

# Medicare Payments in 2017: Moving Beyond Meaningful Use

# Why Are YOU Here?

- + Understand MACRA/MIPS better
- + Learn how it affects you and your practice
  - How is the Quality Payment Program different from MU/PQRS?
  - What if I'm a new provider and this is my first time reporting?
  - Who is eligible for these programs?
  - What are the penalties and exemptions?
  - How will this impact my CMS reimbursements?
  - How can I get started?

## What Practice Fusion provides:

- + Comprehensive MACRA resource center
- + Ongoing live webinars
- + Intuitive dashboard to track progress
- + Knowledge Base articles
- + Fully trained EHR support team

- + Paper-based practices can still partially participate MIPS, but it's much more difficult
  - Requires manual data collection
  - Increased record-keeping burden during CMS audit
  - Adherence to complex CMS measure calculations
- + Practice Fusion offers intuitive tools and dashboard to simplify participation in Quality Payment Programs
- + Get started today 100% free

# Agenda

- 1) MACRA
- 2) Structure and Timeline
- 3) Eligibility
- 4) 2017 Reporting Options
- 5) MIPS and CPC+ Program Details
  - a. MIPS Performance Categories
  - b. CPC+ Requirements
- 6) Product Functionality
- 7) Resources
- 8) Recap and Q&A



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# What is MACRA?

- + Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)
- + Changes how Medicare pays those who care for Medicare beneficiaries (Americans 65 and older)
  - Ends Sustainable Growth Rate (SGR) formula for Medicare payments
  - Ends existing quality reporting programs (MU, PQRS, VBM)
  - Creates new Quality Payment Program with 2 paths

