Medicare Access and CHIP Reauthorization Act (MACRA) and the Quality Payment Program (QPP)

Get Ready, Get Set, Go!
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Disclaimer

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Agenda

1. General Overview of MACRA / QPP
2. Overview of MIPS
3. 2017 MIPS
   ✓ Quality
   ✓ Advancing Care Information
   ✓ Improvement Activities
Medicare Access and CHIP Reauthorization Act 2015

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
  - Repeals Sustainable Growth Rate (SGR)
  - Bipartisan law signed on April 16, 2015
    - 392 to 37 House
    - 92 to 8 Senate

- It will likely not be repealed but it's implementation could be adjusted based on new Administration
  - Webinar information is based on Final Rule with Comment Period
  - Anticipate 2017 program details will not change significantly but pace of program in future years may slow down
The Quality Payment Program (QPP)

- The Quality Payment Program is focused on moving the payment system to reward high-value, patient-centered care.
- Clinicians can choose how they want to participate in the QPP based on their practice size, specialty, location, or patient population.
- A major step moving health care to pay from *volume* to *value*.
- CMS expects the QPP to evolve over multiple years and therefore, finalizes the rule with an additional 60-day comment period to continue to solicit input from clinicians, patients, and others.

CMS Quality Payment Program website: www.qpp.cms.gov
Two Paths

Advanced Alternative Payment Models (APMs)
If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

or

The Merit-based Incentive Payment System (MIPS)
If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.
Alternative Payment Models (APMs)

APMs are new approaches to paying for medical care through Medicare that incentivizes higher quality and lower costs.

As defined by the QPP, APMs include the following:

• Oncology Care Model
• Medicare Shared Savings Program
• Health Care Quality Demonstration Program
• Federally Mandated Demonstration Program
Three APM Options

Advanced APMs

Merit Based Incentive Payment System APMs (MIPS APMs)

Physician Focused Payment Models

Qualifications

• CMS designated
• Contain MIPS comparable quality measures
• Use of Certified Electronic Health Records Technology (CEHRT)
• Contain financial risk for monetary losses or is a CMMI authorized Medical Home
Merit Based Incentive Payment System (MIPS)

• Combines 3 legacy reporting programs (PQRS, Value Modifier and the Medicare EHR Incentive Program)
• Series of payment adjustments based on reporting and performance
• Goal: Clinicians can choose quality improvement and activities that are more meaningful to their practice to demonstrate performance
Preparing for MIPS

• There is no one route for MIPS
• Each group or individual physician can choose their own path under MIPS
• Develop a MIPS action plan
Reporting as an Individual or Group

**Individual Physician Reporting**
- An individual is defined as a single NPI tied to a single TIN
- Payment adjustment will be based on your performance

**Group Physician Reporting**
- A group is defined as 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN, no matter the specialty or practice site
- The group will get one payment adjustment based on the group’s performance
Who is included in MIPS?

• Medicare Part B clinicians billing more $30,000 a year **AND** providing care for more than 100 Medicare patients a year
Who is excluded from MIPS?

• Newly-enrolled Medicare clinicians
  • Clinicians who enroll in Medicare for the first time during a performance period are exempt from MIPS until the following performance year

• Clinicians significantly participating in Advanced APMs

• Clinicians below the low-volume threshold
  • Medicare Part B allowed charges less than or equal to $30,000 OR 100 or fewer Medicare Part B patients
MIPS Eligibility

• CMS will provide a notification of eligibility
  • Calculation based on 12-month historical data (September-August)
• Exempt individuals may volunteer to report, but they will not be eligible for pay adjustments

• Notification should occur in December by TIN/NPI
• Website available in January
Performance/Payment Timeline

- 2017 = Transition Year
- March 31, 2018: Submit
- 2018: Feedback Available
- January 1, 2019: Adjustment

2017 = Transition Year
Annual MIPS Payment Adjustments

+ 4%  + 5%  + 7%  + 9%
2019  2020  2021  2022
MIPS Payment Model

- Budget neutral program
- Losers pay winners
- Additional $500 M for exceptional performers for each of the first 6 years

- An additional 10% positive adjustment is available for exceptional performance, as determined by CMS
- Up to a 3 x multiplier based on CMS’ discretion
MIPS Components

Quality Reporting (previously PQRS)

Advancing Care Information (previously Meaningful Use)

Cost (previously Value Based Modifier)

Improvement Activities (new category)
MIPS Composite Score

Quality weighted score +
Advancing Care Information weighted score +
Improvement Activities weighted score +
Cost weighted score

MIPS Composite Score (0 – 100)
2017 Transition Year – Pick Your Pace

Test Pace
- Submit some data for at least one category
- Neutral or small payment adjustment

Partial Participation
- Report for a 90-day period for at least one category
- Small positive payment adjustment

Full Participation
- Report for at least 90-day period for all categories
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.
When does the QPP start?

