



The Merit-based Incentive Payment System: Annual Call for Measures and Activities

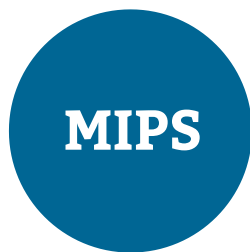
February 16, 2017

Today's Webinar Topics

- Overview of the Quality Payment Program
- Overview of MIPS
- Overview of Three Performance Categories
 - Quality
 - Advancing Care Information
 - Improvement Activities
- Call for Measures and Activities
 - Quality
 - Advancing Care Information
 - Improvement Activities

The Quality Payment Program

Clinicians have two tracks from which to choose:



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.

OR




Advanced Alternative Payment Models (APMs)

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


What is the Merit-based Incentive Payment System?

Performance Categories*



Quality

60%




Cost

0%



Improvement Activities

15%



Advancing Care Information

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

Call for Measures and 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 Quality performance category
 - Measures for the Advancing Care Information performance category
 - Activities for the Improvement Activities performance category



Quality



Advancing Care
Information



Improvement
Activities

When are Measures and Activities Posted?

- An annual list of measures and 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 measures and activities for 2018 will be posted by Nov 1, 2017
- The final measures and activities will be available on qpp.cms.gov.

Submitting Quality Performance Category Measures



- In order to be considered for quality performance category, measures submitted during the call for measures must:
 - Be fully developed measures including validity and feasibility testing (testing data must accompany submission)
 - Fulfill a clinical performance gap that includes scientific rationale
 - Be reportable via Registry or EHR data submission methods (claims-based measures will only be accepted in conjunction with another data submission method)
 - All information and supplemental documents must be submitted by the deadline (June 30, 2017)
 - Measures should be ready for implementation at the time of submission.

Submitting Quality Performance Category Measures



- Priority will be given to measures that meet high priority status:
 - Outcome measure type
 - Appropriate Use
 - Patient safety
 - Care Coordination
 - Patient Engagement and Caregiver Experience
 - Efficiency
- Peer Review Journal Article:
 - Submission must include a completed Peer Review Journal Article Form
 - Fact sheet and information is included with JIRA and can be attached to submission

Submitting Quality Performance Category Measures



- Measures must be submitted through the JIRA tool
 - You must request a login and access to 2017 MUC Project
 - All data fields must be completed for consideration
 - Contact information must be completed for questions
 - Appropriate SME must attend the Measures Application Partnership (MAP) meeting in December to address questions

- Helpful Link:
 - [JIRA for Quality Measures](#)

Pre-Rulemaking process for Quality Performance Category



- **Statutory Reference**

- Section 3014 of the Patient Protection and Affordable Care Act
- Section 1890 and 1890A of the Social Security Act

- **Pre-rulemaking Steps**

1. CMS annually publishes the Measures under Consideration (MUC) List by December 1
2. National Quality Forum's (NQF) convenes Multi-Stakeholder Groups Measure Applications Partnership (MAP)
3. MAP provides recommendations and feedback to the Secretary annually by February 1

If you have questions about this process, please contact Michelle Geppi at

michelle.geppi@cms.hhs.gov.