# Physician Quality Programs

## MACRA

### \*MIPS

Advancing Care  
Information

Quality

Cost

Clinical Practice  
Improvement  
Activities

### Alternative Payment Models (APMs)

**\*\*Comprehensive  
Primary Care  
Plus (CPC+)**

Medicare Shared  
Savings

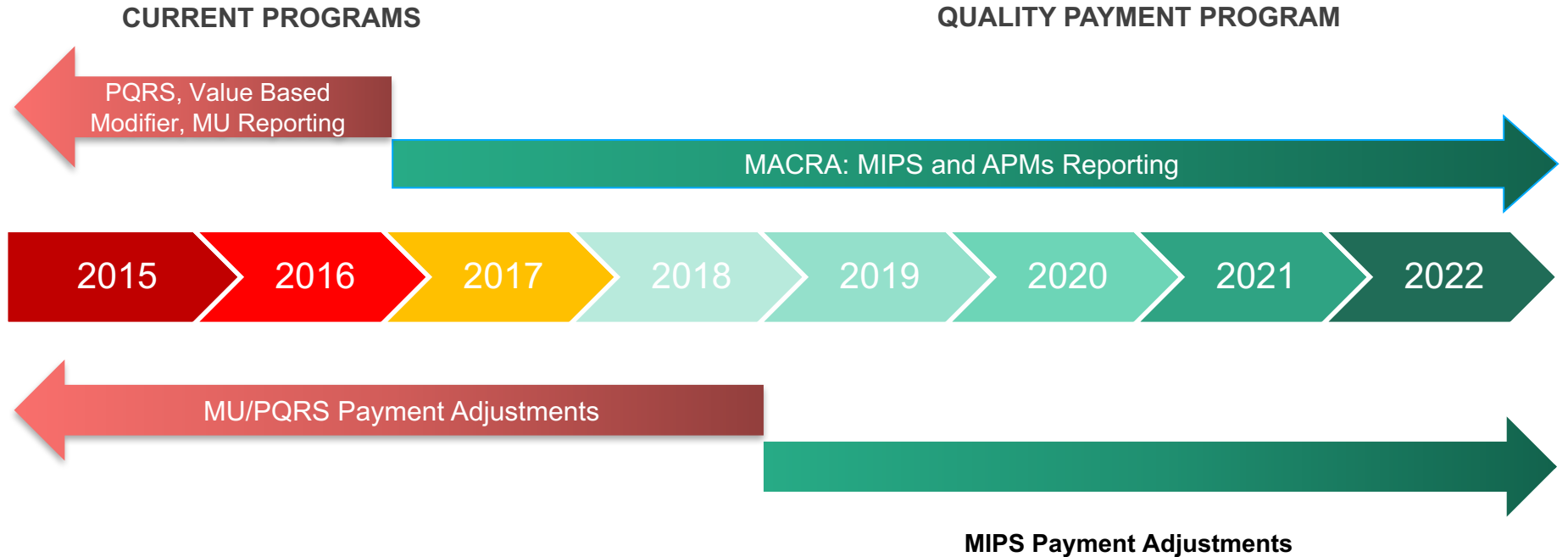
Next Generation  
ACO Model

Comprehensive  
End Stage Renal  
Disease Care  
Model

\* Practice Fusion will be available for participation in MIPS

\*\* Practice Fusion will be available for participation in CPC+ Track 1

# Changing Payment Landscape



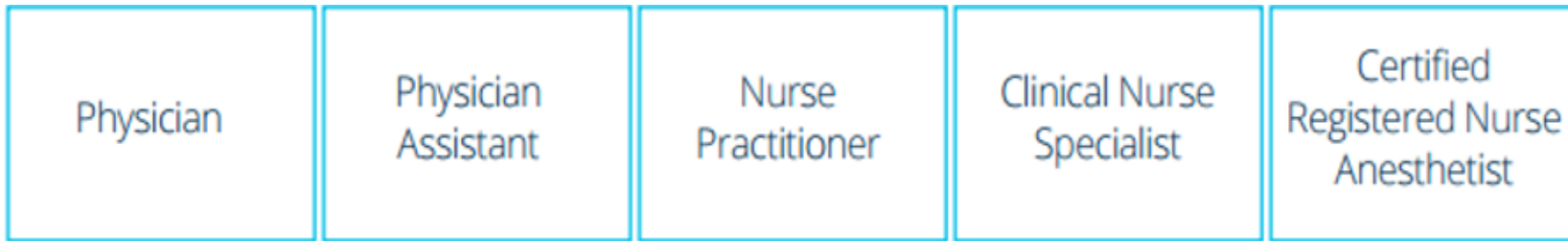
**NOTE: Practice Fusion already supports MU and PQRS reporting**

*\*Maximum MIPS Payment Adjustment (+/-)*



# MIPS Eligibility & Exemptions

## + Medicare Part B Clinicians\*



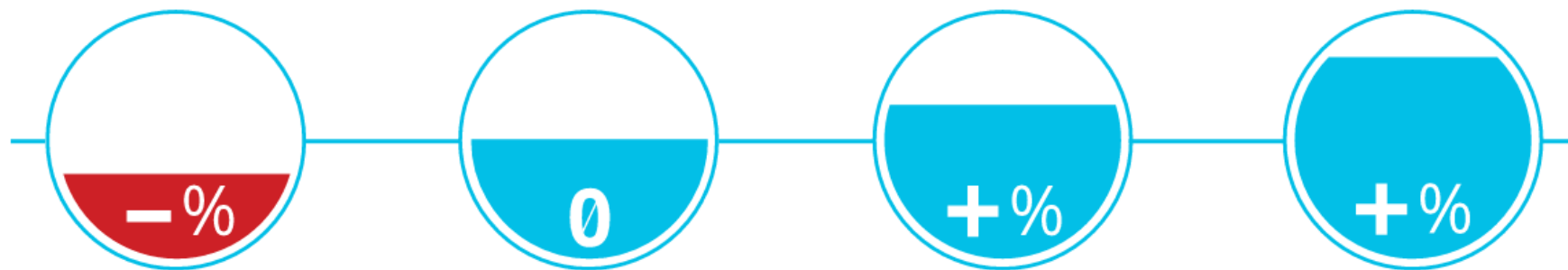
## + Exemptions

- Newly enrolled in Medicare
- Have less than or equal to \$30,000 in Medicare charges OR less than or equal to 100 Medicare patients
- Are significantly participating in an APM

**NOTE:** Practice Fusion supports all Medicare Part B Clinicians eligible for MIPS

1. "Quality Payment Program." *Quality Payment Program*, <https://qpp.cms.gov/>.

# Reporting Options for MIPS in 2017



## Don't Participate

### Not participating in the Quality Payment Program:

If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

## Submit Something

### Test:

If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

## Submit a Partial Year

### Partial:

If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

## Submit a Full Year

### Full:

If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

### NOTE: Practice Fusion will support all reporting options

1. "Quality Payment Program." *Quality Payment Program*, <https://qpp.cms.gov/>.

