



**2017 National Adult and Influenza
Immunization Summit, Atlanta
May 10, 2017
CMS Quality Payment Program
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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

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



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

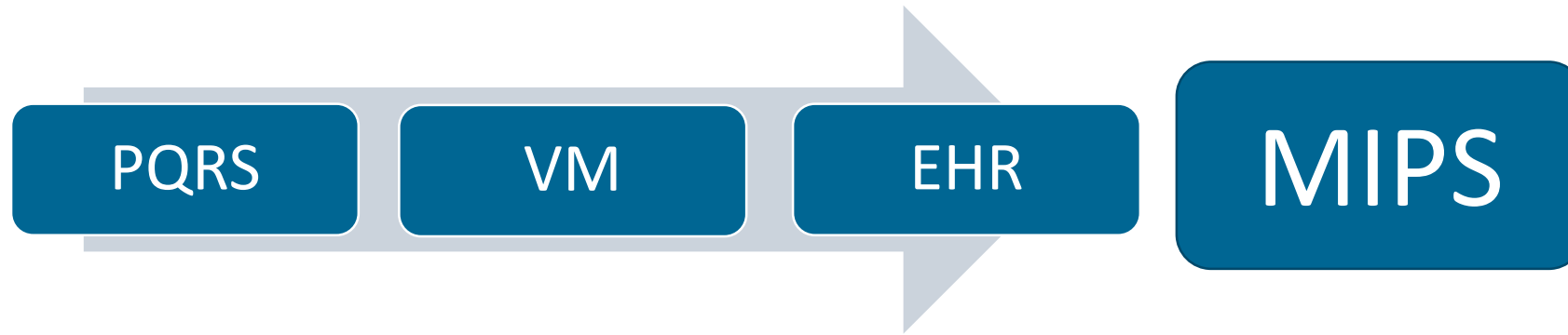
Advanced Alternative Payment Models (APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

https://qpp.cms.gov/docs/Quality_Payment_Program_Overview_Fact_Sheet.pdf

What Is MIPS?

Combines legacy programs into single, improved reporting program



Legacy Program Phase Out

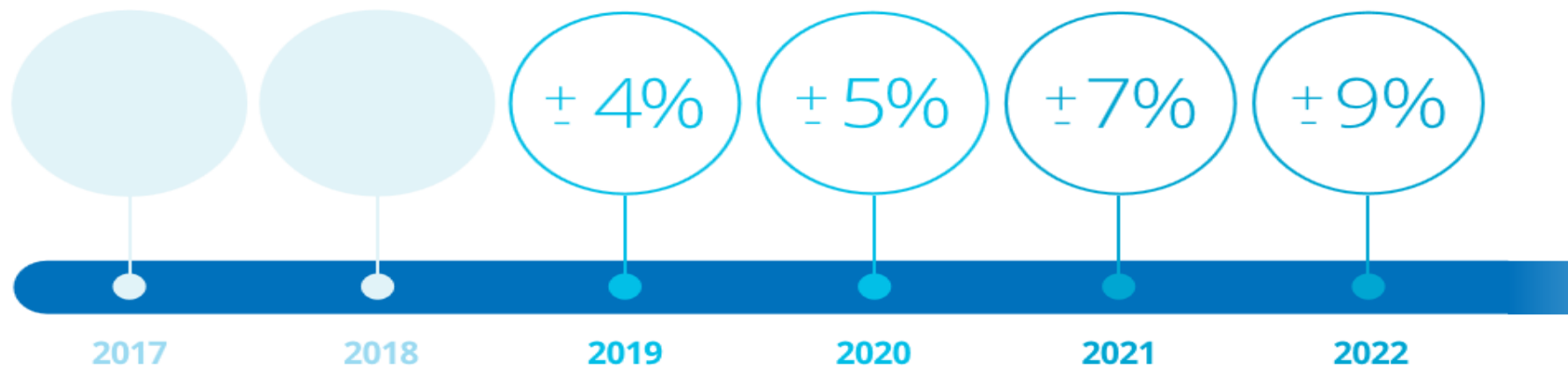
2016

2018

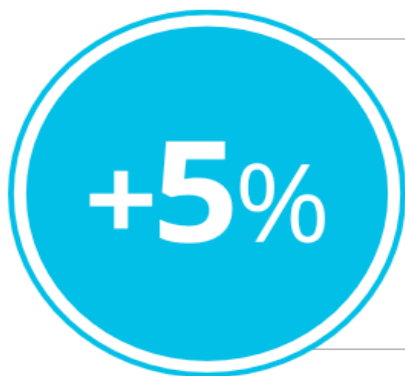
Last Performance Period

PQRS Payment End

MIPS Payment Adjustments



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.



