

Merit-Based Incentive Payment  
System:  
**Advancing Care  
Information  
Performance  
Category**



# Disclaimer

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## **KEY TOPICS:**

- 1) The Quality Payment Program and HHS Secretary's Goals**
- 2) What is the Quality Payment Program?**
- 3) How do I submit comments on the proposed rule?**
- 4) The Merit-based Incentive Payment System (MIPS)**
- 5) The Advancing Care Information Performance Category**
- 6) What are the next steps?**

# The Quality Payment Program is part of a broader push towards value and quality

In January 2015, the Department of Health and Human Services announced **new goals** for **value-based payments** and **APMs in Medicare**

## Medicare Fee-for-Service

### GOAL 1:

Medicare payments are tied to quality or value through **alternative payment models (categories 3-4)** by the end of 2016, and 50% by the end of 2018

**30%** 

### GOAL 2:

Medicare fee-for-service payments are **tied to quality or value (categories 2-4)** by the end of 2016, and 90% by the end of 2018

**85%** 



### STAKEHOLDERS:

Consumers | Businesses  
Payers | Providers  
State Partners



Set **internal goals** for HHS



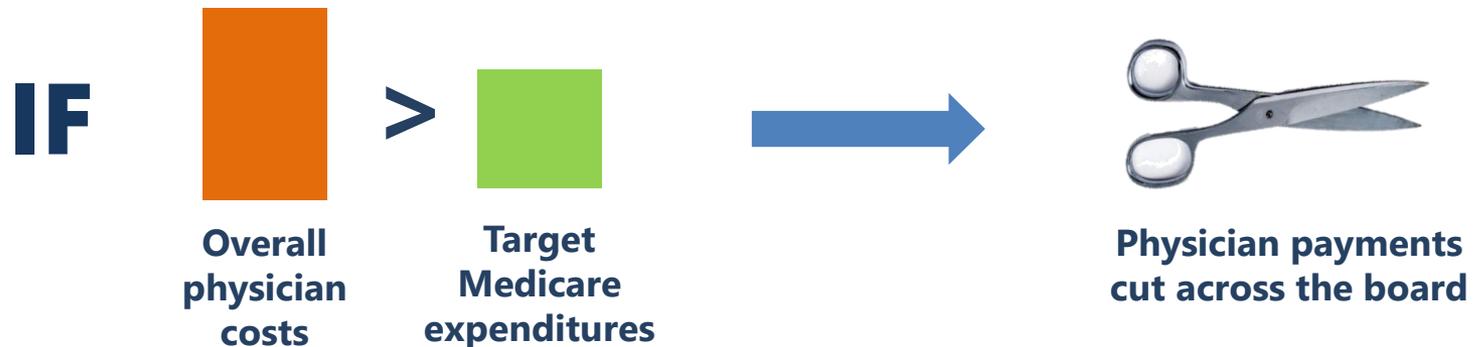
Invite **private sector payers** to match or exceed HHS goals

# Medicare Payment Prior to MACRA

**Fee-for-service** (FFS) payment system, where clinicians are paid based on **volume** of services, not **value**.

## The Sustainable Growth Rate (SGR)

- Established in 1997 to **control the cost of Medicare payments** to physicians



Each year, Congress passed temporary **“doc fixes”** to avert cuts (no fix in 2015 would have meant a **21% cut** in Medicare payments to clinicians)

# **INTRODUCING THE QUALITY PAYMENT PROGRAM**

# 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**

## 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>

# MIPS: First Step to a Fresh Start

- ✓ **MIPS is a new program**
  - **Streamlines 3 currently independent programs to work as one and to ease clinician burden.**
  - **Adds a fourth component to promote ongoing improvement and innovation to clinical activities.**



**Quality**



**Resource use**



**Clinical practice  
improvement  
activities**



**Advancing care  
information**

- ✓ **MIPS provides clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.**

# Medicare Reporting Prior to MACRA

Currently there are **multiple quality and value reporting programs** for Medicare clinicians:

**Physician Quality  
Reporting Program  
(PQRS)**

**Value-Based Payment  
Modifier (VM)**

**Medicare Electronic  
Health Records (EHR)  
Incentive Program**

**PROPOSED RULE**  
**MIPS: Major Provisions**

- ✓ **Eligibility (participants and non-participants)**
- ✓ **Performance categories & scoring**
- ✓ **Data submission**
- ✓ **Performance period & payment adjustments**

# 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.

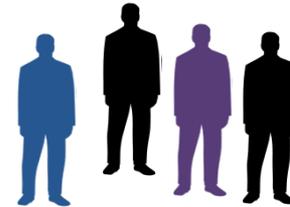
Years 1 and 2



**Physicians, 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**

**Note: Physician means doctor of medicine, doctor of osteopathy (including osteopathic practitioner), doctor of dental surgery, doctor of dental medicine, doctor of podiatric medicine, or doctor of optometry, and, with respect to certain specified treatment, a doctor of chiropractic legally authorized to practice by a State in which he/she performs this function.**

