The Retina Practice, Past, Present and Future

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Financial Disclosure

• Advisory Boards
  • Allergan
  • Genentech
  • Regeneron
• Speaker Bureaus
  • Allergan
  • Genentech
  • Regeneron

Agenda

• The Retina Practice
  • Past
    • Lasers
    • 3 hour vitrectomy
  • Present
    • Intravitreal Injections
    • 1 hour vitrectomy
  • Future
    • Volume to Quality Based system
The Past and The Present

- Diabetic Retinopathy
  - Focal Laser
  - PRP Laser
- Exudative Age-related Macular Degeneration
  - Juxtafoveal laser
  - Subfoveal laser

The Past

Study:
Laser photocoagulation of subfoveal neovascular lesions of age-related macular degeneration. Updated findings from two clinical trials. Macular Photocoagulation Study Group.


The Past

Objective:
To report 3- and 4-year visual outcomes in eyes followed up in two randomized clinical trials of laser photocoagulation for subfoveal choroidal neovascularization (CNV) secondary to age-related macular degeneration.

The Past

Conclusion:
Stronger evidence favoring laser photocoagulation of subfoveal CNV has been provided by continued follow-up of patients enrolled in these two clinical trials. The benefits of laser treatment have persisted through at least 4 years of follow-up in the Subfoveal New CNV Study and 3 years of follow-up in the Subfoveal Recurrent CNV Study.


The Present

• Anti-VEGF Therapy
  • Avastin (Bevacizumab)
  • Lucentis (Ranibizumab)
  • Eylea (Aflibercept)
• Indications
  • Exudative AMD
  • Diabetic Macular Edema (DME)
  • Macular Edema secondary to CRVO / BRVO

• Drug Financial Management
  • Acquisition
  • Inventory Management
  • Reimbursement
  • Accounts Receivable (AR)
  • Hidden overhead
    • Staff
    • Supplies
    • Training
The Present and The Future

- CMS Demonstration Project
  - Currently ASP + 6%
  - Proposed ASP + 2.5% + $16.80
  - Actual with sequestration
    - ASP + 0.86% + $16.53
  - Proposed Rule released March 11, 2016
  - Comment Period ends May 9, 2016
  - Selection by Primary Care Service Area (PCSA)
    - Zip Code

The Present

- Panretinal Photocoagulation (PRP)
  - Reduction in reimbursement
  - Global period change
    - 90 day to 10 day
  - CPT description (CPT Code 67228)
    - Removal of “1 or more sessions” designation

Global Period

- Major surgery
  - 90 day global period
- Minor surgery
  - 0 or 10 day global period
Coding Challenges

• Modifiers
  • Modifier 25
  • Modifier 57
• CPT description
  • “1 or more sessions” designation
  • Paid once during global period
• Medicare payment policies
• Private payer payment policies

The Past and The Present

1) History
  • HPI – History of Present Illness
  • ROS – Review of Systems
  • PFSH – Past Family and/or Social History
2) Examination
3) Medical Decision Making
  • Diagnoses or management options
  • Data
  • Risk

Medical Decision Making (MDM)

Medical Decision Making
• Number of diagnosis or management options
• Amount and/or complexity of data to be reviewed
• Risk of significant complications, morbidity, and/or mortality

Source: 1997 Evaluation and Management (E/M) Guidelines
Office Visit Coding

- 99204 New Patient Level 4 E/M Code
  - Comprehensive history
  - Comprehensive examination
  - Moderate Level of Medical Decision Making
  - Management of multiple diagnosis with associated risk
  - Elective major surgery
  - Macula off retinal detachment

Source: 1997 Evaluation and Management (E/M) Guidelines

Office Visit Coding

- 99205 New Patient Level 5 E/M Code
  - Comprehensive history
  - Comprehensive examination
  - High level of Medical Decision Making
  - Emergent major surgery
  - Macula on retinal detachment
  - Endophthalmitis
  - Same or next day surgery

Source: 1997 Evaluation and Management (E/M) Guidelines

The Present

- Physician Quality Reporting System
  - PQRS (formally PQRI / Initiative )
- Value-Based Payment Modifier
  - VBPM
- Meaningful Use
  - MU
- Accountable Care Organizations
  - ACOs
CMS Programs

- Physician Quality Reporting System (PQRS)
  - Measure reporting
    - Claims-Based
    - Registry
    - EHR
    - Measure Groups
  - Measure specific

CMS Programs

- Physician Quality Reporting System (PQRS)
  - PQRS Measure 385
    - Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
  - Reporting option?
    - Registry = YES
    - Claims-Based Reporting = NO

The Present and The Future

- Payment adjustment

In 2018, EPs who do not participate in PQRS and successfully report during the 2016 reporting period will be assessed a 2% reduction in all Medicare fee-for-service payments.

