Quality Payment
PROGRAM

ALTERNATIVE PAYMENT MODELS: IMPLEMENTATION UPDATE

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QUALITY PAYMENT PROGRAM

The Quality Payment Program

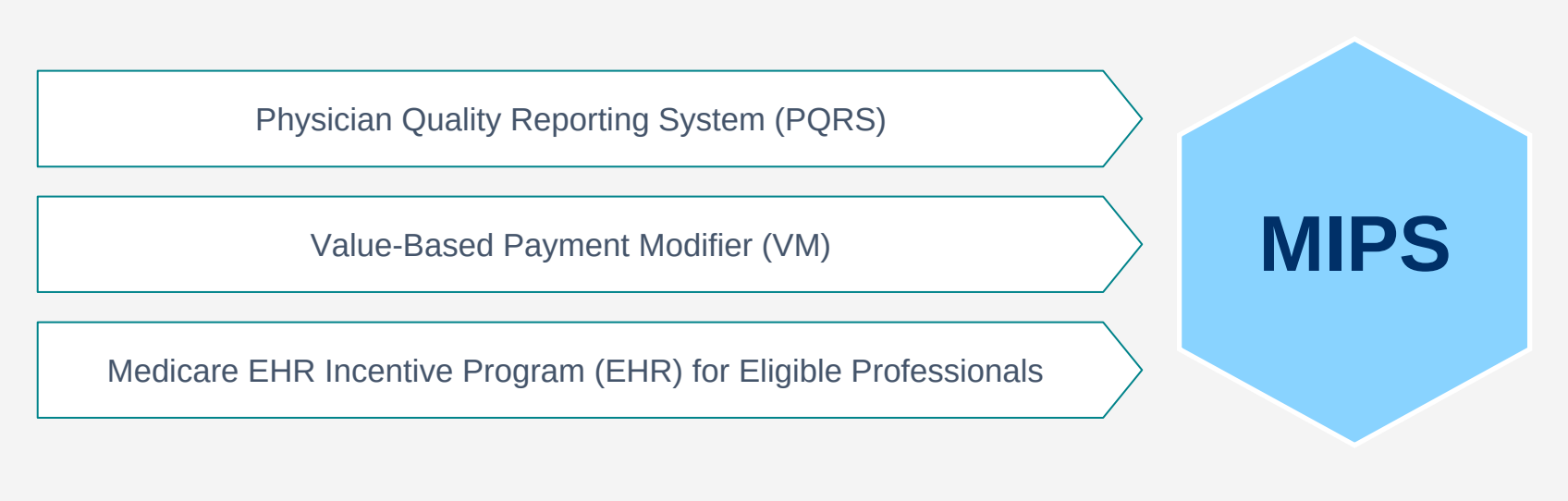
- The Quality Payment Program policy:
  - Reforms Medicare Part B payments
  - Improves care across the entire health care delivery system

Clinicians have two tracks to choose from:

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**.

Advanced Alternative Payment Models

- Clinicians and practices can:
  - Receive great rewards for taking on some risk related to patient outcomes

Advanced APMs →  + 

Advanced APM- specific rewards

5% lump sum incentive

- ***"So what?"*** - It is important to understand that the Quality Payment Program does not change the design of any particular APM. Instead, it creates **extra incentives** for a sufficient degree of participation in Advanced APMs.

QUALITY PAYMENT PROGRAM: 2017 PERFORMANCE YEAR

Quality Payment Program Updates

- 2017 Qualifying APM Participants (QP) status is available in the **data.cms.gov/qplookup** Tool for Advanced APM Participants
- 2017 Reporting and Scoring
  - The MIPS submission window for reporting was opened on January 1, 2018 and closed April 3, 2018.
  - Preliminary Scoring Information is available for MIPS participants until the final scores are calculated and made available in the Feedback Reports during Summer 2018.
- Results from two types of models: Advanced APMs and MIPS APM.

