

are you  
ready for   
**MACRA?**

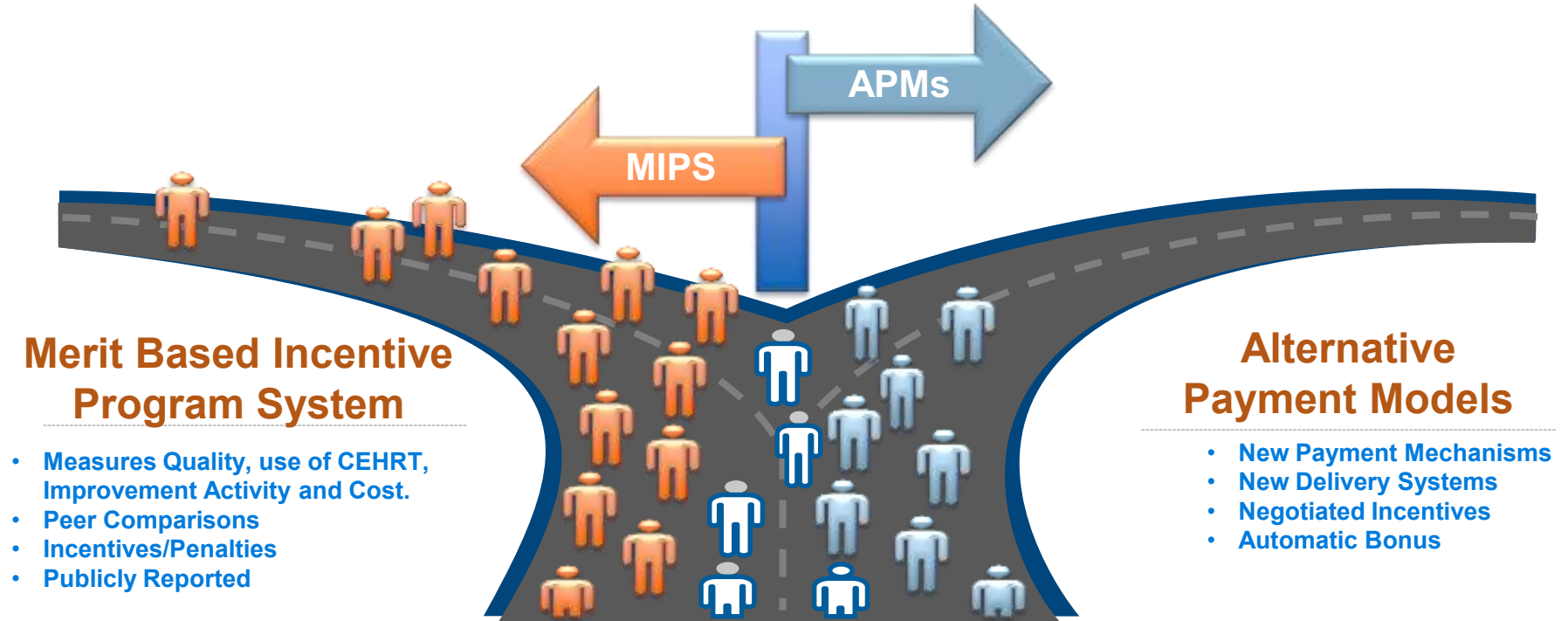
# **Quality Payment Program: *Scoring for Advancing Care Information & Improvement Activities***

June 19, 2017

# Today's Speakers

- Sybil Green, JD, RPh, MHA
  - Director, Coverage and Reimbursement, Policy and Advocacy Department
- Karen Hagerty, MD
  - Associate Director, Quality and Health Information Technology Policy, Policy and Advocacy Department

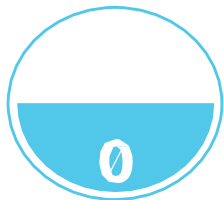
# Medicare Quality Payment Program (QPP)



# Pick Your Pace for Participation for the Transition Year

## MIPS

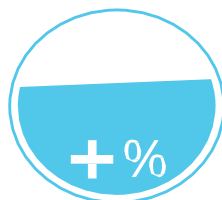
### Test



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.**

# Will It Affect Me?

Medicare Part B  
(Physician  
Services)

