

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

Charlie Ishikawa, MSPH
Executive Secretary, Joint Public Health Informatics Taskforce

Rebecca Johnson
Co-chair, Stage 3 Meaningful Use Taskforce

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



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 414 and 495

[CMS-5517-P]

RIN 0938-AS69

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

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repeals the Medicare sustainable growth rate (SGR) methodology for updates to the physician fee schedule (PFS) and replaces it with a new Merit-based Incentive Payment System (MIPS) for MIPS eligible clinicians or groups under the PFS. This proposed rule would establish the MIPS, a new program for certain Medicare-enrolled practitioners. MIPS would consolidate components of three existing programs, the Physician Quality Reporting System (PQRS), the Physician Value-based Payment Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program for Eligible Professionals (EPs), and would continue the focus on quality, resource use, and use of certified EHR technology (CEHRT) in a cohesive program that avoids redundancies. This proposed rule also would establish incentives for participation in certain alternative payment models (APMs) and includes proposed criteria for use by the Physician-Focused Payment Model Technical Advisory Committee (PTAC) in making comments and recommendations on physician-focused payment models. In this proposed rule we have

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)

or

Advanced
Alternative
Payment Models
(APMs)

- ✓ **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**

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

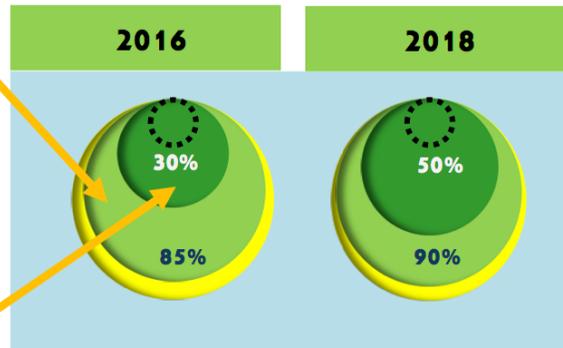
MACRA moves us closer to meeting these goals...

...and toward transforming our health care system.

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:



-  All Medicare fee-for-service (FFS) payments (Categories 1-4)
-  Medicare FFS payments **linked to quality and value** (Categories 2-4)
-  Medicare payments linked to quality and value **via APMs** (Categories 3-4)
-  Medicare Payments to those in the most highly advanced APMs under MACRA

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.

Years 1 and 2



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

Years 3+

Secretary may
broaden Eligible
Clinicians group to
include others
such as

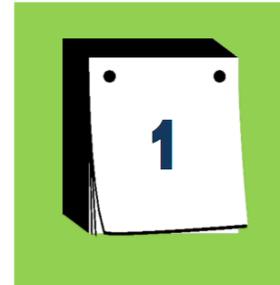


Physical or occupational therapists,
Speech-language pathologists,
Audiologists, Nurse midwives,
Clinical social workers, Clinical
psychologists, Dietitians /
Nutritional professionals

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Who will NOT Participate in MIPS?

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



FIRST year of Medicare
Part B participation



Below low patient
volume threshold



Certain participants in
ADVANCED Alternative
Payment Models

Medicare billing charges less than or equal to
\$10,000 and provides care for 100 or fewer Medicare
patients in one year

