



Learning Forum Fridays



Countdown to MIPS Data Submission Webinar Series

Are You ~~Doing~~ Advancing Care / ~~Measures~~ Measures?

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Disclosure

I have nothing to report, nor are there any real or perceived conflicts of interest, implied or expressed, in the following presentation.

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Agenda

- Overview of Merit-based Incentive payment System (MIPS) reporting
- What is Advancing Care Information (ACI)?
- How is ACI Scored?
- What are the ACI reporting options?
- Where can I go for help?



Overview of MIPS Reporting

What Do I Need To Know?

What Are the Performance Category Weights?

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

Transition Year Weights



Quality

60%



Cost

0%



Improvement
Activities

15%

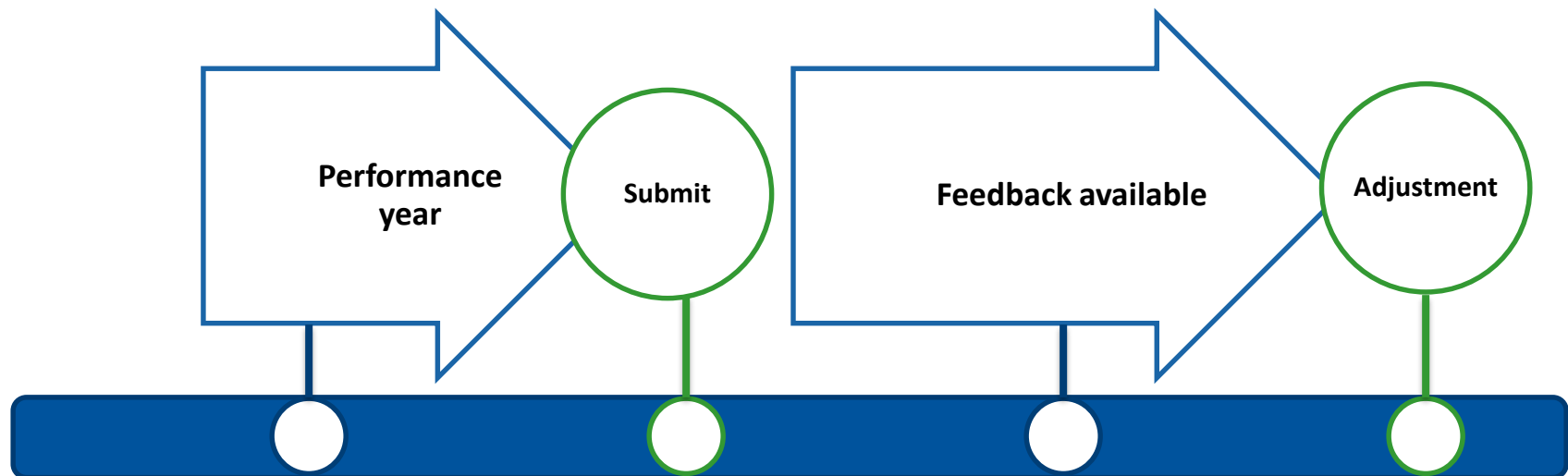


Advancing Care
Information

25%

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

When Does MIPS Officially Begin?



2017 Performance Year

- Performance period opens January 1, 2017.
- Performance period closes December 31, 2017.
- Clinicians care for patients and record data during the year.

March 31, 2018 Data Submission

- Deadline for submitting data is March 31, 2018.
- Clinicians are encouraged to submit data early.

Feedback

- CMS provides performance feedback after data is submitted.
- Clinicians will receive feedback before the start of the payment year.

January 1, 2019 Payment Adjustment

- MIPS payment adjustments are prospectively applied to each claim beginning on January 1, 2019.

Reminder: Oct 2 is when the last 90-day reporting period begins.



What is ACI?



