MACRA Rules are Final: Time to Implement the Quality Payment Program

December 5, 2016

Slide Deck – Part 2
MIPS Performance Category
QUALITY

STEPHEN S. GRUBBS, MD
The Basics

1. Reporting Mechanisms
2. Big Picture: Evaluation & Payment Adjustment
3. How Many Measures/Oncology Measure Set
# Reporting Mechanisms

<table>
<thead>
<tr>
<th>Both Individuals and Groups</th>
<th>Individuals Only</th>
<th>Groups Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>QCDR</td>
<td>Claims</td>
<td>CMS Web Interface*</td>
</tr>
<tr>
<td>EHR</td>
<td></td>
<td>CAHPS for MIPS (Vendor)</td>
</tr>
<tr>
<td>Qualified Registry</td>
<td></td>
<td>Administrative Claims (ACR)**</td>
</tr>
</tbody>
</table>

*Groups of 25 or more

**Groups of >15
Evaluation and Payment Adjustment: Group vs. Individual Reporting

• Report as a group:
  – MIPS eligible clinicians that report as part of a group are evaluated on the measures that are reported by the group, regardless of whether the group’s measures are specifically applicable to the individual MIPS eligible clinician
  – The subsequent group payment adjustment is applied to each NPI within the group and remains with the NPI if he/she leaves the group and is portable to their new TIN

• Report as individual clinician within a group:
  – Each clinician evaluated individually based on specific measures they choose to report
  – The payment adjustment is applied to the individual NPI and is portable with the NPI if he/she changes TIN

- If reporting individual measures:
  - 6 applicable measures (including one outcome measure or high priority if outcome not available)

- If reporting specialty measure set:
  - If set has 6 or more measures, report on 6 applicable measures
  - If set has less than 6 measures, report on all applicable measures

- Can report >6 measures and will be scored on 6 highest (must include an outcome/high priority measure)

- Patient population:
  - All Payer – NOT Medicare only
  - Must report a minimum of one measure for one Medicare beneficiary
How Much do I Have to Report?

• In order for a submitted measure to be scored, it must meet the following criteria:
  – 50% of all eligible patients for each measure (all-payer)
  – 20-case minimum (per measure)
  – Performance score >0% (i.e. at least 1 in the numerator)
• But for 2017, you will score 3 points for ANY measure submitted, regardless of meeting above thresholds and avoid any negative 2019 payment adjustment
• NOTE: 2018 reporting will require complete reporting affecting 2020 payment adjustment
# General Oncology Measure Set

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Submission Method</th>
<th>Measure Type</th>
<th>High Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Claims</strong></td>
<td><strong>Registry</strong></td>
<td><strong>EHR</strong></td>
<td><strong>Web Interface</strong></td>
</tr>
<tr>
<td>Advance care plan</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Prostate bone scan (overuse)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Current meds</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pain intensity</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Tobacco screening</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prostatectomy path reports</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hypertension screening &amp; f/u</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Receipt of specialist report</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Adolescent tobacco use</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol screening</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HER2 negative</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HER2 positive</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRAS testing/+EGFR</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRAS testing/-EGFR</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemo last 14 days</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not admitted to hospice</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;1 ED visit last 30 days</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU last 30 days</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice for less than 3 days</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Measures by Submission Mechanism</strong></td>
<td>5</td>
<td>18</td>
<td>6</td>
</tr>
</tbody>
</table>
Scoring
What am I being compared to?

- Measure benchmarks
- Compared to all who reported that measure
- Established by CMS using largely earlier data
- Most benchmarks will be published prior to performance period
# Example Quality Performance Category Scoring

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Possible Points</th>
<th>Your Performance</th>
<th>Bonus Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>High Priority</td>
</tr>
<tr>
<td>Outcome</td>
<td>10</td>
<td>7.5</td>
<td>0*</td>
</tr>
<tr>
<td>Process</td>
<td>10</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Process</td>
<td>10</td>
<td>6.5</td>
<td>0</td>
</tr>
<tr>
<td>Process</td>
<td>10</td>
<td>8.0</td>
<td>0</td>
</tr>
<tr>
<td>Total Points</td>
<td>40</td>
<td>32</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Points w/Cap**</th>
<th>32</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Points w/Cap</td>
<td>32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Final Score**

\[
\text{Final Score} = \frac{32 \text{ (your total points)}}{40 \text{ (possible points)}} \times 60 \text{ (quality performance category weight)} = 48
\]
NOTE: Scoring and other details in MIPS are more complex than the general overview being presented today.

