Quality Payment
PROGRAM

2018 QUALITY PERFORMANCE CATEGORY WEBINAR

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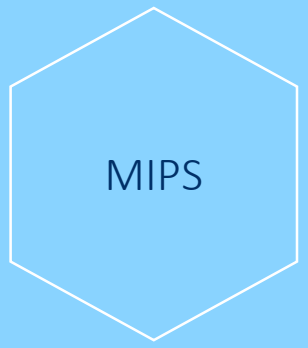
Topics

- Overview of the Quality Payment Program
- Merit-based Incentive Payment System (MIPS) Year 2 Requirements
- Overview of the Quality Performance Category
- Quality Performance Category Requirements
- How to Submit Quality Data
- Quality Performance Category Scoring
- Help and Support

Quality Payment Program

MIPS and Advanced APMs

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides for two participation tracks:



The Merit-based Incentive Payment System (MIPS)

If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

OR

Advanced Alternative Payment Models (Advanced APMs)

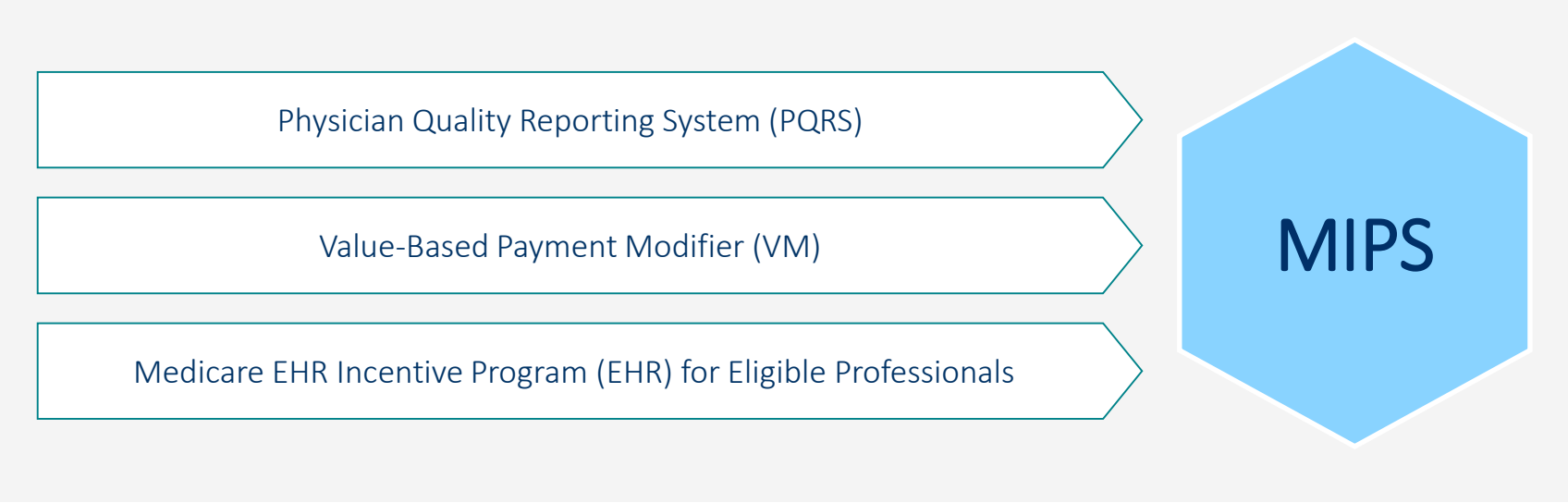
If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Merit-based Incentive Payment System (MIPS)

Quick Overview

Combined legacy programs into a single, improved program.



Merit-based Incentive Payment System (MIPS)

Quick Overview

MIPS Performance Categories for Year 2 (2018)

- Comprised of **four** performance categories in 2018.
- So what? *The points from each performance category are added together to give you a MIPS Final Score.*
- The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive**, **negative**, or **neutral payment adjustment**.
- **Note**: Starting in 2018, the Advancing Care Information performance category was renamed the **Promoting Interoperability** performance category.

