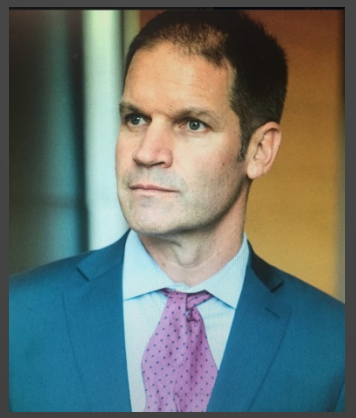


Chris Bruns
Product Manager

Federal HIT Initiatives: May 2017 Update

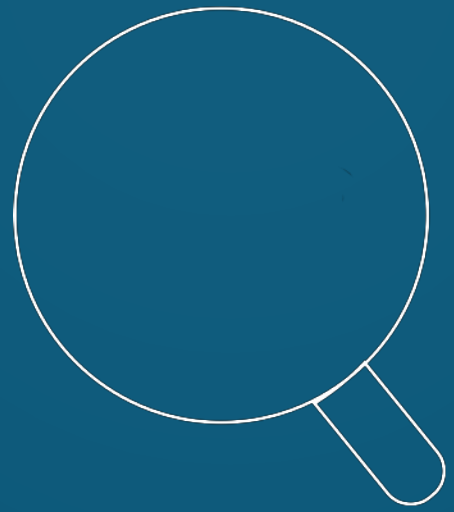
Graphics Courtesy of CMS

MedInformatix

TOPICS COVERED

- The Quality Payment Program - QPP
- Appropriate Use Criteria - AUC
- SSN Replacement Initiative - SSNRI

Graphics Courtesy of CMS



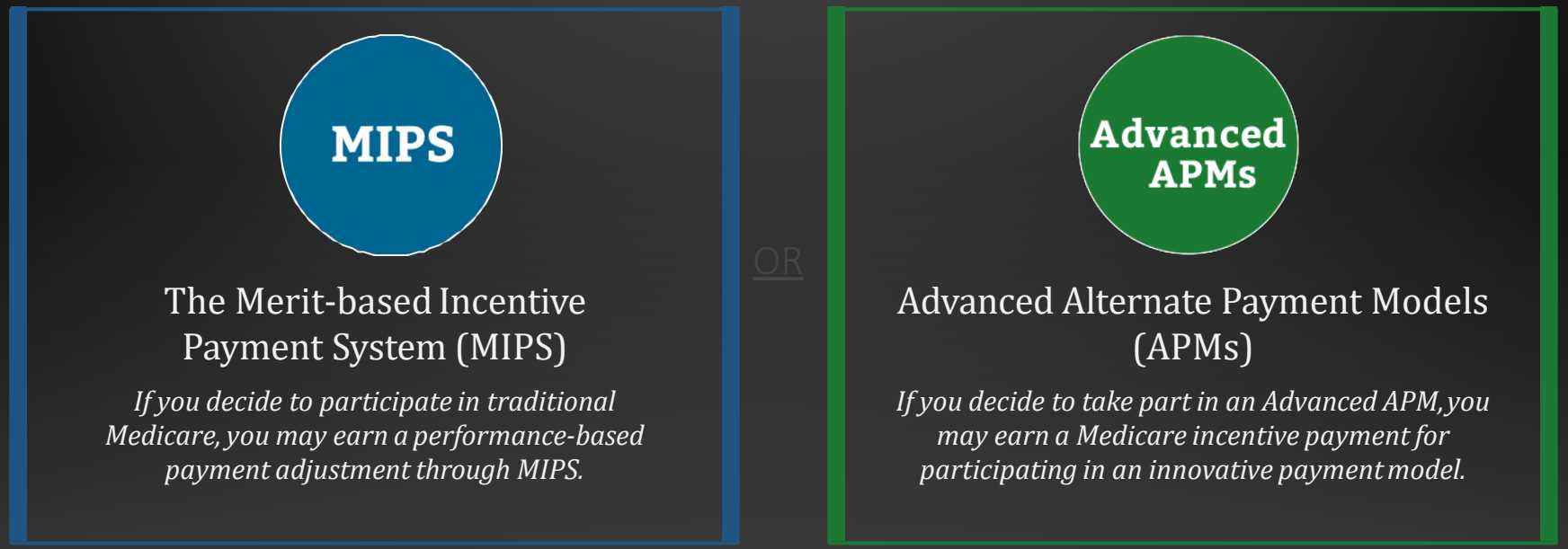
Repeated Exposure: The QPP at a Glance

THE QUALITY PAYMENT PROGRAM

The Quality Payment Program policy will:

- Reform Medicare Part B payments for more than 600,000 clinicians
- 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

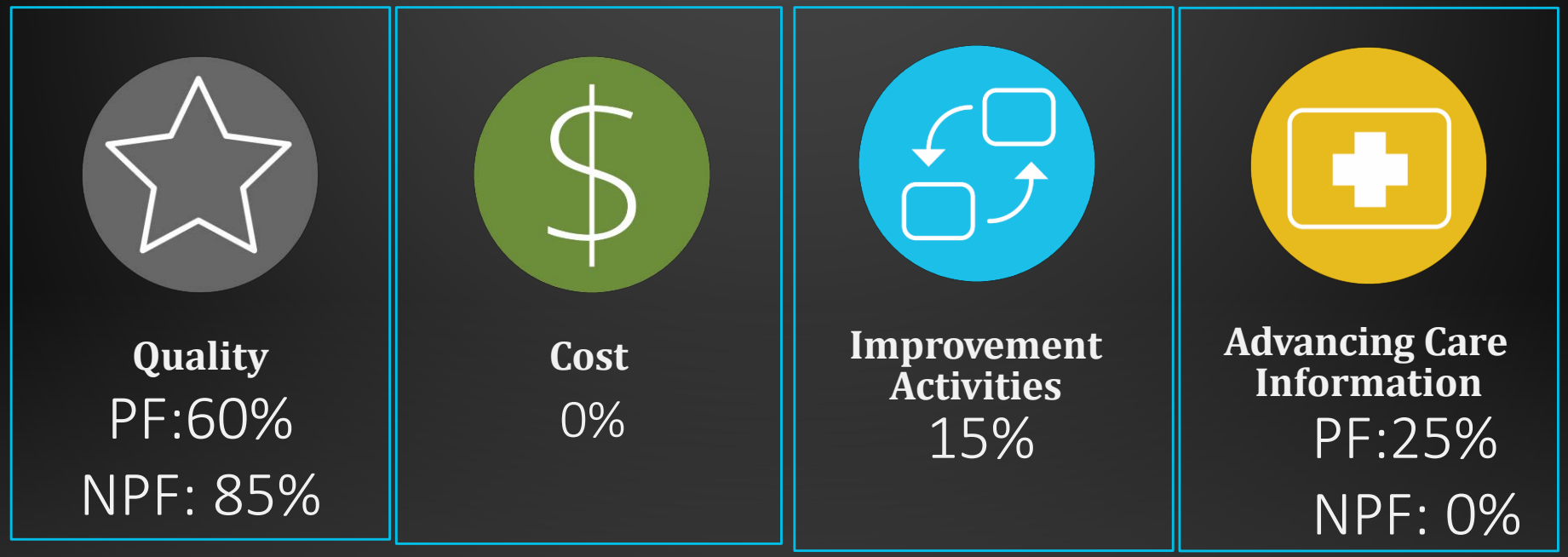
Establishing PTAC, the Physician-focused Payment Model Technical Advisory Committee

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 Weights



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

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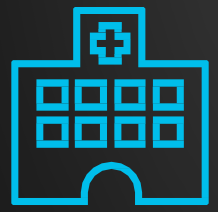
WHICH PICK YOUR PACE OPTIONS ARE SCORED?

Participate in an Advanced Alternative Payment Model



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

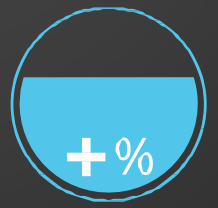
MIPS

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.

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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

MAY 2017 – WHAT'S HAPPENING IN FEDERAL HIT

- QPP
  - No new or proposed rule changes
  - MedInformatix QPP survey participation and Quality Measure Recommendations
  - MedInformatix ELIXIR open for business
  - QPP website now allows NPI lookup for MIPS participation status
    - https://qpp.cms.gov/learn/eligibility
  - Participation letters are "in the mail"
  - No official news on special status ECs, including Patient Facing / Non-Patient Facing
  - MedInformatix actively participating in CPC+ vendor-targeted activities with CMS

MAY 2017 – WHAT'S HAPPENING IN FEDERAL HIT

- AUC – Appropriate Use Criteria
  - January 1, 2018 implementation date
  - Proposed Rule expected in June 2017
  - That means the Final Rule will likely be published no earlier than November 2017
  - As of today, details are lacking, including specifics on data submission to CMS
  - MedInformatix is partnering with NDSC for both radiology and cardiology AUC

MAY 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.

  Key SSNRI dates:

  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.

THANK YOU!

MedInformatix