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Medicare Access and CHIP Reauthorization Act  
HR 2 of 2015

John B. Bulger, DO, MBA  
Chief Medical Officer, Geisinger Health Plan

SEMELROTH ©'12



**NEW MEDICARE PAYMENTS TO DOCTORS PASSES**

ON PASSAGE

H R 2

	YEA	NAY	PRES	NV
REPUBLICAN	212	33		
DEMOCRATIC	180	4		4
INDEPENDENT				
TOTALS	392	37		4

TIME REMAINING 0:00

C-SPAN  
c-span.org



YEA 92 NAY 8

H.R. 2, the Medicare Access and CHIP Reauthorization Act



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# Acronyms

MACRA = Medicare Access and CHIP Reauthorization Act

MIPS = Merit-based Incentive Payment System

APM = Alternative Payment Model

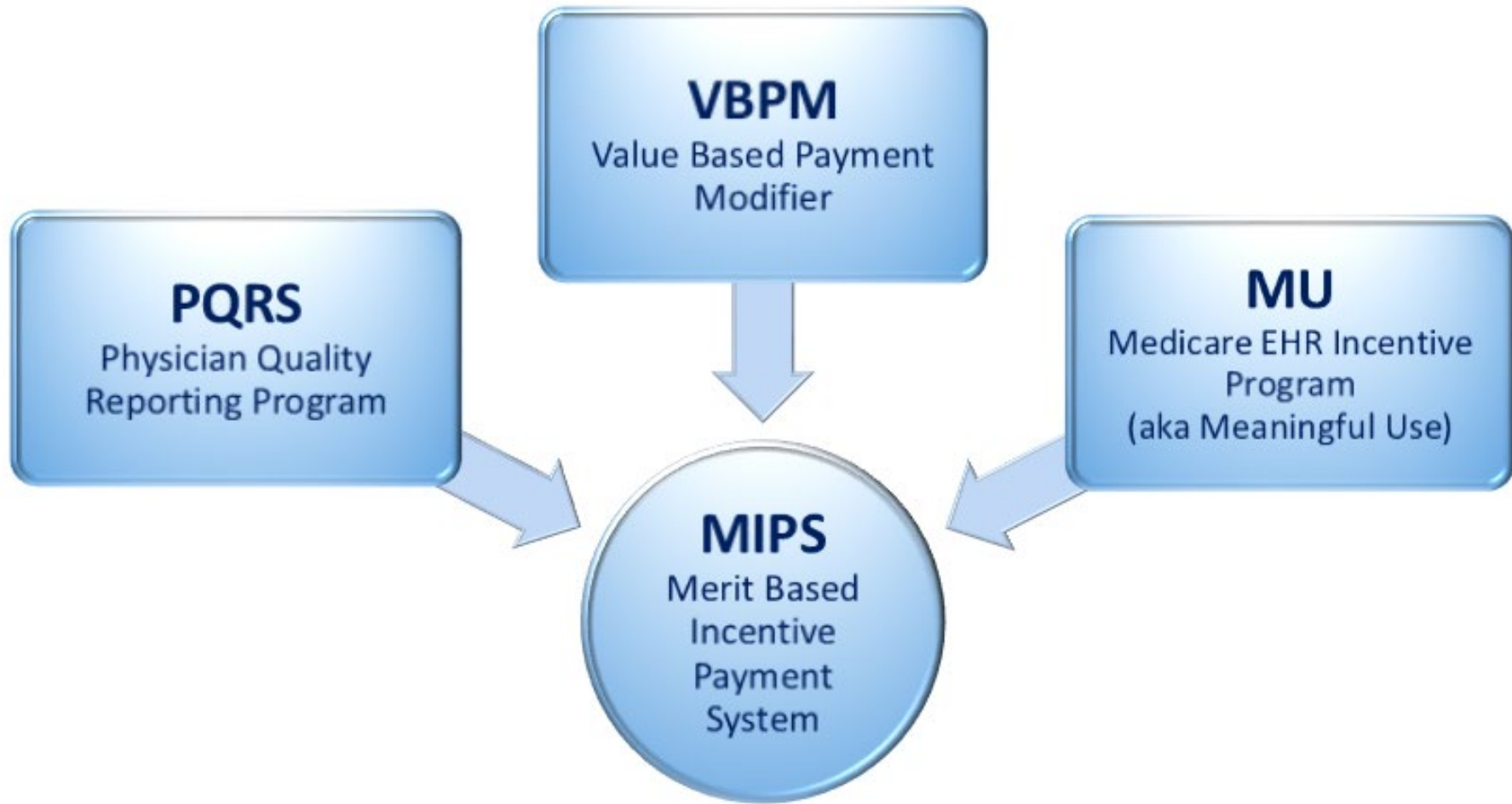
AAPM = Advanced Alternative Payment Model

