Nebraska Hospital Association

The influential voice of Nebraska's hospitals

MACRA/MIPS

MACRA

- Medicare Access and CHIP Reauthorization Act (MACRA), landmark legislation that changed Medicare payments to physicians.
- Rewards a higher quality of care provided to patients (replaces volume threshold).
- Two tracks of the Quality Payment Program (QPP): MIPS & Advanced APMS

MIPS (Merit-based incentive payment system)

- Tries to improve the quality of the act by moving Medicare Part B providers to a performance-based payment system.
- 4 MIPS categories include 1) quality, 2) promoting interoperability (PI), 3) cost, and 4) improvement activities

MIPS Eligible Clinician (EC) Types:

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals
- Clinical social workers
- Certified nurse midwives

Eligibility:

Included in MIPS if …

- Bill more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS) **AND**
- Furnish covered professional services to more than 200 Medicare Part B beneficiaries **AND**
- Provide more than 200 covered professional services under the PFS

Excluded from MIPS if…

- DO NOT bill more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS) **OR**
- DO NOT furnish covered professional services to more than 200 Medicare beneficiaries **OR**
- DO NOT provide more than 200 covered professional services under the PFS

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QPP Participation Status

Determine eligibility (including whether you exceed the low-volume threshold)

- MIPS Determination Periods:
  October 1, 2020 – September 30, 2021 (initial) and
  October 1, 2021 – September 30, 2022 (final eligibility is November 2022)

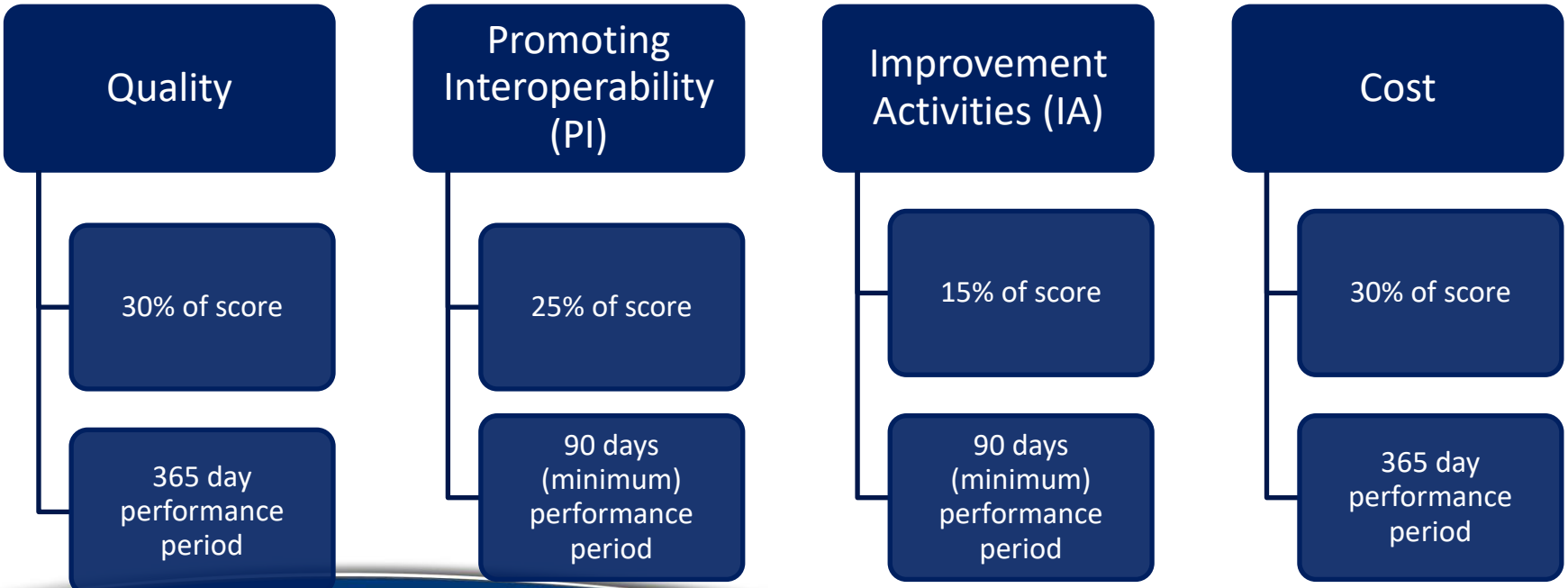
Assign special statuses

- Non-patient facing: 100 or fewer Medicare Part B patient-facing encounters (including telehealth services)
- Small practice: 15 or fewer clinicians (NPIs) billing under the practice (TIN)
- Rural: in a zip code designated as rural
- Health Professional Shortage Areas (HPSA): in an area designated as a HPSA
- Hospital-based: furnishes 75 percent or more of covered professional services in a hospital setting
- Ambulatory surgical center (ASC)-based: 75 percent or more of covered professional services in sites of service identified by code 24

