

Quality Payment PROGRAM

OVERVIEW OF MEDICARE SHARED SAVINGS PROGRAM AND QUALITY PAYMENT PROGRAM INTERACTIONS FOR YEAR 2 (PERFORMANCE YEAR 2018)

December 11, 2018



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Topics



- Brief review of Alternative Payment Models (APMs), MIPS APMs, and Advanced APMs
- Overview of the Medicare Shared Savings Program (Shared Savings Program) and interactions with the Quality Payment Program (QPP)
- APM scoring standard, bonus points, and payment adjustments
- Reporting requirements for performance categories
- Requirements and determinants for ACO participation and eligibility
- QPP Resources

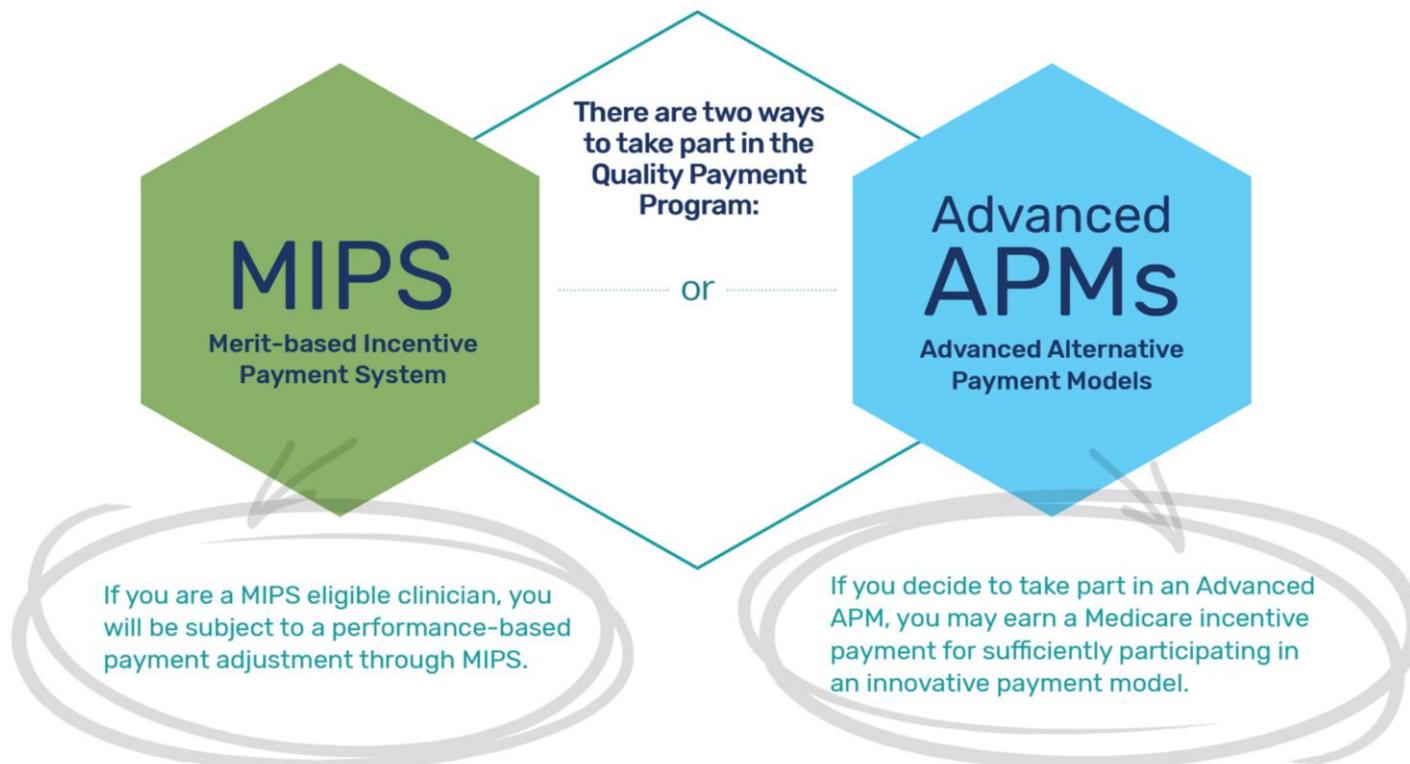


OVERVIEW

Alternative Payment Models

The Quality Payment Program

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:



Alternative Payment Model (APM) Overview



APMs are new approaches to paying for medical care through Medicare that often incentivize quality and value. The CMS Innovation Center develops new payment and service delivery models. Additionally, Congress has defined—both through the Affordable Care Act and other legislation—a number of demonstrations to be conducted by CMS.

