Looking at Cost & Year-End Readiness

Presented by Seema Rathor, Sharon Phelps and Jeff Sobotka

November 19, 2020

nrhi Network for Regional Healthcare Improvement

Mountain-Pacific Quality Health

Comagine Health

Supporting You

Comagine Health, Mountain-Pacific Quality Health and the Network for Regional Healthcare Improvement are providing support to practices in Alaska, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington and Wyoming.

nrhi Network for Regional Healthcare Improvement

Mountain-Pacific Quality Health

Comagine Health

MIPS Tips

Slide Deck Available

- Today's slide deck can be found at a link in the chat.

- Both the slide deck and recording will be made available a few days following the event. Watch your email to be notified when they are available or visit https://bit.ly/2PagbeS to find all past MIPS Tips and QPP webinar recordings.

- Please fill out the evaluation for today's webinar and give us feedback.

MIPS Overview

Quality
Assesses the quality of care you deliver based on measures of performance.

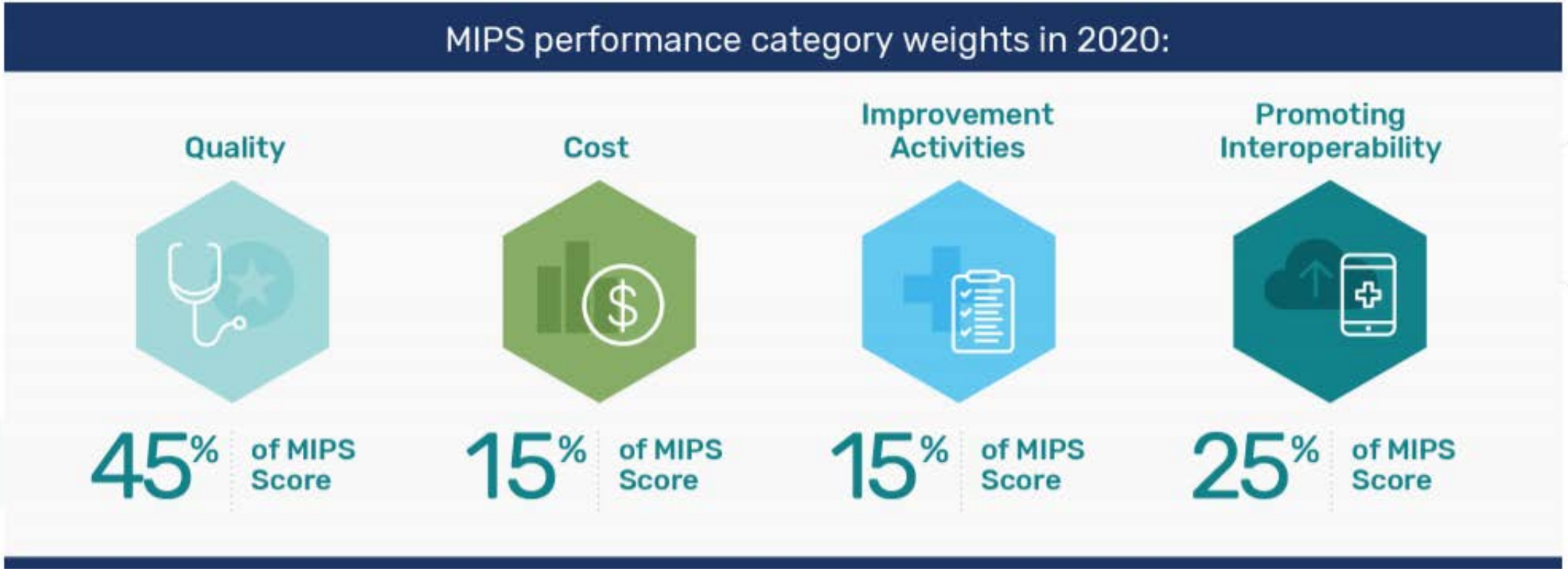
Promoting Interoperability
Focuses on the electronic exchange of health information using certified electronic health record technology (CEHRT) to improve patient access to their health information, exchange of information between providers and pharmacies, and systematic collection, analysis, and interpretation of healthcare data.

Improvement Activities
Assesses your participation in clinical activities that support the improvement and patient engagement, care coordination, and patient safety.

Cost
Assesses the cost of the care you provide based on your Medicare claims. Cost measures are also used to gauge the total cost of patient care during the year or a hospital stay.

