

MACRA Rules are Final: Time to Implement the Quality Payment Program

December 5, 2016

Slide Deck – Part 2



MIPS Performance Category

QUALITY

STEPHEN S. GRUBBS, MD

The Basics

1. Reporting Mechanisms
2. Big Picture: Evaluation & Payment Adjustment
3. How Many Measures/Oncology Measure Set

Reporting Mechanisms

Both Individuals and Groups	
QCDR	
EHR	
Qualified Registry	
Individuals Only	Groups Only
Claims	CMS Web Interface*
	CAHPS for MIPS (Vendor)
	Administrative Claims (ACR)**

*Groups of 25 or more

**Groups of >15

Evaluation and Payment Adjustment: Group vs. Individual Reporting

- Report as a group:
 - MIPS eligible clinicians that report as part of a group are evaluated on the measures that are reported by the group, regardless of whether the group's measures are specifically applicable to the individual MIPS eligible clinician
 - The subsequent group payment adjustment is applied to each NPI within the group and remains with the NPI if he/she leaves the group and is portable to their new TIN
- Report as individual clinician within a group:
 - Each clinician evaluated individually based on specific measures they choose to report
 - The payment adjustment is applied to the individual NPI and is portable with the NPI if he/she changes TIN

How Many Measures do I Have to Report? What Kind? Which Patients?

- If reporting individual measures:
 - 6 applicable measures (including one outcome measure or high priority if outcome not available)
- If reporting specialty measure set:
 - If set has 6 or more measures, report on 6 applicable measures
 - If set has less than 6 measures, report on all applicable measures
- Can report >6 measures and will be scored on 6 highest (must include an outcome/high priority measure)
- Patient population:
 - All Payer – NOT Medicare only
 - Must report a minimum of one measure for one Medicare beneficiary

How Much do I Have to Report?

- In order for a submitted measure to be scored, it must meet the following criteria:
 - 50% of all eligible patients for each measure (all-payer)
 - 20-case minimum (per measure)
 - Performance score >0% (i.e. at least 1 in the numerator)
- But for 2017, you will score 3 points for ANY measure submitted, regardless of meeting above thresholds and avoid any negative 2019 payment adjustment
- NOTE: 2018 reporting will require complete reporting affecting 2020 payment adjustment

General Oncology Measure Set

Measure	Data Submission Method				Measure Type	High Priority
	Claims	Registry	EHR	Web Interface		
Advance care plan	X	X			Process	
Prostate bone scan (overuse)		X	X		Process	Yes
Current meds	X	X	X		Process	
Pain intensity		X	X		Process	Yes
Tobacco screening	X	X	X	X	Process	
Prostatectomy path reports	X	X			Process	
Hypertension screening & f/u	X	X	X		Process	
Receipt of specialist report			X		Process	
Adolescent tobacco use		X			Process	
Alcohol screening		X			Process	
HER2 negative		X			Process	Yes
HER2 positive		X			Process	Yes
KRAS testing/+EGFR		X			Process	
KRAS testing/-EGFR		X			Process	Yes
Chemo last 14 days		X			Process	Yes
Not admitted to hospice		X			Process	Yes
>1 ED visit last 30 days		X			Outcome	Yes
ICU last 30 days		X			Outcome	Yes
Hospice for less than 3 days		X			Outcome	Yes
Total Measures by Submission Mechanism	5	18	6	1		

Scoring

What am I being compared to?

- Measure benchmarks
- Compared to all who reported that measure
- Established by CMS using largely earlier data
- Most benchmarks will be published prior to performance period

Example Quality Performance Category Scoring

Measure Type	Possible Points	Your Performance	Bonus Points	
			High Priority	CEHRT
Outcome	10	7.5	0*	0
Process	10	10	0	0
Process	10	6.5	0	0
Process	10	8.0	0	0
Total Points	40	32	0	0
	Points w/Cap**	32	0	0
	Total Points w/Cap	32		
	Final Score	32 (your total points) / 40 (possible points) x 60 (quality performance category weight) = 48		

NOTE: Scoring and other details in MIPS are more complex than the general overview being presented today

ASCO will host “technical” webinars providing a deep dive into each MIPS programmatic area in early 2017

How Much/How Long Should I Report in 2017?