1<sup>st</sup> time Part B  
Participant

**EXEMPT**

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

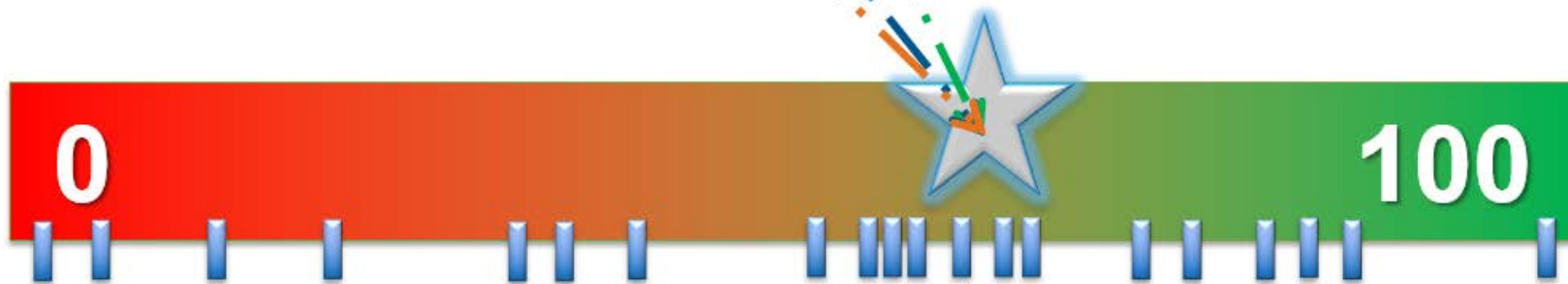
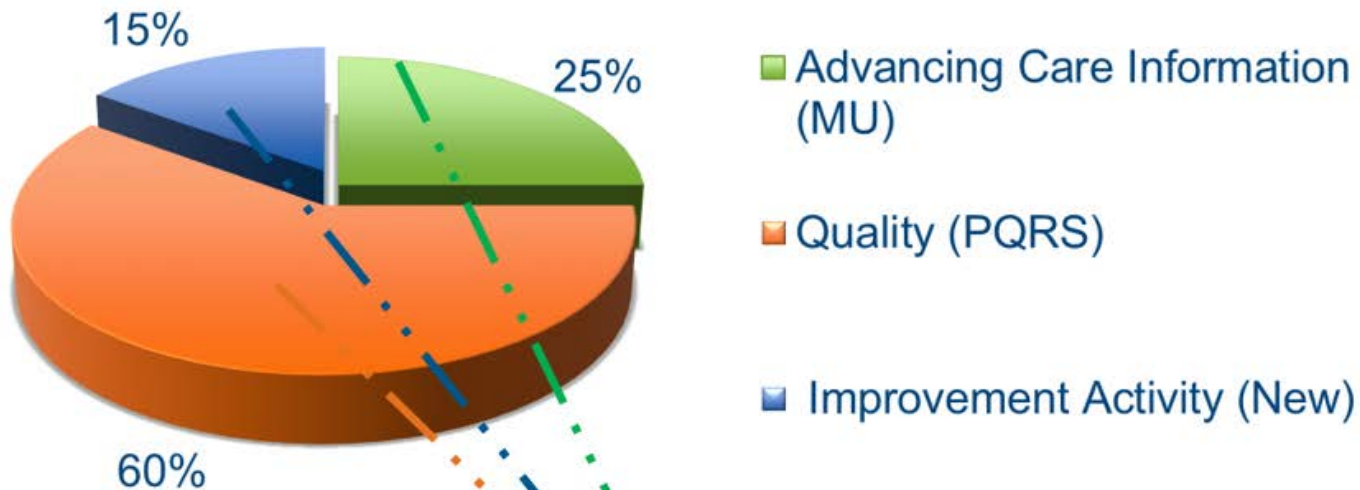
**EXEMPT**