ASCO will host “technical” webinars providing a deep dive into each MIPS programmatic area in early 2017.
How Much/How Long Should I Report in 2017?

- CMS has emphasized you are being scored on performance, not the amount of data you submit or the length of the reporting period
- Possible to get MAX score if you submit 90 days and not the whole year
- CMS encourages everyone to report for full year – you should be practicing for 2018
- You can avoid a penalty if you report one quality measure, one IA measure, or the base score requirement of ACI – this will NOT prepare you for 2018 when reporting requirements grow significantly more stringent
MIPS Performance Category
ADVANCING CARE INFORMATION
KAREN HAGERTY, MD
The Basics

1. MIPS/ACI Eligible Clinicians
2. Exclusions
3. Data Submission
Eligible…But Ready?

<table>
<thead>
<tr>
<th>Has MU Experience</th>
<th>• Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some MU Experience</td>
<td>• NP</td>
</tr>
<tr>
<td></td>
<td>• PA</td>
</tr>
<tr>
<td>Minimal or No MU Experience</td>
<td>• CRNA</td>
</tr>
<tr>
<td></td>
<td>• CNS</td>
</tr>
</tbody>
</table>
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
2017 ACI Performance Category Redistributor if ACI Category Reweighted to Zero

- Quality: 60%
- IA: 15%
- ACI: 25%

- Quality: 85%
- IA: 15%

ACO Quality
CPIA ACI

American Society of Clinical Oncology
Making a world of difference in cancer care
A (Big) Caveat

Eligible for ACI Zero Weight

- Report Nothing
- ACI Weight Remains Zero

Choose to Report at Least 1 Measure

- Go Back to 25% Weight Scored Like Everyone Else
ACI Reporting: Individual or Group

• NEW for 2017: Group Reporting
• Data Submission (Individual or Group)
  – Attestation
  – CEHRT/EHR
  – QCDR
  – Qualified Registry
• CMS Web Interface Submission (Groups Only)

• Reporting Period: 90 days (continuous)
Scoring
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%)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information</td>
<td>Security Risk Analysis</td>
<td>Security Risk Analysis</td>
</tr>
<tr>
<td>Electronic Prescribing</td>
<td>E-Prescribing</td>
<td>E-Prescribing</td>
</tr>
<tr>
<td>Patient Electronic Access</td>
<td>Provide Patient Access</td>
<td>Provide Patient Access</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>Send a Summary of Care (SOC)</td>
<td>Health Information Exchange</td>
</tr>
<tr>
<td></td>
<td>Request/Accept SOC</td>
<td></td>
</tr>
</tbody>
</table>
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”

[Diagram showing the distribution of MIPS with 25% ACI and 75% Rest of MIPS]

ZERO BASE SCORE + ZERO PERFORMANCE SCORE = ZERO ACI SCORE
Base Score
+
Performance Score
+
Bonus Score
=
Almost Final Score
Final Score

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

KAREN HAGERTY, MD

MIPS Performance Category
IMPROVEMENT ACTIVITY

KAREN HAGERTY, MD
Improvement Activity

• A new performance category in MIPS
  – 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.”
Improvement Activity

• Who can participate?
  – All MIPS eligible clinicians, both individuals and groups

• What do you have to do?
  – Attest to participation in activities that improve clinical practice
  – Choose from 90+ activities in 9 subcategories
  – Activities are categorized as high (20 points) or medium (10 points) weight – need 40 points for full score
  – Year 1 weight: 15% of total MIPS Composite Performance Score
Improvement Activity

• 90+ activities
  – Expanded Practice Access
  – Population Management
  – Care Coordination
  – Beneficiary Engagement
  – Patient Safety and Practice Assessment
  – Participation in an APM
  – Achieving Health Equity
  – Emergency Response and Preparedness
  – Integrated Behavioral and Mental Health
## Data submission options

