Update: The Quality Payment Program

Susy Postal DNP, RN-BC

Chief Health Informatics Officer

June 14, 2017

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Important Note: Sections of this presentation were developed in collaboration with Centers for Medicare & Medicaid Services (CMS).

Some slides are courtesy of CMS from various CMS webinars and presentations about the Quality Payment Program.

Objectives

1. High level review of the final rule with comments, addressing framework paths: Merit Based Incentive Payment Systems (MIPS) and Advanced Alternative Payment Models (APMs).

2. Identify steps to prepare for the Quality Payment Program within the IHS.

3. Discuss CMS Web Interface

Quality Payment Program Overview

Quality Payment Program: Two Paths

Health care providers to take part in CMS' quality programs in one of two ways:

1. Merit-Based Incentive Payment System (MIPS)

2. Advanced Alternative Payment Models (Advanced APMs)

MIPS Performance Categories

How will physicians and practitioners be scored under MIPS?

A single MIPS composite performance **score** will factor in performance in **4 weighted performance categories on a 0-100 point scale**:

Quality

Improvement Activities

Advancing Care Information

***Cost**

FINAL SCORE

*Cost= 0 % weighting the first year

Who Will Participate in MIPS?

Medicare Part B clinicians billing **more than $30,000 in allowed charges** a year **AND** providing care for **more than 100 Part B-enrolled Medicare patients** a year.
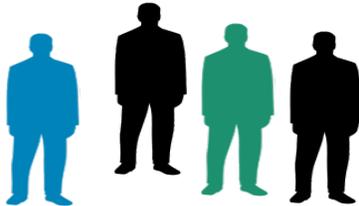
Affected clinicians are called **"MIPS eligible clinicians"** and will participate in MIPS.

Years 1 and 2

Years 3+

Secretary may broaden Eligible Clinicians group to include others such as

Doctors of Medicine, Doctors of Osteopathy, Chiropractors, Dentists, Optometrists, Podiatrists, Nurse Practitioners, Physician Assistants, Certified Registered Nurse Anesthetists, And Clinical Nurse Specialists
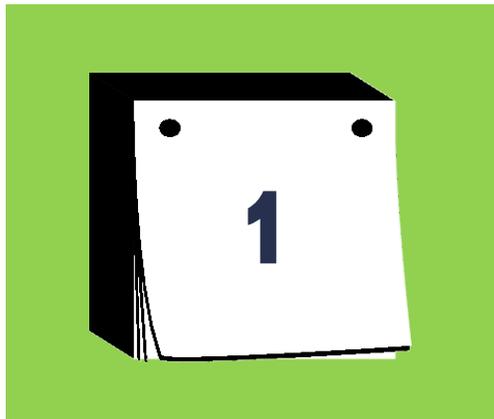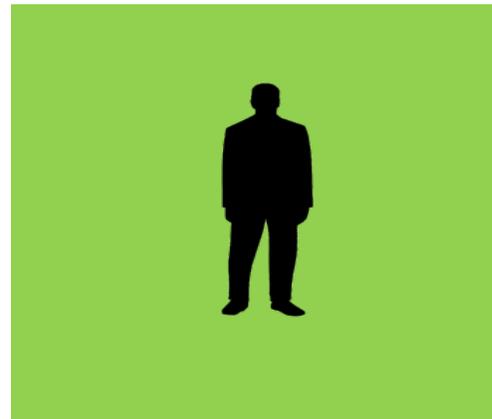
Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals

Who will NOT Participate in MIPS?

There are **3 groups** of clinicians who will NOT be subject to MIPS:

FIRST year of Medicare Part B participation

Below **low-patient volume** threshold

Certain participants in **ADVANCED** Alternative Payment Models

*Has billed for Medicare Part B allowed charges less than or equal to $30,000 **OR** provided care for 100 or fewer Part B-enrolled Medicare patients in one year*

Note: MIPS **does not** apply to hospitals or facilities (Part A)

