



# A Look at Reporting for 2017 (Categories & Options) Quality Payment Program

## #3 in an Education Webinar Series for IHS

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# Disclaimer

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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 Performance Categories for Merit-Based Incentive Payment System (MIPS).
2. Review Elements and Scoring of each Performance Category.
3. Discuss Pick Your Pace options for 2017



# Quality Payment Program: Two Paths



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

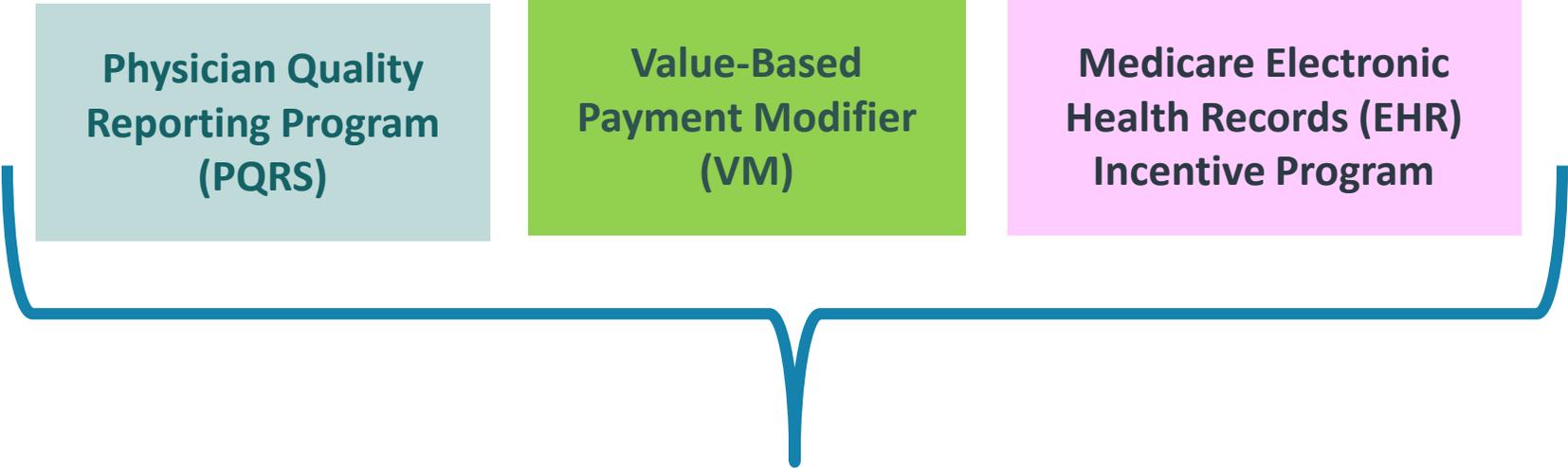
1. Merit-Based Incentive Payment System (MIPS)
2. Advanced Alternative Payment Models (APMs)





# Medicare Reporting Prior to MACRA

Currently, there are **multiple quality and value reporting programs** for Medicare clinicians:



