Overview of the EHR Incentive Programs and Merit-Based Incentive Payment System

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CMS
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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Today's Presentation

1. Discuss the EHR Incentive Programs in 2016
2. Provide an overview of the Quality Payment Program and the Merit-Based Incentive Payment System (MIPS)
3. Highlight resources to assist rural providers

Challenges to Implementing Health IT for Rural Providers

- Broadband (high speed internet) availability
- Limited workforce trained to help with health IT
- Access to financial resources

EHR Incentive Programs in 2016

2016

Attest to 2015-2017 (Modified Stage 2) criteria

First-time participants may use an EHR reporting period of any continuous 90-day period between January 1 and December 31, 2016.

All returning participants must use an EHR reporting period of **a full calendar year** (January-December 31, 2016).

Attest between January 1, 2017 – February 28, 2017

EHR Incentive Programs in 2016: Objectives

1. Protect Patient Health Information
2. Clinical Decision Support
3. Computerized Provider Order Entry (CPOE)
4. Electronic Prescribing (eRx)
5. Health Information Exchange
6. Patient Specific Education
7. Medication Reconciliation
8. Patient Electronic Access (VDT)
9. Secure Messaging (EPs only)
10. Public Health Reporting

Objective 8: Patient Electronic Access

Eligible professionals

- **Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

- **EP Measure 1**: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

- **EP Measure 2:** For an EHR reporting period in 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative).

Objective 8: Patient Electronic Access

Eligible Hospitals/CAHs

- **Objective:** Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

- **Eligible Hospital/CAH Measure 1**: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.

- **Eligible Hospital/CAH Measure 2:** For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period.

Objective 9: Secure Messaging

Eligible Professionals only

- **Objective:** Use secure electronic messaging to communicate with patients on relevant health information.

- **Measure:** For an EHR reporting period in 2016, for ***at least 1 patient*** seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

How CMS Addressed Concerns About These Objectives

To address concerns from rural providers, CMS:

- Clarified that provision of access can take many forms and does not require a provider to obtain an email address from the patient
- Included a phased approach for measure thresholds
- Offered broadband access exclusions

Patient Email Address is Not Required

For Patient Electronic Access, Measure 1:

- If a provider's CEHRT does require a patient email address, but the patient does not have or refuses to provide an email address or elects to "opt-out" of participation, that is not prohibited by the EHR Incentive Program requirements.

- A provider may still meet the requirements by providing the patient all of the necessary information required for the patient to subsequently access their information, obtain access through a patient-authorized representation, or otherwise opt-back-in.

CAH Method II Physician Participation

- Physicians who assign their reimbursement and billing to a CAH under Method II are eligible to participate in the Medicare Electronic Health Record (EHR) Incentive Program as eligible professionals (EPs)

- If a provider submits a combined claim (a claim that includes both facility and professional components), he or she must report the NPI(s) of the rendering physician at the line level (if rendering NPI is different from NPI at claim level)

- Must register and attest to MU measures in 2016

Stage 3 for CAHs: 2017-2018

- Synchronizes on single stage and single reporting period
- Reduces burden by removing objectives that are:
  - Redundant paper based versions of now electronic functions
  - Duplicative of other more advanced measures using same certified EHR technology function
  - Topped out and have reached high performance
- Focuses on advanced use objectives (8)

Stage 3 Objectives for CAHs 2017-2018

1. Protect Electronic Health Information
2. Electronic Prescribing (eRx)
3. Clinical Decision Support
4. Computerized Provider Order Entry (CPOE)
5. Patient Electronic Access to Health Information
6. Coordination of Care through Patient Engagement
7. Health Information Exchange
8. Public Health Reporting

