Update: The Quality Payment Program

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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: 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. Identify the background and purpose of the Quality Payment Program (QPP): Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

2. Review the final rule with comments, addressing framework paths: Merit Based Incentive Payment Systems (MIPS) and Advanced Alternative Payment Models (APMs).

3. Discuss payment adjustments and bonuses related to MIPS and APMs.

4. Identify measures submitted for Improvement Activity.

5. Identify steps to prepare for the Quality Payment Program within the IHS.
Quality Payment Program Overview
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
April 27, 2016: Notice of Proposed Rule Making
October 14, 2016: Final Rule with Comments
2017: Performance Period (MIPS & APMs)
2019: Payment Year for Quality Payment Program

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Quality Payment Program: Pick Your Pace

- Ready - Begin January 1, 2017
- Not Quite Ready
- Send in Performance Data by March 31, 2018
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)
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

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

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

**Years 3+**
- Physical or occupational therapists
- Speech-language pathologists
- Audiologists
- Nurse midwives
- Clinical social workers
- Clinical psychologists
- Dietitians / Nutritional professionals

Secretary may broaden Eligible Clinicians group to include others such as 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.
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**

- **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)
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

**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

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

**MIPS**
- Submit Something
- Submit a Partial Year
- Submit a Full Year

**DO SOMETHING!**

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.
Incentives for Advanced APM Participation
What is an Alternative Payment Model (APM)?

APMs are **new approaches to paying** for medical care through Medicare that **incentivize quality and value**.

As defined by **MACRA**, **APMs include**:

- **CMS Innovation Center model** (under section 1115A, other than a Health Care Innovation Award)
- **MSSP** (Medicare Shared Savings Program)
- **Demonstration** under the Health Care Quality Demonstration Program
- **Demonstration** required by federal law

**MACRA does not change how any particular APM rewards value.**

APM participants who are not “QPs” will receive **favorable scoring under MIPS**.

Only **some** of these APMs will be **Advanced** APMs.
QPP provides additional rewards for participating in APMs.

Potential financial rewards

- **Not in APM**: MIPS adjustments
- **In APM**: MIPS adjustments + APM-specific rewards
- **In Advanced APM**: APM-specific rewards + 5% lump sum bonus

*If you are a qualifying APM participant (QP)*
Putting it all together

Fee Schedule

- 2016: +0.5% each year
- 2017 to 2022: No change
- 2023 to 2025: +0.25% or 0.75%

MIPS

- Max Adjustment (+/-)
- 2016 to 2025: 4, 5, 7, 9, 9, 9, 9, 9

QP in Advanced APM

- +5% bonus (excluded from MIPS)
Annual Call for MIPS Measures
Annual Call for MIPS Measures:

Submitting Measures and Activities for MIPS

The Centers for Medicare & Medicaid Services (CMS) opened the submission period for the Annual Call for Measures and Activities of the Merit-Based Incentive Payment System (MIPS) track of the Quality Payment Program (QPP).

The Annual Call for Measures and Activities allows providers and measure stewards from stakeholder organizations to identify and submit measures and activities for three of the four MIPS performance categories:

1. Quality measures for the quality performance category;
2. EHR measures for the advancing care information performance category; and
3. Activities for the improvement activities performance categories for consideration.

Source: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallForMeasures.html
Annual Call for MIPS Measures: Fact Sheet

Fact Sheet:


Submission Forms:

Annual Call for MIPS Measures:

Submission Details

- **Quality**: Measures proposed for inclusion should be submitted through JIRA. Submissions should include the JIRA Measures Under Consideration (MUC) template and other associated documents CMS deems necessary for the submission process.

- **Advancing Care Information**: Measures proposed for inclusion should be sent using the Advancing Care Information Submission Form to CMSCallforMeasuresACI@ketchum.com.

- **Improvement Activities**: Activities proposed for inclusion should be sent using the Improvement Activities Submission Form to CMSCallforActivitiesIA@ketchum.com.

Submission forms will be accepted for review through June. Read the Call for Measures Fact Sheet to learn more and to understand the process for submitting measures for the MIPS performance categories.

