

DECEMBER 6, 2018

Staying on Track with Merit-based Incentive Payment System (MIPS) in 2018

PRESENTED BY JOY RIOS & ROBIN ROBERTS



OrthoServiceLine

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Who We Are

CHIRPY BIRD HEALTH IT CONSULTING

Joy Rios

Health IT Strategist



Joy Rios is a three-time author, subject matter expert, and health IT consultant focusing on the Merit-based Incentive Payment System. She has developed several training programs and online courses on health IT subject matter. Joy holds an MBA and is a Certified Healthcare Technology Specialist with a specialty in Workflow Redesign.

Robin Roberts

Health IT Strategist



Robin Roberts is a health IT and informatics expert with over 15 years experience in health IT. She has assisted in over 2000 attestations including MU, PQRS, VBM and MIPS. Robin has developed exclusive MIPS Cost solution software, consulted on MACRA and MIPS with both large and small healthcare organizations.

What is Value-Based Care?

VOLUME

a * b = revenue

a = code reimbursement

b = number of services

VALUE

c * d = revenue

c = reimbursement based on current/prior year(s) data collection/
submission, cost, care coordination and efficiency

d = number of unique patients and/or outcome and/or number of services

MERIT-BASED INCENTIVE PAYMENT SYSTEM CATEGORY WEIGHT CHANGES OVER TIME



Quality



Cost



Promoting
Interoperability



Improvement
Activities

2017

60%

25%

15%

2018

50%

10%

25%

15%

2019

45%

15%

25%

15%



Calculating Your Final Score With Bonus Points



Your final score is determined by adding together the four performance category scores plus any bonus points added to your final score.

Note: Your final score cannot exceed 100 points, even if bonus points results in a score greater than 100.

Bipartisan Budget Act of 2018



Main Changes to MIPS

- Extended “Transition Years” through 2021
- Cost to be weighted 10-30%
- No MIPS payment adjustment for Part B drugs
- CMS to establish threshold
- April 27, 2018
- Advancing Care Information (ACI) is renamed to Promoting Interoperability (PI)

Individual vs Group vs Virtual Group



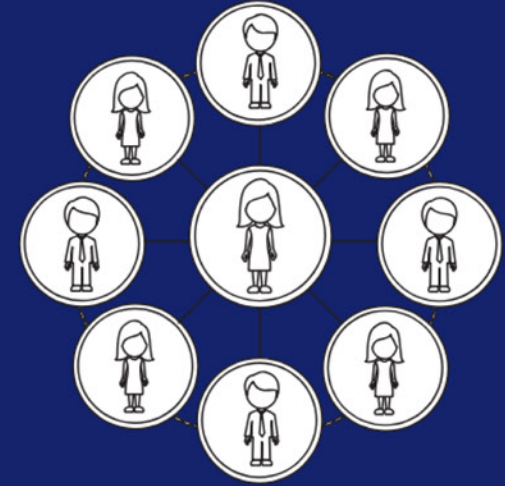
INDIVIDUAL

Single NPI tied to a single TIN



GROUP

Set of clinicians (identified by NPIs) sharing a TIN



VIRTUAL GROUP

Different TINs (individual MIPS ECs or a group of 10 or fewer clinicians) coming together with at least one other such TIN to form a Virtual Group

Eligibility

MIPS ELIGIBLE BY CREDENTIALS, OR “PROVIDER TYPE”

Physicians

Doctors of:

- Chiropracty
- Dental Medicine
- Dental Surgery
- Medicine
- Optometry
- Osteopathy
- Podiatric Medicine

Non-Physicians

- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Physician Assistant (PA)

New for 2019

- Clinical Psychologist
- Clinical Social Worker
- Physical Therapist
- Occupational Therapist