# MIPS: Submit Something (Test Group)



- Submit minimum amount of 2017 data to Medicare
- Avoid a downward adjustment

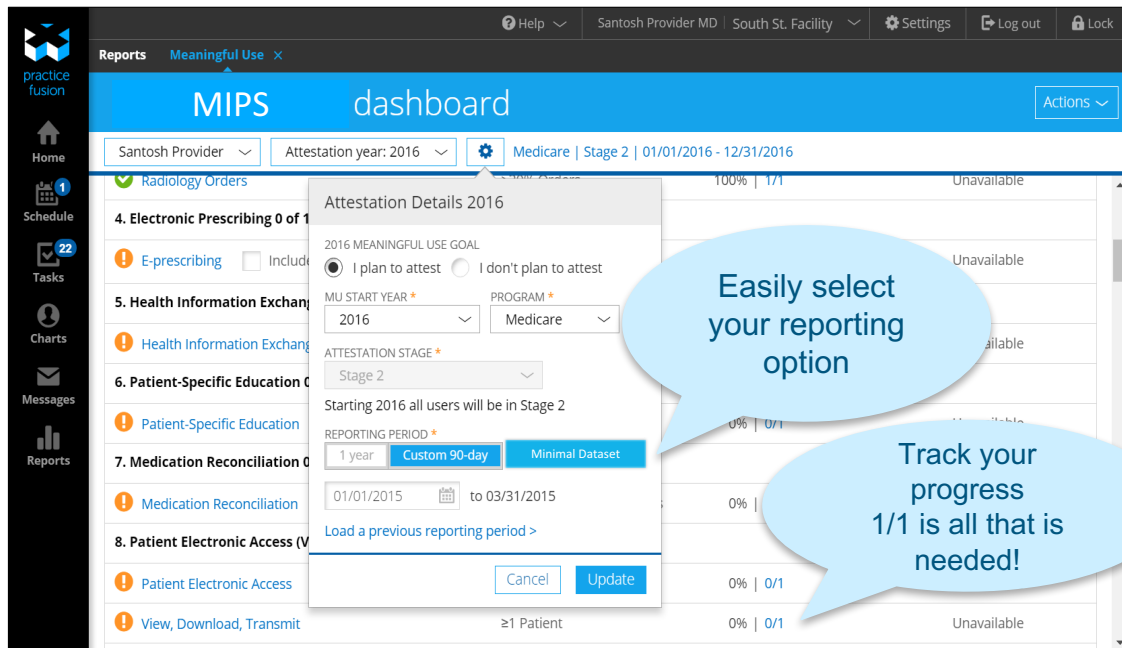
You Have Asked: *"What is a minimum amount of data?"*



1. "Merit-based Incentive Payment System (MIPS)." *Centers for Medicare & Medicaid Services*, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>.

# How will Practice Fusion Support the Test Group?

- + Practice Fusion will support reporting of the minimal data set required from the Test Group
- + You will easily be able to track your progress on the measures you select to report on



The screenshot displays the Practice Fusion MIPS dashboard. The 'Attestation Details 2016' modal is open, showing the following configuration:

- 2016 MEANINGFUL USE GOAL: ☒ I plan to attest
- MU START YEAR: 2016
- PROGRAM: Medicare
- ATTESTATION STAGE: Stage 2
- Starting 2016 all users will be in Stage 2
- REPORTING PERIOD: 1 year, Custom 90-day, Minimal Dataset (selected)
- Reporting dates: 01/01/2015 to 03/31/2015
- Buttons: Cancel, Update

The background dashboard shows a list of MIPS measures with progress bars. A blue speech bubble points to the 'Minimal Dataset' button, stating 'Easily select your reporting option'. Another blue speech bubble points to the progress bar for 'Patient Electronic Access (V)', stating 'Track your progress 1/1 is all that is needed!'.

\*Sample Dashboard

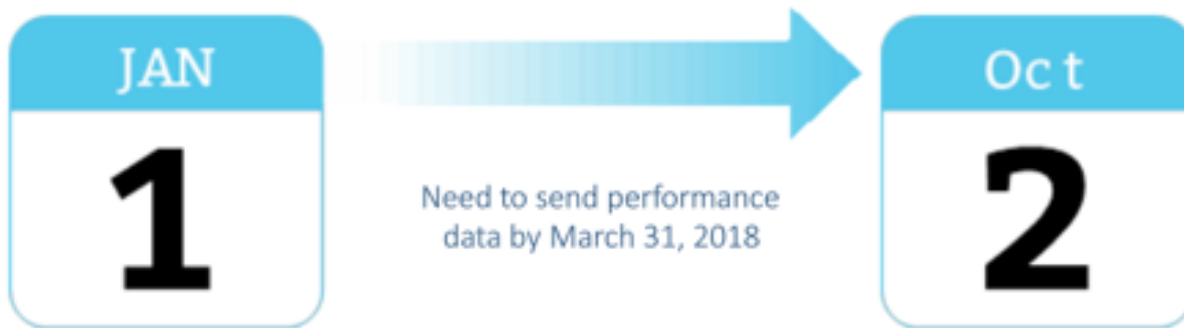
# MIPS: Partial Participation



Submit a Partial Year

- Submit 90 days of 2017 data to Medicare
- May earn a positive payment adjustment

*“So what?”* -If you're not ready on January 1,  
you can start anytime between January 1 and  
October 2



1. “Merit-based Incentive Payment System (MIPS).” *Centers for Medicare & Medicaid Services*, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>.

