



Quality Payment Program Overview

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Disclosure

I have nothing to report, nor are there any real or perceived conflicts of interest, implied or expressed, in the following presentation.

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Acronyms in the Presentation

APM: Alternative Payment Model

CMS: Centers for Medicare & Medicaid Services

EC: Eligible Clinician

MACRA: Medicare Access and CHIP Reauthorization Act of 2015

MIPS: Merit-Based Incentive Payment System

PTN: Practice Transformation Network

QIN-QIO: Quality Innovation Network-Quality Improvement Organization

QPP: Quality Payment Program

SAN: Support and Alignment Networks

SURS: Small, Underserved, and Rural Support

Learning Objectives

- By the end of the session, participants will be able to:
 - Define options for QPP participation in 2017
 - Describe the QPP technical assistance available
 - Identify QPP local assistance and request support

The QIN-QIO Program

1965

President Lyndon B. Johnson signs the Medicare and Medicaid programs into law

1972

1972

Medicare Professional Standards Review Organizations (PSROs) begin to oversee quality of care at local level

1982

PSROs become statewide Peer Review Organizations (PROs) with new authority to protect beneficiaries from underuse of necessary health services

1984

1984

PROs begin reviewing medical records to protect beneficiaries from premature discharges from the hospital

1965

1982

1996

PROs launch first national quality project, the Cooperative Cardiovascular Project, to improve hospital care for heart attack patients

2002

2002-2008

QIOs expand their work into nursing homes, home health agencies, and physician offices

Today

1996

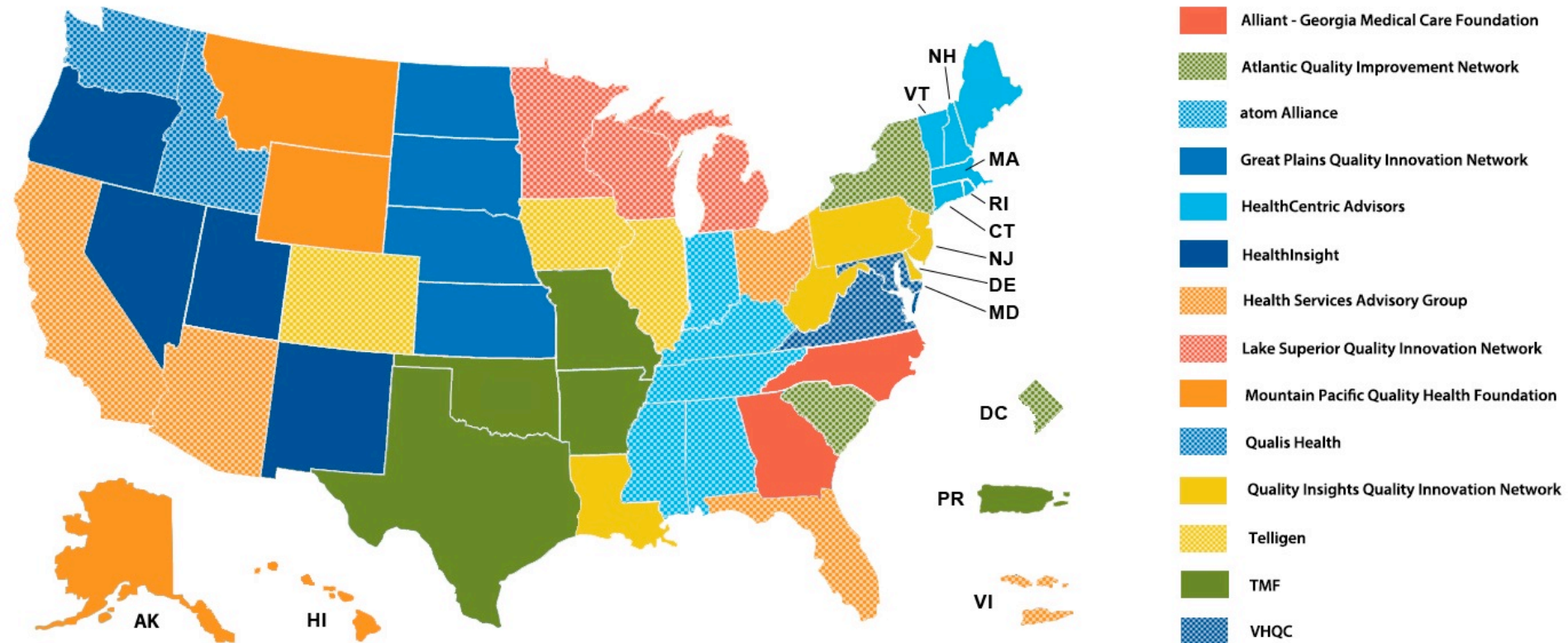
2002

PROs become Quality Improvement Organizations (QIOs), which better describe their proactive role in improving health care