Confirm Your Eligibility

Quality Payment
PROGRAM


MIPS ▼
Merit-based Incentive
Payment System

APMs ▼
Alternative Payment
Models


About ▼
The Quality
Payment Program

Sign In
Submit and
Manage Data

QPP Participation Status

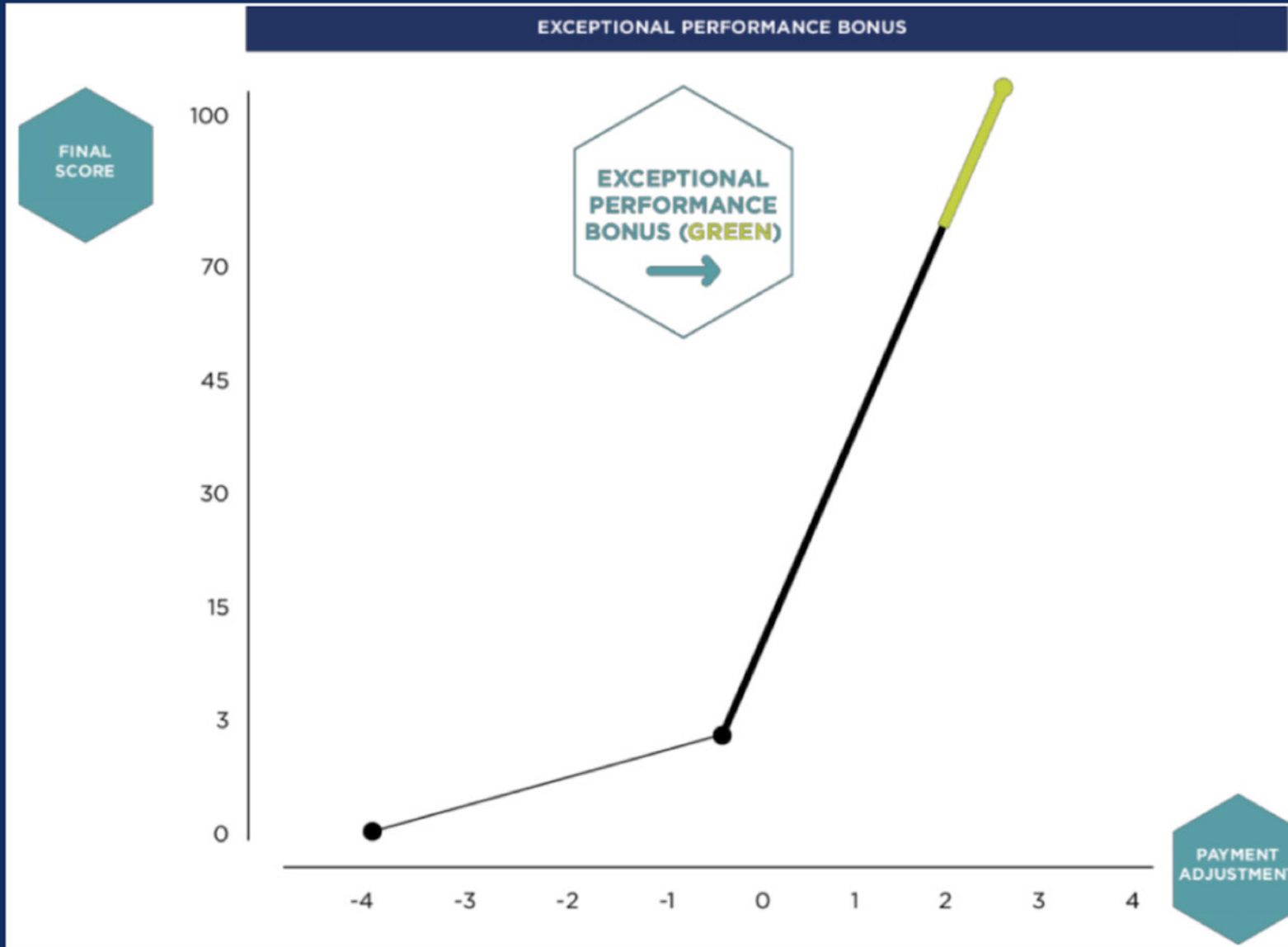
Enter your 10-digit [National Provider Identifier \(NPI\)](#)  number to view your QPP participation status by performance year (PY).

