MACRA/MIPS Quality Reporting for Plastic Surgeons 2020

MACRA/MIPS Rule 2020

- Eligibility criteria:
  - Must bill $\geq$ $90,000 in Part B charges AND
  - Must see $\geq$ 200 Part B beneficiaries
  - Must perform $\geq$ 200 Covered Services
  - Check at qpp.cms.gov
  - Exempt if any of the above do not apply
- Important to evaluate your eligibility status and continue to be aware of applicable MIPS and ASPS QCDR quality measures
- 9% Penalties in 2022 based on 2020 reporting
- Can opt in if meet any of the criteria; once you opt in, you are subject to penalty or incentive

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MIPS Components

- Merit-Based Incentive Payment System (MIPS) Components by Weight
  - Quality - **45%** in 2020
  - Promoting Interoperability (formerly EHR Incentive/Meaningful Use)- **25%** in 2020
  - Improvement Activities (IA)- **15%** in 2020
  - Cost -**15%** in 2020- CMS will determine by claims- no reporting needed
- **NEED TO EARN 45 POINTS TO AVOID 9% PENALTY IN 2020**

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MIPS Eligible Clinicians

- Physicians
- Physician Assistants
- Nurse Practitioners

Are all eligible clinician types and must check their status or face potential penalty

Generally exempt first year in Medicare

Can report as individuals or as a group

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Special Status Reduces Reporting Requirements

- Small practices (15 or fewer clinicians) are special
  - Able to get exemption for PI category- MUST FILE APPLICATION BY DEC 31 at QPP.CMS.GOV
  - Able to get a 6 point bonus in quality after reporting 1 measure
  - Able to score 3 points for minimal data reported on measures

Reporting Requirements

- Must earn 45 points to avoid the 9% penalty
  - Can report IA category to earn 15 points
  - Can report PI category if have a certified EHR to earn 25 points or apply for exemption to reweight points to Quality
  - **Can report 6 quality measures with 70% of cases that meet the measure to earn as close to 60 Quality points as possible**
    - **In 2021, you will need 60 points to avoid the penalty- best to start now**

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Reporting Requirements

- For minimal reporting, can report 6 quality measures to earn 24 quality points (6x3= 18 + 6 point bonus for small practice) = 24
  - This is weighted at 45%, so it's (24/60) * 45 = 18 MIPS points without PI exemption
  - If hardship exemption for PI is granted, then this is (24/60) * 70 = 28 MIPS points
  - 28 + 15 = 43 MIPS points, leaving you just short
    - Earn at least 2 cost points (hard to know)
    - Or hope that cost is re-weighted to Quality, making this (24/60) * 85 = 34 MIPS points
    - If know HCC risk scores or see any dual eligible, may get up to 5 bonus points for seeing complex patients
    - **Earn more than the minimum 3 points on at least 1 or 2 quality measures**

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Minimum Requirements by Category

- **Quality:**
  - Need to select 6 measures including one Outcome or High-Priority measure
  - 3-point floor for small practices with or without benchmarks (1 point for large practices without benchmarks or not meeting case minimum)
  - Need 70% of cases for whom the measure(s) apply with a minimum of 20 cases per measure to score more than 3 points; large practices score 0 points if they do not meet data completeness
  - Can earn 1 bonus point for additional high priority measures up to 6
  - Bonus for end to end reporting (using EHR for automatic data reporting) 1 point per measure

- **Improvement Activities**
  - 15% of Final Score
  - 105 Activities available
  - High Weighted=20 points for large practice; 40 points for small practice
  - Medium Weighted=10 points for large practice; 20 points for small practice
  - Report 1 high weight or 2 medium for small practice (double for large practice)
  - Simple Attestation Required
  - Documentation should be retained in practice for audit; QCDRs will be auditing in 2020

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Promoting Interoperability

- Application for hardship exemption for small practices (15 or fewer clinicians)-deadline December 31
  - Apply if you do not have a 2015 certified EHR
  - Apply even if you do just in case (still time for 2019!)
    - CMS will disregard exemption if data are submitted
- Security Risk Analysis- required but 0 points
- Score points for each measure, earn bonus for query of prescription drug monitoring program or claim exemptions where relevant
- Total of 25 MIPS points

ASPS Qualified Clinical Data Registry

Qualified Clinical Data Registry (QCDR)

- CMS approved preferred entity that collects clinical data on behalf of eligible clinicians
- Includes MIPS and plastic surgery specific measures
- Reporting period is one calendar year
- CMS reserves the right to audit so documentation should be maintained by clinician

