are you ready for MACRA?

How to Prepare

Meaningful Use and Clinical Practice Improvement Activities

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ASCO American Society of Clinical Oncology
Making a world of difference in cancer care

Today's Speakers

- Karen Hagerty, MD, Associate Director, Quality and Health Information Technology Policy, Policy and Advocacy Department

- Elaine Towle, CMPE, Director, Analysis and Consulting Services, Clinical Affairs Department

are you ready for MACRA?

ASCO's Top Ten List for MACRA Readiness

1. Participate in the 2016 CMS Quality Reporting Programs and avoid 2018 penalties: PQRS and the EHR Incentive Program (Meaningful Use). ☐ Are you reporting in the PQRS program today? ☐ Have you attested to Meaningful Use Stage II? ☐ Are you using ASCO's **QOPI** program for PQRS reporting?

3. Focus on performance improvement in your practice. ☐ Have you reviewed your quality measure benchmarks in the QRUR to understand what is required for above-average performance? ☐ Have you implemented strategies and workflows in your practice to be successful? ☐ Can you demonstrate effective care coordination with primary care and other members of the patient's care team? ☐ Are you participating in ASCO's **QOPI Certification Program** and/or the **Quality Training Program**? ☐ Have you reviewed the inventory of **Clinical Practice Improvement Activities** in the MACRA regulation?
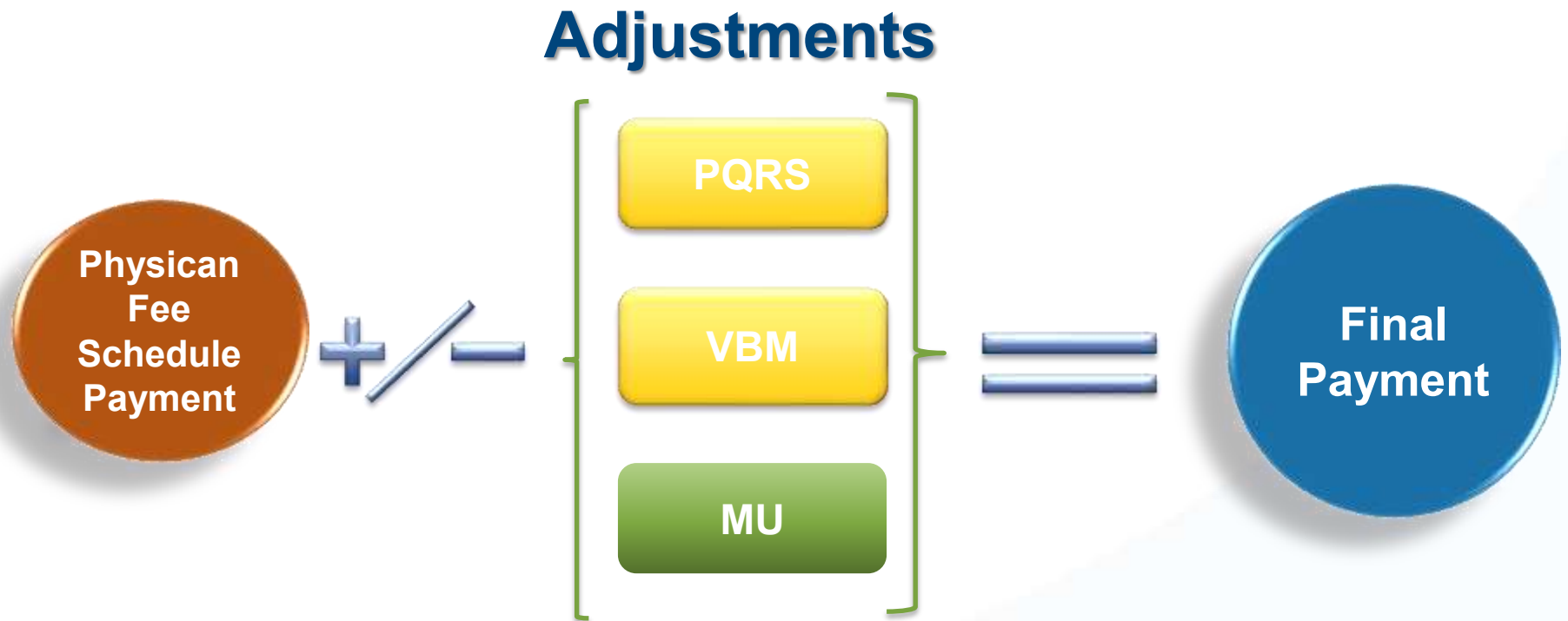
Overview

