



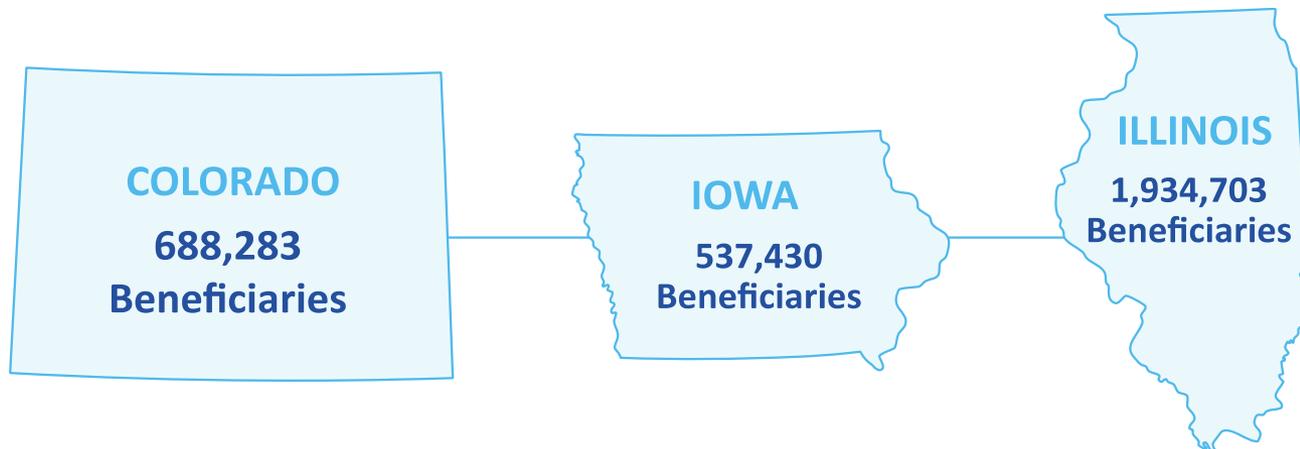
EHR Incentive Programs: Where We Go Next

Summer 2016

Sandy Swallow

Telligen QIN QIO

- Telligen:** Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Colorado, Illinois and Iowa