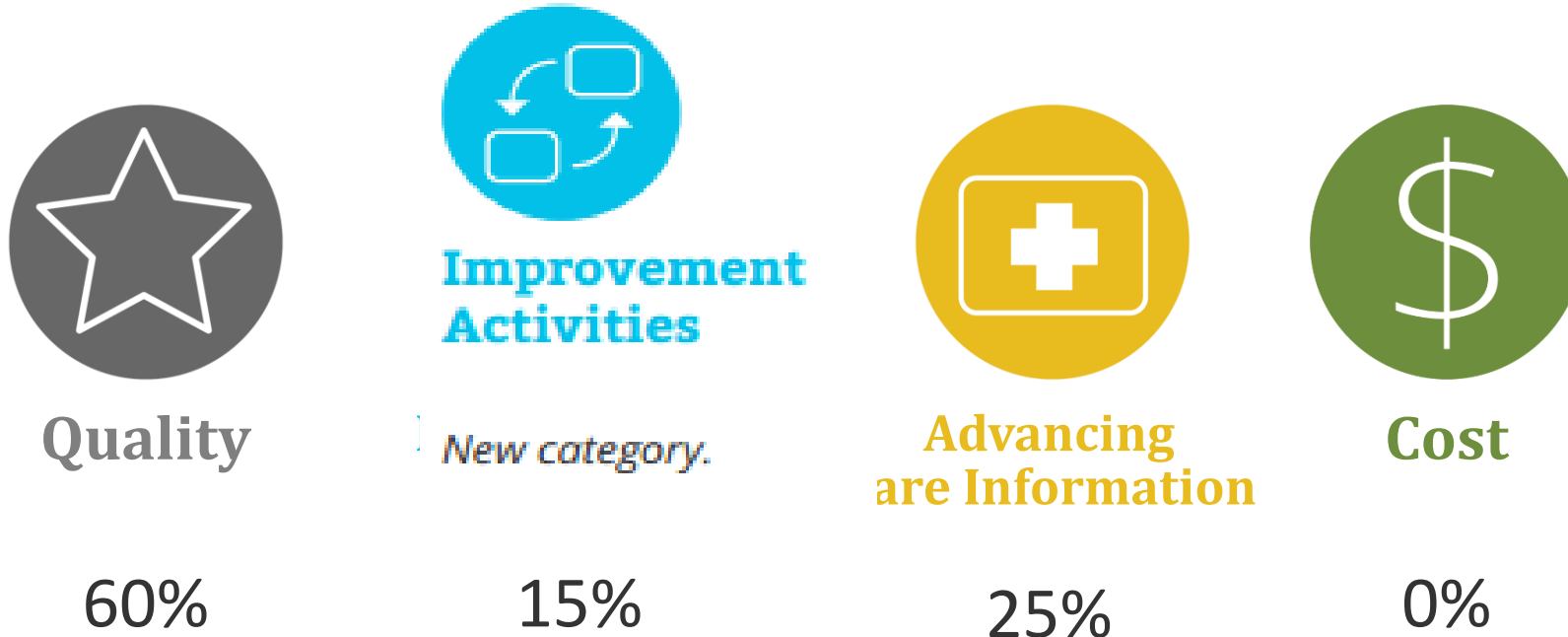
Cost

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)



NOTE: These are default weights; the weights can adjust in certain circumstances

2017 MIPS Performance



● Quality (60%)

● Advancing Care Information (25%)

