QUALITY PAYMENT PROGRAM SMALL UNDERSERVED RURAL SUPPORT LAN WEBINAR

JUNE 8, 2017 3:30 - 4:30PM ET

PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE
Please mute your computer speakers to avoid audio feedback

Dial into the call by using the call-in information on the screen

For Operator assistance, dial *0

To ask a question, enter your inquiry in the chat box, or press *1 to enter the queue on the phone
POLLING QUESTION

What is your role?

- A clinician working in a practice with 15 or fewer clinicians
- Non clinical staff from a practice with 15 or fewer clinicians
- A clinician working in a practice with more than 15 clinicians
- Non clinical staff in a practice with more than 15 clinicians
- Quality Payment Program contractor
- Other person helping practices prepare for MIPS
- Other
POLLING QUESTION

How ready is your practice (or the practices you work with) for MIPS?

- Very prepared
- Somewhat prepared
- Somewhat unprepared
- Very unprepared
PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

CMS WELCOME

Brenda Gentles, RN, BS, MS

Division of ESRD, Population & Community Health

Centers for Medicare & Medicaid Services

QPP- SURS Central Support Contractor COR
MACRA: Medicare Access & CHIP Reauthorization Act of 2015 established the Quality Payment Program (QPP)

Goal of QPP: Align payment system to reward high value patient care. The Merit-Based Incentive Payment System (MIPS) incent activity in four initial areas:

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<th>Transition Year Weights</th>
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<td>Quality</td>
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<td>Improvement Activities</td>
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<td>Advancing Care Information</td>
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CMS HAS FUNDED QPP SURS TO SUPPORT SMALL GROUP PRACTICES TRANSITIONING TO MIPS
ABOUT THIS EVENT

- First in series of national QPP SURS webinars to help small practices transition to MIPS

- **NOT**: Experts providing extended discussions of MIPS details.

- **BUT**:
  - Practical advice on how to get started tailored for the challenges of small group practices
  - Interactive event designed to encourage questions and provide answers
  - Information on resources you can access when you need more detailed information
  - Organized around common questions we are hearing from small group practices
QUESTION:

Can you summarize very briefly and clearly what MIPS is and what clinicians in small group practices need to do to participate?
WHAT IS MIPS?

A TRACK THAT ALLOWS YOU TO PICK YOUR PACE

*Not participating in the Quality Payment Program in 2017 will result in a negative 4% payment adjustment

**Clinicians can participate as an individual or as part of a group in which two or more clinicians have reassigned their billing rights to a single TIN.

***Participating in an Alternative Payment Model also is an option. See the QPP.CMS.GOV website for more information
WHAT IS MIPS?

A PROGRAM THAT TARGETS FOUR AREAS TO STRENGTHEN PATIENT CARE

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PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

QUALITY CATEGORY

- Test Pace means...
  - Submitting a minimum amount of data for one measure set for 2017.
- Partial and Full Participation means...
  - Submitting at least six quality measures, including at least one outcome measures, for a full year.

IMPROVEMENT ACTIVITY CATEGORY

- Test Pace means...
  - Submitting 1 improvement activity
  - Activity can be high weight or medium weight

- For small practices and those in rural and health professional shortage areas partial and full participation means...
  - One high-weighted activity
  - Two medium-weighted activities

ADVANCING CARE INFORMATION CATEGORY

- Test pace 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

- Partial and full participation means...
  - Submitting more than the base score in year 1
QUESTION:

How do I know whether I am included in MIPS and need to actively participate?
PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

CHECK IF YOU ARE INCLUDED AT:
HTTPS://QPP.CMS.GOV/LEARN/ELIGIBILITY?NPI=

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.

Not a valid NPI number
A National Provider Identifier (NPI) is a unique 10-digit number without spaces or punctuation. An NPI can be assigned to an individual health care provider or an organization.

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 app@cms.hhs.gov or call 1-866-288-8292
PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

DETERMINING IF YOU ARE INCLUDED IN MIPS

1. Check the website
2. Receive a letter
3. Meet inclusion criteria:
   ▶ $30K+ in annual Medicare billing
   ▶ Provide care to 100+ Medicare patients
   ▶ Eligible Qualifiers
      ▶ Can participate in an Advanced APM instead of MIPS: https://qpp.cms.gov/learn/apms
      ▶ Can participate as a group or as an individual
      ▶ Participation optional for clinicians in first year of Medicare participation
      ▶ Exempt providers may still choose to participate

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Medicare Clinician:

Thank you for your participation in Medicare and the services you provide to people with Medicare. You’re an integral part of the dedicated team of clinicians who serve more than 55 million people with Medicare. The clinician-patient relationship is central to our work at the Centers for Medicare & Medicaid Services and we continuously work to reduce the administrative burdens you may face when participating in Medicare programs. During this first year of transition to the Quality Payment Program, we have put together several program options, so you can choose the pace that best meets your practice needs. However, we know

Eligible clinician types include: Physicians; Physician Assistants, Nurse Practitioners; Clinical Nurse Specialists and Certified Registered Nurse Anesthetists
QUESTION:

I’m in a small practice, the penalties for not doing anything aren’t that big and this could cost me more than the penalties. Why should I participate?
Inter Med Associates, PC was established in 2000 in Webster, MA by Dr. Ishwara N. Sharma, MD, FACC, board certified in Internal Medicine and Cardiovascular Disease.

