MACRA Rules are Final: Time to Implement the Quality Payment Program

FLASCO Spring Meeting

Sybil R. Green, JD, RPh, MHA
April 1, 2017
Are you ready for MACRA?

A. Yes
B. No
C. What’s MACRA?
Physician Reimbursement

HISTORY AND OVERVIEW
Medicare Provider Reimbursement

1997

Sustainable Growth Rate (SGR)

2015

Medicare Access and CHIP Reauthorization Act (MACRA)

- Repeals SGR
- Payment based on Value, not volume
MACRA - April, 2016...

ASCO Response to MACRA Proposed Rule

- Impact of Merit Based Incentive Payment System (MIPS) performance year options
- Adoption of specialty-specific alternative payment models (APMs)
- Address resource use methodology in the Merit-Based Incentive Payment System (MIPS) and Advanced APMs
  - Appropriate episode groups for oncology
  - Excluding all drug costs
  - Delay application
- Support for critical access practices
- Ensure reporting of clinically relevant quality data
Medicare Provider Reimbursement

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2015

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✓ Repeals SGR
✓ Payment based on Value, not volume

2017

Quality Payment Program
clinician driven + patient centered
MACRA Update

- Overall more flexibility/less administration
- Physicians allowed to pick their own pace for participating
- Resource use not counted in 2017
- General Oncology specialty measure set
- Additional flexibility for small/rural practices
- Oncology Care Model (OCM) practices do not have to report on quality twice
- OCM get 100% and Oncology Medical Homes may get at least 50% Improvement Activity
- More advanced Alternative Payment Models (APMs)
MACRA - January, 2017...

Implications of New Congress & Administration

• Don’t anticipate change in direction
• CMS has been fairly responsive to stakeholders and physicians
• MACRA was a largely bipartisan bill, but Congress eager to hear if refinements needed
  – May be opportunity for reduction in administrative burden
  – May be openness to delay in some requirements
  – Opportunity to raise oncology specific issues
Medicare Quality Payment Program (QPP)

- Merit Based Incentive Program System
  - Measures Quality, use of CEHRT, Improvement Activity and Cost.
  - Peer Comparisons
  - Incentives/Penalties
  - Publicly Reported

- Alternative Payment Models
  - New Payment Mechanisms
  - New Delivery Systems
  - Negotiated Incentives
  - Automatic Bonus
MACRA/QPP

MERIT BASED INCENTIVE PAYMENT SYSTEM
OVERVIEW
I am a physician, and I bill Medicare Part B for services provided. Do I have to participate in the QPP?

A. No, it’s my first year in the program.
B. No, I only bill $10K per year
C. No, I’m in an APM
D. Yes
E. All of the above are correct if they apply to me…
Will It Affect Me?

1st time Part B Participant

Low Volume ($30K) or Low Patient Count (100 Patients)

APM Qualified Participant

EXEMPT

EXEMPT

EXEMPT

Medicare Part B (Physician Services)
How Will Medicare Reimbursement Change?

The **Merit Based Incentive Payment System (MIPS)**

**Legacy Reporting Systems**
- 2016: Last Reporting Period
- 2018: Last Payment Adjustment

**MIPS**
- 2017: Adds Improvement Activity
- First MIPS Performance Period
- 2018: Cost category Scored
- 2019: First MIPS Payment Adjustment

**How Will Medicare Reimbursement Change?**

**Legacy Reporting Systems**
- 2016: Last Reporting Period
- 2018: Last Payment Adjustment

**MIPS**
- 2017: Adds Improvement Activity
- First MIPS Performance Period
- 2018: Cost category Scored
- 2019: First MIPS Payment Adjustment

**Cost**
- Not included in 2017
MIPS Reporting Requirements

• Quality Reporting
  – Six applicable measures (including at least one outcome)
  – 50% of eligible patients per measure (minimum of 20 patients)
  – All payer reporting (at least one Medicare beneficiary)

• Practice Improvement
  – Improve clinical practice or care delivery
  – 90 potential activities
  – Perform 2 to 4 activities (dependent on size of practice)
  – Attest to completion

• Advancing Care Information (EHR capability)
  – Security, Electronic Prescribing, Patient Electronic Access
# General Oncology Measure Set

