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Presentation Overview

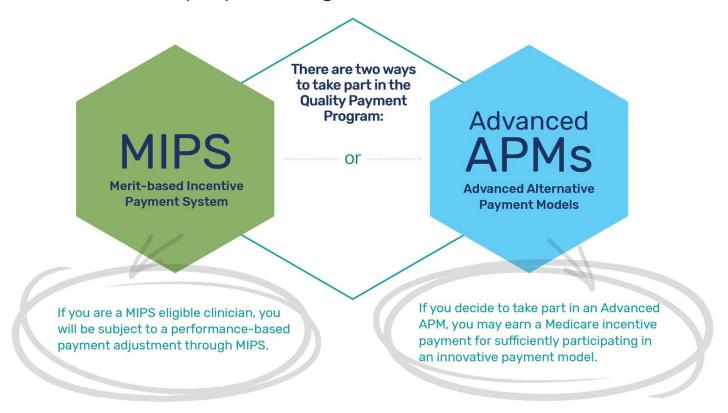


- Quality Payment Program (QPP) Overview
- Changes for Year 3 Based on Feedback
- Clinician Performance and Participation
- Advanced APM Participation and the Road to Value

Quality Payment Program



The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was passed as a **replacement for SGR** and requires CMS by law to implement an incentive program, referred to as the Quality Payment Program:



Quality Payment Program





Improve beneficiary outcomes

Reduce burden on clinicians

Increase adoption of Advanced APMs

Maximize participation

Improve data and information sharing

Ensure operational excellence in program implementation

Deliver IT systems capabilities that meet the needs of users

Quick Tip: For additional information on the Quality Payment Program, please visit app.cms.gov

Rewards for Participating in APMs







Not in APM

In APM

In MIPS APM

In Advanced APM

MIPS adjustments

MIPS adjustments



APM-specific rewards

APM Scoring Standard
toward
MIPS adjustments



APM-specific rewards

APM-specific rewards



If you are a

Qualifying APM

Participant (QP)

5% lump sum bonus

QPP Year 1 (2017) Performance Data





The 2017 performance year for the Quality Payment Program was:

THE FIRST YEAR OF THE PROGRAM

ATRANSITION YEAR FOR MANY **CLINICIANS**

IMPLEMENTED **GRADUALLY THROUGH** "PICK YOUR PACE"

FOCUSED ON FLEXIBILITY TO REDUCE PARTICIPATION BURDEN

Snapshot of Payment Adjustments for MIPS Eligible Clinicians

71%

earned a positive adjustment and an adjustment for exceptional performance

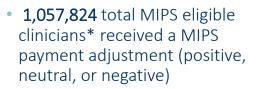
earned a positive payment adjustment

received a neutral adjustment (no only increase or decrease) 5% received a negative payment adjustment

Payment Adjustment Highlights



General Participation in 2017:





- 99,076 total Qualifying APM Participants (QPs)
- 52 total number of Partial QPs

^{*}Clinicians are identified under the Quality Payment Program by their unique Taxpayer Identification Number/National Provider Identifier Combination (TIN/NPI)

QPP Year 1 (2017) Performance Data



Mean and Median National Final Scores

Mean and Median National Final Scores for MIPS

MEAN

74.01 points (out of 100 points) was the overall national mean score for the MIPS 2017 performance year

65.71 points for clinicians participating in MIPS as individuals or groups (not through an APM)

87.64 points for clinicians participating in MIPS through an APM

MEDIAN

88.97 points (out of 100 points) was the overall **national median score** for the MIPS 2017 performance year

83.04 points for clinicians participating in MIPS as individuals or groups (not through an APM)

91.67 points for clinicians participating in MIPS through an APM

Quality Payment Program





Year 1 (2017)

Pick Your Pace for Participation for the Transition Year

Advanced APM Options with 5% Incentive Payment

Performance Threshold: 3 Points

Year 2 (2018)

All-Payer Combination Option

Virtual Groups

Quality improvement scoring

Complex patient bonus

Facility Based Measurement

Performance Threshold: 15 Points

Year 3 (2019)

Five new clinician types*

Opt-in Policy

Facility-based Quality and Cost Performance Measures

e-Prescribing Objective: Query of Prescription **Drug Monitoring** Program (PDMP) and Verify Opioid Treatment Agreement

Performance Threshold: 30 Points