MIPS Tips

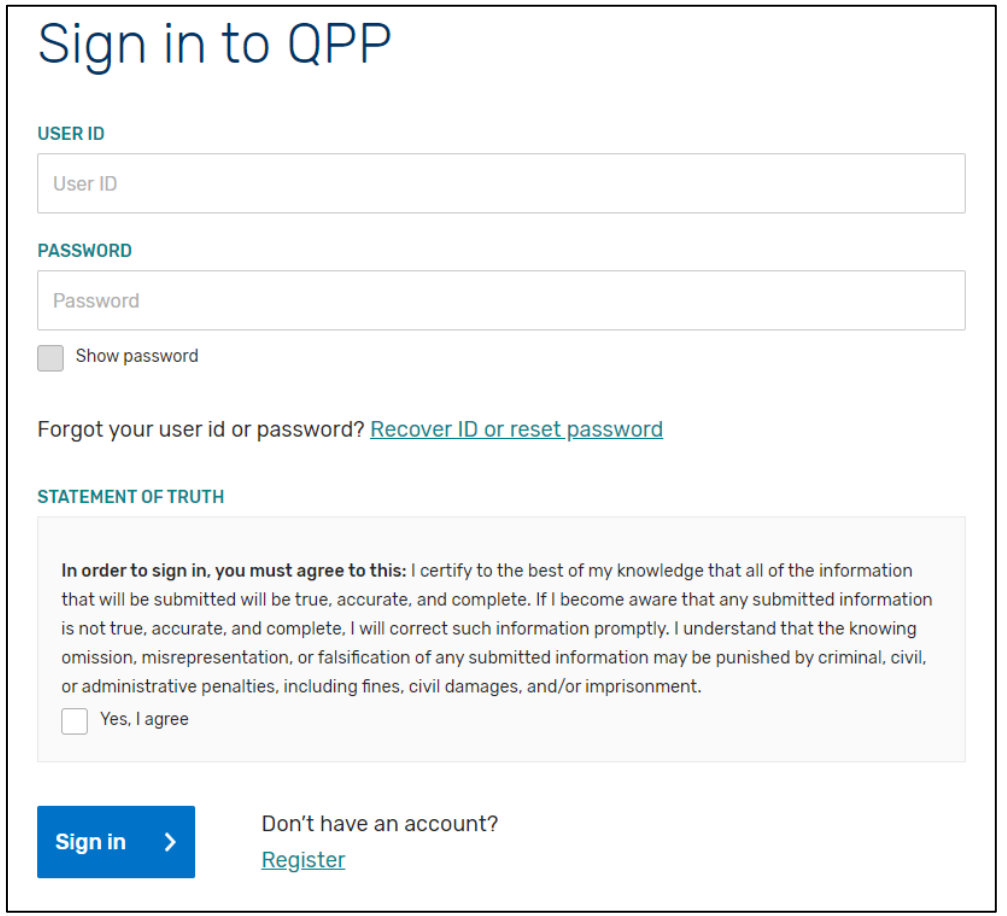
MIPS Overview



MIPS Tips

MIPS Tip: Be QPP Portal Ready

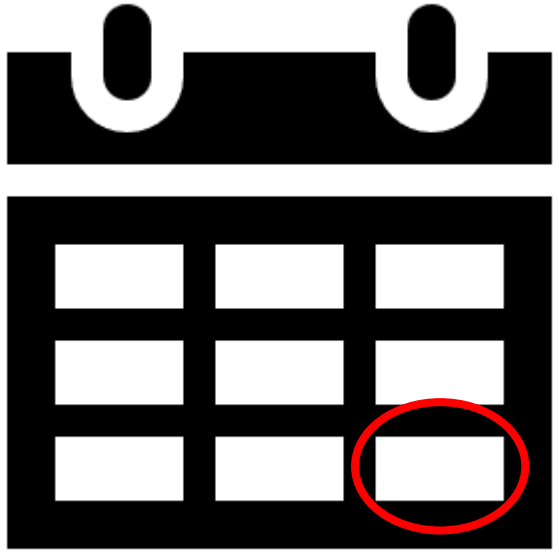
- Make sure you can log into the QPP portal
  - https://qpp.cms.gov/login
  - If you have not logged in withing the last 60 days your password will be expired
- Confirm that all information about your TIN and associated NPIs looks correct
  - Update in PECOS/NPPES if needed
- Double check eligibility status
  - https://qpp.cms.gov/participation-lookup



MIPS Tips

MIPS Tip: Note the Extreme and Uncontrollable Circumstances Exception Deadlines

- QPP Exceptions
  - https://qpp.cms.gov/mips/exception-applications
- COVID-19
  - https://qpp.cms.gov/about/covid19?py=2020
  - Application Deadline-December 31, 2020
- Promoting Interoperability
  - Application Deadline-December 31, 2020



MIPS Tips

MIPS Tip: Registries

- 2020 Qualified Registries Qualified Posting
  - https://bit.ly/3kt5i4g
- Be aware of the last date a registry will accept new clients
- Fee per provider
- When selecting a registry, select a registry whose specialty aligns with yours
- Review which categories a registry will submit on your behalf

MIPS Tips

MIPS Tip: Promoting Interoperability

- Look for different 90-day periods to find your best score.
  - 90-day minimum
- Completed Security Risk Assessment verification.
- Make sure EHR is 2015 certified.
- Review measures with a 0 in the numerator and verify there are any exclusions that can be captured.
  - Obtain any documentation from state immunization registry, public health registry, syndromic surveillance reporting if you will be seeking an exclusion
- Speak with your EHR vendor to see what kind of assistance they provide in the submission process.
- Know how to pull a promoting interoperability report from your EHR.