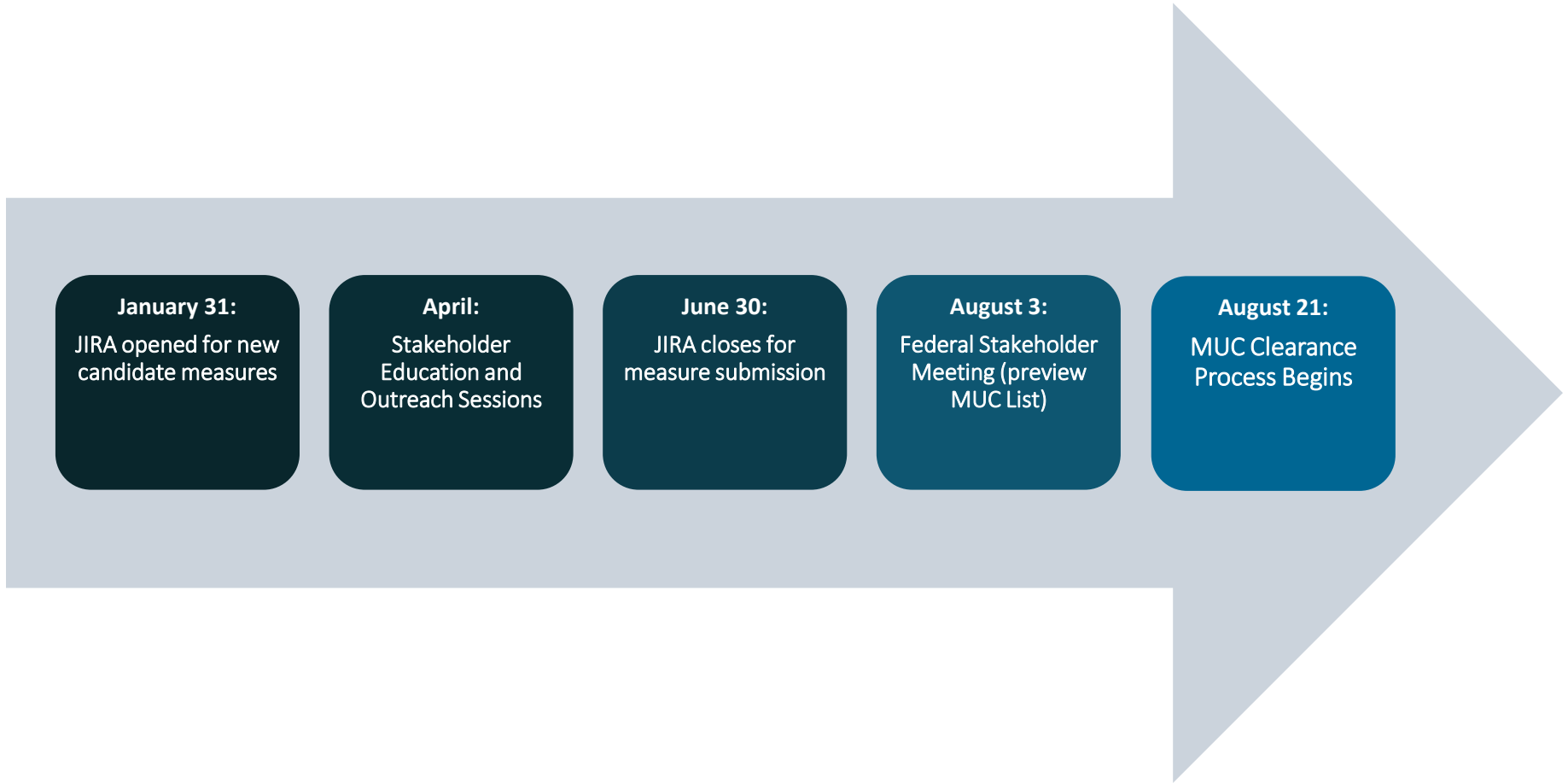
Caveats



- Measures in current use should not be submitted through Call for Measures again. The exceptions would be:
 - Proposing to expand the measure into other CMS programs, or
 - Significant changes to the current measure

Please note: If a measure was on a prior year's published MUC List, but was not finalized for implementation, the measure must be resubmitted to be considered for another performance year.

