



# MACRA 2020 - Am I ready?

# Overview

- Introduction
- MACRA Overview- Eligibility & Performance Categories
- QPP Year Final Rule
- What to do: Avoid Penalty or Shoot for Incentive
- Questions



# **New England QPP Support Center**

## *Customized Support Center*

Evaluating practice readiness for participation

Engaging practices in continuous quality improvement

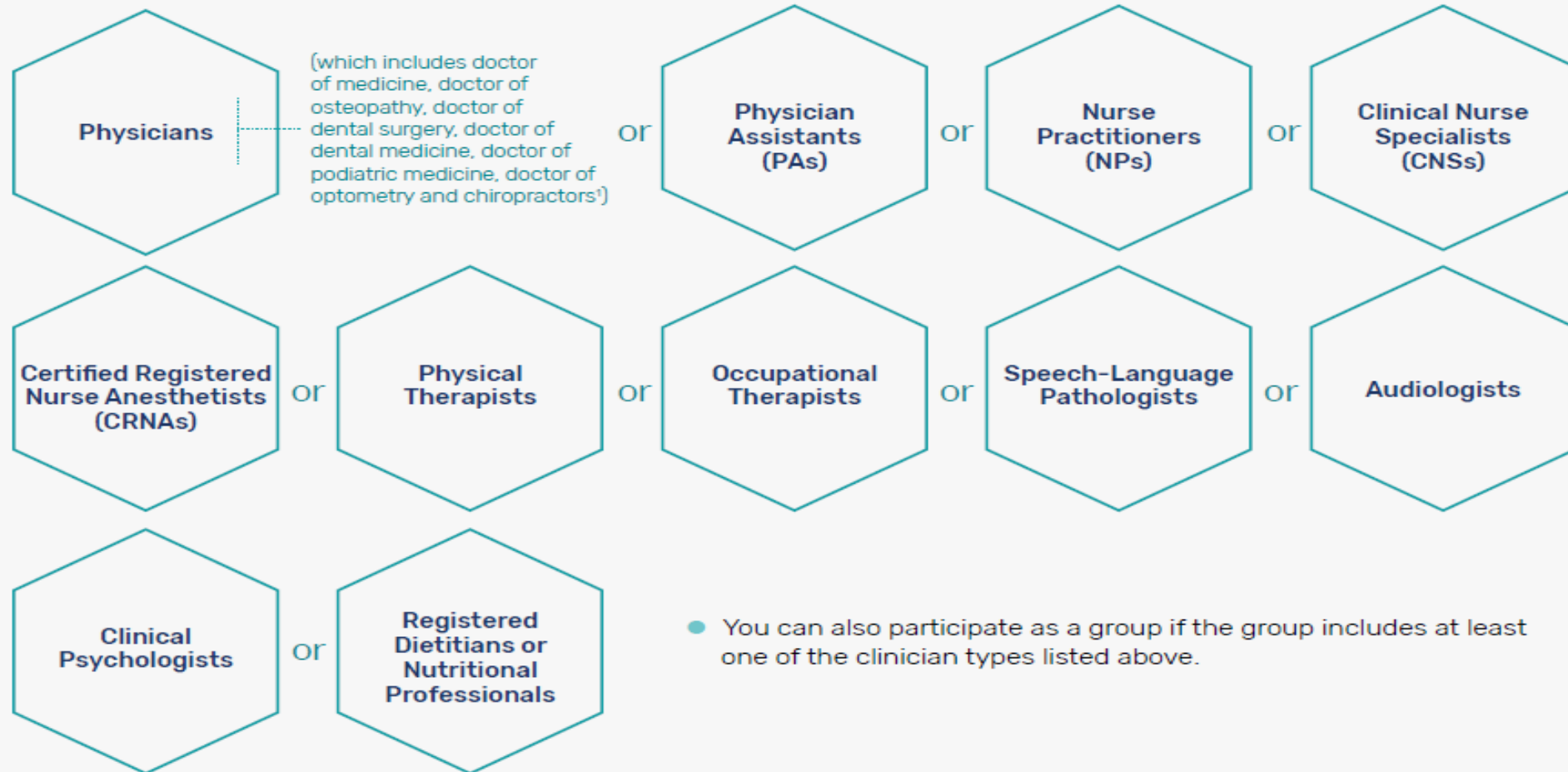
Assessing and optimizing health information technology

Supporting change management and strategic planning

Developing and disseminating educational and training

Enabling peer-to-peer learning and local collaborations

# 2020 Eligibility



<sup>1</sup> With respect to certain specified treatment, a doctor of chiropractic must be legally authorized to practice by a State in which he/she performs this function.



