An Overview of MIPS - Quality Payment Program for 2017 Transition Year

#1 in an Educational Webinar Series for IHS

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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.

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Important Note: This presentation was developed in collaboration with Centers for Medicare & Medicaid Services (CMS).

Slides are courtesy of CMS from various CMS webinars and presentations about the Quality Payment Program.
Objectives

1. Identify the background and purpose of the Quality Payment Program (QPP): Medicare Access and CHIP Reauthorization Act (MACRA) of 2015
2. Discuss who is Eligible for the Quality Payment Program
3. Provide Overview of Reporting Categories and Reporting Options for MIPS
4. Recognize Roles for Implementing the Quality Payment Program
5. Introduce Educational Webinar Series
MACRA For 2017

MACRA = Medicare Access and CHIP Reauthorization Act of 2015
QPP = Quality Payment Program
MIPS = Merit-Based Incentive Payment System
APM = Advanced Alternative Payment Model
  ◦ Advanced APM (like CPC+)
Transition Year = 2017 Only

Most of IHS will report through MIPS Option.
Quality Payment Program (QPP)

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Streamlines** multiple quality reporting programs into the new **Merit-based Incentive Payment System (MIPS)**
- **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**

First step to a fresh start

- CMS is listening and help is available
- A better, smarter Medicare for healthier people
- Pay for what works to create a Medicare that is enduring
- Health information needs to be open, flexible, and user-centric
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 (APMs)

Advanced Alternative Payment Models (APMs)
If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

The Merit-based Incentive Payment System (MIPS)
If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.
Who Participates?
Which clinicians does The Quality Payment Program affect? (Will it affect me?)

Short answer: Quality Payment Program affects clinicians who participate in Medicare Part B.
Who Will Participate in MIPS?

Medicare Part B clinicians billing **more than $30,000** a year **AND** providing care for **more than 100 Medicare patients** a year.

Affected clinicians are called **“MIPS eligible clinicians”** and will participate in MIPS.

**Years 1 and 2**

Doctors of Medicine, Doctors of Osteopathy, Chiropractors, Dentists, Optometrists, Podiatrists, Nurse Practitioners, Physician Assistants, Certified Registered Nurse Anesthetists, And Clinical Nurse Specialists

**Years 3+**

Secretary may broaden Eligible Clinicians group to include others such as

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:

1. **FIRST year of Medicare Part B participation**
2. **Below low patient volume threshold**
3. **Certain participants in ADVANCED Alternative Payment Models**

- Medicare billing charges less than or equal to $30,000 **OR** provides care for 100 or fewer Medicare patients in one year

Note: MIPS **does not** apply to hospitals or facilities (Part A)
Small, Rural and Health Professional Shortage Areas (HPSAs) Exceptions

- Established low-volume threshold
  - Less than or equal to $30,000 in Medicare Part B allowed charges or less than or equal to 100 Medicare patients

- Reduced requirements for Improvement Activities performance category
  - One high-weighted activity or
  - Two medium-weighted activities

- Increased ability for clinicians practicing at Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Federally Qualified Health Centers (FQHCs) to qualify as a Qualifying APM Participant (QP).
Reporting Categories under MIPS
Currently there are **multiple quality and value reporting programs** for Medicare clinicians: 

- Physician Quality Reporting Program (PQRS)
- Value-Based Payment Modifier (VM)
- Medicare Electronic Health Records (EHR) Incentive Program (Meaningful Use)

The Quality Payment Program/MACRA streamlines those programs into MIPS
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**

*Cost = 0 % weighting the first year*
Year 1 Performance Category Weights for MIPS

QUALITY 60%

ADVANCING CARE INFORMATION (ACI) 25%

IMPROVEMENT ACTIVITIES 15%

Cost: Counted starting in 2018
Quality Payment Program: Pick Your Pace

- Ready - Begin January 1, 2017
- Not Quite Ready
- Send in Performance Data by March 31, 2018
MIPS Flexible Options for Reporting - 2017
MIPS: Pick Your Pace

Don’t Participate          Submit Something          Submit a Partial Year          Submit a Full Year

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

Participate in an Advanced Alternative Payment Model

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

MIPS

Test Pace
- Submit some data after January 1, 2017
- Neutral or small payment adjustment

Partial Year
- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year
- Fully participate starting January 1, 2017
- Modest positive payment adjustment

DO SOMETHING!

