

# CMS' Quality Payment Program for 2018 Performance Year

## An overview of Year 2 changes

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# Level Setting

- Presentation assumes baseline knowledge of QPP & will focus on changes from year 1 to year 2
- Most changes apply to clinicians in the MIPS track, though near the end we will briefly review information for those in an Advanced Alternative Payment Models (AAPM)
- Contact us if you want more information
  - Jill McKenzie [jmckenzie@qualidigm.org](mailto:jmckenzie@qualidigm.org) 802-522-2948
  - Susan Ridzon [sridzon@qualidigm.org](mailto:sridzon@qualidigm.org) 802-343-8820

# Overview

- ❑ QPP Year 2 Final Rule
  - ❑ MIPS program updates
  - ❑ AAPM program updates
- ❑ Resources
- ❑ Questions

# **Change:** Low Volume Threshold Increased

Include MIPS eligible clinicians billing more than \$90,000 a year in Medicare Part B allowed charges **AND** providing care for more than 200 Medicare patients a year.

## Transition Year 1 (2017) Final



AND



## Year 2 (2018) Final



AND



Voluntary reporting remains an option for those clinicians who are exempt from MIPS.

# Change in Low Volume Threshold

## What Does This Mean for Me?

- Eligible clinicians and groups that do not meet the claims AND patient volume thresholds are **excluded** from reporting in 2018
- Verify your eligibility at NPI look up tool <https://qpp.cms.gov/participation-lookup>
- Clinicians eligible in 2017 but excluded based on 2018 low volume thresholds, are not required to submit data for program Year 2

# Remember: Also Exempt from MIPS

No change from 2017



Newly-enrolled in Medicare

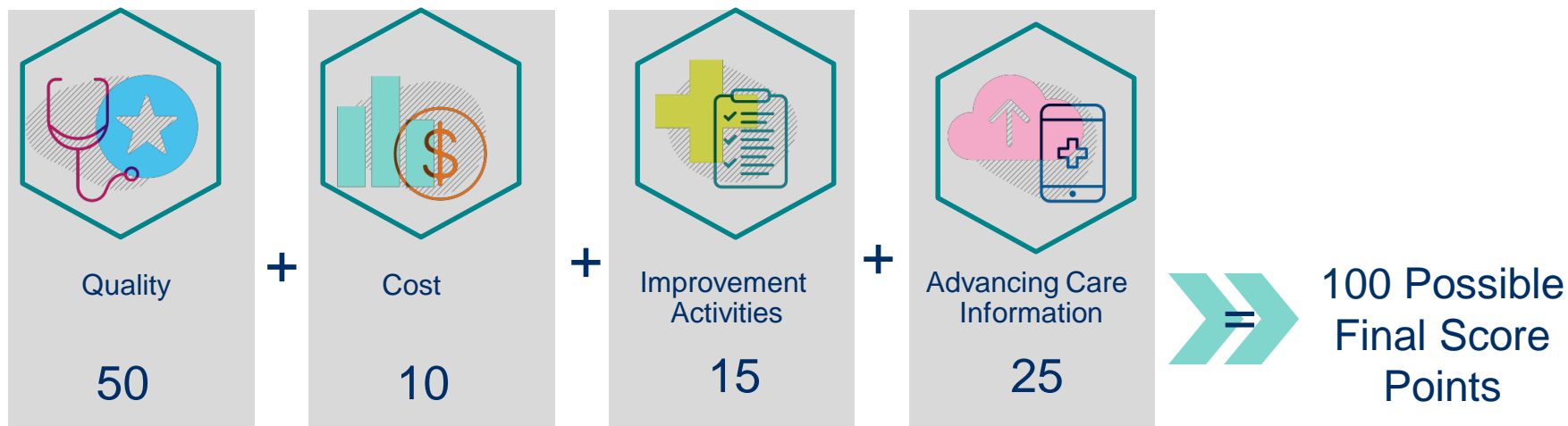
- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)



Significantly participating in Advanced APMs

- Receive 25% of their Medicare payments OR
- See 20% of their Medicare patients through an Advanced APM

