

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

December 5, 2016

Slide Deck - Part 1



Today's Presenters

- Daniel F. Hayes, MD, FACP, FASCO
 - ASCO President
- Philip J. Stella, MD
 - Chair, ASCO Government Relations Committee
- Stephen S. Grubbs, MD
 - Vice President, Clinical Affairs
- Karen Hagerty, MD
 - Associate Director, Quality & HIT Policy, Policy & Advocacy

Agenda

- Introduction
- What is the Quality Payment Program?
- Merit-based Incentive Payment System (MIPS)
 - Quality
 - Advancing Care Information
 - Improvement Activities
- Alternative Payment Models
- ASCO Support

Paying for Value and Quality

ASCO, along with other medical societies supported the repeal of the Sustainable Growth Rate (SGR) formula:

- Imperfect fee-for-service program
- Unworkable adjustment formula
- Annual uncertainty
- Piecemeal approach to incentives

The promise of MACRA aligns with ASCO's goals:

- Rewards quality and value-based care
- Allows practice payment system and reporting options
- Consolidated incentive programs

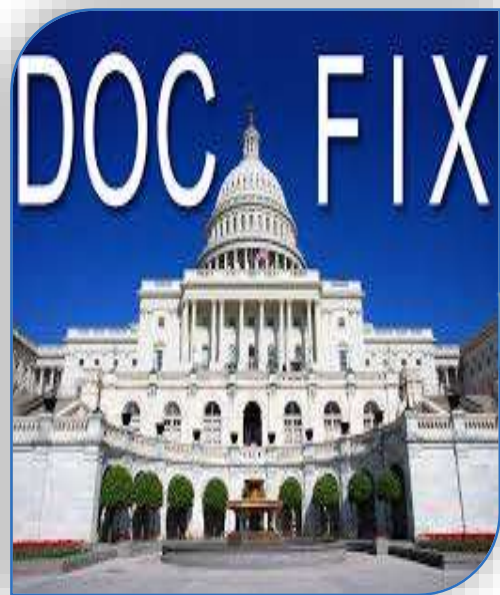
ASCO Response to MACRA Proposed Rule

- Impact of Merit Based Incentive Payment System (MIPS) performance year options
- Adoption of specialty-specific alternative payment models (APMs)
- Address resource use methodology in the Merit-Based Incentive Payment System (MIPS) and Advanced APMs
 - Appropriate episode groups for oncology
 - Excluding all drug costs
 - Delay application
- Support for critical access practices
- Ensure reporting of clinically relevant quality data

MACRA Final Rule

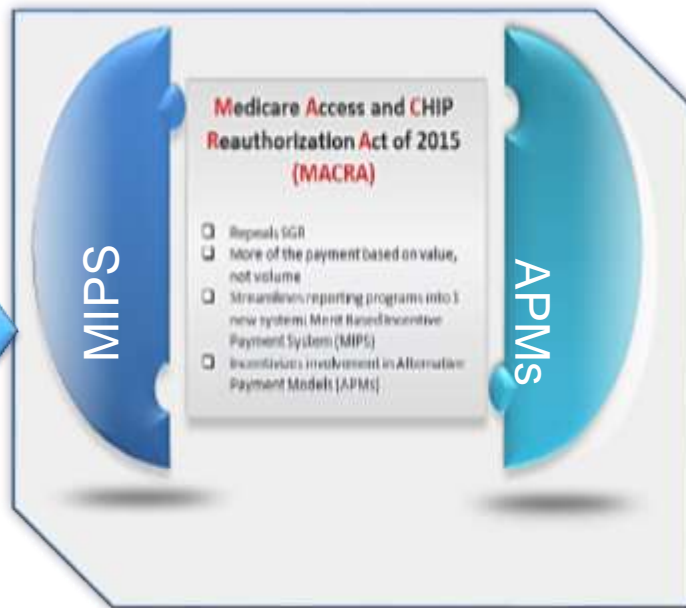
- Overall more flexibility/less administration
- Physicians allowed to pick their own pace for participating in 2017
- Resource use not counted in 2017
- General Oncology specialty measure set
- Additional flexibility for small/rural practices
- Oncology Care Model (OCM) practices do not have to report on quality twice
- OCM get 100% and Oncology Medical Homes may get at least 50% Improvement Activity
- More advanced Alternative Payment Models (APMs)

Medicare Provider Reimbursement



Sustainable Growth Rate (SGR)

1997



Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

2015



Quality Payment Program (QPP)

2017

Medicare Quality Payment Program (QPP) Goals

- Improved Outcomes
- Adoption of Advanced APMs
- Enhanced Clinician Experience
- Improved Data and Information Sharing
- Maximum Participation
- Operational Excellence

MACRA, Trump Administration & 115th Congress

MACRA implementation will likely continue to move forward.

