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**MACRA and MIPS: An Analysis of the Final QRUR for the Full Year 2015
and the Value-Based Payment Modifier to be applied in 2017.**

**Final QRUR for the Full Year:  2015**

Released on September 27, 2016, this is an analysis of the **2015 Annual Quality and Resource Use Report (GRUR)** and the **2017 Value-Based Payment modifier**. The full report can be reviewed at: http://www.jameslhollymd.com/Letters/pdfs/cms-quality-resource-and-utilization-report- qrur-data-for-2015-for-setma-final.pdf.
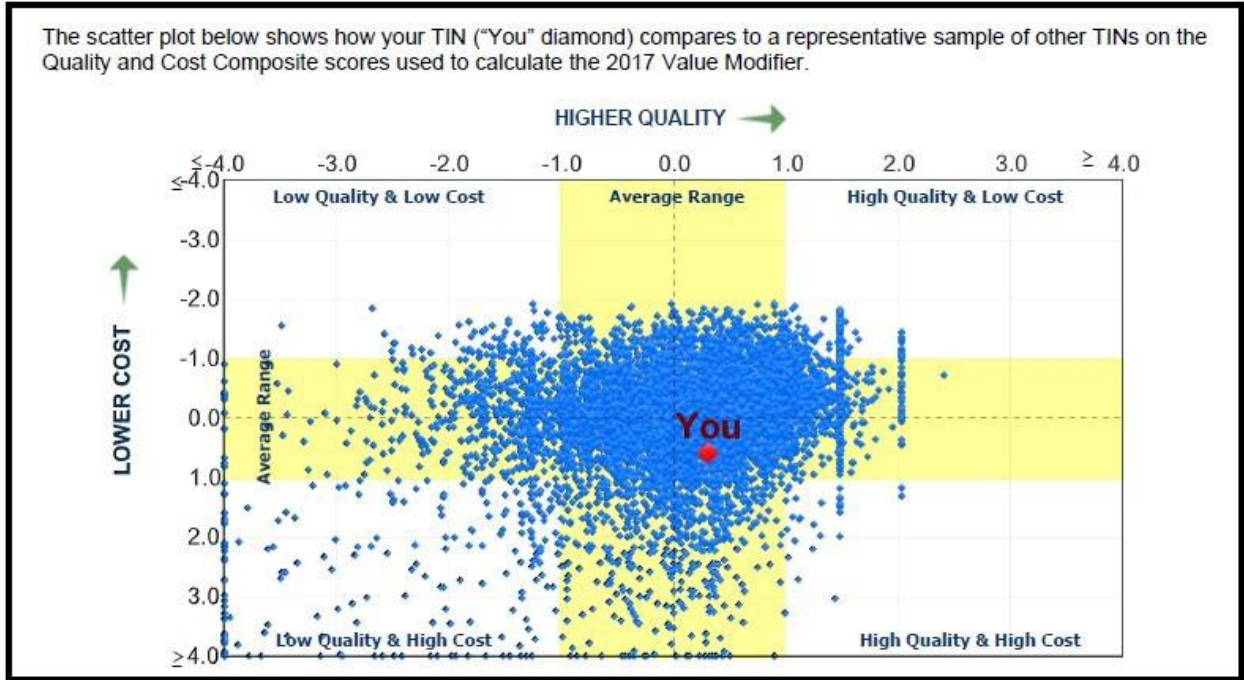
**Mid-Year GRUR for Half Year:  2015**

These results can be contrasted with the 2015 Mid-Year Quality and Resource Use Report: http://www.jameslhollymd.com/Letters/pdfs/cms-quality-resource-and-utilization-report-qrur-data-for- 2015-for-setma.pdf.

**Summary of GRUR Results for Full Year:  2014**

The 2015 Mid-Year and 2015 Final Year QRUR can be contrasted with the summary from 2014 results which are displayed at: http://www.jameslhollymd.com/Letters/mips-advanced-care-information- clinical-practice-improvement-pc-mh.

The following is the "scatter plot" for 2015 of a representative sample of other Taxpayer Identification Numbers (TIN):

The scatter plot below shows how your TIN ("You" diamond) compares to a representative sample of other TINs on the Quality and Cost Composite scores used to calculate the 2017 Value Modifier.