- CMS has emphasized you are being scored on performance, not the amount of data you submit or the length of the reporting period
- *Possible* to get MAX score if you submit 90 days and not the whole year
- CMS encourages everyone to report for full year – **you should be practicing for 2018**
- You *can* avoid a penalty if you report one quality measure, one IA measure, or the base score requirement of ACI – this will **NOT prepare you for 2018** when reporting requirements grow significantly more stringent

MIPS Performance Category

ADVANCING CARE INFORMATION

KAREN HAGERTY, MD

The Basics

1. MIPS/ACI Eligible Clinicians
2. Exclusions
3. Data Submission

Eligible...But Ready?

Has MU
Experience

- Physicians

Some MU
Experience

- NP
- PA

Minimal or No
MU
Experience

- CRNA
- CNS

MIPS Eligible Clinicians

ACI Category Weight of Zero

ACI Category
Automatically
Reweighted
to Zero

- NP, PA, CNS, CRNA
- Hospital-based Clinicians
- Non-patient Facing Clinicians

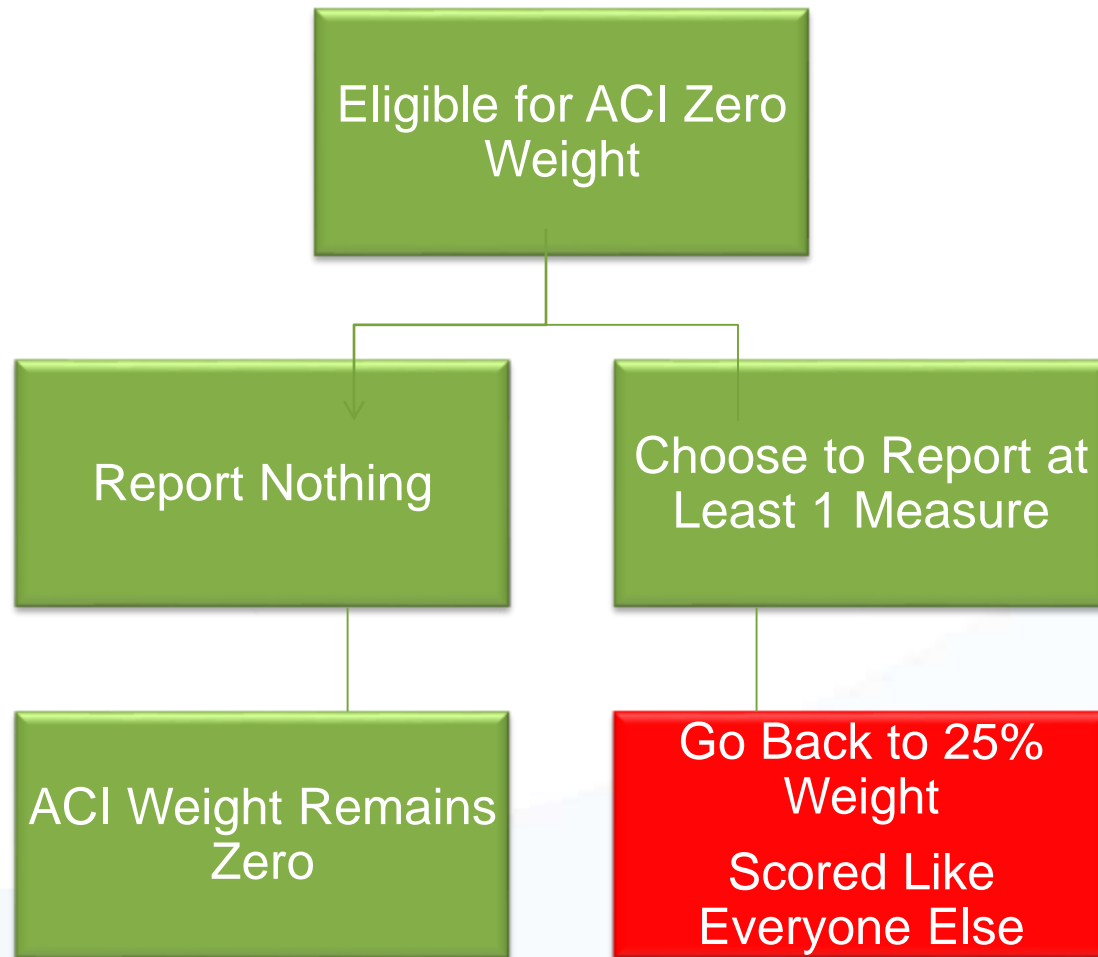
ACI Category
Potentially
Reweighted
to Zero

