QPP-SURS Webinar: MIPS for Beginners Transcript

Date: 8/22/17
Time: 11:00 a.m. -12:00 noon CT

Welcome

Hello and welcome to the Qsource "MIPS for Beginners" my name is Deborah Crouse and I will be your Moderator today. Our agenda today includes Opening Remarks, Housekeeping, Presentations, Q&A and Closing Remarks

Thank you for taking the time to join us. We appreciate all you do to improve quality and achieve better outcomes in health and healthcare and at lower costs for the patients and communities we serve.

Before we begin, I want to run through a few housekeeping items:

- We have the phone lines muted at this time this will provide a better listening environment for all of us as it will mute all background noises. However, we will be using the chat feature at the end of the webinar for a Q & A discussion with our speaker as well as during the webinar. Depending on how your window is set up, the chat box is either located on the right side or the top of your screen.

- We will be monitoring the chat as we move through the presentations today… so if you have a question or a comment, you can post it in chat and we will answer in chat or at the end of the presentation. If you would like your question, comment, or participation answers to be private you can choose my name, Deborah Crouse, from the list, instead of the All Participants.

- Now so we can verify everyone understands how to use the chat feature, please post in the chat box what state are you calling in from today. While you are posting your state in the chat, I would also like to inform you that during today's presentations you will be asked to participate in some polling questions...so please stay engaged and have fun. When you do answer a polling question, be sure to hit the submit button so we can capture your response.

- To enable full screen, you can click the two diagonal arrows just above the PowerPoint presentation. To disable full screen mode or to access the chat function, scroll up to the top of your screen to access a menu of items. Please monitor the chat function frequently for questions from the moderator.

- Four handouts (3 Excel Files and 1 PPT) have been uploaded to the handout section located on the on the GoToWebinar panel. Click on the file and hit download. The handouts will be made available after the event.

Introduction

Now, it is my pleasure to introduce our speaker for today, Christa Thompson. Christa is the Practice Solutions Advisor for Qsource focusing on the Quality Payment Program. Christa Thompson has over fifteen years in Health Information Technology experience. She has also been working specifically with small practices to navigate Medicare initiatives in her work with Qsource. Christa, I'll turn it over to you.

Learning Objectives

Thank you Deborah. Hello everyone and thank you so much for coming to participate today in this presentation, "MIPS for Beginners". I am going to do my very best to make it exciting and fun since its very dry information. Now throughout, I do want to say throughout the presentation I am going to flip back and forth between some files and out on the web to show some things. Bear with me. It might take me a minute to navigate from one to another. I just want to let you know. So, our objectives today we're going to talk about:

- Pick your pace reporting for 2017
- You'll be able to understand quality reporting options better
- Advancing care information requirements
- How to choose improvement activities
- And then we'll also discuss resources that are available for your support throughout this program

QPP Overview

So, just a little overview of the Quality Payment Program—it was put together to reform Medicare Part B payments. It affects over 750,000 clinicians across the country and the goal, of course, is to improve patient care. You do have the option to choose how you participate in the program. There is some flexibility based on practice size, specialty, location, so on and so forth. There are two tracks to choose from. Most of you will be going the MIPS route and that's of course what we're talking about today, but we'll also talk a little bit about advanced alternative payment models so you have an understanding of what those are in case you do want to look at participating in one of those models in the future.

HPSAs Exceptions

So, we'll start just real quick talking about exceptions for small, rural and HPSA (Health Professional Shortage Areas) areas. So, any practice that has 15 or less clinicians this applies to. So, those of you that are in larger, 16 or more, this does not apply. So, the smaller ones the improvement activity is changed. You do one high-weighted activity and we'll be talking about that more or you can choose to do two medium-weighted activities within that category. There is also specialized or individualized technical assistance available for small practices and there is technical assistance available to the larger practices as well. Qsource does support of both.

Track 1: MIPS

So, let's get into the meat and talk about MIPS. So, there's four categories – quality, cost, improvement activities and advancing care information, so there is some flexibility within those. And, to give just a little bit better understanding we'll talk about the legacy programs and how that equates to the new program. So, the quality category that relates to PQRS. The cost piece relates to the value modifier. And, the advancing care information relates to meaningful use.

