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Medicare Quality Reporting Programs: What Eligible Professionals Need to Know in 2016

Patrick Hamilton: Hello, and welcome to the "Medicare Quality Reporting Programs -- What Eligible Professionals Need to Know in 2016" presentation. My name is Patrick Hamilton with the Centers of Medicare and Medicaid Services. Today's presentation gives an overview of the Quality Reporting Programs currently under way at the Center of Medicare and Medicaid Services, with a specific focus on the requirements that Medicare providers need to meet in 2016. This includes an overview of the 2016 Physician Quality Reporting System, or PQRS, and how your participation in PQRS this year will determine how the value-based payment modifier will be provided to eligible professionals' reimbursement in 2018. We will also review the quality data that will be added to the position compare website, as well as go over the changes to the EHR Incentive Program for 2016.

This MLN connects video as part of the Medicare Learning Network. With the passage of the Medicare Access and CHIP Reauthorization Act, or MACRA, the individual payment adjustments for PQRS, the Value Modifier, and the EHR Incentive Programs will sunset on December 31st, 2018, with the new incentives through the Merit-based Incentive Payment System, or MIPS, and through Alternative Payment Models, or APMs, starting on January 1st, 2019. Since 2018 is the final year for the payment adjustments for these three individual programs, 2016 is the performance year to determine if Medicare-eligible professionals will be assessed to various payment adjustments associated with these three programs.

For PQRS, performance in 2016 will determine if eligible professionals will be assessed a two percent payment adjustment in 2018. It is also the year in which performance in PQRS will determine the application of the Value Modifier in 2018 for physicians in groups of all sizes, physicians who work as solo practitioners, and for the first time physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. The amount of the adjustments both upward and downward, as well as how those adjustments will be applied in 2018, will be discussed in the Value Modifier Module. And for the EHR Incentive Program, Medicare-eligible professionals will avoid the three percent meaningful use payment adjustment in 2018 for successful attestation this year.

CMS has continued its outreach efforts with the Medicare provider community to ensure that you have the most up-to-date knowledge and information available to assist you in understanding the PQRS value-based payment modifier and Meaningful Use programs. Joining me today are Dr. Patrick Conway and Dr. Kate Goodrich. Dr. Conway is the CMS acting principal deputy administrator and deputy administrator for innovation and quality, and CMS chief medical officer. Dr. Conway is responsible for overseeing the programs that serve the over 130 million Americans that access healthcare services through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. Dr. Conway is also the director of the Center for Medicare/Medicaid Innovation at CMS, which is responsible for testing numerous new payment and service delivery models across the nation that reward quality and value, including accountable care organizations, bundled payments, primary care medical homes, state innovation models, and many more. He's a practicing pediatric hospitalist.

Dr. Goodrich is the director of the Center for Clinical Standards and Quality, which is responsible for over

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20 quality measurement and value-based purchasing programs, including the implementation of the new merit-based incentive payment system. Previously, Dr. Goodrich served as the director of the Quality Measurement and Value-Based Incentives Group in CCSQ, where she oversaw the implementation of many quality value-based purchasing and public reporting programs across multiple settings. She also coed an HHS-wide group to align quality measures across programs, and more recently has worked with numerous private payers to align measures across the public and private sectors. Dr. Goodrich continues to practice clinical medicine as a hospitalist and is associate professor of medicine at George Washington University Medical Center. Thank you both for joining me today.

Patrick Conway: Thank you.

Kate Goodrich: Thank you.

Patrick Hamilton: Dr. Conway, can you give us a brief synopsis of how the MACRA legislation came to pass?