- Significant Hardship Exceptions

2017 ACI Performance Category Redistribution if ACI Category Reweighted to Zero



A (Big) Caveat



ACI Reporting: Individual or Group

- NEW for 2017: Group Reporting
- Data Submission (Individual or Group)
 - Attestation
 - CEHRT/EHR
 - QCDR
 - Qualified Registry
- CMS Web Interface Submission (Groups Only)
- Reporting Period: 90 days (continuous)

Scoring

SCORING

Base Score (50%)

- Up to 5 required measures

Performance Score (90%)

- Up to 9 measures

Bonus Score (15%)

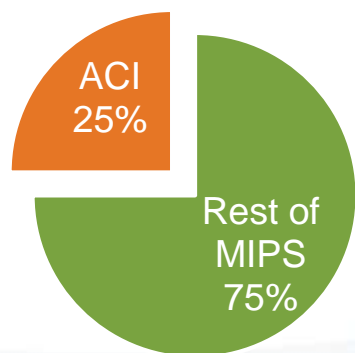
- Public health and clinical data registry reporting

Base Score (Required, 50%)

Objective	Measure	
	ACI (Stage 3; 2015)	ACI Transition (Mod Stage 2; 2014)
Protect Patient Health Information	Security Risk Analysis	Security Risk Analysis
Electronic Prescribing	E-Prescribing	E-Prescribing
Patient Electronic Access	Provide Patient Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care (SOC)	Health Information Exchange
	Request/Accept SOC	

Base Score: Things to Know

- All or Nothing
 - Must report all required measures
 - Numerator/Denominator measures: Require at least a “1” in the numerator
 - “Yes/No” measures: Require a “yes” in the numerator
- Failure to achieve the above results in a base score of “zero”
- A base score of “zero” automatically gives you a performance score of “zero”



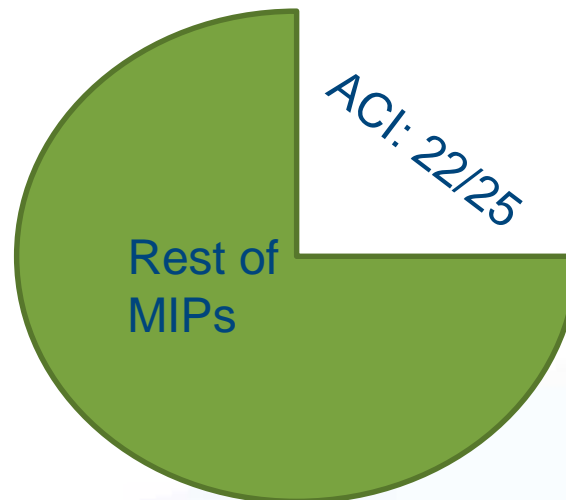
■ Rest of MIPS ■ ACI

**ZERO BASE SCORE +
ZERO PERFORMANCE SCORE =
ZERO ACI SCORE**

$$\begin{aligned} &\text{Base Score} \\ &+ \\ &\text{Performance Score} \\ &+ \\ &\text{Bonus Score} \\ &= \\ &\text{Almost Final Score} \end{aligned}$$

