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All You Want to Know about Medicare and Quality Reporting

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APAPRACTICE ORGANIZATION

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Financial Disclosure

I have no financial relationships to disclose

We all bring perspectives…

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Learning Objectives

- Describe the benefits and barriers to measuring quality in your professional practice
- Summarize the Merit-Based Incentive Payment System (MIPS) and apply the relevant aspects of the law to your professional practice
- Explain the role a data registry plays in the future of professional psychological practice and psychological science.

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Overview

- Healthcare landscape and regulatory influences
- CMS Proposed Rule for Year 3
- APA/APAPO Resources for Psychologists

A little background…

- Health care costs reached $3.3 trillion in 2016 (Sahadi, 2018)
- Increased demand for cost containment
- **Value-based programs** reward health care providers with incentive payments for the quality of care they give to people
  - Value-based payment could eclipse fee-for-service by 2020 (McKesson Health Solutions, 2016)

Regulatory Influences

- In 2015, the Medicare Access and CHIP Reauthorization Act (MACRA) established two payment models within Medicare's Quality Payment Program (QPP) to replace the Sustainable Growth Rate formula
- MACRA benefits from broad bipartisan support
- The Merit-based Incentive Payment System (MIPS) is most likely to apply to psychologists

The Merit-based Incentive Payment System (MIPS)

- MIPS combines 3 former programs – *PQRS, the Value-based Payment Modifier, and EHR incentives*
- 4 components make up composite score: *Quality, Promoting Interoperability, Improvement Activities, Cost*
- Psychologists & LCSWs not included in MIPS in 2018
  - **Recommended to be added in 2019 per CMS proposed rule for year 3**

Proposed Rule – 2019 Medicare Fee Schedule (MFS)

- Issued July 12, 2018
- Important changes proposed for testing services by psychologists and for psychologists' role in MIPS
- Comments were due September 10, 2018
- Rule will be finalized by early November

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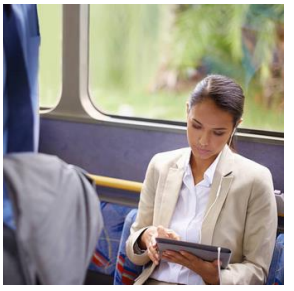
2019 Proposed Rule - MFS

- Psychologists and other non-physicians added to MIPS effective January 1, 2019
  - LCSWs, PTs and OTs also being added
- Will be included in definition of MIPS eligible clinicians (ECs)
- Those reporting under MIPS in 2019 will see adjustments to 2021 payments



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MIPS Performance Categories

- Quality
- Clinical Improvement Activities
- Promoting Interoperability
- Cost*

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Quality Performance Measures

- Report six measures over a 12-month period
  - At least one outcome measure (or "high priority")
- Bonus points for:
  - Small practices of 15 or less
  - Submitting 2 or more outcome or high priority quality measures
  - Submission using End-to-End Electronic Reporting, with quality data directly reported from an EHR to a Registry

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Process vs. Outcome Measure

- Process measures – used to determine if a provider followed the protocol defined in the measure
- Outcome measures – used to determine if the protocol is having the desired effect based on a clinical measure (ex: patient-reported outcome measure [PROM])

Measures of particular interest

- Dementia Screening and Management
  - 282: Dementia: Functional Status Assessment
  - 283: Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management
  - 286: Dementia: Safety Concerns Screening and Mitigation Recommendations or Referral for Patients with Dementia
  - 288: Dementia: Caregiver Education and Support
- ***281 Dementia: Cognitive Assessment can only be submitted via EHR***

Measures of particular interest cont.

- Closing the Referral Loop: Receipt of Specialist Report
  - *Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred*
- Falls: Risk Assessment and Plan of Care
- Functional Outcome Assessment

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Examples of Outcome/High Priority Measures

Outcome	High Priority
Depression Remission at Six Months	Medication Reconciliation Post-Discharge
Depression Remission at Twelve Months	Care Plan
Anxiety Response at 6-months	Documentation of Current Medications
Pain Brought Under Control within 48 hrs	Pain Assessment and Follow-up
	Falls: Risk Assessment; Plan of Care
	Elder Maltreatment Screen and Follow-up
	Dementia: Safety Concerns Screening; Caregiver Education and Support
	Closing the Referral Loop

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Performance Scoring

- Performance Met
  - Example: *Anxiety screen documented as positive and follow-up plan documented*
- Denominator Exception
  - Example: *Anxiety screen not documented, patient not eligible (e.g., enrolled in hospice, psychotic disorder)*
- Performance Not Met
  - Example: *Anxiety screen not documented, reason not given*

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Improving Clinical Practice Activities

