New Developments on Health Equity and Proposed Physician Fee Schedule Updates

Ohio State Medical Association
Annual Medicare and Medicaid Updates
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REPORTING ON HEALTH EQUITY AND SDOH

Health Equity Moving Ahead

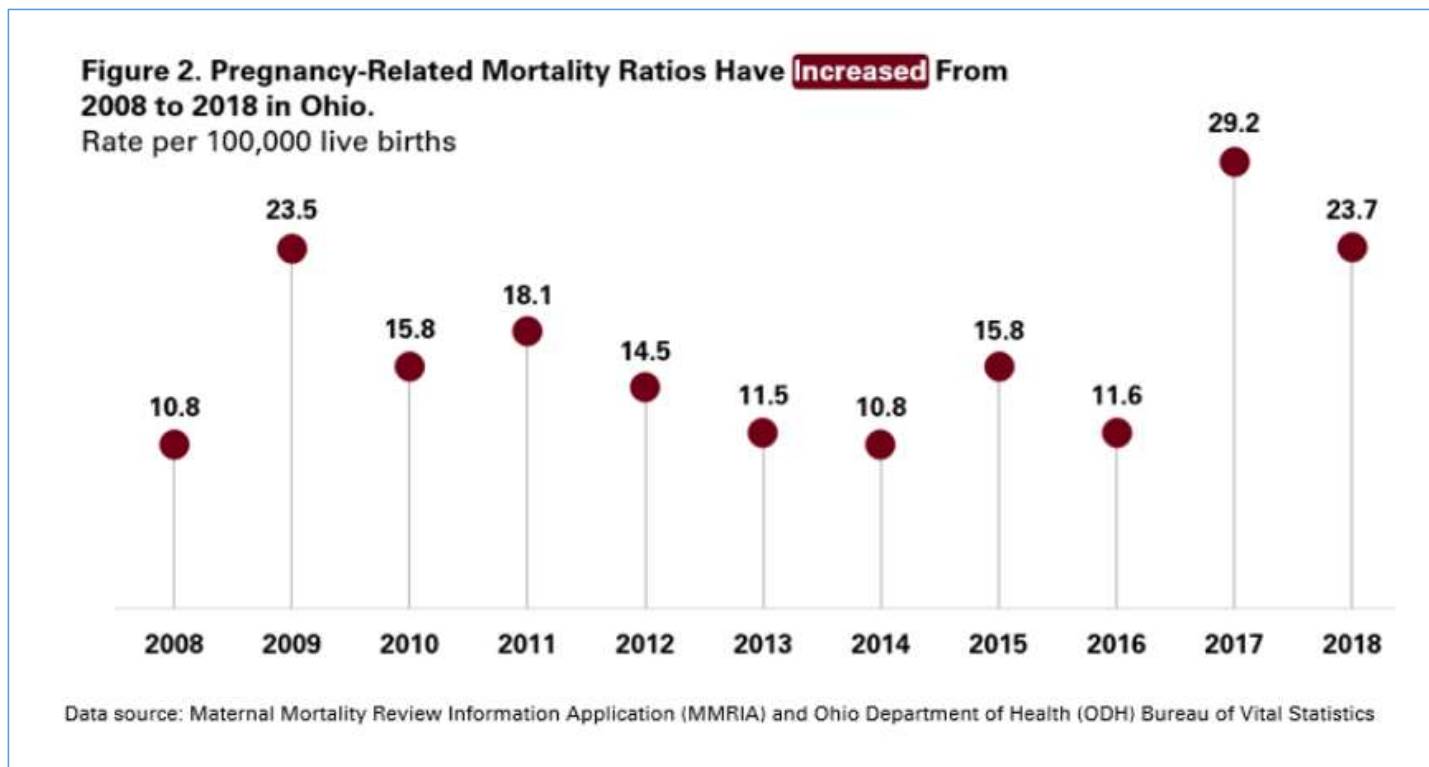**CMS's Priorities around Health Equity**

