

# CMS Quality Payment Program 2017

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# Stratis Health

Independent, nonprofit, Minnesota-based organization founded in 1971

- Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities

Working at the intersection of research, policy, and practice

# Lake Superior Quality Innovation Network (LSQIN)

The Lake Superior Quality Innovation Network (Lake Superior QIN) is comprised of three quality improvement organizations:

- Stratis Health in Minnesota
- MetaStar in Wisconsin
- MPRO in Michigan

# Objectives:

- Learn about the CMS Quality Payment Program that will begin in 2017
- Hear how the existing legacy programs will be replaced by the Merit-Based Incentive Program (MIPS)
- Hear about Alternative Payment Program Models
- Understand the four options for participation in 2017

# Current Payment System: What's the problem?

- Medicare Part B “fee for service” (mostly clinic services) are paid by VOLUME
  - Clinics receive payment for every service ordered/covered by Medicare Part B
  - The more services are ordered, the more clinics are paid
- No relationship between the cost and quality of services ordered
  - How much does it cost? ? ? ?
  - What is the quality of the service?

# Phase 1 to the solution

1. EHR Incentive Program (Meaningful Use)
2. Physician Quality Reporting System (PQRS)
3. Value-Based Modifier (VBM) Program



Stock photo purchased by MPRO. Used with permission.

# EHR Incentive Program - Meaningful Use

- MN clinics and hospitals have achieved the highest rate in the US of electronic health record (EHR) adoption and use
  - Intent is for “meaningful” use of the EHR
- Values and Successes
  - e-prescribing, after-visit summary, patient portals, clinical decision support, legible orders
- Challenges
  - Clinicians troubled with “busy work” and lack of resources
  - Lack of “interoperable” health records across disparate health care settings
  - Data integrity and Lack of alignment of quality measures

# Physician Quality Reporting System - PQRS

- Started a paradigm shift to require physicians and other providers/clinics to report federally established quality measures to be available for public consumption
- MN was already there (MN Community Measurement).....but.....
  - Quality measures don't align between programs

# Value-Based Modifier Program (VM)

- Shift from pay-for-reporting to pay-for-performance
- Eligible professionals receive negative, neutral, or positive payment adjustments for **cost** and **quality**
  - Negative payment adjustments for not reporting PQRS successfully
  - Negative payment adjustments for providing high cost low quality services compared to your peers
  - Positive payment adjustments for low cost and medium to high quality services