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

**MIPS**

MACRA = Medicare Access and CHIP Reauthorization Act of 2015



# 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

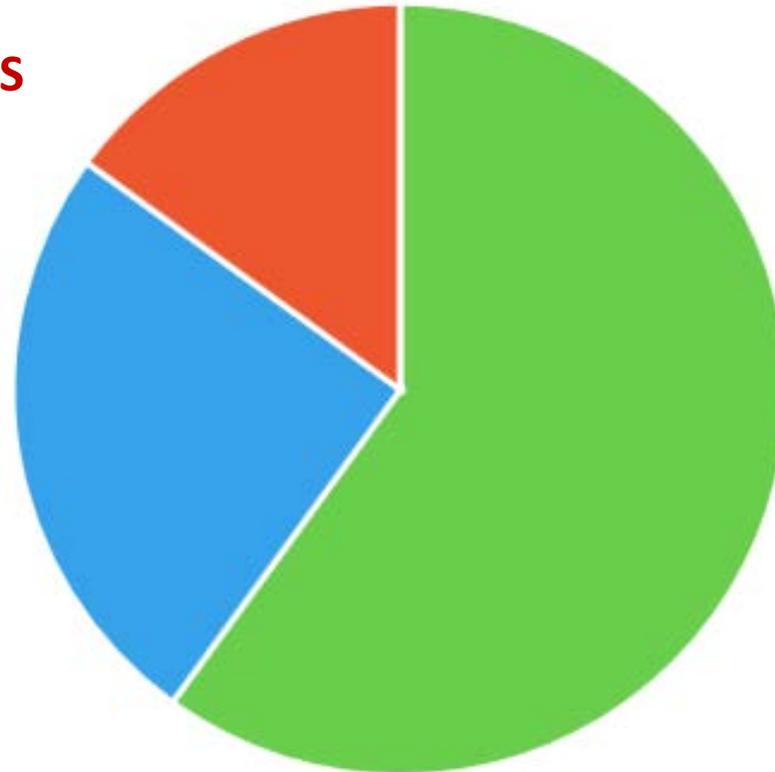


# Year 1 Performance Category Weights for MIPS



**IMPROVEMENT ACTIVITIES**  
15%

**ADVANCING CARE  
INFORMATION (ACI)**  
25%



**QUALITY**  
60%

**Cost:** Counted starting in 2018



# Quality



Will consolidate components of three existing programs:

- Physician Quality Reporting System (PQRS)
- Physician Value-based Payment Modifier (VM)
- Medicare Electronic Health Record (EHR) Incentive Program for Eligible Professionals (EPs)



# Quality



## **For full participation, most participants:**

- Report 6 quality measures (including an outcome measure or high priority measure)
- Minimum of 90 days.

## **Groups using the web interface:**

- Report 15 quality measures
- Full year

## **Groups in APMs qualifying for special scoring under MIPS, such as Shared Savings Program Track 1 or the Oncology Care Model:**

- Report quality measures through your APM.
- You do not need to do anything additional for MIPS quality.

## **Select Quality Measure Resource**

- CMS Quality Payment Program Webpage: [Explore Quality Measures](#)





# Quality Measure Examples



Controlling High Blood Pressure

Diabetes Hemoglobin A1C Poor Control > 9%

Closing the Referral Loop: Receipt of Specialist Report

Preventative Care and Screening: Screening for Clinical Depression and Follow-up

Appropriate Treatment for Children with Upper Respiratory Infection

Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options

265+ more...



# Quality Scoring Basics



Year 1 – automatically receive 3 points for completing and submitting 1 measure

If a measure can be reliably scored against a benchmark, you can receive 3-10 points

- Must meet case volume criteria needed to receive more than 3 points

Measures should cover a minimum of 90 days

Failure to submit performance data for a measure = 0 points



# Quality Reporting Options



## INDIVIDUAL REPORTING

- EHR Vendors
  - For RPMS sites, vendor submission not available during the transition year
- Qualified Registry
- Qualified Clinical Data Registry (QCDR)
- Claims

## GROUP REPORTING

- EHR Vendors
  - For RPMS sites, vendor submission not available during the transition year
- Qualified Registry
- Qualified Clinical Data Registry (QCDR)
- Administrative Claim (no submission required)
- CAHPS for MIPS Survey
- CMS Web Interface (Groups of 25 or more)



# Next Steps - Quality



## Consider registry reporting option

- Research registries
- 2017 CMS Approved Registry list still pending

## Explore measures on the CMS QPP website

Education: CMS Webinars, IHS Webinars, websites, etc.



# Advancing Care Information (ACI)



- Ends and Replaces Medicare EHR Incentive Program (Meaningful Use) for MEDICARE Eligible Professionals
  - Medicaid EHR incentive program will continue through 2021
- Promotes patient engagement and the electronic exchange of information using certified EHR technology
- Provides greater flexibility in choosing measures
- In 2017, there are 2 measure sets for reporting based on EHR edition:

Advancing Care Information  
Objectives and Measures

2017 Advancing Care Information  
Transition Objectives and  
Measures



# Certified EHR Technology (CEHRT)



## 2014 Edition CEHRT

- **Option 1:** 2017 ACI Transition Objectives & Measures
- **Option 2:** Combo of the 2 measure sets

