

Quality Payment PROGRAM

THE MERIT-BASED INCENTIVE PAYMENT SYSTEM: ANNUAL CALL FOR QUALITY MEASURES

March 20, 2018



Today's Webinar Topics



- Overview of the Quality Payment Program
- Overview of the Merit-based Incentive Payment System (MIPS)
- Overview of the MIPS Quality Performance Category
- 2018 Call for Quality Measures

The Quality Payment Program



Clinicians have two tracks from which to choose:

MIPS

The Merit-based Incentive
Payment System (MIPS)

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

OR

Advanced
APMs

Advanced Alternative Payment Models
(Advanced APMs)

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

What is the Merit-based Incentive Payment System?

Performance Categories*



- 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. These weights are effective for Performance Year 2018.

MIPS Performance Category: Quality



- **50%** of Final Score in 2018
- 275+ measures available
 - You may submit **6** individual measures
 - 1 must be an **Outcome** measure
 - OR
 - **High-priority** measure
 - Defined as outcome, appropriate use, patient experience, patient safety, efficiency, or care coordination measures.
 - You may also choose to submit a specialty measure set.



CALL FOR QUALITY MEASURES

Annual Call for Quality Measures



- The Annual Call Quality Measures process allows organizations representing eligible clinicians, such as professional associations and medical societies, to identify and submit measures for consideration for the Quality performance category in MIPS.

Submitting Measures for the Quality Performance Category



- In order to be considered for the Quality performance category, measures submitted during the call for measures must:
 - Be fully developed measures (testing data must accompany submission)
 - Fulfill a clinical performance gap and is supported by a scientific rationale
 - Be reportable via registry, claims or as an electronic clinical quality measure (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 1, 2018).
- **Measures should be ready for implementation at the time of submission.**

Submitting Measures for the Quality Performance Category



- Priority will be given to measures that meet high priority status:
 - Outcome
 - Appropriate Use
 - Making Care Safer
 - Communication & Coordination of Care
 - Person & Family Engagement
 - Making Care Affordable
- Peer Review Journal Article:
 - Submission must include a completed Peer Review Journal Article Form, which is available on the [CMS pre-rulemaking website](#).

Submitting Measures for the Quality Performance Category



- Measures must be submitted through the JIRA tool.
 - You must request a login and access to 2018 MUC Project.
 - All required 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 Links:
 - [JIRA for Quality Measures](#)
 - [Quick Start Guide](#)
 - [CMS Pre-Rulemaking website](#)
 - [2018 QPP Resources - Call for Measures and Activities](#)

Caveats



- Measures in current use should not be submitted through the 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 might need to be resubmitted to the Call for Measures in order to be considered for another performance year. Please consult CMS.

When are Measures Posted?



- An annual list of measures will be published in the Federal Register in early November of the year prior to the first day of a performance period.
- MIPS measures for 2019 will be posted in early November 2018.
- The final measures will be available on the QPP resource library section of CMS.gov: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>.

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. Measures are submitted during the Annual Call for Measures
 2. Measures are reviewed by CMS
 3. Approved Measures are added to the MUC List
 4. CMS annually publishes the Measures under Consideration (MUC) List by December 1
 5. National Quality Forum (NQF) convenes multi-stakeholder groups: Measure Applications Partnership (MAP)
 6. MAP provides recommendations and feedback to the Secretary annually by February 1
 7. Measures may be added to future Rulemaking for the MIPS program
 8. Measures go through the Rulemaking process including comment period

Measures under Consideration List Publishing 2018/2019



March 1:
JIRA opened for new
candidate
measures

April:
Stakeholder
Education and
Outreach Sessions

June 1:
JIRA closes for MIPS
Quality measure
submission

June 15:
JIRA Closes for all
other CMS Programs

August:
Federal
Stakeholders
Meeting
MUC Clearance
Process Begins

Measures under Consideration List Publishing 2018/2019



**Sept-Nov:
MAP Preliminary
Meetings**

**By Dec 1:
Final MUC List
Measures released
by CMS***

**Dec:
In-person MAP
Workgroup
meetings**

**Jan 2019:
MAP Coordinating
Committee finalizes
MAP input**

**Feb 1 to Mar 15 2019:
MAP final
recommendations
and reports published**

- NQF facilitates two public commenting periods.
 - The first public commenting period takes place after the publishing of the MUC List until the December MAP Workgroup meetings occur.
 - The second public commenting period takes place after the last December MAP Workgroup committee meeting and before the MAP Coordinating Committee meeting in January.

