faculty practice®
solutions center
powered by Vizient & AAMC

# Quality Payment Program (MACRA) Final Rule 2019

December 6, 2018

AAMC vizient™

The information contained within this slide deck is confidential and should not be used beyond its intended purpose or publicly posted.

Please contact the Faculty Practice Solutions Center® team at (FPSCProductDelivery@vizientinc.com) with questions regarding use and dissemination of this material.

# Questions and Feedback

faculty practice® solutions center
powered by Vizient & AAMC

- AAMC Staff
  - Gayle Lee, galee@aamc.org
  - Kate Ogden, kogden@aamc.org
- Vizient Staff
  - Chelsea Arnone, chelsea.arnone@vizientinc.com



AAMC vizient™

# Agenda

faculty practice®
solutions center
powered by Vizient & AAMC

1. Quality Payment Program (QPP): Background
2. Merit-based Incentive Payment System (MIPS) Overview and Eligibility
3. Performance Categories
4. MIPS Scoring and Performance Thresholds
5. Qualified Participants in Advanced APMs
6. MIPS APMs
7. MSSP ACO Changes
8. Question and Answer

AAMC vizient™

# 2019 Medicare Physician Fee Schedule and Quality Payment Program Final Rule

faculty practice® solutions center powered by Vizient & AAMC

- Displayed November 1, published in Federal Register November 23
- Medicare Physician Fee Schedule/Quality Payment Program Final Rule
  - https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24170.pdf
- CMS Fact Sheet on QPP
  - https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Year-3-Final-Rule-overview-fact-sheet.pdf

AAMC vizient

# MACRA Crossroads: Quality Payment Programs

faculty practice® solutions center
powered by Vizient & AAMC

## Merit-based Incentive Payment System (MIPS)

- **+/- 4% in 2019**
  **+/-5% in 2020**
  **+/-7% in 2021**
  **+/-9% in 2022**
  CMS estimates 798,000 clinicians will be assigned a MIPS score for 2021 payment year

## Advanced Alternative Payment Models (AAMPs)

- **+5% for 2019-2024**
  Estimates 165,000 to 220,000 clinicians will become QPs for 2021 payment year
  -Total lump sum payments $600-800 million

AAMC vizient™

# MACRA Timeline

faculty practice® solutions center
powered by Vizient & AAMC

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 and later |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Fee Schedule Updates | 0.5 | 0.5 | 0.5 | 0.5 | 0 | 0 | 0 | 0 | 0 | 0 | .75 for QAPMS<br>.25 for MIPS/ partial QAPMS |
| QAPMS | | | | 5% Incentive Payment | | | | | | | |
| MIPS | | 1st MIPS perfor-mance year | | ±4% | ±5% | ±7% | ±9% | | | | |

*QAPMS: qualifying alternative payment models based on Medicare payment/patient threshold requirements and excluded from MIPS
*MIPS: Merit-based Incentive Payment System, a consolidated pay-for-performance program, $500M annual pool is allocated for exceptional performers for CY 2019-2023

AAMC vizient™

# 2019 Rule Timeline (Year 3)

# Key Themes for QPP Program: 2019

faculty practice® solutions center
powered by Vizient & AAMC

- Ease burden on clinicians in MIPS track
- Revise the MIPS Promoting Interoperability category (formerly known as Advancing Care Information)
- Support small and rural practices
- Focus on more meaningful measures
- Gradual transition

AAMC vizient™

faculty practice®
solutions center
powered by Vizient & AAMC

# Merit-based Incentive Payment System (MIPS) Overview and Eligibility

AAMC vizient™

# Overview of MIPS

faculty practice® solutions center
powered by Vizient & AAMC

**Performance Evaluated**

Eligible Clinicians are assessed on four performance categories (Quality, Cost, Improvement Activities, Promoting Interoperability)

**Performance Scored**

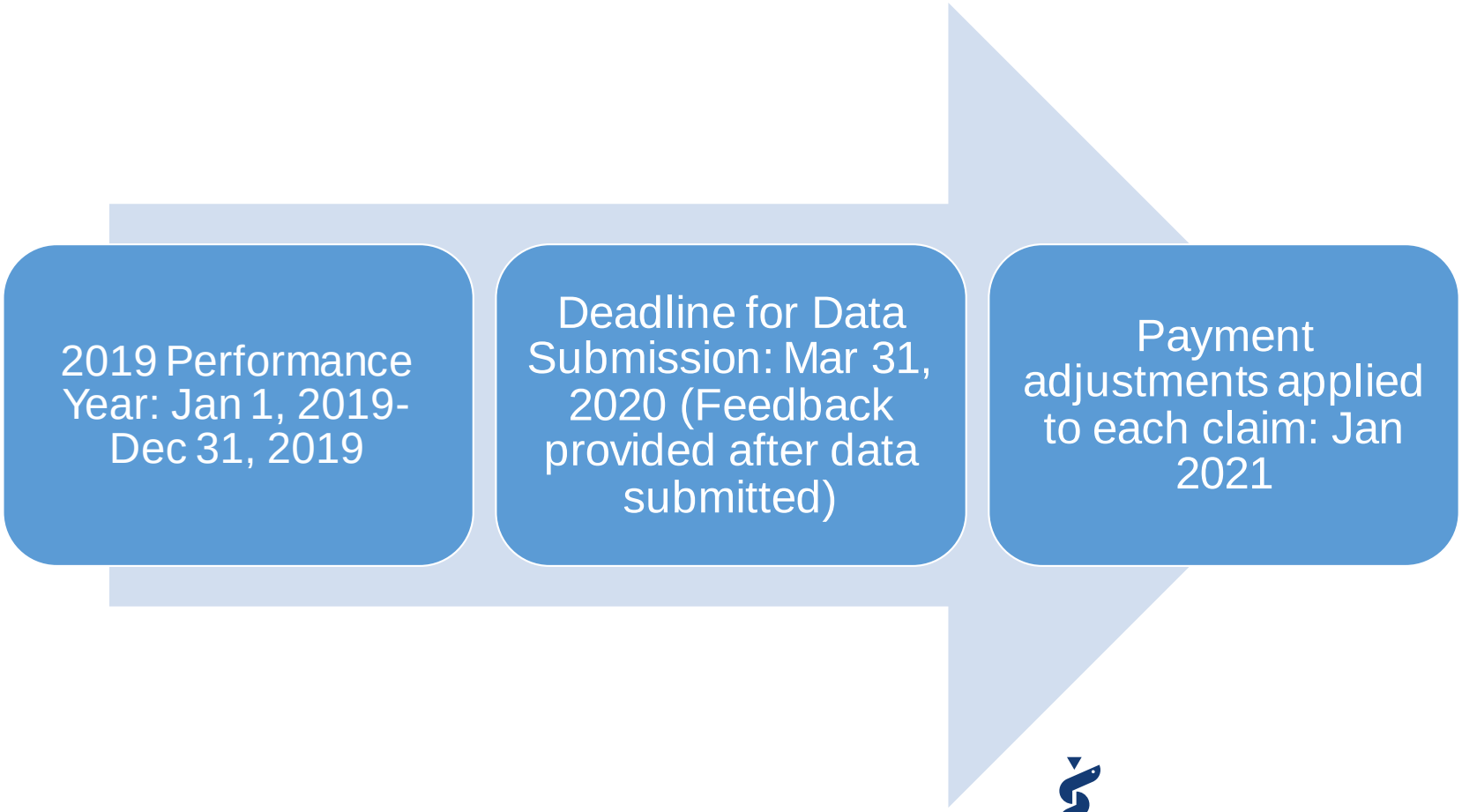
Receive a score from 0-100 points based on performance

