2017 Merit-based Incentive Payment System

Avoiding the Penalty

American Urological Association

Advancing Urology™

What is the Quality Reporting Program?

- Quality Payment Program (also known as MACRA)
  - Advanced Alternative Payment Models (APMs)
  - Merit-based Incentive Payment System (MIPS)
    - Quality
    - Advancing Care Information
    - Improvement Activities
    - Cost
  - We will focus on MIPS.

2017 Option: Pick Your Pace

CMS will allow you to Pick Your Pace. The choices are:

- Test - Submit a minimal amount of data for any QPP program (Quality, Improvement Activities, and Advancing Care Information) and you will avoid the penalty.
- Partial – Submit at least 90 days of data for at least 1 QPP program, and you will avoid the penalty and possibly earn a small incentive.
- Full – Submit a full year of data and possibly earn an incentive (2017 incentive range from 0 to +4%).

See the AUA website for a previous webinar on Pick Your Pace.

What Pace to Pick?

To initially get started, you may want to select the test mode. Here you must show CMS that you have taken some action, and this will allow you to avoid the penalty. Today we will explain what you need to do to fulfill the Test requirements and avoid the MIPS penalty.

How Should I Report?

The AUA has reviewed all of the options providers have to show they are participating and we have determined that using Quality reporting is the simplest and most efficient way. Quality reporting is basically CMS's old Physician Quality Reporting System (PQRS) by a different name. Using this method will not require that you invest in additional resources and you should be able to claim credit for services you are already providing. You will need to submit information noting that you completed one measure for one patient. You may want to submit data on a couple of patients just to be safe but that is your choice.

What Is a Measure?

CMS uses measures to assess the care provided to patients. A measure is simply a way to evaluate your performance in treating a patient for a particular condition. The care is calculated using a fraction.

Numerator (patients receiving specific services - which services to report)

Denominator (patient population of interest - which patients to report)

Understanding a Measure

- Let's look at a measure in detail. We'll use Measure 48 (The assessment of presence or absence of incontinence in women aged 65 years and older) as an example.
- The description from the CMS specifications (on the next several slides) defines the denominator of this measure. For Measure #48, only those female patients 65 or older seen for an Evaluation and Management visit on the list shown are counted in the denominator. So if you see this patient but do not bill her on a claim for a new or established office visit, then do not count her in the Measure #48 denominator. For example, a female patient who has previously suffered from a urinary tract infection who is just dropping off a specimen and does not see a provider, would not fall into the denominator population for that particular activity.
- The numerator describes what service must be provided to the patients who fall into the denominator in order to report the necessary Quality Data code. So for Measure 48, you are reporting whether or not you assessed the patient for urinary incontinence. <u>You are not concerned with the diagnosis.</u>

Understanding a Measure

Measure #48 (NQF 0098): Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

DESCRIPTION:
Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months

NUMERATOR [Patients who were assessed for the presence or absence of urinary incontinence within 12 months]

DENOMINATOR [All female patients aged ≥ 65 years on date of encounter **who had a applicable patient encounter during the reporting period (CPT or HCPCS):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402]

Understanding a Measure

- Moving on, let's look at the Quality Data Codes (QDC) you would use in this case. For measure 48, there are three options of numerator codes to use:
  - 1090F - you did a urinary incontinence assessment
  - 1090F hyphen 1P which indicates that there was a medical reason why you did not do the assessment.
  - 1090F hyphen 8P - indicates that you did not do the assessment and you do not have documentation of any reason.
- Be careful when you use a modifier. You will not get credit for the measure if you use the 8P modifier, and it is best to check with CMS on each measure before using a 1P modifier. They will accept it for some measures but not all. For the purposes of satisfying 2017 MIPS reporting, you should avoid a measure where you think a modifier is necessary.

Understanding a Measure

Measure #48 (NQF 0098): Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Presence or Absence of Urinary Incontinence Assessed

CPT II 1090F: Presence or absence of urinary incontinence assessed

OR

Presence or Absence of Urinary Incontinence not Assessed for Medical Reasons

Append a modifier (**1P**) to CPT Category II code **1090F** to report documented circumstances that appropriately exclude patients from the denominator.