Today

QIOs improve quality across the continuum of care, focusing on topics and providers with the greatest opportunity to improve

14 QIN-QIOs



QIN-QIO Mission

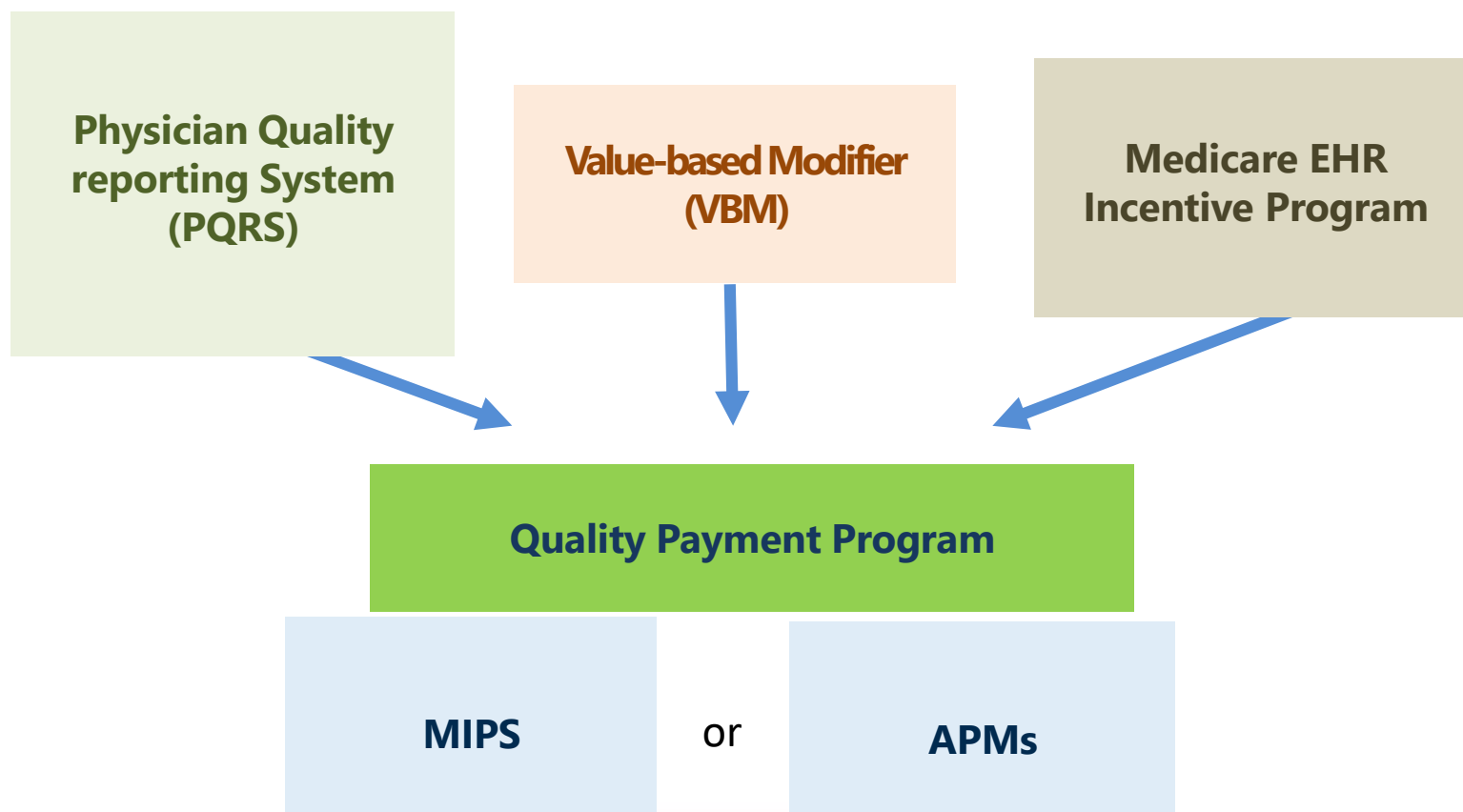
- Works on initiatives to improve patient safety, reduce harm, and improve clinical care
- Engages healthcare providers, stakeholders, and beneficiaries to improve health quality, efficiency, and value
- Drives quality by offering technical assistance, and collecting, analyzing, and providing data for improvement to providers
- Facilitates learning and action networks (LANs)
- Teaches, advises, and communicates



