Navigating MIPS with OncoEMR

EMPOWERING OPERATIONAL TEAMS

ONCOCLOUD '19
presented by **flatiron**

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Agenda

- Year in review
  5 MINUTES

- MIPS tips & tricks
  20 MINUTES

- What's next? 2020
  5 MINUTES

- Q&A
  10 MINUTES

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Year in Review

Physician Compare

mobihealth**news**

NORTH AMERICA ˅   TOPICS ˅   Search 🔍

CMS's Physician Compare website falls short in statistical review

Researchers say 99.7% of physicians' profiles lack individual quality data and 77% lack group data.

By **Jonah Comstock** | May 09, 2019 | 02:50 pm

Medicare.gov Physician Compare ˅   Home About ˅ Resources ˅ MyMedicare ˅

Find Medicare physicians & other clinicians

📍 Enter your location   🔍 Search for a name, specialty, group, body part, or condition   Search

Examples: Dr. Smith, heart, allergies, cardiology, Baltimore Family Practice

Other ways to search
Not sure where to start? Consider these two ways to help you find Medicare clinicians.

Browse by specialty from A to Z

Search by body part

How to use Physician Compare
Learn how to use Physician Compare to help you find Medicare clinicians in your area.

Play video

Physician Compare Patient Story
Watch Washington D.C. couple Mike and Ann explain why Physician Compare is a valuable tool in searching for Medicare clinicians.

Play video

SHARE Share 16 | f in 🐦

Government site for comparing docs lacks data on most MDs

Study published in JAMA Internal Medicine found that Physician Compare, a website created to help patients find high-quality doctors, is missing so much information on individual providers that it may not be helpful.

Only 23% of the physicians analyzed had any quality information available on their site, and most of that was quality information about their physician group. Virtually none of the doctors had data tied to their individual job performance.

21% of primary care providers reported some individual or group information related to outcomes from their practice. Almost all of this data was at the practice level, making it hard for patients to know who might be a better or worse choice among several physicians at one clinic.

Doctors who did share individual level outcomes tended to have very high quality scores. This suggests that physicians may only opt into the voluntary reporting system when they know the results will make them look good.

Clinicians aren't required to report data on outcomes for every patient, however there are small reimbursement incentives for participation.

Editorial: Researchers suggest considering major revisions to the website, or determining whether a different approach might help achieve the Department of Health and Human Services' goal of increasing transparency around the quality of healthcare. For their analysis, the researchers used data from the Physician Compare National Downloadable File and the 2015 Medicare Data on Provider Practice and Specialty database, and included 1,025,015 US providers caring for Medicare beneficiaries.

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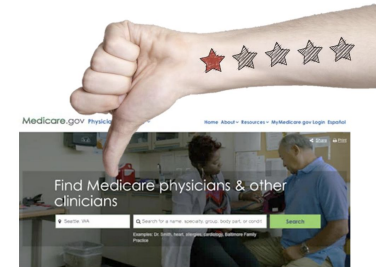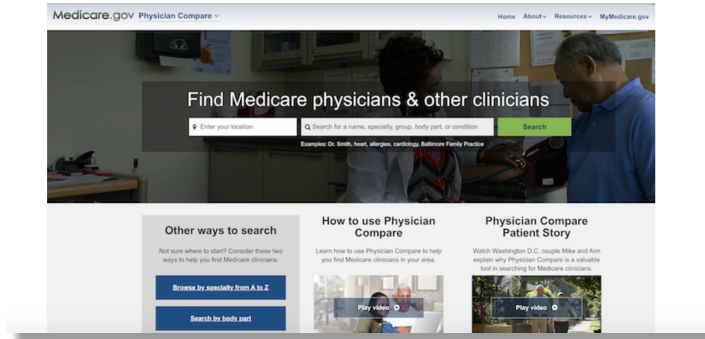
- Flatiron's Qualified Registry partner