Polling Questions

So, now what I'd like to do is a poll. Actually, I'm going to do two polls to see if you have participated in meaningful use before. So, if you could let me know. Alright. Alright. I'll share that with you. 100% of you. 75% of you participated, so most of you have done that. And, now let's take a look at the next one. Has your practice participated in PQRS? Alright, so there are a few of you that have not participated in PQRS. So, we want to pay special attention to the quality portion. Alright. Thank you so much. I appreciate your participation in that poll.

Flexible Reporting Options for 2017

Now, let's go on and talk about flexible reporting for 2017. And, this is a pick your pace. You might have heard of that before. So, you have the option to participate in an advanced alternative payment model. You can test your pace, so if you feel like you're not ready for those that have not done PQRS before, you might be feeling a little trepidation, but what you can do is just submit something. You don't have to submit a lot and we'll talk further about that. So, you can submit one thing. You can do a partial year, which is 90 days any time after January 1st. If you are ready January 1st then you can do a whole year. You don't have to tell us the amount, what option you're choosing, there's no registration, nothing like that. If you do not participate at least at the test level, there is a 4% payment adjustment that will happen in 2019. And, some of you may know that from not participating in some of those legacy programs that we talked about.

MIPS: Choosing to Test

So, the test options you can choose to submit just one quality measure and so for those of you that have not participated in PQRS there is the option to report quality measures via your claims. So, what you would do is simply just on one claim enter a category two code, which correlates to a quality measure and we can help you with that. We can help you choose one. We can find the code for you. All that. So, we can easily help you with that. It's just one number you put on the claim and you're done as far as the test is concerned and you don't have to worry about any downward adjustments. Or, you can choose to report one improvement activity and you'll see what some of those improvement activities are and it's potentially things that you're already doing, so again, not much effort will be involved there. For those of you who have done meaningful use before and feel confident with it you can do just the required measures. There's four for the transitional measures, which relates to having the 2014 certified EHR or there's five required if you have the 2015 certified EHR. And, if you're reporting, some of you may still be reporting other meaningful use or on the Medicaid side or the TennCare side, so if you're doing that you could use that information.

MIPS: Partial or Full Participation

And, we talked about partial participation within the 90 days. If you aren't ready by January 1st you have until October 2nd to start participating and then full participation is of course the full year. And with partial and full you could possibly earn a positive payment adjustment in 2019. The best way to get the largest adjustment is to submit data on all of the categories with the exception of cost, because for 2017 cost is not part of well one of the categories that counts toward your data score. Another thing to think about is the positive adjustments are based on your performance. They're not based on if you're doing full participation or partial participation or even the amount of information that you submit. So, it's really about your performance. The better you perform, the better the possibility to get a positive adjustment.

Reporting Requirements

So, now we're going to talk a little bit about reporting requirements. So, on the quality piece, 60% of your score, so of 100 points, 60 points is based on the quality measures. There are over 270 measures that are available. You only have to select 6 individual measures. And, we're going to take a look at a list of the quality measures. One of them must be an outcome measure, however if in your specialty there is not an outcome measure you can choose to, or not choose to, you are required to report on one of the high-priority measures or you can select a specialty-specific set of measures. Now, in groups there are some different requirements or if you're part of an APM there are different requirements. There's a readmission measure for the larger groups as well.

MIPS Scoring for Quality

So, this breaks it down. There are several different ways to submit your quality. So, one of those ways is through a CMS web interface. That is for groups of 25 or more. For those smaller groups or if you're reporting as an individual, you can get 3-10 points for each of your quality measures times 6 measures, which is a total of 60. If you're one of the bigger groups, you also will be reporting on all cause readmission measures, so that's a total of 7 measures at 3-10 points possible for each for a total of 70. On the web interface if you're over 25 and you have registered to use the web interface there are 11 benchmarked measures at 3-10 points for no all cause readmission measures or if you're over 16 there's 12. I'm thinking most of you on the phone don't fall into that.