MACRA and QPP Participation: How to Be Successful

Medicare Reporting Under MACRA

MACRA streamlines these legacy programs into the QPP.



Quality Payment Program Strategic Goals

Improve beneficiary outcomes

Enhance clinician experience

Increase adoption of Advanced APMs

Maximize participation

Improve data and information sharing

Ensure operational excellence in program implementation

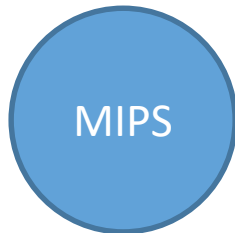
Quick Tip:

For additional information on the QPP, please visit [QPP.CMS.GOV](https://www.cms.gov/qpp).

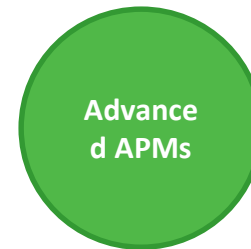
The QPP

- The QPP policy will:
 - Reform Medicare Part B payments for more than 600,000 clinicians
 - Improve care across the entire healthcare delivery system

Clinicians have two tracks to choose from:



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.

Advanced Alternative Payment Models (APMs)

If you decide to participate in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

How are MIPS Performance Categories Weighted?

- Weights assigned to each category is based on a 1 to 100 point scale

Transition Year Weights



Quality

60%



Cost

0%



Improvement
activities

15%

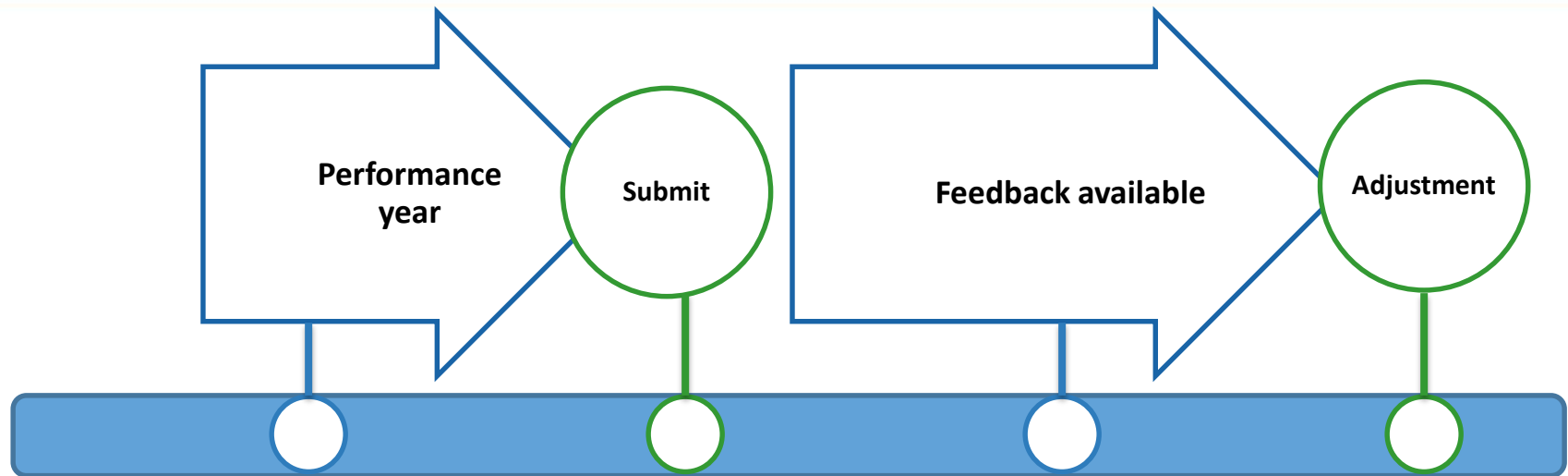


Advancing care
Information

25%

Note: These are default weights; the weights can be adjusted in certain circumstances

When Does the Merit-Based Incentive Payment System Officially Begin?



