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)
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

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

MACRA = Medicare Access and CHIP Reauthorization Act of 2015
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

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:
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

<table>
<thead>
<tr>
<th><strong>MEANINGFUL USE</strong></th>
<th><strong>ADVANCING CARE INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Thresholds</td>
<td>Point-based system</td>
</tr>
<tr>
<td>All-or-nothing</td>
<td>Group reporting options</td>
</tr>
<tr>
<td>Individual reporting</td>
<td>CQMs reported through Quality section of MIPS</td>
</tr>
<tr>
<td>CQM submission required</td>
<td>Mid-level providers can choose to report</td>
</tr>
<tr>
<td>Only physicians are eligible (Medicare)</td>
<td></td>
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</tbody>
</table>
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 \( \times \) 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)

<table>
<thead>
<tr>
<th>BASE MEASURES (2015 EDITION CEHRT)</th>
<th>2017 TRANSITION BASE MEASURES (2014 EDITION CEHRT)</th>
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<tbody>
<tr>
<td>Required Measures for 50% Base Score</td>
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<tr>
<td>- Security Risk Analysis</td>
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<td>- Health Information Exchange*</td>
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<tr>
<td>- Request/Accept Summary of Care*</td>
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*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

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

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

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RPMS EHR sites must use
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)
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- 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 an individual or as a group
Improvement Activities

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

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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
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
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
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 1st and October 3rd, 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
Subscribe URL:  https://www.ihs.gov/listserv/topics/signup/?list_id=357
CMS QPP – MACRA Resources

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

Quality Payment Program

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

Frequently Asked Questions can be sent to: 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. Quality Payment Program: Modernizing Medicare to provide better care and smarter spending for a healthier America. Available at: https://qpp.cms.gov/


Questions