

MACRA

and

Your Practice



a webinar presented by NueMD

in partnership with:
Smartlink Mobile Systems and
Total HIPAA Compliance

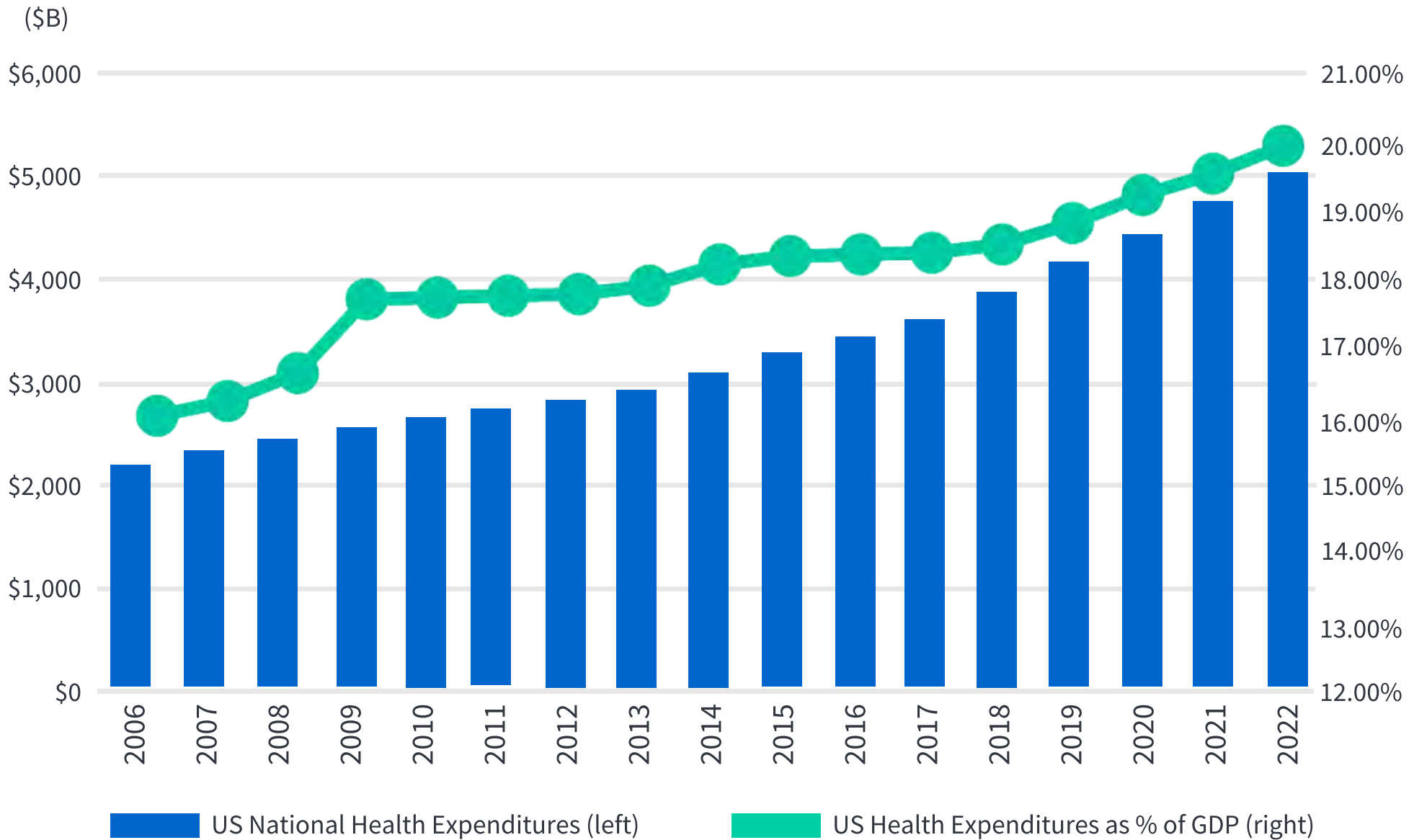
TODAY'S
PRESENTERS

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U.S. Healthcare Expenditures 2006-2022



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)

