

Q&A Session for Unraveling MACRA: Making Sense of the Proposed Rule and Implications for HIT Leaders

Date: Monday, June 13, 2016

-Adam Becker - 12:09 PM

Q: Can you list the 3 independent programs now together in MIPS?

Priority: N/A-

-Mari Savickis - 12:09 PM

A: mu, pqrs, and vbm-

-John Clarke - 12:14 PM

Q: Could an individual change their mind after participating as such and switch to a group?

Priority: N/A-

-Mari Savickis - 12:15 PM

A: not sure - we can ask cms or i can research in the rule. i dont think you can switch in the middle though-

-Brian Patty - 12:15 PM

Q: How are hospitals impacted by MIPS, directly or indirectly

Priority: N/A-

-Mari Savickis - 12:16 PM

A: mips does not apply to hospitals but if a hospital owned a practice then since they are billing part b they would be affected-

-John Clarke - 12:15 PM

Q: ...and vice versa?

Priority: N/A-

-Randi Terry - 12:16 PM

Q: If I have a provider that travels to multiple practices (which often happens in rural areas). Each practice has a different TIN number, would the provider have multiple MIPS Composite scores? (TIN 1/NPI, TIN 2/NPI, TIN 3/NPI).

Priority: N/A-

-Mari Savickis - 12:17 PM

A: would need to research this or query cms. the tin piece can get complicated-

-Mari Savickis - 12:22 PM

A: randy what is your email? i will research this if cms doesn't get a chance to answer. i think they can aggregate the performance of the different tins for one person but I'm not 100% positive.-

-Doug Meyer - 12:17 PM

Q: Same for Medicaid?

Priority: N/A-

-Mari Savickis - 12:18 PM

A: does not apply for medicaid but for APMs you could get credit for being an advanced APM in future years when they open the advanced APM status up to "other payers." cms will start with just medicare to count.-

-Darrell Bodnar - 12:17 PM

Q: Will the MU attestations and reporting continue for Hospitals?

Priority: N/A-

-Mari Savickis - 12:22 PM

A: yes - does not change mu3 for hospitals-

-Anne Shurtleff - 12:18 PM

Q: If an NP is currently in the state medicaid MU can they switch to the MIPS?

Priority: N/A-

-Mari Savickis - 12:23 PM

A: if they bill medicare i think so but lets ask cms.-

-Tracey Regimbal - 12:20 PM

Q: Is a provider that reassigns billing to a CAH through Method II billing eligible for MIPS?

Priority: N/A-

-Mari Savickis - 12:23 PM

A: not sure - we can ask cms - if we don't get time please email me msavickis@chimecentral.org and i will research.-

-Deborah McLain - 12:20 PM

Q: So, are you saying that the MU stage 1,2,3 will still apply to hospitals, even with MACRA/MIPS?

Priority: N/A-

-Mari Savickis - 12:24 PM

A: yes-

-Randi Terry - 12:20 PM

Q: Under the QM measures, can we get the decile that are referenced in the QM section (so we can see where the provider is doing)?

Priority: N/A-

-Mari Savickis - 12:24 PM

A: not sure i understand the question - are you asking if you get a feedback report?-

-Murray Reicher - 12:21 PM

Q: For the EHR incentive program, EPs reported on all ambulatory encounters, whether CMS patients are not. For the quality, ACI, and CPIA categories, which encounters are included?

Priority: N/A-

-Randi Terry - 12:22 PM

Q: For the bonus points, do you just have to have any registry or do you just have to have the Immunization registry.

Priority: N/A-

-Mari Savickis - 12:26 PM

A: see starting page 16 at: -

-Mari Savickis - 12:26 PM

A: <https://chimecentral.org/wp-content/uploads/2016/05/Comparison-Chart-for-MU3-Modified-Stage-2-and-MACRA.pdf>-

-Darrell Bodnar - 12:24 PM

Q: How about post MU3? Will this eventually apply to Hospitals or will we continue to have multiple reporting requirements?

Priority: N/A-

-Adam Becker - 12:24 PM

Q: Does Health Information Exchange include either private HIE (connect to a Health System) or Public HIE such as a RHIO?

Priority: N/A-

-Mari Savickis - 12:26 PM

A: i don't think they specify-

-Murray Reicher - 12:24 PM

Q: Also, EPs could previously set an consistent definition of a visit and report metrics based on those encounters. Example: as a radiologist, I might read 20K exams/year, 10K ambulatory, 3K CMS ambulatory, 500 face to face. Which metric applies?

Priority: N/A-

-Mari Savickis - 12:27 PM

A: there are different requirements for non-patient facing clinicians - we may not have the time to get into that. but i can get you details.-

-Brian Henderson - 12:26 PM

Q: how will we know our Cost category score?

Priority: N/A-

-Mari Savickis - 12:29 PM

A: if you mean the cps it will be based on the reporting year so my understanding is it wont be available until after the reporting period is done - we can ask cms this.-

-Randi Terry - 12:30 PM

Q: under page 16/17 of <https://chimecentral.org/wp-content/uploads/2016/05/Comparison-Chart-for-MU3-Modified-Stage-2-and-MACRA.pdf>, I cannot tell if immunization is required or you can use the optional items.

Priority: N/A-

-Brian Henderson - 12:31 PM

Q: there is no way EHR vendors will be able to code these changes into their software in time for a full year in 2017

Priority: N/A-

-Mari Savickis - 12:31 PM

A: we know - we will be making that comment very strongly in our comment letter -

-Murray Reicher - 12:32 PM

Q: Please...mreicher@us.ibm.com. My question is a bit different than the topic of non-patient facing doctor issue, but related. The question relates to how visit is defined as face to face, and which encounters an EP or group needs to report.