Quality: CMS's QPP Website

Now, what I want to do is just take a quick look at the QPP website. Hopefully you all have seen this. There is a great deal of information available to you out here. We're first going to take a look at the quality measures. So this, you've got the pie graph that shows you percentages of each of the categories to match them up. There's a discussion about how to use this at the top. But, I'm going to go show you how to use it if I can get my mouse to act right.

Select Measures

So, on the left are a list of the measures and you can click on each of those you can see additional information. You can work on just high-priority. You can filter by high-priority, the date of submission method, so that might be a piece you want to look at or you can look at the specialty measure set and run your specialty. And then, you can choose to add measures here. One thing that I recommend is that you may in the beginning want to add all measures and download the files that have all of the measures to take a look to give you a better idea of what you might want to look at. Of course specialty measure set will bring it down so it's not such a large file.

Quality Measures File

I do want to show you the file. The quality file and kind of talk about how you can use it. So, on the quality file it tells you exactly what you're looking for. It tells you the name, but it also will tell you what the quality measure is. So, if it's about a certain age group, a certain period of time or if they've had two visits within the past 24 months those types of things. It tells you exactly what you're reporting on. Over here in column H, I had mentioned that you'll do a, you're required to do an outcome measure, so you can see that there's process, efficiency and there is one outcome here towards the top. You can see right there. If you don't have an outcome measure that you can use in this column here, column I, it will tell you if it's a high-priority measure or not and so if you don't have an outcome measure you just choose one of the high-priorities. One other thing that's helpful is the data submission method and the reason that this is helpful is because if you do not have a certified EHR, you will only want to look at the measures that are claims-based. Those top two you could use those. Right below that there's one listed for that you can do through an EHR. Now, what that means is that there are some EHRs that will directly report your quality to CMS for you. It's a short list, but you can check with your EHR to see if they're able to report the quality for you. Another option is registry and when you use the registry if you have a certified EHR you can save a file, call it QRAD file. It's a quality file. So, you save the file and you just upload it to a registry. There are also registries that are called QCDR, which is Qualified Clinical Data Registry and those registries we'll talk a little bit about them in a few minutes. They are more detailed and a lot of them are based on your specialty but you can also use some of your some of the ones you do with the QCDR to cover some of your improvement activities. So, we'll take a quick look at that as well.

Improvement Activities

So, now we're going to move to improvement activities and meet your several different subcategories here. Expanded practice access so you can do expanded hours through the week and again this might be things that you're already doing. So, if you have extended hours throughout the week, possibly some hours on Saturday, that's an improvement activity that you are already doing that you can report and that would take care of your testing. And, then there's population management, care coordination, beneficiary engagement, so many different subcategories and again, I'm sure you're doing some of those things already.

Scoring for Improvement Activities

Now the scoring for the activities is a total of 40 points. Medium weighted activities are 10 points where high are 20 points. The alternate activity weighting is, and this is for the small if you remember in the beginning I said there's an exception for the small practices that you're only required to do two medium or one high, so for the smaller practices each of the medium ones are worth 20 points and the high one is worth 40 points. Now, if you're part of a medical patient-centered medical home or something similar, your improvement you get full credit for your improvement activities and don't have to worry about the weighting.

Improvement Activities: CMS's QPP Website

Alright, and so now, we'll go back to the QPP website and from up here we will choose improvement activities. This is essentially the same. So, you can look at the different things that are available, different subcategories, the weighting and again this is another one where you can get the Excel file. We'll take a quick look at that.

Improvement Activities File

So, you've got there's an ID, subcategory, activity name and then a description of what it is you'll actually be doing and it'll it gives you the weight, validation talks a little bit about that and then in this last column here this tells you what you would keep as record in case of an audit. So, that helps to make a determination of which ones you want to use. And, I'll give you an example. If you use the direct database in Tennessee there are two activities that are related to the controlled substance database and they're one is weighted medium, so one's on the top in blue and one is weighted high. So, they're both about using the database, but the one that's weighted medium you just keep the documentation to show that you have an active registration, which would probably be a screenshot. And, then you show that you have participated, so you would just have evidence within the chart and you would want to keep a copy with a BHI mask. So, you could just keep a copy of a couple of times that you've used the database or one that is weighted high you keep track of the number of times you have prescribed a schedule 2 drug and document that you have consulted the database the total number of patients for which you have evidence for which you've consulted. You'll see the documentation is a little more involved for the highly weighted measure and that will help you decide which one you want to use. So, that's information about improvement activities I've covered here.

