Update on MACRA Quality Payment Program – What Palliative Care Providers Should Do Now

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Housekeeping

- All phone lines will be on mute throughout the duration of the call.
- Please submit questions and comments using the chat box, there will be Q & A at the end of the webinar.
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Disclosures

- George Handzo – none
- Phillip E. Rodgers – none
- Amy Melnick – none
- Joe Rotella – founder of CatalystHPM
- Stacie Sinclair – none
- Denise Stahl – none

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Introduction

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National Coalition for Hospice and Palliative Care

Overview

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Objectives

1. Review provisions in Quality Payment Program Final Rule, with a specific focus on MIPS and APMs;

2. Clarify the relevance to and potential opportunities for interprofessional palliative care teams;

3. Describe activities palliative care clinicians should start doing; and

4. Provide additional resources for clinicians.

Polling Question #1

Are you (or your organization) planning to participate in the MACRA QPP?

- Yes
- No
- Don’t know

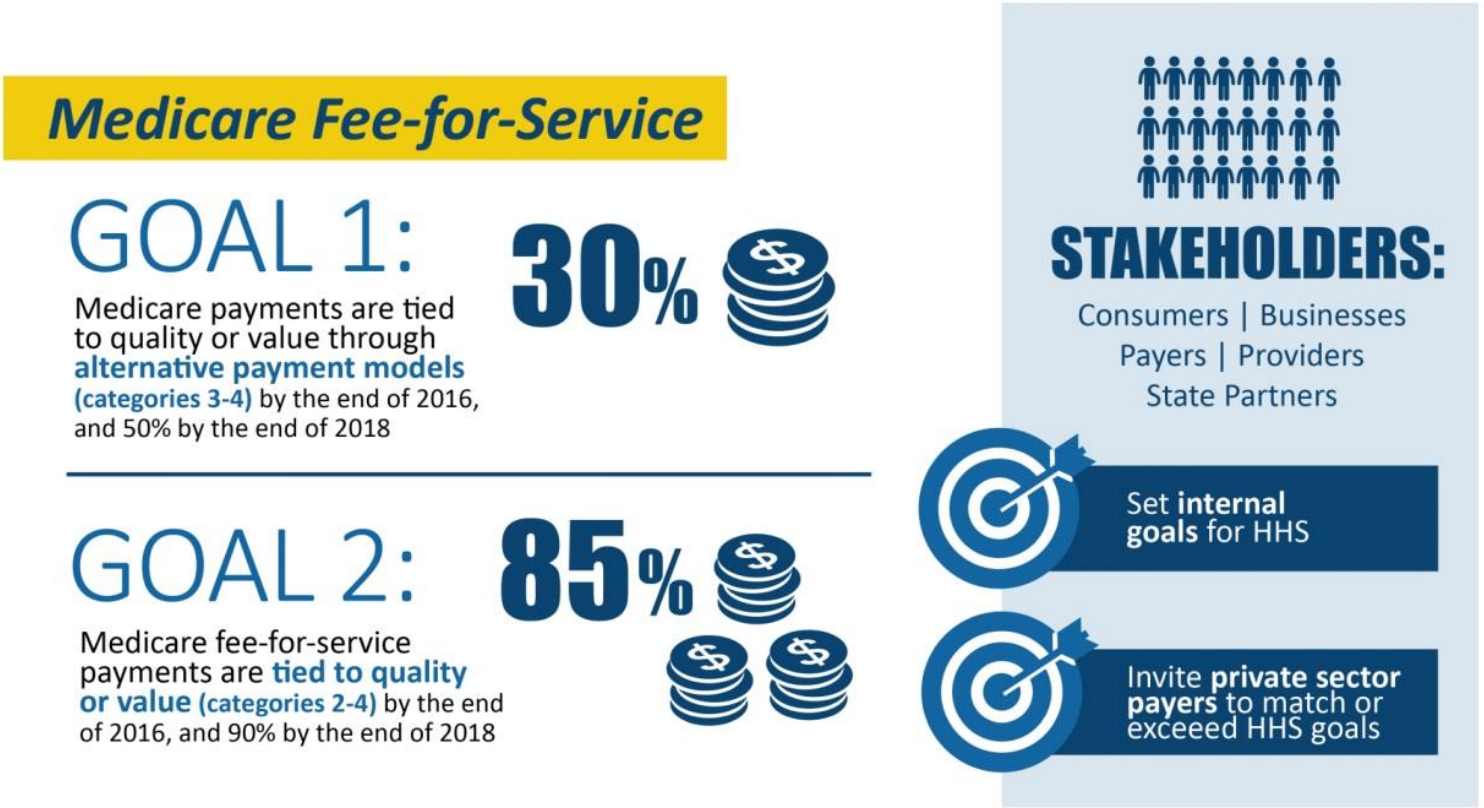
Polling Question #2

Which of the following characterizes how you capture and report quality data?

- Independently
- As part of a small group practice
- As part of a large group practice
- Employed by hospital
- Hospice-based

HHS Goals

In January 2015, the Department of Health and Human Services announced **new goals** for **value-based payments** and **APMs in Medicare**



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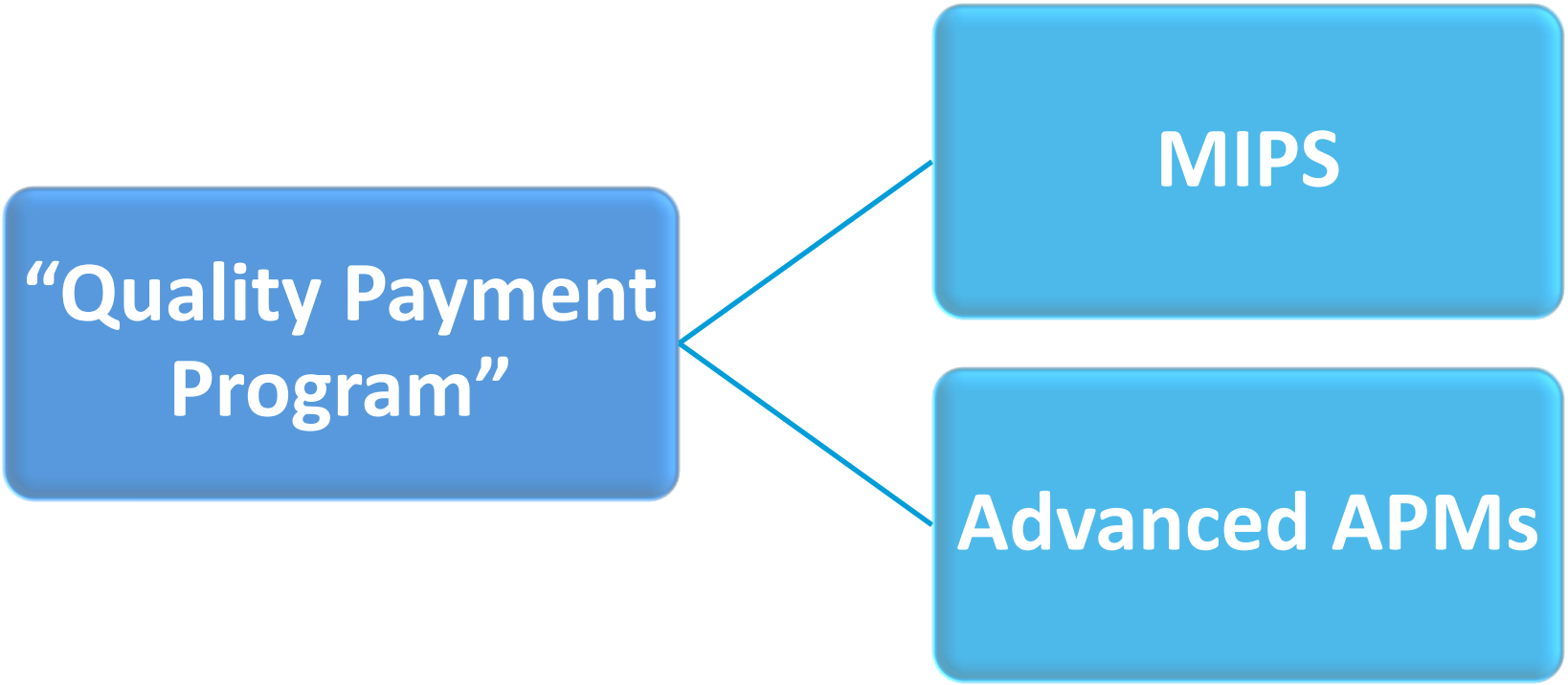
Introduction to MACRA