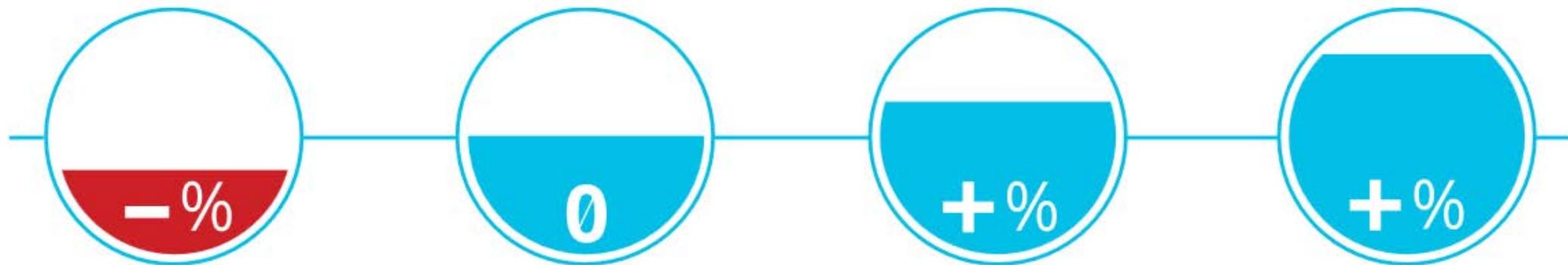# Quality Payment Program: Pick Your Pace

❑ Ready- Begin January 1, 2017

❑ Not Quite Ready

  ▪ Start anytime between January 1, 2017 - October 2, 2017.

❑ Send in Performance Data by March 31, 2018

MIPS: Pick Your Pace

Don't Participate	Submit Something	Submit a Partial Year	Submit a Full Year
−%	0	+%	+%
Not Participating	Test	Partial	Full

Positive adjustments are based on performance data on the performance information submitted.
Not the amount of information or the length of times submitted.

Pick Your Pace for Participation for the Transitional Year

DO SOMETHING!

MIPS

Participate in an Advanced Alternative Payment Model

- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

Test Pace

Submit Something

- Submit some data after January 1, 2017

- Neutral or small payment adjustment

Partial Year

Submit a Partial Year

- Report for 90-day period after January 1, 2017

- Small positive payment adjustment

Full Year

Submit a Full Year

- Fully participate starting January 1, 2017

- Modest positive payment adjustment

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.
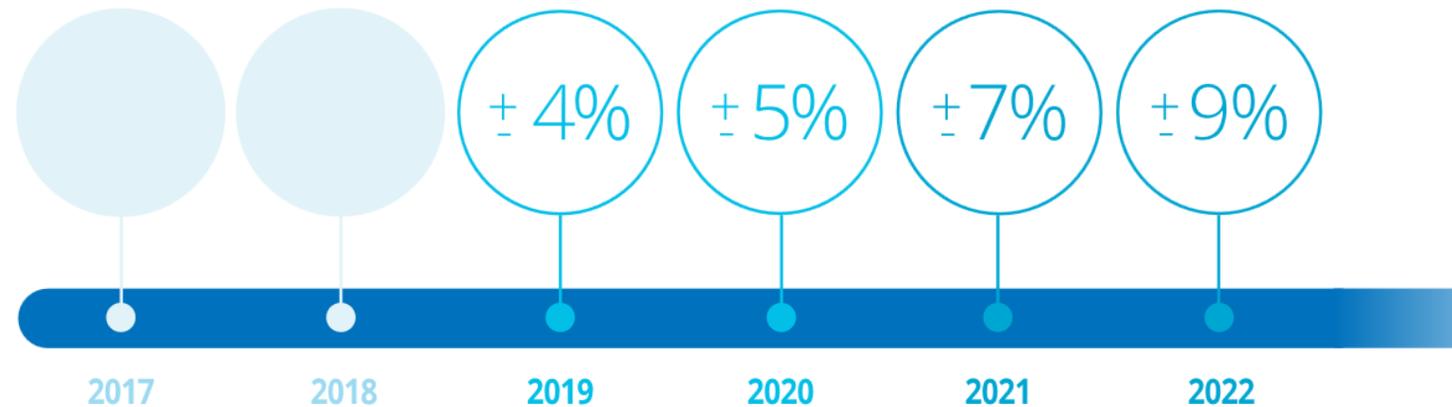
APM: Participating in the APM Path

