



The Quality Payment Program: Overview & Roles and Responsibilities

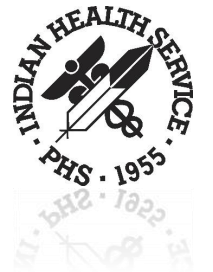
National Tribal Health Conference

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September 27, 2017



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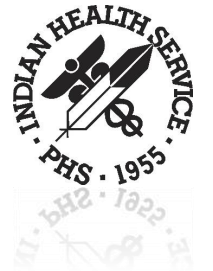
Important Note: Sections of this presentation were developed in collaboration with Centers for Medicare & Medicaid Services (CMS).

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Some slides are courtesy of CMS from various CMS webinars and presentations about the Quality Payment Program.



Objectives



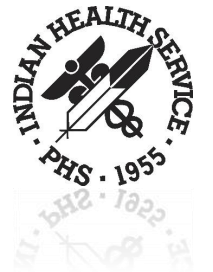
1. Identify the background and purpose of the Quality Payment Program (QPP): Medicare Access and CHIP Reauthorization Act (MACRA) of 2015
2. Address framework paths: Merit Based Incentive Payment Systems (MIPS) and Advanced Alternative Payment Models (APMs)
3. Identify MIPS Pick Your Pace options
4. Discuss payment adjustments and bonuses related to MIPS and APMs
5. Identify Roles and Responsibilities needed to support QPP
6. Identify steps to prepare for the Quality Payment Program within the IHS



Quality Payment Program Overview



Origin of the Quality Payment Program (QPP)



- ✓ Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).
- ✓ Bipartisan Legislation
- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ Increases focus on quality of care and value of care delivered
- ✓ Moving towards patient-centric health care system
 - Delivers better care
 - Smarter spending
 - Healthier People
- ✓ **Offers two tracks of participation**





Quality Payment Program: Two Paths



Health care practitioners to take part in CMS quality programs in one of two ways:

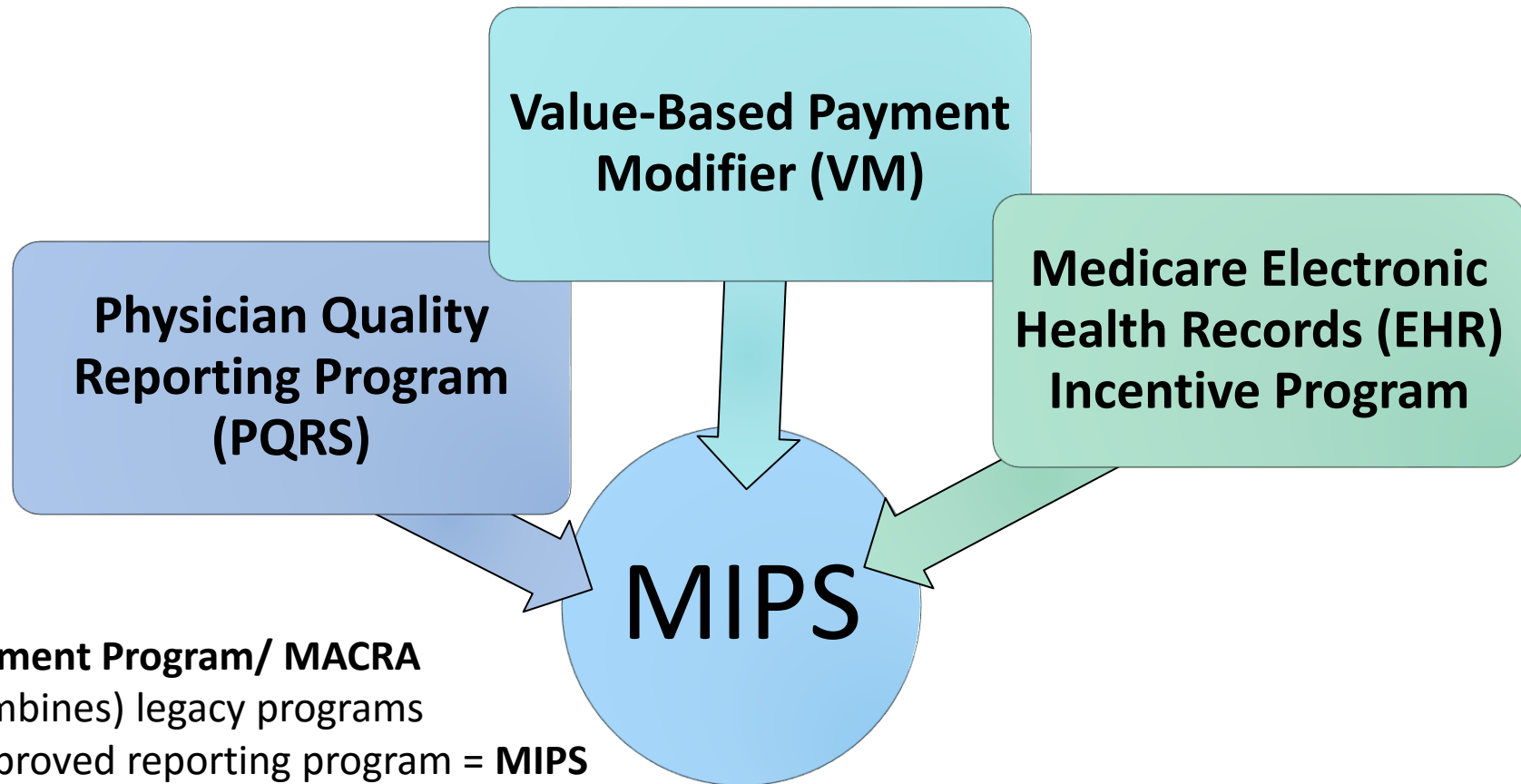
1. Merit-Based Incentive Payment System (MIPS)
2. Advanced Alternative Payment Models (**Advanced** APMs)



