

2019 Merit-Based Incentive Payment System

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What Is MACRA?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

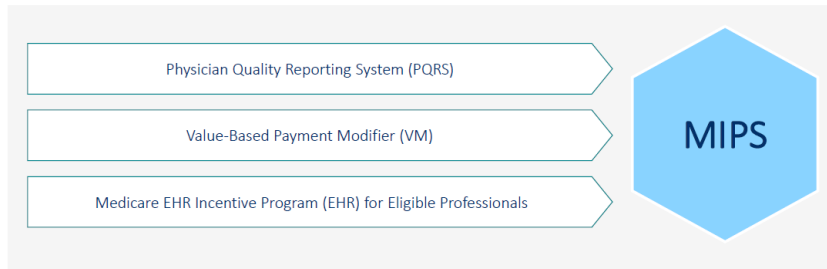
What does MACRA do?

- Repeals the Sustainable Growth Rate (SGR) Formula
- Streamlines multiple quality programs under the new **Merit-Based Incentive Payments System (MIPS)**

What Is MIPS? The MIPS Consolidation

Merit Based Incentive Payment System

Combined legacy programs into a single, improved program.



MIPS Participation

Who is Eligible for MIPS in 2019?

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Nurse Anesthetists
- NEW for 2019**
- PT/OTs
- Clinical Social Workers
- Clinical Psychologists

Who is Excluded from MIPS in 2019?

New to Medicare

Enrolled in Medicare for the first time during the performance period

Low Volume

≤ \$90,000 Part B charges

or

≤ 200 Part B patients

Emergency Medicine MIPS Participation

Specialty	Newly-Enrolled	In AN APM	Low Volume	Total Exclusions
Emergency Medicine (2017)	4% (2,995)	0.5% (343)	33% (22,248)	38% (35,684)
All Specialties (2017)	7%	1%	32%	40%

Am I In MIPS? NPI Look-Up Tool

Quality Payment Program

Learn About the Program Explore Measures Education & Tools

How Do I Participate in the Program?

How Do I Participate in Alternative Payment Models?

Am I Included in MIPS?

What Can I Do Now?

Am I included in MIPS?

To check if you need to submit data to MIPS, enter your 10-digit National Provider Identifier (NPI) number.

If you're exempt from MIPS with the first review, you won't need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2017. [Learn more about MIPS eligibility.](#)

National Provider Identifier (NPI)

Check Now

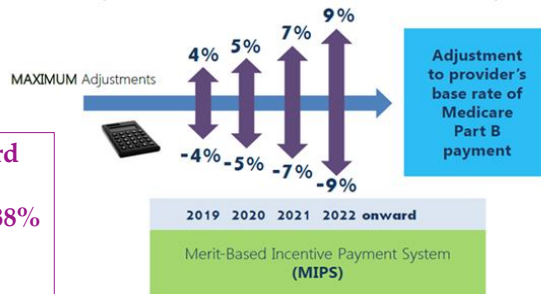
Participating in an Alternative Payment Model (APM)? Talk to your Center for Medicare & Medicaid Innovation (CMMI) team or leaders managing your participation. If you need help finding this information, please email us at qpp@cms.hhs.gov or call 1-866-288-8292.

<https://qpp.cms.gov/participation-lookup>

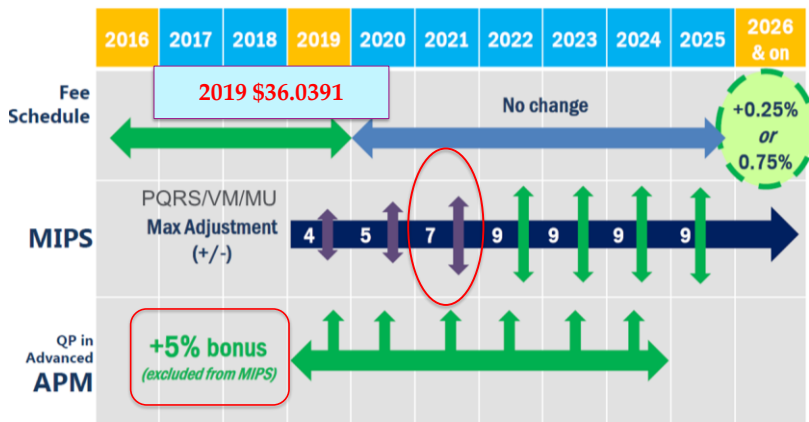
MIPS Impact On Medicare Payments

- Based on the MIPS **composite performance score**: positive, negative, or neutral adjustments up to 7% for 2019/2021
- MIPS adjustments are **budget neutral**. A **scaling factor** may be applied to upward adjustments to make total upward and downward adjustments equal.
- Exceptional performance bonus pool: \$500M/year (6 years)

