



Silver State ACO
Accountable Care Organization

SHARED SAVINGS & MIPS





Terms

ACO – Accountable Care Organization

MSSP – Medicare Shared Savings Program

CMS – Centers for Medicare & Medicaid Services

AWV – Annual Wellness Visit

CCM – Chronic Care Management

VM – Value Modifier

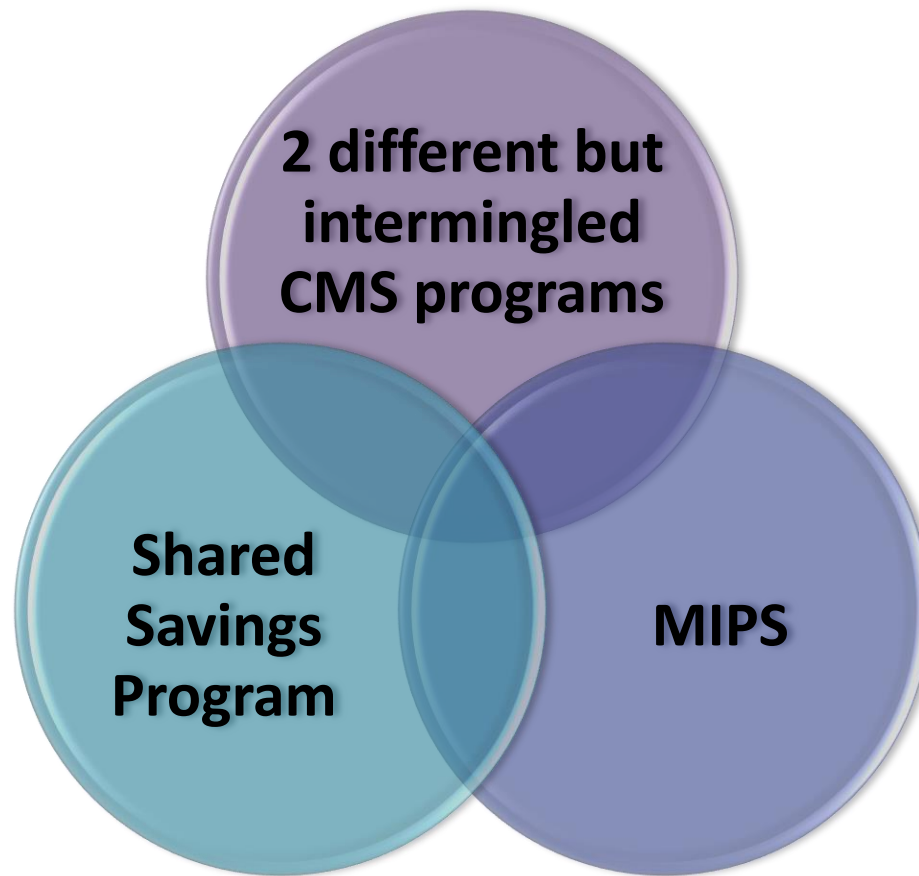
PQRS – Physician Quality Reporting System

