

# Quality Payment PROGRAM

## QUALITY PAYMENT PROGRAM: ANSWERING YOUR FREQUENTLY ASKED QUESTIONS

May 16, 2018



# Disclaimer



*This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to the source documents have been provided within the document for your reference.*

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# MIPS Preliminary Feedback Available

2017 Performance Year



- If you submitted data through the [Quality Payment Program website](#), you are now able to review your preliminary performance feedback data. Note: this is not your final score or feedback.
- Your final score and feedback will be available in Summer 2018. Between now and then, your score could change based on the following:
  - Special Status Scoring Considerations (ex. Hospital-based Clinicians)
  - All-Cause Readmission Measure for the Quality Category
  - Claims Measures to include the 60-day run out period
  - CAHPS for MIPS Survey Results
  - Advancing Care Information Hardship Application status
  - Improvement Study Participation and Results
  - Creation of performance period benchmarks for Quality measures that didn't have a historical benchmark
- Your final score and feedback will be available through the [Quality Payment Program website](#) using the same EIDM credentials that allowed you to submit and view your data during the submission period.

# Participation Status for Year 2

## Available Tools for 2018



You now have options to check your 2018 participation status in the Merit-based Incentive Payment System (MIPS):

- Visit [qpp.cms.gov](http://qpp.cms.gov) and enter your individual National Provider Identifier in the Look-up Tool.
- Sign-in to [qpp.cms.gov](http://qpp.cms.gov) using your EIDM account for a listing of all MIPS eligible clinicians under your TIN. (Group search option.)
- Please note: Both options currently only contain MIPS data. We anticipate adding 2018 APM participation and Predictive Qualifying APM Participant (QP) status later this spring.

# Reminder: Group Submission Deadline



Groups must register to use the CMS Web Interface and/or CAHPS for MIPS Survey by June 30, 2018.

- Registration is required for groups that intend to use the CMS Web Interface and/or administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Merit-based Incentive Payment System (MIPS) survey for 2018. To register, please visit the Quality Payment Program [website](#). The registration period ends **June 30, 2018**.
- If your group was registered to participate in MIPS in 2017 via the CMS Web Interface, CMS automatically registered your group for 2018 CMS Web Interface participation. You may edit or cancel your registration at any time during the registration period. Automatic registration does not apply to the CAHPS for MIPS survey.
- To register, visit the Quality Payment Program [website](#). As a reminder, you will need a valid Enterprise Identity Management (EIDM) [account](#). If you do not have an EIDM account, please create one as soon as possible.

*Note: Registration is not required for any other submission methods.*

# New Resources for Groups



CMS has posted the following new resources to help groups successfully participate in the Merit-based Incentive Payment System (MIPS):

- **[2018 CAHPS for MIPS Conditionally Approved Survey Vendor List](#)**: Includes the list of vendors that CMS has conditionally approved to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey for 2018.
- **[2018 Registration Guide for the CMS Web Interface and CAHPS for MIPS Survey](#)**: Offers step-by-step instructions for how a group can register to participate in MIPS using the CMS Web Interface and/or administer the CAHPS for MIPS Survey for the 2018 performance period. The guide includes instructions for modifying or canceling registration for the CMS Web Interface and CAHPS for MIPS Survey.
- **[2018 CMS Web Interface Factsheet](#)**: Provides an overview of the CMS Web Interface, a secure, internet-based data submission mechanism available to groups and virtual groups with 25 or more MIPS eligible clinicians.
- **[2018 MIPS Group Participation Guide](#)**: Offers an overview of group participation for MIPS in 2018, including how groups are defined under MIPS, the data submission mechanisms available to groups, and how group data is scored.



