Update: The Quality Payment Program

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Chief Health Informatics Officer

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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. 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)
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
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+**

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:

- **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**
- **Send in Performance Data by March 31, 2018**
MIPS: Pick Your Pace

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

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

DO SOMETHING!
APM: Participating in the APM Path

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:

- 2017
- 2018
- 2019: ±4%
- 2020: ±5%
- 2021: ±7%
- 2022: ±9%
## Putting it all together

### Fee Schedule

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage Change</th>
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<tbody>
<tr>
<td>2016</td>
<td>+0.5% each year</td>
</tr>
<tr>
<td>2017</td>
<td></td>
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<tr>
<td>2018</td>
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<tr>
<td>2019</td>
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<td>2020</td>
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<td>2021</td>
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<tr>
<td>2022</td>
<td>No change</td>
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<td>2023</td>
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<td>2024</td>
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<td>2025</td>
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<tr>
<td>2026 &amp; on</td>
<td>+0.25% or 0.75%</td>
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</table>

### MIPS

Max Adjustment (+/-):
- 2016: 4
- 2017: 5
- 2018: 7
- 2019: 9
- 2020: 9
- 2021: 9
- 2022: 9
- 2023: 9
- 2024: 9
- 2025: 9
- 2026 & on: 9

### QP in Advanced APM

+5% bonus (excluded from MIPS)
Steps to Prepare for the Quality Payment Program
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/)
[https://qpp.cms.gov/resources/education](https://qpp.cms.gov/resources/education)
Steps to Prepare for the Quality Payment Program

Utilize Quality Payment Program Resources:

- IHS Resources: [https://www.ihs.gov/qpp/](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)

# Roles and Responsibilities of QPP

## Indian Health Service

### Quality Payment Program (QPP)

<table>
<thead>
<tr>
<th>Planning</th>
<th>Planning</th>
<th>Planning</th>
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<tbody>
<tr>
<td><strong>MU Stage 3</strong></td>
<td><strong>MACHA Stage</strong></td>
<td><strong>2015 CEHRT Stage</strong></td>
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<tr>
<td>(Magnitude of Effort - High)</td>
<td>(Magnitude of Effort - High)</td>
<td>(Magnitude of Effort - High)</td>
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<tr>
<td><strong>Area MU Coordinator</strong></td>
<td><strong>National MACHA Coordinator</strong></td>
<td><strong>Area MU Coordinator</strong></td>
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<td><strong>Site MU Coordinator</strong></td>
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<tr>
<td>1. Identify Eligible Professionals</td>
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<td>2. Identify Eligible Hospitals</td>
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<td>3. Understanding Stage 3 Requirements</td>
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<tr>
<td>Area CAC</td>
<td>Site MACHA Coordinator</td>
<td>Area MACRA Coordinator</td>
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<tr>
<td>Site CAC</td>
<td><strong>Area MU Coordinator</strong></td>
<td><strong>Site MU Coordinator</strong></td>
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<tr>
<td><strong>Physician Champion (Healthcare Provider)</strong></td>
<td>Area CAC</td>
<td>Area CAC</td>
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<tr>
<td><strong>Nurse Champion (Healthcare Provider)</strong></td>
<td>Site CAC</td>
<td>Site CAC</td>
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<tr>
<td>1. Understanding Stage 3 Requirements</td>
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<td><strong>IT Specialist</strong></td>
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<td><strong>Physician Champion (Healthcare Provider)</strong></td>
<td><strong>Provider</strong></td>
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<tr>
<td><strong>Nurse Champion (Healthcare Provider)</strong></td>
<td><strong>Provider</strong></td>
<td><strong>Provider</strong></td>
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**Area Health Information Management (HIM) Staff**

**Comments:**

**Comments:**

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**INDIAN HEALTH SERVICE / OFFICE OF INFORMATION TECHNOLOGY**
# Information Technology Roles and Responsibilities for QPP

<table>
<thead>
<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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<tbody>
<tr>
<td><strong>System Administrator</strong></td>
<td>Analyses Performance Categories (ACI, Quality, IA) criteria and certification (e.g. EHR) in RPMS configuration; Develops IT infrastructure; Supports end users in IT; Provides communication and training to site and area level IT staff enhancement patches and built Support testing.</td>
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<tr>
<td><strong>Area IT Specialist</strong></td>
<td>Develops Health IT (e.g. RPMS, EHR) configuration; Maintains IT configuration; Maintains 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

LISA MARIE GOMEZ, MPA, MPH
HEALTH INSURANCE SPECIALIST
CMS WEB INTERFACE LEAD
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).

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


Questions

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