• In 2017 you can pick your pace for the QPP
• If you're ready, you can begin January 1, 2017 and start collecting your performance data
• If you're not ready and want to report 90 days of data, you can choose to start anytime before October 2, 2017

• Whenever you choose to start, you'll need to send in performance data by March 31, 2018
The cost category will be calculated in 2017, but will *not* be used to determine your payment adjustment in 2019.
2017 MIPS Category Weighting

- Quality (60%)
- Advancing Care Information (25%)
- Improvement Activities (15%)
## Quality

<table>
<thead>
<tr>
<th>PACE OPTION</th>
<th>2017 Quality Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST PACE</td>
<td>Report on 1 measure</td>
</tr>
<tr>
<td>PARTIAL PARTICIPATION</td>
<td>Report on 2 measures for at least 90 consecutive days</td>
</tr>
<tr>
<td>FULL PARTICIPATION</td>
<td>Report on 6 measures for at least 90 consecutive days</td>
</tr>
<tr>
<td></td>
<td>• One measure must be an outcome measure, or if not available, another high priority measure (i.e. patient experience, appropriate use, patient safety, efficiency, care coordination)</td>
</tr>
<tr>
<td></td>
<td>• If fewer than 6 measures apply, then report on each applicable measures</td>
</tr>
<tr>
<td></td>
<td>• If more than 6 measures are reported, CMS will score all measures and use those that have the highest performance</td>
</tr>
</tbody>
</table>
### 2017 MIPS Measures Landscape

<table>
<thead>
<tr>
<th>Measure</th>
<th>Registry</th>
<th>Claims</th>
<th>EHR</th>
<th>Type</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Plan /Advanced Care Directive</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Process</td>
<td>Coordination</td>
</tr>
<tr>
<td>**Prostate, Avoidance of Overuse of Bone Scan</td>
<td>x</td>
<td></td>
<td>x</td>
<td>Process</td>
<td>Cost</td>
</tr>
<tr>
<td>Prostate, Adjuvant Hormonal Therapy</td>
<td>x</td>
<td></td>
<td></td>
<td>Process</td>
<td>Clinical Care</td>
</tr>
<tr>
<td>Pneumonia Vaccine over 65</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Process</td>
<td>Pop Health</td>
</tr>
<tr>
<td>Current Medications</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Process</td>
<td>Safety</td>
</tr>
<tr>
<td>**Pain Intensity</td>
<td>x</td>
<td></td>
<td>x</td>
<td>Process</td>
<td>Pt Experience</td>
</tr>
<tr>
<td>**Pain Plan of Care</td>
<td>x</td>
<td></td>
<td>x</td>
<td>Process</td>
<td>Pt Experience</td>
</tr>
<tr>
<td>**Radiation Dose Limits to Normal Tissues</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Process</td>
<td>Safety</td>
</tr>
<tr>
<td>Tobacco Use, Screening and Cessation</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Process</td>
<td>Pop Health</td>
</tr>
<tr>
<td>Closing Referral Loop, receipt of specialist report</td>
<td>x</td>
<td></td>
<td></td>
<td>Process</td>
<td>Coordination</td>
</tr>
<tr>
<td>Admitted to hospice for less than 3 days</td>
<td>x</td>
<td></td>
<td></td>
<td>Outcome</td>
<td>Clinical Care</td>
</tr>
<tr>
<td>More than one ER visit w/in last 30 days of life</td>
<td>x</td>
<td></td>
<td></td>
<td>Outcome</td>
<td>Clinical Care</td>
</tr>
</tbody>
</table>

Yellow = Measures in PQRS Wizard; ** = Radiation Oncology Measure Set
Quality Reporting Thresholds

• For Partial or Full participation
  • Report on at least 50% of patients that meet the measure’s denominator criteria, regardless of payer for the performance period

• Measures set vs. measures group!

https://qpp.cms.gov/measures/quality
Quality Reporting

Individual Physician Reporting

- **Clinical Registry (PQRS wizard)**
  - www.astro.org/pqrswizard
- EHR vendor
- Qualified Clinical Data Registry (QCDR)
- Claims

Group Physician Reporting

- **Clinical Registry (PQRS wizard)**
  - www.astro.org/pqrswizard
- EHR vendor
- QCDR
- CMS web interface (groups of 25 or more)
- CAHPS for MIPS survey

Don’t forget!
PQRS requirements for 2016 are still in place. Use ASTRO’s PQRSwizard to avoid the -2% payment adjustment in 2018.

Submission deadline
Advancing Care Information

Clinicians must use certified EHR technology to report. Reporting requirements are dependent on your version of Certified EHR Technology.