# How will Practice Fusion Support Partial Participation?

- + Practice Fusion already supports reporting on a Custom 90-Day reporting option
- + You will easily be able to track your progress on the measures you select to report on

The screenshot displays the Practice Fusion MIPS dashboard for Santosh Provider MD at South St. Facility. The dashboard is titled "MIPS dashboard" and shows the "Attestation year: 2016" and "Medicare | Stage 2 | 01/01/2016 - 12/31/2016". A sidebar on the left contains navigation links: Home, Schedule, Tasks, Charts, Messages, and Reports. The main content area shows "Objectives" with 3 satisfied measures. A calendar for March 2016 is open, showing the date 3/21/2016 selected. A table on the right shows the progress for various measures, with columns for "EXCLUSION" and "Unavailable".

OBJECTIVE	EXCLUSION
1. Protect Patient Health Information	Unavailable
2. Clinical Decision Support	Unavailable
3. Computerized Provider Order Entry	Unavailable
4. Electronic Prescribing	Unavailable

\*Sample Dashboard

Select your Custom 90 Day reporting option

Just select beginning date

Easily track your progress on the measures you choose to report on



Submit a Full Year

- Submit a full year of 2017 data to Medicare
- May earn a positive payment adjustment
- Best way to earn largest payment adjustment is to submit data on all MIPS performance categories

## Key Takeaway:

Positive adjustments are based on the performance data on the performance information submitted, not the amount of information or length of time submitted

1. "Merit-based Incentive Payment System (MIPS)." *Centers for Medicare & Medicaid Services*, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>.

# How will Practice Fusion Support Full Participation?

- + Practice Fusion already supports reporting Full Year reporting option
- + You will easily be able to track your progress on the measures you select to report on

The screenshot shows the Practice Fusion MIPS dashboard for Santosh Provider MD at South St. Facility. The dashboard is titled 'MIPS dashboard' and shows the attestation year as 2016. A modal window titled 'Attestation Details 2016' is open, showing the 2016 Meaningful Use Goal. The user has selected 'I plan to attest' and 'Medicare' as the program. The attestation stage is set to 'Stage 2'. The reporting period is set to '1 year' (highlighted by a blue callout bubble). The dates are set to '01/01/2016' to '12/31/2016'. The dashboard also shows a list of objectives on the left and a table of measures on the right. A blue callout bubble points to the '1 year' option, stating 'Select "1 Year" reporting option' and 'Dates will auto adjust'. Another blue callout bubble points to the '1 year' option, stating 'Easily track your progress on measures'.

OBJECTIVE	PROGRESS	EXCLUSION
1. Protect Patient Health Information	3 satisfied	
2. Clinical Decision Support	100%   Alert settings	Unavailable
3. Computerized Provider Order Entry	100%   10/10	Unavailable
4. Electronic Prescribing	0%   0/0	Unavailable

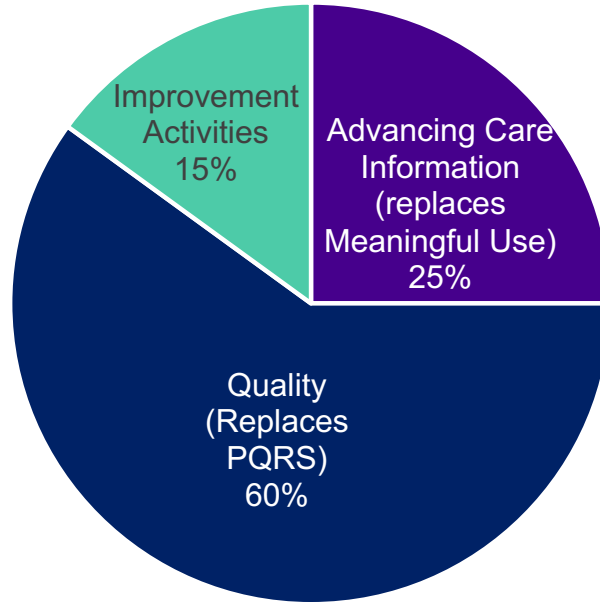
\*Sample Dashboard



Here are the MIPS Performance  
Categories...