The Medicare Shared Savings Program was established in the Affordable Care Act to promote accountability for a patient population, improve care coordination, and encourage investment in infrastructure and redesigned care processes.

As defined by
MACRA,
APMs
include:

- ✓ CMS Innovation Center model (under section 1115A, other than a Health Care Innovation Award)
- ✓ Shared Savings Program
- ✓ Demonstration under the Health Care Quality Demonstration Program
- ✓ Demonstration required by federal law

APM Overview (cont.)

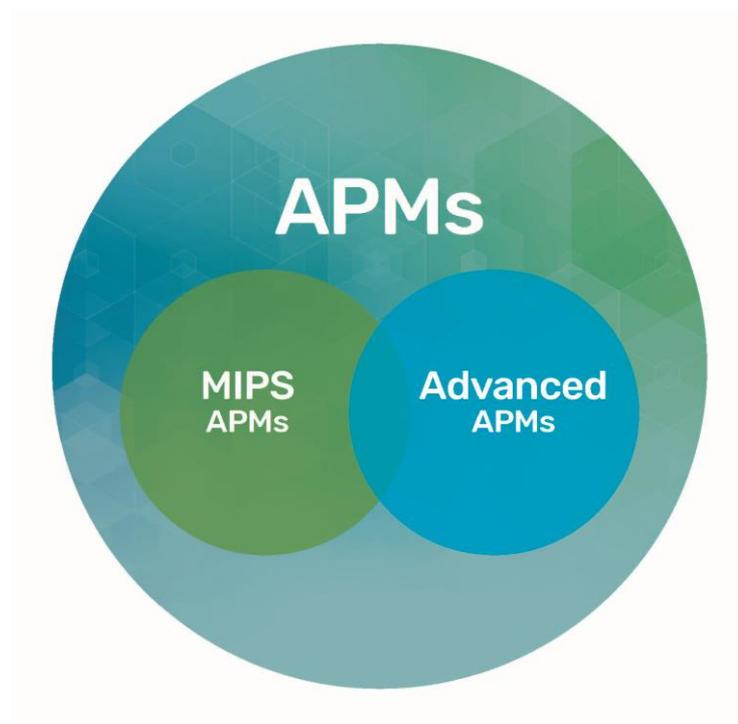


- A payment approach that provides added incentives to clinicians to provide high-quality and cost-efficient care
- Can apply to a specific condition, care episode, or population
- MIPS APMs may offer significant opportunities for eligible clinicians who are not ready to participate in Advanced APMs

Advanced APMs

- Clinicians and practices can receive **greater rewards** for taking on some risk related to patient outcomes
- Advanced APMs
 - Require participants to use certified EHR technology
 - Base payment for covered professional services on quality measures comparable to those in MIPS
 - Entities bear more than nominal financial risk, or APM is a Medical Home Model Expanded under Innovation Center authority
- Shared Savings Program Tracks 2 and 3
- Medicare ACO Track 1+ Model

Advanced APMs are
a Subset of APMs



Qualifying APM Participant (QP)