- CMS Qualified Registry since 2009

- Top 5 among CMS Qualified Registries

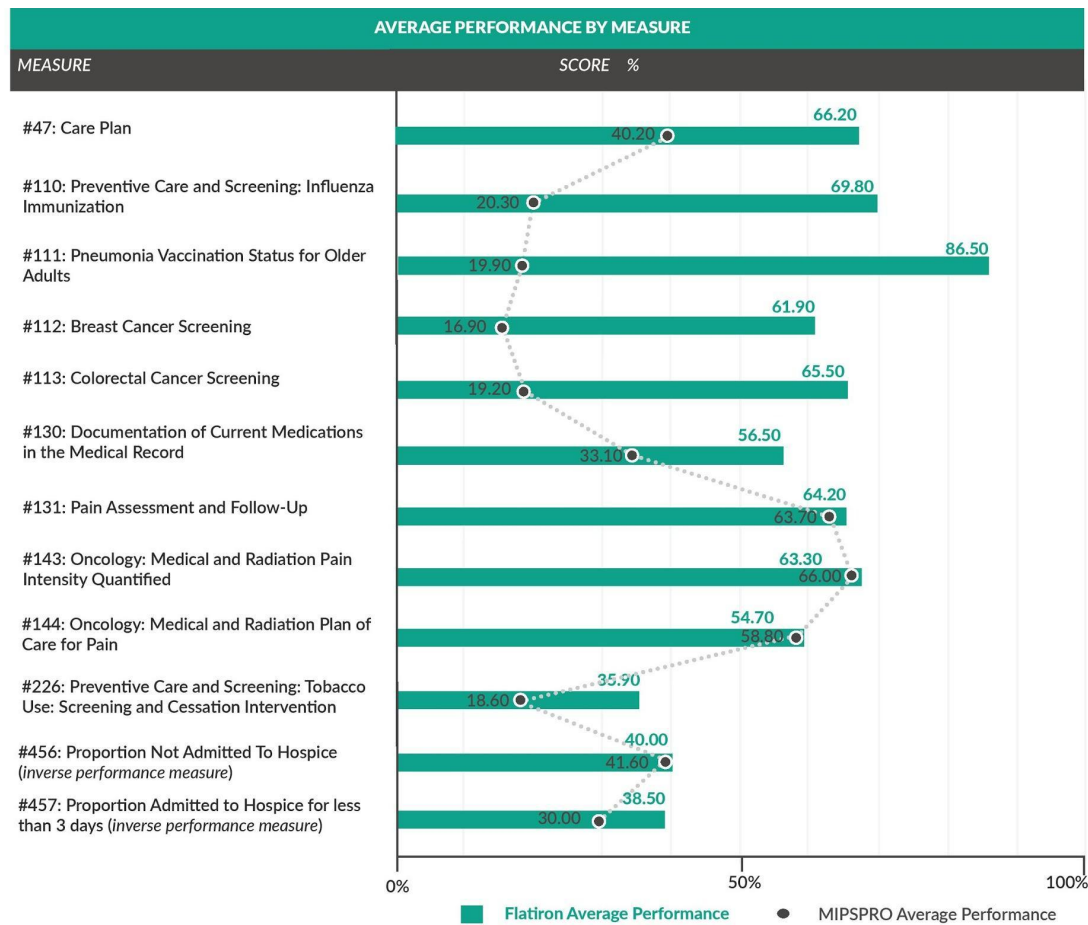ONCOCLOUD '19

2018 by the numbers:

138
Practices reported

706
Eligible clinicians reported

433
Participants with exceptional performance

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Average Performance by Measure

AVERAGE PERFORMANCE BY MEASURE

MEASURE	SCORE %
#47: Care Plan	Flatiron: 66.20 / MIPSPRO: 40.20
#110: Preventive Care and Screening: Influenza Immunization	Flatiron: 69.80 / MIPSPRO: 20.30
#111: Pneumonia Vaccination Status for Older Adults	Flatiron: 86.50 / MIPSPRO: 19.90
#112: Breast Cancer Screening	Flatiron: 61.90 / MIPSPRO: 16.90
#113: Colorectal Cancer Screening	Flatiron: 65.50 / MIPSPRO: 19.20
#130: Documentation of Current Medications in the Medical Record	Flatiron: 56.50 / MIPSPRO: 33.10
#131: Pain Assessment and Follow-Up	Flatiron: 64.20 / MIPSPRO: 63.70
#143: Oncology: Medical and Radiation Pain Intensity Quantified	Flatiron: 63.30 / MIPSPRO: 66.00
#144: Oncology: Medical and Radiation Plan of Care for Pain	Flatiron: 54.70 / MIPSPRO: 58.80
#226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Flatiron: 35.90 / MIPSPRO: 18.60
#456: Proportion Not Admitted To Hospice (*inverse performance measure*)	Flatiron: 40.00 / MIPSPRO: 41.60
#457: Proportion Admitted to Hospice for less than 3 days (*inverse performance measure*)	Flatiron: 38.50 / MIPSPRO: 30.00

Legend: Flatiron Average Performance · MIPSPRO Average Performance

Trends in Practice Readiness

Has your practice submitted MIPS data for the 2018 performance year? *[March 2019]*

Not Sure
4.3%

No
31.9%

Yes
63.8%
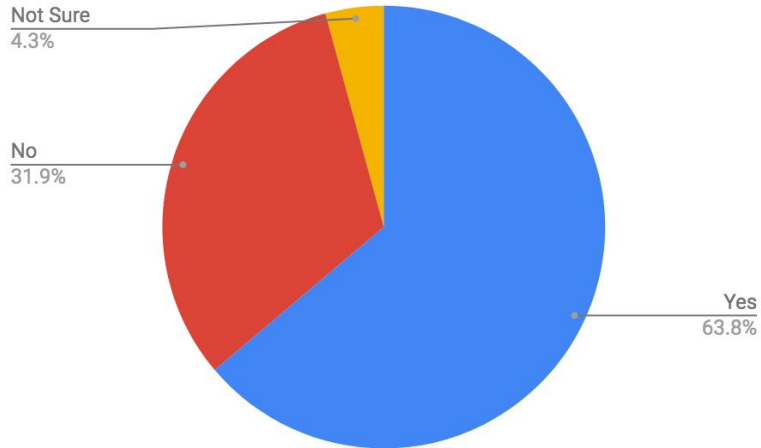
Has your practice registered with a MIPS registry for the 2019 performance year? *[March 2019]*

