The 2018 QPP Final Rule

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Quality Payment Program Panel

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"A second year to ramp-up the program will continue to help build upon the iterative learning and development of year 1 in preparation for a robust program in year 3."

-CMS, QPP 2018 Final Rule, p17

Agenda

Executive Summary/Key Impacts

MIPS Categories

- Quality
- Improvement Activities
- ACI
- Cost

Organization Types

- Small Practices
- Virtual Groups
- APMs

Summary

Executive Summary

1. MIPS Cost category weight increased to 10% in 2018
   - Required by MACRA legislation to be 30% in 2019
2. Additional MIPS relief and exclusions for small practices
3. More demanding MIPS for rest of the market
4. Amount of risk required for Advanced APMs reduced for years 2019 and 2020
5. CMS estimates 75% of MIPS participants will earn > 70 points in 2018

POINTS

MIPS performance threshold increases from 3 to 15

INCENTIVES

MIPS max penalty is 5% and max incentive is roughly the same as 2017

CATEGORIES

2018 MIPS category weights change
Quality: 50%
ACI: 25%
IA: 15%
Cost: 10%

VOLUME

Increase in MIPS low-volume threshold:
≤ $90,000 or
≤ 200 Medicare patients

PARTICIPATION

Fewer MIPS eligible clinicians expected to participate (~600K)

SIZE

Other relief for small practices (≤ 15)

COMPLEXITY

Bonus for complex patients

DATA

Data completeness threshold requirement increases to 60%

TECHNOLOGY

Bonus for exclusively using 2015 certified electronic health record technology (CEHRT)

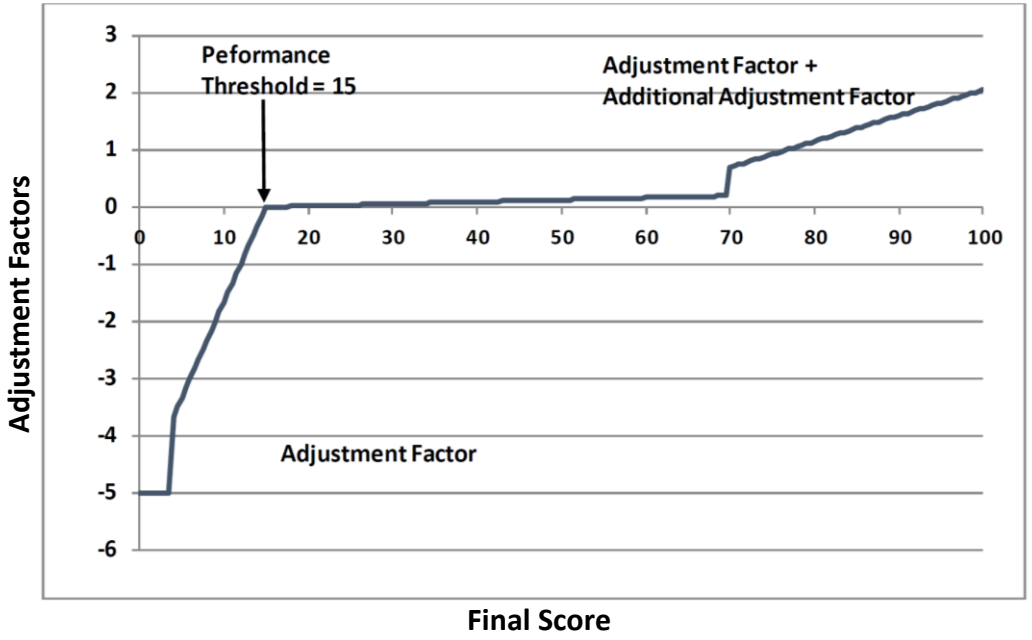
APMS

Preparing for other payer APMs starting in 2019

MIPS Financial Impact

Example of MIPS payment adjustments factors based on final score, performance threshold, and additional performance threshold for 2020

CMS projects the maximum incentive to remain about the same in 2018 as projected for 2017



QPP 2018 Final Rule, p809

MIPS Eligibility

2017

Below **low patient volume** threshold

Part B allowed charges less than or equal to **$30,000** or provides care for **100** or fewer Medicare patients during a low volume threshold determination period that occurs during the performance period or a prior period.

2018

Below **low patient volume** threshold

Part B allowed charges less than or equal to **$90,000** or provides care for **200** or fewer Medicare patients during a low volume threshold determination period that occurs during the performance period or a prior period.

