Applying the Quality Payment Program to Practice

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Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lake Superior Quality Innovation Network
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Stratis Health, part of Lake Superior Quality Innovation Network

Independent, nonprofit, Minnesota-based organization founded in 1971

- Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities

Working at the intersection of research, policy, and practice

Session Objectives

- Understand who is affected by the proposed QPP and how it will affect practice, patient care, and payments.
- Learn what population health means in QPP and how team-based care can help you manage patients and populations effectively.
- Learn where to focus your resources as U.S. transforms to quality care focused on care teams, care coordination, and population health.

Modern Healthcare Equation

O

Quality **Outcomes**

Performance **Objectives**

$$O = T_2 + U \times P_5$$

How YOU Fit into the Healthcare Equation

$$O = T_2 + U \times P_5$$

Outcomes Objectives = Technology Teamwork + YOU × Patients/Caregivers Providers/Staff Policies/Programs Payers Population

Medicare Access and CHIP Reauthorization Act of 2015

Quality Payment Program

- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- ✓ **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**

The Merit-based Incentive Payment System (MIPS) **or** **Advanced Alternative Payment Models (APMs)**

Source: CMS Quality Payment Program – Train-The-Trainer

MIPS Eligible Clinicians: 2017-2018

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

- Physician
- Nurse Practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist
- Voluntary Reporters
- More to be added in 2019

Physicians include:

Doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, or optometry, and doctor of chiropractic

Who is Exempt?

Below the Low Volume Threshold in performance year

- See <100 Medicare Part B PFS patients *OR*
- Bill <$30,000 to Medicare Part B PFS

Significantly participating in an Advanced APM

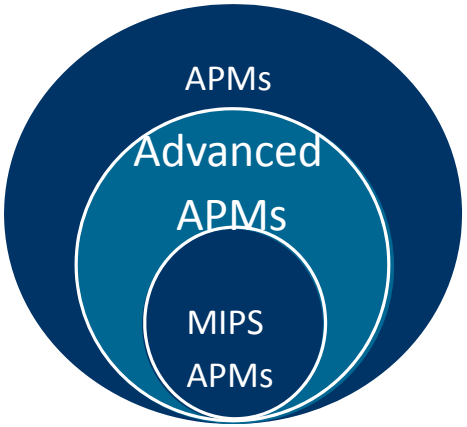
- 25% of Medicare Payments paid through AAPM OR
- 20% of Medicare Beneficiaries seen through AAPM

Newly enrolled in Medicare (for first year)

Non patient facing clinicians (<100 F2F visits)

Path 1: Advanced Alternative Payment Models (APM)

Promotes quality over volume by moving away from traditional Medicare Part B Physician Fee Service



2017 CMS Advanced APMs

1. **Medicare Shared Savings Program (MSSP) Tracks 2, 3**
2. **Next Generation** ACO Model
3. **Comprehensive ESRD Care** (CEC) **(2-sided risk)**
4. **Oncology Care Model** (OCM) **(2-sided risk)**
5. **Comprehensive Primary Care Plus** (CPC+) Model –
   - meets the criteria to be a Medical Home Model

*A current list of CMS and MIPS APMs is posted at QPP.CMS.GOV

Path 2: Merit-Based Incentive Payment System (MIPS)

Replaces PQRS (Physician Quality Reporting System)	New Category	Replaces Meaningful Use (EHR Incentive Program)	Replaces VBM (Value Based Modifier)
60 %	15 %	25 %	0 %

Maximum MIPS Composite Score

100

Source: CMS Quality Payment Program – Train-The-Trainer

2017 MIPS Transition Year Scoring: MIPS Composite Score = 0-100 Points

≥70 points	Eligible for positive payment adjustment and exceptional performance bonus
4-69 points	Positive payment adjustment. No exceptional performance payment. No negative payment adjustment
3 points	Neutral payment adjustment
Do nothing – 0 points	-4% payment adjustment

Steps to Success in the QPP

Determine Eligible Clinicians

- Medicare Part B Professional services across all settings, including CAH Method II Billing, outpatient
  - ER, SDS, observation, procedures, surgeries

Determine path: MIPS or APM

1. APM Path – Group reporting
   - MIPS eligible clinicians follow MIPS path
2. MIPS Path
   1. Determine group or individual reporting (at the TIN level)
      - Group: 2 or more clinicians who reassigned MPB billing to TIN
   2. **'Pick Your Pace' in 2017**

Meet at least Baseline Advancing Care Information Score

- Compile Performance ACI score and bonuses

Choose Improvement Activities and Quality Metrics

- Align QI Goals w/community needs and other required reporting

Example: Stratis Health MIPS Estimator
2016 Quality Measures Reports & 2017 Quality Measures Targets

