Protect Your Fee Schedule: “Quality” Based Reimbursement Is Here!

Jeffrey D Lehrman, DPM, FASPS, FACFAS, MAPWCA

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Disclosures

Speaker’s Bureau:
• Smith & Nephew Advanced Wound Management Division
• BSN Medical Advanced Wound Care Division

Consultant:
• Musculoskeletal Transplant Foundation
• Smith & Nephew Advanced Wound Management Division
• Molnlycke
2016
  • Meaningful Use
  • PQRS
  • VBM

January 1, 2017
  • MACRA
MEANINGFUL USE IN 2016
<table>
<thead>
<tr>
<th>Year of Meaningful Use Noncompliance</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Medicare Fee Schedule Adjustment</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2018</td>
</tr>
<tr>
<td>Medicare Fee Schedule Adjustment %</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>
# Medicare Eligible Professional Stages Timeline

This is a timeline of participation and payments by stage of meaningful use for Medicare eligible professionals:

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
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<tbody>
<tr>
<td>2011</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>$43,720</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$7,840 Reduction ($160)</td>
<td>$3,920 Reduction ($30)</td>
<td>$1,960 Reduction ($40)</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>$43,480</td>
<td>$18,000</td>
<td>$11,760 Reduction ($240)</td>
<td>$7,840 Reduction ($160)</td>
<td>$3,920 Reduction ($30)</td>
<td>$1,960 Reduction ($40)</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>$38,220</td>
<td>$14,700 Reduction ($80)</td>
<td>$11,760 Reduction ($240)</td>
<td>$7,840 Reduction ($160)</td>
<td>$3,920 Reduction ($80)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>$23,520</td>
<td>$11,760 Reduction ($240)</td>
<td>$7,840 Reduction ($160)</td>
<td>$3,920 Reduction ($80)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Medicare EHR incentive payments made are subject to the mandatory reductions in federal spending known as sequestration. This 2% reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013. If the final day of the reporting period occurs before April 1, 2013, those incentive payments will not be subject to the reduction.*
Forgiveness!

• December 18, 2015

• The Patient Access and Medicare Protection Act

• Grants "flexibility in applying the hardship exception for meaningful use for the 2015 EHR reporting period for 2017 payment adjustments”

• Deadline: 7/1/16
Forgiveness!

Application to avoid 2017 payment adjustment:

Reason 2.2d

Instructions to fill out above application:
2016 Reporting Period

- Entire Calendar Year
  - Other than first time reporters
- 90 consecutive days
  - If attesting for the first time in 2016
Everyone is in Modified Stage 2 in 2016
Meaningful Use Modified Stage 2

- All EPS are required to attest to a single set of objectives and measures
- Ten objectives
- NO Menu Options
Shame on You, Andy!!

1-11-16

Andy Slavitt, acting administrator of CMS

Meaningful Use program “will end some time in 2016”
“Will be replaced with something better”
PQRS IN 2016
Reporting *Versus* Performance
Reporting

• 2% penalty in 2018 for not reporting

What if I don’t do it?

Performance
Value Based Modifier

• Solo no reporting = 2% penalty
• Group of 2-9 and you do not report = 2% penalty
• Group of 2-9 and 50% do not report = 2% penalty
• If in a group of 10+ and you do not report = 4% penalty
• If in a group of 10+ and 50% do not report = 4% penalty
Reporting

• Avoid the 2% penalty

Performance

Value Based Modifier

• Solo = 2% penalty to 2% bonus depending on quality

• Group of 2-9 = 2% penalty to 2% bonus depending on quality

• Group of 10+ = 4% penalty to 4% bonus

What if I do it?
Individual Reporting

- Available reporting mechanisms for 2016 program year:
  - Claims
  - Measure Group (via registry)
  - EHR
  - QCDR
Quality Payment Program

Begins January 1, 2017
Quality Payment Program

- MIPS
- APM

SGR
Penalties

• Payment reductions (and bonuses!) still come 2 years after the reporting period

• Meaningful Use lives in 2016!

• MIPS negative (and positive!) adjustments begin in 2019 based on 2017 MIPS score
MIPS Year 1

• Going to get positive, negative, or no adjustment to Medicare part B payments

• Budget neutral

• Penalty no more than 4%

• Most positive adjustments no more that 4% …positive moved based on budget neutrality
MIPS

• Maximum negative adjustments:
  • 2019: 4%
  • 2020: 5%
  • 2021: 7%
  • 2022: 9%
MIPS

• MIPS reporting not limited to just Medicare patients
MIPS

• Exempt from MIPS payment adjustment if:
  • Newly enrolled in Medicare
  • Less than 10K in Medicare charges and less than 100 Medicare patients
  • Significantly participating in APM
MIPS Score

• Highest total of 100

• EPs will receive either a positive or negative payment adjustment to fee schedule based on MIPS score