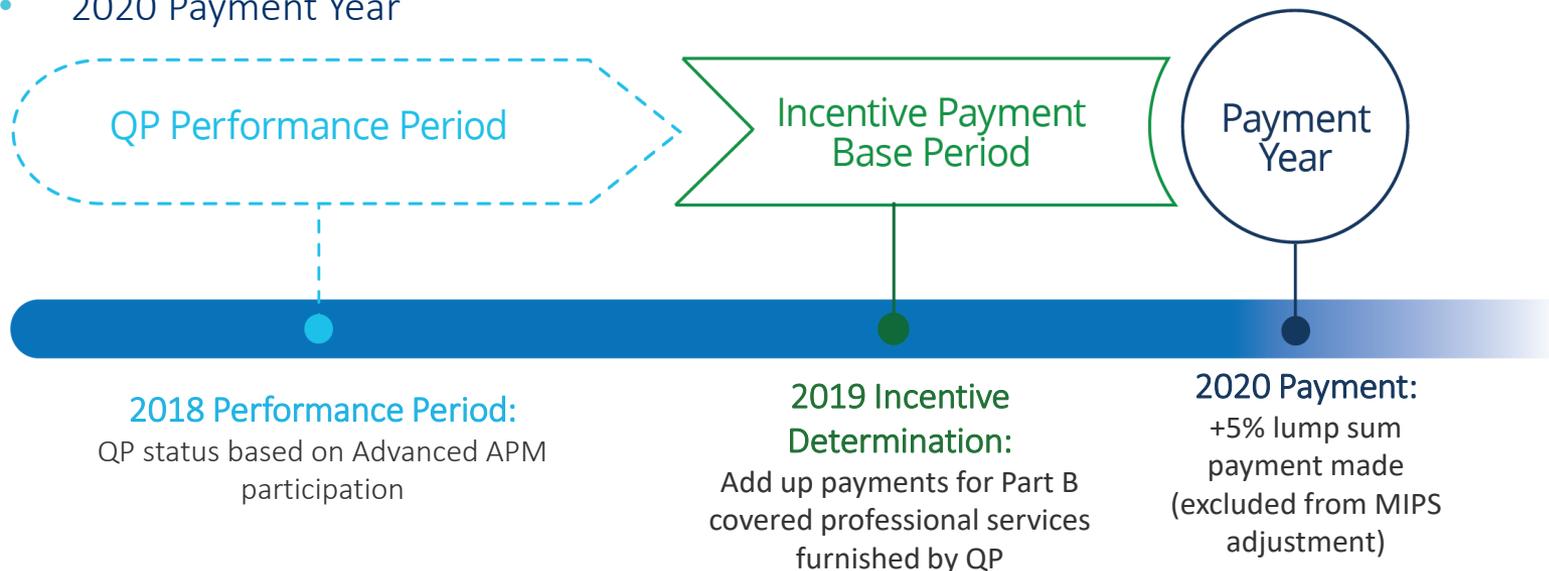


Qualifying APM Participants (QPs) are eligible clinicians who achieve threshold levels of participation in Advanced APMs. The threshold for the 2018 performance period is **25% of Part B payments for covered professional services or 20% of patients** through an **Advanced APM**.

QP Performance Period



- The QP Performance Period is the period during which CMS will assess eligible clinicians' participation in Advanced APMs to determine if they will be QPs for the payment year.
 - The QP Performance Period for each payment year will be from January 1—August 31st of the calendar year that is two years prior to the payment year.
 - The 5% incentive payment is determined using Part B payments for covered professional services in the year prior to the payment year.
- Performance Year (PY) 2018:
 - 2018 QP Performance Period
 - 2019 Incentive Payment Base Period
 - 2020 Payment Year



Benefits of Participating in an Advanced APM as a Qualifying APM Participant (QP)



QPs:

Are excluded from the MIPS

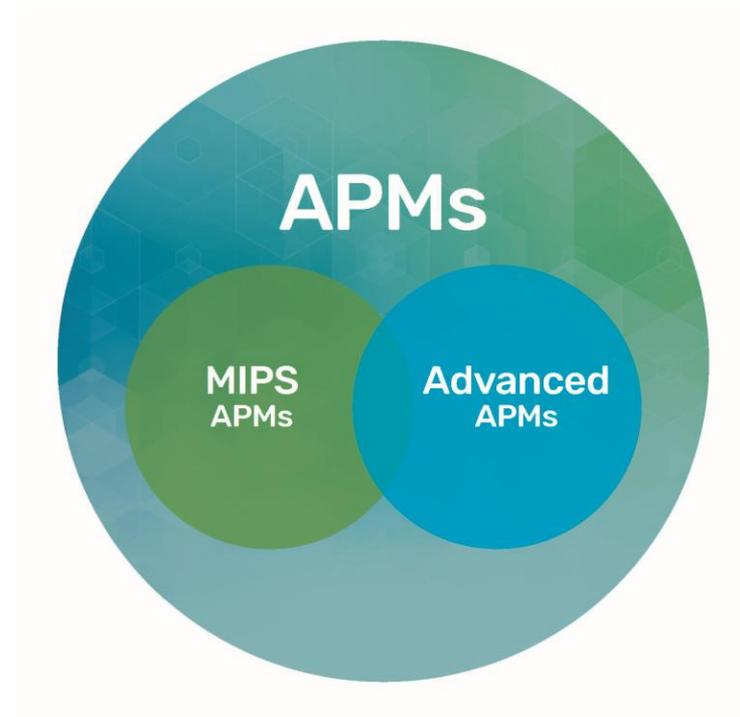
Receive a 5% incentive payment per payment year through 2024

Receive a higher Physician Fee Schedule update starting in 2026

MIPS APMs

- Streamlined MIPS reporting and scoring for eligible clinicians in certain APMs
- The APM scoring standard offers a special, minimally-burdensome way of participating in MIPS for eligible clinicians in certain APMs
- APM Entity (ACO) level quality performance attributed down to MIPS eligible clinicians in that APM Entity
- All eligible clinicians in an APM Entity receive the same MIPS final score
- Shared Savings Program Track 1

MIPS APMs are a Subset of APMs



Terminology Clarification for ACOs

- For purposes of the Shared Savings Program, the APM Entity is the ACO.



