

# MACRA 101: MIPS and Antibiotic Stewardship

Chris Fechner, BS  
Health Informatics Specialist  
Health Services Advisory Group (HSAG)  
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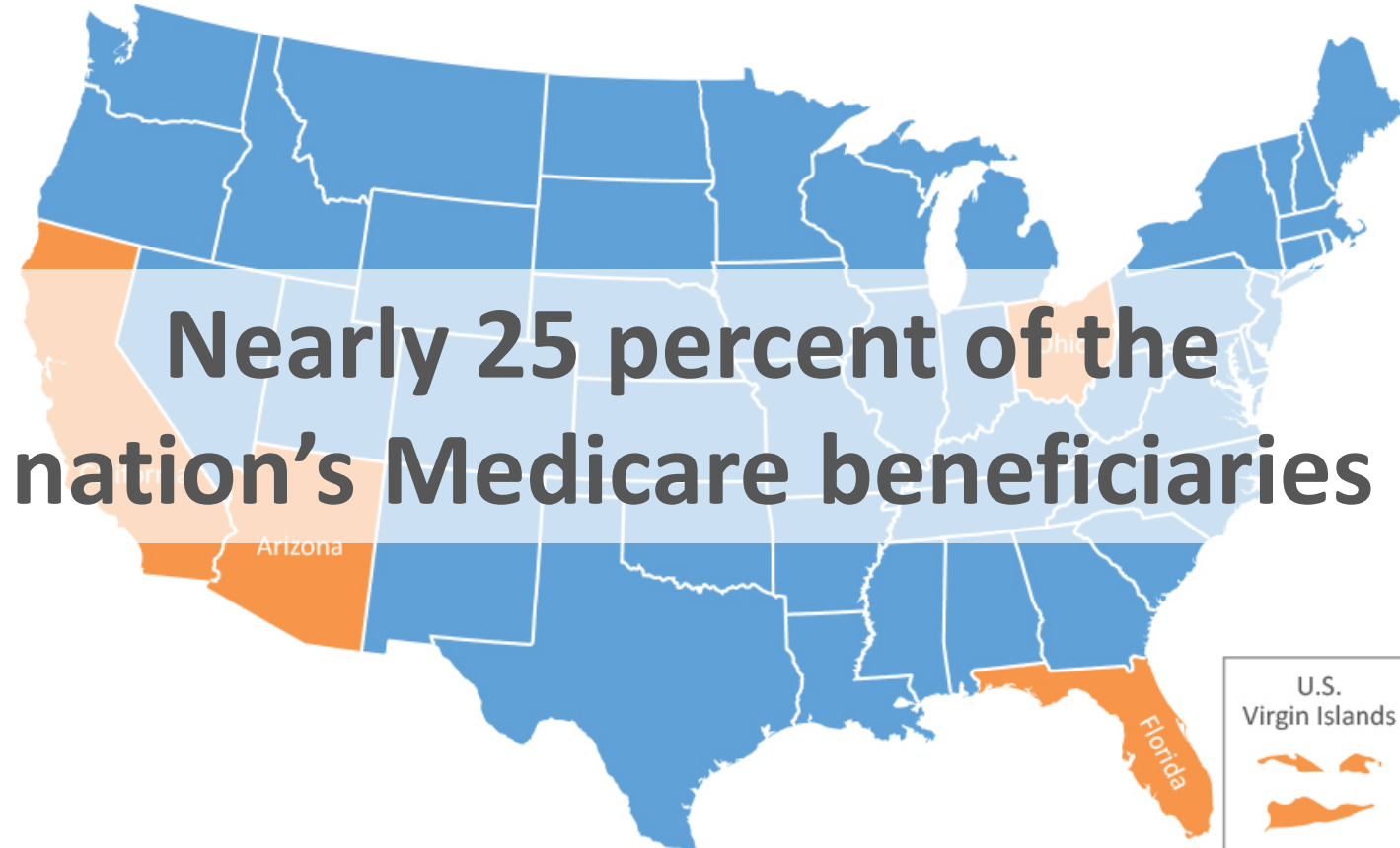
# Agenda

- Introduce HSAG
- MIPS overview
- How to tie into Antibiotic Stewardship
- Wrap up and questions

# HSAG: Your Partner in Healthcare Quality

- HSAG is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.
- Committed to improving healthcare quality for more than 35 years.
- QIN-QIOs in every state/territory are united in a network under the Centers for Medicare & Medicaid Services (CMS).
- QIN-QIOs in every state/territory are your partners in antibiotic stewardship.
- The Medicare QIO Program is the largest federal program dedicated to improving healthcare quality at the community level.

