Incentive programs and IIS

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The CMS Quality Payment Programs

- Signed into law on December 13, 2016, the 21st Century Cures Act is a bipartisan law that brings health care into the 21st century

- The purpose of the Act is to "help modernize and personalize health care, encourage greater innovation, support research, and streamline the system"[1] .

- Builds upon and amends the Public Health Service Act, the HITECH Act, the Social Security Act, and other existing laws

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Public Health and Health IT - MACRA

The Advancing Care Information performance category includes measurement of eligible clinicians and groups use of certified EHR technology

Protect Patient Health Information (yes required)

Electronic Prescribing (numerator/denominator)

Patient Electronic Access (numerator/denominator)

Coordination of Care Through Patient Engagement (numerator/denominator)

Health Information Exchange (numerator/denominator)

Public Health and Clinical Data Registry Reporting

Public Health and Health IT - MACRA

The Quality category includes a bonus for the end-to-end electronic reporting of CQMs which may include eCQMs related to immunization status.

Preventive Care and Screening: Influenza Immunization (CMS 147v5/NQF 0041)

Pneumonia Vaccination Status for Older Adults (CMS 127v4/NQF 0043)

Childhood Immunization Status (CMS117v5/NQF 0038)

EHR Incentive Programs

- Medicaid EPs and Medicaid EH/CAH that did the first year prior to 2017 are still eligible to earn incentive payments in the Medicaid EHR Incentive Programs

- Eligible hospitals and CAHs are also still eligible to participate in the Medicare EHR Incentive Programs in 2017 to avoid the 2019 payment adjustment.

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MIPS - MACRA

- The MACRA established MIPS to replace payment adjustments for Medicare eligible professionals beginning with CY 2019

- Payment adjustment years are generally tied to the program year 2 CY prior, therefore MIPS begins in 2017 for Medicare eligible clinicians

- Medicare eligible professionals who have never before demonstrated meaningful use may still avoid the 2018 payment adjustment (normally tied to 2016 performance) in one of two manners:

  » The prior EHR Incentive Program early attestation option is still applicable allowing providers to attest by October 1, 2017 to retroactively avoid the 2018 payment adjustment which would otherwise have been based on their 2016 performance

  » An eligible professional who has never before demonstrated meaningful use may obtain a hardship exception from the 2018 payment adjustment if they apply by the hardship application deadline in 2017 (July 1)

Timing

- The reporting period for all EHR-related programs for CY 2017 is at least any continuous 90 days.

- The measures themselves for the public health and clinical data registry reporting are the same for EHR Incentive Programs and MIPS and providers may choose which to do in 2017 (e.g. Modified Stage 2 or Stage 3).

  » Modified Stage 2 = Advancing Care Information Transition Measures

  » Stage 3 = Advancing Care Information Measures

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- How prepared is the public health community to support MIPS participants for 2017?

- Are there any areas in particular where you are noting issues of concern?

- Are these issues related to technology, to policy requirements, or to a general gap in understanding among participants?

- Are there any specific areas where CMS and ONC could provide additional guidance that might be of help?

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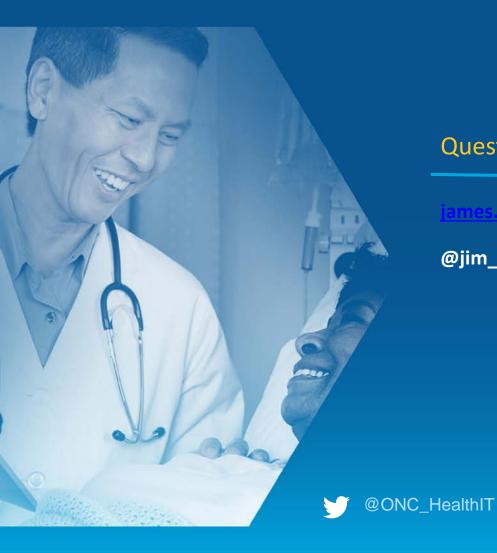
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- How prepared is the public health community to support MIPS participants for 2018?

- For 2018 participation, using the 2015 Edition, what are the specific concerns relating to technology changes, standards updates, or other technical area?

- Are these issues related to technology, to policy requirements, or to a general gap in understanding among participants?

- Are there any specific areas where CMS and ONC could provide additional guidance that might be of help?

Health IT Policy Prioritizing and Strategic Planning

- What are the key policy areas you would identify as priorities for public health and health IT for the next 2 years? and 5 years?

- When you think about work in health IT policy that would support your efforts over the next 2 and 5 years, what are the gaps? What are the opportunities?

- Are there any areas where things have worked well on a small scale that might provide insight into potential "best practices"?

- Are there areas where ONC might serve as a convener to support further conversation and collaboration with other potential partners?

Questions?

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