- Meaningful Use
  - Basics
    - Eligibility
    - Reporting
    - Scoring
    - Adjustment
  - Modified Requirements
  - MACRA Advancing Care Information

- Clinical Practice Improvement Activity
  - Participation
  - Data submission
  - Scoring

Automating Collection and Sharing of Health Care Information

Collection and sharing of health care information and data are critical to providing optimal care to the patients we serve. Through **meaningful use of electronic health records technology**, providers and care givers have an opportunity to make **sound clinical decisions and reduce costs and improve healthcare quality and outcomes**.

How Does Medicare Pay Me Now?

Adjustments

Physican Fee Schedule Payment **+/-** [PQRS / VBM / MU] **=** Final Payment

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What is Meaningful Use?

- CMS Medicare and Medicaid program

- Incentives for using certified electronic health records (EHRs) to improve patient care.

- Providers must follow a set of criteria demonstrating effective use an EHR.

Meaningful Use Electronic Health Records Incentive Program

(MU)

Am I eligible to participate?

- Individual Practitioners including:
  - Doctors of Medicine and Osteopathy
  - Dentists and Dental Surgeons
  - Podiatrists
  - Optometrists
  - Chiropractors
- Hospital-based EPs are *not* eligible for incentive payments

Meaningful Use Electronic Health Records Incentive Program

(MU)

Am I eligible to participate?

- Exemptions:
    - New professionals
    - Certain Specialists
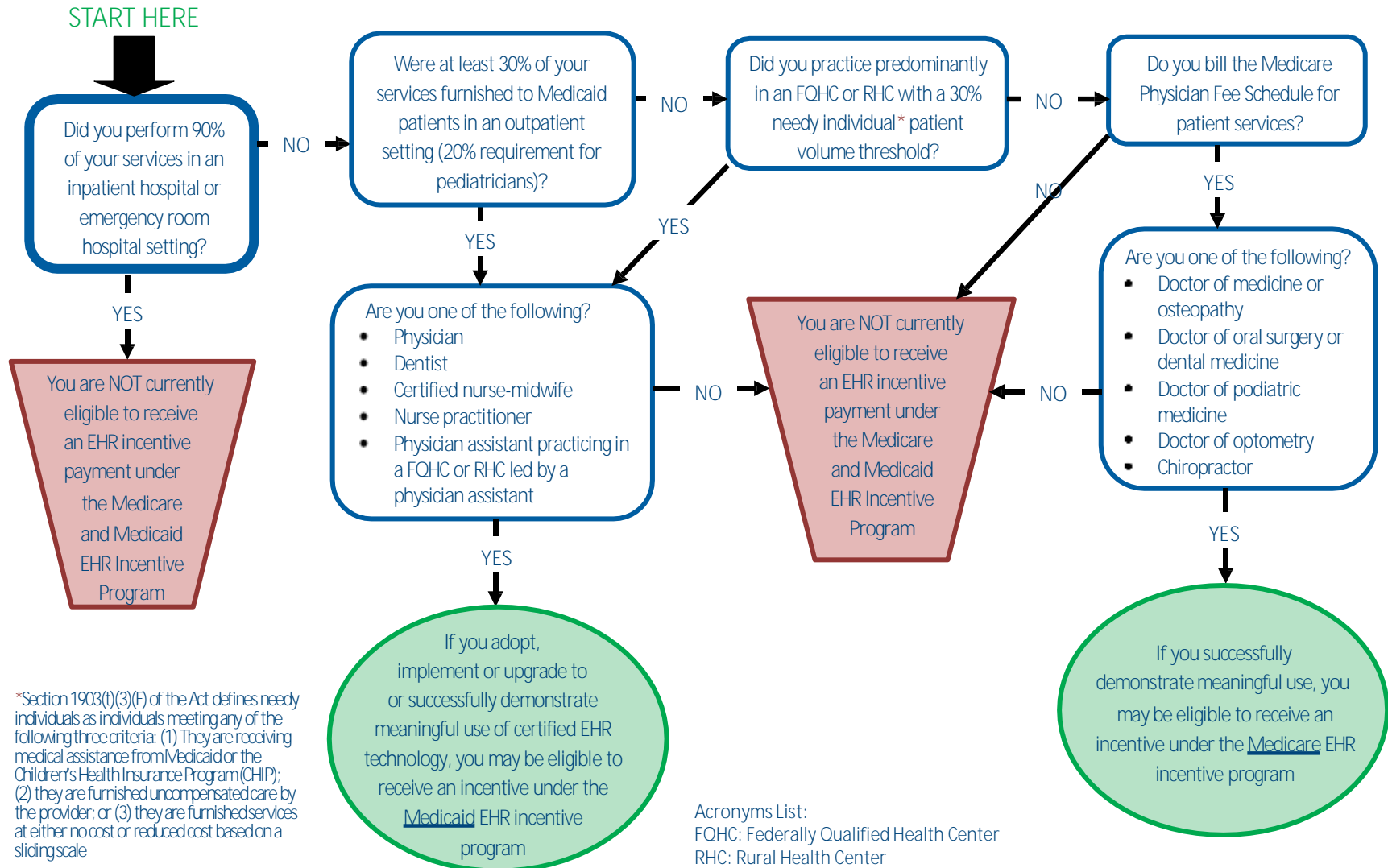   - > 90% services provided in inpatient or emergency department
    - Hardship