- Yes, my practice has registered with Healthmonix
- No, my practice is in the Oncology Care Model or other APM and does not need to report Quality data
- Not sure
- No, my practice has not yet registered for 2019, but we are planning to register with Healthmonix
- Yes, my practice has registered with a registry other than Heatlhmonix
- No, my practice has not yet registered for 2019, but we are planning to register with a registry other than Healthmonix

0%   10%   20%   30%   40%

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MIPS Tips & Tricks

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MIPS Tips & Tricks

- Scoring

- Healthmonix Set Up & Onboarding

- Best Practices: Promoting Interoperability

- Best Practices: Quality

- Cost Measures

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Tips and Tricks: 2019 Scoring Overview

MIPS General Scoring
Non-APM practices

- Cost (15%)
- Quality (45%)
- Improvement Activities (15%)
- Promoting Interoperability (25%)
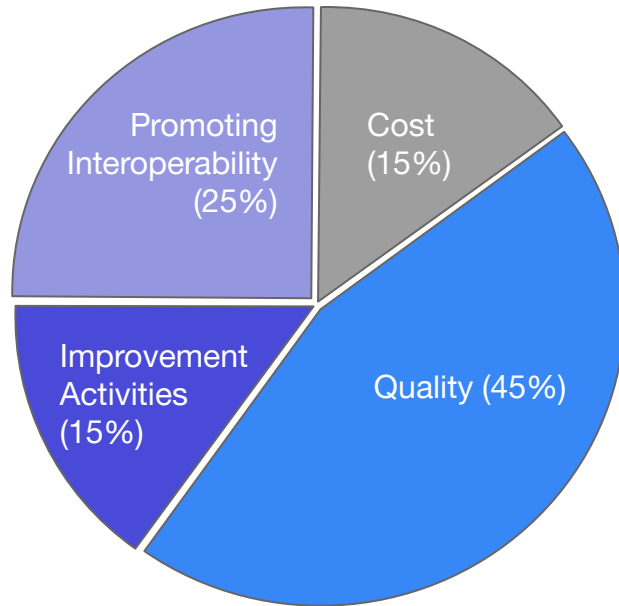
MIPS APM Scoring
Includes OCM Practices

- Quality (50%)
- Improvement Activities (20%)
- Promoting Interoperability (30%)
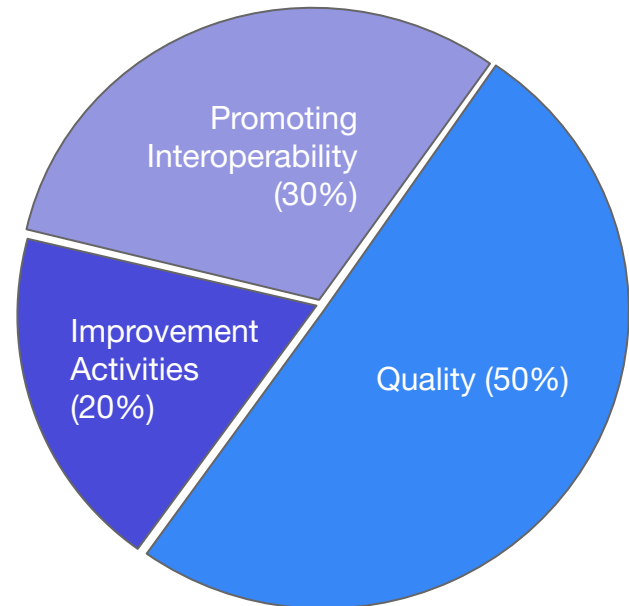
Note: Cost is not included in the APM 2019 scoring standard and Quality is calculated via the MIPS APM (e.g., Oncology Care Model)

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Tips and Tricks: Quality Scoring

Make sure to...

- Pick 6 from general or oncology-specific
- Choose at least one outcome measure (mandatory) or substitute a high priority measure