- Only have to report for a 90-day period
- Can report by attestation on CMS website, EHR, or Registry
- Must submit one of the following combinations of activities to earn full credit:
  - 2 high-weighted activities
  - 1 high-weighted and 2 medium-weighted activities
  - At least 4 medium-weighted activities

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Improving Clinical Practice Activities cont

Pick from 100+ activities, within 9 subcategories

1. Expanded Practice Access
2. Population Management
3. Care Coordination
4. Beneficiary Engagement
5. Patient Safety and Practice Assessment
6. Participation in an APM
7. Achieving Health Equity
8. Integrating Behavioral and Mental Health
9. Emergency Preparedness and Response

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Promoting Interoperability

- New name for 2019; formerly Advancing Care Information
- Requires Certified EHR Technology (CEHRT)
- **Psychologists** and other non-physicians who were not part of meaningful use **are not required to report this category**
  - CMS will automatically reweight this category to 0%
- Use 90-day period if you choose to report this category

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MIPS Scoring = 100 Possible Final Score Points

Performance Category Weights	2018	2019
Quality	50 *(75)*	45 *(70)*
Improvement Activities	15	15
Promoting Interoperability	25* *(0)*	25* *(0)*
Cost	10	15

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Performance Threshold

- Performance Threshold set at 30 points
  - A final score at or above the threshold receive a zero or positive payment adjustment
  - A score below the threshold receives a negative adjustment
- Additional performance threshold set at 80 points for exception performance

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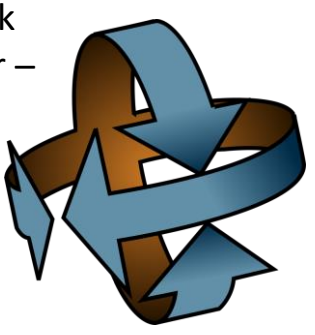
MIPS impact on payment

- MIPS offers high reward / high risk
- $ adjustment will be +, neutral, or –
  - 2019 + or – 4%
  - 2020 + or – 5%
  - 2021 + or – 7%
  - 2022 onward + or – 9%
  - Bonuses for superior performance



2019 Low Volume Threshold (LVT) Exemption

- Created to ease burden on small practices
- 3 criteria under LVT – only need to meet 1 to be exempt from MIPS
  - Billings - $90,000 or less in Medicare allowed charges
  - Patients – 200 or fewer Medicare beneficiaries
  - Covered Part B Services – also 200 or fewer

2019 Low Volume Threshold (LVT) Exemption cont.

- Many, if not most, psychologists should be exempt from MIPS
- Any clinician in the first year as a Medicare provider will be automatically exempt from MIPS regardless of LVT

Determining Your Status in MIPS

- CMS reviews claims data from October 2017 through September 2018
- Agency notifies ECs by mail of MIPS status
- ECs who meet at least one of the three LVT criteria may opt-in to MIPS
- Decision to opt-in is irrevocable for the performance year

Opt-in to participate in MIPS

More than 200 beneficiaries?	More than $90,000 in allowed charges?	Covered more than 200 professional services?
No	No	Yes

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Reporting Options under MIPS

- Individual providers report under their NPI tied to a single TIN
- Group reporting sharing common Taxpayer Identification Number (TIN), identified by their NPI
  - Data submitted by all members of the group is combined and the group is assigned a composite score (no matter the specialty)
  - A single payment adjustment then applies to everyone in the group
  - Strong or weak performance by any members of the group will impact the score and consequently the group's future payment adjustments
- Report as both an Individual and Group
- Virtual group reporting

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Virtual Groups

- Solo practitioners and groups of 10 or less may form a virtual group and aggregate data across all TINs for all four categories
- To join a virtual group each solo or group must already exceed the LVT
- Virtual group members must have a formal written agreement and name an official representative
- Official rep must submit virtual group's election to CMS no later than December 31st of the year prior to the performance period

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Methods of MIPS Reporting

- Claims
  - Small practices only (15 or fewer clinicians)
  - Limited to reporting quality measures
  - Highest error rate
- Log-in and upload/attest
- Report directly through EHRs
- Registries

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I don't bill for Medicare *(or I fall under the LVT)* so why should I care?