MIPS Tips

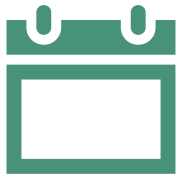
MIPS Tip: Quality Measures

- Check denominators on Quality Measures
- Look for data completeness and validation
- Review measures with 0 in the numerator
- Know how you will submit your Quality Measures

MIPS Tip: Know the Reporting Timeline

December 31, 2020

Quality Payment Program Exception Applications Window Closes



January 4, 2021

Submission Window Opens for PY 2020

March 31, 2021

Submission Window Closes for PY 2020

MIPS Tips

What Is in MIPS Performance Feedback?

- Measure-level performance data and scores
- Activity-level scores
- Performance category-level scores and weights
- Final score
- Payment adjustment information

MIPS Tips

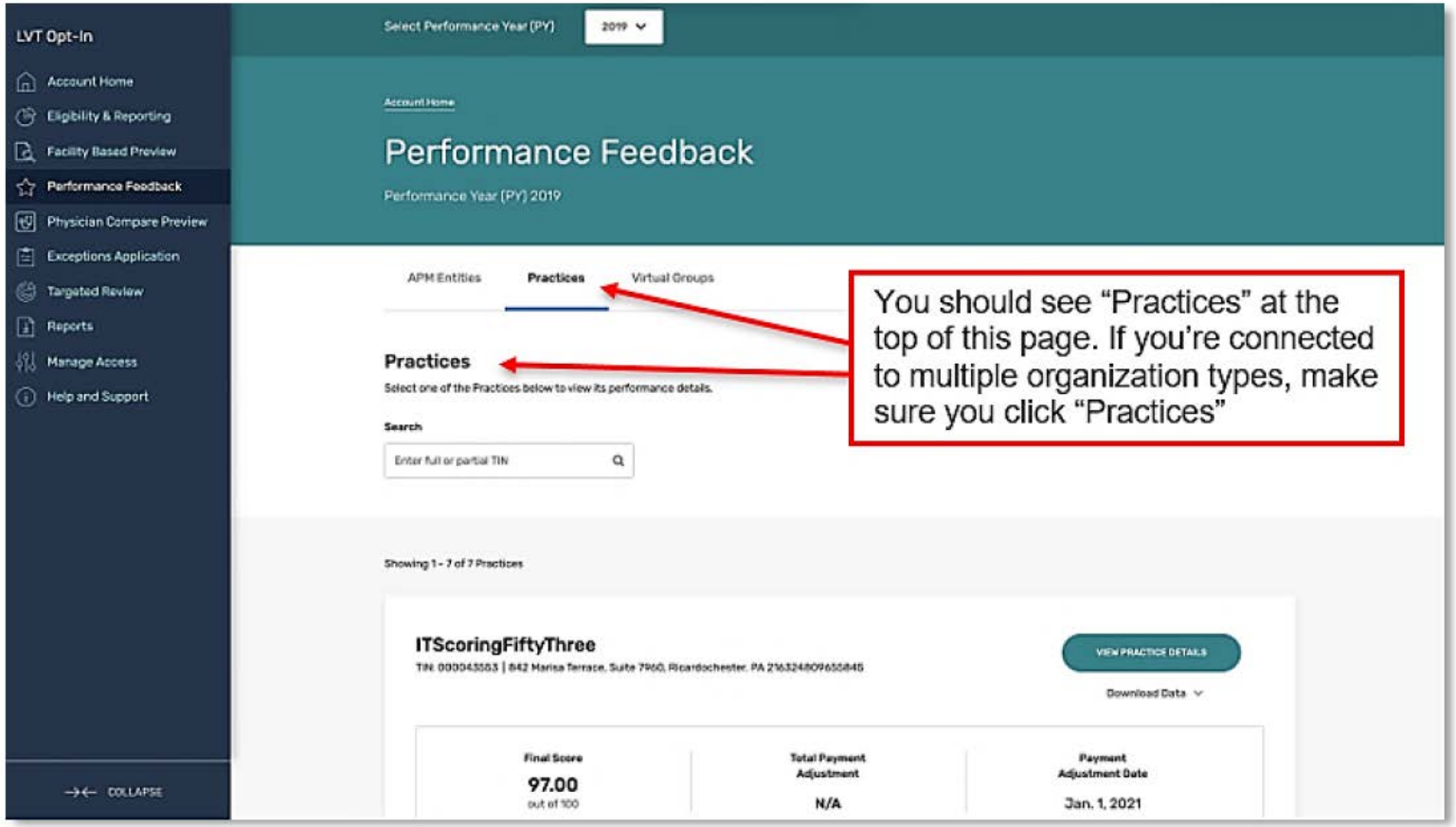
Who Receives Performance Feedback and Payment Adjustment Information?