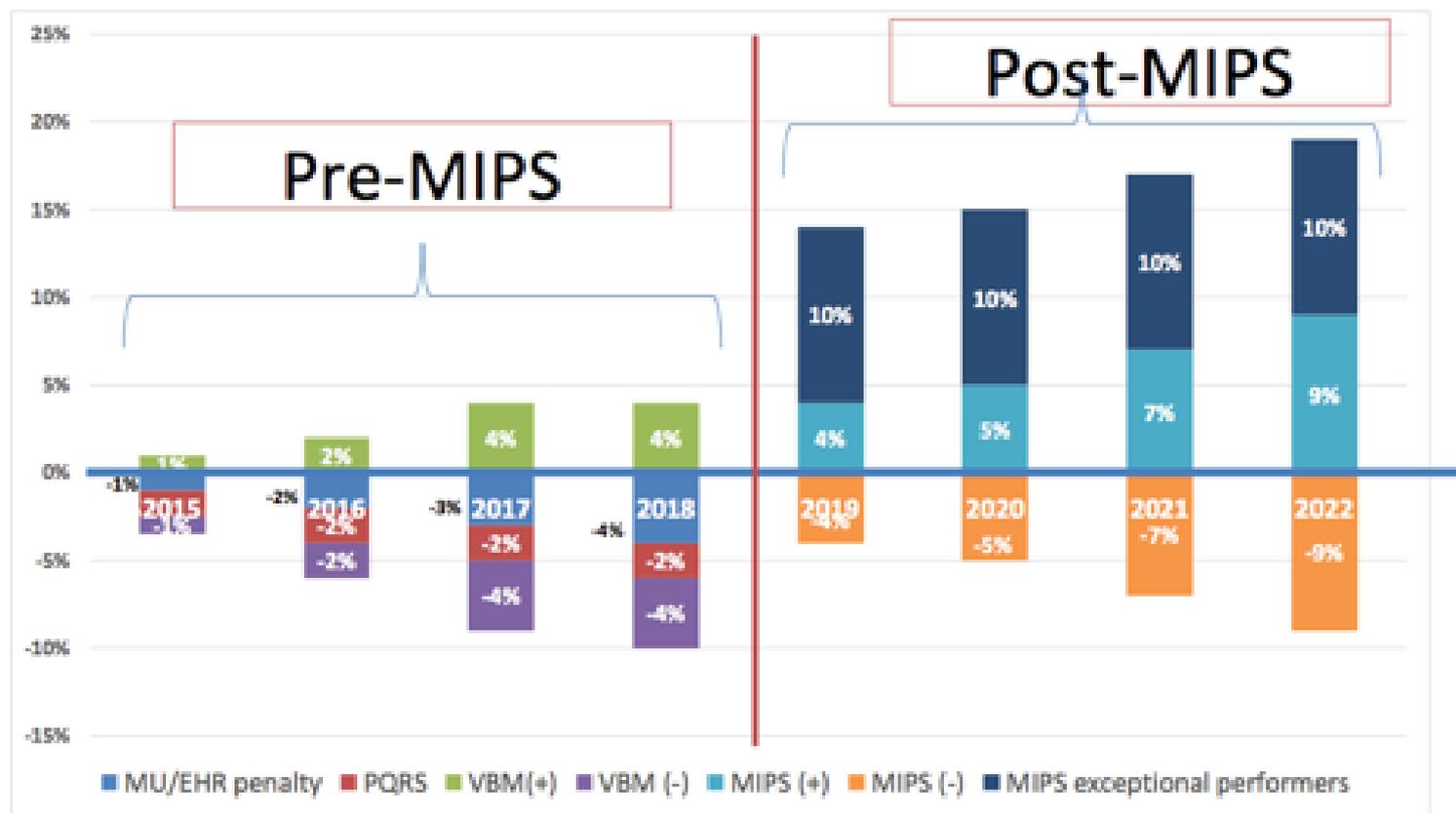
# REALLY...Can't I just take care of my patients?



Free image for personal or commercial use [www.pexels.com/33262](http://www.pexels.com/33262)

# Payment Adjustments

## Medicare Incentive Payments: 2015-2022



# Learning Check-In Question

What should you be doing in 2016 to avoid negative payment adjustments for 2018?

- a) Attest to Meaningful Use
- b) Successfully report PQRS measures
- c) Nothing, I'm just sick of it all
- d) Nothing, I feel so totally overwhelmed I can't even breathe

# Learning Check-In Answer

What should you be doing in 2016 to avoid negative payment adjustments for 2018?

- a) Attest to Meaningful Use
- b) Successfully report PQRS measures

(by not doing both you could be receiving up to -8% negative payment adjustment on Part B revenue for payment year 2018)

# Overview of the Quality Payment Program (QPP)



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# Medicare Access and CHIP Reauthorization Act of 2015

## MACRA

**Passed with bipartisan Congressional support**

*“So what?”*

MACRA components like the Quality Payment Program are not likely to simply “go away”

**Solves annual “doc fix” issue with QPP**

*“So what?”*

Without the Quality Payment Program, the SGR would have significantly decreased clinician reimbursement