2017 Performance Year

Performance: The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, you will record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can provide care during the year through that model.

March 31, 2018 Data Submission

Send in performance data: To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5 percent incentive payment for participating in an Advanced APM, just send your quality data through your Advanced APM.

Feedback

Feedback: Medicare gives you feedback about your performance after you send your data.

January 1, 2019 Payment Adjustment

Payment: You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you could earn a 5 percent incentive payment in 2019.

Who Is Eligible?

- Medicare Part B clinicians billing more than \$30,000 a year AND providing care for more than 100 Medicare patients a year.

These clinicians include:

Physicians

Physician
Assistants

Nurse
Practitioner

Clinical
Nurse
Specialist

Certified
Registered
Nurse
Anesthetists

Quick Tip:

Physician means doctor of medicine, doctor of osteopathy (including osteopathic practitioner), doctor of dental surgery, doctor of dental medicine, doctor of podiatric medicine, or doctor of optometry, and, with respect to certain specified treatment, a doctor of chiropractic legally authorized to practice by a State in which he/she performs this function.

Who Is Excluded From MIPS?

Clinicians who are:



Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)



Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to \$30,000 a year
OR
- See 100 or fewer Medicare Part B patients a year

Advanced APM

Significantly participating in Advanced APMs

- Receive 25 percent of your Medicare payments
OR
- See 20 percent of your Medicare patients through an Advanced APM

Eligibility Scenario

BILLING
≥\$30,000


≥100

To be eligible for the QPP, a clinician must bill more than \$30,000 **AND** see more than 100 Medicare beneficiaries.

Quick Tip:
“AND” is the key to eligibility.

In the example provided in this incident where a clinician billed \$29,000 and saw 101 patients, this clinician would be **EXEMPT** from the program because the clinician did not bill more than \$30,000.

