Public health’s interests in the proposed MIPS and APM incentive for the MACRA

The Joint Public Health Forum & CDC Nationwide Call
June 16, 2016, 3:00 – 4:00 PM EDT

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Disclaimers

1. This is not a presentation by federal employees
2. This is not a listening session
3. This will be strictly from a public health perspective, specifically as it regards the assessment function
4. The speakers did not write the NPRM nor are have the fully mastered
Purpose and Objectives

Discuss the potential effect that proposed rules for the Merit-based Incentive Payment System (MIPS) and incentives for alternative payment models (APM) of the MARCA may have on the reporting of public health data from healthcare providers to public health agencies.

By the end of the webinar, the audience will be able to:

1. Identify the proposed MIPS and APM provisions that regard or may effect public health information and data reporting from Certified Electronic Health Record Technologies (CERHTs) to public health agencies
2. Describe the potential impacts of the the above mentioned proposals on essential public health services; e.g., assessment and assurance
3. Discuss initial thoughts regarding benefits, concerns and alternatives to the above mentioned proposals
4. Identify questions about the proposed MIPS and APM rules for further exploration and discussion
Schedule

1. What does this NPRM regard, who does it effect, and when will it take effect?
2. Why should I—as a public health professional—care about it?
3. Are the possible effects inconsequential, beneficial, or concerning to my agency’s capabilities?
4. Discussion
   a. Clarify proposals
   b. Explore alternatives
The MACRA’s MIPS & APMs

“What does this NPRM regard, who does it effect, and when will it take effect?”
CMS NPRM
Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models

**Quality Payment Program**

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- **Provides incentive payments** for participation in Advanced Alternative Payment Models (APMs)

**The Merit-based Incentive Payment System (MIPS)**
- **First step to a fresh start**
- **We’re listening and help is available**
- **A better, smarter Medicare for healthier people**
- **Pay for what works to create a Medicare that is enduring**
- **Health information needs to be open, flexible, and user-centric**

**Advanced Alternative Payment Models (APMs)**

Source: CMS, Advancing Care Information Presentation
CMS NPRM
Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models

MACRA moves us closer to meeting these goals...

The new Merit-based Incentive Payment System helps to link fee-for-service payments to quality and value.

The law also provides incentives for participation in Alternative Payment Models in general and bonus payments to those in the most highly advanced APMs.

New HHS Goals:

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<th>2016</th>
<th>2018</th>
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<td>30%</td>
<td>50%</td>
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<td>85%</td>
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3 goals for our health care system:

- BETTER care
- SMARTER spending
- HEALTHIER people

Via a focus on 3 areas:

- Incentives
- Care Delivery
- Information Sharing

Merit-based Incentive Payment System (MIPS)

Who?

**Who Will Participate in MIPS?**

Affected clinicians are called “MIPS eligible clinicians” and will participate in MIPS. The types of Medicare Part B eligible clinicians affected by MIPS may expand in future years.

**Physicians (MD/DO and DMD/DDS), PAs, NPs, Clinical nurse specialists, Certified registered nurse anesthetists**

**Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals**

**Who will NOT Participate in MIPS?**

There are 3 groups of clinicians who will NOT be subject to MIPS:

1. **FIRST year of Medicare Part B participation**
2. **Below low patient volume threshold**
3. **Certain participants in ADVANCED Alternative Payment Models**

Note: MIPS does not apply to hospitals or facilities

Source: CMS, Advancing Care Information Presentation
Merit-based Incentive Payment System (MIPS)

Who?

Note: Most clinicians will be subject to MIPS.

PROPOSED RULE
MIPS: Eligible Clinicians

Eligible Clinicians can participate in MIPS as an:

- Individual
- Group

Some people may be in Advanced APMs but not have enough payments or patients through the Advanced APM to be a QP.

A group, as defined by taxpayer identification number (TIN), would be assessed as a group practice across all four MIPS performance categories.

Note: "Virtual groups" will not be implemented in Year 1 of MIPS.

Source: CMS, Advancing Care Information Presentation
## Timeline

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<td>0.5</td>
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<td>0</td>
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<td>Maximum MIPS Payment Adjustment (+/-)</td>
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<td>Resource Use</td>
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<td>Clinical Practice Improvement Activities</td>
<td>4%</td>
<td>5%</td>
<td>7%</td>
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<td>Meaningful Use of Certified EHR Technology</td>
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<td>PQRS, Value Modifier, EHR Incentives</td>
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<td><strong>Eligible APMs</strong></td>
<td>Qualifying APM Participant</td>
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<td>5% Incentive Payment</td>
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*Qualifying APM conversion factor
**Non-qualifying APM conversion factor
Promoters of public health reporting in MIPS

“Why should I—as a public health professional—care about it?”
MIPS replaces parts of meaningful use

For only Medicare eligible clinicians, MIPS includes provisions for...

1. Use of certified electronic health record technologies (CEHRT)
   - 2014 ed and 2015 ed

2. Some, but not all, meaningful use objectives and measures
   - Stage 2 and Stage 3
   - Including all public health reporting measures

3. Alignment with 2015 – 2017 modified and Stage 3 timelines
MIPS Composite Performance Score (CPS)
Promoter of public health reporting thru impact on Medicare reimbursement rates

PROPOSED RULE
MIPS: Calculating the Composite Performance Score (CPS) for MIPS

A single MIPS composite performance score will factor in performance in 4 weighted performance categories on a 0-100 point scale:

- Quality
- Resource use
- Clinical practice improvement activities
- Advancing care information

MIPS Composite Performance Score (CPS)

The CPS will be compared to the MIPS performance threshold to determine the adjustment percentage the eligible clinician will receive.