# HSAG's QIN-QIO Territory



**HSAG is the Medicare QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.**



# MIPS Overview

# Overview: What Will Determine My MIPS Score?

The MIPS Final **Score** will factor in **four weighted categories**:



Quality



Cost



Improvement  
activities



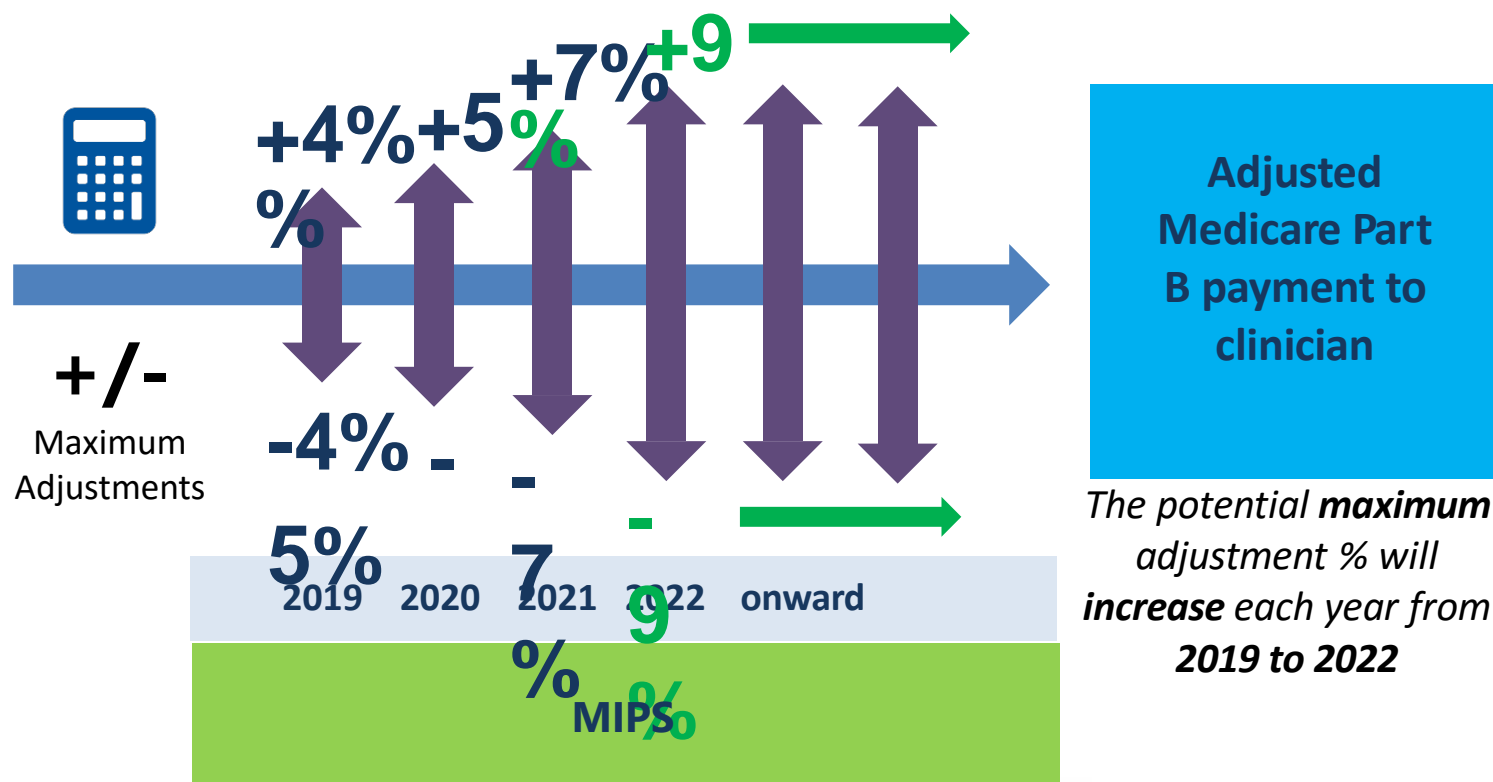
Advancing care  
Information



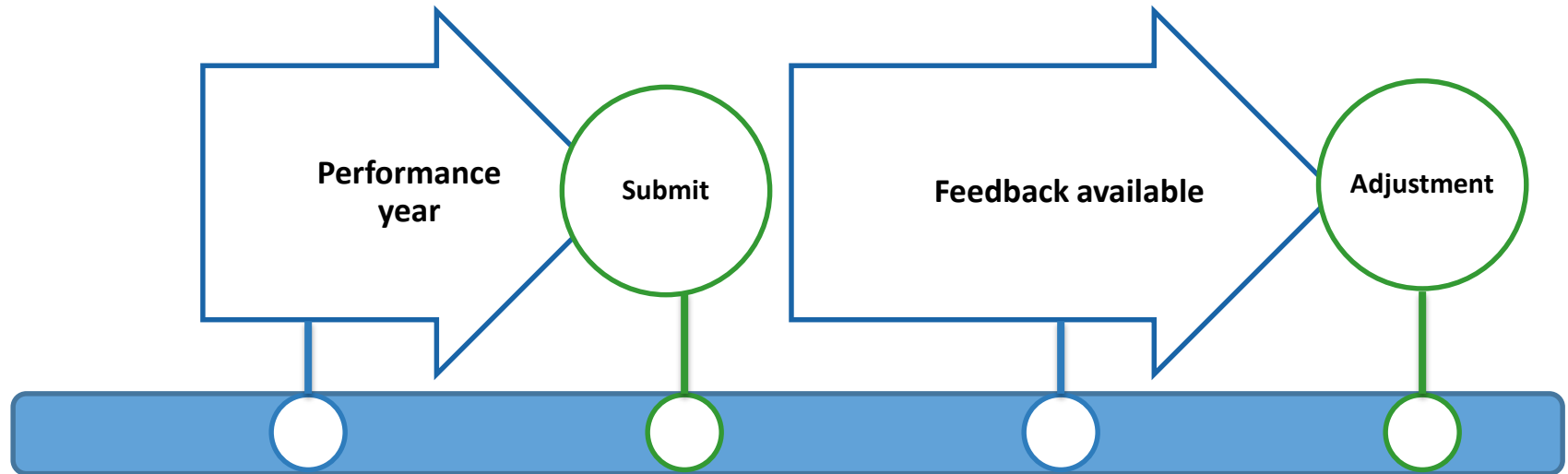
MIPS  
Final Score

# Overview: How Much Can MIPS Adjust Payments?

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



# Overview: When Does the Merit-Based Incentive Payment System Officially Begin?



## 2017 Performance Year

**Performance:** The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, you will record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can provide care during the year through that model.

## March 31, 2018 Data Submission

**Send in performance data:** To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5 percent incentive payment for participating in an Advanced APM, just send your quality data through your Advanced APM.

## Feedback

**Feedback:** Medicare gives you feedback about your performance after you send your data.

## January 1, 2019 Payment Adjustment

**Payment:** You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you could earn a 5 percent incentive payment in 2019.



# Participation Basics

Must be a **MIPS-eligible clinician type** billing more than \$30,000 a year in Medicare Part B allowed charges **AND** providing care for more than 100 Medicare patients a year.