QRUR = Quality and Resource Use Report

ACI = Advancing Care Improvement

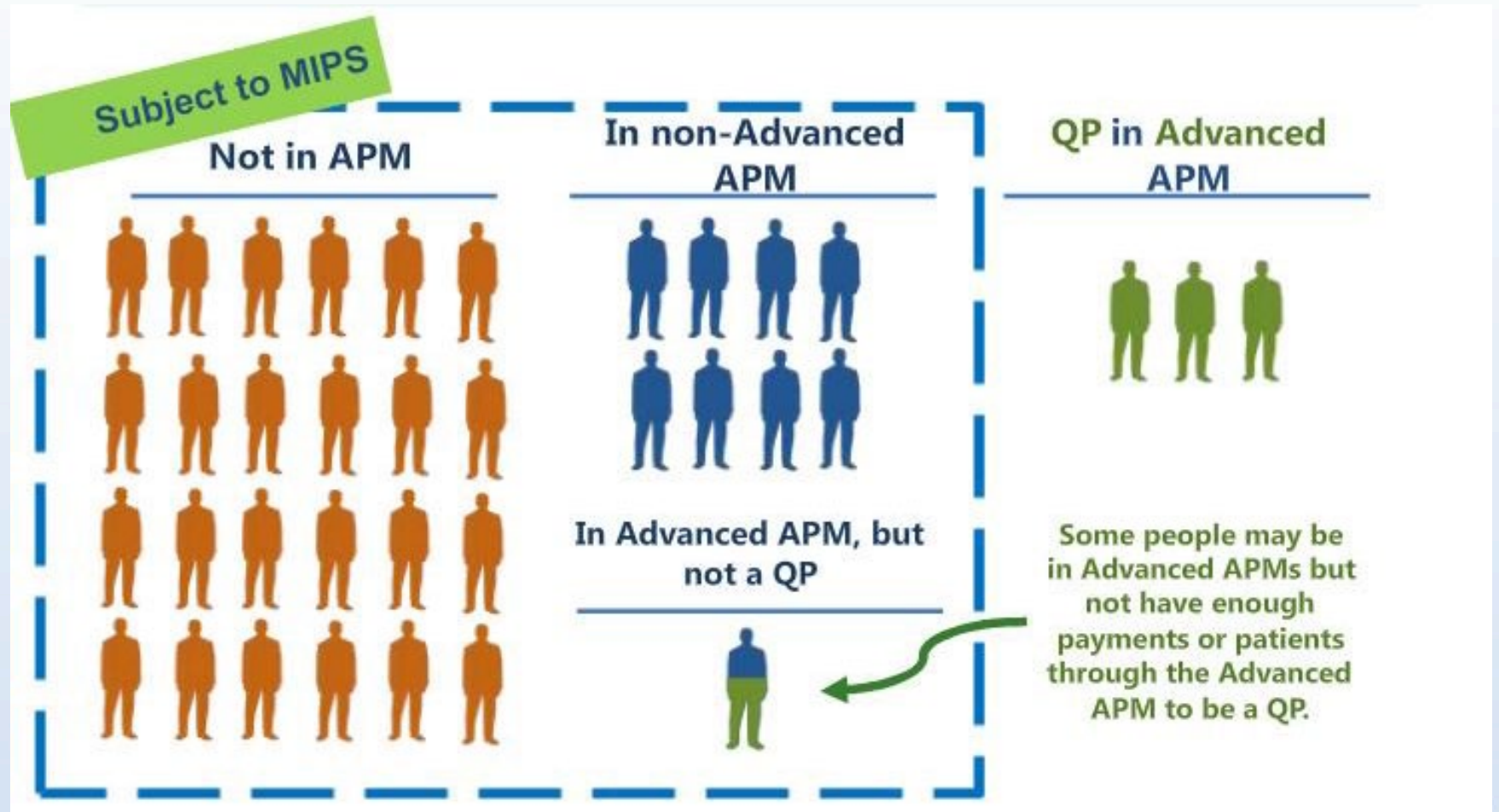
CPIA = Clinical Practice Improvement Activities

# How did we get here?

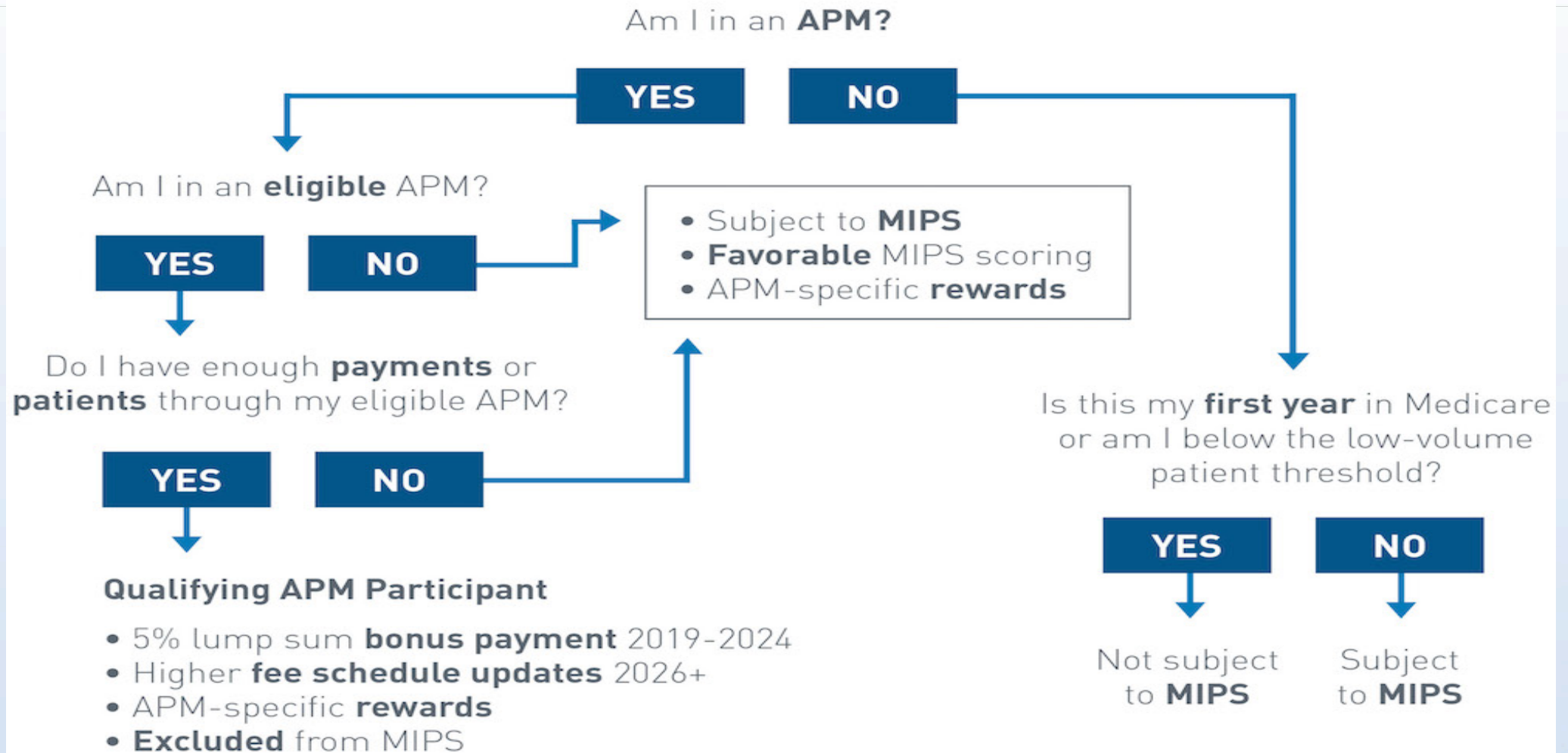


# Who is eligible?

Over \$90,000 a year in Medicare Part B allowed charges  
AND  
Providing care for more than 200 Medicare patients a year  
AND  
Bill more than 200 Medicare Services



# Determine Your MACRA Pathway



## How Do I Check If I am Eligible to Participate in MIPS?

To check if you're eligible to participate in MIPS in 2019, enter your 10-digit National Provider Identifier in the [Quality Payment Program Participation Status Tool](#) on the [Quality Payment Program website](#).