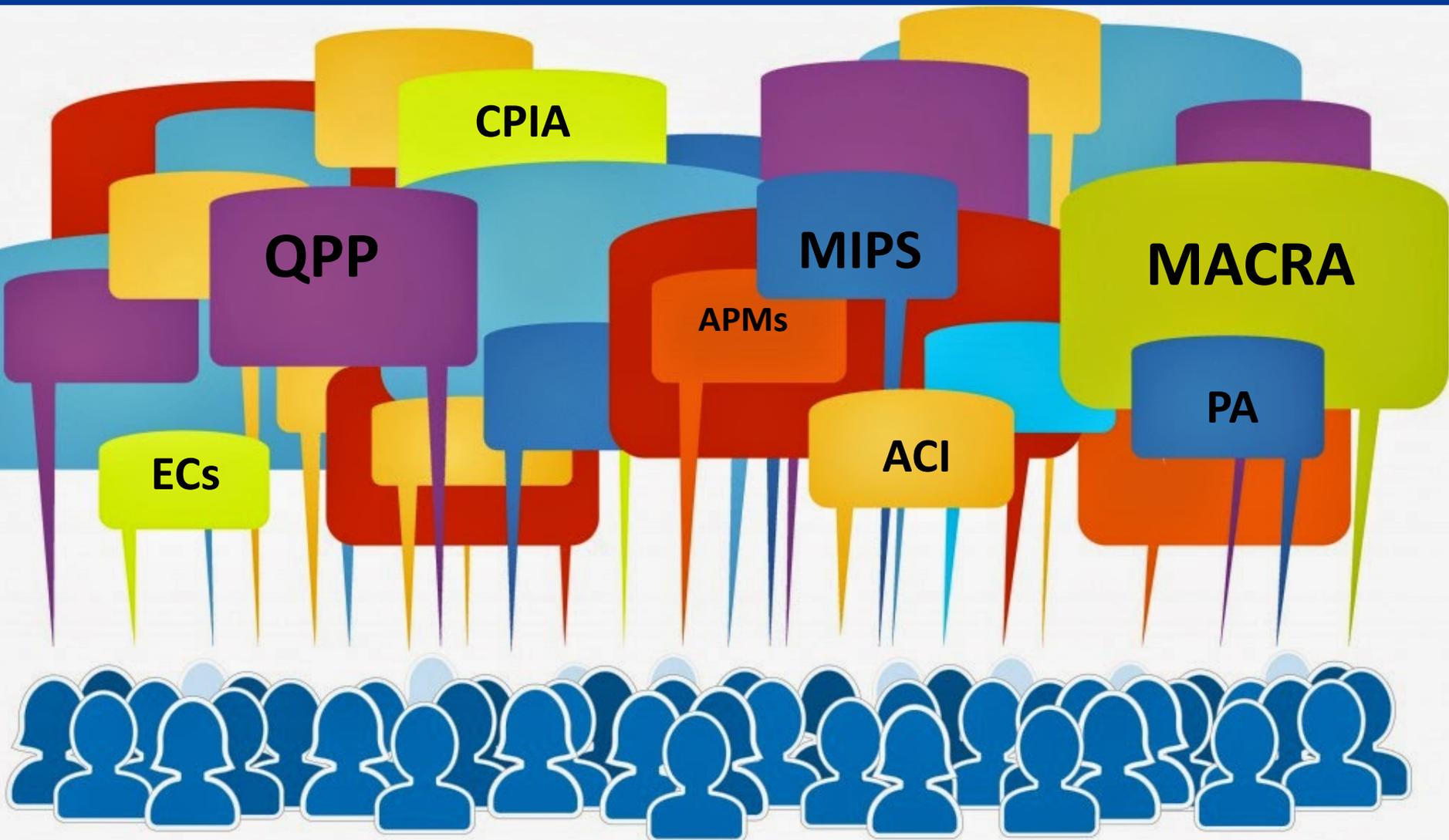
TOTAL BENEFICIARIES = 3,160,416

Data Source: Medicare Enrollment: Hospital Insurance and/or Supplementary Medical Insurance Enrollees, as of July 1, 2012, <http://kff.org/other/state-indicator/hospital-supplementary-enrollees/>

Today's Objectives

- Learn the BUZZ words of the recently legislated physician payment quality incentive program
- Recognize what MACRA entails
- Understand what MIPS entails and how it relates to you
- Appreciate the APM Framework
- Recognize Telligen's capacity to assist you succeed in the new value-based reimbursement program

BUZZ Words





MACRA

The law that “fixed” the SGR

- **Medicare Access and CHIP Reauthorization Act of 2015 – April 16, 2015**
- **Medicare Physician Fee Schedule Changes**
 - Repealed the Sustainable Growth Rate
 - Replaces with 0.5% payment “update” each year from 2016-2019
 - Establishes new physician payment framework to reward “value”
 - “Streamlines” the Medicare physician quality incentive programs (PQRS, MU, VM)
- **Bunch of other stuff**