**Payment Adjusted**

Medicare Part B payments are adjusted up or down in payment year based on performance score

AAMC vizient™

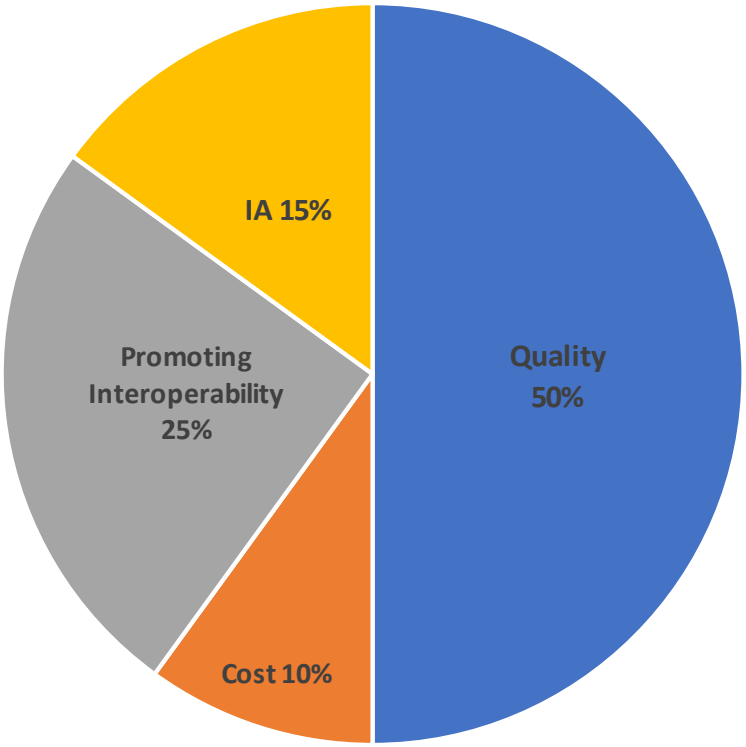
# MIPS Timeline



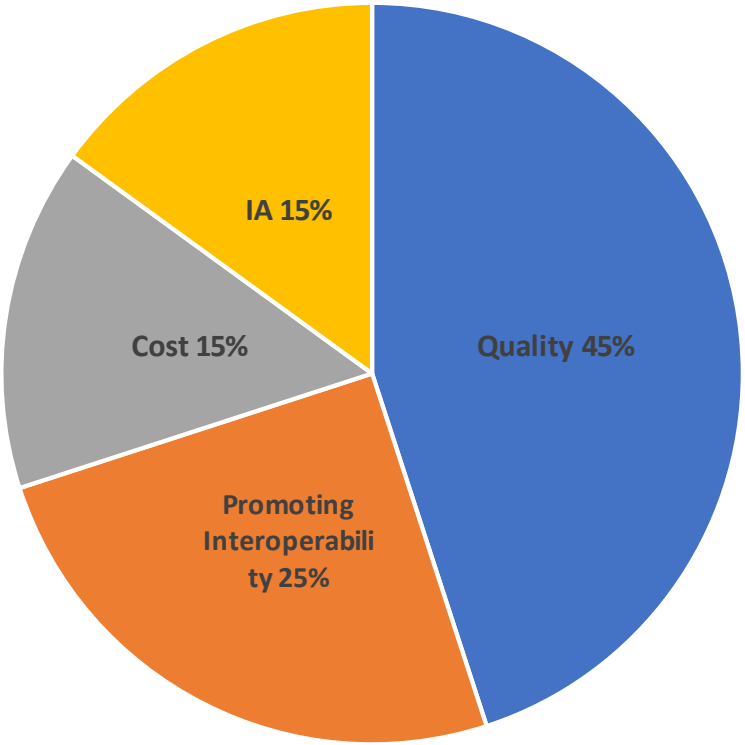
# MIPS Composite Performance Score: Four Categories

faculty practice® solutions center
powered by Vizient & AAMC

2018 Performance Year




2019 Performance Year




AAMC vizient

# Who Does MIPS Apply to?

faculty practice® solutions center
powered by Vizient & AAMC

| Year 2 (2018) | Year 3 (2019) |
| --- | --- |
| • Physicians<br>• Nurse Practitioners<br>• Clinical Nurse Specialists<br>• Physician Assistants<br>• Certified Registered Nurse Anesthetists | • Same as Year 2 plus:<br>• Physical Therapists<br>• Occupational Therapists<br>• Clinical Psychologists<br>• Speech-Language pathologists<br>• Audiologists<br>• Registered dieticians |

AAMC vizient™

# Exceptions to MIPS Participation for Certain Clinicians

faculty practice® solutions center
powered by Vizient & AAMC

## Participants in Advanced APMs

- Must meet threshold of Medicare payments or patients through Advanced APM to be qualifying APM participant or partial qualifying APM participant.