2022 MIPS Reporting Options

Individual	• A single National Provider Identifier (NPI) tied to a single Tax Identification Number (TIN)
Group	• A set of clinicians (identified by their NPIs) sharing a common TIN. You must report group-level data for each MIPS category
Large Practice	• Practice with >25 providers using CMS Web Interface • Must report on all CMS Web Interface measures with a full year's worth of data
Virtual Group	• Individual clinicians and small groups that form one virtual group • Groups must be 10 or less ECs and exceed the low-volume group threshold • Must notify CMS prior to December 31, 2020

2022 MIPS Category Scoring Requirements



2022 Quality Reporting

- There are 6 collection types for MIPS quality measures:
  - Electronic Clinical Quality Measures (eCQMs)
  - MIPS Clinical Quality Measures (CQMs)
  - Qualified Clinical Data Registry (QCDR) Measures
  - Medicare Part B claims measures
  - CMS Web Interface measures
  - The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey.

Quality Measures

- 200 measures available for 2022 performance period.
- Huge change from the 87 existing quality measures, one new specialty measure set for mid-wives, four new quality measures, and removal of 15 measures

Cost Category

- You don’t need to submit data for the cost performance category. Cost measures are evaluated automatically through administrative claims data.

For performance year 2022, we use cost measures that assess:

- The overall cost of care provided to Medicare patients, with a focus on the primary care they received.
- The cost of services related to a hospital stay provided to Medicare patients.
- Costs for items and services provided during 23 procedural and condition-based episodes of care for Medicare patients. There are 25 cost measures available for performance year 2022.

There are 5 new measures for performance year 2022:

- 2 procedural measures: Melanoma Resection; Colon and Rectal Resection
- 1 acute inpatient measure: Sepsis.
- 2 chronic condition measures: Diabetes; Asthma/Chronic Obstructive Pulmonary Disease.

Improvement Activities

- You must perform between 1 and 4 improvement activities depending on your reporting requirements.
- Improvement activities have a continuous 90-day performance period (during PY 2022) unless otherwise stated in the activity description.
  - Examples: administration of the AHRQ Survey of Patient Safety Culture, advance care planning or chronic care and preventative care management for empaneled patients

Promoting Interoperability

e-Prescribing

- e-prescribing
- Query of Prescription Drug Monitoring Program (PDMP) (10 bonus points)

Health Information Exchange

- Support electronic referral loops by sending health information
- Support electronic referral loops by receiving and reconciling health information

Provider to Patient Exchange

- Provide patients electronic access to their health information

Public Health and Clinical Data Exchange

- Immunization Registry Reporting
- Electronic Case Reporting
- Optional below (5 bonus points):
- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Syndromic Surveillance Reporting