# Merit-based Incentive Payment System (MIPS)

Percentage of MIPS score in 2017

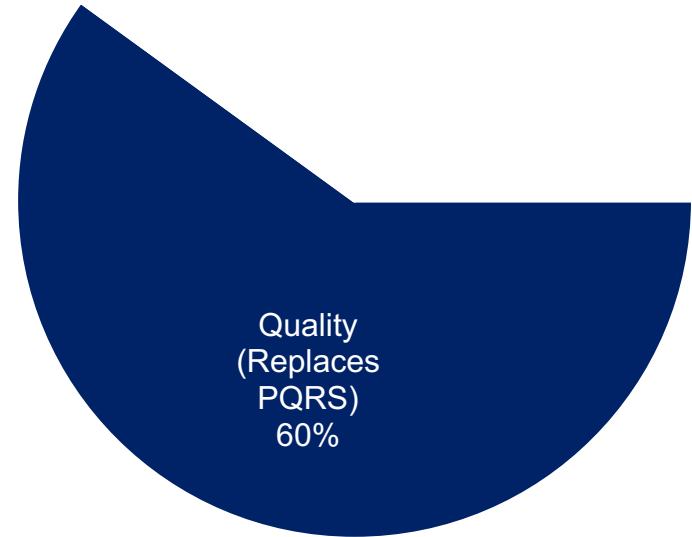


# Quality


## Replaces PQRS

- + Report up to **6 quality measures**, including an outcome measure, for 90 days or a full year
  - \*1 quality measure for the Test group
- + Practice Fusion currently supports **24 different eCQMs** for the 2017 reporting period:

<http://www.practicefusion.com/qpp/mips-quality-measures/>



# Select Measures to Attest to



practice fusion

Home

Schedule

Tasks

Charts

Messages

Reports

Help

Santosh Provider MD | South St. Facility

Settings

Log out

Lock

Reports

Meaningful Use

Meaningful Use dashboard

Actions

Santosh Provider

Attestation year: 2016

Medicaid | Stage 2 | 01/01/2016 - 12/31/2016

Clinical Quality Measures

9 measures from 3 different domains required

12 measures selected

3 domains selected

MEASURE #	MEASURE NAME / DOMAIN	NUMERATOR / DENOMINATOR	EXCLUSIONS / EXCEPTIONS	PERCENT RESULT	ATTESTED
<b>Clinical Process / Effectiveness</b>					
CMS122v4 NQF-0059	<b>Diabetes: Hemoglobin A1c Poor Control</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	0/0	0/0	0%	<input checked="" type="checkbox"/> Attesting
CMS123v4 NQF-0056	<b>Diabetes: Foot Exam</b> Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.	0/0	0/0	0%	<input checked="" type="checkbox"/> Attesting
CMS124v4 NQF-0032	<b>Cervical Cancer Screening</b> Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	0/0	0/0	0%	<input checked="" type="checkbox"/> Attesting
CMS125v4	<b>Breast Cancer Screening</b> Percentage of women 41-69 years of age who had a	0/0	0/0	0%	<input checked="" type="checkbox"/> Attesting

# Advancing Care Information (Replaces Meaningful Use)

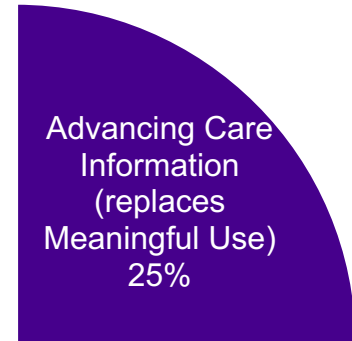
Base Score  
Additional ACI Measures

- + Fulfill the required measures for a minimum of 90 days for base score (50% of total ACI score):
  - Security Risk Analysis (outside of EHR)
  - ✓ e-Prescribing (1 e-prescription – already supported in Practice Fusion )
  - ✓ Provide Patient Access (1 patient invited to PHR - [www.PatientFusion.com](http://www.PatientFusion.com) )
  - ✓ Health Information Exchange (1 Summary of Care record sent to a verified recipient – already supported in Practice Fusion)
- + \*Just Base Score for Test group




# Advancing Care Information Additional Measures

- + Additional measures account for another 90% of ACI score, include:
  - ✓ Provide Patient Access
  - ✓ View, Download, or Transmit
  - ✓ Health Information Exchange
  - ✓ Secure Messaging
  - ✓ Medication Reconciliation
  - ✓ Patient-Specific Education
  - ✓ Immunization Registry Reporting
- + For bonus credit (up to 15%), you can:
  - Report to one or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure
  - Use certified EHR technology to complete certain improvement activities in the improvement activities performance category





# Track Progress on Dashboard



[Home](#)  
[Schedule](#)  
[Tasks](#)  
[Charts](#)  
[Messages](#)  
[Reports](#)

Help

Santosh Provider MD | South St. Facility

Reports

Meaningful Use x

Meaningful Use dashboard

Santosh Provider | Attestation year: 2016 | Medicaid | Stage 2 | 01/01/2016 - 12/31/2016