- **M**edicare **A**ccess and **C**hildren's Health Insurance Program (CHIP) **R**eauthorization **A**ct



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A Changing Administration

- Repeal of the ACA is a focus area.
- MACRA is a bipartisan law, unlikely to be affected in the near term.
- Caring for the high-need, high-cost population is a bipartisan issue that everyone recognizes must be addressed.

Merit-based Incentive Payment System (MIPS)

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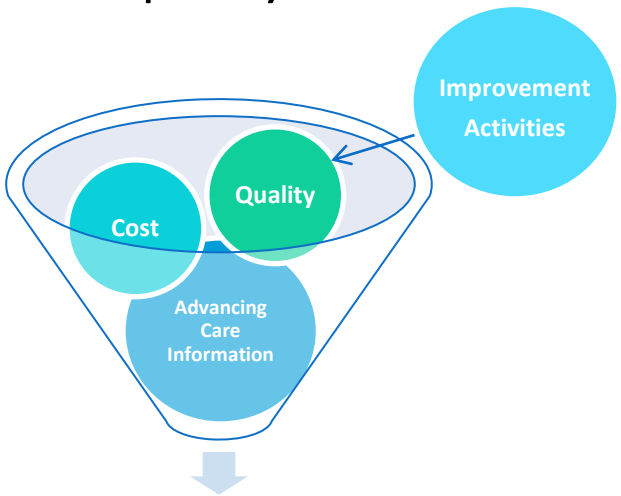
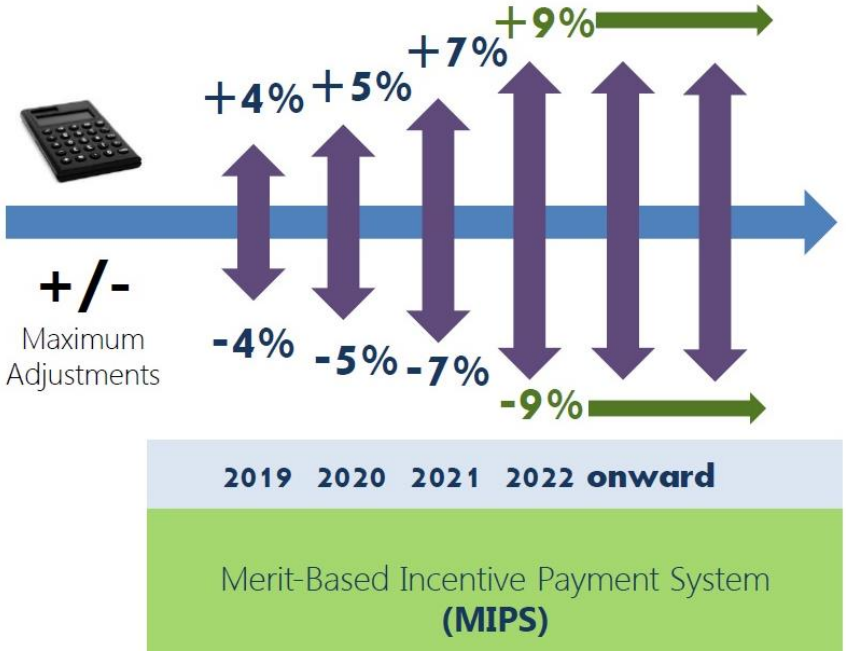
Introduction to MIPS

- **M**erit-based **I**ncentive **P**ayment **S**ystem (**MIPS**)
- Fee-for-Service (FFS) architecture
- Adjusts payment up or down based on quality and cost





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MIPS Eligibility

Affected clinicians are called **"MIPS eligible clinicians"** and will participate in MIPS. The types of **Medicare Part B** eligible clinicians affected by MIPS may expand in future years.

