

Webinar Series:

Measure Development Education & Outreach for Specialty Societies & Patient Advocacy Groups



- An ongoing process to engage clinical specialty societies and patient advocacy groups in quality measure development.
- Elicit feedback that will help CMS design toolkits and materials specifically for specialty societies and patient advocacy groups interested in measure development.
 - ✓ Education
 - ✓ Outreach
 - ✓ Frequent Communication
 - ✓ Enduring Materials
 - ✓ Dedicated Websites
 - ✓ Measure Development Roadmaps
 - ✓ Targeted Newsletters and Communication
 - ✓ Showcase Opportunities

Quality Payment PROGRAM

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Webinar Agenda:



- Quality Payment Program Overview
 - Needs and Priorities
 - Existing Specialties Represented in the Program
 - Requirements for Quality Measures Under Consideration
 - Process for Adding New Measures
 - Timeline for adding QPP Measures
 - MAP Decision Criteria
 - MAP Details
 - Resources
-
- A full listing of existing Quality Performance Measures:
<https://qpp.cms.gov/mips/quality-measures>



WHAT IS THE QUALITY PAYMENT PROGRAM

Quality Payment Program: Year 2 Final Rule Update



- CMS released the final rule for Year 2 of the Quality Payment Program on November 2
- For more information on the final rule, visit:
<https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program.html>
- To register for the CMS webinar on the Year 2 final rule on Tuesday, November 14 at 1:00 pm ET: <https://engage.vevent.com/rt/cms/index.jsp?seid=938>
- To submit a comment, see the final rule:
<https://www.federalregister.gov/documents/2017/11/16/2017-24067/medicare-programs-cy-2018-updates-to-the-quality-payment-program-and-quality-payment-program-extreme>

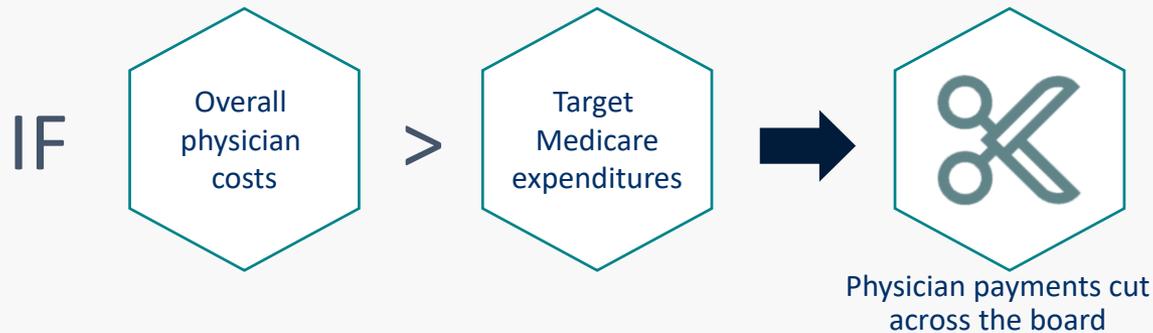
Medicare Payment Prior to MACRA



Fee-for-service (FFS) payment system, where clinicians are paid based on volume of services, not value.

The Sustainable Growth Rate (SGR)

Established in 1997 to control the cost of Medicare payments to physicians



Each year, Congress passed temporary “doc fixes” to avert cuts (no fix in 2015 would have meant a 21% cut in Medicare payments to clinicians)

The Quality Payment Program



Clinicians have two tracks to choose from:

MIPS

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
APMs

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.



INTRODUCTION TO THE MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

MIPS Phases Out Medicare Legacy Programs



Combines legacy programs into a single, improved program

Physician Quality Reporting System (PQRS)

Value-Based Payment Modifier (VM)

Medicare EHR Incentive Program (EHR) for Eligible Professionals

MIPS

Example of the Legacy Program Phase Out for PQRS

Last Performance Period

PQRS Payment End

2016

2018

What are MIPS Performance Categories?

Performance Categories

- Comprised of four performance categories.
- Provides MIPS clinician types included in the 2017 Transition Year with the flexibility to choose the activities and measures that are most meaningful to their practice.