ACO Accountable Care Organization

TIN Taxpayer Identification Number

NPI National Provider Identifier

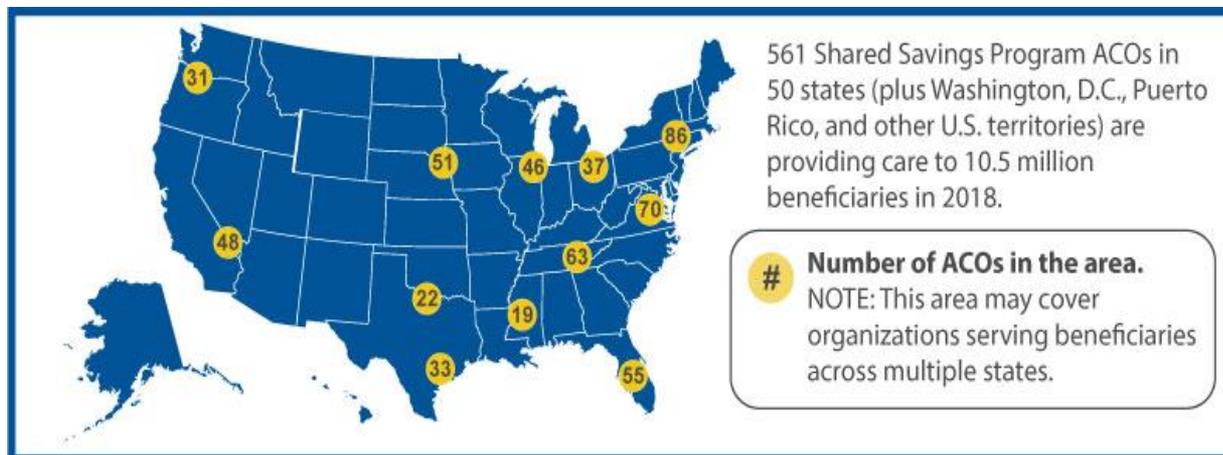


OVERVIEW

Medicare Shared Savings Program

Medicare Shared Savings Program

- The Medicare Shared Savings Program (Shared Savings Program) is a type of APM that offers providers and suppliers the opportunity to work together through a new type of health care entity – an Accountable Care Organization (ACO). It aims to achieve the following:
 - Promote accountability for a patient population
 - Coordinate items and services for Medicare fee-for-service beneficiaries
 - Encourage investment in high quality and efficient services delivery
- ACOs agree to be held accountable for the quality, cost, and overall care for an assigned population of Medicare FFS beneficiaries.
- ACOs must meet the Shared Savings Program quality performance standard to be eligible to share in savings, if earned.



2018 Medicare Shared Savings Program Tracks



- There are several participation tracks under the Shared Savings Program and the Medicare ACO Track 1+ Model that allow ACOs to select an arrangement that makes the most sense to their organization.
- Participation in the Quality Payment Program depends on the track in which the ACO is participating.

MIPS APMs

Track 1

- MIPS eligible clinicians participating in ACOs are subject to MIPS under the APM Scoring Standard.

Advanced APMs

Medicare ACO Track 1+ Model

Track 2

Track 3

- Participating eligible clinicians who are determined to be Qualifying APM Participants (QPs) are exempt from MIPS and will receive the Advanced APM incentive payment.
- Participating MIPS eligible clinicians who do not attain QP status are subject to MIPS under the APM Scoring Standard

APM Participation and QP Determination Snapshots for Eligible Clinicians in Shared Savings Program ACOs



To be considered part of the ACO track for purposes of the APM Scoring Standard, an eligible clinician **must be on the APM Participation List on at least one of the below four snapshot dates** of the performance period. Otherwise, an eligible clinician is subject to the generally applicable MIPS standards.

Advanced APM Tracks only: To be considered part of the ACO track for QP determinations or for the APM scoring standard if the clinician does not achieve QP status, the eligible clinician must be on the APM Participation List on at least one of the three QP determination snapshot dates during the QP performance period.



MIPS APM Participation Only

*Note: The additional December 31st date is used to allow eligible clinicians who joined a Shared Savings Program ACO between 9/1 and 12/31 to benefit from the APM scoring standard for MIPS. **We will not make QP determinations based on the fourth snapshot.**

Quality Payment Program: ACO Participation



- Before each performance year, ACOs must certify their ACO participant list.
- At each of the snapshot dates, CMS identifies eligible clinicians participating in the ACO using the certified ACO participant list and data available in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).
 - Additional clinicians are identified using Medicare claims.
 - It is important that clinicians ensure information is current in PECOS.
- The QPP Participation Look-up Tool is updated approximately 4 months after each snapshot date to reflect APM participation and QP status.*
- MIPS eligible clinicians who do not attain QP status or who join an ACO in an Advanced APM track between 9/1 and 12/31 will be assessed under MIPS using the APM Scoring Standard.