**Pays clinicians for delivering best care and for overall work with patients**

*“So what?”*

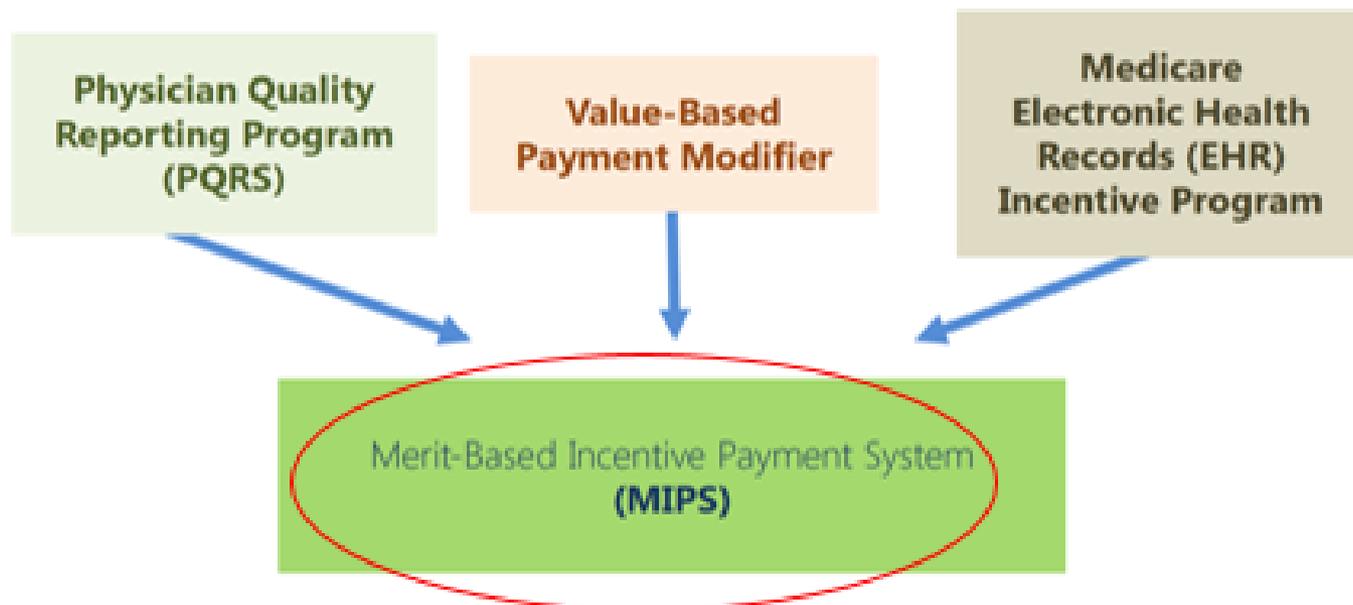
We are shifting away from a system of paying only for volume to a system that rewards value and outcomes

Source: CMS Quality Payment Program – Train-The-Trainer

# Current programs to be integrated under the MIPS

## Medicare Reporting Prior to MACRA

MACRA streamlines these programs into MIPS.



# Who are we talking about today?

## Current Meaningful Use EHR Incentive Program



MU for Medicaid EHs, CAHs



MU for Medicaid EPs



MU for Medicare EHs, CAHs



MU for Medicare EPs

## MIPS



Quality



Improvement  
Activities



Cost



Advancing  
Care

## MIPS: ACI component



ACI for Medicare ECs and  
QPs in most APMs

Source: CMS Quality Payment Program – Train-The-Trainer

# 2017 Eligible Clinicians

## Who Is Eligible for MIPS?

- Medicare Part B clinicians
  - Known as “eligible clinicians”



- Voluntary option for all other clinicians not included in transition year

Source: CMS Quality Payment Program – Train-The-Trainer

# Who is eligible for the quality payment program

Subject to MIPS Payment Adjustments if:

- Is an “Eligible Clinician (EC)” **AND**
- Sees than 100 Medicare patients **OR**
- Bills more than \$30,000 to Medicare PBPFS in the performance year
- Method 2 Billing

# Medicare Access and CHIP Reauthorization Act of 2015

## Quality Payment Program

- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- ✓ **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**

The Merit-based  
Incentive  
Payment System  
(MIPS)

or

Advanced  
Alternative  
Payment Models  
(APMs)



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# Four Components of the Merit-Based Incentive Program



## Quality

Replaces PQRS.

**60%**



## Improvement Activities

New category.

**15%**



## Advancing Care Information

Replaces the Medicare EHR Incentive Program also known as Meaningful Use.

**25%**



## Cost

Replaces the Value-Based Modifier.

**0%**

Source: CMS Quality Payment Program – Train-The-Trainer

# Do you have “MIPS Anxiety”?

## The QPP Road trip

1. Who is going with you?
2. Choose your path
  - MIPS or APM
3. MIPS Path
  - ‘Pick Your Pace’ in 2017



# MIPS Pick Your Pace in 2017

## Pick Your Pace

### Test Pace



Submit Something

- Submit some data after January 1, 2017
- Neutral or small payment adjustment

### Partial Year



Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

### Full Year



Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Source: CMS Quality Payment Program – Train-The-Trainer

# Do you have 'MIPS Anxiety' ?

From the CMS 24 page QPP Executive Summary:

CMS estimates that over 90 percent of MIPS eligible clinicians will receive a positive or neutral MIPS payment adjustment in the transition year,

...and that at least 80 percent of clinicians in small and solo practices with 1-9 clinicians will receive a positive or neutral MIPS payment adjustment.