QPP Participation Status includes APM Participation as well as MIPS Participation.

 Check All Years >

www.QPP.gov

2017 Performance Ties To 2019 Payments

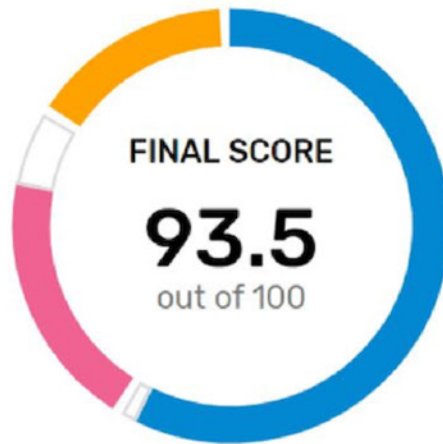


Y1 RESULTS

2017 MIPS SCORE	2019 PAYMENT ADJUSTMENT
100	+1.88%
40	+0.11%
15	+0.04%
3	Neutral
0	-4.00%

The Final Score At A Glance

The Final Score is achieved by adding the points you earned in each Performance Category



Performance Category Scores

● Quality	58.98 of 60
● Advancing Care Information	19.5 of 25
● Improvement Activities	15 of 15

How is the Final Score calculated?

Payment Adjustment	0.27%
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Exceptional Performance Adjustment	1.26%
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Total MIPS Adjustment(s)	+1.53%
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Payment Adjustment Date
January 1, 2019

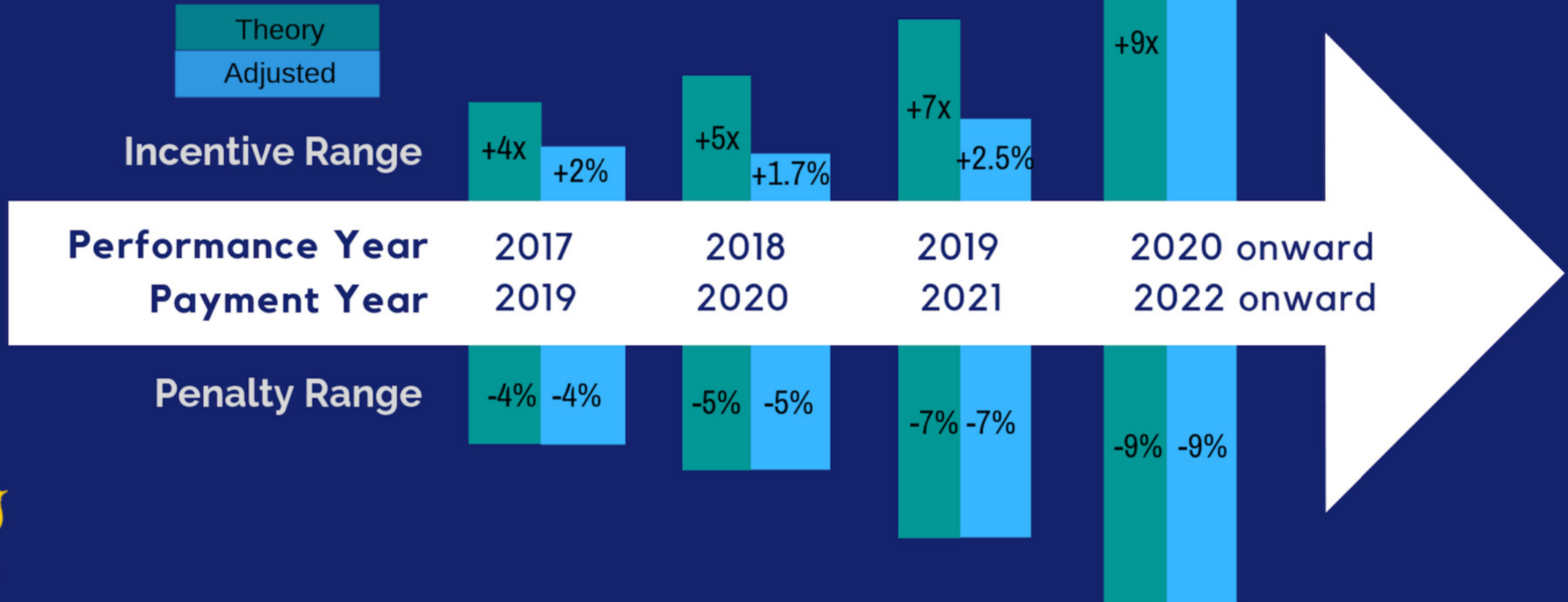
[What does this mean?](#)

