Quality Payment Program: Optimizing Your MIPS Score

July 10, 2017
Welcome

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

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

A recording of the webinar will be available next week.
Questions?

• Please submit questions by clicking on the Chat panel from the down arrow on the Webex tool bar (at the top of the screen):

1. Open the Chat panel
2. Send to: David Harter
3. Type your question in the text box and hit “send”

Additional questions after the webinar can be sent to
macra@asco.org
Today’s Speakers

• Sybil Green, JD, RPh, MHA
  – Director, Coverage and Reimbursement, Policy and Advocacy Department

• Stephen Grubbs, MD, FASCO
  – Vice President, Clinical Affairs
Medicare Quality Payment Program (QPP)

- 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
Pick Your Pace for Participation for the Transition Year

MIPS

<table>
<thead>
<tr>
<th>Test</th>
<th>Partial Year</th>
<th>Full Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit something</td>
<td>Submit a Partial Year</td>
<td>Submit a Full Year</td>
</tr>
<tr>
<td>• Submit some data after January 1, 2017</td>
<td>• Report for 90-day period after January 1, 2017</td>
<td>• Fully participate starting January 1, 2017</td>
</tr>
<tr>
<td>• Neutral or small payment adjustment</td>
<td>• Small positive payment adjustment</td>
<td>• Modest positive payment adjustment</td>
</tr>
</tbody>
</table>

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

Adapted from: CMS
Pick your Pace in 2017

-4%

Failure to Participate in QPP in 2017 will result in a Negative Payment Adjustment in 2019
Will It Affect Me?

1\textsuperscript{st} time Part B Participant  
EXEMPT

Low Volume \((\$30K)\) or Low Patient Count \((100\text{ Patients})\)  
EXEMPT

APM Qualified Participant  
EXEMPT

Medicare Part B (Physician Services)
How is My Score Calculated?

- Advancing Care Information (MU) 25%
- Quality (PQRS) 60%
- Improvement Activity (New) 15%

Low Performers -4%
High Performers +4%

National Median Composite Score
Medicare Provider Composite Score
Strategies to Optimize Your MIPS Success

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

• Quality Reporting (60%)
  – Six applicable measures (including at least one outcome)
  – 50% of eligible patients per measure (minimum of 20 patients)
  – All payer reporting (at least one Medicare beneficiary)

• Practice Improvement (15%)
  – Improve clinical practice or care delivery
  – 90 potential activities
  – Perform 1 or 4 activities (dependent on size of practice)
  – Attest to completion

• Advancing Care Information (EHR capability) (25%)
  – Security, Electronic Prescribing, Patient Electronic Access
# General Oncology Measure Set

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Submission Method</th>
<th>Measure Type</th>
<th>High Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Claims</td>
<td>Registry</td>
<td>EHR</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>X</td>
</tr>
<tr>
<td>Current meds</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pain intensity</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Tobacco screening</td>
<td></td>
<td></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></td>
</tr>
<tr>
<td>Receipt of specialist report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent tobacco use</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Alcohol screening</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HER2 negative</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HER2 positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRAS testing/+EGFR</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>KRAS testing/-EGFR</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Chemo last 14 days</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Not admitted to hospice</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>&gt;1 ED visit last 30 days</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>ICU last 30 days</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Hospice for less than 3 days</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Total Measures by Submission Mechanic</td>
<td>5</td>
<td>18</td>
<td>6</td>
</tr>
</tbody>
</table>
2017 MIPS Quality Benchmarks

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

<table>
<thead>
<tr>
<th>Decile</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantify Pain Intensity</td>
<td>35-75</td>
<td>76-81</td>
<td>82-89</td>
<td>90-95</td>
<td>96-99</td>
<td>-</td>
<td>-</td>
<td>100</td>
</tr>
<tr>
<td>Staging within 1 month</td>
<td>5-8</td>
<td>9-22</td>
<td>23-61</td>
<td>62-82</td>
<td>83-93</td>
<td>94-98</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>
## 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><strong>Total Points</strong></td>
<td><strong>40</strong></td>
<td><strong>32</strong></td>
<td>0</td>
</tr>
<tr>
<td>Points w/Cap</td>
<td></td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Points w/Cap</strong></td>
<td><strong>32</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Final Score**

32 (your total points) / 40 (possible points) x 60 (quality performance category weight) = 48
Advancing Care Information Scoring

Base Score (50%)
- Up to 5 required measures

Performance Score (90%)
- Up to 9 measures

Bonus Score (15%)
- Public health and clinical data registry reporting
Strategically Plan Your Reporting Activities

• What am I already doing?
  – Take advantage of your existing activities for MIPS reporting – you might be surprised by how many you are already doing

• What else should I be doing to improve quality in my practice?
  – When you consider needed quality improvements in your practice, take a moment to see if those improvements are awarded points in MIPS, particularly the “improvement activities” category

• Are you maximizing your EHR capabilities?
  – Even administrative functionalities such as secure messaging to patients for appointments or refills can increase your MIPS score
Group or Individual Reporting?