HHS Press Release

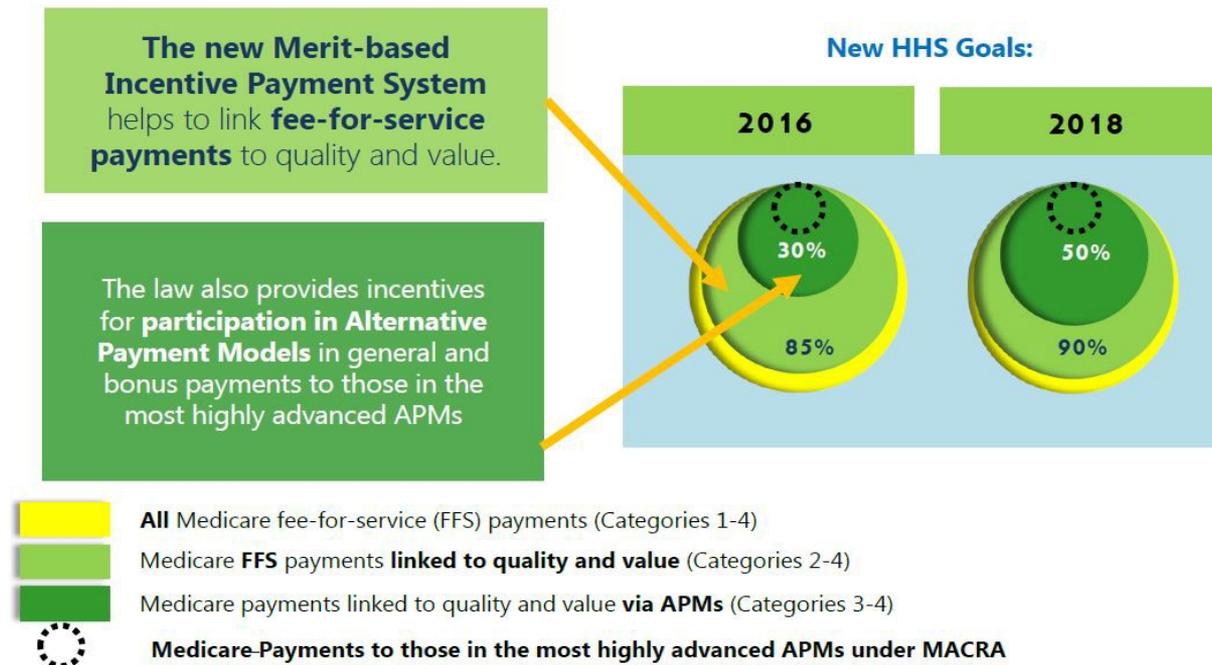
Better, Smarter, Healthier:

In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value.

	2015	2016	2018
Percent of FFS Medicare Tied to Quality		85%	90%