Source: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallForMeasures.html
IHS Submitted: Improvement Activities

- **Improvement Activity Subcategory:** Population Management
- **Activity:** Increasing adult immunization coverage
- **Measure:** Age appropriate routine vaccination for all adults 19 years and older
  - Tetanus & diphtheria (Td)
  - Tetanus, diphtheria & acellular pertussis vaccine (Tdap)
  - Pneumococcal vaccines (e.g. PCV 13 & PPSV 23)

- **Question:** Amy V. Groom, MPH (IHS Immunization Program Manager)

Note: this measure was submitted to CMS on 2/27/17 and has not been approved for use by CMS.
Steps to Prepare for the Quality Payment Program
Getting Ready to Participate in MIPS

- Identify which Tracks you’re taking
  - MIPS vs. Advanced APM
- Determine your eligibility status.
- Determine readiness and choose “how you want to start.”
- Choose if you will be reporting as an individual or group.
- Decide if you will work with a third party intermediary
  - Consider using Qualified Clinical Data Registry (QCDR).
- Use CMS resources (website) to explore options on measures to use.
Eligibility: Check Your Participation Status

- CMS website
- CMS MIPS Participation Status Letters

Source: [https://qpp.cms.gov/](https://qpp.cms.gov/)  
[https://qpp.cms.gov/resources/education](https://qpp.cms.gov/resources/education)  
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
Steps to Prepare for the Quality Payment Program

Utilize Quality Payment Program Resources:

- Centers for Medicare & Medicaid Services (CMS):
  https://qpp.cms.gov
- IHS Resources: https://www.ihs.gov/qpp/
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)

## Indian Health Service

### Quality Payment Program (QPP)

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<thead>
<tr>
<th>Planning</th>
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<tbody>
<tr>
<td>MU Stage 3</td>
<td>MACHA Stage</td>
<td>2015 CEPHT Stage</td>
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<td>(Magnitude of Effort - High)</td>
<td>(Magnitude of Effort - High)</td>
<td>(Magnitude of Effort - High)</td>
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<thead>
<tr>
<th>Role</th>
<th>Area MU Coordinator</th>
<th>National MACHA Coordinator</th>
<th>Area MU Coordinator</th>
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<tr>
<td>Site MU Coordinator</td>
<td>1. Identify Eligible Professionals 2. Identify Eligible Hospitals 3. Understanding Stage 3 Requirements</td>
<td>Area MACHA Coordinator</td>
<td>Area MACHA Coordinator</td>
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<tr>
<td>Area CAC</td>
<td>Site MACHA Coordinator</td>
<td>Area MU Coordinator</td>
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<tr>
<td>Site CAC</td>
<td>Site MU Coordinator</td>
<td>Site MU Coordinator</td>
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<td>Physician Champion (Healthcare Provider)</td>
<td>Area CAC</td>
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<tr>
<td>Nurse Champion (Healthcare Provider) 1. Understanding Stage 3 Requirements</td>
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<td>Physician Champion (Healthcare Provider) (Provider)</td>
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<tr>
<td>Nurse Champion (Healthcare Provider) (Provider)</td>
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| Area Health Information Management (HIM) Staff | Comments: | Comments: | Comments: |

**Roles and Responsibilities of QPP**
# Information Technology Roles and Responsibilities for QPP

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<tr>
<th>Role</th>
<th>Responsibilities</th>
<th>Policy Expert</th>
<th>Develops Training Material</th>
<th>Training</th>
<th>Community Outreach</th>
<th>Meets with Clinicians</th>
<th>Works with IST</th>
<th>Assists with Attestation</th>
<th>Selects Quality measures</th>
<th>Submits Performance Measures</th>
<th>Health IT (e.g. EHR, RPMS, Configuration Testing)</th>
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<tr>
<td><strong>Information Technology</strong></td>
<td>Analyses Performance Categories (ACI, Quality, IA) (Items and certification ver) (e.g. RPMS, EHR) that can be developed in IT, Confirms functionality/locates support in core, Provides communication and training to site and area level when enhancement/patch are built. Supports testing.</td>
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<td><strong>Area IT Specialist</strong></td>
<td>Provides Health IT (e.g. RPMS, EHR, 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.</td>
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<tr>
<td><strong>Site IT Specialist</strong></td>
<td>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.</td>
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IHS Website:  https://www.ihs.gov/qpp/

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

Future Plans for RPMS

- Perform Market Research
  - Explore what products can interface with EHR to submit CQMs

- Update Clinical Quality Measures (CQM) Logic
  - Workgroup completed initial review (high level analysis)
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. Quality Payment Program: Modernizing Medicare to provide better care and smarter spending for a healthier America. Available at: https://qpp.cms.gov/


Questions

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