


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:

<p>MIPS</p> <p>The Merit-based Incentive Payment System (MIPS)</p> <p><i>If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.</i></p>	<p>OR</p>	<p>Advanced APMs</p> <p>Advanced Alternative Payment Models (Advanced APMs)</p> <p><i>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.</i></p>
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Quality Payment Program

Strategic Objectives



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 qpp.cms.gov.


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Merit-based Incentive Payment System (MIPS)


Quick Overview




MIPS Performance Categories for Year 2 (2018)


 Quality
50


+


 Cost
10

+


 Improvement Activities
15

+


 Advancing Care Information
25


=> 100 Possible Final Score Points

- 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.**

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MIPS Year 2 (2018)

Key Highlights of QPP Year 2 Rule




- Cost Performance Category weighted at 10% in 2018.
- MIPS performance threshold increased to 15 points in Year 2 (from 3 points in the transition year).
- Ability to use 2014 Edition and/or 2015 Certified Electronic Health Record Technology (CEHRT) in Year 2 for the Advancing Care Information performance category –a bonus will be given to those using only 2015 CEHRT.
- Up to 5 bonus points added to your MIPS final score for treatment of complex patients.
- Quality, Advancing Care Information, and Improvement Activities performance categories weighted at 0% of the MIPS final score for clinicians impacted by Hurricanes Irma, Harvey and Maria and other natural disasters.
- 5 bonus points added to the MIPS final scores of small practices.
- Virtual Groups are a participation option for MIPS.
- MIPS eligible clinicians or groups with ≤\$90,000 in Part B allowed charges or ≤200 Medicare Part B beneficiaries are excluded.









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MIPS Year 2 (2018)

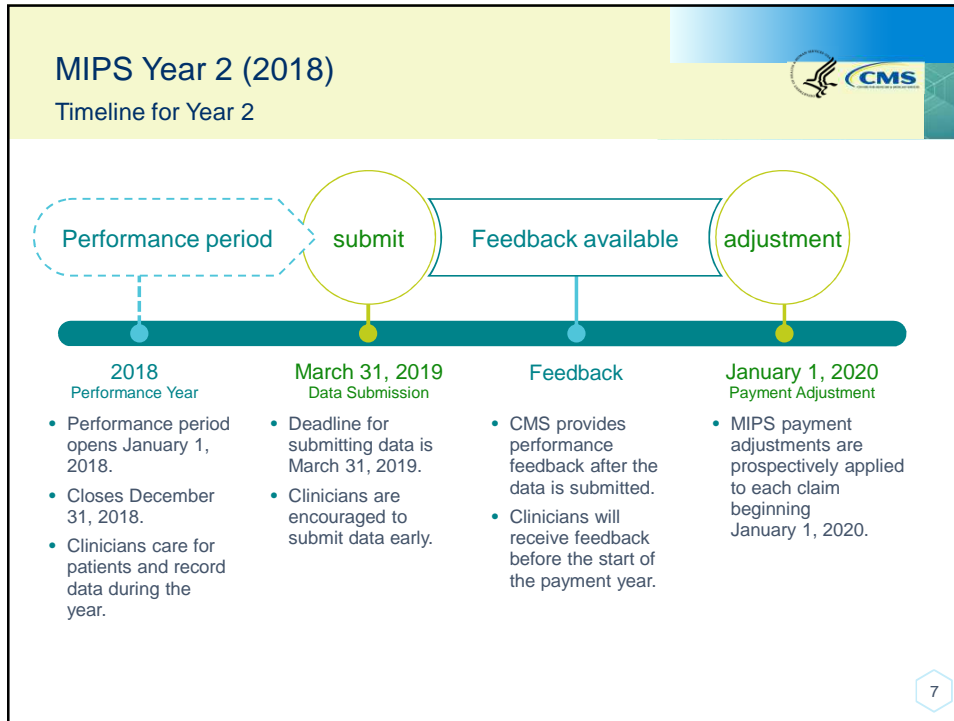
Performance Period



Change: Increase to Performance Period

Transition Year 1 (2017) Final		➤➤➤	Year 2 (2018) Final	
Performance Category	Minimum Performance Period		Performance Category	Minimum Performance Period
 Quality	90-days minimum; full year (12 months) was an option		 Quality	12-months
 Cost	Not included. 12-months for feedback only.		 Cost	12-months
 Improvement Activities	90-days		 Improvement Activities	90-days
 Advancing Care Information	90-days		 Advancing Care Information	90-days

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Alternative Payment Models (APMs)


Quick Overview

- APMs are approaches to paying for health care that incentivize quality and value.
- As defined by MACRA, APMs include CMS Innovation Center models (authorized under section 1115A, other than a Health Care Innovation Award), MSSP (Medicare Shared Savings Program), demonstrations under the Health Care Quality Demonstration Program, and demonstrations required by federal law.
- Advanced APMs are a subset of APMs. To be an Advanced APM, a model must meet the following three statutory requirements:
 - Requires participants to use **certified EHR technology**;
 - Provides payment for covered professional services based on **quality measures** comparable to those used in the MIPS quality performance category; and
 - Either: (1) is a **Medical Home Model expanded** under CMS Innovation Center authority OR (2) requires **participants to bear a more than nominal amount of financial risk**.
- In order to achieve status as a Qualifying APM Participant (QP) and qualify for the 5% APM incentive payment for a year, eligible clinicians must receive a certain percentage of payments for covered professional services or see a certain percentage of patients through an Advanced APM during the associated performance period.

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Advanced APMs

Generally Applicable Nominal Amount Standard



Transition Year 1 (2017) Final

- Total potential risk under the APM must be equal to at least either:
 - 8% of the average estimated Parts A and B revenue of the participating APM Entities for the QP performance period in 2017 and 2018, OR
 - 3% of the expected expenditures an APM Entity is responsible for under the APM for all performance years.



Year 2 (2018) Final


****The 8% revenue-based standard is extended for two additional years, through performance year 2020.**

- Total potential risk under the APM must be equal to at least either:
 - 8% of the average estimated Parts A and B revenue of the participating APM Entities for QP Performance Periods 2017, 2018, 2019, and 2020, OR
 - 3% of the expected expenditures an APM Entity is responsible for under the APM for all performance years.

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APM Scoring Standard

Quick Refresher



The APM scoring standard offers a special, minimally-burdensome way of participating in MIPS for eligible clinicians in APMs who do not meet the requirements to become QPs and are therefore subject to MIPS, or eligible clinicians who meet the requirements to become a Partial QP and therefore able to choose whether to participate in MIPS. The APM scoring standard **applies to 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.**





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APM Scoring Standard

Category Weighting for MIPS APMs



- In the 2017 Final Rule, we finalized different scoring weights for Medicare Shared Savings Program and the Next Generation ACO model, which were assessed on quality, and other MIPS APMs, which had quality weighted to zero. For 2018 we are proposing to align weighting across all MIPS APMs, and assess all MIPS APMs on quality

Transition Year (2017)		
Domain	SSP & Next Generation ACOs	Other MIPS APMs
	50%	0%
	0%	0%
	20%	25%
	30%	75%


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Year 2 (2018) Final
All MIPS APMs
50%
0%
20%
30%

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Advanced APMs

Overview: 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.

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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 PTNs and SANs 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@IMPACT.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>

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