SETMA's TIN's overall performance was determined to be average on quality measures and average on cost measures. Therefore, the Value Modifier applied to payments for items and services under the Medicare Physician Fess Schedule for physicians billing under SETMA's TIN will result in a neutral adjustment, meaning no adjustment (O.0%). All of the options under MACRA and MIPS for Value Modifier Payment Adjustments under Quality-Tiering are seen in the following exhibit.
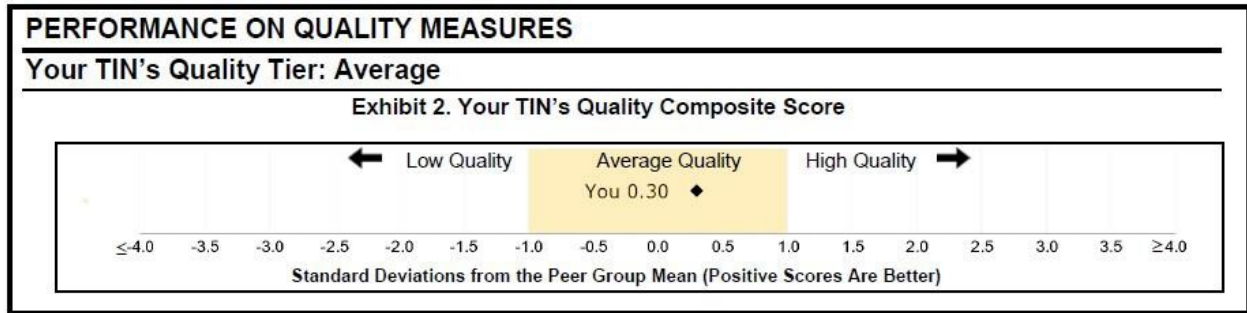


Exhibit 1. 2017 Value Modifier Payment Adjustments under Quality-Tiering
(TINs with 10 or More Eligible Professionals)

|  | Low Quality | Average Quality | High Quality |
|---|---|---|---|
| Low Cost | 0.0% | +2.0 x AF | +4.0 x AF |
| Average Cost | -2.0% | 0.0% | +2.0 x AF |
| High Cost | -4.0% | -2.0% | 0.0% |

The Range of Average Performance on both the Quality Composite Score and on the Cost/Resource Utilization Score is with a one standard deviation above our below the mean (or average). SETMA's performance on quality measures is show in the exhibit below to be 0.30 above the mean. In the case of quality higher is better.

It will be SETMA's goal in 2017 to improve our quality performance to at least one standard deviation above the meant so as to move SETMA into the High Quality quadrants in the scatter plot above and simultaneously to move into the Low Cost quadrant in that scatter plot. This would place SETMA in the Right Upper Quadrant of the scatter plot.

Our plans for doing that are discussed in the document at the following link: http://www.jameslhollymd.com/Letters/requirements-of-the-medicare-access-and-chip-reauthorization- act, and in other publications on our website.

## PERFORMANCE ON QUALITY MEASURES
### Your TIN's Quality Tier: Average

**Exhibit 2. Your TIN's Quality Composite Score**

← Low Quality          Average Quality          High Quality →
                       You 0.30  ◆

| ≤-4.0 | -3.5 | -3.0 | -2.5 | -2.0 | -1.5 | -1.0 | -0.5 | 0.0 | 0.5 | 1.0 | 1.5 | 2.0 | 2.5 | 3.0 | 3.5 | ≥4.0 |

Standard Deviations from the Peer Group Mean (Positive Scores Are Better)

**Effective Clinical Care Domain Quality Indicator Performance for 2015**

The 2015 Annual Quality and Resource Use Report (GRUR) and the 2017 Value-Based Payment modifier includes the following **Effective Clinical Care Domain Quality Indicator Performance.** The full report can be reviewed at: http://www.jameslhollymd.com/Letters/pdfs/cms- quality-resource-and-utilization-report-qrur-data-for-2015-for-setma-final.pdf.

