Agenda

Agenda Item	Speaker
Introduction	Alexandra Mugge, Dr. Daniel Green
Quality Payment Program Overview	Alexandra Mugge, Dr. Daniel Green
Quality Payment Program Submissions Overview	Joni Cooper, Jonathan Sullivan
Quality Payment Program Submissions Demonstration	Jonathan Sullivan, Ivana Ng
Q&A	All
Getting Started with Quality Payment Program APIs	Ivana Ng
Q&A	All

INTRODUCTION

Alexandra Mugge and
Dr. Daniel Green

Introduction

- CMS is committed to supporting MIPS data submission vendors

- Based on vendor feedback, CMS will now hold regular webinars for vendors about MIPS data submission

- Webinars will include:
    - MIPS participation milestone reminders (e.g., upcoming submission deadlines)
    - Updates on submission information (e.g., API demos)
    - New resources for MIPS submission vendors
    - Question and answer sessions so vendors can receive feedback from CMS

- Calls will be held as topics arise.

- Vendors are encouraged to provide their feedback so CMS can continue to improve these webinars, and develop helpful resources
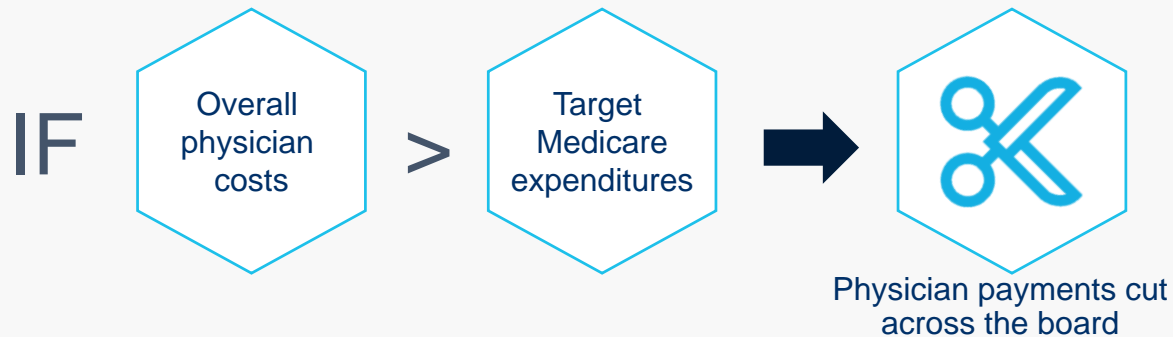   - A link to a survey will be provided in a thank you email following this webinar

QUALITY PAYMENT PROGRAM OVERVIEW

Alexandra Mugge and
Dr. Daniel Green

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

IF
Overall physician costs > **Target Medicare expenditures** →

Physician payments cut across the board

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)

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The Quality Payment Program (QPP)

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.

MIPS Phases Out Medicare Legacy Programs

Quality Payment PROGRAM

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

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 |

MIPS Participation Basics

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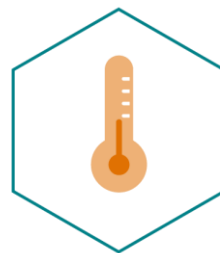
BILLING
> $30,000

AND

> 100

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

- 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:

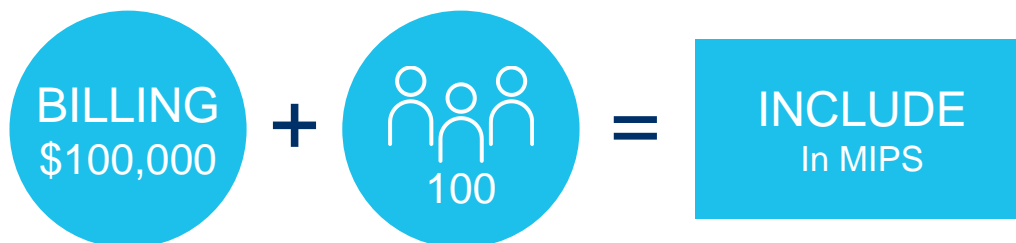| Newly-enrolled in Medicare	Below the low-volume threshold	Significantly participating in Advanced APMs
• Enrolled in Medicare for the first time during the performance period (exempt until following performance year)	• Medicare Part B allowed charges less than or equal to $30,000 a year OR • See 100 or fewer Medicare Part B patients a year	• Receive 25% of their Medicare payments OR • See 20% of their Medicare patients through an Advanced APM

Advanced APMs

Dr. "A." a M.D.:

- Is a MIPS clinician type
- Billed $100,000 in Medicare Part B allowed charges
- Saw 110 patients

BILLING $100,000 **+** 100 **=** INCLUDE In MIPS

"So what?" Dr. A. should actively participate in MIPS during the Transition Year to <u>avoid</u> a 4% reduction in Medicare Part B payments in 2019 and possibly earn a positive adjustment.