## First year clinician enrolled in Medicare program

- Not treated as MIPS-eligible clinician until subsequent year.

AAMC vizient™

# Exceptions to MIPS Participation for Certain Clinicians

faculty practice® solutions center
powered by Vizient & AAMC

## Low Patient Volume Year 2

- CMS excludes clinicians or groups who bill ≤$90,000 OR provide care for ≤200 Medicare beneficiaries

## Low Patient Volume Year 3

- CMS excludes clinicians billing < $90,000 a year in allowed charges for covered professional services under MPFS, AND
- Providing covered professional services to fewer than 200 Medicare beneficiaries a year **AND**
- **Providing fewer than 200 professional services under the MPFS.**

AAMC vizient

# Opt-in Policy for Low-Volume Threshold

faculty practice® solutions center
powered by Vizient & AAMC

- CMS finalizes an opt-in policy for MIPS eligible clinicians who are excluded from MIPS based on the low-volume threshold
- If MIPS eligible clinicians meet or exceed at least one of low-volume threshold criteria, they may choose to participate and report under MIPS.

AAMC vizient™

# Eligible Clinician Identifiers in MIPS: Options for Participation in 2019

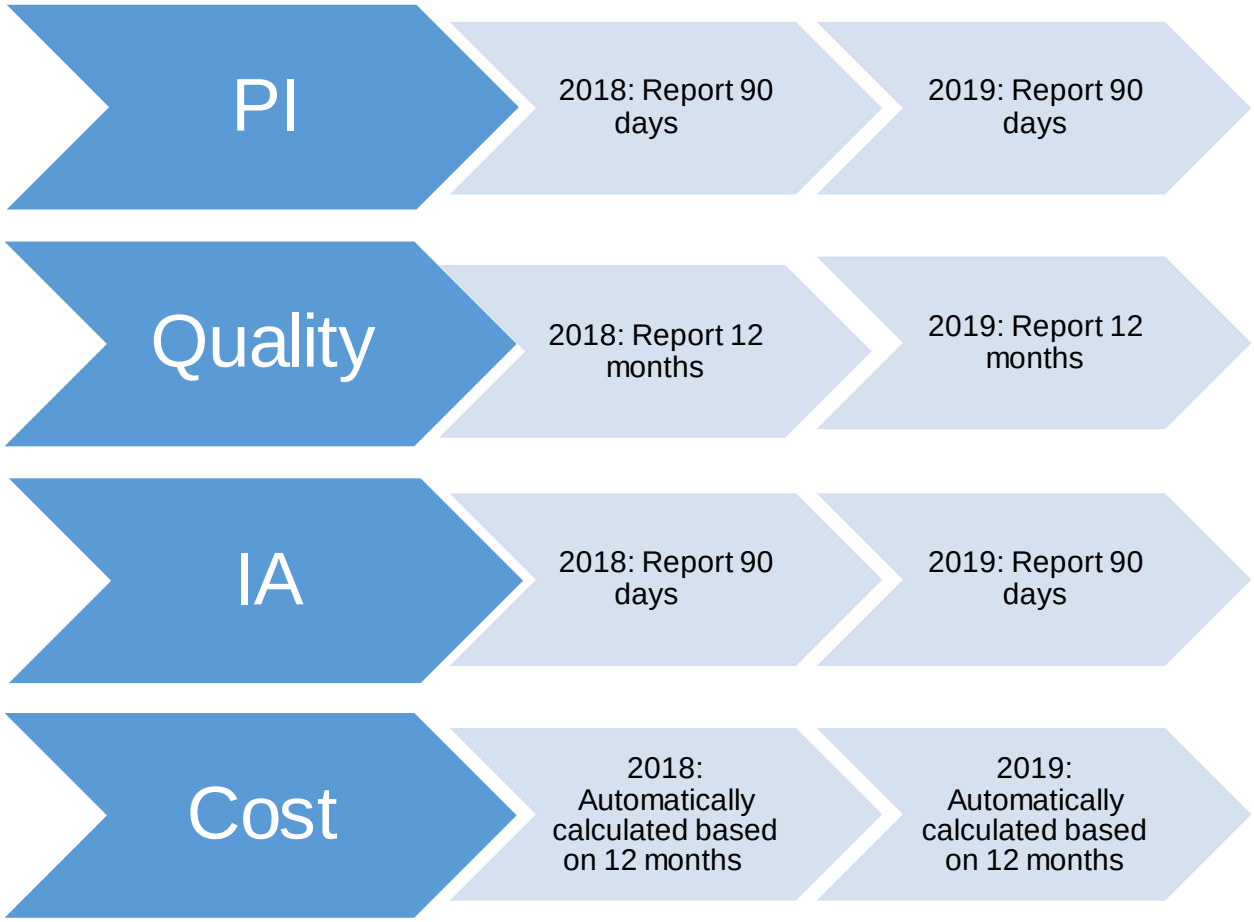
faculty practice® solutions center
powered by Vizient & AAMC

| Individuals | Group Practices | In an APM (Groups) | Virtual Groups |
|---|---|---|---|
| • Defined by unique TIN/NPI<br>• Similar reporting mechanisms as current programs | • Defined by TIN<br>• Similar reporting mechanisms as current programs | • APMs recognized by CMS<br>• Examples are ACOs (all tracks), Oncology Care Model, CPC+ | • **Two or more TINs composed of solo practitioner or group with 10 or fewer eligible clinicians under TIN**<br>• **Providers can elect to form a virtual group with at least one other solo practitioner or group** |

AAMC vizient

# MIPS Performance Period

faculty practice® solutions center
powered by Vizient & AAMC




AAMC vizient

# Data Submission: Group Reporting 2019

faculty practice® solutions center
powered by Vizient & AAMC

| Performance Category | Group Reporting |
|---|---|
| Quality<br>(eCQMs, MIPS CQMs, QCDR measures, CMS-approved survey measures, administrative claims measures, claims) | • Direct<br>• Log-in and upload<br>• CMS Web Interface (groups 25 or more eligible clinicians<br>• Medicare Part B claims (small practices only) |
| Cost | • Administrative claims (no submission required) |
| Promoting Interoperability | • Direct<br>• Log-in and upload<br>• Log-in and attest |
| Improvement Activities | • Direct<br>• Log-in and upload<br>• Log-in and attest |