# IPPS Proposed Rule and QPP



- On April 24, 2018, CMS issued the proposed updates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS), as well as a Request for Information (RFI) to solicit feedback on ways to better achieve interoperability.
- Effective immediately, the IPPS NPRM changed the name of the EHR Incentive Programs to the **Promoting Interoperability Programs**.
- This change also affects the Advancing Care Information performance category, which will now be the **Promoting Interoperability** performance category.
- This name change is meant to better reflect the new focus of the programs, including:
  - Focusing on interoperability
  - Improving flexibility
  - Relieving burden
  - Incentivizing providers to make it easier for patients to obtain their medical records electronically

# IPPS Proposed Rule



- The deadline to submit comments on the proposed rule and RFI is **June 25, 2018**.
- For further instructions on how to submit comments, visit the Federal Register:  
<https://www.federalregister.gov/documents/2018/05/07/2018-08705/medicare-programs-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-long-term-care-hospitals>



# 2018 MDP Annual Report



- The 2018 Quality Measure Development Plan (MDP) Annual Report has been released on CMS.gov.
- Read the report to learn more about CMS' efforts to develop meaningful measures for the Quality Payment Program:  
<https://www.cms.gov/Medicare/Quality-Payment-Program/Measure-Development/2018-MDP-annual-report.PDF>.

# MACRA Measure Development Cooperative Agreements



- On May 3, 2018, CMS republished the *Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Funding Opportunity: Measure Development for the Quality Payment Program* on Grants.gov to reflect an eligibility criteria update.
- This Notice of Funding Opportunity gives [cooperative agreements](#) funding assistance to entities so they can develop, improve, update or expand quality measures to use in the Quality Payment Program.
- The application due date was extended to **May 30, 2018 at 3:00 PM ET** as a result of stakeholder inquires about the application process.
- To find out more and to apply for the grant:
  - Search for the title or the Catalog of Federal Domestic Assistance (CFDA) number 93.986 on [Grants.gov](#)
  - Visit this CMS [webpage](#) for an overview of the funding opportunity and to review a list of FAQs and transcripts from our Pre-application conference calls held in March

# Upcoming Webinars



- Upcoming Webinar: QCDR Workgroup
  - **Date:** Thursday, June 14
  - **Time:** 2:00 – 4:00 PM ET
  - **Learn more about:**
    - The development, criteria, and evaluation of QCDR measures
    - How to identify meaningful quality actions (numerators)
    - How to construct measures that have an increased likelihood of being approved as QCDR measures for MIPS
    - How to understand the structure of multi-strata measures
    - How to appropriately apply measure analytics
  - **To register:** <https://engage.vevent.com/index.jsp?eid=3536&seid=1068>



# FREQUENTLY ASKED QUESTIONS

# Frequently Asked Questions

## Topics



- Merit-based Incentive Payment System (MIPS)
  - Eligibility and Exemptions
  - Individual and Group Reporting
  - Performance Categories
- Alternative Payment Models (APMs) and Advanced APMs
  - General
  - All-Payer Combination Option
  - MIPS APMs

# Frequently Asked Questions

## MIPS Eligibility and Exemptions



- Eligibility and Exemptions
  - What is a MIPS eligible clinician?
  - Were there any changes to the low volume threshold for Year 2 of MIPS?
  - How is a clinician's eligibility status determined?

# Frequently Asked Questions

## MIPS Eligibility and Exemptions



*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



# Frequently Asked Questions

## MIPS Eligibility and Exemptions



**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.

### Transition Year 1 (2017) Final



AND



### Year 2 (2018) Final



AND



Voluntary reporting remains an option for those clinicians who are exempt from MIPS.

# Frequently Asked Questions

## MIPS Eligibility and Exemptions



*No change* to eligibility determination process.

1. CMS verifies that you meet the definition of a MIPS eligible clinician type.

*Then...*

2. CMS reviews your historical PFS claims data from **9/1/16 to 8/31/17** to make the initial determination.

- “So what?” –

- If you are determined to be exempt during this review, you will remain exempt for the entirety of Year 2 (2018).

*Later...*

3. CMS conducts a second determination on performance period PFS claims data from **9/1/17 to 8/31/18**.

- “So what?” -

- If you were included in the first determination, you may be reclassified as exempt for Year 2 during the second determination.
- If you were initially exempt and later found to have claims/patients exceeding the low-volume threshold, you are still exempt.