• Quality Category
  – If reporting individually, each clinician must meet 20-case minimum in order for measure to be scored
  – If reporting as a group, entire group contributes to 20-case minimum; clinicians to whom measure does not apply simply do not report that measure

• Improvement Activities Category
  – If reporting individually, each clinician must perform 1-4 improvement activities for full score
  – If reporting as a group, anyone in the group can contribute to the needed 1-4 improvement activities

• ACI Category
  – Reporting as a group likely increases quantity of events for performance scoring
Take Advantage of Bonus Points

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

<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 – using CEHRT</td>
<td>10</td>
<td>4.1</td>
<td>0*</td>
</tr>
<tr>
<td>Outcome – using CEHRT</td>
<td>10</td>
<td>9.3</td>
<td>2</td>
</tr>
<tr>
<td>Patient Experience [High Priority] – using CEHRT</td>
<td>10</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Care Coordination [High Priority] – using CEHRT</td>
<td>10</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Outcome – using CEHRT</td>
<td>10</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Outcome – using CEHRT</td>
<td>10</td>
<td>8.4</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>60</strong></td>
<td><strong>50.8</strong></td>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>Points w/Cap</strong></td>
<td><strong>50.8</strong></td>
<td><strong>6</strong></td>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>Total Points w/Cap</strong></td>
<td><strong>50.8 + 6 + 6 = 62.8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Score</strong></td>
<td><strong>60</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# High Priority Measures: General Oncology Measure Set

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

- Beneficiary Engagement
- Care Coordination
- Population Management
- Expanded Practice Access
- Patient Safety & Practice Assessment
- APM Participation
- Achieving Health Equity
- Integrating Behavioral/Mental Health
- Emergency Preparedness & Response
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)

<table>
<thead>
<tr>
<th>CMS Improvement Activity ID</th>
<th>Subcategory Name</th>
<th>Activity Description</th>
<th>Activity Weighting</th>
<th>ASCO's QCP Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_PSPA_19</td>
<td>Patient Safety &amp; Practice Assessment</td>
<td>Adapt a formal model for quality improvement and create a culture in which all staff actively participate in improvement activities that could include one or more of the following: Train all staff in quality improvement methods; Integrate patient, provider, and supplier feedback into practice; Establish a practice-wide quality improvement program; Engage all staff in identifying and testing practical changes; Develop regular team meetings to review data and plan improvement cycles; Promote transparency and accelerate improvement by sharing best practice, level and panel level quality of care, patient experience and utilization data with staff and/or patients and families.</td>
<td>Medium</td>
<td>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. The QOPI Certification Program has defined domains of responsibility: organization (Creating a Safe Environment Staffing and General Policy), processes prior to treatment (Treatment Planning, Patient Consent and Education), safe practices during treatment (ordering, preparing, dispensing and administering chemotherapy), and patient safety monitoring (Monitoring after chemotherapy is given, including adherence, toxicity and complications). Within each Domain are Standards, and for each Standard there are Elements that provide more specificity for the Standard. A vital component of implementation includes staff education and engagement. Domain 1 encompasses general education, competency, and documenting standards that require the involvement of practice leadership and administration to engage staff and patient participation in quality cancer care.</td>
</tr>
<tr>
<td>IA_PSPA_20</td>
<td>Patient Safety &amp; Practice Assessment</td>
<td>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 certification in regular team meetings and/or incorporation of population health, quality and patient experience metrics in regular reviews of practice performance.</td>
<td>Medium</td>
<td>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. To achieve certification, a practice/institution must meet all the certification Standards and Elements. To create practice change, standards need to be developed from within the healthcare community. The QCP standards were developed by oncology stakeholders including physicians, government agencies, patient advocates, pharmacists, nurses and other stakeholders. By gaining the insights of healthcare constituents, including the patient and family community, the initiative developed best practices based on the</td>
</tr>
</tbody>
</table>
ASC0’s QOPI Certification Program