AAMC vizient

# 2019 Performance Year: Facility-based Clinicians

faculty practice® solutions center powered by Vizient & AAMC

- May select Hospital Value-based Purchasing (VBP) score in place of MIPS reporting
- Limited to quality and cost performance categories
- Hospital VBP score converted to MIPS score
- Applies to clinicians that furnish 75% or more of their services in inpatient hospital or emergency room or outpatient hospital.
  - For a group, 75% of ECs must meet eligibility criteria as individuals

AAMC vizient™

faculty practice®
solutions center
powered by Vizient & AAMC

# MIPS Performance Categories: Quality, Cost, Improvement Activities, Promoting Interoperability

AAMC vizient™

# Quality (45% Weight): 2019

faculty practice® solutions center
powered by Vizient & AAMC

Select from individual measures or a specialty measure set

- Requires reporting of 6 measures
- 1 of 6 measures must be an outcome measure (if there is no outcome measure, must report high priority measure)
- Data completeness criteria set at 60%

GPRO web interface users required to report all quality measures for a full year

One additional population measure (All-Cause Hospital Readmission--only for groups of 10+, minimum case of 200)

AAMC vizient™

# Quality Performance: Key Changes in 2019

faculty practice® solutions center
powered by Vizient & AAMC

26 quality measures are removed (refer to Appendix 1 Table C).

New facility-based scoring option.

Topped out measures: CMS would remove an extremely topped out measure could be removed in the next rulemaking cycle.

AAMC vizient™

# Web Interface Measures in 2018

faculty practice® solutions center
powered by Vizient & AAMC

**NOTE:** Only those measures with a MSSP Benchmark will count towards your final score (11 of the 15 measures).

| Measure | Savings Program Benchmark |
|---|---|
| **2-Component Diabetes Composite Measure** | Yes |
| **Preventative Care and Screening: Influenza Immunization** | Yes |
| **Pneumonia Vaccination Status for Older Adults** | Yes |
| Breast Cancer Screening | Yes |
| Colorectal Cancer Screening | Yes |
| **BMI Screening and Follow-up** | Yes |
| Depression Screening and Follow-up | Yes |
| **IVD: Use of Aspirin or other Antiplatelet** | Yes |
| Tobacco Use Screening and Cessation Intervention | Yes |
| Screening for Falls Risk | Yes |
| Controlling High Blood Pressure | Yes |
| Statin Therapy for the Prevention and Treatment of CVD | No |
| **Medication Reconciliation Post-Discharge** | No |
| Depression Remission at 12 Months | No |

AAMC vizient

# Web Interface Measures Removed for 2019

faculty practice® solutions center
powered by Vizient & AAMC

- Medication Reconciliation Post-Discharge
- Pneumococcal Vaccination Status for Older Adults
- Diabetes Eye Exam
- Preventive Care and Screening: BMI Screening and Follow-up plan
- Ischemic Vascular Disease (IVD) Use of Aspirin or Another Antiplatelet

AAMC vizient™

# Changes to Web Interface Measures

faculty practice® solutions center
powered by Vizient & AAMC

**Depression Remission at 12 months**

Previous description: The percentage of patients 18 years of age and older with major depression or dysthymia who reached remission 12 months after an index visit

Change: The percentage of adolescent patients 12-17 years of age an adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months after an index event date.

AAMC vizient™

# Cost (Weight 15%): 2019

faculty practice® solutions center powered by Vizient & AAMC

- Based on current two Value Modifier Program Measures
  - Medicare Spending Per Beneficiary (MSPB)
  - Total Per Capita Cost (includes Medicare Part A and B payments)
- CMS finalizes 8 episode-based cost measures developed in collaboration with expert clinicians and stakeholders for 2019
- No additional reporting required; calculated from claims data
- Will provide feedback to providers

AAMC vizient™

# CMS Announces 8 Episode Groups

faculty practice® solutions center
powered by Vizient & AAMC

1. Elective Outpatient Percutaneous Coronary Intervention (PCI)
2. Knee Arthroplasty
3. Revascularization for Lower Extremity Chronic Critical Limb Ischemia
4. Routine Cataract Removal with Intraocular Lens (IOL) Implantation
5. Screening/Surveillance Colonoscopy
6. Intracranial Hemorrhage or Cerebral Infarction
7. Simple Pneumonia with Hospitalization
8. ST-Elevation Myocardial Infarction (STEMI) with (PCI)

AAMC vizient™

# Attributing Episode Groups to Clinicians

faculty practice® solutions center
powered by Vizient & AAMC

- Assignment of responsibility for an episode of care to a clinician.
- Procedural episode groups are attributed to clinician responsible for triggering procedure (e.g. surgical procedure).
- For acute inpatient medical condition groups, episodes are attributed to each MIPS eligible clinician who bills inpatient evaluation and management (E&M) claim lines during a trigger inpatient hospitalization under a TIN that renders at least 30% of the inpatient E&M claim lines in that hospitalization.

AAMC vizient™

# Improvement Activities (Weight 15%): 2019

faculty practice® solutions center
powered by Vizient & AAMC

## Report for 90 days. Subcategories of activities:

| Expanded Practice Access | Population Management | Care Coordination | Beneficiary Engagement | Patient Safety & Practice Assessment | Participation in an APM |
|---|---|---|---|---|---|
| • Same day appointments<br>• After hours clinician advice | • Monitoring health conditions & providing timely intervention<br>• Participation in a QCDR | • Timely communication of test results<br>• Timely exchange of clinical information with patients AND providers<br>• Use of remote monitoring and telehealth | • Establishing care for complex patients<br>• Patient self-management & training<br>• Employing shared decision making | • Use of clinical or surgical checklists<br>• Practice assessments related to maintain certification | • As defined on prior slide<br>• At a minimum receive ½ CPIA score for APM participation |

**CMS adds six measures.**

AAMC vizient™

# Improvement Activities and Group Reporting

faculty practice® solutions center
powered by Vizient & AAMC

- For MIPS group reporting, all clinicians in the group will receive credit if at least one clinician in the group (TIN) has performed the Improvement Activity for 90 days.