# 2020 Low Volume Threshold

- Same as 2019 (**any of the first 3**)
  - Bill less than \$90,000 in Part B covered professional services
  - See less than 200 Part B patients
  - Provide less than 200 covered professional services to Part B patients
- **Or**
- Enrolled in Medicare on or after January 1, 2020
- **Or**
- Are a Qualifying APM Participant



# MIPS 2020 Performance Categories

**Quality**  
**45%**

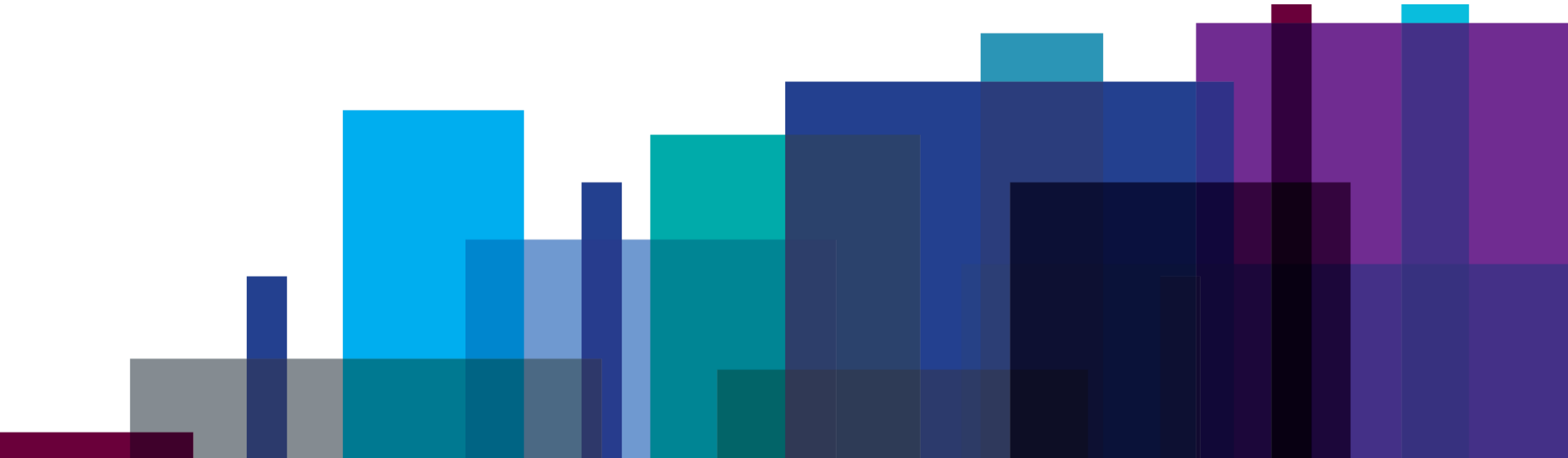
**Promoting  
Interoperability  
(old ACI)**  
**25%**

**Improvement  
Activities**  
**15%**

**Cost**  
**15%**

# Program Year 2020

## Changes



# Year 4

1. Eligibility
2. Performance Threshold
3. Low-Volume Threshold
4. Opt-in
5. Small Practice Bonus
6. Submission Mechanisms
7. Quality Measure Updates
8. Improvement Activity Update
9. Cost Updates
10. PI Updates
11. Final Score Payment Adjustment





# 1. Eligibility

## Current Rule 2019

- Eligible clinicians types remain the same as Year 2 with the following additions:
- Physical therapists
- Occupational therapists
- Speech-Language Pathologists
- Audiologists
- Clinical Psychologists
- Registered Dieticians and Nutritional Professionals

## Final Changes 2019

- Same as 2019
- Clinical social workers are still excluded

## 2. Performance Threshold

### Current Rule 2019

- 30 or more points were needed to avoid the penalty
- 75 points and you become eligible for the Exceptional Performer Bonus

### Final Changes 2020

- Performance Threshold increasing to 45 points
- Changing Exceptional Performance Bonus to 85 points

### 3. Low-Volume Threshold

#### Current Rule 2019

- Would include a third criterion for determining MIPS eligibility
- To be excluded from MIPS, clinicians or groups would need to meet one of the following three:
  1.  $\leq$ \$90,000 in Part B charges
  2. Provide care for  $\leq$ 200 beneficiaries
  3. Provide  $\leq$ 200 professional services under the Physician Fee Schedule

#### Final Changes 2020

- Enrolled in Medicare after January 1, 2020
- Are a Qualifying APM Participant

## 4. Opt-in

### Current Rule 2019

- Clinicians or groups now have the option to opt-in to MIPS if they meet or exceed one or two of the low volume criterion. If they meet all 3 they CANNOT opt-in
- Since it is a budget neutral program not sure this affects reimbursement
- A virtual group election in Year 3 is considered a low volume threshold opt-in for any prospective member of the virtual group that exceeds at least one, but not all of the low volume threshold criteria