Highest upward adjustment in 2017/2019: +1.88%
100 points
70 points 0.2%



2019 CMS Payment - Putting It All Together





Is MIPS a Big Deal?
Economic Impact of MIPS

Year	Percentage	40k ED	60k ED	80k ED
2018/2020	5%	\$60,000	\$90,000	\$120,000
2019/2021	7%	\$84,000	\$126,000	\$168,000
2022+	9%	\$108,000	\$162,000	\$216,000

2019 MIPS Impact 40K Site

- 7% Penalty Calculation:
- 40K visit group,
 - 22% Medicare
 - \$140/patient
- $40,000 \times .22 \times \$140 \times 7\% = \$86,240$
- 7 partners - \$12,320 each partner

MIPS Reporting Categories

1. **Quality:** Report six measures from a diverse menu accounting for specialty differences.
2. **Improvement Activities: 100+** options rewarded for clinical practice improvements including: care coordination, beneficiary engagement, and patient safety.
3. **Cost:** Medicare claims-derived score based on two broad legacy measures and 8 new episode-specific measures.
4. **Promoting Interoperability:** Report customizable measures related to technology emphasizing interoperability. **Most ED Docs Exempt**

2019 MIPS Category Weighting Evolution

MIPS Performance Category Weights

	2019	2020	2021	2022
Quality	45%	30-50%?	30-50%	≤30%
Promoting Interoperability	25%	25%?	25%?	25%?
Improvement Activities	15%	15%?	15%?	15%?
Cost	15%	10-30%?	10-30%	≥30%

*This is for all providers, but hospital based have certain exceptions

Cost Category Future and Evolution

Bipartisan Budget Act (BBA) of 2018, gives CMS extended authority to set the **cost** performance category weight between 10% and 30% of the **MIPS** score for performance years 2019-2021.

CMS is required to set the cost category at ≥30% by 2022.

Promoting Interoperability Category (25%) Hospital Based Exemption

- Section 1848(a)(7)(D) of the Act exempts hospital-based Eligible Providers from the meaningful use payment adjustment.
- “We defined hospital-based Eligible Provider as furnishing 75% of his/her services in sites of service identified as hospital based.
- Hospital-based clinicians exempt from Promoting Interoperability category; category weight shifted to Quality

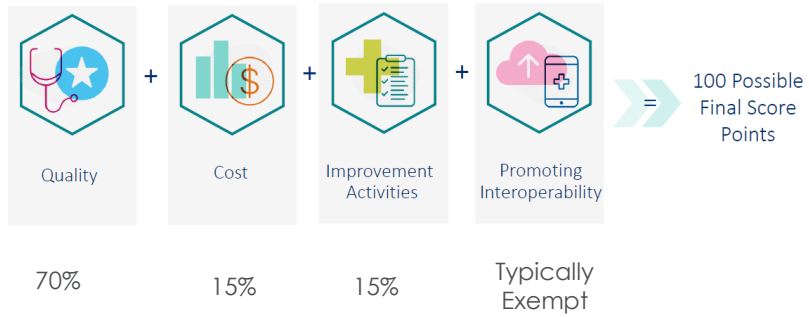
2019 Final Rule MIPS Definition of Hospital Based

- Individuals who provides $\geq 75\%$ of services in inpatient hospital, outpatient hospital, or ED (POS 23)
- Group practice where 100% of clinicians meet definition of hospital-based
- ACEP has asked for relief in this area:

ACEP is significantly concerned about the definition of “hospital-based” clinicians for groups. Clinicians that are deemed “hospital-based” as individuals are exempt from the Promoting Interoperability Category of MIPS. However, if individual clinicians decide to report as a group, they would lose the exemption status if one of them does not meet the definition of “hospital-based.”