## 2015 Edition CEHRT

- **Option 1:** 2017 ACI Objectives & Measures
- **Option 2:** Combo of the 2 measure set



# Difference between MU and ACI

## MEANINGFUL USE

- Reporting Thresholds
- All-or-nothing
- Individual reporting
- CQM submission required
- Only physicians are eligible (Medicare)

## ADVANCING CARE INFORMATION

- Point-based system
- Group reporting options
- CQMs reported through Quality section of MIPS
- Mid-level providers can choose to report



# ACI Scoring

- Weighted at 25% of the Total Score
- May earn a maximum score of up to 155%
- Any score above 100% will be capped at 100%
- Provides flexibility to focus on measures that are most relevant

**50%**

Required  
Base score  
(50%)

**90%**

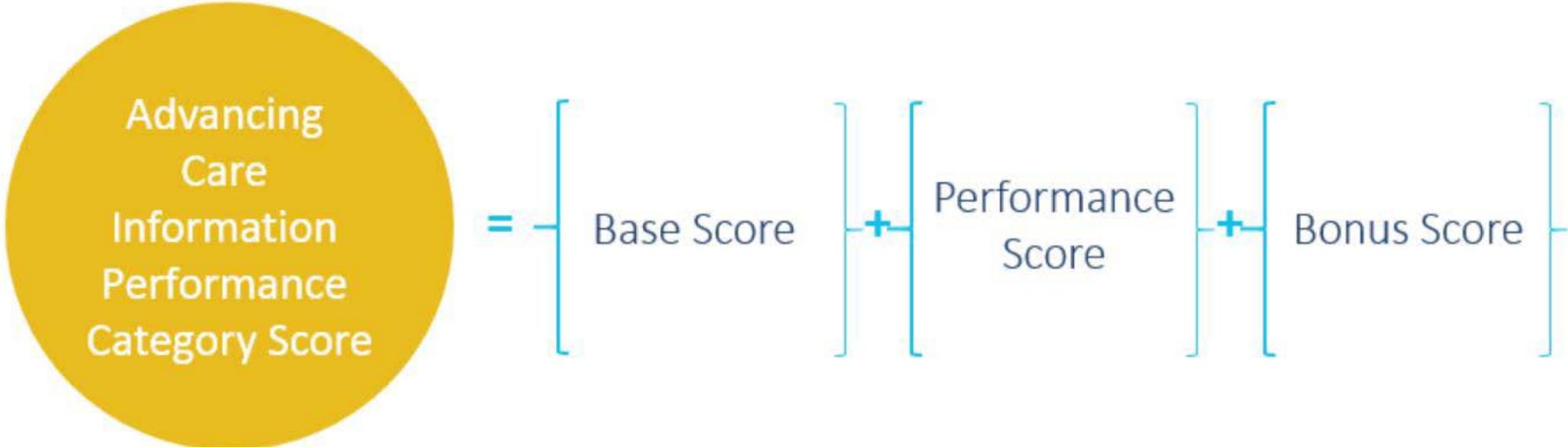
Performance score  
(up to 90%)

**15%**

Bonus score  
(up to 15%)



# ACI Scoring



- Advancing Care Information Performance Category Score X Advancing Care Information Category Weight (25%)
- Added to other reported category score(s) to provide overall MIPS final score



# Advancing Care Information Base Score (Required)



## BASE MEASURES

### (2015 EDITION CEHRT)

Required Measures for 50% Base Score

- Security Risk Analysis
- E-Prescribing
- Provide Patient Access\*
- Send a Summary of Care\*
- Request/Accept Summary of Care\*

## 2017 TRANSITION BASE MEASURES

### (2014 EDITION CEHRT)

Required Measures for 50% Base Score

- Security Risk Analysis
- E-Prescribing
- Provide Patient Access\*
- Health Information Exchange\*



\*Note: these measures are also included as performance score measures.