Final Score

- Factors in weight of ACI category within MIPS
- Total score x ACI category weight
- $88\% \times 25 = 22$



MIPS Performance Category

IMPROVEMENT ACTIVITY

KAREN HAGERTY, MD

Improvement Activity



- A new performance category in MIPS
 - Defined as “an activity that relevant eligible clinical organizations and other relevant stakeholders identify as improving clinical practice or care delivery and that the Secretary determines, when effectively executed, is likely to result in improved outcomes.”

Improvement Activity

- Who can participate?
 - All MIPS eligible clinicians, both individuals and groups
- What do you have to do?
 - Attest to participation in activities that improve clinical practice
 - Choose from 90+ activities in 9 subcategories
 - Activities are categorized as high (20 points) or medium (10 points) weight – need 40 points for full score
 - Year 1 weight: 15% of total MIPS Composite Performance Score

Improvement Activity

- 90+ activities
 - Expanded Practice Access
 - Population Management
 - Care Coordination
 - Beneficiary Engagement
 - Patient Safety and Practice Assessment
 - Participation in an APM
 - Achieving Health Equity
 - Emergency Response and Preparedness
 - Integrated Behavioral and Mental Health

Data submission options

Individual Reporting

- Attestation
- QCDR
- Qualified Registry
- EHR
- Administrative claims (if technically feasible; no submission required)

Group Reporting

- Attestation
- QCDR
- Qualified Registry
- EHR
- CMS Web Interface (for groups of 25 or more)
- Administrative claims (if technically feasible; no submission required)

For the first year, all MIPS eligible clinicians or groups (or third party entities) must designate a yes/no response for activities on the Improvement Activities inventory.

Scoring Considerations

- **Most participants:** Attest that you completed up to 4 improvement activities for a minimum of 90 days.
- **Groups with 15 or fewer 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.

Scoring Considerations (2)

- **Participants in certain APMs under the APM scoring standard such as Shared Savings Program Track 1 or the 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.

Final MIPS Scoring

1. Performance Thresholds
2. Scoring Examples
3. “FAQs”

Performance Threshold MIPS 2017

- Performance threshold is 3 points for the 2019 MIPS payment year
 - 3 points = 0% adjustment
 - >3 points = 0.1% - 4% positive adjustment
- Additional performance threshold (“exceptional performance”) is 70 points for the 2019 MIPS payment year
 - Additional 0.5 – 10% positive adjustment based on score between 70-100

2017 MIPS Performance Thresholds and Payment Adjustments

Final Score & Payment Adjustment for 2017 MIPS			
Standing Compared to Performance Threshold		Final Score Points	MIPS Payment Adjustment
Below Performance Threshold	Lowest Quartile	0 – 0.75	-4%
	Other Quartiles	0.76 – 2.9	-3.9% to -0.1%
Performance Threshold		3	0%
Above Performance Threshold	Positive MIPS Payment Adjustment	3.1 – 100	0.1% - 4%
	Additional MIPS Payment Adjustment	70 – 100	0.5% - 10%

Final Scoring: Examples

Examples	Performance Category			Total Points
	Quality	IA	ACI	
	<i>Your points/total possible points x category weight</i>		<i>Your score % x 25</i>	
Example 1 Solo Practitioner	1 measure Low performer	1 measure (medium weight)	Achieves base score	23
	$3/60 \times 60 = 3$	$20/40 \times 15 = 7.5$	$50\% \times 25 = 12.5$	
Example 2 Solo Practitioner	4 measures Low performer	0 measures	0 measures	12
	$12/60 \times 60 = 12$	$0/40 \times 15 = 0$	$0\% \times 25 = 0$	

“FAQs”