+5%

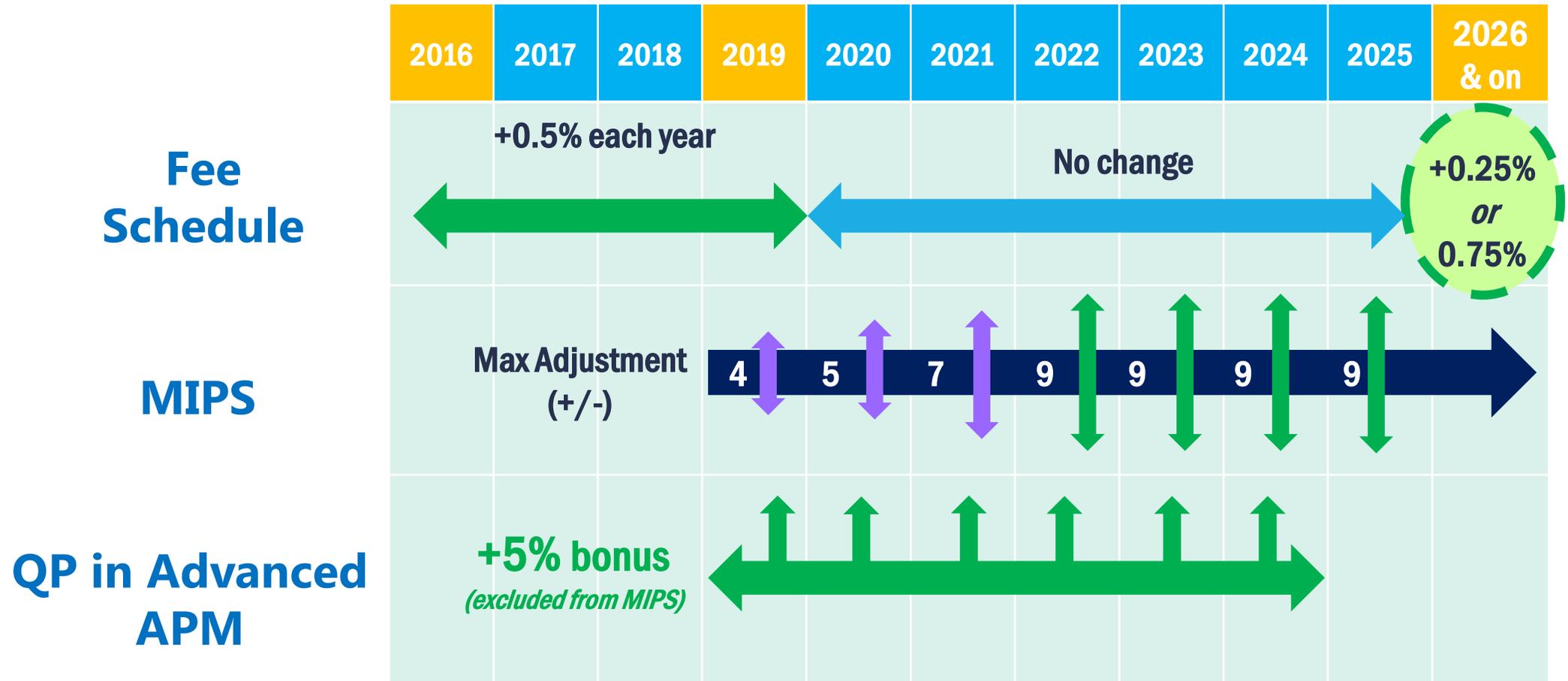**Participate in the Advanced APM path:**

If you receive 25% of Medicare payments or see 20% of your Medicare patients through an Advanced APM in 2017, then you earn a 5% incentive payment in 2019.

The cycle of the program looks like this:

+ 4%   + 5%   + 7%   + 9%

2017   2018   2019   2020   2021   2022

Putting it all together

2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026 & on

Fee Schedule

+0.5% each year

No change

+0.25% *or* 0.75%

MIPS

Max Adjustment (+/-)

| 4 | 5 | 7 | 9 | 9 | 9 | 9 |

QP in Advanced APM

+5% bonus
(excluded from MIPS)

Steps to Prepare for the Quality Payment Program

QPP / MACRA Next Steps for IHS

Operationalize the Quality Payment Program

- ❑ IHS's Quality Payment Program- MACRA National Working Group
- ❑ Encourage using resources - IHS Website and LISTSERV
- ❑ Provide Community Outreach - training and education
    - Crosswalked eCQM with MIPS Measures
    - Defined QPP – MACRA Roles and Responsibilities
    - Webinar Series
    - Review approved registries

Eligibility:
Check Your Participation Status

☐ CMS website

☐ CMS MIPS Participation Status Letters

Source: https://qpp.cms.gov/

https://qpp.cms.gov/resources/education

Steps to Prepare for the Quality Payment Program

Utilize Quality Payment Program Resources:

- ☐ Centers for Medicare & Medicaid Services (CMS): https://qpp.cms.gov

- ☐ Training, Education and Technical Assistance Resource Information: https://qpp.cms.gov/resources

- ☐ IHS Resources: https://www.ihs.gov/qpp/

CMS Website
https://qpp.cms.gov/resources/education

Technical Assistance Support

Technical Assistance Resource Guide

- ☐ Small, Underserved, & Rural Support (SURS)
  - ▪ Small practices of 15 or fewer clinicians
  - ▪ Practices in rural locations, health professional shortages areas (HPSAs), and medically underserved areas (MUAs)

