CMS’ Network of Support for MACRA & MIPS

**PRIMARY CARE & SPECIALIST PHYSICIANS**
Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs) are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact TCPILSC@TuwenHealth.com for extra assistance.

**LARGE PRACTICES**
Quality Innovation Networks- Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in large practices (more than 15 clinicians) in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.

**SMALL & SOLO PRACTICES**
Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in solo or small practices (15 or fewer), particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.

**TECHNICAL SUPPORT**
All Eligible Clinicians Are Supported By:

- Quality Payment Program Website: qpp.cms.gov
  Serves as a starting point for information on the Quality Payment Program.
- Quality Payment Program Service Center
  Assists with all Quality Payment Program questions.
  1-866-288-8292 TTY: 1-877-715-6225 QPP@cms.hhs.gov
- Center for Medicare & Medicaid Innovation (CMMI) Learning Systems
  Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs.
Overview of Year 2 of the Quality Payment Program
MACRA has bipartisan support. MACRA was passed on April 14, 2015 by both houses of a Republican-controlled Congress, had substantial Democratic support and was signed by a Democratic president. It is highly unlikely it will be repealed under the new administration.

**MACRA Vote in Congress**

| Senate Vote: 92-8 | House Vote: 392-37 |
The “Bipartisan Budget Act of 2018” was passed on February 9th and makes modifications to the MIPS Transition Years.

For Performance Years 2017-2019 (Transitional Years):

• Cost category weight can vary from 10%-30%
• There will be no MIPS Cost Improvement Bonus
• Extended authority for CMS to use 2017-2019 as transition years

For Performance Year 2020:

• MIPS Performance Threshold will be national historic mean or median.
• Cost will be set at 30% weight
• Final year of Exceptional Performance Bonus (and 5% Advanced APM Bonus)
MACRA: Quality Payment Program

- MIPS: Merit-based Incentive Payment System
- APM: Alternative Payment Models
MACRA Timeline

Jan – Dec 2012: 2nd Performance Period for MACRA

March 31, 2019: Reporting Deadline for 2nd Year

Fall 2019 – CMS Feedback Report with Results

Jan – Dec 2020: 2nd Payment Year = +/- up to 5%

HealthCare
Kentucky Regional Extension Center
Eligible Clinicians

Eligible clinicians include:

- Physicians*
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- CRNA

*Bellishors include: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), or, in some cases, dentist, podiatrist, optometrist (eye doctor), or chiropractor.

Clinicians billing $90,000 a year or less in Medicare Part B allowed charges and providing care for 200 Medicare patients a year or fewer are excluded.
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/year; or
- See 100 or fewer Medicare Part B patients/year

Significantly participating in Advanced APMs
- Receive 25% of their Medicare payments; or
- See 20% of their Medicare patients through an Advanced APM
Who is eligible? See the QPP NPI Lookup Tool

Want to know who is eligible for MACRA/QPP? Go to [http://qpp.cms.gov](http://qpp.cms.gov) and click on the “Check NPI” button.
MIPS
MIPS: A Consolidation of 3 Programs

Merit-Based Incentive Payment Systems (MIPS)

- EHR Incentive Program
- Value-Based Modifier
- Physician Quality Reporting System
Maximum MIPS Payment Adjustments

<table>
<thead>
<tr>
<th>Year</th>
<th>Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>+4%</td>
</tr>
<tr>
<td>2020</td>
<td>+5%</td>
</tr>
<tr>
<td>2021</td>
<td>+7%</td>
</tr>
<tr>
<td>2022</td>
<td>+9%</td>
</tr>
<tr>
<td>2023</td>
<td>+9%</td>
</tr>
</tbody>
</table>

Notes:
- Losers fund winners
- Top performers:
  - Up to 3X more with scaling factor
  - Additional bonus up to 10% from $500 M funded separately

Average of MIPS Performance Scores:
- Non-participation Only: -4%

* CMS may choose the median or mean of MIPS performance scores as the threshold.