AAMC vizient™

# Promoting Interoperability (Weighted 25%): Key Changes 2019

faculty practice® solutions center powered by Vizient & AAMC

- Advancing Care Information renamed Promoting Interoperability.
- Clinicians must use 2015 Edition CEHRT in 2019.
- 10 point bonus for use of 2015 Edition CEHRT eliminated.
- New Performance-based Scoring
  - Eliminates base, performance and bonus scores
- 100 total points in category

AAMC vizient™

# Promoting Interoperability Scoring: Key Changes 2019

faculty practice® solutions center
powered by Vizient & AAMC

| 2018 | 2019 |
| --- | --- |
| • Base score (worth 50%)- submit at least a 1 in the numerator of certain measures AND submit “yes” for Security Risk Analysis measure<br>• Performance score (worth 90%) determined by a performance rate for each measure<br>• Bonus score of 10%<br>• Maximum score is 165% (capped at 100%) | • Performance scoring at individual measure level<br>• Each measure scored based on numerator and denominator or yes/no<br>• Add scores from each measure together to calculate total score |

AAMC vizient™

# Promoting Interoperability: 2019

faculty practice® solutions center
powered by Vizient & AAMC

| Objectives | Measures | Maximum Points |
|---|---|---|
| E-prescribing | E-prescribing | 10 point |
| | Query of PDMP | 5 bonus points |
| | Verify Opioid Treatment Agreement | 5 bonus points |
| Health Information Exchange | Support Electronic Referral Loops by Sending Health Information | 20 points |
| | Support Electronic Referral Loops by Receiving and Incorporating Health Information | 20 points |
| Provider to Patient Exchange | Provide Patients Electronic Access to their Health Information | 40 points |
| Public Health and Clinical Data Exchange | Choose 2:<br>-Immunization Registry Reporting<br>-Public Health Registry Reporting<br>-Clinical Data Registry<br>-Syndromic Surveillance | 10 points |

AAMC vizient™

# Promoting Interoperability

faculty practice® solutions center
powered by Vizient & AAMC

- Two new measures were added to the e-prescribing objective:
  - Query of Prescription Drug Monitoring Program (PDMP)
  - Verify Opioid Treatment Agreement

  CMS will allow 5 bonus points for these two measures in 2019.

AAMC vizient™

faculty practice®
solutions center
powered by Vizient & AAMC

# MIPS Scoring and Performance Thresholds

AAMC vizient™

# Performance Threshold and Payment Adjustment

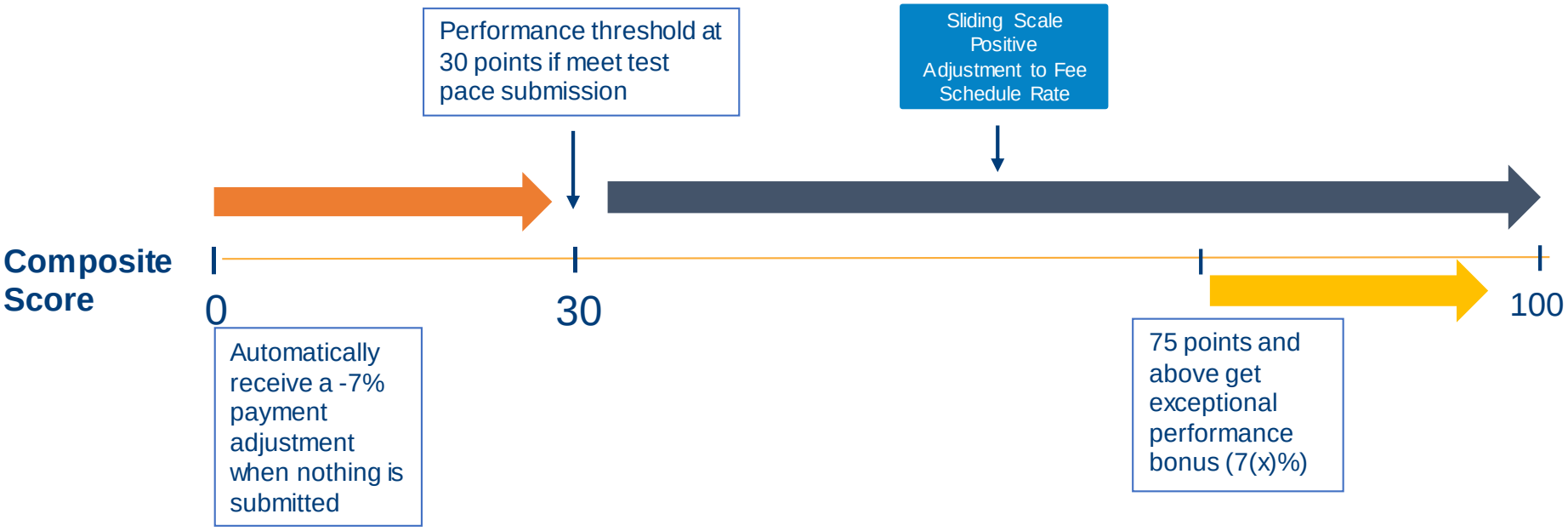
faculty practice® solutions center
powered by Vizient & AAMC

| Year 1 (2017) | Year 2 (2018) | Year 3 (2019) |
|---|---|---|
| 3 points (to avoid penalty and get neutral score) | 15 points (to avoid penalty and get neutral score) | 30 points (to avoid penalty and get neutral score) |
| 70 points (qualifies for exceptional performance bonus) | 70 points (qualifies for exceptional performance bonus) | 75 points (qualifies for exceptional performance bonus) |
| Payment adjustment for 2019 MIPS payment year ranges from -4% to + (4% x scaling factor) | Payment adjustment for 2020 MIPS payment year ranges from -5% to + (5% x scaling factor) | Payment adjustment for 2021 MIPS payment year ranges from -7% to +(7% x scaling factor) |

AAMC vizient

# MIPS Payment Adjustment: 2021

faculty practice® solutions center
powered by Vizient & AAMC




AAMC vizient™

# MIPS Scoring: Bonus for Complex Patients

faculty practice® solutions center
powered by Vizient & AAMC

- Complex patient bonus is continued in the 2019 performance year.
- Awards small bonus for caring for complex patients.
- Determined by Hierarchical Condition Category (HCC) risk score and score based on the percentage of dual eligible beneficiaries.
- Bonus of 1-5 points.