1090F *with* 1P: Documentation of medical reason(s) for not assessing for the presence or absence of urinary incontinence

OR

Presence or Absence of Urinary Incontinence not Assessed, Reason not Otherwise Specified

Append a reporting modifier (**8P**) to CPT Category II code **1090F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

1090F *with* 8P: Presence or absence of urinary incontinence **not** assessed, reason not otherwise specified

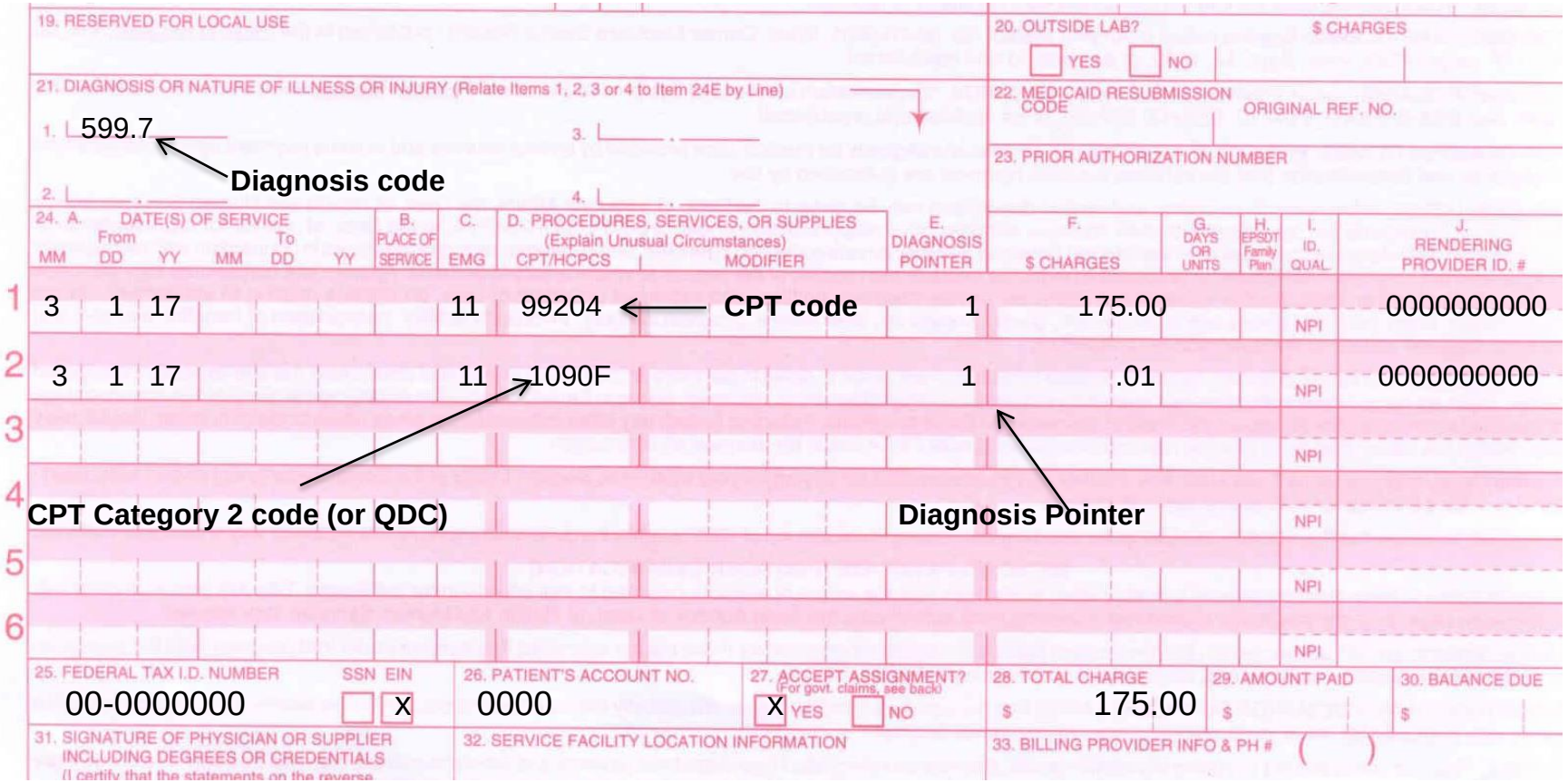
Measure Reporting

- Now let's report Measure 48 in order to complete MIPS reporting for 2017. We recommend that you submit through claims reporting. You will submit this information when you submit your normal Medicare claims.
- You could use another reporting method (such as a registry or EHR reporting), but these involve obtaining other resources. If you are starting to report after December 31, 2017, you will need to explore these options.
- We are going to use a 1500 form for this example, but you do not need to report via the form. As long as the proper Quality Data codes accompany your typical submissions, CMS will give you credit. If you have any questions about that, reach out to CMS. Contact information will be available later in the presentation.

Measure Reporting

- Through the form on the next slide we see:
- This patient came in for a new visit and was diagnosed with a urinary tract infection.
  - The 1090F code lets CMS know the patient was assessed for the presence or absence of urinary incontinence (which is Measure 48).
- That is all you need to do. By adding the Quality Data code of 1090F, you've shown CMS that you are participating in MIPS. They'll give you credit and you won't incur the 4% penalty for not participating.
- You only need to report 1 measure for 1 patient in 2017 the requirements, but you may want to report a handful of patients –just to be safe.

Measure Reporting



Which Measure Should I Use?

Measure 48 is just one of the nearly 300 Quality measures from which to choose. We realize that can be a little overwhelming; so, the AUA has reviewed these measures and established a list of the ones we think are most appropriate for urologists to use. The list on the next slide is available on the AUA website. We will warn you now: there are not a lot of urology-focused measures in MIPS. So many of the measures on the AUA's list are more general. However, they are services which many practices tell us they provide. Of course, you are free to select the measures that are most appropriate for your particular practice.

Quality Measures Recommended by the AUA for Use in 2017

23	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients)
46	Medication Reconciliation
47	Advance Care Plan
48	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
50	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