Percent of FFS Medicare Tied to Alternate Models	20%	30%	50%

MIPS - APM

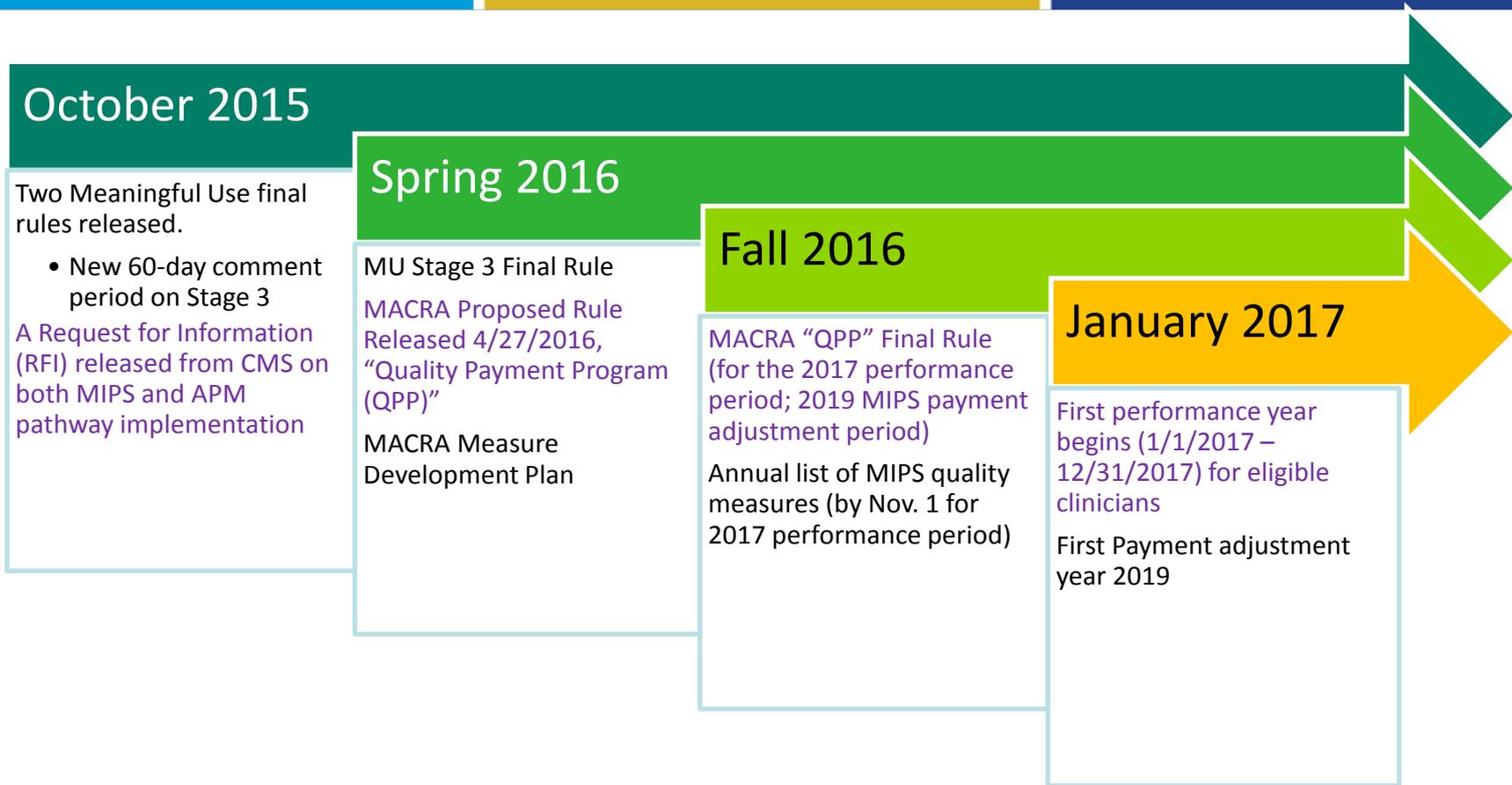
- Preserves choices for medical providers.
- Value-Based Fee for Service (MIPS)
- Alternative Payment Models (APMs)