- MIPS-eligible clinicians (including those who opted-in to MIPS)
- Practices that were eligible and submitted data as a group (including those who opted-in)
- Virtual groups
- Clinicians and groups that voluntarily reported will not receive a payment adjustment but will receive performance feedback

MIPS Tips

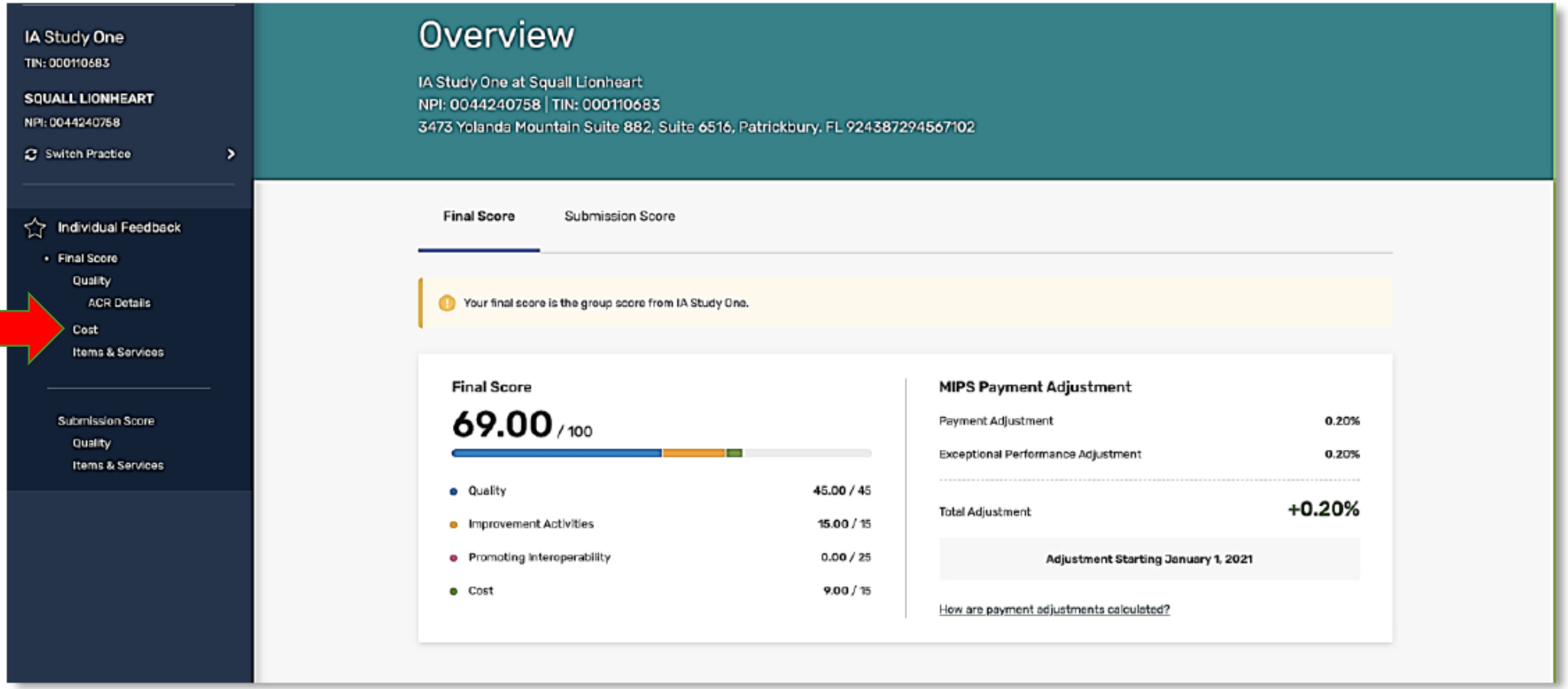
Performance Feedback Report

- Sign in to https://qpp.cms.gov/login
- Select “Performance Feedback” from the home page



MIPS Tips

Feedback Report Overview



MIPS Tips

MIPS - Cost Measures

- Revised Medicare Spending Per Beneficiary measure:
  - Updated name – Medicare Spending Per Beneficiary Clinician (MSPB Clinician) measure
  - Refined attribution methodology for medical and surgical episodes
- Revised Total Per Capita Cost (TPCC) measure: -
  - Refined attribution methodology for identifying primary care relationships
  - Specialty exclusions for clinicians who don’t provide primary care services
  - Refined risk adjustment to account for changes in patient health status during the year
- Added 10 new Episode-based cost measures for 18 total episodes

