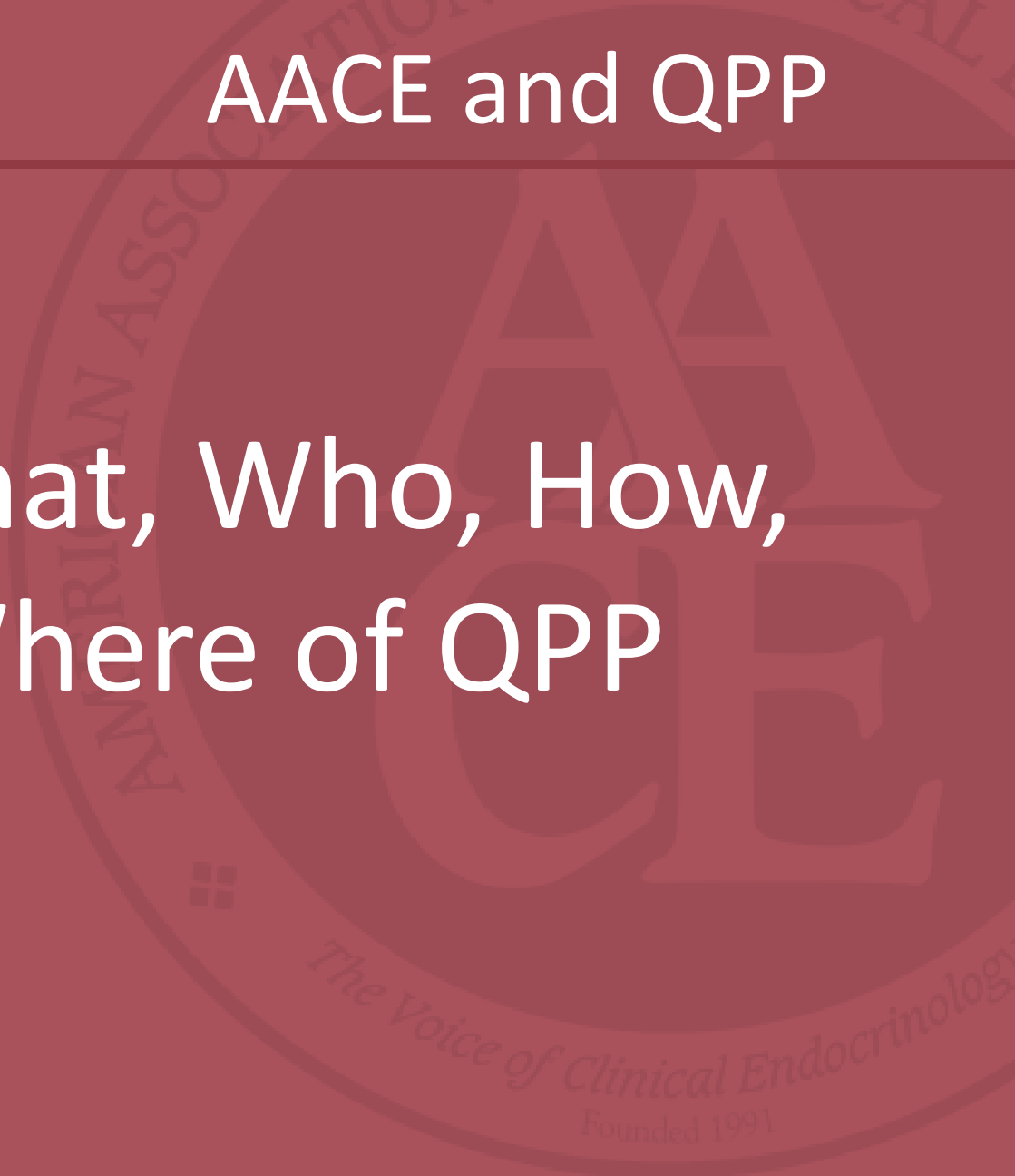


AACE and QPP

Why, What, Who, How,
and Where of QPP



WHY?

AACE and QPP

MACRA, or the Medicare Access and CHIP Reauthorization Act of 2015, replaces the Sustainable Growth Rate (SGR) formula.



The Voice of Clinical Endocrinology®
Founded 1991

WHAT?

AACE and QPP

MACRA, or the Medicare Access and CHIP Reauthorization Act of 2015,

designed to pay clinicians for the value and quality of care they provide.

It also streamlines multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS) and provides incentive payments based on value and quality.