- CMS will use the TIN/NPI’s historical performance from the performance period associated with the MIPS payment adjustment
 - regardless of whether that NPI is billing under a new TIN after the performance period
- Your payment adjustment follows you
 - if you switch from Practice A in the performance year to Practice B in the payment year, your TIN/NPI score from Practice A will follow you to Practice B and impact that payment year
- Will use the highest final score associated with an NPI from the performance period
 - If you switch practices mid-year (so 2 different TIN/NPIs) or bill under more than one TIN
- If an NPI bills under multiple TINs in the performance period and bills under a new TIN in the MIPS payment year, will take the highest final score associated with that NPI in the performance period

Example of MIPS Participation for an Oncologist

Sample Quality Measures

- Chemotherapy plan documented
- Documentation of current medications/medication reconciliation
- Advance care plan
- Pain intensity quantified
- Tobacco use - screening & cessation counseling
- HER2 negative – no HER2 targeted therapies administered
- Metastatic CRC – anti-EGFR w/KRAS testing
- >1 ED visit last 30 days of life

Sample Improvement Activities

- Participation in a QCDR (e.g. QOPI)
- Participation in MOC IV
- Registration/use of PDMP
- Engagement of patient/family/caregivers in developing care plan
- Implementation of medication management practice improvements
- Implementation of practices / processes for developing regular individual care plans
- Participation in private payer improvement activities
- Use of decision support and standard treatment protocols
- Telehealth services that expand access to care

ACI (Base Score)

- Protect PHI/security risk analysis
- E-prescribing
- Provide patient electronic access
- HIE – send/receive summary of care

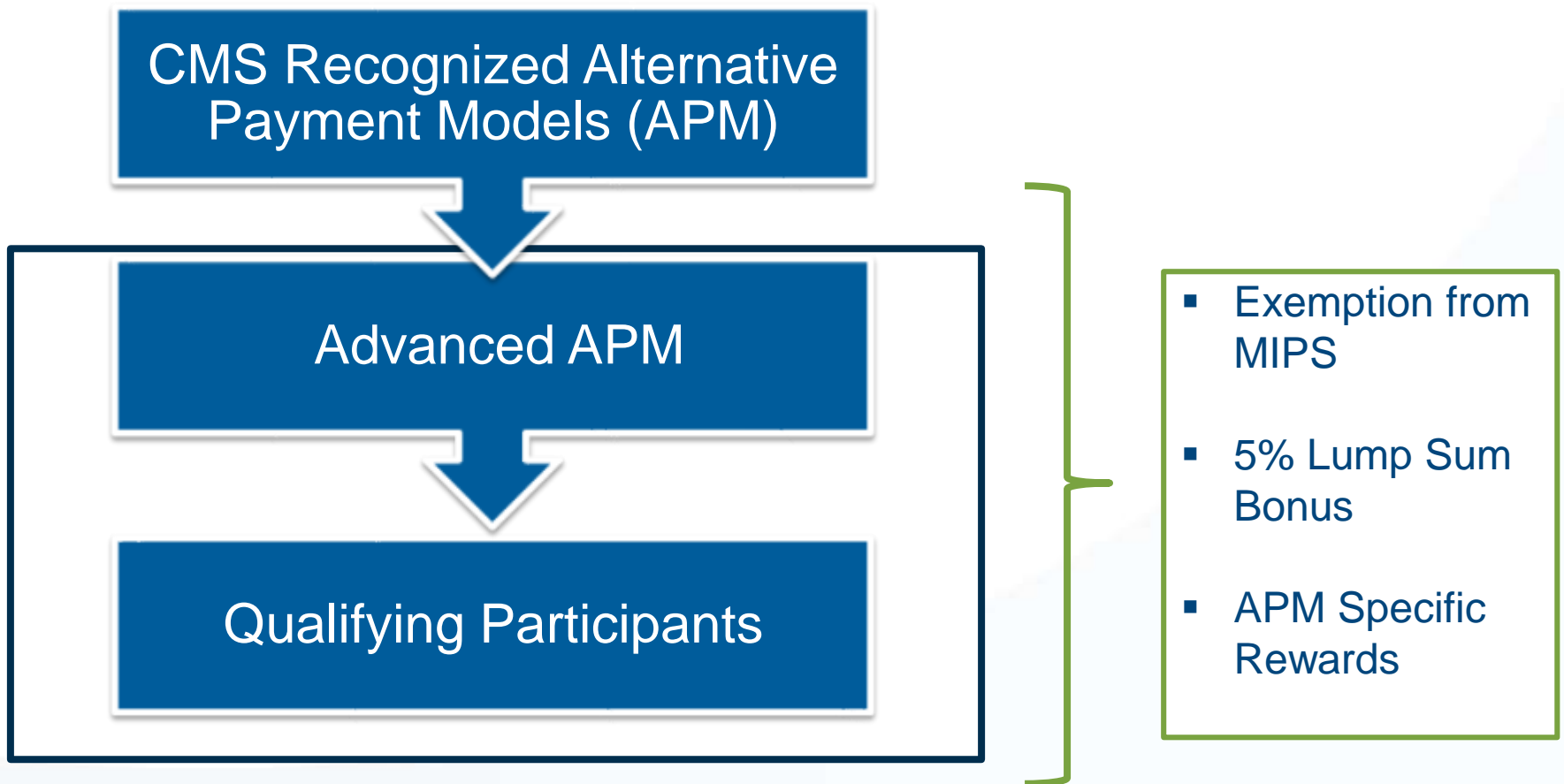
Leveraging 1 Activity for Points Across Multiple MIPS Categories: Examples