# Main points of Medicare's Quality Payment Program

- Fee for service payment not going away entirely
- Value and positive outcomes will be rewarded
- Moves away from “all or nothing” incentives to weighted score across 4 categories
- Negative/neutral/positive payment adjustments
- Exceptional care bonus for first few years
- 2017 is considered a “transition year”

# The Two Paths for QPP: MIPS & APMs



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# The Two Paths for QPP: MIPS & APMs

## MIPS: Quality category



# MIPS Quality Category

## Accounts for 60% of MIPS Score in 2017

- Report six quality measures
  - previously 9 measures across 3 domains
- Larger groups (25+) who submit measures using the CMS Web Interface need to report 15 measures for a full year

# Quality measures



## Quality

*Replaces the Physician Quality Reporting System (PQRS).*

**Most participants:** Report up to 6 quality measures, including an outcome measure, for a minimum of 90 days.

**Groups using the web interface:** Report 15 quality measures for a full year.

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



Source: CMS Quality Payment Program – Train-The-Trainer



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# Quality measures:

## MIPS Performance Category: Quality – Reporting



### Individual clinicians may report through:

- Qualified Registry
- Electronic Health Record (EHR)
- Qualified Clinical Data Registry (QCDR)
- Claims

### Groups may report measures through:

- Qualified Registry
- EHR
- QCDR
- CMS Web Interface (groups of 25 or more)
- CAHPS for MIPS Survey
  - Counts as 1 patient experience measure
  - Must submit 5 other measures through a different mechanism above

# The Two Paths for QPP: MIPS & APMs

## MIPS: Improvement Activities (CPIA) Category



# MIPS Improvement Activities Category

## Accounts for 15% of MIPS Score in 2017

- Designed to help participants prepare to transition to APMs
- Clinicians can engage in up to four activities to earn the highest possible score of 40
  - Medium activity = 10 points (1.5 MIPS)
  - High activity = 20 points (3 MIPS)
  - Double points for small, rural, non-patient facing
  - Full score for PCMH, MHM

# MIPS Improvement Activities



## Improvement Activities

*New category.*

**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.

**Groups in APMs qualifying for special scoring under MIPS, such as Shared Savings Program Track 1 or Oncology Care Model:** You will automatically receive points based on the requirements of participating in the APM. For all current APMs under the APM scoring standard, this assigned score will be full credit. For all future APMs under the APM scoring standard, the assigned score will be at least half credit.

**Participants in any other APM:** You will automatically earn half credit and may report additional activities to increase your score.

15%

Source: CMS Quality Payment Program – Train-The-Trainer

# Improvement Activities

## MIPS Performance Category: Improvement Activities – Alternative Point Scoring



- Automatic 100% category score for clinicians in:
  - Certified Patient-Centered Medical Homes
  - Medical Home Models
  - Comparable specialty practices
- For clinicians in an APM Entity, points assessed based on model criteria

Source: CMS Quality Payment Program – Train-The-Trainer

# Improvement Activities

## MIPS Performance Category: Improvement Activities – Reporting



- Must perform selected activities for 90 consecutive days
- Must attest each activity performed for 90-day period by selecting “Yes” during reporting
- May report activities through:
  - Qualified Registry
  - Electronic Health Record (EHR)
  - Qualified Clinical Data Registry (QCDR)
  - CMS Web Interface (for groups of 25 clinicians or more)

Source: CMS Quality Payment Program – Train-The-Trainer

# The Two Paths for QPP: MIPS & APMs

## MIPS: Advancing Care Information (ACI) category



# MIPS Advancing Care Information

## Accounts for 25% of MIPS Score in 2017

- For full participation in the advancing care information performance category, MIPS eligible clinicians will report on five required (base) measures.
- Bonus score for using CEHRT for Improvement Activities and for reporting to public health or clinical registries

# MIPS Advancing Care Information Score



## Advancing Care Information

*Replaces the Medicare EHR Incentive Program also known as Meaningful Use.*

Fulfill the required 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.

OR

You may not need to submit Advancing Care Information if these measures do not apply to you.

