Quality reporting: Measuring outcomes, reporting data, and the Mental and Behavioral Health Registry (MBHR)

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Promoting and supporting practicing psychologists

Presented August 29, 2018 by

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Objectives

- Understand CMS's proposed rule changes to the Medicare Access and CHIP Reauthorization Act (MACRA) and the Merit-based Incentive Payment System (MIPS)
- Learn about the development and benefits of the Mental and Behavioral Health Registry (MBHR)
- Receive answers to your questions about federal regulations and quality outcome reporting from the experts

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Welcome to MIPS!
2019 Quality Reporting for Psychologists

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Proposed rule - 2019 Medicare Fee Schedule (MFS)

- Issued July 12, 2018
- Important changes proposed for testing services by psychologists and for psychologists' role in the Merit-Based Incentive Payment System (MIPS)
- Comments Due September 10, 2018
- Rule will be finalized by early November

2019 Proposed Rule - MFS

- Psychologists and other non-physicians added to MIPS effective 1/1/19
  - LCSWs, PTs and OTs also being added
- Will be included in definition of MIPS eligible clinicians (ECs)
- Those reporting under MIPS in 2019 will see adjustments to 2021 payments
- Potential adjustments of -7%, 0, or +7%
  - Most ECs will have average scores and receive a 0% adjustment

Low Volume Threshold (LVT) Exemption

3 criteria under LVT – only need to meet 1 to be exempt from MIPS

- Billings - $90,000 or less in Medicare allowed charges
- Patients – 200 or fewer Medicare beneficiaries
- Covered Part B Services – also 200 or fewer

- Many, if not most, psychologists should be exempt from MIPS
- Any psychologist becoming a Medicare provider for the first time in 2019 will be automatically exempt from MIPS regardless of LVT

How determines who is exempt?

- CMS reviews claims data from October 2017 through Sept. 2018
- Agency notifies ECs by mail of MIPS status
- ECs who meet at least 1 of the 3 LVT criteria may opt-in to MIPS
- Decision to opt-in is irrevocable

MIPS Performance Categories

- Quality- Report 6 measures
- Clinical Improvement Activities- Behavioral & Mental Health Set
- Promote Interoperability- Psychologists do not have to report
- Cost- CMS takes data directly from claims; no reporting required

Quality Performance Measures

- Report 6 measures over a 12-month period
- Bonus points for small practices with 15 or fewer ECs
- 25 Behavioral & Mental Health Measures including:
  - Adult MDD: Suicide Risk Assessment, Dementia Screening and Management, Elder Maltreatment Screen, Depression Screening, Alcohol Use, Tobacco Use

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Improving Clinical Practice Activities

- Only have to report for a 90-day period
- Can report by attestation on CMS website
- 9 Behavioral & Mental & Health measures including:
  - Depression screening, Integrated Behavioral Health, MDD Prevention and Treatment, Tobacco Use, Unhealthy Alcohol Use

Promoting Interoperability

- New name for 2019; formerly Advancing Care Information
- Requires Certified EHR Technology (CEHRT)
- **Psychologists** and other non-physicians who were not part of meaningful use are **not required to report this category**
  - CMS will automatically reweight this category to 0%
- Use 90-day period if you choose to report this category

Methods of MIPS Reporting

- Claims:
  - Small practices only (15 or fewer clinicians)
  - Limited to reporting quality measures
  - Method with lowest success rate
- Log-in and upload; can also log-in and attest for some measures
- Report directly through EHRs
- Report through a MIPS registry or a Qualified Clinical Data Registry
  - The Mental and Behavioral Health Registry (MBHR)

Introducing the Mental and Behavioral Health Registry Initiative

Overview

- Definitions
- Advisory Committee
- Benefits
- Demonstration
- Pricing



I don't bill for Medicare, so why should I care?



Data Registries

- A clinical data registry records information about the health status of patients and the health care they receive over varying periods of time *(AMA, 2014)*
- A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients *(CMS, 2017)*
- CMS is encouraging specialty associations (like APA) to develop their own QCDRs in order to report to MIPS



The APA/APAPO Mental and Behavioral Health Registry (MBHR) received approval from CMS to participate in MIPS for 2018 as a Qualified Clinical Data Registry (QCDR)

QCDR Advisory Committee

Chair: Carol Goodheart, EdD

- David Bard, PhD, University of Oklahoma Health Sciences Center
- Bruce Bobbitt, PhD, LP, retired from Optum (United Health Group)
- Zeeshan Butt, PhD, Northwestern University Feinberg School of Medicine
- Kathleen Lysell, PsyD, VA Central Office
- Dean McKay, PhD, ABPP, Fordham University
- Kari Stephens, PhD, University of Washington



Benefits of the MBHR

- **Psychology as Leaders**

  Define, develop, and/or select the measures that are of the most interest and importance

- **Improved Reimbursement**

  Negotiating with 3rd party/commercial payment programs

- **Quality Improvement/Tracking Client Outcomes**

  Real-time dashboard, Benchmarking

Benefits of the MBHR, cont.