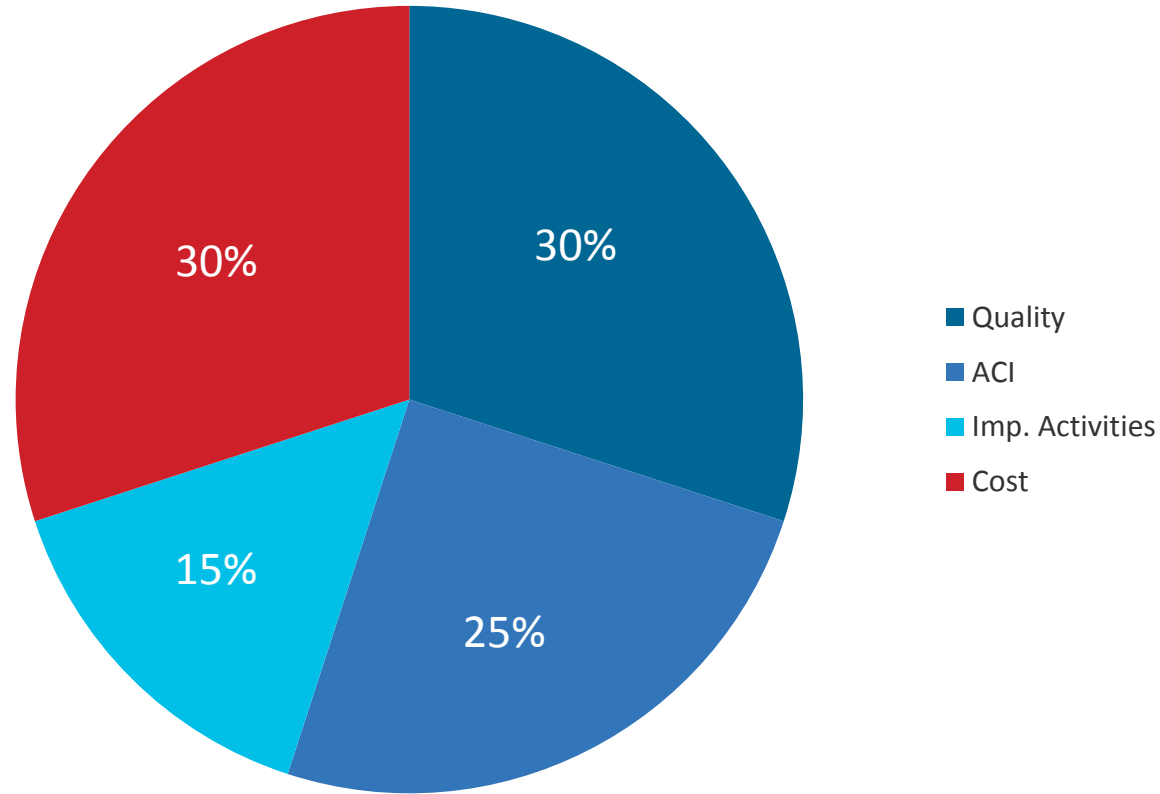
● Improvement Activities (15%)

***No Cost
Category
for 2017
(NEW)**

* 2017 category weight

MIPS Component Weights (when fully transitioned)

Component Weights



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

Where can I go to learn more?



CMS QPP Website and PORTAL <https://QPP.cms.gov>



Quality Payment Program

[Learn About the Program](#) [Explore](#)



Window Snip

Quality Payment Program

Quality Measures

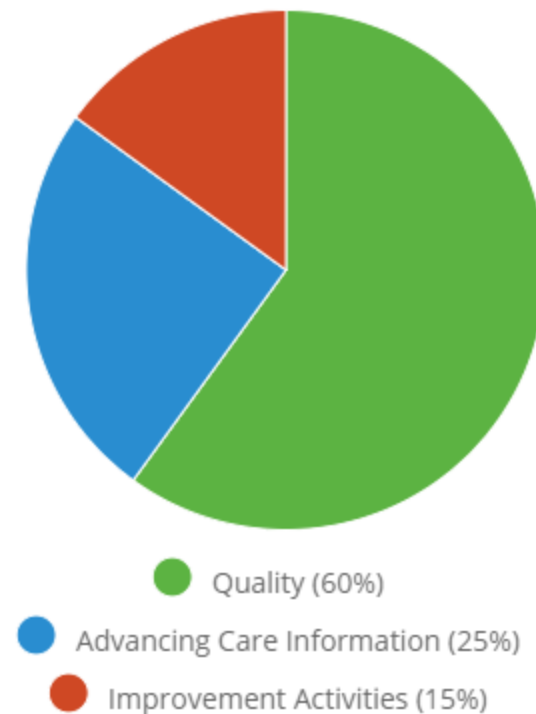
Instructions

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.