Years 1 and 2

Physicians (MD/DO and DMD/DDS), PAs, NPs, Clinical nurse specialists, Certified registered nurse anesthetists

Years 3+

Secretary may broaden Eligible Clinicians group to include others such as

Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals

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Who is excluded from MIPS?

Clinicians who are:

Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)

32.5% (380,000 clinicians)

Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to $30,000 a year

OR

- See 100 or fewer Medicare Part B patients a year

14.5% (200,000 clinicians)

Significantly participating in Advanced APMs

- Receive 25% of your Medicare payments

OR

- See 20% of your Medicare patients through an Advanced APM

5-8% (70-120,000 clinicians)

CMS

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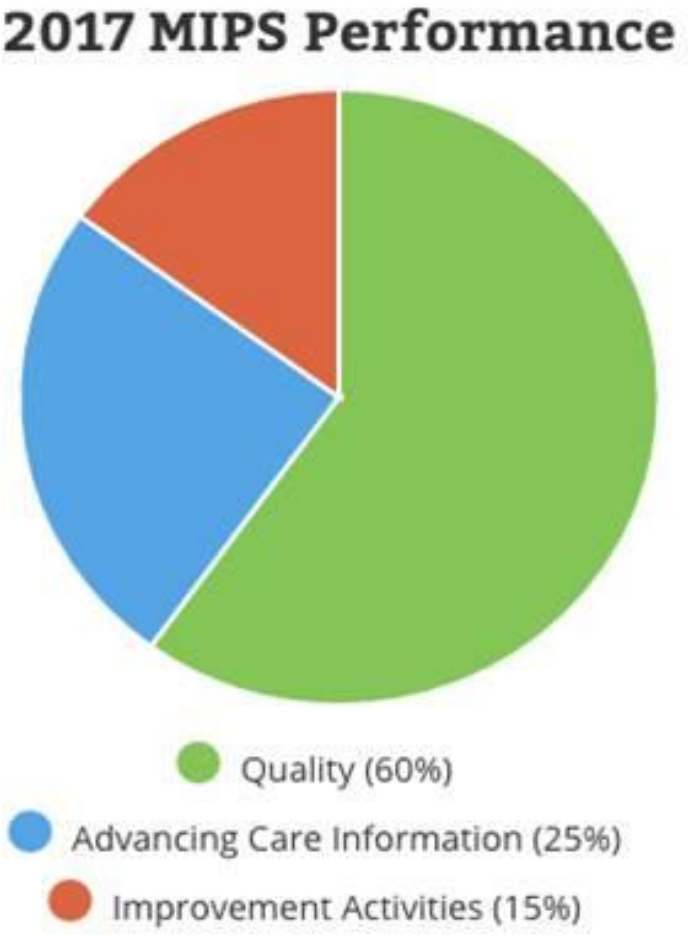
What are the Performance Category Weights?

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

Note: These are defaults weights; the weights can be adjusted in certain circumstances

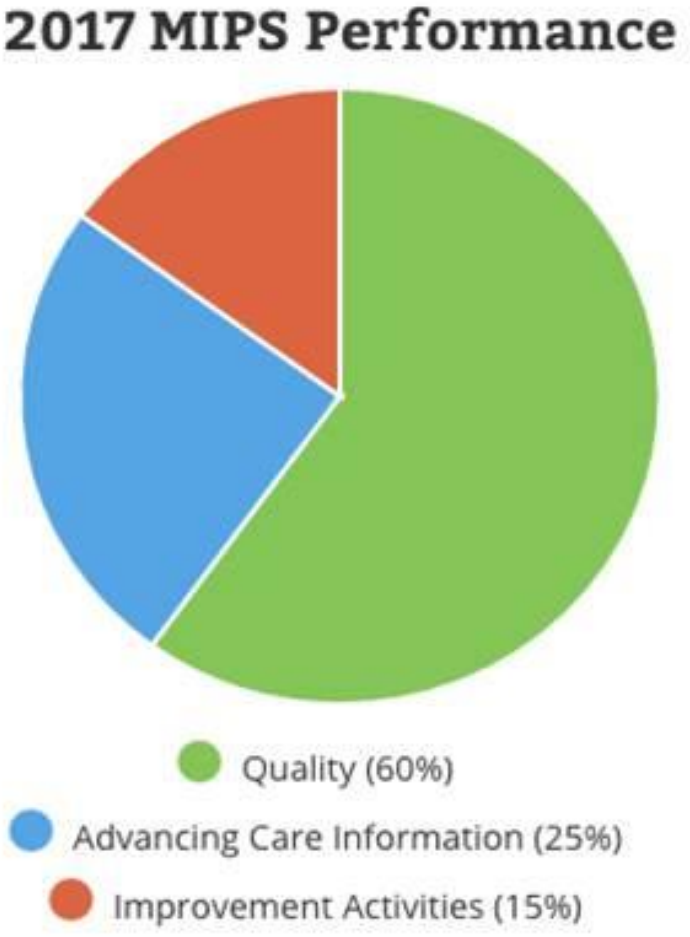
MIPS – Cost Performance (0% in 2017)