MIPS YEAR 2 (2018)

Participation Basics

MIPS Year 2 (2018)

Who is Included?

No change in the types of clinicians eligible to participate in 2018.

MIPS eligible clinicians include:

Physicians

Physician Assistants

Nurse Practitioners

Clinical Nurse Specialists

Certified Registered Nurse Anesthetists

MIPS Year 2 (2018)

Who is Included?

Change to the Low-Volume Threshold for 2018. Includes MIPS eligible clinicians billing more than $90,000 a year in allowed charges for covered professional services under the Medicare PFS **AND** furnishing covered professional services to more than 200 Medicare beneficiaries a year.

Voluntary reporting remains an option for those clinicians who are exempt from MIPS. Clinicians who submit data voluntarily will not receive a payment adjustment.

MIPS Year 2 (2018)

Who is Exempt?

No change in basic exemption criteria.*

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

- Allowed charges for covered professional services under the Medicare PFS less than or equal to $90,000 a year

OR

- Furnish services to 200 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

**Only Change to Low-volume Threshold*

MIPS Year 2 (2018)

Performance Period

Change: Increase to Performance Period

Transition Year 1 (2017) Final

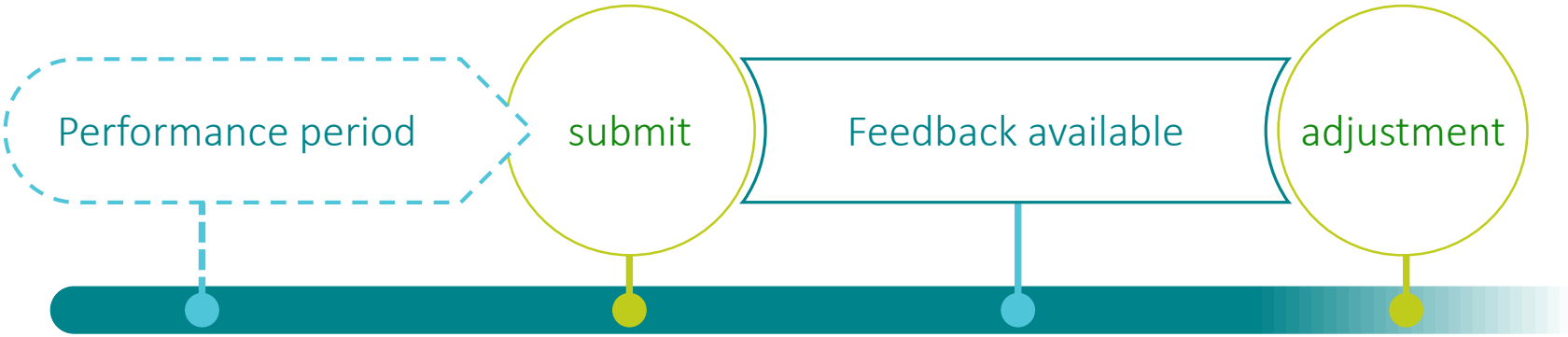
Performance Category	Minimum Performance Period
Quality	90-days minimum; full year (12 months) was an option
Cost	Not included. 12-months for feedback only.
Improvement Activities	90-days
Advancing Care Information	90-days

Year 2 (2018) Final

Performance Category	Minimum Performance Period
Quality	12-months
Cost	12-months
Improvement Activities	90-days
Promoting Interoperability	90-days

MIPS Year 2 (2018)

Timeline for Year 2



2018
Performance Year

- Performance period opens January 1, 2018.
- Closes December 31, 2018.
- Clinicians care for patients and record data during the year.

March 31, 2019
Data Submission

- Deadline for submitting data is March 31, 2019.
- Clinicians are encouraged to submit data early.

Feedback

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

January 1, 2020
Payment Adjustment

- MIPS payment adjustments are prospectively applied to each claim beginning January 1, 2020.

QUALITY PERFORMANCE CATEGORY IN 2018

Why Focus on Quality?

What are Quality measures?