Reported in 2016	
1	Diabetes: Hemoglobin A1c Poor Control
2	Breast Cancer Screening
3	Colorectal Cancer Screening
4	Falls: Risk Assessment
5	Diabetes: Foot Exam
6	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
7	Controlling High Blood Pressure
8	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
9	Pneumonia Vaccination Status for Older Adults
New in 2017	
10	Diabetes: Eye Exam
11	Documentation of current medications in the medical record
12	Weight Assessment & Counseling for Nutrition and Physical Activity for Children and Adolescents
13	Hypertension: Improvement in Blood Pressure
14	Preventive Care and Screening: Influenza Immunization
15	Appropriate Treatment for Children with Upper Respiratory Infection (URI)

MIPS Estimator: Case Study 1: Estimated MIPS Scores for Individuals

Using Claims to report quality — Provider #1

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	100	100	100%	25.00	25.00
Quality	0	60	0%	60.00	0.00
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**40.00**

Using EHR to report quality

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	100	100	100%	25.00	25.00
Quality	0	60	0%	60.00	0.00
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**40.00**

Using Registry to report quality

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	100	100	100%	25.00	25.00
Quality	0	60	0%	60.00	0.00
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**40.00**

Using Claims to report quality — Provider #12

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	113	100	113%	25.00	25.00
Quality	39	60	65%	60.00	39.00
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**79.00**

Using EHR to report quality

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	113	100	113%	25.00	25.00
Quality	51	60	85%	60.00	51.00
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**91.00**

Using Registry to report quality

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	113	100	113%	25.00	25.00
Quality	52	60	87%	60.00	52.00
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**92.00**

The MIPS Estimator tool was developed by Stratis Health, www.stratishealth.org.
For support on this MIPS Estimator tool, contact XXXXXXXX.
For support with MIPS, contact your regional Quality Innovation Network - Quality Improvement Organization (QIN-QIO), www.qioprogram.org/contact-zones#

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Stratis Health MIPS Estimator: Estimated MIPS Score for Group

Using Claims to report quality

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	107	100	107%	25.00	25.00
Quality	26.8	60	45%	60.00	26.80
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**66.80**

Claims	25.8	using 6 highest scores
EHR	37.3	using 6 highest scores
Registry	35.8	using 6 highest scores

Using EHR to report quality

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	107	100	107%	25.00	25.00
Quality	43.3	60	72%	60.00	43.30
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**83.30**

Claims	26.8	using 6 highest scores
EHR	43.3	using 6 highest scores
Registry	42.8	using 6 highest scores

Using Registry to report quality

MIPS Category	Category Score	Maximum points	% points earned	Category Weight	MIPS points
Improvement Activities	40	40	100%	15.00	15.00
Advancing Care Information	107	100	107%	25.00	25.00
Quality	42.8	60	71%	60.00	42.80
Cost		0	0%	0.00	
MIPS Final Score				**100.00**	**82.80**

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Transition to Team-Based Care

$$O = T_2 + U \times P_5$$

Technology
Teamwork

Patients/Caregivers
Providers/Staff
Policies/Programs
Payers
Population

Provider-Based Care

- Care Teams
- Medical Home Models

Plan for Care Coordination and Team-Based Care

- Primary Care Medical Home (PCMH) or Medical Home Model
  - Coordinate Care with community and regional partners
  - Determine which data to exchange and with whom?
    - Specialists, clinics, hospitals, community/public health, behavioral health, long term /short stay facilities, assisted living, subacute care
- Technology and Health Information Exchange:
  - 2015 CEHRT required in 2018: PH reporting, accept Summary of Care, clinical reconciliation, patient access & online education
- Organizational Leadership; Culture change takes time
  - Involve clinical staff and patients early and often
    - Use employees to problem solve workflows
  - Implement processes that allow clinicians to work at the tops of their licenses
- Prepare transition to Advanced Alternative Payment Model (If not already participating)
  - Join TCPI (Transforming Clinical Practice Initiative)
  - Engage with QIN/QIO and other support available through CMS funding for Small, Underserved and Rural Practices

Quality Payment Program: CMS Support and Technical Assistance

1. **QPP Technical Assistance for Practices >15**
   Stratis Health/Lake Superior QIN: : QPPHelp@stratishealth.org

2. **QPP SURS:** Technical Assistance for Small, Underserved, Rural practices (15 and under)
   Stratis Health QIO: QPPHelp@stratishealth.org

3. **Practice Transformation Networks** (PTN)
   1. CMS funded Transforming Clinical Practice Initiative (TCPI)

4. **CMS QPP Help Desk**
   (866) 288-8292 Email: QPP@cms.hhs.gov

5. **APMs**: Contract specific technical assistance

Stratis Health Resources

- **Stratis Health** (many resources for Health IT and Quality)

  http://www.stratishealth.org/index.html

- **Lake Superior Quality Innovation Network**

  Home page: https://www.lsqin.org

  Previous and upcoming webinars and Regional Office Hours: https://www.lsqin.org/events/

Resources

Quality Payment Program website:
https://qpp.cms.gov

QPP: Quality Measures page:
https://qpp.cms.gov/measures/quality

QPP resources page (past and upcoming webinars about QPP)
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html

Final Rule for QPP

QPP Final rule published Oct. 14, 2014 (2,398 pages)
https://qpp.cms.gov/docs/CMS-5517-FC.pdf

QPP Executive Summary (24 pages)
https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf

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