AAMC vizient™

faculty practice®
solutions center
powered by Vizient & AAMC

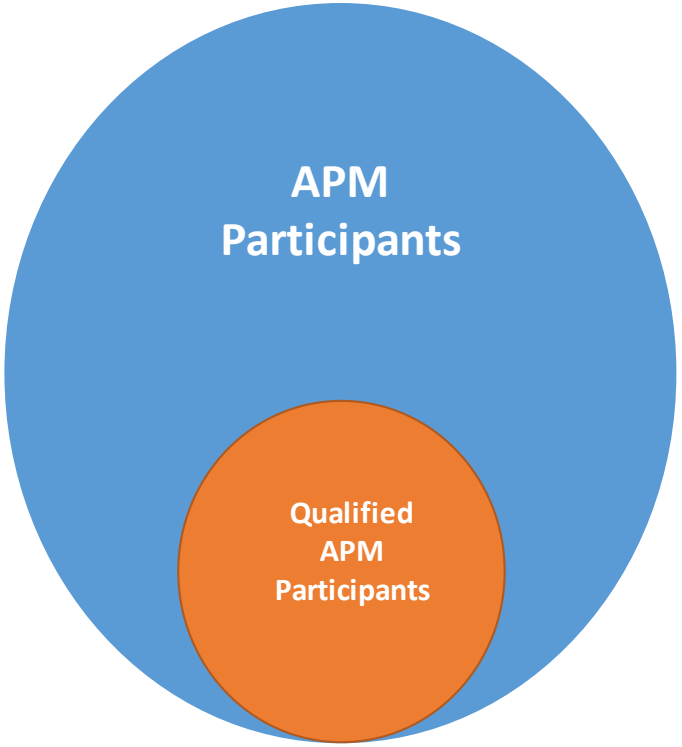
# Qualified Participants in Advanced APMs

AAMC vizient™

# Advanced APMs and Bonus Payments

faculty practice® solutions center
powered by Vizient & AAMC

- Clinicians who participate in **the most advanced** APMs may be determined to be **qualifying APM participants ("QPs").**
- **QPs:**
  - Have to meet a threshold requirement
  - Are **not subject** to MIPS
  - Receive 5% lump sum **bonus payments** for years 2019-2024
  - Receive a **higher fee schedule update** for 2026 and onward




AAMC vizient

# What does it take to be an Advanced APM and receive the 5% bonus?

faculty practice® solutions center
powered by Vizient & AAMC

- Use of certified EHR technology (CEHRT)
- Payment based on quality measures comparable to MIPS quality measures
- Bear financial risk for monetary losses in excess of a nominal amount, or APM is a Medical Home Model expanded under §1115A(c)

AAMC vizient™

# Advanced APM 2019: Change to CEHRT Use

faculty practice® solutions center
powered by Vizient & AAMC

| Year 1 and 2 | Year 3 Final |
| --- | --- |
| To qualify as advanced APM, at least **50%** of eligible clinicians in each APM entity must use CEHRT | To qualify as advanced APM, at least **75%** of eligible clinicians in each APM entity must use CEHRT |

AAMC vizient™

# Nominal Risk Amount: In General

- Revenue-based nominal amount standard is:
  - 8% of average estimate total Medicare Parts A & B revenue of **providers and suppliers participating in APM entities**
- CMS finalizes retaining 8% revenue based nominal amount standard through performance period 2024.

# 2019 Advanced APMs

faculty practice® solutions center
powered by Vizient & AAMC

- Comprehensive End Stage Renal Disease Care Model (2-sided risk)
- Oncology Care Model (2-sided risk)
- Shared Savings Program Track 1+, 2, and 3
- Vermont All Payer ACO Model
- Next Generation ACO Model
- Maryland Total Cost of Care Model
- Comprehensive Primary Care Plus (CPC+)
- BPCI Advanced
- Comprehensive Care for Joint Replacement (CJR) Payment Model (CEHRT)
- New Potential Models

AAMC vizient™

# Medicare Threshold Requirements for Qualifying and Partial Qualifying APMs

faculty practice® solutions center
powered by Vizient & AAMC

- To be classified as "qualifying APM participant" or "partial qualifying APM participant," have to meet or exceed certain thresholds related to APM entities
- Threshold can be set using patients or services

| Years | Min Thresholds for APM Participant (Payment) | | Min Thresholds for APM Participant (Patient) | |
|---|---|---|---|---|
| | Qualifying | Partial Qualifying | Qualifying | Partial Qualifying |
| 2019-2020 | 25% | 20% | 20% | 10% |
| 2021-2022 | 50% | 40% | 35% | 25% |
| 2023 and beyond | 75% | 50% | 50% | 35% |

*The thresholds are based on Medicare FFS revenue and patients ONLY. FFS & All-Payer combination begins in 2021 and have separate requirements.*

AAMC vizient

# All Payer Option: Overview

faculty practice®
solutions center
powered by Vizient & AAMC

- Starting in performance year 2019, there are two pathways to become QPs:
  - **Medicare option:** achieve status exclusively based on participation in Advanced APMs within Medicare FFS **or**
  - **All payer option:** achieve status based on combination of participation in Advanced APMs within Medicare FFS AND Other Payer Advanced APMs offered by other payers.

AAMC vizient™

# All Payer Combination Option

faculty practice® solutions center
powered by Vizient & AAMC

| | 2021 | | 2022 | | 2023 | | 2024 and later | |
|---|---|---|---|---|---|---|---|---|
| | Payment Amount Method | | | | | | | |
| | Medicare Min | Total | Medicare Min | Total | Medicare Min | Total | Medicare Min | Total |
| QP Payment Amt Threshold | 25% | 50% | 25% | 50% | 25% | 75% | 25% | 75% |
| Partial QP Payment Amt Threshold | 20% | 40% | 20% | 40% | 20% | 50% | 20% | 50% |
| | Patient Count Thresholds | | | | | | | |
| QP Pt Threshold | 20% | 35% | 20% | 35% | 20% | 50% | 20% | 50% |
| Partial QP Pt Threshold | 10% | 25% | 10% | 25% | 10% | 35% | 10% | 35% |

AAMC vizient™

# All Payer Combination Option

faculty practice® solutions center
powered by Vizient & AAMC

QP determinations are conducted sequentially so that Medicare option is applied before the All-Payer Combination option.