The Quality Payment Program

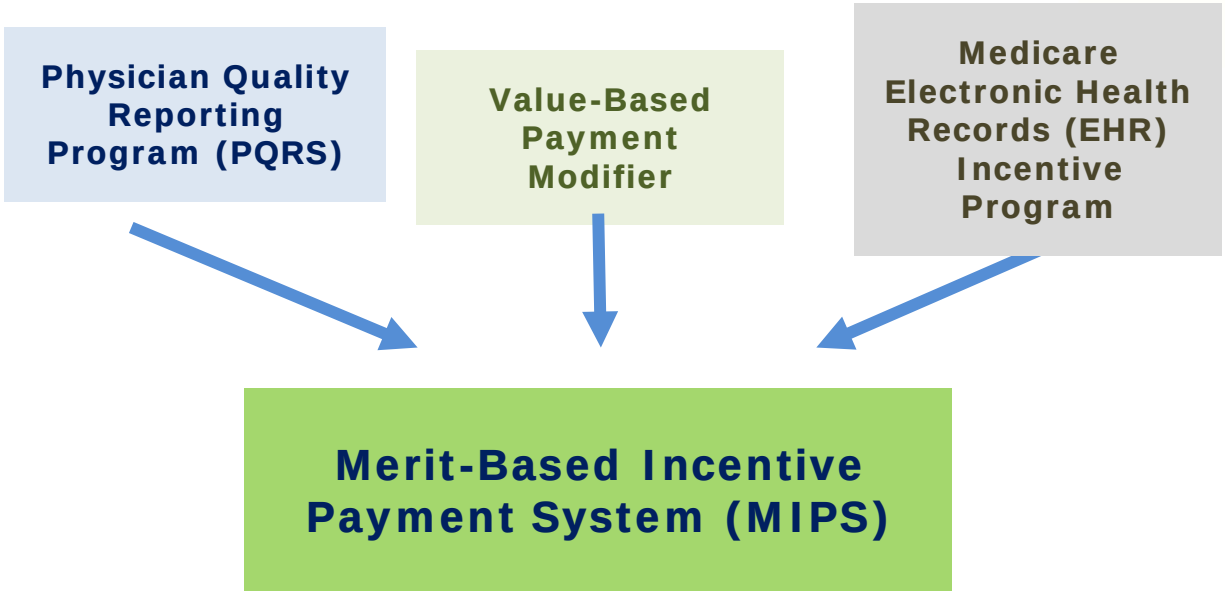
- The **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)** is a bipartisan legislation signed into law on April 16, 2015.

What does Title I of MACRA do?

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Changes the way that Medicare** rewards clinicians for **value** over volume
- **Streamlines** multiple quality programs under the new **Merit-Based Incentive Payment System (MIPS)**
- Provides **bonus payments** for participation in **advanced alternative payment models (APMs)**

Overview of MIPS

MACRA streamlines these individual quality and value programs into MIPS.



MACRA Affects Medicare Part B Clinicians

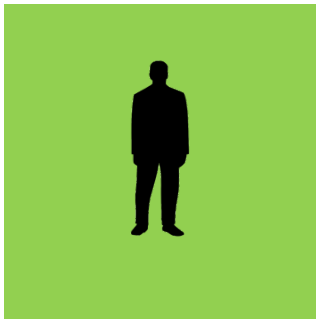
Affected clinicians are called **"eligible professionals" (EPs)** and will participate in MIPS. The types of **Medicare Part B** health care clinicians affected by MIPS may expand in the first 3 years of implementation.

Years 1 and 2	Years 3+
	Secretary may broaden EP group to include others such as 
Physicians, PAs, NPs, Clinical nurse specialists, Nurse anesthetists	**Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians/ Nutritional professionals**

Are There Any Exceptions to Participation in MIPS?

There are **3 groups** of clinicians who will NOT be subject to MIPS:

FIRST year of Medicare Part B participation



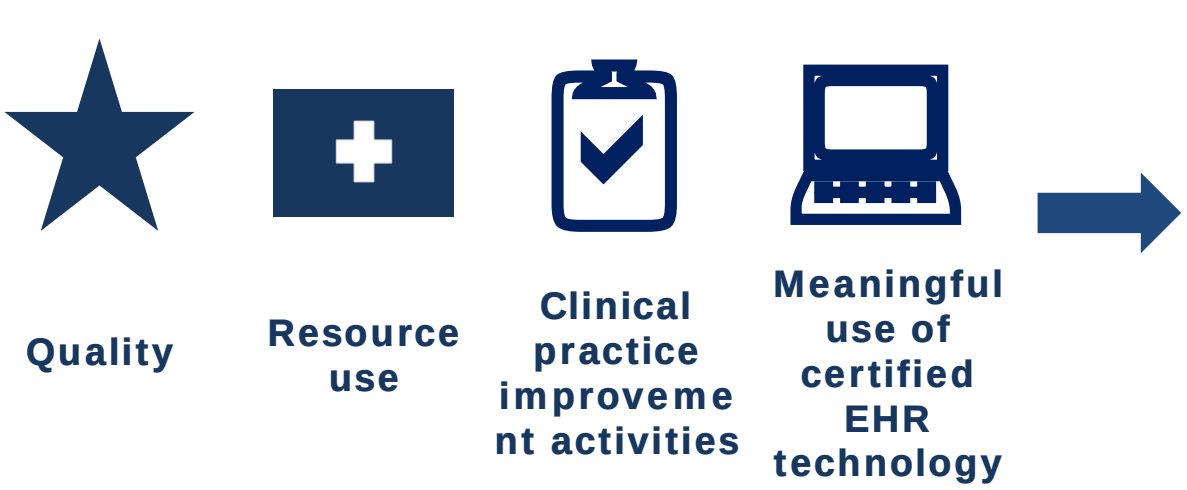
Below low patient volume threshold

Certain participants in ELIGIBLE Alternative Payment Models

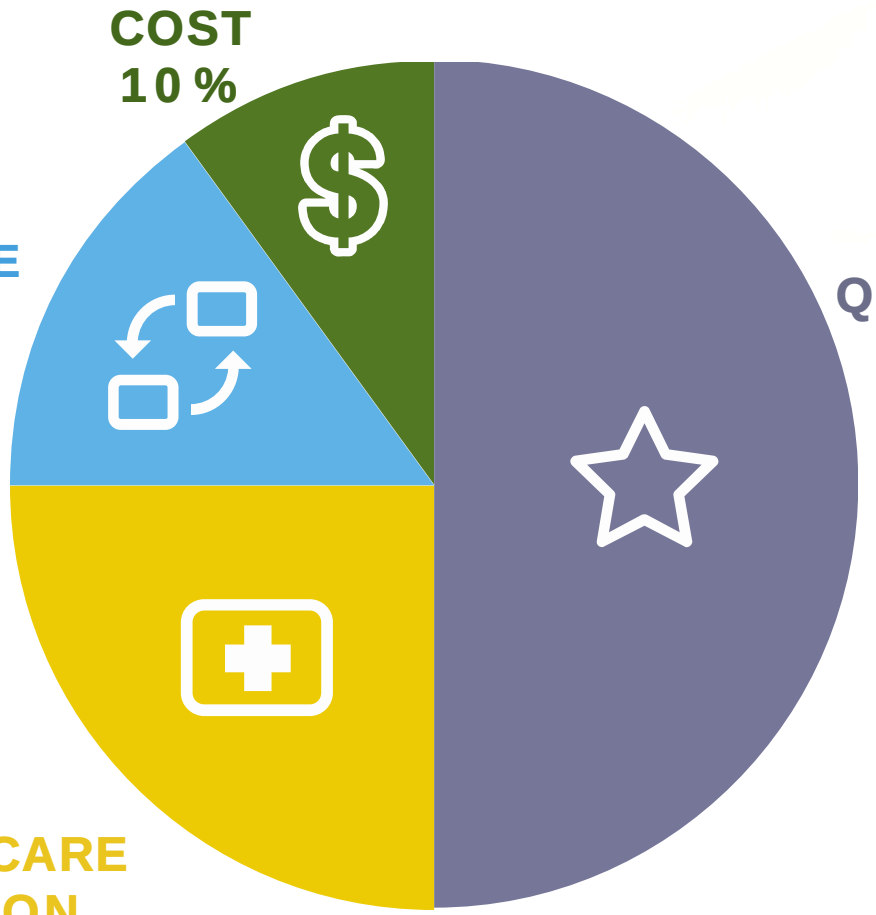
Note: MIPS **does not** apply to hospitals or facilities

How Physicians and Practitioners Will Be Scored Under MIPS

A single MIPS **composite performance score** will factor in performance in **4 weighted performance categories**:

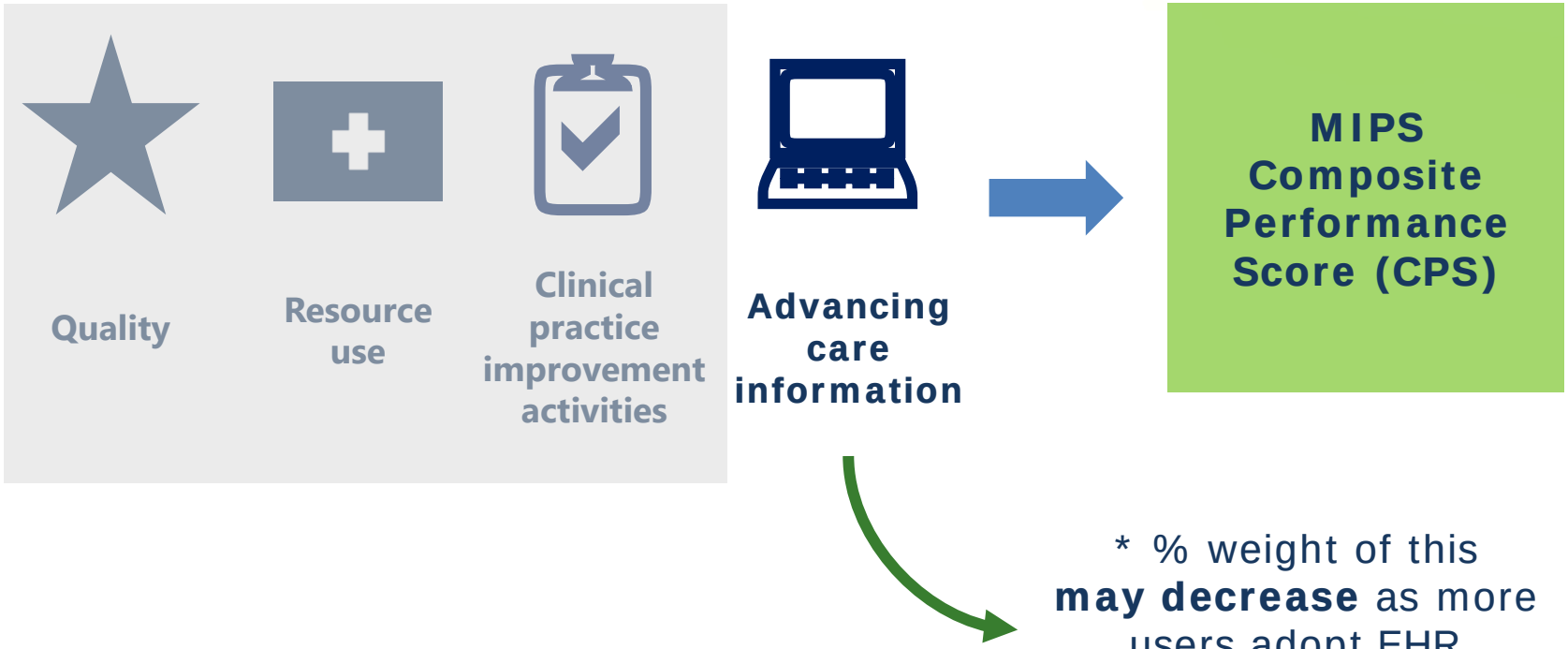


Year 1 Performance Category Weights for MIPS



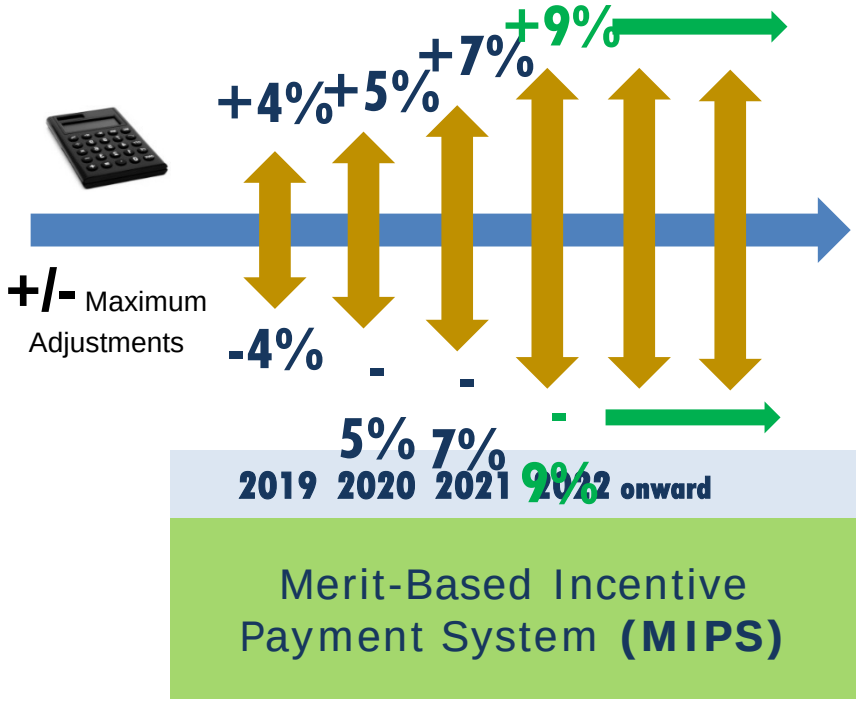
What will determine my MIPS score?