Patrick Conway: Yes. So, CMS worked closely with Congress, with physician and clinician groups, patients, other providers, and stakeholders to put together the MACRA legislation. And we want to thank Congress for that legislation. It really combines all the various quality and value programs that, previous, CMS had to align on the backend, if you will, the different statutory programs, into one cohesive whole where physicians and clinicians are able to focus on quality measures and quality improvement, resource use and efficient use of resources, clinical practice improvement, and also electronic health records as a tool to improve. So I think the beauty of the legislation is increased engagement with physicians and clinicians focusing on measures that matter most and really on a system that achieves better care, smarter spending, and healthier people.

Patrick Hamilton: And Dr. Goodrich, how will the new MACRA law help with the agency's focus of promoting better health, better care for patients, and smarter spending?

Kate Goodrich: So, the MACRA legislation really focuses on those three aims in some very distinct ways. First, it transforms how CMS pays physicians and other clinicians for the care that they provide to patients by transitioning from paying clinicians for the volume of services that they provide to the value that they provide to those patients with a major focus on patient outcomes, patient experience, and use -- and wise use of resources. Second, the legislation really focuses on transforming how care is delivered with a big focus on care coordination through the transition to alternative methods of payment, also focusing on engaging patients and families and caregivers more in their care. And then finally there's a major emphasis on transparency of data through the requirements that -- we post about performance and quality and cost and other factors on our physician compare website -- also that there is more frequent feedback of data to clinicians so that they can know how they're doing in providing care to their patients and be able to act on that in a more rapid fashion. And then finally the legislation really reduces the current administrative burden that physicians and other clinicians are feeling from having to report at -- to three separate programs -- condenses them into a single program, thereby freeing up time for them to be able to focus more on the care of their patients.

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Patrick Hamilton: So it's evident that 2016 is a year of transition for Medicare providers as the PQRS Value Modifier and the EHR Incentive Programs are sun setting in advance of the new MIPS and APM Incentive Programs. Dr. Conway, what advice would you give to providers who are trying to keep track of all the changes in these programs?

Patrick Conway: Yeah, so I think, first, for 2016 -- as you said, we still have the various programs, the PQRS position Value Modifier meaningful use. And our goal is to have as many providers and physicians and clinicians that want to report to report and to report successfully, so first and foremost, 2016, I would encourage groups and clinicians to understand the various programs to understanding the reporting requirements, to ask questions to CMS in our various methods. When they have questions with the central office, the regional office -- technical questions -- we're here to help you be successful. So I'd encourage physicians to report in 2016 and really focus on what matters to them. The whole point of these programs is quality improvement for your patients and the population you serve, so I'd encourage physicians and clinicians to engage and report successfully.

Patrick Hamilton: So, Dr. Goodrich, one could see how it is important for Medicare providers to continue their participation this year. How do you address providers who think it might not be in their best interest to do so in 2016?

Kate Goodrich: Well, as Dr. Conway mentioned, many of these providers are already subject to the current programs that we talked about: the PQRS Value Modifier and the EHR Incentive Program. So they're already being held accountable for the quality of the care they provide and for reporting the quality information. We see 2016 as a year in which not only, we think, they should continue that participation so they can understand the quality measures that are available to them, what it is that they need to do to succeed, but 2016 is also a year where we will be doing an extensive amount of outreach and education to physicians and other clinicians about the upcoming MIPS Program so that they can better understand it. We would also think that physicians and other clinicians should reach out to their own specialty societies and other organizations that they work with regularly to better understand the program. Those societies are very well-versed in not only the existing programs but the upcoming MIPS Program, and can be a real source of education and indeed direct assistance to be able to be successful with the program.

Patrick Hamilton: People are wondering if the components of the new MIPS Incentives will simply just be an extension of the current reporting programs: PQRS Value Modifier and EHR. Dr. Conway, how would you address these concerns and ensure providers that the new MIPS Program builds upon lessons learned from the previous programs?