Remember: To participate BILLING > $30,000 AND > 100

Use the MIPS Participation Look-up Tool on qpp.cms.gov to check your participation status.

Exempt Example: Individual Level

Dr. "B." a D.O.:

- Is a MIPS clinician type
- Billed $100,000 in Medicare Part B allowed charges
- Saw 80 patients

BILLING $100,000 **+** 80 **=** EXEMPT From MIPS

"So what?" Dr. B. would be exempt from MIPS due to seeing less than 100 patients.

Remember: To participate BILLING > $30,000 AND > 100

Use the MIPS Participation Look-up Tool on qpp.cms.gov to check your participation status.

If Clinicians Are Included in MIPS

Quality Payment
PROGRAM

- They should actively participate in the 2017 Transition Year to receive a neutral adjustment and possibly earn a positive payment adjustment.

- Not participating *will result* in a -4% downward payment adjustment.
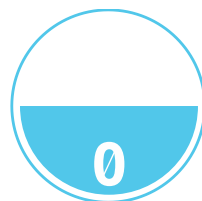
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Pick Your Pace for Participation in 2017

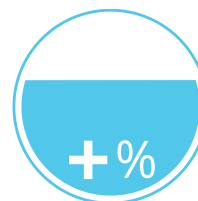**Participate in an Advanced Alternative Payment Model**

Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

MIPS

TEST	PARTIAL YEAR	FULL YEAR
Submit Something	**Submit a Partial Year**	**Submit a Full Year**
• Submit **some** data after January 1, 2017	• Report for 90-day period after January 1, 2017	• Fully participate starting January 1, 2017
• Neutral or small payment adjustment	• May earn neutral or positive payment adjustment	• Positive payment adjustment

Not participating in the Quality Payment Program for the Transition Year will result in a negative 4% payment adjustment.

Year 2 QPP Proposed Rule
Comments Due: August 21, 2017

- Proposed rule for year 2 of the Quality Payment Program is posted in the Resources Library of qpp.cms.gov

- Submit your comments by **August 21, 2017**.

- When commenting **refer to file code CMS 5522-P**.

- Instructions for submitting comments can be found in the proposed rule; FAX transmissions will not be accepted. You must officially submit your comments in one of the following ways: electronically through
    - by electronic submission at Regulations.gov
    - by regular mail
    - by express or overnight mail
    - by hand or courier

- For additional information, please go to: qpp.cms.gov

QUALITY PAYMENT PROGRAM
DATA SUBMISSION OVERVIEW

Joni Cooper, Jonathan Sullivan

Quality Payment Program Submission Overview

- What You Can Submit

- How You Can Submit

- Differences from Past Programs

- Roadmap

- Demo of Developer Sandbox

- Overview of File Upload

- Getting Started with Quality Payment Program APIs

Quality Payment Program Submissions Overview

- **Quality**
  - Replaces the Physician Quality Reporting System (PQRS)

- **Advancing Care Information**
  - Replaces the Medicare EHR Incentive Program (aka, Meaningful Use)

- **Improvement Activities**
  - New performance category in Quality Payment Program

Quality Payment Program Submissions Overview

How You Can Submit

Performance Category	Data Submission Mechanisms
Quality	• Qualified Registry • Qualified Clinical Data Registry Reporting (QCDR) • Electronic Health Record (EHR) • CMS Web Interface (groups with 25 or more MIPS clinicians) • Administrative Claims • File Upload on Quality Payment Program website (QPP data format or QRDA III) • Consumer Assessment of Healthcare Providers and System (CAHPS) for MIPS Survey
Improvement Activities	• Qualified Registry • QCDR • EHR • Attestation on Quality Payment Program website • File Upload on Quality Payment Program website (QPP data format or QRDA III)
Advancing Care Information	• Qualified Registry • QCDR • EHR • Attestation on Quality Payment Program website • File Upload on Quality Payment Program website (QPP data format or QRDA III)

Quality Payment Program Submissions Overview

- **Quality Payment Program Application Programming Interfaces (APIs)**
  - Way for software applications to exchange data in an automated way
  - Eliminates the burden and risk of manually moving data between systems
  - Increase transactional velocity
  - Incorporate Quality Payment Program Submissions functionality into products

