

The Medicare Access & Chip Reauthorization Act of 2015

QUALITY PAYMENT PROGRAM

The image shows a close-up of a silver stethoscope resting on a document. The document has some text and a grid pattern. In the bottom right corner, there are two logos: the Department of Health & Human Services logo (an eagle) and the CMS logo (Centers for Medicare & Medicaid Services).

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Centers for Medicare & Medicaid Services
 Center for Clinical Standards and Quality

Alliance for Health Reform

June 11th, 2016

The image shows a close-up of a silver stethoscope resting on a document. In the bottom right corner, there is the CMS logo (Centers for Medicare & Medicaid Services).

Medicare Payment Prior to MACRA

Fee-for-service (FFS) payment system, where clinicians are paid based on **volume** of services, not **value**.

The Sustainable Growth Rate (SGR)

- Established in 1997 to **control the cost of Medicare payments** to physicians

IF

Overall physician costs > Target Medicare expenditures

Physician payments cut across the board

Each year, Congress passed temporary **"doc fixes"** to avert cuts (no fix in 2015 would have meant a **21% cut** in Medicare payments to clinicians)

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Quality Payment Program

- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- ✓ **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**

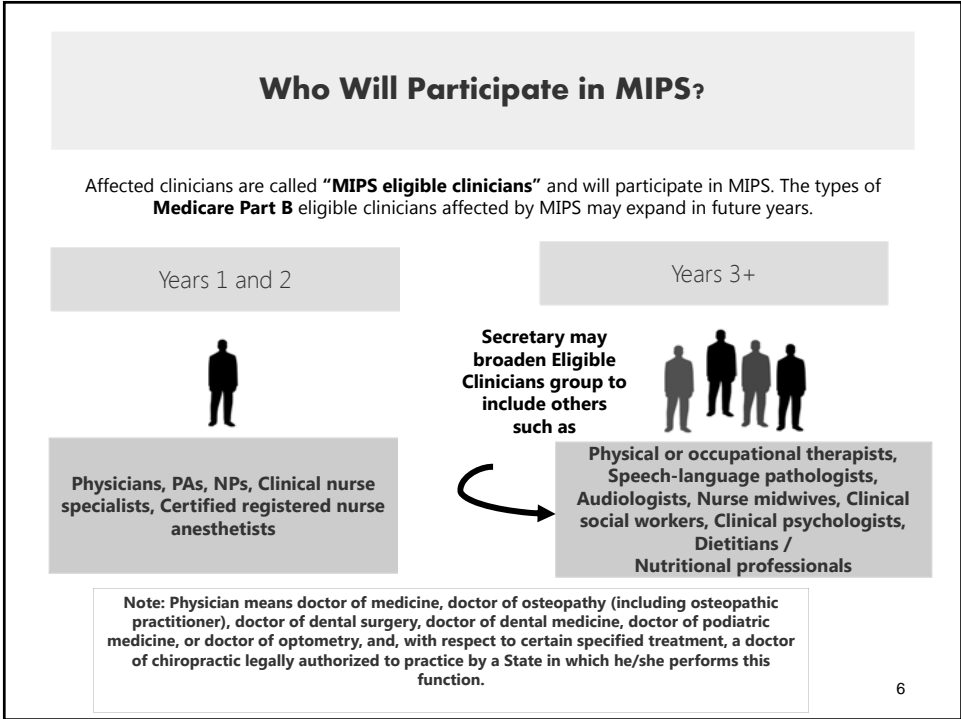
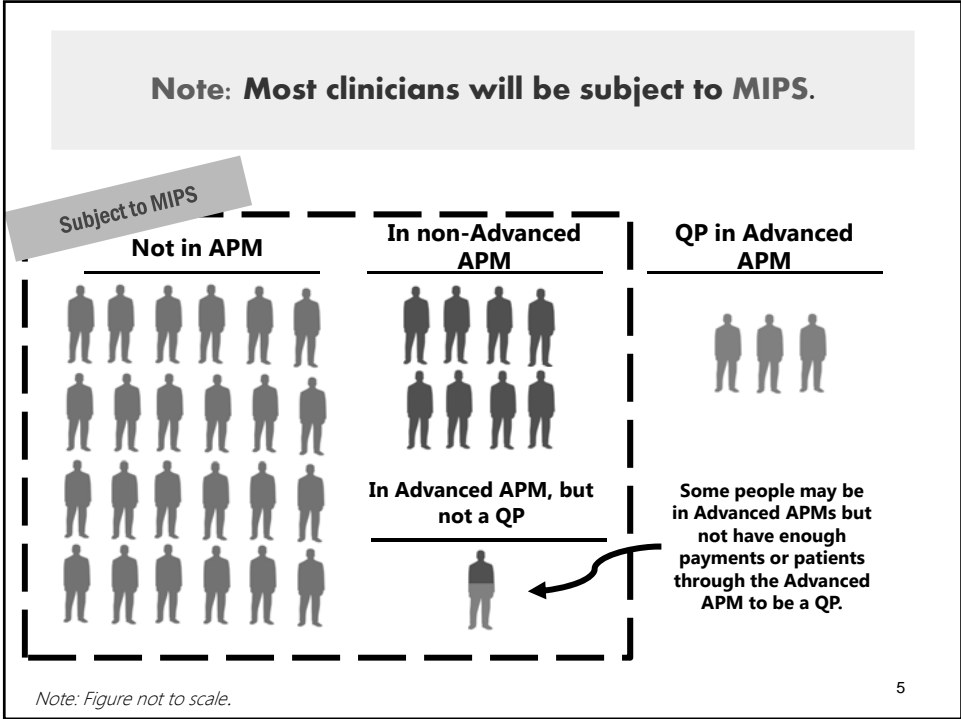
The Merit-based Incentive Payment System (MIPS)

