

are you
ready for



MACRA?

How to Prepare

Robin Zon, MD, FACP, FASCO

Debra A. Patt, MD, MPH, MBA

Welcome

Thank you for joining today's webinar.

Webinar materials are available at
<http://www.asco.org/macra>

A recording of the webinar will be available next week.

Today's Speakers

- Robin Zon, MD, FACP, FASCO
- Debra Patt, MD, MPH, MBA

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):
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Paying for Value and Quality

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

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

The promise of MACRA aligns with ASCO's goals:

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

MACRA

Robin Zon, MD, FACP, FASCO

WHY SHOULD YOU CARE?

Why is it Important Now?

- Completely changes basis for Medicare payment
- Moves to performance based updates
- Effective date 2019 ...

...but measurements will be based on 2017 performance

Overview

- How does Medicare pay me now?
- How will it change?
- When will it change?
- What should I be doing to prepare?
- Where can I get help?

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT (QUALITY PAYMENT PROGRAM) OVERVIEW

What is MACRA?

Medicare Access and CHIP Reauthorization Act of 2015

- Repeals the Sustainable Growth Rate (SGR) Formula
- Authorizes CMS to establish the new Quality Payment Program
- More of the payment based on value, not volume
- Streamlines reporting programs into 1 new system: Merit Based Incentive Payment System (MIPS)
- Incentivizes involvement in Alternative Payment Models (APMs)

How Does Medicare Pay Me Now?



**Physician
Quality
Reporting
System
(PQRS)**



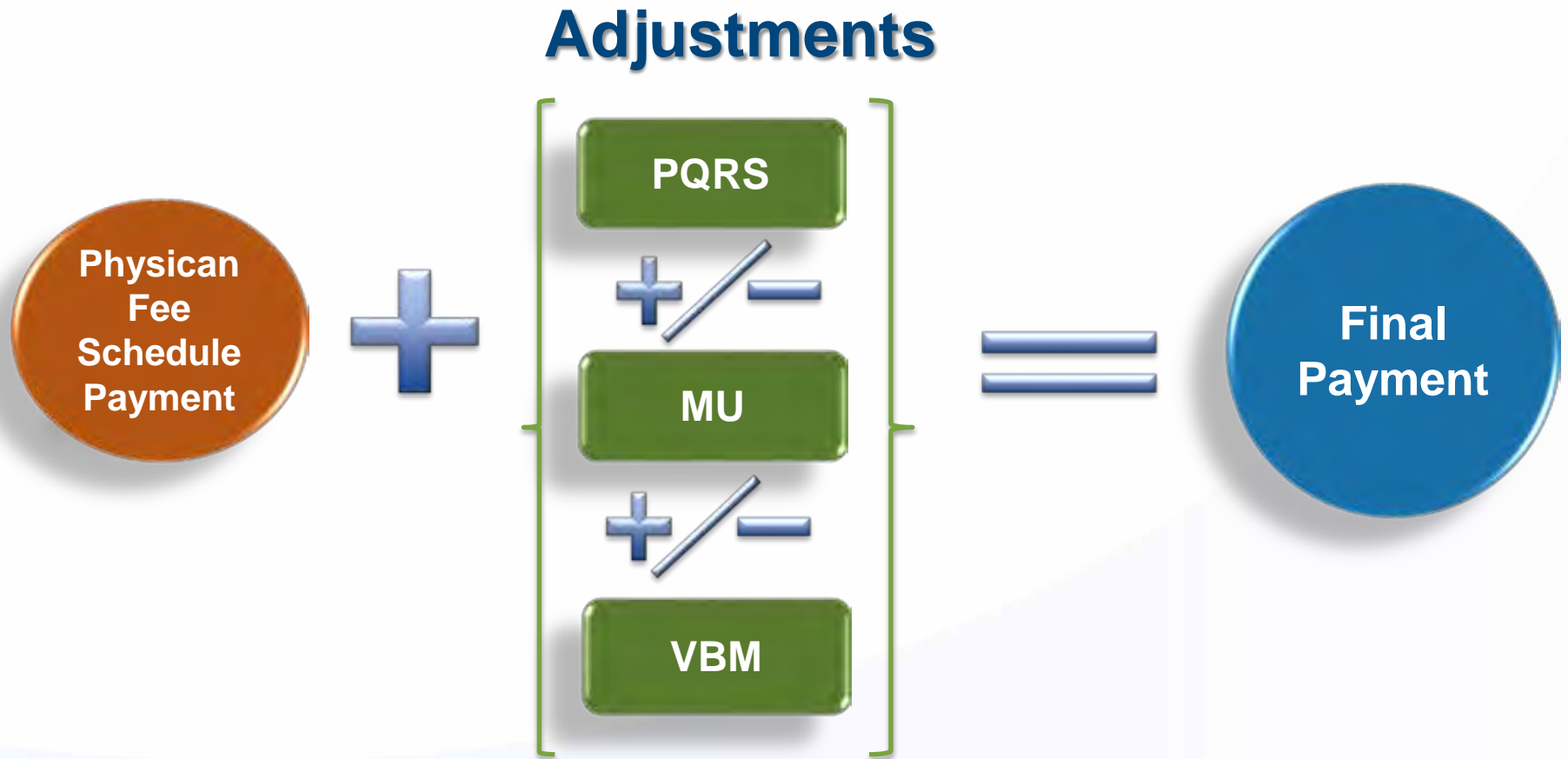
**Meaningful Use
Electronic Health
Records
Incentive
Program
(MU)**