Measures under Consideration List Publishing 2017 / 2018



Measures under Consideration List Publishing 2017 / 2018



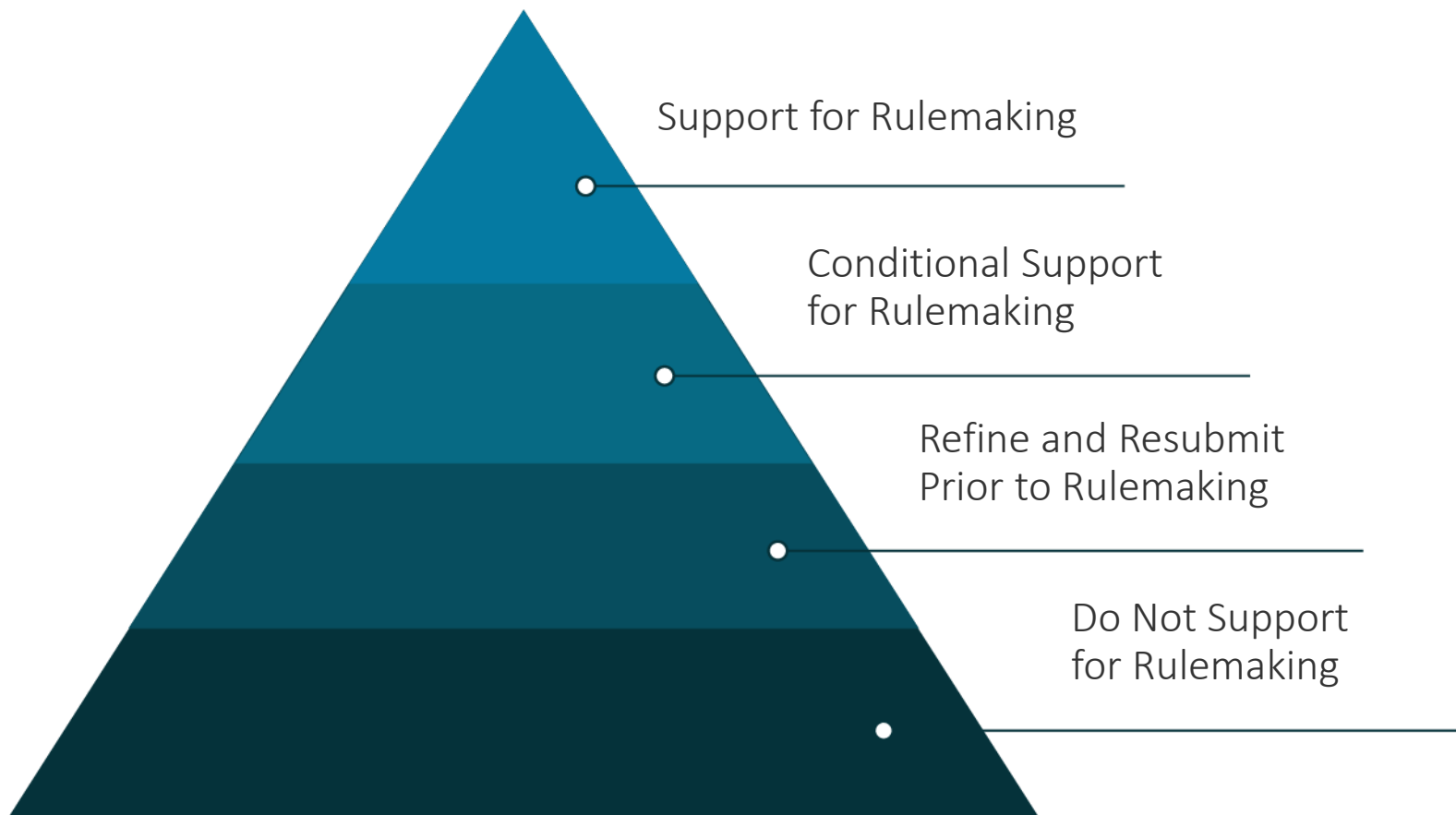
* NQF facilitates two public coming periods. The first public commenting period takes place after the publishing of the List until the December Work Group meetings occur. The second public commenting period takes place between the last December Work Group committee meeting and before the Coordinating Committee meeting in January.

MAP Measure Selection Criteria



1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

MAP Decision Categories



Submitting Advancing Care Information Measures



- CMS is interested in adding measures that:
 - Measure patient outcomes
 - Emphasize patient safety
 - Support improvement activities and quality performance categories of MIPS
 - Builds 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: CMSCallforMeasuresACI@ketchum.com using the designated submission form. The form must include:
 - Measure description
 - Measure type (if applicable), examples include outcome measure, process measure, patient safety measure, etc.
 - Reporting requirement (numerator and numerator description, Yes/No statement, exclusions)
 - CEHRT functionalities utilized, if applicable
 - Scoring type (base, performance, bonus)
- CMS will review measures and evaluate them for applicability and feasibility.



ACI Measure Submission Form

Quality Payment Program

Advancing Care Information Performance Category

Call for Measures Submission Form

Submission Period January 31 through June 30, 2017
for 2019 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 2019. The submission deadline is June 30, 2017.

Proposals must be sent to CMSCallforMeasuresACI@ketchum.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)*:			

Address Line 1 (Street Name and Number – <u>Not</u> a Post Office Box or Practice Name)*		
Address Line 2 (Suite, Room, etc.)		
City/Town*	State (2 character code)*	Zip Code (5 digits)*

Available on <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallForMeasures.html>



Submitting Improvement Activities



- Submitted Improvement Activities should meet the criteria below:
 - Demonstrate robust clinical performance supporting patient-centered care
 - Further clinical achievement in the other categories of MIPS
 - Enable clinicians and groups to join or become APMs
 - Advance broader national health goals and initiatives

Submitting Improvement Activities



- Proposed Improvement Activities will be considered based on the following criteria:
 - Represent an area that could highlight improved beneficiary health outcomes, patient engagement and safety based on evidence
 - Could reduce health care disparities
 - Would contribute to improvement in patient care practices or improvement in performance on quality measures and cost performance categories
 - Include an emerging certified health IT capability
 - Does not duplicate existing improvement activities
 - May be considered for an Advancing Care Information bonus
 - Is feasible to implement
 - If the activity is able to be validated by CMS

Submitting Improvement Activities



- Activities proposed for inclusion should be sent using the Improvement Activities Submission Form to CMSCallforActivitiesIA@ketchum.com.
- All communication regarding Improvement Activities proposals, including follow-up questions for submitters and determinations, will come from this email address.
- A review of submitted Improvement Activities will occur in the summer of 2017.