# Advanced APMs

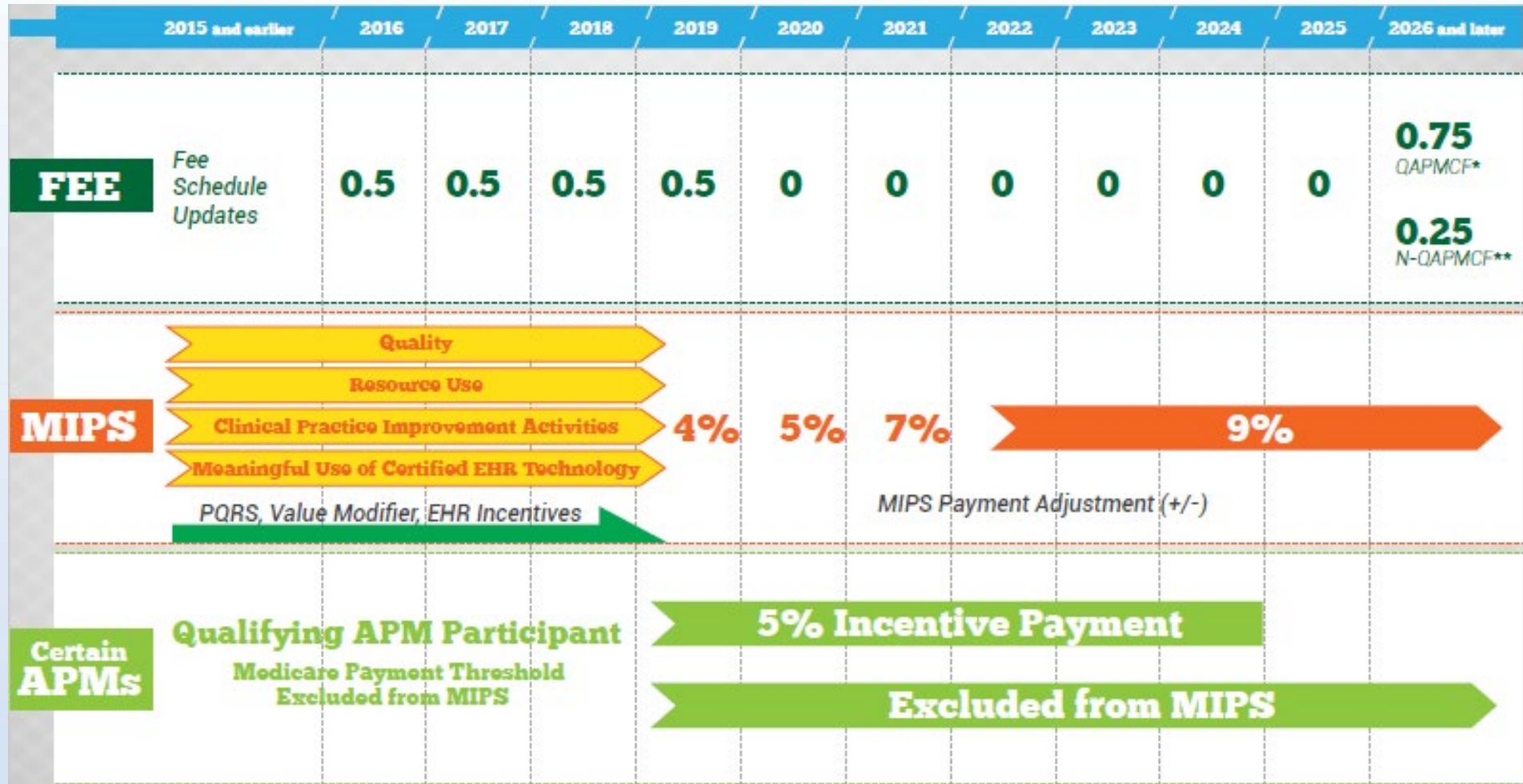
- Comprehensive ESRD Care (CEC) - Two-Sided Risk
- Comprehensive Primary Care Plus (CPC+)
- Next Generation ACO Model
- Shared Savings Program - Track 2, Track 3, Track 1+
- Oncology Care Model (OCM) - Two-Sided Risk
- Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1- CEHRT)
- Vermont and Maryland

**Table 1: Requirements for APM Incentive Payments for Participation in Advanced APMs**  
(Clinicians must meet payment or patient requirements)

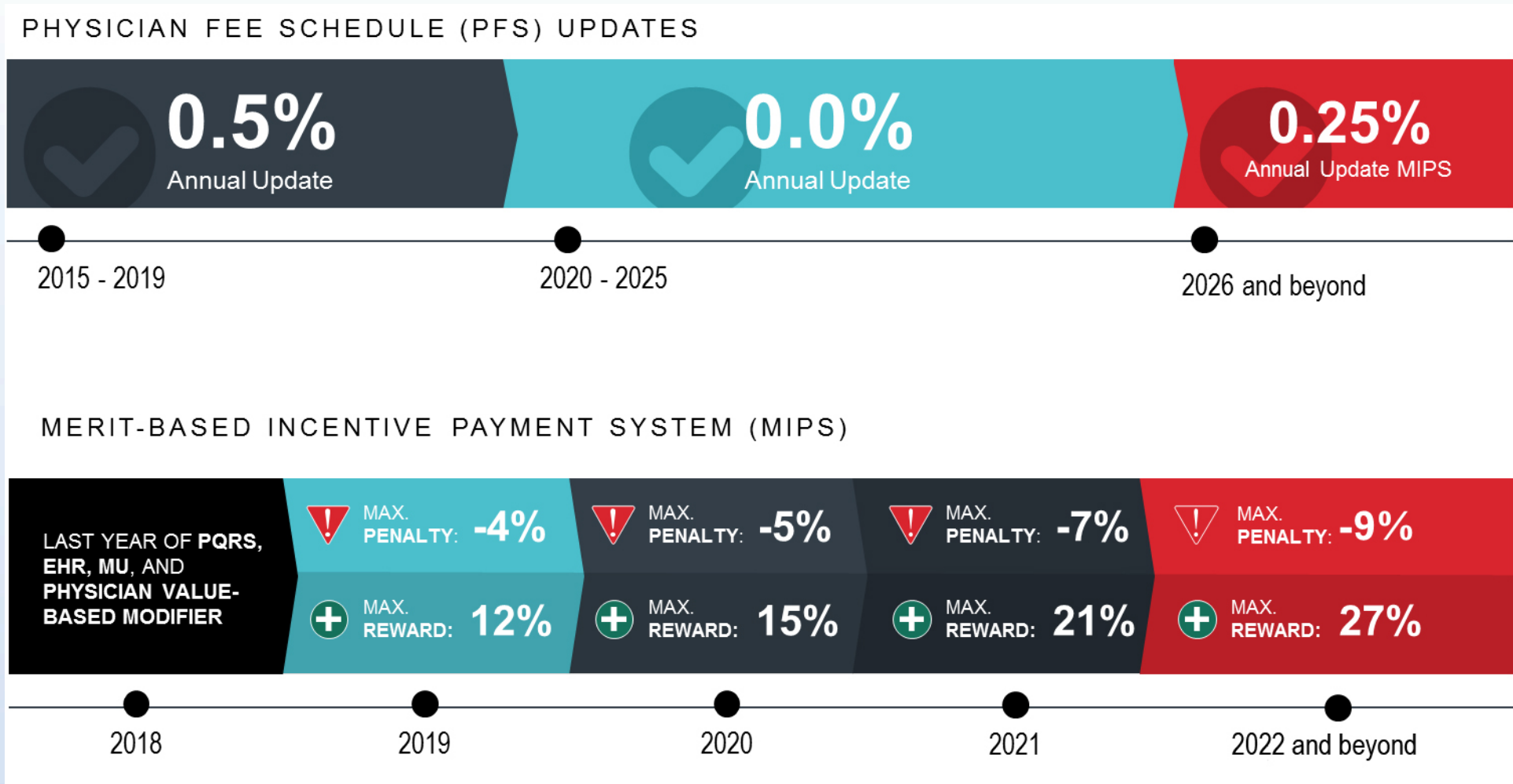
Performance Year	2017	2018	2019	2020	2021	2022 and later
Percentage of Medicare Payments through an Advanced APM	25%	25%	50%	50%	75%	75%
Percentage of Medicare Patients through an Advanced APM	20%	20%	35%	35%	50%	50%