**Exhibit 3-ECC. Effective Clinical Care Domain Quality Indicator Performance**
Domain Score

You 0.45  ◆

| ≤-4.0 | -3.0 | -2.0 | -1.0 | 0.0 | 1.0 | 2.0 | 3.0 | ≥ 4.0 |

Standard deviations from the mean (positive scores are better)

| Measure Identification Number(s) | Measure Name | Your TIN | | | | All TINs in Peer Group | |
|---|---|---|---|---|---|---|---|
| | | Number of Eligible Cases | Performance Rate | Standardized Performance Score | Included in Domain Score? | Benchmark (National Mean) | Standard Deviation |
| 119 (CMS134v3) | Diabetes: Medical Attention for Nephropathy | 6,197 | 88.58% | 0.55 | Yes | 76.06% | 22.93 |
| 204 (GPRO IVD-2, CMS164v3) | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic | 4,905 | 72.66% | -0.28 | Yes | 79.60% | 25.03 |
| 236 (GPRO HTN-2, CMS165v3) | Controlling High Blood Pressure | 15,162 | 71.88% | 0.19 | Yes | 69.03% | 14.78 |
| 241 (CMS182v4) | Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (< 100 mg/dL) | 4,010 | 77.88% | 1.34 | Yes | 51.53% | 19.66 |
| 316 (CMS61v4) | Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed | 27,545 | 74.51% | — | No | — | — |
| 316 (CMS64v4) | Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C) | 21,299 | 75.67% | — | No | — | — |

As can be seen in this data performance on the following quality indicators were very good except for one (in quality measures a positive standard deviation is good; a negative is below standards and above a 1.0 standard deviation places the group in the high quality performance quadrant).
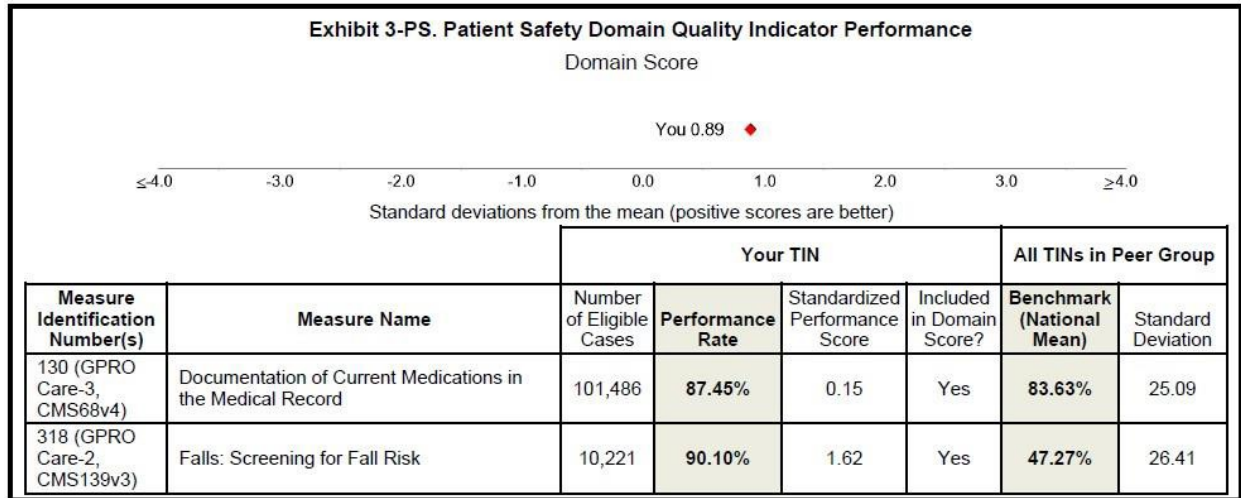
- **Diabetes Medical Attention for Nephropathy**, standard deviation **positive 0.56**. The mean was 76.6% and SETMA's performance was **88.58%**.
- **Ischemic Vascular Disease (IVD) use of Aspirin or Another Antithrombotic**, standard deviation was a **negative 0.28**. The mean was 79.60% and SETMA's performance was **72.66%.** This is the only element of this domain which was substandard for SETMA.
- **Preventive Care and Screening Cholesterol Fasting Low Density Lipoprotein (LDL-C) Test Performed**, standard deviation is a **positive 1.34**. The mean was 51.53% and SETMA's performance was **77.88%.**

**Community/Population Health Domain Quality Indicator Performance**

The following is the composite score for the domain. SETMA's composite score is 0.30 standard deviation above the mean, which is positive. However, it will be our intention to move this in 2017 to at least one standard deviation above the mean.

