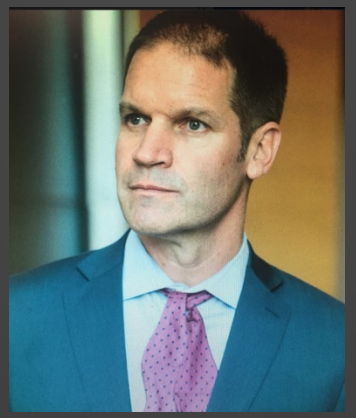


Chris Bruns
Product Manager

Federal HIT Initiatives: July 2017 Update

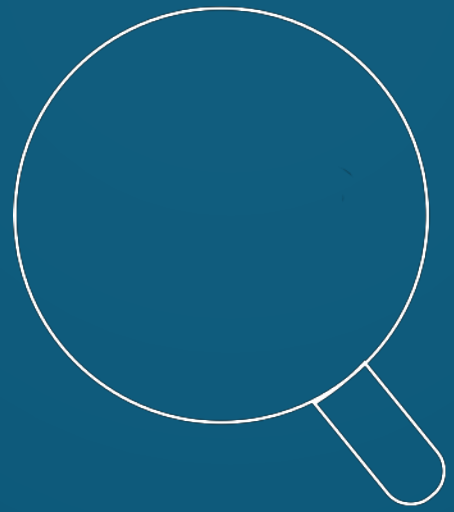
Graphics Courtesy of CMS

MedInformatix

TOPICS COVERED

- The Quality Payment Program – QPP CY2018 Proposed Rule
- Medicare Physician Fee Schedule – MPFS CY2018 Proposed Rule
- QPP website improvements
- SSN Replacement Initiative - SSNRI

Graphics Courtesy of CMS



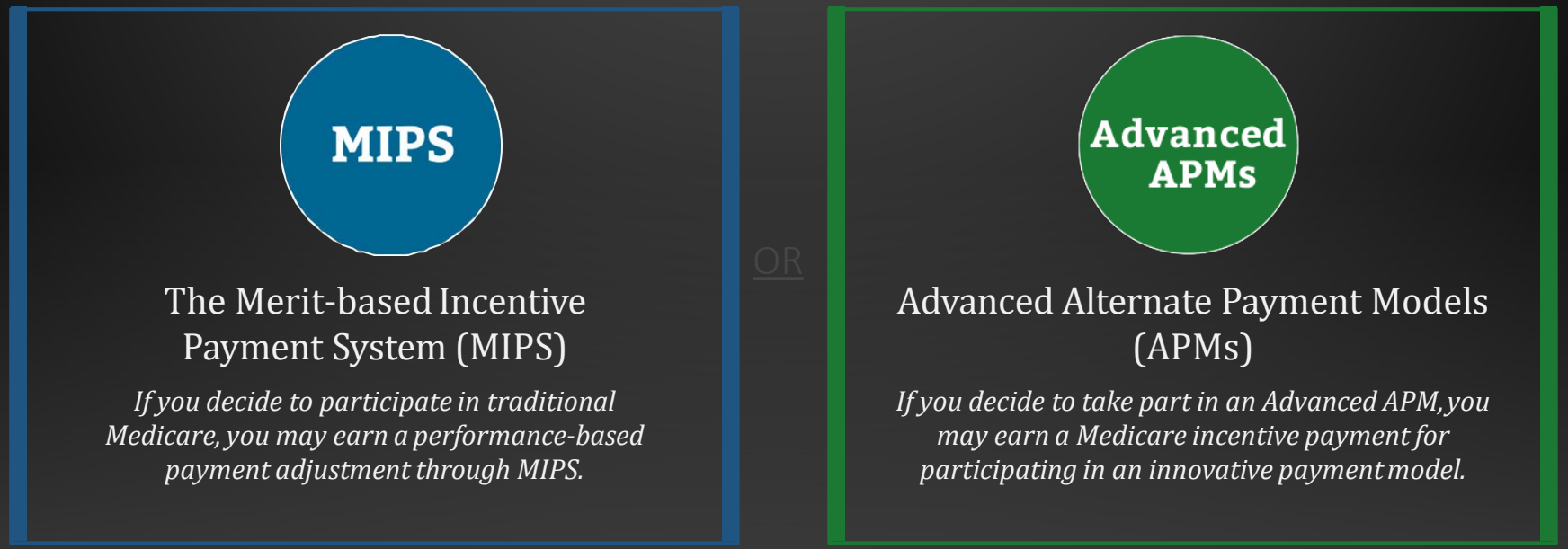
Repeated Exposure: The QPP at a Glance

THE QUALITY PAYMENT PROGRAM

The Quality Payment Program policy will:

- Reform Medicare Part B payments for more than 600,000 clinicians, although more are excluded using modified criteria in the CY2018 Proposed Rule that increase low volume threshholds.
- Improve care across the entire health care delivery system

Clinicians have two tracks to choose from:



Graphics Courtesy of CMS

WHAT DOES THE QUALITY PAYMENT PROGRAM DO?