- Quality measures are tools that help us to:
  - Measure health care processes, outcomes, and patient experiences of their care
  - Link outcomes that relate to one or more of these quality goals for health care that's effective, safe, efficient, patient-centered, equitable, and timely

Quality Performance Category measures:

- If you're a MIPS eligible clinician, you can choose from:
  - More than **270 MIPS quality measures** for the 2018 performance period
  - Qualified Clinical Data Registry (QCDR) measures developed by QCDRs (outside of the MIPS quality measure set), if you're reporting through a QCDR

Quality Measures

Quality Measure Classifications:

- **Process measures**: show what doctors and other clinicians do to maintain or improve the health of healthy people or those diagnosed with a given condition or disease
- **Outcome measures**: show how a patient ultimately does in response to a treatment for a particular condition
- **High Priority measures** include these measure categories:
  - Outcome
  - Appropriate Use
  - Patient Experience
  - Patient Safety
  - Efficiency Measures
  - Care Coordination

2018 Quality Performance Category Requirements

- Quality comprises **50%** of your MIPS final score in 2018
- To participate, you must:
  - Submit collected data for **at least 6 measures** for the **12 month performance period** (January 1 – December 31, 2018)
  - One of these measures should be an **outcome measure OR a high-priority measure**, if you have no applicable outcome measure
- You may also select specialty-specific set of measures (e.g., cardiology, dentistry, emergency medicine, general surgery)

TIP: To review the 2018 Quality measures, including the specialty sets, visit the "Explore Measures" section of the Quality Payment Program website: https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2018#measures

2018 Quality Performance Category Requirements

CMS Web Interface Submission

- Groups and Virtual Groups with 25 or more clinicians participating in MIPS, who are registered and choose to submit data using the CMS Web Interface, **must report all 15 required quality measures** for the full year (January 1 - December 31, 2018).

Bonus Points

- Quality measure bonus points can be earned in the following ways:
  - Submission of **2 or more** outcome or high priority quality measures (bonus will not be awarded for the first outcome or high priority quality measure)
  - Submission using **End-to-End Electronic Reporting**, with quality data directly reported from an EHR to a qualified registry, QCDR, or via CMS Web Interface

QUALITY PERFORMANCE CATEGORY SCORING

Quality Requirements Recap

- You pick 6 of 270+ available measures to report
- 1 of the 6 measures must be:
  - Outcome measure, OR
  - High-priority measure (if no outcome measures are applicable)
- The CAHPS for MIPS Survey measure can count for 1 of the 6 measures (patient experience measure or 1 high priority measure)
- Instead of picking 6 measures from the MIPS measures list, you can choose to report:
  - Specific specialty measure set
  - CMS Web Interface measures (15 quality measures)
  - 6 QCDR measures (must include 1 outcome measure [if available] or 1 high priority measure if an outcome measure is not available)

- All-Cause Readmission measure applies to groups or virtual groups with 16 or more clinicians who meet 200 patient case minimum; this measure is calculated by CMS

Quality Performance Category Scoring

- You'll receive **3 to 10 points** on each quality measure based on performance against benchmarks
- Failure to submit performance data for a measure means you'll receive **0 points**
- You'll receive bonus points if you:
  - Submit more outcome or high priority measures
  - Use end-to-end electronic reporting
- Bonus points are capped at 10% of total points available for the Quality performance category

TIP: You have the chance to raise your 2018 Quality category score based on the rate of improvement from your Quality category score in 2017.

Quality Performance Category Scoring

Quality measures that <u>do not</u>:

- Have a benchmark or do not meet the case minimum (e.g., denominator of 20) will receive **3 points**
- Meet data completeness requirements (60% in 2018) will receive **1 point** instead of 3 points
  - ***Exception***: Small practices consisting of 15 or fewer eligible clinicians would receive 3 points.

- **Note**: Each data submission mechanism requires a minimum amount of data to meet data completeness requirement.

Quality Benchmarks

What are benchmarks?