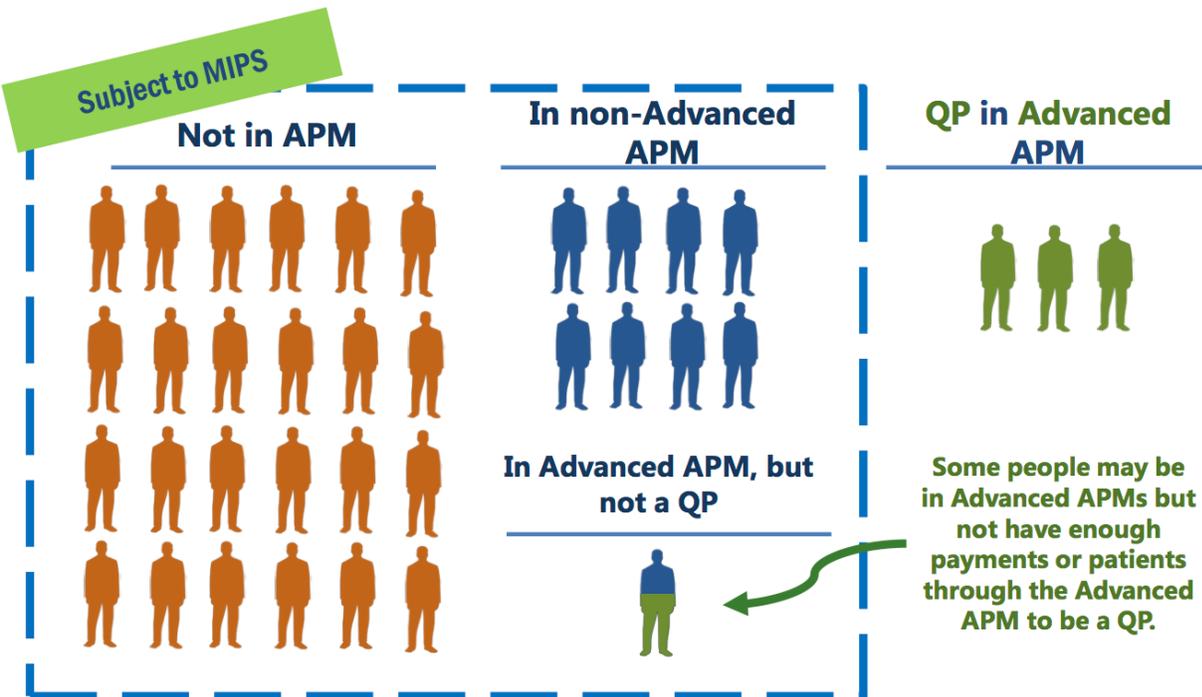
Note: MIPS **does not** apply to hospitals or facilities

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Merit-based Incentive Payment System (MIPS)

Who?

Note: Most clinicians will be subject to MIPS.



Note: Figure not to scale.

PROPOSED RULE MIPS: Eligible Clinicians

Eligible Clinicians can participate in MIPS as an:



Individual

Or

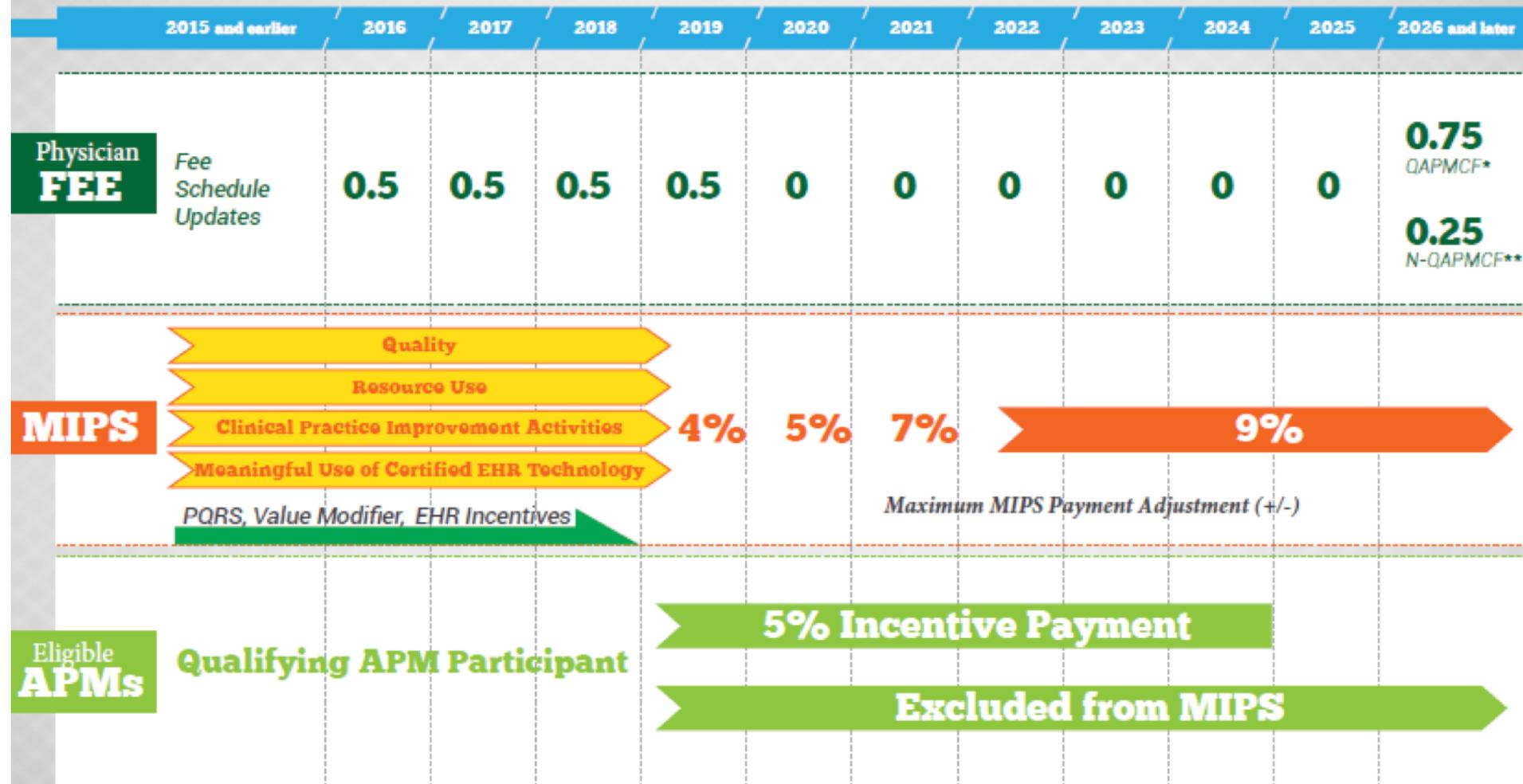


Group

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.

Timeline



*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



unofficial certification seal

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

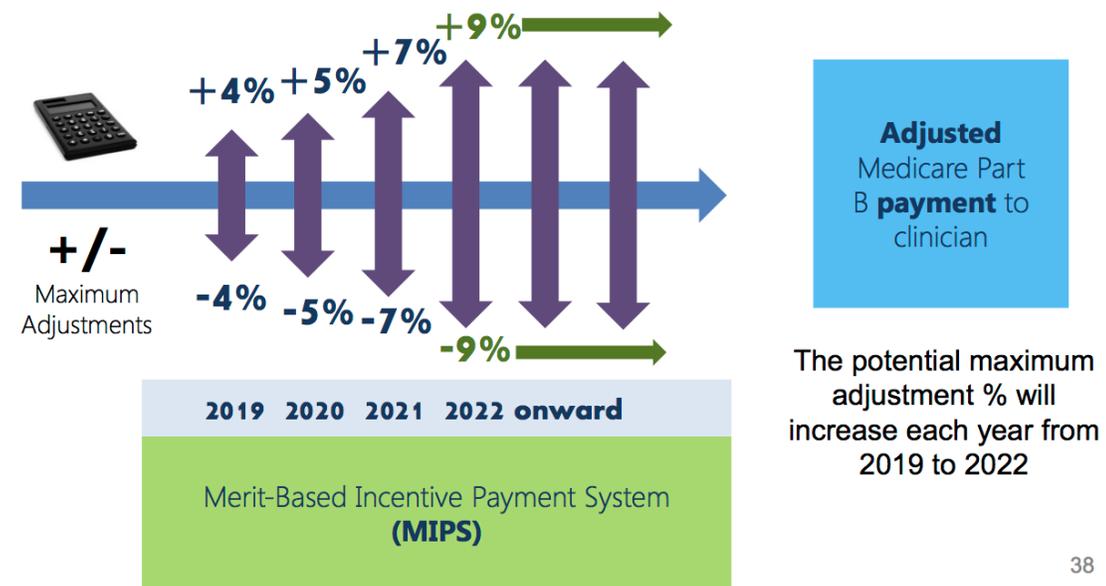
A single MIPS composite performance score will factor in performance in 4 weighted performance categories on a 0-100 point scale :



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.