WHAT'S AT STAKE

Maximum Adjustment to Clinician's Medicare Part B Payment

Accounting For:

- Transition Years
- Low Volume Threshold
- Budget Neutrality
- Exceptional Performance Bonus



Quality



50 Pts

6

Quality Measures

1

Outcome Measure, or High Priority

60%

Data Completeness Required

20

Case Minimum

365

Day Performance Period

SUBMISSION METHODS

- EHR
- Registry
- Claims
- QCDR
- Web Interface (25+ ECs)

BONUS PTS.

- Improvement on Prior Year's Performance
- End-to-End Electronic
- Extra High Priority Measures

Quality Measures for Orthopedic Surgery

#24 Communication with the physician managing ongoing care post-fracture*
#39 Screening or therapy for osteoporosis for women aged 65 years and older
#46 Medication Reconciliation* - High Priority
#47 Care Plan* - High Priority
#109 Function and pain assessment* - High Priority
#110 Preventive Care and Screening: Influenza Immunization
#128 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan*
#130 Documentation of Current Medications in the Medical Record* - High Priority
#131 Pain Assessment and Follow-Up* - High Priority
#134 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan*
#154 Falls: Risk Assessment* - High Priority
#155 Falls: Plan of Care*- High Priority
#178 Rheumatoid Arthritis (RA): Functional Status Assessment*
#179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis*
#180 Rheumatoid Arthritis (RA): Glucocorticoid Management*
#226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*

#317 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented*
#350 Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy* -High Priority
#351 Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation* - High Priority
#352 Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet* -High Priority
#353 Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report* -High Priority
#358 Patient-Centered Surgical Risk Assessment and Communication* -High Priority
#374 Closing the Referral Loop: Receipt of Specialist Report* -High Priority
#402 Tobacco Use and Help with Quitting Among Adolescents*
#408 Opioid Therapy Follow-up Evaluation*
#412 Documentation of Signed Opioid Treatment Agreement *
#414 Evaluation or Interview for Risk of Opioid Misuse *
#418 Osteoporosis Management in Women Who Had a Fracture*
#459 Average Change in Back Pain following Lumbar Discectomy / Laminotomy* - Outcome
#460 Average Change in Back Pain following Lumbar Fusion* - Outcome
#461 Average Change in Leg Pain following Lumbar Discectomy / Laminotomy* - Outcome

Promoting Interoperability



25 Pts

2014 or 2015

Certified EHR Technology

4 or 5

Base Measures, depending on CEHRT

1

Security Risk Assessment

90

Day Performance Period

PERFORMANCE PTS

- EHR
- Registry
- QCDR

BONUS PTS.