# MIPS Performance Categories



- Same **four** performance categories in 2018
- **Remember:** The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive, negative, or neutral payment adjustment.**



# Change: Increase in Performance Threshold and Payment Adjustment

## Transition Year 1 (2017) Final

| Final Score 2017 | Payment Adjustment 2019  |
|------------------|--|
| ≥70 points       | <input type="checkbox"/> Positive adjustment<br><input type="checkbox"/> Eligible for exceptional performance bonus—minimum of additional 0.5% |
| 4-69 points      | <input type="checkbox"/> Positive adjustment<br><input type="checkbox"/> Not eligible for exceptional performance bonus                        |
| 3 points         | <input type="checkbox"/> Neutral payment adjustment  |
| 0 points         | <input type="checkbox"/> Negative payment adjustment of <b>-4%</b><br><input type="checkbox"/> 0 points = does not participate                 |



## Year 2 (2018) Final

| Final Score 2018   | Change Y/N | Payment Adjustment 2020  |
|--------------------|------------|--|
| ≥70 points         | N          | <input type="checkbox"/> Positive adjustment greater than 0%<br><input type="checkbox"/> Eligible for exceptional performance bonus—minimum of additional 0.5% |
| 15.01-69.99 points | Y          | <input type="checkbox"/> Positive adjustment greater than 0%<br><input type="checkbox"/> Not eligible for exceptional performance bonus                        |
| 15 points          | Y          | <input type="checkbox"/> Neutral payment adjustment  |
| 3.76-14.99         | Y          | <input type="checkbox"/> Negative payment adjustment greater than -5% and less than 0%   |
| 0-3.75 points      | Y          | <input type="checkbox"/> Negative payment adjustment of <b>-5%</b>   |

# Change in Performance Threshold and Payment Adjustment

## What Does This Mean for Me?

- Eligible clinicians and groups must report more data across the four performance categories to **avoid a 5% negative payment adjustment**
- Possible ways to earn 15 performance points:
  - Full participation in the Improvement Activity category OR,
  - Submit data for 3 quality measures where you can earn at least 5 performance points per measure OR,
  - Pass base Advancing Care Information measures and a quality measure earning at least 3 performance points OR,
  - Complete 2 medium weight Improvement Activities and two quality measures earning at least 4 performance points

# MIPS Performance Categories



- Same **four** performance categories in 2018
- **Change:** Cost is now worth 10% of final MIPS score (was 0)
- **Change:** Quality is now worth 50% (was 60%)

# Change: Cost Performance will account for 10% of 2018 MIPS score

- Cost category performance will be calculated from two measures:
  - Medicare spending per beneficiary (MSPB)
  - Total per capita cost
- **Full calendar year** of data, pulled by CMS via claims

# Change: Cost Performance will account for 10% of 2018 MIPS score





## What Does This Mean for Me?

- Eligible clinicians and groups will need to be aware of how they are performing with containing costs and should review their QRUR report
- Access the QRUR report:

<https://portal.cms.gov/wps/portal/unauthportal/home/>





# Change: Increase in Performance Period for Quality

## Transition Year 1 (2017) Final

| Performance Category   | Minimum Performance Period                           |
|--|--|
|  Quality                      | 90-days minimum; full year (12 months) was an option |
|  Cost                         | Not included. 12-months for feedback only.           |
|  Improvement Activities       | 90-days  |
|  Advancing Care Information | 90-days  |



## Year 2 (2018) Final

| Performance Category   | Minimum Performance Period |
|--|----------------------------|
|  Quality                      | 12-months                  |
|  Cost                         | 12-months                  |
|  Improvement Activities       | 90-days                    |
|  Advancing Care Information | 90-days                    |

# Change: Data Completeness Requirement Quality Performance Category

- Data completeness requirement increased to 60% (was 50%)
  - Eligible clinicians and groups reporting data on fewer than 60% of eligible patients will receive only **1 performance point** per measure
  - **Small practice clinicians ( $\leq 15$  EC)** will continue to earn **3 points**
  - Does not apply to those reporting via CMS web interface/CAHPS

