Key Acronyms

ACI	Advancing Care Information (formerly known as Meaningful Use)
APM	Alternative Payment Model
CMMI	Center for Medicare and Medicaid Innovation
CEC	Comprehensive End-Stage Renal Disease Care
CHIP	Children's Health Insurance Program
CPC+	Comprehensive Primary Care Plus
CPCI	Comprehensive Primary Care Initiative
CPS	Composite Performance Score
CAHPS	Consumer Assessment of Healthcare Providers & Systems
EC	Eligible Clinician
IA	Improvement Activity
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MIPS	Merit-based Incentive Payment System
MSSP	Medicare Share Savings Program
MU	Meaningful Use (now Advancing Care Information)
OCM	Oncology Care Model
PCMH	Patient-Centered Medical Home
PQRS	Physician Quality Reporting System
QP	Qualifying Alternative Payment Model Participant
QPP	Quality Payment Program
QRUR	Quality and Resource Use Report
VBPM	Value-Based Payment Modifier

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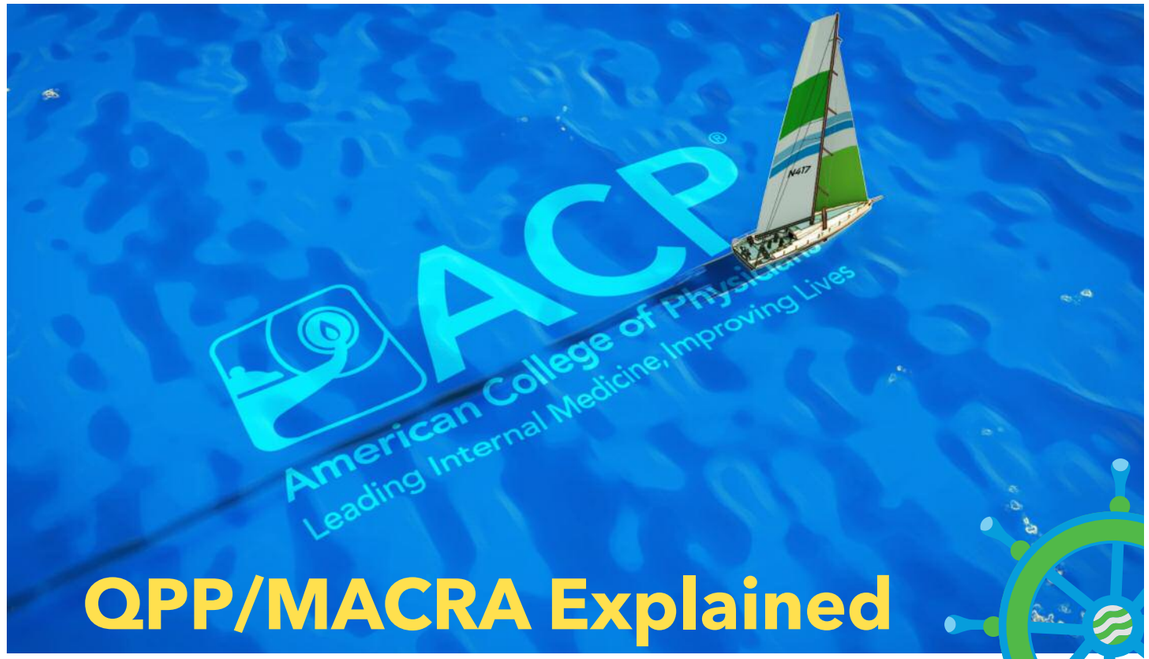

QPP/MACRA Explained

What is QPP/MACRA?

The Quality Payment Program (QPP) was created by the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The QPP transforms the Medicare physician payment system from one focused on volume to one focused on value.

What are the Payment Options?

MIPS–Merit-Based Incentive Payment System streamlines existing Medicare quality programs including Physician Quality Reporting Program (PQRS), the Value-Based Payment Modifier (VM), and the Medicare EHR Incentive Program (MU) into one program. Most clinicians will fall under MIPS during the first year.