- Report to additional Public Health Registries
- Certain Improvement Activities using CEHRT
- Exclusive 2015 CEHRT

Improvement Activities



15 Pts

112

Activities

15 or fewer ECs

Small Practice

2

Activity Weights, Medium or High

90

Day Performance Period

PATHS TO SUCCESS

Small Practices can submit:

- 2 Medium Weighted or
- 1 High Weighted Activity

All Others can submit:

- 4 Medium Weighted or
- 2 High Weighted or
- 2 Medium + 1 High Weighted

Improvement Activities for Orthopedic Surgery

ID	DESCRIPTION	WEIGHT
IA_EPA_3	Collection and use of patient experience and satisfaction data on access	Medium
IA_PSPA_5	Annual registration in the Prescription Drug Monitoring Program	Medium
IA_AHE_1	Engagement of new Medicaid patients and follow-up	High
IA_BE_14	Engage patients and families to guide improvement in the system of care	Medium
IA_CC_8	Implementation of documentation improvements for practice/process improvements	Medium
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results	Medium

Cost



10 Pts

2

Measures

20 Episodes

Total Per Capita Costs

35 Episodes

Medicare Spending Per Beneficiary

365

Day Performance Period

NO NEED TO REPORT

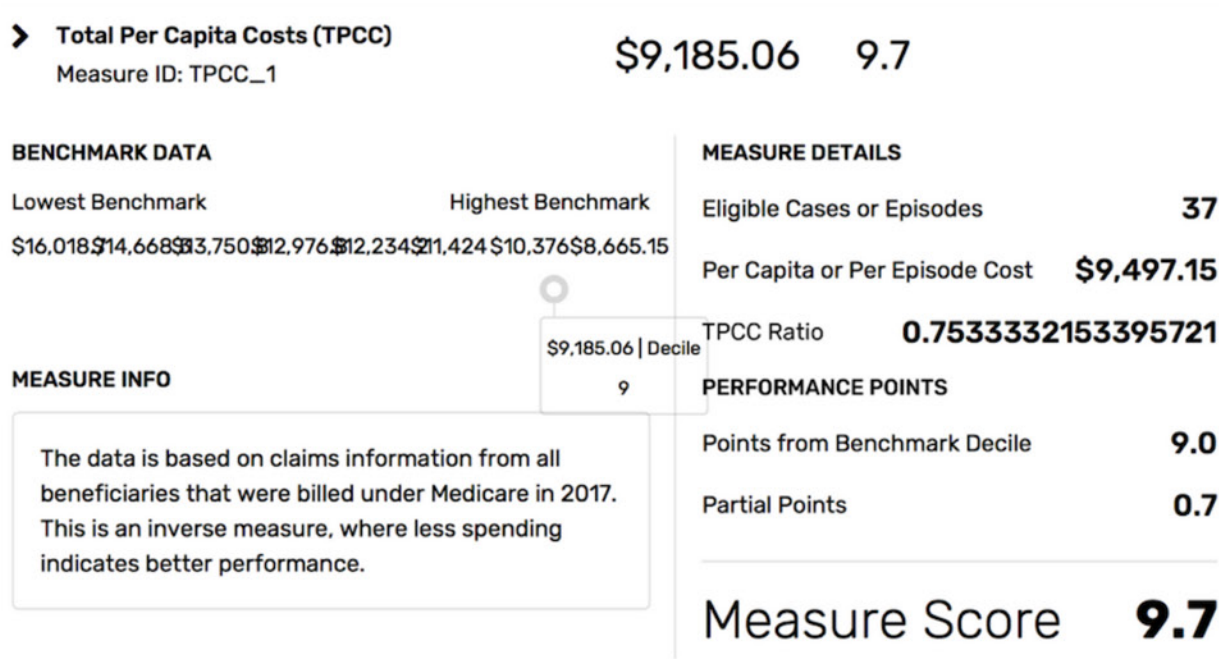
CMS tracks through
Administrative Claims

If there are not enough episodes,
Cost category gets re-weighted
to the Quality category