Creates Medicare payment methods that promote quality over volume by:

Repealing SGR formula

Creating two tracks:

MIPS — Merit-based Incentive Payment System (MIPS)

Advanced APMs — Advanced Alternative Payment Models (Advanced APMS)

Streamlining legacy programs

Providing 5% incentive to Advanced APM participants

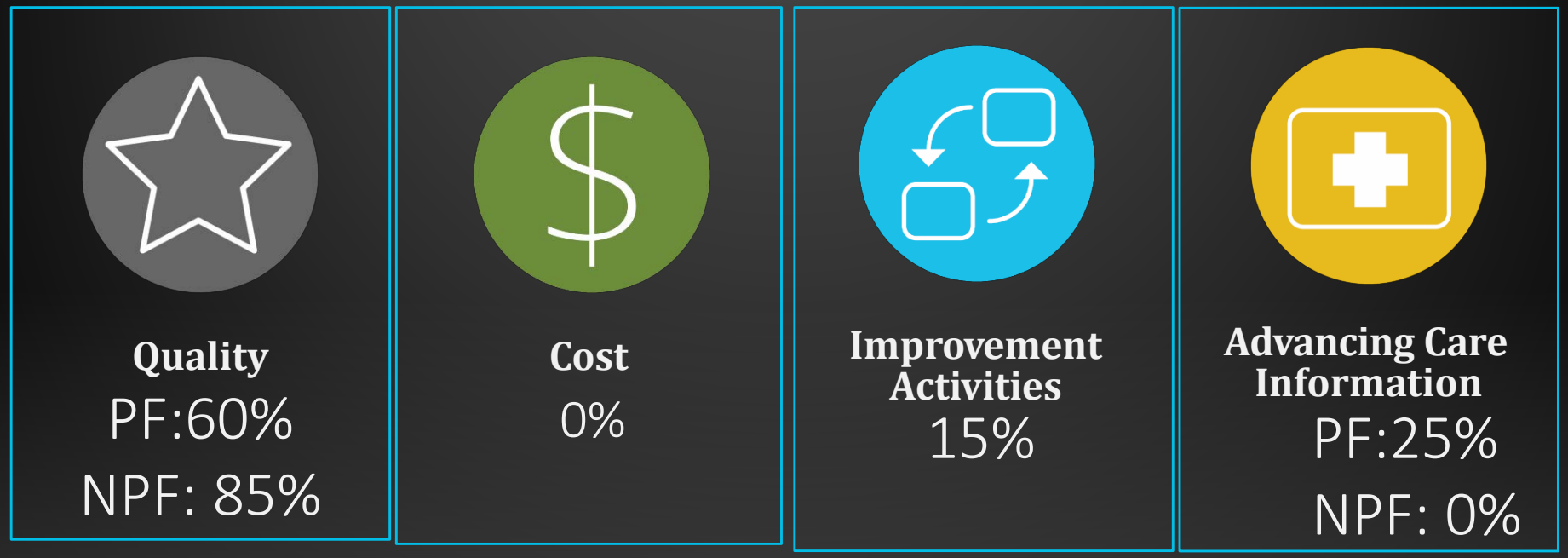
Establishing PTAC, the Physician-focused Payment Model Technical Advisory Committee

Graphics Courtesy of CMS

WHAT ARE THE PERFORMANCE CATEGORY WEIGHTS?

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

Transition Year and Proposed CY2018 Weights



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

Graphics Courtesy of CMS

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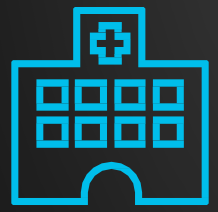
WHICH PICK YOUR PACE OPTIONS ARE SCORED?

Participate in an Advanced Alternative Payment Model



Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

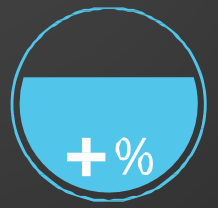
MIPS

Test Pace

Submit Something

- Submit some data after January 1, 2017
- Neutral or small payment adjustment

Partial Year



Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year

Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the Transition Year will result in a negative 4% payment adjustment.