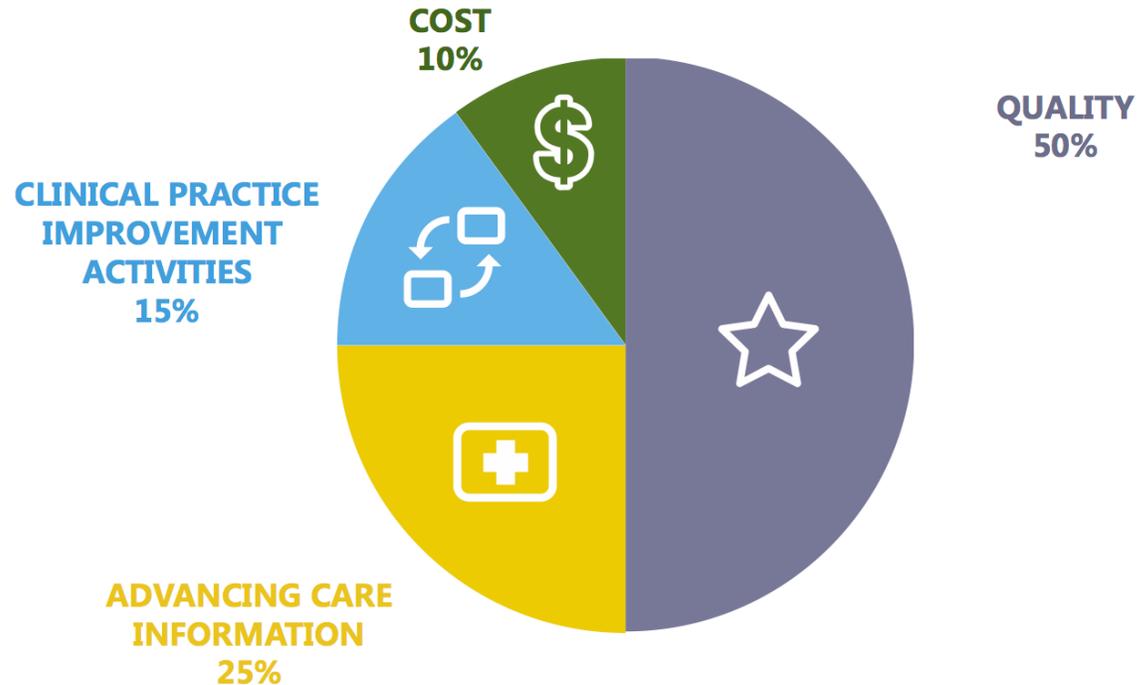


The potential maximum adjustment % will increase each year from 2019 to 2022

MIPS Composite Performance Score (CPS)

Promoter of public health reporting by impact on Medicare reimbursement rates

Year 1 Performance Category Weights for MIPS



PROPOSED RULE MIPS: Performance Category Scoring

Summary of MIPS Performance Categories		
Performance Category	Maximum Possible Points per Performance Category	Percentage of Overall MIPS Score (Performance Year 1 - 2017)
Quality: Clinicians choose six measures to report to CMS that best reflect their practice. One of these measures must be an outcome measure or a high-value measure and one must be a crosscutting measure. Clinicians also can choose to report a specialty measure set.	80 to 90 points depending on group size	50 percent
Advancing Care Information: Clinicians will report key measures of patient engagement and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.	100 points	25 percent
Clinical Practice Improvement Activities: Clinicians can choose the activities best suited for their practice; the rule proposes over 90 activities from which to choose. Clinicians participating in medical homes earn "full credit" in this category, and those participating in Advanced APMs will earn at least half credit.	60 points	15 percent
Cost: CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.	Average score of all cost measures that can be attributed	10 percent

MIPS Composite Performance Score (CPS)