# Frequently Asked Questions

## MIPS Eligibility and Exemptions



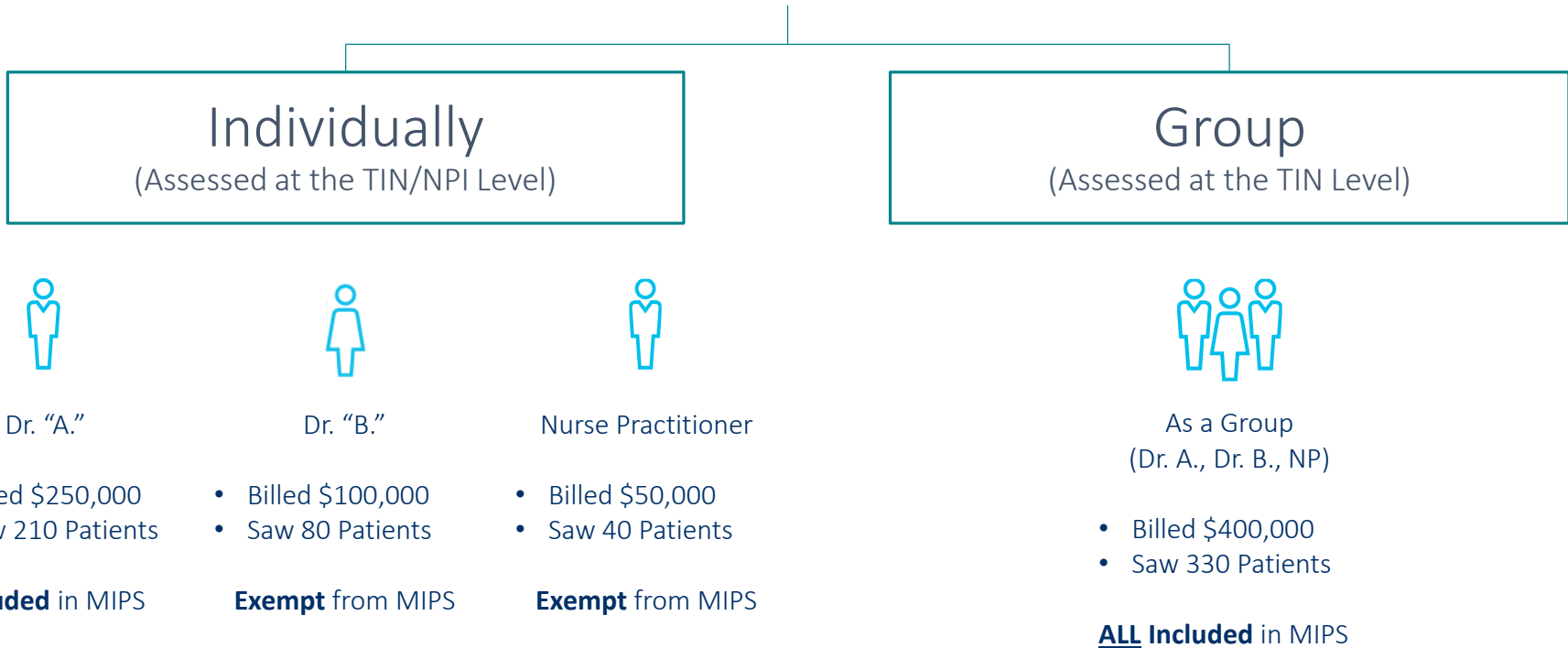
- Eligibility and Exemptions
  - If a clinician is found eligible in the second determination, but not the first, do they receive a payment adjustment?
  - If a clinician is determined to be exempt, can they still submit data and get a bonus and/or feedback report?
  - How does exempt status affect clinicians that move from one practice (TIN) to another?
  - When will additional clinician types (e.g., dietitians, social workers, physical therapists, speech pathologists) be eligible to participate in MIPS?

