MACRA and Your Practice

a webinar presented by NueMD

in partnership with:
Smartlink Mobile Systems and
Total HIPAA Compliance
TODAY'S PRESENTERS

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US National Health Expenditures (left)  
US Health Expenditures as % of GDP (right)

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary
What is MACRA?
MACRA Reforms Medicare Payments

Medicare Access & CHIP Reauthorization Act of 2015

- Repeals Sustainable Growth Rate Formula (SGR)
- Streamlines quality programs (PQRS, VBM, & MU)
- Links fee-for-service payments to value and quality via two payment tracks
- Provides bonus payments for participation in Advanced Alternative Payment Models
MACRA
Payment Tracks
Advanced Alternative Payment Models (APM)

- Comprehensive ESRD Care Model (Lg. Dialysis Org. Arrangement)
  - 12 participants
- Comprehensive Primary Care Plus (CPC+) — available in 2017
- Medicare Shared Savings Program (Track 2 & 3)
  - 18 participants
- Next Generation ACO
  - 18 participants
- Oncology Care Model Two-Sided Risk Arrangement (available in 2018)
Medicare Part B clinicians who bill more than $30K a year or provide care for more than 100 Medicare patients will participate in MIPS.
MIPS

- Physicians
- Physician's Assistants (PA)
- Nurse Practitioners (NP)
- Clinical Nurse Specialists
- Clinical Resource Nurses (CRNs)
- Clinical Resource Nurses — Anesthetists
- Groups that include such clinicians
MIPS Scoring Components
MIPS Scoring Components

- MIPS scores providers from 0 to 100
- 2017 is the performance year for 2019
- The criteria is budget neutral
- Providers are ranked nationally and paid based upon their rank
- Scores are made public so private payers and patients will know rankings.
In 2017, you can choose the pace of your participation in MIPS.
Test Pace

Partial Year

Full Year

Just submit something

Avoid a negative payment adjustment by submitting at least one measure in 2017.

Submit a partial year

Report measures for a 90-day period during 2017 to avoid negative, and possibly receive a positive adjustment.

Submit a full year

Start submitting measures on Jan. 1, 2017 for maximum positive payment adjustments and potential bonuses.
MIPS Payment Adjustments Over Time

-4% 2019 +4% up to 3x (12%) +10%
-5% 2020 +5% up to 3x (15%) +10%
-7% 2021 +7% up to 3x (21%) +10%
-9% 2022 +9% up to 3x (27%) +10%

Bottom 25% of participants receive maximum penalty. Top performers can receive up to 3 times the base amount. For those who exceed 70 points, an additional 10% is possible.
Physician scores and rankings will be publicly available.
The threshold to avoid negative adjustment will increase each year.
Preparing for MIPS
Recommendations

Payment Track?
- Advanced APM or MIPS

If you choose MIPS, how will you report?
- Individual
- Group
- MIPS APM
Recommendations

What is your current state?
- Meaningful Use (MU)
- Quality and Resource Use Reports (QRURs)

Neutralize risk with new revenue
- AWV
- TCM
- CCM
- ACP
Quality

- 60% of score (decreases to 30% in 2019)
- Max total points = 80-90
- 271 measures to choose from overall
- Choose 6 Measures, including:
  - 1 Outcomes, or
  - 1 Specialty-specific, or
  - 1 Sub-specialty-specific measure set
Choose the right measures

— Look at QRUR as far back as possible
— Compare to benchmark
— Track more than 6 measures

Stay on top of poly-chronic patients between visits

— Chronic care management

Treat acute conditions early to avoid hospitalizations
Cost

- 0% of score (increases to 30% in 2019)
- Max total points = average score of all resource measures that can be attributed
- 10 episode-based measures
- Will calculate measures of per capita costs for all attributed beneficiaries and a Medicare Spending per Beneficiary (MSPB) measure.
Cost

Identify your highest value referral partners
  — Cost (and quality) management is a team sport

Leverage referral management technology
  — Place patients within high value referral network
  — Coordinate care more efficiently

Stay on top of poly-chronic patients between visits
  — Chronic care management

Treat acute conditions early to avoid hospitalizations
Improvement Activities

- 15% of score
- Max total points = 40
- Attest that you have completed **up to 4** improvement activities
- 93 activities to choose from
- 20 points for highly weighted, 10 points for others
- Full credit for PCMH & partial credit for APMs
Improvement Activities

