Making Sense of the Quality Payment Program (MACRA and MIPS)

February 17, 2017
Disclosures

- I am employed by the ACP
- My husband is employed by Merck and Co.
Perception and the Geographical Slant
Group Poll

- How many of you would rate your knowledge of the Quality Payment Program (formally known as MACRA) as poor?
We hear you...

https://www.acponline.org/macravideo

HUH? What’s with the Alphabet Soup of Regulations?
Outline

- Rationale for Quality Payment Program (MACRA)
- Merit Based Incentive Program Elements (MIPS)
- Advanced Alternative Payment Models (APMs)
- Other recent final rules for 2017
- Tools from ACP to help you navigate Quality Payment program and Transform your Practice
Why should you know about the Quality Payment Program (MACRA)?

- Major shift in how you will be paid
- Financial rewards and penalties
- Data from 2017 impacts 2019 payments
April 2015 – Congress Passed Landmark, Bipartisan Law – MACRA...

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) – focused on Part B Medicare
- Congressional Intent of MACRA:
  - Sustainable Growth Rate repeal
  - Improve care for Medicare beneficiaries
  - Change our physician payment system from one focused on volume to one focused on value

**MACRA has been recast as the Quality Payment Program** - NPRM April 27, 2016
Quality Payment Program

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

https://qpp.cms.gov/
Quality Payment Program In a Nutshell

Law intended to align physician payment with value

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
Or now the...

Quality Payment Program

- Merit-Based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)
# Quality Payment Program: Are you “in” or are you “out”? 

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part B payments</td>
<td>Medicare Part A (e.g., hospital payments)</td>
</tr>
<tr>
<td>Physicians, Pas, NPs, CNSs, and CRNAs</td>
<td>Clinicians that fall below the low-volume threshold (see below)</td>
</tr>
<tr>
<td>Groups that include the above clinicians</td>
<td>Clinicians billing Medicare for the first year (for MIPS)</td>
</tr>
</tbody>
</table>

**Low Volume Threshold** *— if below this, you are **not** included:*

- If you bill Medicare **less than or equal to** $30,000 a year **OR**
- Provide care for **less than or equal to** 100 Medicare patients a year.

**THIS WAS A BIG WIN for ACP!**

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Final Rule Published on October 14, 2016: [https://qpp.cms.gov/docs/CMS-5517-FC.pdf](https://qpp.cms.gov/docs/CMS-5517-FC.pdf)
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This new MIPS “report card” will replace current Medicare reporting programs

There are currently multiple individual quality and value programs for Medicare physicians and practitioners:

- Physician Quality Reporting Program (PQRS)
- Value-Based Payment Modifier (quality and cost of care)
- “Meaningful use” of EHRs

MACRA streamlines those programs into MIPS:

Merit-Based Incentive Payment System (MIPS)

How will Clinicians be Scored Under MIPS? – FINAL RULE FOR 2019

A single MIPS composite performance score will factor in performance in 4 weighted performance categories:

**Year 1 or 2019***

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>60%</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>25%</td>
</tr>
<tr>
<td>Improvement activities</td>
<td>15%</td>
</tr>
<tr>
<td>Cost</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Based on reporting data in 2017

Getting cost down to 0% in the first year is a BIG WIN for ACP! Exactly what we asked for.
How Much Can MIPS Adjust Payments?

- Based on the MIPS composite performance score, physicians and practitioners will receive positive, negative, or neutral adjustments up to the percentages below.
- MIPS adjustments are budget neutral.

**MAXIMUM Adjustments**

Adjustment to provider’s base rate of Medicare Part B payment

Those who score in top 25% are eligible for an additional annual performance adjustment of up to 10%, 2019-24 (NOT budget neutral)

*Merit-Based Incentive Payment System (MIPS)*

2019 2020 2021 2022 onward
Timing of QPP Implementation

Performance:
The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can provide care during the year through that model.

Send in performance data:
To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5% incentive payment for participating in an Advanced APM, just send quality data through your Advanced APM.

Feedback:
Medicare gives you feedback about your performance after you send your data.

Payment:
You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you may earn a 5% incentive payment in 2019.