# Advancing Care Information Performance Score Measures



## PERFORMANCE MEASURES

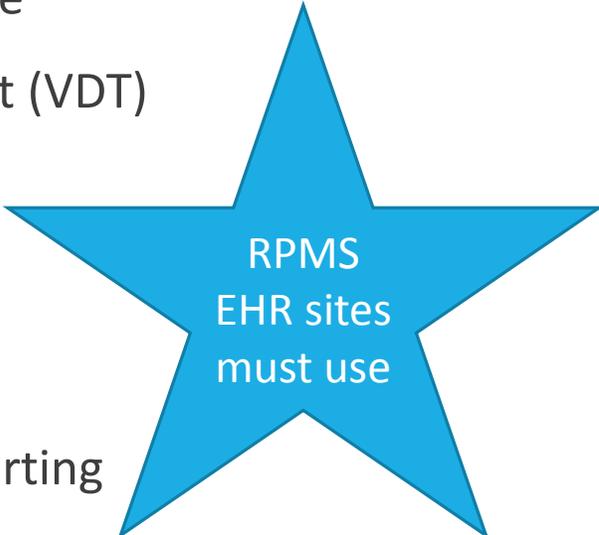
### (2015 EDITION CEHRT)

- Provide Patient Access\*
- Send a Summary of Care\*
- Request/Accept Summary of Care\*
- Patient Specific Education
- View, Download or Transmit (VDT)
- Secure Messaging
- Patient-Generated Health Data
- Clinical Information Reconciliation
- Immunization Registry Reporting

## 2017 TRANSITION PERFORMANCE MEASURES

### (2014 EDITION CEHRT)

- Provide Patient Access\*
- Health Information Exchange\*
- View, Download, or Transmit (VDT)
- Patient-Specific Education
- Secure Messaging
- Medication Reconciliation
- Immunization Registry Reporting



RPMS  
EHR sites  
must use

\*Note: these measures are also included in base score.



# Bonus Score Requirements



## 2017 Transition Requirements for Bonus Score

- Report to 1 or more of the following public health and clinical data registries:
  - Syndromic Surveillance Reporting
  - Specialized Registry Reporting
- Report certain improvement Activities using CEHRT



# ACI Reporting Options

## INDIVIDUAL REPORTING

- Attestation
- Qualified Clinical Data Registry (QCDR)
- Qualified Registry
- EHR Vendor
  - For RPMS sites, vendor submission not available during the transition year

## GROUP REPORTING

- Attestation
- Qualified Clinical Data Registry (QCDR)
- Qualified Registry
- EHR Vendor
  - For RPMS sites, vendor submission not available during the transition year
- CMS Web Interface (groups of 25 or more)



# Next Steps – Advancing Care Information



Review current ACI measure status  
utilizing existing RPMS Meaningful Use  
Performance Measures reports

- Continue current Meaningful Use activities
- Implement a plan to improve measure performance



# Improvement Activities (IA)



NEW PERFORMANCE  
CATEGORY!



Clinicians are rewarded  
for care focused on:

- Care coordination
- Beneficiary engagement
- Patient satisfaction



All MIPS eligible  
clinicians can participate  
in the IA as a individual  
or as a group



# Improvement Activities



- 8 subcategories
- 92 total improvement activities
- Minimum 90 day performance period
- 15% of final MIPS Score



# Improvement Activities



- For full participation, participants:**
  - Attest 4 improvement activities completed
  - Minimum of 90 days.
- Groups with fewer than 15 participants, non-patient facing clinicians, or if you are in a rural or health professional shortage area:**
  - Attest up to 2 activities completed
  - Minimum of 90 days.
- Participants in certified patient-centered medical homes (PCMH), comparable specialty practices, or an APM designated as a Medical Home Model:**
  - You will automatically earn full credit.



# Improvement Activities Scoring



## Activity Weights

- Medium = 10 points
- High = 20 points

## Alternate Activity Weights

- Medium = 20 points
- High = 40 points
- For Clinicians in small, rural and underserved practices or with non-patient facing clinicians or groups

## Additional Credits

- PCMH, Medical Home Model or similar specialty practice = Full Credit
- APM Participation = Partial Credit



# Improvement Activity Example



Population Management Participating in a Rural Health Clinic (RHC), Indian Health Service (IHS), or Federally Qualified Health Center in ongoing engagement activities that contribute to more formal quality reporting, and that include receiving quality data back for broader quality improvement and benchmarking improvement which will ultimately benefit patients. Participation in Indian Health Service, as an improvement activity, requires MIPS eligible clinicians and groups to deliver care to federally recognized American Indian and Alaska Native populations in the U.S. and in the course of that care implement continuous clinical practice improvement including reporting data on quality of services being provided and receiving feedback to make improvements over time.