4. Electronic Prescribing 0 of 1			
✓ E-prescribing	<input type="checkbox"/> Include controlled substances RX	>50% Prescriptions	0%   0/10
5. Health Information Exchange 0 of 1			
✓ Health Information Exchange		>10% Outgoing transitions	0%   0/0
6. Patient-Specific Education 0 of 1			
✓ Patient-Specific Education		>10% Patients seen	0%   0/1
7. Medication Reconciliation 0 of 1			
✓ Medication Reconciliation		>50% Incoming transitions	0%   0/0
8. Patient Electronic Access (VDT) 0 of 2			
✓ Patient Electronic Access		>50% Patients seen	0%   0/1
✓ View, Download, Transmit		≥1 Patient	0%   0/1
9. Secure Messaging 0 of 1			
✓ Secure Messaging		≥1 Patient	0%   0/1
10. Public Health Reporting 3 of 2 (Choose 2) ⓘ			
✓ Immunization Registry Reporting		Meet active engagement	100%   <input checked="" type="checkbox"/> Actively engaged
✓ Syndromic Surveillance Reporting		Meet active engagement	100%   <input checked="" type="checkbox"/> Actively engaged
✓ Specialized Registry Reporting		Meet active engagement	100%   <input checked="" type="checkbox"/> Actively engaged

# ACI Additional Measure Scoring Methodology

Advancing Care Information Transitional Measures	
Measure	Performance Score
Provide Patient Access	Up to 20%
Health Information Exchange	Up to 20%
View, Download, or Transmit	Up to 10%
Patient-Specific Education	Up to 10%
Secure Messaging	Up to 10%
Medication Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%

Performance Rate 1-10	1%
Performance Rate 11-20	2%
Performance Rate 21-30	3%
Performance Rate 31-40	4%
Performance Rate 41-50	5%
Performance Rate 51-60	6%
Performance Rate 61-70	7%
Performance Rate 71-80	8%
Performance Rate 81-90	9%
Performance Rate 91-100	10%

1. "Merit-based Incentive Payment System (MIPS)." *Centers for Medicare & Medicaid Services*, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>.

# ACI Additional Measure Scoring Methodology (continued)



1. "Merit-based Incentive Payment System (MIPS)." *Centers for Medicare & Medicaid Services*, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>.

# Improvement Activities

## Brand New Category

- + 4 improvement activities for a minimum of 90 days
  - Groups with **fewer than 15 eligible providers** or if you are in a rural or health professional shortage area: Attest that you completed up to **2 activities** for 90 days to full year (92 Improvement Activities to choose from)
  - \*1 improvement activity for the Test group
- + To learn more about **Improvement Activities** your practice can participate in, visit:

<http://www.practicefusion.com/qpp/mips-improvement-activities/>



# Improvement Activities

- + The majority of Improvement Activities are completed and tracked outside of the EHR.
- + It's important to review the list of 90+ improvement activities to identify which 1-4 are most relevant and attainable for your practice.
- + CMS has not specified documentation requirements yet

**For a full list of possible Improvement Activities, visit:**

<http://www.practicefusion.com/qpp/mips-improvement-activities/>

# Advanced Alternative Payment Models

APMs

- + More advanced value based care than MIPS
- + Participation in one of the following:
  - **Comprehensive Primary Care Plus (CPC+)**
  - Comprehensive ESRD Care (CEC) - Two-Sided Risk
  - Next Generation ACO Model
  - Shared Savings Program - Track 2
  - Shared Savings Program - Track 3
  - Oncology Care Model (OCM) - Two-Sided Risk



# Comprehensive Primary Care Plus

## CPC+

- + There are no specialty restrictions
- + Practice Fusion is available providers participating in Track 1 of CPC+, starting in January 2017
- + Applications will reopen in 2017 for 2018 performance year
- + Only available in [certain states and regions](#)
- + Determine your eligibility
  - <http://www.practicefusion.com/blog/comprehensive-primary-care-cpc-plus-right-for-your-practice/>

# How Does Practice Fusion Support YOU?

# Measures can be easily tracked on Intuitive Dashboard

The screenshot displays the 'Meaningful Use dashboard' for Santosh Provider MD at South St. Facility. The dashboard is titled 'Meaningful Use dashboard' and includes a sidebar with navigation options: Home, Schedule, Tasks, Charts, Messages, and Reports. The main content area shows a table of objectives with their completion status and a tooltip for the first objective.