**Value Based
Modifier
(VBM)**

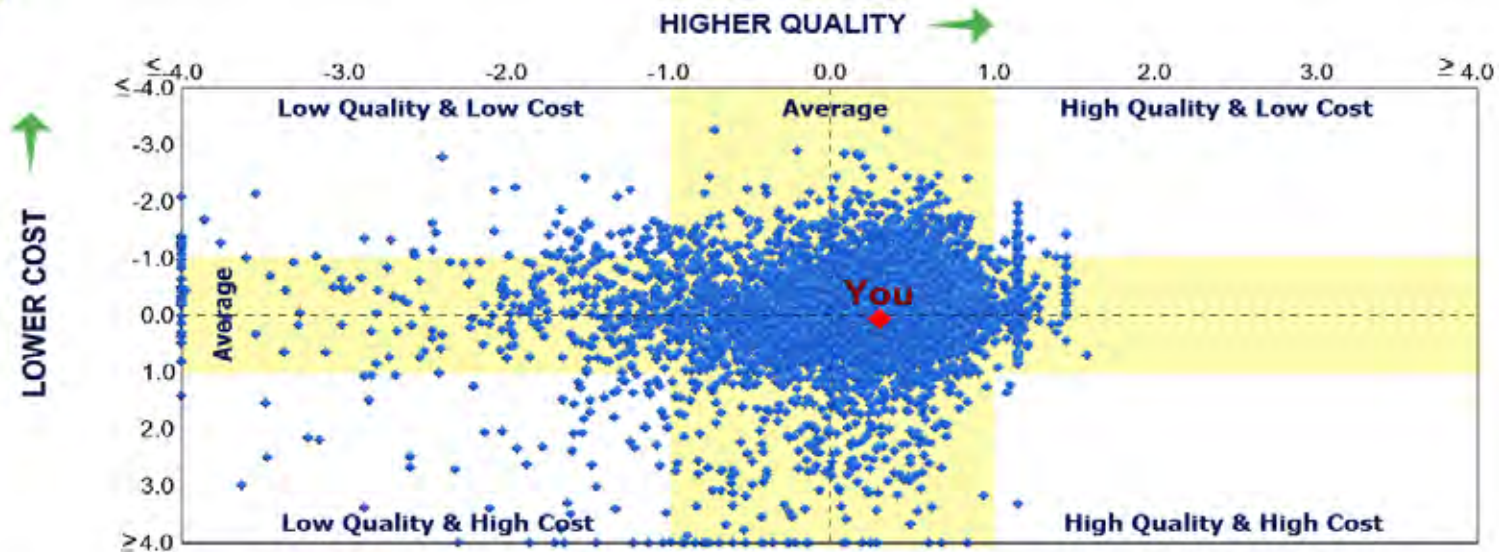


How Does Medicare Pay Me Now?



Current VBM Calculation

Value Based Modifier Scoring and Comparison



- Cost are risk adjusted based on patient factors and specialty-mix of the group

How Will it Change?

The Merit Based Incentive Payment System (MIPS)

TODAY

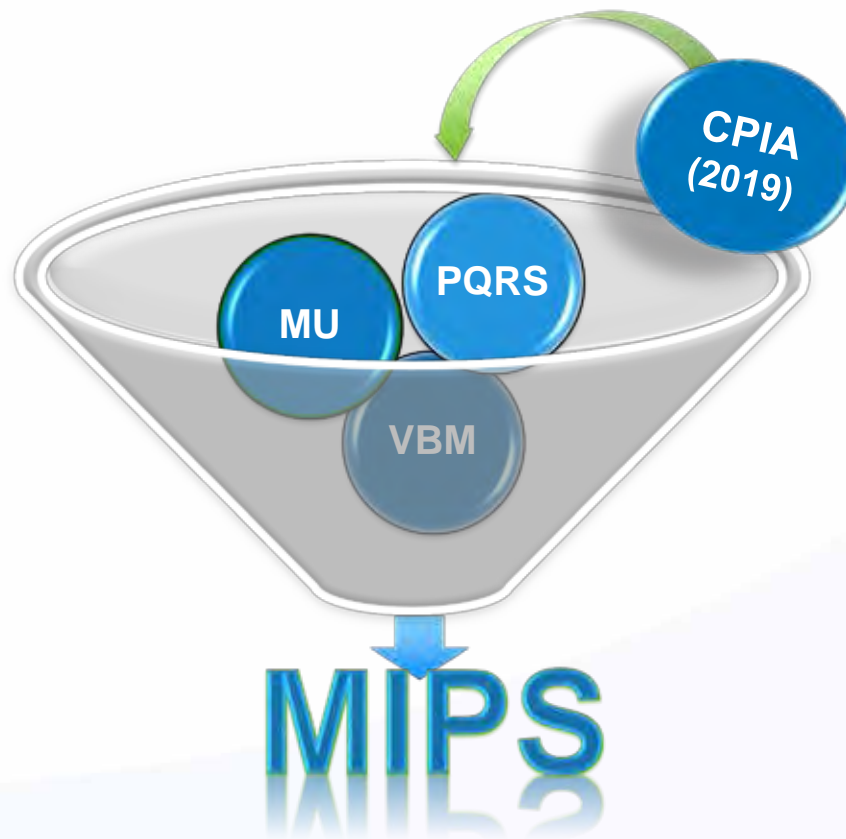
Physician Quality Reporting System (PQRS)

Meaningful Use (MU)

Value Based Modifier (VBM)



**SUNSETS
DEC 2018**



JAN 2019

Adds Clinical Practice Improvement Activity (CPIA)

Consolidates penalties

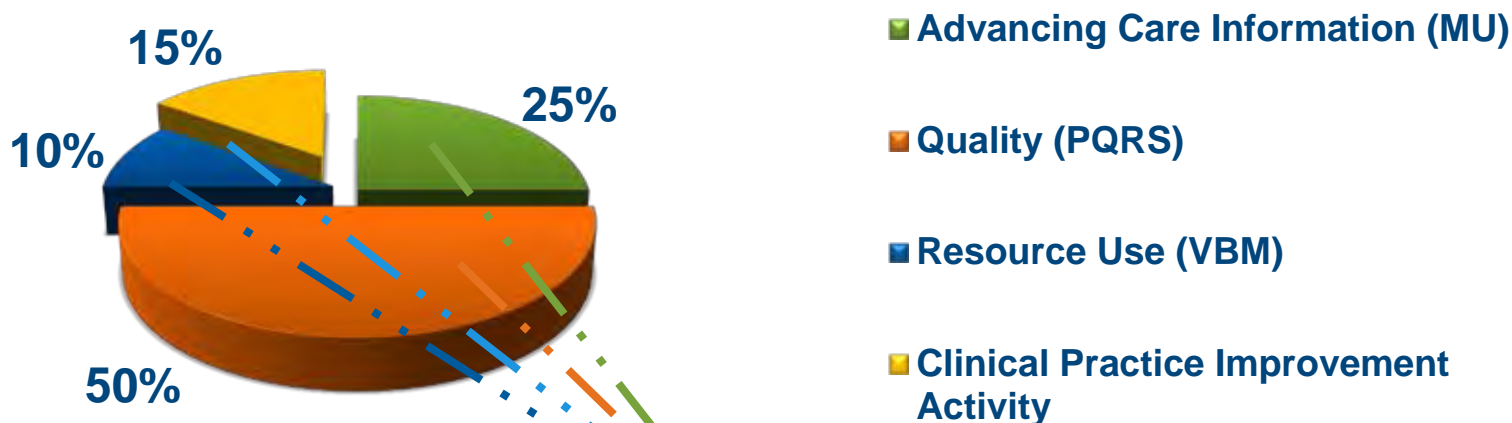
Increases incentives

Ranks peers nationally

Reports publicly

How is My Score Calculated?