MIPS Tips

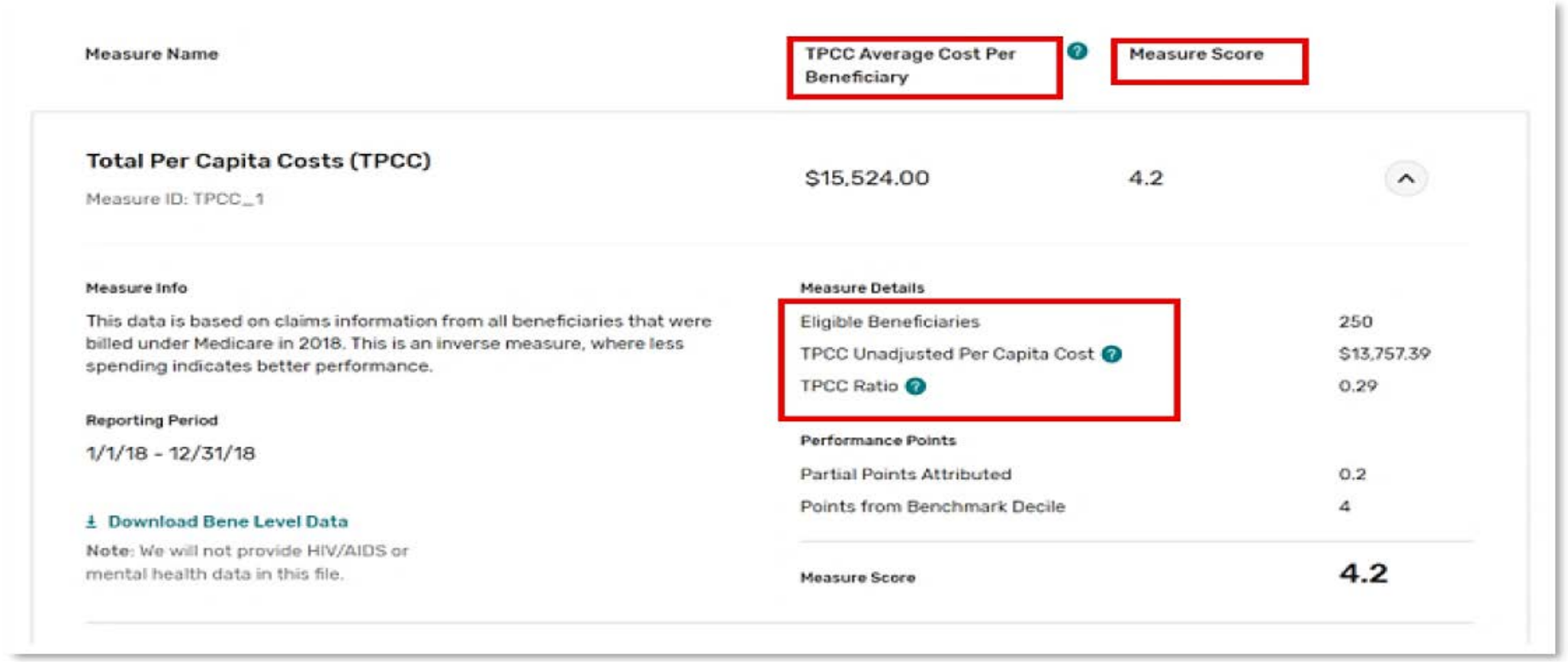
Total Per Capita Cost (TPCC)

- Assesses the primary care clinician's overall care for a Medicare patient during the performance period
- Payment standardized, Risk adjusted, and Specialty-adjusted
- 20 Medicare patients
- Medicare Part A & B claims

MIPS Tips

Overview of TPCC Report

- Different elements displayed in the Total Per Capita Costs (TPCC)



Total Per Capita Cost (TPCC) Feedback Report

- Beneficiary ID
- Type
- Sex
- TIN, NPI
- Measure
- Date of birth

MIPS Tips

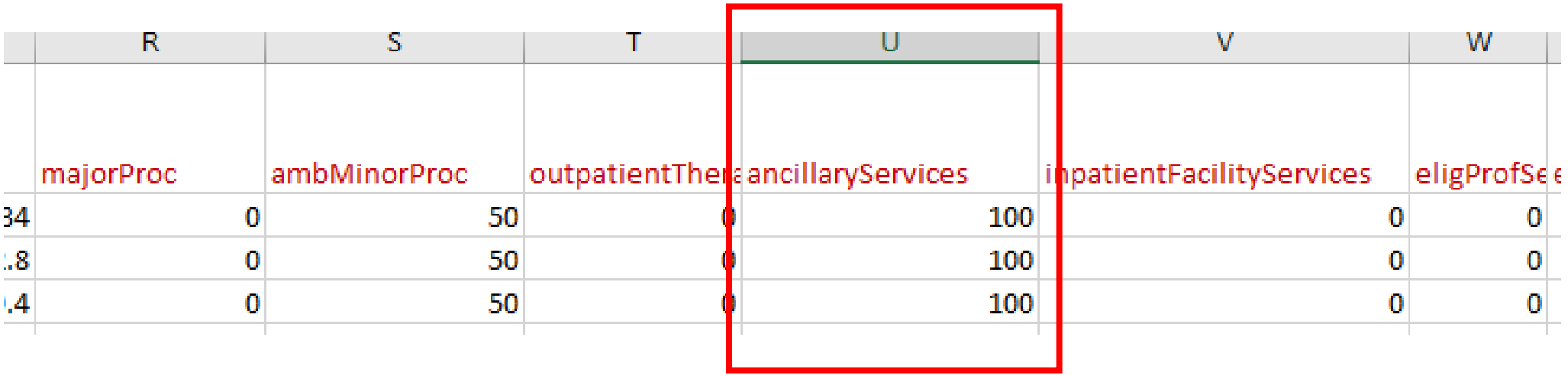
Total Per Capita Cost (TPCC) Feedback Report