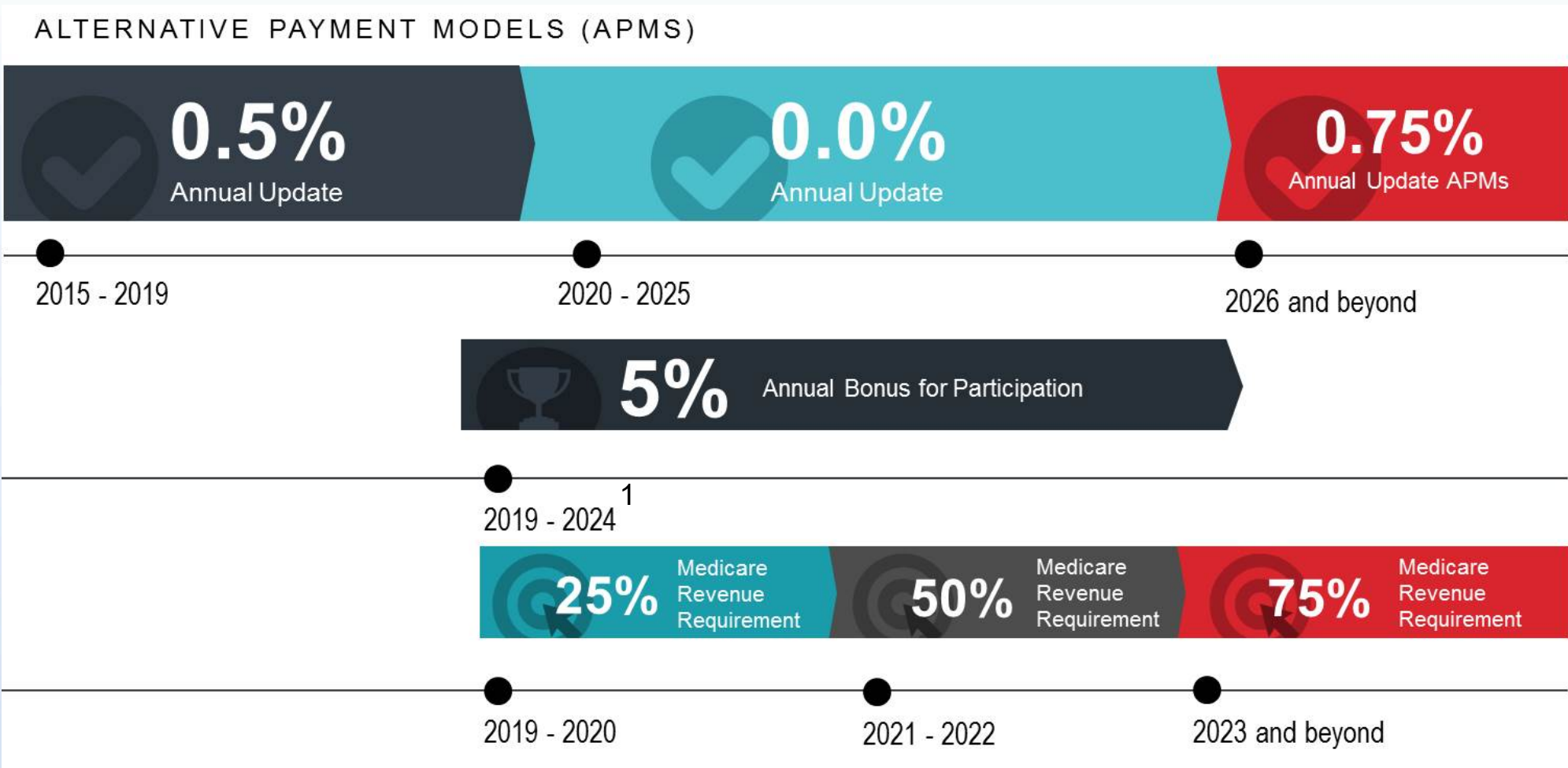
# MACRA Timeline



# MIPS Track



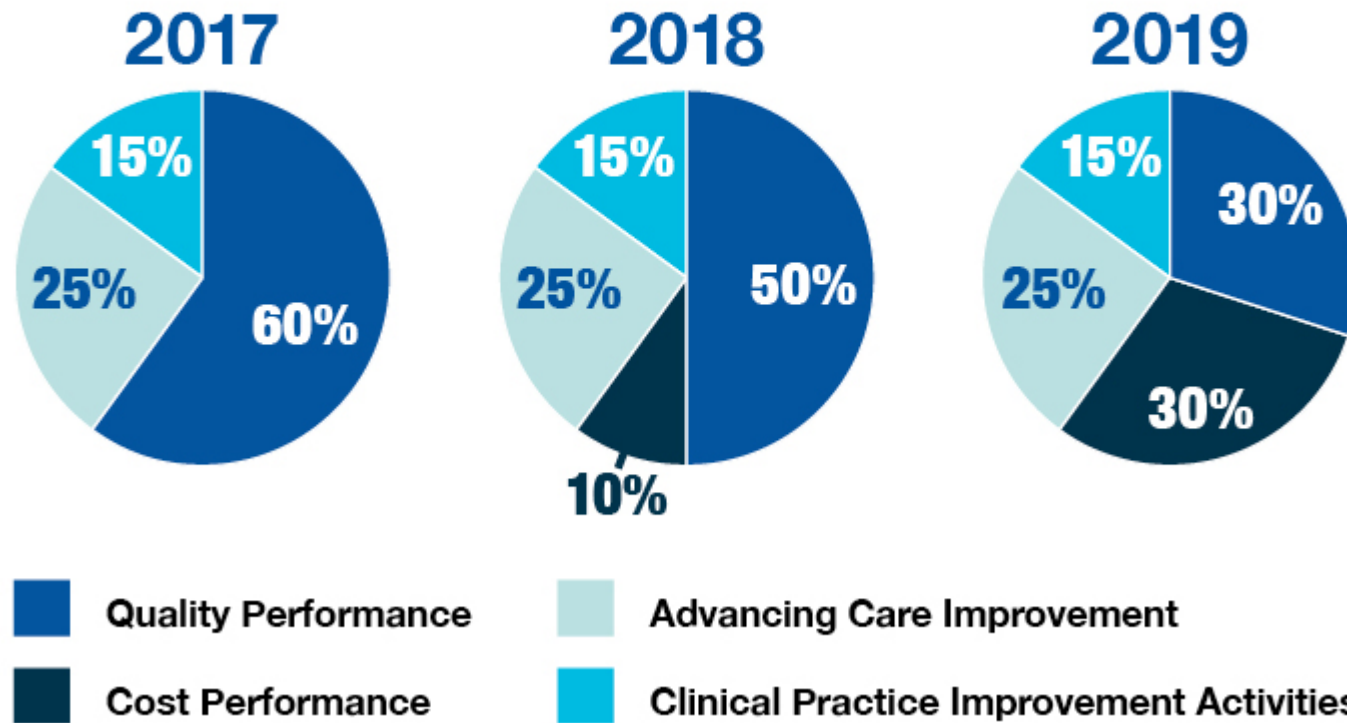
# Advanced-APM Track



1. Patients in APM to qualify are 20%, 35%, and 50% respectively

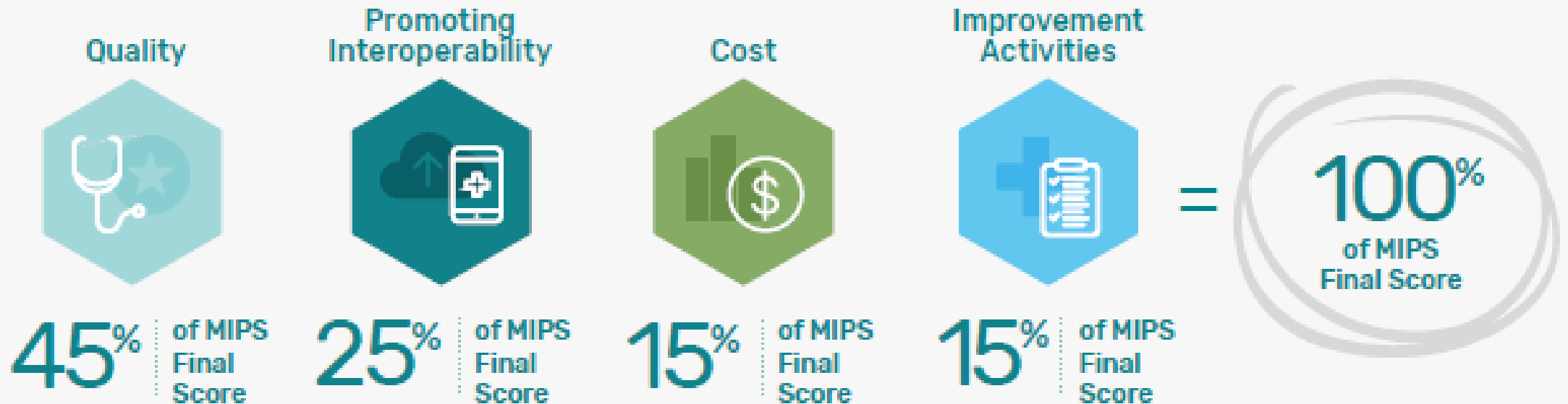
# MIPS Weighting

## Calculating MIPS Composite Performance Score



# MIPS Weighting

Performance in MIPS is measured through the data clinicians report in four areas: Quality, Cost, Improvement Activities, and Promoting Interoperability. The performance categories have different “weights” and are added together to give you a MIPS final score. [Explore the measures](#) for each category on the Quality Payment Program website.



You can participate in MIPS as an individual, group, or virtual group. Learn more by visiting the Quality Payment Program [website](#).

## MIPS-APM Track






- You participate in an APM, but it is not an Advanced-APM
- Scoring is the same for the entire APM
- Gain full credit for Advancing Care Improvement
- Do not have to report separately for quality