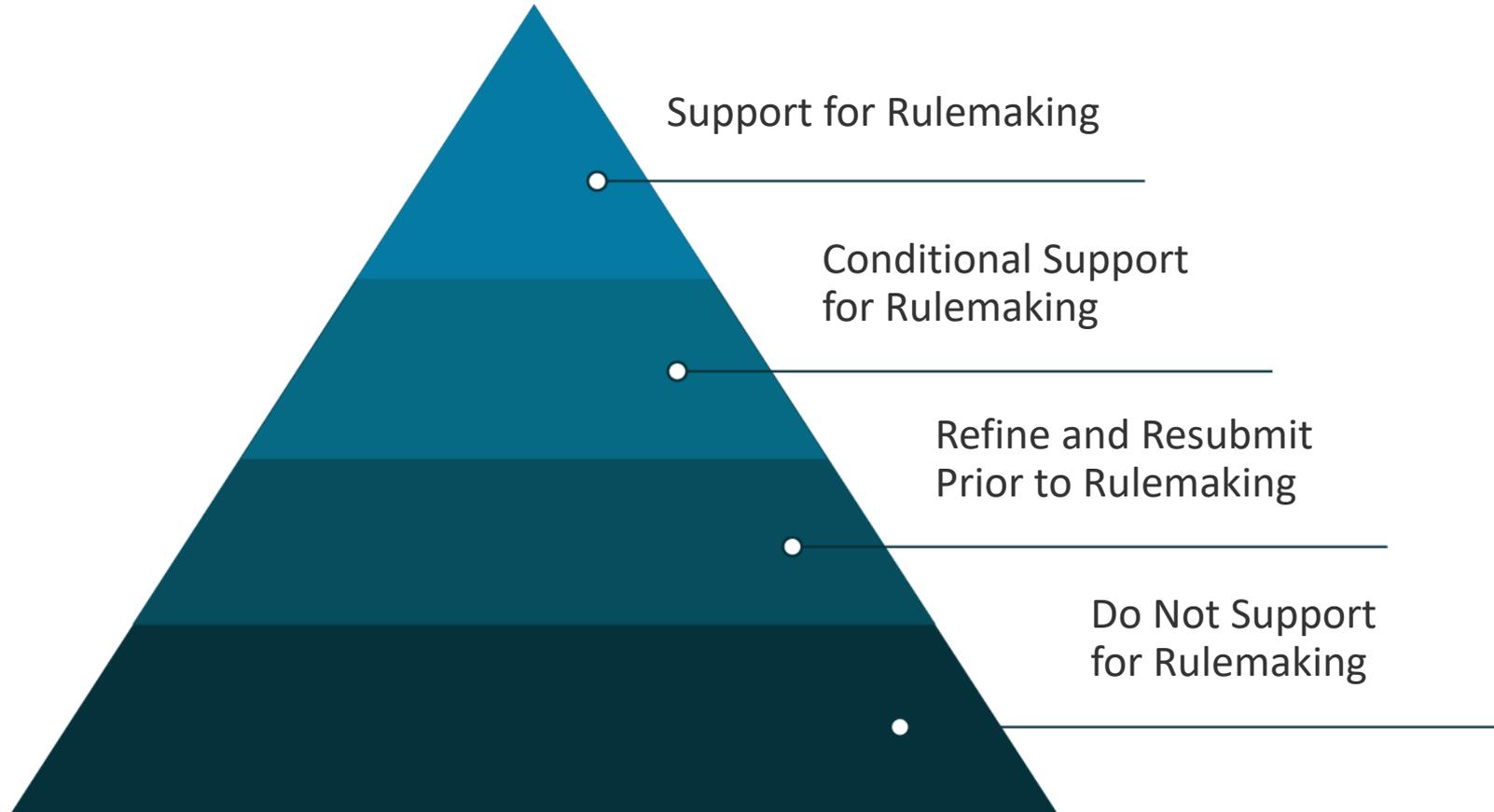
<http://www.qualityforum.org/map/>

MAP Measure Selection Criteria



1. NQF-endorsed measures are recommended 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 CMS's Healthcare Priorities
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





WHERE CAN I GO TO LEARN
MORE?

Where to Go to Learn More



Rule Making and Call for Measures Information:

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>

Call for Quality Measures resource materials:

- <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Call-for-Measures-and-Activities.zip>

General Questions

- Contact the Quality Payment Program Service Center by:
 - Email: gpp@cms.hhs.gov
 - Phone: 1-866-288-8292 (TTY: 1-877-715-6222)

Q&A Session Information



- Please dial 1(866) 452-7887 to ask a question.
- If prompted, use passcode: 8192019
- 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.

