

American Society of
Anesthesiologists®

Regulatory Update

MACRA and Registry Reporting Options

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ASA Director of Quality and Regulatory Affairs
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asahq.org

Disclosures

Matthew Popovich works for the American Society of Anesthesiologists (ASA).

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Learning Objectives

- At the conclusion of this activity, participants should be able to:
 - Identify significant regulatory issues for anesthesiologists regarding federal payment programs
 - Discuss ASA and AQI activity on regulatory issues
 - Identify choices that you and your practice should discuss when implementing MACRA reporting

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Quality and Regulatory Affairs (QRA)

Three Primary Responsibilities:

- **Quality:** Federal quality reporting programs, coordination among ASA departments and committees for measure development
- **Regulatory Affairs:** Federal rules and regulations, accrediting organizations, liaisons to TJC, CMS (non-payment)
- **Member Interaction:** Inquiries
 - (750+ Per Year)



Quality and Regulatory Affairs (QRA)

– Two Staff in Washington, DC – Two Staff in Schaumburg, IL



Matthew Popovich, Ph.D.
Director



Toni Kaye, MPH
Quality Program Manager



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Senior Regulatory Affairs Specialist



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Quality Associate

Quality and Regulatory Affairs (QRA)

Division: Quality and Practice Management

- Chief Quality Officer: Dr. Alex Hannenberg
 - AQI Executive: DeLaine Schmitz
 - AQI Director: Jane Han
 - QRA Director: Matt Popovich
 - Analytics and Research Services: Tom Miller
 - Economics and Practice Innovation: Roseanne Fischhoff
 - Payment and Practice Management: Sharon Merrick

Quality and Regulatory Affairs (QRA)

Washington, DC location ensures that QRA also works with Advocacy on a number of Federal advocacy issues.

- Medicare Access and CHIP Reauthorization Act (MACRA)
- Registry Rules and Regulations
- Opioid Epidemic
- Federal Drug Administration and Office of the National Coordinator for Health IT
- Healthcare Reform

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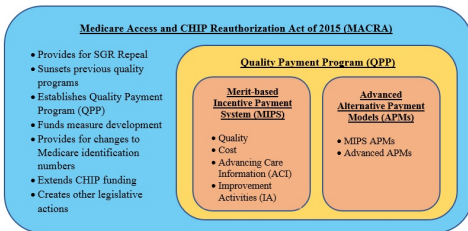
Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- MACRA ended Sustainable Growth Rate (SGR) Formula
- MACRA Final Rule released in October 2016
- Two Quality Payment Program paths:
 - Merit-Based Incentive Payment System (MIPS)
 - EPs receive positive, negative or neutral payment adjustments
 - Alternative Payment Model (APM) incentive payment system
 - APM: Depending on thresholds and definition, some APMs may receive 5% bonus for up to six years (Advanced APMs)

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Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)



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Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- **Pick-Your Pace Option for 2017**
 - ASA advocacy resulted in CMS developing options for anesthesiologists in 2017
- **Exempt from MIPS penalties for first year of program if:**
 - **Option 1 – Test: Submit Some Data**
 - No payment adjustment
 - **Option 2 – Partial year reporting:**
 - Eligible for “small” positive adjustment
 - **Option 3 – Full year reporting:**
 - Eligible for “modest” positive adjustment
 - **Option 4 – Qualifying Participant in an Advanced APM**
- **Don't participate at all – automatic 4% negative adjustment in 2019**

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Merit-based Incentive Payment System (MIPS)

MIPS Component Scoring Breakdown (performance year is 2 years prior)

Payment Year	Performance Categories (Reweightable Possible)				MIPS Adjustment Factor (+/-)
	Quality	Cost (Resource Use)	Advancing Care Information	Improvement Activities	
2019	60%	0%	25%	15%	+/- 4%
2020	50%	10%	25%	15%	+/- 5%
2021	30%	30%	25%	15%	+/- 7%
2022 and Beyond	30%	30%	25%	15%	+/- 9%

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Merit-based Incentive Payment System (MIPS) - Quality

Quality Component for MIPS – Reporting Criteria

- Report six (6) measures during the 12-month MIPS reporting year.
- If fewer than six (6) measures apply to the eligible clinician, the eligible clinician must report on all applicable measures.
- One (1) of the six (6) measures must be an outcome measure.
 - If there is no applicable outcome measure, the eligible clinician must report a high priority measure instead.
 - High priority measures are defined as those that measure appropriate use, patient safety, efficiency, patient experience or care coordination.