- High Priority
- Population Management



# Improvement Activity Example



Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NQF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.

- Medium Weight
- Behavioral and Mental Health



# Improvement Activity Example



Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics

- Medium
- Patient Safety & Practice Assessment



# Improvement Activity Reporting Options

## INDIVIDUAL REPORTING

- Attestation
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## GROUP REPORTING

- Attestation
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- Qualified Registry
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# Next Steps – Improvement Activities



- Explore measures using CMS QPP website
- Select Improvement Activities with leadership engagement
- Obtain Education: CMS webinars, IHS Webinars, websites, etc.
- Outline Project Plan
- Develop policy and procedures
- Set target date for implementation
- Document each step
- Continually track progress and look for ways to improve
  - Plan Do Check Act



# Improvement Activity Selection Considerations



Align with other measures or activities?

Is it an area that needs improvement?

Can you track and monitor?



# Cost



No data submission required

Calculated from adjudicated claims

For the transition year, the cost performance category will not impact payment in 2019

Starting in 2018, the cost category will be used to determine your payment adjustment.



# Future Plans for RPMS



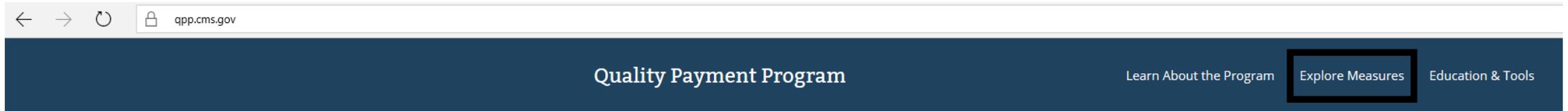
- ❑ Meaningful Use 3
- ❑ Perform Market Research
  - Explore what products can interface with EHR to submit CQMs
- ❑ Update Clinical Quality Measures (CQM) Logic
  - Workgroup completed initial review (high level analysis)
- ❑ Prepare for 2015 Edition Certified Electronic Health Record Technology (CEHRT)
  - Modular certification – explore if this is an option



# QPP Website Options



- Allows easy navigation and options for reviewing available measures within categories
- Navigate to the [CMS QPP webpage](#)
- Click on [Explore Measures](#)





# QPP Website Options



- ❑ Click on category
- ❑ Use Select Measures at bottom to explore measures
- ❑ Can export in different formats such as CSV for even easier navigation and exploration

The screenshot displays the Quality Payment Program website interface. At the top, there is a navigation bar with the title "Quality Payment Program" and links for "Learn About the Program", "Explore Measures", and "Education & Tools". Below this is a secondary navigation bar with "Program Performance", "Quality Measures" (highlighted with a red box), "Advancing Care Information", and "Improvement Activities".

### Quality Measures

**Instructions**

1. Review and select measures that best fit your practice.
2. Add up to six measures from the list below, including one outcome measure. You can use the search and filters to help find the measures that meet your needs or specialty.
3. If an outcome measure is not available that is applicable to your specialty or practice, choose another high priority measure.
4. Download a CSV file of the measures you have selected for your records.

**Groups in APMs qualifying for special scoring standards under MIPS, such as Shared Savings Program Track 1 or the Oncology Care Model:** Report quality measures through your APM. You do not need to do anything additional for the MIPS quality category.

**Note:** This tool is only for informational and estimation purposes. You can't use it to submit or attest to measures or activities.