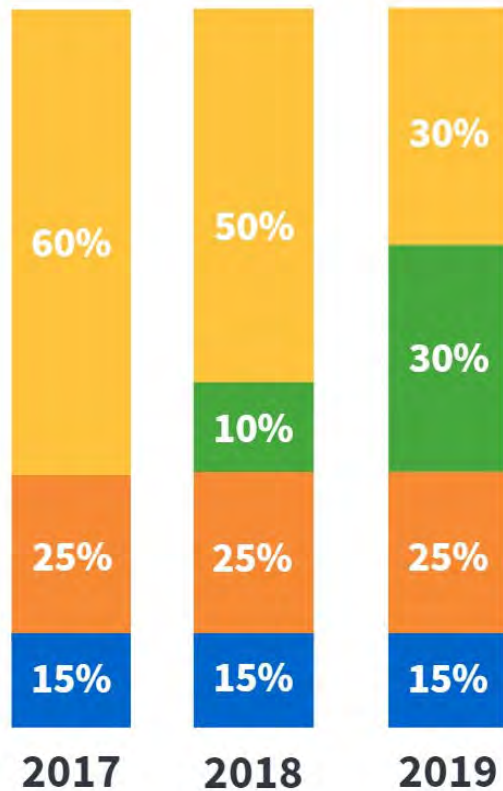
**Medicare Part B
clinicians who bill
more than \$30K a year
or provide care for
more than 100
Medicare patients will
participate in MIPS.**

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.

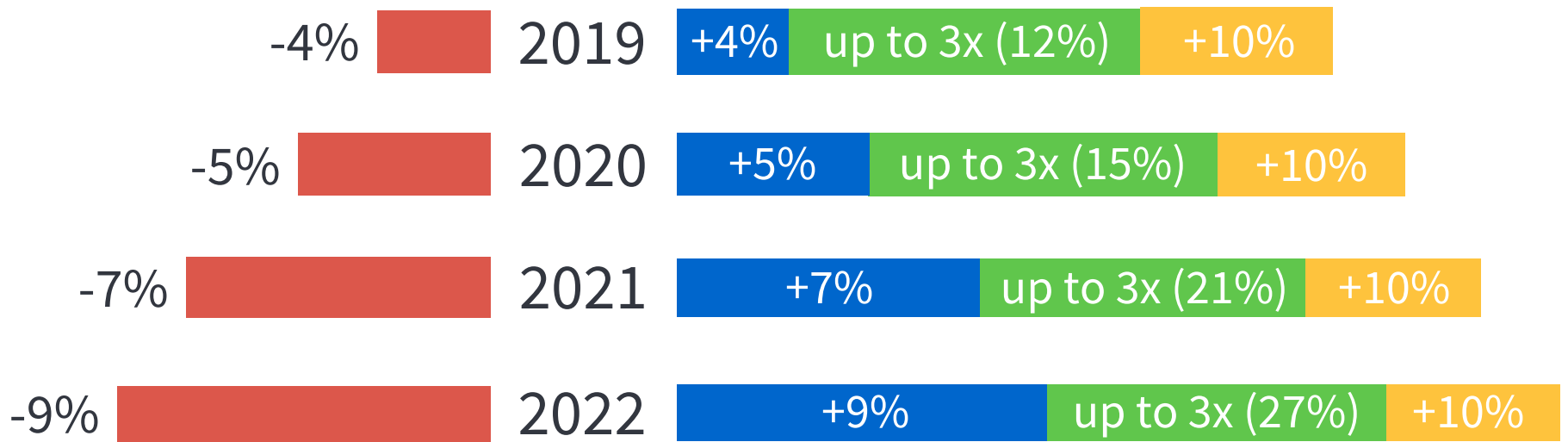
Submit a partial year


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



 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

- AWW
- TCM
- CCM
- ACP

**Improvement
Activities**

Quality

**Advancing Care
Information**

Cost

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

Quality

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

**Improvement
Activities**

Quality

**Advancing Care
Information**

Cost

**Eligible clinicians
are not required to
select Cost Measures.**

Improvement Activities

Select Improvement Activities

Search All by keyword

All

Search for...

SEARCH

Filter by:

Subcategory Name

Activity Weighting

Showing 92 Activities

Add All Activities

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

ADD

> Administration of the AHRQ Survey of Patient Safety Culture

ADD

> Annual registration in the Prescription Drug Monitoring Program

ADD

> Anticoagulant management improvements

ADD

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

ADD

> Care transition documentation practice improvements

ADD

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

All Search for...

SEARCH

Filter by:

High Priority Measure

Data Submission Method

Specialty Measure Set

Showing 271 Measures

Add All Measures

Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use

ADD

Acute Otitis Externa (AOE): Topical Therapy

ADD

ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

ADD

Adherence to Antipsychotic Medications For Individuals with Schizophrenia

ADD

Adult Kidney Disease: Blood Pressure Management

ADD

Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis

ADD

Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days

ADD

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.**

HIPAA-Related Measures

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



Leverage CCM as a competitive advantage under MACRA.

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.

Annual Wellness Visits

- Staffing and technology solution
- AWW care plan integration with CCM
- CCM enrollment during AWW visit

Referral Coordination

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

Value-based CCM

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



Special Thanks



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