Graphics Courtesy of CMS

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GET YOUR DATA TO CMS

	Individual	Group
Quality	✓ **QCDR (Qualified Clinical Data Registry)** ✓ **Qualified Registry** ✓ **EHR** ✓ **Claims**	✓ **QCDR (Qualified Clinical Data Registry)** ✓ **Qualified Registry** ✓ **EHR** ✓ **Administrative Claims** ✓ **CMS Web Interface (groups of 25 or more)** ✓ **CAHPS for MIPS Survey**
Advancing Care Information	✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR Vendor	✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR Vendor ✓ CMS Web Interface (groups of 25 or more)
Improvement Activities	✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR Vendor	✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR Vendor

JULY 2017 – WHAT'S HAPPENING IN FEDERAL HIT QPP PROPOSED RULE FOR CY2018

- 60-day comment period ends on August 21, 2017, which puts the final rule issue date into Fall.
- Continues to allow the use of ***2014 Edition CEHRT*** (Certified Electronic Health Record Technology), while encouraging the use of 2015 edition CEHRT.
- Adds bonus points in the scoring methodology for:
  - Caring for complex patients, by adding the average Hierarchical Conditions Category (HCC) score to the final score. MedInformatix is working with IMO to include HCC scores in the Problem List.
  - Using 2015 Edition CEHRT exclusively.
- Cost remains at 0% in CY2018 (MIPS payment year 2020) and increases to 30% in CY2019 (MIPS payments year 2021).
- Moves the deadline for exception application submission to 12/31 of the performance year.

JULY 2017 – WHAT'S HAPPENING IN FEDERAL HIT QPP PROPOSED RULE FOR CY2018

- Increasing the low-volume threshold to ***200 pts/$90k*** from 100pts/$30k so that more small practices and eligible clinicians in rural and Health Professional Shortage Areas (HPSAs) are exempt from MIPS participation. We will look at the QPP participation tool in a subsequent slide.
- AUC (Appropriate Use Criteria) available in MIPS as a new IA (Improvement Activity).
- Allows measure submission through multiple mechanisms ***per category***. This means, for example, that you would be able to use a registry for some measures and claims-based for others. This could significantly reduce your reporting burden.

JULY 2017 – WHAT'S HAPPENING IN FEDERAL HIT MPFS PROPOSED RULE FOR 2018

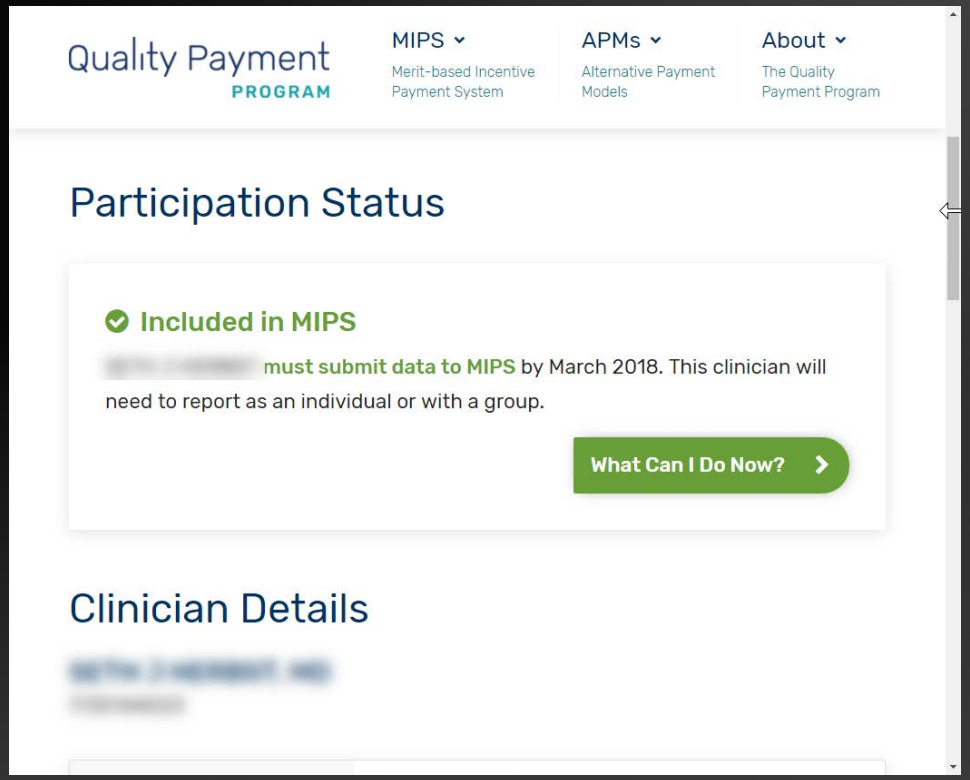
- AUC – Appropriate Use Criteria
  - January 1, 2019 proposed implementation date replaces January 1, 2018 implementation date. This is due to the lack of regulatory and industry readiness that we've talked about in previous webinars.
  - CMS is proposing an "educational and operations testing period" of one year that would begin on January 1, 2019. During this period, ordering professionals would consult AUC and furnishing providers would report AUC consultation information on the claim
  - CMS would continue to pay claims whether or not the correct information is included.
  - CMS points out that this educational period would allow ECs to actively participate in the program while avoiding claims denials during the learning curve.