<table>
<thead>
<tr>
<th>CMS Improvement Activity ID</th>
<th>Subcategory Name</th>
<th>Activity Description</th>
<th>Activity Weighting</th>
<th>ASCO’s QCP Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Safety &amp; Practice Assessment</td>
<td>Use of QCDR data, for ongoing practice assessment and improvements in patient safety.</td>
<td>Medium</td>
<td>Available knowledge, literature, and research and provide a structural foundation for practice leaders to engage with staff around implementation.</td>
</tr>
<tr>
<td>IA_PSPA_7</td>
<td>Patient Safety &amp; Practice Assessment</td>
<td>Use of QCDR data, for ongoing practice assessment and improvements in patient safety.</td>
<td>Medium</td>
<td>As a requirement to apply to the QCP, practices must first score &gt;75% on 26 oncologist-developed quality measures. ASCO’s QCDR will be accepted as an alternative mechanism to submit measures.</td>
</tr>
</tbody>
</table>

Examples of Specific QCP Requirements & Standards

<table>
<thead>
<tr>
<th>CMS Improvement Activity ID</th>
<th>Subcategory Name</th>
<th>Activity Description</th>
<th>Activity Weighting</th>
<th>ASCO’s QCP Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_BMH_4</td>
<td>Behavioral &amp; Mental Health</td>
<td>Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NOF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.</td>
<td>Medium</td>
<td>Before the first administration of a new chemotherapy regimen chart documentation is available that includes at least eight specific elements. These elements include initial psychosocial assessment, with action taken when indicated. ASCO 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.</td>
</tr>
</tbody>
</table>
| IA_BF_15                    | Beneficiary Engagement             | Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology. | Medium             | Before the first administration of a new chemotherapy regimen chart documentation is available that includes at least eight specific elements. These elements include the chemotherapy treatment plan, including, at minimum, the patient diagnosis, drugs, doses, anticipated duration, and goals of therapy, and assessment of the patient’s and/or caregiver’s comprehension of information regarding the disease and the treatment plan. ASCO 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

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Making a world of difference in cancer care
Multiple Scoring with One Activity

Six Scenarios
Making Every Activity Count

**Improvement Activity:**
10 or 20 pts

**Advancing Care Information:**
Up to 10% + 10% Bonus: IA using CEHRT

**Quality Measurement:**
3-10 points

- Routine medication reconciliation for empaneled patients
- Medication reconciliation
- Documentation of current medications
Making Every Activity Count

**Improvement Activity:**
10 or 20 pts

**Advancing Care Information:**
10% Bonus: IA using CEHRT

**Quality Measurement:**
3-10 points

Chronic care and preventative care management for empaneled patients (includes advance care planning)

Activity: Document advance care planning in EHR

Advance care planning
Making Every Activity Count

Improvement Activity: 10 or 20 pts

Integrate patient goals, values, priorities

Advancing Care Information: Up to 10% + 10% Bonus: IA using CEHRT

Patient specific education

Activity: Chemotherapy plan documented in EHR
Making Every Activity Count

Improvement Activity:
20 or 40 pts

Advancing Care Information:
Up to 10% +
10% Bonus: IA using CEHRT

Activity: Use secure messaging function of EHR to provide 24/7 patient access

Expanded practice access

Secure messaging
Making Every Activity Count

Activity: PDMP registration & consultation

Improvement Activity:
10 or 20 pts

Improvement Activity:
20 or 40 pts

Annual Prescription Drug Monitoring Program (PDMP) registration

Regular PDMP consultation
Making Every Activity Count

**Improvement Activity:**
- 10 or 20 pts

**Advancing Care Information:**
- Up to 10% + 10% Bonus: IA using CEHRT

**Activity:**
- Transitioning patient back to primary care

**Advancing Care Information:**
- Up to 20%

**Care coordination – specialist report**

**Medication reconciliation**

Use EHR to create summary of care and electronically transmit (Health Information Exchange)
MIPS Reporting Conclusions

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

**Certification**
- Improvement Activity
- APM Participation

**Rapid Learning**
- Quality Reporting

**Reporting**
- Quality Reporting
- Advancing Care Information
- Improvement Activity
- Cost
- APM Participation

**Reimbursement**
- APM Participation
- Improvement Activity

**Transformation**
- APM Participation
**QOPI® for QPP Reporting**

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

1. **Pick Your Pace in 2017.** Test the program and submit a minimum amount of data to avoid a 2019 penalty; OR report some data for at least 90 days; OR report full data for at least 90 days. If you do not report at all, you will receive a 4% penalty in 2019.