How Health Equity and SDOH became a CMS priority
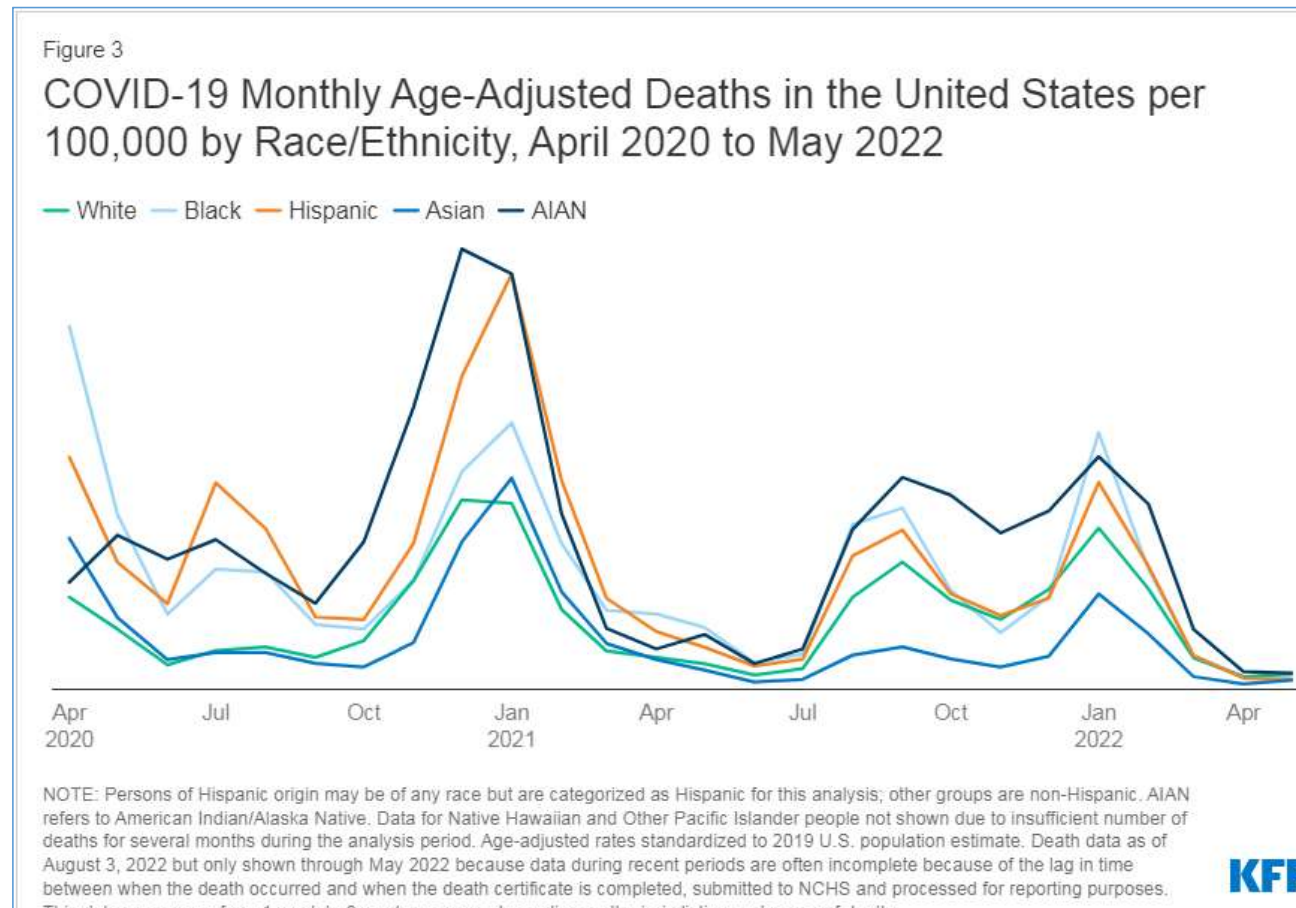
SDOH Policy Development Timelines 2017 – 2018

Figure 2. Pregnancy-Related Mortality Ratios Have Increased From 2008 to 2018 in Ohio.
Rate per 100,000 live births

Data source: Maternal Mortality Review Information Application (MMRIA) and Ohio Department of Health (ODH) Bureau of Vital Statistics

Ohio Maternal Mortality Figures 2008 – 2018
(reflected national trend to higher maternal mortality rates)

SDOH Timelines: COVID
2020 - 2022

Figure 3

COVID-19 Monthly Age-Adjusted Deaths in the United States per 100,000 by Race/Ethnicity, April 2020 to May 2022

— White — Black — Hispanic — Asian — AIAN

NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian/Alaska Native. Data for Native Hawaiian and Other Pacific Islander people not shown due to insufficient number of deaths for several months during the analysis period. Age-adjusted rates standardized to 2019 U.S. population estimate. Death data as of August 3, 2022 but only shown through May 2022 because data during recent periods are often incomplete because of the lag in time between when the death occurred and when the death certificate is completed, submitted to NCHS and processed for reporting purposes. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction and cause of death.