GPRO – Group Practice Reporting Option

MIPS – Merit-based Incentive Payment System



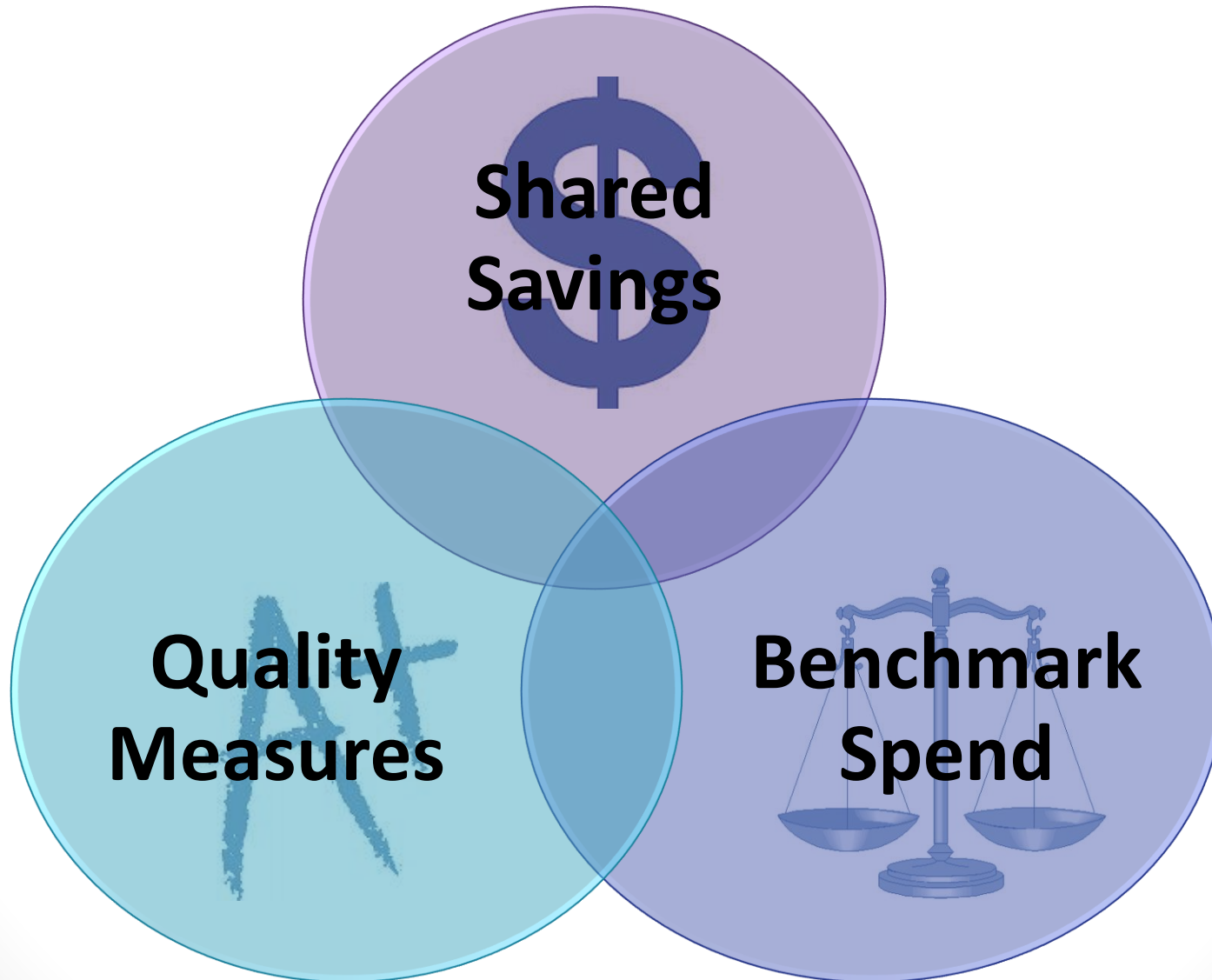
Medicare Shared Savings Program (MSSP) ACO's Track 1





SHARED SAVINGS PROGRAM

- Promotes accountability for a patient population
- Encourages investment in high quality and efficient services
- Creates incentives for health care providers to work together to treat an individual patient across care settings