- HCC percentiles versus scaled cost
- The percentile ranking shows how beneficiary's risk score compares to all other Medicare Fee-for-Service (FFS) beneficiaries nationwide
- Scaled Cost represents the total amount of payment-standardized, Medicare FFS allowed amount costs incurred by the beneficiary (neither risk adjusted, nor specialty adjusted)

hccPercentileRank	diabetes	cad	copd	hf	scaledCostTotals	em
69	FALSE	FALSE	FALSE	TRUE	2372.8	788.34
50	FALSE	FALSE	FALSE	FALSE	2070.2	832.8
17	FALSE	FALSE	FALSE	FALSE	11364.65	1389.4
17	FALSE	FALSE	FALSE	FALSE	4923.77	1105.66

Total Per Capita Cost (TPCC) Feedback Report

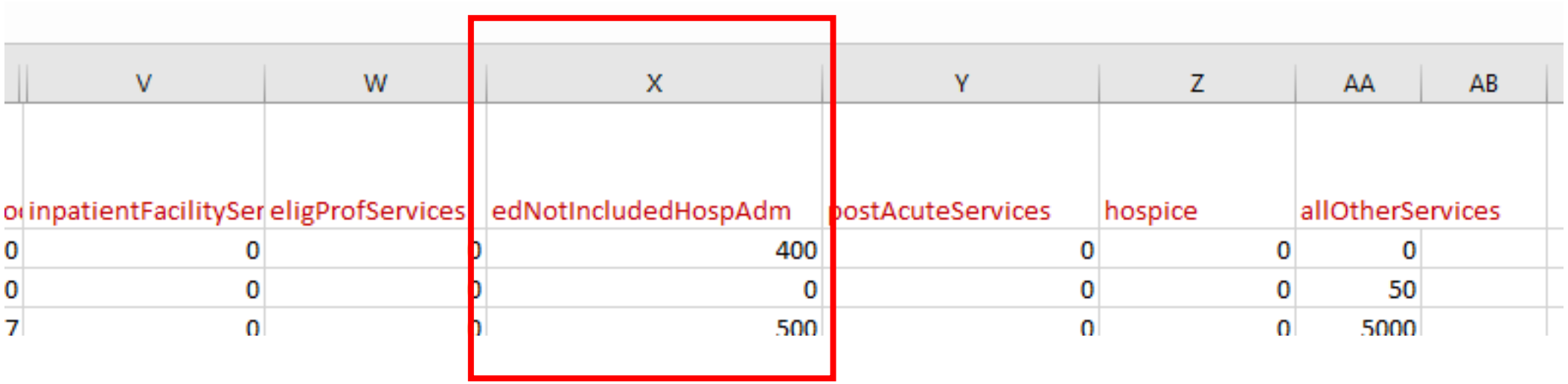
- Ancillary Services- Column “U” e.g. labs, cultures, imaging, EKG etc.



	R	S	T	U	V	W
	majorProc	ambMinorProc	outpatientTher	ancillaryServices	inpatientFacilityServices	eligProfSe
34	0	50	0	100	0	0
.8	0	50	0	100	0	0
.4	0	50	0	100	0	0

Total Per Capita Cost (TPCC) Feedback Report

- What are Preventable ER costs? In Column X



	V	W	X	Y	Z	AA	AB
oc	inpatientFacilitySer	eligProfServices	edNotIncludedHospAdm	postAcuteServices	hospice	allOtherServices	
0	0	0	400	0	0	0	
0	0	0	0	0	0	50	
7	0	0	500	0	0	5000	

MIPS Tips

Episode Based Measure

- Beneficiary level data

rD	hcc	serviceCategory	serviceCategoryDescript	serviceCode	serviceCodeDescriptio	standardizedCost	
	2.993	Trigger_ClaimLine	Cost for trigger claim lin	45385	Hcpcs Code for the Clai	300	

MIPS Tips

Clinically-Related Costs Included In Episode Measures

Assigned services may include:

- Treatment and diagnostic services
- Ancillary items
- Services directly related to treatment
- Services furnished as a consequence of care (e.g., complications, readmissions)

MIPS Tips

Key Drivers: Utilization

- Inappropriate emergency department (ED) use
  - $8.3 billion
  - 17% of patients
- Hospital readmissions

How to address this issue

1. Implement an ongoing initiative to educate patients on appropriate levels of care:
   a. Telehealth or same day appointment in physician office
   b. Urgent care
   c. ED
2. Consider mechanisms to obtain admissions/discharge/transferred (ADT) messages from local hospitals
   a. Identify inappropriate use
   b. Implement post ED visit protocols
3. Implement care management for patients with repetitive non-emergent ED visits

MIPS Tips

Key Drivers: Care Coordination

Ensures:

- All providers have known information and results necessary to provide care
- Needless redundancy of tests and procedures is reduced
- Communication processes are consistent and bidirectional

How to address this issue

- Enact agreements and processes with specialists and hospitals for receiving patient information after they provide care
- Educate patients on communicating with other healthcare providers about the need to send their information to you
- Consistently use electronic referral capabilities:
  - Participate in your local Health Information Exchange
  - Obtain Direct Email addresses for other healthcare providers and share your Direct Email address with those providers
  - Train staff on how data is sent and received electronically
- Educate patients on importance of bringing in all medications for appropriate medication management