Source: https://qpp.cms.gov/
Big Change: Pick Your Pace

- September 8 blog by CMS administrator Slavitt announced major changes to ease transition to new Quality Payment Program, especially for smaller practices, called “Pick your Pace.”
- Physicians and their practices will have the flexibility needed in 2017 to choose their own pace for transitioning to value-based payments.
- This was responsive to ACP’s recommendations to provide opportunities for small practices (and others) to succeed!
- Also responsive to our concerns about the January 1, 2017 start date for reporting
- Details were outlined in the final rule...
Pick Your Pace – MACRA/QPP Final Rule for 2017 Reporting

Don’t Participate

Not participating in the Quality Payment Program:
If you don’t send in any 2017 data, then you receive a negative 4% payment adjustment.

Submit Something

Test:
If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

Submit a Partial Year

Partial:
If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

Submit a Full Year

Full:
If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

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.

Source: https://qpp.cms.gov/
MIPS Final Rule: Quality Performance Category

- **Most participants:** Report *up to* 6 quality measures, including an outcome measure, for a minimum of 90 days.
  - Three population measures automatically calculated from administrative claims, but only one* used for performance score.
  - **Groups using the web interface:** Report 15 quality measures for a full year.

- **Groups in certain APMs, 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.

- CAHPS for MIPS reporting is voluntary (and credit is provided under Improvement Activities)

- **NOTE:** Key Change from Current Program (PQRS): reduced from 9 measures to up to 6 measures with no domain requirement

- **Year 1 Weight:** 60%

*All-cause readmissions – but only for groups with 16 or more clinicians with at least 200 attributed cases.*
MIPS Final Rule: Advancing Care Information

- **Fulfill the required (i.e., base) 5 measures for a minimum of 90 days:**
  - Security Risk Analysis
  - e-Prescribing
  - Provide Patient Access
  - Send Summary of Care
  - Request/Accept Summary of Care

- Choose to submit up to 9 measures for a minimum of 90 days for additional credit.

- **For bonus credit, you can:**
  - Report Public Health and Clinical Data Registry Reporting measures
  - Use certified EHR technology to complete certain improvement activities in the improvement activities performance category
  - OR

- You may not need to submit advancing care information if these measures do not apply to you.

Year 1 Weight: 25%
MIPS Final Rule: Improvement Activities

- **Most participants:** Attest that you completed up to 4 improvement activities for a minimum of 90 days.
  - Groups with fewer than 15 participants or if you are in a rural or health professional shortage area: Attest that you completed up to 2 activities for a minimum of 90 days.

- **Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model:** You will automatically earn full credit.

- **Participants in certain APMs, such as Shared Savings Program Track 1 or the Oncology Care Model:** Automatically receive points based on the requirements of participating in the APM.
  - Part of an advanced APM, but not a qualifying participant - full credit.
  - Other APMs will get half credit.

- **Year 1 Weight:** 15%
MIPS Final Rule: Cost (aka Resource Use)

- No data submission required. Calculated from adjudicated claims.
- Year 1 Weight: 0%
  - This is exactly what ACP asked for... the measures are not yet proven to be reliable and validated in their application to physicians.
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Advanced Alternative Payment Models (APMs)

Initial definitions from MACRA law, 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

As defined by MACRA, **advanced APMs must meet the following criteria**:

- The APM requires participants to use **certified EHR technology**.
- The APM **bases payment on quality** measures comparable to those in the MIPS quality performance category.
- The APM either: **(1)** requires APM Entities to bear more than nominal **financial risk** for monetary losses; **OR** **(2)** is a **Medical Home Model expanded** under CMMI authority.
How does MACRA Provide Additional Rewards for Participation in Advanced APMs?

Most clinicians who participate in APMs will be subject to MIPS and will receive favorable scoring under the MIPS improvement activities performance category – these are called MIPS APMs.

Those who participate in the most Advanced APMs may be determined to be qualifying APM participants ("QPs"). As a result, QPs:

1. Are not subject to MIPS
2. Receive 5% lump sum bonus payments for years 2019-2024
3. Receive a higher fee schedule update for 2026 and onward

The 2019 APM Incentive Payment will be based on 2017 services
## Proposed → FINAL Rule (and beyond)
### Advanced APMs