25%

Source: CMS Quality Payment Program – Train-The-Trainer

# Meaningful Use – Rebranded: Advancing Care Information



## Meaningful Use

## Advancing Care Information

One-size-fits-all – every objective reported and weighed equally	Customizable – clinicians can choose which categories to emphasize in their scoring
Requires across-the-board levels of achievement or “thresholds,” regardless of practice or experience	Flexible. Allows for diverse reporting that matches clinician’s practice and experience.
Measurement emphasizing process	Measurement emphasizing patient engagement and interoperability
Disjointed and redundant with other Medicare reporting programs	Aligned with other Medicare reporting programs. No need to report redundant quality measures.
No exemptions for reporting	Exemptions for reporting for clinicians in: <ul style="list-style-type: none"><li>• Advanced alternative payment models</li><li>• First year with Medicare</li><li>• Have low Medicare volumes</li></ul>

Source: CMS Quality Payment Program – Train-The-Trainer

# ACI Category Base Score

## 2014 CEHRT

### Advancing Care Information Objectives and Measures:

#### Base Score Required Measures

Objective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care
Health Information Exchange	Request/Accept a Summary of Care

## 2015 CEHRT

### 2017 Advancing Care Information Transition Objectives and Measures:

#### Base Score Required Measures

Objective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Health Information Exchange

Source: CMS Quality Payment Program – Train-The-Trainer

# ACI Category Performance Score

## 2014 CEHRT

### Advancing Care Information Objectives and Measures

Objective	Measure
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	Patient-Specific Education
Coordination of Care through Patient Engagement	View, Download and Transmit (VDT)
Coordination of Care through Patient Engagement	Secure Messaging
Coordination of Care through Patient Engagement	Patient-Generated Health Data
Health Information Exchange	Send a Summary of Care*
Health Information Exchange	Request/Accept a Summary of Care*
Health Information Exchange	Clinical Information Reconciliation
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting

## 2015 CEHRT

### 2017 Advancing Care Information Transition Objectives and Measures

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

Source: CMS Quality Payment Program – Train-The-Trainer

# MIPS Advancing Care Information Bonus Score:

## MIPS Performance Category: Advancing Care Information – Completion Alternatives



Clinicians have the opportunity to earn a bonus score 2 ways:

1. Earn a 5% bonus for reporting to additional Public Health and Clinical Data Registry Reporting measures (aside from the Immunization Registry Reporting measure)
2. Earn a 10% bonus for using CEHRT to complete certain activities within the Improvement Activities performance category