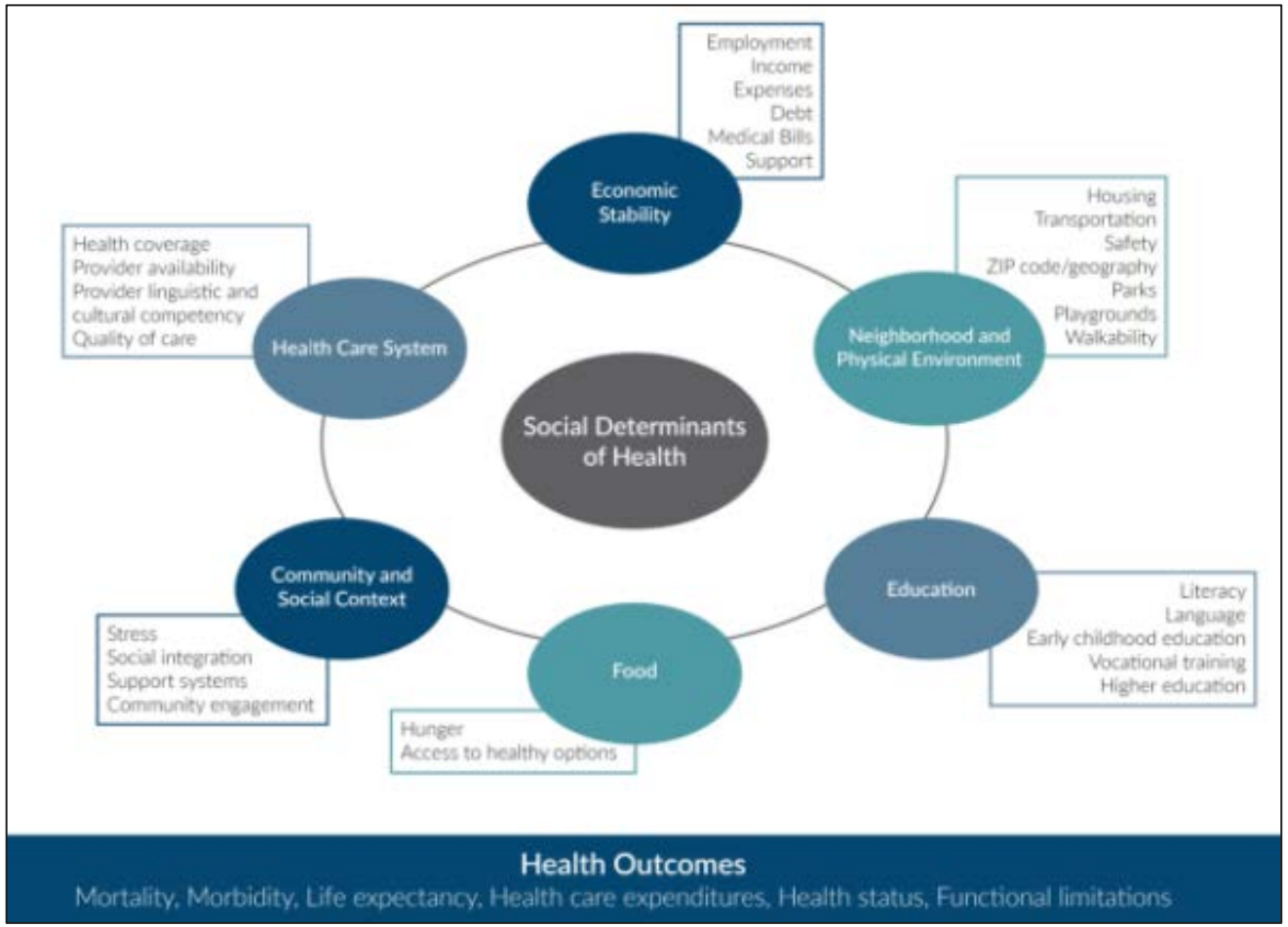
MIPS Tips

Key Drivers: Social Determinants of Health (SDOH)

- Economic stability
- Neighborhood and physical environment
- Food
- Community and social context
- Health care system
- Education

How to address this issue

- Use Z codes to capture SDOH
- Identify support services for referral
- Recognize and address health disparities
- Consider using PRAPARE toolkit



MIPS Tips

Key Driver: Accurate Coding

Hierarchical Condition Codes (HCC)

- Derived from ICD-10 coding on claims
- Used to adjust expected cost of care for each patient based on patient's underlying chronic disease state
- Used in MIPS Cost Measures
- Used in MIPS Complex Patient Bonus calculation

How to address this issue

- Ensure billing/coding staff understand difference between coding for E&M charges vs. HCC
- Develop documentation screens to capture specific level detail
- Create feedback loop for coding staff to query providers for missing details
- Consider a coding audit