APM Qualified  
Participant

**EXEMPT**

2017

# How is My Score Calculated?

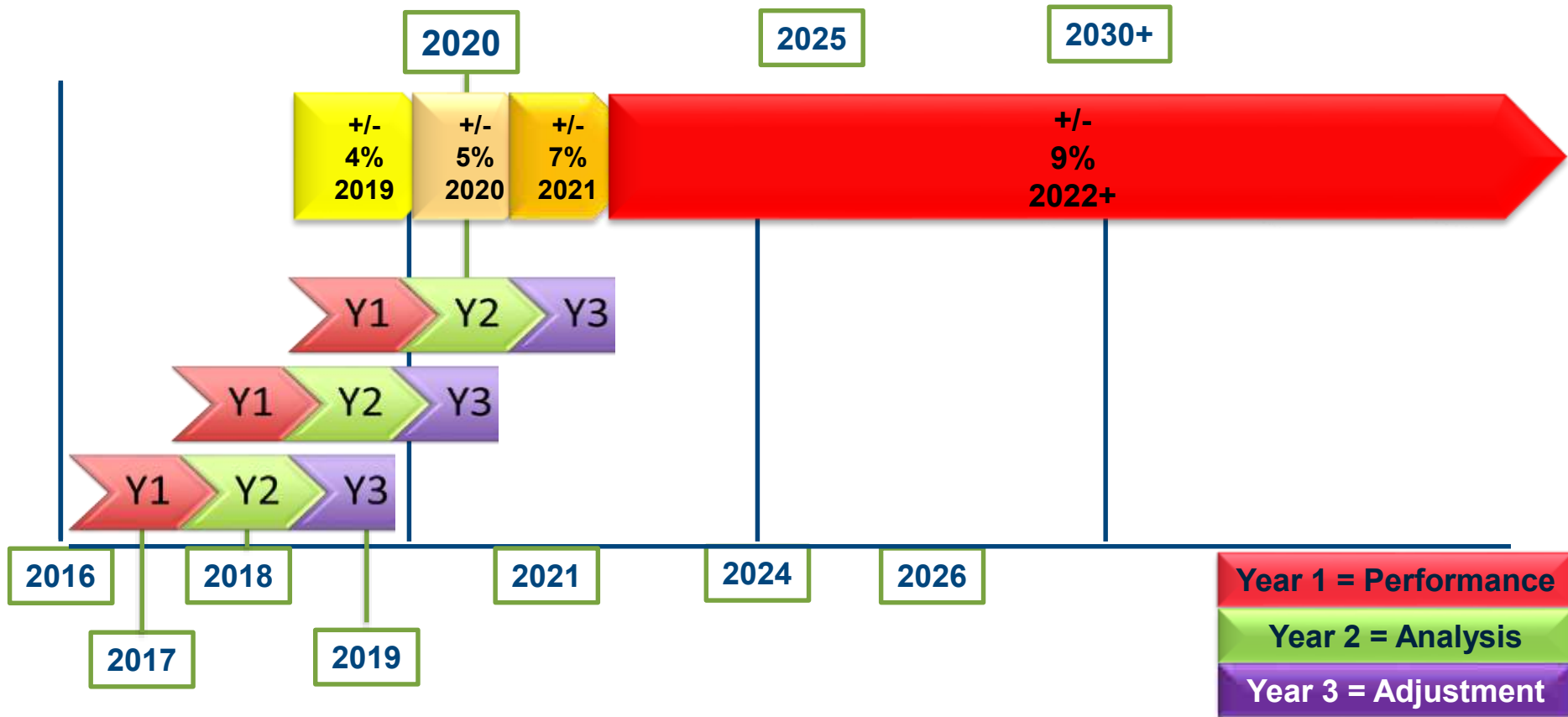


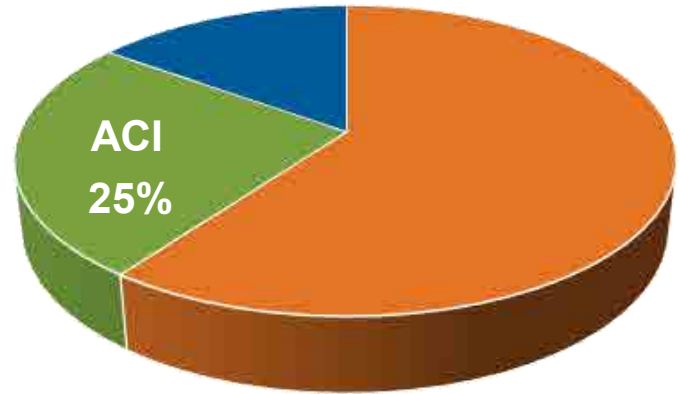
Low Performers -4%

High Performers +4%

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

# MIPS Payment Adjustments Timeline





# MIPS

## ADVANCING CARE INFORMATION



# MIPS/ACI Eligibility

- Physicians (non-hospital based)
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Certified Registered Nurse Anesthetists (CRNA)
- Certified Nurse Specialists (CNS)

# 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

# Am I a Hospital-based Clinician?

- Hospital-based MIPS eligible clinicians: 75% of professional covered services provided in the
  - inpatient setting
  - ED
  - on-campus outpatient hospital



