Quality Payment
PROGRAM

THE MERIT-BASED INCENTIVE
PAYMENT SYSTEM:
ANNUAL CALL FOR ADVANCING
CARE INFORMATION MEASURES
AND IMPROVEMENT ACTIVITIES

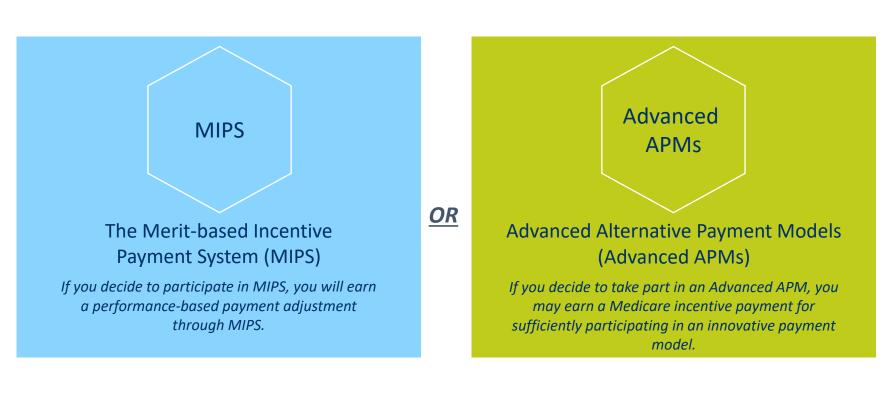**February 5, 2018**

Today's Webinar Topics

- Overview of the Quality Payment Program

- Overview of the Merit-based Incentive Payment System

- Overview of Two MIPS Performance Categories

  - Advancing Care Information measures

  - Improvement Activities

- Call for Measures and Activities

  - Advancing Care Information

  - Improvement Activities

The Quality Payment Program

Clinicians have two tracks from which to choose:

MIPS

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

_OR_

Advanced APMs

Advanced Alternative Payment Models (Advanced APMs)

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

What is the Merit-based Incentive Payment System?

Performance Categories*

Quality	Cost	Improvement Activities	Advancing Care Information
50	10	15	25

- Moves Medicare Part B clinicians to a performance-based payment system

- Provides clinicians with flexibility to choose the activities and measures that are most meaningful to their practice

- Reporting standards align with Advanced APMs wherever possible

*Weights assigned to each category based on a 1 to 100 point scale; the weights can be adjusted in certain circumstances. These weights are effective for Performance Year 2018.

CALL FOR ADVANCING CARE INFORMATION MEASURES AND IMPROVEMENT ACTIVITIES

Annual Call for Measures and Activities

- The Annual Call for Measures and Activities process allows organizations representing eligible clinicians, such as professional associations and medical societies, to identify and submit measures for consideration from the following categories:
  - Measures for the Advancing Care Information performance category
  - Activities for the Improvement Activities performance category
  - *Measures for the Quality performance category (not reviewed on this webinar)*

Advancing Care
Information

Improvement
Activities

When are Measures and Activities Posted?

- An annual list of Advancing Care Information measures and Improvement Activities will be published in the Federal Register no later than November 1 of the year prior to the first day of a performance period.

- MIPS Advancing Care Information measures and Improvement Activities for 2019 will be posted by Nov 1, 2018.

- The final measures and activities will be available on qpp.cms.gov.

Submitting Advancing Care Information Measures

- CMS is interested in adding measures that:
    - Measure patient outcomes and are patient focused
    - Promote interoperability and health information exchange
    - Emphasize patient safety
    - Support improvement activities and quality performance categories of MIPS
    - Build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Standards and Certification Criteria
- **The submission period is now open**

Submitting Advancing Care Information Measures

- Submit measures for consideration to: CMSCallForACIMeasures@gdit.com using the designated submission form. The form must include:
  - Measure description and program relevance
  - Measure type (if applicable; examples include outcome measure, process measure, patient safety measure, etc.)
  - Reporting requirement (numerator and denominator description, Yes/No statement, exclusion criteria)
  - CEHRT functionalities utilized (if applicable)

- CMS will review measures and evaluate them for applicability and feasibility.

- Advancing Care Information Measure Specifications are available here: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html

Advancing Care Information Performance Category

Call for Measures Submission Form

Submission Period February 1 through June 29, 2018 for 2020 Measures

Stakeholders must use this form to propose new measures under the Advancing Care Information (ACI) Performance Category for the Merit-based Incentive Payment System (MIPS) in 2020. The submission deadline is June 29, 2018.

Proposals must be sent to **CMSCallForACIMeasures@gdit.com**. Stakeholders will receive email confirmations for their submission.