<table>
<thead>
<tr>
<th>Individual Reporting</th>
<th>Group Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attestation</td>
<td>• Attestation</td>
</tr>
<tr>
<td>• QCDR</td>
<td>• QCDR</td>
</tr>
<tr>
<td>• Qualified Registry</td>
<td>• Qualified Registry</td>
</tr>
<tr>
<td>• EHR</td>
<td>• EHR</td>
</tr>
<tr>
<td>• Administrative claims (if technically feasible; no submission required)</td>
<td>• CMS Web Interface (for groups of 25 or more)</td>
</tr>
<tr>
<td></td>
<td>• Administrative claims (if technically feasible; no submission required)</td>
</tr>
</tbody>
</table>

For the first year, all MIPS eligible clinicians or groups (or third party entities) must designate a yes/no response for activities on the Improvement Activities inventory.
Scoring Considerations

• **Most participants:** Attest that you completed up to 4 improvement activities for a minimum of 90 days.

• **Groups with 15 or fewer participants or if you are in a rural or health professional shortage area:** Attest that you completed up to 2 activities for a minimum of 90 days.

• **Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model:** You will automatically earn full credit.
Scoring Considerations (2)

• Participants in certain APMs under the APM scoring standard such as Shared Savings Program Track 1 or 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.
Final MIPS Scoring

1. Performance Thresholds
2. Scoring Examples
3. “FAQs”
Performance Threshold MIPS 2017

- Performance threshold is **3 points** for the 2019 MIPS payment year
  - 3 points = 0% adjustment
  - >3 points = 0.1% - 4% positive adjustment

- Additional performance threshold (“exceptional performance”) is 70 points for the 2019 MIPS payment year
  - Additional 0.5 – 10% positive adjustment based on score between 70-100
## 2017 MIPS Performance Thresholds and Payment Adjustments

### Final Score & Payment Adjustment for 2017 MIPS

<table>
<thead>
<tr>
<th>Standing Compared to Performance Threshold</th>
<th>Final Score Points</th>
<th>MIPS Payment Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Below Performance Threshold</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest Quartile</td>
<td>0 – 0.75</td>
<td>-4%</td>
</tr>
<tr>
<td>Other Quartiles</td>
<td>0.76 – 2.9</td>
<td>-3.9% to -0.1%</td>
</tr>
<tr>
<td><strong>Performance Threshold</strong></td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Above Performance Threshold</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive MIPS Payment Adjustment</td>
<td>3.1 – 100</td>
<td>0.1% - 4%</td>
</tr>
<tr>
<td>Additional MIPS Payment Adjustment</td>
<td>70 – 100</td>
<td>0.5% - 10%</td>
</tr>
</tbody>
</table>
### Final Scoring: Examples

<table>
<thead>
<tr>
<th>Examples</th>
<th>Performance Category</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quality</td>
<td>IA</td>
</tr>
<tr>
<td></td>
<td>Your points/total possible points x category weight</td>
<td>Your score % x 25</td>
</tr>
<tr>
<td>Example 1 Solo Practitioner</td>
<td>1 measure</td>
<td>1 measure (medium weight)</td>
</tr>
<tr>
<td></td>
<td>Low performer</td>
<td>Achieves base score</td>
</tr>
<tr>
<td></td>
<td>3/60 x 60 = 3</td>
<td>20/40 x 15 = 7.5</td>
</tr>
<tr>
<td>Example 2 Solo Practitioner</td>
<td>4 measures</td>
<td>0 measures</td>
</tr>
<tr>
<td></td>
<td>Low performer</td>
<td>12/60 x 60 = 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0% x 25 = 0</td>
</tr>
</tbody>
</table>
“FAQs”

- CMS will use the TIN/NPI’s historical performance from the performance period associated with the MIPS payment adjustment
  - regardless of whether that NPI is billing under a new TIN after the performance period

- Your payment adjustment follows you
  - if you switch from Practice A in the performance year to Practice B in the payment year, your TIN/NPI score from Practice A will follow you to Practice B and impact that payment year

- Will use the highest final score associated with an NPI from the performance period
  - If you switch practices mid-year (so 2 different TIN/NPIs) or bill under more than one TIN

- If an NPI bills under multiple TINs in the performance period and bills under a new TIN in the MIPS payment year, will take the highest final score associated with that NPI in the performance period
Example of MIPS Participation for an Oncologist