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Merit-based Incentive Payment System (MIPS) - Quality

Quality Component for MIPS

ASA Advocacy resulted in CMS lessening the burden of quality measure reporting from the Physician Quality Reporting System (PQRS) to MIPS Quality Component.

- Reduction in measures required for reporting (MIPS requires 6 measures)
- Must report at least one outcome measure or another "high-priority measure"
- Report MIPS Measures or Non-MIPS QCDR Measures
No requirement for reporting multiple National Quality Strategy (NQS) domains
No requirement to report cross-cutting measures
CMS removed all-or-nothing approach that was part of PQRS reporting

Horizontal lines for notes

Merit-based Incentive Payment System (MIPS) - Quality

Quality Component for MIPS – Measures

CMS has proposed an Anesthesiology Specialty-Specific Measure Set for physician anesthesiologists:

- PQRS/MIPS #44: CABG: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
PQRS/MIPS #76: Prevention of CVC-Related Bloodstream Infections*
PQRS/MIPS #404: Anesthesiology Smoking Abstinence* (Intermediate Outcome)
PQRS/MIPS #424: Perioperative Temperature Management* (Outcome)
PQRS/MIPS #426: Post-Anesthetic Transfer of Care Measure: Procedure Room to PACU*
PQRS/MIPS #427: Post-Anesthetic Transfer of Care Measure: Procedure Room to ICU*
PQRS/MIPS #430: Prevention of PONV - Combination Therapy*

* designates a proposed "high priority measure"

Horizontal lines for notes

Merit-based Incentive Payment System (MIPS) - IA

Improvement Activities (IA) Component for MIPS

ASA advocacy resulted in CMS recognizing how anesthesiologists contribute to improving patient care, care coordination and participation in registries.

- Physician anesthesiologists should review and attest to Improvement Activities that reflect their practice
ASA advocacy resulted in CMS acknowledging the role registries play in improving patient care and health care
Physician anesthesiologists should maintain proper documentation of their activities for up to 10 years

Horizontal lines for notes

Merit-based Incentive Payment System (MIPS) - IA

- Intended to include activities you are already performing
- Include a range of activities covering 9 subcategories:
 - Expanded Practice Access
 - Population Management
 - Care Coordination
 - Beneficiary Engagement
 - Patient Safety and Practice Assessment
 - Participation in an APM
 - Achieving Health Equity
 - Integrating Behavioral and Mental Health
 - Emergency Preparedness and Response

Merit-based Incentive Payment System (MIPS) - IA

The screenshot shows the 'Quality Payment Program' website. The 'Improvement Activities' section includes instructions for participating practices. The '2017 MIPS Performance' section features a pie chart with three segments: Quality (QIN) in green, Advancing Care Information (ACI) in blue, and Improvement Activities (IA) in red. Red arrows and numbers 1 and 2 point to the 'Improvement Activities' link in the navigation bar and the corresponding red segment in the pie chart, respectively.

Improvement Activities
 In MIPS performance category for 2017, clinicians are rewarded for care focused on care coordination, beneficiary engagement, and patient safety.

Instructions
 1. Review and select activities that best fit your practice.
 • Meet participants' needs that you completed up to 4 improvement activities for a maximum of 90 days.
 • Groups with fewer than 10 participants or if you are in a rural or health professional shortage area. Areas that you completed up to 4 activities for a maximum of 90 days.
 • Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model. You can't participate in both.
 • Participants in certain APMs under the APM scoring standard, such as Shared

2017 MIPS Performance

- Quality (QIN)
- Advancing Care Information (ACI)
- Improvement Activities (IA)

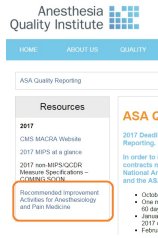
Merit-based Incentive Payment System (MIPS) - IA

- Attestation
 - Completed activity for 90 consecutive days
 - Maintain supporting documentation for 6 years
 - Registry attestation interface
- Validation
 - CMS will reach out directly to practices to validate attested improvement activities
 - Further information on validation available at: <https://qpp.cms.gov/resources/education>

Merit-based Incentive Payment System (MIPS) - IA

Anesthesiologists and pain medicine physicians have sufficient opportunities to report improvement activities.