SECTION 1: STAKEHOLDER INFORMATION

Provide the following information for the individual, group or association proposing a new measure for the Advancing Care Information Performance Category under MIPS. All required fields are indicated with an asterisk (*). This information will be used to contact the stakeholder(s) if necessary, and apprise them of determinations made for their proposed measure(s).

Submitter First Name*	Middle Initial	Submitter Last Name*	Credentials (MD, DO, etc.)

Name of Organization (if applicable)*:

Available here: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Call-for-Measures-and-Activities.zip

Submitting Improvement Activities

The following criteria will be used when considering Improvement Activities for inclusion in the program:

- Relevance to an existing Improvement Activities subcategory (or a proposed new subcategory)

- Importance of an activity toward achieving improved beneficiary health outcome

- Importance of an activity that could lead to improvement in practice to reduce health care disparities

- Aligned with patient-centered medical homes

- Focus on meaningful actions from the person and family's point of view*

- Supports the patient's family or personal caregiver*

- May be considered for an advancing care information bonus

- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care)

- Feasible to implement, recognizing importance in minimizing burden, especially for small practices, practices in rural areas, or in areas designated as geographic HPSAs by HRSA

- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes

*New submission criteria for 2019

Submitting Improvement Activities

Additionally, submitters should ensure that:

- New proposed activities do not duplicate existing ones. Consult the list of current MIPS Improvement Activities found at: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html

- The proposed activity is feasible to implement by others

- The activity produces evidence that CMS can use to validate that a MIPS-eligible clinician or group has completed the activity
  - The IA submission template provides more detail on what to provide to CMS to meet these requirements

- **The submission period is now open**

Submitting Improvement Activities

- Activities proposed for inclusion should be sent using the Improvement Activities Submission Form to CMSCallforActivities@abtassoc.com.

- All communication regarding Improvement Activities proposals, including follow-up questions for submitters and determinations, will come from this email address.

Submitting Improvement Activities

- Proposals submitted *by* March 1, 2018 will be considered for inclusion in the Quality Payment Program Year 3, beginning January 1, 2019.

- Proposals submitted *after* March 1, 2018 will be considered for inclusion in future years.

Improvement Activities Submission Form

Improvement Activities Performance Category

Call for Activities Submission Form

Activities recommended for inclusion should be sent using the Improvement Activities Submission Template (below) to the email: CMSCallforActivities@abtassoc.com. Stakeholders will receive an email confirmation for their submission. Improvement activities submitted by March 1, 2018 will be considered for inclusion for the Quality Payment Program Year 3 (2019). Improvement activities submitted after March 1, 2018 will be considered for inclusion for the Quality Payment Program Year 4 (2020). All fields of this form must be completed in order for your submission to be considered.

Proposed Improvement Activities Recommended for Inclusion in the Quality Payment Program: Submission Template

Activity Sponsor: *Provide entity name, URL, and individual contact information: name, address, phone, email—in case we need to contact submitter.*	
CMS NPI # or Sponsor Type: *Include NPI number, or indicate other entity type, e.g. EHR vendor, specialty group, or other—25 words or less.*	
Activity Title: *Provide the activity title only—10 words or less.*	

Available here: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Call-for-Measures-and-Activities.zip

WHERE CAN I GO TO LEARN MORE?

Where to Go to Learn More

General Questions

- Contact the Quality Payment Program Service Center by:
    - Email: qpp@cms.gov
    - Phone: 1-866-288-8292 (TTY: 1-877-715-6222)

Specific Questions about:

- Improvement Activities submission, email: CMSCallforActivities@abtassoc.com

- Advancing Care Information measure submission, email: CMSCallforACIMeasures@gdit.com

Q&A Session Information

- Please dial 1(866) 452-7887 to ask a question.

- If prompted, use passcode: 7889282

- The speakers will answer as many questions as time allows.

APPENDIX

MIPS Performance Category: Advancing Care Information

- **25%** of Final Score in 2018

- Promotes patient engagement and the electronic exchange of information using certified EHR technology

- Replaces the Medicare EHR Incentive Program for eligible professionals, also known as Meaningful Use

- Greater flexibility in choosing measures

- In 2018, there are *2 measure set options for reporting based on your Certified EHR Technology* Edition:

Advancing Care Information Objectives and Measures	2018 Advancing Care Information Transition Objectives and Measures

MIPS Performance Category: Improvement Activities

- **15%** of Final Score in 2018

- Attest to participation in activities that improve clinical practice
    - Examples: Shared decision making, patient safety, coordinating care, increasing access

- *Clinicians choose* from 100+ activities under 8 subcategories:

1. Expanded Practice Access

2. Population Management

3. Care Coordination

4. Beneficiary Engagement

5. Patient Safety and Practice Assessment

6. Achieving Health Equity

7. Integrating Behavioral and Mental Health

8. Emergency Preparedness and Response