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What to think about now

# Submission Methods

	 Individual	 Group
 <b>Quality</b>	<ul style="list-style-type: none"> <li>• Qualified Clinical Data Registry (QCDR)</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Claims</li> </ul>	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Administrative Claims</li> <li>• CMS Web Interface</li> <li>• CAHPS for MIPS Survey</li> </ul>
 <b>Improvement Activities</b>	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Attestation</li> </ul>	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• CMS Web Interface</li> <li>• Attestation</li> </ul>
 <b>Advancing Care Information</b>	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Attestation</li> </ul>	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Attestation</li> <li>• CMS Web Interface</li> </ul>

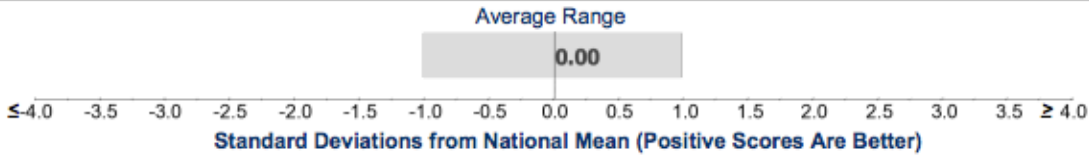
\*Must be reported via a CMS approved survey vendor together with another submission method for all other Quality measures.