### Final Changes 2019

- No Changes

## 5. Small Practice Bonus

### Current Rule 2019

- 6 Bonus points will be added to the Quality performance category rather than the final MIPS score to eligible clinicians who submit at least one quality measure
- Continue to award small practices 3 points for submitted quality measures that don't meet the data completeness requirements
- Small Practices can continue to submit covered professional services via claims as individual or as a group

### Final Changes 2020

- No Changes

## 6. Submission Mechanisms

### Current Rule 2019

- Allow MIPS eligible clinicians and groups to submit measures and activities through multiple collection types

### Proposed Changes 2020

- No Changes

# 7. Quality Measure Updates

## Current Rule 2019

- Weight to final score:
  - 45% in 2019
- Same reweighting criteria
- Same bonus for end-to-end reporting
- Discontinue high priority measure bonus points for CMS Web Interface Reporters
- High priority measures include opioid-related measures
- Data completeness same. Small practices get 3 points on measures that don't meet the data completeness

## Final Changes 2020

- Weight to final score:
  - 45% in 2020
- Same reweighting criteria
- Same bonus for end-to-end reporting
- Data completeness needs to be at 70% to score more than 3 points

## 8. Improvement Activities Updates

### Current Rule 2019

- 15% weight to final score
- CMS proposing new activities to choose from (~6)
- Modifying 5 existing activities
- Removing 1 existing activity
- Discontinuing bonus for using CEHRT on improvement activities.

### Final Changes 2020

- Weight to final score – no change
- CMS proposed 2 new activities to choose from
- Modifying 7 existing activities
- Removing 15 existing activity
- Group or virtual group can attest to an improvement activity when at least 50% of the clinicians (in the group or virtual group) perform the same activity



# Improvement Activities 2020

The Improvement Activities inventory has been updated for MIPS performance year 2020.

MIPS Year 4 Changes to Improvement Activities	
<b>Added</b>	<ul style="list-style-type: none"> <li>IA_BE_25: Drug Cost Transparency</li> <li>IA_CC_18: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes</li> </ul>
<b>Modified</b>	<ul style="list-style-type: none"> <li>IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program</li> <li>IA_PM_2: Anticoagulant Management Improvements</li> <li>IA_EPA_4: Additional improvements in access as a result of QIN/QIO TA</li> <li>IA_PSPA_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes</li> <li>IA_BE_7: Participation in a QCDR, that promotes use of patient engagement tools</li> <li>IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</li> <li>IA_BMH_10: Completion of Collaborative Care Management Training Program</li> </ul>
<b>Removed</b>	<ul style="list-style-type: none"> <li>IA_PM_1: Participation in Systematic Anticoagulation Program</li> <li>IA_CC_3: Implementation of additional activity as a result of TA for improving care coordination</li> <li>IA_PSPA_14: Participation in Quality Improvement Initiatives</li> <li>IA_PSPA_5: Annual Registration in the Prescription Drug Monitoring Program</li> <li>IA_PSPA_24: Initiate CDC Training on Antibiotic Stewardship</li> <li>IA_BMH_3: Unhealthy alcohol use</li> <li>IA_BE_11: Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan</li> <li>IA_BE_2: Use of QCDR to support clinical decision making</li> <li>IA_BE_9: Use of QCDR patient experience data to inform and advance improvements in beneficiary</li> <li>IA_BE_10: Participation in a QCDR, that promotes implementation of patient self-action plans</li> <li>IA_CC_6: Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination</li> <li>IA_AHE_4: Leveraging a QCDR for use of standard questionnaires</li> <li>IA_AHE_2: Leveraging a QCDR to standardize processes for screening</li> <li>IA_PM_10: Use of QCDR data for quality improvement such as comparative analysis reports across patient populations</li> <li>IA_CC_4: TCPI Participation</li> </ul>



## 9. Cost Updates

### Current Rule 2019

- Weight to final score:
  - 15% in Year 3
  - TPCC and MSPB measures remain the same in Year 3
  - 8 new episode based measures with a case minimum of 10 for procedure and 20 for acute inpatient medical condition episodes
  - Cost performance category percent score will not take into account improvement until 2024 MIPS Payment year

### Final Changes 2020

Weight to final score stays the same:

- 15% in Year 4
- TPCC measure (Revised)
- MSPB-C (MSPB Clinician) measure (Name and specification Revised)
- 10 new episode-based measures
- 8 existing episode-based measures

# 10 new episode-based measures for 2020

- Acute Kidney Injury Requiring New Inpatient Dialysis
- Elective Primary Hip Arthroplasty
- Femoral or Inguinal Hernia Repair
- Hemodialysis Access Creation
- Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
- Lower Gastrointestinal Hemorrhage (applies to groups only)
- Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels
- Lumpectomy Partial Mastectomy, Simple Mastectomy
- Non-Emergent Coronary Artery Bypass Graft (CABG)
- Renal or Ureteral Stone Surgical Treatment