**Practice Active Patient Panel:** 6000 patients

**Practice Active Medicare Part B Patients:** 814 patients

**EMR Software:** emr4MD version 9.7 MU certified, 2014 edition, powered by MedNet Medical Solutions was implemented in 2005.

**Contact Information for Dr. Sharma:**
isharma@webstermd.com
Tel. 508-461-0011
REASONS FOR MIPS PARTICIPATION

▸ Financial penalties for not participating at start and getting larger

▸ Can’t afford to leave money on the table

▸ Costs outweighed by benefits to our patients
Patient Self Assessment Tools on the Patient Portal

Completed Self Assessment Tools goes into our emr4MD from the portal.

Fall Risk Self Assessment Questionnaire

PHQ-2 & PHQ-9 Depression Self Assessment Questionnaire

Improvement Activities
Implementation of fall screening & assessment programs
PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

QUESTION:

Some practices are just one or two clinicians. What advice or encouragement can you give them about participating in MIPS?
Initial steps are easy and cheap so don’t take a penalty in year 1
Get started now so you can begin MIPS activities no later than Oct. 2, 2017 (partial year reporting)
If part of a group that’s not reporting, report individually
Overcome the fear factor
QUESTION:

Part of the challenge of MIPS is that there are a lot of components so it seems hard to know where to begin. So where would you advise clinicians in small group practices to get started—and how?
Use tool at: https://qpp.cms.gov/measures/quality to help pick quality measures

Contact your direct support contractor

Talk to your peers that have made progress to get guidance and advice

Align your MIPS next steps with your daily work plans
QUESTION:
Some small group practices have invested in electronic health records and others haven’t. Is it possible to participate in MIPS without having and using an expensive EHR?

▸ Avoid the year 1 penalty without any use of an EHR; later years EHR still not a majority of score weighting

▸ Free or inexpensive EHR options but using them for MIPS still requires an investment of time & training

▸ Patient care benefits from better uses of information
QUESTION:

Quality is the category that accounts for 60% of the initial MIPS score. What exactly do you have to do to meet this requirement?
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QUALITY REQUIREMENTS

- Not a new requirement—replaces PQRS and the quality part of value modifier
- For test pace in year 1, only need to report on one measure for one patient one time
- Partial year participation:
  - Use CMS tool to pick just 6 of 300 measures—one outcome measure & one high-priority measure (list at: https://qpp.cms.gov/measures/quality)
  - Readmission measure not required for small group practices
- Submit data to CMS by 3-31-18

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<td>✓ CMS Web Interface (groups of 25 or more)</td>
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<td>✓ CAHPS for MIPS Survey</td>
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PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

QUESTION:
How hard is it to meet the quality improvement requirement?

- Participation options:
- Improvement areas:
  - Expanded practice access
  - Population management
  - Care coordination
  - Beneficiary engagement
  - Patient safety
  - Health equity
  - Integrating behavioral & mental health
  - Emergency preparedness & response
Controlling High Blood Pressure

- **2127 patients** currently diagnosed with HTN.
- Home Blood Pressure Monitoring
- Role of 24-hour ABPM

**Software Tools used to achieve this:**

- Use **pHealth ++** - Population Health Portal to monitor Real-time status of the patients and panels by Providers / Measures
QUESTION:
What are the most common mistakes that you’ve observed in small practices preparing for MIPS that could be avoided?
PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

MISTAKES AND AVOIDANCE STRATEGIES

- Waiting too long to get started
- Failing to engage the physicians—delegating whole process to office manager
- Trying to do everything at once
- Not asking for help
QUESTION:
Getting help can take time and cost money that most small practices just don’t have. So what are their options for getting assistance quickly and inexpensively?
PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

SOURCES OF ASSISTANCE FROM CMS

- Contact the Quality Program at: QPP@cms.hhs.gov or call 1-866-288-8292
- Small Underserved Rural Support Technical Assistance Organizations
  - Contact information on previous slide and at: https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf
  - Available websites of each Direct Support Organization
  - Types of help: needs assessments, webinars, technical support, links to peers you can talk with, assistance getting signed up to report through an approved channel that meets your practices needs
  - Assistance is also available for larger group practices and for clinicians interested in participating in an Alternative Payment Model. More information on those programs is available at: https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf
- Other national events about Quality Payment Program
- Other national webinars focused on small practices
QUESTION:
What is one final piece of advice that each of our panelists would offer to the small group practice participating on today’s call for how they can succeed in the transition to MIPS?
PREPARING FOR MIPS IN THE SMALL GROUP PRACTICE

FINAL POLLING QUESTION

In the next four months, what describes your plans for preparing for MIPS?

▸ We’re already totally prepared
▸ We’re taking steps that will allow us to do full year reporting
▸ We’re taking steps that will allow us to do partial year reporting
▸ We’re planning to use the Test Pace to avoid penalty in the 2017 transition year
▸ We’re just going to accept the penalty
WRAP-UP ACTIVITIES

- Additional questions?
- Links to the recording of the event available by request to QPPSURS@IMPAQINT.COM
- Future webinar topics and timeframe
- Please provide feedback on this event

The original source of some of the materials contained in these slides is: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Merit-based-Incentive-Payment-System-MIPS-Overview-slides.pdf. This document and others on the QPP.CMS.GOV website provides additional detail about the MIPS program.

Disclaimer: This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference. This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of the law.