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CMS Approved 2020 QCDR Measure Portfolio

Measure	Description
US Wound Registry 1	Adequate Off-loading of Diabetic Foot Ulcer at each visit
US Wound Registry 2	Diabetic Foot Ulcer (DFU) Healing or Closure
US Wound Registry 6	Venous Leg Ulcer (VLU) outcome measure: Healing or Closure
ASPS 5	Breast Reconstruction: Return to OR
ASPS 7	Rate of Blood Transfusion for Patients Undergoing Autologous Breast Reconstruction
ASPS 8	Coordination of Care for Patients Undergoing Breast Reconstruction
ASPS 9	Length of Stay Following Autologous Breast Reconstruction
ASPS 10	Patient Satisfaction with Information Provided during Breast Reconstruction
ASPS 16	Airway assessment for patients undergoing rhinoplasty
ASPS 17	Patient satisfaction with rhinoplasty procedure
ASPS 18	Shared decision making for postoperative management of discomfort following rhinoplasty
ASPS 21	Continuation of Anticoagulation Therapy in the Office-based Setting for Reconstruction After Skin Cancer Resection Procedures
ASPS 22	Coordination of Care for Anticoagulated Patients Undergoing Reconstruction After Skin Cancer Resection
ASPS 23	Avoidance of Opioid Prescriptions for Reconstruction After Skin Cancer Resection
ASPS 24	Visits to the ER or Urgent Care Following Reconstruction After Skin Cancer Resection
ASPS 25	Avoidance of Post-operative Systemic Antibiotics for Office-based Reconstruction After Skin Cancer Resection Procedures
ASPS 26	Patient Satisfaction with Information Prior to Facial Reconstruction After Skin Cancer Resection Procedures
ACMS 2	Closing the Mohs Surgery Referral Loop: Transmission of Surgical Report

Reconstruction After Skin Cancer Resection Measures

- ASPS convened a multi-disciplinary work group
  - Plastic Surgeons
  - Dermatologic Surgeons
  - Mohs Surgeons
  - Dermatologists
  - ENTs
  - Facial Plastic Surgeons
  - Patients
- CMS approved 6 measures and we licensed one from ACMS
- Reconstruction After Skin Cancer Resection (RASCR) is defined (in the guideline approved in early 2019, to be published in 2020) as procedures involving flaps, grafts, or tissue rearrangements, not simple or complex closures.
  - Different measures may have a subset of these procedures

Anatomy of a Measure

Numerator

Unit of Measurement + Clinical Action / Outcome of Interest

Measure = ―――――――――――――――

Eligible Population - Applied Exceptions

Denominator

Exceptions are taken out of the denominator

Exclusions are taken out of the denominator before the measure is calculated

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Exclusions vs Exceptions

- Exclusions
  - Applied uniformly across patient population to remove an entire group of patients
  - Removed from denominator before considering numerator action
  - Applied to patients for whom the measure focus would not be appropriate
- Exceptions
  - Patients included in denominator for whom a particular numerator action may not apply
  - Only apply to denominator patients who fail to meet the numerator
  - Allows clinical judgment & individual patient characteristics to be factored into quality measurement
  - Applied on a case-by-case basis

ASPS 21- Continuation of Anticoagulation Therapy in the Office-based Setting for Reconstruction After Skin Cancer Resection Procedures

- This measure applies only to cases in the office-based setting, billed with place of service code 11
- The denominator criteria are:
  - Patients aged 18 and older
  - Any CPT code in this list: 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061;15050, 15100,15120; 15200, 15220, 15240, 15260; 15570, 15572, 15574, 15576; 15740; 40525, 40527
  - Any ICD-10 code in this list: C43-C44; D03-D04
- The numerator (action of interest) is to continue anticoagulation therapy
- There is one exception to this measure:
  - Medical reason exceptions such as medication modification recommended by another or managing physician

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ASPS 22- Coordination of Care for Anticoagulated Patients Undergoing Reconstruction After Skin Cancer Resection