- Chemotherapy plan documented
 - Quality measure (3-10 points)
 - ACI performance score: Patient specific education (up to 10%)
 - ACI bonus score: IA using CEHRT (10% bonus)
 - IA medium weight activity (Use a personalized plan of care for patients at high risk for adverse health outcome or harm, integrating patient goals, values and priorities)
- Documentation of current medications/medication reconciliation
 - Quality measure (3-10 points)
 - ACI performance score: Medication reconciliation (up to 10%)
 - ACI bonus score: IA using CEHRT (10% bonus)
 - IA medium weight activity (Chronic care and preventative care management for empaneled patients – includes routine medication reconciliation)

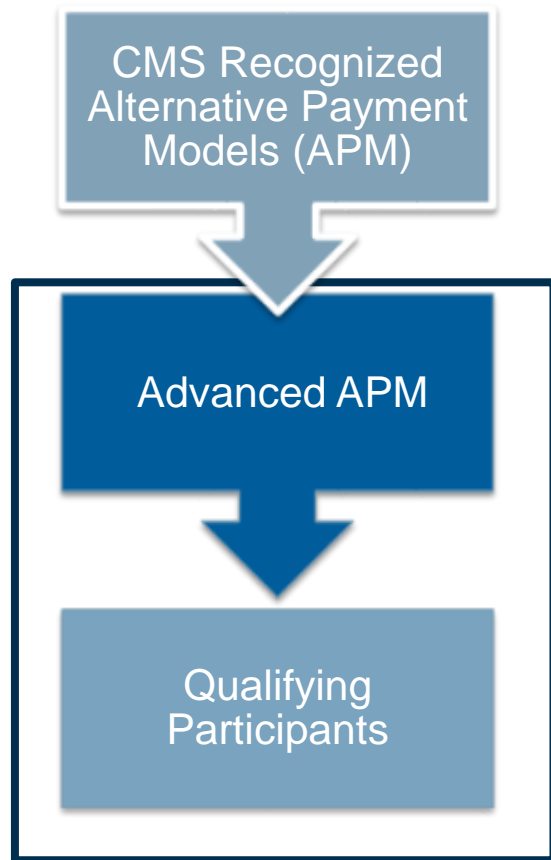
ALTERNATIVE PAYMENT MODELS

STEPHEN S. GRUBBS, MD

Is MIPS the Only Option?

