Practice Management Series Part 1: Quality Payment Program 101

Colton Zody JD
Chief Compliance Officer
Agenda

• What is QPP?
  – Program Overview
• Does this Apply to Me?
  – Eligibility and Participation
• How do I participate?
  – Reporting and Submission
• What do I need to know?
  – Performance Categories
• Submitted Questions
Acronyms

- QPP – Quality Payment Program
- MACRA – Medicare Access and CHIP Reauthorization Act of 2015
- MIPS – Merit-based Incentive Payment System
- APM – Alternative Payment Model
- TIN – Tax ID Number
- NPI – National Provider Identifier
What is the Quality Payment Program?
Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

• MACRA was signed into law in 2015 as a way to reward clinicians for value over volume
• Created the Quality Payment Program
• Replaced Meaningful Use, Physician Quality Reporting System and Value-Based Modifier
MACRA

• Goal to reward high value, high quality Medicare clinicians and reduce payment to those who aren’t meeting performance standards

• Positive adjustments come from negative penalties determined by a score
Program Tracks

- Merit-based Incentive Payment System (MIPS)
  - Replaces legacy programs ➔ PQRS, Value-based Modifier program, and Meaningful Use
  - Evolving program: scoring and requirements updated annually
- Alternative Payment Model (APM)
  - For entities that participate in a Medicare-approved APM or payment arrangement with a non-Medicare payer
  - APMs can apply to a specific clinical condition, a care episode, or a population
MIPS Payment Adjustments

<table>
<thead>
<tr>
<th>Performance Period</th>
<th>Also referred to as...</th>
<th>Corresponding Payment Year</th>
<th>Corresponding Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2017 “Transition” Year</td>
<td>2019</td>
<td>Up to +4%</td>
</tr>
<tr>
<td>2018</td>
<td>“Year 2”</td>
<td>2020</td>
<td>Up to +5%</td>
</tr>
<tr>
<td>2019</td>
<td>“Year 3”</td>
<td>2021</td>
<td>Up to +7%</td>
</tr>
</tbody>
</table>
Merit-based Incentive Payment System (MIPS) Overview

• Payment adjustments based on scores in 4 “performance categories”
  – Quality
  – Cost
  – Promoting Interoperability
  – Improvement Activities
## Scoring

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Performance Period</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>12 Month</td>
<td>45%</td>
</tr>
<tr>
<td>Cost</td>
<td>12 Month</td>
<td>15%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>90 days</td>
<td>15%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>90 days</td>
<td>25%</td>
</tr>
</tbody>
</table>

- Non-patient facing radiology practices are exempt from PI
- PI’s 25% is reweighted to Quality making it worth 70% of total composite score
## MIPS Scoring and Adjustments

<table>
<thead>
<tr>
<th>Final Score 2019</th>
<th>Payment Adjustment 2021</th>
</tr>
</thead>
</table>
| ≥75 points      | - Positive adjustment greater than 0%  
                 | - Eligible for additional payment for exceptional performance — minimum of additional 0.5% |
| 30.01-74.99 points | - Positive adjustment greater than 0%  
                          | - Not eligible for additional payment for exceptional performance |
| 30 points       | - Neutral payment adjustment |
| 7.51-29.99      | - Negative payment adjustment greater than -7% and less than 0% |
| 0-7.5 points    | - Negative payment adjustment of -7% |
Timeline

2019 Performance Year
- Performance period opens January 1, 2019
- Closes December 31, 2019
- Clinicians care for patients and record data during the year

March 31, 2020*
Data Submission
- Deadline for submitting data is March 31, 2020
- Clinicians are encouraged to submit data early
  *Date differs for CMS Web Interface and claims-based data submission

July 2020
Feedback
- CMS provides performance feedback after the data is submitted
- Clinicians will receive feedback before the start of the payment year

January 1, 2021
Payment Adjustment
- MIPS payment adjustments are prospectively applied to each claim beginning January 1, 2021
Does MIPS Apply to Me?
Eligibility

• MIPS-eligible clinician if all conditions met
  – Bill more than $90,000 in Medicare allowable charges
  – Provide care for 200 or more Medicare patients a year
  – Provide 200 or more covered professional services to Medicare patients

• Opt-in option
Checking Eligibility

QPP Participation Status

Enter your 10-digit [National Provider Identifier (NPI)](https://example.com) number to view your QPP participation status by performance year (PY).

QPP Participation Status includes APM Participation as well as MIPS Participation.