# Frequently Asked Questions

## MIPS Individual and Group Reporting



### Example



**Remember:** To participate



**AND**



# Frequently Asked Questions

## MIPS Individual and Group Reporting



- Group and Individual Reporting
  - Do I need to register my group?
  - Can a clinician change each performance period from group to individual?
  - Can CMS clarify who makes up a group? Is it all those associated with a TIN or just the MIPS eligible clinicians?
  - If a clinician is part of a TIN that is eligible as a group, but all individual clinicians are exempt individually due to not meeting the low volume threshold, does the TIN have to submit data to avoid payment adjustment in 2020?

# Frequently Asked Questions

## MIPS Performance Categories



- Promoting Interoperability

- You've changed the name of Advancing Care Information to Promoting Interoperability. Is the name change the only update for 2018? Are there any other changes to the performance category that I need to be aware of?
- What is the reporting period for Promoting Interoperability?
- Can I still use 2014 Edition CEHRT in 2018 to report Promoting Interoperability measures?
- What is the difference between a Public Health Registry and a Clinical Data Registry?
- When does the Security Risk Analysis need to be done?
- Am I required to claim the e-Prescribing and Health Information Exchange measure exclusions if there are fewer than 100 denominator-eligible events?

# Frequently Asked Questions

## MIPS Performance Categories



- Other Performance Category Questions
  - For 2018, does a MIPS eligible clinician have to report on all four categories or can they choose which category to report to achieve the minimum 15 pts?
  - How are bonus points added for the Quality performance category?
  - Which measures will clinicians be assessed on under the Cost performance category?



# Frequently Asked Questions

## Alternative Payment Models - Refresher on Key Terms



- **APM Entity** - An entity that participates in an APM or payment arrangement with a non-Medicare payer through a direct agreement or through Federal or State law or regulation.
- **Advanced APM** – A payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population.
- **Affiliated Practitioner** - An eligible clinician identified by a unique APM participant identifier on a CMS-maintained list who has a contractual relationship with the Advanced APM Entity for the purposes of supporting the Advanced APM Entity's quality or cost goals under the Advanced APM.
- **Affiliated Practitioner List** - The list of Affiliated Practitioners of an APM Entity that is compiled from a CMS-maintained list.
- **MIPS APM** – Most Advanced APMs are also MIPS APMs so that if an eligible clinician participating in the Advanced APM does not meet the threshold for sufficient payments or patients through an Advanced APM in order to become a Qualifying APM Participant (QP), thereby being excluded from MIPS, the MIPS eligible clinician will be scored under MIPS according to the APM scoring standard. The APM scoring standard is designed to account for activities already required by the APM.
- **Participation List** - The list of participants in an APM Entity that is compiled from a CMS-maintained list.
- **Qualifying APM Participant (QP)** - An eligible clinician determined by CMS to have met or exceeded the relevant QP payment amount or QP patient count threshold for a year based on participation in an Advanced APM Entity.

# Frequently Asked Questions

## APM General



- APM Questions
  - How can clinicians determine which model is best for them?
  - Should clinicians who have difficulty participating in MIPS delay their transition to an Advanced APM?
    - Similarly, should clinicians who easily participated in MIPS begin to transition to Advanced APMs?

# Frequently Asked Questions

## Advanced APM - All-Payer Combination Option



- All-Payer Combination Option
  - How does the All-Payer Combination Option work?
  - What payer types are included?
  - What are the timelines for the All-Payer Combination Option?

# Frequently Asked Questions

## Advanced APM - All-Payer Combination Option



The MACRA statute created two pathways to allow eligible clinicians to become QPs.



### Medicare Option

- Available for all performance years.
- Eligible clinicians achieve QP status exclusively based on participation in Advanced APMs within Medicare fee-for-service.



### All-Payer Combination Option

- Available starting in Performance Year 2019.
- Eligible clinicians achieve QP status based on a combination of participation in Advanced APMs within Medicare fee-for-service, **AND** Other Payer Advanced APMs offered by other payers.