Meaningful Use Electronic Health Records Incentive Program

(MU)

Flow Chart to Help Eligible Professionals (EP) Determine Eligibility for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs

How to Use this Flow Chart: A Medicaid eligible professional may also be eligible for the Medicare incentive and should follow the path of answering no to the question of Medicaid patient volume to determine Medicare eligibility. An eligible professional who qualifies for both programs may only participate in one program. Eligible Professionals eligible to receive EHR incentive payments under Medicare or Medicaid will maximize their payments by choosing the Medicaid EHR Incentive Program.

START HERE

Did you perform 90% of your services in an inpatient hospital or emergency room hospital setting?

→ NO → **Were at least 30% of your services furnished to Medicaid patients in an outpatient setting (20% requirement for pediatricians)?**

→ NO → **Did you practice predominantly in an FQHC or RHC with a 30% needy individual* patient volume threshold?**

→ NO → **Do you bill the Medicare Physician Fee Schedule for patient services?**

— YES (from START) →

You are NOT currently eligible to receive an EHR incentive payment under the Medicare and Medicaid EHR Incentive Program

From "Were at least 30%..." — YES →
From "Did you practice predominantly..." — YES →

Are you one of the following?
- Physician
- Dentist
- Certified nurse-midwife
- Nurse practitioner
- Physician assistant practicing in a FQHC or RHC led by a physician assistant

→ NO → **You are NOT currently eligible to receive an EHR incentive payment under the Medicare and Medicaid EHR Incentive Program**

→ YES →

If you adopt, implement or upgrade to or successfully demonstrate meaningful use of certified EHR technology, you may be eligible to receive an incentive under the Medicaid EHR incentive program

From "Did you practice predominantly..." — NO →

Do you bill the Medicare Physician Fee Schedule for patient services?

→ YES → **Are you one of the following?**
- Doctor of medicine or osteopathy
- Doctor of oral surgery or dental medicine
- Doctor of podiatric medicine
- Doctor of optometry
- Chiropractor

→ NO → **You are NOT currently eligible to receive an EHR incentive payment under the Medicare and Medicaid EHR Incentive Program**

→ YES →

If you successfully demonstrate meaningful use, you may be eligible to receive an incentive under the Medicare EHR incentive program

*Section 1903(t)(3)(F) of the Act defines needy individuals as individuals meeting any of the following three criteria: (1) They are receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP); (2) they are furnished uncompensated care by the provider; or (3) they are furnished services at either no cost or reduced cost based on a sliding scale

Acronyms List:
FQHC: Federally Qualified Health Center
RHC: Rural Health Center

How do I meet the objectives for meaningful use reporting?