60 — Total Quality Scoring Opportunity

10
3 — Quality Measure

7
3 — Topped Out Quality Measure

3 — Quality Measure without Benchmark; Unmet Minimum Volume Threshold

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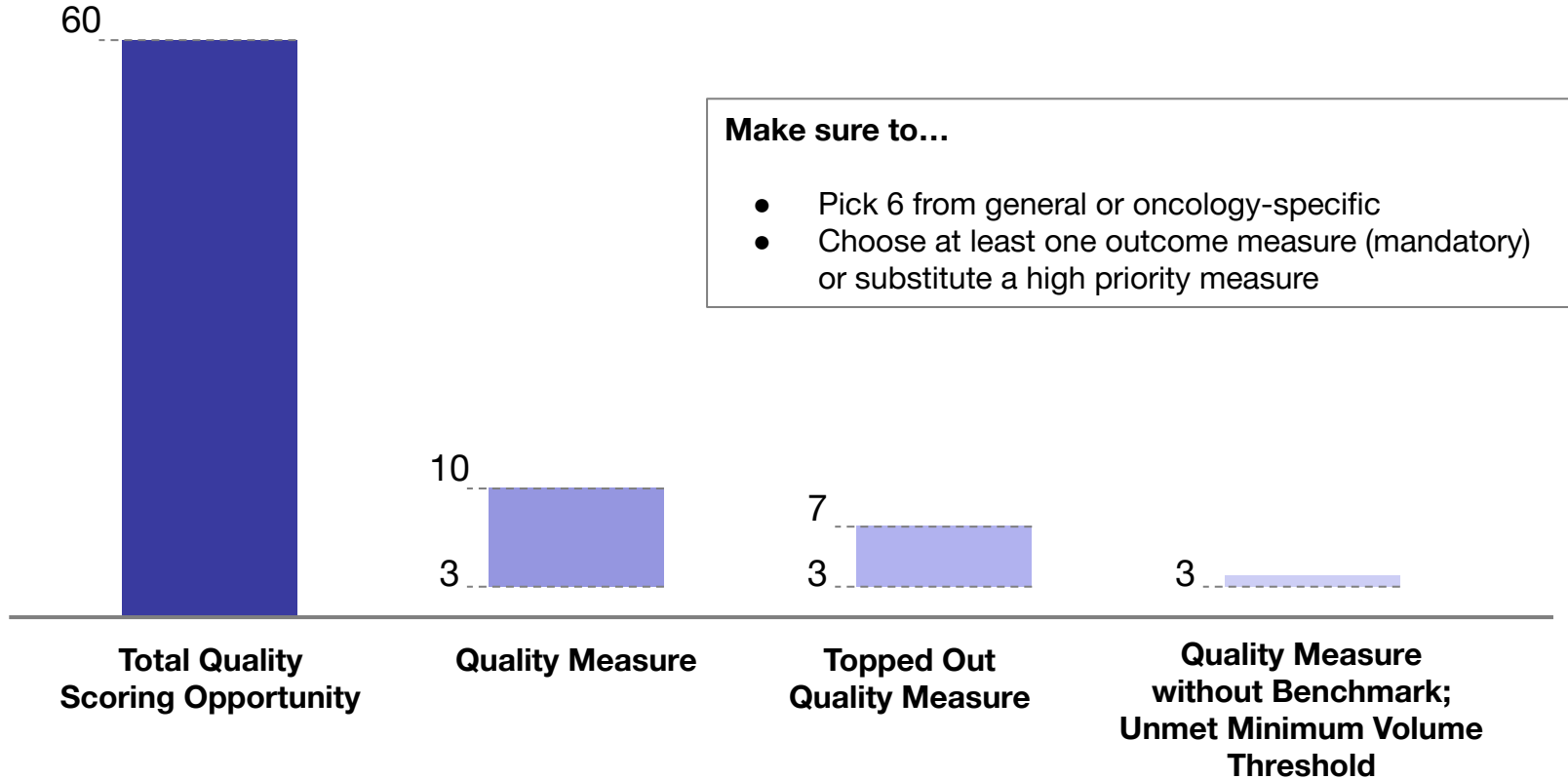
Tips and Tricks: Scoring Exclusions

- An exclusion can be claimed for PI - HIE **Receiving and Incorporating Health Information** based on having **fewer than 100 patients** in the denominator or because the practice was **unable to implement the necessary workflow** in the 2019 Performance Year

HIE Receiving and Incorporating Health Information Exclusion

Point Allocation

	ePrescribing	HIE - Sending Health Information	HIE - Receiving and Incorporating	Provide Patients Electronic Access	Public Health and Clinical Data Exchange	Total
No Exclusion	10	20	20	40	10	100
With Exclusion	10	40	0	40	10	100

Scoring Example

	ePrescribing	HIE - Sending Health Information	HIE - Receiving and Incorporating	Provide Patients Electronic Access	Public Health and Clinical Data Exchange	Total
No Exclusion	10	15	10	35	10	80
With Exclusion	10	30	0	35	10	85

Legend:
- ePrescribing
- HIE - Sending Health Information
- HIE - Receiving and Incorporating
- Provide Patients Electronic Access
- Public Health and Clinical Data Exchange

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Tips and Tricks: Getting Set Up/Onboarding

Make sure to set your quality data completion threshold to 100% if your providers only document in OncoEMR

Completion Threshold

To receive full decile and bonus points for a measure, you must report a minimum of 60% of all eligible patient instances (not just Medicare instances) for that measure. Complete this page to determine the completion threshold for each selected measure.