Submit Something
Submit a Partial Year
Submit a Full Year

DOMORETHING!

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.
Points & Adjustments

Score 0

CMS Sample (p1282-1286 of final rule)
Actual could be higher or lower

- No Reporting
  - 4% penalty

- Report Something

Final score of 3.0 - 69.9 points will result in:
- avoidance of penalty
- possibility for slight positive base incentive
  (max of ~ 0.9%)

- 70 pts

Final score of 70 or greater:
- avoidance of penalty
- positive base incentive
- high performer bonus
  (max total incentive ~2.4%)

- 100 MIPS Points
How much can MIPS adjust payments?

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments up to the percentages below.

The potential maximum adjustment % will increase each year from 2019 to 2022.
Performance Period


Source: https://qpp.cms.gov/
2017 – Getting Started
Getting Ready to Participate in MIPS

- Assemble your team for QPP planning
- Determine your eligibility status.
- Choose if you will be reporting as an individual or group.
- Determine readiness and choose “how you want to start.”
- Choose data submission options.
  ✓ 2014 EHR certification.
- Determine what is realistic for you to report to avoid a penalty
  • What is the simplest thing to report?
  • What quality measures are you familiar with and working on?
  • Have you been attesting to Meaningful Use?
  • Do your current improvement activities align with a QPP Improvement Activity?
- Review your chosen item(s) to determine a start date
- Use CMS resources (QPP website) to explore options on measures to use.
Identifying Roles and Responsibilities

TEAM Approach
- Recommended Roles from HQ MACRA Working Group
  - MACRA Coordinator
  - Active Participation from all Departments
  - Reality – Resources are Limited
  - Transition, New, Additional
  - Integrate into your Quality Activities

Lesson Learned from MU:
- Spread the Knowledge and the Tasks of the Quality Payment Program
- Achieve Program Success and tangible Quality Improvement
MACRA Educational Webinars

- Provide guidance on the path to participating in MACRA –QPP Program
- Present in shorter sessions on specific topics on QPP
- Focus Information and Examples for IHS/Tribal/Urban environment
MACRA Educational Series

Initial Three Webinar Topics and Dates

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Other Ideas for Topics:
Review of each Option in more Detail; TEST Option – Submit Something, Partial Year Option, Full Year Reporting and Planning for 2018
MIPS Scoring Strategy
What must we do with non-MIPS providers and Hospitals?
Sessions to assist with various Option Questions and Lessons Learned
Contact the Quality Payment Program:
Visit qpp.cms.gov or email QPP@cms.hhs.gov or call 1-866-288-8292 (Mon-Fri 8 AM to 8 PM ET).
TTY users can call 1-877-715-6222.

CMS has organizations on the ground to provide help to clinicians who are eligible for the Quality Payment Program:

Transforming Clinical Practice Initiative (TCPI): TCPI is designed to support more than 140,000 clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies. Clinicians participating in TCPI will have the advantage of learning about MIPS and how to move toward participating in Advanced APMs. Click here to find help in your area.

Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs): The QIO Program’s 14 QIN-QIOs bring Medicare beneficiaries, providers and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality. More information about QIN-QIOs can be found here.

If you are in an APM: The Innovation Center’s Learning Systems can help you find specialized information about what you need to do to be successful in the Advanced APM track. If you are in an APM that is not an Advanced APM, then the Learning Systems can help you understand the special benefits you have through your APM that will help you be successful in MIPS. More information about the Learning Systems is available through your model’s support inbox.

**List is being prepared of those Organizations available for Support in your States.**
LISTSERV Email: MACRA@listserv.ihs.gov
Subscribe URL: https://www.ihs.gov/listserv/topics/signup/?list_id=357

IHS Website: https://www.ihs.gov/qpp/
Choosing Your 2017 Plan

Avoid the Penalty
- Easier to meet in 2017 than in 2016
- Multiple options

Achieve a Positive Adjustment
- Look at quality measure benchmarks to aid in measure selection
- Report for 90 days or longer

Shoot for the High Performance Bonus!!

DO SOMETHING!
Questions
Survey

Please take the time to complete the short Survey.

We can better align Future Webinars with your Needs!