- The 2018 Quality benchmarks, for qualified registries, QCDRs, claims, and EHR submission mechanisms, are based on data that was reported via the Physician Quality Reporting System (PQRS) in 2016, two years before the performance period
- For 2017 CAHPS for MIPS survey measure, the benchmarks were based on two sets of surveys: 2015 CAHPS for PQRS and CAHPS for Accountable Care Organizations (ACOs)
    - 2018 CAHPS for MIPS survey measure benchmarks haven't been established yet since we're using a revised survey, but will be available for each summary survey measure (SSM)
    - This means we'll calculate benchmarks based on 2018 performance data
- For the CMS Web Interface quality measures, benchmarks are the same as those used for the Medicare Shared Savings Program

Quality Benchmarks

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.

Quality Benchmarks

How are benchmarks converted to points?

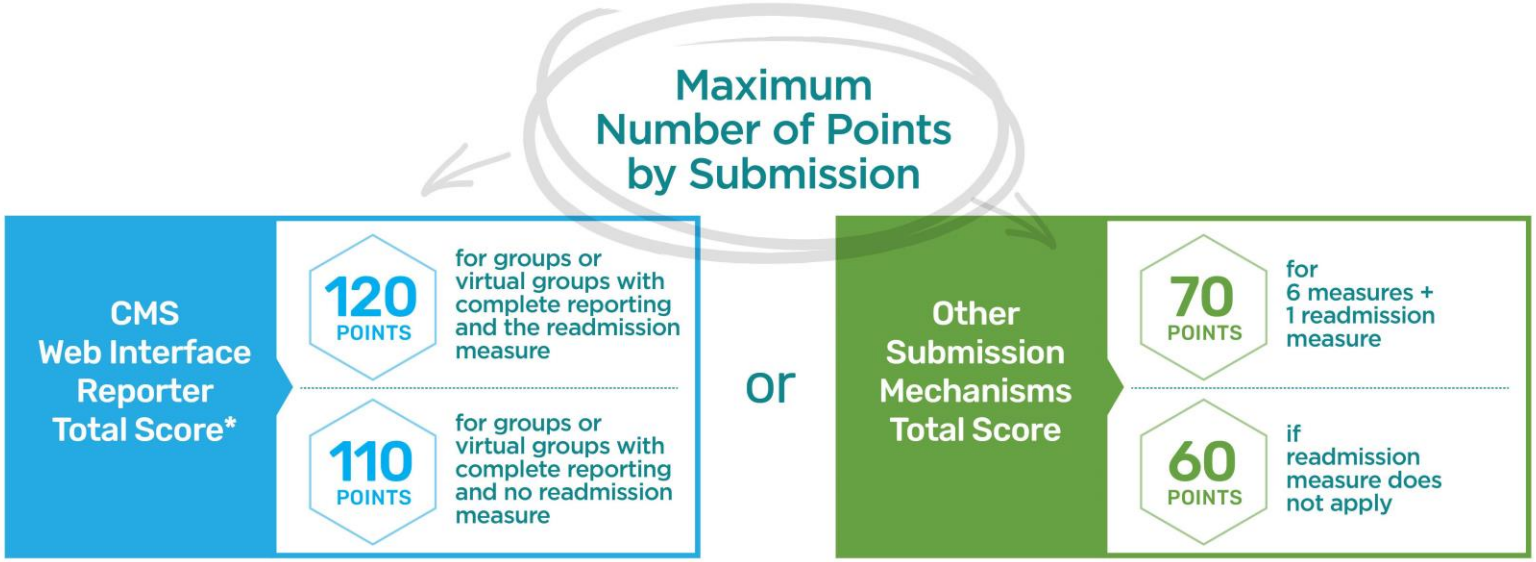
- Each measure you submit is assessed against its submission mechanism specific benchmark to see how many points are earned based on your quality performance
- Each quality measure is converted into a **10-point** scoring system
  - Except for the 6 topped-out MIPS quality measures finalized with a 7-point scale
- Performance is typically broken down into 10 "deciles," with each decile having a value between 3 and 10 points
- We compare your performance on a quality measure to the performance levels in the national deciles
- The points you earn are based on the decile range that matches your performance level