Advancing Care

And now we'll talk about advancing care. And, this is the one that relates to meaningful use, however in advancing care the threshold for what you're trying to meet is definitely easier. So, for measures if you have the 2015 you'll do the Security Risk Analysis, ePrescribing, your patient access, which is your patient portal, you'll send a summary of care, which is sending your electronic records somewhere where you've referred a patient out, and also and this is new you'll request or accept a summary of care that you'll import into your EHR, so if a patient was in the hospital you could request that that electronic copy be sent to you and that would cover that, but the 2017 transitional measures, which would be if you have a 2014 certified EHR, it's all the

same with the exception of requesting that summary of care. So, if you don't meet these are the measures. There are other measures that you would use to get to the full 50%, but these are the ones that you would be required to report on or you would get a score of zero. So, even if you attested to the risk analysis let's say if you don't attest to the other measures there's no points involved.

Risk Assessment

I do want to make a quick detour and talk just a little bit about the security risk analysis, there were some audits of meaningful use. This was back a couple of years ago and TennCare was going to fail the audits for a large amount and it was based on the risk assessment. So, the risk assessment is very, very important even if you do not have an EHR and you're not going to be reporting on the advancing care information you do want to do a risk analysis because the can also audit you and because of the HIPAA law. It is a law that you do the risk analysis. And if you, you may already be signed up with us and if you are signed up with us we have risk analysis tools and we also have a template of policies and procedures and that template covers every policy and procedure you would need to have based on HIPAA law, so I'll show you later and there is a link at the end to our Providers.Exchange, which is our provider portal. So, that's just one of the benefits.

Scoring Advancing Care

Scoring on the advancing care you would do 9 to get to the total and you can see performance rates 1 to 100, so if you're within the 10% range you get 1% all the way up to the 100, which gives you 10%. So, the base score is 50% and that's the required 5. You have a performance score that accounts for up to 90% of the total and then you can also receive a bonus score of up to 15%. And again, a total 100 or more gives you the full 25 points.

Advancing Care: CMS's QPP Website

So, let's go quickly and look at the QPP website. Again, for advancing care and come up here to the MIPS to advancing care and this is very, very similar you have everything listed, you can download the CSV file, add all measures, it will also tell you what is required for each of these. I do want to show you let's take a look here at ePrescribing. So, for those of you who have done meaningful use, which I think is everyone, on the ePrescribing you just have to show that you have ePrescribed at least one permissible prescription. So, you can see that the requirements on these measures are much lower than what was part of meaningful use, because meaningful use it was 40% in the beginning and went up. So, I just wanted you to see that really quickly and I'll show you the CSV file, which is not as involved, but you can look at it through the CSV file probably because the list is shorter it wouldn't be necessary, but it is there.

Performance Category: Cost

Alright, so now we'll talk a little bit about cost. So, as I said earlier, this is not counted in your final score in 2017 and it has been it has been a proposed final rule that in 2018 it will not count either. But, when it does start to count it's based on Medicare claims. And, this year CMS has

provided feedback on the cost care category in 2017 whereas the cost measures include chronic conditions, acute inpatient conditions and procedural, cost of Medicare spending per beneficiary and the total per capita cost for all attributed beneficiaries. So, just a quick note about that attributed beneficiaries it means that you have done the lion's share of the care for providers, so those of you that are in primary care will have most of the Medicare beneficiaries, however the cost is not fully based on the care that you have given your patients. So, if your patients are seeing a specialist and sometimes they're seeing specialists and it's not necessary for them to see them those costs do count or if there are ER visits that are not needed that type of thing. So, you really want to, this part of it helps you to have a better rapport with your patients and makes sure, and keep up with the care that happens outside of your office as well.