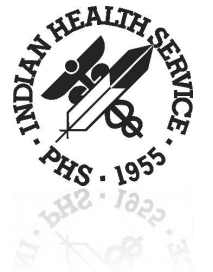


What is MIPS

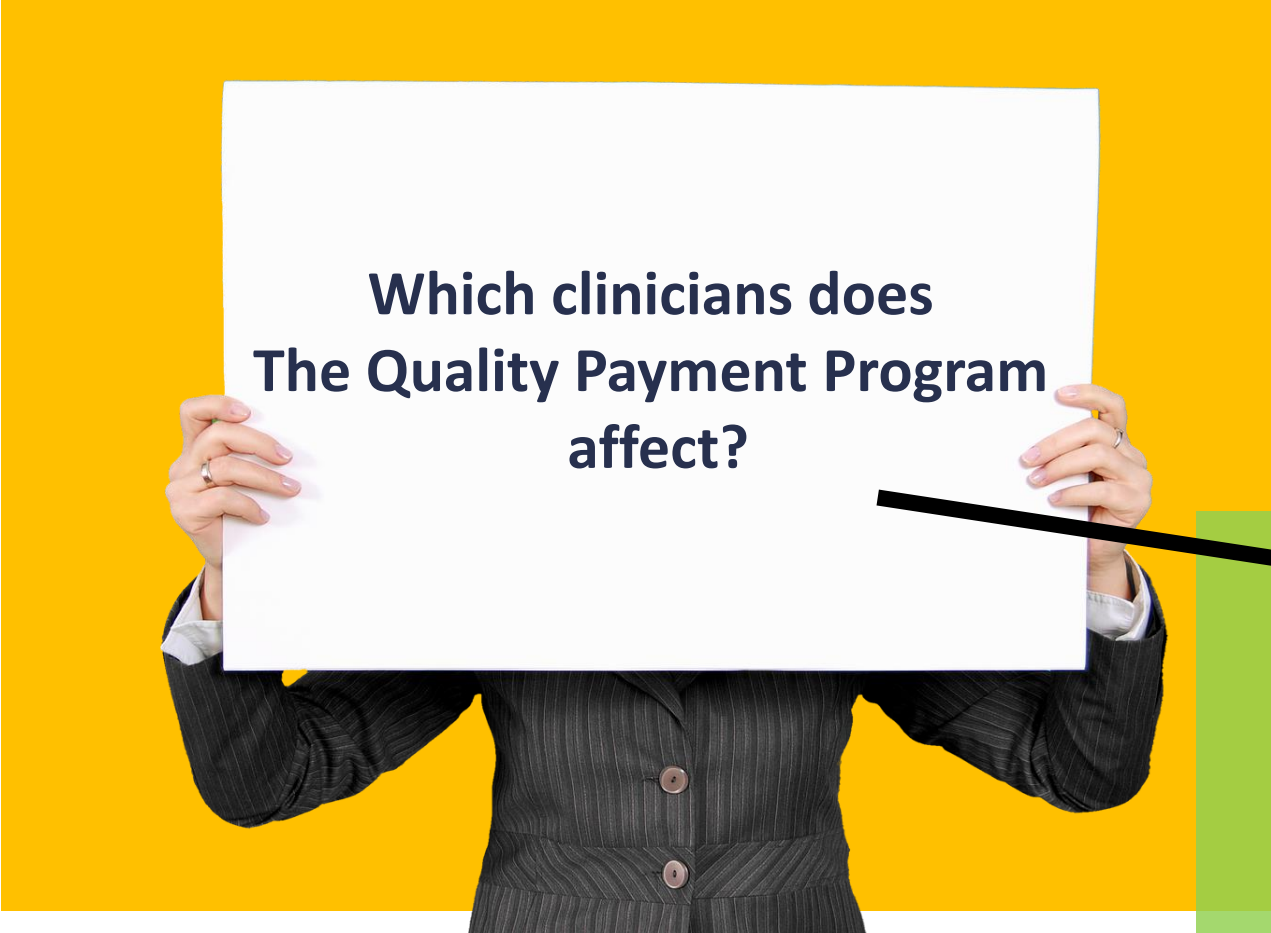
Multiple quality and value reporting programs for Medicare clinicians.



The Quality Payment Program/ MACRA streamlines (combines) legacy programs into a single, improved reporting program = **MIPS**



Clinician Impact



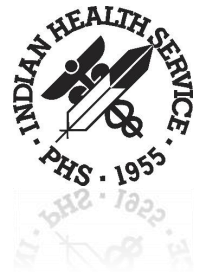
**Which clinicians does
The Quality Payment Program
affect?**



Short answer:
Quality Payment Program
affects clinicians who participate
in Medicare Part B.

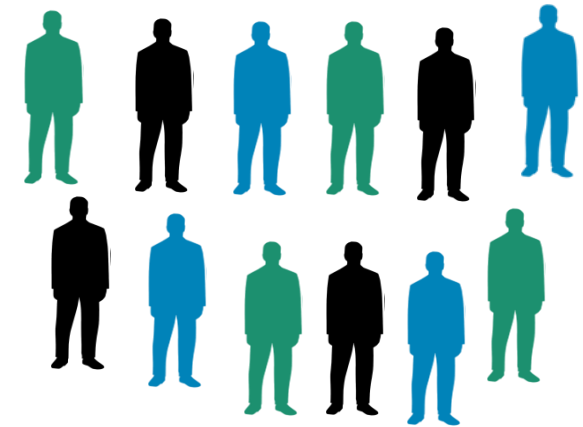


MIPS Quality Payment Program Eligibility



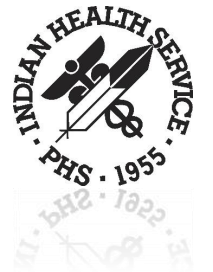
For 2017, types of clinicians:

- Physicians
 - Doctors of Medicine
 - Doctors of Osteopathy
- Dentists
- Optometrists
- Chiropractors
- Podiatrists
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist





QPP Eligibility: Transition Year/Year 1



To be eligible a clinician must:

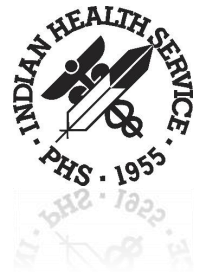
1. Bill *more than* **\$30,000** in allowed charges on the Medicare Part B Physician Fee Schedule

AND

2. Provide care for *more than* **100** Part B-enrolled Medicare patients per year



QPP Eligibility: CMS Proposing in 2018



To be eligible a clinician in year 2 must :

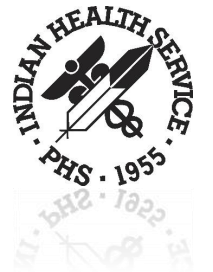
1. Bill *more than* **\$90,000** in allowed charges on the Medicare Part B Physician Fee Schedule

AND

2. Provide care for *more than* **200** Part B-enrolled Medicare patients per year



Who is exempt from participating in MIPS?

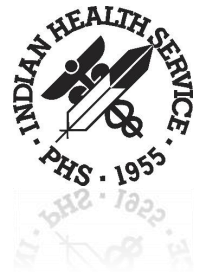


If a MIPS clinician is eligible for one of three exclusions, then the clinician would be exempt from participating in MIPS.

1	Clinicians who enroll in Medicare for the first time
2	A MIPS clinician or group that does not exceed the low-volume threshold <i>Has billed for Medicare Part B allowed charges less than or equal to \$30,000 <u>OR</u> provided care for 100 or fewer Part B-enrolled Medicare patients in one year</i>
3	Qualifying APM Participants (QPs) are not considered MIPS clinicians and are exempt from MIPS participation. Partial QPs who do not report on measures and activities that are required to be reported under MIPS for a given performance period in a year are not considered a MIPS clinician and are exempt from MIPS participation

Can non-patient facing MIPS clinicians participate?