Meet behavioral health providers' data needs

- Licensure, CE, credentialing or board certification MOC requirements
- Marketing/Badging/Demonstrate "value-add"

Clinical Research

- Largest naturalistic, psychotherapy outcomes database
- Make de-identified data available to members in clinical science community

Mental & Behavioral Health Registry (MBHR)

Multiple ways to enter data

- EHRs, Excel spreadsheet, Manual entry

Includes 28 MIPS measures

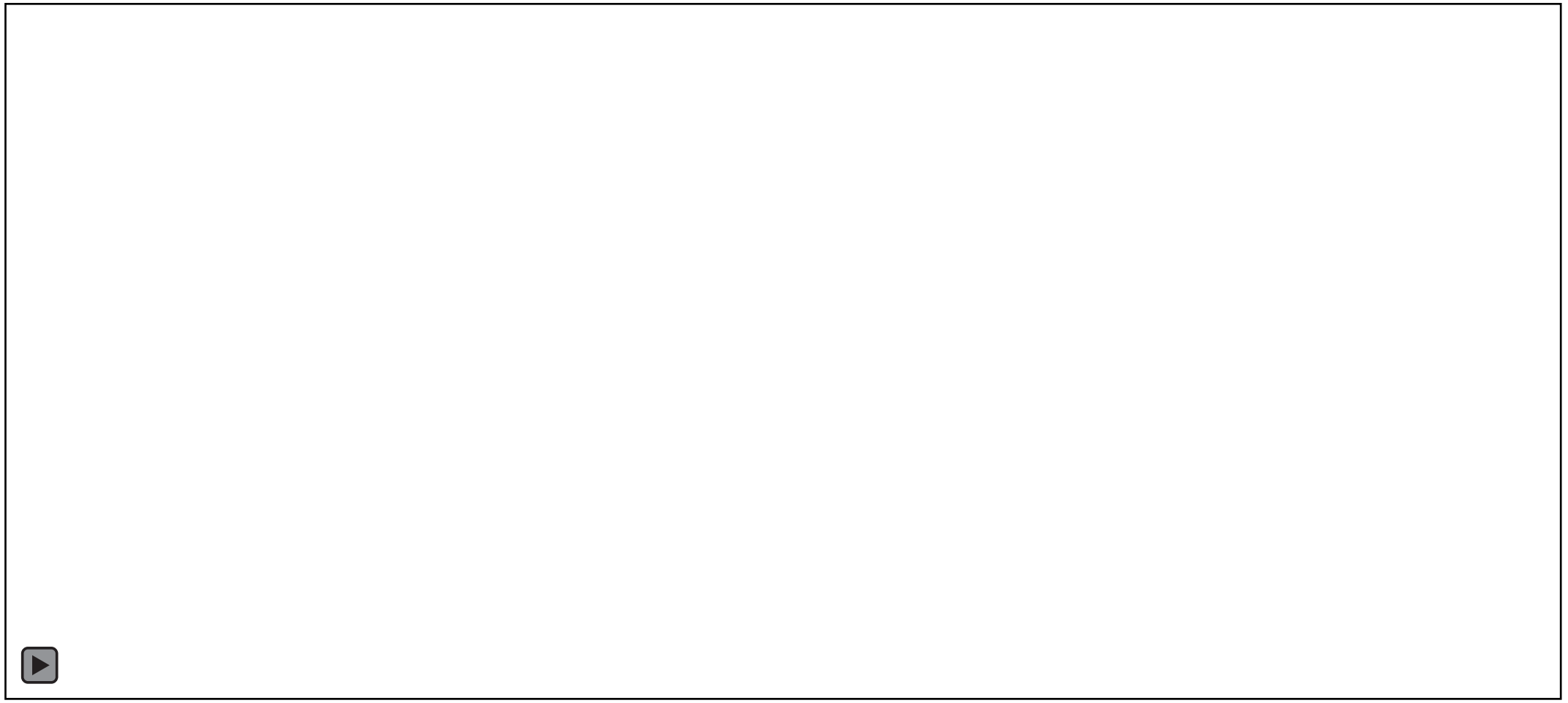
- Examples include:
  - Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (process)
  - Functional Outcome Assessment (process)

Exclusive to the MBHR

Includes 2 newly specified non-MIPS measures

- **Anxiety: Utilization of the GAD-7 Tool** (process)
- **Anxiety Response at 6-months** (outcome)





Price schedule if using the registry to report MIPS data to CMS:

MIPS Provider Selected Reporting Level	APA Member Price Per Provider (USD)	Non-APA Member Price Per Provider (USD)
BASIC Includes Quality reporting only.	$234	$279
STANDARD Includes Quality and Improvement Activities reporting.	$314	$359
PLUS Includes all MIPS reporting elements.	$439	$489
ENTERPRISE Includes MIPS COST tracking / estimator component	$459	$515

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Using registry for personal practice and not reporting MIPS data to CMS

Non-MIPS Provider Type	Non-MIPS Reporting Price Per Provider (USD)
Non-APA Member	$120
APA Member	$60

Questions & Answers



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How to find out more:

- http://www.apapracticecentral.org/reimbursement/health-registry/index.aspx

- For additional information contact: Vaile Wright, Ph.D., email: cwright@apa.org

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