What is the Quality Payment Program?

Finalized in October 2016, the Quality Payment Program (QPP) was created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), officially replacing the old Sustainable Growth Rate system. The new QPP transforms Medicare physician compensation—away from fee-for-service billing and toward payment based on value.

Understanding QPP is crucial for clinicians who participate in Medicare Part B. Clinicians and practices with more than $30,000 in allowed charges AND 100 Part B patients are subject to QPP. If a practice doesn’t meet EITHER of these criteria, they are excluded from QPP. In addition, clinicians in their first year of participation in Medicare are excluded.

Payment Options: MIPS vs APMs

MIPS—Merit-Based Incentive Payment System consolidates existing quality programs to achieve a weighted composite performance score made up of Quality, Advancing Care Information (ACI), Improvement Activities, and Cost. The cost category will have 0% weight in 2017.

<table>
<thead>
<tr>
<th>Year 1 or 2019</th>
<th>MIPS Composite Performance Score</th>
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<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>

APMs—Alternative Payment Models provide programs for physicians to participate that incentivize quality and value and include Medicare Shared Savings Programs (MSSP) and CMS Innovation Center models that are not Health Care Innovations Award recipients.

The majority of physicians will fall under MIPS during the first year even those who participate in APMs. APM participation will generally result in a favorable performance score in the MIPS Improvement Activities category.

Qualifying APM Participants

A small group of clinicians who participate in Advanced APMs in 2017 will be Qualifying APM Participants (QPs) and will earn a 5% incentive payment in 2019. To be a QP in an Advanced APM an Eligible Clinician must receive at least 25% of Medicare Part B payments or see at least 20% of Medicare patients through the Advanced APM.

Some Advanced APMs include:

- CPC+
- Medicare Shared Savings Program Tracks 2 and 3
- Next Gen Accountable Care Organization
- Oncology Care Model (OCM)-Two-Sided Risk

For more information, visit www.acponline.org/qpp.
QPP 2017 Data Reporting Guidelines

Pick Your Pace
In an effort to ease transition to the new QPP, practices will have the flexibility to pick their pace of participation.

Not Participating: If you don’t send in any 2017 data, a negative 4% payment adjustment will be made in 2019.

Submit Something: Avoid a downward adjustment by submitting 1 Quality Measure, OR 1 Improvement Activity, OR 5 Advancing Care Information (ACI) base measures in 2017.

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

Submit Full: You may earn a moderate positive adjustment if you submit more than 90 days of full data for 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.

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

You are not alone–ACP Tools and Resources

ACP is committed to providing current information on MACRA and QPP, including a Top Ten action list and Frequently Asked Question page. In addition, ACP can connect you to helpful tools, resources and programs that are focused on helping practices improve their quality and value.

ACP Quality Payment Advisor

The ACP Quality Payment Advisor is a tool to help clinicians understand and implement the new Quality Payment Program. This tool utilizes an electronic algorithm as well as practice characteristics, quality measurement experience, and quality improvement activities, to create a practice readiness assessment report. The report will assist practices in determining the best path to take–Merit-Based Incentive Payment System (MIPS) or Alternative Payment Model (APM).

For more information, visit www.acponline.org/qpp.
Helps practices improve quality of care, reduce costs, and transition from volume-based to value-based, patient centered care through web-based interactive modules.

New Modules helpful in implementing quality measures or improvement activities that satisfy the QPP requirements include:

- Patient Engagement and Experience
- Collaborative Medication Management
- Improve Patient Access
- Avoid Unnecessary Testing

In addition, ACP Practice Advisor® can help your practice become a Patient Centered Medical Home (PCMH). As a PCMH, the activities you perform may help you become a Qualifying APM Participant and earn a 5% incentive payment.

ACP Genesis Registry®

Approved by CMS as a Qualified Clinical Data Registry (QCDR) the Genesis Registry, provides a seamless method to collect quality measure data directly from your EHR* and automatically submits reports which help you meet the QPP requirements for the Quality, Advancing Care Information, and Improvement Activities portions of the MIPs score. ACP members can participate in the Genesis Registry at a discounted price.

*EHR vendors supported include: Allscripts, Aprima, AthenaHealth, Greenway, NextGen, Quest Diagnostics/Care360, and STI/Chartmaker.

Don’t see your EHR? Contact CECity (busdev@CECity.com) for more information.

Online, Interactive High Value Care Cases (HVC) and Toolkit

These interactive HVC cases review the steps required to minimize unnecessary health costs and improve patient outcomes while earning free CME credit and ABIM MOC points. In addition, ACP has developed an HVC Toolkit that provides resources to facilitate more effective and patient-centered communication between primary care and subspecialist doctors. Incorporating these HVC principles into your practice helps you meet the requirements of the QPP.

The Physician & Practice Timeline

A helpful tool that tracks upcoming important dates related to regulatory, payment, and delivery system changes and requirements.

Sign up for triggered text alerts to keep updated on deadlines. Just text ACPTimeline (no space) to 313131.

Transforming Clinical Practice Initiative (TCPi)

A CMS-funded program to help clinicians prosper under QPP by providing them with free technical support, including ACP Practice Advisor®, through Practice Transformation Networks (PTNs). As a grantee, ACP can determine your eligibility to join a PTN and refer you to the right one.

Practices interested in learning more about TCPi can contact SAN@acponline.org

For more information, visit www.acponline.org/qpp.
Top 10 things to do for the Quality Payment Program (QPP) under MACRA

1. Learn about the “new” Medicare Quality Payment Program (QPP), including the two major pathways of the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs), from ACP.

2. Make a decision about your "pace" of participation in 2017 for QPP. Are you or your practice ready for a full year of reporting? Or do you want to simply test the waters?

3. Use ACP’s Quality Payment Advisor (ACP members only) to select the best options for you and your practice.

4. Implement a formal quality improvement process to maximize your reported MIPS measures. Ensure that your care adheres to accepted clinical guidelines.

5. Review your Quality and Resource Use Report (QRUR) for accuracy and to understand your practice compared to benchmarks. Contact CMS if there are problems.

6. Review the list of available Advanced APMs for 2017—and those identified to launch in 2018—to determine if you are or could become a qualifying participant, who would receive a 5% lump sum incentive payment. Then watch out for notifications of your Advanced APM status.

7. Understand the principles of the Patient-Centered Medical Home and begin implementing them in your practice. The ACP Practice Advisor tool can help.

8. Participate in a “medical neighborhood” and provide care coordination to reduce unnecessary office visits and testing. The ACP High Value Care Coordination (HVCC) Toolkit is a helpful resource.

9. Impanel and risk-stratify your patient population, and implement care management for those at high risk for hospitalization or ER visits. The ACP Practice Advisor tool has modules that can assist with this activity.

10. Become educated on ACP’s High Value Care recommendations and implement them in your practice to prevent unnecessary testing and procedures.

For more information, visit www.acponline.org/qpp.