Non-patient facing clinicians participate in MIPS as long as they exceed the low-volume threshold, are not newly enrolled, and are not a QP or partial QP who elects not to report data to MIPS. A group is considered non-patient facing if more than 75% of NPIs billing under the group's Taxpayer Identification Number (TIN) during a performance period are labeled as non-patient facing



What is a Group ?

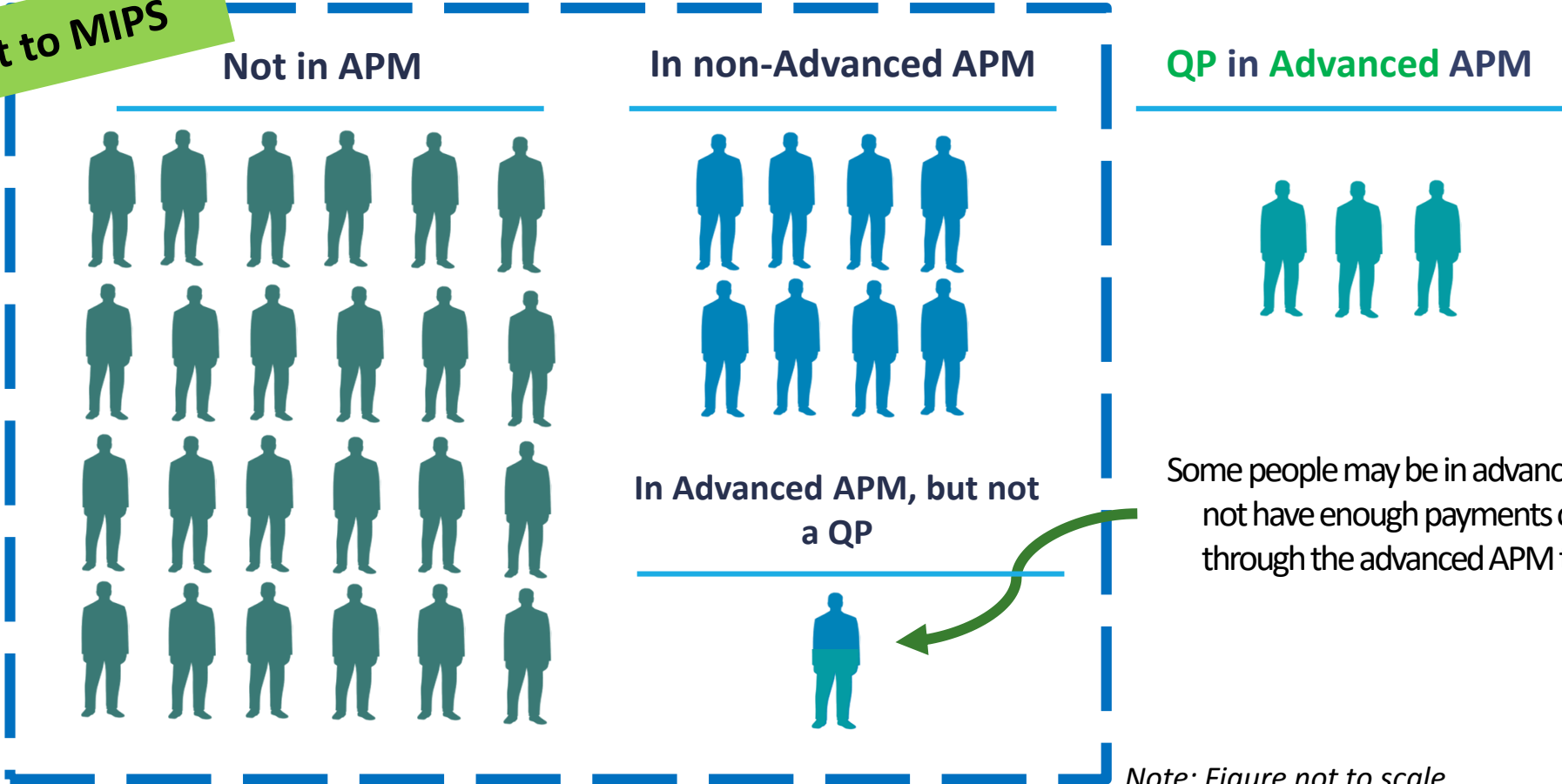
Two or more clinicians identified by their National Provider Identifier (NPIs) who have reassigned their billing rights to a single Tax Identification Number (TIN).



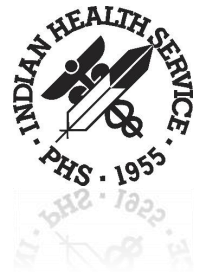


Note: Most clinicians will be subject to MIPS.

Subject to MIPS



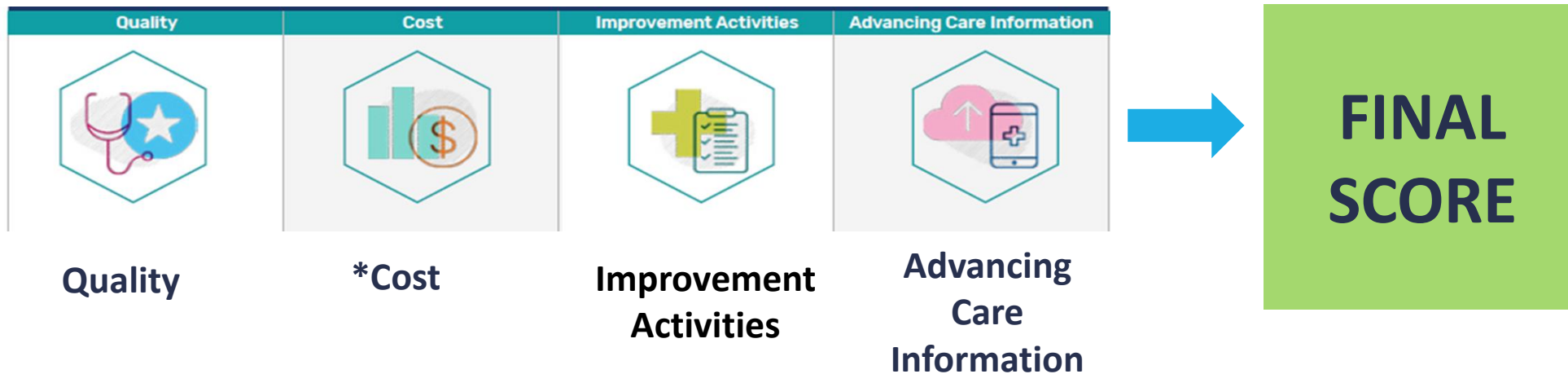
Note: Figure not to scale.



MIPS Performance Categories

How will physicians and practitioners be scored under MIPS?