KFF

How CMS reacted to the identified needs of the population

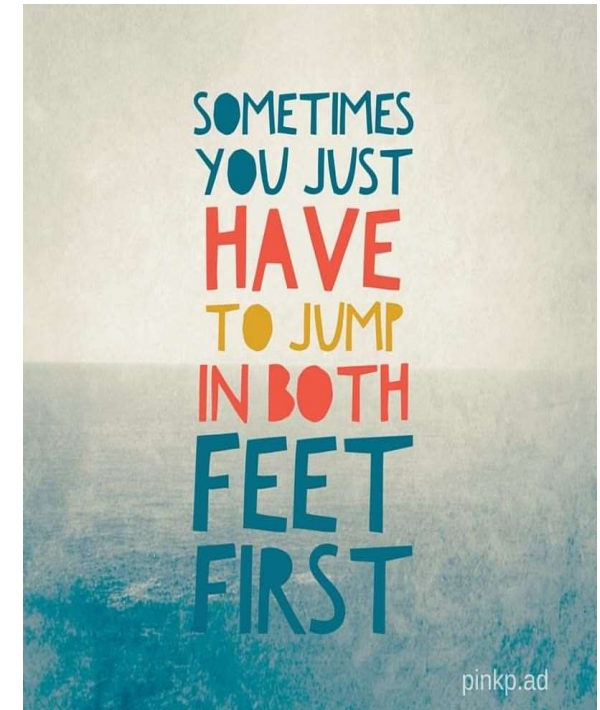# SDOH Timelines for Inpatients: Numerous Rules Adopted
2023 - 2024

Lack of EHR standards for SDOH in 2023, but CMS wanted to engage the hospitals in work supporting their patient population. CMS required hospitals to report on:

- **Development of a strategic plan for health equity.**
- **Technology and workflow used to capture SDOH info.**
- **Analytics reports on SDOH in the inpatient population.**
- **Engagement of community partners in health equity initiatives.**
- **Commitment of leadership to health equity and strategic plan.**

SDOH Screen Positive

SDOH Assessment

Health Equity Assessment
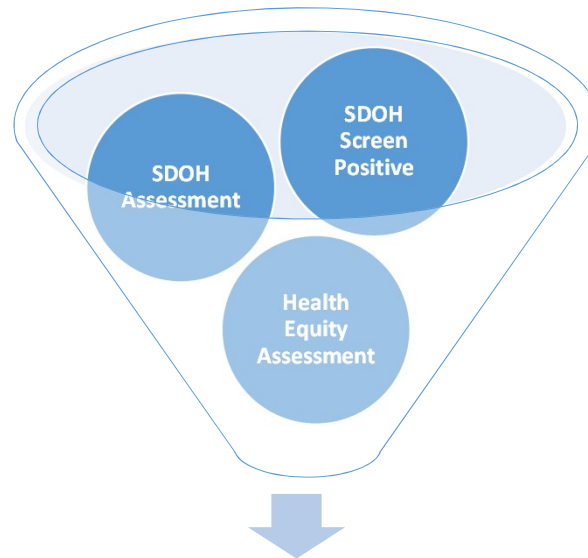
Achieving Health Equity for Your Patient Population

SOMETIMES YOU JUST HAVE TO JUMP IN BOTH FEET FIRST

pinkp.ad

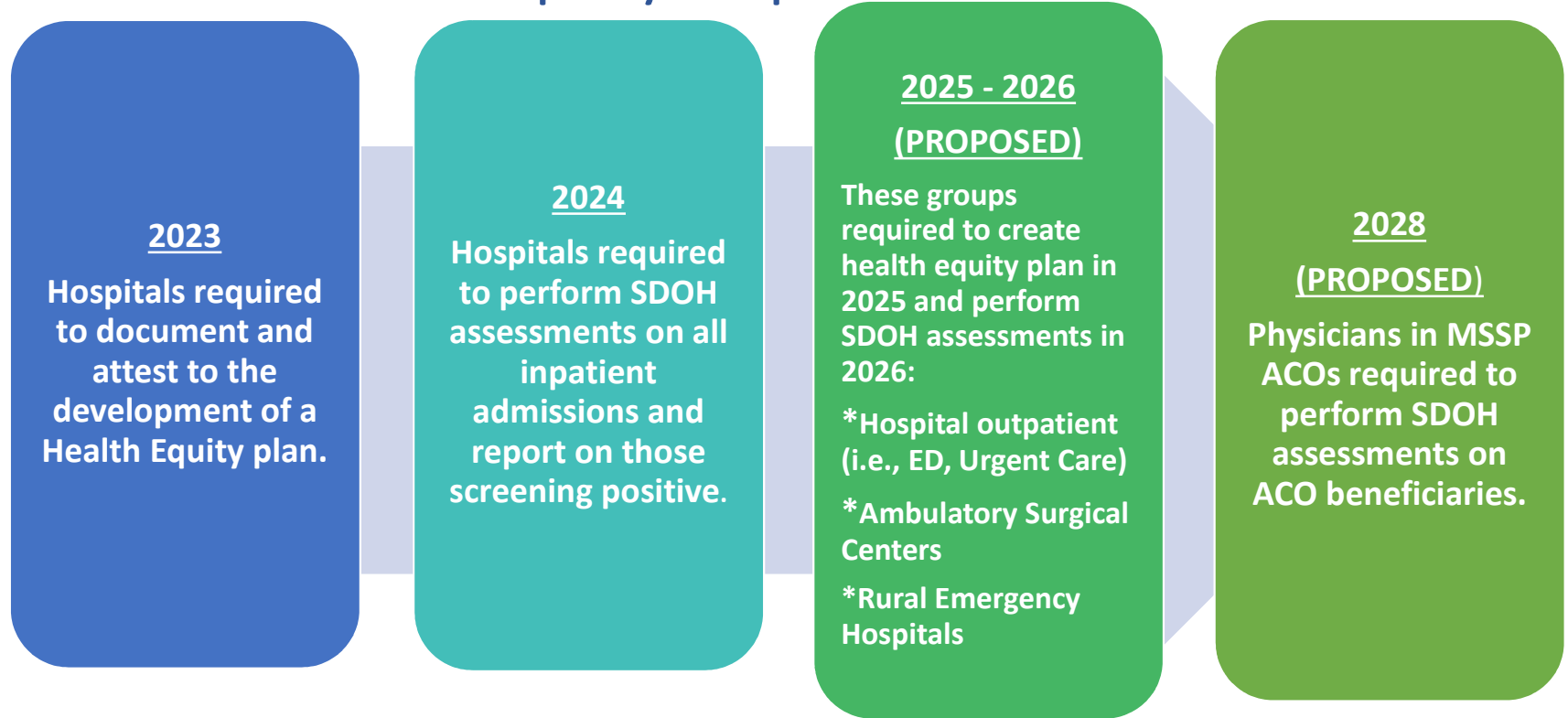# SDOH Timelines: 2025 - 2028 Expansion of Health Equity Reporting Proposed