Benchmark Spend

Determined by CMS

- Based on claims data
- Per beneficiary per year
- Risk adjusted by CMS



Impacting Benchmark Spend

**Hierarchical
Condition
Category (HCC)
coding -
Identify Costly
patients**

**Inpatient/
Emergency
Dept.
notification
(Experian)**

**Chronic Care
Management
Utilization**

**Care
Coordination**

**Transitional
Care
Management
Visits**



Quality Measures

QM are determined by CMS

- 23 measures
- Collected via claims, chart audits and CAHPS survey



Impacting Quality Measures

VPN/Remote
Access

Chronic Care
Management

Annual
Wellness
Visits

Gap in Care
Reports

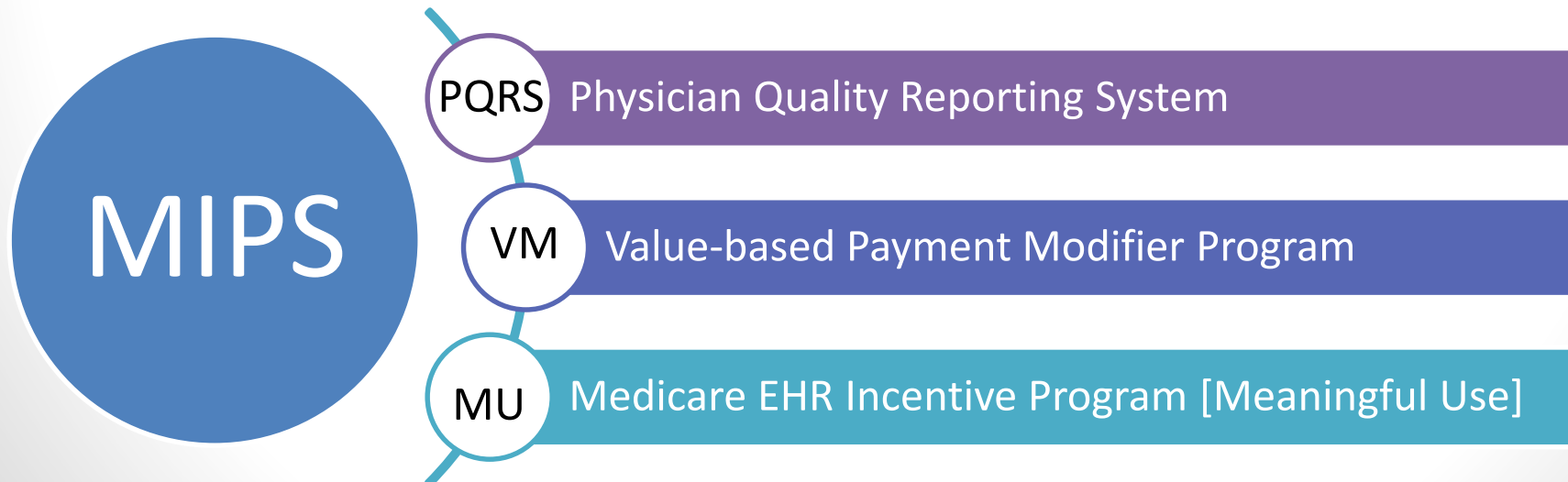
Onsite
Review

Transitional
Care
Management
Visits



MERIT-BASED INCENTIVE PAYMENT SYSTEM [MIPS]

- Alternative Payment Model
- Performance-based payment system
- Streamlines three historical Medicare Programs into a single payment program





MSSP Track 1 ACO's are "MIPS APM's" (Alternative Payment models)

- MIPS APM's are a subset of APM's and are **NOT** Advanced APM's.
- Eligible clinicians in ACOs are subject to MIPS under the **MIPS APM** scoring standard.
- Eligible clinicians in the ACO are considered a group and will receive the same score.
- MIPS APM's are subject to MIPS adjustments **and** receive APM specific rewards if earned (Shared Savings).



Silver State ACO

Accountable Care Organization

MIPS APM Scoring Standard

Performance Categories

ACO
Reports



Quality

50%

The ACO reports
Quality for its
participants

ACO
Reports



Cost

N/A

Participants
within an ACO
are not subject
to the Cost
category

ACO
Reports



**Improvement
Activities**

20%

ACO
participants
receive 100%
due to activities
the ACO must
perform as part
of the Shared
Savings
Program

Practice
Reports



**Promoting
Interoperability**

30%

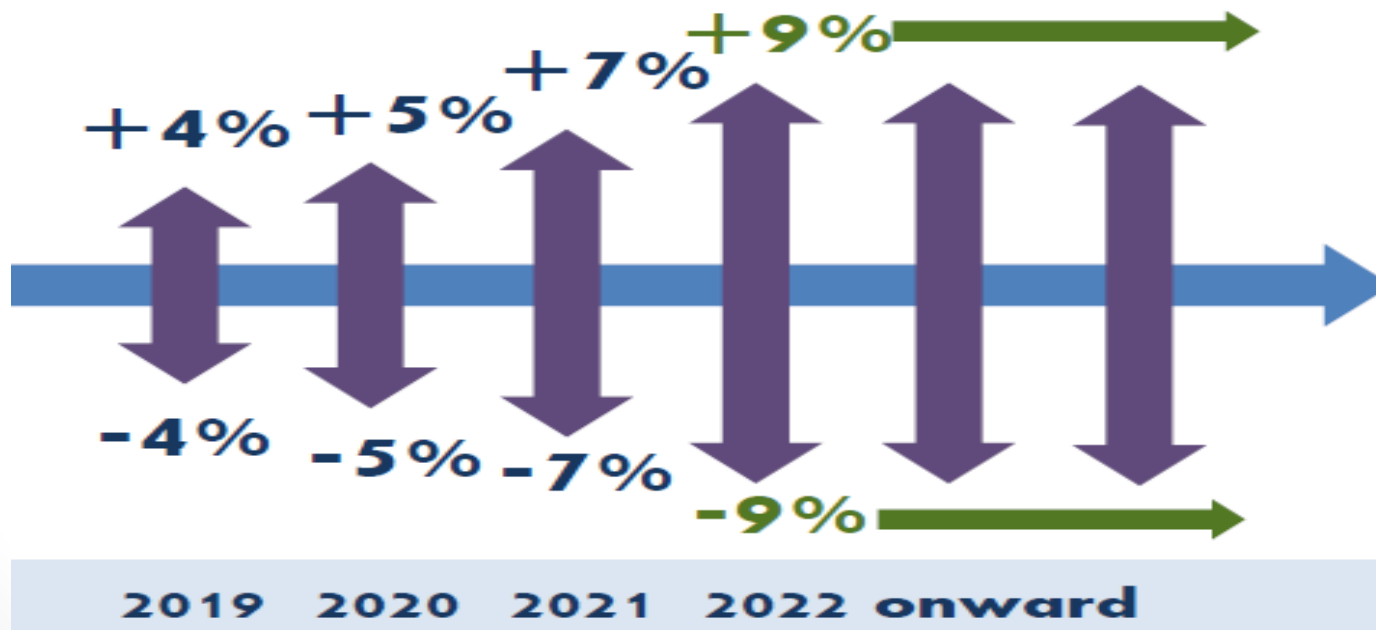
This is the
practices
responsibility.
Participants
must submit to
this category
by CMS
deadline