Stage 1
Data Capture and Sharing

- Adoption of EHR
- Information Gathering and Sharing

Stage 2
Advance Clinical Processes

- Care Coordination
- Patient engagement

Stage 3
Improving Health Outcomes

- Quality
- Safety
- Efficiency

Meaningful Use Electronic Health Records Incentive Program

(MU)

How do I meet the objectives for meaningful use reporting?

Stage 1

Data Capture and Sharing
- Adoption of EHR
- Information Gathering and Sharing

Attestation: Began 2011

Objectives:
- ✓ Electronic data capture
- ✓ Tracking and trending
- ✓ Communication for care coordination
- ✓ Reporting public health information
- ✓ Patient/Family engagement

New for 2016: includes public health measures

How do I meet the objectives for meaningful use reporting?

Modified Stage 2

Advance Clinical Processes

- Care Coordination
- Patient engagement

Reporting Years 2015 – 2017

Objectives

- ✓ Protect Patient Health Information
- ✓ Use Clinical DSS
- ✓ Computerized Order Entry
- ✓ E-prescribing
- ✓ Health Information Exchange
- ✓ Patient-Specific Education
- ✓ Medication reconciliation
- ✓ Patient Electronic Access
- ✓ Secure e-messaging
- ✓ Public health data submission

How do I meet the objectives for meaningful use reporting?

Stage 3

Improving Health Outcomes

- Quality
- Safety
- Efficiency

Reporting beginning 2018 (Optional in 2017)

Objectives

- ✓ Protect Patient Health Information
- ✓ Use Clinical DSS
- ✓ Computerized Order Entry
- ✓ E-prescribing
- ✓ Health Information Exchange
- ✓ Patient Electronic Access
- ✓ Public Health And Clinical Data Registry Reporting

How do I meet the objectives for meaningful use reporting?

Clinical Quality Measures (CQMs):

- Measure and track the quality of health care services provided
- Use data associated with providers' ability to deliver high-quality care or
- Long term goals for quality health care.

Aspects of patient care include:

- ✓ health outcomes
- ✓ clinical processes
- ✓ patient safety
- ✓ efficient use of health care resources
- ✓ care coordination
- ✓ patient engagements
- ✓ population and public health
- ✓ adherence to clinical guidelines

What is the reporting period for MU?

1

31

90 days

EHR Reporting period is a full calendar year for all returning providers

For first-time participants, minimum continuous 90-day period between January 1 and December 31.

2016 EHR Incentive Program Requirements: How Did We Get Here?

- In October 2015, CMS released a final rule that modified the requirements for participation in the Electronic Health Record (EHR) Incentive Programs for years 2015 through 2017 as well as in 2018 and beyond

- In April 2016, CMS released the MACRA proposed rule which sets out requirements for the Advancing Care Information (ACI) category of MIPS, which will replace Meaningful Use beginning January 21, 2017

- In July 2016, CMS released the HOPPS & ASC proposed rule, which offered additional changes to the 2016 MU program for EPs

2016 MU Program: How do I meet the objectives for reporting?

- All providers are required to attest to a single set of objectives and measures

- For eligible professionals (EPs), there are 10 objectives

- In 2016, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition. If it is available, providers may also attest using EHR technology certified to the 2015 Edition, or a combination of the two.

What are the payment adjustment and attestation deadlines?