2019 Final MIPS Category Weighting Hospital Based

MIPS Performance Categories



2019 Performance Periods

Performance Category	Performance Period
Quality	12-months
Cost	12-months
Improvement Activities	90-days
Promoting Interoperability	90-days

2019 MIPS Data Submission Mechanisms

*Claims limited to small practices only...<15	Claims	Qualified Registry	Qualified Clinical Data Registry (QCDR)	Certified EHR Technology	CMS Web-based Attestation
Quality	✓	✓	✓	✓	
Improvement Activities		✓	✓	✓	✓
Promoting Interoperability		✓	✓	✓	✓
Cost	Administrative claims data (no submission required)				

*Clinicians/groups can use different reporting mechanisms across categories, but not across individual measures. [NEW for 2019 but not very helpful].

2019 Data Completion Requirements

- 2019 Mostly relevant for Quality
- 60% for typical submission mechanisms
 - EHR/Claims/Qualified Registry/QCDR
- CMS web interface- sampling requirements
- Measures that do not meet the data completeness criteria earn 1 point
- Measures with low N (typically < 20) but meet the data completion requirements usually score 3 points

How Do I Submit Quality Data?

- Claims
 - Previously common independent groups
(phased out > 15)
- Registry- many commercial options
- GPRO/Web Interface
 - >25 providers- all primary care measures
 - Often used by multispecialty groups
- QCDR (ACEP's CEDR)
 - Choose measures from larger menu

Alternate Strategy?

DO NOTHING.



The Hospital's Value Based Purchasing Score

Attribution

- Individual tied to hospital at which they provide services to most Medicare patients
- Group tied to hospital at which a plurality of its facility-based clinicians are attributed

No Election

- VBP score automatically applied if it results in more favorable score for quality/cost or if no MIPS quality data submitted

Clinicians will not know hospital's performance until much later in 2019

MIPS Quality Category Score Detail (70%)

- Clinicians choose 6 measures
- Must report on 60% of applicable patients
- 10 performance points per measure
- Failure to meet data completeness: 1 point
 - Reporting on <20 patients: 3 points
 - Reporting on measure with no benchmark: 3 points
- Topped out measures
 - 7 point cap if topped out for two consecutive years (5 out of 14 EM measures at risk for 2019)
 - Highly topped out measures (98-100%) could be removed immediately

Practice Improvement Activities Score Detail (15%)

- 100+ activities available
- Need 40 Improvement Activity points
- Each activity worth 20 or 10 points
 - (High & Medium Activities)
- Implemented for at least 90 days
- Document activities for audit purposes and attest

Total MIPS Performance Score

- MIPS Total score runs from 0-100
 - 70% Quality score
 - 15% Performance Improvement score
 - 15% Cost
- Each Provider's performance for a given quality measure is graded compared to a benchmark
- For each individual measure scored on a scale of 1-10
- Weighted quality score is then added to your weighted Improvement Activity and Cost score

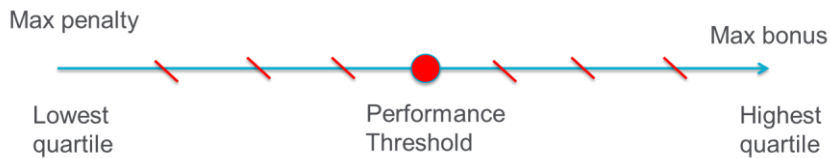
2019 MIPS Final Scoring

Final Score	Payment Adjustment
0 points	<ul style="list-style-type: none"> Penalty of -7%
30 points	<ul style="list-style-type: none"> No penalty
30- 74 points	<ul style="list-style-type: none"> Positive adjustment 0% - 7% for 2019 No exceptional bonus
75-100 points	<ul style="list-style-type: none"> 0% - 7% for 2019 Eligible for exceptional bonus starting at 0.5%

MIPS Scoring Budget Neutral Bonus and Penalty Payment Adjustments

- Scoring above and below the performance threshold

MIPS will be a budget-neutral program.