Instructions:
If you are entering all of the visit data associated with this TIN into MIPSPRO, select "Yes" to the question below. The system will automatically calculate the completion threshold for each measure by dividing the "Completed" instances from the performance page by the "Total" instances from the performance page. The difference between these two numbers is the inclusion of incomplete instances that exist for that measure.

If you are entering less than 100% of the visit data associated with this TIN, you will need to manually enter the total instances for that measure as determined by your billing records and/or EHR reports.

Should you add or remove an instance for any measure after completing the page, the numerator will update for that measure. If the page is showing text fields and any measure has **more** than 100% reporting rate OR has an empty text field, the page will remain "Incomplete." Page must be complete before submission to CMS is allowed.

- Yes
- No

Have you entered 100% of your reporting data into FlatIron?

Measure #	Reporting Frequency	Complete Instances (Numerator)	Total Instances (Denominator)	Reporting Rate
#47	Once per patient per year	4059	4063	99%
#110	Once per patient per year	4054	4054	100%
#111	Once per patient per year	4086	4164	98%
#112	Once per patient per year	2344	2404	97%
#113	Once per patient per year	4036	4042	99%
#130	Every visit	15519	15519	100%
#131	Every visit	15480	15480	100%

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Tips and Tricks: PI Best Practices

Supporting Electronic Referral Loops by Sending Health Information

Patient referrals included in this denominator are <u>any activities ordered in OncoEMR containing "Refer to" or "Referral"</u>.

1. **The clinician ordered a referral activity on the patient's chart and I sent it electronically via the scheduler page. Why is this patient not passing for the measure?**
   a. Ensure that the relevant activity/order is placed for the same date that the electronic referral was sent
   b. If the activity was generated and placed on the patient's chart for 9/3/19, but the referral was not sent until 9/5/19 you need to move the activity to 9/5/19 in order to accurately capture this patient in the numerator.

2. **Do I have to manually add a referral activity to the patient's chart to count for the measure?**
   a. No, it's automatically generated when you send the electronic referral

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Tips and Tricks: PI Best Practices

Supporting Electronic Referral Loops by Receiving & Incorporating Health Information

How do I know which patients I need to complete the reconciliation on?

- A summary of care document was sent to OncoEMR for a new patient, and you merged the information from the "Referrals" tab on the left navigation bar of OncoEMR
  - Only includes documents with the type of "Direct Referral" or "Summary of Care"
- The patient was seen in the practice and billed a new patient office visit code
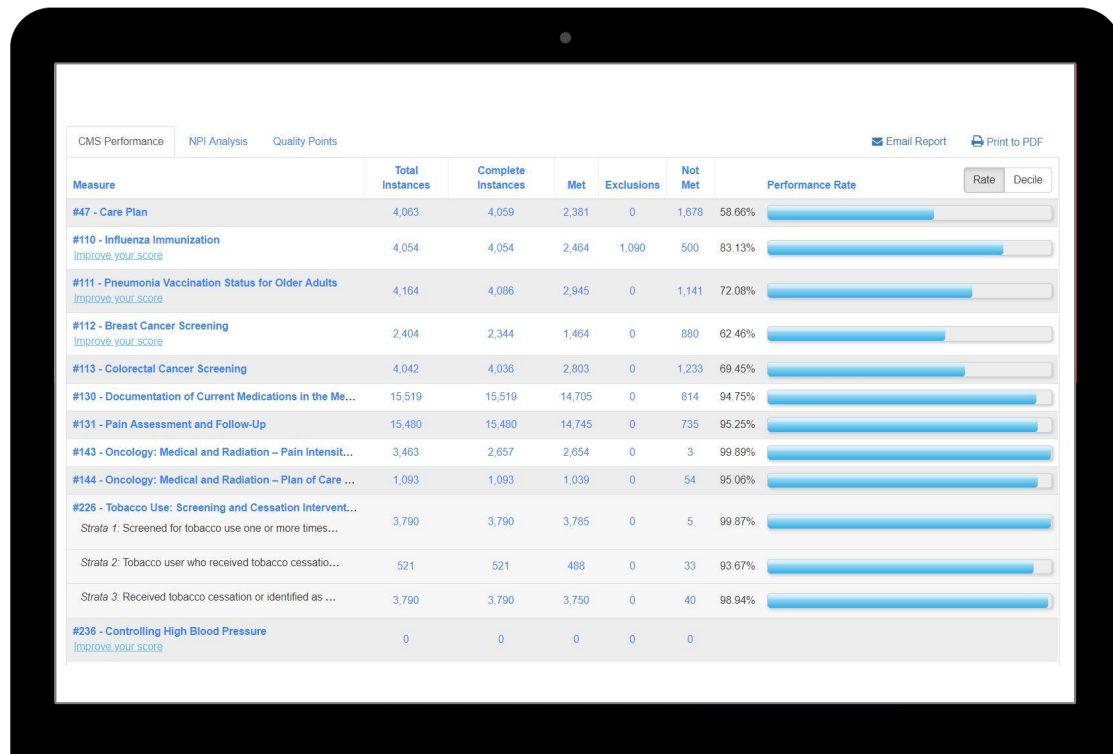
When do I have to do the verification?