POTENTIAL ISSUES

- Repeal of the ACA possible
- Threatens CMMI initiatives
- Could impact APMs

PROS

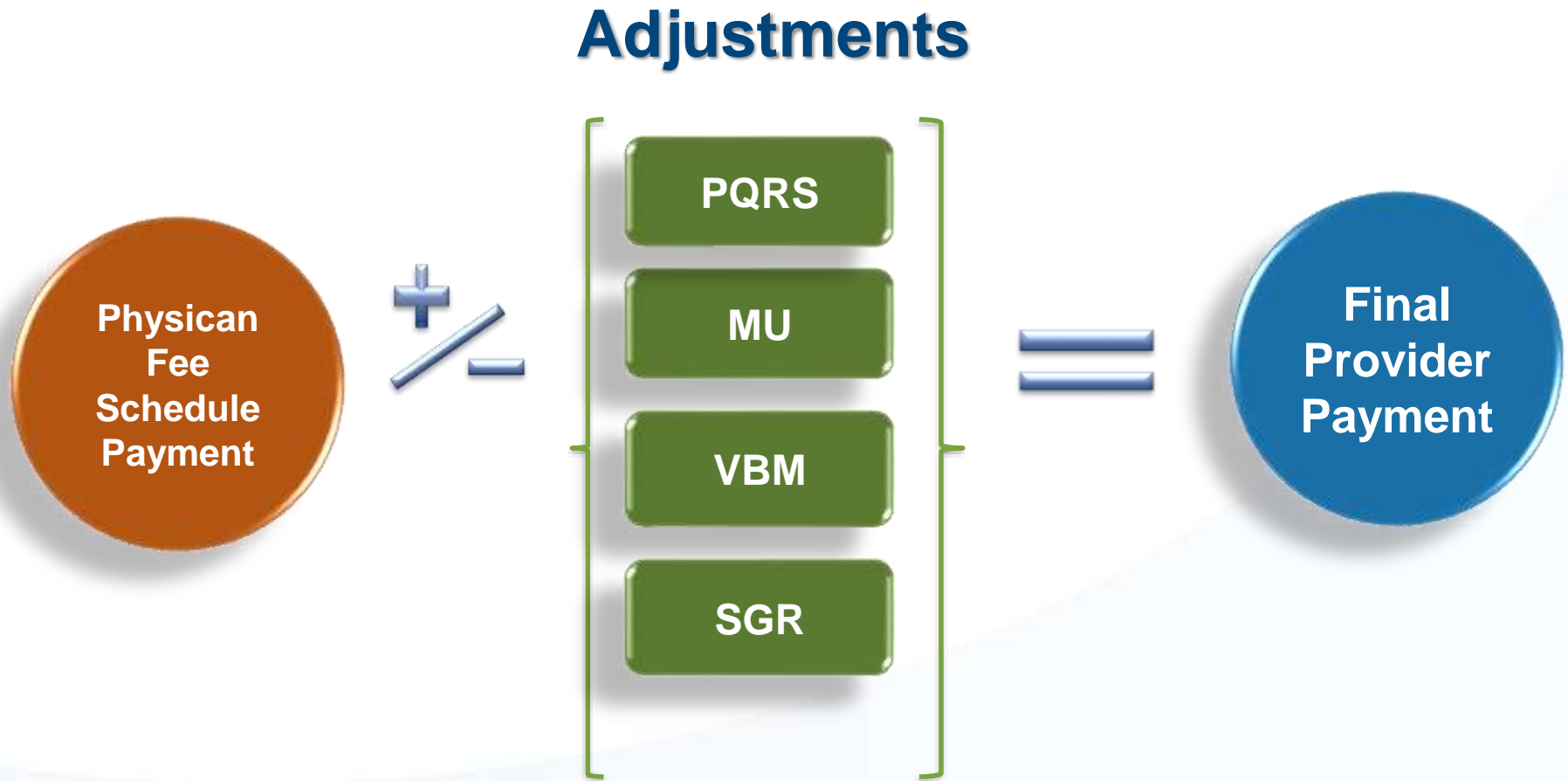
- Value and quality still the priority
- Bipartisan support – 91% of Congress
- Physician coalition support

Quality Payment Program

THE BASICS

PHILIP J. STELLA, MD

How Does Medicare Pay Me Now?



How Does Medicare Pay Me Now?



