The Quality Payment Program: CMS’s Data Submission Tool Overview

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

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Some slides are courtesy of CMS from various CMS webinars and presentations about the Quality Payment Program.
Quality Payment Program Overview
Quality Payment Program: Two Participation Tracks

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

The Merit-based Incentive Payment System (MIPS)

*If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.*

Advanced APMs

Advanced Alternative Payment Models (Advanced APMs)

*If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.*
Currently there are **multiple quality and value reporting programs** for Medicare clinicians.

The Quality Payment Program/ MACRA streamlines (combines) legacy programs into a single, improved reporting program = **MIPS**
Clinician Impact

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.
MIPS Quality Payment Program
Eligibility

For 2017 and 2018, types of clinicians:

- Physicians
  - Doctors of Medicine
  - Doctors of Osteopathy
- Dentists
- Optometrists
- Chiropractors
- Podiatrists
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists

*No change in the types of clinicians eligible to participate in 2018*
Quality Payment Program: Pick Your Pace (CY 2017)

- Ready - Begin January 1, 2017
- Not Quite Ready
- Send in Performance Data by March 31, 2018
MIPS: Pick Your Pace (CY 2017)

Positive adjustments are based on performance data from the performance information submitted. **Not the amount of information or the length of times submitted.**
QPP Landing Page

Modernizing Medicare to provide better care and smarter spending for a healthier America.

What's the Quality Payment Program?
CMS Data Submission Tool
Sign Into QPP with Enterprise Identity Management (EIDM) Credentials

Sign in to QPP

To sign in to QPP, you need to use your Enterprise Identity Management (EIDM) credentials, and you must have an appropriate user role associated with your organization.

You may have used these credentials in the past to login to the CMS Enterprise Portal and/or to submit data to the Physician Quality Reporting System (PQRS).

ENTER EIDM USER ID
User ID

ENTER EIDM PASSWORD
Password

☐ Show password

STATEMENT OF TRUTH

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

☐ Yes, I agree.

Sign in

Forgot your credentials? Go to the CMS Enterprise Portal to reset your user ID or password.

Don't have a user account yet? Visit the CMS Enterprise Portal to create one, or call 1-866-288-8292. For TTY: 1-877-715-6222.

EIDM Training Video – Submitting a Role Request and completing RIDP
https://www.youtube.com/watch?v=OmL4JOOQ7Rc
Data Submission - Key Tips

Data is saved as you progress in submission.

Data results will display if you have already submitted via Electronic Health Record (EHR) or Registry. Otherwise, you will need to upload the appropriate file and format.

Data can be changed in the tool at any time up to March 31, 2018.

The highest number of points will be used for QPP Scoring in the Quality Section.
Log in: Multifactor Authentication

Code send via Phone Text SMS message or email which is set up in EIDM Account
Account Designations

QPP Practices Linked to your Account
Report as Group or Individual
Group Reporting Dashboard

Report data for the group
You can update your data at any time the submission window is open (January 1 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.
2 Quality Submission Options

Select categories to report

Drag and Drop File in either the QPP JavaScript Object Notation (JSON) or Quality Reporting Document Architecture (QRDA) 3 format.
Score Calculation from File Submission
Quality Measure: EHR Submission Summary

Maximum 60 Quality Points Achieved

This submission achieved a performance score higher than the 60 Quality points allowed for the program. The maximum Quality performance score is 60 points.

Measures that count toward Quality Performance Score (6)

Your Measure Score includes both performance points and bonus points.

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Performance Rate</th>
<th>Measure Score</th>
<th>Download Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Depressant Medication Management</td>
<td>93.66%</td>
<td>11.0</td>
<td></td>
</tr>
<tr>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
<td>95.47%</td>
<td>11.0</td>
<td></td>
</tr>
</tbody>
</table>
Measure: Scoring Detail
Additional Measures: Met Measure Requirement

Measures submitted but do not count towards quality (31)

These measures were submitted and earned either performance or bonus points. They either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission.

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Performance Rate</th>
<th>Measure Score</th>
<th>Download Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</td>
<td>84.21%</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
<td>81.63%</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>82.64%</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate</td>
<td>87.54%</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>
Scores by Submission Method: Dual Submission

*HIGHEST Score will be used for Submission.*
Advancing Care Information (ACI) Performance Category Reporting

ACI on index
ACI Performance Period: Date
ACI: Measure Set Selection

In 2017, there are two measure set options for reporting:

1. 2017 Advancing Care Information Transition Measures
2. Advancing Care Information Measures

The option you will use to send in data is based on your Certified EHR Technology edition.