**2017 MIPS Performance**

Category	Percentage
Quality	60%
Advancing Care Information	25%
Improvement Activities	15%

**Select Measures**

Search All by keyword:

Filter by:

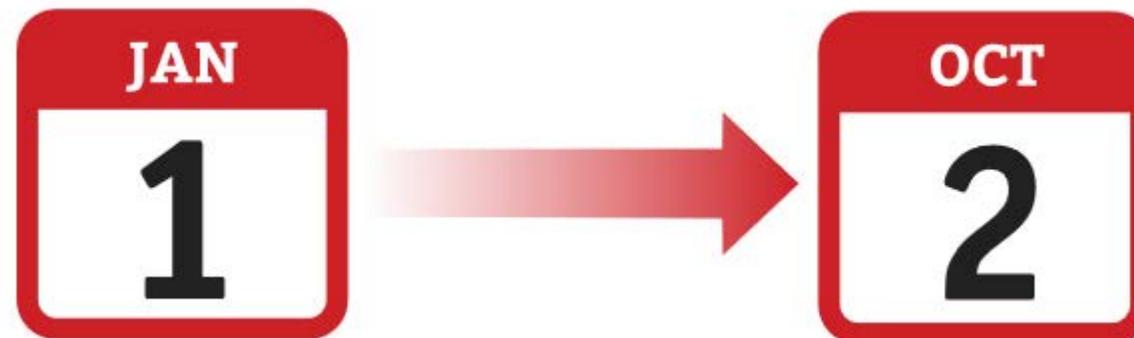
- High Priority Measure
- Data Submission Method
- Specialty Measure Set



# MIPS: Starting Date

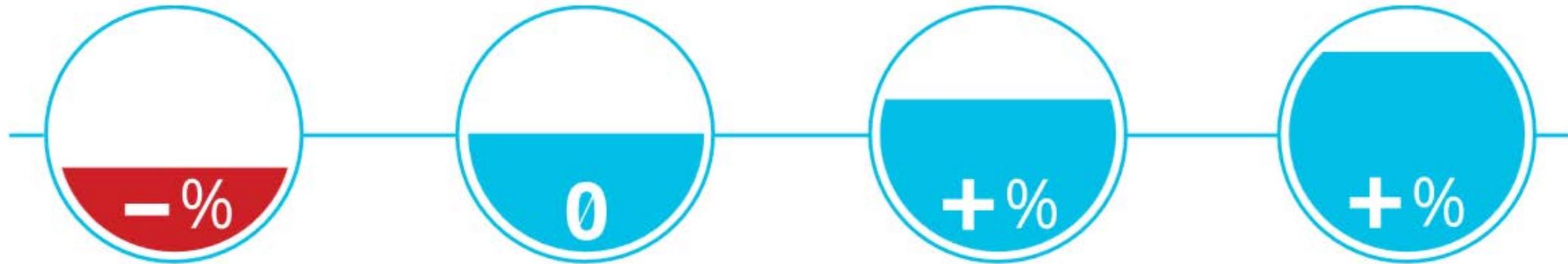


- If ready: Start January 1, 2017
- If not ready: Start anytime between January 1, 2017 and October 2, 2017
- Must report by March 31, 2018
- Payment Adjustments begin January 1, 2019





# MIPS: Pick Your Pace



Don't Participate

Submit Something

Submit a Partial Year

Submit a Full Year

**The size of your payment adjustment will depend both on how much data you submit and your quality results.**



# Pick Your Pace – Test for 2017

“Test” – submit a minimum amount of data

Avoids a payment adjustment

Minimum amount of data is one of the following 3 options:

1 Quality Measure

1 Improvement Activity

4 or 5 Required ACI Measures



# Pick Your Pace – Partial Year



- Partial participation in 2017
  - Submit 90 days of data to Medicare
  - Include all performance categories
  - May earn a positive payment adjustment
    - Dependent on performance

Reporting period may begin anytime between January 1<sup>st</sup> and October 3<sup>rd</sup>, 2017



# Pick Your Pace – Full Year



- Submit a full year of data for all performance categories
- May earn a positive payment adjustment

## Important:

Positive payment adjustments are based on the **QUALITY** of the data  
NOT the amount of information or length of time submitted



# IHS QPP - MACRA Resources



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

LISTSERV Email: [MACRA@listserv.ihs.gov](mailto:MACRA@listserv.ihs.gov)