or

Advanced Alternative Payment Models (APMs)

- ✓ **First step to a fresh start**
- ✓ **We're listening and help is available**
- ✓ **A better, smarter Medicare for healthier people**
- ✓ **Pay for what works to create a Medicare that is enduring**
- ✓ **Health information needs to be open, flexible, and user-centric**

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Medicare Reporting Prior to MACRA

Currently there are **multiple quality and value reporting programs** for Medicare clinicians:

Physician Quality Reporting Program (PQRS)


Value-Based Payment Modifier (VM)

Medicare Electronic Health Records (EHR) Incentive Program


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MIPS: First Step to a Fresh Start


- ✓ **MIPS is a new program**
 - Streamlines 3 currently independent programs to work as one and to ease clinician burden.
 - Adds a fourth component to promote ongoing improvement and innovation to clinical activities.




Quality



Resource use



Clinical practice improvement activities



Advancing care information

- ✓ **MIPS provides clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.**

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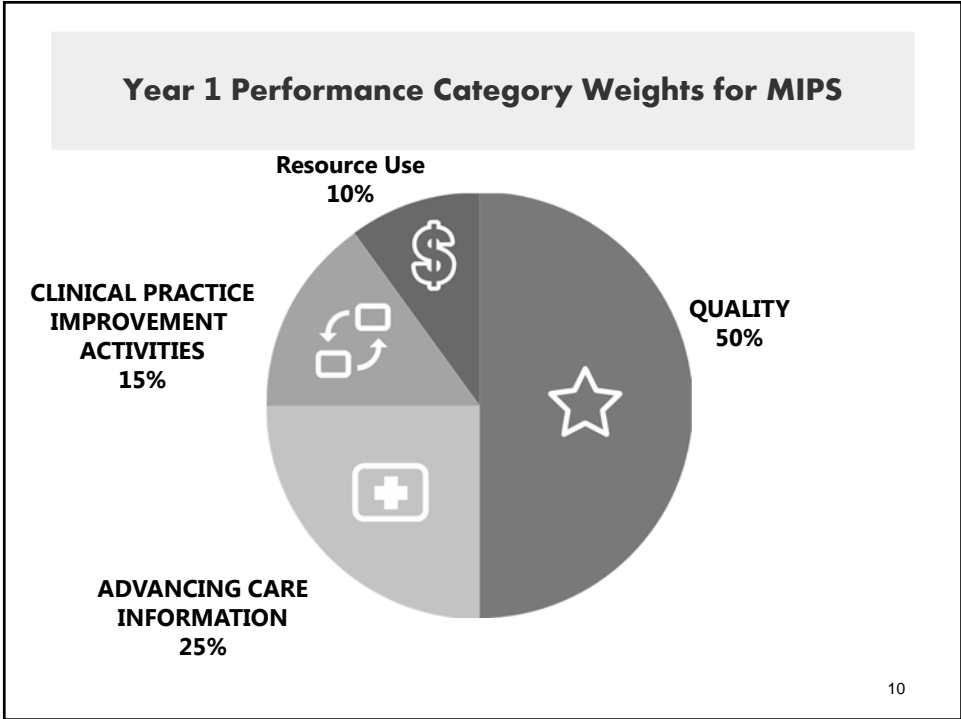
Clinical Practice Improvement Activities