Submitting Improvement Activities



CMS priorities for proposals on improvement activities include those that:

1. are appropriate for small, rural, Health Professional Shortage Areas (HPSA) and non-patient facing MIPS eligible clinicians,
 2. emphasize patient safety and practice assessment, such as through the use of clinical or surgical checklists and practice assessments related to maintaining certification, and
 3. address gaps in the improvement activities inventory for specialty practices.
- Proposals submitted by February 28, 2017 will be considered for inclusion in 2018.
 - Proposals submitted after February 28, 2017 will be considered for inclusion in future years.

Improvement Activities Submission Form



Quality Payment Program

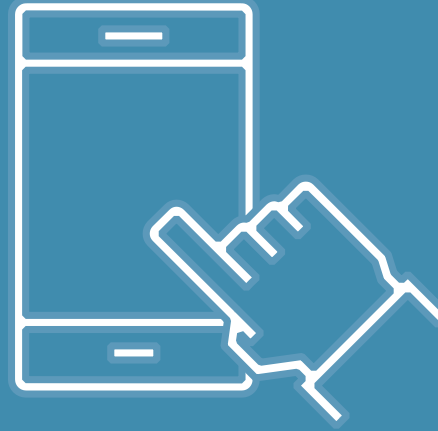
Improvement Activities Performance Category Call for Activities Submission Form

Activities recommended for inclusion should be sent using the Improvement Activities template (below) to CMSCallforActivitiesIA@ketchum.com. Stakeholders will receive an email confirmation for their submission. Recommendations submitted by February 28, 2017 will be considered for inclusion in 2018. Recommendations submitted after February 28, 2017 will be considered for inclusion in future years.

Improvement Activities Recommended for Inclusion

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

Available on <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallForMeasures.html>



Where can I go to learn more?

Training and Additional Resources

- Training and Additional Resources
- Additional educational resources, including ACI and IA submissions forms, are available via the [CMS Call for Measures Webpage](#).
- **Helpful Links:**
 - [Quality Payment Program Fact Sheet](#)
 - [Quality Measures Specifications Fact Sheet](#)
 - [Advancing Care Information Measure Specification Fact Sheet](#)
 - [JIRA for Quality Measures](#)

Q&A Session Information

- Please dial 1(866) 452-7887 to ask a question.
- If prompted, use passcode: 60619677
- The speakers will answer as many questions as time allows.
- If your question is not answered during the webinar, please contact the Quality Payment Program Service Center at qpp@cms.hhs.gov or 1-866-288-8292.

Appendix

Understanding the Quality Performance Category



MIPS Performance Category: Quality



- **60%** of Final Score in 2017
- 270+ measures available
 - You **select 6** individual measures
 - 1 must be an **Outcome** measure
OR
 - **High-priority** measure
 - Defined as outcome measures, appropriate use measure, patient experience, patient safety, efficiency measures, or care coordination.
 - You may also select specialty-specific set of measures
- *Keep in mind:*

Replaces PQRS and Quality portion of the Value Modifier

Provides for an easier transition for those who have reporting experience due to familiarity

Understanding the Advancing Care Information Performance Category



MIPS Performance Category: Advancing Care Information



- **25%** of Final Score in 2017
- 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 2017, there are **2 measure set options for reporting based on your Certified EHR Technology Edition**:

Advancing Care Information
Objectives and Measures

2017 Advancing Care Information
Transition Objectives and
Measures

Understanding the Improvement Activities Performance Category



MIPS Performance Category: Improvement Activities



- **15%** of Final Score in 2017
- Attest to participation in activities that improve clinical practice
 - Examples: Shared decision making, patient safety, coordinating care, increasing access
- *Clinicians choose* from 90+ activities under 9 subcategories:

1. Expanded Practice Access

2. Population Management

3. Care Coordination

4. Beneficiary Engagement

5. Patient Safety and Practice Assessment

6. Participation in an APM

7. Achieving Health Equity

8. Integrating Behavioral and Mental Health

9. Emergency Preparedness and Response