Hospital

2025: Required to conduct SDOH assessments on patients in the Outpatient area (ED, Urgent Care, etc.)

Physician and Ambulatory Providers

2028: Providers who are part of a Medicare MSSP ACO will need to report on SDOH screening.

SDOH Timelines: 2025 - 2028 Expansion of Health Equity Reporting

2023

Hospitals required to document and attest to the development of a Health Equity plan.

2024

Hospitals required to perform SDOH assessments on all inpatient admissions and report on those screening positive.

2025 - 2026 (PROPOSED)

These groups required to create health equity plan in 2025 and perform SDOH assessments in 2026:

*Hospital outpatient (i.e., ED, Urgent Care)

*Ambulatory Surgical Centers

*Rural Emergency Hospitals

2028 (PROPOSED)

Physicians in MSSP ACOs required to perform SDOH assessments on ACO beneficiaries.

Note: *Physician groups may perform SDOH assessments for MIPS improvement activity credit starting in 2023 and can report SDOH assessments as a quality measure starting in 2023 if performed using a recognized standardized assessment tool (e.g., PRAPARE, AHC, AAFP).*

APP PLUS QUALITY MEASURES FOR CY2028

QPP#	Measure	Collection Type	Submitter
321	CAHPS for MIPS	CAHPS	3rd Party Intermediary
479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate	Administrative Claims	N/A
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	N/A
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM, Medicare CQM	APM Entity, 3rd Party
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM, Medicare CQM	APM Entity, 3rd Party
236	Controlling High Blood Pressure	eCQM, Medicare CQM	APM Entity, 3rd Party
113	Colorectal Cancer Screening	eCQM, Medicare CQM	APM Entity, 3rd Party
112	Breast Cancer Screening	eCQM, Medicare CQM	APM Entity, 3rd Party
305	Initiation and Engagement of Substance Use Disorder Treatment	eCQM, Medicare CQM	APM Entity, 3rd Party
487	Screening for Social Drivers of Health	eCQM, Medicare CQM	APM Entity, 3rd Party
493	Adult Immunization Status	eCQM, Medicare CQM	APM Entity, 3rd Party

SDOH AND RELATED 2025 PROPOSALS
REQUEST FOR INFORMATION RE. SDOH CODING

- No separate SDOH-related requirements in 2025 for physicians, coding or payments in this proposed rule.

- CMS is issuing a broad Request for Information (RFI) on:
  - Community Health Integration (CHI) services
  - Social Determinants of Health (SDOH) Risk Assessments.

- Looking for feedback on how well the coding and billing are working for Community Health Services and SDOH initiatives.

MIPS
SDOH Quality Measures
Available for Reporting Now

QPP #487: Screening for SDOH (2023)

Part of New Measures in 2023

NQF	CMS	QPP	DESCRIPTION	COLLECTION
N/A	N/A	485	Psoriasis – Improvement in Patient-Reported Itch Severity	MIPS CQM
N/A	N/A	486	Dermatitis – Improvement in Patient-Reported Itch Severity	MIPS CQM
N/A	N/A	487	Screening for Social Drivers of Health	MIPS CQM
N/A	N/A	488	Kidney Health Evaluation	eCQM, MIPS CQM
1642	N/A	489	Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	MIPS CQM

Requires that patients be screened using a standardized Health Related Social Needs (HRSN) Assessment.