Source: ASCRS / ASOA 2016 PHYSICIAN QUALITY REPORTING SYSTEM Overview for Ophthalmic Practices
CMS Programs

- Value-Based Payment Modifier
  - VBPM or VBM
  - Value Modifier Program
- Focus on Cost and Quality
- Based on participation in PQRS
- Applied at the group level

Medicare Feedback Program

- Quality and Resource Use Reports (QRURs)
- Medicare Physician Fee-For-Service (MPFFS)

Most resource use and quality information in the QRURs is displayed as relative comparisons of performance among similar physicians or groups.

Source: CMS.gov, Medicare FFS Physician Feedback Programs/Value-Based Payment Modifier

Medicare Feedback Program

- Quality and Resource Use Reports (QRURs)

Source: CMS.gov, Medicare FFS Physician Feedback Programs/Value-Based Payment Modifier
CMS Programs

- Meaningful Use (MU)
  - Stage 1
    - Data capturing and sharing
  - Stage 2
    - Advanced clinical processes
  - Stage 3
    - Improved outcomes
  - Stage and incentive based on implementation year

Meaningful Use

- Payment adjustments

Providers who do not successfully attest to Meaningful Use in 2015 will receive a 3% penalty in 2017.

Providers who do not successfully attest in 2016 will receive a 4% penalty in 2018.

Source: ASCRS / ASOA EHR/Meaningful Use 2015-2017

CMS Programs

- Physician Quality Reporting System (PQRS)
- Value-Based Payment Modifier (VBPM)
- Meaningful Use / EHR (MU)

ARE WE DONE HERE!
Healthcare System Reform

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
  - The President signed into law April 2015
  - Sustainable Growth Rate (SGR) repealed
  - Established Merit-based Incentive Payment System (MIPS)

MIPS

Composite score based on 4 categories

<table>
<thead>
<tr>
<th>Quality</th>
<th>Resource Use</th>
<th>Clinical Practice Improvement Activities</th>
<th>Meaningful Use of CEHRT</th>
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- Tied to existing programs
  - Quality = PQRS
  - Resource Use = VBPM
  - Meaningful Use = MU

Clinical Practice Improvement Activities

- Subcategories
  - Expanded Practice Access
  - Population Management
  - Care Coordination
  - Beneficiary Engagement
  - Patient Safety and Practice Assessment
  - Participation in an APM

Source: CMS Quality Measure Development Plan: Supporting the Transition to the Merit‐based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) (DRAFT)
Clinical Practice Improvement Activities

• Stay tuned

Clinical Practice Improvement Activities

Overview - To identify existing gaps and support future measure development, MACRA requires the Secretary to consider clinical practice improvement activities among the five MIPS performance categories in at least the following subcategories: expanded practice scores, population management, care coordination, beneficiary engagement, patient safety and practice assessment, and participation in an APM (as defined in Section 1315(e)(3)(C) of the Act). We will consider clinical practice improvement activities in future updates to the MIPS.

Strategic Approach - No clinical practice improvement activities have yet been established under MIPS. In updates to the MIPS, CMS will evaluate clinical practice improvement activities to identify concepts that could result in transformative approaches to care measure development at the national level to address gaps in measurement and clinical care.

Source: CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) (DRAFT)

MIPS

• Current programs sunset in 2018
• MIPS begins in 2019

Alternative Payment Model (APM)

• Medicare Shared Savings Program
• Accountable Care Organization (ACO)
• Shared risk

If the ACOs are successful in improving quality and reducing spending, they receive a share of the savings achieved.

Source: CMS.gov: Finalized Changes to the Medicare Shared Savings Program Regulations
Payment System Reform

- 3 Choices starting in 2019
  - Merit-based Incentive Payment System (MIPS)
  - Alternate Payment Models (APMs)
  - Negative Payment Adjustments

The Future

MIPS Proposed Rule

Payment adjustments will begin in 2019, based on 2017 performance. As required by MACRA, CMS proposes to streamline the current quality reporting programs—PQRS, the Value-Based Payment Modifier (VBPM), and EHR Meaningful Use—into one program and add a new category, clinical practice improvement activities (CPIA). CMS has also renamed the EHR Meaningful Use component to “Advancing Care Information.”


Summary

- The past is connected to the present
- The present is connected to the future
- Stay on top of industry trends
- Understand current CMS Programs
- Physician and staff education is essential
Thank You!