*QP determinations are only made using the three snapshot dates.

Low Volume Threshold Exemption



- **Low volume threshold:** Clinicians or groups who bill less than \$90,000 in covered professional services under the Medicare PFS, or furnishing covered professional services to less than or equal to 200 beneficiaries are exempt from MIPS.
- **For clinicians in an ACO, the low volume threshold is determined at the ACO level:**
 - This means that even if clinicians, or physician groups, are at or below the low volume threshold, if they bill through the TIN of an ACO participant or if the physician group is an ACO participant they will be subject to MIPS if the ACO exceeds the low volume threshold.
- It is rare that an ACO does not exceed the low volume threshold.



APM SCORING STANDARD

Bonus Points and Payment
Adjustments

PY 2018 APM Scoring Standard for MIPS Eligible Clinicians in Shared Savings Program ACOs Who Successfully Report Quality



APM Scoring Standard Performance Category and Scoring

Performance Category	Weighting	Scoring
Quality	50%	Eligible clinicians in the ACO get a quality performance score based on the CMS Web Interface and CAHPS for ACO quality measures that are reported by the ACO.
Improvement Activities (IA)	20%	Eligible clinicians in the ACO get full credit based on ACO participation. No additional reporting is necessary.
Promoting Interoperability (PI)	30%	ACO participant TINs report at the group level or solo practice level for eligible clinicians subject to PI. Data is aggregated and weighted to get a single ACO score that applies to all eligible clinicians.
Cost	0%	N/A under the APM scoring standard.

PY 2018 APM Scoring Standard for MIPS Eligible Clinicians in Shared Savings Program ACOs Who Do Not Successfully Report Quality



APM Scoring Standard Performance Category and Scoring

Performance Category	Weighting	Scoring
Quality	50%	<p>Eligible clinicians get a quality performance score of zero unless their ACO participant TIN reports separately from the ACO.</p> <p>Groups may report using registry, QCDR, EHR, CAHPS for MIPS or Web Interface (if the TIN registered for Web Interface or CAHPS for MIPS reporting) collection types. Solo practices may report using QCDR, claims, EHR, and registry collection types.</p>
Improvement Activities (IA)	20%	Eligible clinicians in the ACO get full credit based on APM participation. No additional reporting is necessary.
Promoting Interoperability (PI)	30%	ACO participant TINs report and are scored at the group level or solo practice level for eligible clinicians subject to PI. The data reported by each ACO participant TIN is not aggregated and weighted for an ACO level score.
Cost	0%	N/A under the APM scoring standard.

ACO's Shared Savings Program Agreement is Terminated



- **Agreement is terminated on or after March 31st of the 2018 performance year:**
 - Eligible clinicians in ACO participant TINs are subject to APM scoring standard rules.
 - The rules that apply for MIPS APM reporting and scoring depend on whether the ACO successfully reports quality.
 - Regardless of whether the ACO successfully reports quality, eligible clinicians will get full credit for IA, which is enough to earn at least a neutral MIPS adjustment in 2020.
- **Agreement is terminated before March 31st of the 2018 performance year:**
 - Eligible clinicians in ACO participant TINs must participate in MIPS either at the group or individual level and will be subject to regular MIPS scoring rules.
 - For more information on MIPS scoring rules for an individual or group, please visit: <https://qpp.cms.gov/mips/overview>.
 - Eligible clinicians in Advanced APMs will not be included in the March 31st snapshot for QP determinations.

ACO's Shared Savings Program Agreement is Terminated Continued...



- **Advanced APM (Track 1+ Model, Track 2, and Track 3) agreement is terminated after March 31st and before August 31st of the 2018 performance year:**
 - Eligible clinicians will lose QP status and become MIPS eligible clinicians.
 - Eligible clinicians will be scored under the APM Scoring Standard and may earn a positive MIPS payment adjustment.
 - These clinicians will get full credit for IA and should also report PI at the group or solo practice level.
- **Advanced APM agreement is terminated after August 31st of the 2018 performance year:**
 - Eligible clinicians will maintain QP status.
 - Eligible clinicians who are not QPs (or partial QPs) will be scored under the APM Scoring Standard.