- Claims data (total per capita costs, episode groups, and Medicare Spending Per Beneficiary)
- No need to proactively report
- Compare resources used across practices
- Risk-adjustable
- Increasing weight:
  - 10% in 2018 performance period/2020 payment year;
  - 30% in 2019 performance period/2021 payment year

MIPS – Quality Performance

- 2018 and beyond:
  - Report at least 6 measures (down from 9)
  - Must include 1 clinical **outcome** measure; no longer requires a **cross-cutting** measure, but to be reassessed in future
  - Select from individual MIPS measures or a specialty measure set
  - Large group practices who opt to use CMS Web Interface report all 14 measures in the set



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MIPS – Quality Measures

Oncology Specialty Measure Set (Total of 19 measures)

- #384 – Percentage of patient visits on chemo or radiation in which pain intensity quantified **(O)**
- #0210 – Proportion receiving chemotherapy in the last 14 days of life
- #2011 – Proportion w/ >1 ED visit in last 30 days of life **(O)**
- #0213 – Proportion admitted it ICU in last 30 days of life **(O)**
- #0215 – Proportion not admitted to hospice
- #0216 – Proportion admitted to hospice for <3 days **(O)**

(O) = Outcome measure

Carryover PQRS Measures

- #046 – Medication reconciliation
- #047 – Advance care plan
- #130 – Documentation of current meds
- #131 – Pain assessment and follow-up
- #134 – Depression screening follow-up
- #143 – Oncology: Pain intensity quantified
- #144 – Oncology: Plan of care for pain
- #154 – Falls: Risk assessment
- #155 – Falls: Plan of care
- #282 – Dementia: Functional status assessment
- #283 – Dementia: Neuro/psych assessment
- #288 – Dementia: Caregiver education and support
- #318 – Falls: Screening for fall risk
- #321 – CAHPS
- #342 – Pain brought under control within 48 hours **(O)**

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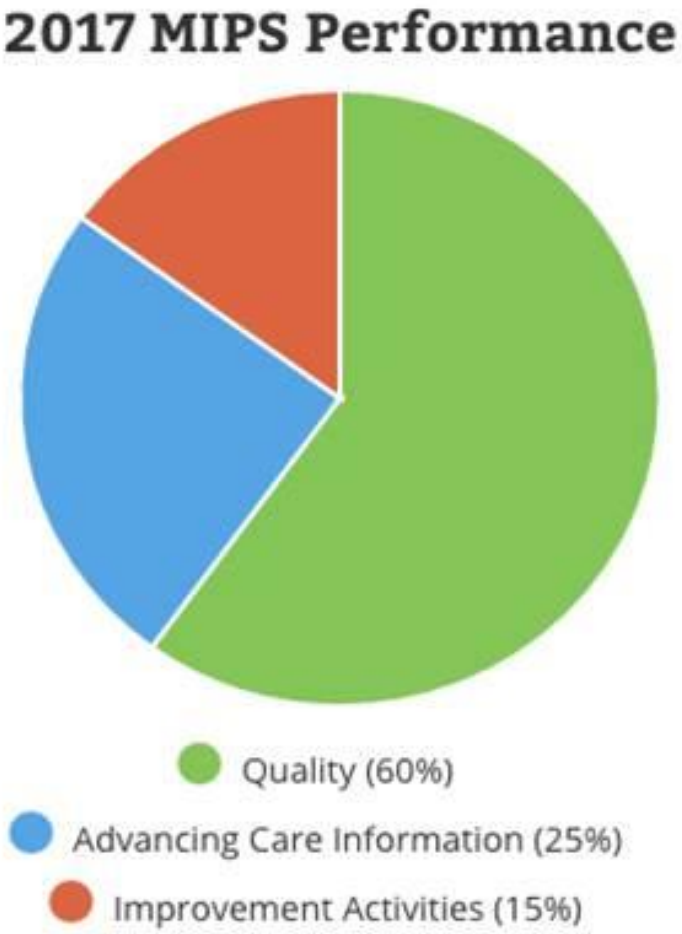
MIPS Quality Measures By Setting