# Frequently Asked Questions

## Advanced APM - All-Payer Combination Option



- The All-Payer Combination Option is, along with the Medicare Option, one of two pathways through which eligible clinicians can become a QP for a year.
- QP Determinations under the All-Payer Combination Option will be based on an eligible clinicians' participation in a combination of both Advanced (Medicare) APMs and Other Payer Advanced APMs.
- QP Determinations are conducted sequentially so that the Medicare Option is applied before the All-Payer Combination Option.
- Only clinicians who do not meet the minimum patient count or payment amount threshold to become QPs under the Medicare Option (but still meet a lower threshold to participate in the All-Payer Combination Option) are able to request a QP determination under the All-Payer Combination Option.
- The All-Payer Combination Option is available beginning in the 2019 QP Performance Period.

# Frequently Asked Questions

## Advanced APM - All-Payer Combination Option



Other Payer Advanced APMs are non-Medicare payment arrangements that meet criteria that are similar to Advanced APMs.

Payer types that may have payment arrangements that qualify as **Other Payer Advanced APMs** include:



✓ Title XIX (Medicaid)



✓ Medicare Health Plans (including Medicare Advantage)



✓ CMS Multi-Payer Models

✓ Other commercial and private payers

# Frequently Asked Questions

## Advanced APM - All-Payer Combination Option



The criteria for determining whether a payment arrangement qualifies as an Other Payer Advanced APM are similar, but not identical, to the comparable criteria used for Advanced APMs:

1

Requires at least 50 percent of eligible clinicians to **use certified EHR** technology to document and communicate clinical care information.

2

Base payments on **quality measures that are comparable to those used in the MIPS** quality performance category

3

Either: (1) is a Medicaid Medical Home Model that meets criteria that is **comparable to a Medical Home Model expanded** under CMS Innovation Center authority, OR (2) Requires participants to **bear more than nominal amount** of financial risk.

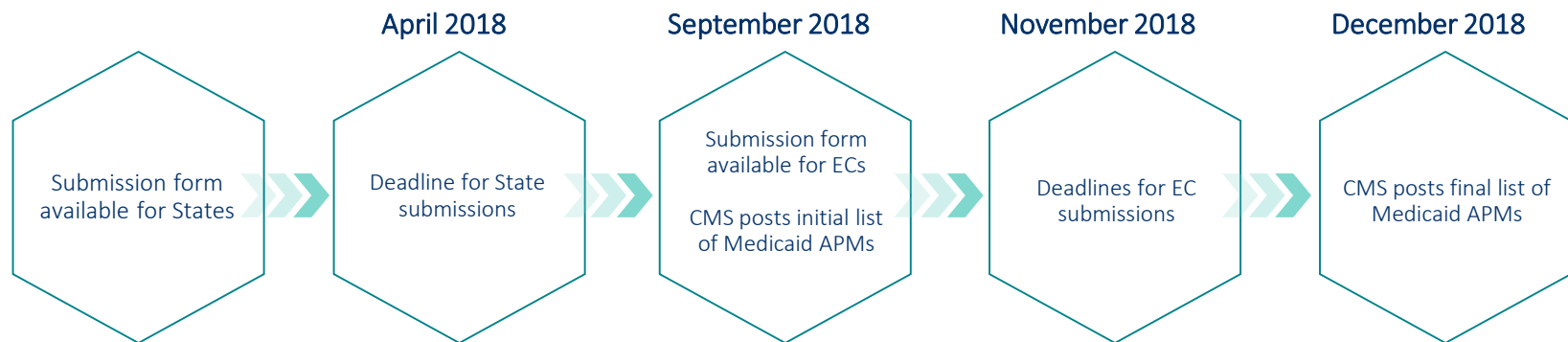


# Frequently Asked Questions

## Advanced APM - All-Payer Combination Option



### Medicaid



### CMS Multi-Payer Models



# Frequently Asked Questions

## Advanced APM - All-Payer Combination Option



### Medicare Health Plans



### Remaining Other Payer Payment Arrangements



# Frequently Asked Questions

## MIPS APM General



- MIPS APM Questions
  - What is a MIPS APM?
  - How is the low volume threshold applied to MIPS eligible clinicians in MIPS APMs?
  - What are the MIPS performance category weights under a MIPS APM?

