2017) to 30% (2019)
Discussion
APM 101
Overview of APMs

• APMs are alternative payment models created by CMS

• Advanced APMs, eligible for 5% annual Part B bonus & MIPS exemption, must meet additional requirements:
  – Require participants to use CEHRT
  – Payment based on quality measures comparable to those under MIPS
  – Bear sufficient financial risk for reimbursement losses
Advanced APMs

2017 Advanced APMs

- MSSP Track 2
- MSSP Track 3
- Next Generation ACO
- CPC+
- Comprehensive ESRD Care Model

2017 Participation Thresholds

- 25% Part B Payments
- 20% Part B Patients
- 5% Part B Bonus Payment & MIPS Exemption
More on APMs

• All clinicians inherit the APM entity’s (e.g. ACO’s) MIPS score

• Advanced APMs:
  • Estimated 20 – 25% of Part B clinicians to participate in Advanced APMs in 2018
  • Announced MSSP ACO Track 1+ that will qualify as an Advanced APM in 2018
  • CMS plans to reopen current models to allow more participants

• MIPS APMs (e.g. MSSP ACO Track 1) follow the MIPS APM scoring standard
Some APM Clinicians are Also Subject to Full or Constrained MIPS

MACRA

MIPS

APMs

Advanced APMs

For clinicians in APM entities “insufficiently participating” in Advanced APMs:

- MSSP Track 2/3,
- NextG ACO, CPC+,
- CEC (LDO), OCM (2-sided),…

Non-Advanced APMs

For clinicians in all APM entities:

- MSSP Track 1,
- CEC (non-LDO), OCM (1-sided),…

- CJR, BPCI,…

MIPS APMs (constrained MIPS)

Full-MIPS APMs
Discussion
How to Prepare for MIPS
Key Steps to Prepare for MIPS

1. Educate your organization, particularly the C-suite

2. Estimate MIPS score to identify gaps and best improvement opportunities

3. Optimize MU and PQRS (85% of 2017 score)

4. Evaluate staff, resources and organizational structure
Proposed Rule Released………..
What We Have Done so Far

1. Found great partners, such as SA Ignite and Advisory Board to help us navigate this program
2. Obtained the physician’s QRUR Reports
3. Analyzed the quality data throughout 2016
4. Communicated to leadership to start dialog regarding the program
5. Attended every webinar offered to learn the program
6. Started to think about & understand the plan for GPRO/Individual or ACO reporting
# 2016 TIN Quarterly Leverage Analysis

## Measure Codes

<table>
<thead>
<tr>
<th>Standard Code</th>
<th>Measure Title</th>
<th>Quality Domain</th>
<th>Max SQCS</th>
<th>Change in SQCS</th>
<th>Original Performance Rate</th>
<th>Performance Rate Rest of Year</th>
<th>Max Full Year Performance Rate</th>
<th>Projected Number of Workdays Needed to Reach Goal</th>
<th>Denominator (remainer of year)</th>
<th>Projected vs Stretched Num / Denom</th>
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<tbody>
<tr>
<td>CMS182v5</td>
<td>Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control</td>
<td>ECC</td>
<td>0.598</td>
<td>0.036</td>
<td>58.06%</td>
<td>61.02%</td>
<td>65.99%</td>
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<td>2</td>
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<tr>
<td>CMS25</td>
<td>Chronic Conditions Composite</td>
<td>CCC</td>
<td>0.597</td>
<td>0.035</td>
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<td>15.82%</td>
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<td>1</td>
<td>1</td>
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<td>CMS125v4</td>
<td>Breast Cancer Screening</td>
<td>ECC</td>
<td>0.595</td>
<td>0.033</td>
<td>67.07%</td>
<td>98.58%</td>
<td>77.95%</td>
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<td>2</td>
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<td>CMS3</td>
<td>All-Cause Hospital Readmissions</td>
<td>CCC</td>
<td>0.595</td>
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<td>13.18%</td>
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<td>1</td>
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<tr>
<td>CMSI</td>
<td>Acute Conditions Composite</td>
<td>CCC</td>
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<td>0.023</td>
<td>4.11%</td>
<td>0.00%</td>
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<td>CAVS005</td>
<td>Documentation of Current Medications in the Medical Record</td>
<td>PS</td>
<td>0.586</td>
<td>0.004</td>
<td>94.66%</td>
<td>100.00%</td>
<td>99.05%</td>
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<td>10</td>
<td></td>
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<tr>
<td>CMS123v4</td>
<td>Diabetes: Foot Exam</td>
<td>ECC</td>
<td>0.562</td>
<td>0.000</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>1</td>
<td>1</td>
<td></td>
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</table>