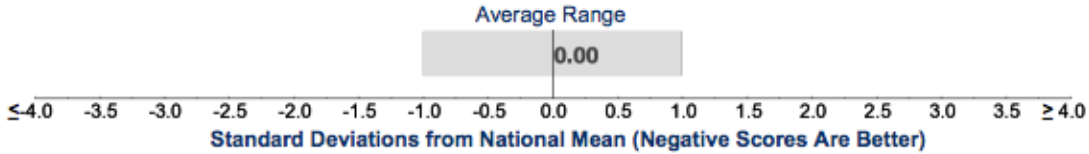


# Quality and Resource Use Report

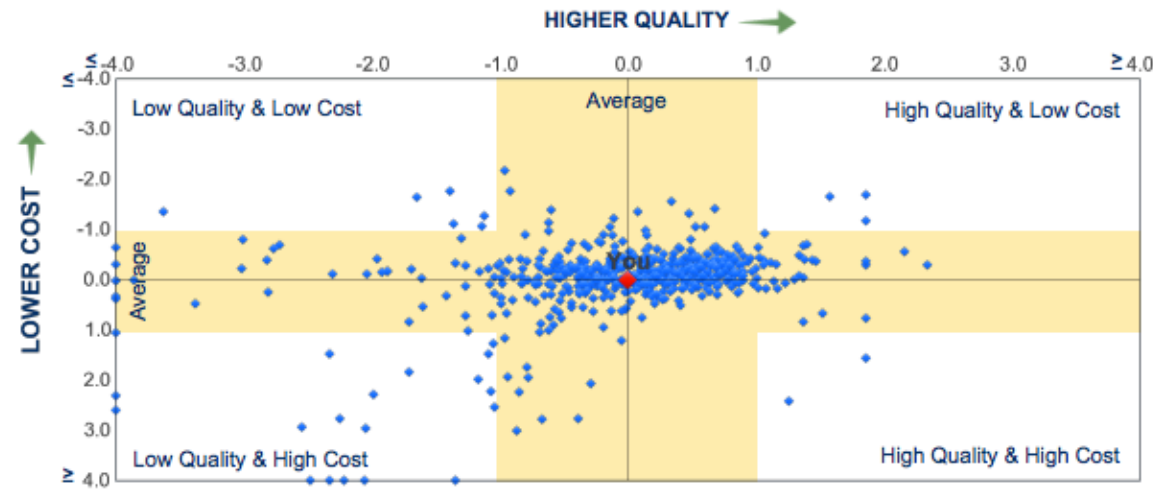
## Your Quality Composite Score: Average



## Your Cost Composite Score: Average



## Your Performance: Average Quality, Average Cost



# Understanding Attribution

Did the patient see a primary care provider or not?

What episodes happened in the year?

Specialty care versus primary care?

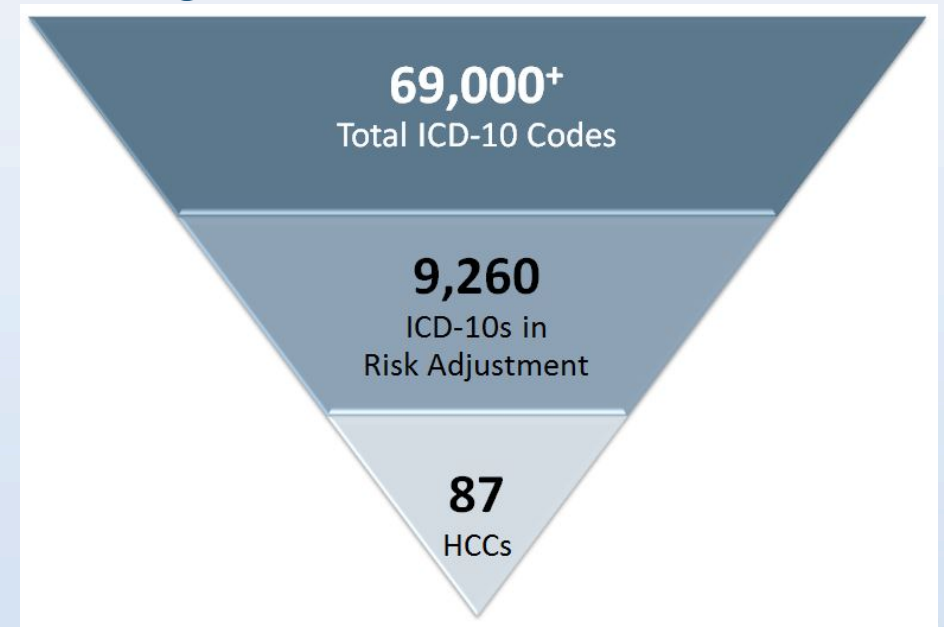
Understanding how episodes are triggered?

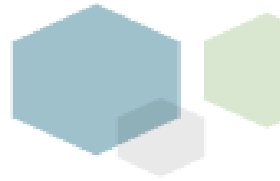
# Assessment of disease burden

Accurate coding helps reflect the disease burden of the population

This enables appropriate case and disease management

It impacts cost performance



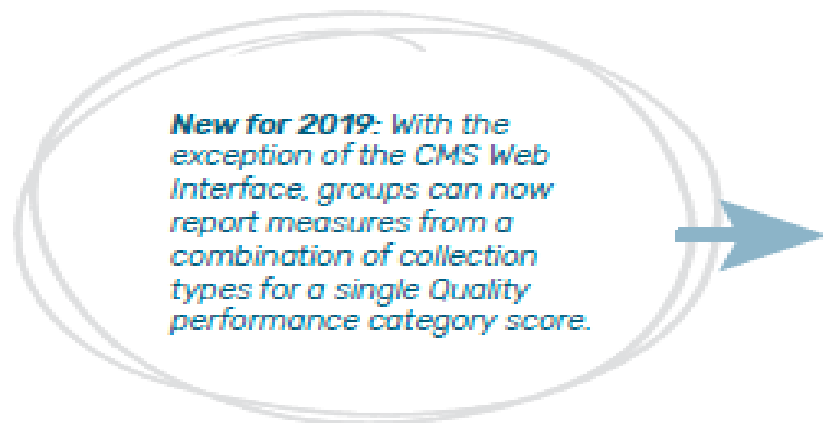


## What are the data submission requirements for the Quality performance category?

The Quality performance category has a 12-month performance period (January 1 – December 31, 2019) for which groups will need to:

- Report at least 6 measures; of the 6 quality measures, groups need to select 1 outcome measure or a high priority measure if an outcome measure is not available;
- OR
- Report at least six measures from a specialty measure set, unless the set contains fewer measures; of the 6 quality measures, groups need to select one outcome measure, or a high priority measure if an outcome measure is not available;
- OR
- Register for the CMS Web Interface and report on all of the CMS Web Interface measures.