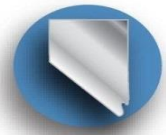


HOW DOES ALL OF THIS AFFECT YOU?

Based on a MIPS

Composite Performance Score, clinicians will receive +/- or **neutral** adjustments up to the percentages below.





Promoting Interoperability → Practice Responsibility

- Emphasizes patient engagement and the electronic exchange of health information using Certified Electronic Health Record Technology [CEHRT]
- Minimum performance period of **90 days**
- Requires the use of 2015 edition CEHRT to capture data and fulfill the performance category
- A Security Risk Analysis is mandatory and must be completed within the performance year
- Four objectives with individual measures that all must be met or the practice will fail the Promoting Interoperability category



OBJECTIVE: E-PRESCRIBING

MEASURES	MAXIMUM POINTS
E-PRESCRIBING Number of prescription drugs prescribed electronically	10 Points
Query of Prescription Drug Monitoring Program (new) Query must come from EMR	5 Bonus Points
Verify Opioid Treatment Agreement Agreement signed and scanned within patients chart	5 Bonus Points



OBJECTIVE: HEALTH INFORMATION EXCHANGE

MEASURES	MAXIMUM POINTS
<p>Sending Health Information (formerly Send a Summary of Care)</p> <p>Providers must send patient health information from their EMR to another providers EMR using a direct messaging address</p>	20 Points
<p>Receiving and Incorporating Health information (new)</p> <p>Providers must receive and incorporate patient health information sent from another provider to their EMR using a direct messaging address</p>	20 Points



OBJECTIVE: PROVIDER TO PATIENT EXCHANGE

MEASURES

Provide Patient Electronic Access to their Health Information (formerly Provide Patient Access)

Providers should have a Patient Portal set up in order for patients to access their health information in a timely manner. CMS defines 'timely' as within 4 business days

MAXIMUM POINTS

40 Points



OBJECTIVE: PUBLIC HEALTH & CLINICAL DATA EXCHANGE

MEASURES

Providers must be in active engagement with more than one public health registry listed below & report as true to receive credit

- Immunization Registry Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Syndromic Surveillance Reporting

MAXIMUM POINTS

10 Points



Resources

- CMS Quality Payment Program site (MIPS/MACRA):
<https://qpp.cms.gov/>
- Promoting Interoperability link:
<https://qpp.cms.gov/mips/promoting-interoperability>
- Access the final rule through the Federal Register:
<https://www.federalregister.gov> (81 FR 37950)
- Shared Savings Program website:
<https://www.cms.gov/sharedsavingsprogram>



Silver State ACO
Accountable Care Organization

www.silverstateaco.com

702-800-7084 or 775-391-6494

- **Larry Preston, Chief Executive Officer**
- **Rhonda Hamilton, Chief Operating Officer**
- **Bruce Wiggins, Co-Founder & Vice-Chair**
- **Rena Kantor, Director of Operations & Physician Relations**
- **Tommy Ahsan, Director of Analytics**
- **Jessica Shepard, Quality Supervisor**
- **Jamie Campbell, Quality Coordinator & Northern Nevada Market Liaison**