# 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

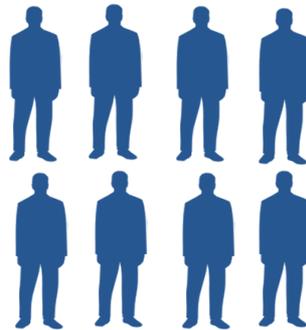
**Note: Most clinicians will be subject to MIPS.**

**Subject to MIPS**

**Not in APM**



**In non-Advanced APM**



**In Advanced APM, but not a QP**



**QP in Advanced APM**



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

*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.

# MIPS Performance Categories

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



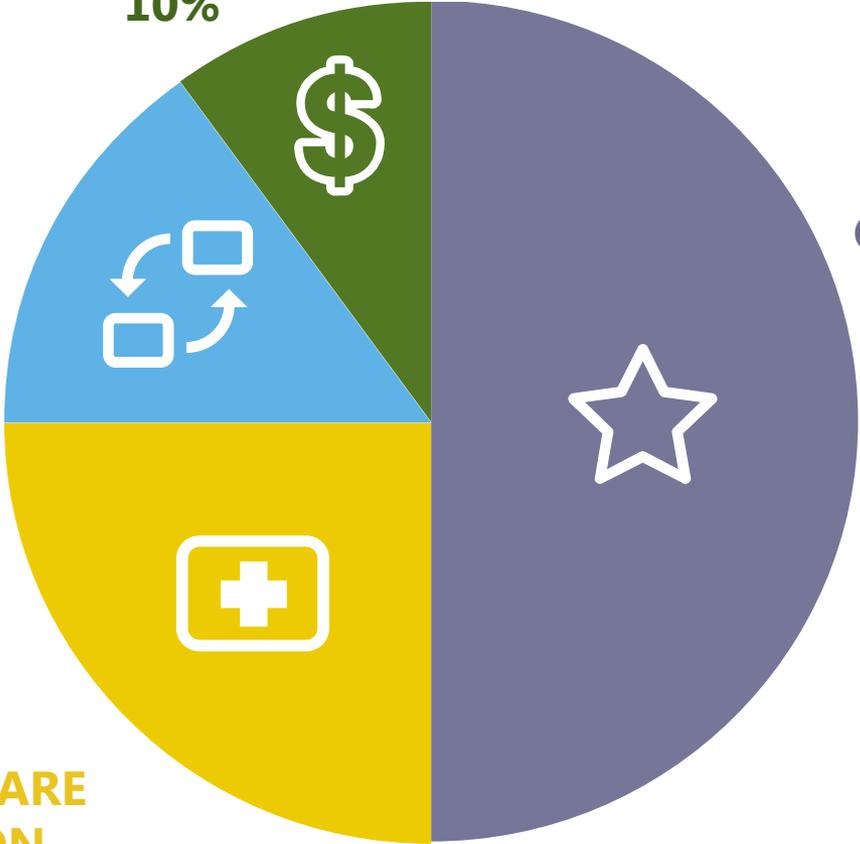
Advancing  
care  
information



MIPS  
Composite  
Performance  
Score (CPS)

# Year 1 Performance Category Weights for MIPS

**Resource Use**  
10%



**CLINICAL PRACTICE  
IMPROVEMENT  
ACTIVITIES**  
15%

**QUALITY**  
50%

**ADVANCING CARE  
INFORMATION**  
25%

**PROPOSED RULE  
MIPS: ADVANCING CARE  
INFORMATION PERFORMANCE  
CATEGORY**

# Changes from EHR Incentive Program to Advancing Care Information

Past Requirements for the Medicare EHR Incentive Program	New Proposal for Advancing Care Information Category
One-size-fits-all – every objective reported and weighed equally	Customizable – clinicians can choose which categories to emphasize in their scoring
Requires across-the-board levels of achievement or “thresholds,” regardless of practice or experience	Flexible. Allows for diverse reporting that matches clinician’s practice and experience.
Measurement emphasizing process	Measurement emphasizing patient engagement and interoperability
Disjointed and redundant with other Medicare reporting programs	Aligned with other Medicare reporting programs. No need to report redundant quality measures.
No exemptions for reporting	Exemptions for reporting for clinicians in: <ul style="list-style-type: none"> <li>• Advanced alternative payment models</li> <li>• First year with Medicare</li> <li>• Have low Medicare volumes</li> </ul>