### Stretch 1.5 Standard Deviations Above Measure Benchmark

- Max SQCS
- Change in SQCS
- Original Performance Rate
- Performance Rate Rest of Year
- Max Full Year Performance Rate
- Projected Number of Workdays Needed to Reach Goal
- Denominator (remainer of year
- Projected vs Stretched Num / Denom

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<th>Change in SQCS</th>
<th>Original Performance Rate</th>
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<th>Max Full Year Performance Rate</th>
<th>Projected Number of Workdays Needed to Reach Goal</th>
<th>Denominator (remainer of year)</th>
<th>Projected vs Stretched Num / Denom</th>
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<tr>
<td>0.604</td>
<td>0.045</td>
<td>53.08%</td>
<td>67.55%</td>
<td>68.24%</td>
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<td>2</td>
<td>218/311</td>
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<td>0.045</td>
<td>45.38%</td>
<td>6.61%</td>
<td>32.00%</td>
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<td>1</td>
<td>54/119</td>
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<tr>
<td>0.504</td>
<td>0.034</td>
<td>67.07%</td>
<td>100.00%</td>
<td>72.64%</td>
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<td>2</td>
<td>214/273</td>
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<tr>
<td>0.604</td>
<td>0.046</td>
<td>14.71%</td>
<td>12.56%</td>
<td>13.07%</td>
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<td>1</td>
<td>5/34</td>
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<tr>
<td>0.503</td>
<td>0.023</td>
<td>4.11%</td>
<td>0.00%</td>
<td>2.69%</td>
<td>1</td>
<td>0</td>
<td>9/219</td>
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<tr>
<td>0.504</td>
<td>0.004</td>
<td>94.66%</td>
<td>100.00%</td>
<td>99.05%</td>
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<td>10</td>
<td>2399/2434</td>
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<td>0.562</td>
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<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>1</td>
<td>1</td>
<td>129/129</td>
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Final Rule is Out........
Now What?

1. Understand the changes in the final rule – continue to attend webinars
2. Bring in leadership and operations for education & planning – discussion of organization structure & support
3. Categorize providers (pick pace/IP/GPRO/ACO & submission methods)
   - Remember must report in the same way across each TIN & across MIPS components - Medicare & Medicaid requirements in reporting
4. Analyze Quality Data Reporting & Plan for changes in ACI Measures & reporting, including thoughts about Registry Reporting (CDC Registry)
5. Operationalize sharing the quality data & improvement opportunities with physician offices
6. Determine if there is value in not submitting for all providers due to quality score values
7. Think about changes to physician contracting & bringing new physicians on board – physicians coming with penalties
8. Physician communication & staff training – only share what they need to actually do to meet the program – don’t overwhelm with details
Final Rule is out........

Hallmark Concerns

1. Implications for non face-to-face providers & hospital based providers and providers not on the LMMER EMR who are affiliated with Hallmark Health System

2. Employed Physicians & 11 Private PCPs joining NEQCA ACO (MSSP Track 1) vs Individual Reporting Plans for other LMMER providers – do we continue quality monitoring for the ACO providers?