- Promotes patient engagement and the electronic exchange of information using certified EHR technology (CEHRT)
- Ends and replaces the Medicare EHR Incentive Program (also known as Medicare Meaningful Use)
- Greater flexibility in choosing measures
- In 2017, there are ***two measure sets for reporting based on CEHRT*** edition:

Advancing Care Information
Objectives and Measures

2017 Advancing Care
Information Transition
Objectives and Measures

How to Choose the Correct ACI Reporting Option

Option 1: Advancing Care Information Objectives & Measures	Option 2: Advancing Care Information Transition Objectives & Measures
2015 edition CEHRT	2015 Edition CEHRT
Combination of 2014 and 2015 CEHRT that support these measures	Combination of 2014 and 2015 CEHRT that support these measures
N/A	2014 Edition CEHRT

- How do I determine my CEHRT Edition?
- Certified Health IT Product List (CHPL) website: <https://chpl.healthit.gov/#/search>

Base and Performance Objectives & Measures

50%

Base score (worth 50 percent)

- Failure to meet reporting requirements will result in an ACI score of zero.

0%

90%

Performance Score (worth up to 90 percent)

5%

Bonus Score for reporting to Public Health and Clinical Data Registries

10%

Bonus Score for using CEHRT to report certain Improvement Activities

Source: The Centers for Medicare & Medicaid Services

Base Objectives & Measures

Option 1: Advancing Care Information Objectives & Measures	Option 2: Advancing Care Information Transition Objectives & Measures
Security & Risk Analysis	Security & Risk Analysis
E-Prescribing	E-Prescribing
Provide Patient Access	Provide Patient Access
Send a Summary of Care	Health Information Exchange
Request/Accept a Summary of Care	

Source: The Centers for Medicare & Medicaid Services

Performance Objectives & Measures

Option 1: Advancing Care Information Objectives & Measures	Option 2: Advancing Care Information Transition Objectives & Measures
Provide Patient Access	Provide Patient Access
Patient-Specific Education	Patient-Specific Education
View, Download & Transmit	View, Download & Transmit
Secure Messaging	Secure Messaging
Send a Summary of Care	Health Information Exchange
Clinical information Reconciliation	Medication Reconciliation
Immunization Registry Reporting	Immunization Registry Reporting
Patient- Generated Health Data	
Request/Accept a Summary of Care	

Source: The Centers for Medicare & Medicaid Services

Measure Reporting & Scoring

Measure Name	Reporting Requirements	Required for Base Score	Performance Score Weight
e-Prescribing	Numerator/Denominator	Yes	0
Provide Patient Access	Numerator/Denominator	Yes	Up to 10%
Request/Accept Summary of Care	Numerator/Denominator	Yes OPTION 1	Up to 10%
Security Risk Analysis	Yes/No	Yes	0
Send a Summary of Care	Numerator/Denominator	Yes	Up to 10%
Clinical Data Registry Reporting	Yes/No	No	Up to 5%
Clinical Information Reconciliation	Numerator/Denominator	No	Up to 10%
Electronic Case Reporting	Yes/No	No	Up to 5%
Immunization Registry Reporting	Yes/No	No	Up to 10%
Patient-Generated Health Data	Numerator/Denominator	No	Up to 10%
Patient-Specific Education	Numerator/Denominator	No	Up to 10%
Public Health Registry Reporting	Numerator/Denominator	No	Up to 5%
Secure Messaging	Numerator/Denominator	No	Up to 10%
Syndromic Surveillance Reporting	Yes/No	No	Up to 5%
View, Download and Transmit (VDT)	Numerator/Denominator	No	Up to 10%