Quality



Cost



Improvement Activities



Advancing Care Information

How MIPS Relates to Legacy Programs



A visualization of how the legacy programs streamline into the MIPS performance categories:

Participating in...	Is similar to...
PQRS	 <p>Quality</p>
VM*	 <p>Cost</p>
EHR	 <p>Advancing Care Information</p>

*Also includes elements of the PQRS quality data

MIPS: Quality Performance Category

Requirements in 2017



- **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

MIPS: Quality Performance Category

Requirements in 2017



Select 6 of the approximately 300 available quality measures (minimum of 90 days)

- Or a specialty set
- Or CMS Web Interface measures
- Readmission measure is included for group reporting with groups with at least 16 clinicians and sufficient cases

Clinicians receive 3 to 10 points on each quality measure based on performance against benchmarks

Failure to submit performance data for a measure = 0 points

Quick Tip:
Easier for a clinician that participates longer to meet case volume criteria needed to receive more than 3 points

Bonus points are available

MIPS: Quality Performance Category

Requirements in 2017



- Year 1 participants automatically receive 3 points for completing and submitting a measure

If a measure can be reliably scored against a benchmark, then clinician can receive 3 – 10 points

- Reliable score means the following:
 - Benchmarks exist (see next slide for rules)
 - Sufficient case volume (≥ 20 cases for most measures; ≥ 200 cases for readmissions)
 - Data completeness met (at least 50 percent of possible data is submitted)

If a measure **cannot** be reliably scored against a benchmark, then clinician receives 3 points

- Easier for a clinician that participates longer to meet case volume criteria needed to receive more than 3 points

MIPS: Quality Performance Category

Requirements in 2017



More About Benchmarks

- Separate benchmarks for different reporting mechanisms
 - EHR, QCDR/registries, claims, CMS Web Interface, administrative claim measures, and CAHPS for MIPS
- All reporters (individuals and groups regardless of specialty or practice size) are combined into one benchmark
- Need at least 20 reporters that meet the following criteria:
 - Meet or exceeds the minimum case volume (has enough data to reliably measured)
 - Meets or exceeds data completeness criteria
 - Has performance greater than 0 percent



Why this matters? Not all measures will have a benchmark. If there is no benchmark, then a clinician only receives 3 points.

MIPS: Performance Threshold & Payment Adjustment



Transition Year 1 (2017) Final

Final Score 2017	Payment Adjustment 2019
≥70 points	<ul style="list-style-type: none">• Positive adjustment• Eligible for exceptional performance bonus—minimum of additional 0.5%
4-69 points	<ul style="list-style-type: none">• Positive adjustment• Not eligible for exceptional performance bonus
3 points	<ul style="list-style-type: none">• Neutral payment adjustment
0 points	<ul style="list-style-type: none">• Negative payment adjustment of -4%• 0 points = does not participate

MIPS Participation Basics

Must be a MIPS clinician type billing more than \$30,000 a year in Medicare Part B allowed charges **AND** providing care for more than 100 Medicare patients a year.



MIPS clinician types include:



Physicians



Physician Assistants



Nurse Practitioners



Clinical Nurse Specialists



Certified Registered Nurse Anesthetists

Participation Basics: Physicians



The definition of Physicians include:

- Doctors of Medicine
- Doctors of Osteopathy (including Osteopathic Practitioners)
- Doctors of Dental Surgery
- Doctors of Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors
 - With respect to certain specified treatment, a Doctor of Chiropractic legally authorized to practice by a State in which he/she performs this function.

Who is Exempt from MIPS?

Clinicians who are:



Newly-enrolled in Medicare

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



Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to \$30,000 a year
- OR**
- See 100 or fewer Medicare Part B patients a year



Significantly participating in Advanced APMs

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

If You Are Exempt from MIPS



- You may choose to voluntarily submit quality data to CMS to prepare for future participation, but you will not qualify for a payment adjustment based on your 2017 performance.
- Voluntarily participating will help you hit the ground running when you are eligible for payment adjustments in future years.

Considerations for Small Practices



The Quality Payment Program is helping small practices successfully participate by:

- Reducing the time and costs to participate
- Providing an on-ramp to participating through Pick Your Pace
- Increasing the opportunities to participate in Advanced APMs
- Including a practice-based option for participation in Advanced APMs as an alternative to total cost-based
- Providing technical support and outreach to small practices through QPP Small, Rural and Underserved Support (QPP-SURS) and the [Transforming Clinical Practice Initiative](#)



MEASURE DEVELOPMENT PROCESS FOR SPECIALTY SOCIETIES & PATIENT ADVOCACY GROUPS

Quality Measure Evaluation Process for
the Merit-based Incentive
Payment System (MIPS)

