



# Fulfilling MIPS Requirements Through Quality Measure Reporting



Pacific Private Practice Network  
Nurturing the Spirit of Medicine



# Quality Reporting Requirements for P3N ACO

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- ACOs participating in the Medicare Shared Savings Program are required to report quality data that are used to calculate and assess quality performance.
- In order to be eligible to share in any savings generated, an ACO must meet the established quality performance standard that corresponds to its performance year.
  - In the first year of the ACO, the primary responsibility is reporting
  - In the second and third years, not only must the ACO report, but it must show improved performance over the baseline year.

# CMS Web Interface Measures

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- Preventive Care and Screening: Influenza Immunization
- Pneumonia Vaccination Status for Older Adults
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up
- Preventive Care and Screening for Clinical Depression and Follow-up Plan
- Colorectal Cancer Screening
- Breast Cancer Screening
- Statin Therapy
- Depression Remission at Twelve months
- Diabetes Mellitus: Hemoglobin A1c Poor Control
- Hypertension (HTN): Controlling High Blood Pressure
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- Falls: Screening for Future Fall Risk
- Medication Reconciliation Post-Discharge
- Tobacco Screening and Cessation Intervention

# CAHPS Measures

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- Getting Timely Care, Appointments, and Information
- How Well Your Providers Communicate
- Patients' Rating of Provider
- Access to Specialists
- Health Promotion and Education
- Shared Decision Making
- Health Status/ Functional Status
- Stewardship of Patient Resources

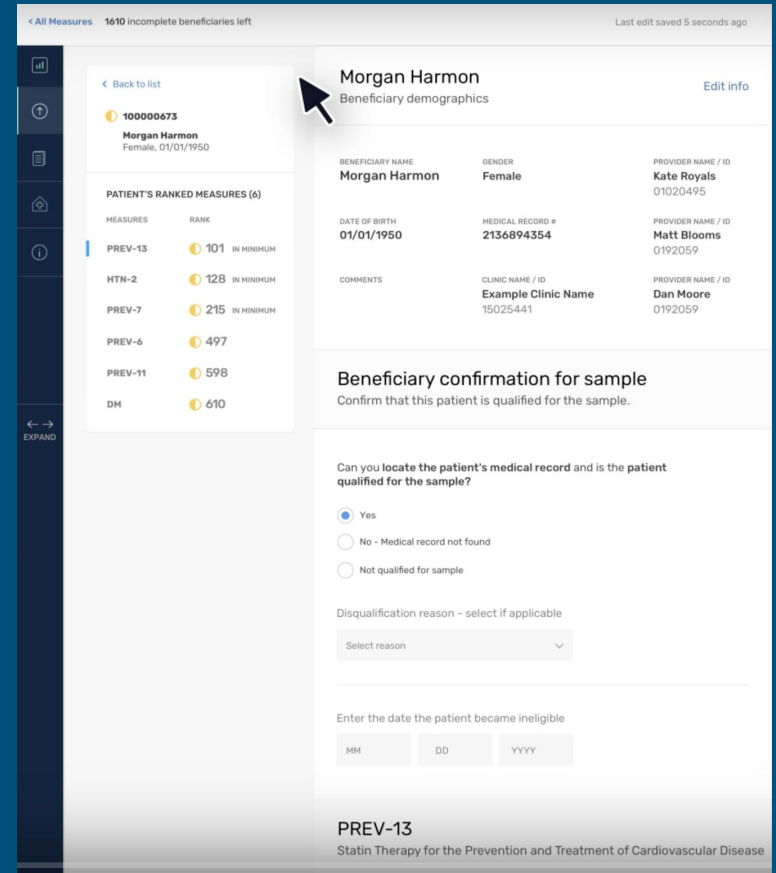
# Additional Measures

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- Risk-Standardized, Readmission
- Skilled Nursing Facility 30-day Readmission Measure (SNFRM)
- All-Cause Unplanned Admissions for Patients with Diabetes
- All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
- All-Cause Unplanned Admissions for Patients with Heart Failure
- Use of EHR Technology
- Use of Imaging Studies for Low Back Pain
- Ambulatory Sensitive Condition Acute Composite

# CMS Web Interface

- The ACO and its participating physicians are responsible for entering quality data directly into the CMS Web interface. CMS provides us with a pre-populated sample of the ACO's patients and our required data.
- P3N will work with each physician practice to identify which data on which patient is needed and how to complete it.
- P3N will contract with a CMS approved vendor to perform the CAHPS survey. This will be done in September 2018.



The screenshot displays the CMS Web Interface for a patient named Morgan Harmon. The interface is divided into several sections:

- Header:** Shows "< All Measures" and "1610 incomplete beneficiaries left". A "Last edit saved 5 seconds ago" timestamp is visible in the top right.
- Navigation:** A vertical sidebar on the left contains icons for home, search, and other functions. At the bottom of the sidebar is an "EXPAND" button.
- Back to list:** A link to return to the list of beneficiaries.
- Patient Information:** Displays the patient ID "100000673", name "Morgan Harmon", and gender "Female" with a birth date of "01/01/1950".
- Patient's Ranked Measures (6):** A table showing various measures and their ranks relative to a minimum.
- Demographics:** A grid of fields including beneficiary name, gender, provider name, date of birth, medical record number, and comments.
- Beneficiary Confirmation:** A section for confirming patient qualification for the sample, with radio buttons for "Yes", "No - Medical record not found", and "Not qualified for sample".
- Disqualification Reason:** A dropdown menu to select a reason if applicable.
- Ineligibility Date:** Input fields for MM, DD, and YYYY.
- Measure Details:** A section for "PREV-13" with the description "Statin Therapy for the Prevention and Treatment of Cardiovascular Disease".

(CMS Web Interface Patient Sample)

# Introduction of MIPS

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- Congress enacted the Medicare Access and CHIP Reauthorization Act (MACRA) as a replacement of the flawed Sustainable Growth Rate (SGR).
- If MACRA was not enacted in 2015, there would have been a 21% cut in Medicare payments under SGR.
- MIPS was designed to tie payments to quality and cost, drive improvement in care processes and health outcomes, and increase the use of Electronic Health Records.
- The four categories are:
  - i. Quality
  - ii. Clinical Practice Improvement
  - iii. Advancing Health Information
  - iv. Cost

# Getting credit for MIPS

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- The physician must be included on the ACO roster.
- The physician must submit the ACO quality data requested.
- The physician practice must complete Electronic Health Record attestation through the CMS web interface.
- Physicians automatically receive credit for Clinical Practice Improvement.



# References

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1. Explanation of the 31 ACO Quality Measures:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/2018-reporting-year-narrative-specifications.pdf>

2. Patient survey CAHPS:

<http://acocahps.cms.gov/>

3. Reviews of MACRA/MIPS and APM's:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

4. Earn MIPS credit for Quality and Clinical Practice improvement by participating in MSSP ACO.

<http://www.ascrs.org/sites/default/files/MACRA%20Final%20Rule%20MIPS%20APMs%20MSSP%20ACO%20Track%201.pdf>