

Quality Payment Program: *Preparing for 2018, Surviving in 2017*

December 12, 2017

Welcome

- Thank you for joining today's Quality Payment Program webinar
- Webinar materials will be available at <http://www.asco.org/macra> and a recording of the webinar will be available next week.

Questions?

- Please submit questions by clicking on the Chat panel from the down arrow on the Webex tool bar (at the top of the screen):
 1. Open the Chat panel
 2. Send to: David Harter
 3. Type your question in the text box and hit “send”

Additional questions after the webinar can be sent to macra@asco.org

Today's Speakers

- Stephen Grubbs, MD, FASCO
 - Vice President
 - Clinical Affairs
- Whitney Lloyd
 - Practice Integration & Support Administrator, QOPI
 - Clinical Affairs
- Sybil Green, JD, RPh, MHA
 - Director, Coverage and Reimbursement
 - Policy and Advocacy

QPP 2017 Requirements

End-of-year Push

Medicare Provider Reimbursement



Sustainable Growth Rate (SGR)

1997

A graphic for the Medicare Access and CHIP Reauthorization Act (MACRA). It features two interlocking puzzle pieces, one blue and one teal, forming a shape that frames the text. The text is centered in a white box with a grey background.

**Medicare Access and
CHIP Reauthorization Act
(MACRA)**

- ✓ Repeals SGR
- ✓ Payment based on Value, not volume

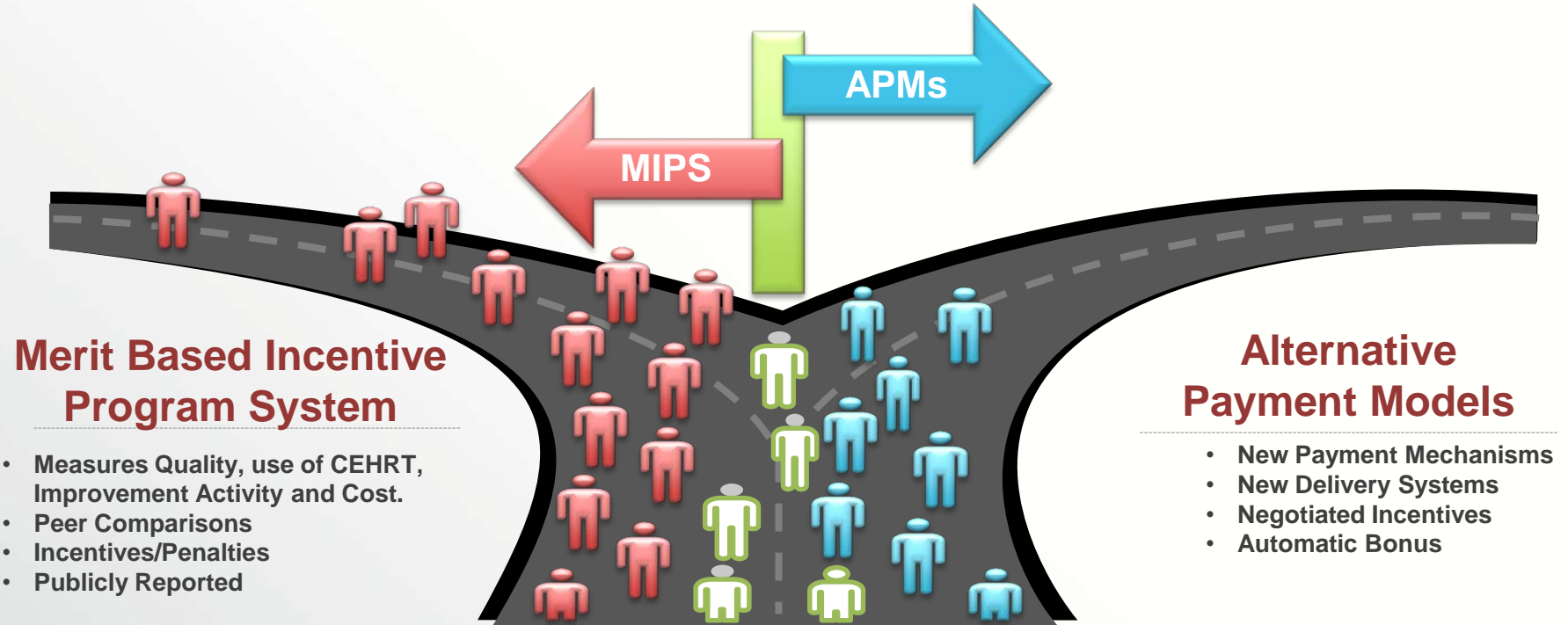
2015



2017

ASCO®

Medicare Quality Payment Program (QPP)



Quality Payment Program



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

Will It Affect Me?



**Medicare Part B
(Physician
Services)**

1st time Part B
Participant

EXEMPT

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

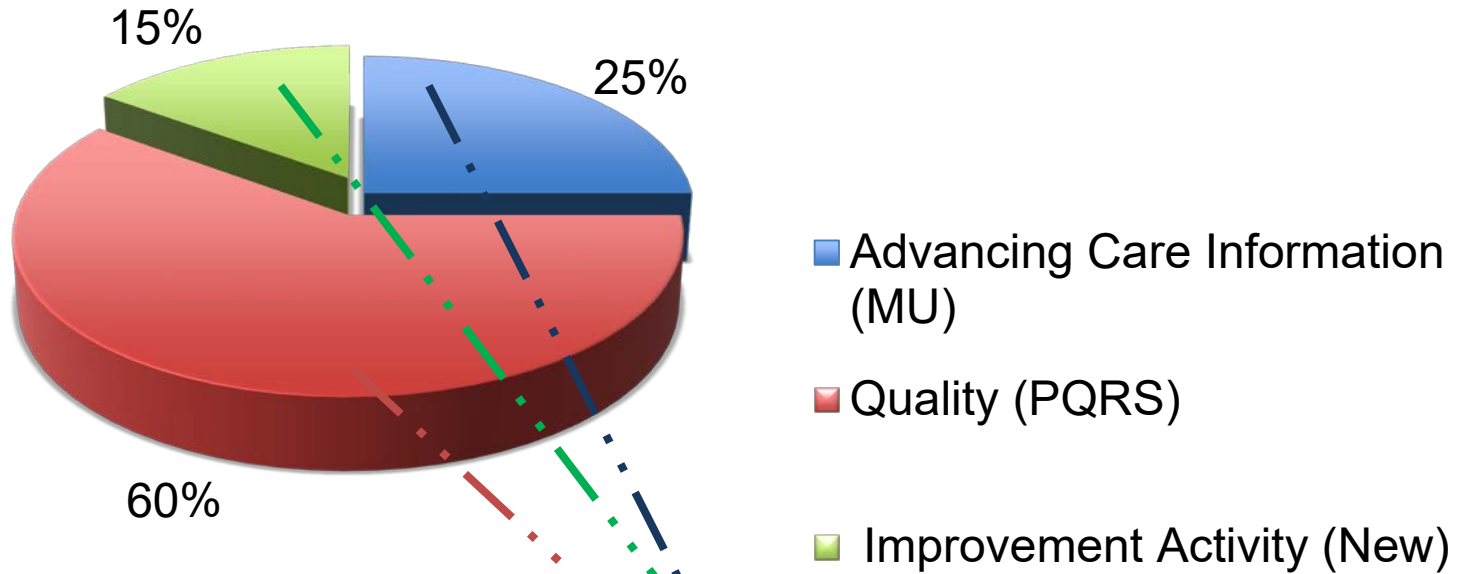
EXEMPT

APM Qualified
Participant

EXEMPT

2017

How is My Score Calculated?



3



Low Performers -4%

High Performers +4%

MIPS Reporting Requirements Summary

■ Quality Reporting

- Six applicable measures (including at least one outcome)
- 50% of eligible patients per measure (minimum of 20 patients)
- All payer reporting (at least one Medicare beneficiary)

■ Practice Improvement

- Improve clinical practice or care delivery
- 90 potential activities
- Perform 1 to 4 activities (dependent on size of practice)
- Attest to completion

■ Advancing Care Information (certified EHR capability)

- Security, Electronic Prescribing, Patient Electronic Access

Special Circumstances and Exemptions

- ACI Category Exemptions

- Automatic
 - NP, PA, CNS, CRNA
 - Hospital-based clinicians
 - Non-patient facing clinicians
- Application Required
 - Hardship circumstances
 - **Small practices**

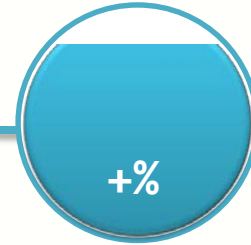
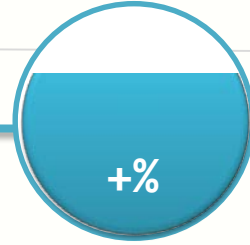
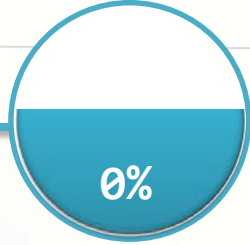
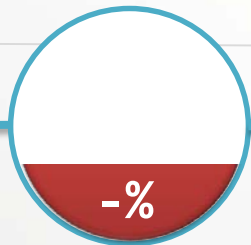
- Quality Category Exemptions

- Any clinician that has NO measures that are available and applicable (per CMS, unlikely scenario)

- IA Category Exemptions

- Per CMS, all clinicians should be able to participate
- Small practices and non-patient facing clinicians have decreased requirements
- If participating in a MIPS APM, will automatically get full score under MIPS

Pick-Your-Pace for 2017: MIPS Reporting



2017

Don't Participate	Test the Program	Partial MIPS Reporting	Full MIPS Reporting
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Not participating in the Quality Payment Program: If you don't send in any 2017 data, then you receive a

- Report:**
- ✓ 1 quality measure
 - or**
 - ✓ 1 Improvement Activity
 - or**
 - ✓ The required ACI measures

- Report for at least 90 days:***
- ✓ 1+ Quality measure
 - or**
 - ✓ 1+ Improvement Activity
 - or**
 - ✓ More than the required ACI

- Report for at least 90 days:***
- ✓ Required Quality measures
 - and**
 - ✓ Required Improvement Activities
 - and**
 - ✓ Required ACI

*consecutive days

*consecutive days

2018

Full program implementation, reporting and payment methodology.

2019

Negative 4% payment adjustment

Avoid penalties

Avoid penalties; eligible for partial positive payment adjustment

Avoid penalties; eligible for full positive payment adjustment; exceptional performance bonus



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

Making Every Activity Count

**Improvement
Activity:**

10 – 20 pts

Personalized plan for high risk patients; integrate patient goals, values, priorities

Activity:

**Chemotherapy
plan
documented in
EHR**

**Advancing Care
Information:**

**Up to 10% +
10% Bonus: IA
using CEHRT**

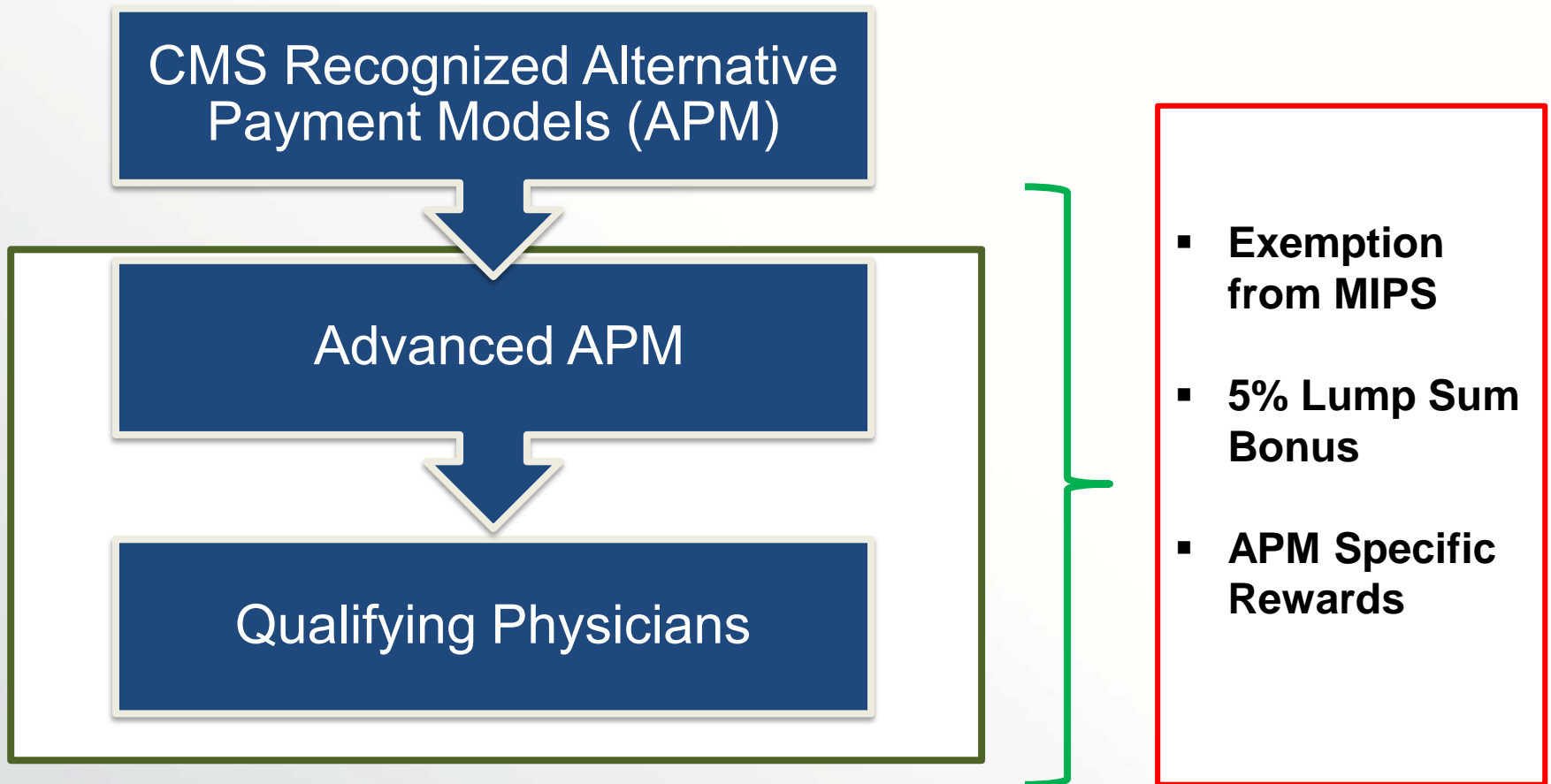
Patient specific education

**Quality
Measurement:**

3-10 points

Personalized plan for high risk patients; integrate patient goals, values, priorities

Pick-Your-Pace for 2017: APM Participation



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**

QOPI is a Tool for QPP Success

- The QOPI platform can be used to report the minimum data in 2017 to avoid a 2019 penalty
- 2017 is 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 “test” 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 achieve 50% reporting in 2017, they can use another reporting mechanism and try for a positive adjustment for 2019

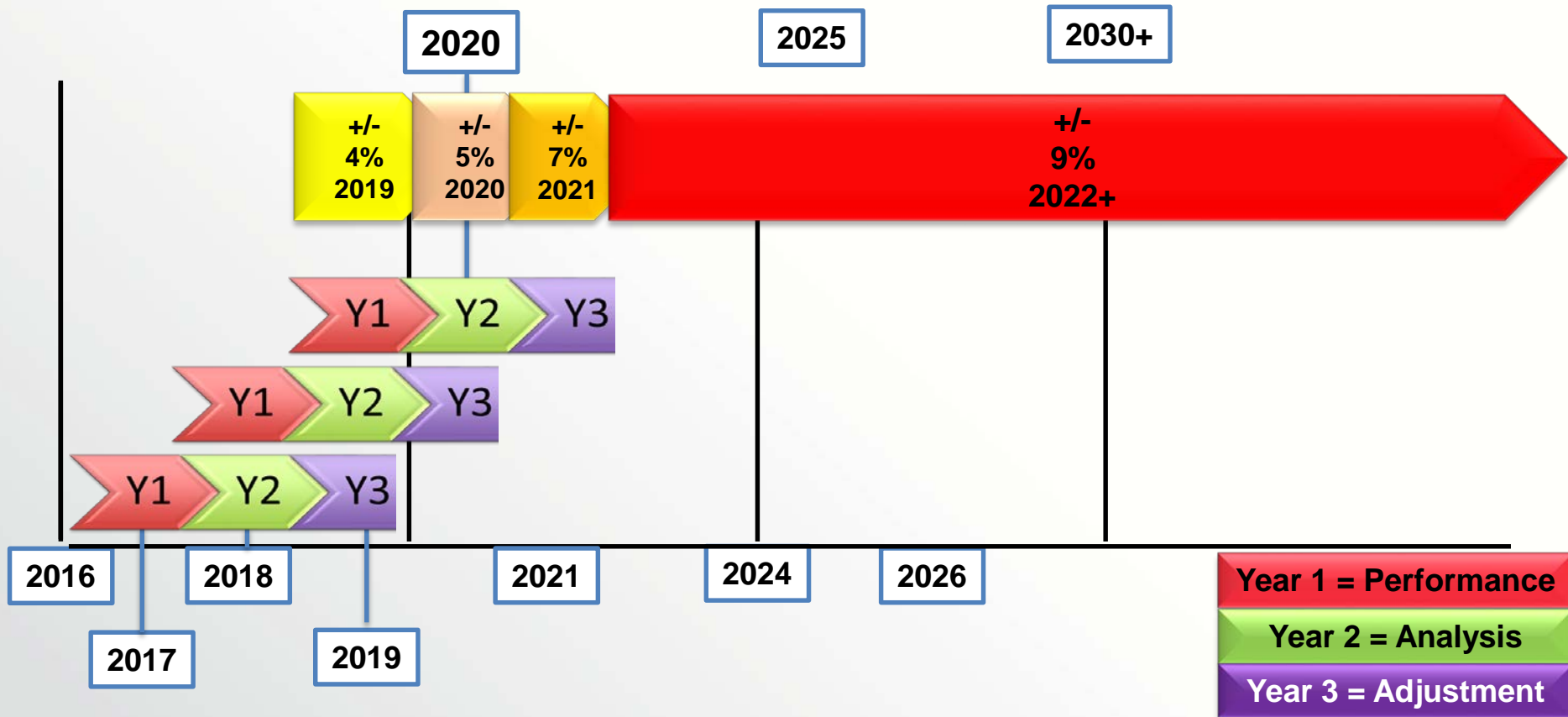
QOPI Reporting Registry (QCDR)

Demonstration

QPP Final Rule

2018 Requirements

MIPS Payment Adjustments Timeline



Will It Affect Me?



**Medicare Part B
(Physician
Services)**

1st time Part B
Participant

EXEMPT

Low Volume (\$90K) or
Low Patient Count (200 Patients)

EXEMPT

APM Qualified
Participant

EXEMPT

Special Status:



**Medicare Part B
(Physician
Services)**

Small Practice:
</=15 eligible clinicians

Rural and HPSA :
Billing TINs/NPIs in zip code designated
as Rural or Health Professional Shortage
Area

2018 MIPS Reporting Requirements: Summary

	2017 Pick-Your-Pace	%	2018 Final Rule	%
	Performance Threshold: 3 Points		Performance Threshold: 15 Points	
Quality	<i>Minimal: 1 measure, 1 patient/chart Partial: 90 days, 50% of all patients Full: 6 measures; at least 90 days, 50% of all patients</i>	60	6 Measures Full calendar year 60% of all patients	50
ACI	<i>Minimal: base score only- 5 measures; for 90 days No performance thresholds used in scoring</i>	25	At least 90 days Hardship exemption for small practices 2014 Edition CEHRT	25
IA	<i>Minimal: 1 activity for 90 days Full: 1-4 activities for at least 90 days</i>	15	At least 90 days 1-4 activities Reduced reporting for small/rural practices	15

2018 MIPS Reporting Requirements: Summary

	2017 Pick-Your-Pace	%	2018 Final Rule	%
	Performance Threshold: 3 Points		Performance Threshold: 15 Points	
Cost	Full year; Calculated automatically by CMS	0	Full year; Calculated automatically by CMS	10
Low- Volume Threshold	Criteria • ≤ \$30,000 in Part B allowed charges, OR • ≤ 100 Part B beneficiaries		Criteria • ≤ \$90,000 in Part B allowed charges, OR • ≤ 200 Part B beneficiaries	
Misc.			Virtual Groups added Bonus points for small practices; complex patients 2015 CEHRT use	

How Will Medicare Reimbursement Change?

The Merit Based Incentive Payment System (MIPS)

Legacy
Reporting
Systems

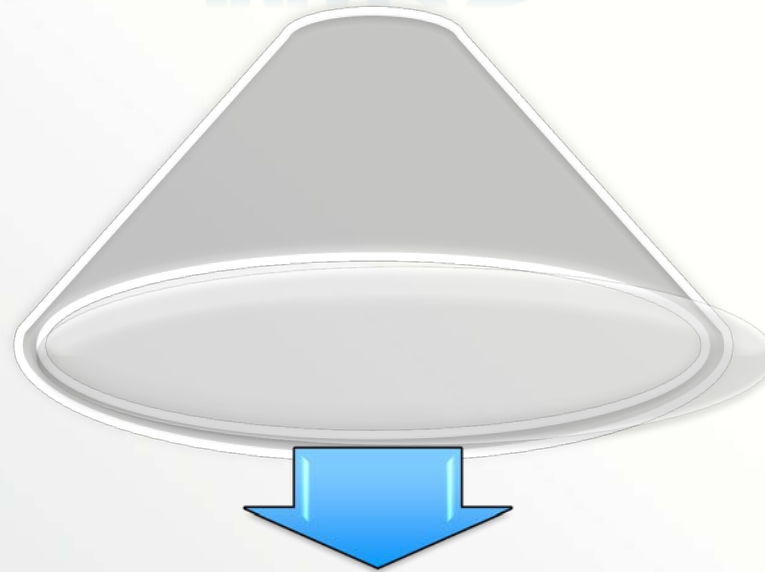
2016

Last Reporting Period

2018

Last Payment
Adjustment

MIPS



MIPS

2017

Adds Improvement
Activity

First MIPS

Performance Period

2018

Cost category Scored

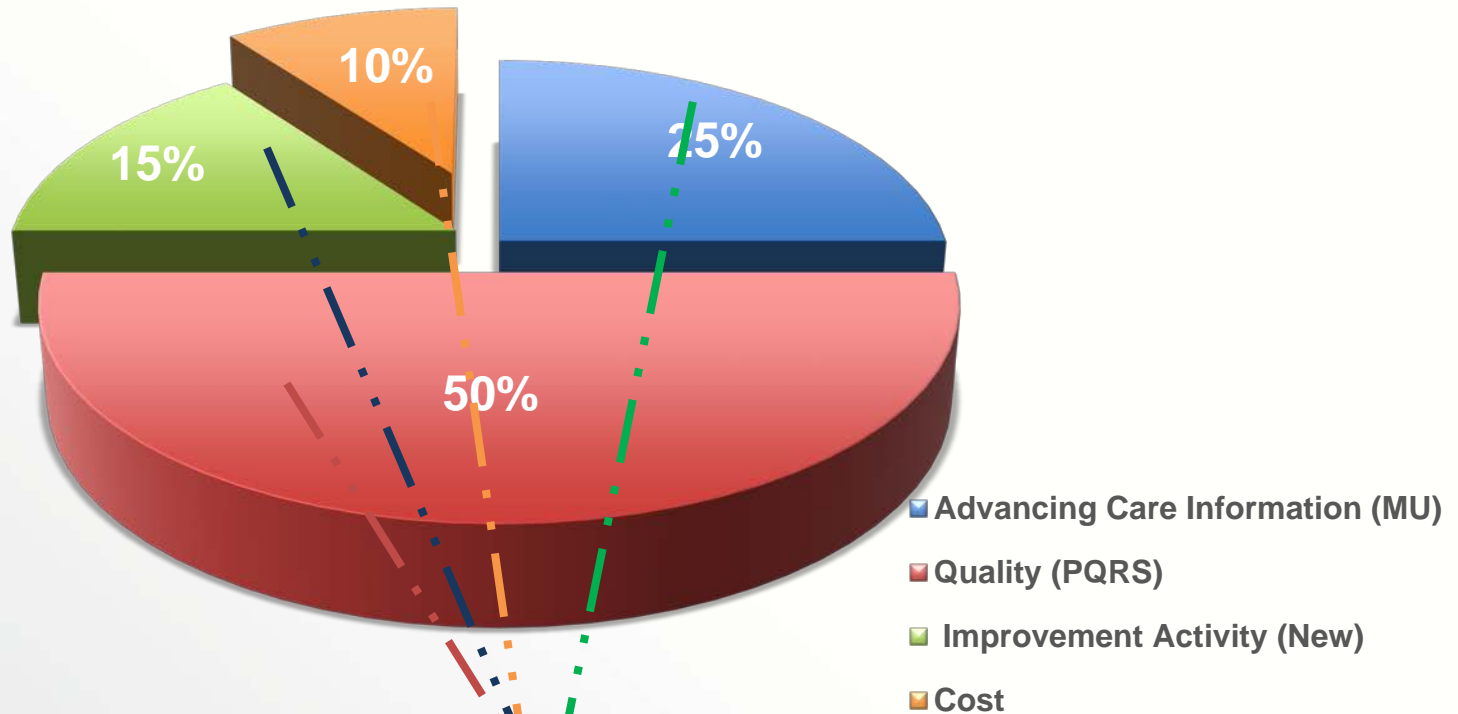
2019

First MIPS Payment
Adjustment

ASCO®

2018

How is My Score Calculated?



15

Low Performers -5%

High Performers +5%

MIPS

Reporting

Individual, Group and Virtual Group Reporting Available

Individual Reporting

- NPI
- TIN

Group Reporting

- 2+ individuals under a TIN
- APM entity
- Assessed as a group

Virtual Group Reporting

- Combinations of 2 or more individuals and/or groups of up to 10
- Join virtually to report as a group



NEW

Virtual Group Eligibility Criteria



NEW

- Specialty and location do not matter
- Solo practitioners: must be MIPS eligible
- Groups: at least one clinician must be MIPS eligible
 - Participation is at the TIN level
- Assessed and scored as a group in all 4 categories
- Submission mechanisms: same as groups

Virtual Group Eligibility Criteria



NEW

- Election process required
 - October 11, 2017 – December 31, 2017
 - Participation throughout 2018 performance period
 - 2-stage process
- Written formal agreement between members

Data Submission Mechanisms: Individual & Group Reporting

- Each performance category can utilize a separate and distinct reporting mechanism.
- Must report as a group or individual across all categories.

Performance Category	Individual Reporting Mechanisms	Group Reporting Mechanisms
Quality	QCDR Qualified Registry EHR Administrative Claims Claims	QCDR Qualified Registry EHR CMS Web Interface (>25 providers) CMS-approved survey vendor for CAHPS for MIPS (>25 providers) Administrative Claims Claims
Resource Use	Administrative Claims	Administrative Claims
Advancing Care Information	Attestation QCDR Qualified Registry EHR	Attestation QCDR Qualified Registry EHR CMS Web Interface
Improvement Activities	Attestation QCDR Qualified Registry EHR	Attestation QCDR Qualified Registry CMS Web Interface EHR

MIPS



Quality Reporting

Oncology Quality Measures Reporting

- 50% of total score
- General Oncology Measures Set
 - 19 reportable measures, both process and outcome
- Radiation Oncology Measure Set
 - 4 reportable measures
- Reporting Requirements
 - Report on 6 measures
 - At least one measure must be an outcome/high priority measure
 - Must report on at least 60% (2018) of patients eligible for each measure and have a 20 case minimum
 - Can report >6 measures and will be judged on 6 highest scores
- Patient population:
 - **All Payer – NOT Medicare only**
 - Must report a minimum of one measure for one Medicare beneficiary

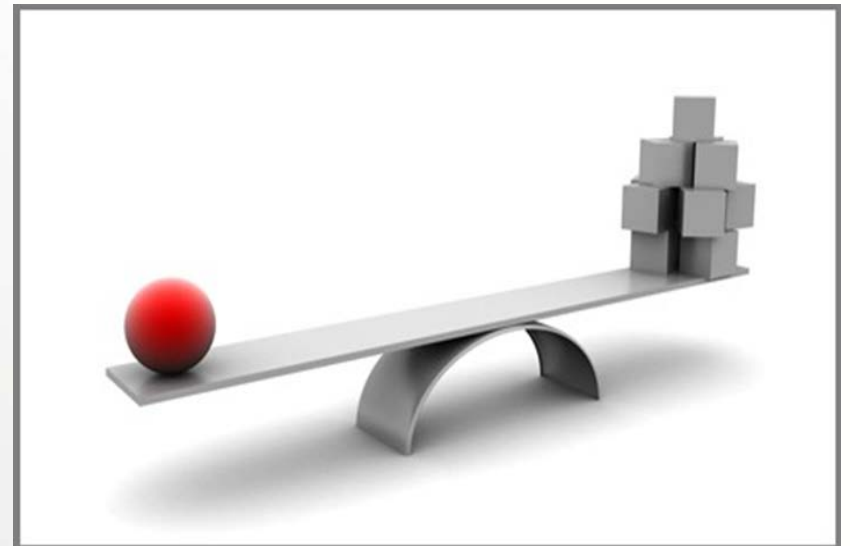


General Oncology Measure Set

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						

Who am I being compared to?

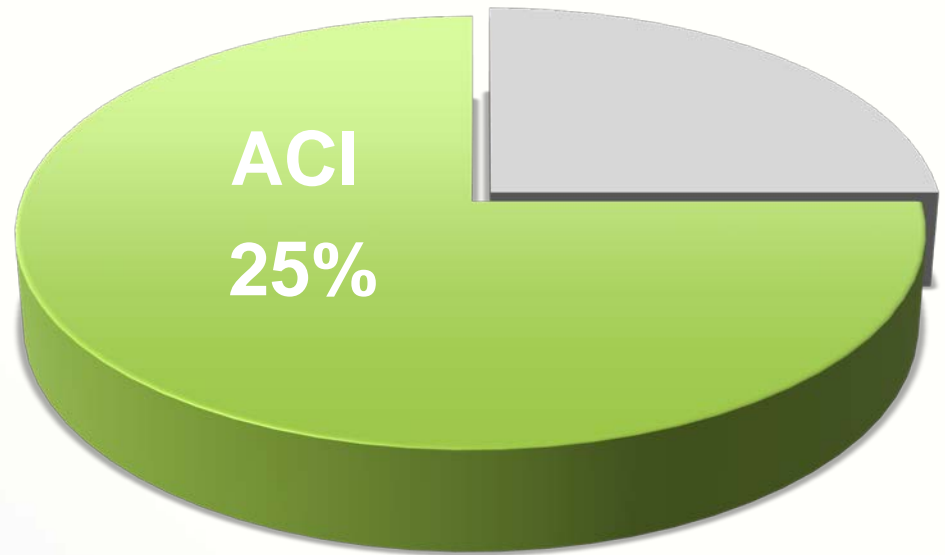
- Quality Measure Benchmarks
 - Compared to all physicians and groups who reported that measure
 - Established by CMS using largely earlier data
 - Most benchmarks will be published prior to performance period



2017 MIPS Quality Benchmarks

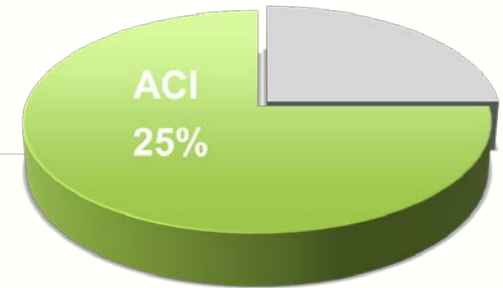
Decile	3	4	5	6	7	8	9	10
Quantify Pain Intensity	35-75	76-81	82-89	90-95	96-99	-	-	100
Staging within 1 month	5-8	9-22	23-61	62-82	83-93	94-98	99	100

MIPS



*Advancing Care
Information*

Advancing Care Information



- 25% of total score
- Scoring from three EHR categories:
 - Base score is required from traditional EHR activities (Security, E-Prescribing, Patient Access, Health information Exchange)
 - Performance measures
 - Bonus score for public health/clinical data registry reporting, use of CEHRT for IAs
- 2014 or 2015 Edition CEHRT allowed
- 10% bonus for using only 2015 Edition



SCORING

Base Score (50%)

- Up to 5 required measures

Performance Score (90%)

- Up to 9 measures

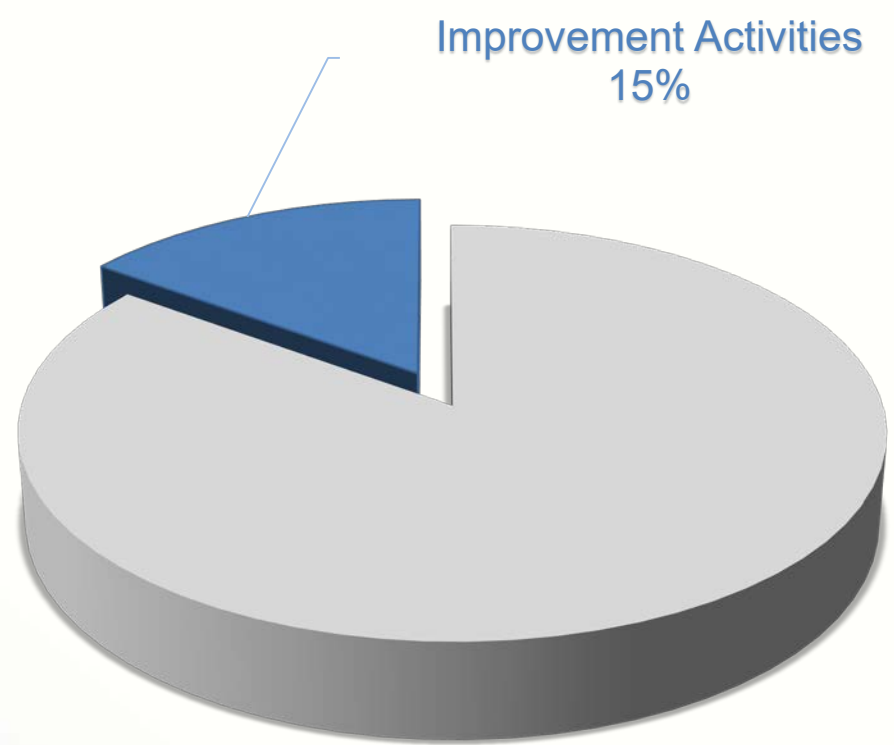
Bonus Score (25%)

- Public health and clinical data registry reporting (10%)
- Using an additional registry (5%)
- Using CEHRT to report at least one specified Improvement Activity (10%)



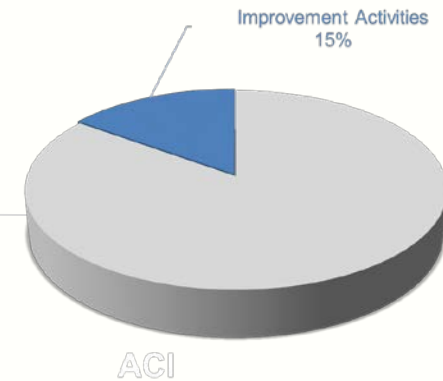
NEW

MIPS



Improvement Activities

Improvement Activities



- 15% of total score
- Choose from 112 activities in 9 subcategories
 - Medium weight = 10 points
 - High weight = 20 points
- Report on 1 - 4 activities, depending on practice size
 - Small and rural practices: 1 - 2 activities
 - Credit for using appropriate use criteria (AUC)
- Total category points: 40
- Report by attestation to participation in the activities

Improvement Activities



2018 ASCO Improvement Activities



CMS MIPS Improvement Activity: QOPI Certification Program (QCP)

Activity ID	IA_PSPA_2
Subcategory	Patient Safety and Practice Assessment
Activity Title	Participation in MOC Part IV
Activity Description (Old)	Participation in Maintenance of Certification (MOC) Part IV for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program. Performance of monthly activities across practice to regularly assess performance in practice, by reviewing outcomes addressing identified areas for improvement and evaluating the results.
Activity Description (New)	Participation in Maintenance of Certification (MOC) Part IV, such as the American Board of Internal Medicine (ABIM) Approved Quality Improvement (AQI) Program, National Cardiovascular Data Registry (NCDR) Clinical Quality Coach, Quality Practice Initiative Certification Program , American Board of Medical Specialties Practice Performance Improvement Module or ASA Simulation Education Network, for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program. Performance of monthly activities across practice to regularly assess performance in practice, by reviewing outcomes addressing identified areas for improvement and evaluating the results.
Weighting	Medium
ACI Bonus Eligible	No

2018 ASCO Improvement Activities



CMS MIPS Improvement Activity: Quality Training Program (QTP)

Activity ID	IA_PSPA_28
Subcategory	Patient Safety and Practice Assessment
Activity Title	Completion of an Accredited Safety or Quality Improvement Program
Activity Description	<p>Completion of an accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria:</p> <ul style="list-style-type: none">*The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;*The activity must have specific, measurable aim(s) for improvement;*The activity must include interventions intended to result in improvement;*The activity must include data collection and analysis of performance data to assess the impact of the interventions; and <p>The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.</p>
Weighting	Medium
ACI Bonus Eligible	No

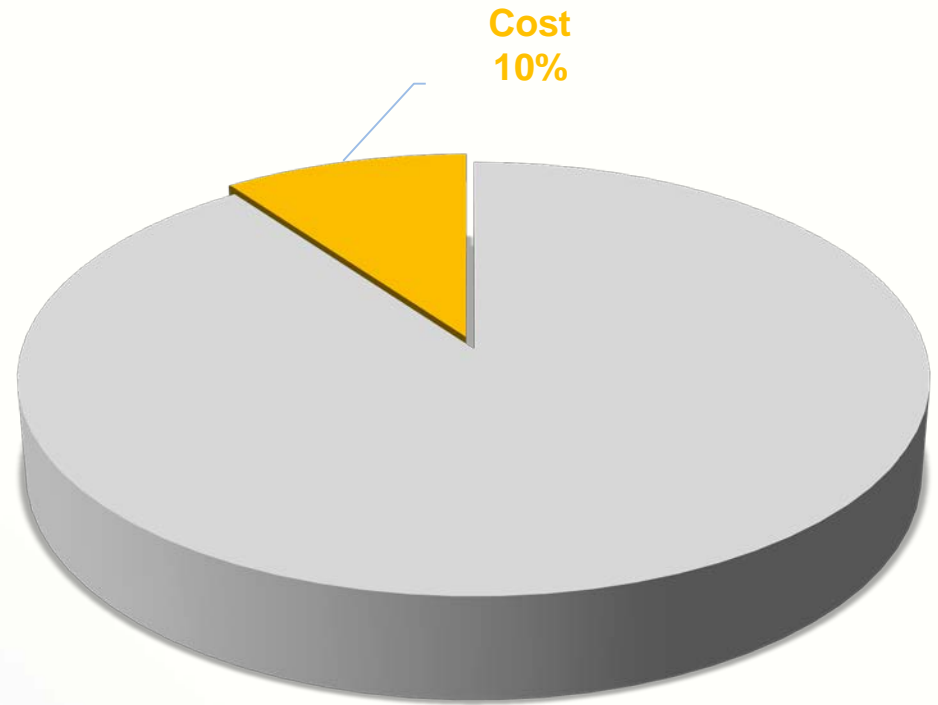
Scoring Considerations

- **Most participants**
 - Attest that you completed up to 4 improvement activities for a minimum of 90 days.
- **Group and Virtual Groups**
 - At least one clinician per TIN needs to report
- **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 MIPS APMs such as 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.
- Some activities qualify for ACI bonus
- Documentation
 - Reporting via attestation
 - CMS has provided some guidance on documentation requirements
 - Qpp.cms.gov

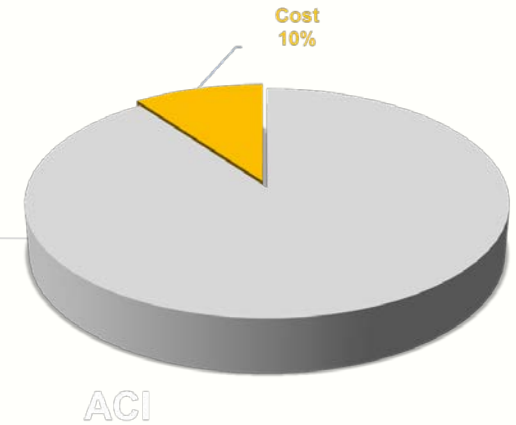
MIPS



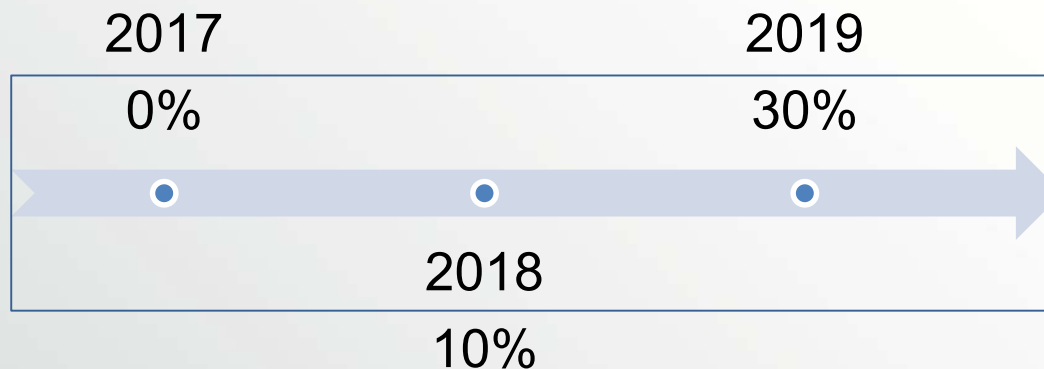
Cost

ACI

Cost



- 10% of total score (2018)
- Measures:
 - Medicare Spending per Beneficiary (MSPB)
 - Total Per Capita Cost
 - Calculation based on average of MSPB and total per capita cost measures
 - Does not include episode-based measures
- Calculated using claims data
 - Must meet case minimum for attributed patients
- Compared to other MIPS participant during the performance year
- Includes Part B drugs



Bonus and other points



- MIPS Scoring improvement
 - Quality: up to 10% increase available for improvement in category
 - Cost: up to 1% increase for statistically significant changes
- Bonus Points
 - Complex patients: up to 5 bonus points; measured by Hierarchical Condition Category risk score and % of dual eligible beneficiaries
 - Small practice: up to 5 bonus points for practices with 15 or fewer clinicians
 - ACI bonuses: up to 25% for high priority measures and end-to-end reporting

Special Circumstances and Exemptions

- ACI Category Exemptions (Automatic)
 - NP, PA, CNS, CRNA
 - Hospital-based clinicians
 - Non-patient facing clinicians
- Quality Category Exemptions
 - Any clinician that has NO measures that are available and applicable (per CMS, unlikely scenario)
- IA Category Exemptions
 - Per CMS, all clinicians should be able to participate
 - If participating in a MIPS APM, will automatically get full score under MIPS

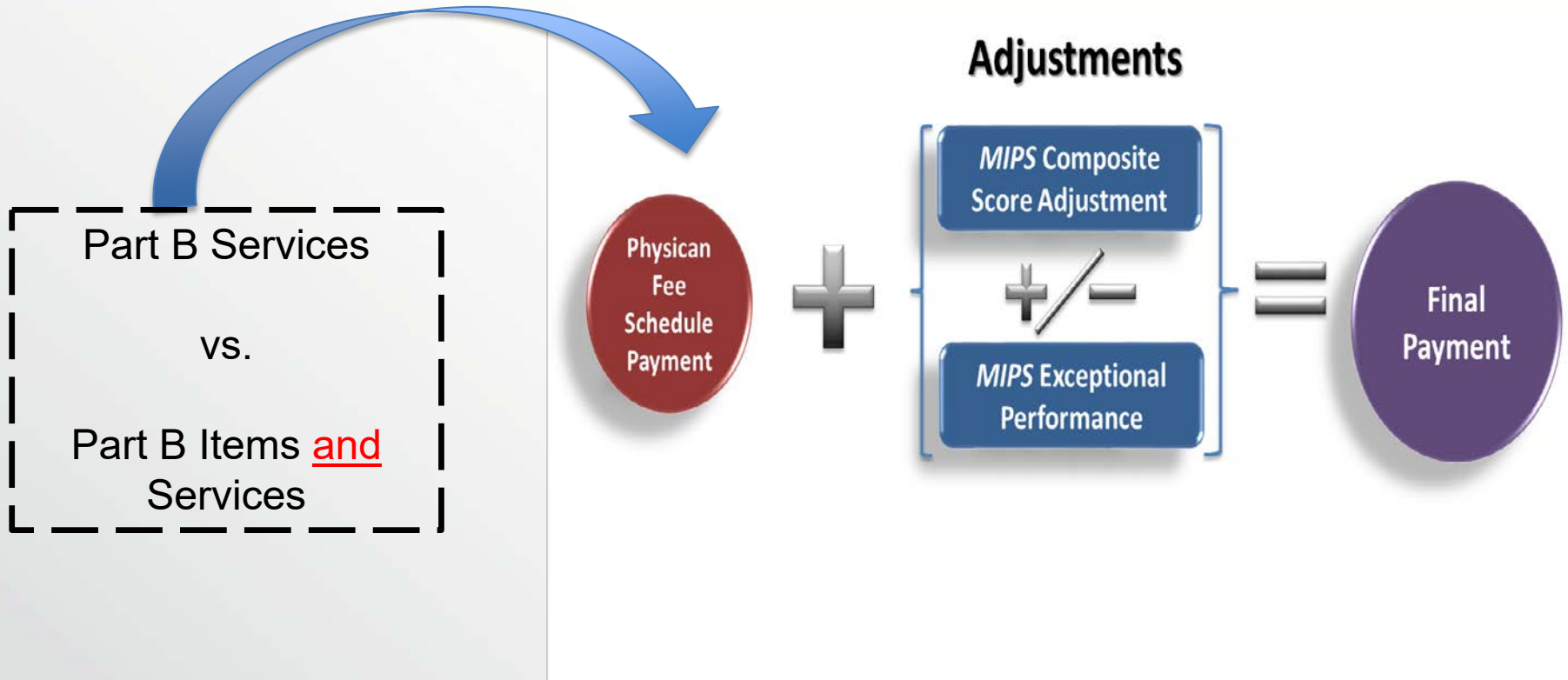
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 - Six applicable measures (including at least one outcome)
 - 60% of eligible patients per measure (minimum of 20 patients)
 - All payer reporting (at least one Medicare beneficiary)
- **Practice Improvement**
 - Improve clinical practice or care delivery
 - 112 potential activities
 - Perform 1 to 4 activities (dependent on size of practice)
 - Attest to completion
- **Advancing Care Information** (certified EHR capability)
 - Security, Electronic Prescribing, Patient Electronic Access
- **Cost**
 - MSPB and Total per Capita Cost data collected via claims

MIPS

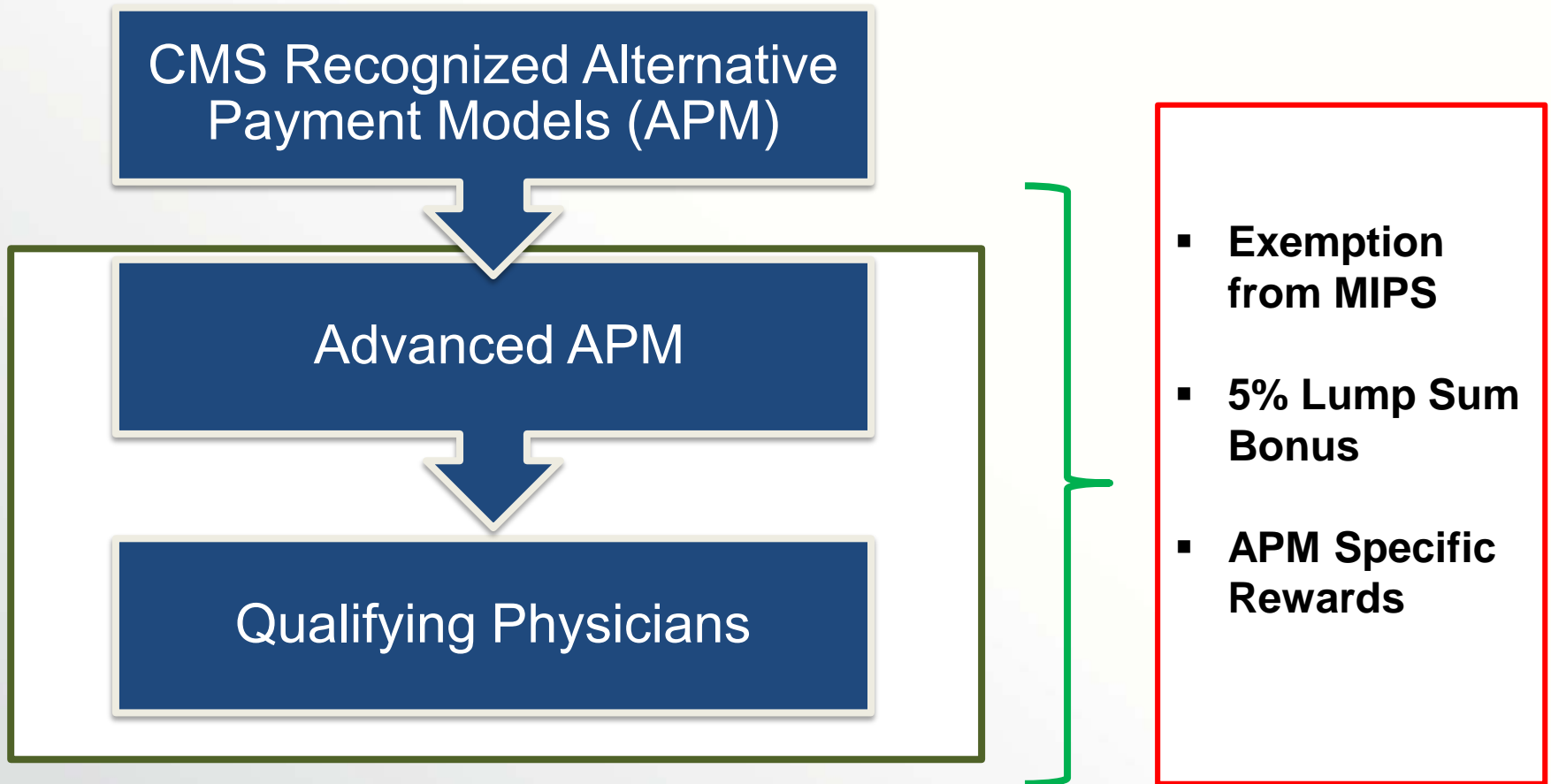
Adjustment

Medicare Part B Drugs

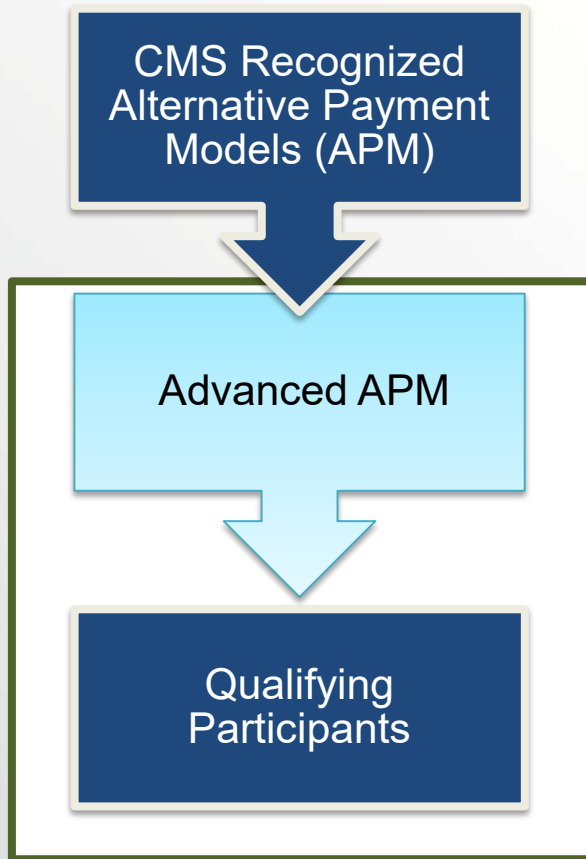


Alternative Payment Models

Pick-Your-Pace for 2017: APM Participation

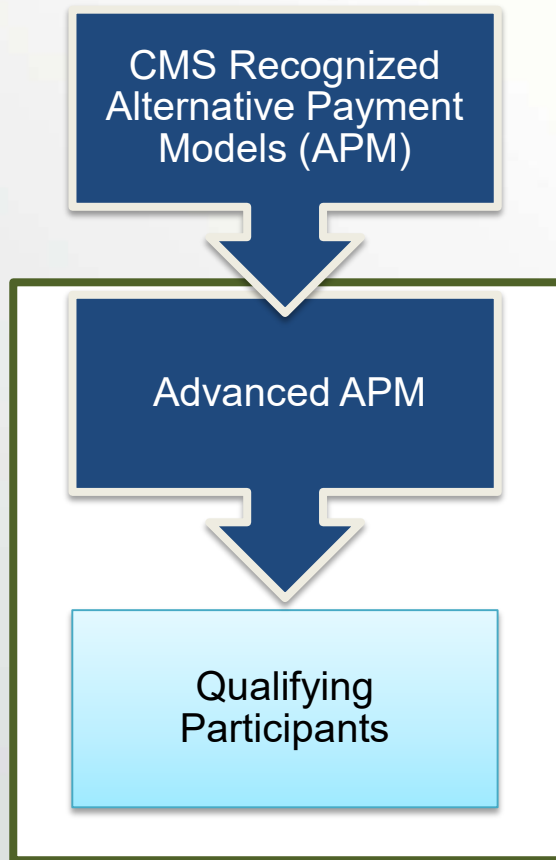


What is an Advanced APM?

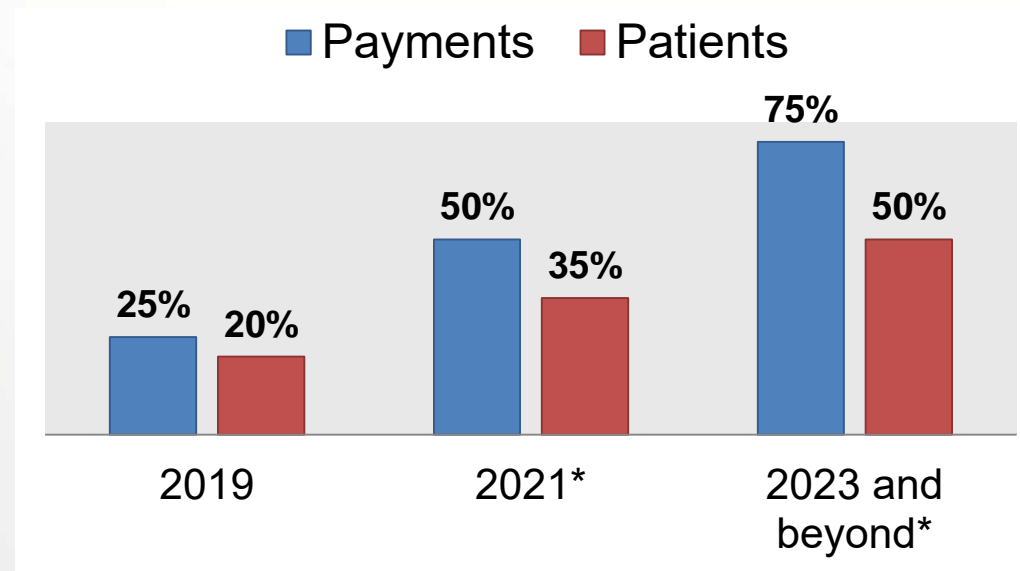


- Requires use of Certified EHR
- Ties payment to quality, similar to MIPS
- Meets nominal Financial Standards
 - At least 8% of revenues at risk

Who is a Qualifying Participant?



- APM entities must meet thresholds for percent of Medicare Payments Received through, or Medicare Patients in Advanced APMs
- All-payer APMs may qualify

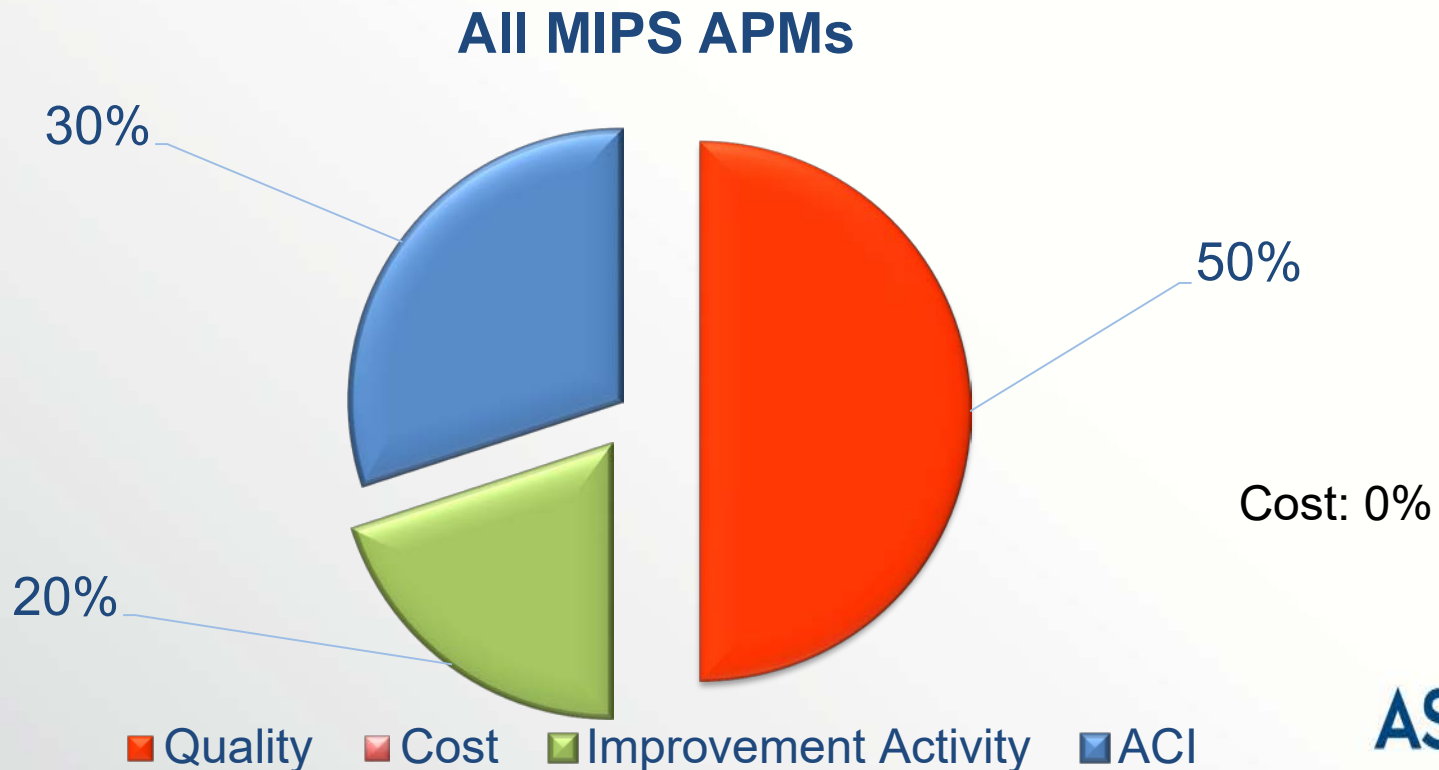


Advanced APM All-Payer Combinations

- Begins in 2019 performance period
- Participation in Advanced APMs operated by other payers may qualify participants
 - Medicaid
 - Medicare Advantage
 - CMS Multi-payer models
 - Other commercial/private payers
- Criteria must be similar to Advanced Medicare APMs
- Must participate in Advanced Medicare APMs and other payer Advanced APMs
- Clinicians may be assessed at the individual or group level

MIPS APMs

- Some Advanced APM participants who do not fully qualify may choose to participate in MIPS.
- Weighting of MIPS categories will be different:



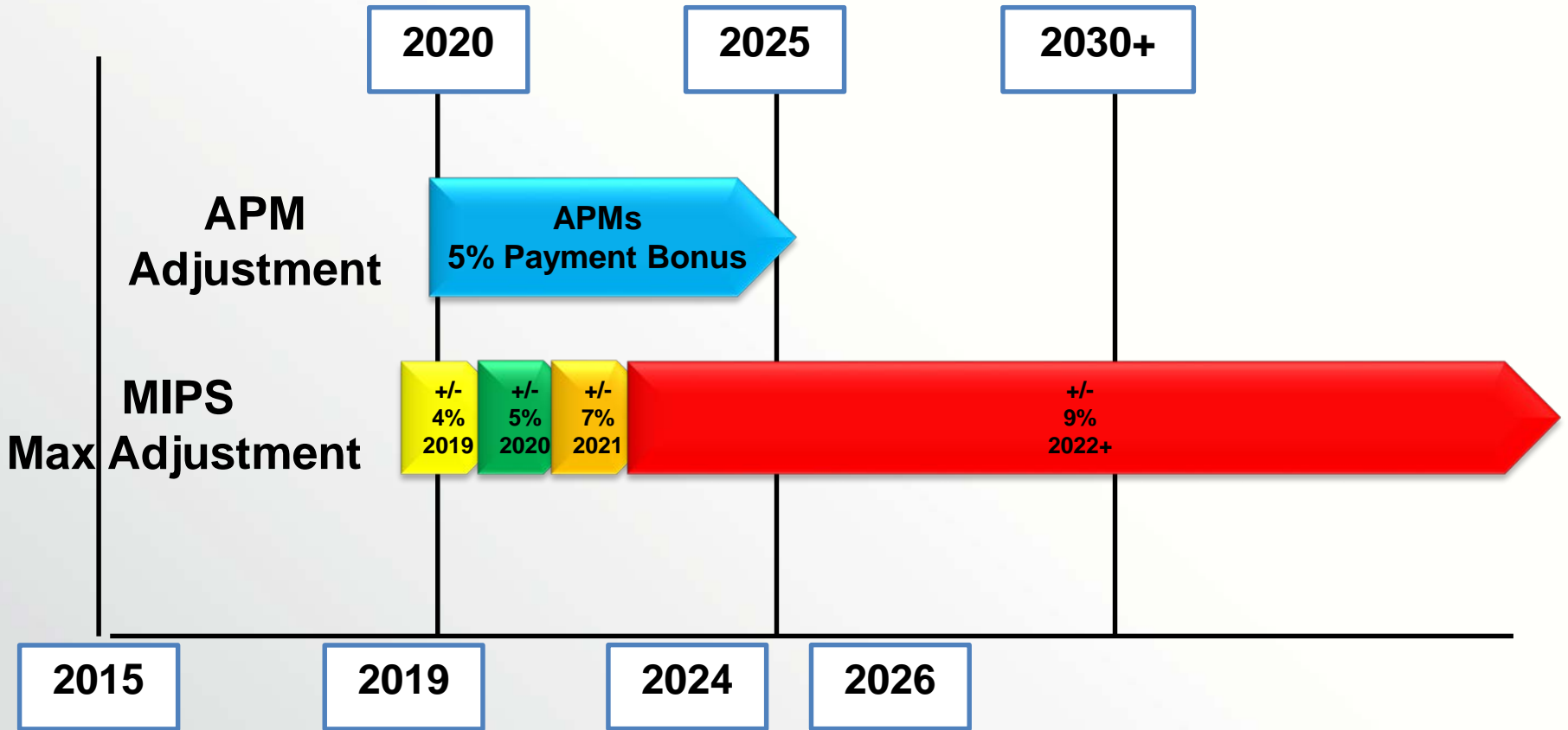
Any Advanced APMs in 2017?

- ✓ 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**

QPP Payment Adjustment Timeline

(reporting begins in 2017)



MIPS Success

FAQs on Final Performance Score

- 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

are you
ready for



MACRA?

ASCO's Top Ten List for MACRA Implementation in 2017



1. Pick Your Pace in 2017. Test the program and submit a minimum amount of data to avoid a 2019 penalty; OR report some data for at least 90 days; OR report full data for at least 90 days. If you do not report at all, you will receive a 4% penalty in 2019.



2. Test the program. If you choose to test the program in 2017, report more than the minimum required number of measures to improve your chances of successful reporting. And use the end of 2017 – July to December – to practice full reporting for 2018.



3. Explore the quality measures on the [Quality Payment Program \(QPP\) website](#). Identify which measures best fit your practice. Many of the measures in the General Oncology Measure Set are included in ASCO's Quality Oncology Practice Initiative (QOPI®) program.



4. Check that your electronic health record (EHR) is certified by the Office of the National Coordinator. It must meet the 2015 certification standards by 2018; for 2017, you may use an EHR certified to either 2014 or 2015 standards. And remember that you must perform a security analysis to pass the Advancing Care Information (ACI) requirements in 2017.



5. Review the Improvement Activities on the [QPP website](#). See which activities best fit your practice. [QOPI](#) participation and [QOPI certification](#) activities will prepare you to meet these requirements.



6. Obtain your Quality and Resource Use Reports (QRUR). While cost is not included in the scoring in 2017, it is being measured and will be reported in the QRUR. It will be included in the scoring beginning in 2018 so be prepared.



7. Ensure data accuracy. Review your QRUR and ensure that the data is correct. It is also important to review the National Provider Identifier (NPI) for each provider in your practice and ensure they are accurate with the correct specialty, address, and group affiliation.



8. Consider using a qualified clinical data registry (QCDR) to extract and submit your quality data. The *QOPI Reporting Registry*, currently in development, will be your one-stop shop for quality reporting and attestation for ACI and Improvement Activities.



9. Evaluate your payer relationships and begin discussions with commercial payers about value-based reimbursement and alternative payment models. Identify your top two or three commercial payers and initiate discussions with them about value-based care. Introduce them to [ASCO's Patient-Centered Oncology Payment](#) (PCOP) model - we are happy to help.



10. Prepare your practice and staff for value-based care. Does your staff understand the changes that are coming? Is your practice culturally prepared for the shift to value-based payment models? Are you employing elements of an oncology medical home including pathway utilization and ER and hospitalization avoidance? [ASCO COME HOME](#) provides consulting services to help practices transform for new reporting and payment models.

Avail yourself of ASCO resources.

Check ASCO's website, www.asco.org/macra, regularly for news, resources and tools for your practice. Contact macra@asco.org with questions.

ASCO Offers Solutions



Certification

- Improvement Activity
- APM Participation



Rapid Learning

- Quality Reporting



Reporting

- Quality Reporting
- Advancing Care Information
- Improvement Activity
- Cost
- APM Participation



Reimbursement

- APM Participation
- Improvement Activity



Transformation

- APM Participation



For more information....

www.asco.org/macra

www.qpp.cms.gov

Questions?

- Please submit questions by clicking on the Chat panel from the down arrow on the Webex tool bar (at the top of the screen):
 1. Open the Chat panel
 2. Send to: David Harter
 3. Type your question in the text box and hit “send”

Additional questions after the webinar can be sent to:
macra@asco.org

Visit www.asco.org/macra for more information