# Hospital-based Clinician: Time Frame for Determination

- Originally proposed to use the year 3 years preceding payment adjustment year
- Final rule: will use claims with dates of service between September 1 of the calendar year 2 years preceding the performance period through August 31 of the calendar year preceding the performance period

**2017 Performance Year**

**Dates of Service:**

**09/01/2015-08/31/2016**

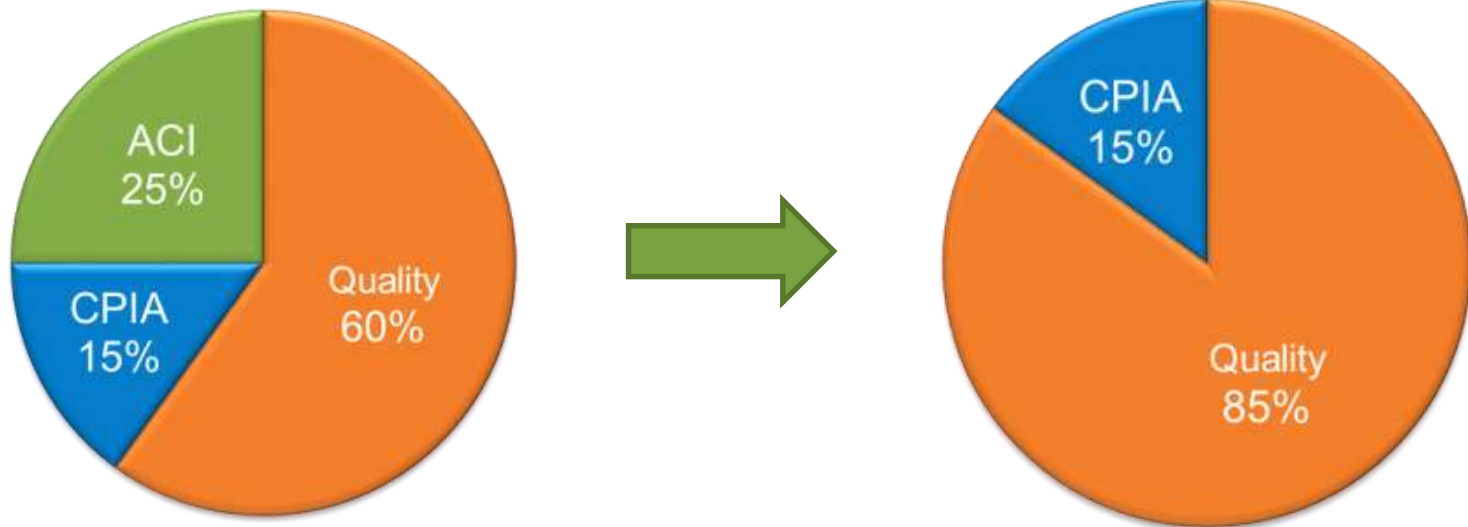
# Significant Hardship Categories

- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over availability of CEHRT
- [Lack of face-to-face patient interaction]
- Must submit application, CMS will make determination