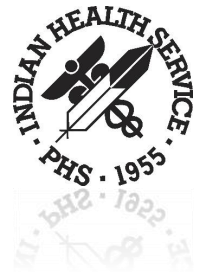
A single MIPS composite performance **score** will factor in performance in **4 weighted performance categories on a 0-100 point scale:**



*Cost = 0 % weight the first year



What is MIPS

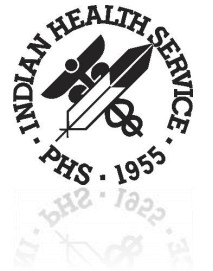


MIPS participants receive a payment adjustment based on performance in four categories

Quality	Cost	Improvement Activity	Advancing Care Information
Replaces PQRS	Replaces Value-Based Modifier	New performance category	Replaces the EHR Incentive Program
Assesses the value of care to ensure patients get the right care at the right time.		Supports: Care coordination, Beneficiary engagement, Population management, Patient safety	Supports the secure exchange of health information and the use of certified EHR technology
60% of MIPS Score	0% of MIPS Score	15% of MIPS Score	25% of MIPS Score



Year 1 Performance Category Weights for MIPS

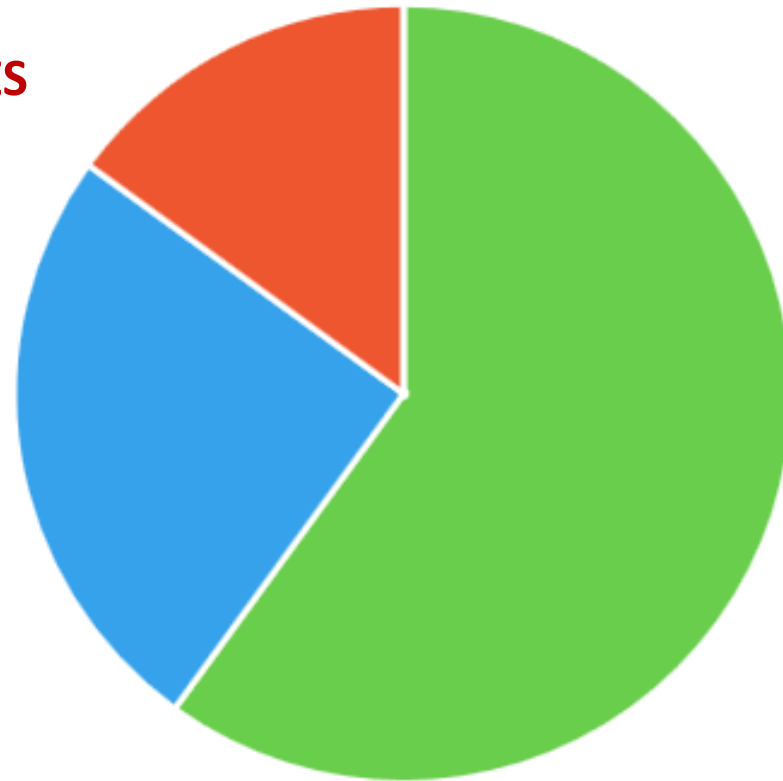


IMPROVEMENT ACTIVITIES

15%

**ADVANCING CARE
INFORMATION (ACI)**

25%



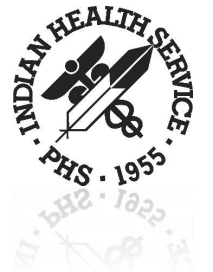
QUALITY

60%

Cost: Will be included starting in 2018

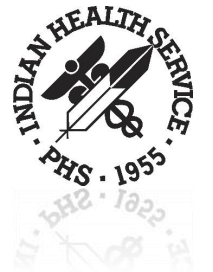


Quality Payment Program: Pick Your Pace

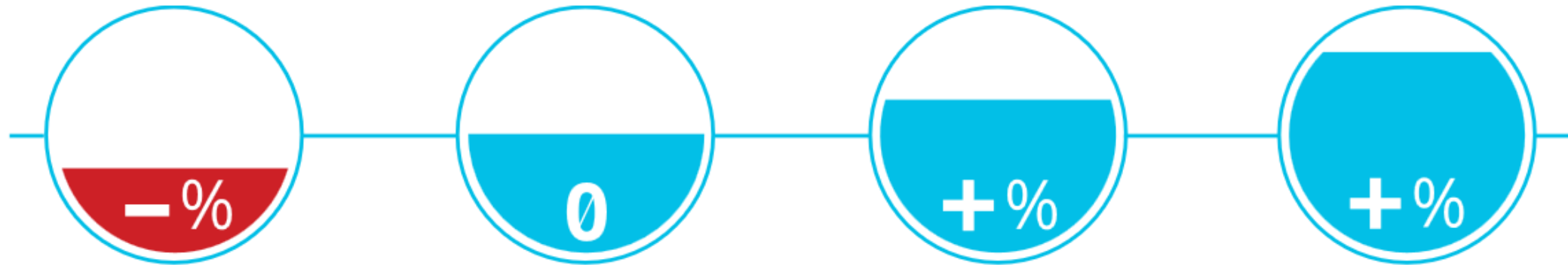


- Ready – Begin: January 1, 2017
- Not Quite Ready
 - Start anytime between January 1, 2017 - October 2, 2017.
- Send in Performance Data by March 31, 2018





MIPS: Pick Your Pace



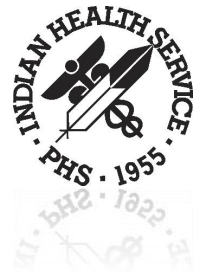
Don't Participate

Submit Something

Submit a Partial Year

Submit a Full Year

Positive adjustments are based on performance data from the performance information submitted-
Not the amount of information or the length of time submitted.



Pick Your Pace – Test for 2017

“Test” – submit a minimum amount of data

Avoids a payment adjustment

Minimum amount of data is one of the following 3 options:

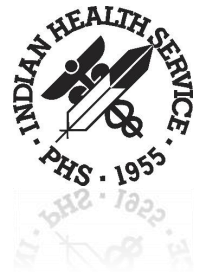
1 Quality Measure

1 Improvement Activity

4 or 5 Required ACI Measures



Pick Your Pace – Partial Year

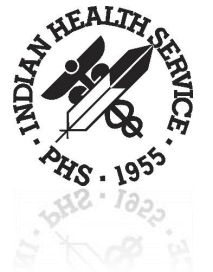


- ❑ Partial participation in 2017
 - Submit 90 days of data to Medicare
 - Include all performance categories
 - May earn a positive payment adjustment
- Dependent on performance

Reporting period may begin anytime between
January 1st and October 3rd, 2017



Pick Your Pace – Full Year



- Submit a full year of data for all performance categories
- May earn a positive payment adjustment

Important:

Positive payment adjustments are based on the **QUALITY** of the data
NOT the amount of information or length of time submitted



Quality Scoring Basics



Year 1 – automatically receive 3 points for completing and submitting 1 measure

If a measure can be reliably scored against a benchmark, it can receive 3-10 points

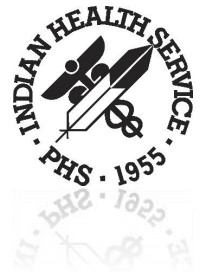
- Must meet case volume criteria needed to receive more than 3 points