# What will determine my MIPS score?

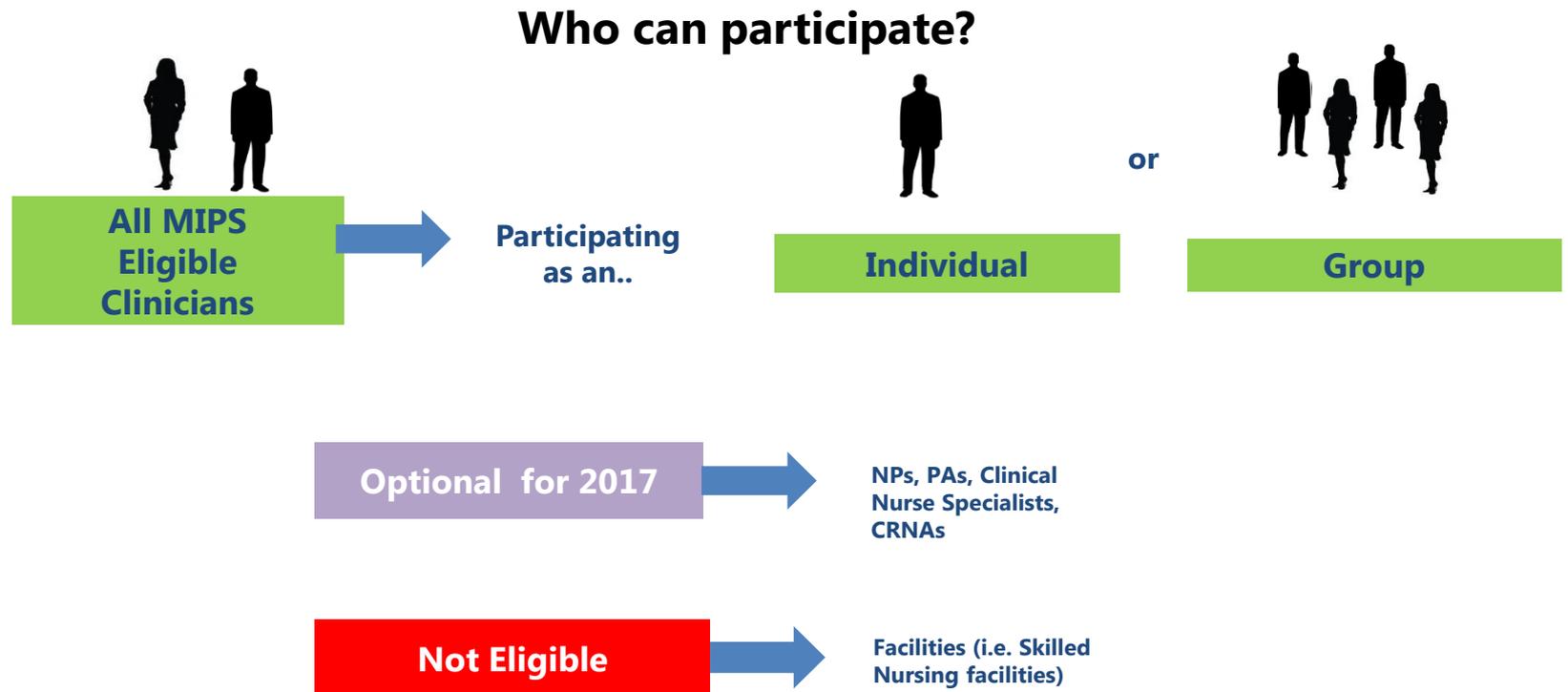
The MIPS composite performance **score** will factor in performance in **4 weighted performance categories** on a **0-100 point scale** :



\* % weight of this **may decrease** as more users adopt EHR

# PROPOSED RULE

## MIPS: Advancing Care Information Performance Category



# 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

# **PROPOSED RULE**

## **MIPS: Advancing Care Information Performance Category**

### **Base Score**

**Accounts for 50 percentage points of the total  
Advancing Care Information category score.**

**To receive the base score, physicians must simply  
provide the numerator/denominator or yes/no for each  
objective and measure**

# 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)

# **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**

**PROPOSED RULE**

# **MIPS: Advancing Care Information Performance Category**

## **Summary:**

- ✓ **Scoring based on key measures of patient engagement and information exchange.**
- ✓ **Flexible scoring for all measures to promote care coordination for better patient outcomes**
- ✓ **Key Changes from Current Program (EHR Incentive):**
  - **Dropped “all or nothing” threshold for measurement**
  - **Removed redundant measures to alleviate reporting burden.**
  - **Eliminated Clinical Provider Order Entry and Clinical Decision Support objectives**
  - **Reduced the number of required public health registries to which clinicians must report**
  - **Year 1 Weight: 25%**