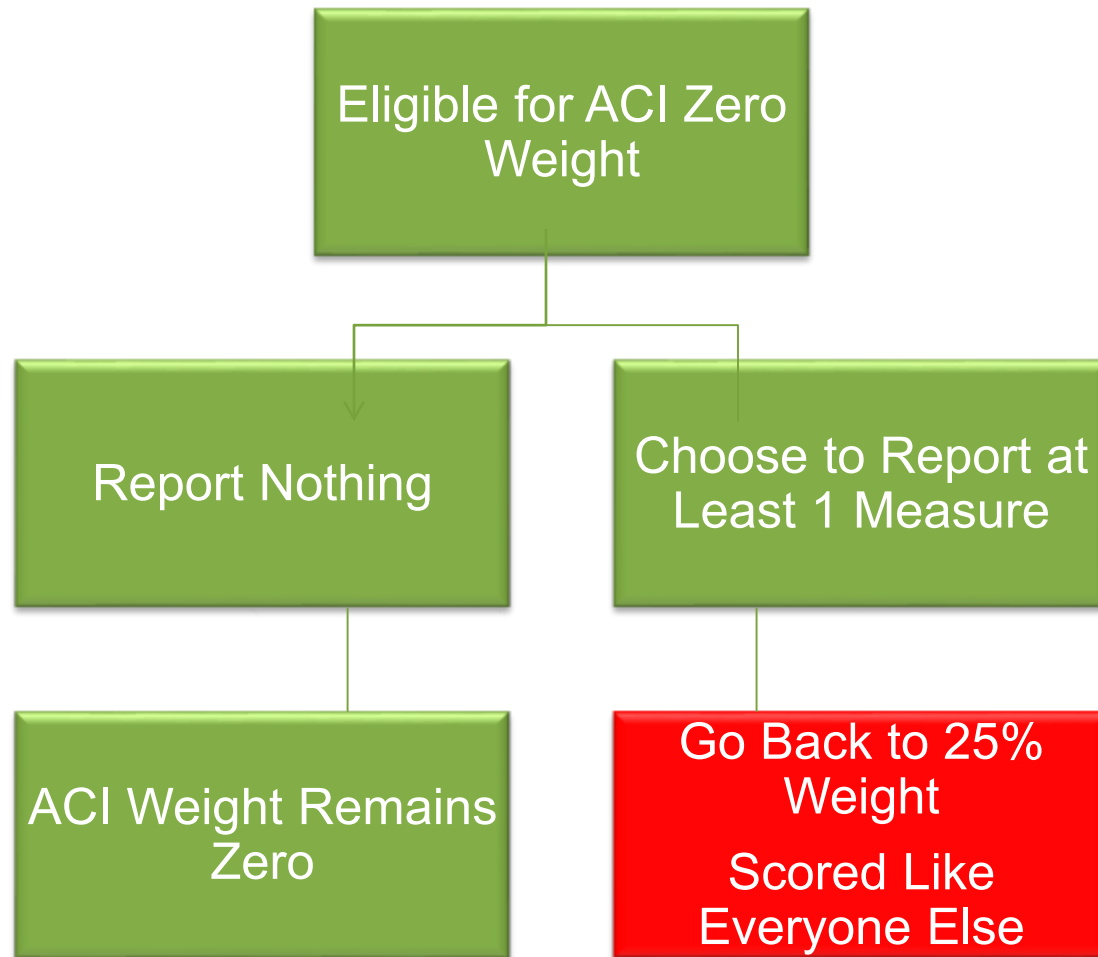
**Forget it.**

**This doesn't apply to you.**

# 2017 ACI Performance Category Redistribution if ACI Category Reweighted to Zero



# A (Big) Caveat





# Data Submission

Individual/Group Reporting  
Reporting Period  
Stages & CEHRT Edition

# ACI Individual Clinician Reporting

- Data Submission
  - Attestation 
  - CEHRT/EHR (through QRDA)
  - QCDR
  - Qualified Registry

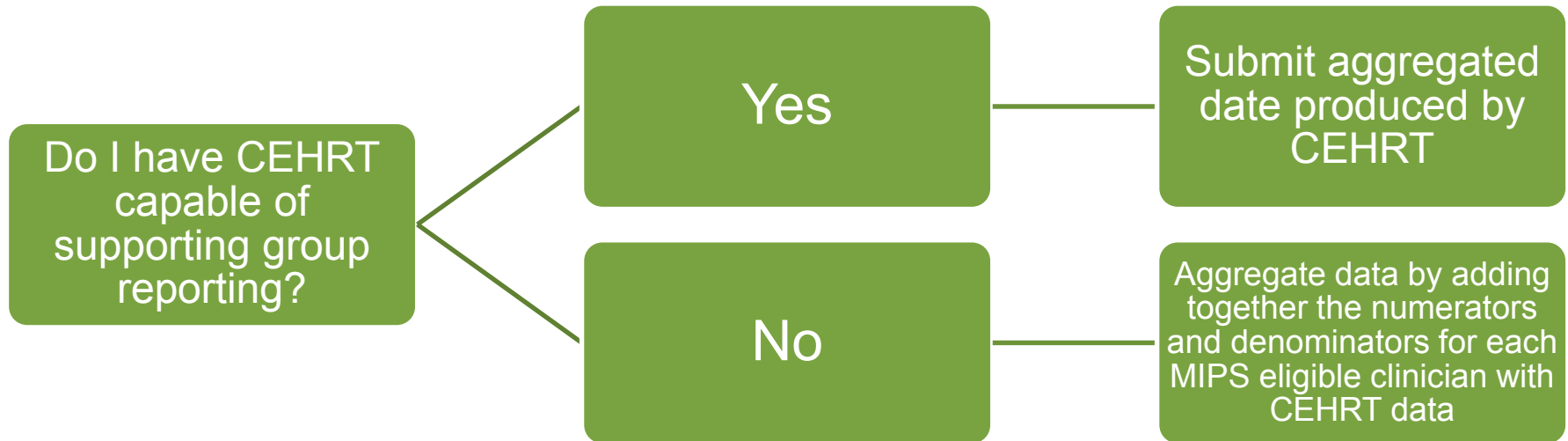
# ACI Group Reporting

**NEW**

- Data Submission
  - Attestation 
  - CEHRT/EHR (through QRDA)
  - QCDR
  - Qualified Registry
  - CMS Web Interface Submission