How much can MIPS adjust payments?

Based on a CPS, clinicians will receive +/- or neutral adjustments up to the percentages below.

<table>
<thead>
<tr>
<th>Adjustment %</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022 onward</th>
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<tbody>
<tr>
<td>+4%</td>
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<td>-5%</td>
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<tr>
<td>+7%</td>
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<td>-9%</td>
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<td>-4%</td>
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<td>-5%</td>
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<tr>
<td>-7%</td>
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Adjusted Medicare Part B payment to clinician

The potential maximum adjustment % will increase each year from 2019 to 2022

Source: CMS, Advancing Care Information Presentation
MIPS Composite Performance Score (CPS)
Promoter of public health reporting by impact on Medicare reimbursement rates

**Year 1 Performance Category Weights for MIPS**

- **Cost**: 10%
- **Quality**: 50%
- **Clinical Practice Improvement Activities**: 15%
- **Advancing Care Information**: 25%

**PROPOSED RULE**
MIPS: Performance Category Scoring

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Maximum Possible Points per Performance Category</th>
<th>Percentage of Overall MIPS Score (Performance Year 1 - 2017)</th>
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<tbody>
<tr>
<td>Quality</td>
<td>80 to 90 points depending on group size</td>
<td>50 percent</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>100 points</td>
<td>25 percent</td>
</tr>
<tr>
<td>Clinical Practice Improvement Activities</td>
<td>60 points</td>
<td>15 percent</td>
</tr>
<tr>
<td>Cost</td>
<td>Average score of all cost measures that can be attributed</td>
<td>10 percent</td>
</tr>
</tbody>
</table>

Source: CMS, Advancing Care Information Presentation
MIPS Composite Performance Score (CPS)

Thru ACI - Promoter of public health reporting by impact on Medicare reimbursement rates
MIPS Composite Performance Score (CPS)

*Via ACI* - Promoter of public health reporting by impact on Medicare reimbursement rates

**PROPOSED RULE**

**MIPS: Advancing Care Information**

**Base Score**

CMS proposes six objectives and their measures that would require reporting for the base score:

- Protect Patient Health Information (yes required)
- Electronic Prescribing (numerator/denominator)
- Patient Electronic Access (numerator/denominator)
- Coordination of Care Through Patient Engagement (numerator/denominator)
- Health Information Exchange (numerator/denominator)
- Public Health and Clinical Data Registry Reporting (yes required)

**THE PERFORMANCE SCORE**

The performance score accounts for up to 80 percentage points towards the total Advancing Care Information category score.

Physicians select the measures that best fit their practice from the following objectives, which emphasize patient care and information access:

- Patient Electronic Access
- Coordination of Care Through Patient Engagement
- Health Information Exchange

Immunization registry reporting

Source: CMS, Advancing Care Information Presentation
MIPS Composite Performance Score (CPS)

Via ACI - Promoter of public health reporting by impact on Medicare reimbursement rates

**PROPOSED RULE**

**MIPS: Advancing Care Information**

**Base Score**

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- Health Information Exchange (numerator/denominator)
- Public Health and Clinical Registry Reporting (yes required)

**Immunization registry reporting**

- Syndromic surveillance
- Electronic case reporting
- Public health registries: Cancer, HAI
- Healthcare surveys
- Clinical data registry reporting

**PROPOSED RULE**

**MIPS: Advancing Care Information Performance Category**

**BASE SCORE** + **PERFORMANCE SCORE** + **BONUS POINT** = **COMPOSITE SCORE**

- Account for 50 points of the total Advancing Care Information Performance Category Score
- Account for 80 points of the total Advancing Care Information Performance Category Score
- Up to 1 point of the total Advancing Care Information Performance Category Score

**Advancing Care Information score made up of a base score and a score for a maximum score of 100 percentage points**
MIPS Composite Performance Score (CPS)

**Via ACI** - Promoter of public health reporting by impact on Medicare reimbursement rates

**Source:** CMS, Advancing Care Information Presentation
Public health interests in MIPS

“Are the possible effects inconsequential, beneficial, or concerning to my public health agency’s capabilities?”
Interpretation: Inconsequential, beneficial, or concerning for public health assessment work?

A. No change
   1. Still required: use 2014ed or 2015 ed CEHRT
   2. MU measures for public health are the same in MIPS
   3. Only eligible clinicians who serve Medicare beneficiaries
   4. Public health measure “competition” problem remains

B. Beneficial changes
   1. Stronger incentives overall
   2. Full year reporting vs. 90-days
   3. Increased coverage of immunizations
   4. Some incentive for addition public health reporting participation

C. Concerns
   1. Only 1 bonus point regardless of number of public health reporting
   2. NPRM comment that weight of ACI in the MIPS CPS will decrease in the future
Discussion
When and where do I submit comments?

• The proposed rule includes proposed changes not reviewed in this presentation. We will not consider feedback during the call as formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the 60-day comment period on June 27, 2016. When commenting, refer to file code CMS-5517-P.

• Instructions for submitting comments can be found in the proposed rule; FAX transmissions will not be accepted. You must officially submit your comments in one of the following ways: electronically through
  • Regulations.gov
  • by regular mail
  • by express or overnight mail
  • by hand or courier

• For additional information, please go to: http://go.cms.gov/QualityPaymentProgram
Contact

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