MACRA “Proposed” Rule Changes

- **Unified framework “Quality Payment Program” (QPP)**
 - Ends the SGR formula
 - Creates a new framework for rewarding healthcare for giving better care not just more care
 - Combines our existing quality programs into one system
- **Includes Two Paths:**
 - Merit-Based Incentive Payment System (MIPS)
 - Receive +, - or neutral
 - Advanced Alternative Payment Model (APMs)
 - 5% incentive bonus
- **First Performance**
 - Most eligible clinicians will report through MIPS the first year
 - Jan. 1, 2017 through Dec. 31, 2017

MACRA Implementation Timeline



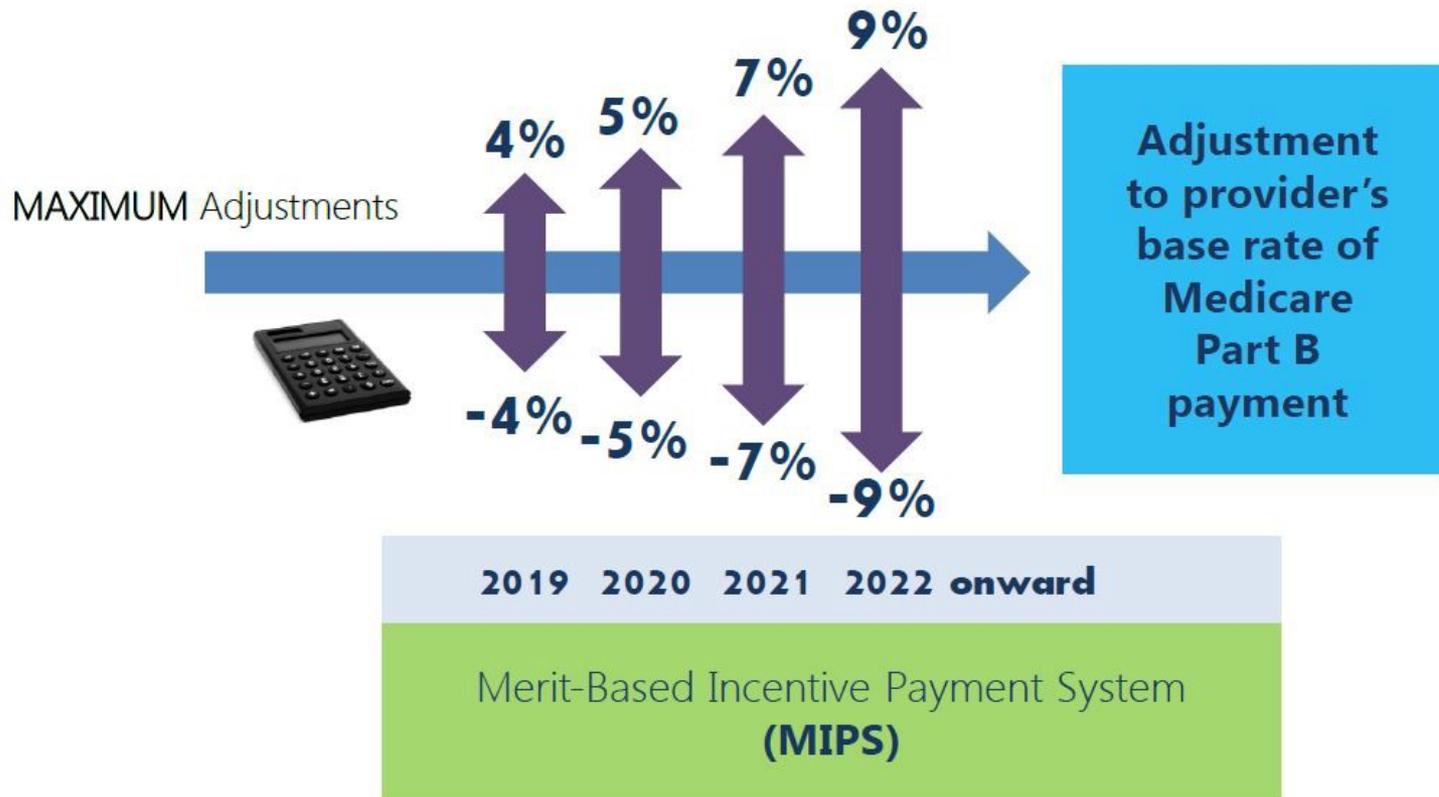
What MIPS means for Medicare's PQRS, VM and MU Programs



- **Congress streamlined and improved these programs into one for Medicare Part B Clinicians**
- **Hospitals and Medicaid EHR Incentive Program EPs will continue to follow the current MU rules**

MIPS “Proposed” Payment Adjustments

The MIPS Incentives



Quick View of MIPS Scoring Categories “Proposed” for Performance Year 1

Composite Performance Score (CPS)

Quality	50 Points
Resource Use - Cost	10 Points
Advancing Care Information (ACI) – MU	25 Points
Clinical Practice Improvement Activities (CPIA)	15 Points
Total Possible Points	100 Points

Quality + Resource Use + ACI + CPIA = CPS for each eligible clinician or group



MIPS “Proposed” Eligible Clinicians

- **Applies to Medicare Part B Clinicians**
 - 2019-2020
 - Physicians, PAs, NPs, CRNA and CNS
 - 2021 and beyond additional clinicians will be added
- **Assessed as an individual or group**
 - Group is defined by TIN and assessed across all 4 categories
- **Exempt**
 - Newly Medicare-enrolled
 - Low volume threshold exclusions
 - Significantly participating in Advanced APM

MIPS “Proposed” and CAHs, RHCs, FQHCs

Q: How does MIPS work for critical access hospitals, and Method II billing?

A: MIPS applies only to EPs and not to facilities like CAHs and hospitals. Services under Medicare Part A is not subject to MIPS. If an EP works at the hospital and bills any Medicare Part B services these are subject to MIPS similar to how they function under PQRS and MU Programs now.

Q: How does MIPS work for rural health clinics and federally qualified health centers?