- Identify if you are patient-facing
- Identify IAs most applicable to your eligible clinicians/practice
- Review CMS materials on data validation (<https://qpp.cms.gov/education>)



Merit-based Incentive Payment System (MIPS) - IA

Title: Implementation of improvements that contribute to more timely communication of test results

Description: Timely communication of test results defined as timely identification of abnormal test results with timely follow-up

Weight: Medium

Merit-based Incentive Payment System (MIPS) - IA

Validation: Functionality of reporting abnormal test results in a timely basis with follow-up

Suggested Documentation: EHR reports, from certified EHR, or medical records demonstrating timely communication of abnormal test results to patient

Merit-based Incentive Payment System (MIPS) - IA

- Take advantage of activities you are already performing
- What activities best fit within your patient population and workflow
- ASA website has a list of recommended activities that are relevant to anesthesia care
- Individual vs Group Reporting
 - For group reporting, group can attest as long as one provider completes an activity for 90 consecutive days

Merit-based Incentive Payment System (MIPS) - ACI

Advancing Care Information (ACI) Component for MIPS

ASA advocacy resulted in CMS recognizing that most physician anesthesiologists should (will) be exempt from being scored on ACI.

- Physician anesthesiologists should review whether they are “patient-facing” eligible clinicians
- ASA advocacy resulted in CMS expanding their definition of “hospital-based” clinician and exemptions to such clinicians
- ASA continues to advocate
 - o Exemption for “patient-facing” anesthesiologists working in ambulatory surgery centers
 - o Fair and accurate scoring under reweighting of MIPS

Merit-based Incentive Payment System (MIPS) - ACI

Anesthesiologists may want to be proactive in thinking about how ACI rules may affect their practice in the future.

Measure Name	Measure Description	How Performance is Measured	Denominator	Numerator	Exemption	Application Consideration
Electronic Prescribing (EP)	An electronic prescriber prescribes a drug for a patient if the prescriber prescribes a drug for a patient electronically using CDSX.	Response Rate (RR)	The number of prescribers in the performance period who are eligible to report on this measure.	Number of prescribers in the performance period who are eligible to report on this measure.	MIPS EPC rules apply to prescribers who are eligible to report on this measure. MIPS EPC rules do not apply to prescribers who are not eligible to report on this measure.	<ul style="list-style-type: none"> • Many anesthesiologists do not have prescriber status for the electronic component. • EPC is reporting MIPS in Coding Under Reporting Option, consider identifying those prescribers who are exempt from reporting.
Point-to-Point Patient Engagement (P2P)	For at least one patient, the patient reports to care before, during and after the visit, and the patient's health information is shared with the patient's family or caregiver.	Response Rate (RR)	The number of patients in the performance period who are eligible to report on this measure.	The number of patients in the performance period who are eligible to report on this measure.	N/A	<ul style="list-style-type: none"> • The patient perspective score and reporting rules are the same for all eligible clinicians. The facility or hospital should provide such access to patients.

Merit-based Incentive Payment System (MIPS) - ACI

- Advancing Care Information considerations:
 - **Exemptions:** Non-patient facing, hospital-based, Internet Connectivity, Uncontrollable Circumstances, Lack of Control over the available CEHRT
 - **Participation:**
 - o Check your CEHRT: 2014 or 2015 Edition for 2017
 - o Review the measure objectives (<https://app.cms.gov>)
 - o Report via attestation, Qualified Registry, QCDR or other means provided by CMS (**NOTE:** AQI does not accept ACI for 2017)

Merit-based Incentive Payment System (MIPS) - Cost

- Cost is **NOT** scored in 2017
- **MIPS Cost Category is similar to the Value-Based Payment Modifier**
 - Attribution issues are problematic for all eligible clinicians
 - o MACRA requires CMS to develop classification codes for patient relationship categories (5 in total) (ASA Commented) – 2018
 - CMS calculates the Cost Category on claims and availability of sufficient volume (review your test scores in 2017; aim for 2018)
 - Scoring accounts for 0% of MIPS in 2019, 10% of MIPS in 2020 and 30% of MIPS in 2021 and thereafter

Participating in MIPS as Individual Eligible Clinicians

Performance Category	Individual Reporting Data Submission Mechanisms
Quality	Claims, Qualified Clinical Data Registry (QCDR), Qualified Registry, EHR, Administrative Claims (no submission)
Resource Use	Administrative Claims (no submission)
Advancing Care Information	Attestation, Qualified Clinical Data Registry (QCDR), Qualified Registry, EHR
Clinical Practice Improvement Activities (CPIA)	Attestation, Qualified Clinical Data Registry (QCDR), Qualified Registry, EHR, Administrative Claims (if feasible)