**Sample Quality Measures**
- Chemotherapy plan documented
- Documentation of current medications/medication reconciliation
- Advance care plan
- Pain intensity quantified
- Tobacco use - screening & cessation counseling
- HER2 negative – no HER2 targeted therapies administered
- Metastatic CRC – anti-EGFR w/KRAS testing
- >1 ED visit last 30 days of life

**Sample Improvement Activities**
- Participation in a QCDR (e.g. QOPI)
- Participation in MOC IV
- Registration/use of PDMP
- Engagement of patient/family/caregivers in developing care plan
- Implementation of medication management practice improvements
- Implementation of practices / processes for developing regular individual care plans
- Participation in private payer improvement activities
- Use of decision support and standard treatment protocols
- Telehealth services that expand access to care

**ACI (Base Score)**
- Protect PHI/security risk analysis
- E-prescribing
- Provide patient electronic access
- HIE – send/receive summary of care
Leveraging 1 Activity for Points Across Multiple MIPS Categories: Examples

• Chemotherapy plan documented
  – Quality measure (3-10 points)
  – ACI performance score: Patient specific education (up to 10%)
  – ACI bonus score: IA using CEHRT (10% bonus)
  – IA medium weight activity (Use a personalized plan of care for patients at high risk for adverse health outcome or harm, integrating patient goals, values and priorities)

• Documentation of current medications/medication reconciliation
  – Quality measure (3-10 points)
  – ACI performance score: Medication reconciliation (up to 10%)
  – ACI bonus score: IA using CEHRT (10% bonus)
  – IA medium weight activity (Chronic care and preventative care management for empaneled patients – includes routine medication reconciliation)
ALTERNATIVE PAYMENT MODELS

STEPHEN S. GRUBBS, MD
Is MIPS the Only Option?

- Exemption from MIPS
- 5% Lump Sum Bonus
- APM Specific Rewards

CMS Recognized Alternative Payment Models (APM)

Advanced APM

Qualifying Participants
Is MIPS the Only Option?

- Some APMs, although not considered “advanced” APMs may qualify for favorable scoring in MIPS:
  - Re-weighting of certain categories
  - 50 – 100 points automatically awarded in Improvement Activity category
  - Will receive APM-specific incentives
What is an Advanced APM?

- Requires use of Certified EHR
- Ties payment to quality, similar to MIPS
- Meets Financial Standards
  - At least 5% of revenues at risk; or
  - Maximum loss of at least 3% of spending benchmark at risk
Any Advanced APMs in 2017?

✓ Medicare Shared Savings Program (2 Tracks)
✓ Next Generation ACO
✓ Comprehensive ESRD Care (2 models)
✓ Comprehensive Primary Care Plus
✓ Oncology Care Model (OCM) - two-sided risk track available in 2017
Who is a Qualifying Participant?

- APM entities must meet thresholds for percent of Medicare Payments Received through, or Medicare Patients in Advanced APMs
- Partially Qualifying Participants

*Beginning in 2021, other payer APMs may be considered*
Quality Payment Program Implications

- PQRS 20 chart reporting ends in 2016
- MIPS quality reporting starting in 2017 requires reporting on at least 50% of eligible charts for a measure
- The QPP 2017 allows practices/physicians to not do full reporting in 2017 and avoid the 4% penalty (in 2019) by reporting on only one measure that can be done manually (like PQRS)
- The upside potential gain (in 2019) for full reporting in 2017 appears to be small
QOPI is a Viable tool for QPP Success

• The QOPI platform will be used to report the single measure in 2017 so all will avoid the 2019 penalty

• 2017 will be 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 “practice” 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 make the 50% reporting in 2017, they can directly report to CMS and try for a positive adjustment for 2019
Additional ASCO Support

EDUCATION AND RESOURCES

- Webinars
- *ASCO Oncology Practice Conference: The Business of Cancer Care* launching in March 2, 2017
  - [www.asco.org/macra](http://www.asco.org/macra)

CONSULTING

- Practice Transformation
- Readiness for Alternative Payment Models
- Filing Extensive Comments
What You Should be Doing

Avoid the 4% Penalty

• Report Something

Practice in 2017; Prepare for 2018

• Report on multiple measures and in all categories

Test the QOPI Registry when it is ready
For more information….

www.asco.org/macra
www.qpp.cms.gov

Additional questions can be sent to macra@asco.org