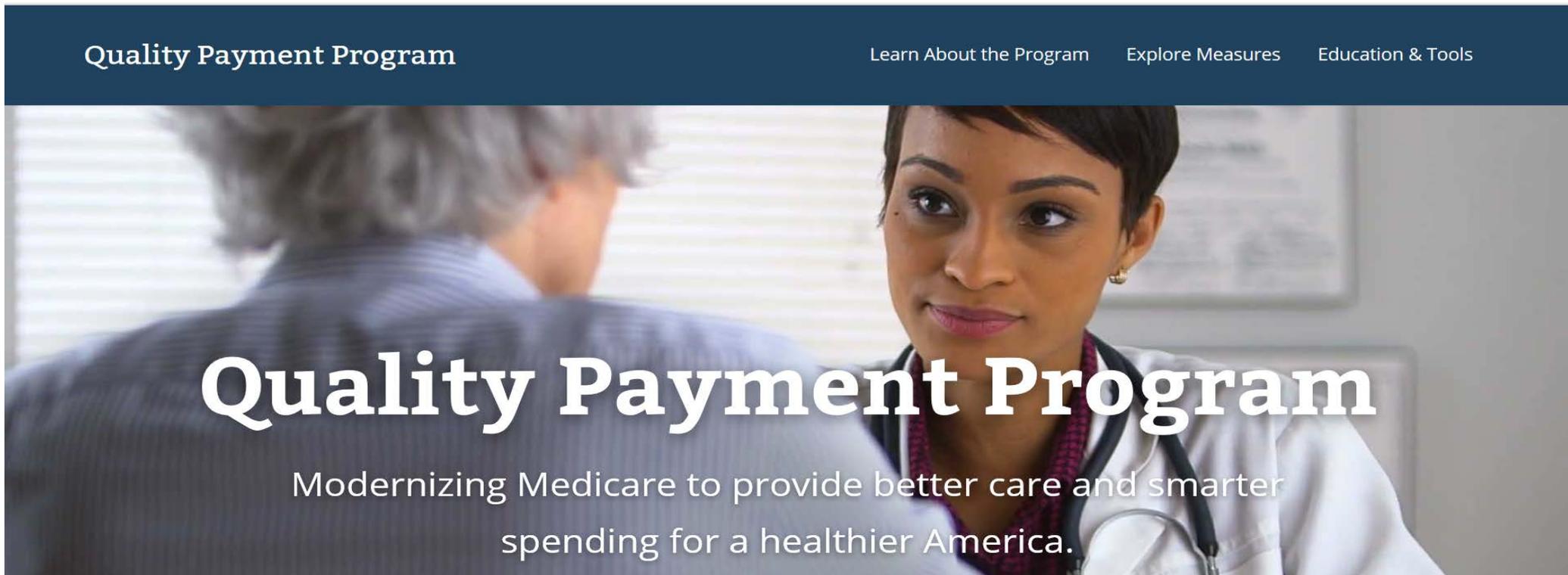
Subscribe URL: [https://www.ihs.gov/listserv/topics/signup/?list\\_id=357](https://www.ihs.gov/listserv/topics/signup/?list_id=357)



# CMS QPP – MACRA Resources



CMS Website: <https://qpp.cms.gov/>



Frequently Asked Questions can be sent to: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)



# 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. MACRA: Delivery System Reform, Medicare Payment:: <https://www.cms.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: 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: Modernizing Medicare to provide better care and smarter spending for a healthier America. Available at: <https://qpp.cms.gov/>

Federal Register. Unpublished Rule 42 CFR Parts 414 and 495. Medicare Program: Merit-Based Incentive Payment System and Alternative Payment Model Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models (to be published on 11/4/2016) Available at: <https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-and-alternative-payment-model-incentive-under>

Health Information and Management Systems Society. MACRA Resource Center. Available at: <http://www.himss.org/MACRA-resource-center>

American Medical Association. Medicare Payment Reform. Available at: <http://www.ama-assn.org/ama/pub/advocacy/topics/medicare-physician-payment-reform.page>

Zaroukian M. Medicare Access and CHIP Reauthorization Act of 2015: An Executive Overview of the Proposed Rule presentation. Health Information and Management Systems Society (HIMSS). 2016. Available at: <http://www.himss.org/Events/EventDetail.aspx?ItemNumber=48362>



# Questions