**Meaningful Use dashboard**

Santosh Provider | Attestation year: 2016 | Medicaid | Stage 2 | 01/01/2016 - 12/31/2016

DATA UPDATED THROUGH 12/15/2016

**Objectives** 3 satisfied 7 below goal

OBJECTIVE	CURRENT	EXCLUSION
<b>1. Protect Patient Health Information</b>		
✓ <a href="#">Protect Patient Health Information</a>	100%   <input checked="" type="checkbox"/> Complete	Unavailable
<b>2. Clinical Decision Support 2 of 2</b>		
✓ <a href="#">Clinical Decision Support</a>	100%   <a href="#">CDS settings</a>	Unavailable
✓ <a href="#">Drug Interaction Checks</a>	100%   <a href="#">Alert settings</a>	Unavailable
<b>3. Computerized Provider Order Entry (CPOE) 2 of 3</b>		
✓ <a href="#">Medication Orders</a>	>60% Orders 100%   10/10	Unavailable
! <a href="#">Laboratory Orders</a>	>30% Orders 0%   0/0	Unavailable
✓ <a href="#">Radiology Orders</a>	>30% Orders 100%   1/1	Unavailable

**Tooltip for 1. Protect Patient Health Information:**

Protect Patient Health Information

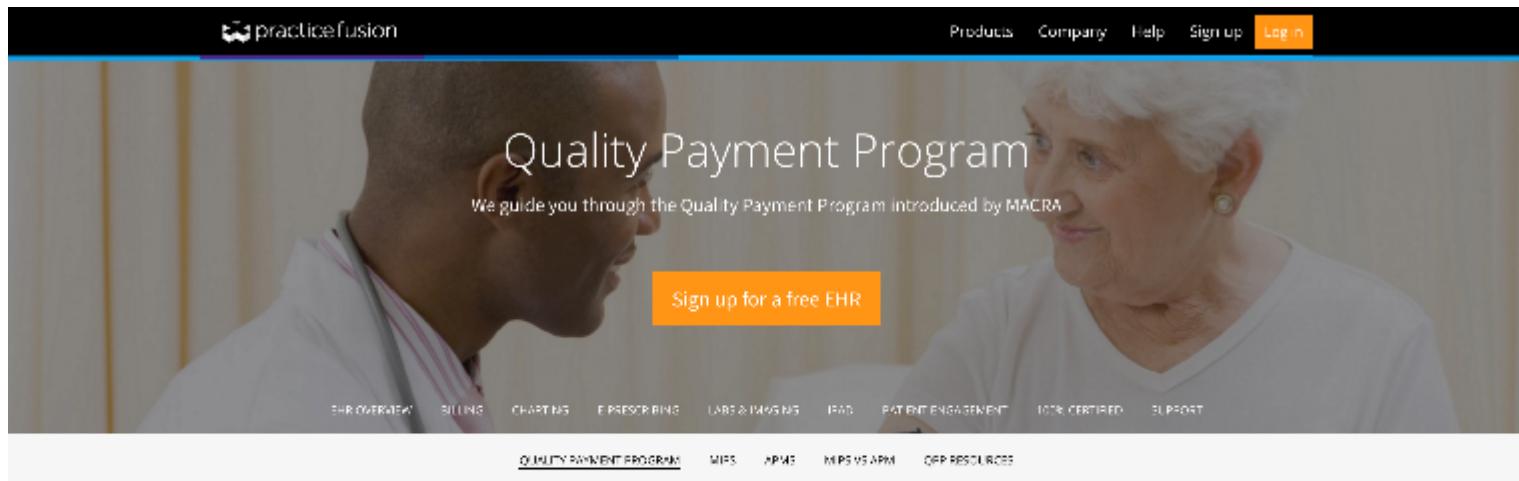
Conduct a security risk analysis and implement security updates as necessary.

[More information](#)

pfkb.uservoice.com/knowledgebase/articles/485880

# Practice Fusion QPP Center

<http://www.practicefusion.com/qpp/>




In 2015, the Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law. MACRA replaces the previous Medicare reimbursement schedule to a new pay-for-performance program that's focused on quality and accountability. This program is the latest in a series of steps the Centers for Medicare and Medicaid Services (CMS) has taken to incentivize care quality over volume.

Starting on January 1, 2017, it's proposed that all Medicare Part B providers\* will enter a new payment framework called the Quality Payment Program (QPP), replacing the Sustainable Growth Rate formula.