Source: Leavitt Partners - MACRA: Quality Incentives, Provider Considerations, and the Path Forward
Providers will receive a **MIPS final score** based on 4 weighted performance categories:

<table>
<thead>
<tr>
<th></th>
<th>Quality</th>
<th>Cost</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY17</td>
<td>60%</td>
<td>0%</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>CY18</td>
<td>50%</td>
<td>10%</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>CY19</td>
<td>30%</td>
<td>30%*</td>
<td>15%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Similar to: PQRS, Value Modifier, Medical Home, Meaningful Use

*Could potentially change % with new authority under BBA of 2018*
Year 2 Thresholds Already Set

- **0 Points**: Full 5% Penalty
- **15 Points Minimum Threshold**: No Penalty, No Reward
- **Between 16-69 Points**: No Penalty
- **70+**: Exceptional Performance, Split $500M Pool
Y2 Levels of Submission

Options

Individual
- Under a NPI number and TIN where they reassign benefits

Virtual Group
- Combination of two or more TINs with less than 10 EC’s in each TIN.

Group
- 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN*
  - As an APM Entity
### Submission Methods

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual</th>
<th>Group/TIN</th>
</tr>
</thead>
</table>
| Quality  | Qualified Data Registry (QCDR)  
Qualified Registry  
EHR  
Claims | QCDR  
Qualified Registry  
EHR  
Administrative Claims  
CMS Web Interface  
CAHPS for MIPS Survey | |
| IA       | QCDR  
Qualified Registry  
EHR  
Attestation | QCDR  
Qualified Registry  
EHR  
CMS Web Interface  
Attestation | |
| ACI      | QCDR  
Qualified Registry  
EHR  
Attestation | QCDR  
Qualified Registry  
EHR  
CMS Web Interface  
Attestation | |
Choosing Your Quality Measures

Requirements:
• * Report 6 quality measures, including one outcome measure (or high priority measure if no outcome measure available)
• Specialist measure sets available
• Each quality measure submitted is worth 3-10 points

Strategies to Score Well:
• Choose benchmarked measures
• Report additional outcome, patient experience, or high priority
• Submit electronically end-to-end
• Have Sufficient case volume within your practice
• Perform in the 70th or higher scoring percentile
• Avoid topped out measures (more on this later)

*unless using CMS web interface or as MIPS APM then more measures required.
2018 Benchmark Location


MIPS

- Overall
- Legislation
- Quality
  - **Quality Measure Specifications**: 12/27/2017
    - Claims Registry Measures 001-050
    - Claims Registry Measures 051-100
    - Claims Registry Measures 101-150
    - Claims Registry Measures 151-200
    - Claims Registry Measures 201-250
    - Claims Registry Measures 251-300
    - Claims Registry Measures 301-350
    - Claims Registry Measures 351-400
    - Claims Registry Measures 401-467
    - Web Interface Measures & supporting documents 12/27/2017
  - Quality Measure Specifications supporting documents 12/27/2017
  - **Quality Benchmarks**: 12/27/2017
Cost Category will be 10% of MIPS score starting 2018, and then it becomes 30% in 2019-2025.

2 cost measures:
- **Total Per Capita Cost of Care** – not just what happens at organization but across the care continuum
- **Medicare Spend Per Beneficiary** – based on anchor inpatient admission; 3 days prior, 30 days post

Challenge:
- Most health care providers do not think about these kinds of measures when delivering care.
- Most organizations do not have good data to monitor and track cost of care.
### Alternative Payment Model (APM)

APMs is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care.

- APMs can apply to a specific clinical condition, a care episode, or a population.

### MIPS APM

MIPS APM is an APM that will participate in MIPS.

- MSSP Track 1 ACOs will be MIPS APMs.

### Advanced APMs

Advanced APMs are a subset of APMs that take on risk related to their patient cost & outcomes.

- You may earn a 5% incentive payment by taking on risk through an Advanced APM.
Advanced Alternative Payment Models (APMs) & Earning the 5% Bonus – in one Slide

In 2018, the following models are Advanced APMs:

- Comprehensive ESRD Care (CEC) - Two-Sided Risk
- Comprehensive Primary Care Plus (CPC+)
- Next Generation ACO Model
- Shared Savings Program - Track 2
- Shared Savings Program - Track 3
- Oncology Care Model (OCM) - Two-Sided Risk
- Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1- CEHRT)
- BPCI Advanced (in process now)

Catch: Not Every APM Participant Will Qualify for the 5% APM Bonus

Most physicians and practitioners who participate in APMs will be subject to MIPS and will receive favorable scoring under MIPS.