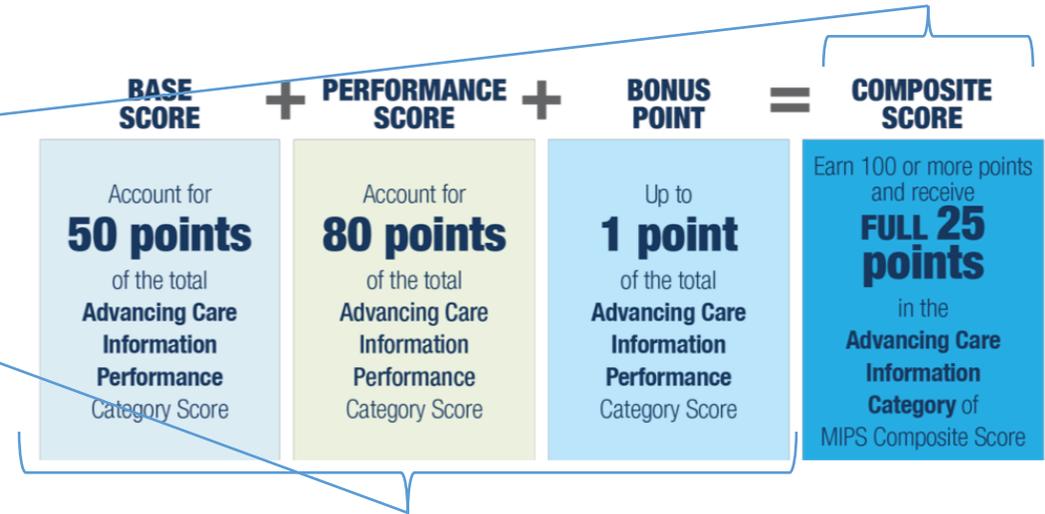
Thru ACI - Promoter of public health reporting by impact on Medicare reimbursement rates

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Cost: CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.	Average score of all cost measures that can be attributed	10 percent

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PROPOSED RULE MIPS: Advancing Care Information Performance Category



The overall Advancing Care Information score would be made up of a base score and a performance 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

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)

Immunization registry reporting

PROPOSED RULE MIPS: Advancing Care Information Performance Category

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

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)

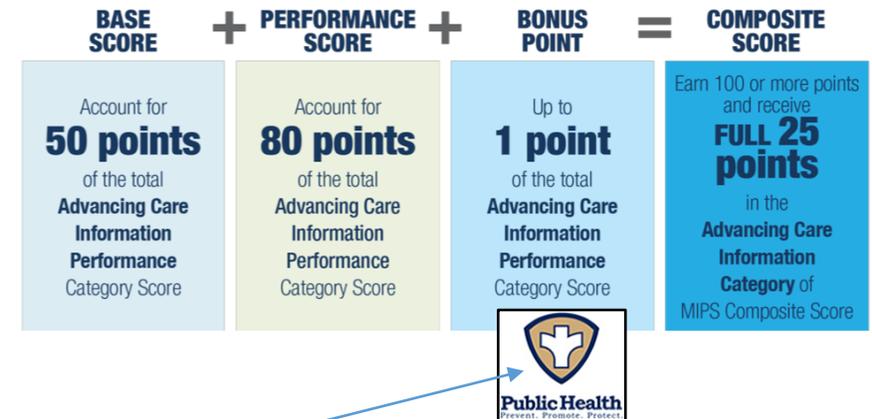


Immunization registry reporting

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

PROPOSED RULE

MIPS: Advancing Care Information Performance Category



Advancing Care Information score made up of a base score and a performance 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

**PROPOSED RULE
MIPS: Advancing Care Information
Performance Category**

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)

