Quality Payment Program – Year 2 What You Need to Know

The **Medicare Access and CHIP Reauthorization Act (MACRA)** of 2015 made several changes to provider payment systems – as a means of repealing the Sustainable Growth Rate (SGR) and streamlining several existing Medicare incentive programs. Under MACRA, the Quality Payment Program (QPP) was created – which includes the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). The QPP extends opportunities for eligible clinicians to receive payment incentives or penalties based on performance. Eligible clinicians (ECs) may choose their payment path. 2018 marks the second performance year of the Quality Payment Program and the program offers additional incentives and opportunities to earn bonus points in several areas.

Merit-based Incentive Payment System (MIPS)

The MIPS program brings together the Physician Quality Reporting System (PQRS), Meaningful Use (MU) and Value-based Payment Modifier (VBPM) programs into one program. Under MIPS, ECs are eligible for payment incentives or penalties based on performance in the categories of: Quality, Advancing Care Information, Improvement Activities and Cost.

This program is budget neutral - payment incentives come from penalties. The majority of ECs may see no change in reimbursement, but for those who do, the impact could be significant. In payment year 2020, ECs could receive an incentive or penalty for as much as 5% of their Medicare part B reimbursement.

Quality (PQRS)

- 50% of the MIPS score
- Select 6 quality measures (over 270 options)

Advancing Care Information (MU)

- 25% of the MIPS score
- Report on interoperability and information exchange

Improvement Activities (new category)

- 15% of the MIPS score
- Select from 1-4 activities (over 110 options)

Cost (VBM)

- 10% of the MIPS score
- Report through claims – CMS will pull automatically

Alternative Payment Models (APMs)

Under advanced Alternative Payment Models (APMs), eligible clinicians accept both risk and reward for providing coordinated, high-quality and efficient care. Providers participating in advanced APMs, who meet criteria for payment based on quality measurement and use of electronic health records, are eligible for a 5% incentive payment and excluded from the MIPS program.

Who

Eligible clinicians in Accountable Care Organizations (ACOs), Medicare Shared Savings Track 1, Track 1+, Track 2, and Track 3, Next Generation ACOs, Comprehensive Primary Care Plus (CPC+) and Comprehensive End-Stage Renal Disease Model. In performance year 2019, an All Payer Combination Model will be available.

Eligible clinicians in advanced APMs, which include the APM structures noted above, must submit at least 25% of clinician claims or care for more than 20% of the clinician's patient volume through the advanced APM, in order to be considered a qualified participant.

Eligible clinicians participating in a MIPS APM, which includes Medicare Shared Savings Track 1+ ACOs, would report to MIPS under the APM scoring standard. The APM scoring standard assigns different values to each performance category's percentage of the MIPS composite score: quality accounts for 50%, Advancing Care Information 30% and Improvement Activities 20%.

Choose Your Path: Options for Reporting and Participation

In the first year of the program, several reporting paces were available to choose from. These paces are no longer available however, an eligible clinician simply needs to meet the performance threshold of 15 points to avoid a negative payment adjustment. Below are some examples on how this may be achieved:

- Report on one high weight Improvement Activity (small practices with 15 or fewer eligible clinicians) or four medium weight Improvement Activities (large practices with 16 or more eligible clinicians)
- Report on at least five Quality measures (meeting data completeness requirement of 60%)
- Report on the base required measures for Advancing Care Information Category (depending on certification year of your EHR) and one Quality measure (meeting data completeness requirement of 60%)
- For large practices (with 16 or more eligible clinicians), report on two medium weight Improvement Activity and two Quality measures (meeting data completeness requirement of 60%)
- For small practices (with 15 or fewer eligible clinicians) report on one medium weight Improvement Activity and three Quality measures

Quality Improvement Organizations
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Administered By Healthcentric Advisors in Partnership with Qualidigm

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Quality Payment Program - Year 2 — Practice Assessment

General

Practice name: _____

Name and role of individual completing assessment:

_____

Contact email: _____

Contact phone: _____

- ☐ I am a solo practitioner
- ☐ I am part of a group* (# of clinicians): _____

***Please note all eligible clinician name(s) and NPI(s) on separate sheet**

Practice TIN: _____

Practice specialty: _____

Patient panel size: _____

- ☐ I see **>200** Medicare part B beneficiaries annually
- ☐ I submit **>$90,000** in Medicare claims annually
- ☐ This is my first year submit Medicare claims
- ☐ I have reviewed my eligibility using the CMS NPI Participation Status lookup - https://qpp.cms.gov/

☐ **Eligible** ☐ **Excluded from reporting in 2018**

Reporting Systems

I plan to report as a(n):

☐ Individual ☐ Group ☐ Virtual Group ☐ Unsure

I plan to submit data via:

☐ Claims (quality) ☑ EHR direct ☐ QCDR/registry

☐ Attestation ☐ CMS web interface (>25 ECs)

MIPS, Quality and Improvement Activities

Reporting participation level:

☐ Minimum Reporting – Avoid Negative Payment Adjustment ☐ Full Reporting - Maximize Incentive

I have determined the 6 *quality measures* I plan to report:

1. _____
2. _____
3. _____
4. _____
5. _____

Outcome/high priority measure:

6. _____

I am seeking to earn quality measure bonus points through

☐ Additional outcome measures ☐ Additional high priority measures ☐ Use EHR for end-to-end reporting

Improvement Activities I plan to implement (1 to 4)

1. _____
2. _____
3. _____
4. _____

2017 Merit-based Incentive Payment System (MIPS)

- ☐ I participated **as an individual** for program year 2017
- ☐ I participated **as part of a group** for program year 2017
- ☐ **I did not report for MIPS in 2017**

Reporting and Practice Improvement

I belong to an Accountable Care Organization (ACO)

ACO name: _____

- ☐ Medicare Shared Savings Program – Track 1
- ☐ Medicare Shared Savings Program – Track 1+
- ☐ Medicare Shared Savings Program – Track 2
- ☐ Medicare Shared Savings Program – Track 3
- ☐ Next Generation
- ☐ Other:_____

☐ I joined the Transforming Clinical Practice Initiative (TCPI)

☐ I am recognized as a Patient-Centered Medical Home (PCMH)

☐ I practice in a rural/underserved area

Reporting Systems

☐ I am a member of a specialty society and participate in the registry

Society: _____

Registry: _____

Population Health

I am involved in chronic disease management activities:

☐ I offer diabetes self-management training to my patients

☐ I utilize a care coordination program to monitor patients

☐ I participate in an antibiotic stewardship program

Electronic Health Record Information

I use electronic health record vendor, version:

_____

EHR certification year:

☐ 2014 ☐ 2015 ☐ Unsure

☐ I do not have an EHR

Advancing Care Information *Base Measures – 50% of ACI score*

*Security risk analysis *e-Prescribing

*Provide patient access *Send electronic summary of care

*Request/accept summary of care (2015 only)

Advancing Care Information *Performance Measures – up to 90%*

*Provide patient access *Send electronic summary of care

*View, download, transmit *Patient-specific education

*Secure messaging *Medication Reconciliation

*Clinical information reconciliation *Patient-generated health data

*Immunization registry reporting

Advancing Care Information *Bonus Measures – up to 15%*

*Public health or clinical data registry reporting

*Implement Improvement Activity utilizing certified EHR technology

Available Bonuses

- ☐ I see complex and dual eligible patients (5 points)
- ☐ I am using 2015 certified HER technology (10%)
- ☐ I am part of a small practice (5 points)