- On the date of the patient's first visit (or as soon as possible thereafter) all active allergies, diagnoses (hem/onc and other), and medications need to be verified via the summary page or visit note
- Verification prior to the patient being seen will not count

Tip: to see which patients are included in this measure, run the MIPS 2019 PI Patient List Report biweekly.

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Tips and Tricks: Quality Best Practices

The Quality Performance page in Healthmonix gives you a **high level view** of how your clinicians are performing on each quality measure

To drill down, click on the measure you want to see more information on

Measure	Total Instances	Complete Instances	Met	Exclusions	Not Met	Performance Rate
CMS Performance NPI Analysis Quality Points						✉ Email Report 🖨 Print to PDF
#47 - Care Plan	4,063	4,059	2,381	0	1,678	58.66%
#110 - Influenza Immunization Improve your score	4,054	4,054	2,464	1,090	500	83.13%
#111 - Pneumonia Vaccination Status for Older Adults Improve your score	4,164	4,086	2,945	0	1,141	72.08%
#112 - Breast Cancer Screening Improve your score	2,404	2,344	1,464	0	880	62.46%
#113 - Colorectal Cancer Screening	4,042	4,036	2,803	0	1,233	69.45%
#130 - Documentation of Current Medications in the Me...	15,519	15,519	14,705	0	814	94.75%
#131 - Pain Assessment and Follow-Up	15,480	15,480	14,745	0	735	95.25%
#143 - Oncology: Medical and Radiation – Pain Intensit...	3,463	2,657	2,654	0	3	99.89%
#144 - Oncology: Medical and Radiation – Plan of Care ...	1,093	1,093	1,039	0	54	95.06%
#226 - Tobacco Use: Screening and Cessation Intervent...						
Strata 1: Screened for tobacco use one or more times...	3,790	3,790	3,785	0	5	99.87%
Strata 2: Tobacco user who received tobacco cessatio...	521	521	488	0	33	93.67%
Strata 3: Received tobacco cessation or identified as ...	3,790	3,790	3,750	0	40	98.94%
#236 - Controlling High Blood Pressure Improve your score	0	0	0	0	0	

Rate | Decile

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Tips and Tricks: Quality Best Practices

Visits

Add, edit, and review visits.

Notifications

ⓘ This page lists the raw data entered for each measure and organizes that data by visit. Reporting frequency and specific CMS reporting rules for certain measures are not reflected on this page. To see reporting frequency and reporting rules applied to your raw data, see the performance rate report.

⚠ You have incomplete measures. This can affect your reporting rate. CLICK HERE to filter for incomplete measures.

Filters		Showing 3 of 15,695

Visits Per Page [25 ▼]

Add Visit

Filters	
Patient ID	⊕
Date of Service	⊕
Last Updated Date	⊕
NPI	⊕
Has NPI	⊕
Primary Insurer	⊕
Secondary Insurer	⊕
Measure Status	⊖

143 ▼	Not Met ▼	✖
Visits In Performance Report ▼		

Patient	DOS	Updated	#47	#110	#111	#112	#113	#130	#131	#143	#144	#226	#226 S2
2039563	5/30/2018	10/3/2018	⊘	○	◑	⊘	🟡	✅	🟡	🟡	⊘	◑	◑
2041149	8/7/2018	10/3/2018	◑	◑	🟡	⊘	✅	🟡	🟡	🟡	⊘	◑	◑
2038598	8/10/2018	10/3/2018	◑	◑	✅	⊘	⊘	✅	🟡	🟡	⊘	◑	◑

View Patients   Performance   **Checklist**

Export to Excel ☐ Include patient name

Tips and Tricks: Quality Best Practices

☑ *#143 Oncology: Medical and Radiation – Pain Intensity Quantified*   Clear Answers

1. Did the patient have one of the noted diagnoses of cancer? (Denominator Criteria)

◉ Yes
◯ No

Matched code 'C71.1'

TIP: ICD-10-CM: C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, Read more...

2. Did the patient have one of the noted radiation therapy procedure codes? (Denominator Criteria)

◯ Yes
◉ No

No Code Match

TIP: 77427, 77431, 77432, 77435

NOTE: For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter.

3. Did the patient have one of the noted patient visit encounter codes WITHOUT telehealth modifiers of GQ, GT, 95 or POS 02? (Denominator Criteria)

◉ Yes
◯ No

Matched code '99214'

TIP: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

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Tips and Tricks: Cost

Measures	Case Minimum	Point Allocation
TPCC: Total Per Capita Costs for All Attributed Beneficiaries measure	*20*	*10*
MSPB: Medicare Spending Per Beneficiary measure	*35*	*10*
Elective Outpatient Percutaneous Coronary Intervention (PCI)	*10*	*10*
Knee Arthroplasty	*10*	*10*
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	*10*	*10*
Routine Cataract Removal with Intraocular Lens (IOL) Implantation	*10*	*10*
Screening/Surveillance Colonoscopy	*10*	*10*
Intracranial Hemorrhage or Cerebral Infarction	*20*	*10*
Simple Pneumonia with Hospitalization	*20*	*10*
ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	*20*	*10*

If a practice can only be scored on TPCC and MSPB,
*they are scored out of **20 points** rather than 100 points*

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What's Next?