Quality Performance Category Scoring

Topped out measures – capped at 7 points for 2018

1. Perioperative Care: Selection of Prophylactic Antibiotic-First or Second Generation Cephalosporin. (Quality Measure ID: 21)
2. Melanoma: Overutilization of Imaging Studies in Melanoma. (Quality Measure ID: 224)
3. Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients). (Quality Measure ID: 23)
4. Image Confirmation of Successful Excision of Image-Localized Breast Lesion. (Quality Measure ID: 262)
5. Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computerized Tomography (CT) Imaging Description. (Quality Measure ID: 359)
6. Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy. (Quality Measure ID: 52)

Quality Performance Category Scoring

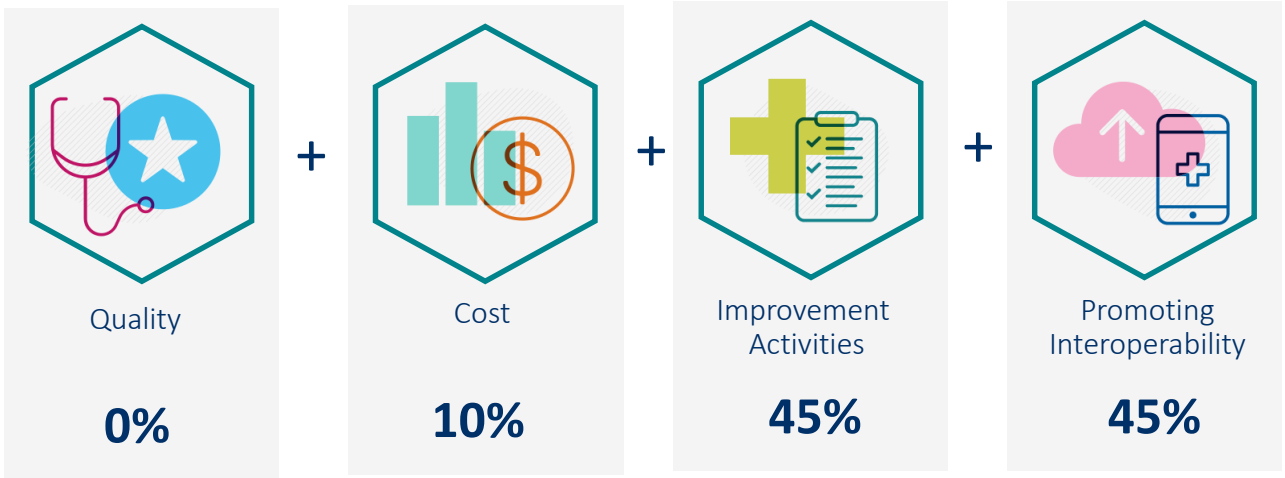


- There are 130 available points if you submit your data via the CMS Web Interface and administer the CAHPS for MIPS Survey
- There is a validation process for quality measures that are collected through claims and/or registry if you don't have 6 applicable quality measures

Reweighting the Quality Performance Category

- If you don't submit data for the Quality performance category because there are no quality measures available to you, you won't earn any points in this category, and the Improvement Activities and Promoting Interoperability would be reweighted to 45%.

Reweighting the Quality Category in 2018



- ***Note***: *We anticipate that reweighting of the Quality performance category would rarely occur because there are quality measures applicable and available for most clinicians*.

Measuring Bonus Points

What is the end-to-end reporting bonus?

- 1 bonus point per measure for reporting your quality data directly from your EHR to a Qualified Registry, QCDR, or via the CMS Web Interface

What is the bonus for submitting additional outcome/high priority measures?

- 1 bonus point for each additional high priority measure
- 2 bonus points for each additional outcome and patient experience measure.
- Note: Bonus points will be added to your group/Virtual Group's Quality performance category achievement points (those earned based on performance)

Improvement Scoring

How do we evaluate eligibility for improvement scoring?

You'll be evaluated for improvement scoring in 2018 when you:

- Have a Quality performance category achievement score based on reported measures for the last performance period (2017 transition year) and the current performance period (2018).
- Participate fully in the Quality performance category for the current performance period (submit 6 measures/specialty measure set with at least 1 outcome/high priority measure OR submit as many measures as were available and applicable; all measures must meet data completeness requirements).
- Submit data under the same identifier for the 2 performance periods, or if we can compare the data submitted for the 2 performance periods.