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Submission Method</th>
<th>Measure Type</th>
<th>High Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Claims</td>
<td>Registry</td>
<td>EHR</td>
</tr>
<tr>
<td>Advance care plan</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Prostate bone scan (overuse)</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Current meds</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pain intensity</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Tobacco screening</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prostatectomy path reports</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hypertension screening &amp; f/u</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Receipt of specialist report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent tobacco use</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol screening</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HER2 negative</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HER2 positive</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRAS testing/+EGFR</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRAS testing/-EGFR</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemo last 14 days</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not admitted to hospice</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;1 ED visit last 30 days</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU last 30 days</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice for less than 3 days</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Measures by Submission Mechanism</strong></td>
<td><strong>5</strong></td>
<td><strong>18</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>
Advancing Care Information

Base Score (50%)
- Up to 5 required measures
- Security, E-Prescribing, Patient Access, Health information Exchange

Performance Score (90%)
- Up to 9 measures

Bonus Score (15%)
- Public health and clinical data registry reporting
How is My Score Calculated?

- Advancing Care Information (MU) - 25%
- Quality (PQRS) - 60%
- Improvement Activity (New) - 15%

Low Performers -4%
National Median Composite Score
Medicare Provider Composite Score

High Performers +4%

2017
Special Circumstances and Exemptions

- ACI Category Exemptions (Automatic)
  - NP, PA, CNS, CRNA
  - Hospital-based clinicians
  - Non-patient facing clinicians

- Quality Category Exemptions
  - Any clinician that has NO measures that are available and applicable (per CMS, unlikely scenario)

- IA Category Exemptions
  - Per CMS, all clinicians should be able to participate
  - If participating in a MIPS APM, will automatically get full score under MIPS
# Example of MIPS Participation for an Oncologist

<table>
<thead>
<tr>
<th>Sample Quality Measures</th>
<th>Sample Improvement Activities</th>
<th>ACI (Base Score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemotherapy plan documented</td>
<td>Participation in a QCDR (e.g. QOPI)</td>
<td>Protect PHI/security risk analysis</td>
</tr>
<tr>
<td>Documentation of current medications/medication reconciliation</td>
<td>Participation in MOC IV</td>
<td>E-prescribing</td>
</tr>
<tr>
<td>Advance care plan</td>
<td>Registration/use of PDMP</td>
<td>Provide patient electronic access</td>
</tr>
<tr>
<td>Pain intensity quantified</td>
<td>Engagement of patient/family/caregivers in developing care plan</td>
<td>HIE – send/receive summary of care</td>
</tr>
<tr>
<td>Tobacco use - screening &amp; cessation counseling</td>
<td>Implementation of medication management practice improvements</td>
<td></td>
</tr>
<tr>
<td>HER2 negative – no HER2 targeted therapies administered</td>
<td>Implementation of practices / processes for developing regular individual care plans</td>
<td></td>
</tr>
<tr>
<td>Metastatic CRC – anti-EGFR w/KRAS testing</td>
<td>Participation in private payer improvement activities</td>
<td></td>
</tr>
<tr>
<td>&gt;1 ED visit last 30 days of life</td>
<td>Use of decision support and standard treatment protocols</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telehealth services that expand access to care</td>
<td></td>
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**Sample Quality Measures**
- Chemotherapy plan documented
- Documentation of current medications/medication reconciliation
- Advance care plan
- Pain intensity quantified
- Tobacco use - screening & cessation counseling
- HER2 negative – no HER2 targeted therapies administered
- Metastatic CRC – anti-EGFR w/KRAS testing
- >1 ED visit last 30 days of life

**Sample Improvement Activities**
- Participation in a QCDR (e.g. QOPI)
- Participation in MOC IV
- Registration/use of PDMP
- Engagement of patient/family/caregivers in developing care plan
- Implementation of medication management practice improvements
- Implementation of practices / processes for developing regular individual care plans
- Participation in private payer improvement activities
- Use of decision support and standard treatment protocols
- Telehealth services that expand access to care

**ACI (Base Score)**
- Protect PHI/security risk analysis
- E-prescribing
- Provide patient electronic access
- HIE – send/receive summary of care
Making Every Activity Count