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Accountability and Quality Reporting are here to stay

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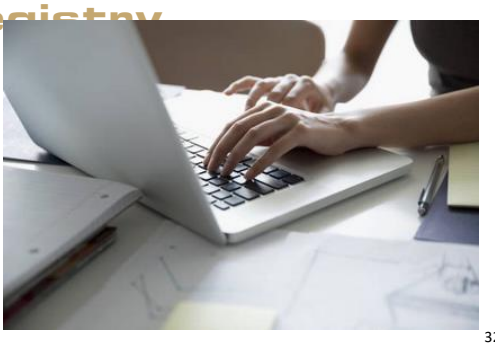
New APA Resource for Quality Reporting: The Mental and Behavioral Health Registry

Overview

- Definitions
- Advisory Committee
- Benefits
- Pricing



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Data Registries

- A clinical data registry records information about the health status of patients and the health care they receive over varying periods of time *(AMA, 2014)*
- A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients *(CMS, 2017)*
- CMS is encouraging specialty associations (like APA) to develop their own QCDRs in order to report to MIPS

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M·B·H·R

MENTAL & BEHAVIORAL HEALTH REGISTRY

Measuring progress, tracking outcomes

The APA/APAPO Mental and Behavioral Health Registry (MBHR) received approval from CMS to participate in MIPS for 2018 as a Qualified Clinical Data Registry (QCDR)

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MBHR Advisory Committee

Chair: **Carol Goodheart, EdD**

- **David Bard, PhD**, University of Oklahoma Health Sciences Center
- **Bruce Bobbitt, PhD, LP**, retired from Optum (United Health Group)
- **Zeeshan Butt, PhD**, Northwestern University Feinberg School of Medicine
- **Kathleen Lysell, PsyD**, VA Central Office
- **Dean McKay, PhD**, ABPP, Fordham University
- **Kari Stephens, PhD**, University of Washington

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Benefits of the APA/APAPO MBHR

- **Psychology as Leaders**
  - Define, develop, and/or select the measures that are of the most interest and importance
- **Improved Reimbursement**
  - Negotiating with 3rd party/commercial payment programs
- **Quality Improvement/Tracking Client Outcomes**
  - Real-time dashboard, Benchmarking

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Benefits of the APA/APAPO MBHR, cont.

- **Meet behavioral health providers' data needs**
  - Licensure, CE, credentialing or board certification MOC requirements
  - Marketing/Badging/Demonstrate "value-add"
- **Clinical Research**
  - Largest naturalistic, psychotherapy outcomes database
  - Make de-identified data available to members in clinical science community

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APA's Mental & Behavioral Health Registry (MBHR)

- **Multiple ways to enter data**
  - EHRs, Excel spreadsheet, Manual entry
- **Includes 28 MIPS measures**
  - Examples include:
    - Depression Remission at Six Months (outcome)
    - Care Plan (process)
    - Dementia measures

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Exclusive to the MBHR

Includes 2 newly specified non-MIPS measures

- **Anxiety: Utilization of the GAD-7 Tool** (process)
- **Anxiety Response at 6-months** (outcome)

M·B·H·R
MENTAL & BEHAVIORAL HEALTH REGISTRY
Measuring progress, tracking outcomes

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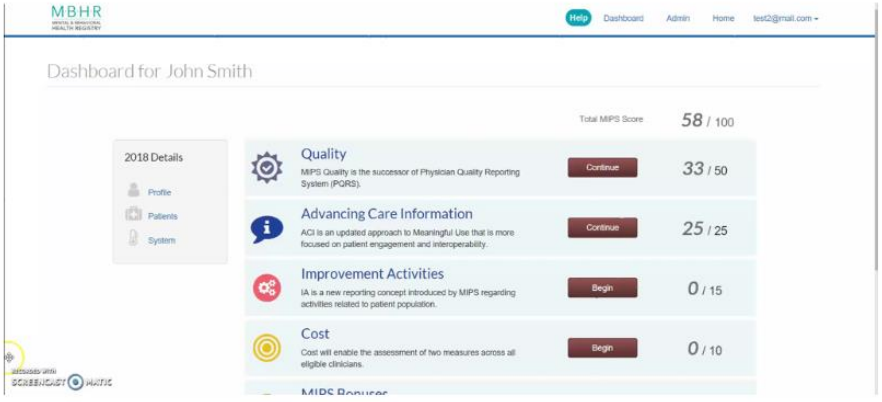

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Price schedule if using the registry to report MIPS data to CMS:

MIPS Provider Selected Reporting Level	APA Member Price Per Provider (USD)	Non-APA Member Price Per Provider (USD)
BASIC Includes Quality reporting only.	**$234**	$279
STANDARD Includes Quality and Improvement Activities reporting.	**$314**	$359
PLUS Includes all MIPS reporting elements.	**$439**	$489
ENTERPRISE Includes MIPS COST tracking / estimator component	**$459**	$515

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Using registry for personal practice and not reporting MIPS data to CMS

Non-MIPS Provider Type	Non-MIPS Reporting Price Per Provider (USD)
Non-APA Member	**$120**
APA Member	**$60**

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REFERENCES AVAILABLE BY REQUEST

For additional information contact:
Vaile Wright, Ph.D., email: cwright@apa.org
Website http://www.apapracticecentral.org/reimbursement/health-registry/index.aspx
To access the registry: www.mbhregistry.com

QUESTIONS & DISCUSSION