# **PROPOSED RULE MIPS COMPOSITE SCORE**

# 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)
 <p><b>Quality:</b> 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.</p>	80 to 90 points depending on group size	50 percent
 <p><b>Advancing Care Information:</b> Clinicians will report key measures of patient engagement and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.</p>	100 points	25 percent
 <p><b>Clinical Practice Improvement Activities:</b> 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.</p>	60 points	15 percent
 <p><b>Resource Use:</b> CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.</p>	Average score of all cost measures that can be attributed	10 percent

# 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.

## PROPOSED RULE

# MIPS: Calculating the Composite Performance Score (CPS) for MIPS

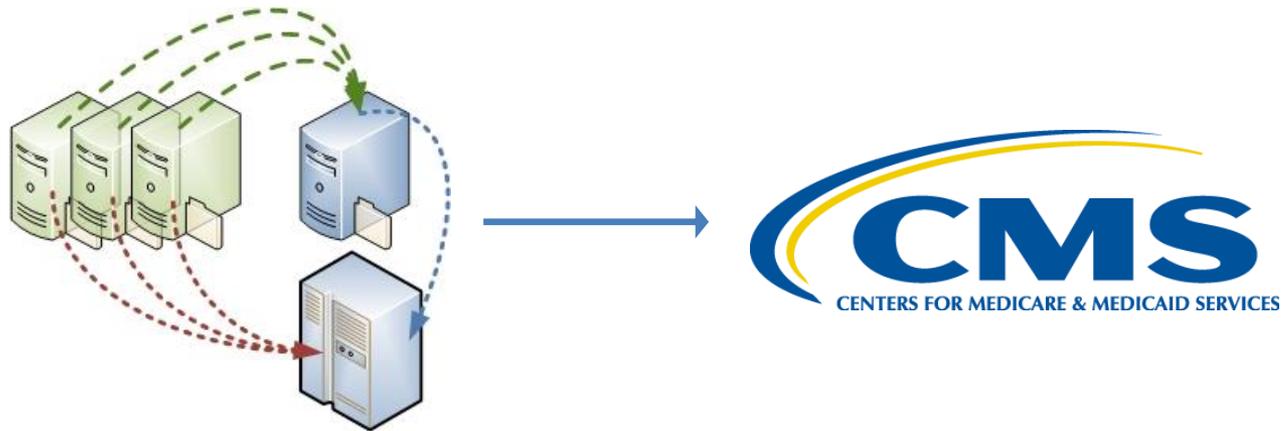
- ✓ MIPS composite performance scoring method that accounts for:
  - Weights of each performance category
  - Exceptional performance factors
  - Availability and applicability of measures for different categories of clinicians
  - Group performance
  - The special circumstances of small practices, practices located in rural areas, and non-patient-facing MIPS eligible clinicians

# Calculating the Composite Performance Score (CPS) for MIPS

Category	Weight	Scoring
 <b>Quality</b>	50%	<ul style="list-style-type: none"> <li>Each measure 1-10 points compared to historical benchmark (if avail.)</li> <li>0 points for a measure that is not reported</li> <li>Bonus for reporting outcomes, patient experience, appropriate use, patient safety and EHR reporting</li> <li>Measures are averaged to get a score for the category</li> </ul>
 <b>Advancing care information</b>	25%	<ul style="list-style-type: none"> <li>Base score of 50 percentage points achieved by reporting at least one use case for each available measure</li> <li>Performance score of up to 80 percentage points</li> <li>Public Health Reporting bonus point</li> <li>Total cap of 100 percentage points available</li> </ul>
 <b>CPIA</b>	15%	<ul style="list-style-type: none"> <li>Each activity worth 10 points; double weight for "high" value activities; sum of activity points compared to a target</li> </ul>
 <b>Resource Use</b>	10%	<ul style="list-style-type: none"> <li>Similar to quality</li> </ul>

- ✓ Unified scoring system:
  1. Converts measures/activities to points
  2. Eligible Clinicians will know in advance what they need to do to achieve top performance
  3. Partial credit available

# HOW DO I GET MY DATA TO CMS? *DATA SUBMISSION FOR MIPS*



# PROPOSED RULE

## MIPS Data Submission Options

### Advancing Care Information

#### Individual Reporting



#### Group Reporting



Advancing  
care  
information

- ✓ Attestation
- ✓ QCDR
- ✓ Qualified Registry
- ✓ EHR

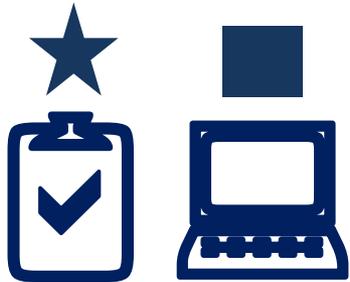
- ✓ Attestation
- ✓ QCDR
- ✓ Qualified Registry
- ✓ EHR
- ✓ CMS Web Interface  
(groups of 25 or more)



# **PROPOSED RULE MIPS PERFORMANCE PERIOD & PAYMENT ADJUSTMENT**

# PROPOSED RULE

## MIPS Performance Period



**MIPS Performance  
Period  
(Begins 2017)**

- ✓ All MIPS performance categories are aligned to a performance period of one full calendar year.
- ✓ Goes into effect in first year  
(2017 performance period, 2019 payment year).