- This measure applies to cases in any setting, for all types of reconstruction with flaps, grafts, or tissue rearrangements (codes in red are in this measure, but not ASPS 21)
- It is reported only when ASPS 21 is not
- The denominator criteria are:
  - Patients aged 18 and older
  - Any CPT code in this list: 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061; 14301, 14350; 15050; 15100,15120; 15200, 15220, 15240, 15260; 15570, 15572, 15574, 15576; 15730; 15731; 15733; 15740, 15760; 40525, 40527; 67971, 67973, 67974, 67975
  - Any ICD-10 code in this list: C43-C44; D03-D04
  - Pre-operative modification to the anticoagulant regimen (bridging or stopping)
- The numerator (action of interest) is to document coordinated care (defined as a discussion with the physician currently managing the anticoagulation therapy)
- There is one exception to this measure:
  - Patient reason exceptions such as: patients who choose to stop therapy on their own or by other physician recommendation, who do not have a current physician managing their medication

ASPS 23- Avoidance of Opioid Prescriptions for Reconstruction After Skin Cancer Resection

- This measure applies to cases in any setting, for a subset of reconstruction with flaps, grafts, or tissue rearrangements

- The denominator criteria are:
  - Patients aged 18 and older
  - Any CPT code in this list: 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061; 14301, 14350; 15050; 15100,15120; 15200, 15220, 15240, 15260; 15570, 15572, 15574, 15576; 15730; 15740, 15760; 67971, 67973, 67974, 67975
  - Any ICD-10 code in this list: C43-C44; D03-D04

- The numerator (action of interest) tracks prescriptions given for opioid or narcotic medications as first line treatment (defined by a prescription in anticipation of or at the time of surgery) for post-operative pain management by the reconstructing surgeon.
  - This is an inverse measure, so the goal is to NOT meet the numerator
  - The list of narcotic medications is specific: morphine, oxycodone, fentanyl, oxymorphone, hydromorphone, buprenorphine, meperidine, codeine, butorphanol, tramadol, levorphanol, sufentanil, pentazocine, tapentadol, hydrocodone

- There is one exception to this measure:
  - Medical reason exception for patients who cannot take non-opioid pain medications (patients with chronic kidney disease, COPD, allergy to non-steroidal anti-inflammatory medications and acetaminophen or documented contraindication to non-steroidal anti-inflammatory medications and acetaminophen, cirrhosis/liver disease)

ASPS 24- Visits to the ER or Urgent Care Following Reconstruction After Skin Cancer Resection

- This measure applies to cases in any setting, for all types of reconstruction with flaps, grafts, or tissue rearrangements
- This measure has 2 parts-
  - The first asks you to contact the patient within 30 days of their procedure (via follow-up visit or phone or secure messaging) to ask whether they had visited the ER or Urgent Care within 7 days of surgery for a reason related to their RASCR surgery
  - The second part tracks the number of cases who did visit the ER or Urgent Care within 7 days of surgery for a reason related to their RASCR surgery
- The denominator criteria are:
  - Patients aged 18 and older
  - Any CPT code in this list: 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061; 14301, 14350; 15050; 15100,15120; 15200, 15220, 15240, 15260; 15570, 15572, 15574, 15576; 15730; 15731; 15733; 15740, 15760; 40525, 40527; 67971, 67973, 67974, 67975
  - Any ICD-10 code in this list: C43-C44; D03-D04
  - **For Part 2 ONLY-** Patients contacted within 30 days of their procedure to determine whether they visited the ER or Urgent Care within 7 days of their procedure for a reason related to the reconstruction after skin cancer resection surgery
- The numerator (action of interest) is the number of patients who visited the ER or Urgent Care within 7 days of surgery for a reason related to their RASCR surgery
- There are no exceptions or exclusions for this measure

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ASPS 25-Avoidance of Post-operative Systemic Antibiotics for Office-based Reconstruction After Skin Cancer Resection Procedures

- This measure applies only to cases in the office-based setting, billed with place of service code 11
- The denominator criteria are:
  - Patients aged 18 and older
  - Any CPT code in this list: 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061;15050, 15100,15120; 15200, 15220, 15240, 15260; 15570, 15572, 15574, 15576; 15740; 40525, 40527
  - Any ICD-10 code in this list: C43-C44; D03-D04
- The numerator (action of interest) is prescriptions for post-operative systemic antibiotics to be taken immediately following surgery
  - This is an inverse measure, so the goal is to NOT meet the numerator