2017 MIPS Performance



Select Measures

Search All by keyword

All ▾ immunization

SEARCH

Filter by:

High Priority Measure ▾

Data Submission Method ▾

Specialty Measure Set ▾

Showing 3 Measures

Add All Measures

> Childhood Immunization Status

ADD

> Immunizations for Adolescents

ADD

> Preventive Care and Screening: Influenza Immunization

ADD

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 only report the measures that are 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

Measure Number <ul style="list-style-type: none">eMeasure ID: CMS147v6eMeasure NQF: N/ANQF: 0041Quality ID: 110	NQS Domain Community/Population Health	Measure Type Process
High Priority Measure No	Data Submission Method <ul style="list-style-type: none">ClaimsCMS Web InterfaceEHRRegistry	Specialty Measure Set <ul style="list-style-type: none">Allergy/ImmunologyInternal MedicineObstetrics/GynecologyPreventive MedicineGeneral Practice/Family MedicinePediatrics
Primary Measure Steward Physician Consortium for Performance Improvement		

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Quality Measures: Immunizations

▼ [Immunizations for Adolescents](#)

ADD

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

<p>Measure Number</p> <ul style="list-style-type: none"> eMeasure ID: N/A eMeasure NQF: N/A NQF: 1407 Quality ID: 394 	<p>NQS Domain</p> <p>Community/Population Health</p>	<p>Measure Type</p> <p>Process</p>
<p>High Priority Measure</p> <p>No</p>	<p>Data Submission Method</p> <ul style="list-style-type: none"> Registry 	<p>Specialty Measure Set</p> <ul style="list-style-type: none"> General Practice/Family Medicine Pediatrics
<p>Primary Measure Steward</p> <p>National Committee for Quality Assurance</p>		

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.

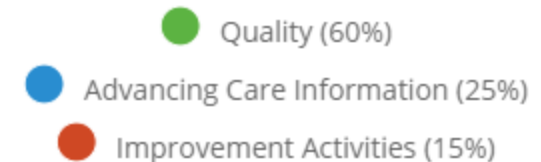
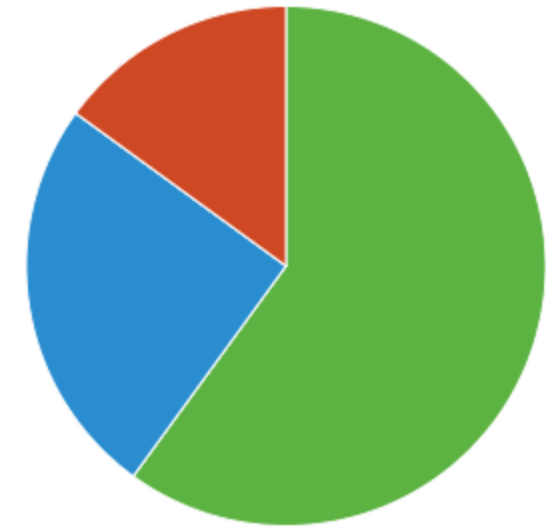
You can report the 2017 Advancing Care Information Transition Objectives and Measures:

- 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? [🔗](#)

Instructions

2017 MIPS Performance



▼ Immunization Registry Reporting

ADD

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).

Measure ID	Objective Name	Required for Base Score
ACL_PHCDRR_1	Public Health and Clinical Data Registry Reporting	No
Performance Score Weight		
0 or 10%		

➤ Syndromic Surveillance Reporting

ADD

➤ Electronic Case Reporting

ADD

➤ Public Health Registry Reporting

ADD

Advancing Care Information: Immunizations

▼ [Immunization Registry Reporting](#)

ADD

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).

Measure ID	Objective Name	Required for Base Score
ACI_PHCDRR_1	Public Health and Clinical Data Registry Reporting	No
Performance Score Weight		
0 or 10%		

Help Is Available

qpp.cms.gov

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

TCPI

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.

QIN-QIOs

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](#).

APM
Learning
Systems

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

Quality Innovation Network
(QIN) Directory

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.