<table>
<thead>
<tr>
<th>Proposed in 2017</th>
<th>New for 2017</th>
<th>New for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Savings Program (Tracks 2 and 3)</td>
<td></td>
<td>Track One Plus (details recently released)</td>
</tr>
<tr>
<td>Next Generation ACO Model</td>
<td></td>
<td>Adding new participants (applications in 2017)</td>
</tr>
<tr>
<td>Comprehensive ESRD Care (CEC) (large dialysis org.)</td>
<td>CEC for non-LDOs with 2-sided risk</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Primary Care Plus (CPC+)</td>
<td></td>
<td>Adding more payers &amp; practices (applications in 2017)</td>
</tr>
<tr>
<td>Oncology Care Model (OCM) announced to start in 2018</td>
<td>OCM – 2-sided risk (now starting in 2017)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comprehensive Care for Joint Replacement Payment Models (originally planned for 2018)</td>
<td></td>
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<tr>
<td></td>
<td>Vermont Medicare ACO Initiative</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Advancing Care Coordination through Episode Payment Models Track 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac Rehabilitation (CR) Incentive Payment Model</td>
</tr>
</tbody>
</table>

Source: [https://qpp.cms.gov/learn/apms](https://qpp.cms.gov/learn/apms)
Comprehensive Primary Care Plus

Two primary care practice tracks, with different practice expectations and payment levels.

CPC+ is a five-year model:

- Round 1 will begin in January 2017 and
- Round 2 will begin in January 2018

Round 1 - CMS is partnering with 54 payers in the 14 CPC+ regions – practices recently announced

Round 2 – will include 10 new regions, new payers, new practices
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### Highlights from Physician Fee Schedule

<table>
<thead>
<tr>
<th>Additional &amp; improved chronic care management services payment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New code/payment for CCM for more complex patients</td>
</tr>
<tr>
<td>• Removal of health IT requirements to bill CCM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment for prolonged face-to-face E/M services</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Payment for new code for assessment &amp; care planning for patients with cognitive impairment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Payment for new codes for behavioral health care services</th>
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</thead>
</table>

<table>
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<tr>
<th>MSSP changes – greater alignment with the QPP and allow beneficiary attestation to primary care clinician</th>
</tr>
</thead>
</table>
Highlights from HOPPS Rule

Changes to ensure that hospital off-campus facilities are reimbursed the same rate as the physician office setting, with some exceptions for extraordinary circumstances.

Finalized 90-day reporting period for MU in 2016 (and also 2017) – also deadline for EPs to attest to 2016 requirements to avoid 2018 penalty recently pushed back to March 13, 2017 (from Feb. 28, 2017)

Removed the Pain Management dimension of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey
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How can ACP help you get ready?

- Distill complex CMS rules and updates into timelines and recommended actions you can take
- Advocate to CMS to decrease administrative burdens on physicians and practices
- Provide programs and tools to support practice transformation, quality improvement work, and reporting.
FREE HELP from CMMI Available

- $785 million
- Prepare 140,000+ clinicians for value-based payments
- Health outcomes for millions of patients
- Unnecessary hospitalization, tests and procedures
- Generate $1-$4 billion in savings
- Build evidence base for practice transformation
Transformation Lessons to Date

- Most enrolled practices were learning to set aims
- Many practices needed a quality improvement framework
- Access to data drives improvement
- Even small, rural practices have improved outcomes and revenue with this help
- New Medicare codes offset costs of adding staff to clinical teams, ↓ physician burden
“All of the primary care medical assistants were educated on clinical measures—whether they be pay-for-performance or otherwise—to give context to certain procedures. Not only would they know how to examine a diabetic patient’s feet, but they would understand why this is important. This bottom-up approach has empowered staff to come up with their own ways to improve clinical outcomes. When the medical assistants felt more connected to what each clinical measure meant, it gave them greater interest in improving those measures.” —Khaliq Siddiq, MD
ACP Support and Alignment Network

- Recruit practices into networks (PTNs)
- Enhance and promote ACP Practice Advisor®
- Integrate patient/family partnership
- Support and prepare clinicians
- Build evidence base
ACP Practice Advisor®

- Web-based tool
- Improve process and structure of care
- Spotlighted practices
- Practice biopsy
- Links to tools based on biopsy results
- CME and MOC

New Modules
- Avoid Unnecessary Testing
- Improve Patient Access
- Improve Care Coordination
- Improve Medication Adherence
- Patient Experience
- Patient Engagement
- Advanced Care Planning
High Value Care Resources

- Online High Value Care Cases (CME/MOC)
- High Value Care Coordination Toolkit
- Patient Education
- https://www.acponline.org/clinical-information/high-value-care
What is the Genesis Registry?