2017	2018	2019	2020	2021	2022	2023	2024	2025
								
<b>Performance Period</b>		<b>Payment Year</b>						

## PROPOSED RULE

# MIPS: Payment Adjustment

- ✓ A MIPS eligible clinician's payment adjustment percentage is based on the relationship between their CPS and the MIPS performance threshold.
- ✓ A CPS below the performance threshold will yield a negative payment adjustment; a CPS above the performance threshold will yield a neutral or positive payment adjustment.
- ✓ A CPS less than or equal to 25% of the threshold will yield the maximum negative adjustment of -4%.



Quality



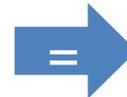
Resource  
use



Clinical  
practice  
improvement  
activities



Advancing  
care  
information



MIPS  
Composite  
Performance  
Score (CPS)



## PROPOSED RULE

# MIPS: Payment Adjustment

- ✓ A CPS that falls at or above the threshold will yield payment adjustment of 0 to +12%, based on the degree to which the CPS exceeds the threshold and the overall CPS distribution.
- ✓ An additional bonus (not to exceed 10%) will be applied to payments to eligible clinicians with exceptional performance where CPS is equal to or greater than an “additional performance threshold,” defined as the 25th quartile of possible values above the CPS performance threshold.



Quality



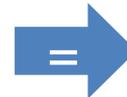
Resource  
use



Clinical  
practice  
improvement  
activities



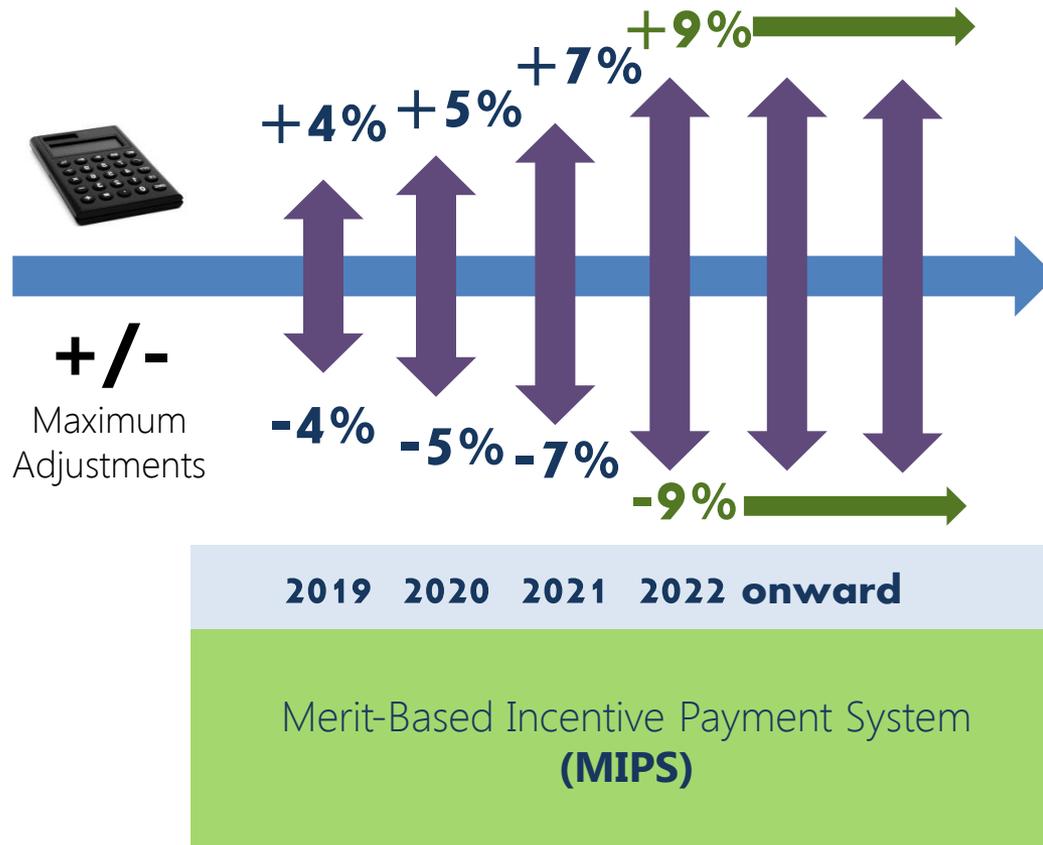
Advancing  
care  
information



MIPS  
Composite  
Performance  
Score (CPS)