2020…

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Revenue at Stake

x = scaling factor +
exceptional performance bonus

Policy
Predicted / Actual

4x% 1.88%	5x% 1.68%	7x% 4.69%	9x% 10%+
Performance Year 2017	2018	2019	2020
Payment Year 2019	2020	2021	2022
-4% -4%	-5% -5%	-7% -7%	-9% -9%

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Proposed 2020 Pacing Options
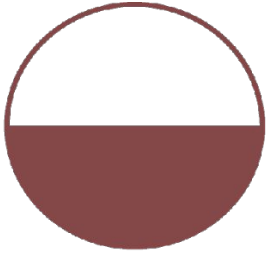
<45 points
Up to -9% Penalty
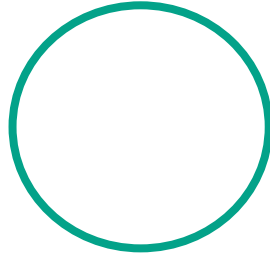
45 points
Penalty Avoidance
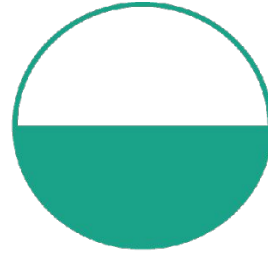
45-84 points
Some Incentive
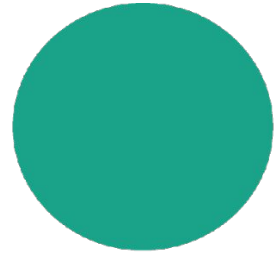
85-100 points
Max Incentive

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Proposed 2020 Performance Category Weights

Improvement Activities — 15%

Quality — 40%

Promoting Interoperability — 25%

Cost — 20%

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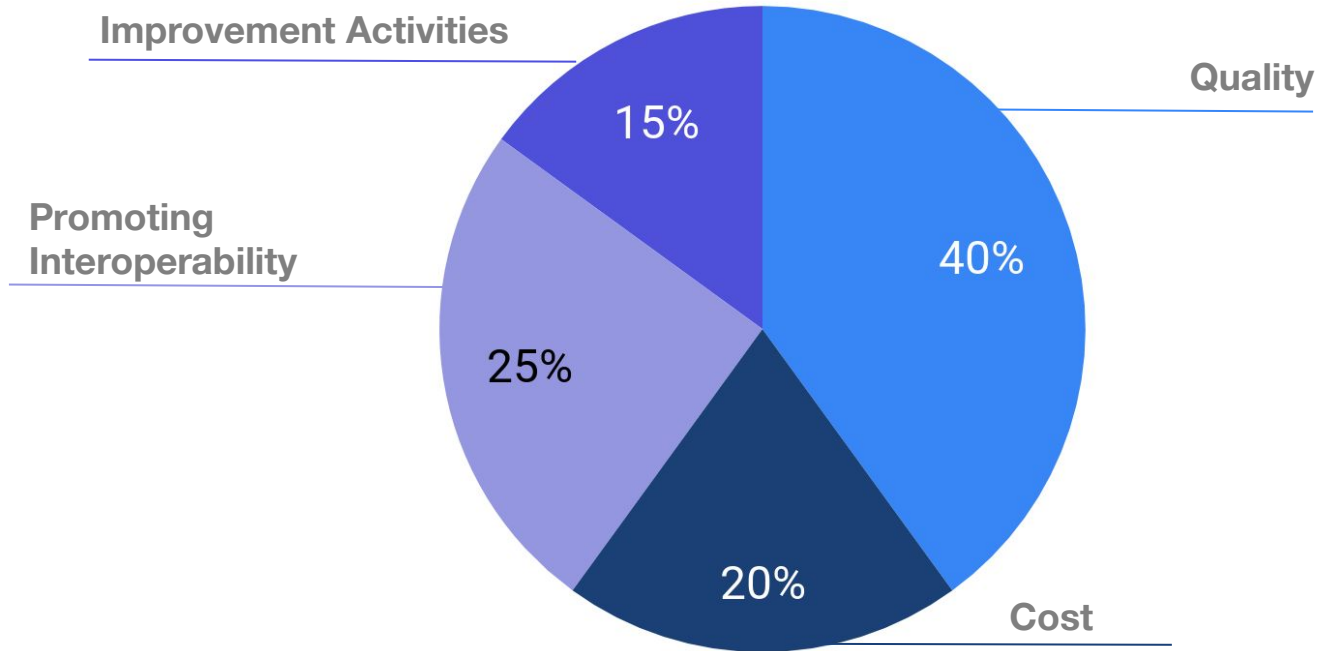
Updates to the Quality Performance Category