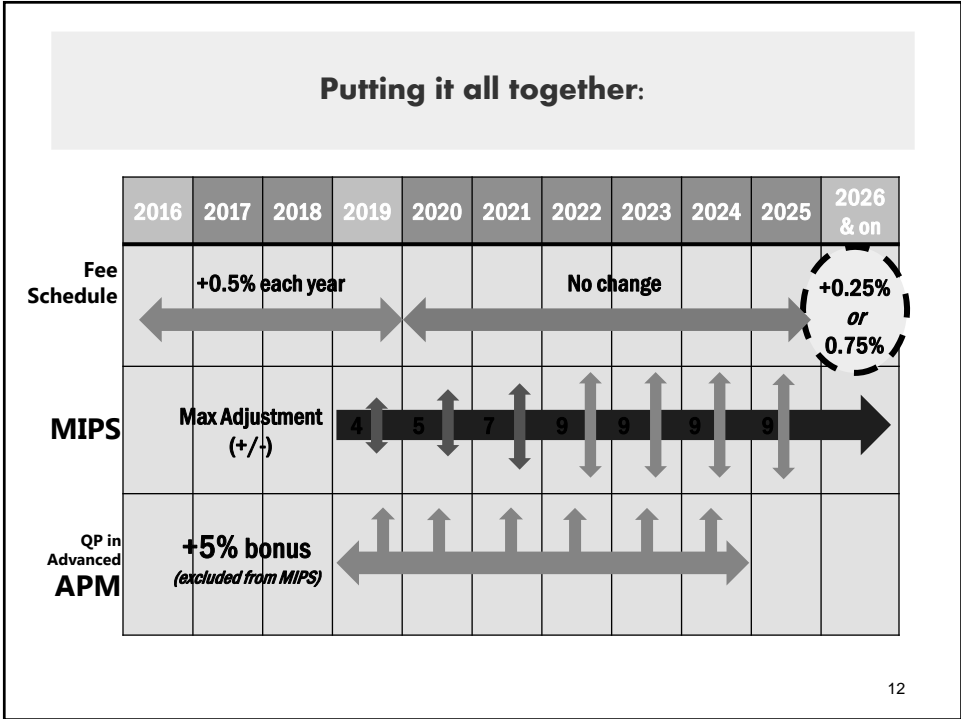
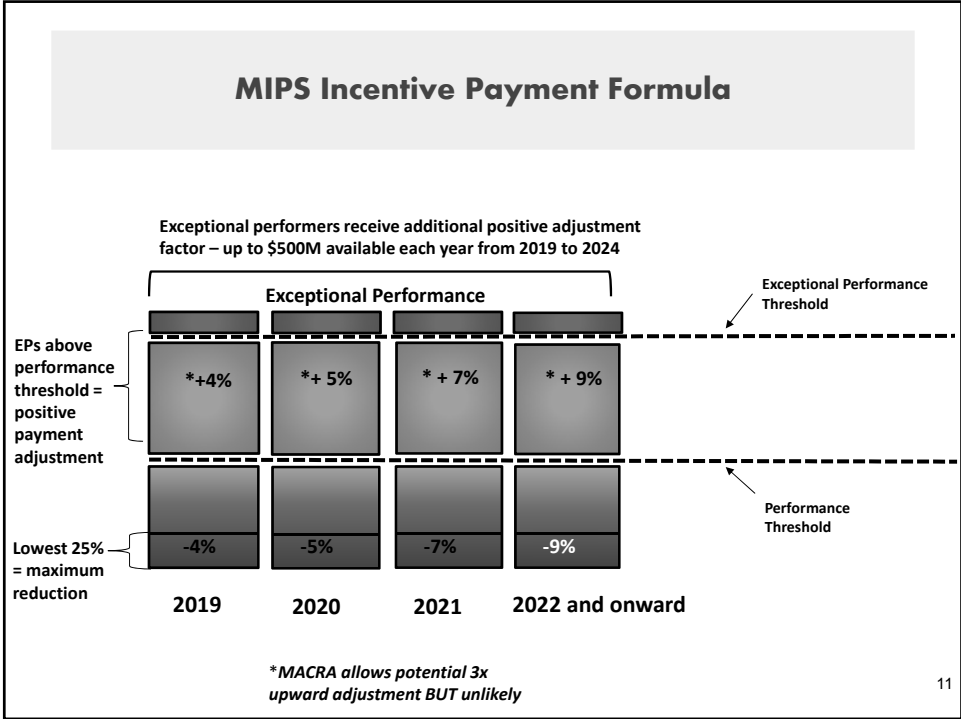
The Secretary is required to specify clinical practice improvement activities. Subcategories of activities are also specified in the statute, some of which are:

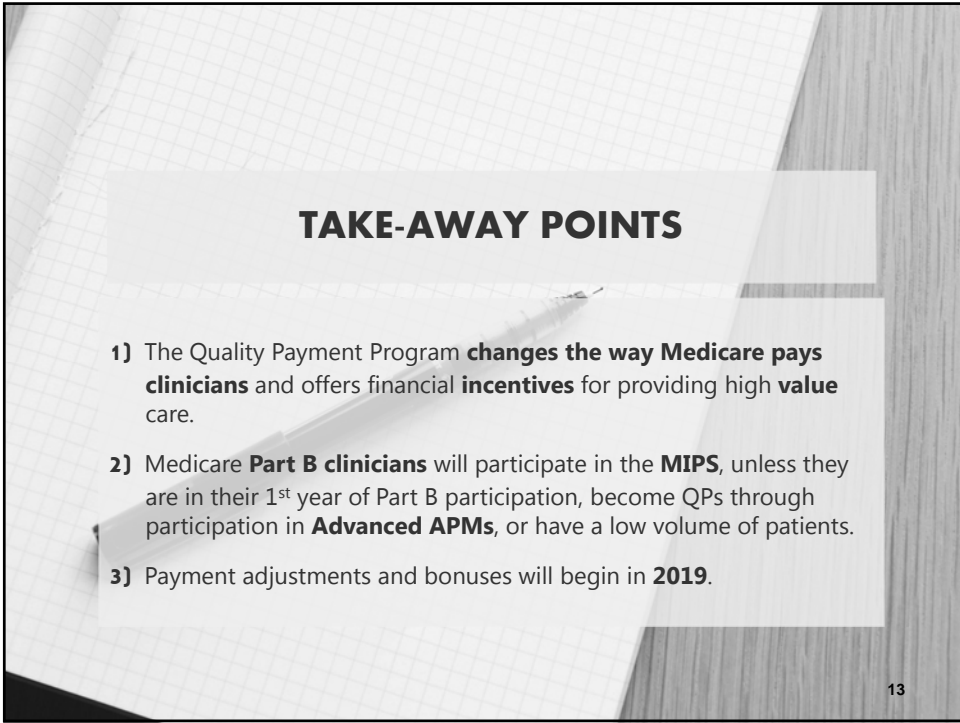
Expanded Practice Access	Population Management	Care Coordination	Beneficiary Engagement	Patient Safety Practice Assessment	Alternative Payment Models
<ul style="list-style-type: none"> • Same day appointments for urgent needs • After hours clinician advice 	<ul style="list-style-type: none"> • Monitoring health conditions & providing timely interventions • Participation in a qualified clinical data registry 	<ul style="list-style-type: none"> • Timely communication of test results • Timely exchange of clinical information with patients AND providers • Use of remote monitoring • Use of telehealth 	<ul style="list-style-type: none"> • Establishing care plans for complex patients • Beneficiary self-management assessment & training • Employing shared decision making 	<ul style="list-style-type: none"> • Use of clinical checklists • Use of surgical checklists • Assessments related to maintaining of certification 	<ul style="list-style-type: none"> • Participation in an APM will also count for CPIA