Measures should cover a minimum of 90 days

Failure to submit performance data for a measure = 0 points



Advancing Care Information (ACI) Scoring



- ❑ Weighted at 25% of the Total Score
- ❑ May earn a maximum score of up to 155%
- ❑ Any score above 100% will be capped at 100%
- ❑ Provides flexibility to focus on measures that are most relevant

50%

Required
Base score
(50%)

90%

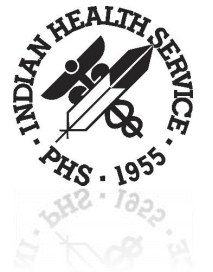
Performance score
(up to 90%)

15%

Bonus score
(up to 15%)



Improvement Activities Scoring



Activity Weights

- Medium = 10 points
- High = 20 points

Alternate Activity Weights

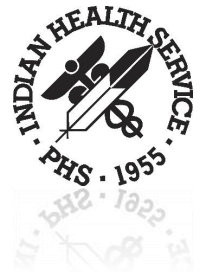
- Medium = 20 points
- High = 40 points
- For Clinicians in small, rural and underserved practices or with non-patient facing clinicians or groups

Additional Credits

- PCMH, Medical Home Model or similar specialty practice = Full Credit
- APM Participation = Partial Credit



Cost



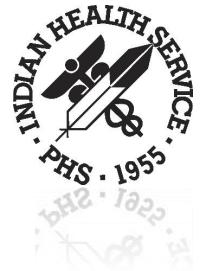
No data submission required

Calculated from adjudicated claims

For the transition year, the cost performance category will not impact payment in 2019

*Starting in 2018, the cost category will be used to determine payment adjustment.

*Note: Second Year (Proposed Rule CY 2018) - CMS proposes 0% in 2020 MIPS payment year, but are soliciting feedback on keeping the weight at 10%.



Submission Methods





Quality



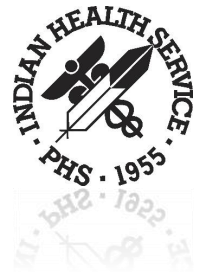
Improvement Activities



Advancing Care Information

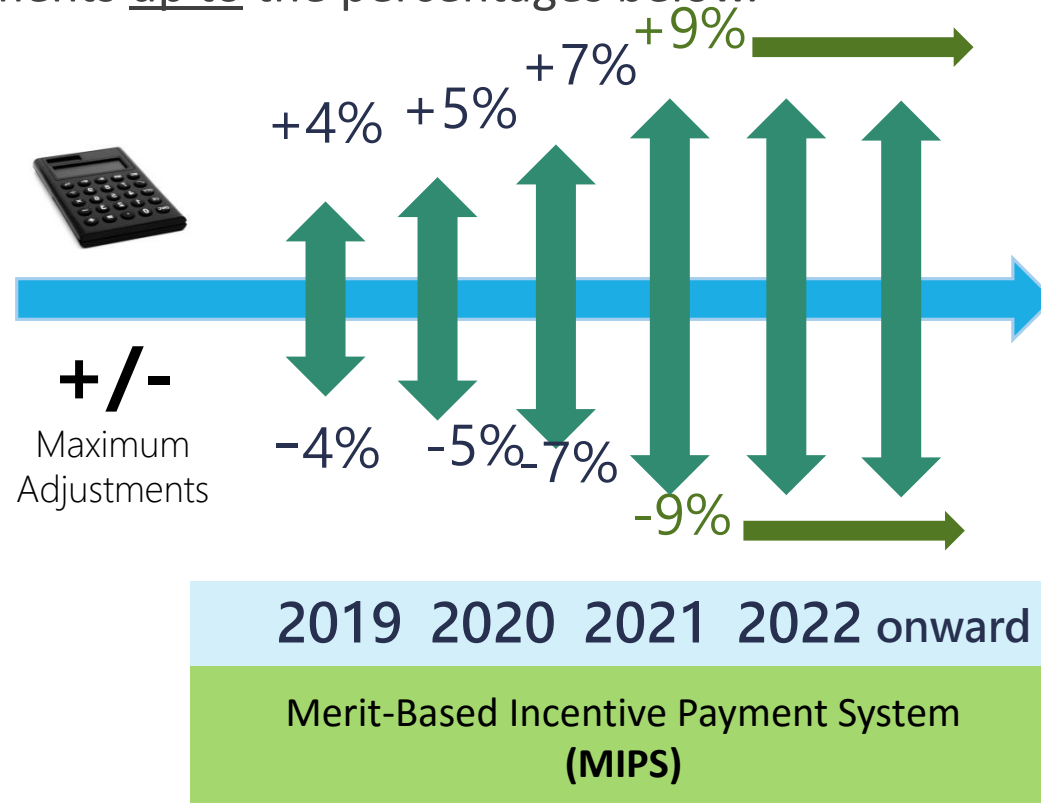
	 Individual	 Group
Quality	<ul style="list-style-type: none"> • Qualified Clinical Data Registry (QCDR) • Qualified Registry • EHR • Claims 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Administrative Claims • CMS Web Interface • CAHPS for MIPS Survey
Improvement Activities	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Attestation 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • CMS Web Interface • Attestation
Advancing Care Information	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Attestation 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Attestation • CMS Web Interface

*No reporting required for Costs in transition year



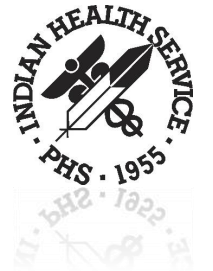
How much can MIPS adjust payments?

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments up to the percentages below.