PERFORMANCE CATEGORY

Quality

Quality Performance Category



- As required by the Shared Savings Program, ACOs must report CMS Web Interface and CAHPS for ACO quality measures. ACO reported data will be used to calculate the Quality Performance Category.
- Quality performance on measures is determined using the Shared Savings Program benchmarks.
- MIPS point values for measures will be assigned according to the APM scoring standard.
 - Please visit the [Quality Performance Category Scoring Guide for CMS Web Interface Reporters under the APM Scoring Standard](#) for more details.
- There are 15 CMS Web Interface measures for reporting, but 11 scored measures (Diabetes composite contains 2 individual measures).
- Measures eligible to be included in calculating the Quality Performance Category must have:
 - A benchmark
 - A denominator case size is equal to or greater than 20
- The CAHPS for ACOs survey is a single measure within the Quality Performance Category
 - The 7 CAHPS for ACO quality measures with a benchmark are averaged to create a single measure score

Quality Performance Category (cont.)



- Bonus Points
 - High priority measures
 - End-to-end Certified EHR Technology (CEHRT) reporting for CMS Web Interface measures
 - Bonus points are capped to 10 percent of the quality score denominator

Reporting Method	Number of Measures	Number of Measures with a 2018 Benchmark	Maximum Possible Measures Included in Quality Category	Number of High Priority Measures
CMS Web Interface	15	11	11	6
CAHPS for ACO Survey	8	7	1*	1

*Points earned for CAHPS for ACO summary survey measures are averaged to contribute a single CAHPS for ACO measure in the Quality Performance Category.

Quality Performance Category Continued...



- Beginning in 2018, ACOs may earn a quality improvement reward.
- Quality improvement is awarded based on the increase from the previous performance year's (PY 2017) quality performance category score to the current performance year (PY 2018).
- If the ACO did not report in PY 2017 or is new to the Shared Savings Program, then the ACO-level quality improvement percent will be calculated by averaging PY 2017 individual and group quality performance scores for ACO participants.
- The quality improvement percent cannot be less than 0 or greater than 10.



PERFORMANCE CATEGORY

Improvement Activities

Improvement Activities (IA) Performance Category



- Certain APMs, like those under the Shared Savings Program, hold their participants accountable for the cost and quality of care.
- CMS assigns IA points for APMs by reviewing the participation agreement and/or relevant regulations to determine the improvement activities required as a function of participation in the APM.
- CMS determined that participation in the Shared Savings Program exceeds the requirements in the improvement activities performance category.
- Clinicians participating in ACOs will be assigned full points for the improvement activities performance category in 2018 and will not need to submit additional improvement activity information.



PERFORMANCE CATEGORY

Promoting Interoperability

Promoting Interoperability (PI) Performance Category

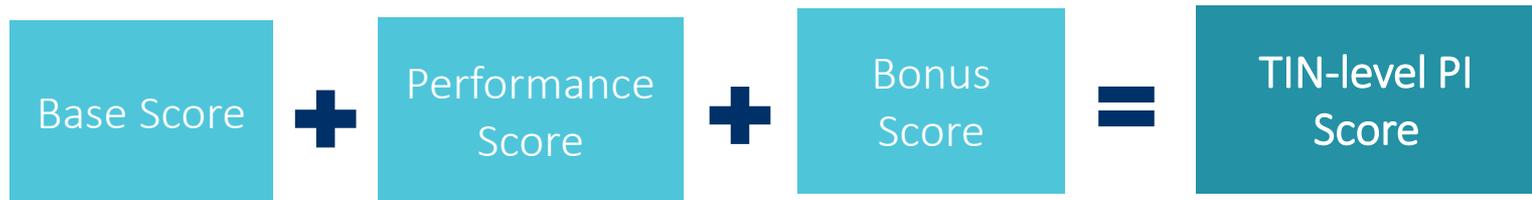


- ACO participants must report the Promoting Interoperability performance category at the TIN level for group and solo practitioners.
- ACO participant TIN scores will be aggregated as a weighted average based on the number of MIPS eligible clinicians in each TIN to create an ACO level score for the PI performance category that applies to all eligible clinicians in the ACO.
- Submission Methods: EHR, QCDR, Registry, or QPP Portal
- For purposes of the Shared Savings Program ACO-11 quality measure, ACO participant TINs must report the PI performance category, regardless of whether they meet the QP thresholds or not.
 - ACO-11 is pay-for-reporting in PY 2018 and to meet complete reporting of the measure, at least 1 EC in the ACO must meet the PI base score (numerator of ACO-11).
 - ACOs that do not complete reporting under the Shared Savings Program will not meet the quality performance standard and will be ineligible to share in savings or will be liable for the maximum percent of losses under the applicable track.

Promoting Interoperability (PI) Performance Category (cont.)



- Each ACO participant TIN will receive a PI score for its submission
- The PI score is the sum of the Base Score (50%), Performance Score (up to 90%), and Bonus Score (up to 25%)
 - It is possible to earn a score of 165% but it will be capped at 100%
- Qualifying for PI reweighting (e.g., hardship exception or special status) at the group or eligible clinician level does not reweight the PI performance category at the ACO level.
- If the PI performance category is reweighted for all TINs within the ACO, then the PI performance category is reweighted for the entire ACO.