Participating in MIPS as a Group Practice

Performance Category	Group Practice Reporting Data Submission Mechanisms
Quality	Qualified Clinical Data Registry (QCDR), Qualified Registry, EHR, CMS Web Interface (groups of 25+), CMS-approved survey vendor for CAHPS for MIPS, Administrative Claims (no submission required)
Resource Use	Administrative Claims (no submission required)
Advancing Care Information	Attestation, Qualified Clinical Data Registry (QCDR), Qualified Registry, EHR, CMS Web Interface (groups of 25+)
Clinical Practice Improvement Activities (CPIA)	Attestation, Qualified Clinical Data Registry (QCDR), Qualified Registry, EHR, CMS Web Interface (groups of 25+), Administrative Claims (if feasible)

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Submitting MACRA Data via the Anesthesia Quality Institute (AQI)

- **Anesthesia Quality Institute as a Registry**
 - Serve as an intermediary for practices to submit data and attestations to CMS
 - Must self-nominate to be a Qualified Registry as well as a Qualified Clinical Data Registry (QCDR) each year
 - Must identify which components of MIPS will be supported
 - Must comply with CMS data submission standards
 - Must provide practices submitting data routine access to their reports (at least 4 times per year)

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Submitting MACRA Data via the Anesthesia Quality Institute (AQI)

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MIPS Contingencies – Are You Eligible?

- Physicians and other clinicians should check their 2017 MIPS eligibility as soon as possible.
 - Participation in an Advanced Alternative Payment Model
 - First year as a Medicare Participating Provider
 - Low Volume Threshold:
 - o Receive less than \$30,000 in Medicare Part B allowed charges per year
 - o See fewer than 100 Medicare patients this year
- Check your status: <https://qpp.cms.gov/learn/eligibility>

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MIPS Contingencies – Pick Your Pace

- *Pick Your Pace forces practices to determine short and long-term solutions to data reporting.*
 - How has your previous performance dictated your current attitude?
 - What are your practice goals for 2017? What are your goals beyond 2018?
 - o Economic goals v. Workflow Goals v. Quality Improvement Goals
 - o Implementation of New Technology (EHRs, Registry reporting)
 - How will your chosen pace in 2017 affect your performance in 2018?
 - o In 2018, CMS has indicated 60% reporting threshold for Quality
 - o In 2018, CMS has indicated 90-day reporting for ACI and IA Component

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MIPS Contingencies – Individual v. Group Practice

- Eligible Clinicians (ECs) can choose to report MIPS data as Individuals or as Group Practices.
 - Individuals
 - o Assessed at the NPI Level
 - o Physicians and other ECs receive payment penalties or incentives as individuals
 - Group Practice Reporting Option (GPRO)
 - o Two or more ECs with the same Tax ID number (TIN)
 - o Physicians and other ECs receive payment penalties or incentives based upon how their groups performed

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MIPS Contingencies – Individual v. Group Practice

CMS Eligibility, Hospital-based Status and Patient-Facing Status may impact your decision on MIPS Reporting.

- **Eligibility Letter:** What percentage of your practice must participate in MIPS?
 - Eligibility affects your decision on Quality, ACI and IA participation
- **Hospital-Based Status:** What percentage of your practice are exempt/considered “hospital-based” (greater than 75%)?
 - Eligibility affects your decision on ACI
- **Patient-facing Status:** What percentage of your practice are “non-patient-facing” (greater than 75%)?
 - Eligibility affects your decision on ACI and IA

MIPS Contingencies – Individual v. Group Practice

– Is it easier to report as individuals or as a Group Practice?

- How many members of your practice are QPP-eligible?
- What is the composition of your practice related to hospital-based and patient-facing Eligible Clinicians?
- Were the Eligible Clinicians in your practice successful at reporting quality measures in the past?
- Can you find significantly more quality measures with the group practice (wider array of Eligible Clinicians) than with individuals?
- Which improvement activities will you attest and document?
- How will your decision in 2017 affect your decision in 2018?

MIPS Contingencies – Individual v. Group Practice

What about the future of MACRA and MIPS?

- MACRA is **NOT** the Affordable Care Act (Obamacare)
- Previous MACRA Rules indicated:
 - Pick Your Pace is available for one year
 - Eligibility thresholds may be lowered in future years
 - MIPS Quality Component minimum reporting threshold will increase to at least 60% in 2018
 - MIPS ACI and IA components require 90-days reporting in 2018
 - CMS seeks to alleviate reporting burdens

Quality and Regulatory Affairs - Priorities

- Working with PPM, Congressional Affairs and PSH to ensure our members have every opportunity to succeed under MACRA.
- Creating regulatory space for ASA and AQI to meet member needs through qualified registry and QCDR reporting.
- Supporting anesthesiology department needs and best practices to assist members in demonstrating their value
- Engaging accrediting organizations and specialty societies on regulations that impact the practice of anesthesiology
- Educating members on regulation and quality initiatives

Questions / Comments

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