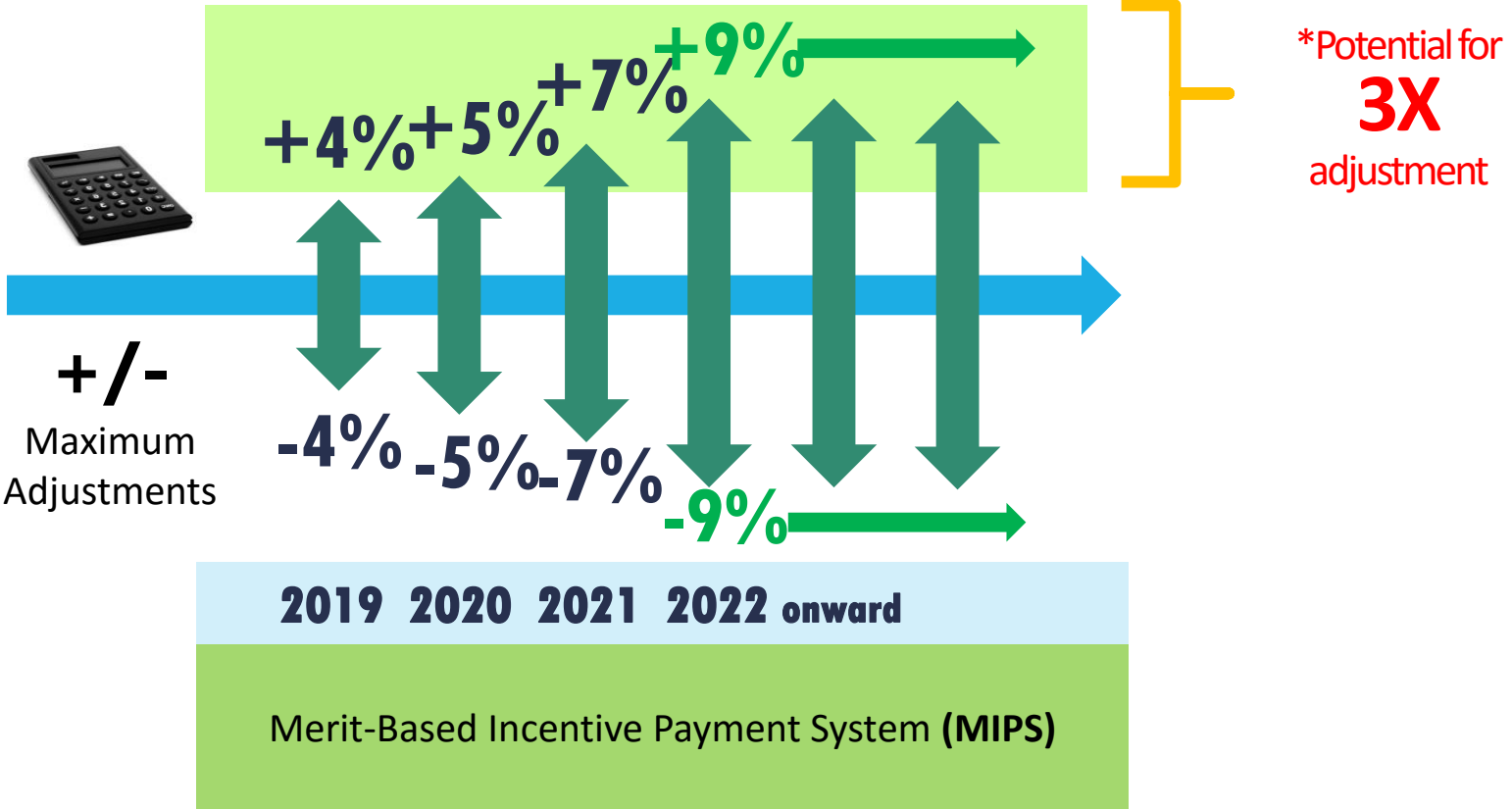
Adjusted Medicare Part B payment to clinician

The potential maximum adjustment % will increase each year from 2019 to 2022

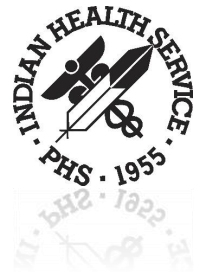


How much can MIPS adjust payments?

Note: MIPS will be a **budget-neutral** program. Total upward and downward adjustments will be balanced so that the average change is 0%.



Incentives for Advanced APM Participation



What is an Alternative Payment Model (APM)?

The CMS Innovation Center develops new payment and service delivery models. Additionally, Congress has defined—both through the Affordable Care Act and other legislation—a number of demonstrations that CMS conducts.

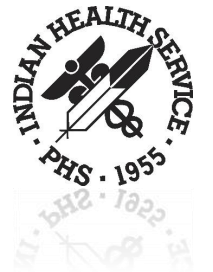
As defined by MACRA,
APMs include:

- ✓ **CMS Innovation Center model**
(under section 1115A, other than a Health Care Innovation Award)
- ✓ **MSSP** (Medicare Shared Savings Program)
- ✓ **Demonstration** under the Health Care Quality Demonstration Program
- ✓ **Demonstration** required by federal law

MACRA **does not change how any particular APM rewards value.**
APM participants who are not “QPs” will receive **favorable scoring under MIPS.**
Only **some** of these APMs will be **Advanced** APMs.



What models are Advanced APMs?

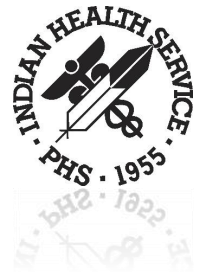


In 2017, these models are Advanced APMs:

- Comprehensive ESRD Care (CEC) - Two-Sided Risk
- Comprehensive Primary Care Plus (CPC+)
- Next Generation ACO Model
- Shared Savings Program - Track 2
- Shared Savings Program - Track 3
- Oncology Care Model (OCM) - Two-Sided Risk
- Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1- CEHRT)



Advanced APMs Criteria



To be an Advanced APM, the following three requirements must be met.

The APM:

1

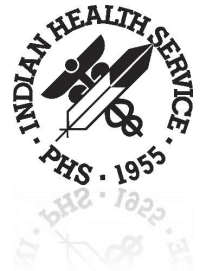
Requires participants to use **certified EHR technology**;

2

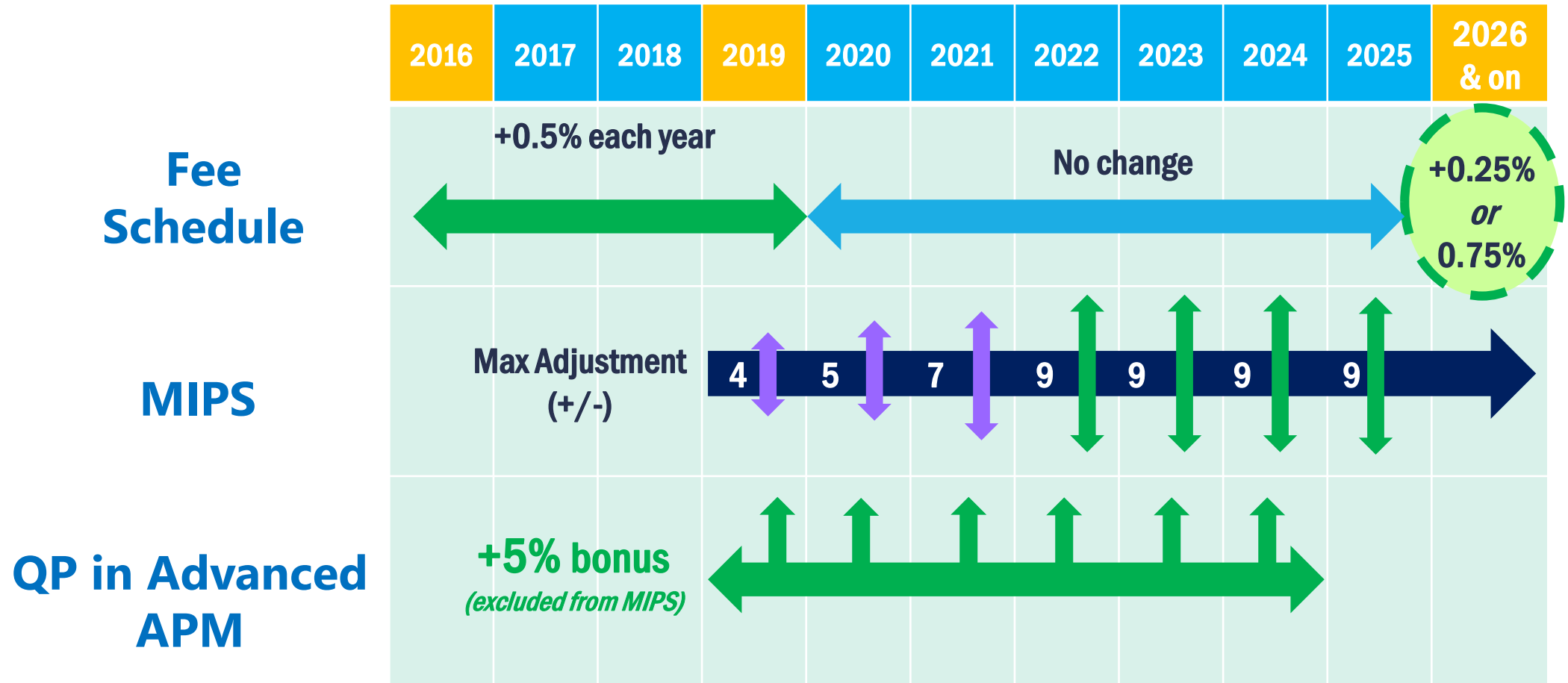
Provides payment for covered professional services based on **quality measures** comparable to those used in the MIPS quality performance category; and