Public Health

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Immunizations

**PROPOSED RULE
MIPS: Advancing Care Information
Performance Category**

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

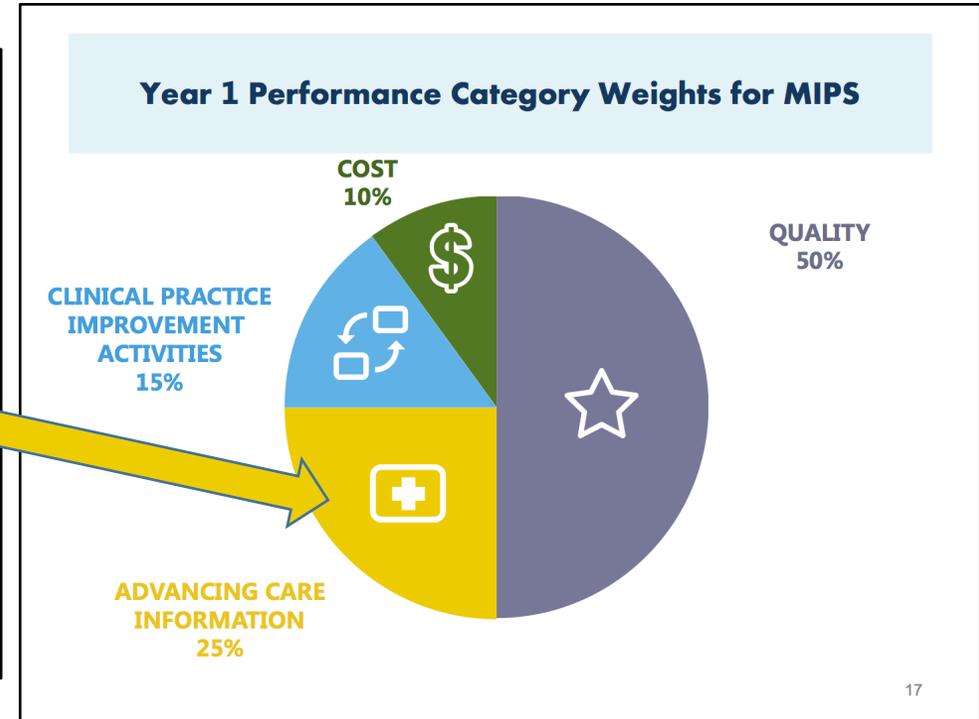
- BASE SCORE**: Account for **50 points** of the total Advancing Care Information Performance Category Score
- PERFORMANCE SCORE**: Account for **80 points** of the total Advancing Care Information Performance Category Score
- BONUS POINT**: Up to **1 point** of the total Advancing Care Information Performance Category Score
- COMPOSITE SCORE**: Earn 100 or more points and receive **FULL 25 points** in the Advancing Care Information Category of MIPS Composite Score

The overall Advancing Care Information score would be made up of a base score and a performance score for a maximum score of 100 percentage points

Public Health

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



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

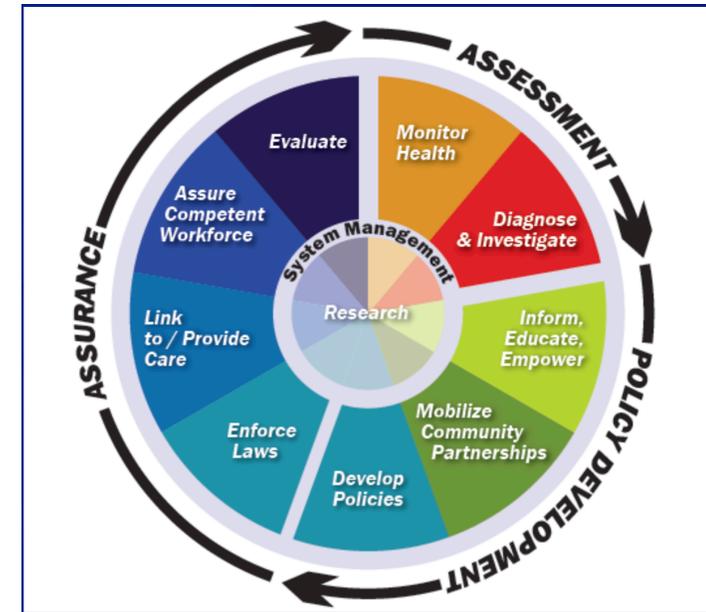
1. Still required: use 2014ed or 2015 ed CEHRT
2. MU measures for public health are the same in MIPS
3. Only eligible clinicians who serve Medicare beneficiaries
4. Public health measure “competition” problem remains

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

Charlie Ishikawa, MSPH

Executive Secretary, Joint Public Health Informatics Taskforce

cishikawa@jphit.org