Individual vs. Group Reporting

So, within this you're able to report either as an individual or as a group. So, if you're reporting as an individual you do it under your NPI and the tax ID number where you have reassigned your benefits. There are some providers that are reporting under more than one tax ID number and for them they'll want to make sure that reporting under both of those TIN numbers. As a group you can do it as a group if you have 2 or more clinicians who have reassigned they're rights to your TIN or as part of an alternative payment model you would be considered a group. If you do report as a group then whatever you report for each of the different categories that's assigned across all your clinician's participants. Also as a group, everyone reports even though that are exempt from this report. And, one important note for those that are exempt one way in which they can be exempt is if they're new providers new to Medicare. I just want to make mention that even though they are exempt from this as new providers they are not exempt from meaningful use. However, if they're reporting as a group and you have some of those new providers there is a hardship exemption you can get from the CMS website. It has to be submitted before October 1st. I just wanted to make sure because some people may not understand that because meaningful use is going to be sunsetted, but it has not been yet. So, if you have questions about that just reach out to us so we can make it, we might need to make it a little more clear.

Submission Methods

Alright, so these are the submission methods. We talked a little bit about that for quality. There are qualifying clinical data registries, the QCDRs that I talked about earlier and those are the ones that are a little bit more in depth that you can use for some of your improvement activities and if you have that if you download on the handout there is the improvement activity Excel sheet and so you can look and if you are part of a QCDR you can see the ones verified. You can use qualified registries and this is simply just uploading your quality information as I mentioned EHRs and claims. As part of a group there are some others, there's a CAHPS a survey of the patient. There's also the CMS web for those groups that are over 25 or have more than 25 clinicians.

So, this just goes a little bit more in depth. The QCDR is submitting data about patients' disease tracking. So, I think I covered all the other ones, but if you need to go back you can definitely go back you'll have those documents. I didn't mention attestation. I forgot about that so, as far as

attestation is concerned on that QPP website they will have a place for attestation similar to the attestation website that you had for meaningful use. That is upcoming. It is not out there at this time, but you will be able to attest there and that's for the advancing care and the improvement activities.

Alternative Payment Model (APM)

Alright, so now we're going to talk just a little bit about alternative payment models. So, this is a new way a new approach to medical care and the APMs that are defined within the MACRA law of legislation there's the CMS innovation center model. There's a website to that. It's the short term of CMMI. At the end of the presentation there's resources and that's included there and you can go to that website look at those different APMs to see exactly what they are. There's some Medicare shared savings program. Some of you may have heard about it. Maybe you've heard of an ACO (Accountable Care Organization). That's what that is. Demonstration under the health quality healthcare quality demonstration program or demonstration that's required by federal law.

Health Care Quality Demonstration

So, just a little bit more about that. The health care quality demonstration is a program CMS has put into place to and that's really all those models are part of that program and they were established to improve patient safety, enhance quality, increase efficiency and reduce scientific uncertainty and the unwarranted variation in medical practice that results in both lower quality and higher costs. So, essentially better patient care at lower costs. And, I mentioned some things about the cost how you keep the cost down. You don't keep the cost down by not providing care the patients need. It's actually by providing better care.

MIPS APM

There is the MIPS APM, so participating in an APM under an agreement with CMS. It has to include at least one MIPS clinician on a participation list. So, there could be other models that don't necessarily have any clinicians that are required to participate in MIPS and that would not be considered an APM. Payment incentives are based on performance either at the APM entity or clinician level as far as cost utilization and quality measures.

Track 2: Advanced APM

Advanced APM Criteria

And then, there's advanced APMs, so we'll talk a little bit about that. So, to be an advanced APM it requires that participants are using certified EHR technology and provide payment for professional services to cover professional service based on quality comparable to those that are used in the quality performance category and either a medical home model under that CMS innovation center, which you'll get the link or requires participants to bear more than nominal amount of financial risk. Again, that's the cost piece of that.

Advanced APM Models

Advance alternative payment models enable clinicians and practices to earn greater rewards. It's important to know that the quality payment program is not changing the design of these APMs instead it creates extra incentives. And, that's why you may want to look at being a part of one of these advanced APMs, because there is a specific rewards for them and there's a 5% lump sum incentive if you're part of the advanced alternative payment model. That's 5% of your Medicare covered costs or I'm sorry payments.