BILLING  
>\$30,000

AND

>100

**MIPS-eligible clinician types include:**

Physicians

Physician  
Assistants

Nurse  
Practitioner

Clinical  
Nurse  
Specialist

Certified  
Registered  
Nurse  
Anesthetists

# Participation Basics (cont.)

## **The definition of Physicians:**

*Doctors of Medicine  
Doctors of Osteopathy  
Doctors of Dental Surgery  
Doctors of Dental Medicine  
Doctors of Podiatric Medicine  
Doctors of Optometry  
Doctors of Chiropractic Medicine*

## **The following Clinician types may become eligible in 2019:**

*Audiologist  
Clinical Social Workers  
Clinical Psychologist  
Dietitians  
Nurse Midwives  
Nutritional Professionals  
Occupational Therapist  
Physical Therapist  
Speech Pathologist*

# Non-Patient Facing Clinicians

- Patient-facing encounters:
  - Instances in which the MIPS-eligible clinician or group bills for general office visits, outpatient visits, and procedure codes; The definition does not include traditional anesthesia billing codes.
- Non-patient facing individual:
  - Certified Registered Nurse Anesthetist (CRNA) that bills 100 or fewer patient-facing encounters during the performance period.
- Non-patient facing group:
  - More than 75 percent of the clinicians billing under the group's TIN meet the definition of a non-patient facing individual.
- There are more flexible reporting requirements for non-patient facing clinicians.

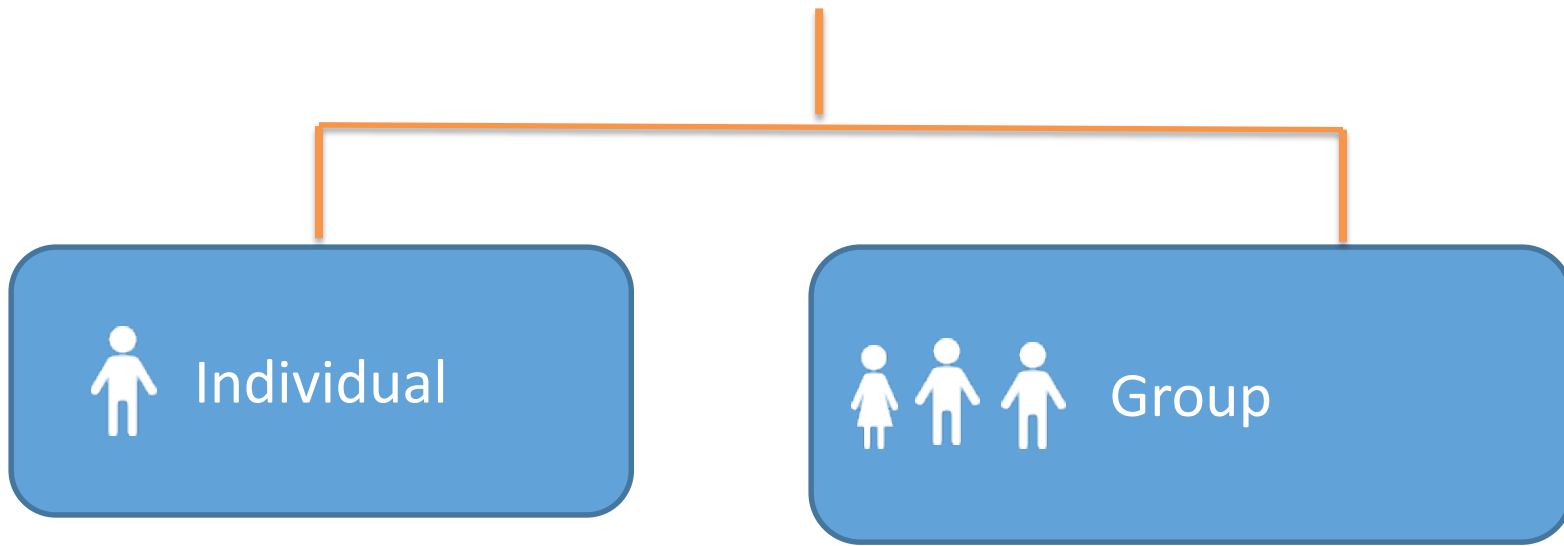


# 2017 is a Transition Year

## *Special Options*

# Individual vs Group Reporting

## Options



1. Individual—Under an National Provider Identifier (NPI) number and Tax Identification Number (TIN) where they reassign benefits

### 2. As a Group

- a) 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN\*
- b) As an APM Entity

\* If clinicians participate as a group, they are assessed as a group across all four MIPS performance categories.