[NPI Number] Check All Years
How Do I Participate?
Reporting Options

- Group - sharing a TIN
- Individual – NPI/TIN combination
- Group and Individual
- Virtual group – combination of two or more TINs made up of small groups and individuals who come together virtually to participate
# Submission Methods

## Data Submission for MIPS Eligible Clinicians Reporting as Groups

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Submission Type</th>
<th>Submitter Type</th>
<th>Collection Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Direct, Log-in and Upload, CMS Web Interface (groups of 25 or more eligible clinicians), Medicare Part B Claims (small practices only)</td>
<td>Group, Third Party Intermediary</td>
<td>eCQMs, MIPS CQMs, QCQD Measures, CMS Web Interface Measures, CMS Approved Survey Vendor Measure, Administrative Claims Measures, Medicare Part B Claims (small practices only)</td>
</tr>
<tr>
<td>Cost</td>
<td>No data submission required</td>
<td>Group</td>
<td>-</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>Direct, Log-in and Upload, Log-in and Attest</td>
<td>Group, Third Party Intermediary</td>
<td>-</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>Direct, Log-in and Upload, Log-in and Attest</td>
<td>Group, Third Party Intermediary</td>
<td>-</td>
</tr>
</tbody>
</table>
Submission Methods

• Claims based
  – Can only be submitted by small practices
  – Small Practice – 15 or fewer clinicians (NPIs) billing under the practice (TIN) during the MIPS determination period

• Qualified Registry
Submission Requirements

- Quality – claims or registry
- Cost – no action needed
- Improvement Activities – attest
- Promoting Interoperability – attest
  - Majority of radiologists are exempt
  - Reweighted to Quality category
What Do I Need to Know?
What Do I Need to Know?

Final Score

**Quality**
Quality performance category percent score x Quality performance category weight

**Promoting Interoperability**
Promoting Interoperability performance category score x Promoting Interoperability performance category weight

**Improvement Activities**
Improvement Activities performance category score x Improvement Activities performance category weight

**Cost**
Cost performance category percent score x Cost performance category weight

**Bonus Points**

\[ \text{Final Score} = \text{Bonus Points} \times 100 \]
Quality Performance Category

• 45% of Final Score
• Based on quality measures approved by CMS
• Choose 6 measures that best fit your practice for the 12 month performance period
• If less than 6 measures apply then report on all applicable measures
• Bonus points:
  – 1 must be an outcome measure OR high-priority if not applicable
Quality Scoring

• Compare performance percentage to an established benchmark for each measure
  – Case minimum: 20
  – Data completeness: 60%

• Small practice exceptions
  – 3 points awarded if measure does not meet thresholds
Other Quality Considerations

- Topped-out measures
- 7-point capped measures
- Bonus points
- Small practice
Cost

• 15% of Final Score
• CMS uses Medicare claims data to calculate
  – Requires no additional action by providers
• Total per capita cost (TPCC)
• Medicare spending per beneficiary (MSPB)
• 8 episode-based cost measures
Cost measures

- Elective Outpatient Percutaneous Coronary Intervention
- Intracranial Hemorrhage or Cerebral Infarction
- Knee Arthroplasty
- Revascularization for Lower Extremity Chronic Critical Limb Ischemia
- Routine Cataract Removal with Intraocular Lens (IOL) Implantation
- Screening/Surveillance Colonoscopy
- Simple Pneumonia with Hospitalization
- ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)
Improvement Activities

• 15% of Final Score
• Assess how practices improve their care processes, enhance patient engagement, and increase access to care
• Practices choose the activities that are appropriate for their practice
• Activities are attested by provider or security official though QPP Portal
Promoting Interoperability

• 25% of Final Score
• Focus is on patient engagement and the electronic exchange of health information using certified electronic health record technology (CEHRT)
Promoting Interoperability

• Exempt if non-patient facing or hospital-based
  – Individual – If you have 100 or fewer patient facing encounters
  – Groups – If >75% of NPIs billing under TIN during a performance period are labeled as non-patient facing

• 25% is reweighted to Quality making it worth 70% (45+25%)
Final Score Example

• **Quality**: 53 out of 60 points \( \times 100 = 88.333 \text{ subtotal} \)
  
  \[-88.33 \times 0.7 \text{ (for the 70\% weight)} = 61.833 \text{ final score points for Quality}\]

• **IA**: 40 out of 40 points \( \times 0.15 \times 100 = 15 \text{ final score points}\)

• **Cost**: CMS Calculates = ??

• **PI**: exempt so 25\% reweighted to Quality = 0
Final Score Example

• Total Composite Score = 76.833 (not including possible 10 point for Cost category)
• Will avoid the *penalty* (below 30)
• Score > 75 so will get *exceptional performance* bonus
• Estimated composite score does not include improvement scoring bonus, complex patient bonus, small practice bonus
Performance Feedback

Performance Year (PY) 2018 Submission Reporting Window is Now Open
You are now able to start your reporting for the PY 2018 submission year.

View PY 2017 Final Performance Feedback
You are able to access your PY 2017 Final Feedback at any time.
View Feedback
Performance Feedback

The Final Score At A Glance

The Final Score is achieved by adding the points you earned in each Performance Category.

Performance Category Scores:
- Quality: 69.19 of 85
- Advancing Care Information: N/A
- Improvement Activities: 15 of 15

Payment Adjustment: 0.24%
Exceptional Performance Adjustment: 0.79%
Total MIPS Adjustment(s): +1.03%
Payment Adjustment Date: January 1, 2019

How is the score calculated?
SUBMITTED QUESTIONS