The MIPS composite performance score will factor in performance in 4 weighted performance categories on a 0-100 point scale :



How Much Can MIPS Adjust Payments?

Based on a composite performance score, clinicians will receive **+ / - or neutral** adjustments **up to** the percentages below.



Adjusted Medicare Part B **payment** to clinician

The potential **maximum** adjustment % will **increase** each year from **2019 to 2022**

Quality Payment Program and CAHs

- Method I: MIPS adjustment would apply to payments made for items and services billed by MIPS eligible clinicians under the PFS
  - Would not apply to the facility payment to the CAH
- Method II: For clinicians who have not assigned their billing rights to the CAH, the MIPS adjustment would apply in the same manner as for MIPS eligible clinicians who bill for items and services in Method I CAHs.
- Method II: For clinicians who have assigned their billing rights to the CAHs, those professional services would constitute "covered professional services" because they are furnished by an eligible clinician and payment is "based on" the PFS
  - MIPS payment adjustment would apply

Quality Payment Program and RHCs & FQHCs

- If a MIPS eligible clinician furnishes items and services in an RHC and/or FQHC and the RHC and/or FQHC bills for those items and services under the RHC's or FQHC's all-inclusive payment methodology, the MIPS adjustment would not apply to the facility payment to the RHC or FQHC itself
  - These eligible clinicians have the option to voluntarily report on applicable measures and activities for MIPS
  - Would not be subject to MIPS adjustments

- If a MIPS eligible clinician furnishes other items and services in an RHC and/or FQHC and bills for those items and services under the PFS, the MIPS adjustment would apply to payments made for items and services

MACRA Technical Assistance
Helping MIPS-eligible Clinicians in 2016-2020

- MACRA provides for technical assistance to small practices and practices in health professional shortage areas

- The Secretary shall enter into contracts or agreements with appropriate entities
  - E.g.: quality improvement organizations, regional extension centers or regional health collaboratives

- Offer guidance and assistance to MIPS eligible professionals in practices of 15 or fewer professionals
  - Priority given to such practices located in rural areas, health professional shortage areas, and medically underserved areas, and practices with low composite scores

- Focus on the performance categories and how to transition to the implementation of and participation in an APM

Technical Assistance Implementation Plan

- CMS, ONC and HRSA are working together to ensure the greatest reach with the available funding through a procurement that will allow QIOs, RECs and RHCs to partner together and emphasize each others strengths

- Awardees will be determined using a Value Equation that factors in number of clinical practices reached and outcomes proposed

NPRM: Seeking Comments on Rural Specific Items

- We seek comments on the feasibility of these clinicians voluntarily reporting to MIPS
- We seek comments on whether anything voluntarily reported should get posted on Physician Compare
- We make proposals on how these clinicians count toward becoming a Qualifying APM Participant
- We discuss how these payments are not used in determining the advanced APM bonus

How to Submit Comments

- The proposed rule includes proposed changes not reviewed in this presentation. We will not consider feedback during the call as formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the 60-day comment period on June 27, 2016. When commenting refer to file code CMS-5517-P.

- Instructions for submitting comments can be found in the proposed rule; FAX transmissions will not be accepted. You must officially submit your comments in one of the following ways: electronically through
  - Regulations.gov
  - by regular mail
  - by express or overnight mail
  - by hand or courier

- For additional information, please go to: http://go.cms.gov/QualityPaymentProgram

CMS Resources

RURAL HEALTH RESOURCES

Rural Health Resources

- Hardship Exception Applications
  - Payment Adjustment & Hardship Info
- Broadband Access Exclusions
  - Tip Sheet
- Regional Extension Centers (RECs)
  - REC Highlights
  - Locate an REC
- Federal funding to assist rural health providers with health IT
  - HealthIT.gov

CMS Resources

- CMS EHR Incentive Programs website:
  - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html
- MIPS and MACRA website:
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html

CMS Help Desks

- **EHR Information Center Help Desk**
  - (888) 734-6433 / TTY: (888) 734-6563
  - Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)
  - EHR Inquiries: EHRInquiries@cms.hhs.gov

- **NPPES Help Desk**
  - Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do
  - (800) 465-3203 / TTY (800) 692-2326

- **PECOS Help Desk**
  - Visit https://pecos.cms.hhs.gov/
  - (866)484-8049 / TTY (866)523-4759

- **Identification & Access Management System (I&A) Help Desk**
  - PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049
  - TTY 1-866-523-4759
  - E-mail: EUSSupport@cgi.com

Thank You!

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