Jul 4 – Oct 1: First time participation reporting Period

Payment Adjustments for 2016 Reporting

2016

2017

2018

Feb 28: last day for returning participants to attest to 2016 reporting

Reporting Periods & Deadlines

- *Returning* participants: full calendar year, January 1 – December 31, 2016.
  - *Deadline for attestation is February 28th, 2017*
- *First-Time* participants: any continuous 90-day period between January 1 – December 31, 2016
  - *Deadline for attestation **to avoid payment penalties for both 2017 and 2018** is October 1, 2016*
  - *Deadline for attestation **to avoid payment penalties for 2018** is February 28, 2017*

"Stages" in the MU Program

- Program originally planned to have 3 stages, corresponding to enhanced used of EHRs and HIT
- In 2016, all providers must use EHR technology certified to the 2014 and/or 2015 Edition
- In 2016, everyone reporting to "modified Stage 2" criteria
- For EPs who were originally scheduled to report Stage 1 or Stage 2 in 2016, there are "alternate exclusions" for certain requirements

Alternate Exclusions

- Objective 3, Computerized Provider Order Entry (CPOE): Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) and/or measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016. Or, the provider may choose to attest to the modified Stage 2 CPOE objective.

- Objective 10, Public Health Reporting: EPs scheduled to be in Stage 1 and Stage 2 in 2016 must attest to at least two measures from the Public Health Reporting measures 1-3. However, EPs may claim an alternate exclusion for measure 2 (syndromic surveillance) and Measure 3 (specialized registry reporting) An alternate exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure.

How to Attest Using Alternate Exclusions

- The Medicare and Medicaid EHR Incentive Programs registration and attestation system will automatically identify those providers who are eligible for alternate exclusions.

- Upon attestation, these providers will be offered the option to attest to the objective and measure, and the option to attest to the alternate exclusion, if applicable. The provider may independently select the option available to them for each measure for which an alternate exclusion may apply.

Additional Changes to 2016 Program in HOPPS/ASC Proposed Rule

- Would make the reporting period any continuous 90-day period for all providers (returning as well as new)

- New Participants in 2017: CMS determined that it is not technically feasible for providers that have not successfully demonstrated meaningful use in a prior year (new participants) to attest to the Stage 3 objectives and measures in 2017 in the EHR Incentive Program Registration and Attestation System.

- Those that have not successfully demonstrated MU in a prior year would be required to attest to Modified Stage 2 by October 1, 2017. (Returning EPs, eligible hospitals, and CAHs will report to different systems in 2017 and therefore would not be affected by this proposal.)

Additional Changes (cont'd)

- Significant Hardship Exception for New Participants Transitioning to MIPS in 2017

- Modifications to Measure Calculations for Actions Outside of the EHR Reporting Period

2017: MU → ACI

- ACI: Advancing Care Information
- Replaces MU under the new MIPS model, scheduled to begin January 1, 2017
- May participate as individual or group
- Reporting period: January 1, 2017 – December 31, 2017

CEHRT & MU "Stages" Under ACI

- ACI "objectives and measures" correlate to Stage 3 of MU
- ACI "alternate objectives and measures" correlate to Modified Stage 2 of MU
- For 2017:
  - Clinicians with 2015 CEHRT may report on either stage
  - Clinicians with combination 2014/2015 CERHT may report on either stage (if the mix of technologies supports each measure selected)
  - Clinicians with 2014 CERHT must report on Modified Stage 2
- For 2018:
  - Clinicians must only use technology certified to the 2015 Edition to meet the objectives and measures which correlate to Stage 3.

ACI Scoring Under MIPS

- ACI is weighted at 25% of 2017 MIPS CPS

- Potential total ACI score of 130+ points, but tops out at 100

- 100 points earns the full 25 points available in the ACI category within MIPS

ACI Scoring Specifics

- Base Score [50 points] PLUS

- Performance Score [80 points] PLUS

- Bonus Point [1 point]

- Score for above added; 100 points needed to receive full score in ACI category under MIPS

ACI Objectives and Measures (Base Score)

Protect Patient Health Information (yes required)

Electronic Prescribing (numerator/denominator)

Patient Electronic Access (numerator/denominator)

Coordination of Care through Patient Engagement (numerator/denominator)

Health Information Exchange (numerator/denominator)

Public Health and Clinical Data Registry Reporting (yes required)

- Scoring is not all or none
- NOTE: a "no" response to "Protect Patient Health Information" results in a base score of zero

ACI Objectives and Measures (Performance Score)

Patient Electronic Access

Coordination of Care Through Patient Engagement

Health Information Exchange

ACI Data Submission Options

- Individual Reporting:
  - Attestation
  - QCDR
  - Qualified Registry
  - EHR Vendor
- Group Reporting:
  - Attestation
  - QCDR
  - Qualified Registry
  - EHR Vendor
  - CMS Web Interface (groups $\geq$ 25)