- **New QPP Data Format**
  - Clean data format = simple to integrate
  - Closely similar to existing Registry and QCDR XML formats
  - Can be used for both file upload and API submissions via JSON or XML
  - Includes the Quality Payment Program Advancing Care Information and Improvement Activities measures categories in addition to Quality

- **New Website (Quality Payment Program Website)**
  - CMS Web Interface
  - Manual Attestation of Advancing Care Information and Improvement Activities
  - QPP and QRDA III file upload

- **Submissions API**

  - Submit data as a single file or a set of smaller files throughout the reporting period, using QRDA III or the new, streamlined QPP data format

  - Submit, update or delete Advancing Care Information, Improvement Activities, and Quality measures data

  - Receive feedback on the content and accuracy of a submission

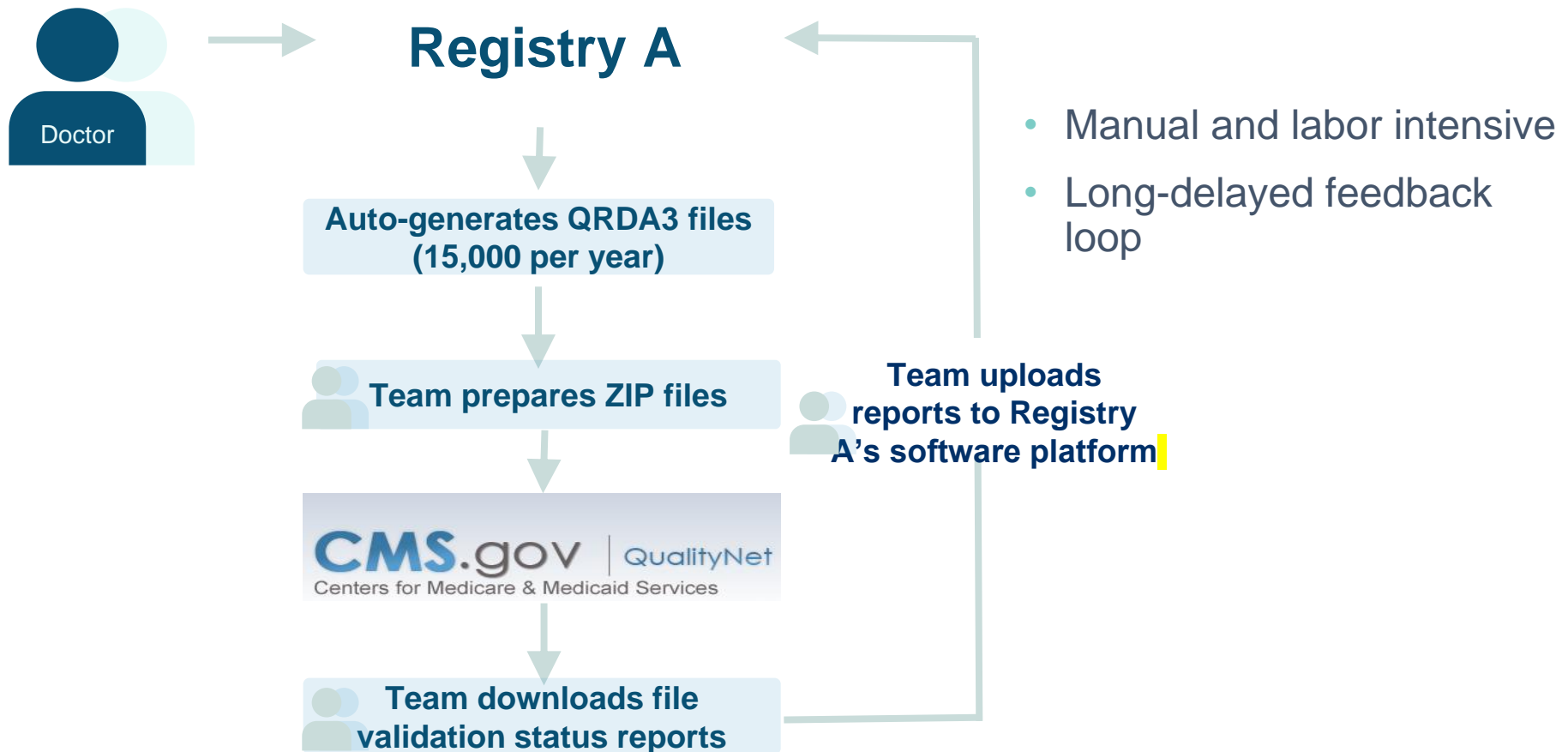 - Receive a real-time composite score for a submission*