# Pick Your Pace: Participation for the Transition Year

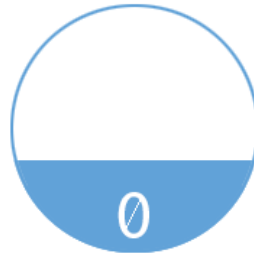
## Participate in an Advanced APM



- Some practices may choose to participate in an Advanced APM in 2017

## MIPS

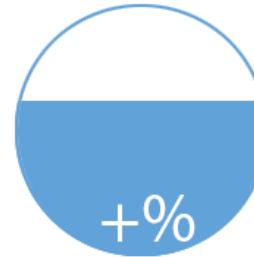
### Test Pace



#### Submit Something:

- Submit **some** data after January 1, 2017
- Neutral or small payment adjustment

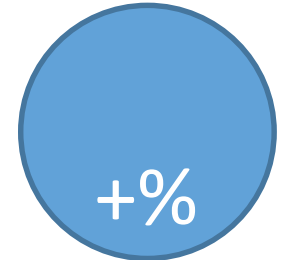
### Partial Year



#### Submit a Partial Year:

- Report for 90-day period after January 1, 2017
- Some positive payment adjustment

### Full Year

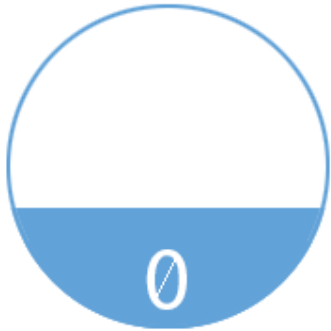


#### Submit a Full Year:

- Fully participate starting January 2017
- Modest positive payment adjustment

**Not participating in the QPP for the Transition Year will result in a negative 4 percent payment adjustment.**

# MIPS First Year Participation: Option 1



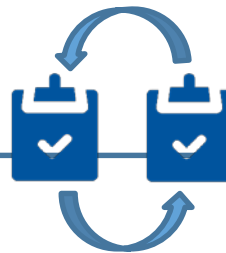
**Submit  
Something**

- Submit a minimum of 2017 data to Medicare
- Avoid a downward adjustment

**You Have Asked:** “What is the minimum amount of data?”



**1 Quality Measure**



**1 Improvement  
Activity**

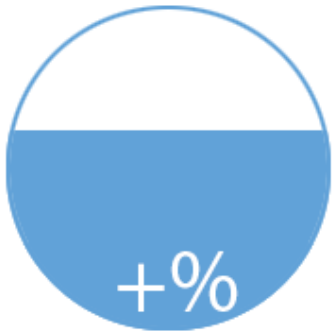


**4 or 5 Required  
Advancing Care  
Information  
Measures\***

Source: The Centers for Medicare & Medicaid Services

\* Depending on certified electronic health record technology (CEHRT) edition

# MIPS First Year Participation: Option 2



**Submit a  
Partial Year**

- Submit 90 days of 2017 data to Medicare
- May earn a positive payment adjustment