**Improvement Activity:**
10 – 20 pts

**Advancing Care Information:**
Up to 10% +
10% Bonus: IA using CEHRT

**Activity:**
Chemotherapy plan documented in EHR

**Quality Measurement:**
3-10 points

- Personalized plan for high risk patients; integrate patient goals, values, priorities
- Patient specific education
- Personalized plan for high risk patients; integrate patient goals, values, priorities
MIPS Payment Adjustments Timeline

- **Year 1**: Performance (2016-2019)
- **Year 2**: Analysis (2020-2021)
- **Year 3**: Adjustment (2022+)

Adjustments:
- **2019**: +/- 4%
- **2020**: +/- 5%
- **2021**: +/- 7%
- **2022+**: +/- 9%
FAQs on Final Performance Score

• CMS will use the TIN/NPI’s historical performance from the performance period associated with the MIPS payment adjustment
  – regardless of whether that NPI is billing under a new TIN after the performance period

• Your payment adjustment follows you
  – if you switch from Practice A in the performance year to Practice B in the payment year, your TIN/NPI score from Practice A will follow you to Practice B and impact that payment year

• Will use the highest final score associated with an NPI from the performance period
  – If you switch practices mid-year (so 2 different TIN/NPIs) or bill under more than one TIN

• If an NPI bills under multiple TINs in the performance period and bills under a new TIN in the MIPS payment year, will take the highest final score associated with that NPI in the performance period
UNCLE!!
Pick-Your-Pace for 2017: MIPS Reporting

Don’t Participate
Not participating in the Quality Payment Program: If you don’t send in any 2017 data, then you receive a Negative 4% payment adjustment.

Test the Program
Report:
- 1 quality measure or
- 1 Improvement Activity or
- The required ACI measures

Partial MIPS Reporting
Report for at least 90 days:
- 1+ Quality measure or
- 1+ Improvement Activity or
- More than the required ACI

Full MIPS Reporting
Report for at least 90 days:
- Required Quality measures and
- Required Improvement Activities and
- Required ACI

2018
Full program implementation.

2019
- Negative 4% payment adjustment
- Avoid penalties
- Avoid penalties; eligible for partial positive payment adjustment
- Avoid penalties; eligible for full positive payment adjustment; exceptional performance bonus

American Society of Clinical Oncology
Making a world of difference in cancer care
## Preparing for 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>2017 Reporting Requirements</th>
<th>2018 Reporting Requirements</th>
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</thead>
</table>
| **Quality** | Minimal: 1 measure, 1 patient/chart  
Partial: 90 days, 50% of all patients  
Full: 1 year, 50% of all patients | Full year  
60% of all patients |
| **ACI** | Minimal: base score for 90 days  
No performance thresholds used in scoring | At least 90 days  
Potential addition of performance thresholds for scoring |
| **IA** | Minimal: 1 activity for 90 days  
Full: 2-4 activities for at least 90 days | At least 90 days  
2-4 activities |
| **Cost** | Full year  
Calculated automatically by CMS  
0% weight in MIPS | Full year  
Calculated automatically by CMS  
10% weight in MIPS |
In 2018, my payment adjustment will be:

A. - 4%, I’m not participating
B. Neutral, I’m submitting at least one measure this year
C. I’m all in, I might get a positive adjustment
Whew!!
MACRA/QPP

ALTERNATIVE PAYMENT MODELS

OVERVIEW
Pick-Your-Pace for 2017: APM Participation

CMS Recognized Alternative Payment Models (APM)

Advanced APM

Qualifying Physicians

- Exemption from MIPS
- 5% Lump Sum Bonus
- APM Specific Rewards
Any Advanced APMs in 2017?

✓ Medicare Shared Savings Program (2 Tracks)
✓ Next Generation ACO
✓ Comprehensive ESRD Care (2 models)
✓ Comprehensive Primary Care Plus
✓ Oncology Care Model (OCM) - two-sided risk track available in 2017
MACRA/QPP
SURVIVING IN 2017
ASCO’s Top Ten List for MACRA Implementation in 2017

4. Check that your electronic health record (EHR) is certified by the Office of the National Coordinator. It must meet...
ASCO’s Top Ten List for MACRA Implementation in 2017

- **Obtain your Quality and Resource Use Reports (QRUR).** While Cost is not included in the scoring in 2017, it is being measured and will be reported in the QRUR. It will be included in the scoring beginning in 2018 so be prepared.