1. In 2017, MIPS eligible clinicians can alternatively report the 2017 Advancing Care Information Transition Measures if they have:
   - Technology certified to the 2015 edition; or
   - Technology certified to the 2014 edition; or
   - A combination of technologies certified to the 2014 and 2015 Editions

2. MIPS Eligible clinicians can report the Advancing Care Information Measures if they have:
   - Technology certified to the 2015 edition; or
   - A combination of technologies certified to the 2014 and 2015 editions that support these measures

Need help identifying your electronic health record technology version?
ACI: Measure Set based on EHR Certification
ACI: Attestation Statements

Three Options for ACI reporting:

- Prevention of Information Blocking Attestation
  - Yes
  - No

- ONC Direct Review Attestation
  - Yes
  - No

- ONC-ACB Surveillance Attestation (Optional)
  - Yes
  - No
MIPS: ACI Transition of Care Measures

- Protect Patient Health Information
- Electronic Prescribing (eRx)
- Health Information Exchange (at least 1)
- Patient Electronic Access (at least 1)
- Patient Specific Education
- Medication Reconciliation
- Secure Messaging
- Immunization Registry
- Public Health and Clinical Data Registry Reporting
- Improvement Activity Using CEHRT

(BASE Measures are in bold)
(BONUS Measures are Italics)
ACI Base Measures: e-Prescribing
ACI: Measure Specifications

**Merit-Based Incentive Payment System (MIPS)**
**2017 Advancing Care Information Performance Category**
**E-Prescribing Transition Measure**

**Objective:** E-Prescribing

**Measure:** At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CHandR.

**Definition of Terms**

Prescription: The authorization by a MIPS eligible clinician to dispense a drug that would not be dispensed without such authorization.
ACI Base Measures:
Security Risk Analysis & Provide Patient Access

2017 Advancing Care Information Transition Measures

**Security Risk Analysis**
Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR 164.302(a)(2)(iv) and 45 CFR 164.306(a)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician’s risk management process.

**Provide Patient Access**
At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician’s discretion to withhold certain information.

The proportion value is not yet valid, so it will not be saved.
ACI Base Measures:
Health Information Exchange

Provide Patient Access
At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.

ACL_TRANS_PEA_1

Health Information Exchange
The MIPS eligible clinician who transitions or refers their patient to another setting of care or health care clinician (1) uses CEHR to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.

ACL_TRANS_HIE_1
ACI: Optional Performance Measures

- Immunization Registry Reporting
  - The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.
  - Performance Score: 0 / 10

- Patient-Specific Education
  - The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific education.
ACI: Indicators of Successful Submission

**Advancing Care Information Score: 100 / 100**

*Optional Performance Measures*

**Secure Messaging**
For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the performance period.

- **ACL_TRANS_SH_1**
  - **Numerator:** 100
  - **Denominator:** 100

**View, Download, or Transmit (VDT)**
At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period.

- **ACL_TRANS_PEA_2**
  - **Numerator:** 0
  - **Denominator:** 100
ACI: Additional Registry Bonus
ACI: Improvement Activity Bonus

ACI Performance Category Fact Sheet has a list of 18 Measures that apply.
(Population Management, Care Coordination, Beneficiary Engagement, Integrated Behavioral Health)
Improvement Activities (IA) Performance Category

• Choose Performance Period – No limitation on number of days.
IA Reporting Selection

Search on a Word/Phrase

Engagement of new Medicaid patients and follow-up

Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.

Patient Centered Medical Home Attestation

I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.

Filter
IA: Medium Weight Measures

Improvement Activities Score: 10/40

Showing 19 Activities

Filter (1) Filtered – Search Activities

Achieving Health Equity 1/1

Leveraging a QCDR to standardize processes for screening

Participation in a QCDR, demonstrating performance of activities for use of standardized processes for screening for social determinants of health such as food security, employment, and housing. Use of supporting tools that can be incorporated into the certified EHR technology is also suggested.

IA_AHE_2 MEDIUM +10 CEHRT Eligible

Behavioral and Mental Health 0/2

Electronic Health Record Enhancements for BH data capture
IA Patient Centered Medical Home (PCMH): Full Points
Advancing Care Information Performance Category Fact Sheet:  https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Advancing-Care-Information-Performance-Category-Fact-Sheet.pdf

CMS MIPS Data Submission Video:  https://www.youtube.com/watch?v=q0Cvke6fnrg&feature=youtu.be


EIDM Training Video:  Submitting a Role Request and completing RIDP: https://www.youtube.com/watch?v=OmL4JOOQ7Rc


Questions

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