# Change: Data Completeness Quality Performance Category

## What Does This Mean for Me?

- When reporting quality measures, be sure to identify the applicable patient populations to meet reporting requirements
  - Claims-based reporting – at least 60% of **Medicare patients** eligible for the given measure
  - EHR direct, registry and QCDR reporting – at least 60% of **all patients eligible for a given measure regardless of payer**



# Quality Category: Topped Out Measures



## What is the significance?

- A measure may be considered topped out if meaningful distinctions and improvement in performance can no longer be made.
- Topped out measures could have an impact on the scores for certain MIPS eligible clinicians, and provide little room for improvement for the majority of MIPS eligible clinicians.



## Topped Out Measures:

The six topped out measures include the following:

- Perioperative Care: Selection of Prophylactic Antibiotic-First or Second Generation Cephalosporin. (Quality Measure ID: 21)
- Melanoma: Overutilization of Imaging Studies in Melanoma. (Quality Measure ID: 224)
- Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients). (Quality Measure ID: 23)
- Image Confirmation of Successful Excision of Image-Localized Breast Lesion. (Quality Measure ID: 262)
- Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computerized Tomography (CT) Imaging Description (Quality Measure ID: 359)
- Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy (Quality Measure ID: 52)

# Quality Category: Topped Out Measures

## What Does This Mean for Me?

- Topped out measures receive a maximum of 7 points
- If you are including topped out measures in your data submission, you may need to submit more measures to achieve maximum points in the quality category

# Advancing Care Information Category

- Significant hardship **exemptions** available
- Automatic category **reweighting** for hospital-based clinicians and clinicians in ambulatory surgery centers
  - Reweighting means that Advancing Care Information will account for 0% of MIPS score and those points are reassigned to quality category

# Advancing Care Information Category: Hardship Exemptions & Reweighting

## What Does This Mean for Me?

- Greater reporting flexibility and the opportunity to request hardship exemption to reweight the Advancing Care Information category score
- Continue having clinicians follow workflows to support reporting and track progress towards measures
- Be mindful of application deadlines and requirements. Check [qpp.cms.gov](http://qpp.cms.gov) for updates.

# New: Advancing Care Information Base Measure Exclusions

## Health Information Exchange (2014) / Summary of Care (2015)

Any eligible clinicians who transfers a patient to another setting or refers a patient **fewer than 100** times during the performance period

## ePrescribing

Any MIPS eligible clinician who writes **fewer than 100 permissible prescriptions** during the performance period

# New: Bonus for using 2015 Certified EHR

- If you have upgraded or implemented a **2015 certified EHR**, you will earn a 10% bonus
- Eligible clinicians and groups may continue using **2014 certified EHR systems**

## What does this mean for me?

Eligible clinicians and groups should continue working towards the implementation of a 2015 certified EHR and achieving interoperability, when possible

# Improvement Activity Category

- New Improvement Activities added (more than 112 will be available)
- No change in performance category score or reporting period

# Improvement Activity Category

## What Does This Mean for Me?

- Continue seeking opportunities to achieve quality improvement, population management and patient engagement within the practice
- Consider work that is already being done within the practice, such as:
  - Participation in a prescription drug monitoring program
  - Provision of diabetes self-management education



# New: Burden Reduction for Small Practices

- **5 bonus points** for reporting data in at least one performance category
- Significant **hardship exception** available for the Advancing Care Information category
- Continue to receive **3 performance points** for quality measures not meeting data completeness requirement

# New: Burden Reduction for Small Practices

## What Does This Mean for Me?

- Increased flexibility for small practices and the ability to earn bonus points
- No cost, personalized technical assistance available to small (15 or fewer eligible clinicians) and rural practices. Contact:
  - Jill McKenzie [jmckenzie@qualidigm.org](mailto:jmckenzie@qualidigm.org) 802-522-2948
  - Susan Ridzon [sridzon@qualidigm.org](mailto:sridzon@qualidigm.org) 802-343-8820