For the 2017 performance year these are the models that are available. The end stage renal disease, the shared savings, so Medicare shared savings, CPC+, which some of you may be members of, next generation ACO, oncology and comprehensive care for joint replacement. So, of course you may not fit in some of those, but you surely could fit into a Medicare shared savings program and there are several of those in Tennessee that you can go look into.

They are looking at future APM opportunities, so as far Medicare shared savings there are actually three temp tracks. The 2nd or 3rd track are currently APMs. They're looking at adding a track one as well. Also advancing care coordination and there's a new voluntary bundled payment model and then there's several in Vermont, but we don't have anyone from Vermont.

Learn More

CMS Courses

So, where can you go to learn more? CMS has some courses out there that definitely recommended. The link is right here, so you'll have that. There is a course for pick your pace to go further into depth. And, there are some CEUs available as well for these courses. There's a quality payment program overview, which talks about the program as well as some interesting information on history that sort of thing. There's one for improvement activities and one for quality. And, so for those of you who did not participate in PQRS, that particular course would probably be a very good one for you all to go through. So, it's highly recommended by CMS. They would like to see everyone go out there and go through these programs. So, we would like to encourage you to do so.

QPP Website

There's the website. The quality payment program website, which has a plethora of resources. I'll go and show you that really quickly. So, if you go to the site. Whoops, that's not what I wanted. I must have closed it down. Nope, I hit the wrong browser. So, we're back to the site. We're still under the advancing care information, but so, there are recent sources here, if you click this little down arrow and go to the resource library you can if you want to, if you get excited about reading rules, all that's there and the proposed final rule but there are see all those documents actually those documents that I showed you some of those are out here. The list of quality or qualified registries. If your EHR is one that can report there's a list of those so, lots and lots of information out here. So, you have that resource.

Preparing and Participating Checklist

Here's a little checklist also for you to go through. We talked a lot about this. Eligibility. Making sure that who is eligible, who is required, and who is exempt. Hopefully you've already looked at that. Again, that's on the QPP website. Enter the NPI and it will tell you. You want to look at your practice readiness and then select the measures for all the different categories, which that Excel sheet will help you do that. How you're going to submit your data. You want to watch your report. If you have a certified EHR they should have a MIPS dashboard similar to the meaningful use dashboard. That used to be within I guess they're still there, but and then you want to be sure you've got your documentation and then the submission period is from January 1 to March 31. So, you want to make sure that you get everything submitted by March 31st of 2018.

Resources

As I mentioned you have these links, so the CMS innovation model, the quality payment program and our provider portal, which I highly recommend that you become part of if you are not already. We have resources out there. We have a help desk where you can submit tickets. You can also call us or email us. Any way that you need to you can get to us. And, we are highly motivated to support you, which Qsource always has been very motivated. We do enjoy working with practices and being a part of better patient care.

Closing—Questions and Final Poll

OK, so that's all of that exciting information. I definitely hope that it helped and has been beneficial to you. And, I would like to do one last poll. So, if you could just let us know are you definitely going to be participating in MIPS in 2017? Alright. Fantastic. This is great. Alright so everyone will be participating. We hope to hear from you. We will be following up with you all. If there is anything we can do for you we want to do that for sure.

So, are there any questions? You can put those in the chat. Deborah, have we had any questions so far?

No, I didn't see any Christa, in the chat.

OK. And again, any way that you need to reach us you can call us. You can email us. You can get on the site and submit any questions that you have. We are here to help. And, with that I will turn it back to you Deborah.

OK thanks. Thank you so much for that presentation Christa. Thank you for making a complicated topic easier for us to understand and for sharing the excellent resources. I especially want to thank all our participants for joining the call today.

Qsource staff are here to help you. Please contact us if you have questions about what you've just heard or need technical assistance with your improvement initiatives.

A survey will be available as soon as you exit the webinar. Please take a minute to complete as your feedback help us shape future virtual learning events. Just a reminder that this call was recorded and the recording and transcript will be posted to the Qsource.org website in about a week. And, with that I just want to thank you and have a great rest of your day. Thank you.