2. **Test the program.** If you choose to test the program in 2017, report more than the minimum required number of measures to improve your chances of successful reporting. And use the end of 2017 – July to December – to practice full reporting for 2018.

3. **Explore the quality measures on the Quality Payment Program (QPP) website.** Identify which measures best fit your practice. Many of the measures in the General Oncology Measure Set are included in ASCO’s Quality Oncology Practice Initiative (QOPI®) program.

4. **Check that your electronic health record (EHR) is certified by the Office of the National Coordinator.** It must meet the 2015 certification standards by 2018; for 2017, you may use an EHR certified to either 2014 or 2015 standards. And remember that you must perform a security analysis to pass the Advancing Care Information (ACI) requirements in 2017.

5. **Review the Improvement Activities on the QPP website.** See which activities best fit your practice. QOPI participation and QOPI certification activities will prepare you to meet these requirements.
6. **Obtain your Quality and Resource Use Reports (QRUR).** While cost is not included in the scoring in 2017, it is being measured and will be reported in the QRUR. It will be included in the scoring beginning in 2018 so be prepared.

7. **Ensure data accuracy.** Review your QRUR and ensure that the data is correct. It is also important to review the National Provider Identifier (NPI) for each provider in your practice and ensure they are accurate with the correct specialty, address, and group affiliation.

8. **Consider using a qualified clinical data registry (QCDR) to extract and submit your quality data.** The QOPI Reporting Registry, currently in development, will be your one-stop shop for quality reporting and attestation for ACI and Improvement Activities.

9. **Evaluate your payer relationships and begin discussions with commercial payers about value-based reimbursement and alternative payment models.** Identify your top two or three commercial payers and initiate discussions with them about value-based care. Introduce them to ASCO’s Patient-Centered Oncology Payment (PCOP) model – we are happy to help.

10. **Prepare your practice and staff for value-based care.** Does your staff understand the changes that are coming? Is your practice culturally prepared for the shift to value-based payment models? Are you employing elements of an oncology medical home including pathway utilization and ER and hospitalization avoidance? ASCO COME HOME provides consulting services to help practices transform for new reporting and payment models.

Avail yourself of ASCO resources. Check ASCO’s website, [www.asco.org/macra](http://www.asco.org/macra), regularly for news, resources and tools for your practice. Contact macra@asco.org with questions.
Proposed Rule 2018
QPP 2018 Performance Year – Proposed Rule

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

Cost Category is 0% in 2018

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

National Median Composite Score
Medicare Provider Composite Score

Advancing Care Information (MU)
Quality (PQRS)
Improvement Activity (New)
QPP 2018 Performance Year – MIPS

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

- Generally follows the same rules as MIPS groups
- Allows two or more solo practitioners or groups to form new groups
  - solo practitioner (individual MIPS eligible clinician who bills under a TIN with no other NPIs billing under such TIN);
  - or a group with 10 or fewer eligible clinicians under the
  - one year performance period
    - Election to participate as a virtual group at the beginning of the performance year
  - All MIPS eligible clinicians within a TIN must participate in the virtual group

- No restrictions on geography or specialty
- No restrictions on group size
- CMS will provide model agreement to guide practices
- CMS may use waiver authority to use the APM score instead of the virtual group score instead of the MIPS score when groups move to APMs
Language suggests: Part B drugs will be used in calculating eligibility, and may also be adjusted by the MIPS adjustment factor.

- CMS proposing exceptions when drugs (as part of MPFS payments) are purchased/administered through
  - Ambulatory Surgery Center
  - Home Health Aid
  - Hospice
  - Hospital Outpatient Department
Potential Issue:
Reporting in just one category, will likely result in a neutral adjustment or possibly penalties; based on the MIPS threshold score, rather than the from the reported category.

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

*Unclear if this policy also applies in 2017, we are investigating
QPP 2018 Performance Year – APMs

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

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

- Please submit questions by clicking on the Chat panel from the down arrow on the Webex tool bar (at the top of the screen):
  1. Open the Chat panel
  2. Send to: David Harter
  3. Type your question in the text box and hit “send”

Additional questions after the webinar can be sent to: macra@asco.org

Visit [www.asco.org/macra](http://www.asco.org/macra) for more information