- ☐ Quality Innovation Networks – Quality Improvement Organizations (QIN-QIOs)
  - ▪ Large practice of more than 15 clinicians

- ☐ Transforming Clinical Practice Initiative (TCPI)
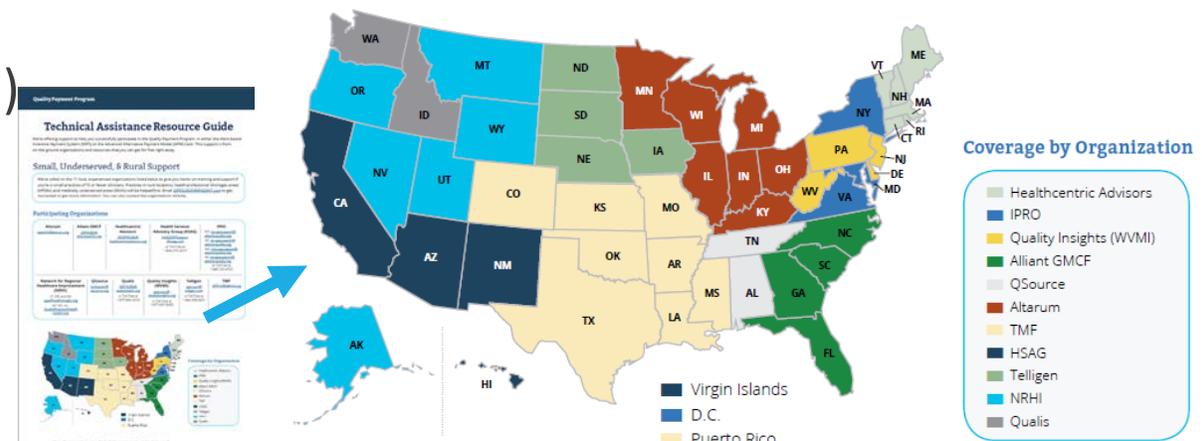
Coverage by Organization

- Healthcentric Advisors
- IPRO
- Quality Insights (WVMI)
- Alliant GMCF
- QSource
- Altarum
- TMF
- HSAG
- Telligen
- NRHI
- Qualis

- Virgin Islands
- D.C.
- Puerto Rico

Map of organizations providing small, underserved, and rural support

Source: https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf

Roles and Responsibilities of QPP

Indian Health Service		
Quality Payment Program (QPP)		
Planning	**Planning**	**Planning**
MU Stage 3 ▼	MACRA Stage ▼	2015 CEHRT Stage ▼
(Magnitude of Effort - High)	**(Magnitude of Effort - High)**	**(Magnitude of Effort - High)**
Area MU Coordinator	National MACRA Coordinator	Area MU Coordinator
Site MU Coordinator 1. Identify Eligible Professionals 2. Identify Eligible Hospitals 3. Understanding Stage 3 Requirements	Area MACRA Coordinator	Area MACRA Coordinator
Area CAC	Site MACRA Coordinator	
Site CAC	Area MU Coordinator	
	Site MU Coordinator	Site MU Coordinator
Physician Champion (Healthcare Provider)	Area CAC	Area CAC
Nurse Champion (Healthcare Provider) 1. Understanding Stage 3 Requirements	Site CAC	Site CAC
Area ISSO	Area ISSO	Area ISSO
	IT Specialist	IT Specialist
	Physician Champion (Healthcare Provider)	Provider)
	Nurse Champion (Healthcare Provider)	Nurse Champion (Healthcare Provider)
Area Health Information Management (HIM) Staff		
Comments:	Comments:	Comments:

Information Technology Roles and Responsibilities for QPP

Role	Responsibilities	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
OIT Informaticist	Analyzes Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT) so that it can be developed in EHR. Confirms functionality built to support use in field, Provides communication and training to site and area levels when enhancements/ patches are built. Supports testing.		x	x	x						x	x
Area IT Specialist	Provides Health IT (e.g. RPMS, EHR, iCare) configuration. Maintains IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.		x	x							x	x
Site IT Specialist	Site specific and works with Area and OIT. Health IT (e.g. RPMS, EHR, iCare) Configuration. Maintain IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.										x	x
Providers/ Clinicians/ Others												

Area IT Specialist
Provides Health IT (e.g. RPMS, EHR, iCare) configuration. Maintains IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.

Site IT Specialist
Site specific and works with Area and OIT. Health IT (e.g. RPMS, EHR, iCare) Configuration. Maintain IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.