- **CMS Web Interface API**

  - If you are registered for the CMS Web Interface, download your group's beneficiary sample, modify it and submit it to the CMS Web Interface

  - Receive feedback on the content and accuracy of a submission

  - Receive a real-time composite score for a submission*

* Composite scores provided at the time of submission reflect all measure categories (Advancing Care Information, Improvement Activities, and Quality) submitted to date. These scores do not represent a guarantee of the final score.
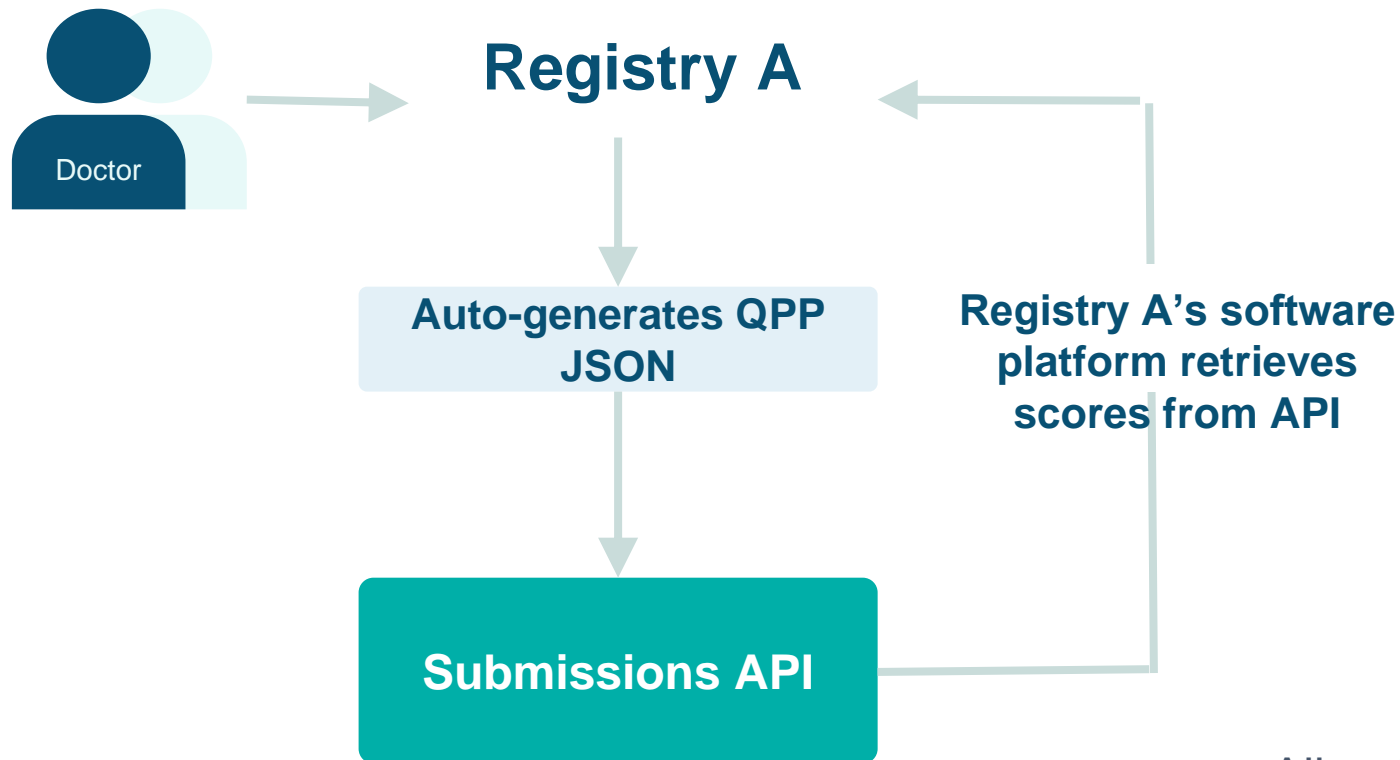
How Submissions Were Done Before the Quality Payment Program

Doctor

Registry A

Auto-generates QRDA3 files (15,000 per year)

Team prepares ZIP files

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Team downloads file validation status reports

Team uploads reports to Registry A's software platform

- Manual and labor intensive
- Long-delayed feedback loop

Quality Payment Program Submissions Overview

How Submissions Are Done in the Quality Payment Program

Doctor

Registry A

Auto-generates QPP JSON

Registry A's software platform retrieves scores from API

Submissions API

- All automated
- Instant feedback

Before QPP

- Registry or QCDR submits performance data to CMS on behalf of clinician or group by manually uploading Registry XML or QRDA III data file