### Exhibit 3-CPH. Community/Population Health Domain Quality Indicator Performance

Domain Score

You 0.30 ◆

| ≤-4.0 | -3.0 | -2.0 | -1.0 | 0.0 | 1.0 | 2.0 | 3.0 | ≥4.0 |

Standard deviations from the mean (positive scores are better)

| Measure Identification Number(s) | Measure Name | Your TIN | | | | All TINs in Peer Group | |
|---|---|---|---|---|---|---|---|
| | | Number of Eligible Cases | Performance Rate | Standardized Performance Score | Included in Domain Score? | Benchmark (National Mean) | Standard Deviation |
| 128 (GPRO Prev-9, CMS69v3) | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | 28,052 | 86.43% | 0.84 | Yes | 63.92% | 26.66 |
| 226 (GPRO Prev-10, CMS138v3) | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | 22,733 | 84.17% | -0.25 | Yes | 89.05% | 19.34 |

**Patient Safety Doman Quality Indicator Performance**



Exhibit 3-PS. Patient Safety Domain Quality Indicator Performance
Domain Score

You 0.89

| Measure Identification Number(s) | Measure Name | Your TIN | | | | All TINs in Peer Group | |
|---|---|---|---|---|---|---|---|
| | | Number of Eligible Cases | Performance Rate | Standardized Performance Score | Included in Domain Score? | Benchmark (National Mean) | Standard Deviation |
| 130 (GPRO Care-3, CMS68v4) | Documentation of Current Medications in the Medical Record | 101,486 | 87.45% | 0.15 | Yes | 83.63% | 25.09 |
| 318 (GPRO Care-2, CMS139v3) | Falls: Screening for Fall Risk | 10,221 | 90.10% | 1.62 | Yes | 47.27% | 26.41 |

Two measures are included in this domain:

- **Documentation of Current Medication in the Medical Record**, standard deviation, **positive 0.15**. The mean is 83.63%; SETMA performance is **87.45%.**
- **Falls, Screening for Fall Risk**, standard deviation **positive 1.62**. The mean is 47.27%, SETMA's performance is **90.10%**.

**Performance on Cost Measures**

SETMA's cost for treating Medicare Fee-for-Service beneficiaries remains above the mean but still within one standard deviation. We have instituted steps to decrease our rate of admissions and to look at cost outliers which may be able to move us toward the mean on cost.
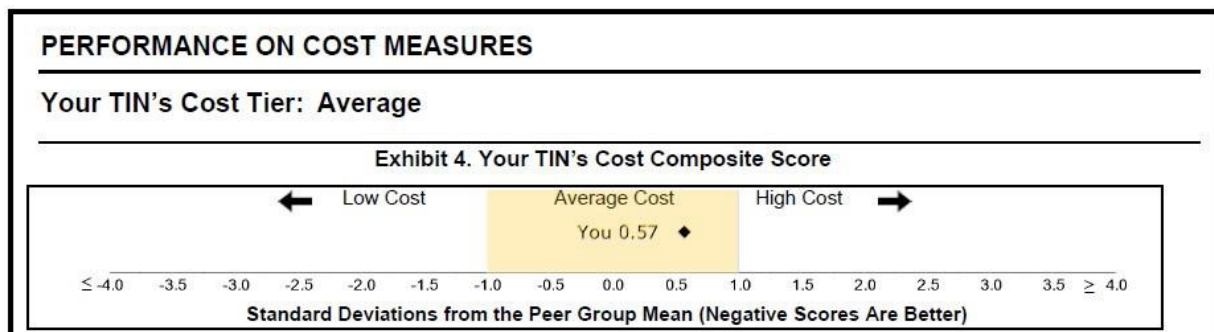


PERFORMANCE ON COST MEASURES

Your TIN's Cost Tier: Average

Exhibit 4. Your TIN's Cost Composite Score

Low Cost    Average Cost    High Cost
You 0.57

Standard Deviations from the Peer Group Mean (Negative Scores Are Better)

## Exhibit 5-AAB. Costs for All Attributed Beneficiaries Domain

Domain Score

You 0.56 ♦

| -4.0 | -3.0 | -2.0 | -1.0 | 0.0 | 1.0 | 2.0 | 3.0 | ':::: 4.0 |

Standard deviations from the mean domain score (negative scores are better)

| Cost Measure | Your TIN | | | | All TINs in Peer Group | |
|---|---|---|---|---|---|---|
| | Number of Eligible Cases or Episodes | Per Capita or Per Episode Costs | Standardized Cost Score | Included in Domain Score? | Benchmark (National Mean) | Standard Deviation |
| Per Capita Costs for All Attributed Beneficiaries | 5,173 | $14,320 | 0.54 | Yes | $12,326 | $3,665 |
| Medicare Spending per Beneficiary | 668 | $21,310 | 0.57 | Yes | $20,599 | $1,254 |