MIPS Composite and Potential Impact



Low Performers -9%

High Performers +9%

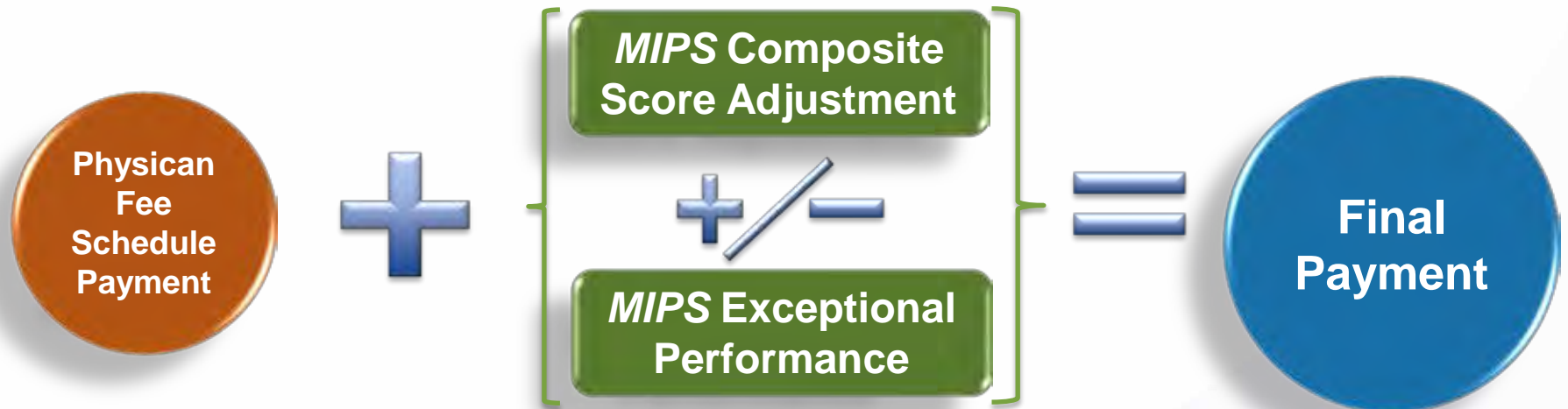
★ National Median Composite Score

■ Medicare Provider Composite Score

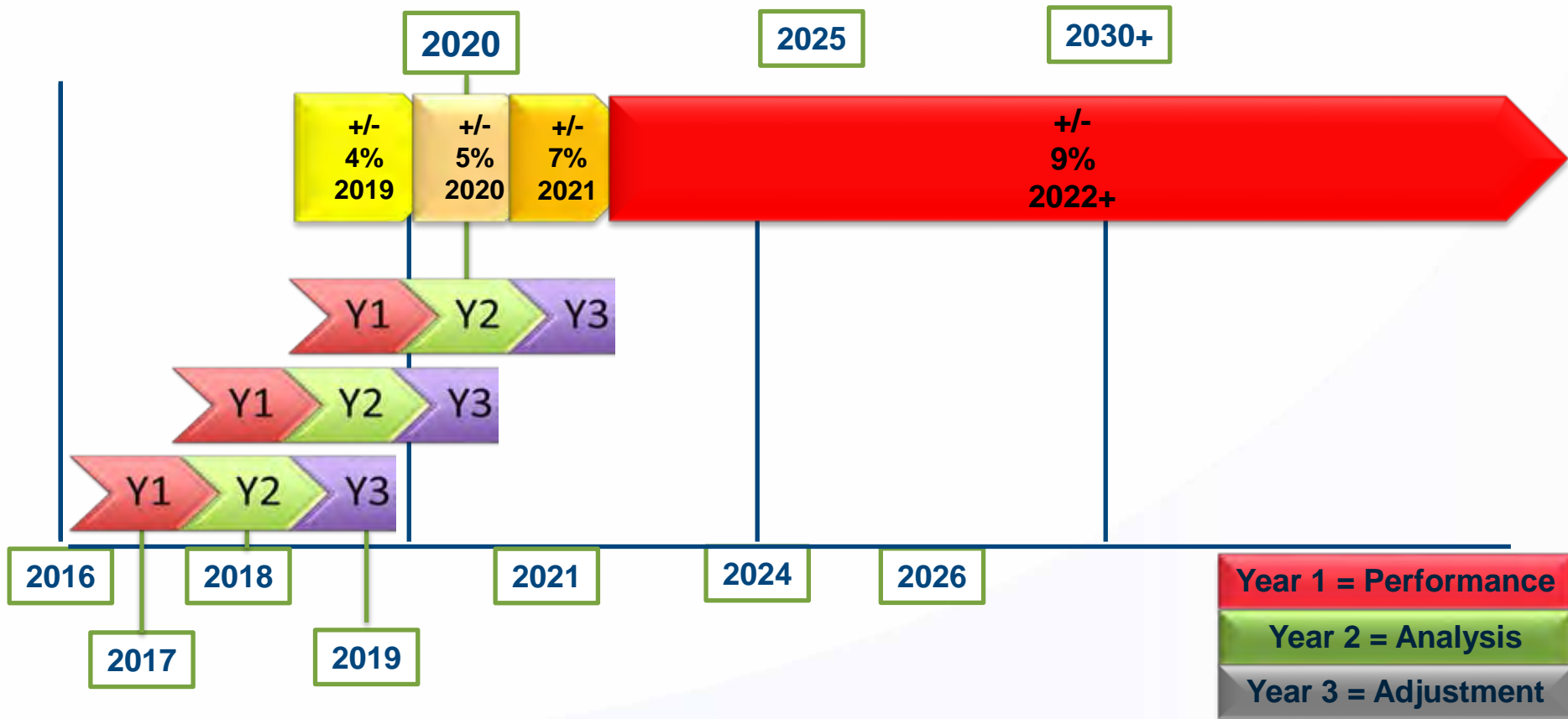
Exceptional Performers: Up to 27%

How is My Reimbursement Adjusted?

Adjustments



Payment Adjustments Timeline



Will It Affect Me?



Medicare
Part A
(Hospital, SNF,
Hospice)

NO



Medicare
Part B
(Physician
Services)

YES



Medicare
Part C
(Medicare
Advantage)

NO



Medicare
Part D
(OP Prescription
Drugs)

NO

Will It Affect Me?



Medicare Part B
(Physician
Services)

1st time Part B
Participant

EXEMPT

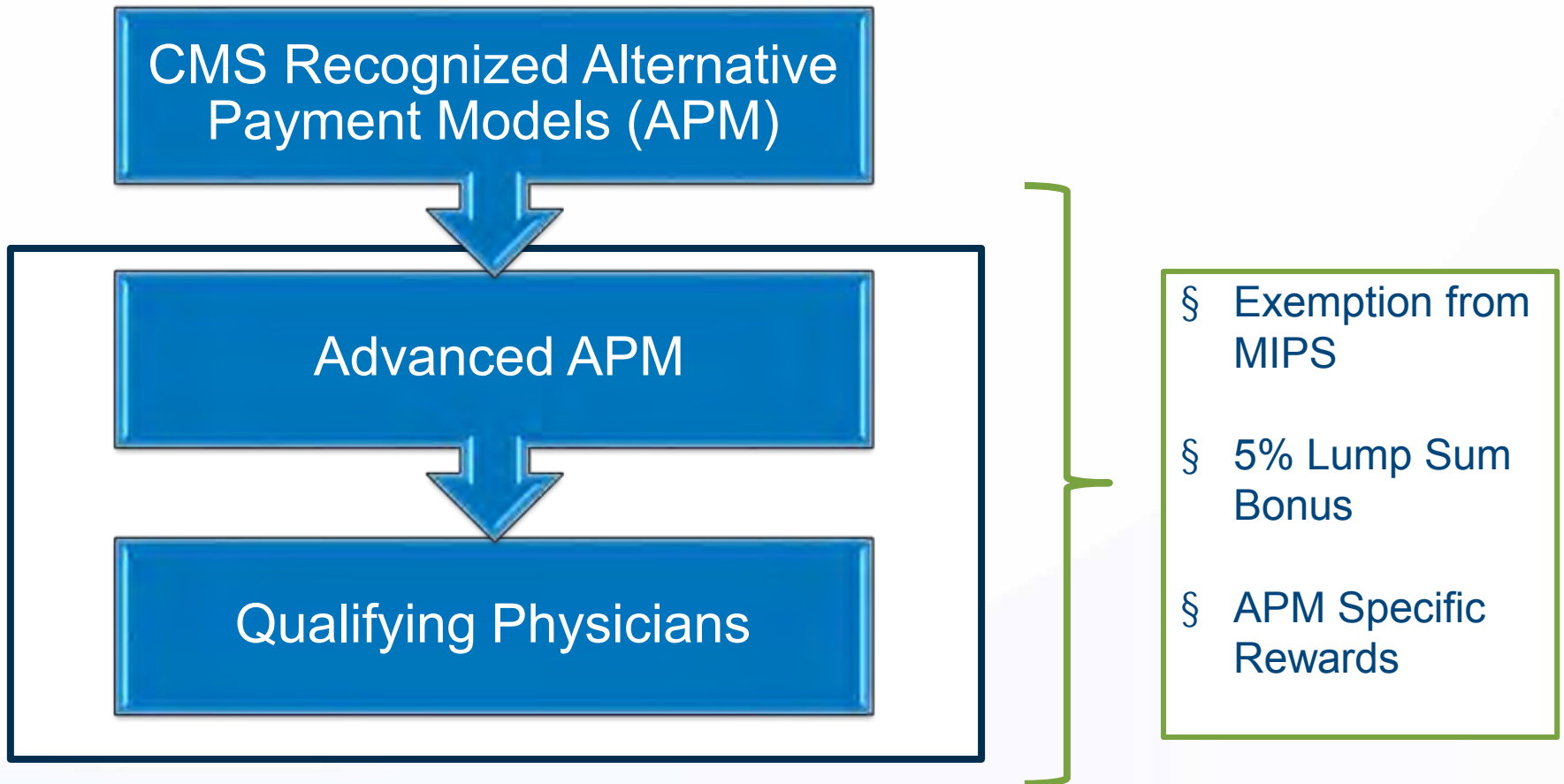
Low Volume (\$10K) and
Low Patient Count (100 Patients)

EXEMPT

APM Qualified
Participant

EXEMPT

Is MIPS the Only Option?



Any Advanced APMs in 2017?

- ü Shared Savings Program
- ü Next Generation ACO
- ü Comprehensive ESRD Care
- ü Comprehensive Primary Care Plus
- ü **Oncology Care Model (OCM) - two-sided risk track available in 2018**

How do Program Adjustments Differ?

MIPS Only

- MIPS adjustment

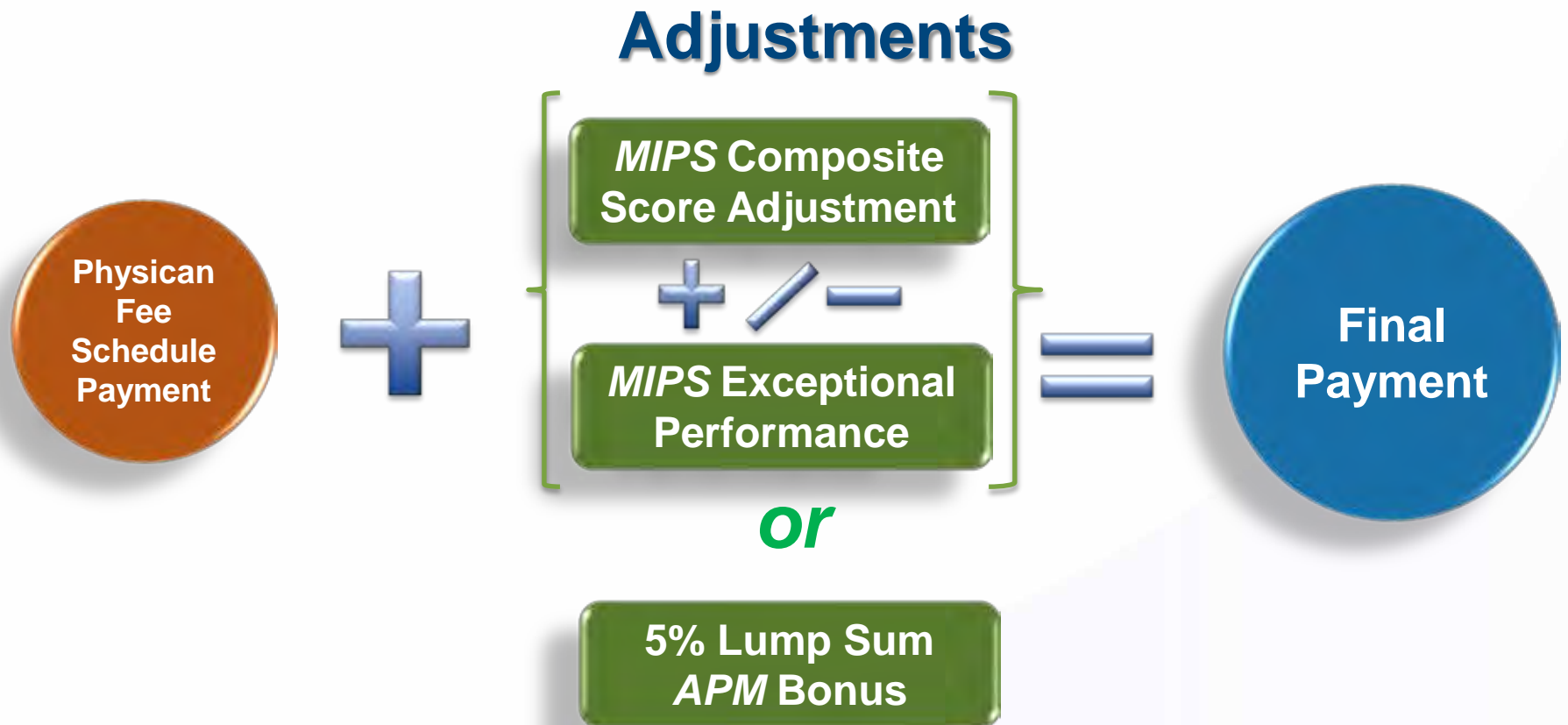
APMs

- Favorable Treatment in MIPS

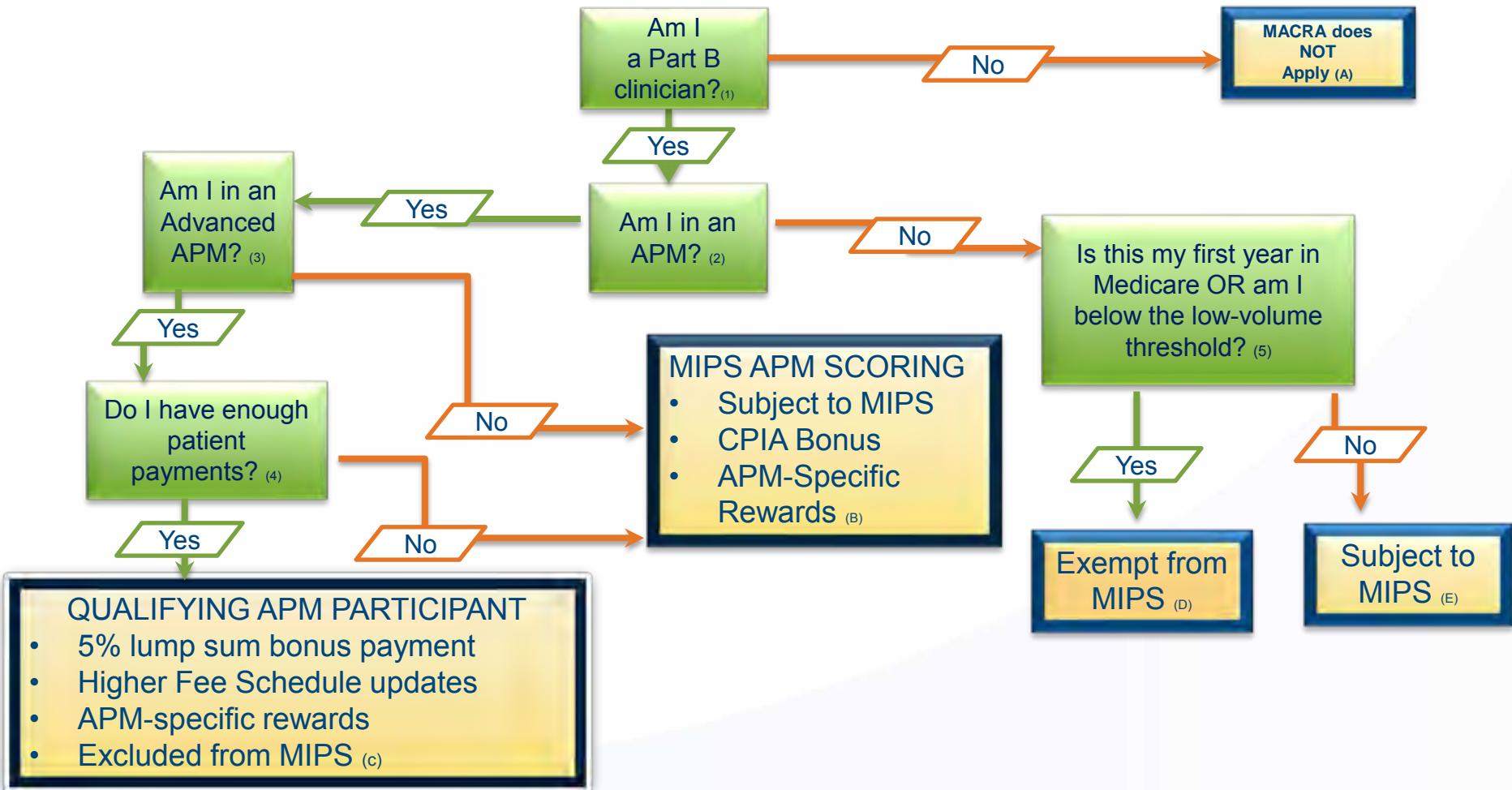
Advanced APMs

- APM-Specific rewards
- 5% lump sum bonus

How Will My Payment Adjustments Differ?



HOW WILL MACRA AFFECT ME?



Most practitioners will be subject to MIPS

Subject to MIPS

Not in APM



In non-advanced APM



In APM, but not a QP



Qualifying Physician (QP) in APM

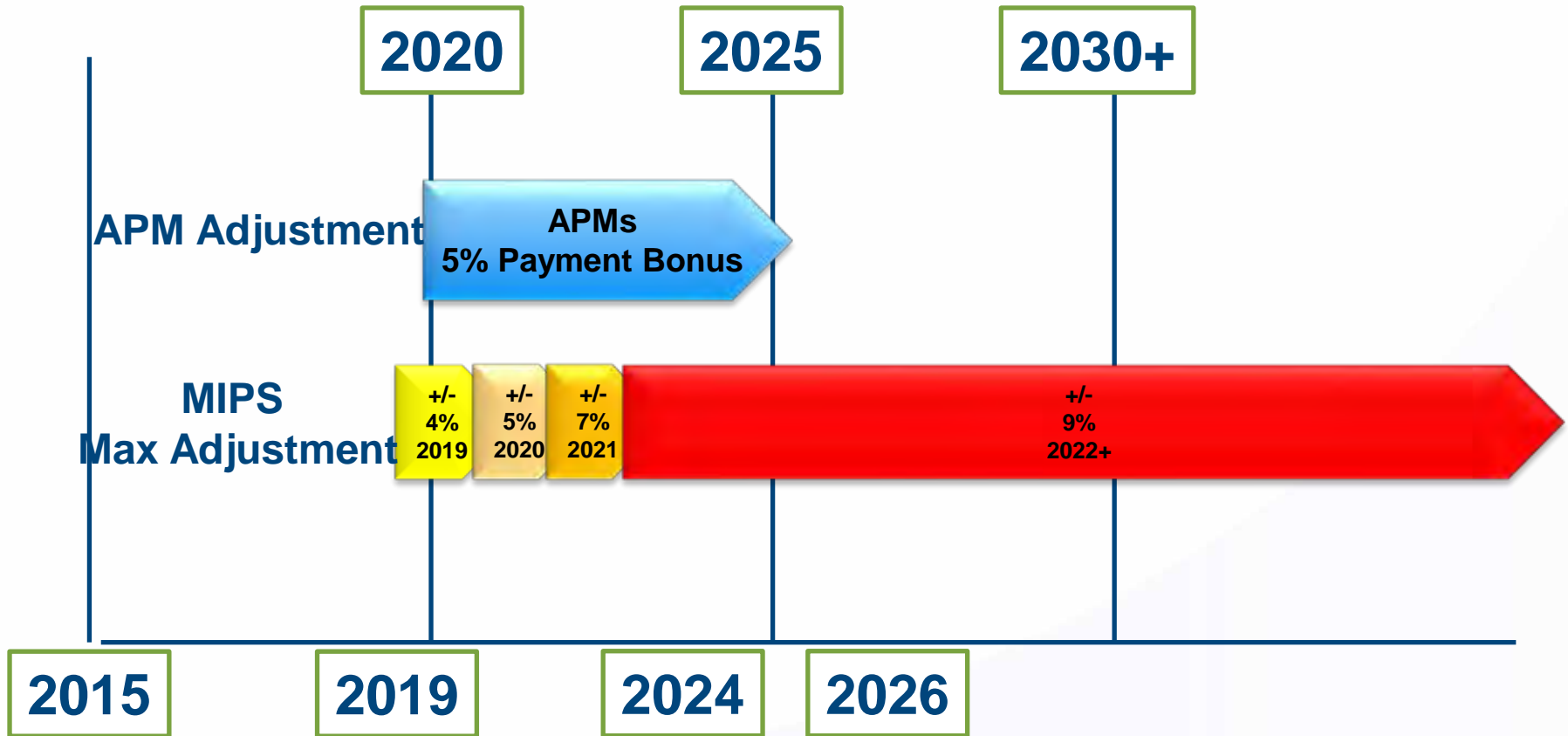


Some people may be in APMs but not have enough payments or patients through the APM to be a QP.



Note: Figure not to scale.

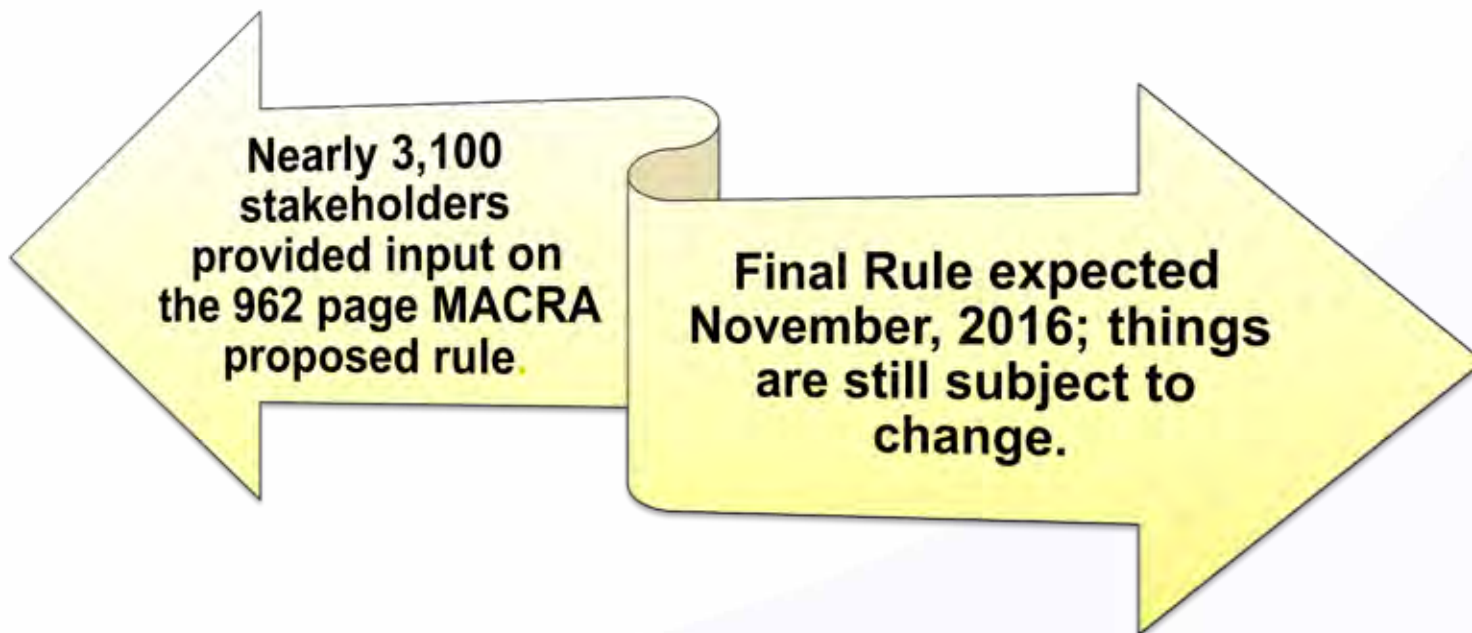
When is this all happening?



Debra A. Patt, MD, MPH, MBA

HOW TO PREPARE

Rulemaking and Implementation



Step 1: Participate in 2016 Quality Reporting

Avoid 2018 penalties

- PQRS
 - Successfully report to avoid negative payment adjustment
- Medicare EHR Incentive Program
 - Must successfully attest to avoid negative payment adjustment
- Value Modifier
 - Receive an upward or neutral payment adjustment and avoid downward payment adjustment

Any applicable Value Modifier payment adjustment is separate from payment adjustments made under the Physician Quality Reporting System (PQRS) or EHR Incentive Program.

Step 2: Review your QRUR

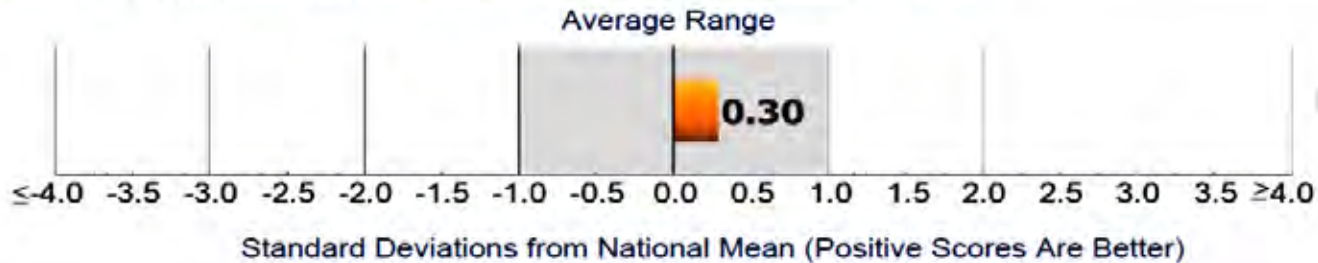
Quality and Resource Use Reports (QRUR)

- Shows how you performed on quality and cost
 - QRUR is provided for each TIN (tax i.d. number)
- Annual QRUR available in the fall after the reporting period (fall 2017 for calendar year 2016)
- One person from your TIN must register to obtain your QRUR
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>

What does your QRUR show?

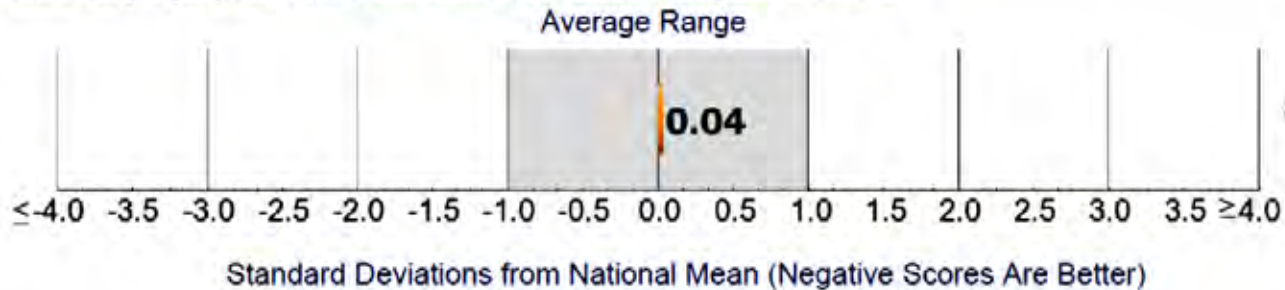
Your TIN's Quality Composite Score: Average

The graph below displays your TIN's standardized Quality Composite Score.



Your TIN's Cost Composite Score: Average

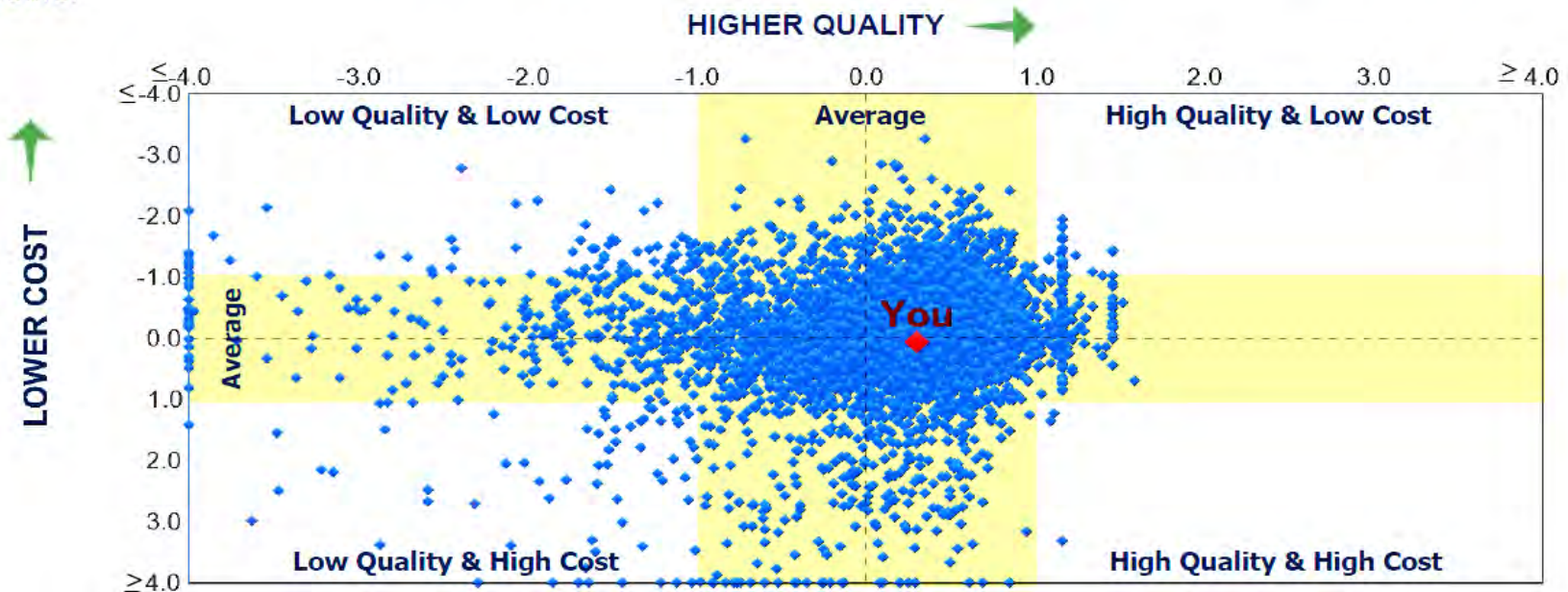
The graph below displays your TIN's standardized Cost Composite Score.



What does your QRUR show?

Your TIN's Performance: Average Quality, Average Cost

The scatter plot below displays your TIN's quality and cost performance ("You" diamond), relative to that of your peers.



What does your QRUR show?

High-Risk Bonus Adjustment: Not Eligible

The average beneficiary risk for your TIN is at the 77th percentile of beneficiaries nationwide.

Medicare determined your TIN's eligibility for an additional upward adjustment for serving high-risk beneficiaries based on whether your TIN met (✓) or did not meet (✗) the following criteria in 2014:

- ✓ Your TIN's average beneficiary's risk is at or above the 75th percentile of beneficiaries nationwide.
- ✗ Your TIN had strong quality and cost performance.
- ✓ Your TIN met the criteria to avoid the PQRS payment adjustment as a group, or at least 50 percent of your TIN's eligible professionals met the criteria to avoid the PQRS payment adjustment as individuals in 2016.

What does your QRUR show?

Your TIN's Value Modifier: Neutral Adjustment

The highlighted payment adjustment will be applied to payments under the Medicare Physician Fee Schedule for physicians billing under in your TIN in 2016.

	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+1.0 x AF	+2.0 x AF
Average Cost	-1.0%	0.0%	+1.0 x AF
High Cost	-2.0%	-1.0%	0.0%

Step 3: Focus on Performance

- Review quality measure benchmarks and understand what is required for above average performance
- Implement practice strategies and clinical workflows to help meet your chosen quality measures for PQRS and the quality and cost measures used under the VM program

Performance Improvement Examples

- EHR Use
 - Implement workflows to introduce patients to patient portal and encourage utilization
- Cost measures
 - Establish processes to monitor hospitalizations and measure length of stay
 - Consider medical home-type services to reduce hospitalizations

Step 4: Ensure Data Accuracy

- Accuracy of comparison group critical: your performance is compared to others like you
- Check the NPI for each physician in practice
 - Is the specialty correct?
 - Is the address correct?
 - Is the group affiliation correct?
- Review your own information in Physician Compare

Step 5: ICD-10 Coding

- As we move to a risk-adjusted world, co-morbidities and other conditions become increasingly important
- Are you coding to the highest level of specificity?
- Are you coding all co-morbidities and other pertinent conditions for your patients?

Physicians Practicing in Hospital Groups

- Physicians practicing in hospital groups
 - All Medicare Part B physicians are subject to MACRA
 - Use hospital's quality reporting system and pay for performance programs to measure participation in MIPS
- Hospitals that employ physicians
 - Will directly bear the cost of implementation and ongoing compliance
 - Will bear the risk of MIPS and adjustments
 - Will be called upon to participate in APMs in order for physicians to qualify from exemption

Essential to Practice Survival



Additional Considerations

- What is the impact of value-based payment on
 - physician compensation
 - contracts, professional services agreements with hospitals
 - commercial payer contracts
- Does your EHR support quality reporting, practice improvement?
 - Patient Portal
 - e-prescribing capability
 - Health Information Exchange (HIE) capability



MACRA Success for Oncologists

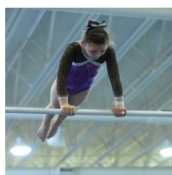
- More detailed practice data
- Compliance with Pathways as a quality measure
- Fully integrated tools to collect and monitor quality measures
- Support for practice transformation and expense
- Real time data acquisition
- Tools to help nurses proactively manage patients to decrease hospitalizations and costs
- Options and experience with two-sided risk options for hospitals and POs
- More resources in private, underserved and rural practices there are no resources available

ASCO's Three-Pronged Strategy



VOLUNTEER TASKFORCE

- Multi-committee task force leading key areas, including:
- Focus on QOPI & performance measures
- *Alternative payment model strategy (PCOP)*
- Practice tools



EDUCATION AND RESOURCES

- Readiness assessment
- Webinars
- Workshops
- ASCO *Oncology Practice Conference: The Business of Cancer Care* launching in March 2, 2017



INFLUENCING POLICYMAKERS

- Filing Extensive Comments
- Meetings with CMS and Policymakers
- Congressional education, outreach and testimony

Patient Centered Oncology Payment Model (PCOP)

STATUS Update:

- Pursuing designation as “advanced payment model” that will qualify under MACRA
- Active dialogue with several practices and commercial payers
- One pilot underway

Quality Oncology Practice Initiative (QOPI)

- CMS deemed Qualified Clinical Data Registry (QCDR)
 - Includes Oncology Specific Measures
- Included measures may be used by QOPI users for reporting
- eQOPI will allow for easier reporting of quality measures
- Measures Task Force routinely updates and develops new measures

Education & Resources

MACRA: Learn the basics, get ready for a post-SGR world

- Webinar slides and recording available at www.asco.org/macra

MACRA Town Hall at Best of ASCO

- Chicago, June 24-25, 2016
- Washington, July 15-16, 2016
- San Diego, August 12-13, 2016

**New webinar series
“Are You Ready for
MACRA?”**

REGISTER [HERE](#)

- How to prepare for MACRA, July 19, 2016
- Quality Reporting: PQRS and the VBM, August 16, 2016
- Meaningful Use and Clinical Practice Improvement Activities, August 30, 2016
- Alternative Payment Models and New Care Delivery Systems, TBD

Education & Resources

Practice transformation
tools for MACRA

- Available Q3 2016

MACRA Workshop

- *Are you ready for MACRA? Tools and resources to help you prepare*
- September 23, 2016 at ASCO HQ

Webinar
December 2016

- *The MACRA Final Rule: What's next?*

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