2017 National Adult and Influenza Immunization Summit, Atlanta
May 10, 2017
CMS Quality Payment Program
Richard Wild, MD, JD, MBA
CMO Atlanta Region
Topics

• What is the Quality Payment Program?
• Who participates?
• How does the Quality Payment Program work?
• How do immunization measures factor in?
• Where can I go to learn more? [www.QPP.cms.gov](http://www.QPP.cms.gov)
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)
MACRA=> **Quality Payment Program** for Medicare reimbursement to more than 600,000 Eligible Clinicians

- Serving 55 million Americans on Medicare
- A major step moving health care to **pay for quality rather than volume**
- Will continue to evolve over time
Who participates in MIPS?

- Medicare Part B clinicians billing more than $30,000 a year and providing care for more than 100 Medicare patients a year.

- These clinicians include:
  - Physicians
  - Physician Assistants
  - Nurse Practitioners
  - Clinical Nurse Specialists
  - Certified Registered Nurse Anesthetists
MACRA Quality Payment Program

The Merit-based Incentive Payment System (MIPS)
If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.

OR

Advanced Alternative Payment Models (APMs)
If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

What Is MIPS?

Combines legacy programs into single, improved reporting program

PQRS     VM     EHR     MIPS

Legacy Program Phase Out

2016     2018

Last Performance Period     PQRS Payment End
MIPS Payment Adjustments

2017  2018  2019  2020  2021  2022

± 4%  ± 5%  ± 7%  ± 9%

OR

Participate in the Advanced APM path:
If you receive 25% of Medicare payments or see 20% of your Medicare patients through an Advanced APM in 2017, then you earn a 5% incentive payment in 2019.
MIPS Four Performance Categories

- **Quality**: Replaces the Physician Quality Reporting System (PQRS).
- **Advancing Care Information**: Replaces the Medicare EHR Incentive Program also known as Meaningful Use.
- **Improvement Activities**: New category.
- **Cost**: Replaces Value-Based Modifier.
How Are MIPS Performance Categories Weighted?

Weights assigned to each category based on a 1 to 100 point scale

**Year 1 Weights (2017 Performance)**

- **Quality**: 60%
- **Improvement Activities**: 15%
- **Advancing Care Information**: 25%
- **Cost**: 0%

**NOTE**: These are default weights; the weights can adjust in certain circumstances.
2017 MIPS Performance

- Quality (60%)
- Advancing Care Information (25%)
- Improvement Activities (15%)

*No Cost Category for 2017 (NEW)*

* 2017 category weight
MIPS Component Weights (when fully transitioned)

Component Weights

- Quality: 30%
- ACI: 30%
- Imp. Activities: 25%
- Cost: 15%
MIPS Performance Category: **Quality**

**Category Requirements**

- Replaces PQRS and Quality Portion of the Value Modifier
- 60% of final score
- Select 6 of about 300 quality measures *(minimum of 90 days)*; 1 must be:
  - **Outcome measure OR**
  - **High-priority measure** – defined as outcome measure, appropriate use measure, patient experience, patient safety, or care coordination
- May also select **specialty-specific set of measures**
- **Readmission measure for group submissions** that have > 15 clinicians and a sufficient number of cases *(no requirement to submit)*
- **Different requirements for groups reporting CMS Web Interface or those in MIPS-APMs**

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Quality Payment Program

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Where can I go to learn more?
CMS QPP Website and PORTAL
https://QPP.cms.gov
Quality Measures

Instructions

1. Review and select measures that best fit your practice.

2. Add up to six measures from the list below, including one outcome measure. You can use the search and filters to help find the measures that meet your needs or specialty.

3. If an outcome measure is not available that is applicable to your specialty or practice, choose another high priority measure.

4. Download a CSV file of the measures you have selected for your records.

Groups in APMs qualifying for special scoring standards under MIPS, such as Shared Savings Program Track 1 or the Oncology Care Model: Report quality measures through your APM. You do not need to do anything additional for the MIPS quality category.

Note: This tool is only for informational and estimation purposes. You can't use it to submit or attest to measures or activities.