- National, “EHR-Ready”, CMS Qualified Clinical Data Registry (QCDR)
- Supports continuous exchange of standard EHR data
- Pulls data from EHR to generate measures (no data entry needed)
- 54 eMeasures 2016 / MIPS measures
- Benchmarks Across Multiple Specialties

36,000+ Clinicians
----------
22,000,000+ Patients
Continuous Data Driven QI

- Near real-time continuous data review and actionable reports with no administrative burden (chart abstraction, report requests, etc.)
- Gap analysis performance results and measure feedback
- Comparisons by practice and specialty to:
  - National benchmarks
  - Peer comparators
  - Link to patient outliers
My Performance by Measure

See how you compare. Identify your gaps. Drill down to identify the patient outliers. Decide upon which gap to improve.

Performance measures and benchmarks are calculated nightly. Data added to Apps will not be reflected in the calculations below until the following day.

Search for measure Enter keywords Sort: % Users Improved (Descending)

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Time Period</th>
<th>My Performance</th>
<th>How Do I Compare?</th>
<th>Patient Outliers</th>
<th>How Do I Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation of Current Medical Conditions in the Med...</td>
<td>Mar 2014</td>
<td>Trending: 75%</td>
<td>2 gaps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screen...</td>
<td>Mar 2014</td>
<td>Trending: 35%</td>
<td>1 gap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care and Screening: Risk-Stratified Cholesterol</td>
<td>Mar 2014</td>
<td>Trending: 100%</td>
<td>0 gap</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Genesis Partners and Users

- EHR Vendors
  - Aprima
  - Athena
  - NextGen
  - STICS
  - Allscripts
  - Greenway
  - Quest Care 360

- Organizations
  - Baylor
  - JHMI
  - McKesson
  - University of Miami
  - Novant
  - Tenet

- Practices
  - Archbold Practice
  - Cooper Health
  - Honor Health
  - IMALC
  - Mt. Sinai
  - Rush Health
ACP’s Quality Champion Training

- One day course at the ACP IM Meeting San Diego on 3/29/17 8am-5pm
- Practices could send their QI champions for outpatient QI training
- Join a national network with access to ongoing QI coaching calls, webinars and other resources

https://im2017.acponline.org/node/209/#1708
ACP Resources for MACRA – and Value-Based Payment Overall

ACP’s MACRA webpage: http://www.acponline.org/macra

- Top 10 Things to Do Today to Prepare
- Questions & Answers
- Glossary of Terms
- Recorded webinar and downloadable slides
- 2-Pager Handout
- Links to Tools and Resources
- News – advocacy, etc.

*New* Member Forum for MACRA/QPP:
https://www.acponline.org/forums/macra-and-the-quality-payment-program

Questions: macra@acponline.org
ACP Resources for MACRA – and Value-Based Payment Overall

ACP’s Practice Transformation webpage: [https://www.acponline.org/practice-resources/business-resources/practice-transformation](https://www.acponline.org/practice-resources/business-resources/practice-transformation)

- ACP’s Support and Alignment Network Grant
- High Value Care Resources
  - HVC Care Coordination Toolkit
- Practice Redesign Support
- Quality Improvement and Genesis Registry
- Engaging Patients and Families
ACP Resources for MACRA – and Value-Based Payment Overall

Physician & Practice Timeline (text alerts—acptimeline to 313131) -
http://www.acponline.org/timeline

• Will help you to know key deadlines and prepare for them!

ACP Practice Advisor® -
https://www.practiceadvisor.org/

• Interactive web tool to assist with quality improvement, practice transformation, and more
Electronic algorithm/practice readiness assessment—practice characteristics, quality measurement experience, quality improvement activities, and readiness

Algorithm does NOT result in a single answer (of MIPS vs APMs)—but rather analyzes the challenges and opportunities with each option—and identifies gap areas (e.g., are you doing care coordination, population management, etc.)

The user identifies their pathway—and is then directed to tailored resources to help them succeed. ACP resources such as Practice Advisor®, Genesis Registry, AmericanEHR, etc.

DEMONSTRATION - https://marvelapp.com/132ie67
In Summary: Actions to Take

- Don’t go at it alone, assemble a team.
- Go to the Quality Payment Program site (qpp.cms.gov).
- Make sure your EHR is certified (ONC-HIT).
- Use a QCDR (Genesis) to help select/submit measures.
- Apply to be a certified PCMH or neighborhood (ACP Practice Advisor).
Acknowledgements

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