Source: CMS Quality Payment Program – Train-The-Trainer

# Exemptions for Advancing Care Information

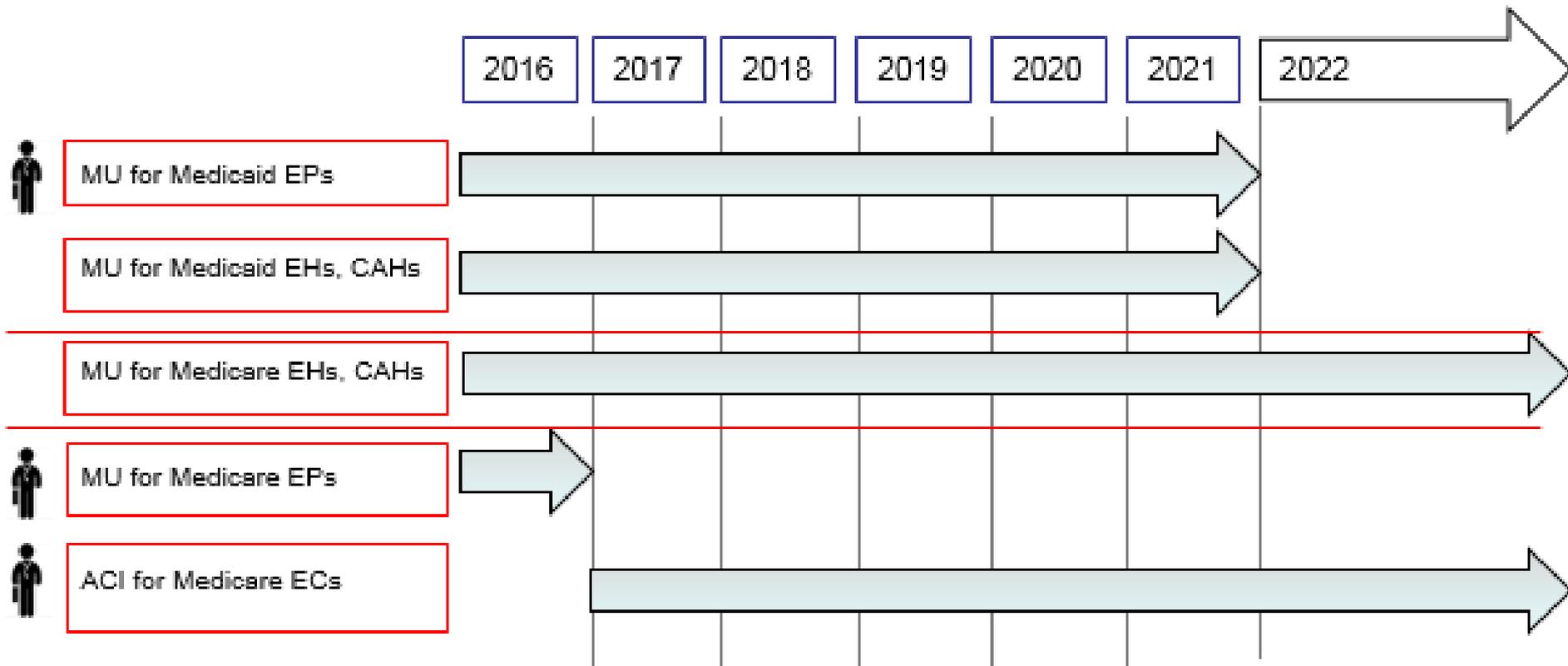
## Applications

- Submitted annually
- Exemption categories similar to hardship exemptions in EHR (MU) Incentive program
- No longer individual Objective Exclusions ...rather whole ACI category Exemption

## How it affects MIPS Scoring

- ACI Category reweighted to zero
- Quality & Improvement Activities weight increases

# Annual Measurement Periods



Source: CMS Quality Payment Program – Train-The-Trainer

# The Two Paths for QPP: MIPS & APMs

## MIPS: Cost category



# Cost: (2017)

- Cost accounts for 0% of your score in 2017
- The Resource Use portion (one of 4 pillars of MIPS) has been set to 0% with a reweighting of the other three categories for 2017
- Category score will increase from 0 to 30% by 2021 (required by MACRA law)

# Cost: (2018)

 <p><b>Cost</b></p> <p><i>Replaces Value-Based Modifier.</i></p>	<p>No data submission required. Calculated from adjudicated claims.</p>	<p>Counted starting in 2018.</p>
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Source: CMS Quality Payment Program – Train-The-Trainer

# Learning Question Check-In

What percentage of the MIPS score will come from Quality Reporting in 2017?

- a) 15%
- b) 25%
- c) 60%
- d) 50%

# Learning Question Check-In Answer

c) 60% of the MIPS score will come from the Quality category in 2017\*

\*If you file an exemption or you are not an ACI eligible reporter (ie: NP/PA), your quality score will be re-weighted higher

# MIPS Scoring



Quality



Improvement  
Activities



Advancing  
Care Information



Cost



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# MIPS Scoring

- Category weighting for 2017
- Weights can be adjusted (ACI 'exemptions' application could reweight category to zero)



Quality

60%



Improvement  
Activities

15%



Advancing  
Care Information

25%



Cost

0%

# MIPS Scoring (0-100 points)

>-70 points	Eligible for positive payment adjustment and exceptional performance bonus
4-69 points	Positive payment adjustment. No exceptional performance payment. No negative
3 points	Neutral payment adjustment
1-2 points	Negative payment adjustment
Do nothing – 0 points	-4% payment adjustment

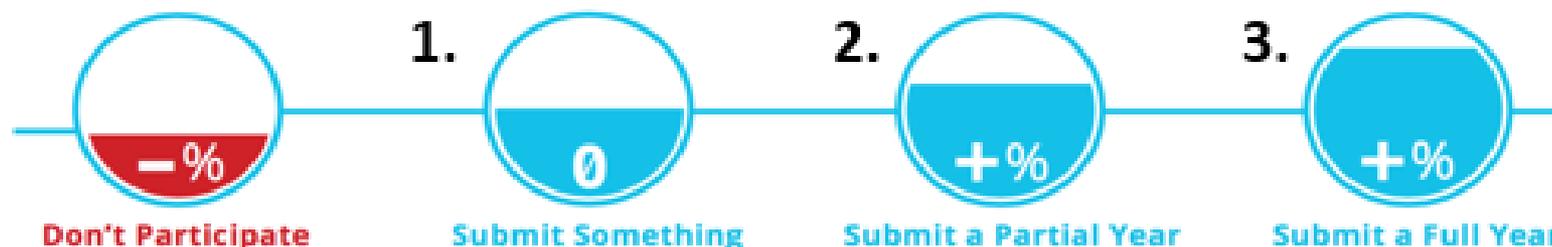
# How to Avoid a Negative Payment Adjustments in 2017