Priority: N/A-

-Mari Savickis - 12:32 PM

A: ok def need to research that one.-

-Mari Savickis - 12:33 PM

A: this is an incredibly complex reg so i am happy to revisit this piece and get back to you-

-Randi Terry - 12:33 PM

Q: If a provider works in 2 locations (both TIN) and one has an EHR but the other does not (hospital does not, practice does). Both bill Medicare, how is the MIPS Composite score calculated (is there still a 50% on CEHR requirement).

Priority: N/A-

-Mari Savickis - 12:34 PM

A: ah good question - i am not positive off the top of my head. i can research this one as well. -

-John Clarke - 12:35 PM

Q: I wanted to piggy back off of Brian Henderson comment...are there guidelines that EHR vendors can follow to become better prepared to adjust for MIPS reporting?

Priority: N/A-

-Mari Savickis - 12:35 PM

A: i think you should ask cms this bc they feel as stated in the rule that there isn't much programming needed for vendors.-

-Chris Jordan - 12:37 PM

Q: So for 2017 and 2018 we'll need to continue with PQRS and MU, correct?

Priority: N/A-

-Michael Kane - 12:37 PM

Q: So this incentive program is going to overcome PQRS, VM, EHR incentives?

Priority: N/A-

-Christine Kuykendall - 12:38 PM

Q: Hospitals will not be affected yet... though how can they prepare to be ready for if/when they will be affected?

Priority: N/A-

-Bennett Cheramie - 12:38 PM

Q: Are there any penalties secondary to EMR replacement during the initial MIPS measurement Period resulting in a shortened measurement period

Priority: N/A-

-Jeff Osegard - 12:38 PM

Q: Does this apply to Rural Health Clinics and/or Critical Access Hospitals?

Priority: N/A-

-Murray Reicher - 12:39 PM

Q: Thanks. Who is writing...I think a quick follow up call or a short email exchange would be very helpful. I'm in a good position to spread the accurate answers.

Priority: N/A-

-Cathy Dwyer - 12:38 PM

Q: You said in the slide it doesn't apply to facilities. We are an IRF, and our physicians are our employees - do we have to submit or no? Will we have to report for our PTs, OTs SLPs in the future?

Priority: N/A-

-Brian Henderson - 12:41 PM

Q: I believe there will definitely be some coding changes for the reporting side. The biggest change will be for providers changing the workflows that were put into place to meet MU items. Granted, this may be fewer things to document but this is change...

Priority: N/A-

-Melissa Unger - 12:42 PM

Q: What time period is the exclusion criteria (ex. 1st time Medicare Part B biller, min Medicare patients/dollar threshold) and the APM eligibility determined?

Priority: N/A-

-Bert Robles - 12:42 PM

Q: What types of Exchanges qualify for the HIE? e.g Care Quality, RHIO, Direct, etc

Priority: N/A-

-Brian Henderson - 12:42 PM

Q: Is there any impact to PCMH?

Priority: N/A-

-Mari Savickis - 12:45 PM

A: will need to check on that-

-Darrell Bodnar - 12:42 PM

Q: So if we are a critical access hospital with an attached group practice seeing Medicaid and Medicare patients, we will need to report MIPS and MU?

Priority: N/A-

-Mari Savickis - 12:45 PM

A: that is my understanding-

-Patrick Casey - 12:44 PM

Q: Is the 1 year reporting period specified in the MACRA legislation, or is it subject to policy adjustment?

Priority: N/A-

-Natalie Spivak - 12:44 PM

Q: How does MIPS impact Federally Qualified Health Centers?

Priority: N/A-

-Mari Savickis - 12:45 PM

A: do they bill part b?-

-Judy Andronowitz - 12:44 PM

Q: Will EMR providers need to undergo additional certification to certify their quality metrics that fall under MIPS?

Priority: N/A-

-Mari Savickis - 12:46 PM

A: what do you mean by cert? are you talking about EHR certification?-

-Jeremy Look - 12:47 PM

Q: We are a CAH currently participating in the Medicaid EHR Incentive Program with CAH owned practices. Are we required to report under the MIPS program? This question is similar to Tracey Regimbal's question asked at 1:20 PM EST.

Priority: N/A-

-Mari Savickis - 12:47 PM

A: i need to check on the CAH stuff.-

-Mari Savickis - 12:51 PM

A: do you have the prepublication version of the rule? see page 58-

-Mari Savickis - 12:51 PM

A: if you don't have it i can email to you just need your email.-

-Michael Kane - 12:47 PM

Q: So this incentive program is going to overcome PQRS, VM, EHR incentives?

Priority: N/A-

-Mari Savickis - 12:47 PM

A: yes - this sunsets these 3 programs and rolls them into a single program.-

-Jeremy Look - 12:49 PM

Q: How does MIPS impact Rural Health Centers that bill Medicare Part B?

Priority: N/A-

-Mari Savickis - 12:54 PM

A: see page 59 of the prepublication rule. i can send if you don't have it.-

-Judy Andronowitz - 12:55 PM

Q: Mari, yes I am talking about EHR certification. Will vendors need to seek additional certification for EMRs to certify the various quality measures?

Priority: N/A-

-Patrick Casey - 12:55 PM

Q: Not only does it create anxiety, it undermines the power of incentivizing current. If the providers feel they have no control, they

Priority: N/A-

-Patrick - 12:56 PM

Q: Sorry. let me try again. Lack of immediate feedback undermines the power of incentives. If providers feel they have no control, it tends towards encouraging fatalistic attitudes.

Priority: N/A-