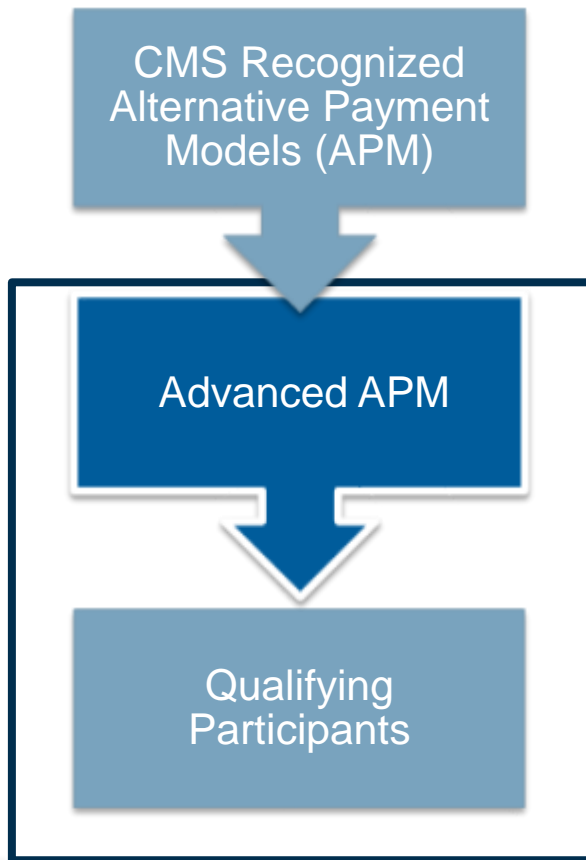


Is MIPS the Only Option?



- Some APMs, although not considered “advanced” APMs may qualify for favorable scoring in MIPS:
 - Re-weighting of certain categories
 - 50 – 100 points automatically awarded in Improvement Activity category
 - Will receive APM-specific incentives

What is an Advanced APM?

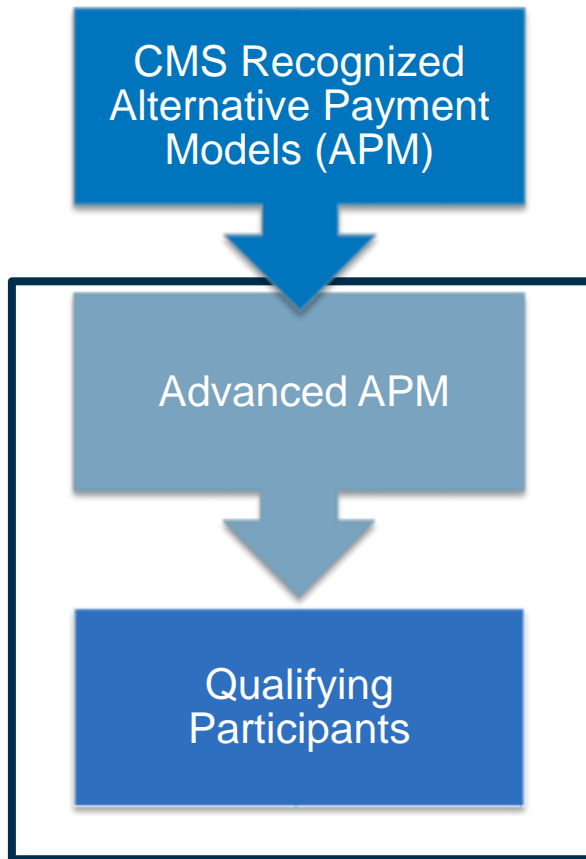


- Requires use of Certified EHR
- Ties payment to quality, similar to MIPS
- Meets Financial Standards
 - At least 5% of revenues at risk; or
 - Maximum loss of at least 3% of spending benchmark at risk