## Score at least 3 points

- Report to ACI
  - 5 required base objectives –OR–
- Report Quality Measures
  - 1 quality measure – OR –
    - 15 required for groups doing CMS web interface
  - 1 or 2 improvement activities or PCMH/MHM
    - 2 medium or 1 high for practices over 12
    - 1 medium or 1 high for small, rural, some clinicians

# Pick your Pace 2017

Pick your pace in MIPS: If you choose the MIPS track of the Quality Payment Program, you have three options.



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

**NOT RECOMMENDED!**

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

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

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

4. Engage as a Qualified Participant (QP) in an Advanced APM ...no MIPS requirements!

Source: CMS Quality Payment Program – Train-The-Trainer

# Groups:

## How Do Clinicians Participate in MIPS?



1. **Individual** – under an NPI number and TIN where they reassign benefits
2. **As a Group** –
  - a) 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN\*
  - b) As a MIPS APM entity

\* If clinicians participate as a group, they are assessed as group across all 4 MIPS performance categories

Source: CMS Quality Payment Program – Train-The-Trainer

# Learning Question Check-In

If you scored 10 points in 2017 for MIPS reporting, you would receive a:

- a) Negative payment adjustment
- b) Neutral payment adjustment
- c) Positive payment adjustment

# Learning Question Check-In Answer

c) If you score 4-100 points in 2017, you will be eligible for a positive payment adjustment

# The Two Paths for QPP: MIPS & APMs

## Advanced APMs & MIPS APMs



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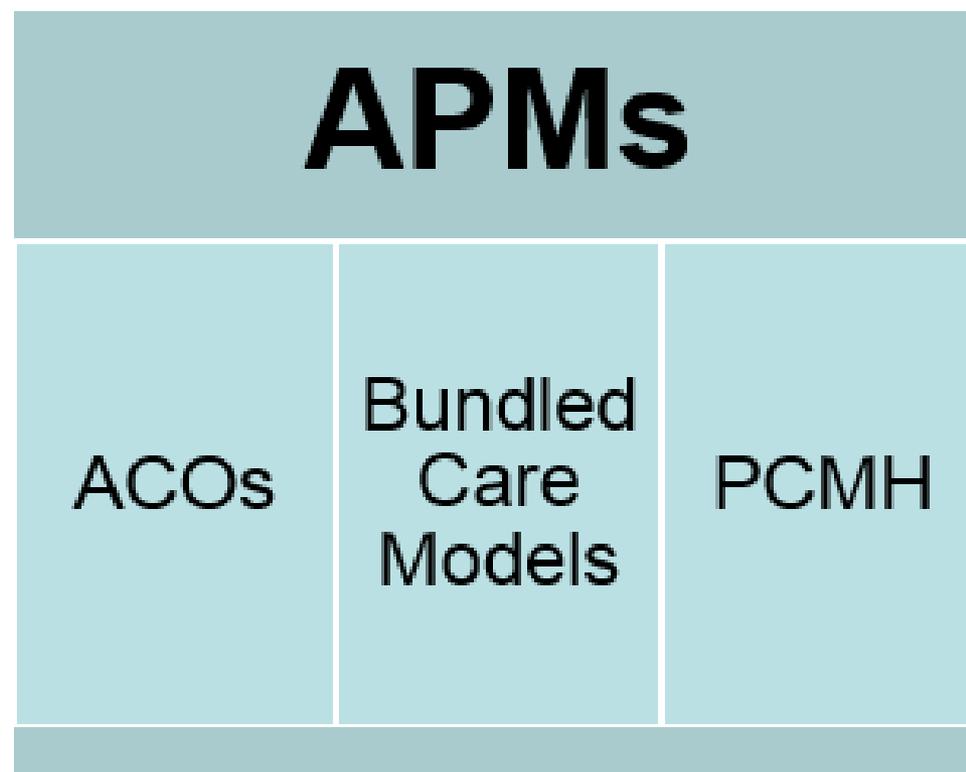
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# Alternative Payment Models