3. Non-PCMH Certified/Non-ACO practices and CPIA

4. New physician penalty baggage

5. Medicaid vs Medicare Programs

6. MU was mostly IT led; implications to the participation needed from an operational standpoint
2. Estimate Your MIPS Score:
SAI’s MIPS Readiness Assessment

- Qualitative & quantitative analysis of Client’s MIPS Readiness
  - Assessment of people, processes, & infrastructure impacted by MIPS
  - Analysis and calculation of ACI, Quality, CPIA, and MIPS score baselines and improvement opportunities

<table>
<thead>
<tr>
<th>GRADE</th>
<th>ESTIMATED SCORE</th>
<th>FINANCIAL IMPACT</th>
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<tbody>
<tr>
<td>B</td>
<td>64</td>
<td>$1M</td>
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</table>

Summary
3. Example of PQRS Optimization:
Selection of PQRS Reporting Method Can Greatly Impact Quality Scores
### 3. Example of PQRS Optimization:

**PQRS Assistant – Quality Score Scenario Analysis**

![monitor_performance](image)

#### VBM PERFORMANCE

<table>
<thead>
<tr>
<th>AQCS</th>
<th>SQCS</th>
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<tbody>
<tr>
<td>GPRO: submitt C...</td>
<td>-44</td>
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<tr>
<td>BASELINE-GPRO</td>
<td>-62</td>
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<tr>
<td>BASELINE-IP</td>
<td>-62</td>
</tr>
<tr>
<td>GPRO: include C...</td>
<td>-65</td>
</tr>
</tbody>
</table>

#### QUALITY DOMAINS

- Care Coordination: -46
- Clinical Process/Effectiveness: (4) -23
- Efficient Use of Health Resources: N/A
- Patient Safety: (1) -83
- Patient and Family Engagement: N/A
- Population/Public Health: (1) N/A

<table>
<thead>
<tr>
<th>Measure</th>
<th>Performance</th>
<th>Std. Score</th>
<th>Performance with Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS131v3 Diabetes Mellitus (DM): Diabetic Eye Exam</td>
<td>90.4%</td>
<td>0.17</td>
<td>90.4%</td>
</tr>
<tr>
<td>CMS122v3 Diabetes Mellitus (DM): Hemoglobin A1c Poor Control</td>
<td>11.4%</td>
<td>N/A</td>
<td>No benchmark exists for this measure</td>
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<tr>
<td>CMS28v2 Maternal Depression Screening</td>
<td>57.1%</td>
<td>N/A</td>
<td>No benchmark exists for this measure</td>
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<tr>
<td>CMS135v3 Preventive Care and Screening: Breast Cancer Screening</td>
<td>28.8%</td>
<td>N/A</td>
<td>No benchmark exists for this measure</td>
</tr>
<tr>
<td>PQRS041 Osteoporosis: Pharmacologic Therapy for Men and Women...</td>
<td>37.3%</td>
<td>-0.63</td>
<td>37.3%</td>
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<tr>
<td>CMS68v4 Documentation of Current Medications in the Medical Record...</td>
<td>67.6%</td>
<td>-0.63</td>
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<tr>
<td>CMS22v3 Preventive Care and Screening: Screening for High Blood Pressure...</td>
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<td>-0.83</td>
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<tr>
<td>CMS130v3 Preventive Care and Screening: Colorectal Cancer Screening...</td>
<td>21.1%</td>
<td>-0.84</td>
<td>21.1%</td>
</tr>
</tbody>
</table>
4. Evaluate: Staff, Resources & Organizational Structure

• Factor MIPS staff and resources into the CY2017 budget
  – Clinicians need to be educated and engaged
  – New performance score needs to be monitored and managed
  – Data submission options need to be vetted and resourced

• Combine MU (ACI) & PQRS efforts under a single leader for MIPS
  – MU often under CIO, whereas PQRS often under CQO/VP Quality
  – Enables cross-category tradeoffs so as to maximize MIPS score with least effort
MIPS Summary

• The financial stakes of MIPS are very high

• Penalties fund the incentives for the winners

• Every MIPS point counts

• Past success in MU or PQRS/VBM does not guarantee a high MIPS score nor avoiding MIPS penalties

• There are things you can do now to prepare for MIPS
Q & A

www.saignite.com/mips-solutions