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MIPS Composite Performance Score, Year 1

15%

25%

10%

50%

- Advancing Care Information (MU)
- Quality (PQRS)
- Resource Use (VBM)
- Clinical Practice Improvement Activity
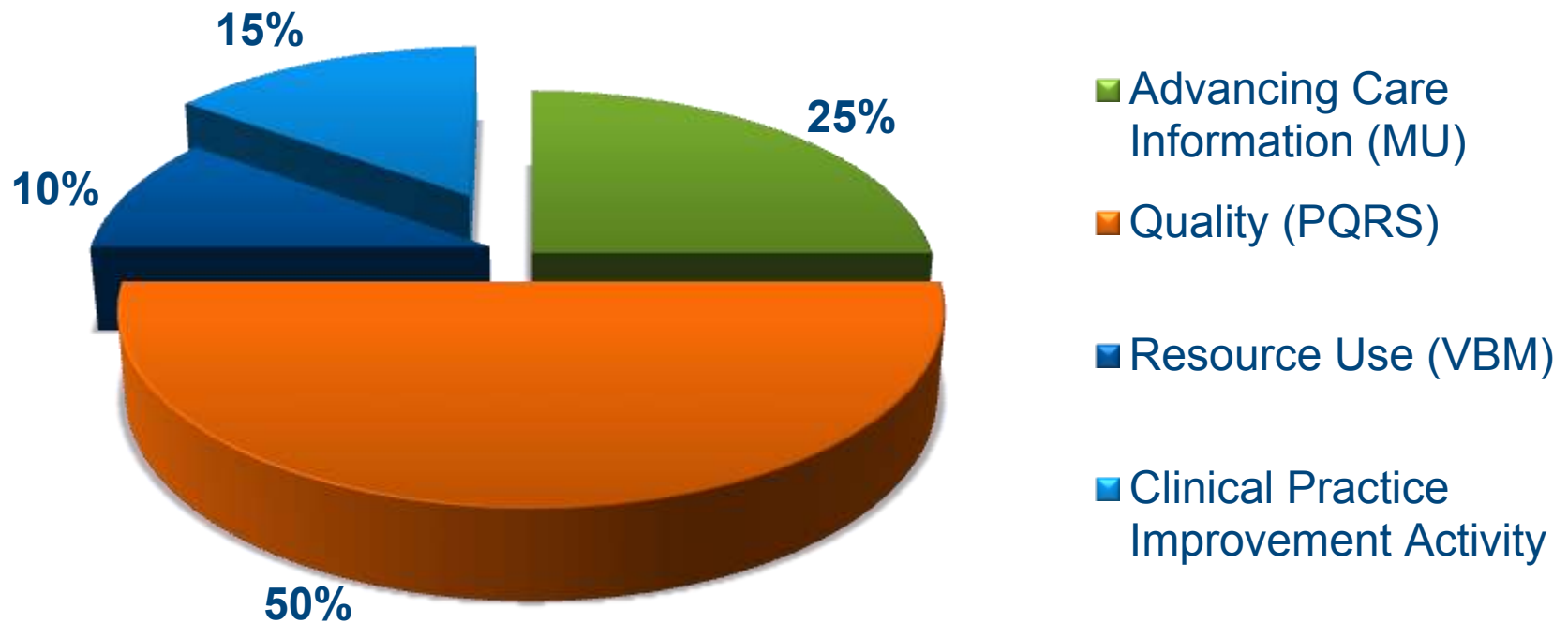
Clinical Practice Improvement Activities Performance Category
(Proposed rule)

- A <u>new</u> performance category in MIPS
  - Defined as "an activity that relevant eligible clinical organizations and other relevant stakeholders identify as improving clinical practice or care delivery and that the Secretary determines, when effectively executed, is likely to result in improved outcomes."