- A new way to compensate providers for care and services rendered to Medicare beneficiaries
- Promotes value and quality over volume by moving away from the traditional Medicare FFS structure
- Goal of APMs is to reduce spending while improving patient care

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

# Alternative Payment Models



# Advanced APM Track

## Advanced APM Participation Requirements

- Qualified Advanced APM
- Clinicians must receive enough of their Medicare payments or see enough of their Medicare patients through an Advanced APM to qualify for incentive pay and not participate in the MIPS track



Source: CMS Quality Payment Program – Train-The-Trainer

# Advanced APMS + MIPS APMs

**Table 1: Requirements for APM Incentive Payments for Participation in Advanced APMs  
(Clinicians must meet payment or patient requirements)**

Performance Year	2017	2018	2019	2020	2021	2022 and later
Percentage of Medicare Payments through an Advanced APM	25%	25%	50%	50%	75%	75%
Percentage of Medicare Patients through an Advanced APM	20%	20%	35%	35%	50%	50%

Source: CMS Quality Payment Program – Train-The-Trainer

# Advanced APMS in 2017

For the 2017 performance year, we anticipate that the following models will be Advanced APMS:

Comprehensive End Stage Renal  
Disease Care Model  
(Two-Sided Risk Arrangements)

Comprehensive Primary Care Plus (CPC+)

Medicare Shared Savings Program Track 2

Medicare Shared Savings Program Track 3

Next Generation ACO Model

This list may change. We will publish a final list prior to January 1, 2017.

Source: CMS Quality Payment Program – Train-The-Trainer

# MIPS Timeline

## What are the three “Snapshots” for QPs during the Performance Period?

- During the QP Performance Period (January – August), CMS will take three “snapshots” (March 31, June 30, August 31) to determine which eligible clinicians are participating in an Advanced APM and whether they meet the thresholds to become Qualifying APM Participants.



Source: CMS Quality Payment Program – Train-The-Trainer

# Resources and Tools



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# Stratis Health Role in QPP

- Education
- Technical Assistance
- Physician/Eligible Clinician Engagement
- Beneficiary Engagement

**Stratis Health website:** (many resources for Health IT and Quality)

<http://www.stratishealth.org/index.html>

# QPP Help Desk

Quality Payment Program Help Desk

(866) 288-8292

8am – 8pm EST / 7am – 7pm EST

Email:

[QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

# Resources

**Quality Payment Program website:**

<https://qpp.cms.gov>

**QPP: Quality Measures page:**

<https://qpp.cms.gov/measures/quality>

**QPP resources page (past and upcoming webinars about QPP)**

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>

**Lake Superior Quality Innovation Network (Stratis Health is lead organization)**

Home page: <https://www.lsqin.org>

Previous and upcoming webinars: <https://www.lsqin.org/events/>

# Resources

## **CMS: EHR Incentive Program website**

(for 2016 Medicare and Medicaid, and Medicaid-eligible providers 2017 forward)

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/30\\_Meaningful\\_Use.asp](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/30_Meaningful_Use.asp)

## **Minnesota EHR Incentive Program Website:**

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_145261#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_145261#)

# Resources

## PQRS website - many links

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

## Measures page (2016 measures)

<https://pqrs.cms.gov/#/home>

## CAHPS for PQRS:

<http://www.pqrscahps.org>

"The CAHPS for PQRS Survey can only be administered by a [CMS-approved survey vendor](#)."

**Website for TCPI HealthCareCommunities:** (you can see what PTNs are in each state) You will need to sign up for an account for in-depth browsing.

<http://www.healthcarecommunities.org/Home.aspx>

# Final Rule for QPP

**QPP Final rule published Oct. 14, 2014 (2,398 pages)**

<https://qpp.cms.gov/docs/CMS-5517-FC.pdf>

**QPP Executive Summary (24 pages)**

[https://qpp.cms.gov/docs/QPP Executive Summary of Final Rule.pdf](https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf)

# CMS Acronyms

MACRA - Medicare Access & CHIP Reauthorization Act

MIPS – Merit-Based Incentive Program

APM – Alternative Payment Model

PQRS – Physician Quality Reporting System

VBM or VM – Value Based Modifier

ACI – Advancing Care Information (New MU)

CPIA – Clinical Practice Improvement Activities

PBPFS – Part B Physician Fee Schedule

# LSQIN Contacts

## Minnesota - Stratis Health

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