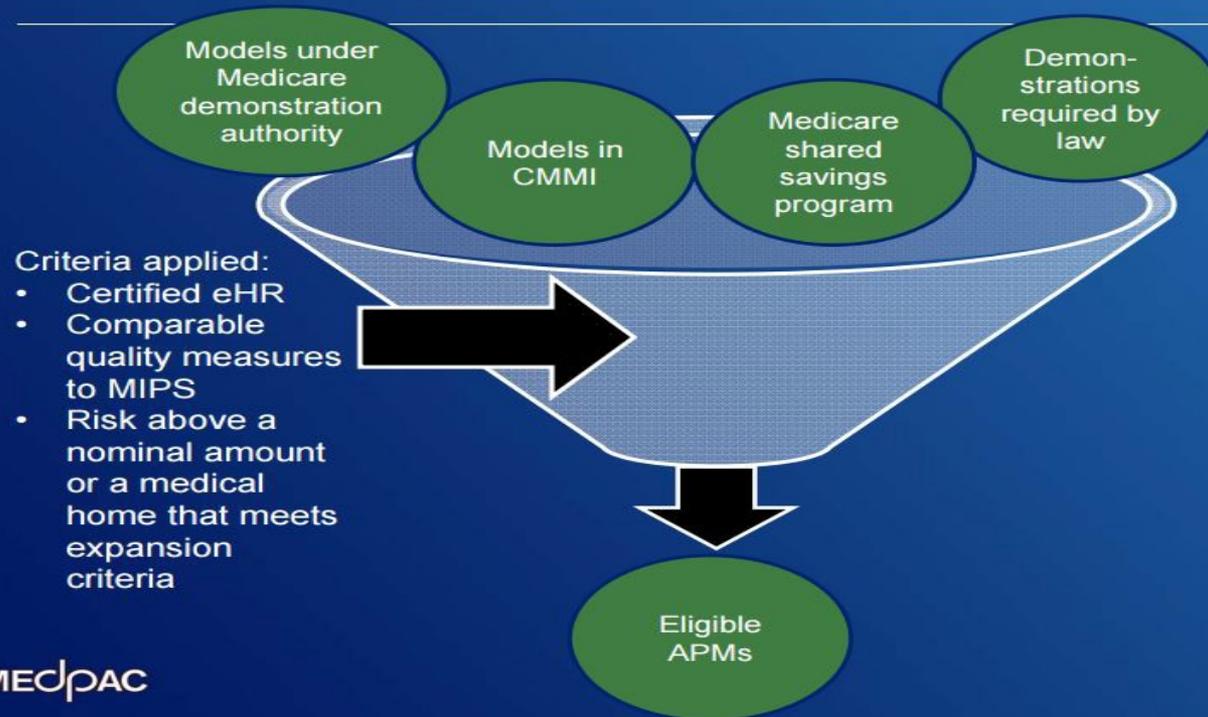
A: MIPS applies only to services billed under Medicare Part B.

Alternative Payment Models

- New approaches to paying for medical care that incentivizes quality and value
- Qualifying APM participants (QPs) will be given a 5% payment bonus from 2019-2024 for participating in an eligible APM.
- This bonus is viewed as a strong incentive to participate in APMs.
- Eligible medical providers achieving a threshold level of participation in an eligible APM are excluded from MIPS.
- Does not change how any particular APM rewards value