104	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
110	Preventive Care and Screening: Influenza Immunization
113	Preventive Care and Screening: Colorectal Cancer Screening
119	Diabetes Mellitus: Medical Attention for Nephropathy
122	Adult Kidney Disease: Blood Pressure Management
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
130	Documentation of Current Medications in the Medical Record
131	Pain Assessment and Follow-UP
143	Oncology: Medical and Radiation - Pain Intensity Qualified
144	Oncology: Medical and Radiation - Plan of Care for Pain
145	Oncology: Medical and Radiation - Exposure Time Reported for Procedures Using Fluoroscopy
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
236	Controlling High Blood Pressure
238	Use of High-Risk Medications in the Elderly
265*	Biopsy Follow-Up
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
358	Patient-Centerd Surgical Risk Assessment and Communication
408	Opioid Therapy Follow-up Evaluation
412	Documentation of Signed Opioid Treatment Agreement
414	Evaluation or Interview for Risk of Opiod Misue
422	Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury
428	Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence
429	Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy
431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
432	Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair
433	Proportion of Patients Sustaining a Major Viscus Injury at the Time of any Pelvic Organ Prolapse Repair
434	Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair
436	Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques

Which Measure to Use?

- You will need to determine which measure is something that you typically do and then find a couple of patients to whom the measure applies.
- For example, you might choose documentation of current medications in the medical record (measure 130). That could apply to nearly any Medicare patient you see. So, it is just a matter of performing the service, noting it in the patient chart, and submitting the appropriate code or codes to CMS.
- Make sure you read the measure specifications before you begin. You must ensure that the patient qualifies for a measure and that you complete all the requirements. All of this is spelled out in the specifications. This information is available on the AUA website in the Quality Reporting Toolkit.

Helpful AUA Tools

AUA Resources: the QPP page (www.AUAnet.org/QPP) and the Quality Reporting Toolkit (http://www.auanet.org/practice-resources/accreditations-and-reporting/2017-quality-reporting-program)

January 17 – AUA MIPS Webinar featuring CMS Experts register at Quality@AUAnet.org

Feel free to contact the AUA with any questions at Quality@AUAnet.org or 410-689-3925.

Also check out:
CMS QPP Page: https://qpp.cms.gov/
CMS QPP Help Desk : 866-288-8292 or qpp@cms.hhs.gov