# Group Reporting

- Group calculation of the numerators and denominators for each measure must reflect all of the data from all individual MIPS eligible clinicians that have been captured in CEHRT for the given advancing care information measure
- If an individual MIPS eligible clinician meets the criteria to exclude a measure, their data can be excluded from the calculation of that particular measure only



# Reporting Period & CEHRT Edition

- 2017
  - Minimum of 90 days, but encourage full year
  - 2014 and/or 2015 CEHRT
  - Modified Stage 2 and/or Stage 3 (adapted)
- 2018
  - Minimum of 90 days, but encourage full year
  - 2015 CEHRT
  - Stage 3 (adapted)

# Stages: I'm so Confused!

Historic*	Proposed Rule	Final Rule	EHR Certification Edition	# of Measures
Modified Stage 2	Modified Stage 2	2017 ACI Transition Objectives and Measures (Option 2)	2014	11
Stage 3	Stage 3 (adapted)  MIPS objectives and measures	ACI Objectives and Measures (Option 1)	2015	15

\*2015 Final Rule EHR Incentive Program

# 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

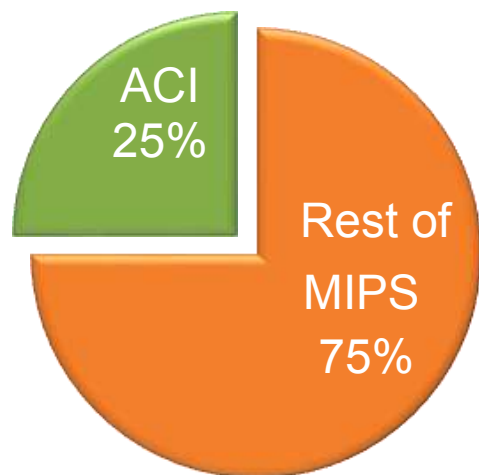
# Base Score (Required, 50%)

Objective	Measure	
	ACI (Stage 3)	ACI Transition (Mod Stage 2)
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”



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

# Performance Score (Optional)

Objective	Measure	Performance Score (Max)	Measure (Objective)	Performance Score (Max)
	ACI (Stage 3)		ACI Transition (Mod Stage 2)	
Patient Electronic Access	Provide Patient Access	10%	Provide Patient Access	20%
	Patient-Specific Education	10%	Patient Specific Education (Patient Specific Education)	10%
Coordination of Care Through Patient Engagement	VDT	10%	VDT (Patient Electronic Access)	10%
	Secure Messaging	10%	Secure Messaging (Secure Messaging)	10%
	Patient-Generated Health Data	10%		
Health Information Exchange	Send a Summary of Care	10%	Health Information Exchange	20%
	Request/Accept Summary of Care	10%		
	Clinical Information Reconciliation	10%	Medication Reconciliation (Medication Reconciliation)	10%
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	0 or 10%	Immunization Registry Reporting	0 or 10%

# Bonus Score

Requirements		Bonus
ACI (Stage 3)	ACI Transition (Mod Stage 2)	
Report improvement activities (CPIA) using CEHRT		10%
Report to =>1 additional public health and clinical data registries beyond the Immunization Registry Reporting Measure		5%
*Report Cancer Registry data under the Public Health Registry Reporting measure	*Report Cancer Registry data under the Specialized Registry measure	

## NOTE 1

You can get the bonus score for registries even if you don't report/pass the Immunization Registry measure