MIPS Categories: Quality

What Stays the Same for 2018

- Data submission method/mechanism options
- Scoring strategy
  - 3 point floor for benchmarked measures
  - 3 points for non-benchmarked measures
  - 3 points for measures that don't meet minimum case requirements
  - Bonus points for high-priority measures (up to 10% of denominator for performance category)
  - Bonus for end-to-end electronic reporting up to 10% of denominator for performance category

What Changes for 2018

- Category weight = 50% (30% for PY2019)
- Full year reporting required
- Data completeness (DCT) = 60% for all submission mechanisms other than Web Interface and CAHPS
  - Measures that don't meet DCT will earn 1 point (Small practices = 3 points)
- Topped-out measures removed (and scored on 4-year phase-out timeline)
  - 6 measures have been topped-out for 2+ years (these will be maxed at 7 points)

MIPS Categories: Improvement Activities

What Stays the Same for 2018

- Category weight = 15%
- 90-day period
- At least one clinician needs to report activity for TIN to get credit for Group reporting
- Small practices, HPSA, rural practices, non-patient-facing clinicians receive double points
- APMs get at least half credit

What Changes for 2018

- PCMH gets full credit if 50% of practice sites (within the TIN are recognized as PCMH)
- 21 new Improvement Activities

MIPS Categories: Advancing Care Information

What Stays the Same for 2018

- Category weight = 25%
- 2014 CEHRT extended
  - 10% bonus points for operating solely on 2015 CEHRT in 2018
- Maintain 90-day reporting (through 2019)
- Automatic weighting of category to 0 for non-patient facing clinicians and hospital-based clinicians

What Changes for 2018

- Modified scoring for immunization/ public health/ registry
- Exclusions added for ePrescribing and HIE; confirmed to go into affect for 2017
- Greater Improvement Activities for bonus percentage
- 0% weighting for hardship application includes small practices
  - Application deadline: 12/31
- Automatic weighting to 0% for ambulatory surgery center-based clinicians for 2017 performance year

MIPS Categories: Cost

What Stays the Same for 2018

- Total cost per capita and MSPB measures will be monitored
- Feedback will be provided in MIPS feedback report (closely-related versions in 2016 QRURs)

What Changes for 2018

- Category weight is 10% of MIPS score as stepping stone to 30% in 2019
- Total cost per capita and MSPB (inpatient hospitalizations) used to score 2018 Cost
- Episode-based measures postponed until 2019, but market feedback in 2018 (Oct-Nov field testing reports now available)
- Improvement bonus of up to 1 point using the net number of measures with improvement vs decline in performance

Organization Type: Small Practices

- Increasing the low volume threshold reduces the number of small groups required to participate
- A new ACI hardship exemption is available (application required) (confirmed)
- Small practice bonus of 5 points added to MIPS score (confirmed)
- Small practices will still earn 3 points in the Quality category even if they don't meet the data completeness threshold (confirmed)
- CMS will no longer require attestation on group size
  - Claims data will be used to determine practice size, including clinicians that are not MIPS eligible clinicians (confirmed)

CMS estimates:
81.8% of clinicians in small practices will receive a positive or neutral MIPS payment adjustment in 2018

Organization Type: Virtual Groups

- **Who's interested:** Communities of small practices (IPAs, CINs, …)
- **Virtual Group:** Groups of practices (TINs) each with 10 clinicians or less that are rated for MIPS *as if* under a group sharing a single TIN
- No location nor specialty restrictions on group formation
- Virtual Group Toolkit available; Practices sign mutual agreements and apply to CMS (October 11 to Dec 1, 2017); intention for electronic election process in 2019
- Application of Group policies to Virtual Groups
- Data aggregation flexibility

Pro:
Practices lacking infrastructure can ride group's performance

Con:
Agreement among practices may be challenging

Organization Type: APMs

- Extend flexibility in nominal risk requirements for Advanced APMs to 2019 & 2020 - fosters growth of Advanced APMs
- Add a Dec 31st "MIPS APM" participation snapshot date – reduces exposure to full MIPS for clinicians joining an APM late in the year
- For MSSP and Next Gen ACOs, add CAHPS for ACOs survey into MIPS APM quality scoring
- MIPS APMs earn bonus for year-to-year quality improvement
- Details on "Other Payer Advanced APMs" implementation

CMS Estimates:
Number of clinicians in Advanced APMs expected to double from 2017 to 2018

Organization Type: APMs

- Other MIPS APMs
  - 2018 - Comprehensive ESRD Care Model, the Comprehensive Primary Care Plus Model (CPC+), and the Oncology Care Model
- Medicare Advantage demonstration project

Action Items

1. Create a strategy to manage Cost in 2018.
2. If you are in a small practice, check the revised low-volume thresholds and learn more about virtual groups in advance of deadlines.
3. Understand the changes to the categories/weighting, the increase in minimum participation to avoid a penalty, the new data completeness threshold, and more.
4. If you are in an Alternative Payment Model, understand the changes to the APM scoring standard
5. Plan to continuously improve. Scores in the 70-80 range may not exceed the performance threshold in the future.
6. Attend the regularly scheduled ABCs of the QPP next Thursday, November 16th for our big Q&A session!

Thank you for joining us

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HITECH Answers