Improvement Scoring

Improvement scoring is calculated by:

- Comparing the quality achievement percentage points (those earned by measures based on performance) from the previous period to the quality achievement percentage points in the current period.
- Measure bonus points are not included in improvement scoring.

Improvement Scoring

Example

In the 2018 performance period, a MIPS eligible clinician submitted 6 measures via Certified Electronic Heath Record Technology (CEHRT). She earned **33 measure achievement points and 6 measure bonus points** for end-to-end electronic reporting.

In the transition year (2017), the same MIPS eligible clinician **earned 25 measure achievement points and 2 measure bonus points** for reporting an additional outcome measure.

- 2017 Quality performance category achievement percent score = 42%
  - 25 achievement points ÷ 60 possible points
  - Excludes the 2 bonus points
- 2018 Quality performance category achievement percent score = 55%
  - 33 achievement points ÷ 60 possible points
  - Excludes the 6 bonus points
- The increase in Quality performance category achievement percent score from prior performance period to current performance period = 13% (55% - 42%)
- The improvement percent score = 3.1% (13% ÷ 42%) x 10%)
- If CMS can't compare data between two performance periods, or there is no improvement, the improvement score will be 0%. The improvement percent score cannot be negative

Improvement Scoring

- To account for transition year policies that allowed clinicians to test their participation, MIPS eligible clinicians with a 2017 Quality performance category achievement percent score below 30% will be scored for improvement based on a 30% achievement percent score, which is the lowest score a MIPS eligible clinician can achieve with complete reporting in year 1.
- This policy allows us to score a MIPS eligible clinician on improvement and still account for differences in participation levels between the two years.
- Please note that the improvement percent score cannot be negative and is capped at 10%.

Calculating the Quality Performance Score

- Quality calculation updated to include improvement score

Quality Scoring Example

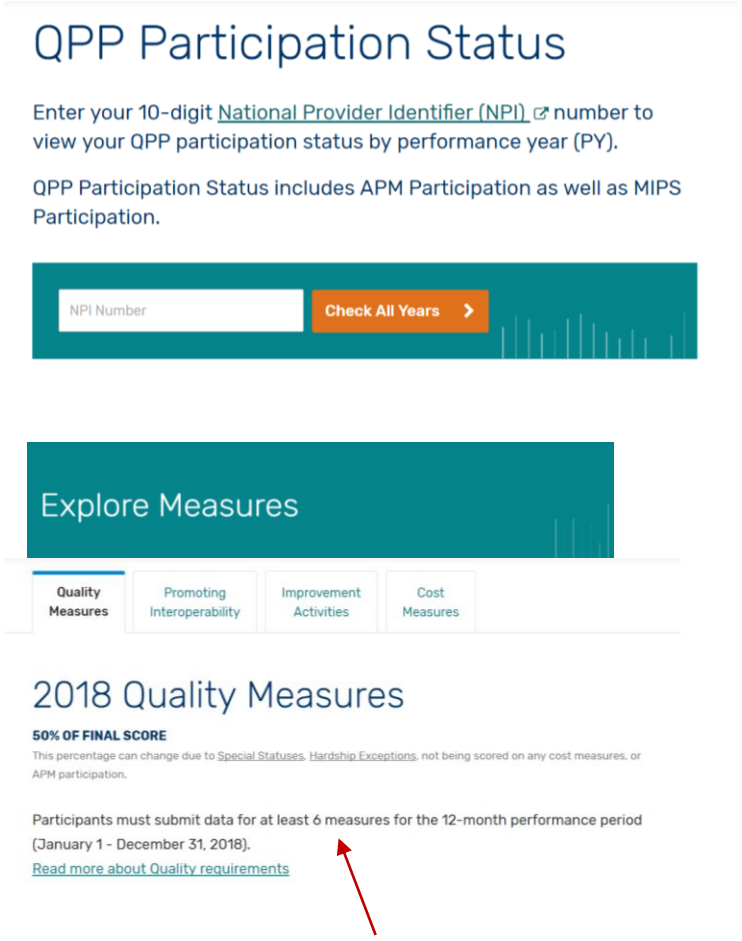
Continuing from previous example:

- The MIPS eligible clinician submitted 6 measures for the 2018 performance year via CEHRT.
  - She earned 33 measure achievement points and 6 measure bonus points for end-to-end electronic reporting.
  - Her improvement percent score is 3.1%.
- Quality performance category percent score = 68.1%
  - (33 achievement points + 6 bonus points) ÷ (60 total available achievement points) = 65%
  - 65% (for submitted measures) + 3.1% (improvement percent score) = 68.1%
- The Quality performance category percent score (68.1) is then multiplied by the weight of the Quality category (50%) to determine the number of points contributing to the final score (34.05 points).

PREPARING FOR QUALITY IN 2018

How to Prepare for Quality

1. **Check if you're eligible for MIPS**. You can use the QPP Participation Status Tool at qpp.cms.gov
2. **Choose your measures**. There are more than 270 MIPS quality measures available for reporting. Additional measures (known as QCDR measures) may be available if you chose to work with a QCDR. Utilizing those options, you can find the measures that work best for you, your group, or Virtual Group.



Use the "Explore Measures" tool to review quality measures for 2018

How to Prepare for Quality

3. **Look at the current measure specifications that are aligned with the measures you choose**. Measure specifications describe each measure and outline their elements. Each measure has its own specifications. See the 2018 QPP Resource library on CMS.gov to view quality measure specifications.
4. **Collect your data**. You should start data collection on January 1, 2018 to meet data completeness requirements and make it more likely to earn a higher positive payment adjustment.
5. **Submit your 2018 data**. The data submission period is between **January 1, 2019 and April 2, 2019**. If you're submitting quality data via claims, your claims need to be processed via MACs by **March 1, 2019**. There will be an 8-week submission period between January 2 and March 31, 2019 for the CMS Web Interface.

You can sign into the Quality Payment Program website (https://qpp.cms.gov/login) to review your data throughout this period. You'll just need Enterprise Identity Management (EIDM) credentials, and an appropriate user role. If you don't have one, you can create one here: https://portal.cms.gov/.

HELP AND SUPPORT

Quality Performance Category Resources

Visit the Quality Payment Program Website:

- Quality Measures Requirements
- Explore Quality Measures

Check out the resources in the 2018 Resource Library on CMS.gov, including:

- Quality Performance Category Fact Sheet
- Quality measure specifications for claims and registry measures
- Quality measure specifications supporting documents
- Quality Benchmarks
- CMS Web Interface measures and supporting documents
- 30-day All-Cause Hospital Readmission Measure
- Patient facing encounter codes
- QCDR Measure Specifications Quality Performance Category fact sheet

Technical Assistance

Available Resources

CMS has **free** resources and organizations on the ground to provide help to eligible clinicians included in the Quality Payment Program:

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 TCPI.ISCMail@us.ibm.com for extra assistance.

Locate the PTN(s) and SAN(s) in your state

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.
  - For more information or for assistance getting connected, contact QPPSURS@IMPAQINT.COM.

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.

Locate the QIN-QIO that serves your state

Quality Innovation Network (QIN) Directory

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: 1-877-715-6222 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. More information about the Learning Systems is available through your model's support inbox.

To learn more, go to: https://qpp.cms.gov/about/help-and-support#technical-assistance

Comments due September 10

When and Where to Submit Comments

- See proposed rule for information on submitting comments by close of 60-day comment period on **September 10** (When commenting **refer to file code CMS-1693-P**)
- Instructions for submitting comments can be found in proposed rule; FAX transmissions will not be accepted
- You must officially submit your comments in one of following ways:
  - electronically through Regulations.gov
  - by regular mail
  - by express or overnight mail
  - by hand or courier

Q&A SESSION

Q&A Session

To ask a question, please dial:

1-866-452-7887

If prompted, use passcode: 9984704

Press ***1** to be added to the question queue.

You may also submit questions via the chat box.

Speakers will answer as many questions as time allows.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