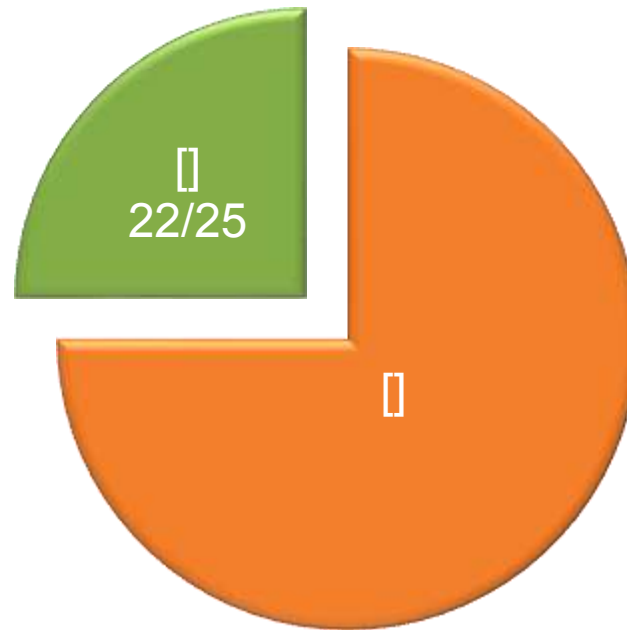
## NOTE 2

The weight of the improvement activity (medium/high) has no effect on bonus

BASE SCORE (Measures)								Category Scores
	Security Risk Analysis	E-Prescribing		Provide Patient Access		Health Information Exchange		
You Report	Yes	1/100		1/100		1/100		
You Score	50%							50%
PERFORMANCE SCORE (Measures)								
	Provide Patient Access (20%)	VDT (10%)	Patient Specific Education (10%)	Secure Messaging (10%)	Health Information Exchange (20%)	Medication Reconciliation (10%)	Immunization Registry (0 or 10%) (yes/no)	
You Report	45/100 (45%)	51/100 (51%)	33/100 (33%)	12/100 (12%)	20/100 (20%)	65/100 (65%)	No	
You Score	10%	6%	4%	2%	4%	7%	0%	33%
BONUS SCORE(S)								
	Report to Additional Registries (0 or 5%) (yes/no)			Report CPIA Using CEHRT (0 or 10%) (yes/no)				
You Report	Yes			No				
You Score	5%			0%				5%
<b>TOTAL SCORE</b>								<b>88%</b>

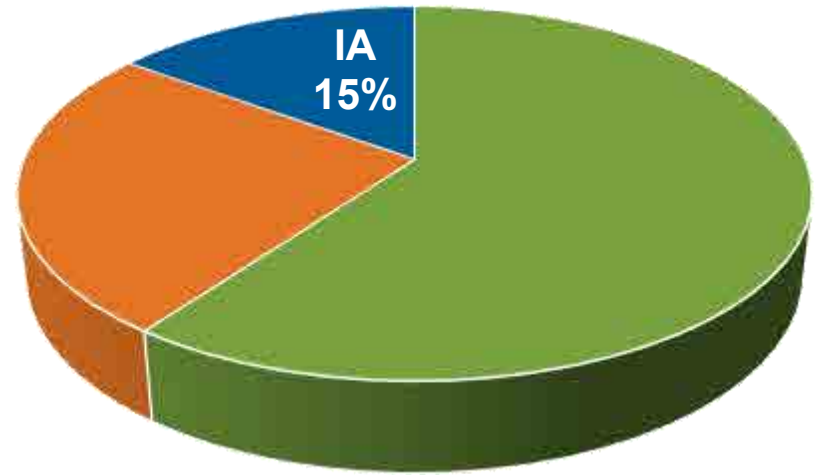
# Final Score

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



# ACI: Looking Ahead

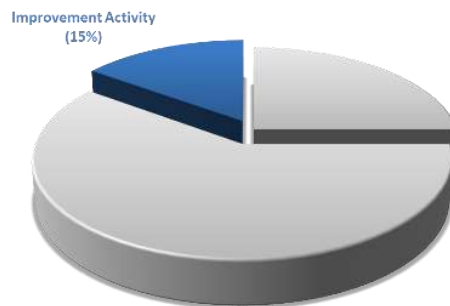
- May establish benchmarks in ACI performance category and use them as a baseline or threshold for future reporting
- May include scoring for performance improvement over time
  - May use a MIPS eligible clinician's prior performance as comparison for the subsequent year's performance category score
  - May compare a MIPS eligible clinician's performance category score to peer groups to measure their improvement and determine a performance category score based on improvement over those benchmarks or peer group comparisons



# MIPS

## IMPROVEMENT ACTIVITIES

# Improvement Activities



- A new performance category
  - 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.”
- Choose from 90+ activities in 9 subcategories
- Each activity is weighted either medium or high



# Improvement Activity



# Scoring Considerations

- **Groups with more than 15 clinicians: 40 points**
  - Medium-weighted activities – 10 points each
  - High-weighted activities – 20 points each
- **Groups with 15 or fewer participants or if you are in a rural or health professional shortage area: 40 points**
  - Medium-weighted activities – 20 points each
  - High-weighted activities – 40 points each
- **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.