MIPS
SDOH Improvement Activities

Improvement Activities Related to Health Equity and SDOH (Available for reporting in 2024)

MIPS ID	Title
IA_AHE_1	Enhance Engagement of Medicaid and Other Underserved Populations
IA_AHE_3	Promote Use of Patient-Reported Outcome Tools (includes Patient Reported Nutritional Screening)
IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or Community Based Participatory Research that focuses on minimizing disparities in healthcare access, care quality, affordability, or outcomes.
IA_AHE_8	Create and Implement an Anti-Racism Plan
IA_AHE_9	Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols
IA_AHE_11	Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients
IA_AHE_12	Practice Improvements that Engage Community Resources to Address Drivers of Health

Future Developments around Social Determinants of Health Reporting

Tracking SDOH Referrals

Under Consideration: New eCQM for IQR on Assessment and Referrals for Social Needs

Potential Hospital Inpatient IQR Quality Metric Designed to Measure Social Needs Assessments

- A request for comment for the development of an eCQM designed to measure screening of patients for social needs (food, housing, utilities, transportation) and whether some type of intervention activity is performed by the hospital.
- Emphasis is on "standardized" assessments.

Addressing Social Needs (ASN) Electronic Clinical Quality Measure (eCQM) Specifications Document for Public Comment

Prepared By:

Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

April 2023

Potential Hospital Responses to Identified SDOH Needs (Gravity Project)

- Adjustment
- Assistance
- Coordination
- Counseling
- Education
- Evaluation of Eligibility
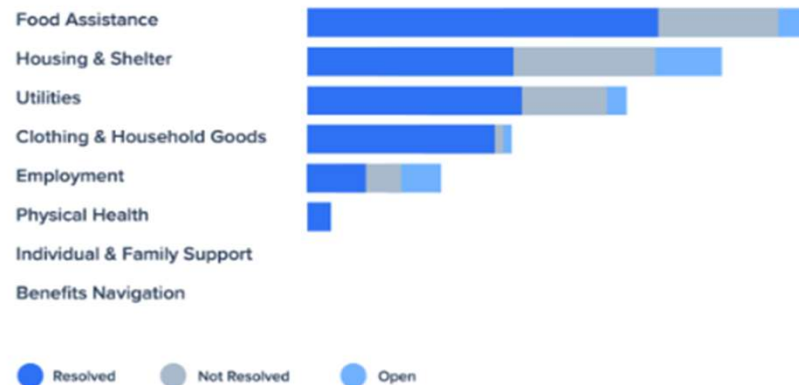- Evaluation/Assessment
- Provision
- Referral

UniteOhio Electronic Referral Initiative (Active Now)

Capture of Social Drivers of Health (SDOH) data using the Unite Us statewide referral tool
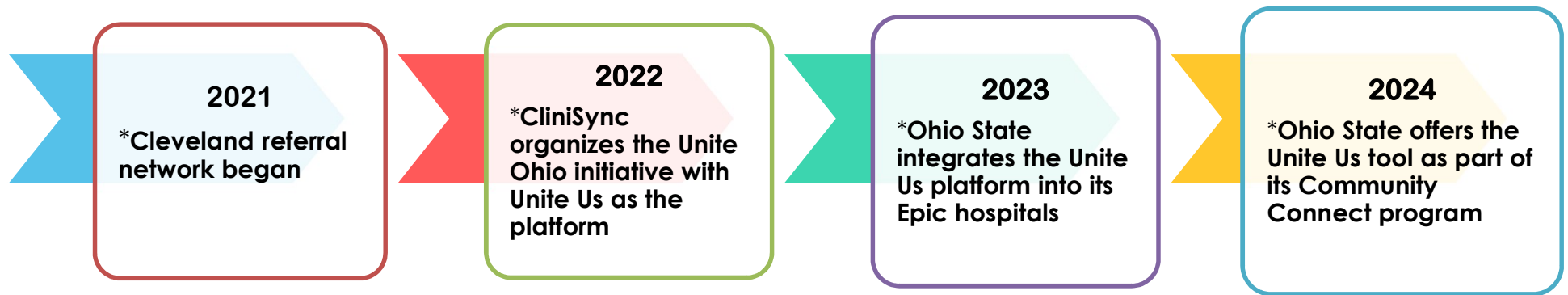
Timeline for Electronic Referrals through Unite Us
Network began in Northeast Ohio and has expanded statewide

2021
*Cleveland referral network began

2022
*CliniSync organizes the Unite Ohio initiative with Unite Us as the platform

2023
*Ohio State integrates the Unite Us platform into its Epic hospitals

2024
*Ohio State offers the Unite Us tool as part of its Community Connect program