3

Either: (1) is a **Medical Home Model expanded** under CMS Innovation Center authority OR (2) requires **participants to bear a more than nominal amount of financial risk**.



Putting it all together

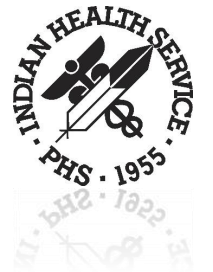


Quality Payment Program: Roles & Responsibilities



QPP – MACRA: Human Resources

LEVEL	ROLE	MACRA
NATIONAL	• National Meaningful Use (MU) Coordinator	X
	• National MACRA Coordinator	
AREA	• MU Coordinator	X
	• MACRA Coordinator	X
	• Clinical Applications Coordinator	X
	• Information Systems Security Officer	X
	• Health Information Management Consultant	X
	• Quality Management	

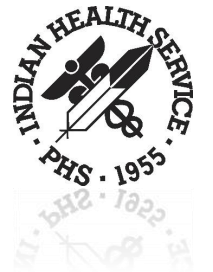


QPP – MACRA: Human Resources

LEVEL	ROLE	MACRA
SERVICE UNIT	<ul style="list-style-type: none"> • MU Coordinator • MACRA Coordinator • Clinical Applications Coordinator • Physician Champion • Nurse Champion • Quality Management • IT Specialist • Site Manager 	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>
Comments:		<ol style="list-style-type: none"> 1. Training – Area and Site MU Coordinator 2. Site Manager to support requirements 3. Area MACRA Coordinator – Human Resources to support Clinical Quality Data Analysis (e.g., run reports, support reports, QAPI resource, knowledge of MACRA), training, etc.



Information Technology Roles and Responsibilities for QPP



Role	Responsibilities	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
DIT Informaticist	Analyzes Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT) so that it can be developed in EHR. Confirms functionality built to support use in field, Provides communication and training to site and area levels when enhancements/patches are built. Supports testing.		x	x	x						x	x
Area IT Specialist	Provides Health IT (e.g. RPMS, EHR, iCare) configuration. Maintains IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.		x	x							x	x
Site IT Specialist	Site specific and works with Area and DIT. Health IT (e.g. RPMS, EHR, iCare) Configuration. Maintain IT functionality, enhancements, and patches. Performs testing.		x	x							x	x
Providers/ Clinicians/ Others												

Area IT Specialist	Provides Health IT (e.g. RPMS, EHR, iCare) configuration. Maintains IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.
Site IT Specialist	Site specific and works with Area and DIT. Health IT (e.g. RPMS, EHR, iCare) Configuration. Maintain IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.

Note: Improvement Support team (IST) lead



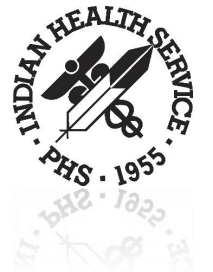
QPP - MACRA Coordinators



Level	Responsibilities
NATIONAL	<ul style="list-style-type: none">• Reviews requirements, "sort out" measures• Addresses registry issues (identify costs to HQ, Area, Site such as Area Directors)• Develops subset of measures to incorporate in EHR. Works with clinical group to select clinical measures
AREA	<ul style="list-style-type: none">• Coordinates training activities• Assists with attestation for QPP-MACRA at sites, provides frequent conference calls to share information• Works with Improvement Support Team (IST) lead. Is the point of contact for all the data calls• Works with registries / contracting
SITE	<ul style="list-style-type: none">• Meets 1:1 with Eligible Clinicians (EC) to provide orientation, updates, and assistance. Selects measures with EC input. Helps with attestation. Is aware/knows status of each provider (MIPS/APM)• Submits performance measures (on behalf of/proxy or have EC submit measures with guidance)• Works with Meaningful Use (MU) Coordinator and has knowledge of QPP-MACRA & MU to support crosswalk• Engages with Quality Improvement Team (QIT)• Supports Clinical Quality Data Analysis (e.g. run reports, support reports, QAPI resource)• Works with registries/contracting



QPP - MACRA Coordinators

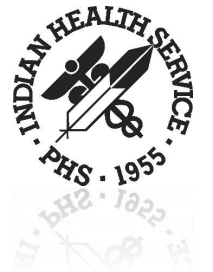


Role	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
Quality Payment Program (QPP)-MACRA Coordinators											
National QPP-MACRA Coordinator	QPP-MACRA	X	X	X	X						X
Area QPP-MACRA Coordinator	QPP-MACRA	X	X	X	X	X	X				X
Site QPP-MACRA Coordinator	QPP-MACRA	X	X	X	X	X			X		X

Note: Improvement Support Team=IST



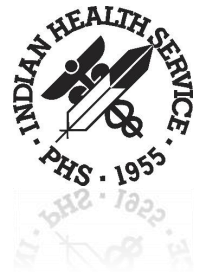
Clinical Applications Coordinators/Informaticists



Level	Responsibilities
AREA	<ul style="list-style-type: none">• Provides overall support to all sites• Assists in maintaining training• Troubleshoots EHR. Makes sure all the enhancements and patches to support QPP MACRA are in place. Supports field to test EHR changes• Supports QPP-MACRA Data Calls• Develops training material and trains on EHR use to meet each measure (ACI, Quality and AI). Provides EHR training
SITE	<p>Site specific:</p> <ul style="list-style-type: none">• Assists in maintaining training• Troubleshoots EHR. Makes sure all the enhancements and patches to support QPP-MACRA are in place. Works with Area to tests EHR changes• Support QPP-MACRA Data Calls• Develops training material and trains on EHR use to meet each measure (ACI, Quality and AI). Provides EHR training (2015 CEHRT)