# 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
<b>General Program Characteristics</b>				
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 (<b>Creating a Safe Environment-Staffing and General Policy</b>), processes prior to treatment (<b>Treatment Planning, Patient Consent and Education</b>), safe practices during treatment (<b>ordering, preparing, dispensing and administering chemotherapy</b>), and patient safety monitoring (<b>Monitoring after chemotherapy is given, including adherence, toxicity and complications</b>). 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 <del>will be accepted</del> as an alternative mechanism to submit measures.
<b>Examples of Specific QCP Requirements &amp; Standards</b>				
IA_BMH_4	Behavioral & Mental Health	Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians <del>or groups</del> 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 <del>available</del> 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 <del>available</del> 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

# IA Documentation

- Attestation likely to be most commonly used reporting mechanism
- CMS documentation requirements: *“Eligible clinicians are encouraged to retain documentation for 6 years as required by the CMS document retention policy.”*
- ASCO recommends practices maintain dated documentation describing the improvement activity, when it was conducted, and any policies, procedures, or practice changes related to the activity; maintain all documentation for at least 6 years

# IA Documentation (cont'd)

- CMS has released “MIPS Data Validation Criteria” for the IA category
- Lists “validation” criteria and “suggested documentation”
- <https://Qpp.cms.gov> → Education & Tools → Download the zip file “MIPS Data Validation Criteria”
- File contains a fact sheet and 2 files (Excel and PDF) listing all activities with associated suggested documentation



MIPS Data Validation Criteria

Activity ID	Subcategory Name	Activity Name	Activity Description	Activity Weighting	Validation	Suggested Documentation (inclusive of dates during the selected continuous 90-day or year long reporting period)
IA_EPA_1	Expanded Practice Access	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	<p>Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following:</p> <p>Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care);</p> <p>Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers), and/or</p> <p>Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management</p>	High	Functionality of 24/7 or expanded practice hours with access to medical records or ability to increase access through alternative access methods or same-day or next-day visits	<p>1) <u>Patient Record from EHR</u> - A patient record from a certified EHR with date and timestamp indicating services provided outside of normal business hours for that clinician, or</p> <p>2) <u>Patient Encounter/Medical Record/Claim</u> - Patient encounter/medical record claims indicating patient was seen or services provided outside of normal business hours for that clinician including use of alternative visits; or</p> <p>3) <u>Same or Next Day Patient Encounter/Medical Record/Claim</u> - Patient encounter/medical record claims indicating patient was seen same-day or next-day to a consistent clinician for urgent or transitional care</p>
IA_EPA_2	Expanded Practice Access	Use of telehealth services that expand practice access	Use of telehealth services and analysis of data for quality improvement, such as participation in remote specialty care consults or teleaudiology pilots that assess ability to still deliver quality care to patients.	Medium	Documented use of telehealth services and participation in data analysis assessing provision of quality care with those services	<p>1) <u>Use of Telehealth Services</u> - Documented use of telehealth services through: a) claims adjudication (may use G codes to validate), b) certified EHR or c) other medical record document showing specific telehealth services, consults, or referrals performed for a patient; and</p> <p>2) <u>Analysis of Assessing Ability to Deliver Quality of Care</u> - Participation in or performance of quality improvement analysis showing delivery of quality care to patients through the telehealth medium (e.g. Excel spreadsheet, Word document or others)</p>
IA_EPA_3	Expanded Practice Access	Collection and use of patient experience and satisfaction data on access	Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.	Medium	Development and use of access to care improvement plan based on collected patient experience and satisfaction data	<p>1) <u>Access to Care Patient Experience and Satisfaction Data</u> - Patient experience and satisfaction data on access to care; and</p> <p>2) <u>Improvement plan</u> - Access to care improvement plan</p>
IA_EPA_4	Expanded	Additional improvements in	As a result of Quality Innovation Network-Quality Improvement Organization	Medium	Implementation of additional processes, practices,	1) <u>Relationship with QIN/QIO Technical Assistance</u> - Confirmation of technical assistance and

# 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 is a Viable Tool for QPP Success

- The QOPI platform can be used to report the minimum data in 2017 to avoid a 2019 penalty
  - Available by mid-year 2017
- 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 QOPI QCDR or another reporting mechanism and try for a positive adjustment for 2019

# 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](http://www.asco.org/macra), regularly for news, resources and tools for your practice. Contact [macra@asco.org](mailto:macra@asco.org) with questions.