- *Where CMS is heading with MIPS*
- *Role of Alternative Payment Models in MIPS reimbursement*
- *Importance of Patient Reported Outcome measures (PRO-PM)*
- *Changes in MSSP ACO reimbursement*

Things You Should Know

PROPOSED 2025 CHANGES TO THE QUALITY PAYMENT
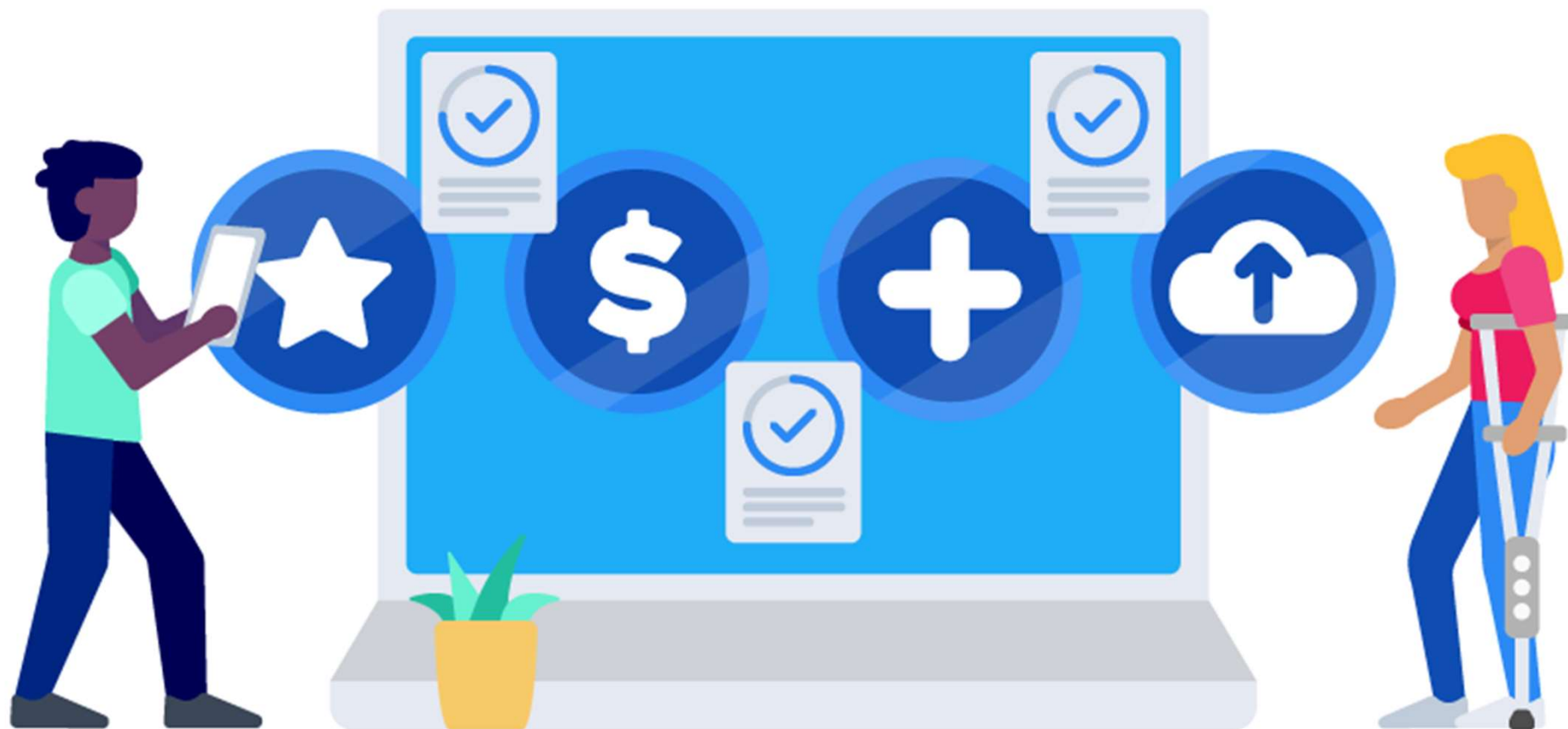
FUTURE OF QPP PROGRAM
REPLACEMENT OF MIPS WITH MVP

- Now in the eighth year of the QPP program

- <u>CMS's goal for 2030 is to have all traditional Medicare beneficiaries in an accountable care relationship with their health care provider.</u>

- Drive higher value care, supporting Advanced APM participation, increasing alignment to reduce burden, and promoting health equity.