# New: Virtual Groups



- **Solo practitioners** or those in a **group of 10 or fewer** eligible clinicians may form a virtual group
  - Performance evaluated as a group
  - Application deadline for 2018 has already passed

## What does this mean for me?

- Solo practitioners and clinicians in small groups now have the opportunity to take advantage of group reporting
- Aggregation of data and score
- May choose to use the CMS web interface for data submission if virtual group includes more than 25 eligible clinicians
- Check [qpp.cms.gov](http://qpp.cms.gov) for application materials and deadlines for 2019 performance year

# New: Bonus Points for Complex Patients

- **5 point bonus** available for care for **complex patients** – based on hierarchical condition categories (HCC) and dually eligible patients

## What Does This Mean for Me?

- Eligible clinicians that care for complex patients can earn bonus points for their time and effort caring for these patients
- Be sure you capture all of the conditions that the patient has and update annually

# Participants in Advanced Alternative Payment Models (AAPM)

## You May Be Exempt from MIPS if....

- Join the AAPM by one of three snapshot dates: March 31, June 30 or August 31, 2018
- Your APM achieves Qualified Participant (QP) status
  - QP status entitles eligible clinicians to 5% incentive bonus
- Verify your status with the APM status lookup tool at <https://data.cms.gov/qplookup>
- Check with OneCare Vermont about your participation requirements

# Resources

- New England QIN-QIO MACRA website  
<http://neqpp.org/>
  - Ask A Question <http://neqpp.org/ask-question/>
- CMS Quality Payment Program website  
<https://qpp.cms.gov/>
  - Be sure to check out the Resource Library under the “About” tab

About > Resource Library

## Resource Library

To make it easier for you to search and find what you're looking for by topic, year, or title, we've moved the [Resource Library to CMS.gov](#).

# Upcoming Webinars

| Date   | Time        | Title   | Sign up   |
|--------|-------------|---|---|
| Feb 22 | 11:00-12:00 | Implications of the Final Rule for Solo Practitioners and Small Group Practices | <a href="https://events-na1.adobeconnect.com/content/connect/c1/2354040968/en/events/event/shared/default_template_simple/event_landing.html?sco-id=2424863119&amp; charset =utf-8">https://events-na1.adobeconnect.com/content/connect/c1/2354040968/en/events/event/shared/default_template_simple/event_landing.html?sco-id=2424863119&amp; charset =utf-8</a> |
| Feb 28 | 11:30-12:30 | QPP Open Forum for your questions (MIPS and APM)                                | <a href="https://qualidigm.adobeconnect.com/qpp">https://qualidigm.adobeconnect.com/qpp</a>   |
| Mar 6  | 11:30-12:30 | QPP Year 2 - Reporting Made Easy  | Sign up info not yet available. Check <a href="http://www.healthcarefornewengland.org/events/">http://www.healthcarefornewengland.org/events/</a> for details.  |
| Mar 21 | 11:30-12:30 | QPP Open Forum for your questions (MIPS and APM)                                | <a href="https://qualidigm.adobeconnect.com/qpp">https://qualidigm.adobeconnect.com/qpp</a>   |

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# Acronyms

- ❑ **APM** – Alternative Payment Models
- ❑ **CMS** – Centers of Medicare & Medicaid Services
- ❑ **EHR** – Electronic Health Record
- ❑ **MACRA** – Medicare Access & CHIP Reauthorization Act
- ❑ **MIPS** - Merit-Based Incentive Payment System
- ❑ **IA** – Improvement Activities
- ❑ **QPP** – Quality Payment Program
- ❑ **MU** – Meaningful use
- ❑ **EC** – Eligible Clinician
- ❑ **PQRS** – Physician Quality Reporting System
- ❑ **QRUR** – Quality Resource & Use Reports
- ❑ **TIN** – Tax Identification Number
- ❑ **VBM** - Value-Based Modifier
- ❑ **ACI** – Advancing Care Information
- ❑ **ONC** – Office of the National Coordinator

# Questions and Open Discussion