Patrick Conway: Yeah, I do think the new program builds on those lessons learned, and I caught a few aspects. One: flexibility. It allows a much more flexible construct so that we can give physicians and clinicians options in terms of how they report and what's meaningful to them. Two: I think it is a much more simple framework. So our goal is to implement it in a way that it's understandable, simplified reporting, less administrative burden. And then lastly, I think it allows us really to focus on the outcomes of care, so both the quality outcomes and improvement over time. So you're really incentivizing the outcomes in improvement, the care that's important both to clinicians and to patients.

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Patrick Hamilton: In closing -- and I would ask this of both of you -- what is your message to physicians as to how they can become a part of this transformative process beyond participating in the programs?

Kate Goodrich: So, I'll start. I think physicians already are doing their very best to provide high-quality care to their patients. That is clearly at the top of their minds. I would advise physicians and other clinicians to, as I mentioned before, get in touch with their specialty societies to learn more about the programs. Take advantage of much of the -- what we call "technical assistance" or, boots-on-the-ground frontline direct assistance that CMS and others are providing for physicians to be able to transform how they practice care. So this technical assistance is intended to help physicians understand -- how to understand their performance and use data in order to improve, how to maybe redesign systems of care within the healthcare systems that they work in, just within their own offices practice, in order to be able to provide higher-quality care. So there's lots of resources out there that physicians and other clinicians can take advantage of in order to get ready for 2017.

Patrick Conway: Yeah, I think -- building on that -- I definitely agree, engaging with your specialty society, with the state societies -- really the boots-on-the-ground, if you will, to be successful in these programs, I think. Two, engaging with peers. So I can't tell you the number of physicians and clinicians engaging with other peers about how to be successful in the program. Well, we, CMS, are actually supporting that type of work through things like transforming clinical practice, which is an over \$600 million investment to support physicians and clinicians in the field. Additionally, you can shape these programs. Both the policies of the programs through direct engagement with CMS, but also things like clinical data registries, where you see societies develop registries that are meaningful to the physicians and clinicians in that specialty and utilize that as a mechanism for improvement and reporting to CMS. So, you know, our goal is to create a cohesive whole that really focuses, again, on that better care for patients, smarter spending, and healthier people. And we know this aligns, as Kate said, with the goals of physicians and clinicians providing care to patients.

Patrick Hamilton: Dr. Conway and Dr. Goodrich, I want to thank you for your time and sharing your insights with the Medicare provider community. This presentation has been broken down into six modules for your convenience so that you may view the topic that is of interest to you more efficiently. We encourage you to view all the modules so that you can get the most comprehensive understanding of how these programs are interrelated. In module one, we will give a high-level overview of the Medicare Access and CHIP Reauthorization Act that was passed in 2015, which includes the new Merit-based Incentive Payment System, or MIPS, as well as new Alternative Payment Models, or APMs. Module two will summarize the incentives as well as the payment adjustments for PQRS, the Value Modifier, and EHR Incentive Programs in 2016. Module three will provide updates to the PQRS Program for 2016 and go into detail regarding the various reporting methods for PQRS in 2016, for both those EPs reporting as individuals and for those groups that choose the Group Practice Reporting Option, or GPRO.

Module four will focus on the Value-Based Payment Modifier policies for 2018, including how the value modifier will be applied to the reimbursement of physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists in 2018, how quality-tiering will work in 2018, and how your PQRS activity in 2016 will determine your value modifier in 2018. We will also briefly discuss how the value modifier will be applied to EP's for participating in the Shared Savings

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Program, the pioneer ACO model, a comprehensive primary care initiative, or other similar innovation center models. Module five details the quality data that will be added to the physician compare, and module six will focus on the new requirements for the EHR Incentive Program in 2016 that stem from the modifications to stage two final rule last year. Once again, I would like to thank Dr. Conway and Dr. Goodrich for joining me in this discussion, and thank you for viewing this MLN Connects video presentation on the 2016 Medicare Quality Reporting Programs.

We encourage you to view all the modules that are listed below in the "descriptions" section of this video. This MLN Connects video, as well as all the associated video modules, is part of the Medicare Learning Network.