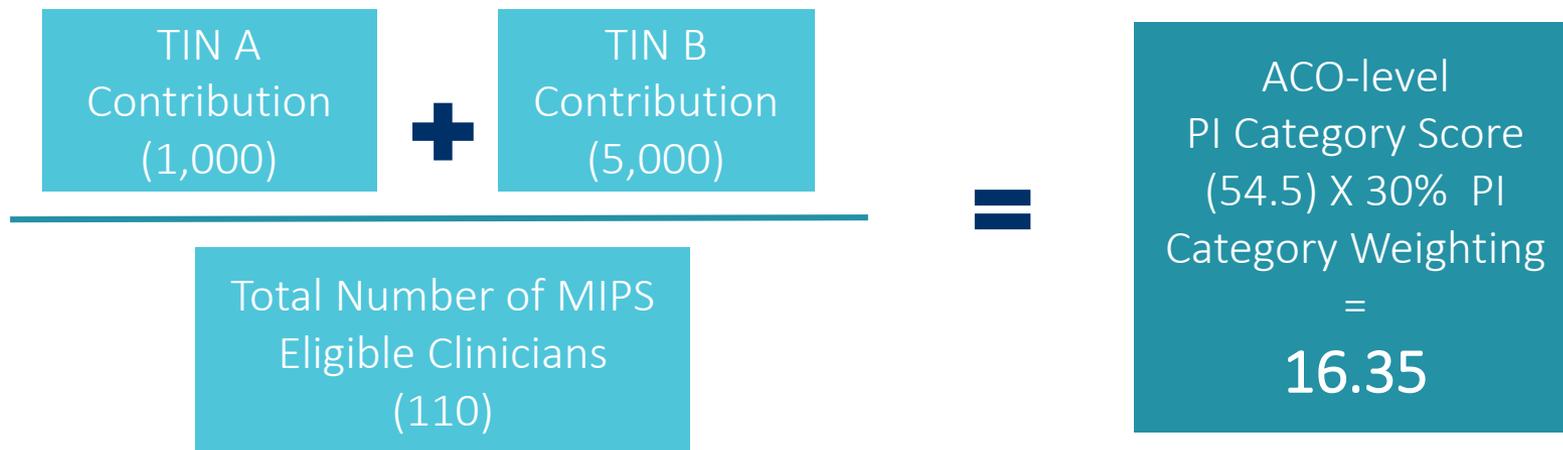
Promoting Interoperability (PI) Performance Category (cont.)



- Each ACO participant TIN submission will be aggregated as a weighted averaged (by the number of MIPS eligible clinicians) to calculate an ACO-level PI score

ACO Participant TIN	Number of MIPS Eligible Clinicians	Participant TIN PI Score	Contribution to ACO-level PI Score
A	10	100	1,000
B	100	50	5,000
C	50*	N/A	N/A

*All clinicians in TIN C have a PI reporting exception and do not contribute to the ACO-level PI Score.



PERFORMANCE CATEGORY

Cost

Cost Performance Category

- MIPS APMs that tie payments to performance, like the Shared Savings Program, have had the cost performance category waived in order to better align the incentives of QPP and those of the APM.
- Clinicians participating in the Shared Savings Program will not be scored under the Cost performance category for the APM scoring standard.
- No reporting is necessary.