- Exploring new care delivery and payment models – example: considering ambulatory are model supporting greater integration between specialty and primary care

- CMS still planning to sunset traditional MIPS reporting for MVP reporting

GENERAL MIPS/QPP PROPOSED CHANGES

Minimum score to avoid penalty proposed to remain at 75 points through CY2028

o Data completeness threshold of <u>at least 75%</u> through the CY2028 performance period.

o Clinicians participating in APMs that achieve QP status in CY2024 will receive +1.88% APM incentive bonus in CY2026

- QPs will also receive a higher PFS payment rate than non-QPs

- QPs will continue to be excluded from MIPS reporting and payment adjustments

SCORING FOR MULTIPLE MIPS DATA SUBMISSIONS

- *Information worth repeating on scoring*
  - If multiple submissions are received for an individual clinician, group, etc. from submitters from separate organizations (example: registry, practice, or EHR vendor), CMS will score each submission and assign the highest of the scores for the performance category.
  - If multiple submissions are received for an individual clinician, group, etc. from a submitter or submitters from the same organization, CMS will use the most recent submission.

CY2025 MIPS PROMOTING INTEROPERABILITY

OBJECTIVE	MEASURE	POINTS
Electronic Prescribing	E-Prescribing	10 points
	Query of PDMP	10 points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	15 points
	AND	
	Support of Electronic Referral Loops by Receiving & Reconciling Health information	15 points
	OR	
	Health Information Exchange Bi-Directional Exchange	30 Points
	OR	
	Enabling Exchange under TEFCA	30 Points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	25 Points
Public Health and Clinical Data Exchange	Report two (2) measures: Immunizations Registry & Electronic Case Reporting	25 points
	(BONUS) Report one of following: Syndromic Surveillance, Public Health Registry, or Clinical Data Registry	5 points (Bonus)

25

KEEP IN MIND…

Important things to remember about Promoting Interoperability

- Make sure you are taking time to complete your Safer Guide. With all the cybersecurity data breaches in healthcare, you want to show your insurer that you have done due diligence in reviewing your security practices.

- Make sure you are connecting in 2025 with CDC for eCR Now case reporting. You must complete the eCR Now build or take an exclusion in 2025.

High Priority for CMS!

Patient Reported Measures

OUTCOMES THAT MATTER TO PATIENTS

GUIDING PRINCIPLES FOR PATIENT-REPORTED OUTCOME MEASURES IN QUALITY REPORTING

GUIDING PRINCIPLES FOR PATIENT-REPORTED OUTCOMES (PRO)

CMS is committed to elevating the patient voice in healthcare.

- CMS defined patient-reported outcome as:

  "Any report of the status of a patient's health condition or health behavior coming directly from the patient without interpretation of the patient's response by a clinician or anyone else."

- PROMs (Patient Reported Outcome Measures) are structured tools used to collect data on PROs, tested for validity and reliability in the population of interest.

- CMS issuing RFI to seek comments on principles related to PROMs and PRO-PMs.
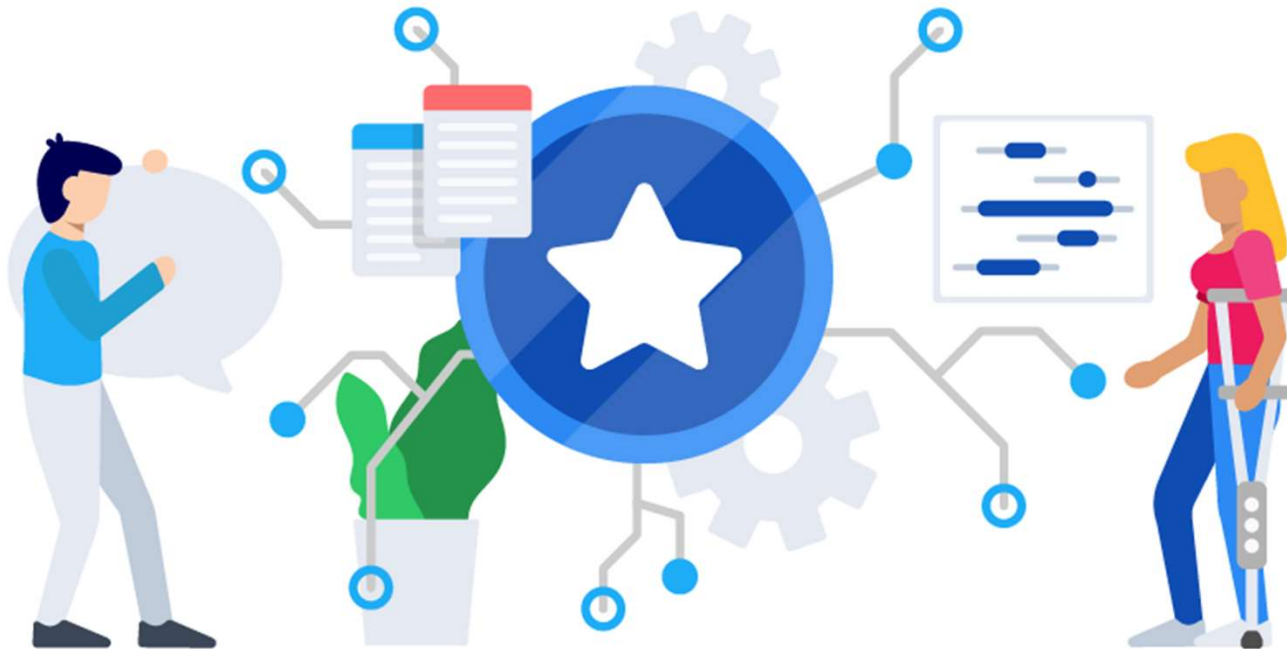
IMPROVEMENT ACTIVITIES