This has been renamed by CMS into the Quality Payment Program

WHAT?

AACE and QPP

Creates two tracks for Medicare Part B Payment

Merit-Based Incentive Payment System (MIPS)

Advanced Alternative Payment Models (APMs)

WHO?

AACE and QPP

- Medicare Part B clinicians who bill more than \$30,000/ year AND care for more than 100 patients/ year.
- Clinicians include:
 - Physicians
 - Physician Assistants
 - Nurse Practitioners
 - Clinical Nurse Specialists
 - Certified Registered Nurse Anesthetists

Participation can be as an individual or part of a group.

Who is excluded from participation

- Newly-enrolled clinicians (first year participating in Medicare Part B)
- Clinicians below the low-volume threshold (bill less than \$30,000 OR have 100 Medicare Part B patients or less)
- Clinicians significantly participating in Advanced APM*

HOW?

AACE and QPP

Quality Payment Program (QPP)

QPP has been split into two paths:

- The Merit-based Incentive Payment System (MIPS) **AND**
- Advanced Alternative Payment Models (APMs)

The Voice of Clinical Endocrinology®
Founded 1991

MIPS specifically replaces:

- Physician Quality Reporting System (PQRS),
- Value Modifier Program,
- Medicare Electronic Health Record (EHR) Incentive Program.

MIPS is divided into 4 categories:

- Quality (60% of total score in 2017)
- Clinical Practice Improvement Activities (15% of total score in 2017)
- Advancing Care Information (25% of total score in 2017)
- Cost (0% of total score in 2017)

Quality (Replaces the Physician Quality Reporting System (PQRS):

- **Most participants:** Report up to 6 quality measures
- **Groups using the web interface:** Report 15 quality measures
- **Groups in APMs qualifying for special scoring under MIPS, such as Shared Savings Track 1 APM or the Oncology Care Model one-sided risk APM:** Report quality measures through your APM. You do not need to do anything additional for MIPS quality.

Quality Measures AACE and QPP

Endocrine Specific Quality Measures:

QUALITY ID	NQF#	Brief Description
110	41	Preventive Care and Screening: Influenza Immunization
111	43	Pneumococcal Vaccination Status for Older Adults
128	421	Preventive Care and Screening: Body Mass Index (BMI) Screening & Follow-Up Plan
130	419	Documentation of Current Medications in the Medical Record
226	28	Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention
236	18	Controlling High Blood Pressure
1	59	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
418	53	Osteoporosis Management in Women Who Had a Fracture
117	55	Diabetes: Eye Exam
154	101	Falls: Risk Assessment
155	101	Falls: Plan of Care
438	NA	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
163	56	Diabetes: Foot Exam
317	NA	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
39	46	Screening for Osteoporosis for Women Aged 65-85 Years of Age
119	62	Diabetes: Medical Attention for Nephropathy

Improvement Activities (New category):

To get maximum credit in this category, must achieve 60 points

- **Most participants:** Attest that you completed up to 4 improvement activities
- **Groups with fewer than 15 participants or if you are in a rural or health professional shortage area:** Attest that you completed up to 2 activities

Improvement Activities (New category):

- **Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model:** You will automatically earn full credit.
- **Participants in certain APMs under the APM scoring standard, such as Shared Savings Program Track 1 or OCM:** You will automatically receive points based on the requirements of participating in the APM. For all current APMs under the APM scoring standard, this assigned score will be full credit. For all future APMs under the APM scoring standard, the assigned score will be at least half credit.

Improvement Activities (New category):

Participants choose from 90+ activities under 9 subcategories:

- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety and Practice Assessment
- Participation in an APM
- Achieving Health Equity
- Integrating Behavioral Health and Mental Health
- Emergency Preparedness and Response

MIPS

AACE and QPP

Reduced requirements for Improvement Activities performance category:

- One high-weighted activity **OR**
- Two medium-weighted activities

Advancing Care Information (Replaces the Medicare EHR Incentive Program, also known as Meaningful Use):

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send Summary of Care
- Request/Accept Summary of Care

May choose to submit up to 9 measures for additional credit.

MIPS

AACE and QPP

Cost (Replaces Value-Based Modifier):

- No data submission required. This category is not applicable in 2017.
- Calculated from adjudicated claims.