Move towards PCMH if you aren't ready

— APM participants get partial or full credit

Choose the right measures

— What activities are you already doing that you can get credit for?
— Double dip -- which measures will also have the biggest impact on cost?
Advancing Care Information

- 25% of score
- Max total points = 100
- Base score up to 50%, and must report all 5 required measures for > 0 (Yes or "1")
- Performance score = up to 90%
- Receive bonuses for reporting registries (5%) and CEHRT improvement activities (10%)
Advancing Care Information

Make sure your EHR is *at least* 2014 certified

- APM participants get partial or full credit

**Achieve at least a yes or "1" for all 5 base measures:**

- Security risk analysis
- Electronic prescribing
- Provide patient access
- Send a summary of care record
- Request/accept a summary of care
Implementing MIPS
Steps for Implementation

- Learn as much as possible
- Evaluate your practice
- Know your reporting options
- Choose your measures
- Educate your staff
Steps for Implementation

Helpful Links

- Advancing Care Information Measures
- 2016 PQRS Measures (zip file)
- 2016 PQRS Claim-Based Coding and Reporting
- 2017 Improvement Activities
- List of MACRA Episode Groups and Triggers (Draft)
- Additional CMS resources
MIPS Reporting Requirements
Eligible clinicians are not required to select Cost Measures.
Improvement Activities

Select Improvement Activities

Search All by keyword

Filter by:

Showing 92 Activities

- Additional improvements in access as a result of QIN/QIO TA

- Administration of the AHRQ Survey of Patient Safety Culture

- Annual registration in the Prescription Drug Monitoring Program

- Anticoagulant management improvements

- Care coordination agreements that promote improvements in patient tracking across settings

- Care transition documentation practice improvements

Selected Activities

0 Activities Added

Once you select activities, they will appear here.
Improvement Activities

Explore Activities on CMS interface

— To report in 2017, select 4 out of 92 activities
— Use filters to your advantage
— Select Measures
— Download .CSV file
Quality

Select Measures

Search All by keyword

Filter by:

- High Priority Measure
- Data Submission Method
- Specialty Measure Set

Showing 271 Measures

- Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use
- Acute Otitis Externa (AOE): Topical Therapy
- ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Adherence to Antipsychotic Medications For Individuals with Schizophrenia
- Adult Kidney Disease: Blood Pressure Management
- Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis
- Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days

Selected Measures

- 6 Measures Added

Download (CSV)  Clear All

- Controlling High Blood Pressure
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- Osteoarthritis (OA): Function and Pain Assessment
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Urinary Incontinence: Plan of Care for Urinary Incontinence In Women Aged 65 Years and Older
Quality

This category replaces PQRS under SGR.

If you report measures via your EHR:
  — Must report on 50% of all patients

If you report measures via claims:
  — Must report on 50% of only Medicare Part B patients.

In 2018, reported measures must have a minimum of 20 cases.
Advancing Care Information

Base measures (2014 or 2015 Certified EHR)

- Security Risk Analysis
- e-Prescribing
- Patient Portal
- Health Information Exchange
MACRA + HIPAA
HIPAA is required to qualify for a score in the Advanced Care Information (ACI) performance category.
Advancing Care Information measures tied to HIPAA compliance include:

- Conducting a security risk analysis
- Secure electronic communication
- Providing patients access to their PHI
Q & A
Special Thanks

Smartlink is an innovator in value-based healthcare solutions aimed at chronic disease management. Smartlink’s Value-Based Chronic Care Management (CCM) solution optimizes clinical and financial outcomes of Medicare’s CCM program, and leverages CCM to directly impact performance on MACRA quality measures under all payment models. For more information, visit smartlinkmobile.com.

Leverage CCM as a competitive advantage under MACRA.

Annual Wellness Visits
- Staffing and technology solution
- AWV care plan integration with CCM
- CCM enrollment during AWV visit

Value-based CCM
- Evidence based clinical protocols
- Meaningful dialog that targets MACRA performance and improves patient retention

Referral Coordination
- Patient placement
- EMR agnostic clinical document exchange
- Collaborate and maintain visibility
- Manage downstream cost
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