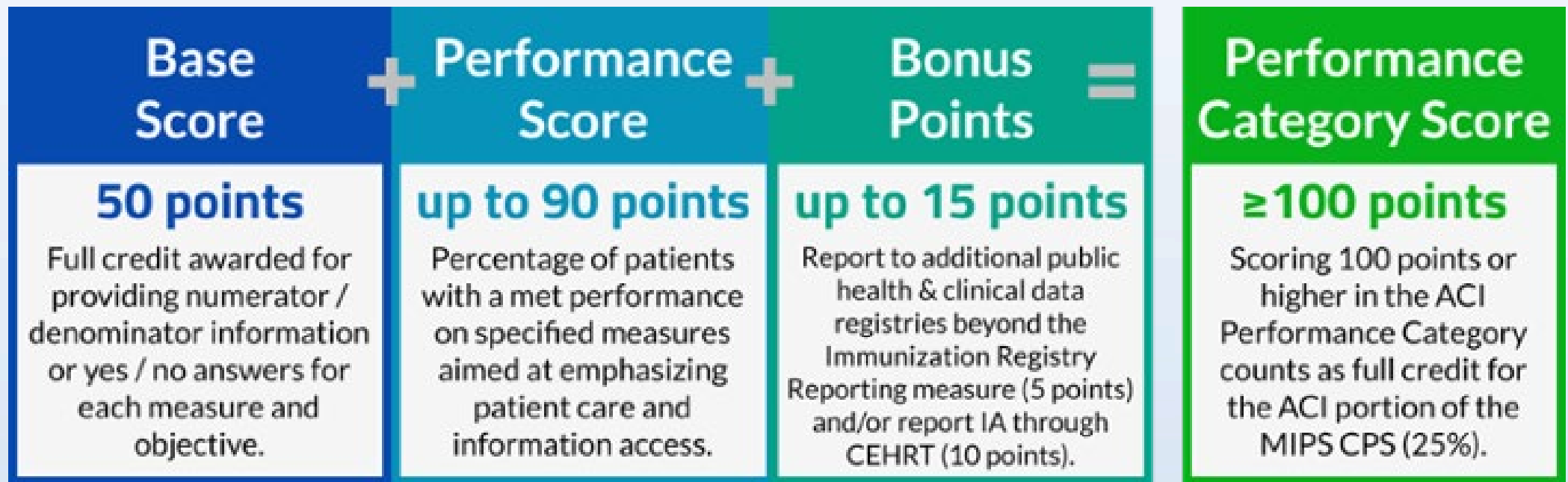
Groups are encouraged to select the quality measures that are most appropriate for their practice and patient population.



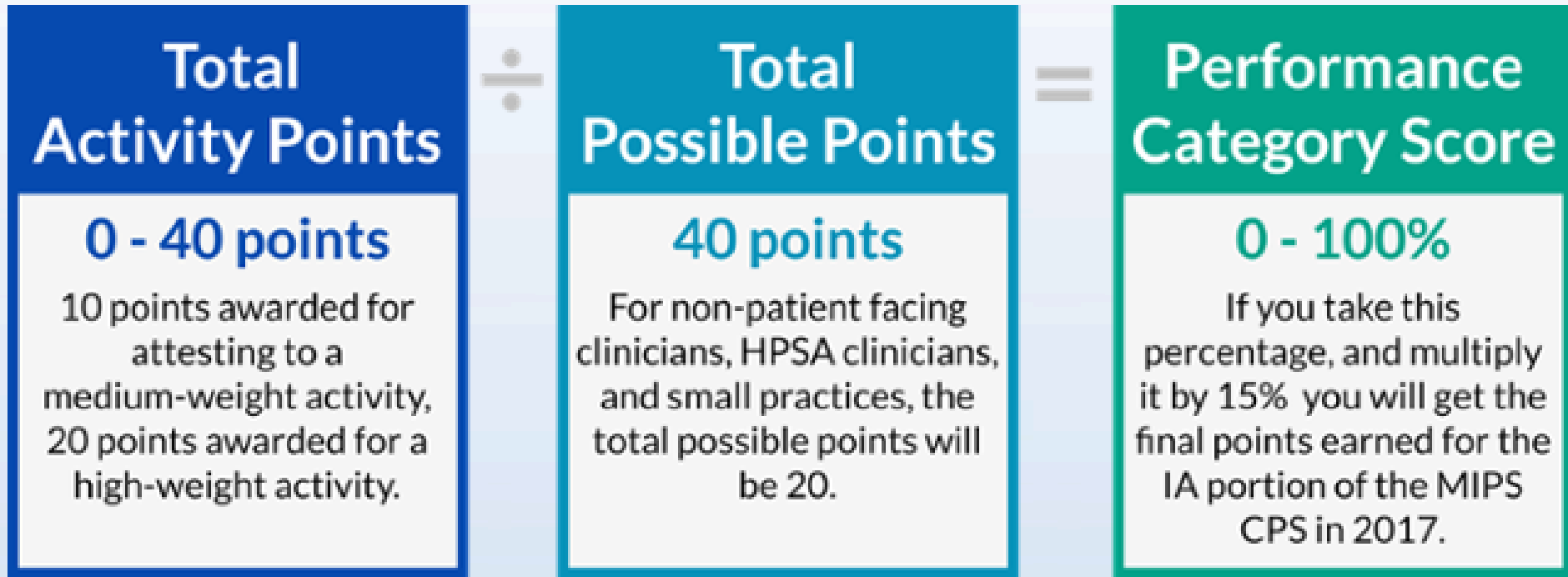
$$\left( \begin{array}{c} \mathbf{2} \\ \text{claims} \\ \text{measures} \end{array} + \begin{array}{c} \mathbf{2} \\ \text{eQMs} \end{array} + \begin{array}{c} \mathbf{2} \\ \text{QCDR} \\ \text{measures} \end{array} \right) = \mathbf{1} \text{ Quality score}$$

For example, a small practice could report 2 Medicare Part B claims measures throughout the performance year and also work with a QCDR to collect and report 2 eQMs and 2 QCDR measures on their behalf during the 2019 submission period. All 6 of these measures would contribute to a single Quality performance category score for the group.