BILLING
\$29,000



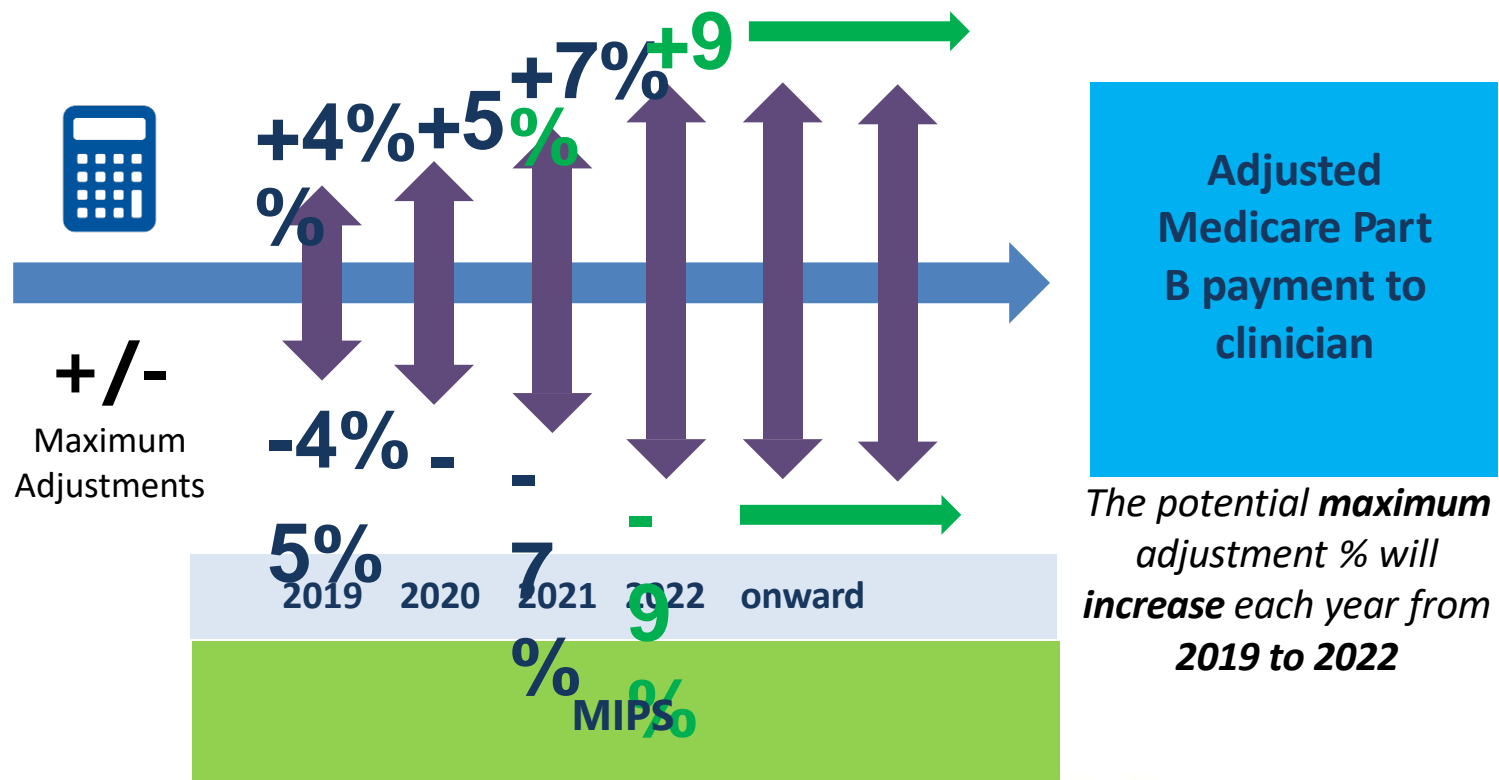

101



EXEMPT
from the
QPP

How Much Can MIPS Adjust Payments?

Based on a composite performance score, clinicians will receive **+/- or neutral** adjustments **up to** the percentages below.



QPP: 2017 Pick Your Pace

Clinicians will **pick their pace** for the first year – both in how they participate and when. We expect that everyone who is eligible for the Quality Payment Program will participate.



**Test
Participation**

or

**Partial
Participation**

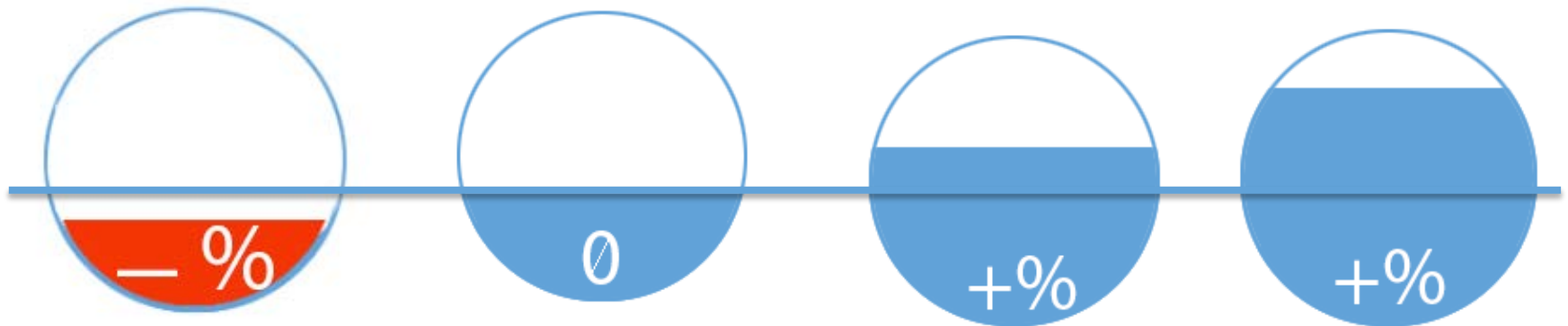
or

**Full
Participation**

or

Advanced APMs

For 2017, There Are Four Options For Participating in MIPS



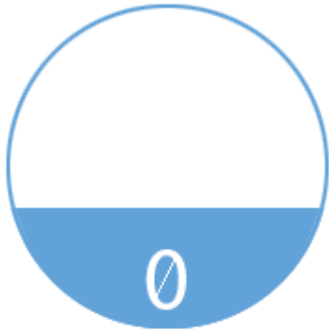
Not participating in the Quality Payment Program: If you don't send in any 2017 data, then you receive a negative 4 percent payment adjustment automatically.