# How much can MIPS adjust payments?

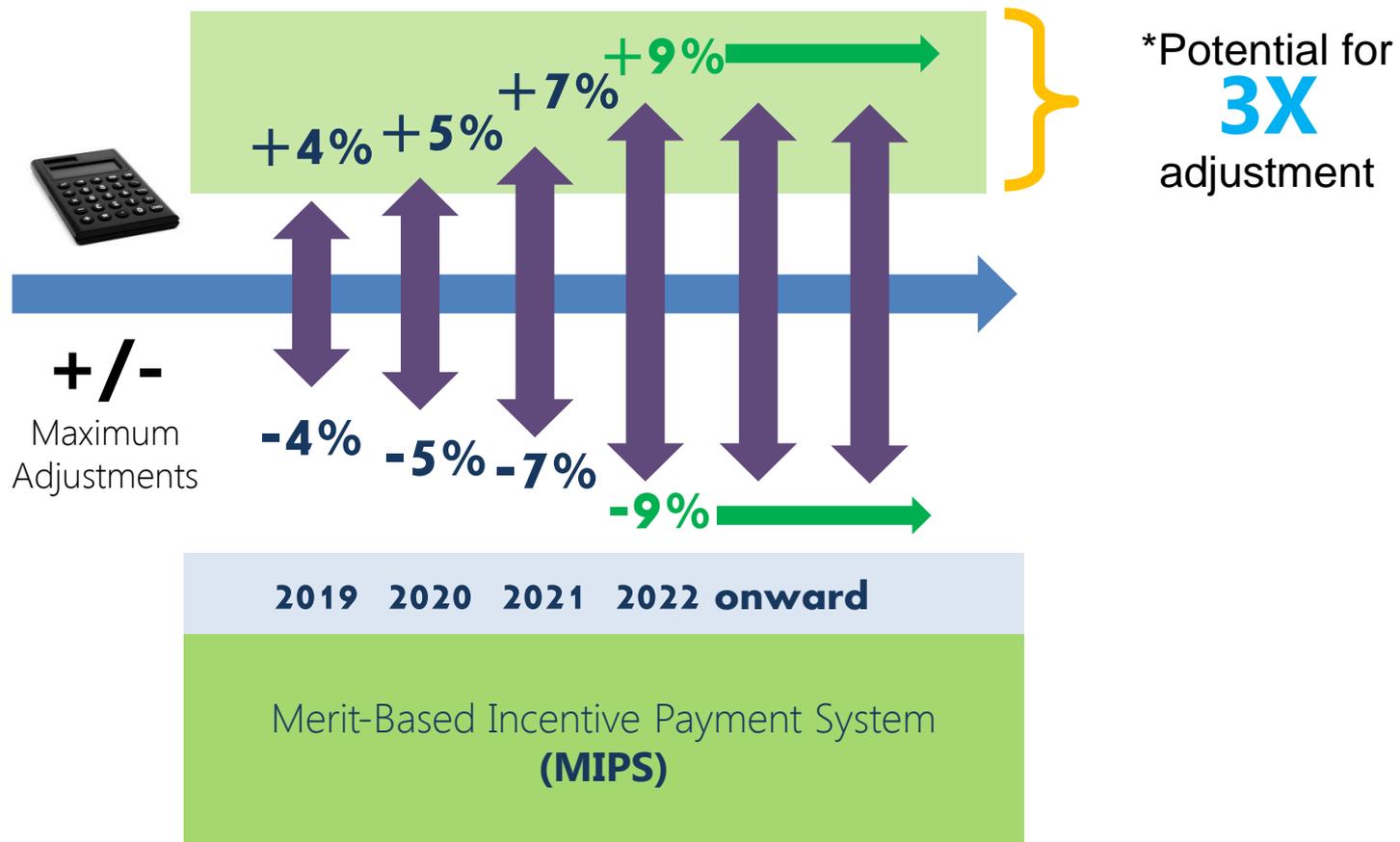
Based on a CPS, clinicians will receive +/- or neutral adjustments up to the percentages below.