Clinical Practice Improvement Activities

- Who can participate?
  - All MIPS eligible clinicians, both individuals and groups
- What do you have to do?
  - Minimum selection of one CPIA activity (from list of 90+ proposed activities) for a partial score, with additional scoring for more activities
  - Activities are categorized as high (20 points) or medium (10 points) weight
  - Full credit is 60 points
  - Year 1 weight: 15% of total MIPS Composite Performance Score

Data submission options

Individual Reporting	Group Reporting

Individual Reporting

- Attestation
- QCDR
- Qualified Registry
- EHR
- Administrative claims (if technically feasible; no submission required)

Group Reporting

- Attestation
- QCDR
- Qualified Registry
- EHR
- CMS Web Interface (for groups of 25 or more)
- Administrative claims (if technically feasible; no submission required)

For the first year, all MIPS eligible clinicians or groups (or third party entities) must designate a yes/no response for activities on the CPIA Inventory.
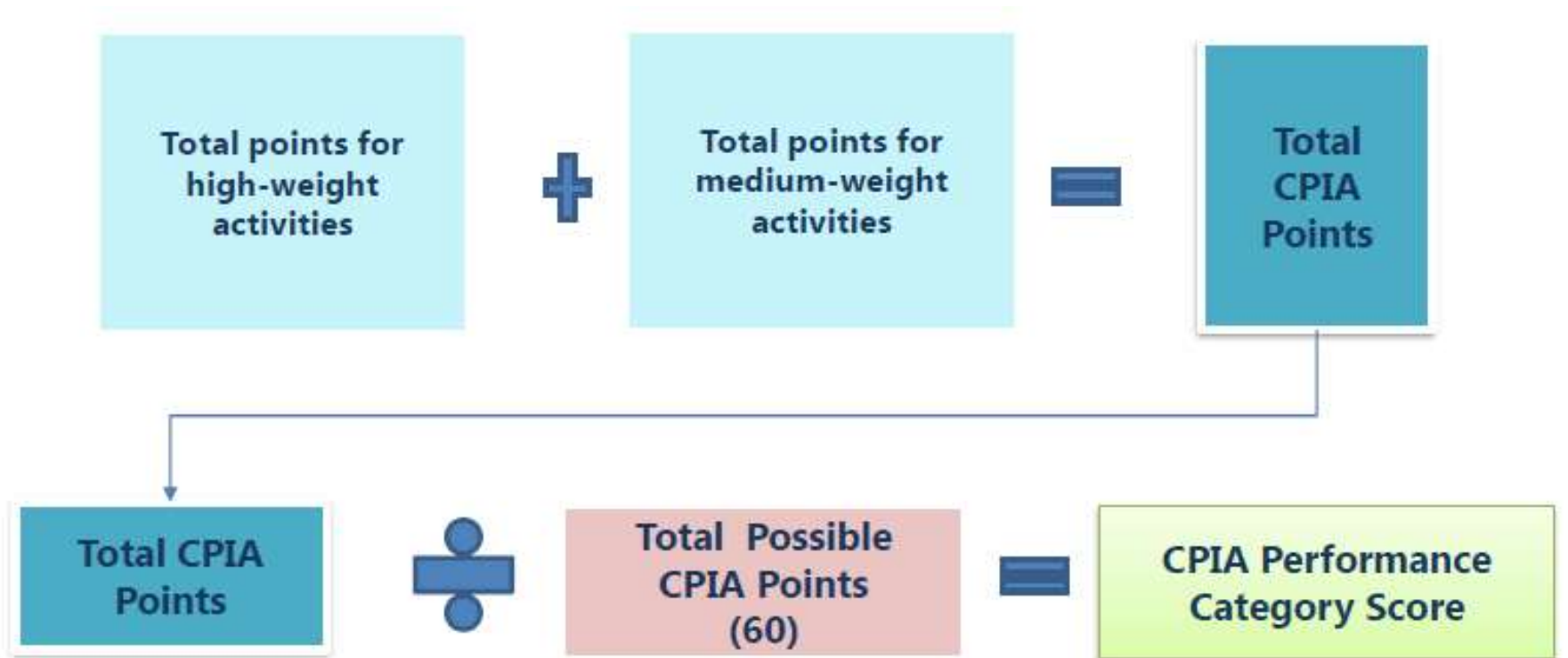
Clinical Practice Improvement Activities