40%
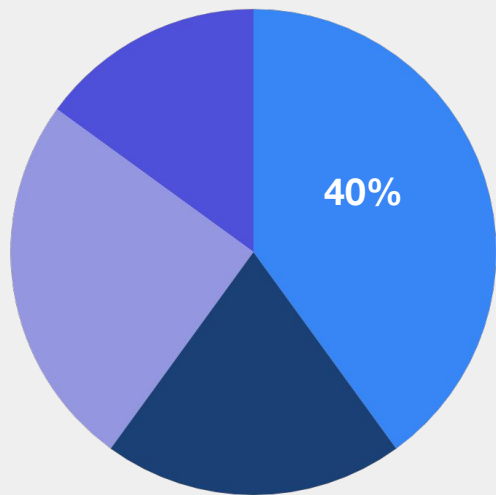
- Report data on at least **70%** of ALL patients seen in 2019 for QCDR measures, MIPS CQMs, and eCQMs.
- That includes ALL payors, not just Medicare
- Practices larger than 15 providers CANNOT report via claims

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Promoting Interoperability Reporting Requirement Basics

25%
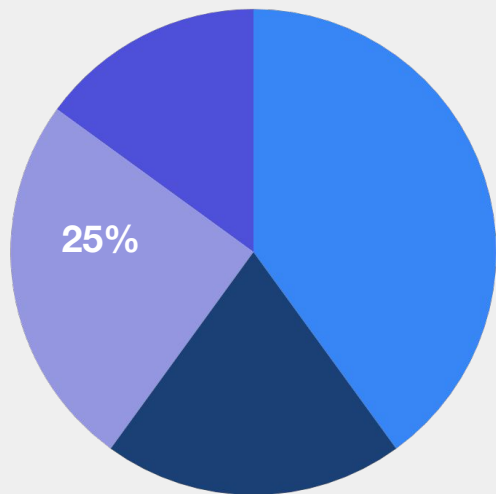
- 90-day minimum reporting period
- 2015 Certified EHR Technology is required
- Performance-based scoring
- PI Measures can be tracked and submitted through MIPSPRO
- Bonus Measure Changes:
  Query of PDMP will be attestation measure
 Verify opioid treatment agreement deprecates

Updates to the IA Performance Category

15%
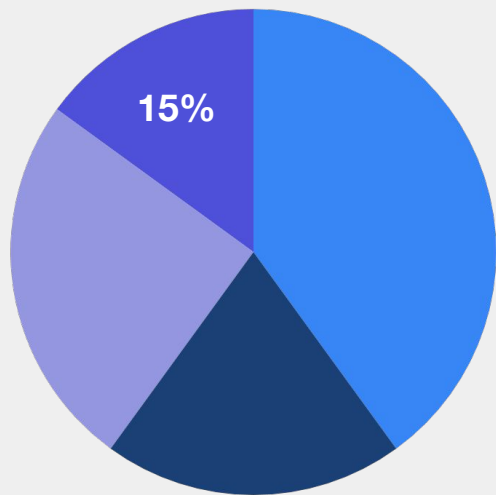
Requirement when reporting as a group:

- Group / virtual group would be able to attest to an improvement activity when > 50% of MIPS ECs (in the group or virtual group) participate in or perform the activity
- > 50% of a group's NPIs must perform the same activity for the same continuous 90 days in the performance period

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Updates to the Cost Performance Category
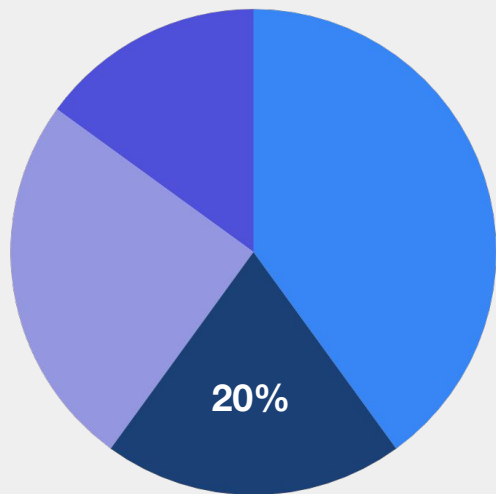
- MSPB and Total Per Capita Cost measures have been revised.
- 10 new episode-based cost measures, for a total of 18, for those who may qualify.

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End of year timelines

September 2019
Sign up with Healthmonix for 2020 reporting period

October 3, 2019
Beginning of last 90 day period for reporting PI Measures

January 31, 2020
Last day to sign up with Healthmonix to report 2019 data

February 15, 2020
Flatiron-recommended reporting deadline (final guaranteed support)

March 31, 2020
CMS-mandated reporting deadline

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Questions

Healthmonix Contact Information

<u>Getting Started</u>

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