MIPS

AACE and QPP

Based on a MIPS Composite Performance Score, clinicians will receive *+/- or neutral adjustments* of Medicare Part B payment:

- 2019 max adjustment +/- 4%
- 2020 max adjustment +/- 5%
- 2021 max adjustment +/- 7
- 2022 and beyond max adjustment +/- 9%

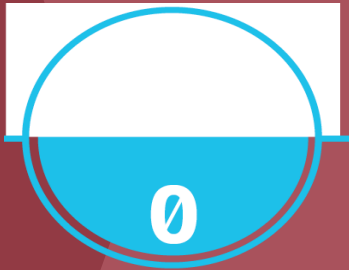
MIPS

AACE and QPP

Pick-Your-Pace (for 2017 reporting year only)

Merit Incentive Payment System (MIPS) Reporting

Test Pace



Submit Something

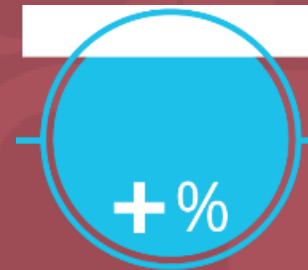
- Submit *some* data after January 1, 2017
- Neutral or small payment adjustment

Partial Year



- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year



- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.

Now What???

Where do I start??

Are you
ready for
MACRA?



MACRA and AACE

Five-Step Checklist for MACRA Readiness

- Step 1: Learn about MACRA and decide if an APM is right for your practice. If not, you will be paid fee-for-service with incentives or penalties under the new MIPS program.
- Step 2: Assess your performance under Medicare's current quality programs.
- Step 3: Review MIPS quality measures and reporting mechanisms.
- Step 4: Contact your EHR vendor.
- Step 5: Explore the list of clinical practice improvement activities (CPIAs).

Step 1: APMs or MIPS ??

- Before you begin, consider whether you are exempt from MIPS participation.
- If you are not exempt, determine what a 4-percent bonus or penalty to your Medicare payment in 2019 means to your practice and bottom line.
- If MIPS compliance and reporting is right for your practice, prepare to participate in the new quality program, which includes performance measurement in the four weighted categories.
- Decide if you will be reporting as an individual or group.

Step 2: How are you doing with current measure reporting systems??

- The transition to MIPS may be easier if you are already familiar with the current CMS quality programs. Analyzing your feedback reports will help you prepare for the quality and resource use categories in MIPS.
- Assess your performance under these programs and as you learn about MIPS requirements, determine what changes you will have to make in your practice to meet the requirements for each MIPS category.
- For the PQRS program, access your PQRS feedback report; for the VM program, access your quality and resource use report (QRUR).

Step 3: Review MIPS Quality Measures and how to report

- Review list of Quality Measures in the MACRA final rule.
- Determine which reporting mechanism will best fit your practice in 2017 (ex: Claims Registry, EHR)
- Review the data completeness criteria for each reporting mechanism; select your measures and review each measure's benchmark, specifications, and documentation requirements.
- Prepare your practice for potential audits.

Step 4: Contact your EHR vendor. (remember Meaningful Use)

- If you currently use an EHR, check with your EHR vendor to ensure the product you use will be upgraded to meet the metrics required.
- If you do not currently use an EHR, you will have to select, purchase, and implement an EHR. Be sure the product you select is certified.
- There are many important considerations such as data ownership and ensuring your vendor will commit to future certification requirements.
- Make sure you conduct a [security risk analysis](#) every year.
- Talk to your vendor about [public health reporting](#) options.
- If you face a significant hardship and are unable to report advancing care information measures, you can apply to have your performance category score weighted to zero.

Step 5: Explore the list of clinical practice improvement activities (CPIAs).

- Identify CPIAs your practice already does and will continue to do in 2017, and which activities your practice could implement to receive credit for the first performance period.
- If you don't already engage in any activity on the list, identify CPIAs that fit your practice and prepare to engage in or implement them in time for the first performance period.
- You can report your CPIAs for MIPS credit using the following data submission mechanisms: qualified registry, QCDR, EHR, health IT vendor, attestation, and/or administrative claims.
- For a list of approved CPIAs, go to:
<https://qpp.cms.gov/measures/ia>

WHERE?

AACE and QPP

For additional information, please go to:

<https://qpp.cms.gov>

<https://www.aace.com/socioeconomics/macra-and-aace>

<https://data.cms.gov/Special-Programs-Initiatives-Speed-Adoption-of-Bes/Next-Generation-ACO-Models/tn2j-iqcf>

MACRA Questions to: MACRAinfo@aace.com