ASPS 25- con't

- There are exclusions and exceptions to this measure
  - Exclusions to this measure (exclusions are removed before the denominator is calculated):
    - Skin cancer on lower legs, for which procedures have a higher risk of infection.
      - ICD-10 Codes: BCC – C44.711, C44.712, C44.719; SCC – C44.721, C44.722, C44.729; MM – C43.70, C43.71, C43.72; MMIS – D03.70, D03.71, D03.72; SCCIS – D04.70, D04.71, D04.72
    - Cartilage grafts: 21230, 21235, 20910, 20912
  - There is one exception to this measure:
    - Medical reason exceptions include patients with a history of:
      - Lymphedema I89.0, I89.1, I89.8, I89.9
      - History of immunosuppressive medications Z92.24
      - Immunodeficiency syndromes D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9; HIV B20
      - Antibiotics currently being taken for another reason (listed in documentation of current medications)
      - Clinical evidence of infection at the surgical site at time of reconstruction

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ASPS 26-Patient Satisfaction with Information Prior to Facial Reconstruction After Skin Cancer Resection Procedures

- This measure applies to cases in any setting, for all facial reconstruction with flaps, grafts, or tissue rearrangements
- The denominator criteria are:
  - Patients aged 18 and older
  - Any CPT code in this list: 14040, 14041, 14060, 14061;15120; 15240, 15260; 40525, 40527; 67971-67975
  - Any ICD-10 code in this list: C43-C44; D03-D04
- The numerator (action of interest) is patients who responded to the Face -Q Satisfaction With Information: Appearance Module within 60 days and scored 15 (52%) or higher or if scored lower than 15 (52%) there is documentation of a call to the patient within 30 days
- There is one exception to this measure
  - Patient reason exceptions such as patient refusal to complete the survey.
- This is an outcome measure

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ASPS 26- con't

FACE-Q SKIN CANCER MODULE™ – SATISFACTION WITH INFORMATION: APPEARANCE

For each question circle only one answer. These questions ask about the information you received from your medical team (e.g., surgeon, clinic nurse) about your most recent skin cancer treatment. How satisfied or dissatisfied were you with the information you received in relation to the following:

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
1. How your appearance would change?	1	2	3	4
2. What your face would look like once you were fully healed?	1	2	3	4
3. That your scar(s) would change over time?	1	2	3	4
4. How long it would take for your scar(s) to fade?	1	2	3	4
5. What your scar(s) would look like?	1	2	3	4
6. Options to help with scarring?	1	2	3	4

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Note to Investigators: This scale can be used independently of the other scales.

This survey should be given and completed within 60 days of the procedure; if the score is lower than 15, the provider must call the patient or discuss at a follow-up visit within 30 days of completion and document that discussion

ACMS 2- Closing the Referral Loop: Transmission of Specialist Report

- This measure applies to cases in any setting
- The denominator criteria are:
  - Criteria 1:
    - CPT coding: 17311 or 17313
    - AND Patient was referred by another provider or specialist

  OR

  - Criteria 2:
    - CPT coding: 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14350, 15050, 15100,15120, 15200, 15220, 15240, 15260, 15570, 15572, 15574, 15576, 40525, 40527, 15731, 15733, 15740, 15760, 67971, 67973, 67974, 67975.
    - AND Previous Mohs surgery by a different physician than the reconstructing surgeon resulting in referral for defect reconstruction
- The numerator (action of interest) is a surgical report sent to the referring provider within 30 days of the surgery date of service.
- There is one exclusion to this measure
  - Encounters referred from providers from within the same practice or with direct access to the patient's paper or electronic medical record

ASPS 5- Breast Reconstruction: Return to OR

- This measure tracks re-operations following any type of breast reconstruction within 60 days of the procedure
- The denominator criteria are:
  - All female patients aged 18 yrs and older
  - CPT and HCPCS code for encounter:
    - 19357, 19357–50, 19340, 19340-50,19342, 19342–50, 19361,19361-50, 19364, 19364–50, 19367, 19367–50, 19368,19368–50, 19369, 19369–50, S2068
- The numerator (action of interest) is patients who have an unplanned second operation on the reconstruction site within 60 days of the primary breast reconstruction procedure.
- There are no exceptions or exclusions to this measure
- This is an outcome measure
- Also available in 2019

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Demo of QCDR

- We will demonstrate how to enter a quality case in the QCDR
- We will demonstrate how to report your IAs and PI measures

Where Do I Start?

- Check your MIPS eligibility at qpp.cms.gov/participation-lookup
- If you are eligible, consider registering for the ASPS QCDR. Find additional information on our QCDR web page https://www.plasticsurgery.org/qcdr
- If you have questions, please contact our Quality mail box at quality@plasticsurgery.org

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