Source: The Centers for Medicare & Medicaid Services

MIPS Performance Category: ACI

Improvement Activities Eligible for ACI Bonus



IA Performance Category Subcategory	Activity Name	Weight
Expanded Access Practice	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	High
Population Management	Anticoagulant management improvements	High
Population Management	Glycemic management services	High
Population Management	Chronic care and preventive care management for empaneled patients	Medium
Population Management	Implementation of methodologies for improvements in longitudinal care management for high risk patients	Medium
Population Management	Implementation of episodic care management practice improvements	Medium
Population Management	Implementation of medication management practice improvements	Medium
Care Coordination	Implementation of use of specialist reports back to referring clinician or group to close referral loop	Medium
Care Coordination	Implementation of documentation improvements for practice/process improvements	Medium
Care Coordination	Implementation of practices/processes for developing regular individual care plans	Medium
Care Coordination	Practice improvements for bilateral exchange of patient information	Medium
Beneficiary Engagement	Use of certified EHR to capture patient reported outcomes	Medium
Beneficiary Engagement	Engagement of patients through implementation of improvements in patient portal	Medium
Beneficiary Engagement	Engagement of patients, family, and caregivers in developing a plan of care	Medium
Patient Safety and Practice Assessment	Use of decision support and standardized treatment protocols	Medium
Achieving Health Equity	Leveraging a QCDR to standardize processes for screening	Medium
Integrated Behavioral and Mental Health	Implementation of integrated primary care behavioral health (PCBH) model	High
Integrated Behavioral and Mental Health	EHR Enhancements for behavioral health (BH) data capture	Medium



ACI Flexibility

MIPS Performance Category: ACI: Flexibility



1

CMS will automatically reweight the ACI performance category to zero for MIPS clinicians who lack of Face-to-Face Patient Interaction, NP, PA, CRNAs, and CNS'

- Reporting is optional although if clinicians choose to report, they will be scored.

2

A clinician can apply to have his performance category score weighted to zero and the 25% will be assigned to the Quality category for the following reasons:

1. Insufficient internet connectivity
2. Extreme and uncontrollable circumstances
3. Lack of control over the availability of CEHRT

NP = nurse practitioner; PA = physician's assistant; CRNAs = certified registered nurse anesthetists; CNS = certified nursing assistant

MIPS Performance Category: ACI: Flexibility (cont.)



3

- Hospital-based MIPS clinicians qualify for an automatic reweighting of the ACI Performance Category.
 - 75% or more of Medicare services performed in the inpatient, on campus outpatient department, or emergency department
- CMS will reweight the category to zero and assign the 25% to the quality performance category.
- If data is submitted, CMS will score their performance and weight their ACI performance accordingly.



