

# HIMSS MACRA NPRM Fact Sheet

## Merit-Based Incentive Payment System (MIPS): Resource Use Performance Category



### Topics

Resource Use Performance Category of the Merit-Based Incentive Payment System (MIPS) component of CMS *Proposed Rule*: RIN 0938-AS69

### Regulatory Approach

CMS proposes that this category of MIPS replaces the cost component of the Value Modifier Program (VM) aka Resource Use. It accounts for 10 percent of the Total Performance Score in year 1.

CMS starts with existing condition and episode-based measures, and total per capita costs for attributed beneficiaries. Measures are adjusted for geographic and risk factors. All measures are equally weighted within the category, with no minimum number of measures to receive a score. All measures used are derived from claims data and there is no submission required.

New care episode groups, patient condition groups and patient relationship categories and related codes will be developed; new measures will be incorporated when available.

The following measures cover both chronic and acute episodes, and combine separate but clinically related services into an episode of care. Information here limited to Clinical Topic, Episode Name and whether measure was included in 2014 Quality and Resource Use Reports (sQRUR) (y/n):

### **Breast**

- Mastectomy for Breast Cancer (Y)

### **Cardiovascular**

- Acute Myocardial Infarction without PCI/CABG (Y)
- Abdominal Aortic Aneurysm (N)
- Thoracic Aortic Aneurysm (N)
- Aortic/Mitral Valve Surgery (Y)
- Atrial Fibrillation (AFib)/Flutter, Acute Exacerbation (Y)
- Atrial Fibrillation (AFib)/Flutter, Chronic (N)
- Coronary Artery Bypass Graft (CABG) (Y)
- Heart Failure, Acute Exacerbation (Y)
- Heart Failure, Chronic (N)
- Ischemic Heart Disease (IHD), Chronic (N)
- Pacemaker (Y)
- Percutaneous Cardiovascular Intervention (PCI) (Y)

### **Cerebrovascular**

- Ischemic Stroke (Y)
- Carotid Endarterectomy (Y)

### **Gastrointestinal**

- Cholecystitis (N)
- *Clostridium difficile* Colitis (N)
- Diverticulitis of Colon (N)

### **Genitourinary**

- Prostatectomy for Prostate Cancer (Y)

### **Infectious Disease**

- Kidney and Urinary Tract Infection (UTI) (N)

### **Metabolic**

- Osteoporosis (N)

### **Neurology**

- Parkinson Disease (N)

### **Musculoskeletal**

- Rheumatoid Arthritis (N)
- Hip/Femur Fracture or Dislocation Treatment, Inpatient (IP)-Based (Y)
- Hip Replacement or Repair (N)
- Knee Arthroplasty (Replacement) (N)
- Spinal Fusion (N)

### **Respiratory**

- Asthma/Chronic Obstructive Pulmonary Disease (COPD), Acute Exacerbation (Y)
- Asthma/Chronic Obstructive Pulmonary Disease (COPD), Chronic (N)
- Pneumonia, Community Acquired, Inpatient (IP)-Based (Y)
- Pneumonia, Community Acquired, Outpatient (OP)-Based (N)
- Pulmonary Embolism, Acute (N)
- Upper Respiratory Infection, Acute, Simple (N)

### **Vascular**

- Deep Venous Thrombosis of Extremity, NOS, Acute (N)

Detailed descriptions and information about these measures, including episode logic can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-Feedback.html> under the link for Method A – Technical.

The following measures complement previous CMS and provide additional episode types. They represent acute conditions and costly conditions that prevail in the Medicare population. All measures were included in 2014 sQRUR (y/n):

### **Gastrointestinal**

- Cholecystectomy and Common Duct Exploration
- Colonoscopy and Biopsy
- Transurethral Resection of the Prostate (TURP) for Benign Prostatic Hyperplasia

### **Infectious Disease**

- Kidney and Urinary Tract Infection (UTI)

### **Ophthalmology**

- Lens and Cataract Procedures

### **Musculoskeletal**

- Hip Replacement or Repair
- Knee Arthroplasty (Replacement)

Detailed descriptions and information about these measures, including episode logic can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-Feedback.html> under the link for Method B – Technical.

### **Additional Information**

CMS will use the attribution logic used in the 2014 sQRUR with modifications for individual or group assessment. For individuals, CMS will use Tax Identification Number/National Provider Identifier (TIN/NPI). For groups, CMS will use the TIN under which the group reports.

CMS proposes to use a minimum of 20 cases for all measures listed above. No measure will be included without average moderate reliability of at least 0.4 for 20 episodes.

CMS intends to align facility-based MIPS measures across quality and resource use performance categories to provide future consistency. CMS will determine Part D cost incorporation based on comments and other considerations.

### **Implications for Health IT**

Ensuring claims data quality will be of paramount importance as the payment focus evolves from reporting to assessment of value in improving clinical outcomes and the use of HIT. Since the measures discussed in this HIMSS Fact Sheet require no reporting, there is no impact on HIT from that standpoint.

### **Resources**

[Executive Overview](#)

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Contact **Rod Piechowski**, Senior Director, HIS at [rpiechowski@himss.org](mailto:rpiechowski@himss.org)