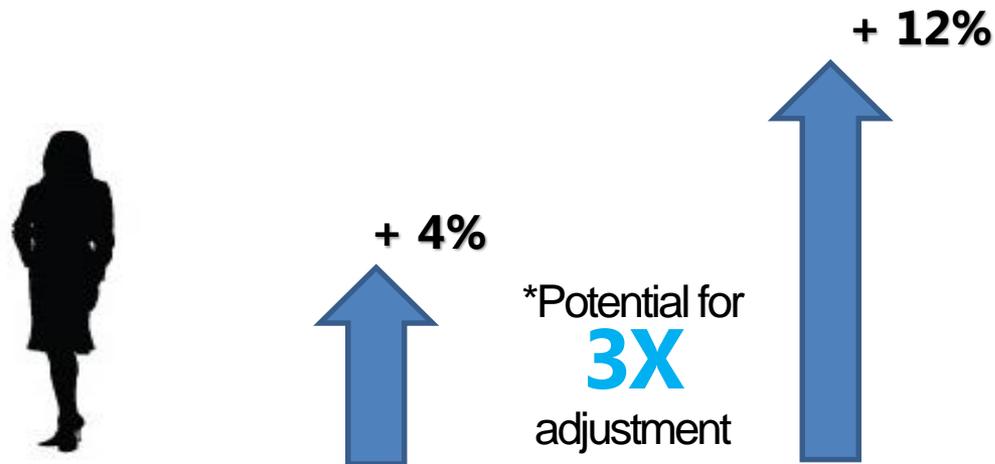
The potential maximum adjustment % will increase each year from 2019 to 2022

# How much can MIPS adjust payments?

**Note:** MIPS will be a **budget-neutral** program. Total upward and downward adjustments will be balanced so that the average change is 0%.