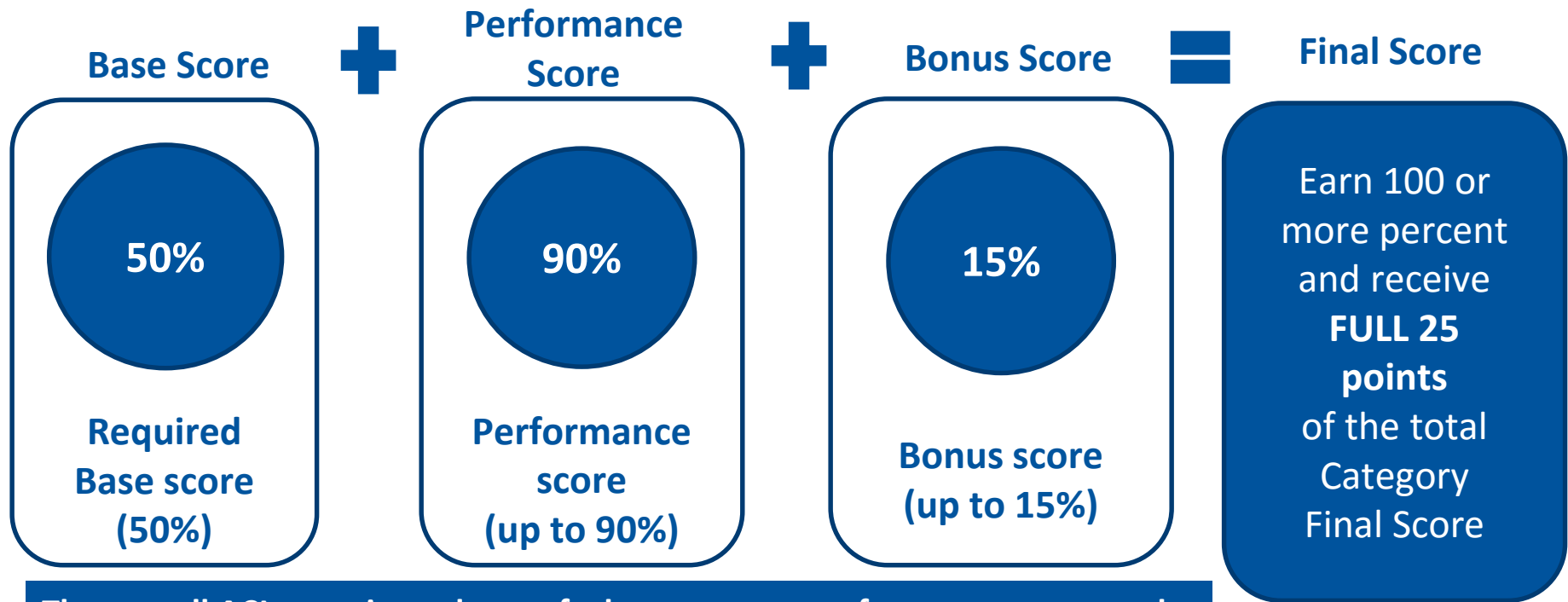
MIPS Submission Methods

What Do I Need to Know?

MIPS Performance Category: ACI (25 Percent of Final Score in Transition Year)



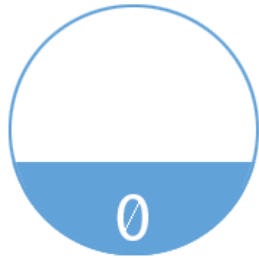
- Earn up to 155 percent maximum score, which will be capped at 100 percent.



The overall ACI score is made up of a base score, a performance score, and a bonus score for a maximum score of a 100 percentage points.

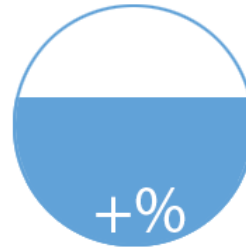
Keep in mind: You need to fulfill the Base score or you will get a zero in the ACI Performance Category.

MIPS Performance Category: ACI—Requirements for the Transition Year

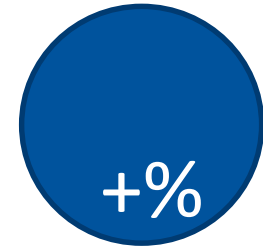


Submit Something

- **Test Means...**
 - Submitting 4 or 5 base score measures
 - Depends on use of 2014 or 2015 Edition
 - Reporting all required measures in the base score to earn any credit in the **Advancing Care Information** performance category



Submit a Partial Year



Submit a Full Year

- **Partial and Full Means...**
 - Submitting more than the base score in year 1

For a full list of measures, please visit QPP.CMS.GOV.



CMS Updates

CMS Updates: Virtual Group Reporting

- Virtual group participation option
 - December 31, 2017 deadline

CMS Updates: Last 90-Day Period

- Remember, October 2, 2017 is the day when the last 90-day reporting period begins.



Program Resources

Program Resources (cont.)

- CMS QPP website
- <https://qpp.cms.gov/mips/advancing-care-information>
- HSAG QPP Service Center website
 - <https://www.hsag.com/QPP>

Questions



Contact Information

- Contact HSAG at HSAGQPPSupport@hsag.com or visit www.hsag.com/QPP.
- To access past LFF slides or to register for future events, go to <http://www.hsag.com/LFF>.



Thank you!

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