**Physician
Quality
Reporting
System
(PQRS)**



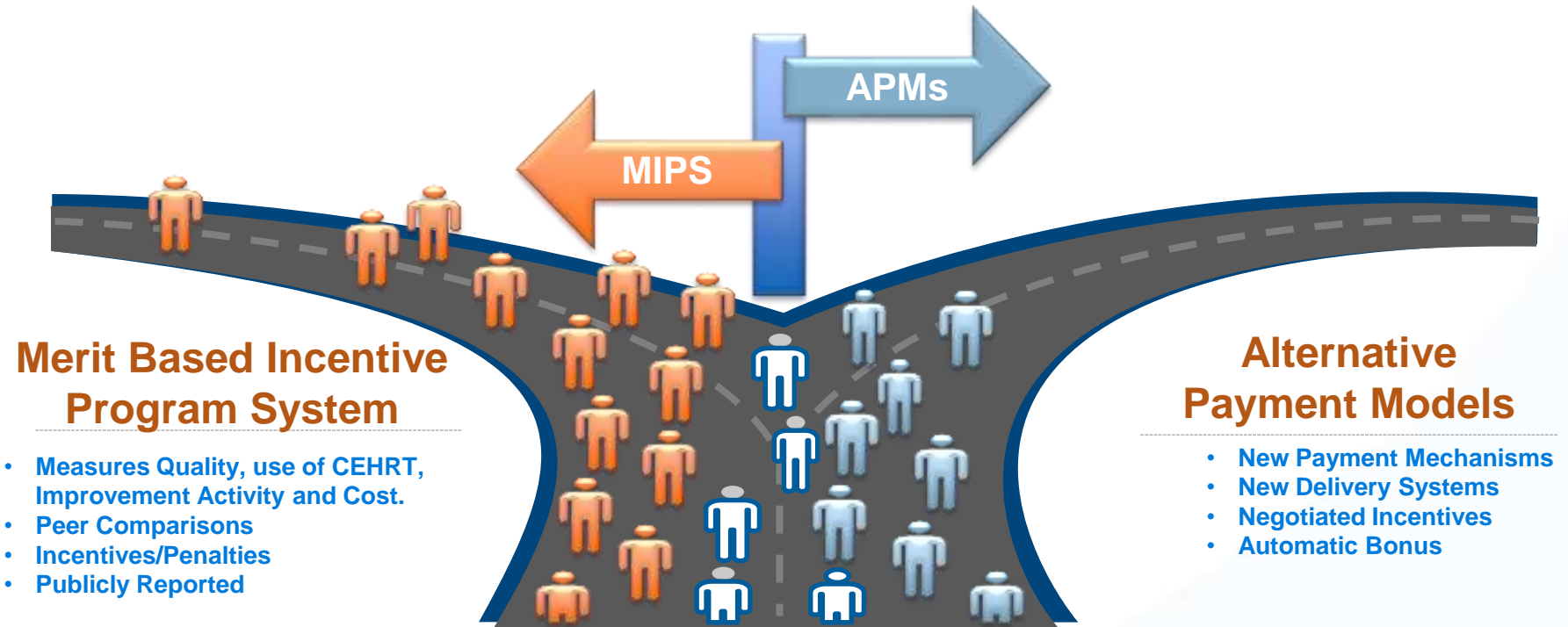
**Meaningful Use
Electronic Health
Records
Incentive
Program
(MU)**



**Value Based
Modifier
(VBM)**



Medicare Quality Payment Program (QPP)



Quality Payment Program

CMS

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

OFFICES FOR MEDICARE & MEDICAID SERVICES

How Will it Change?