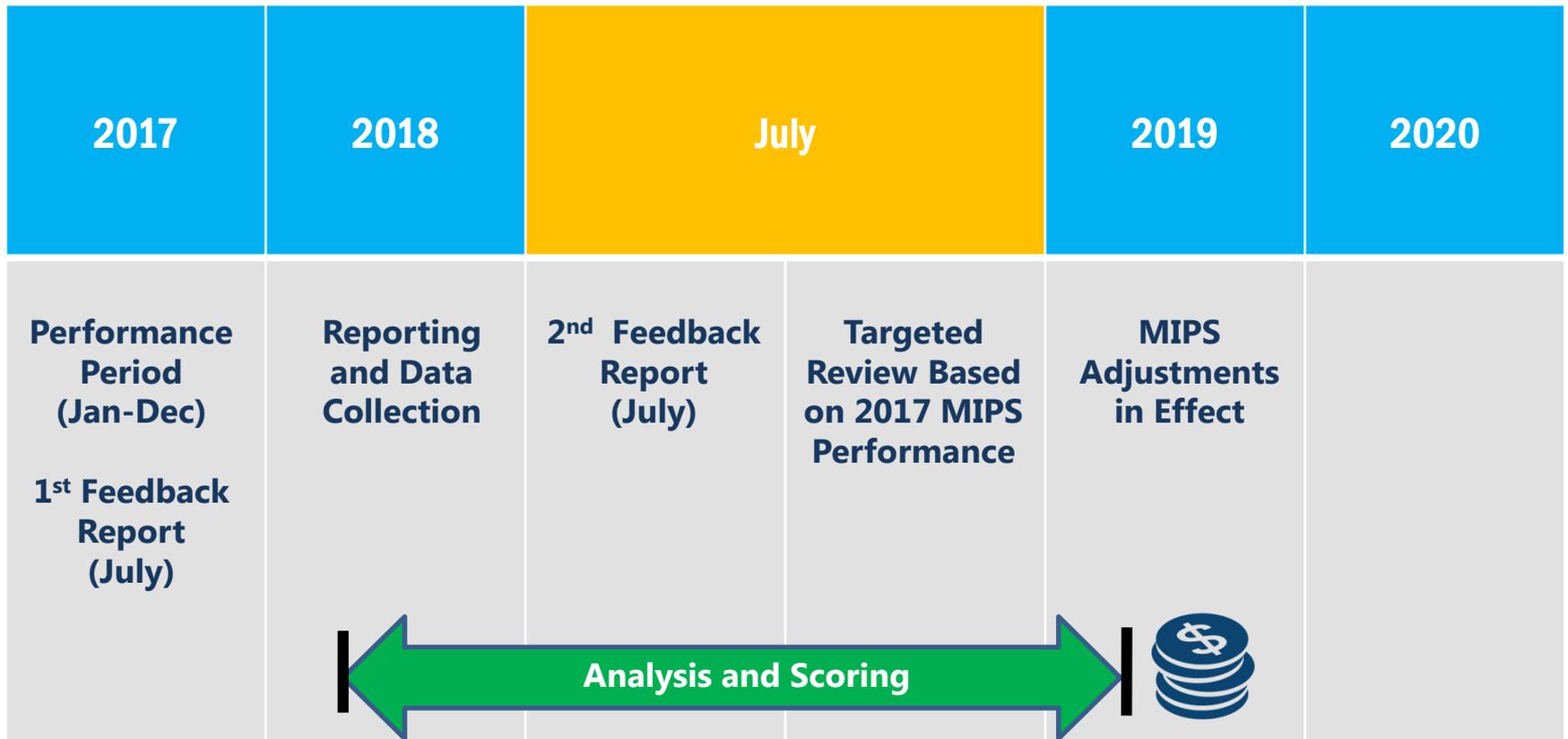
## MIPS: Scaling Factor Example

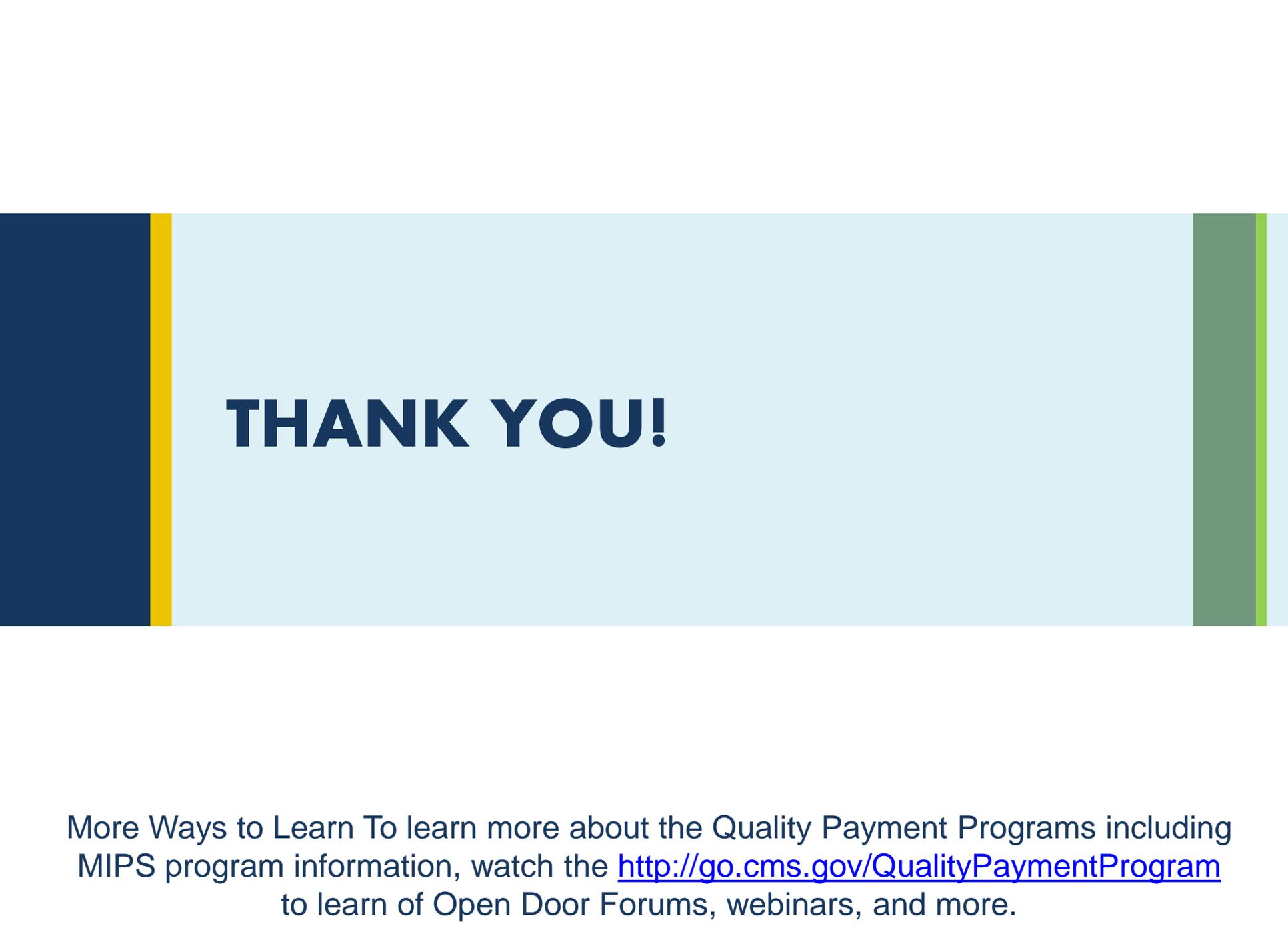


Dr. Joy Smith, who receives the +4% adjustment for MIPS, could receive up to +12% in 2019. For exceptional performance she could earn an additional adjustment factor of up to +10%.

**Note:** This scaling process will only apply to positive adjustments, not negative ones.

# PROPOSED RULE MIPS Timeline





# THANK YOU!

More Ways to Learn To learn more about the Quality Payment Programs including MIPS program information, watch the <http://go.cms.gov/QualityPaymentProgram> to learn of Open Door Forums, webinars, and more.