

FROM THE PRESIDENT'S DESK



Payment Readine\$\$, Part II: Advancing Care Information

Larry W. Anderson, DO, FACOFP *dist.*
2016 - 2017 ACOFP President

In the previous Issue of Osteopathic Family Physician, we looked at the new CMS category of Clinical Practice Improvement Activities (CPIA's). Since that issue, CMS has released the final payment Rule for 2017 and beyond. This article contains information from the Final Rule (MACRA), released October 14, 2016.

Advancing Care Information, in combination with Quality Reporting, Resource Use, and CPIA's, comprises the EP's Composite Performance Score (CPS). After further analysis by CMS, they arrive at the Payment Modifier for each EP based on the annual performance measures. The modifier will either be an incentive payment on top of the Physician Fee Schedule (PFS) amount, or a penalty against the PFS amount for your Medicare patients (this does not include Medicare Advantage or Medicare Shared Savings Patients).¹

"Advancing Care Information" was previously called "Meaningful Use." In short, it requires an EMR and compliance with the switch to Electronic Medical Records for your practice. The new "Advancing Care Information" category provides a list of measures for physicians to attest to. The attestation of the measures is done via a CMS website. To have a link for the site for 2016 attestation sent to you, contact Debbie Sarason.*

ACI will be worth 25% of your Performance Score. Please see below for the other categories and their percentages.

To qualify for meeting ACI, you need to complete activities for a base score of 50 points. You do this by completing and attesting to 11 measures.

Base points - 50: Physicians/EP's must conduct a "security risk analysis" under the privacy requirement to receive these.³ If you would like a summary of what is required by CMS, please contact Debbie Sarason.*

In addition, 80 points can be obtained by attesting to some or all of the "High-Priority" measures below:

- Protect patient health information
- Electronic prescribing
- Provide patient access to view, download, and transmit information
- Patient access to health information
- Send electronic summary of care record in transitions of care
- Incorporate electronic summary of care record in transitions of care
- Conduct clinical information reconciliation
- Submit data to an immunization registry (this would be a registry which is specific to the state you practice in)
- Submit data to a public health registry

To fully meet the ACI category for CMS, you need a total of 100 points. If you score less than 100 points, the 25% of the CPS score goes down proportionately.¹ The good news is that it is not an "all-or-nothing" category, as it was in previous years.

TABLE 1:
The Four CMS Categories Used to Determine an EP's Composite Performance Score²

Measurements	2017 - Percentage of CMS Composite Performance Score	Possible Point Score
Quality Reporting	60%	100 points
Resource Use	N/A for 2017 - Benchmark Year	No points for 2017
Advancing Care Information (Previously Meaningful Use)	25%	100 points
Clinical Practice Improvement Activities	15%	60 points

From the American College of Osteopathic Family Physicians.

The CMS EHR Registration and Attestation System is available for you to report ACI measures now. You only need to report for a contiguous 90-day period for 2016. To start the process go to: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

In the next issue we will complete the review of the “Four Pillars of Payment” with an overview of “Quality Reporting,” 60% of the CPS, and “Resource Use,” which will not be counted towards the 2017 Performance Score. It will be a Resource Use “benchmark” for 2017. This benchmark will be the point of comparison for EP’s performance in 2018 and beyond.

Look for updates on the “Payment and CMS Policy” webpage under “Practice Enhancement” on www.acofp.org.

With all the changes to Medicare reporting starting January 1, 2017, it is the right time to make ACOFP’s Quality Markers 7.0™ part of your practice stabilization plan. ACOFP offers this population health and quality reporting platform at a significant Member Service discount. ACOFP’s Quality Markers can also help Family Physicians qualify for points towards CMS’ “Clinical Practice Improvement Activities.” View your patient outcomes data like CMS does, improve quality, insure timely reporting, and gain incentives, rather than non-reporting penalties.

Sincerely,



Larry W. Anderson, DO, FACOFP dist.
ACOFP President

REFERENCES

1. www.cms.gov Accessed on September 29, 2016
2. Mullins, Amy. “Medicare Payment Reform: Making Sense of MACRA.” Family Practice Management, March-April 2016; 23(2); 12-15
3. CMS eHealth University. Medicare and Medicaid HER Incentive Programs: Security Risk Analysis Tipsheet. Accessed September 29, 2016.

*Debbie Sarason

ACOFP Manager of Practice Enhancement & Quality Reporting
debbies@acofp.org | 847-952-5523

ACOFP QUALITY MARKERS

With all the changes to Medicare/CMS reporting starting January 1, 2017, it is the right time to make ACOFP’s Quality Markers 7.0™ part of your practice stabilization plan. ACOFP offers this population health and quality reporting platform at a significant Member Service discount. ACOFP’s Quality Markers can also help Family Physicians qualify for points towards CMS’ “Clinical Practice Improvement Activities.” Streamline CMS requirements and potentially gain incentives with ACOFP’s Quality Markers.

For any questions or for more information, please contact Debbie Sarason, ACOFP Manager of Practice Enhancement & Quality Reporting at debbies@acofp.org or call 847-952-5523.