Clinicians in Advanced APMs will be deemed Qualifying APM Participants (“QPs”) if they:
1. Report APM quality measures comparable to MIPS
2. Use of Certified EHR
3. Meet Advanced APM criteria (risk-bearing or medical home model)
4. Must meet APM thresholds for payment and patient volumes

Only QPs receive the 5% bonus from Medicare.

Advanced APM Thresholds:
- 25% of Medicare Part B payments through an Advanced APM; or
- 20% of Medicare patients through an Advanced APM
- Special category: Partial QPs may be choose to do MIPS OR exemption
Insights & Planning for Year 2
Next Steps

1. Determine Track: MIPS &/or Advanced APM
2. Determine Eligibility
3. Determine Level: Group or Individual Reporting
4. Determine Submission Method(s)
5. Review Yr 1 Feedback & Make Adjustments
6. Choose Measures to Monitor/Report
7. Report before March 31st 2018
Lessons Learned from Year 1: Questions to Ask

• **Organizational:** Is your organization an independent practice or part of a larger health system?

• **Legal:** How many TINs & NPIs do you practice under?

• **Billing:** What percentage of your revenue is Medicare? Are your ECs low volume?

• **Special Status:** Are you small (15 or under) or in a rural area?
Lessons Learned from Year 1: Questions to Ask

• **History**: What level of innovation is your organization ready to handle?

• **Performance**: Analyze CMS feedback (e.g., QRUR) – Do you need to change your quality measures?

• **Technology**: How good is your EHR? Do you need a registry to help with quality reporting? How has your MU participation been?

• **Interest in Exceptional Performance Bonus or an APM?**: Consider PCMH or other methods to accelerate transformation
UK’s Kentucky REC is a trusted advisor and partner to healthcare organizations, supplying expert guidance to maximize quality, outcomes and financial performance.

To date, the Kentucky REC’s activities include:

• Helping bring over $100 million incentive dollars to providers throughout the Commonwealth
• Assisting more than 3,400 individual providers across Kentucky, including primary care providers and specialists
• Helping more than 95% of the Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) within Kentucky
• Working with more than 1/3 of all Kentucky hospitals
• Supporting dozens of practices and multiple health systems with practice transformation and preparation for value based payment

Kentucky Regional Extension Center Services

Physician Services
1. Meaningful Use & Mock Audit
2. HIPAA Security Risk Analysis & Project Management
3. Patient Centered Medical Home (PCMH) Consulting
4. Patient Centered Specialty Practice (PCSP) Consulting
5. Value Based Payment & MACRA Support

Hospital Services
1. Meaningful Use
2. HIPAA Security Analysis
Value-Based Payment Support Services

• **QPP SÜRŠ Technical Assistance:**
  Free, high-level assistance for organizations with 15 or fewer eligible clinicians as they navigate the Quality Payment Program. The Resource Center include: straightforward, self-directed resources and tools, up-to-date materials, and access to expert Quality Improvement Advisors. Sign up: www.qppresourcecenter.com

• **VBP Individualized Assistance:**
  12 months of planning and transformation support tailored to meet specific client needs and support success in value-based payment. This includes current state analysis, recommendations for action, collaborative goal setting and project planning, education, strategic decision support and ongoing advisory services.

• **Advanced APM Support (coming in 2018):**
  Ongoing support, research, work plan development and application support for transition to advanced alternative payment models (APM).
Connect with Kentucky REC!

Follow us on Twitter: @KentuckyREC
Like us on Facebook: facebook.com/KentuckyREC
Follow us on LinkedIn: linkedin.com/company/kentucky-rec
Check out our Website: www.kentuckyrec.com
Call us: 859-323-3090
Email us: kyrec@uky.edu
Questions