QUALITY PAYMENT PROGRAM: 2018 PERFORMANCE YEAR

Advanced APMs in 2018

- Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)*
- Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1-CEHRT)
- Comprehensive ESRD Care (CEC) - Two-Sided Risk
- Comprehensive Primary Care Plus (CPC+)
- Medicare Accountable Care Organization (ACO) Track 1+ Model
- Next Generation ACO Model
- Shared Savings Program - Track 2
- Shared Savings Program - Track 3
- Oncology Care Model (OCM) - Two-Sided Risk
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

Quality Payment Program Updates

- 2018 Performance Period / Snapshots
  - The 2018 Performance Period began January 1, 2018.
  - Predictive QP data for Advanced APM Participants will be available in a combined lookup tool on qpp.cms.gov in Summer 2018.
  - The Snapshot dates for the Advanced APM and MIPS APM participants are March 31, June 30, and August 31. In addition, MIPS APM participants (Shared Savings Program ONLY) will be captured on participant lists up to December 31.
- Submission of Other Payer APMs for 2019
  - In January 2018, we opened the submission process for certain payers prior to the 2019 QP Performance Period, CMS will allow certain payers—State Medicaid Agencies, Medicare Advantage and other Medicare Health Plans, and payers participating in CMS Multi-Payer Models—to voluntarily submit information to CMS about their payment arrangements with eligible clinicians.

Participation Status for Year 2 (2018)

- **For APMs:** You'll soon be able to use the same NPI Look-up Tool to determine your APM or Predictive Qualifying APM Participant (QP) status.
- Please note: The Look-up Tool does not yet reflect 2018 APM information. We anticipate expanding this tool to include both 2018 APM participation and predictive Qualifying APM Participant status later this spring.
- If you're interested in reviewing your 2017 APM Participant Status or MIPS APM Status, visit: https://data.cms.gov/qplookup

MIPS Highlights for Year 2 (2018)

- Raising the performance threshold to 15 points in Year 2 (from 3 points in the transition year)
- Allowing the use of 2014 Edition and/or 2015 Certified Electronic Health Record Technology (CEHRT) in Year 2, and giving a bonus for using only 2015 CEHRT
- Giving up to 5 bonus points on your final score for treatment for complex patients
- Automatically weighting the Quality, Promoting Interoperability (PI, formerly Advancing Care Information), and Improvement Activities performance categories at 0% of the final score for clinicians impacted by hurricanes Irma, Harvey and Maria and other natural disasters
- Adding 5 bonus points to the final scores of small practices

QUALITY PAYMENT PROGRAM: 2019 PERFORMANCE YEAR AND BEYOND

Quality Payment Program

- All Payer Combination Options and Thresholds
- Advancing Care Information to Promoting Interoperability Performance Category name change

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.

Determination of Other Payer Advanced APMS

- Prior to each QP Performance Period, CMS will make Other Payer Advanced APM determinations based on information voluntarily submitted by payers, which we refer to as the Payer Initiated Process.
- This Payer Initiated Process is available for Medicaid, Medicare Advantage, and payers aligning with CMS Multi-Payer Models for performance year 2019. We intend to add remaining payer types in future years.
- APM Entities and eligible clinicians will also have the opportunity to submit information regarding the payment arrangements in which they were participating in the event that the payer has not already done so, which we refer to as the Eligible Clinician Initiated Process.
- For Medicaid payment arrangements, APM Entities and eligible clinicians will be able to submit information prior to the relevant QP Performance Period. For all other payment arrangements, APM Entities and eligible clinicians will be able to submit information after the relevant QP Performance Period.

New Direction Request for Information (RFI)

- The RFI sought broad input related to a new direction for the CMS Innovation Center that will promote **patient-centered care** and **test market-driven reforms** that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, and improve outcomes.
- The administration plans to launch models in several focus areas:
  - Expanded Opportunities for Participation in Advanced APMs
  - Consumer-Directed Care & Market-Based Innovation Models
  - Physician Specialty Models
    - Physician-Focused Payment Model Technical Advisory Committee (PTAC) Recommended Models
  - Prescription Drug Models
  - Medicare Advantage (MA) Innovation Models
  - State-Based and Local Innovation, including Medicaid-focused Models
  - Mental and Behavioral Health Models
  - Program Integrity

Guiding Principles

- Choice and competition in the marketplace
- Provider choice and incentives
- Patient-centered care
- Benefit design and price transparency
- Transparent model design and evaluation
- Small scale testing

Merit-based Incentive Payment System (MIPS)

Changing Advancing Care Information to Promoting Interoperability

- On April 24, 2018, CMS released the Medicare Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) proposed rule.
- This rule established a new name for the MIPS Advancing Care Information performance category – the **Promoting Interoperability** performance category.
- This new name better reflects CMS' new focus on improving program flexibility, reducing provider burden, and promoting interoperability and the sharing of health care data between providers.
- To learn more, view the proposed rule, press release, and fact sheet on the proposed rule.