If you’re reporting via EHR Technology certified to the 2014 Edition:

**Option 1:** Advancing Care Information Transition Objectives and Measures

**Option 2:** Combination of the two measure sets

If you’re reporting via EHR technology certified to the 2015 Edition:

**Option 1:** Advancing Care Information Objectives and Measures

**Option 2:** Combination of the two measure sets

or
## 2017 ACI Requirements

<table>
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<tr>
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<th>2017 ACI Requirements</th>
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</thead>
<tbody>
<tr>
<td>TEST PACE</td>
<td>Report on <strong>required</strong> measures based on certification version</td>
</tr>
<tr>
<td>PARTIAL PARTICIPATION</td>
<td>Report on <strong>required</strong> measures based on certification version and <strong>one optional measure</strong></td>
</tr>
<tr>
<td>FULL PARTICIPATION</td>
<td>Report on <strong>required</strong> measures based on certification version</td>
</tr>
<tr>
<td></td>
<td>• Remember for full participation, must report on all performance categories, not just ACI.</td>
</tr>
</tbody>
</table>
ACI Exemption

• Exemption for hospital–based clinicians, defined as a MIPS eligible clinicians who furnishes 75% or more of his or her covered professional services in sites identified by Place of Services (POS) codes
  • Inpatient hospital (POS 21)
  • Outpatient hospital (POS 22)
  • Emergency room (POS 23)

• Exemption for hardship
  • Insufficient internet connectivity
  • Extreme and uncontrollable circumstances
  • Lack of control over CEHRT
  • Lack of face – to – face patient interaction (non-patient facing)
ACI Exemptions

• ASTRO believes majority of hospital-based radiation oncologists will be exempt from ACI

• Clinicians will need to submit an application to apply for hardship exemption

• If exempt, the ACI category will be reweighted to zero percent of the MIPS final score and the points redistributed to the other two categories for the composite MIPS score
ACI Preparation for 2017

• Confirm EHR certification version (CEHRT) with the Office of National Coordinator for Health Information Technology
  • https://chpl.healthit.gov/#/search
• If 2014 or 2015 CEHRT, it should have the data elements needed to capture information for the MIPS ACI category
Improvement Activities (IAs)

• New component, intended to provide credit for practice innovations that improve access and quality
• Over 90 activities that cross 8 IA categories
  • No required IA categories
  • Activities are either high-weighted (worth 20 points each) or medium-weighted (worth 10 points each)
IA Categories

- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety & Practice Assessment
- Achieving Health Equity
- Emergency Response and Preparedness
- Integrated Behavioral & Mental Health
IA Reporting

- Must perform selected activities for 90 consecutive days
- Must attest each activity performed for 90-day period by selecting “yes” during reporting
- May report activities through:
  - Clinical data registry
  - EHR
  - QCDR
  - CMS web interface (for groups of 25 or more clinicians)
<table>
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<tbody>
<tr>
<td>TEST PACE</td>
<td>Report on <strong>one</strong> activity</td>
</tr>
<tr>
<td>PARTIAL PARTICIPATION</td>
<td>Report on <strong>two</strong> activities</td>
</tr>
<tr>
<td>FULL PARTICIPATION</td>
<td>Report on <strong>two-four</strong> activities, depending on activity weight</td>
</tr>
<tr>
<td></td>
<td>• Most practices need activities totaling 40 points</td>
</tr>
<tr>
<td></td>
<td>• Small practices (clinicians ≤15), rural and health professional shortage area (HPSA)</td>
</tr>
<tr>
<td></td>
<td>practices only need activities totaling 20 points</td>
</tr>
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Take advantage of ASTRO Programs to Meet IA Requirements

Documentation
• RO-ILS MOC template
• APEx MOC template
• APEx self-assessment
• APEx corrective action plan
Cost

- No reporting requirement; 0% of final score in 2017
- Clinicians assessed on Medicare claims data
- Uses the Physician Value-Based Modifier measures
  - Medicare Spending per Beneficiary (MSPB)
  - Total per-capita Cost for All Attributed Beneficiaries
Develop a MIPS Plan

- Determine your eligibility status
- Understand practice setting and how it impacts participation requirements
- Choose pace, gauge your readiness and pick “how” to start
- Which Improvement Activities are you engaged in now? What are you interested in doing?
  - Participate in APEx?
  - Participate in RO-ILS?
- Consider your improvement goals and create an plan
QPP Education

• For more information, visit:
  • ASTRO - https://www.astro.org/macra
  • CMS - https://qpp.cms.gov/

• Coming in 2017 – More webinars on individual MIPS categories

  For questions, email ASTRO staff at MIPS@astro.org.