Test: If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity), you can avoid a downward payment adjustment.

Partial: If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

Full: If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

MIPS First Year Participation: Option 1



**Submit
Something**

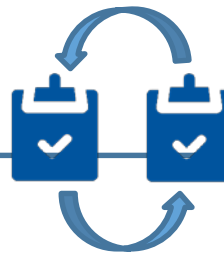
- Submit a minimum of 2017 data to Medicare
- Avoid a downward adjustment – neutral

You Have Asked: “What is the minimum amount of data?”



1 Quality Measure

or



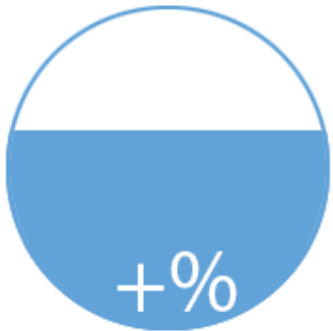
**1 Improvement
Activity**

or



**4 or 5 Required
Advancing Care
Information
Measures**

MIPS First Year Participation: Option 2



**Submit a
Partial Year**

- Submit 90 days of 2017 data to Medicare
- May earn a positive payment adjustment

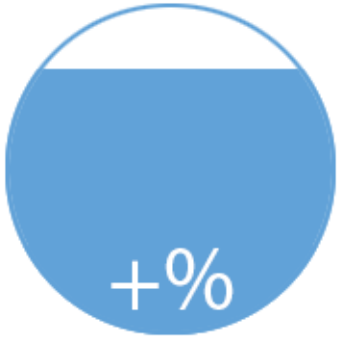
“So what?” — If you are not ready on January 1, you can start anytime between January 1 and October 2



Need to send
performance data
by **March 31, 2018**



First Year Participation: Option 3



Submit a Full Year

- Submit a full year of 2017 data to Medicare
- May earn a positive payment adjustment
- Best way to earn largest payment adjustment is to submit data on all MIPS performance categories

Key takeaway:

Positive adjustments are based on performance data on the performance information submitted, not the **amount** of information or **length of time submitted**.

Advanced APMs: Option 4

Advanced APMs

- You also can choose to join to stay in an Advanced APM in 2017 and potentially qualify for a 5 percent bonus.
- Remember: The Quality Payment Program **does not** change how any particular APM functions or rewards value. Instead, it **creates extra incentives** for APM participation.

In 2017, we anticipate that these will be Advanced APMs:

[Comprehensive ESRD Care \(CEC\)](#)

[Comprehensive Primary Care Plus \(CPC+\)](#)

[Shared Savings Program - Track 2](#)

[Next Generation ACO Model](#)

[Oncology Care Model \(OCM\)](#)