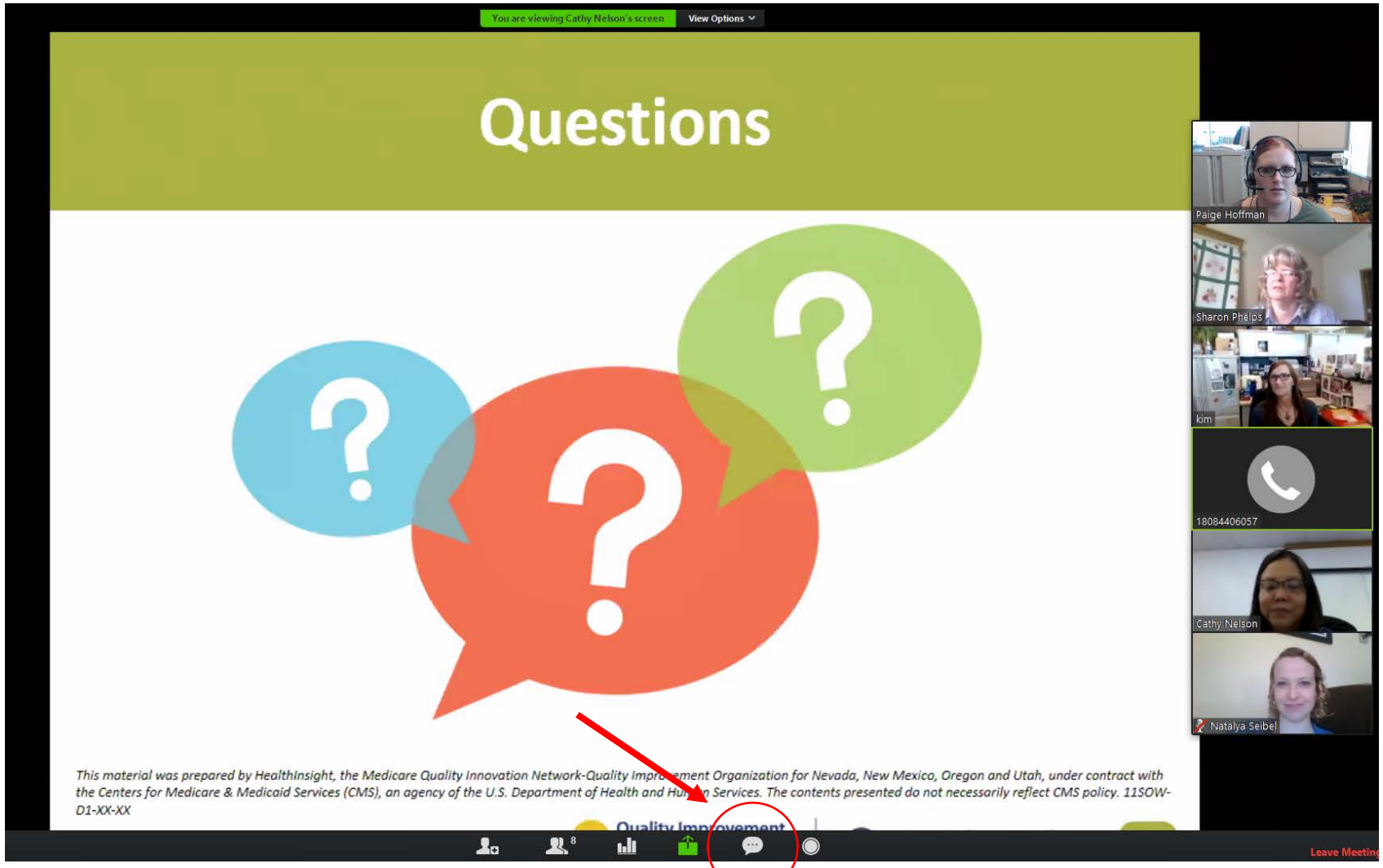
MIPS Tips

Other Actions to Consider

- AWV-Primary care versus Specialty
- Transitional care visit - increased
- Reimbursed for 2020, electronic/ fax
- Chronic care visit-medication management
- Telehealth-TCM etc.
- Diabetes management, CHF, COPD
- Nursing home patients' management
- After discharge summary
- Referral and follow-up to social services to address nonmedical needs
- After hours care

MIPS Tips

How to Ask a Question



MIPS Tips

Please Fill Out Our Evaluation

- An evaluation link for this session is currently being place in the chat. Please take a few minutes before you leave the meeting today to fill out an evaluation and help us improve our offerings.

Contact a QPP Expert in Your State!

Comagine Health
Email: qualitypaymentprogram@comagine.org
Website: https://bit.ly/2snFVeL

State	Contact Info
Idaho	London Manor-Petersen 208-383-5942 lmanorpetersen@comagine.org
Nevada	Aaron Hubbard 702-948-0306 ahubbard@comagine.org
Oregon	Seema Rathor 971-409-3872 srathor@comagine.org
Utah	Perrin Anderl 801-892-6608 panderl@comagine.org
Washington	Jeff Sobotka 206-288-2529 jsobotka@comagine.org

State	Contact Info
Alaska, Hawaii, Wyoming and Territories	Miranda Burzinski 907-561-3202, ext. 109 mburzinski@mpqhf.org
Montana	Alison Bruner 406-437-3526 abruner@mpqhf.org
Region/Senior Account Manager	Sharon Phelps 307-271-1913 sphelps@mpqhf.org

Mountain-Pacific Quality Health
Email: QualityPaymentHelp@mpqhf.org
Website: https://bit.ly/2FFY1zO

MIPS Tips