Secretary shall solicit suggestions from stakeholders to identify activities. Sec. retains discretion. Secretary shall give consideration to practices <15 EPs, rural practices, & EPs in under served areas.

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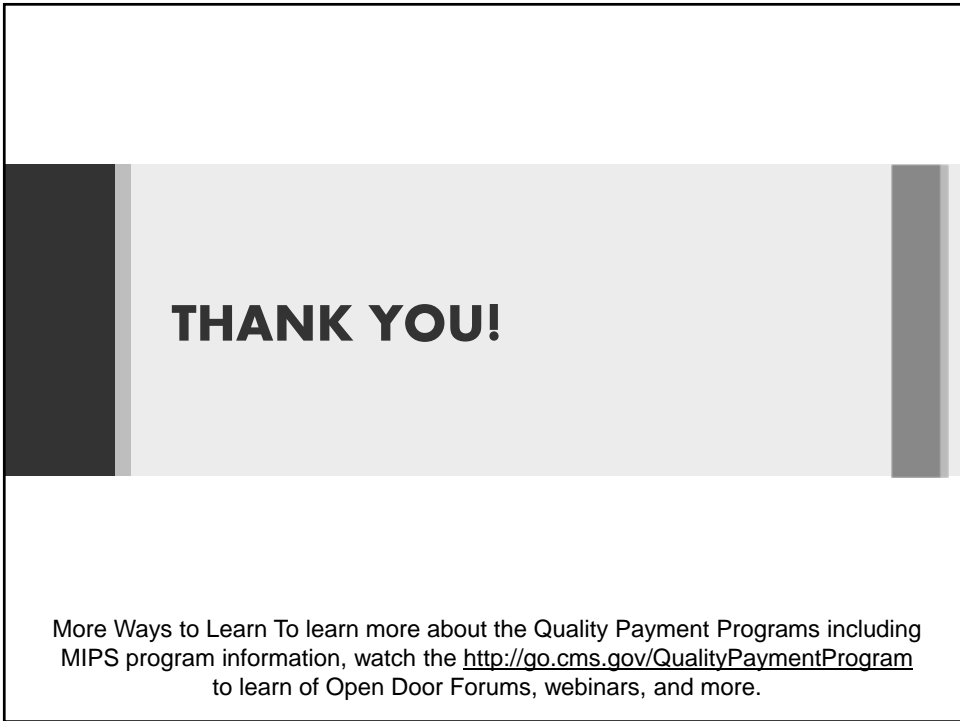




TAKE-AWAY POINTS

- 1) The Quality Payment Program **changes the way Medicare pays clinicians** and offers financial **incentives** for providing high **value** care.
- 2) Medicare **Part B clinicians** will participate in the **MIPS**, unless they are in their 1st year of Part B participation, become QPs through participation in **Advanced APMs**, or have a low volume of patients.
- 3) Payment adjustments and bonuses will begin in **2019**.

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THANK YOU!

More Ways to Learn To learn more about the Quality Payment Programs including MIPS program information, watch the <http://go.cms.gov/QualityPaymentProgram> to learn of Open Door Forums, webinars, and more.

Disclaimer

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