Only clinicians who do not meet the thresholds to become QPs under Medicare option are able to request QP determination under the All-Payer Combination.

Eligible clinicians can be assessed at the individual level or at the APM Entity level to determine if they meet the QP threshold at 3 snapshot dates.

AAMC vizient™

# Other Payer Advanced APMs: Criteria

faculty practice® solutions center
powered by Vizient & AAMC

| | |
|---|---|
| 2019 | Any payer other than traditional FFS Medicare (Medicaid, Medicare Advantage, other commercial and private payers, CMS multi-payer models) |
| | 75% or more of ECs in each APM entity to use CEHRT (must submit evidence of CEHRT usage) |
| | Payment based on quality measures comparable to MIPS |
| | Must bear more than nominal financial risk or is Medicaid Medical Home Model |

AAMC vizient™

# Other Payer Advanced APMs Nominal Risk Standards

faculty practice® solutions center
powered by Vizient & AAMC

- For 2019 - 2024 nominal amount of risk must be:
  - Marginal risk of at least 30%
  - Minimum Loss Rate of no more than 4%
  - Total Risk: at least 3% of expected expenditures for which APM entity is responsible **OR** 8% revenue-based nominal amount standard for total risk.

AAMC vizient™

# Determination of Other Payer Advanced APMs

faculty practice® solutions center
powered by Vizient & AAMC

- Prior to QP Performance period, CMS will make Other Payer Advanced APM determinations based on information voluntarily submitted by payers or eligible clinicians.
- Payer initiated process available for performance year 2019 for Medicaid, Medicare Advantage and payers aligning with CMS Multi-Payer Models. (remaining payer types in future years).
- Determination effective for 5 years if no changes made (change from 1 year proposed in last year's rule).

AAMC vizient™

faculty practice®
solutions center
powered by Vizient & AAMC

# MIPS APM Scoring

AAMC vizient™

# MIPS APM Scoring Standard

faculty practice® solutions center
powered by Vizient & AAMC

- Less burdensome way of participating in MIPS for eligible clinicians in APMs that do not meet the definition of "Advanced APM" or
- Applies to eligible clinicians who are in an Advanced APM but do not meet the thresholds for Medicare payments through the APM or Medicare patients treated through the APM.

AAMC vizient

# Background: MIPS APMs and Scoring

faculty practice® solutions center
powered by Vizient & AAMC

| | |
|---|---|
| Eligible Clinicians considered part of APM Entity | • Must be on APM participation list on March 31, June 30, or August 31 of performance year (in year 2 for full TINs, December 31 is added) |
| Criteria for MIPS APM | • APM Entities participate in APM under agreement with CMS<br>• APM Entities include eligible clinicians on participation list<br>• APM bases payment incentives on performance on cost/utilization and quality measures |
| Examples | • Shared Savings Program (all tracks)<br>• Next Generation ACO<br>• CPC Plus<br>• Oncology Care |

AAMC vizient

# MIPS APM Scoring for Eligible Clinicians: Weights

faculty practice® solutions center
powered by Vizient & AAMC

| | Transition Year 2017 | | 2018/2019 |
|---|---|---|---|
| **MIPS Performance Category** | **SSP & Next Generation ACOs** | **Other MIPS APMs** | **All MIPS APMs** |
| Quality | 50% | 0% | 50% |
| Cost | 0% | 0% | 0% |
| IA | 20% | 25% | 20% |
| ACI/Promoting Interoperability | 30% | 75% | 30% |

AAMC vizient™

# 2019 List of MIPS APMs

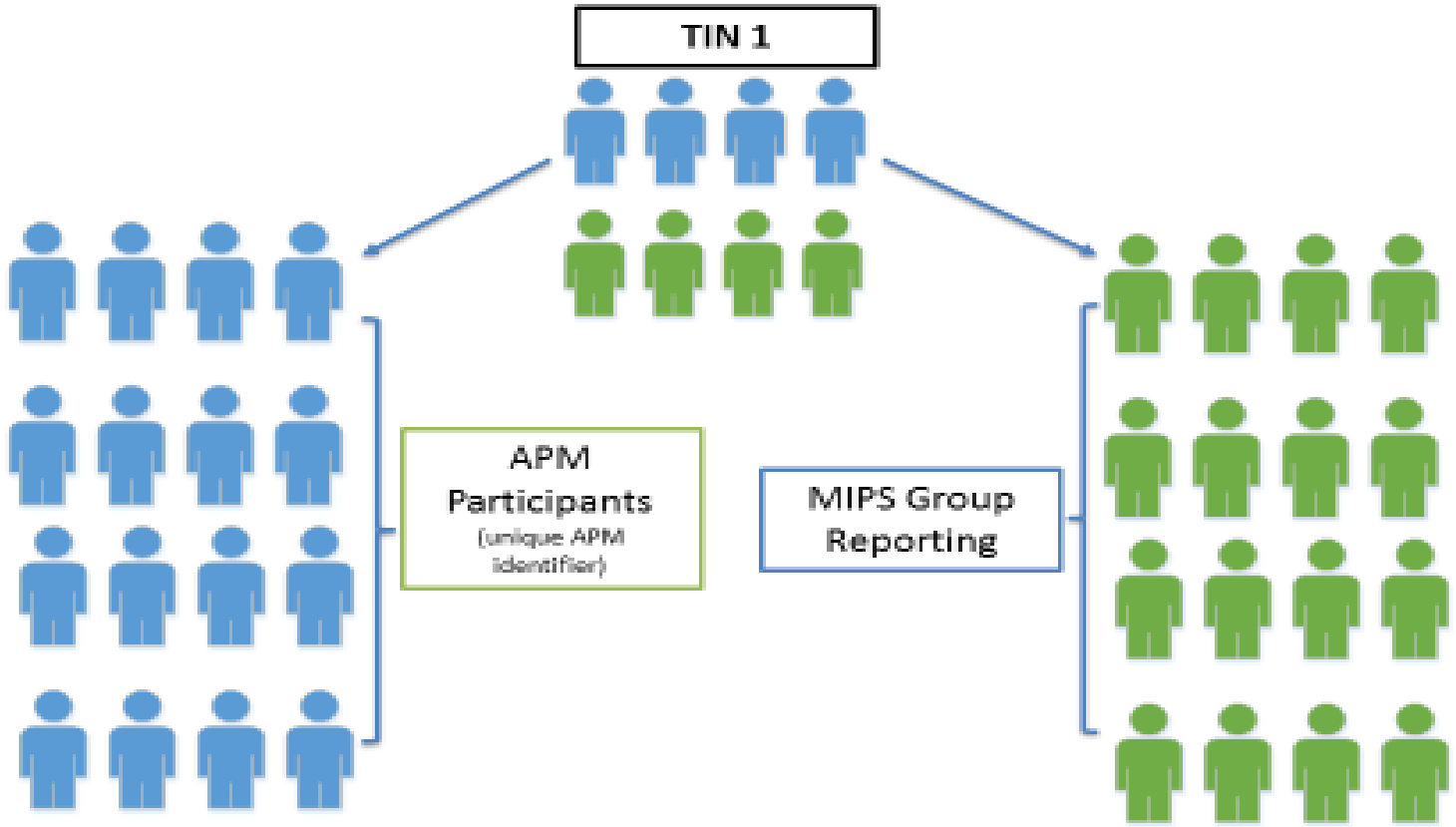
faculty practice® solutions center
powered by Vizient & AAMC