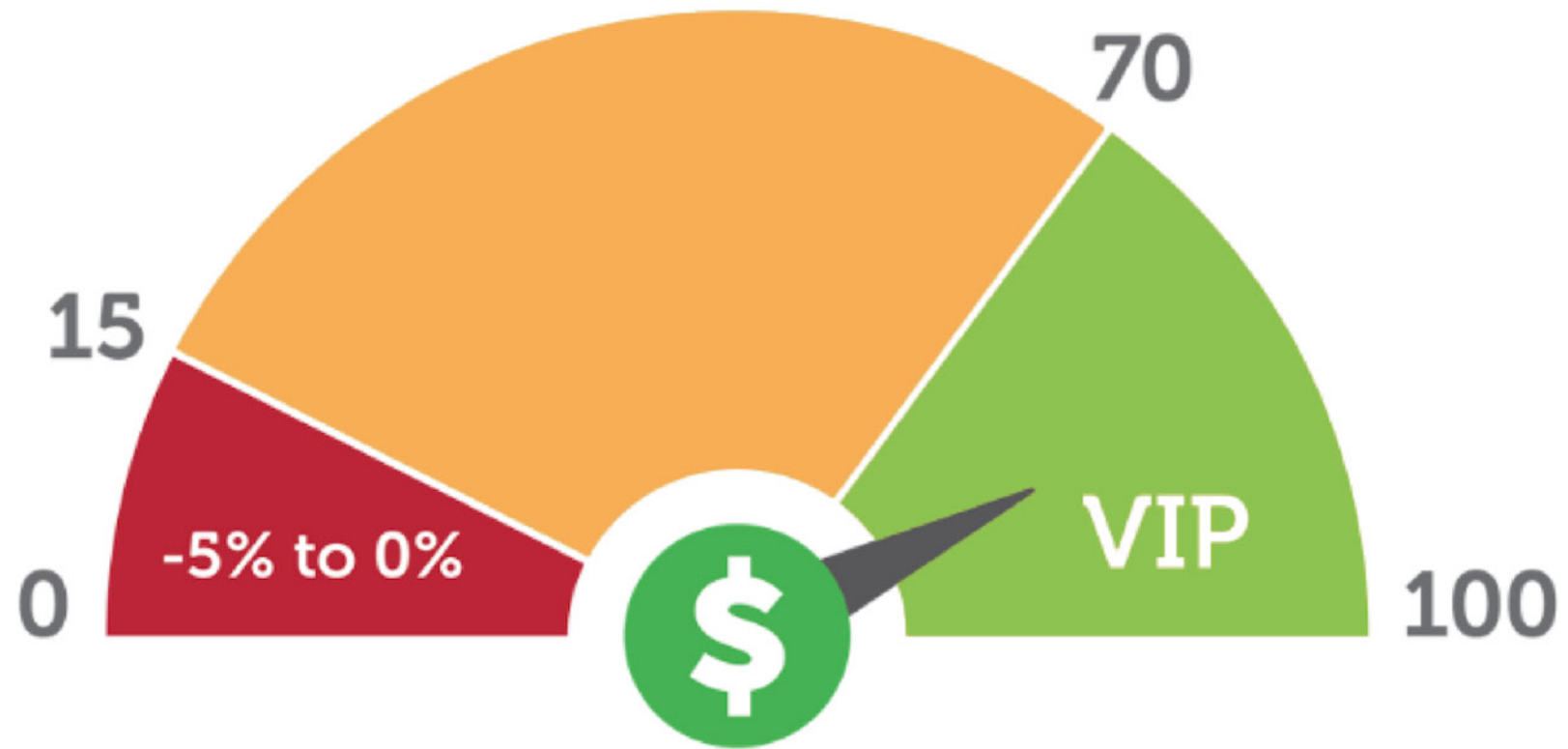
Understanding Cost Measures

Cost Score = AVERAGE of 2 Cost Measures

TOTAL COST PER CAPITA



Do You Know What Your 2018 MIPS Score Will Be?



Quality Payment Program Resources

WWW.QPP.GOV

- QPP Participation Lookup Tool
- QPP Quality Measure Selection
- QPP Improvement Activity Selection
- QPP Attestation Portal
- CMS Enterprise & Identity Management (EIDM) Portal
- CMS Resource Library
- CMS QPP Help & Support
- CMS FAQs



Q+A

WWW.CHIRPYBIRDLLC.COM