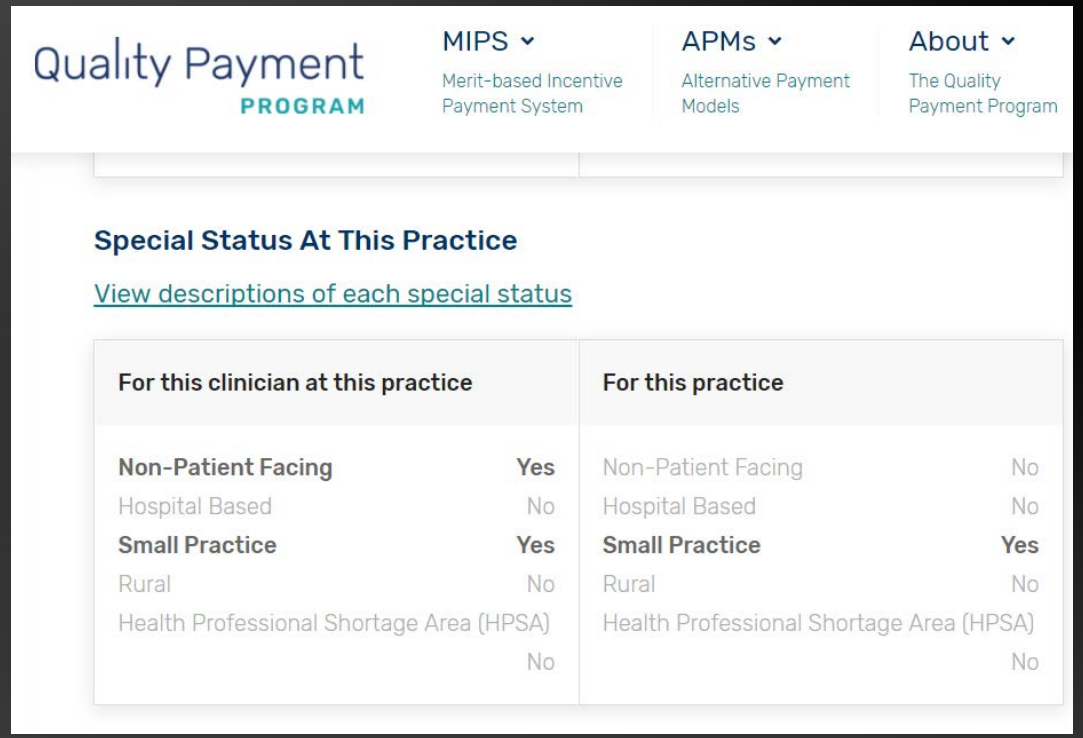
JULY 2017 – WHAT'S HAPPENING IN FEDERAL HIT MPFS PROPOSED RULE FOR 2018

- AUC – Appropriate Use Criteria
  - In alignment with the high-weighted IA in QPP proposed rule, CMS expects a voluntary reporting period to be available around July 2018.
  - CMS announced the list of qualified clinical decision support mechanisms (CDSMs) and new qualified provider led entities (PLEs) on their website.
  - Our selected partner, the National Decision Support Company, is among the list of qualified CDSMs. This is the only qualified mechanism that currently includes a free web-based portal option for providers. *All providers can access our web site version CDSM at no fee by registering for access at www.priorauth.org*
  - Most importantly, the Agency proposed specific claims processing instructions for the AUC program, namely establishing a series of Healthcare Common Procedure Coding System (HCPCS) level 3 codes. These G-codes would describe the specific CDSMs that were used by the ordering professional and there would be one code for each CDSM.

JULY 2017 – WHAT'S HAPPENING IN FEDERAL HIT
CMS QPP WEBSITE IMPROVEMENTS

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





JULY 2017 - WHAT'S HAPPENING IN FEDERAL HIT SSNRI - SSN REPLACEMENT INITIATIVE

The current requirements (trailing A/B/D) for Medicare IDs (HICNs) in MedInformatix will no longer be present in v7.7.0.0, so that the MBI (Medicare Beneficiary Identifier) can be used. That version will be released this year, well in advance of the end of the transition period on 12/31/2019.

<u>Key SSNRI dates:</u>

April 1, 2018: Medicare will *start* sending the new Medicare cards with the MBI to all people with Medicare. Transition period begins. Medicare will accept both the HICN and the MBI.

December 31, 2019: All Medicare beneficiaries will have a new card. Transition period ends. Last day to submit a new claim with a HICN.

January 1, 2020: MBI must be used, with a few exceptions for things like appeals, reports, and span date claims.

Complete

THANK YOU!

MedInformatix