APMs–Alternative Payment Model provides alternative pathways for physicians to participate that incentivizes quality and value.

Start now to get ready—2017 reporting will affect 2019 payments!

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Quality Payment Program: MIPS vs APMs

MIPS

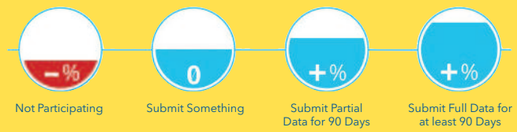
- Adjusts payments up or down based on the new reporting system
- Consolidates PQRS, MU, and value-based modifier

The MIPS Score will account for performance in 4 weighted performance categories:

Year 1 or 2019

Quality **60%** + Advancing Care Information **25%** + Improvement Activities **15%** + Cost **0%** = **MIPS Composite Performance Score**

Pick Your Pace–in an effort to ease transition to the new QPP, practices will have the flexibility needed in 2017 to choose their own pace for transitioning to value-based payments.



Not participating: If you don't submit any 2017 data, you receive a negative 4% payment adjustment in 2019.

Something: Avoid downward adjustment if you submit: 1 Quality Measure, OR 1 Improvement Activity, OR 5 ACI base measures In 2017.

Partial: You may earn a small positive adjustment if you submit more than:
1 Quality Measure, OR 1 Improvement Activity, OR 5 ACI base measures plus 1 more additional measure In 2017.

Full: You may earn a moderate positive adjustment* if you submit more than 90 days of full data:
6 Quality Measures (including 1 outcome measure), AND 2-4 Improvement Activities (depending on practice size), AND 5 ACI base measures plus enough additional ACI measures to achieve a 50% score in 2017.

*Payment adjustment is dependent on amount of submitted data and performance results.

APM

Initial definitions for APMs include:

- CMS Innovation Center models that are not Health Care Innovation Award recipients
- MSSP–Medicare Shared Savings Program
- Medicare Health Care Quality Demonstration Program
- Demonstration program required by Federal Law

Most clinicians who participate in APMs will be subject to MIPS and will receive a favorable performance score in the MIPS Improvement Activities category.

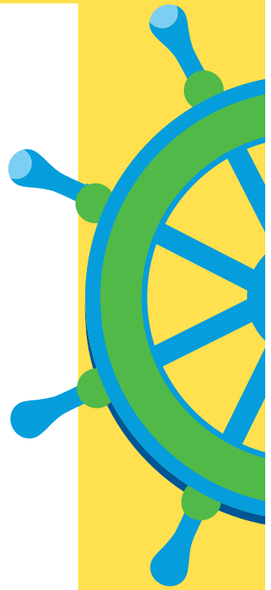
Qualifying APM Participants (QPs) are clinicians who participate in Advanced APMs in 2017 and receive 25% of Medicare payments or see 25% of Medicare patients through the Advanced APM will earn a 5% incentive payment in 2019.

Advanced Alternative Payment Models include:

- Comprehensive Primary Care Plus (CPC+)
- Medicare Shared Savings Program Tracks 2 & 3
- Next Gen Accountable Care Organization
- Oncology Care Model (2-sided risk)
- Comprehensive End-Stage Renal Disease Care (CEC) Model

Top 10 things to do to position your practice to succeed in the QPP

1. Attest to Meaningful Use (MU) of your EHR
2. Participate in PQRS in 2016–ACP members receive a discount on PQRSwizard to help complete PQRS
3. Participate in a Qualified Clinical Data Registry (QCDR). ACP members get discounted registration in the Genesis Registry®.
4. Implement a formal process to improve PQRS and MU quality measures
5. Review your Quality Resource Use Report (QRUR)
6. Use a CMS-certified vendor to collect Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey data
7. Understand the Patient-Centered Medical Home (PCMH) and begin implementing in your practice—ACP Practice Advisor is a tool that helps you complete this process
8. Participate in a medical neighborhood and provide care coordination
9. Risk stratify your patients and implement care management for high risk patients
10. Learn about ACP's High Value Care recommendations and implement them in your practice



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