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

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Slide Deck - Part 1
Today’s Presenters

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  – Chair, ASCO Government Relations Committee
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  – Vice President, Clinical Affairs
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Agenda

• Introduction
• What is the Quality Payment Program?
• Merit-based Incentive Payment System (MIPS)
  – Quality
  – Advancing Care Information
  – Improvement Activities
• Alternative Payment Models
• ASCO Support
Paying for Value and Quality

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

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

The promise of MACRA aligns with ASCO’s goals:

- Rewards quality and value-based care
- Allows practice payment system and reporting options
- Consolidated incentive programs
ASCO Response to MACRA Proposed Rule

• Impact of Merit Based Incentive Payment System (MIPS) performance year options
• Adoption of specialty-specific alternative payment models (APMs)
• Address resource use methodology in the Merit-Based Incentive Payment System (MIPS) and Advanced APMs
  – Appropriate episode groups for oncology
  – Excluding all drug costs
  – Delay application
• Support for critical access practices
• Ensure reporting of clinically relevant quality data
MACRA Final Rule

- Overall more flexibility/less administration
- Physicians allowed to pick their own pace for participating in 2017
- Resource use not counted in 2017
- General Oncology specialty measure set
- Additional flexibility for small/rural practices
- Oncology Care Model (OCM) practices do not have to report on quality twice
- OCM get 100% and Oncology Medical Homes may get at least 50% Improvement Activity
- More advanced Alternative Payment Models (APMs)
Medicare Provider Reimbursement

- Sustainable Growth Rate (SGR)
- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- Quality Payment Program (QPP)

1997 → 2015 → 2017
Medicare Quality Payment Program (QPP) Goals

• Improved Outcomes
• Adoption of Advanced APMs
• Enhanced Clinician Experience
• Improved Data and Information Sharing
• Maximum Participation
• Operational Excellence
MACRA, Trump Administration & 115th Congress

MACRA implementation will likely continue to move forward.

POTENTIAL ISSUES

• Repeal of the ACA possible
• Threatens CMMI initiatives
• Could impact APMs

PROS

• Value and quality still the priority
• Bipartisan support – 91% of Congress
• Physician coalition support
Quality Payment Program

THE BASICS

PHILIP J. STELLA, MD
How Does Medicare Pay Me Now?

Adjustments

Physician Fee Schedule Payment

PQRS
MU
VBM
SGR

Final Provider Payment
How Does Medicare Pay Me Now?

- **Physician Quality Reporting System (PQRS)**
- **Meaningful Use Electronic Health Records Incentive Program (MU)**
- **Value Based Modifier (VBM)**

ASCO
American Society of Clinical Oncology
Making a world of difference in cancer care
Medicare Quality Payment Program (QPP)

**Merit Based Incentive Program System**
- Measures Quality, use of CEHRT, Improvement Activity and Cost.
- Peer Comparisons
- Incentives/Penalties
- Publicly Reported

**Alternative Payment Models**
- New Payment Mechanisms
- New Delivery Systems
- Negotiated Incentives
- Automatic Bonus

**MIPS**

**APMs**
How Will it Change?

The **Merit Based Incentive Payment System (MIPS)**

**Legacy Reporting Systems**
- Physician Quality Reporting System (PQRS)
- Meaningful Use (MU)
- Value Based Modifier (VBM)

**MIPS**
- Consolidates penalties
- Increases incentives
- Ranks peers nationally
- Reports publicly
How Will it Change?

The Merit Based Incentive Payment System (MIPS)

Legacy Reporting Systems

- 2016 Last Reporting Period
- 2018 Last Payment Adjustment

MIPS

- 2017 Adds Improvement Activity
- First MIPS Performance Period
- 2018 Cost category Scored
- 2019 First MIPS Payment Adjustment

Not included in 2017

MIPS

- 2017 Adds Improvement Activity
- First MIPS Performance Period
- 2018 Cost category Scored
- 2019 First MIPS Payment Adjustment

Not included in 2017
Reporting, Assessment, Payment Adjustment Cycle

2015

2016

2017

2018

2019

2020

2015 Assessed

2015 Payment Adjustment

Last Legacy Performance Period

Legacy Period Submission and Feedback

Last Legacy Payment Adjustment

First MIPS Performance Period

2017 MIPS Submission and Feedback

First MIPS Adjustment

2018 MIPS Performance Period (Includes Cost)

2018 MIPS Submission and Feedback

2018 MIPS Adjustment

2019 Performance Period

2019 MIPS Submission and Feedback
### Reporting, Assessment, Payment Adjustment Cycle

<table>
<thead>
<tr>
<th>Year</th>
<th>2015 Assessed</th>
<th>2015 Adjustment</th>
<th>Last Legacy Performance Period</th>
<th>Legacy Period Submission and Feedback</th>
<th>Last Legacy Payment</th>
</tr>
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</table>

- **First MIPS Performance Period**
- **2017 MIPS Submission and Feedback**
- **First MIPS Payment Adjustment**
- **2018 MIPS Performance Period (Includes Cost)**
- **2018 MIPS Submission and Feedback**
- **2018 MIPS Payment Adjustment**
- **2019 Performance Period**
- **2019 MIPS Submission and Feedback**
How is My Score Calculated?

- National Median Composite Score
- Medicare Provider Composite Score

- Low Performers: -9%
- High Performers: +9%
- Top Performers: +27%

2017

- Advancing Care Information (MU): 15%
- Quality (PQRS): 60%
- Improvement Activity: 25%
Pick your Pace in 2017 Transition Year

**APM**
Participate in an Advanced Alternative Payment Model

**Full Year**
Fully Participate beginning Jan 1, 2017

**Partial Year**
Report any 90 day period of 2017 Performance Year

**Test**
Submit some data during 2017 Performance Year

Possible Modest Positive Adjustment

Possible Small Positive Adjustment

Avoid Negative Adjustment

Possible Positive Adjustment + %
Pick your Pace in 2017 Transition Year

-4%

Failure to Participate in QPP in 2017 results in a Negative Payment Adjustment
Pick your Pace in 2017 Transition Year

- Submit the minimum amount of Medicare data
  - 1 quality measure
  - 1 improvement activity
  - 4 or 5 of the required base ACI measures
  - 1 chart
- Score at least 3 points
- Avoid negative payment adjustment
Pick your Pace in 2017 Transition Year

- Submit data for any 90-day period in 2017
  - All 3 MIPS categories
  - 50% of eligible charts
  - Begin reporting by October 2, 2017
- Submit performance data by March 31, 2018
Pick your Pace in 2017 Transition Year

- Submit a full year of data in 2017
  - All MIPS categories
  - 50% of eligible charts
  - Begin January 1
- Submit measures in all performance categories
- Earn at least 70 points to be eligible for exceptional performance pool
Pick your Pace in 2017 Transition Year

Participate in an Advanced Alternative Payment Model (APM)

Participation in an advanced APM:
✓ Exempt from MIPS
✓ Qualified for 5% lump sum bonus
✓ Can earn additional incentives based on structure of the APM
Will It Affect Me?

1st time Part B Participant: EXEMPT

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

APM Qualified Participant: EXEMPT