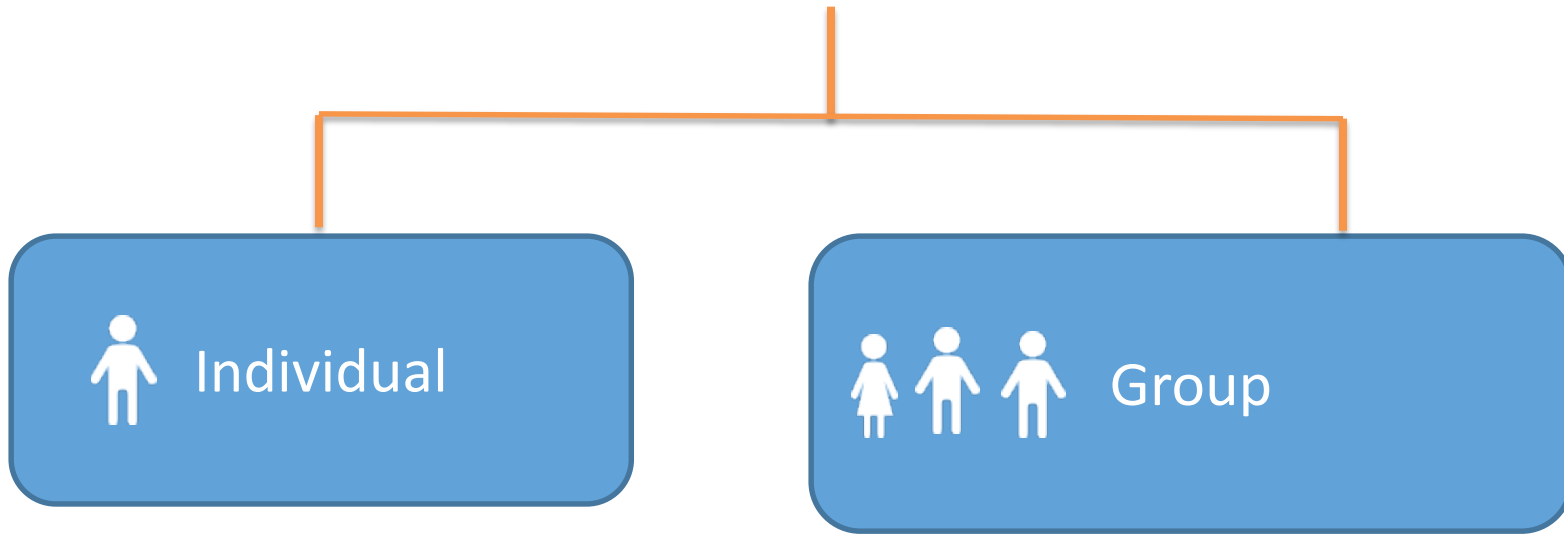
[Shared Savings Program - Track 3](#)

Advanced APMs

- A way for eligible clinicians and practices to earn greater rewards for taking on some financial risk related to patient outcomes.
- Advanced APM-specific reward and 5-percent lump-sum incentive—exempt from MIPS
- The QPP does not change the design of any particular APM, but creates extra incentives for a sufficient degree of participation
- What is a “sufficient degree”?

Individual vs. Group Reporting

Options



1. Individual — under an NPI number and TIN where they reassign benefits

2. As a Group

- a) 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN*
- b) As an APM Entity

* If clinicians participate as a group, they are assessed as a group across all four MIPS performance categories.



Technical Assistance and Education for Small and Large Practices

Four Options to Support Eligible Clinicians

CMS has **free** resources and organizations on the ground to provide help to clinicians who are eligible for the QPP.

PRIMARY CARE & SPECIALIST PHYSICIANS

Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact TCPLISC@TruvenHealth.com for extra assistance.



Locate the PTN(s) and SAN(s) in your state



SMALL & SOLO PRACTICES

Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in **solo or small practices (15 or fewer)**, particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or for assistance getting connected, contact QPPSURS@IMPAQINT.COM.



LARGE PRACTICES

Quality Innovation Networks- Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.



Locate the QIN-QIO that serves your state

Quality Innovation Network
(QIN) Directory

TECHNICAL SUPPORT

All Eligible Clinicians Are Supported By:



Quality Payment Program Website: qpp.cms.gov
Serves as a starting point for information on the Quality Payment Program.