• All clinicians will report through MIPS first year
MIPS Score Year 1

• Quality (Replaces PQRS) 50%
• ACI (Replaces MU) 25%
• Clinical Practice Improvement Activities 15%
• Cost 10%
MIPS Score

- Quality 50%
- ACI 25%
- Clinical Practice Improvement Activities 15%
- Cost 10%
MIPS Year 1

• Quality (Replaces PQRS) 50%
  • Choose 6 measures instead of 9

• ACI (Replaces MU) EHR use 25%
  • Emphasis on interoperability and information exchange

• Clinical Practice Improvement Activities 15%
  • Activities that focus on care coordination
  • Patient engagement
  • Patient safety
  • Over 90 options

• Cost - based on MC claims data, no reporting 10%
APMs

- Exempt from MIPS payment adjustments
- Successful participation = 5% bonus and no MIPS adjustment
- Have to receive certain amount of payments or see certain number of patients through APM
Advanced APM

• Advanced APMs are those in which clinicians accept risk for providing coordinated, high-quality care.
SUMMARY

• Meaningful Use 2016 – 4%
• PQRS and VBM 2016 – 4-6%

• Quality Payment Program starts 1-1-17
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# RESOURCES

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<thead>
<tr>
<th>Topic</th>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified EHR Technology</td>
<td>CPHL Certified EHR List</td>
<td>Webpage maintained by ONC that provides a comprehensive listing of complete EHRs and EHR modules</td>
</tr>
<tr>
<td>Clinical Quality Measures (CQMs)</td>
<td>CQMs Homepage</td>
<td>Main CQM webpage of the EHR website, providing basic CQM information, links to other CQM pages, and resources</td>
</tr>
<tr>
<td>Clinical Quality Measures (CQMs)</td>
<td>CQMs Through 2013 Page</td>
<td>Webpage of the EHR website for information on reporting CQMs in 2013</td>
</tr>
<tr>
<td>Clinical Quality Measures (CQMs)</td>
<td>Electronic Specifications for CQMs Page</td>
<td>Webpage of the EHR website for information on electronic specifications for CQMs and information on how to submit CQMs electronically</td>
</tr>
<tr>
<td>Clinical Quality Measures (CQMs)</td>
<td>2014 CQMs Page</td>
<td>Webpage of the EHR website for information on the 2014 CQMs</td>
</tr>
<tr>
<td>Clinical Quality Measures (CQMs)</td>
<td>2014 CQMs Tipsheet</td>
<td>A PDF document that helps EPs meet CQM requirements in 2013 and 2014</td>
</tr>
<tr>
<td>Clinical Quality Measures (CQMs)</td>
<td>Guide to Clinical Quality Measures</td>
<td>A guide to help EPs understand clinical quality measures</td>
</tr>
<tr>
<td>Clinical Quality Measures (CQMs)</td>
<td>eCQM Library</td>
<td>Webpage that contains the CMS updates to the CQM specifications used in the EHR Incentive Programs; CMS updates the specifications frequently in order to ensure that specifications maintain alignment with current clinical guidelines and the CQMs remain relevant within the clinical care setting</td>
</tr>
</tbody>
</table>
Resources


- CMS Timeline  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Timeline.PDF
Who to Call for Help

- **QualityNet Help Desk:**
  866-288-8912 (TTY 877-715-6222)
  7:00 a.m.–7:00 p.m. CST M-F or qnetsupport@hcgis.org
  You will be asked to provide basic information such as name, practice, address, phone, and e-mail

- **Provider Contact Center:**
  Questions on status of 2013 PQRS/eRx Incentive Program Incentive payment (during distribution timeframe)

- **EHR Incentive Program Information Center:**
  888-734-6433 (TTY 888-734-5563)

- **Physician Value Help Desk (for VM questions)**
  Monday – Friday: 8:00 am – 8:00 pm EST
  Phone: 888-734-6433, press option 3
  Email: pvhelpdesk@cms.hhs.gov

- **ACO Help Desk via the CMS Information Center:**
  888-734-6433 Option 2 or cmsaco@cms.hhs.gov

- **Physician Compare Help Desk:**
  E-mail: PhysicianCompare@Westat.com
Resources

MACRA: MIPS & APMs

2016 MPFS Final Rule

PQRS Website
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS

PQRS Payment Adjustment Information
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQR0/Payment-Adjustment-Information.html

PFS Federal Regulation Notices
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html

Medicare Electronic Health Record (EHR) Incentive Program

Medicare EHR Incentive Program Payment Adjustments & Hardship Exceptions

Medicare Shared Savings Program
http://www.cms.gov/Medicare/Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html

Value-based Payment Modifier (VM) Website
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html

Comprehensive Primary Care Initiative

Physician Compare
http://www.medicare.gov/physiciancompare/search.html

Frequently Asked Questions (FAQs)
https://questions.cms.gov/

MLN Connects™ Provider eNews

PQRS Listserv
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