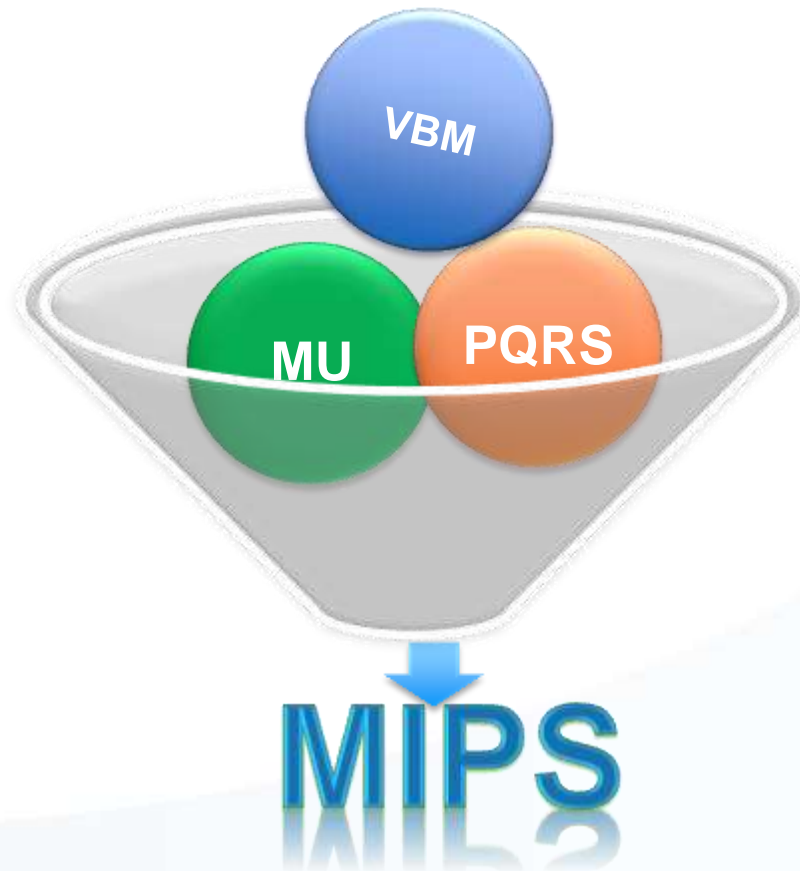
The Merit Based Incentive Payment System (MIPS)

Legacy Reporting Systems

Physician Quality Reporting System (PQRS)

Meaningful Use (MU)

Value Based Modifier (VBM)



MIPS

Consolidates penalties

Increases incentives

Ranks peers nationally

Reports publicly

How Will it Change?

The Merit Based Incentive Payment System (MIPS)

Legacy Reporting Systems

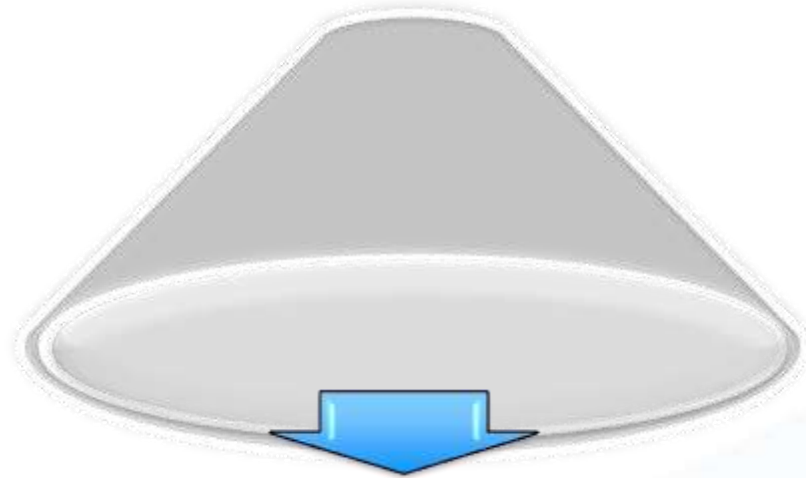
2016

Last Reporting Period

2018

Last Payment Adjustment

MIPS



MIPS

2017

Adds Improvement Activity

First MIPS

Performance Period

2018

Cost category Scored

2019

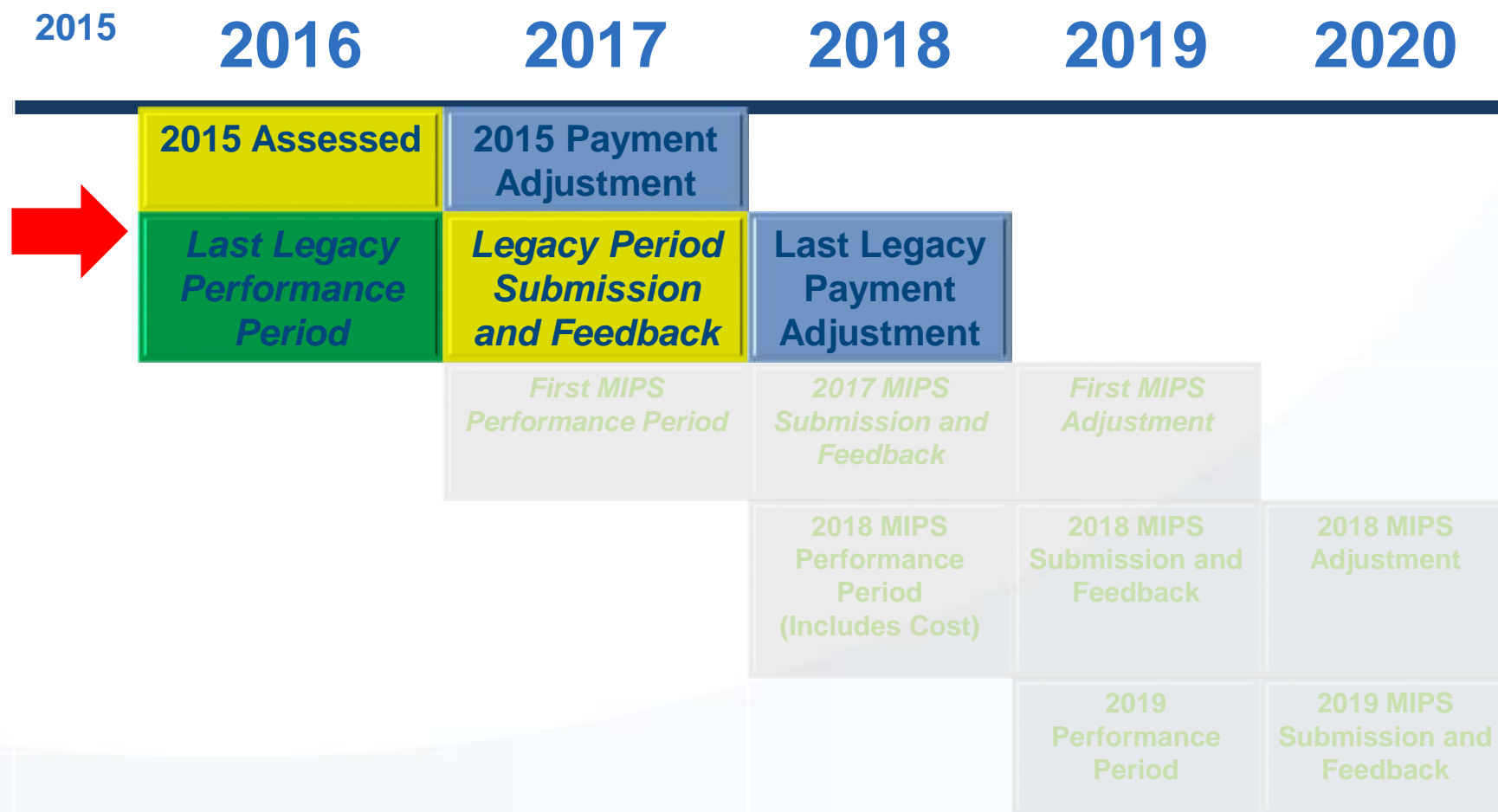
First MIPS Payment Adjustment



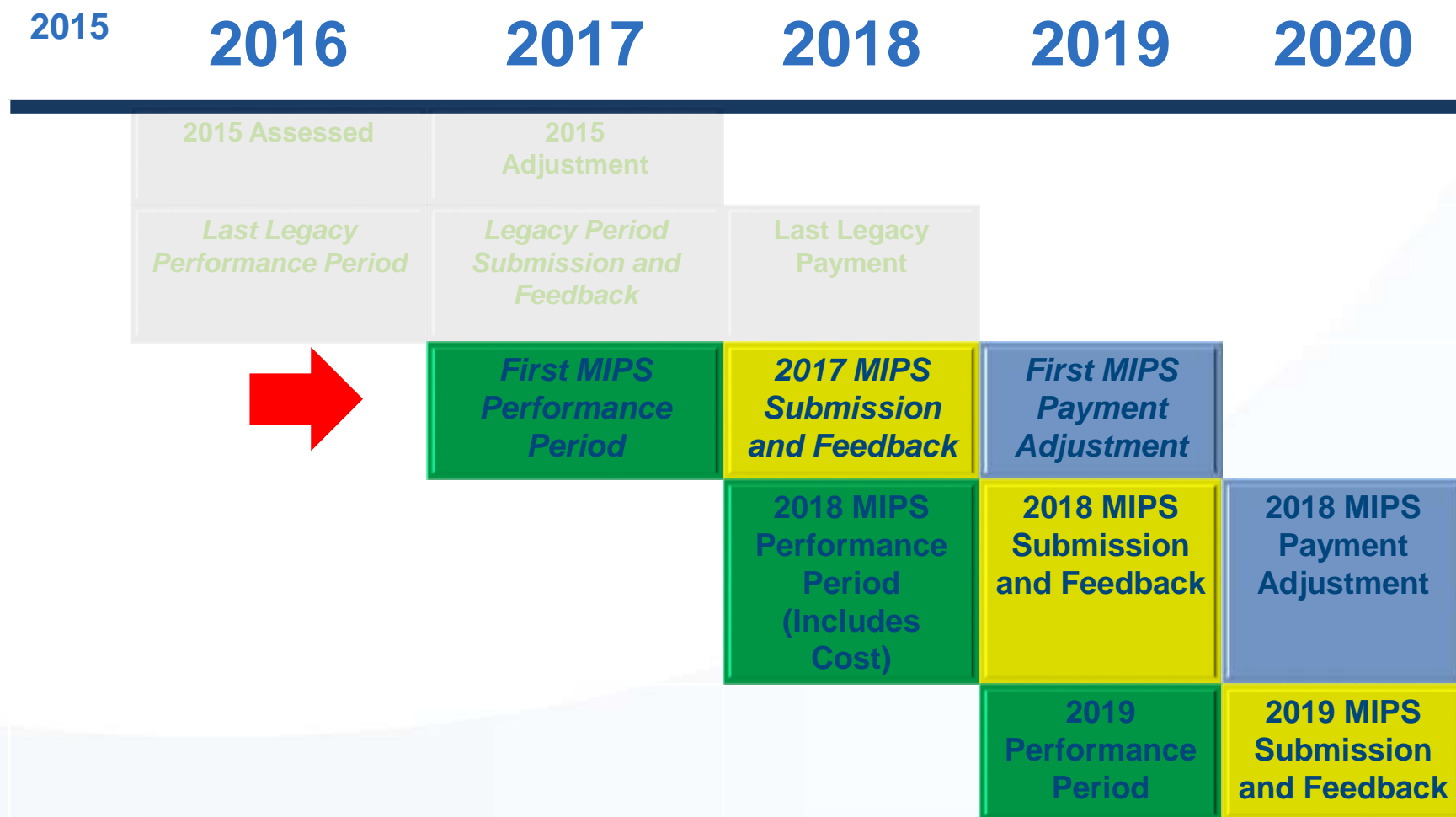
Cost

Not included in 2017

Reporting, Assessment, Payment Adjustment Cycle

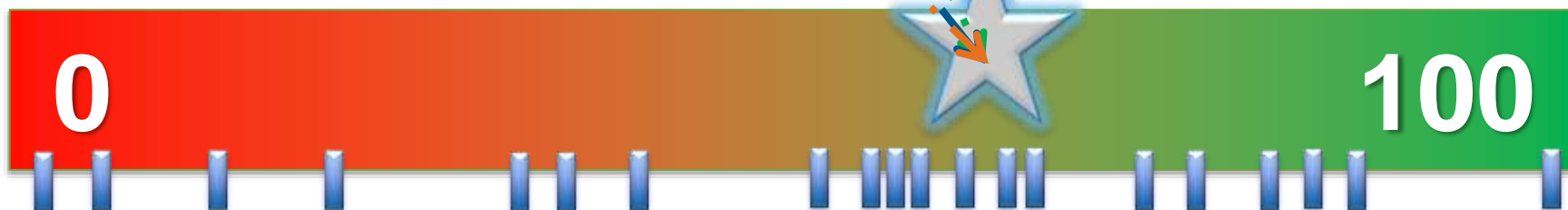
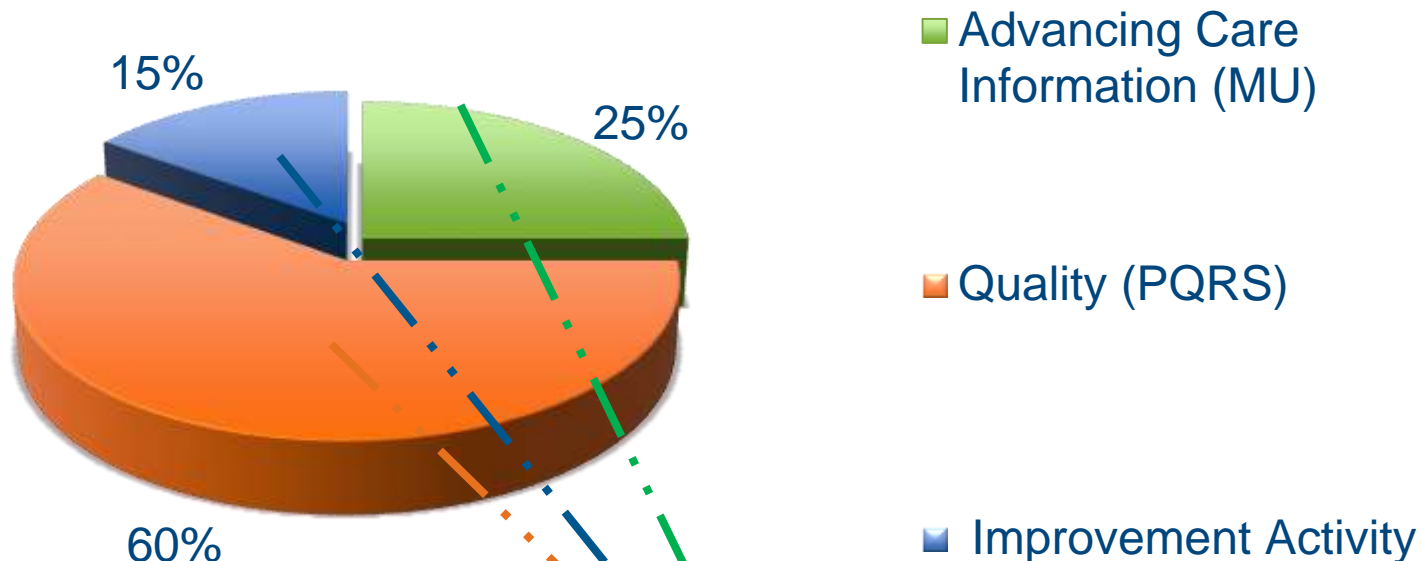


Reporting, Assessment, Payment Adjustment Cycle



2017

How is My Score Calculated?



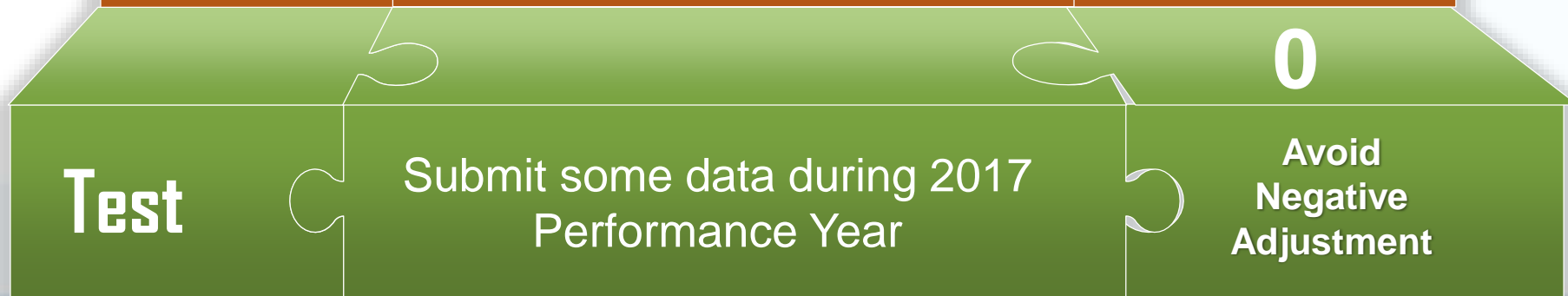
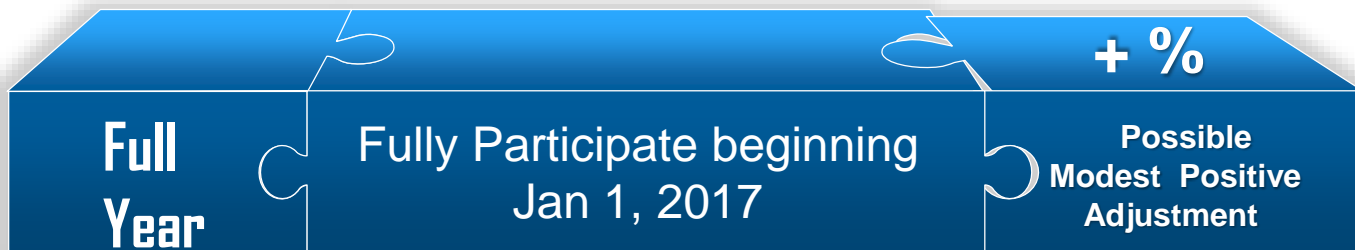
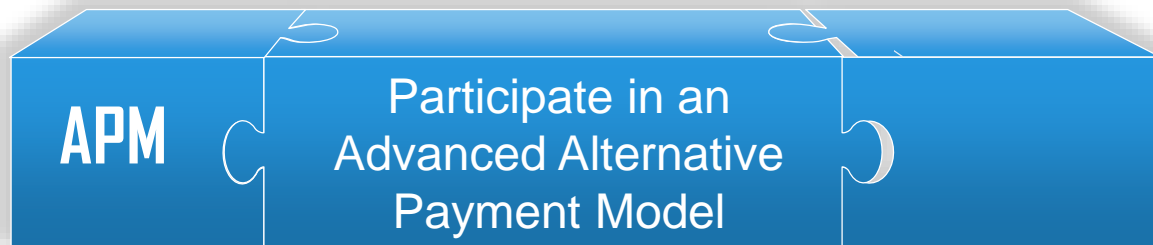
Low Performers -9%

High Performers +9%

Top Performers +27%

★ National Median Composite Score
■ Medicare Provider Composite Score

Pick your Pace in 2017 Transition Year



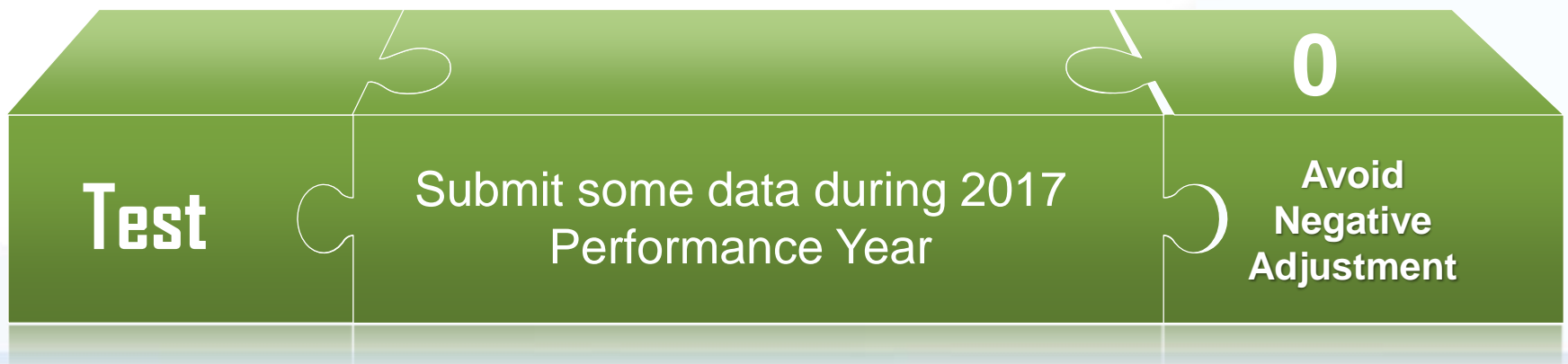
Pick your Pace in 2017 Transition Year

-4%

**Failure to Participate in
QPP in 2017 results in a
Negative Payment
Adjustment**

Pick your Pace in 2017 Transition Year

- Submit the minimum amount of Medicare data
 - 1 quality measure
 - 1 improvement activity
 - 4 or 5 of the required base ACI measures
 - 1 chart
- Score at least 3 points
- Avoid negative payment adjustment



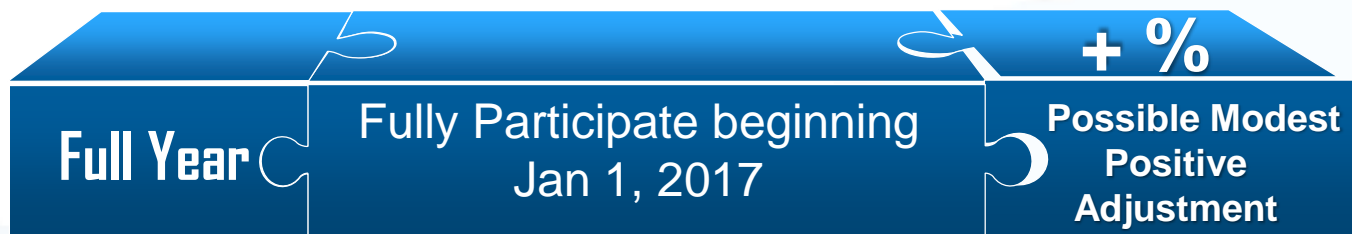
Pick your Pace in 2017 Transition Year

- Submit data for any 90-day period in 2017
 - All 3 MIPS categories
 - 50% of eligible charts
 - Begin reporting by October 2, 2017
- Submit performance data by March 31, 2018



Pick your Pace in 2017 Transition Year

- Submit a full year of data in 2017
 - All MIPS categories
 - 50% of eligible charts
 - Begin January 1
- Submit measures in all performance categories
- Earn at least 70 points to be eligible for exceptional performance pool



Pick your Pace in 2017 Transition Year



Participation in an advanced APM:

- ✓ Exempt from MIPS
- ✓ Qualified for 5% lump sum bonus
- ✓ Can earn additional incentives based on structure of the APM

Will It Affect Me?



Medicare Part B
(Physician
Services)

1st time Part B
Participant

EXEMPT

Low Volume (\$30K) or
Low Patient Count (100 Patients)

EXEMPT

APM Qualified
Participant

EXEMPT