- **Ensure data accuracy.** Review your QRUR and ensure that the data is correct. It is also important to review the NPIs for each provider in your practice and ensure they are accurate with the correct specialty, address, and group affiliation.

- **Consider using a qualified clinical data registry (QCDR) to extract and submit your quality data.** The QOPI Reporting Registry, currently in development, will be your one-stop shop for quality reporting and attestation for ACI and Improvement Activities.

- **Evaluate your payer relationships and begin discussions with commercial payers about value-based reimbursement and alternative payment models.** Identify your top two or three commercial payers and initiate discussions with them about value-based care. Introduce them to ASCO’s Patient-Centered Oncology Payment (PCOP) model – we are happy to help.

- **Prepare your practice and staff for value-based care.** Does your staff understand the changes that are coming? Is your practice culturally prepared for the shift to value-based payment models? Are you employing elements of an oncology medical home including pathway utilization and ER and hospitalization avoidance? ASCO COME HOME provides consulting services to help practices transform for new reporting and payment models.
ASCO Offers Solutions

Certification
- Improvement Activity
- APM Participation

Rapid Learning
- Quality Reporting (PQRS)

Reporting
- Quality Reporting (PQRS)
- Meaningful Use
- Improvement Activity
- Cost
- APM Participation

Reimbursement
- APM Participation
- Improvement Activity

Transformation
- APM Participation
QOPI is a Viable Tool for QPP Success

• The QOPI platform can be used to report the minimum data in 2017 to avoid a 2019 penalty

• 2017 is a transition year for the QOPI QCDR to become electronically functional to be able to report at 60% of charts for 2018
  – Both the QOPI QCDR and the practices will be asked to “test” electronic reporting in 2017 so all will be positioned to report at the higher volume requirement in 2018

• If a practice has the electronic capability to achieve 50% reporting in 2017, they can use another reporting mechanism and try for a positive adjustment for 2019
Additional ASCO Support

**EDUCATION AND RESOURCES**

- Check the ASCO website regularly for new tools and resources
  - Webinars
  - Fact Sheets
  - Quality Improvement library *(planned)*
  - [www.asco.org/macra](http://www.asco.org/macra)

**CONSULTING & ADVOCACY**

- Practice Transformation
- Readiness for Alternative Payment Models
- Filing Extensive Comments
Ongoing Discussion… Healthcare Reform

1. Yes, you can stay on your parents' insurance until you're 26.
2. Big penalties for on-again, off-again coverage.
3. Existing conditions cannot disqualify you for insurance.
4. Exchanges will stay, for now.
5. Medicaid stays the same-ish until 2020.
6. The requirement to buy insurance is gone.
7. It's only the first round.

ASCO Principles for Patient Centered Health Reform

- All Americans should have **access to affordable and sufficient healthcare coverage regardless of their income or health status**. To ensure protected access, the current ban on pre-existing condition limitations, elimination of annual and lifetime coverage caps, and maintenance of guaranteed renewability should be preserved.

- Any efforts to reform the healthcare system **at the national, state, or local levels** should ensure that individuals with healthcare insurance can continue to access affordable insurance without interruption.

- All individuals with cancer should have health insurance that **guarantees access to high-quality cancer care that is delivered by a cancer specialist and that provides the full range of services** needed by patients with cancer in a timely manner.
ASCO The Principles for Patient Centered Health Reform

- Policymakers should, in any policy changes, **promote and protect cancer prevention and screening services**, as they are key to reducing cancer mortality. Policymakers should **preserve the “no copay” access to screening services** that currently exists.

- All patients should have **meaningful access to clinical trials**, and health insurance coverage should not be a barrier to clinical trials participation.

- Current **efforts to improve quality, affordability, and access to care for patients and communities through value-based reform strategies should be continued**. Current efforts to improve value in healthcare should continue to be **prioritized**, and value-based reforms should be designed and **implemented in a patient-centered way**.
ASCOC The Principles for Patient Centered Health Reform

• Healthcare reform efforts should engage patients and providers to obtain meaningful input in order to avoid unintended consequences during implementation.
QUESTIONS AND DISCUSSION
For more information….

www.asco.org/macra
www.qpp.cms.gov