QPP Year 1 2017

- *Preferred method*: Registry or QCDR integrates directly with CMS via an API and passes data in QPP data format

- *Alternate method*: Registry or QCDR generates an XML file in QPP data format and submits to CMS via manual file upload on the Quality Payment Program Website

- Note that Registry and QCDR XML are no longer supported

Quality Payment Program Submissions Overview

Quality Payment Program Changes for EHRs

Before QPP

- Export performance data from an EHR and then manually upload to CMS via the QualityNet or PQRS Portal

QPP Year 1 2017

- *Preferred method*: Use an EHR that integrates directly with CMS via an API to submit your data

- *Alternate method*: Export performance data from an EHR in the new QPP data format or the QRDA III format then manually upload via the new Quality Payment Program Website

Quality Payment Program Submissions Overview

- **Today thru December 31, 2017 – Developer Sandbox**
  - Submit de-identified data in QPP JSON/XML file format for any of the 15 ACI measures, 92 IA measures, and/or 271 Quality measures, then get feedback and scoring

- **July 25, 2017 – Private Beta 1**
  - Submission of performance data, tied to real TINs and NPIs, for IA, ACI, and Quality in QPP JSON/XML file format
  - Returns a response which either indicates that the data was successfully transmitted / parse-able or provides clear error messages to help address any issues
  - Return scores for IA, ACI, and Quality measures
  - Note: Private beta requires an API key

- **September, 2017 – Private Beta 2**
    - Scoring for Advanced Payment Model participants
    - Ability to submit QCDR generated measures
    - Ability to submit QRDA III files
    - Scoring for doctors who qualify for special status reweighting

- **December 2017 – Preview Release**
    - Final release before going live

- **Jan 1, 2018 – Production Release**
    - Quality Payment Program Submissions window opens for Program Year 1 (2017)

- **March 31, 2018**
    - Quality Payment Program Submissions window closes for Program Year 1 (2017)
    - View submitted data and scores

QUALITY PAYMENT PROGRAM SUBMISSIONS DEMONSTRATION

Ivana Ng, Jonathan Sullivan

Quality Payment Program Submissions Demo

Developer Sandbox

- Submit de-identified data in QPP JSON/XML file format for any of the 15 Advancing Care Information measures, 92 Improvement Activities measures, and/or 271 Quality measures, then get feedback and scoring

- https://qpp-submissions-sandbox.navapbc.com/api-explorer

Quality Payment Program Submissions Demo

Clinical Attestation Portal Overview

- Upload data using QRDA III or the new, streamlined QPP data format

- One file per TIN, but can upload multiple files at once

- Receive feedback on the content and accuracy of a submission

- Receive a real-time composite score for a submission*

- View all of the data you have submitted

Composite scores provided at the time of submission reflect all measure categories (Advancing Care Information, Improvement Activities, and Quality) submitted to date. These scores do not represent a guarantee of the final score.

Q&A

GETTING STARTED WITH QUALITY PAYMENT PROGRAM APIS

Ivana Ng

Getting Started with Quality Payment Program APIs

What Can I Do Today?

1. Request to participate in the private beta using this form: https://goo.gl/forms/zkMdyFq2NlYjprWB2

2. Start exploring the API Support Resources at https://qpp.cms.gov/developers

3. Speak with Product and Development teams to determine where this fits into your roadmap

Getting Started with Quality Payment Program APIs

- Developer Tools Page on Quality Payment Program Website

  - https://qpp.cms.gov/developers

  - Overview of the APIs and links to all other support resources

- Draft API and QPP Data Format Specifications

  - https://cmsgov.github.io/qpp-submissions-docs/

- Developer Sandbox

  - https://qpp-submissions-sandbox.navapbc.com/

  - Developers can test integrating the APIs with their software and data

- Google Group

  - https://groups.google.com/forum/

  - Ask questions, find answers and share experiences using these APIs

- Quality Payment Program Service Center

  - Developers who are unable to find answers using the Google Group, or who have policy questions, should contact the Quality Payment Program Service Center at QPP@cms.hhs.gov

Q&A

All CMS Staff

Q&A Information

- CMS will try to answer as many questions as time allows

- To ask a question via phone, dial 1-866-452-7887; Conference ID 45179462

- To ask a question online, submit it via the chat box and we will read your question aloud

Q&A Information

Help CMS improve these data submission vendor webinars by:

- Completing the survey in the thank you email you receive after this webinar

- Emailing CMSQualityTeam@ketchum.com with general feedback, MIPS data submission topics that you would like to CMS to address on future calls, and additional resources that you think would be helpful.

We look forward to your feedback!