General Participation Numbers in 2017

Total MIPS eligible clinicians* receiving a MIPS payment adjustment (positive, neutral, or negative)

1,057,824

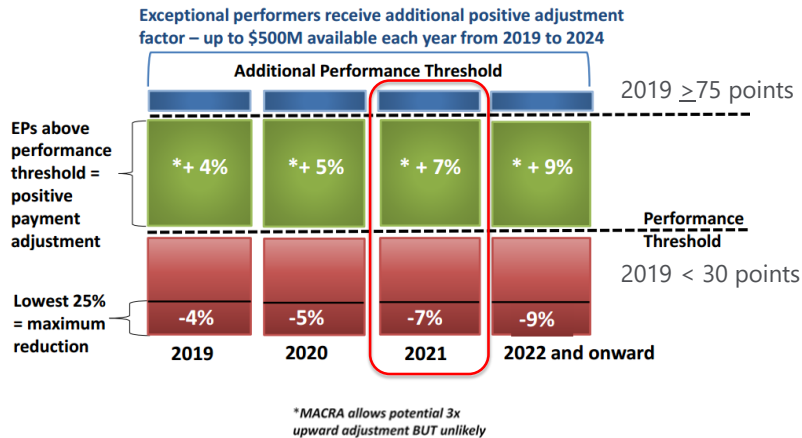
Total MIPS eligible clinicians that reported data and received a neutral payment adjustment or better

1,006,319

2017: Penalty -7%

70 points 0.2% 100 points 1.88%

2019 Point Thresholds



14 Potential Emergency Medicine Quality Measures for 2019

- 14 potential Emergency Measures
 - 1 only available via EHR
- 7 Potentially Realistic Claims measures
 - Medicare only population
- 13 are also qualified registry quality measures
- Must have 6 quality measures including
 - 1 outcome/high priority
- Final measure specs issued prior to December 31st



Quality Measure Drill Down

Emergency Med. Claims & Registry Quality Measures for 2019

Measure Title and Description	High Priority	Submission Method
Appropriate Testing for Children with Pharyngitis	Yes	Registry, EHR
Acute Otitis Externa (AOE): Topical Therapy	Yes	Claims, Registry
AOE: Systemic Antimicrobial Therapy - Avoidance	Yes	Claims, Registry
Avoidance of Abx. Treatment in Adults with Acute Bronchitis	Yes	Registry
Stroke: Thrombolytic Therapy	No	Registry
U/S Determination of Pregnancy Location for Pregnant Pts w/ Abd. Pain	No	Claims, Registry
Emergency Department Utilization of CT for Minor Blunt Head Trauma Aged 2 Thru 17 Yrs.	Yes	Claims, Registry

Topped out: at risk for 7-point cap in 2019

No benchmark (as of 11/2018): at risk for 3-point cap in 2019

Emergency Med. Claims & Registry Quality Measures for 2019

Measure Title and Description	High Priority	Submission Method
Rhogam for Rh-Neg. Pregnant Women at Risk of Fetal Blood Exposure	No	Claims, Registry
Screening for HBP and F/U Documented	No	Claims, Registry
Abx Prescribed for Acute Sinusitis (Overuse)	Yes	Registry
Appropriate Choice of Abx for Patients with Acute Bacterial Sinusitis	Yes	Registry
CT for Acute Sinusitis (Overuse)	Yes	Registry
Emergency Department Utilization of CT for Minor Blunt Head Trauma 18 Yrs & Older	Yes	Claims, Registry

Topped out: at risk for 7-point cap in 2019

Scoring of Practice Improvement Category

MIPS eligible clinician or group

40 pts = 15%

High - 20 = 40

High - 20

High - 20

Med - 10 = 40

Med - 10

Can be reported via: Attestation, QCDR, qualified registry, EHR, CMS Web Interface (groups of 25 or more eligible clinicians)

2019 Expanded Menu Of Improvement Activities

- Expanded Practice Access: 5
- Beneficiary Engagement: 24
- Achieving Health Equity: 7
- Population Management: 19
- Patient Safety and Assessment: 32
- Emergency Preparedness and Response: 2
- Care Coordination: 18
- Mental and Behavioral Health: 10

Strategy

- For now, typical ED providers will participate in the CMS quality program via MIPS
 - Mostly quality and improvement activities for 2019
 - Cost will be a larger determinant in years to come
- Pick your submission method
- Set up required infrastructure
- Avoid Penalties

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