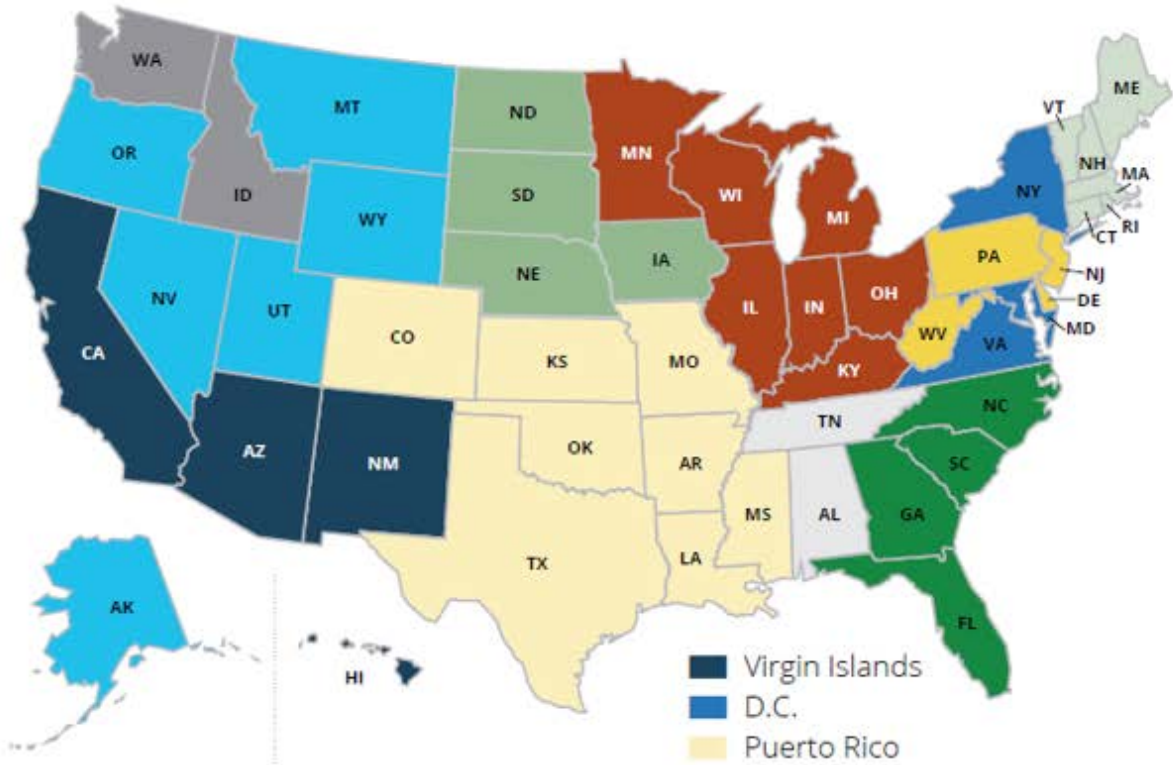


Quality Payment Program Service Center
Assists with all Quality Payment Program questions.
1-866-288-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov



Center for Medicare & Medicaid Innovation (CMMI) Learning Systems
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

QPP SURS Contractors



Legend

- Healthcentric Advisors
- IPRO
- Quality Insights (WMI)
- GMCF
- QSource
- Altarum
- TMF
- HSAG
- Telligen
- NRHI
- Qualis

QPP Small, Underserved, and Rural Support (QPP SURS)

- Designed for practices with **15 or fewer eligible clinicians**.
 - Includes small practices in: rural locations, health professional shortage areas (HPSAs), and medically underserved areas (MUAs).
- Goal is to provide on-the-ground support to eligible clinicians by:
 - Assisting in the selection and reporting of appropriate Merit-based Incentive Payment System (MIPS) Quality measures and Improvement Activities;
 - Optimizing their Health Information Technology (HIT);
 - Supporting change management and strategic planning; and
 - Evaluate their options for joining an Advanced Alternative Payment Model (APM).
- Support is available immediately and is **at no-cost** to clinicians in small practices.

QPP Technical Assistance for Large Practices

- QIN QIOs, PTNs, and SANs provide assistance to large practices
- Designed for practices with **16 or more eligible clinicians**
 - Hospital systems outpatient clinics or large multispecialty practices
- Goal is to provide on-the-ground support to eligible clinicians by:
 - Assisting in the selection and reporting of appropriate Merit-based Incentive Payment System (MIPS) Quality measures and Improvement Activities;
 - Optimizing their Health Information Technology (HIT);
 - Supporting change management and strategic planning; and
 - Evaluate their options for joining an Advanced Alternative Payment Model (APM).
- Support is available immediately and is **at no cost** to clinicians.

Resources

- CMS Quality Payment Program Website
<https://qpp.cms.gov>
- MACRA: Medicare Access and CHIP Reauthorization Act of 2015
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>
- QIO Program
<http://qioprogram.org>
- SURS Support Center
Email : QPPSURS@IMPAQINT.com
- Transforming Clinical Practice Initiative
<https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/>



Questions?

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QPP Email Support:

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HSAG engages providers at all levels of performance for collaborative learning and action that accelerate health care quality improvement.



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