# Measure Attributions for Cost in 2020

- Measure attribution would be different for individuals and groups and would be defined in the measure specifications
- TPCC attribution would require E&M services to have an associated primary care service or a follow up E&M service from the same clinician group
- TPCC attribution would exclude certain clinicians who primarily deliver certain non-primary care services (e.g. general surgery)
- MSPB clinician attribution changes would have a different methodology for surgical and medical patients
- No changes proposed for attribution in episode-based measures (existing and new)



# 10. PI Updates

## Current Rule 2019

- Must use 2015 CEHRT
- Eliminating base, performance and bonus scores (to harmonize with Medicaid EHR Incentive Pay Program)
- Proposing a new scoring methodology
- Reweighting would stay the same if you meet any of the criteria
- Finalizing Security Risk Analysis measure as a required measure without points

## Final Changes 2020

- We will remove the Verify Opioid Treatment Agreement Measure
- We will include the Query of PDMP measure as optional with a yes/no response
- CMS would redistribute the points for the Support Electronic Referral Loops by Sending Health Information measure to the Provide Patients Access to Their Health Information measure if an exclusion is claimed

# 11. Final Score Payment Adjustment

## Final Score/2021 payment

- Performance Threshold is set at 30 points
- Additional performance threshold set at 75 points for exceptional performance
- As required by statute, the maximum negative payment adjustment is -7%
- Positive payment adjustments can be up to 7% (not including additional positive payment adjustments for exceptional performance) but are multiplied by a scaling factor to achieve budget neutrality, which could result in an adjustment above or below 7%

## Final Score/ 2022 payment

- Performance Threshold is set at 45 points
- Additional performance threshold is set at 85 points for exceptional performance
- As required by statute, the maximum negative payment adjustment is -9%
- Positive payment adjustments can be up to 9% (not including additional positive adjustments for exceptional performance) but are multiplied by a scaling factor to achieve budget neutrality, which could result in an adjustment above or below 9%.

# Program Year 2019/2020

What to do:

*Avoid the penalty or Shoot for the incentive*



# Program Year 2019/2020

- Budget Neutral Program
- 2019 is 7 to -7%
- 2019 max payout approx. around 1.25 – 2.5% (based on 2018 payout\*)
- 2020 will be 9 to -9%
- 2019 max payout approx. around 1.25 – 2.5% (based on 2018 payout\*)

**\*Disclaimer:**

*These are %'s based upon what happened in 2017, Healthcentric Advisors is not liable for actual %'s dictated by CMS*





# What to do!

30 points to avoid penalty in 2019

45 points to avoid penalty in 2020

Do you have an EHR?  
(if No its OK, can still succeed)

Should you use claims?

# Examples of avoiding the Penalty

2019 – need 30 points

Do an IA – (1 High or 2 Medium) + 6 QMs

or

6 Quality Measures  
(claims, EHR or registry)

or

Complete your PI + IA or  
6 Quality Measures

2020 – need 45 points

Do an IA – (1 High or 2 Medium) + 6 QMs  
(that meet the 70% data completeness)

or

6 Quality Measures (EHR) + PI

or

Complete your PI + IA +  
6 Quality Measures

# Shoot for Incentive?

Is cost benefit worth it?

Do you have staffing?

If you have EMR, are you checking the appropriate boxes to get credit?

Time and effort worth %

What is your Medicare % to your practice?

# Example of MIPS Calculator

## Estimated MIPS Annual Payment Adjustment based on Organization's Estimated MIPS Scores

Performance Year:	2017	2018	2019	2017-2019
<i>Payment Year</i>	2019	2020	2021	Three Year Average
<i>Estimated MIPS Points</i>	96.7	97.7	96.7	97.03
<i>Annual Total Payment Adjustment %</i>	2.237%	1.946%	3.970%	2.72%
<i>Annual Total Payment Adjustment \$</i>	\$2,685	\$2,335	\$4,763	\$3,261
<i>Max Total Incentive \$ @ 100 MIPS Points</i>	\$2,855	\$2,460	\$5,103	
<i>Max Total Penalty \$ For Non-reporting and Lowest MIPS Scores</i>	-\$4,800	-\$6,000	-\$8,400	

<https://www.saignite.com/download-the-2018-mips-calculator>

# Questions



## Rob Mencunas

*Senior Program Coordinator  
Quality Payment Program – Eligible Clinicians*

**rmencunas@healthcentricadvisors.org**

This material was prepared by the New England QIN-QIO, the Medicare Quality Innovation Network-Quality Improvement Organization for New England, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMSRID12018091554