# Frequently Asked Questions

## MIPS APM General

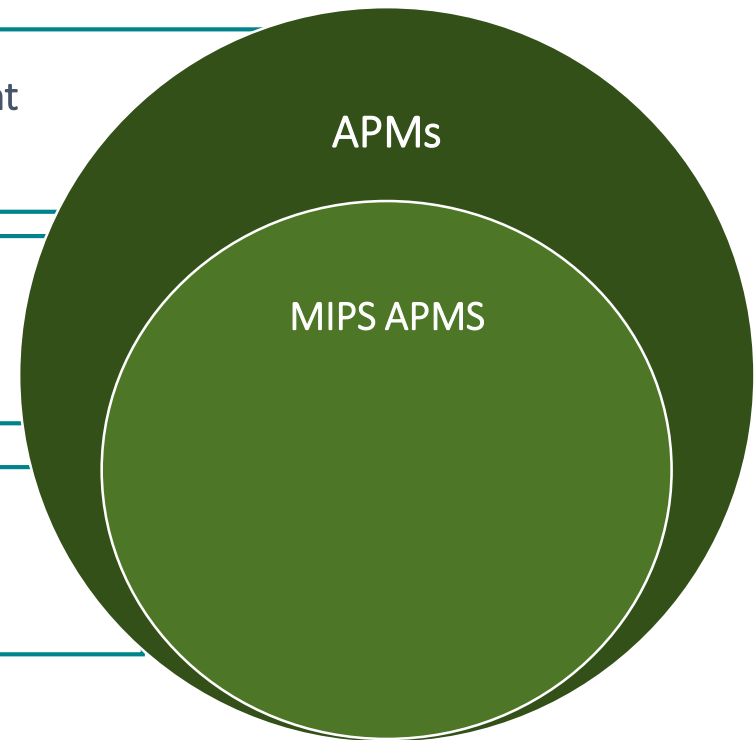


MIPS APMs are APMs that meet the following criteria:

✓ APM Entities participate in the APM under an **agreement with CMS**;

✓ APM Entities include one or more **MIPS eligible clinicians** on a Participation List; and

✓ APM bases payment incentives on performance (either at the APM Entity or eligible clinician level) on **cost/utilization and quality**.



# Frequently Asked Questions

## MIPS APM – Low Volume Threshold



*No change* to the application of the low volume threshold for MIPS eligible clinicians in MIPS APMs.

- Applies to MIPS eligible clinicians practicing as a part of an APM Entity in a MIPS APM.
- Will be calculated by CMS at the APM Entity level.
- If you are an individual or group that is below the low-volume threshold but part of a MIPS APM (or ACO), you are subject to MIPS under the APM scoring standard.

### Scenarios:

- ✓ The APM Entity is required to participate in MIPS if it **exceeds** the low-volume threshold.
  - “So what?” - This means that groups and solo practitioners participating in the APM Entity will need to participate in MIPS for that TIN/NPI.
- ✗ The APM Entity is exempt from MIPS if it **does not exceed** the low-volume threshold.
  - “So what?” - This means that groups and solo practitioners participating in the APM Entity will be exempt from MIPS for that TIN/NPI if the **entire APM Entity** does not exceed the low volume threshold.





# Frequently Asked Questions

## MIPS APM – Performance Category Weights



**Change:** In Year 2, we are aligning the weighting across all MIPS APMs, and assess all MIPS APMs on quality.

### Transition Year (2017)

Domain	Domain Name	SSP & Next Generation ACOs	Other MIPS APMs
	Quality	50%	0%
	Cost	0%	0%
	Improvement Activities	20%	25%
	Promoting Interoperability	30%	75%



### Year 2 (2018) Final

All MIPS APMs
50%
0%
20%
30%

# QUALITY PAYMENT PROGRAM

Help & Support



# 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](mailto: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](mailto: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](http://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](mailto: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>

# Stay Informed!



- Sign-up for the Quality Payment Program listserv on [qpp.cms.gov](http://qpp.cms.gov) in a few easy steps:
  - Visit [qpp.cms.gov](http://qpp.cms.gov).
  - Scroll to the bottom of the home page.
  - Enter your email address and click “Subscribe.”

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