MIPS Program Priorities and Needs



- Measures should not be duplicative of current measures in MIPS
- Measures must prove to be clinically relevant and fill a gap in care
- Measures should have a performance gap to allow for an opportunity for improvement
- Priority will be given to measures that are “high priority” status as follows:
 - Outcome Measures
 - Appropriate Use
 - Patient Safety
 - Communication and Care Coordination
 - Person and Caregiver-centered Experience and Outcomes
 - Efficiency/Cost Reduction
- Additional guidance can be found within the [2017 Program-Specific Measure Priorities and Needs](#)
 - MIPS 2018 Priorities and Needs document should be released by May 2018

Current Specialties Represented in MIPS

(*specialties currently have less than 6 available quality measures)



- Allergy/ Immunology
- Anesthesiology
- Cardiology
- Dentistry* **NEW**
- Dermatology
- Diagnostic Radiology
- Electro-physiology Cardiac Specialist*
- Emergency Medicine
- Gastro-enterology
- General Oncology
- General Practice/ Family Medicine
- General Surgery
- Hospitalists
- Infectious Disease **NEW**
- Internal Medicine
- Interventional Radiology
- Mental/ Behavioral Health
- Nephrology **NEW**
- Neurology
- Neurosurgical **NEW**
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine
- Plastic Surgery
- Podiatry **NEW**
- Preventive Medicine
- Radiation Oncology*
- Rheumatology
- Thoracic Surgery
- Urology
- Vascular Surgery

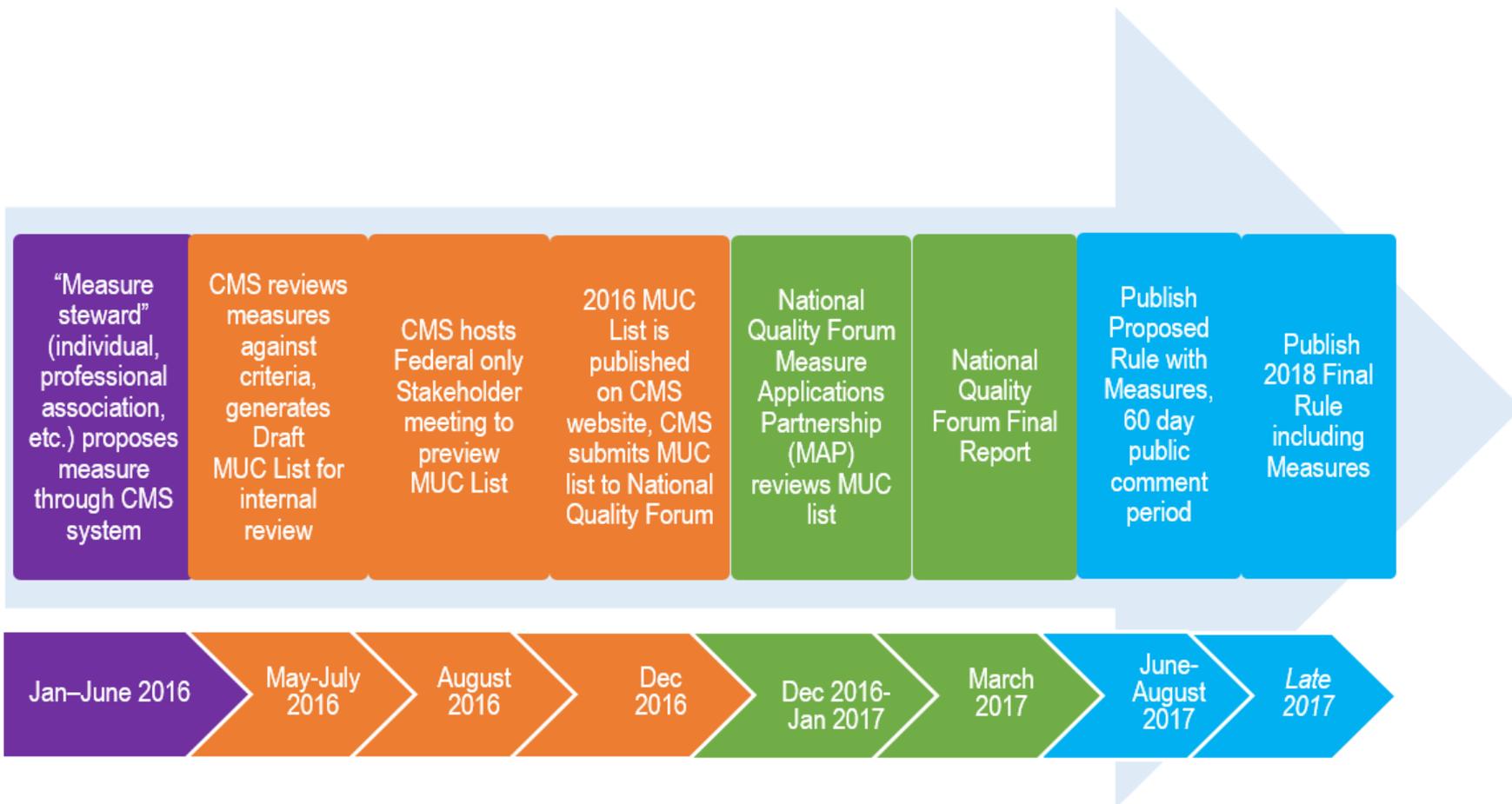
Requirements for Quality Measures under Consideration