Select Measures

2017 MIPS Performance

- Quality (60%)
- Advancing Care Information (25%)
- Improvement Activities (15%)
Showing 3 Measures

- Childhood Immunization Status
- Immunizations for Adolescents
- Preventive Care and Screening: Influenza Immunization

Selected Measures

0 Measures Added

Once you select measures, they will appear here.

Disclaimer

*MIPS eligible clinicians or groups are expected to report on applicable measures. “Applicable” is defined as measures relevant to a particular MIPS eligible clinician's services or care rendered. MIPS eligible clinicians can refer to the measures specifications to verify which measures are applicable. Not all measures in each Specialty Measure Set will be applicable to all clinicians in a given specialty. If the set includes less than six applicable measures, the eligible clinician should disregard the measures that are not applicable.
Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>NQS Domain</th>
<th>Measure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>- eMeasure ID: CMS147v6</td>
<td>Community/Population Health</td>
<td>Process</td>
</tr>
<tr>
<td>- eMeasure NQF: N/A</td>
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<tr>
<td>- NQF: 0041</td>
<td></td>
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<tr>
<td>- Quality ID: 110</td>
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</tbody>
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<tr>
<th>High Priority Measure</th>
<th>Data Submission Method</th>
<th>Specialty Measure Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Claims, CMS Web Interface, EHR, Registry</td>
<td>Allergy/Immunology, Internal Medicine, Obstetrics/Gynecology, Preventive Medicine, General Practice/Family Medicine, Pediatrics</td>
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# Quality Measures: Immunizations

The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday.

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<td>National Committee for Quality Assurance</td>
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Advancing Care Information

In 2017, there are two measure set options for reporting. The option you use to submit your data is based on your electronic health record edition.

- **Option 1:** Advancing Care Information Objectives and Measures
- **Option 2:** 2017 Advancing Care Information Transition Objectives and Measures

You can report the Advancing Care Information Objectives and Measures:

- If you have technology certified to the 2015 Edition; or
- If you have a combination of technologies from 2014 and 2015 Editions that support these measures.

You can report the 2017 Advancing Care Information Transition Objectives and Measures:

- If you have technology certified to the 2015 Edition; or
- If you have technology certified to the 2014 Edition; or
- If you have a combination of technologies from 2014 and 2015 Editions.

Need help identifying your electronic health record edition?

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Instructions
Immunization Registry Reporting

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

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<th>Objective Name</th>
<th>Required for Base Score</th>
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<tr>
<td>ACI_PHCDRR_1</td>
<td>Public Health and Clinical Data Registry Reporting</td>
<td>No</td>
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Performance Score Weight
0 or 10%

Syndromic Surveillance Reporting

Electronic Case Reporting

Public Health Registry Reporting
# Advancing Care Information: Immunizations

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CMS has organizations on the ground to provide help to clinicians who are eligible for the Quality Payment Program:

**Transforming Clinical Practice Initiative (TCPI):** TCPI is designed to support more than 140,000 clinician practices over the next 4 years in sharing, adapting, and further developing their comprehensive quality improvement strategies. Clinicians participating in TCPI will have the advantage of learning about MIPS and how to move toward participating in Advanced APMs. Click [here](#) to find help in your area.

**Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs):** The QIO Program’s 14 QIN-QIOs bring Medicare beneficiaries, providers, and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality. More information about QIN-QIOs can be found [here](#).

If you’re in an APM: The Innovation Center’s Learning Systems can help you find specialized information about what you need to do to be successful in the Advanced APM track. If you’re in an APM that is not an Advanced APM, then the Learning Systems can help you understand the special benefits you have through your APM that will help you be successful in MIPS. More information about the Learning Systems is available through your model’s support inbox.
Do you need technical assistance to help you participate in the Quality Payment Program? The Centers for Medicare & Medicaid Services has specialized programs and resources for eligible clinicians across the country.

**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.

 Locate the PTN(s) and SAN(s) in your state

**SMALL & SOLO PRACTICES**  
Small, Underserved Rural Support Technical Assistance

- 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.
  - Organizations selected to provide this technical assistance will be available in late 2016.

**LARGE PRACTICES**  
Quality Innovation Network-Quality Improvement Organizations (QIN-QIO) Education and Support

- 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

**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

- Advanced Alternative Payment Model (APM) Learning Networks  
  Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs.