

are you
ready for 
MACRA?

Quality Payment Program: *Optimizing Your MIPS Score*

July 10, 2017

Welcome

Thank you for joining today's Quality Payment Program webinar.

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

A recording of the webinar will be available next week.

Questions?

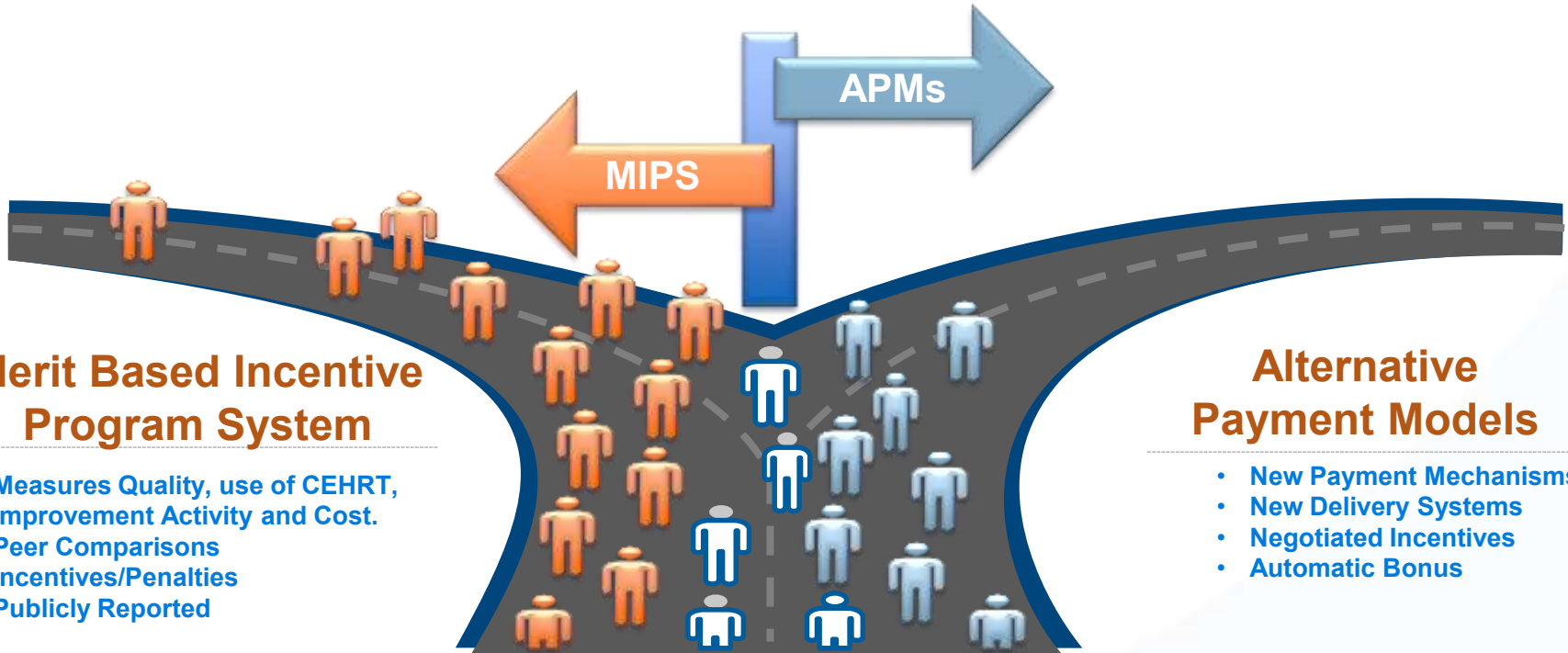
- Please submit questions by clicking on the Chat panel from the down arrow on the Webex tool bar (at the top of the screen):
 1. Open the Chat panel
 2. Send to: David Harter
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Additional questions after the webinar can be sent to macra@asco.org

Today's Speakers

- Sybil Green, JD, RPh, MHA
 - Director, Coverage and Reimbursement, Policy and Advocacy Department
- Stephen Grubbs, MD, FASCO
 - Vice President, Clinical Affairs

Medicare Quality Payment Program (QPP)



Quality Payment Program

CMS

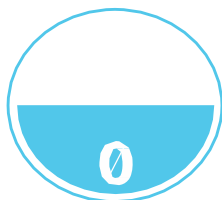
CENTERS for MEDICARE & MEDICAID SERVICES

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

Pick Your Pace for Participation for the Transition Year

MIPS

Test



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

Not participating in the Quality Payment Program for the Transition Year will result in a negative 4% payment adjustment.

Pick your Pace in 2017

-4%

**Failure to Participate in
QPP in 2017 will result in a
Negative Payment
Adjustment in 2019**

Will It Affect Me?



Medicare Part B
(Physician
Services)

1st time Part B
Participant

EXEMPT

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

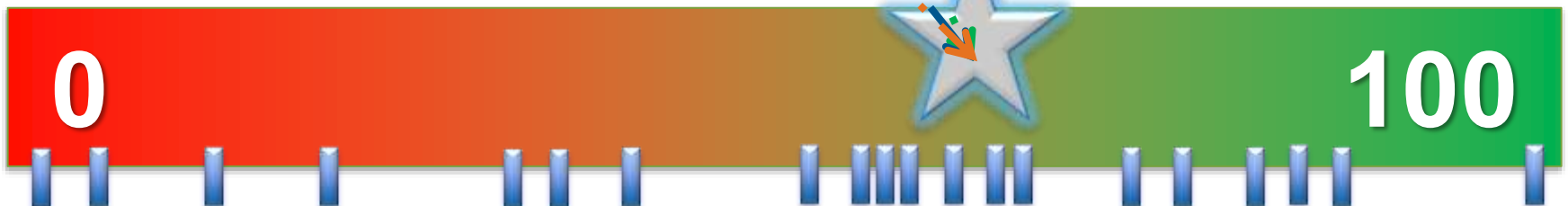
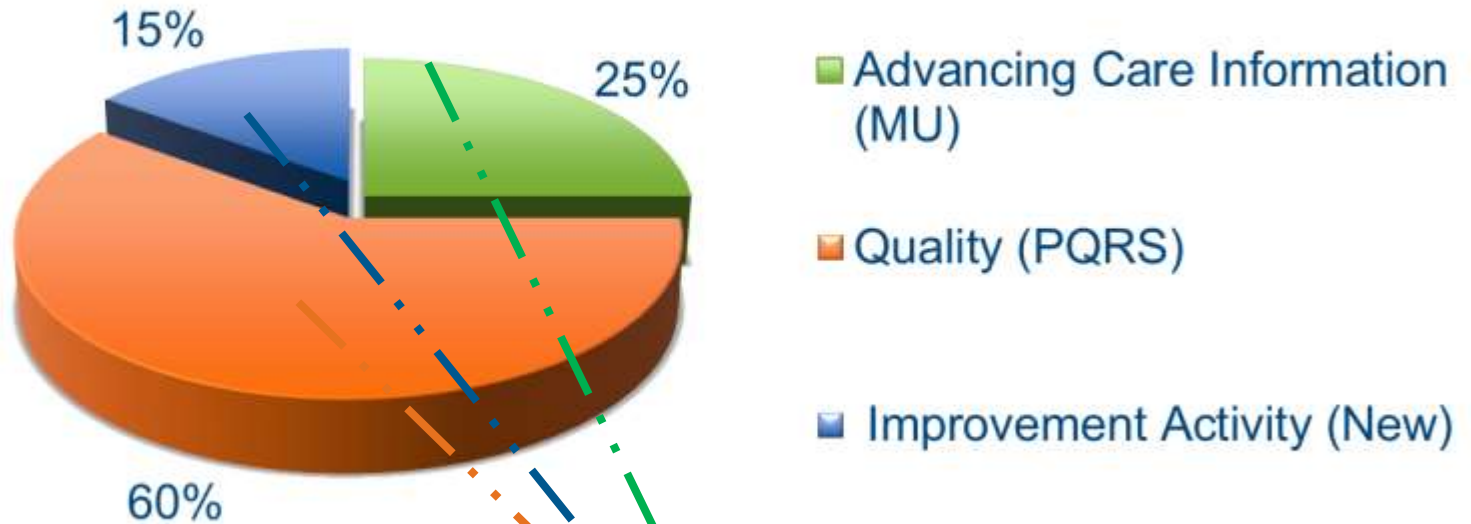
EXEMPT

APM Qualified
Participant

EXEMPT

2017

How is My Score Calculated?

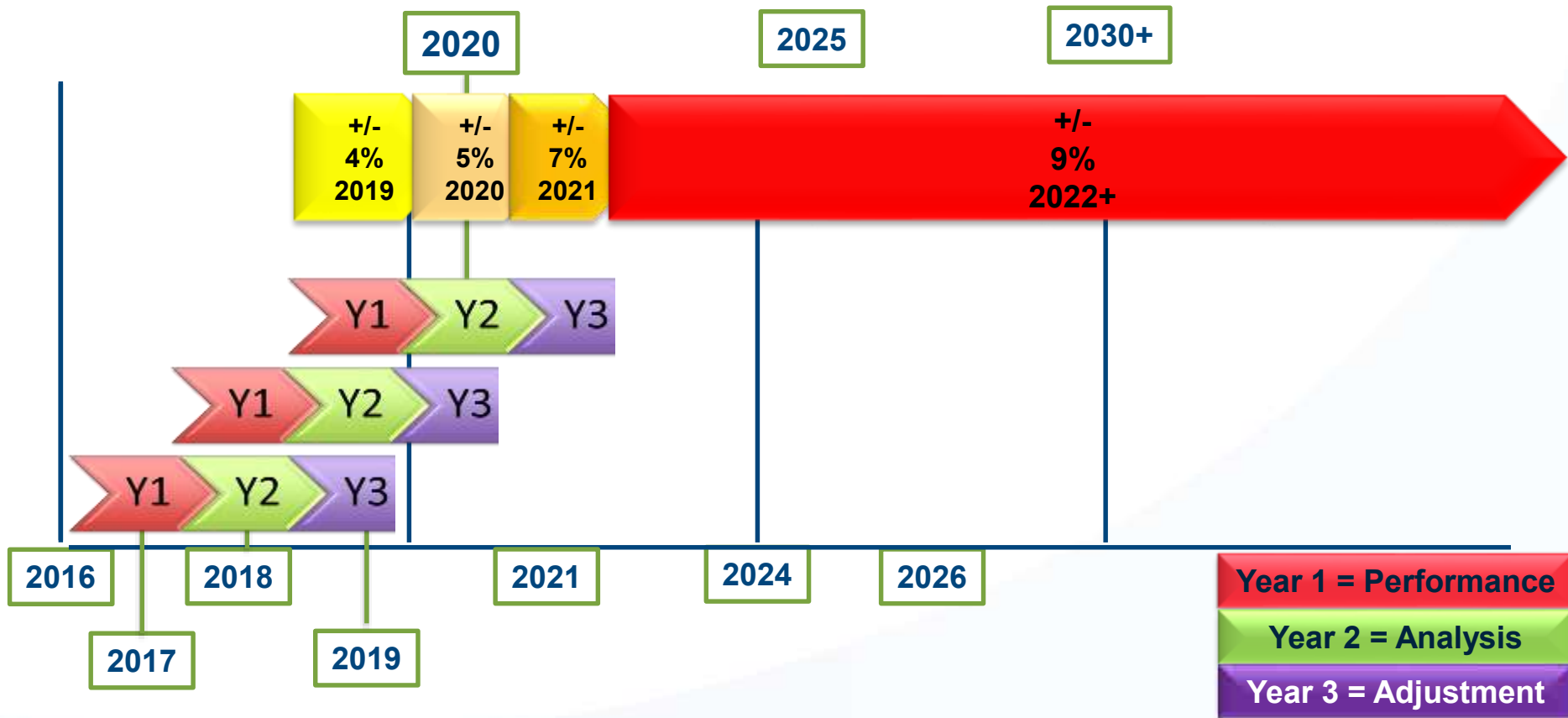


Low Performers -4%

High Performers +4%

- ★ National Median Composite Score
- ▮ Medicare Provider Composite Score

MIPS Payment Adjustments Timeline



Strategies to Optimize Your MIPS Success

Leveraging new and existing activities across MIPS categories while improving patient care

MIPS Reporting Requirements Summary

- **Quality Reporting (60%)**
 - 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 (15%)**
 - Improve clinical practice or care delivery
 - 90 potential activities
 - Perform 1 or 4 activities (dependent on size of practice)
 - Attest to completion
- **Advancing Care Information (EHR capability) (25%)**
 - Security, Electronic Prescribing, Patient Electronic Access

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		

2017 MIPS Quality Benchmarks

- Compared to all who reported that measure
- MIPS points assigned in relationship to your score and the benchmark

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

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		$32 \text{ (your total points)} / 40 \text{ (possible points)} \times 60 \text{ (quality performance category weight)} = \mathbf{48}$		

Advancing Care Information 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

Strategically Plan Your Reporting Activities

- **What am I already doing?**
 - Take advantage of your existing activities for MIPS reporting – you might be surprised by how many you are already doing
- **What else should I be doing to improve quality in my practice?**
 - When you consider needed quality improvements in your practice, take a moment to see if those improvements are awarded points in MIPS, particularly the “improvement activities” category
- **Are you maximizing your EHR capabilities?**
 - Even administrative functionalities such as secure messaging to patients for appointments or refills can increase your MIPS score

Group or Individual Reporting?

- Quality Category
 - If reporting individually, **each clinician** must meet 20-case minimum in order for measure to be scored
 - If reporting as a group, **entire group** contributes to 20-case minimum; clinicians to whom measure does not apply simply do not report that measure
- Improvement Activities Category
 - If reporting individually, **each clinician** must perform 1-4 improvement activities for full score
 - If reporting as a group, **anyone in the group** can contribute to the needed 1-4 improvement activities
- ACI Category
 - Reporting as a **group** likely increases quantity of events for performance scoring

Take Advantage of Bonus Points

- Bonus points in the **quality category**
 - Report high priority measures (1-2 extra points each)
 - Total (end-to-end) electronic quality reporting (CEHRT) (1 extra point each)
 - Capped at 10% of your quality maximum points
- Bonus points for linking **EHR use and improvement activities**
 - Use your CEHRT to perform an improvement activity
 - Receive a 10% bonus in the ACI category
- Bonus for reporting through a public health or **clinical data registry**
 - Receive a 15% bonus in the ACI category

Quality Performance Category Scoring with Bonus

Measure Type	Possible Points	Your Performance	Bonus Points	
			High Priority	CEHRT
Outcome – using CEHRT	10	4.1	0*	1
Outcome – using CEHRT	10	9.3	2	1
Patient Experience [High Priority] – using CEHRT	10	10	2	1
Care Coordination [High Priority] – using CEHRT	10	10	1	1
Outcome – using CEHRT	10	9	2	1
Outcome – using CEHRT	10	8.4	2	1
Total Points	60	50.8	9	6
Points w/Cap		50.8	6	6
Total Points w/Cap		50.8 + 6 + 6 = 62.8		
Final Score		60		

High Priority Measures: General Oncology Measure Set

Measure	Bonus Points	Data Submission Mechanism		Measure Type	Domain
		Registry	EHR		
Pain intensity	2	X	X	Process	Person and Caregiver Centered Experience and Outcome
KRAS testing/-EGFR	1	X		Process	Patient Safety/Appropriate Use
Prostate bone scan (overuse)	1	X	X	Process	Efficiency and Cost Reduction/Appropriate Use
HER2 negative	1	X		Process	
HER2 positive	1	X		Process	
Patient Deceased	Chemo last 14 days	1	X	Process	Effective Clinical Care/Appropriate Use
	Not admitted to hospice	1	X	Process	
	>1 ED visit last 30 days	2	X	Outcome	
	ICU last 30 days	2	X	Outcome	
	Hospice for less than 3 days	2	X	Outcome	

Improvement Activity



What are you already doing?

- Expanded practice access
- **Participation in QOPI**
- Provide longitudinal care management to patients at high risk of adverse health outcome
- Management across transitions and referrals
- **Reconciliation of medications across settings or period structured review**
- **Pharmacist integration into care team**
- Specialist reports to referring clinician
- **Timely communication of abnormal test results to patient with follow up**
- **Document care coordination activities**
- Documented practices/processes for developing regularly updated individual care plans and sharing with patient
- Documentation of “patient-centered action plan” for first 30 days following a discharge
- Care coordination agreements with frequently used consultants
- **Tracking of patients referred to specialists**
- Specialist referral information systematically integrated into plan of care
- **Structured referral notes**
- **Provision of community resource guides**
- Peer-led self-management programs for patients
- Refer/link patients to condition-specific chronic disease self-management support programs in the community
- Provide self-management materials at an appropriate literacy level and in an appropriate language
- **PDMP – registration and/or consultation**
- Use of patient safety tools that assist specialists in tracking specific patient safety measures meaningful to their practice
- **Participation in private payer practice improvement activities**

These are all CMS-recognized Improvement Activities under MIPS

ASCO's QOPI Certification Program

Crosswalk: ASCO's Quality Oncology Practice Initiative (QOPI) Certification Program (QCP) Selected Activities and Standards with CMS 2017 Improvement Activities Under the Merit-Based Incentive Payment System (MIPS)

CMS Improvement Activity ID	Subcategory Name	Activity Description	Activity Weighting	ASCO's QCP Activity
General Program Characteristics				
IA_PSPA_19	Patient Safety & Practice Assessment	<u>Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following: Train all staff in quality improvement methods; Integrate practice change/quality improvement into staff duties; Engage all staff in identifying and testing practices changes; Designate regular team meetings to review data and plan improvement cycles; Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; and/or Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families.</u>	Medium	<p>Participation in the QCP requires the involvement of practice leadership and administration; the certification process includes an extensive on-site survey including interviews with practice staff members</p> <p>The QOPI Certification Program has defined Domains of responsibility: organization (Creating a Safe Environment-Staffing and General Policy), processes prior to treatment (Treatment Planning, Patient Consent and Education), safe practices during treatment (ordering, preparing, dispensing and administering chemotherapy), and patient safety monitoring (Monitoring after chemotherapy is given, including adherence, toxicity and complications). Within each Domain are Standards, and for each Standard there are Elements that provide more specificity for the Standard. A vital component of implementation includes staff education and engagement. Domain 1 encompasses general education, competency, and documenting standards that require the involvement of practice leadership and administration to engage staff and patient participation in quality cancer care.</p>
IA_PSPA_20	Patient Safety & Practice Assessment	<u>Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following: Make responsibility for guidance of practice change a component of clinical and administrative leadership roles; Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or Incorporate population health, quality and patient experience metrics in regular reviews of practice performance.</u>	Medium	<p>Participation in the QCP requires the involvement of practice leadership and administration; the certification process includes an extensive on-site survey including interviews with practice staff members</p> <p>To achieve certification, a practice /institution must meet all the certification Standards and Elements.</p> <p>To create practice change, standards need to be developed from within the healthcare community. <u>The QCP standards were developed by oncology stakeholders including physicians, government agencies, patient advocates, pharmacists, nurses and other stakeholders.</u> By gaining the insight of healthcare constituents, including the patient and family community, the initiative developed best practices based on the</p>

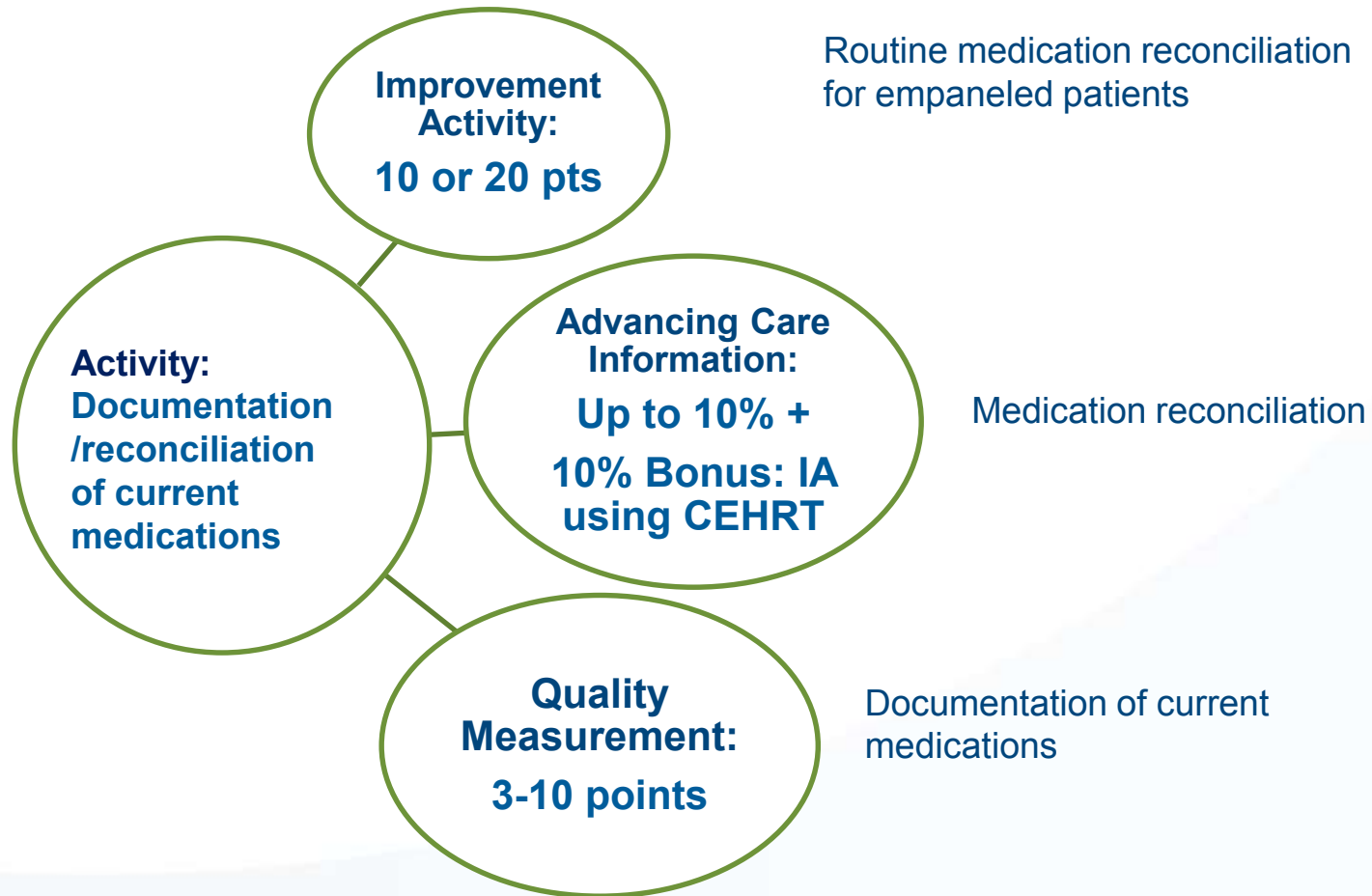
ASCO's QOPI Certification Program

CMS Improvement Activity ID	Subcategory Name	Activity Description	Activity Weighting	ASCO's QCP Activity
				available knowledge, literature, and research and provide a structural foundation for practice leaders to engage with staff around implementation.
IA_PSPA_7	Patient Safety & Practice Assessment	Use of QCDR data, for ongoing practice assessment and improvements in patient safety.	Medium	As a requirement to apply to the QCP, practices must first score >75% on 26 oncologist-developed quality measures. ASCO's QCDR will be accepted as an alternative mechanism to submit measures.
Examples of Specific QCP Requirements & Standards				
IA_BMH_4	Behavioral & Mental Health	Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NQF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.	Medium	Before the first administration of a new chemotherapy regimen chart documentation is available that includes at least eight specific elements. These elements include initial psychosocial assessment, with action taken when indicated. QCP standards require that the practice has a systematic approach to patient psychosocial assessments during chemotherapy treatment and that the practice has this systematic approach documented in policy or written procedure describing the workflow and referral process if needed to address patient concerns.
IA_BE_15	Beneficiary Engagement	Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology.	Medium	Before the first administration of a new chemotherapy regimen chart documentation is available that includes at least eight specific elements. These elements include the chemotherapy treatment plan, including, at minimum, the patient diagnosis, drugs, doses, anticipated duration, and goals of therapy; and assessment of the patient's and/or caregiver's comprehension of information regarding the disease and the treatment plan. QCP has patient education standards that engage the patient and family and ensure they are equipped to take an active role in their care and share in decision-making. The standard requires the practice to have a standardized policy or process to educate patients prior to chemotherapy that provides information to patients about their diagnosis, stage, and treatments, likely outcomes and side effects of treatment, including long-term outcomes. The patient can describe self-care measures and verbalizes the appropriate action for common outcomes, oncologic emergencies, and problems associated with the

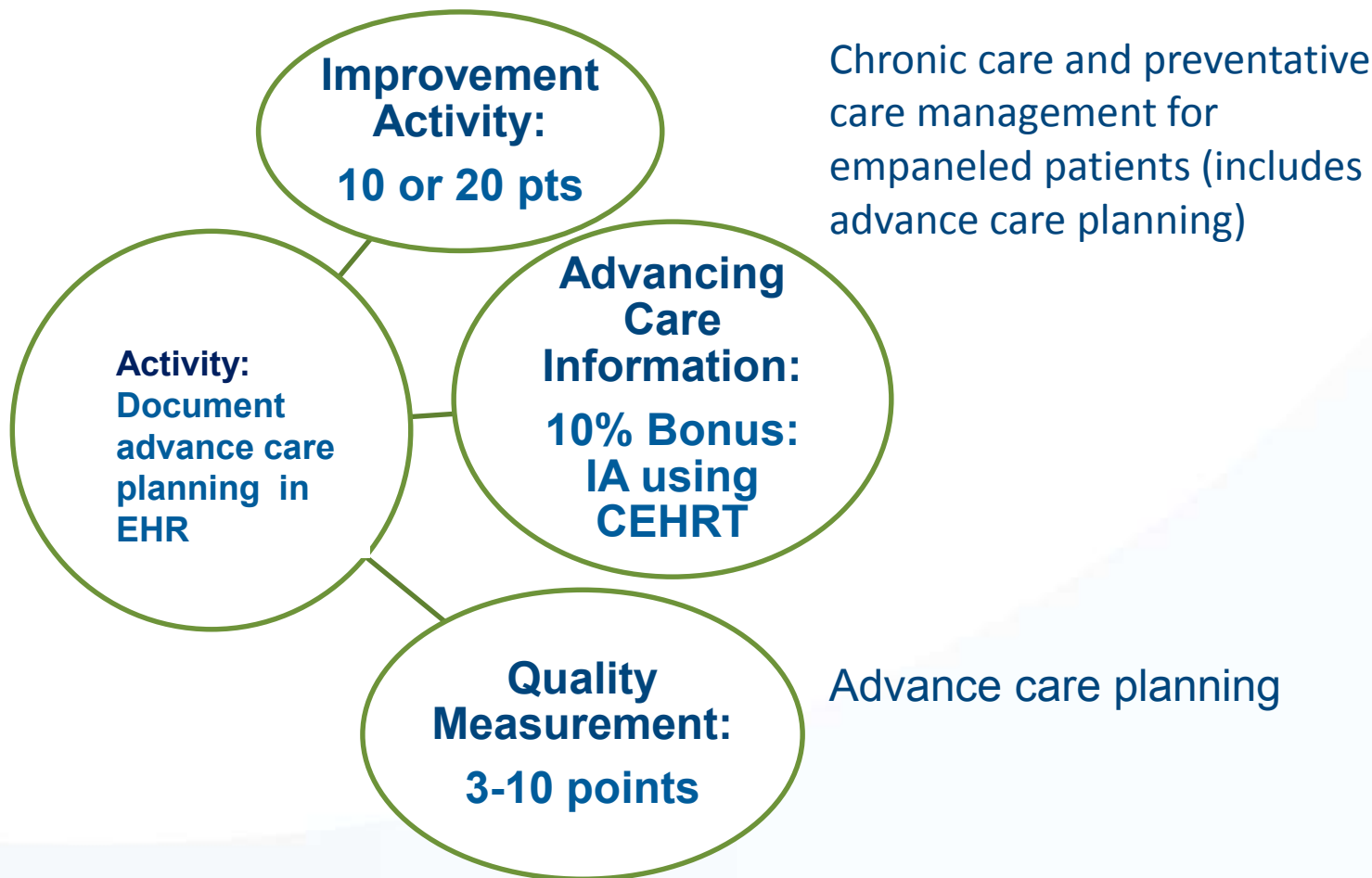
Multiple Scoring with One Activity

Six Scenarios

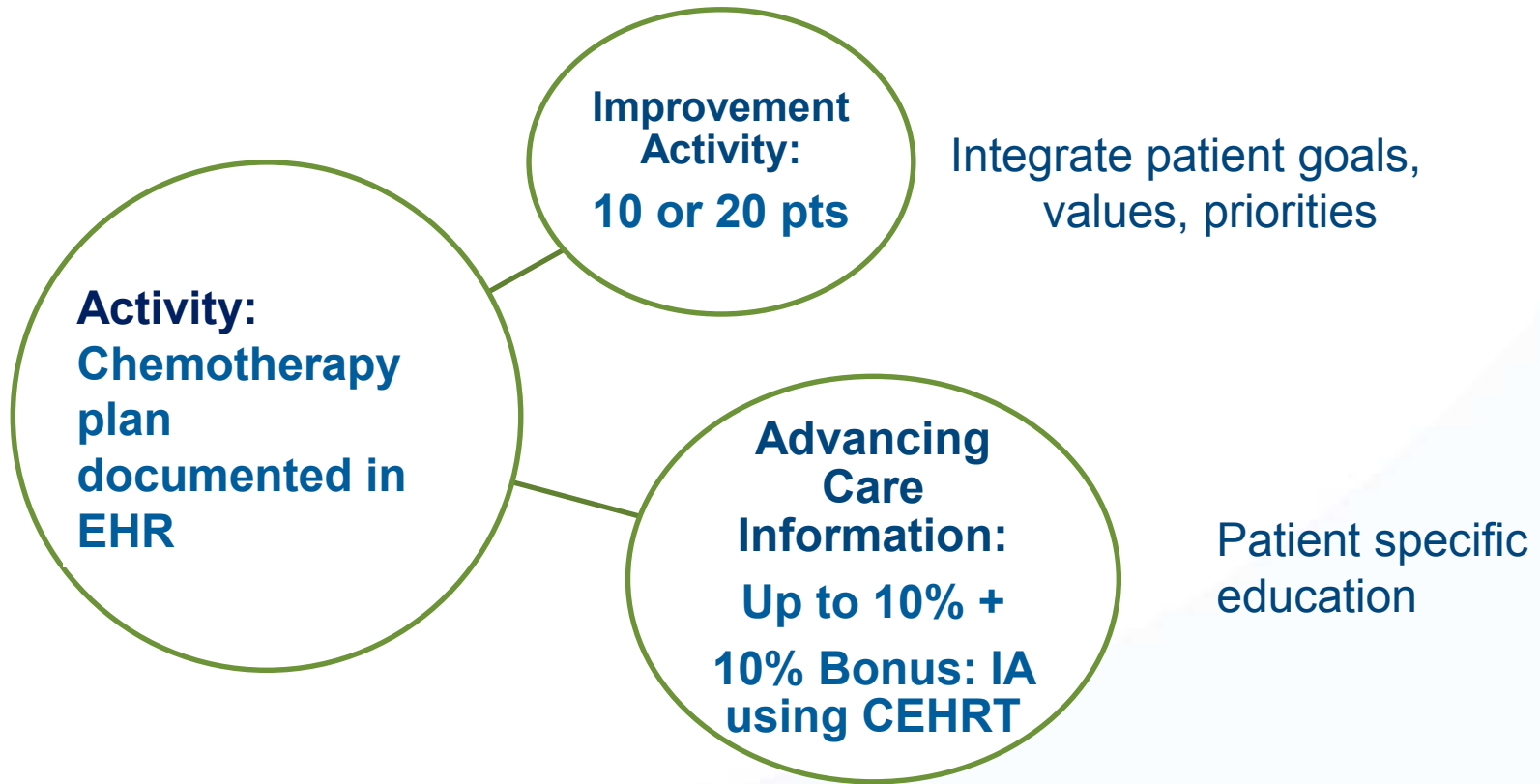
Making Every Activity Count



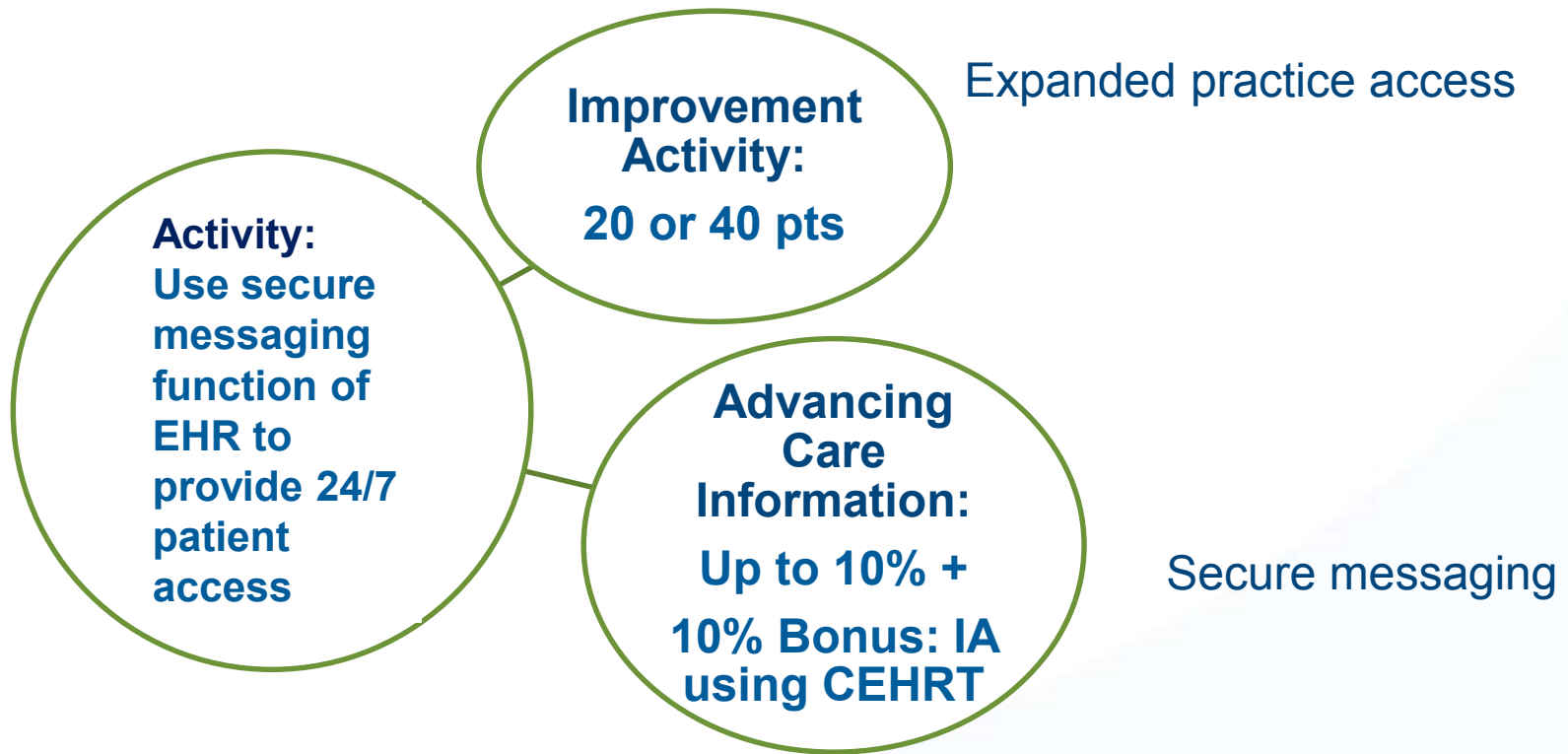
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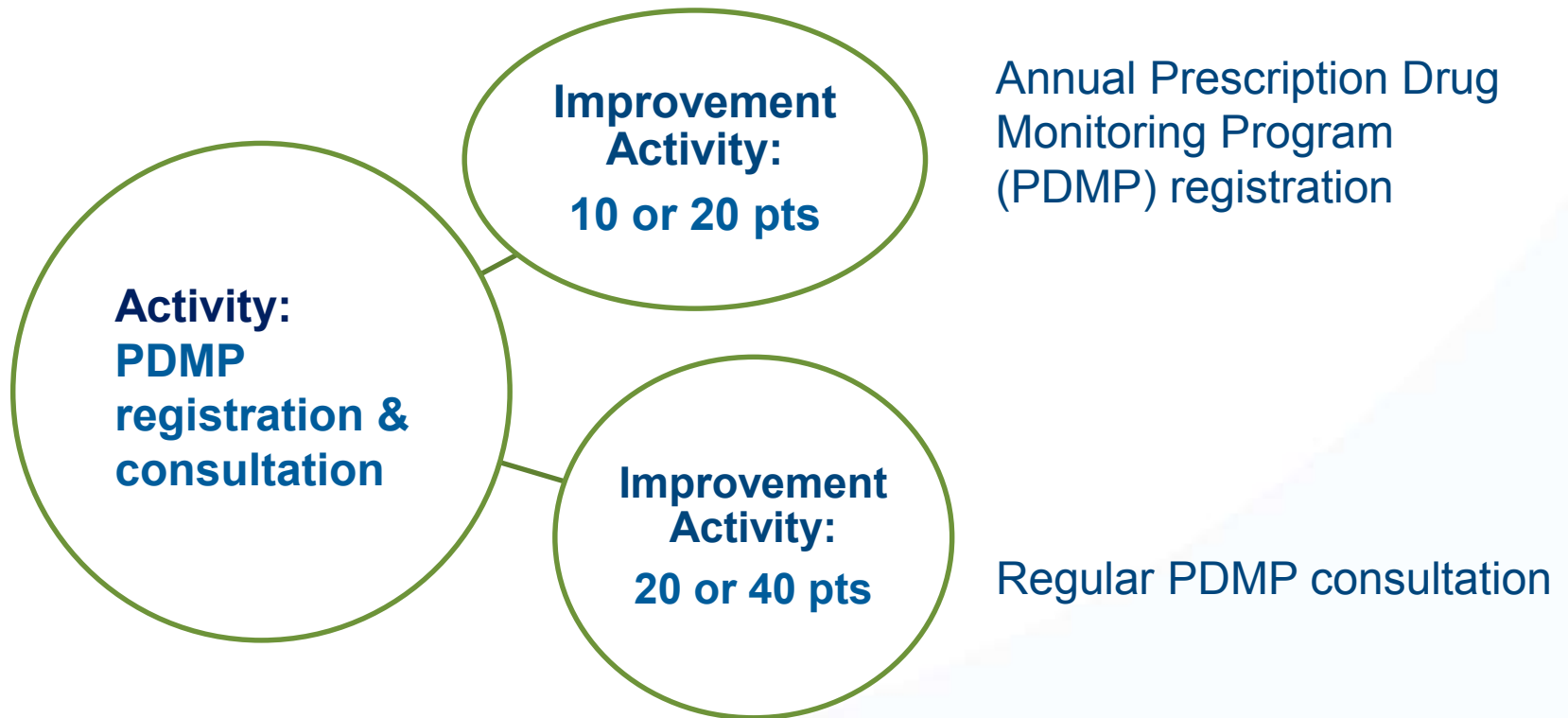
Making Every Activity Count



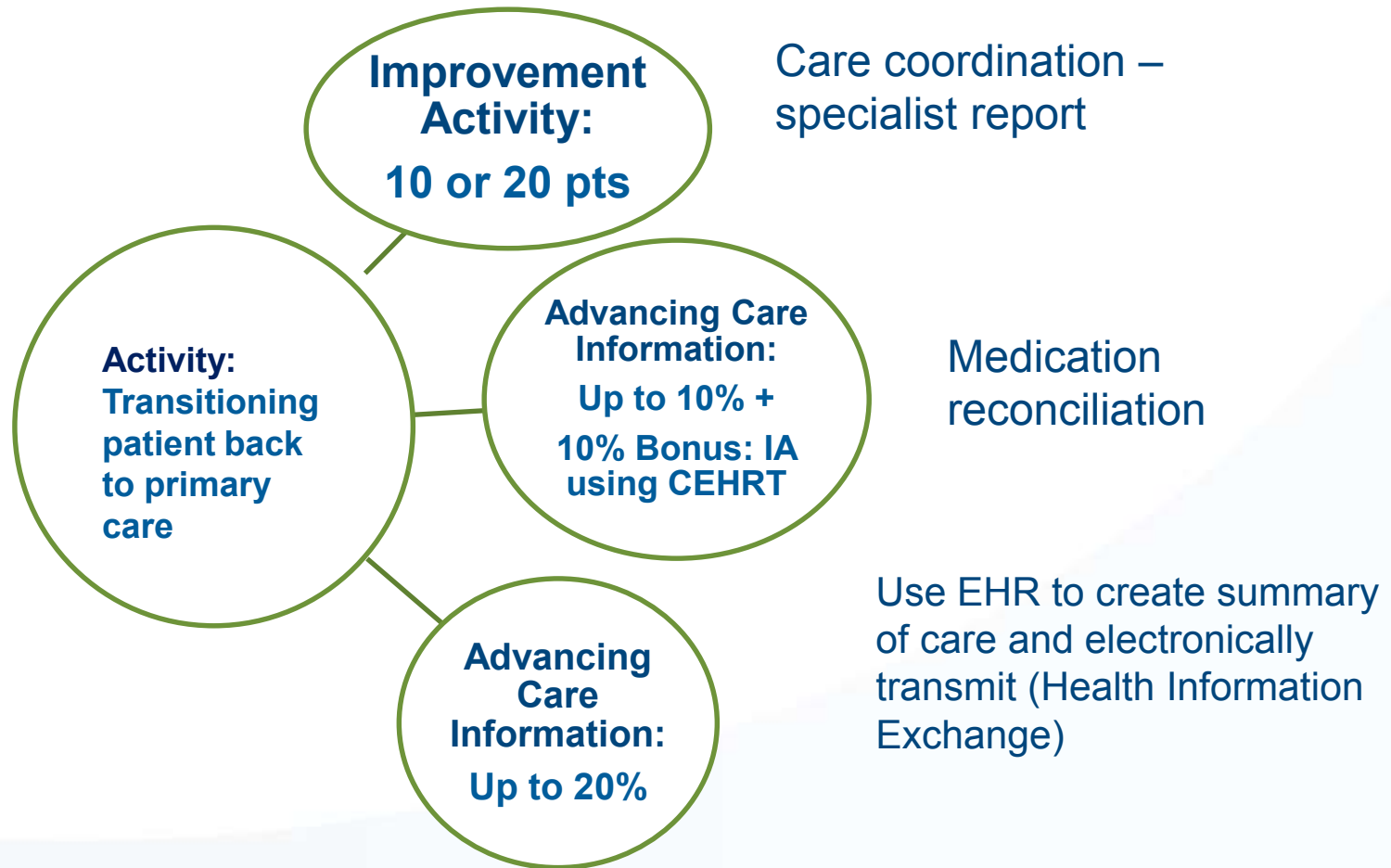
Making Every Activity Count



Making Every Activity Count



Making Every Activity Count



MIPS Reporting Conclusions

- 2017 begins the new era of the Quality Payment Program Reporting
- Your future CMS reimbursement is tied to accurate quality, improvement, and EHR utilization reporting
- Many of your current activities will qualify for scoring
- Thoughtful planning and strategy is required to improve your patient care and maximize your MIPS score

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





QOPI® for QPP Reporting

- The QOPI® Qualified Clinical Data Registry (QCDR) is now available to report the minimum data (one quality report per practice or physician) in 2017 to avoid a 2019 penalty
- QOPI® QCDR is electronically functional to report quality data for 2017
 - However, practices will be asked to “**test**” electronic reporting in 2017 so all will be positioned to report at the required higher quality volume requirement in 2018
 - The QOPI® QCDR has 2 submission methods: system integrated and web-interface tool
- Improvement Activity and Advancing Care Information (EHR) reporting will become available through the QOPI® QCDR later this year
- For more information:
<http://www.instituteforquality.org/qopi/about/quality-reporting>

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.

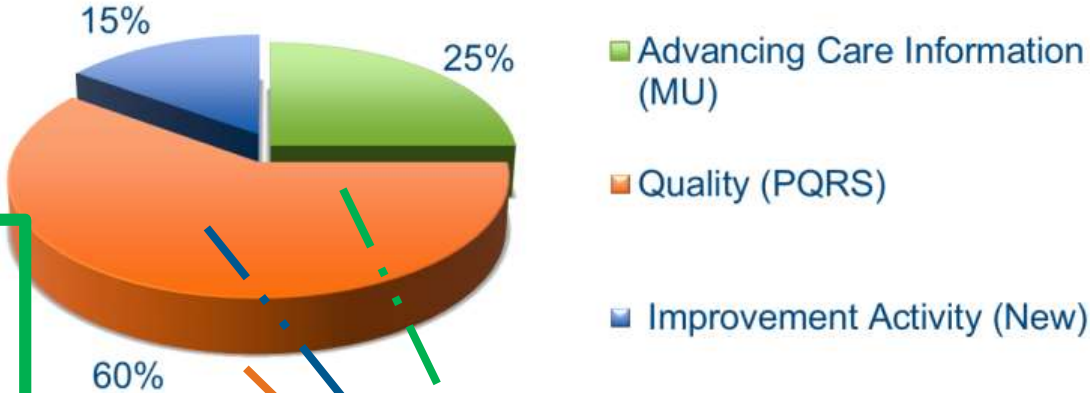
Proposed Rule 2018

QPP 2018 Performance Year – Proposed Rule

- Proposed rule released in mid-June
- Final rule expected November 2017; implementation January 2018
- 2018 will be another “ramp up”/transition year

2018

How is My Score Calculated?



Cost Category is 0% in 2018

- Episode-based methodology delayed;
- MSPB and total per-capita cost



★ National Median Composite Score
| Medicare Provider Composite Score

QPP 2018 Performance Year – MIPS

- 2018: more Pick-Your-Pace
 - More reporting required, but still not full reporting
- Increasing the low-volume threshold to less than or equal to \$90,000 in Medicare Part B allowed charges (from \$30,000) or less than or equal to 200 Medicare Part B patients (from 100 patients)
- Continuing to allow the use of 2014 Edition of CEHRT (Certified Electronic Health Record Technology), while encouraging the use of 2015 edition of CEHRT
- Bonus points available for:
 - Small practices
 - Caring for complex patients
 - Using 2015 Edition CEHRT exclusively
- New improvement activity tied to Appropriate Use Criteria
- Year-over-year performance improvement may be considered
- Facility-based scoring available for facility-based clinicians

QPP 2018 Performance Year – MIPS

Virtual Groups (new)

- Generally follows the same rules as MIPS groups
- Allows two or more solo practitioners or groups to form new groups
 - solo practitioner (individual MIPS eligible clinician who bills under a TIN with no other NPIs billing under such TIN);
 - or a group with 10 or fewer eligible clinicians under the
 - one year performance period
 - Election to participate as a virtual group at the beginning of the performance year
 - All MIPS eligible clinicians within a TIN must participate in the virtual group
- No restrictions on geography or specialty
- No restrictions on group size
- CMS will provide model agreement to guide practices
- CMS may use waiver authority to use the APM score instead of the virtual group score instead of the MIPS score when groups move to APMs

QPP 2018 Performance Year – MIPS

Language suggests: Part B drugs will be used in calculating eligibility, and may also be adjusted by the MIPS adjustment factor.

- CMS proposing exceptions when drugs (as part of MPFS payments) are purchased/administered through
 - Ambulatory Surgery Center
 - Home Health Aid
 - Hospice
 - Hospital Outpatient Department

QPP 2018 Performance Year – MIPS

Potential Issue:

Reporting in just one category, will likely result in a neutral adjustment or possibly penalties; based on the MIPS threshold score, rather than the from the reported category.

Example: Report all 6 measures in the quality category, nothing in ACI or IA. Even if you score a perfect 60 (full 60 quality points out of a 100-point MIPS pie) MIPS final score will be 15 (2018 threshold) not 60.

*Unclear if this policy also applies in 2017, we are investigating

QPP 2018 Performance Year – APMs

- Extending the revenue-based nominal amount standard, which was previously finalized through performance year 2018 for two additional years
- Changing the nominal standard for Medical Home Models so that the minimum required amount of total risk increases more slowly
- Giving more detail about how the All-Payer Combination Option will be implemented
- Giving more detail on how eligible clinicians participating in selected APMs will be assessed under the APM scoring standard

For more information....

www.asco.org/macra

www.qpp.cms.gov

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