- Fully developed at the time of submission
- Include reliability and validity testing information (feasibility testing must also be included for eQMs)
 - Include information regarding the details of test (number of participants, performance data, length of analysis, etc.)
 - eQMs submissions must include additional testing materials (i.e. MAT ID, MAT output, Bonnie test cases, etc.)
 - CMS aligns with NQF Submitting Standards
- Submitted in JIRA prior to the submission deadline
- Include a completed Peer Review Form Template
- Include scientific rationale and have a performance gap (not be topped out)
- Reportable via Registry, claims, or eQM (claims-based measures will only be accepted in conjunction with another data submission method)
- The posted [CMS Blueprint](#) assists with explaining quality measure details
- Additional Helpful Link: [JIRA for Quality Measures](#)

MIPS Measure Process Flowchart

2018 Performance Period



High-Level Quality Measure Lifecycle – Future Measures



- Submitted through the **Call for Measures** (February 2018)
- Approved in JIRA and for consideration on the **2018 MUC List**
- Final **2018 MUC List** published by Dec. 1st
- The final **2018 MUC List** is reviewed by the **MAP** (Measures Application Partnership) on an annual basis. (December 2018)
- Reviewed by CMS during Pre-Rulemaking. Included on the **PY2020 Proposed Rule** (Spring/Summer 2019)
- Open comment period (for 60 days after the posting of the Proposed Rule) (Summer 2019)
- Added to the **Final Rule** (published November 2019) for Inclusion in PY2020 MIPS

Timeline for Adding New Quality Payment Program Measures



- Measures submitted to the 2018 MUC List would be available for reporting during the 2020 performance period

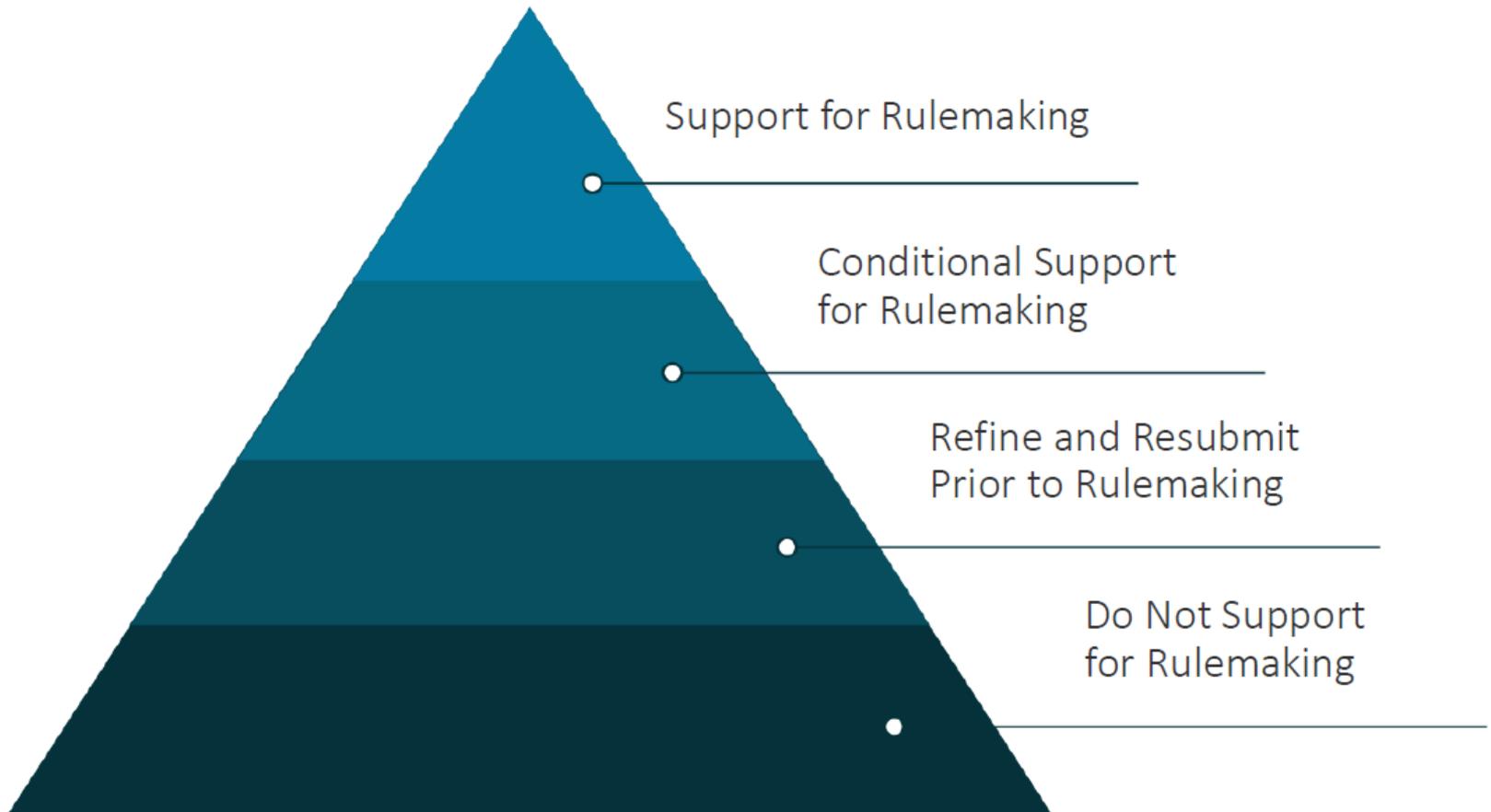
MUC List/ Call for Measures Cycle	MAP Meeting	Proposed Rule Published In	Final Rule	Available for MIPS Submission
2016	2016	2017	2018	2018
2017	2017	2018	2019	2019
2018	2018	2019	2020	2020
2019	2019	2020	2021	2021
2020	2020	2021	2022	2022