BONUS POINTS

Small Practice Bonus and Complex Bonus

Complex Patient Bonus and Small Practice Bonus



Small Practice Bonus

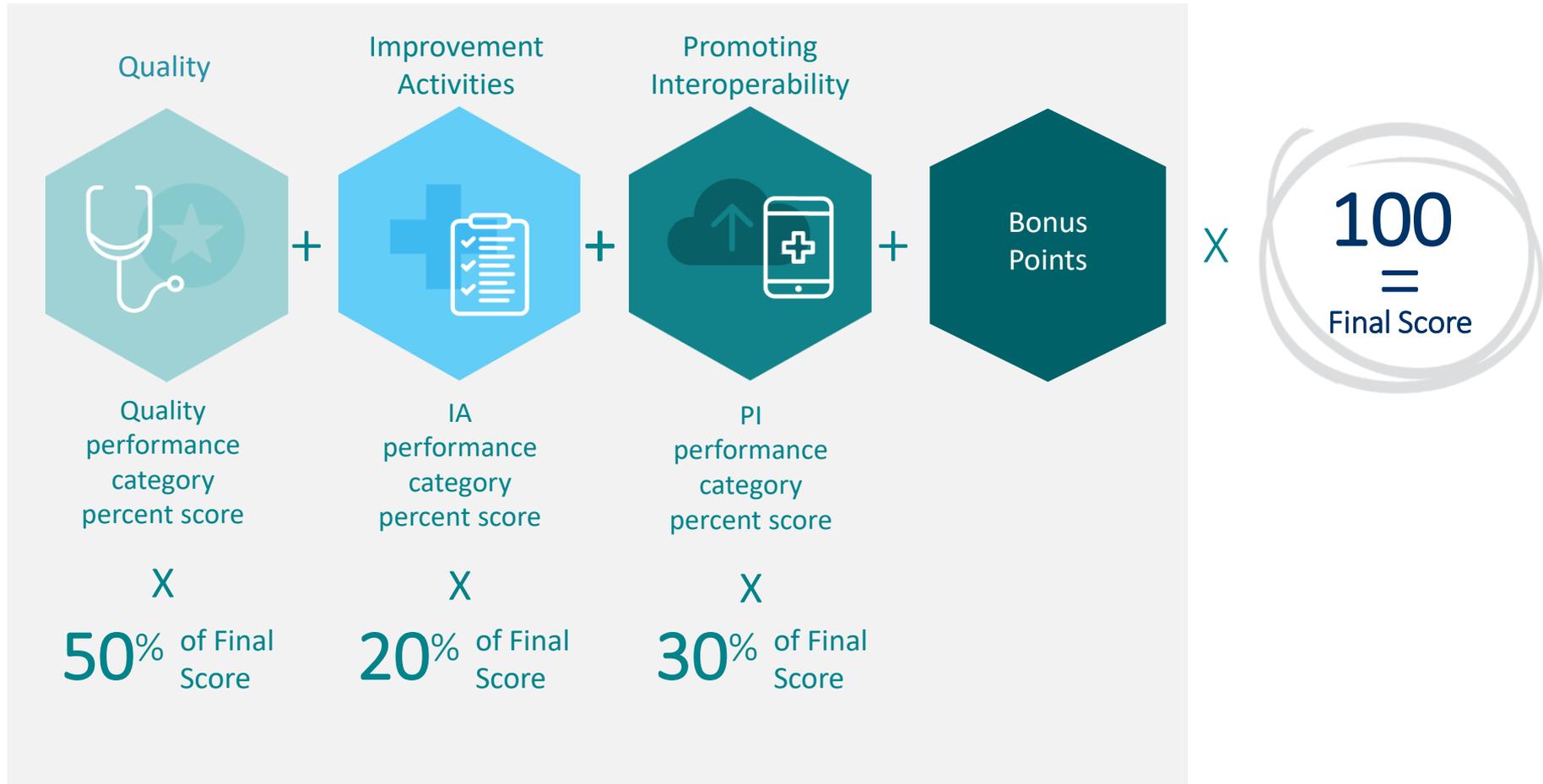
- Small practices (15 or fewer clinicians) that submit data for at least one category (Quality, PI, or IA), will automatically receive **5 points** added to their final score.
 - For small practices in an ACO, the practice size determination is at the ACO-level and not the practice-level.



Complex Patient Bonus

- Clinicians can earn **up to 5** bonus points for providing care to complex patients based on medical complexity.
 - As measured by Hierarchical Condition Category (HCC) risk score and a score based on the percentage of dual eligible beneficiaries
 - Determined at the ACO-level
- Data must be submitted on at least 1 performance category to earn the bonus.

Final Score Calculated with Bonus Points





KEY SUBMISSION DATES AND RESOURCES

Key Submission Dates

Mark your calendars!



Event	Date
Promoting Interoperability Submission Period	January 2 – April 2, 2019
CMS Web Interface Test Period	January 7 – 18, 2019
CMS Web Interface Submission Period	January 22, 2019 at 8:00AM EST – March 22, 2019 at 8:00PM EDT

Resources



- Shared Savings Program 2018 and 2019 quality measure benchmarks: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/2018-and-2019-quality-benchmarks-guidance.pdf>
- Alternative Payment Models
 - MIPS APMs
 - [2018 MIPS Participation & Overview](#)
 - [Scores for Improvement Activities in MIPS APMs](#)
 - [Quality scoring for APMs](#)
 - Advanced APMs
 - [QP Methodology Fact Sheet](#)
- PI requirements and fact sheet: <https://qpp.cms.gov/mips/promoting-interoperability>

Technical Assistance



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 OPPSURS@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, view the Technical Assistance Resource Guide: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Technical-Assistance-Resource-Guide.pdf>



Q&A

Q&A Session



To ask a question, please dial:

1-888-408-8176

If prompted, use passcode: 3976865

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.