PROPOSED CHANGES TO WEIGHTING OF IMPROVEMENT ACTIVITIES

Proposing the elimination of the _weighting_ of Improvement Activities effective with CY2025

- o Benefits of categorizing activities as High or Medium weighted has greatly diminished.

- o Proposing that MIPS eligible clinicians participating in traditional MIPS would be required to report two (2) Improvement Activities.

- o Those with the Small Practices, Rural, HPSA, or non-Patient Facing special designation would be required to report one (1) Improvement Activity.

COST

CHANGES TO COST SCORING FOR MIPS

Modifying methodology for scoring the Cost performance category beginning with CY2024

- o Proposing six (6) new episode-based cost measures beginning with CY2025

- o Modifying two (2) existing episode-based cost measures so that their specifications reflect re-evaluated versions

- o Proposed a new Cost measure exclusion policy beginning with CY2025

CURRENT COST SCORING METHODOLOGY FOR MIPS

Current Methodology	
Points	Range of Costs Per Episode
1 - 1.9	$1330.65 - $1126.35
2 - 2.9	**$1126.34 - $1062.93**
3 - 3.9	$1062.92 - $1025.75
4 - 4.9	$1025.74 - $997.78
5 - 5.9	$997.77 - $969.73
6 - 6.9	$969.72 - $940.03
7 - 7.9	$940.02 - $904.83
8 - 8.9	$904.82 - $860.44
9 - 9.9	$860.43 - $779.69
10	$779.68

Proposed Methodology	
Points	Range of Costs Per Episode
1 - 1.9	$1,341.93 - $1,308.1
2 - 2.9	$1,308.09 - $1,274.26
3 - 3.9	$1,274.25 - $1,240.43
4 - 4.9	$1,240.42 - $1,172.75
5 - 5.9	$1,172.74 - $1,105.08
6 - 6.9	**$1,105.07 - $1,037.4**
7 - 7.9	$1,037.39 - $902.05
8 - 8.9	$902.04 - $834.38
9 - 9.9	$834.37 - $766.7
10	$766.69

MIPS VALUE PATHWAYS (MVP)

ROLE OF MVPS IN REPLACING MIPS

CMS has goal of full implementation of MVPs and sunsetting of Traditional MIPS reporting:

- "Implementing MVPs in MIPS to encourage clinicians to report on measures that are directly relevant to their clinical practice and connect the performance categories to better measure the value of care and support care improvements"

- Voluntary reporting of MVPs began in CY2023 (740 groups & clinicians registered to report MVPs in CY2023).

- CMS has not proposed a target year to sunset Traditional MIPS – considering CY2029.

PROPOSED CHANGES TO MVP SCORING

Updating scoring of Population Health measures in MVPs by using the highest score of all available population health measures.

- Will no longer be required to select Population Health measure.

- All MVP Improvement Activities assigned 40 points each

- Only one Improvement Activity required for an MVP

FIVE (5) NEWLY PROPOSED MVPS

o Complete Ophthalmologic Care

o Dermatological Care

o Gastroenterology Care

o Optimal Care for Patients with Urologic Conditions

o Pulmonology Care

o Surgical Care

Accountable Care Organizations (ACOs)

Better Care for **Individuals**

Better Health for **Populations**

Lower Growth in **Expenditures**

PROPOSED CHANGES TO THE MEDICARE SHARED SAVINGS PROGRAM

MEDICARE SHARED SAVINGS PROGRAM PROPOSED CHANGES

- ○ Proposing that Shared Savings ACO participants must report via the APM Performance Pathway (APP) Plus quality measure set starting in 2025 (eCQMs or Medicare CQMs).

- ○ CMS proposing to extend the eCQM reporting incentive to performance year 2024 and subsequent performance years.

- ○ Establishing a new "prepaid shared savings" option for ACOs with a history of earning shared savings.

- ○ CMS has goal of ensuring that benchmarking methodology includes sufficient incentive for ACOs service underserved communities.

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487	Screening for Social Drivers of Health	eCQM, Medicare CQM	APM Entity, Registry
493	Adult Immunization Status	eCQM, Medicare CQM	APM Entity, Registry

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COMMENTS

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QUESTIONS

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