- Current inventory of approximately 90 CPIA activities in the following subcategories
    - Expanded Practice Access
    - Population Management
    - Care Coordination
    - Beneficiary Engagement
    - Patient Safety and Practice Assessment
    - Participation in an APM, including a medical home model
    - Achieving Health Equity
    - Emergency Response and Preparedness
    - Integrated Behavioral and Mental Health

- Available in table H of the proposed rule

Subcategory	Activity	Weighting
Expanded Practice Access	Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following: Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care); Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management.	High

Expanded Practice Access	Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.	Medium

Care Coordination	Performance of regular practices that include providing specialist reports back to the referring MIPS eligible clinician or group to close the referral loop or where the referring MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the certified EHR technology.	Medium
Care Coordination	Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.	Medium

Beneficiary Engagement	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.	High

CPIA Scoring Process

Total points for high-weight activities **+** Total points for medium-weight activities **=** Total CPIA Points

Total CPIA Points **÷** Total Possible CPIA Points (60) **=** CPIA Performance Category Score

Scoring Example: CPIA Performance Category
Dr. Joy Smith

Total points for high-weight activities **+** Total points for medium-weight activities **=** Total CPIA Points

Dr. Smith completes 2 high-weight activities (earning her 40 points) **+** She also completes 1 medium-weight activities (earning her 10 points) **=** She gets 50 total points

Total CPIA Points **÷** Total Possible Points **=** CPIA Performance Category Score

50 Total Points **÷** 60 Total Possible Points **=** 83% CPIA Score

Dr. Smith earns 12.5 points toward her MIPS Composite Performance Score (83% x 15% weight for CPIA)

Special Scoring Considerations

- For non-patient facing eligible clinicians and groups, small practices (15 or fewer professionals), practices located in rural areas and geographic health professional shortage areas:
  - First activity gets 50% of the 60 points
  - Second activity gets 100% of the 60 points
- For APMs reporting in the CPIA performance category:
  - APM participation is automatically half of highest potential score with opportunity to select additional activities for full credit
- Certified patient-centered medical homes, comparable specialty practices, or Medical Homes receive highest potential score

Preparing for MACRA

ASCO's Three-Pronged Strategy

VOLUNTEER TASKFORCE

- Multi-committee task force leading key areas, including:
- Focus on QOPI & performance measures
- *Alternative payment model strategy (PCOP)*
- Practice tools

EDUCATION AND RESOURCES

- Readiness assessment
- Webinars
- Workshops
- *ASCO Oncology Practice Conference: The Business of Cancer Care* launching in March 2, 2017

NEW

INFLUENCING POLICYMAKERS

- Filing Extensive Comments
- Meetings with CMS and Policymakers
- Congressional education, outreach and testimony

Education & Resources

MACRA: Learn the basics, get ready for a post-SGR world

- Webinar slides and recording available at www.asco.org/macra

Webinar series

"Are You Ready for MACRA?"

Slides available at www.asco.org/macra

- How to prepare for MACRA, July 19, 2016
- Quality Reporting: PQRS and the VBM, August 16, 2016
- Meaningful Use and Clinical Practice Improvement Activities, August 30, 2016
- Alternative Payment Models and New Care Delivery Systems, TBD

MACRA Workshop

Register today!

- *Are you ready for MACRA? Tools and resources to help you prepare*
- September 23, 2016 at ASCO HQ

Education & Resources

Practice transformation tools for MACRA	• Available Q3 2016
Webinar December 2016	• *The MACRA Final Rule: What's next?*
***NEW!* 2017 ASCO Oncology Practice Conference**	• *The Business of Cancer Care* • Orlando, FL; March 2, 2017 • Precedes the ASCO Quality Symposium

The Bottom Line

Prepare NOW

Affects most practices

ASCO will HELP

Questions?

- Please submit questions by clicking on the Chat panel from the down arrow on the Webex tool bar (at the top of the screen):

  1. Open the Chat panel
  2. Send to: David Harter
  3. Type your question in the text box and hit "send"

  Additional questions after the webinar can be sent to:
  macra@asco.org

Visit www.asco.org/macra for more information