The Program has two paths for participation:






- The Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

<http://knowledgebase.practicefusion.com/>

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-  [How do I send an eRx \(e-Prescription\)?](#)
-  [How do I process eRx \(e-Prescribing\) refill requests?](#)
-  [How do I prescribe multiple medications in a single order?](#)
-  [How do I locate, select, or change a pharmacy for eRx \(e-Prescribing\)?](#)






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-  [How do I sign up for a lab integration?](#)
-  [How do I add or create a lab order?](#)
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40 articles →

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-  [How do I add immunizations or vaccines?](#)
-  [How do I add a custom immunization or vaccine?](#)
-  [How do I record a vaccination to transmit successfully to my immunization registry?](#)
-  [How do I set up an integration with my state immunization registry?](#)
-  [Who is Practice Fusion's contact for immunization registry connection?](#)

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-  [How do I start Meaningful Use?](#)
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**Live Webinar:** Medicare Payments in 2017 – Moving Beyond Meaningful Use

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Medicare payments in 2017: Moving beyond Meaningful Use

**Live Webinar:** Save Time e-Prescribing in Practice Fusion

(Previously Recorded)

Recorded Webinar: Save Time e-Prescribing

**Live Webinar:** Optimizing your Patient Portal Workflow in Practice Fusion

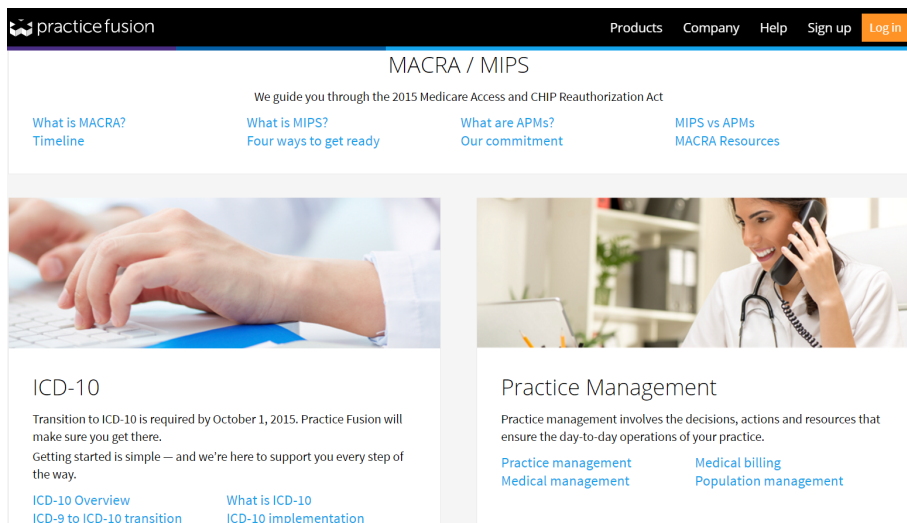
(Previously Recorded)

Recorded Webinar: Optimizing your EHR workflow with the patient portal

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## + Practice Resource Center

- [www.practicefusion.com/practice-resource-center/](http://www.practicefusion.com/practice-resource-center/)



## + Our **Phenomenal Support** team is here to help:

- [Phone](tel:415-346-7700) – 415-346-7700
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## + Download a copy of this presentation at:

- [www.practicefusion.com/qpp-handout](http://www.practicefusion.com/qpp-handout)



# Recap

- + **Is Practice Fusion certified for the Quality Payment Program?**
- + **Yes.** *Practice Fusion is 100% certified*
  - <http://www.practicefusion.com/ehr-policy-support/>

## + What are my reporting options for MIPS in 2017?

- *Report nothing and get penalized 4%*
- *Report as 'test group' and get no penalty*
- *Report MIPS requirements for a 90-day or full year reporting period and get an incremental positive adjustment*

## + When do I start reporting for MIPS in 2017?

- *Test Group and Partial Participation: you have flexibility to begin reporting anytime in 2017, as late as Oct. 2<sup>nd</sup> 2017*
- *Full Participation: Jan 1<sup>st</sup>, 2017*

- + What are the performance **categories** for MIPS (in the 2017 reporting year)?
- + **Quality** – *You must report 1 or 6 Quality Measures. Practice Fusion currently supports 24 Quality Measures*
- + **ACI** – *You must report the Base Score measures and you can report on additional and bonus measures*
- + **Improvement Activities** – *You must complete 1 or 2 if your practice has less than 15 providers, 4 if your practice has 15 providers or more*

- + **What Advanced Alternative Payment Models should I consider?**
- + *Any that you're qualified for, but **CPC+** is a great option given that Practice Fusion supports Track 1.*
- + *Visit CMS's CPC+ webpage or Practice Fusion's blog for more information.*
  - <http://www.practicefusion.com/blog/comprehensive-primary-care-cpc-plus-right-for-your-practice/>
  - <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>

## + **What do I need to do next for MIPS?**

- + *Determine eligibility*
- + *Pick your pace*
- + *Review program timeline*
- + *Report! Practice Fusion makes participation easy*

*NOTE: you do not need to register to CMS for MIPS participation*