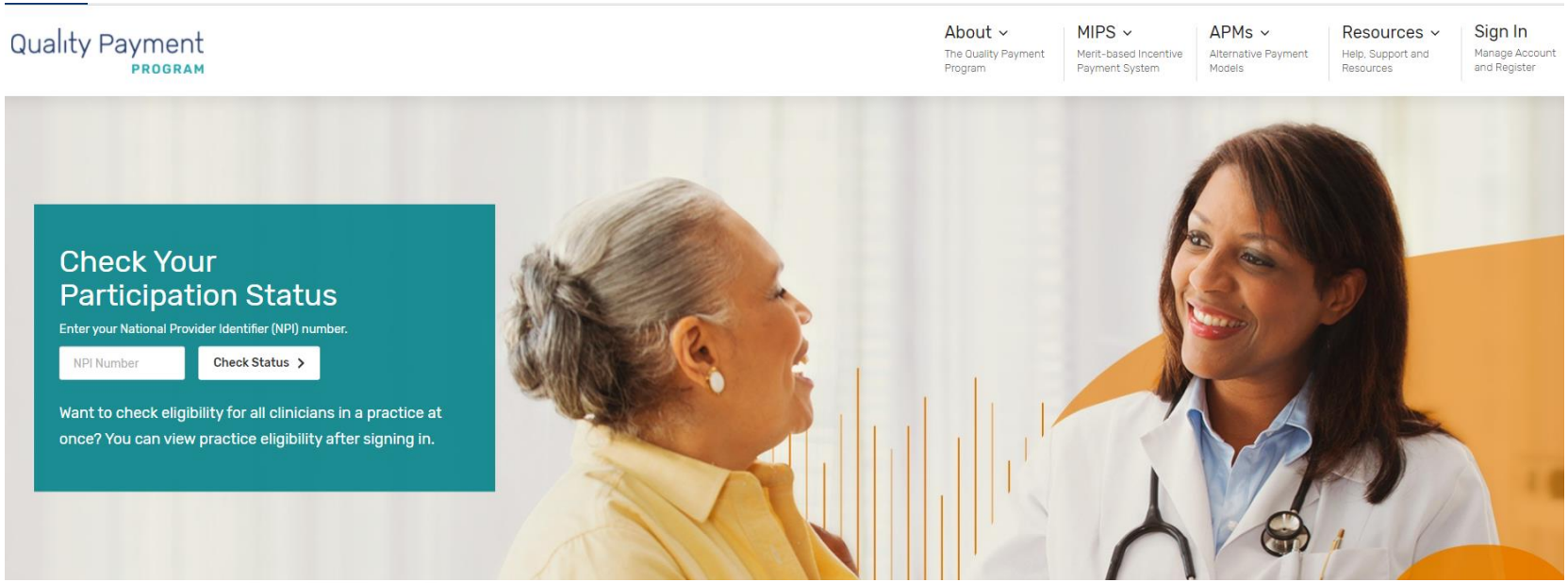
MIPS Payment Adjustment

Table 1: How 2020 MIPS Final Scores Relate to 2022 MIPS Payment Adjustments

Final Score Points	MIPS Payment Adjustment
0.00 – 11.25 points	Negative (-) MIPS payment adjustment of -9%
11.26 – 44.99 points	Negative (-) MIPS payment adjustment, between 0% and -9%, on a linear sliding scale
45.00 points (Performance threshold=45.00 points)	Neutral MIPS payment adjustment (0%)
45.01 – 84.99 points	• Positive (+) MIPS payment adjustment, greater than 0%, on a linear sliding scale and multiplied by a scaling factor to preserve budget neutrality • **Not** eligible for an additional adjustment for exceptional performance
85.00 – 100.00 points (Additional performance threshold=85.00 points)	• Positive (+) MIPS payment adjustment, greater than 0%, on a linear sliding scale and multiplied by a scaling factor to preserve budget neutrality **AND** • Additional positive (+) adjustment for exceptional performance on a linear sliding scale and multiplied by a scaling factor to proportionately distribute funds

Quality Payment Program (QPP)

- https://qpp.cms.gov/



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Real-World Strategies

Planning	Monitoring	Reporting	Audit Preparedness
• Select measures that align with current internal priorities • Use resources on the QPP website to create a tracking spreadsheet for selected quality measures and improvement activities • Include providers in selection of quality measures and improvement activities	• Track performance on quality measures and improvement activities • Create and share dashboards or reports to keep providers apprised of their progress	• Understand the ramifications of the various submission mechanisms and how they affect your score	• Consult the 2022 Improvement Activities Criteria to understand the documentation to support attestation of Improvement Activities • Create a MIPS Audit Binder/Folder to keep all documentation that supports progress and work on MIPS measures

Contact Information

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Resources

- Quality Payment Program
  - https://qpp.cms.gov/
- Quality Payment Program Resource Library
  - https://qpp.cms.gov/about/resource-library
- MIPS 101 - https://qpp-cm-prod-content.s3.amazonaws.com/uploads/607/2019%20MIPS%20101%20Guide.pdf
- CMS Presentation “QUALITY PAYMENT PROGRAM YEAR 3 (2019) FINAL RULE OVERVIEW”
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/QPP-Year-3-Final-Rule-Overview-webinar-slides.pdf