

ASPS Qualified Clinical Data Registry (QCDR) Webinar



Agenda

- MIPS Overview
 - Minimum Points to Avoid the Penalty
 - Requirements for using a QCDR
- QCDR Module
 - Dashboard
 - Quality (50% of MIPS Score)
 - Case Entry
 - Quality Dashboard
 - Promoting Interoperability (PI)
 - Improvement Activities (IA)
 - Viewing your Score
- TOPS
 - Case Entry
 - How to Send Cases to the QCDR Module for MIPS Reporting

MIPS Payment Adjustments

- Merit-Based Incentive Payment System (MIPS) replaces three former CMS programs and adds one new component:
 - PQRS is now the Quality component of MIPS (50% in 2018)
 - EHR Incentive (Meaningful Use) is now the Promoting Interoperability (PI) component (25% in 2018)
 - Value Based Modifier is now the Cost component (10% in 2018- CMS will determine by claims)
 - Improvement Activities (IA)- new component started in 2017 (15% in 2018)

MACRA/MIPS Proposed Rule 2018: Impact on Quality



- Eligibility criteria dramatically increased.
 - Must bill > \$90,000 in Part B charges AND
 - Must see > 200 Part B beneficiaries
 - Exempt if either of the above do not apply
- 2019 doesn't change much
 - Adds a 3rd category for >200 covered services
 - Adds an "opt in" option, if you meet any of the above criteria

MACRA/MIPS Final Rule 2017: Impact on Quality



- 2017 was a “Pick Your Pace” year:
 - Needed 3 points to avoid the penalty which was easy to achieve
- 2018
 - Need 15 points to avoid the penalty
 - Still relatively easy to achieve for small practices
 - Can report 2 medium weight Improvement Activities(IA) or 1 high weight IA
 - Can report 5 quality measures with a minimum # of cases
- 2019
 - Need 30 points to avoid the penalty
 - Will need to report in 2 categories

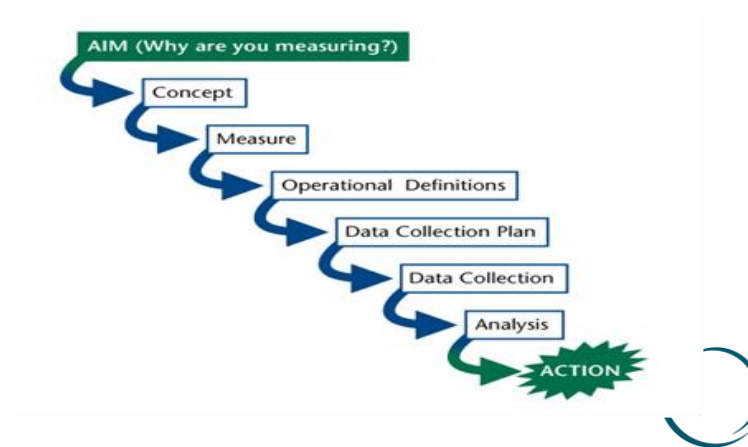
How ASPS Will Help

**American Society
of Plastic Surgeons**



ASPS QCDR MIPS Measures Available

- Perioperative Measures (stewarded) (2)
- Additional MIPS Measures (25) including those from Plastic Surgery Measure Set



ASPS Non-MIPS (QCDR) Measures Available

- These measures are only available in the ASPS QCDR
 - Breast Reconstruction (7 measures)
 - Breast Reconstruction: Return to OR**
 - Breast Reconstruction: Flap Loss**
 - Rate of Blood Transfusion for Patients Undergoing Autologous Breast Reconstruction**
 - Coordination of Care for Patients Undergoing Breast Reconstruction**
 - Length of Stay Following Autologous Breast Reconstruction**
 - Patient Satisfaction with Information Provided during Breast Reconstruction**
 - Operative Time for Autologous Breast Reconstruction**

ASPS Non-MIPS (QCDR) Measures Available

- These measures are only available in the ASPS QCDR
 - Panniculectomy (4 measures)
 - Unplanned hospital admission after panniculectomy**
 - Wound disruption rate after primary panniculectomy in patients with BMI \geq 35**
 - Wound disruption rate after primary panniculectomy in patients with BMI $<$ 35**
 - Seroma rate after primary panniculectomy**
 - Wound Care (1 measure)
 - Adequate Offloading for Diabetic Foot Ulcer (licensed from the US Wound Registry)

QCDR Requirements

- Full Participation:
 - Quality (50% of MIPS Score)
 - Report at least 6 measures for the full year
 - Report on 60% of your patients for whom the measure applies, regardless of payer
 - This is the requirement for QCDRs and Qualified Registries (QRs) this year
 - Only claims reporting is limited to 60% of Medicare Part B patients
 - There is a minimum requirement of 20 cases for all measures
 - Measures are worth 3-10 points depending on performance compared to the benchmark.

QCDR Requirements (con't)

- Promoting Interoperability (PI) (25% of MIPS Score)
 - Report at least the base/core measures for your CEHRT year (2014 or 2015)
 - Earn bonus points for reporting additional measures
 - Hospital-based clinicians (those with 75% or more of their billing from their hospital), PAs, and NPs are exempt from PI and will have this category automatically re-weighted to Quality (making Quality 75% of the score)
 - New in 2018- Small Practice Exemption- apply at qpp.cms.gov by Dec 31

QCDR Requirements (con't)

- Full Participation:
 - Improvement Activities (15% of MIPS Score)
 - Attest to 2 medium weight or 1 high weight activity for 90 days for practices with 15 or fewer clinicians
 - Attest to 4 medium weight or 2 high weight activity for 90 days for practices with greater than 15 clinicians

QCDR Requirements (con't)

- Cost (10% of MIPS score)
 - **Medicare Spending Per Beneficiary (MSPB)**
 - Assesses the average spend for Medicare services performed by providers/groups per episode of care. Each episode comprises the period immediately prior to, during, and following a patient's hospital stay. Min: 35 cases
 - **Total Per Capita Costs (TPCC)**
 - The Total Per Capita Costs (TPCC) measure is a payment-standardized, annualized, risk-adjusted, and specialty-adjusted measure that evaluates the overall efficiency of care provided to beneficiaries attributed to solo practitioners and groups, as identified by their Medicare Taxpayer Identification Number (TIN)
Min: 20 cases

Cost to Use the QCDR

- There is no cost to enter data; we only charge you once you submit data to CMS.
- The pricing structure for submitting data will be as follows:
 - **TOPS** users who enter at least one month of cases: \$199 per member for all your MIPS reporting
 - QCDR users not in TOPS- members*: \$299 per member for all your MIPS reporting
 - QCDR users not in TOPS- non-members: \$499 per non-member for all your MIPS reporting
 - QCDR stand-alone users for Promoting Interoperability (PI) only (not Quality or IA): \$99
 - QCDR stand-alone users for Improvement Activities (IA) only (not Quality or PI): \$99
 - QCDR stand-alone users for PI and IA only (not Quality): \$198

**Affiliate members of the ASPS will receive QCDR member pricing. Affiliate members are not eligible for TOPS participation at present.*



AMERICAN SOCIETY OF
PLASTIC SURGEONS®



THE PLASTIC SURGERY
FOUNDATION™

FYI...

- Visit plasticsurgery.org/qcdr to find How-to guides, measures, IAs, scoring information, and important dates
- Contact quality@plasticsurgery.org or Caryn at 847-228-3349 with any questions
- Visit qpp.cms.gov for more information on MIPS