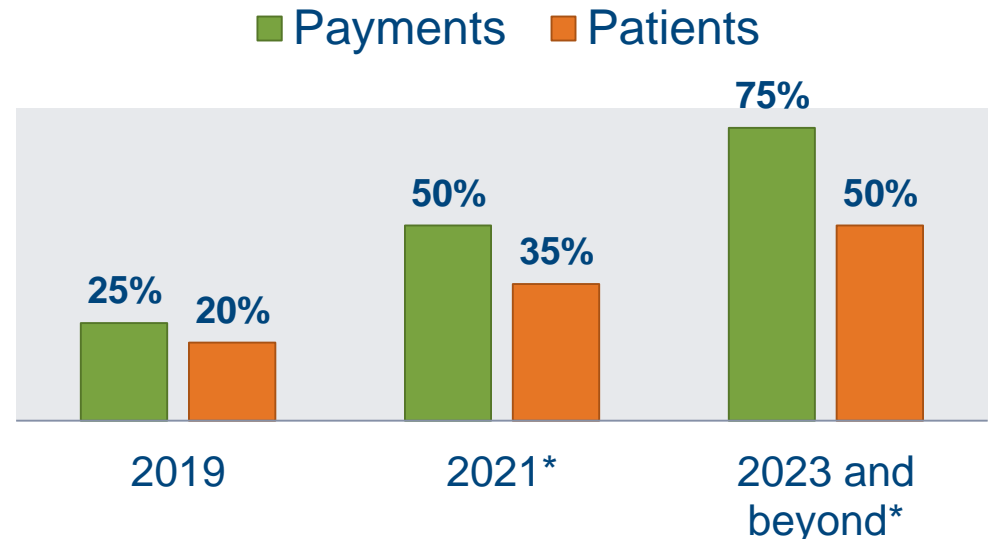
Any Advanced APMs in 2017?

- ✓ Medicare Shared Savings Program (2 Tracks)
- ✓ Next Generation ACO
- ✓ Comprehensive ESRD Care (2 models)
- ✓ Comprehensive Primary Care Plus
- ✓ **Oncology Care Model (OCM) - two-sided risk track available in 2017**

Who is a Qualifying Participant?



- APM entities must meet thresholds for percent of Medicare Payments Received through, or Medicare Patients in Advanced APMs
- Partially Qualifying Participants



*Beginning in 2021, other payer APMs may be considered

ASCO SUPPORT

Quality Payment Program Implications

- PQRS 20 chart reporting ends in 2016
- MIPS quality reporting starting in 2017 requires reporting on at least 50% of eligible charts for a measure
- The QPP 2017 allows practices/physicians to not do full reporting in 2017 and avoid the 4% penalty (in 2019) by reporting on only one measure that can be done manually (like PQRS)
- The upside potential gain (in 2019) for full reporting in 2017 appears to be small

QOPI is a Viable tool for QPP Success

- The QOPI platform will be used to report the single measure in 2017 so all will avoid the 2019 penalty
- 2017 will be a transition year for the QOPI QCDR to become electronically functional to be able to report at 60% of charts for 2018
- Both the QOPI QCDR and the practices will be asked to “practice” electronic reporting in 2017 so all will be positioned to report at the higher volume requirement in 2018
- If a practice has the electronic capability to make the 50% reporting in 2017, they can directly report to CMS and try for a positive adjustment for 2019

Additional ASCO Support

LEARN



EDUCATION AND RESOURCES

- Webinars
- *ASCO Oncology Practice Conference: The Business of Cancer Care* launching in March 2, 2017
- www.asco.org/macra



CONSULTING

- Practice Transformation
- Readiness for Alternative Payment Models
- Filing Extensive Comments

What You Should be Doing

Avoid the 4% Penalty

- Report Something

Practice in 2017; Prepare for 2018

- Report on multiple measures and in all categories

Test the QOPI Registry when it is ready

For more information....

www.asco.org/macra

www.qpp.cms.gov

Additional questions can be sent
to macra@asco.org