QPP – CACs

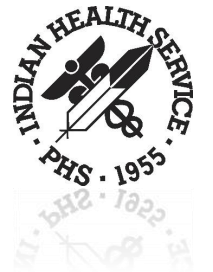


Role	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
Clinical Application Coordinator (CAC)											
Area CAC		X	X	X	EHR use	X				X	X
Site CAC		X	X	X	EHR use	X				X	X

Note: Improvement Support Team=IST



Health Care Practitioner / Clinicians



Level	Responsibilities
AREA	PHYSICIAN CHAMPION (Health care provider): CMO or CMO designee <ul style="list-style-type: none">• Acts as a resource to QPP-MACRA Coordinator who is interacting with clinicians• Provides oversight in decision making as it pertains to clinician buy in / support• Collaborates with the QPP-MACRA Coordinator to identify how the measures impact the credential provider workflow, practice, day to day operations and patient care
SITE	PHYSICIAN CHAMPION (Health care provider): Chief of Staff, Clinical Director or Designee <ul style="list-style-type: none">• Acts as a resource to QPP-MACRA Coordinator who is interacting with clinicians• Provides oversight in decision making as it pertains to clinician buy in / support• Collaborates with the QPP-MACRA Coordinator to identify how the measures impact the credential provider workflow, practice, day to day operations and patient care• Assist QPP-MACRA Coordinator with quality measure selection that benefit their site and provides justification as to why the measures were selected



Health Care Providers

Level	Responsibilities
SITE	<p>NURSE CHAMPION (Health care provider): Works with or is the QPP-MACRA, CAC or MU Coordinator (may be the same person with two roles) that looks at processes in place to meet measures</p> <ul style="list-style-type: none">• Provides oversight in decision making as it pertains to clinician buy in / support• Collaborates with the QPP-MACRA Coordinator to identify how the measures impacts the credential provider workflow, practice, day to day operations and patient care
AREA/SITE	<p>MIPS ELIGIBLE CLINICIAN CHAMPION (Health care provider): Works with or is the QPP-MACRA, CAC or MU Coordinator (may be the same person with two roles) that looks at processes in place to meet measures</p> <ul style="list-style-type: none">• Provides oversight in decision making as it pertains to clinician buy in / support• Collaborates with the QPP-MACRA Coordinator to identify how the measures impacts the credential provider workflow, practice, day to day operations and patient care. Note: May have either a Site Physician Champion or MIPS EC Champion



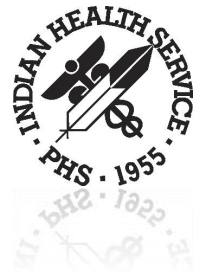
Clinical Groups and Quality Assurance Coordinators



	Responsibilities
AREA/SITE	CLINICAL GROUP: Team that includes champions, IT specialist, QPP-MACRA, CAC and/ or MU Coordinator <ul style="list-style-type: none">• Addresses measures selection, data analysis of performance activities and helps provide guidance to clinicians partaking in QPP- MACRA
AREA AND SITE	Quality Assurance Performance Improvement (QAPI) COORDINATOR: <ul style="list-style-type: none">• Works on quality improvement activities, pulls data out, and runs the reports• Works with area and site to generate data analysis for quality reporting and getting back to sites about QPP



Providers/Clinicians/Others

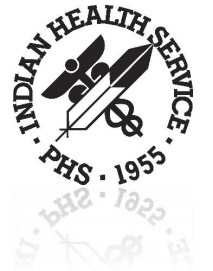


Role	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
Providers/ Clinicians/ Others											
Area Physician Champion (Healthcare provider)				X QPP-MACRA coordinator		X					
Site Physician Champion (Healthcare provider)				X QPP-MACRA coordinator	X in-services	X		X			
MIPS Eligible Clinician Champion (Healthcare provider)				X QPP-MACRA coordinator	X in-services	X		X			
Nurse Champion (Healthcare provider)				X QPP-MACRA coordinator	X in-services	X		X			
Clinical Group				X	X						
QAPI Coordinator (Site and Area)	X	X	X	X	X	X	X	X	X		X iCare

Note: Improvement Support Team=IST



Funds



Areas/Service Units need to incorporate a spend plan for QPP-MACRA into their annual budgets.

QPP - MACRA

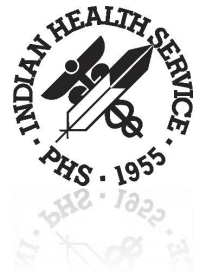
- Training (Develop materials, webinars, at the elbow support, education/communication materials)
- Travel Funds (Site visits/Area Offices)
- Funds for registries to report quality measures



Steps to Prepare for the Quality Payment Program



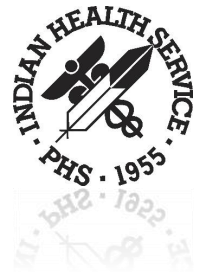
Getting Ready to Participate in MIPS



- Determine participants' eligibility status
- Choose if participants are reporting as an individual or group
- Choose participants' submission mechanism and verify its capabilities
 - Decide if working with a third party intermediary
- Pick Your Pace
 - Choose measure(s) and activities
 - Use CMS resources (website) to explore options on measures to use
- Verify the information needed to report successfully
- Record data based on participants care for patients
- Submit data



QPP / MACRA Next Steps for IHS



Operationalize the Quality Payment Program

- ❑ IHS's Quality Payment Program – MACRA National Working Group
- ❑ Encourage using resources – IHS Website and LISTSERV
- ❑ Provide Community Outreach – training and education
 - Identify QPP – MACRA Roles and Responsibilities
 - Webinar Series
 - Developed list of questions for registries
 - Address care coordination



Future Plans for RPMS



- Perform Market Research
 - Explore what products can interface with EHR to submit CQMs
- Update Clinical Quality Measures (CQM) Logic
 - Workgroup completed initial review (high level analysis)



IHS QPP - MACRA Resources



IHS Website: <https://www.ihs.gov/qpp/>

LISTSERV Email: MACRA@listserv.ihs.gov

Subscribe URL: https://www.ihs.gov/listserv/topics/signup/?list_id=357



Resources



American Medical Association. **Medicare Payment Reform**. Available at: <http://www.ama-assn.org/ama/pub/advocacy/topics/medicare-physician-payment-reform.page>

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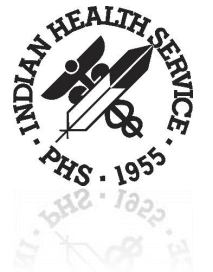
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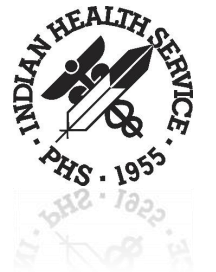
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Questions



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