The Road To Eligible APMs

Not all APMs will be “eligible” APMs

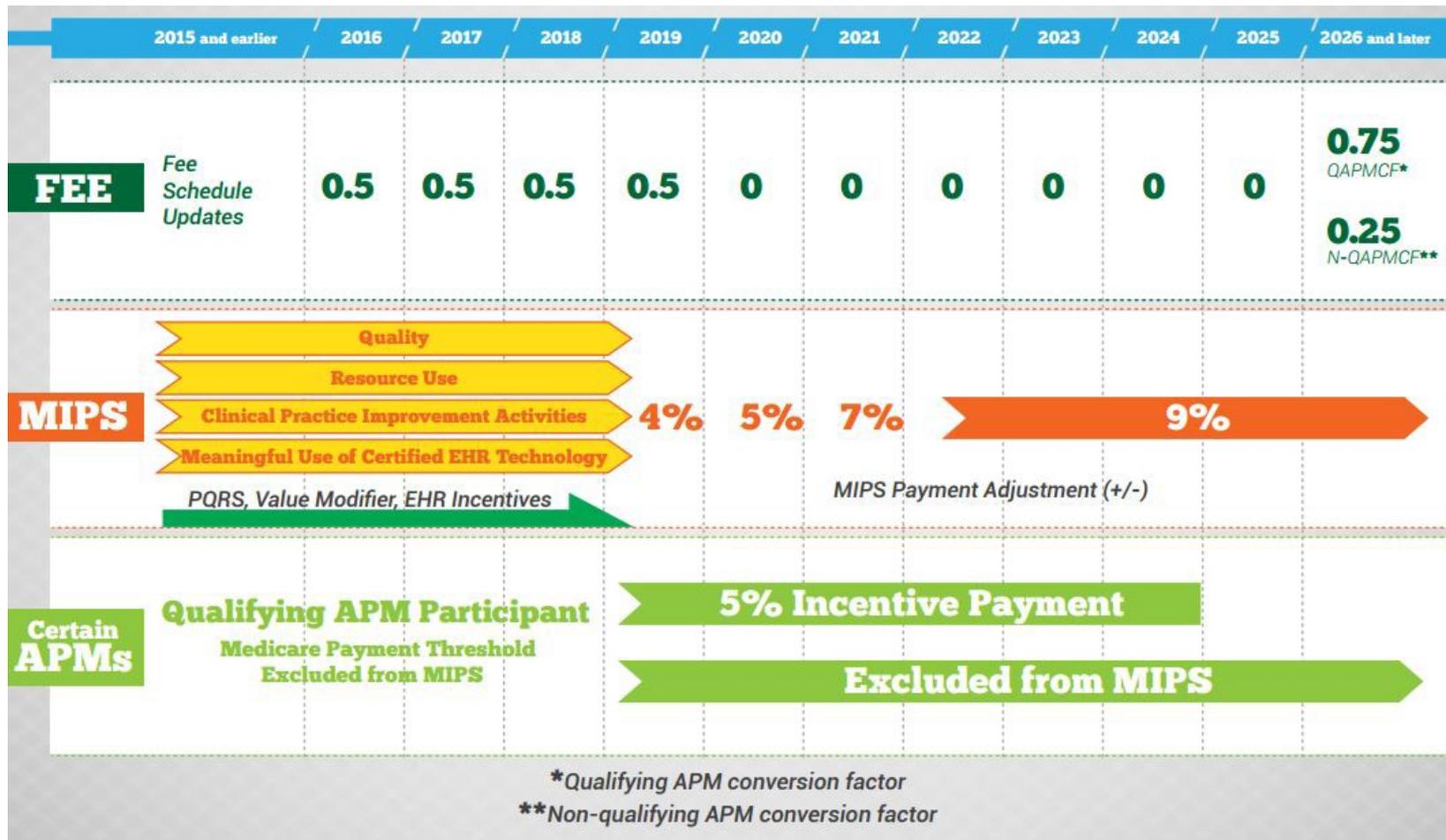




“Proposed” Advanced APMs Standards

- **Must meet following criteria:**
 - Bases **payment on quality** measures comparable to those in MIPS quality performance category
 - Require use of certified **EHR** technology
 - Bear more than nominal **financial risk** for monetary losses **or** special rules for medical home expanded under the CMS innovation model
- **Qualifying for Incentive Payments**
 - Physicians and other clinicians who have a certain **% of their patients or payments** through an **eligible** APM
 - Option to be assessed at the APM entity level or eligible clinician level

The MIPS-APM Payment Adjustment Timeline



Key Takeaways for CAHs

- MACRA/MIPS/QPP applies to Medicare Part B eligible clinicians only
- 2021 expect additional eligible clinicians
 - Dieticians, nutritionist, PT, OT, social workers, etc.
- Meaningful Use for Hospitals, CAHs and Medicaid EPs stays the same
 - Current Stage 2 and Stage 3 objectives
 - Current attestation methods
 - Medicaid EPs attest to both MIPS and current MU

Questions?

THANK YOU!



Sandy Swallow, Sr. QI Facilitator
515-223-2105

Sandy.swallow@area-d.hcqis.org
www.telligenqinqio.com