**“So what?”** — If you are not ready on January 1, you can start anytime between January 1 and October 2

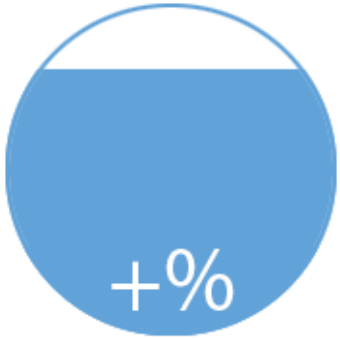


Need to send  
performance data  
by **March 31, 2018**





# First Year Participation: Option 3



## Submit a Full Year

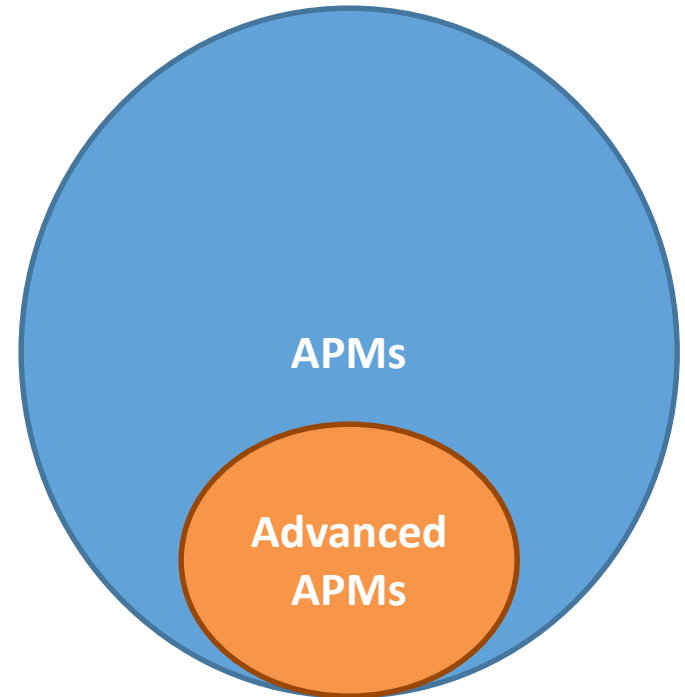
- Submit a full year of 2017 data to Medicare
- May earn a positive payment adjustment
- Best way to earn largest payment adjustment is to submit data on all MIPS performance categories

### Key takeaway:

Positive adjustments are based on performance data on the performance information submitted, not the **amount** of information or **length of time submitted**.

# Option 4: Advanced APMs Are a Subset of APMs

- APMs may offer practices opportunities that are not immediately able to take on the risk and requirements of Advanced APMs.
- The QPP does not change how any particular APM rewards value.





# Full Year Participation in 2017

# How are MIPS Performance Categories Weighted?

- Weights assigned to each category is based on a 1 to 100 point scale

## Transition Year Weights



Quality

60%



Cost

0%



Improvement  
activities

15%



Advancing care  
Information

25%

Note: These are default weights; the weights can be adjusted in certain circumstances



# Quality Measures

# Quality Measures: Full Participation



- Category requirements
  - Replaces PQRS and Quality Portion of the Value Modifier
  - “So what?” —Provides for an easier transition due to familiarity

**60%**

**60% of final score**

**Select 6 of about 300 quality measures** (minimum of 90 days to be eligible for maximum payment adjustment ); 1 must be:

- Outcome measure OR
- High-priority measure—defined as outcome measure, appropriate use measure, patient experience, patient safety, efficiency measures, or care coordination

Different requirements for groups reporting CMS Web Interface or those in MIPS APMs

May also select specialty-specific set of measures



# Improvement Activities

# What Will Determine My MIPS Score? Improvement Activities



- Worth 15 percent of final score in year 1
- Activities include:
  - Those focused on care coordination
  - Beneficiary engagement
  - Patient safety
- 92 options for these activities, need 40 total points
- Submission of measures include attestation, Qualified Clinical Data Registry (QCDR), Qualified Registry, and electronic health record (EHR)



# Improvement Activities Scoring (Special Considerations)

## Special considerations:

- Non-patient facing
- Small practices  
**(1–15 clinicians)**
- Practices located in rural areas
- Geographic health professional shortage areas

## Choose one of the following:

- 1 High Priority activity OR
- 2 Medium Priority activities

# Improvement Activities Subcategories

Subcategory	Weighted
Expanded Practice Access	High
	Medium
Population Management	High
	Medium
Beneficiary Engagement	High
	Medium
Patient Safety and Practice Assessment	High
	Medium
Care Coordination	High
	Medium
Participation in an APM, including a medical home model	Half to Full Credit