Measures Application Partnership



- **If the submitted measure is on the Final MUC List, the MAP evaluates the measures for appropriateness for inclusion in the intended CMS program**
- **MAP Measure Selection Criteria:**
 - NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
 - Program measure set adequately addresses each of the National Quality Strategy's three aims
 - Program measure set is responsive to specific program goals and requirements
 - Program measure set includes an appropriate mix of measure types
 - Program measure set enables measurement of person-and family-centered care and services
 - Program measure set includes considerations for healthcare disparities and cultural competency
 - Program measure set promotes parsimony and alignment

MAP Decision Criteria



MIPS Call for Measures Resources



- Additional information regarding the Measures Management System and an Inventory of Quality Measures is located on the CMS website:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/index.html>
- Additional Pre-Rulemaking guidance is located on the [CMS website](#) including the following materials:
 - Overview of the Rulemaking Process
 - Annual Timeline for the Pre-Rule Making Activities including Call for Measures
 - CMS Measure Priorities and Needs Document
 - Posted MUC Kick Off Materials and Open Forum Discussions
 - Multi-Stakeholder Group Input Requirements
 - Measure Applications Partnership
 - Information on the JIRA System and how to Submit Measures for Consideration
 - Templates for Peer Review and JIRA MUC submissions
 - Historical MUC List and MAP reports
 - Webinars and Additional Information

MIPS Measures Resources



- CMS MAT
 - <https://www.emeasuretool.cms.gov>
- NQF
 - <http://www.qualityforum.org/Home.aspx>
- MAP
 - [http://www.qualityforum.org/Setting_Priorities/Partnership/Measure Applications Partnership.aspx](http://www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx)
- Pre-Rulemaking
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>
- Quality Payment Program
 - <https://qpp.cms.gov/>
- NQF Submitting Standards
 - http://www.qualityforum.org/Measuring_Performance/Submitting_Standards.aspx

Clinical Quality Measure Collection in CMS Quality Payment Programs



CMS Showcase Opportunities



Reminder:

- If you are currently developing quality measures that you would like to present to CMS, contact the MMS Support Desk at MMSSupport@Battelle.org

Planned Upcoming Webinars:

- Suggestions for future topics?
- Email: MMSSupport@battelle.org

Contact Information



- **Battelle**
 - Measures Management System Contract Holder
 - Contact: MMSsupport@Battelle.org

- **CMS**
 - PIMMS email box
 - QPP help desk at qpp@cms.hhs.gov or 1-866-288-8292.

Questions?