# Advancing Care Information ( the artist formerly known as Meaningful Use)



# Clinical Practice Improvement Activities

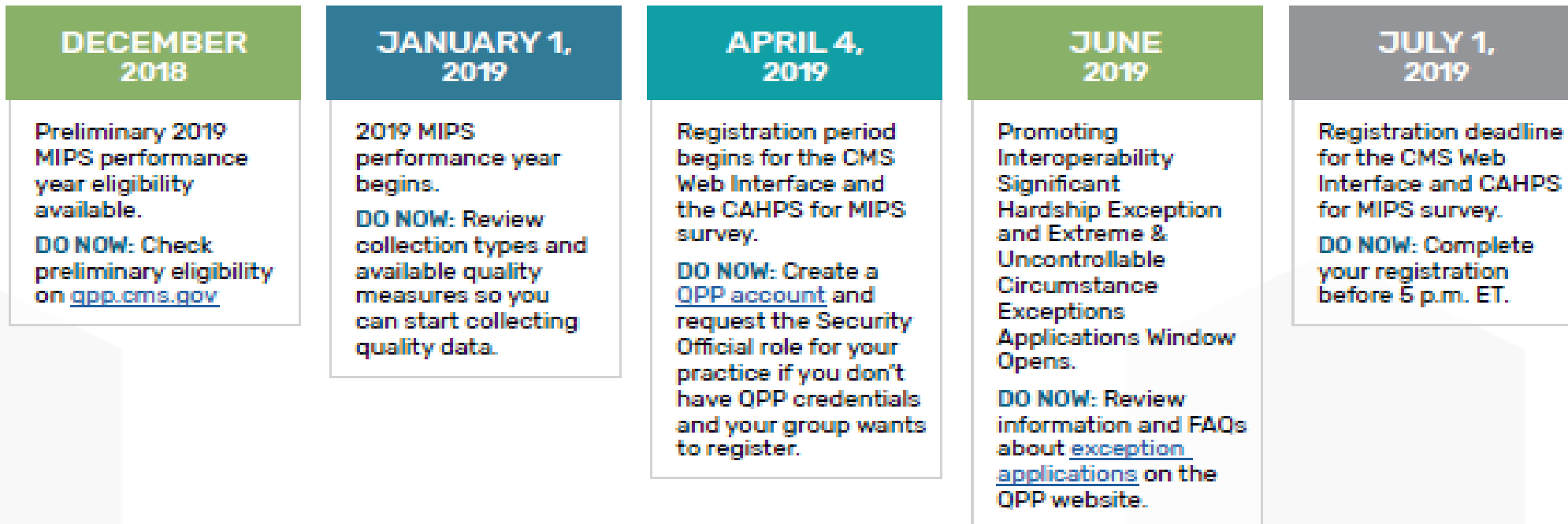


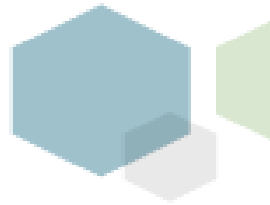
Small Practices (less than 15) or HPSAs (Healthcare Professional Shortage Areas) are only required to report 20 points (1 or 2 activities)

**Geisinger** Participation in an Alternative Payment model is already worth 20 points, so only 20 additional points would be needed.

## What are the important participation milestones for MIPS?

Participation and data submission deadlines for the 2019 performance year are included in the chart below. You can also visit the [Performance Year 2019 timeline](https://www.cms.gov/qpp/2019-timeline) on [qpp.cms.gov](https://www.cms.gov/qpp).





**OCTOBER 3,  
2019**

The final day to start data collection for a continuous 90-day performance period (applicable to the Improvement Activities and Promoting Interoperability performance categories.)

**DO NOW:** Start collecting data for these performance categories if you haven't already.

**NOVEMBER/  
DECEMBER  
2019**

Final 2019 MIPS performance year eligibility available on [qpp.cms.gov](http://qpp.cms.gov).

**DO NOW:** Check final eligibility on [qpp.cms.gov](http://qpp.cms.gov).

**DECEMBER 31,  
2019**

2019 MIPS performance year ends.

Promoting Interoperability Significant Hardship Exception and Extreme & Uncontrollable Circumstance Exceptions Applications Window Closes.

**JANUARY 2–  
MARCH 31,  
2020**

MIPS data submission period for the 2019 performance year.

**DO NOW:** Create a [QPP account](http://qpp.cms.gov) and request a role for your practice so you can submit data or review data submitted on your behalf.

**JULY  
2020**

MIPS Performance feedback will be available.

**DO NOW:** Sign in to [qpp.cms.gov](http://qpp.cms.gov) to review your performance feedback and associated payment adjustment for your clinicians.



# Join and Advanced Alternative Payment Model (AAPM)

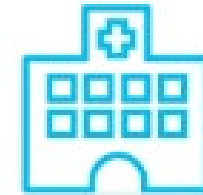
Not subject to MIPS reporting

5% “bonus” payment on Part B payments through 2024

0.75% payments adjustments after 2026 (vs. 0.25%)

Options for waivers (3-day SNF, Telemedicine, etc.)

## Participate in an Advanced Alternative Payment Model



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

# MSSP New Program Structure

BASIC Track				ENHANCED Track	
Level A	Level B	Level C	Level D	Level E	
40% sharing rate	40% sharing rate	50% sharing rate	50% sharing rate	50% sharing rate	75% sharing rate
Upside only	Upside only	1 <sup>st</sup> dollar losses at 30%, not to exceed 2% of revenue capped at 1% of BM	1 <sup>st</sup> dollar losses at 30%, not to exceed 4% of revenue capped at 2% of BM	1 <sup>st</sup> dollar losses at 30%, not to exceed 8% of FFS revenue capped at 4% of BM	1 <sup>st</sup> dollar losses 40-75% and not to exceed 15% of BM
MIPS APM	MIPS APM	MIPS APM	MIPS APM	Advanced APM	Advanced APM

# MSSP New Program Structure

BASIC Track				ENHANCED Track	
Level A	Level B	Level C	Level D	Level E	
40% sharing rate	40% sharing rate	50% sharing rate	50% sharing rate	50% sharing rate	75% sharing rate
Upside only	Upside only	1 <sup>st</sup> dollar losses at 30%, not to exceed 2% of revenue capped at 1% of BM	1 <sup>st</sup> dollar losses at 30%, not to exceed 4% of revenue capped at 2% of BM	1 <sup>st</sup> dollar losses at 30%, not to exceed 8% of FFS revenue capped at 4% of BM	1 <sup>st</sup> dollar losses 40-75% and not to exceed 15% of BM
MIPS APM	MIPS APM	MIPS APM	MIPS APM	Advanced APM	Advanced APM

## Wrap-up

MACRA/Value-based payment is not going away

The rules will be quite fluid

Quality and cost will rule (just like Value-based Purchasing, and PQRS)

There will be winners and losers

Advanced Alternative Payment Models offer potential efficiencies



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Thank you!

John B. Bulger, DO, MBA  
jbulger@geisinger.edu