- BPCI Advanced
- Comprehensive Care for Joint Replacement Model
- Comprehensive ESRD Care Model (LDO Arrangement)
- Comprehensive ESRD Care model (non-LDO one-sided risk arrangement)
- Comprehensive ESRD Care Model (non-LDO two-sided risk arrangement)
- Shared Savings Program Track 1
- Shared Savings Program Track 2
- Shared Savings Program Track 3
- Shared Savings Program Track 1+
- Next Generation ACO Model
- Oncology Care Model-One-sided Risk
- Oncology Care Model-Two-sided Risk
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

AAMC vizient™

# Remember: It is possible that parts of your TIN may be in different programs!

faculty practice® solutions center
powered by Vizient & AAMC




AAMC vizient™

# Hierarchy for Final Score

faculty practice® solutions center
powered by Vizient & AAMC

| Example | Final score used to determine payment adjustments |
|---|---|
| TIN/NPI has more than one APM Entity Final Score | The highest of the APM Entity final scores |
| TIN/NPI has an APM final score and also has a group final score | APM entity final score |
| TIN/NPI has a group final score and an individual final score, but no APM Entity final score | The highest of the group or individual final score |

AAMC vizient™

faculty practice®
solutions center
powered by Vizient & AAMC

# Changes to Medicare Shared Savings Program (MSSP) Measures



AAMC vizient™

# MSSP: Changes to CAHPS Measure Set

faculty practice® solutions center powered by Vizient & AAMC

- Finalized proposal to begin scoring two summary survey measures:
  - ACO-45 CAHPS: Courteous and Helpful Office Staff
  - ACO-46: CAHPS: Care Coordination



AAMC vizient™

# MSSP: Changes to Claims-based Quality Measure Sets

faculty practice® solutions center powered by Vizient & AAMC

- Finalized retirement of measures:
  - ACO-35 Skilled Nursing Facility 30 Day All-Cause Readmission Measure
  - ACO-36 All-Cause Unplanned Admissions for Patients with Diabetes
  - ACO-37 All-Cause Unplanned Admissions for Patients with Hearth Failure
  - ACO-44 Use of Imaging Studies for Low-back Pain



AAMC vizient™

# MSSP: Changes to QPP Web Interface Measures

faculty practice® solutions center
powered by Vizient & AAMC

| Finalized removal | Did not finalize addition |
| --- | --- |
| • ACO-12 Medication Reconciliation Post-Discharge<br>• ACO-15 Pneumonia Vaccination Status for Older Adults<br>• ACO-16 Preventative Care and Screening: BMI Screening and Follow up<br>• ACO-41 Diabetes: Eye Exam<br>• ACO-30 Ischemic Vascular Disease: Use of Aspirin of another Antithrombotic | • ACO-47 Falls: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls |



AAMC vizient™

faculty practice®
solutions center
powered by Vizient & AAMC

# MSSP Accountable Care Organizations

AAMC vizient™

# 6 Month Extension for Participation Agreements

faculty practice® solutions center
powered by Vizient & AAMC

- CMS finalized a voluntary six month extension for existing ACOs whose participation agreements expire on Dec. 31, 2018
- CMS also finalizes the methodology for determining financial and quality performance for this six month performance period (Jan. 1, 2019-June 30, 2019)



AAMC vizient

# Use of Certified EHR Technology

faculty practice® solutions center
powered by Vizient & AAMC

- Finalized removal of ACO-11
  - Replaced with requirement that ACOs certify and attest that the eligible clinicians in the ACO meet the threshold percentage for CEHRT use.
  - ACOs in an advanced APM track will need to meet the 75% requirement.
  - ACOs in a non-advanced APM track will need to meet 50%.

AAMC vizient™

# Use of Certified EHR Technology

faculty practice®
solutions center
powered by Vizient & AAMC

- MIPS-eligible clinicians not participating in advanced APMs/not qualified participants would continue to report the Promoting Interoperability measures under MIPS

AAMC vizient™

# Resource Links

faculty practice® solutions center
powered by Vizient & AAMC

- Medicare Physician Fee Schedule/Quality Payment Program Final Rule
  - https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24170.pdf
- CMS Fact Sheet on QPP
  - https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Year-3-Final-Rule-overview-fact-sheet.pdf

AAMC vizient

# Questions and Feedback

faculty practice® solutions center
powered by Vizient & AAMC

- AAMC Staff
  - Gayle Lee, galee@aamc.org
  - Kate Ogden, kogden@aamc.org
- Vizient Staff
  - Chelsea Arnone, chelsea.arnone@vizientinc.com



AAMC vizient™

faculty practice®
solutions center
by Vizient and AAMC



AAMC vizient.