Subcategory	Weighted
Achieving Health Equity	High
	Medium
Emergency Preparedness and Response	High
	Medium
Integrated Behavioral and Mental Health	High
	Medium

**High = 20 points**  
**Medium = 10 points**  
**Total Maximum = 40 points**

Source: CMS, MACRA Notice of Proposed Rule Making, May 9, 2016, see Table H; available at <https://www.gpo.gov/fdsys/pkg/FR-2016-05-09/pdf/2016-10032.pdf> on page 410 of PDF format (page 28570-28586 of document)



# Advancing Care Information (ACI)



- ACI replaces Meaningful Use
- Worth 25 percent of composite score
- Not an “all or nothing” anymore
- Focuses on Stage 3-like measures
  - Interoperability
  - Health information exchange
  - Electronic care coordination
- Submission includes attestation, QCDR, qualified registry, and EHR
- May be reweighted to Quality if not able to use an EHR

Qualified Clinical Data Registry (QCDR)

# Two ACI Measure Set Options in 2017

ACI Objectives and Measures: Base Score Required Measures	
Objective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care
Health Information Exchange	Request/Accept a Summary of Care
2017 ACI Transition Objectives and Measures: Base Score Required Measures	
Objective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Health Information Exchange

# ACI Performance Categories

ACI Objectives and Measures	
Objective	Measure
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	Patient-Specific Education
Coordination of Care through Patient Engagement	View, Download, and Transmit (VDT)
Coordination of Care through Patient Engagement	Secure Messaging
Coordination of Care through Patient Engagement	Patient-Generated Health Data
Health Information Exchange	Send a Summary of Care*
Health Information Exchange	Request/accept a Summary of Care*
Public Health and Clinical Data Registry	Immunization Registry Reporting

2017 ACI Objectives and Measures	
Objective	Measure
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	View, Download, and Transmit (VDT)
Patient-Specific Education	Patient-Specific Education
Secure Messaging	Secure Messaging
Health Information Exchange	Health Information Exchange*
Medication Reconciliation	Medication Reconciliation
Public Health Reporting	Immunization Registry Reporting

\*ACI Base Scores

# Brief Note on Resource Use (Cost)

- Worth 0 percent of final score in the 2017 Transition Year
- Continuation of two measures from VBM:
  - Total per costs capita for all attributed beneficiaries
  - Medicare spending per beneficiary (MSPB) with minor technical adjustments
- Also episode-based measures, as applicable to the MIPS-eligible clinician
- Will still be calculated, but not counted towards your Composite Performance Score (CPS)



# How does all this tie into Antibiotic Stewardship?



# Quality Measures



MEASURE NAME	QUALITY ID	MEASURE TYPE	HIGH PRIORITY MEASURE	DATA SUBMISSION METHOD
Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)	331	Process	Yes	Registry
Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)	332	Process	Yes	Registry
Appropriate Testing for Children with Pharyngitis	66	Process	Yes	EHR,Registry
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	65	Process	Yes	EHR,Registry
Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia	407	Process	Yes	Claims,Registry
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	116	Process	Yes	Registry
Documentation of Current Medications in the Medical Record	130	Process	Yes	Claims,EHR,Registry
Use of High-Risk Medications in the Elderly	238	Process	Yes	EHR,Registry

# Improvement Activities



ACTIVITY NAME	ACTIVITY DESCRIPTION	ACTIVITY ID	SUBCATEGORY NAME	ACTIVITY WEIGHTING
Implementation of antibiotic stewardship program	Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics	IA_PSPA_15	Patient Safety & Practice Assessment	Medium
Implementation of medication management practice improvements	Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews.	IA_PM_16	Population Management	Medium



MEASURE NAME	MEASURE DESCRIPTION	MEASURE ID	OBJECTIVE NAME	REQUIRED FOR BASE SCORE	PERFORMANCE SCORE WEIGHT
e-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.	ACI_EP_1	Electronic Prescribing	Yes	0



# Thank you!

Chris Fechner, BS

HSAG Health Informatics Specialist

614.360.2749 | [cfechner@hsag.com](mailto:cfechner@hsag.com)



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