IHS QPP - MACRA Resources

IHS Website: https://www.ihs.gov/qpp/

IHS QPP Website

IHS QPP LISTSERV

LISTSERV Email: MACRA@listserv.ihs.gov
Subscribe URL: https://www.ihs.gov/listserv/topics/signup/?list_id=357

CMS Web Interface

LISA MARIE GOMEZ, MPA, MPH

HEALTH INSURANCE SPECIALIST

CMS WEB INTERFACE LEAD

CMS Web Interface

One of six data submission methods, includes the CMS Web Interface

Web Interface Quality Measures (15 Measures)
- MIPS groups electing to report via the CMS Web Interface should refer to the Quality Measure Specifications and Quality Measures Specifications Documents on the Quality Payment Program website at qpp.cms.gov under the Education and Tools tab to ensure that the group will be able to report on the measures.

Participation and Reporting Criteria
- Groups of 25 or more eligible clinicians reporting quality data to CMS.
- Submit/ Report 12 months of quality data (Jan 1-Dec 31 for the 2017 performance year) for all 15 Web Interface Quality Measures (satisfies Quality Performance Category)

2017 Registration for CMS Web Interface
- Groups can register to participate in the 2017 CMS Web Interface Registration between April 1, 2017 and June 30, 2017 (11:59 pm EDT).

Source: https://qpp.cms.gov/docs/QPP_CMS_Web_Interface_Fact_Sheet.pdf

Quality Payment Program   **Fact Sheet**

2017 Merit-based Incentive Payment System (MIPS): CMS Web Interface Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of reporting programs with a single system where Medicare physicians and clinicians have a chance to be rewarded for better care. You'll be able to practice as you always have, but you may receive higher Medicare payment based on your performance. There are two (paths in this program:
- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

Focusing on the CMS Web Interface

Under MIPS, there are six data submission methods, including the CMS Web Interface (formerly known as the GPRO Web Interface) which is a secure internet based data submission option for groups of 25 or more eligible clinicians reporting quality data to CMS.

By choosing the Web Interface, you eliminate the need to search for and select quality measures because you agree to report on all 15 Web Interface measures. Participating via the Web Interface means that you have at least 25 eligible clinicians that submit 12 months of quality data (Jan 1-Dec 31) for the 2017 performance year.

Should you choose to participate in MIPS via the CMS Web Interface, consider the following:
1. Determine that your group is eligible to participate in MIPS
   - You are a group of clinicians billing more than $30,000 in Medicare Part B allowed charges UNDER and providing care for more than 100 Medicare Part B patients a year.
   - Your group is a single Taxpayer Identification Number (TIN) with two or more eligible clinicians (including at least one MIPS eligible clinician) as identified by their National Provider Identifiers (NPI) who have reassigned their Medicare billing rights to their TIN. MIPS eligible clinicians include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and groups that include such clinicians.

Resources

Centers for Medicare & Medicaid Services. (November 2, 2016) Advanced Alternative Payment Models (APMs) in The Quality Payment Program (slide deck) Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html

Centers for Medicare & Medicaid Services. **2017 Merit-based Incentive Payment System (MIPS): CMS Web Interface Fact Sheet.** (April, 12, 2017) Available at https://qpp.cms.gov/docs/QPP_CMS_Web_Interface_Fact_Sheet.pdf

Centers for Medicare & Medicaid Services. Quality Payment Program: **Educational Resources**. Available at :https://qpp.cms.gov/resources/education

Centers for Medicare & Medicaid Services. MACRA: Delivery System Reform, Medicare Payment Reform. Available at: https://www.c ms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html

Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System (MIPS): 2017 CMS-Approved Qualified Clinical Data Registries (QCDRs)** . (May 25, 2017) Available at: https://qpp.cms.gov/docs/QPP_2017_CMS_Approved_QCDRs.pdf

Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System (MIPS): 2017 CMS-Approved Qualified Registries.** . (May 11, 2017) Available at: https://qpp.cms.gov/docs/QPP_MIPS_2017_Qualified_Registries.pdf

Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System: Advancing Care Information Performance Category**. Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Advancing-Care-Information-Presentation.pdf

Centers for Medicare & Medicaid Services. **The Merit-Based Incentive Payment Systems (MIPS)**. Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-MIPS-NPRM-Slides.pdf

Centers for Medicare & Medicaid Services. Quality Payment Program: **Technical Assistance Resource Guide.** (May 10, 2017) Available at **https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf**

Federal Register. Final Rule with Comments 42 CFR Parts 414 and 495. Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models. (November 4, 2016) Available at: https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm

Questions

susy.postal@IHS.gov