Inpatient	Outpatient/Clinic	Nursing Facility
Advance care plan	Advance care plan	Advance care plan
Pain assessment and follow-up	Medication reconciliation	Dementia: Functional status assessment
Depression screening follow-up	Depression screening follow-up	Falls: Screening for fall risk

MIPS – Improvement Activities

- High-weighted activities count as ***two*** medium-weighted activities
- Full participation requires reporting on equivalent of ***four*** medium-weighted activities
- Some clinicians get special consideration



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MIPS Performance Category:
Improvement Activities

- No clinician or group has to attest to more than 4 activities
- *Special consideration for:*

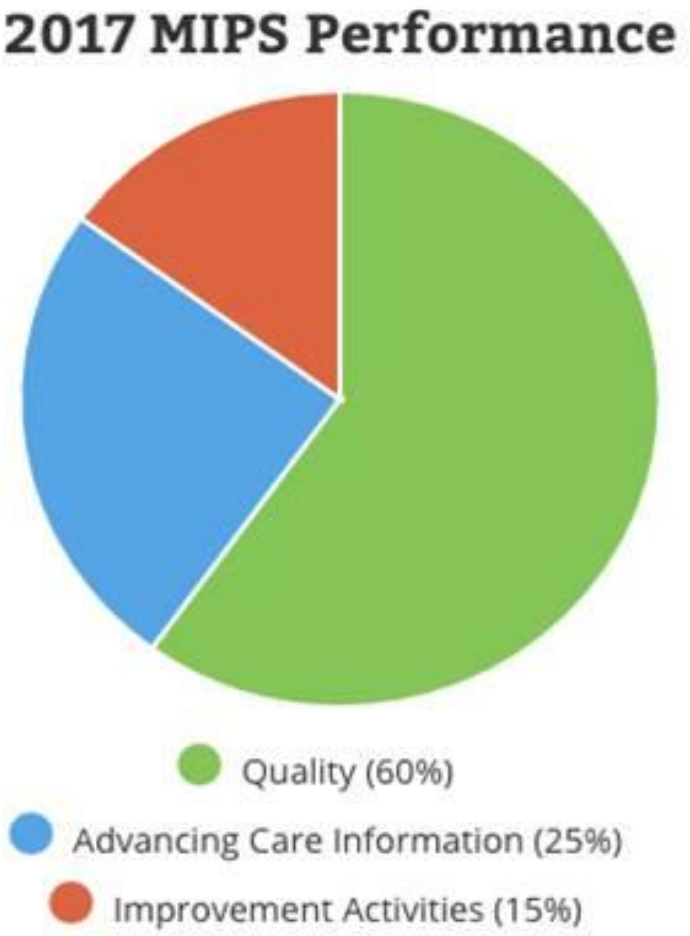
Practices with 15 or fewer clinicians	Rural or geographic HPSA	Non-patient facing
APM	Certified Medical Home	

- *Keep in mind: This is a new category*

MIPS – Improvement Activities

Subcategories

1. Expanded Practice Access
2. Population Management
3. Care Coordination
4. Beneficiary Engagement
5. Patient Safety and Practice Assessment
6. Achieving Health Equity
7. Emergency Response/ Preparedness
8. Behavioral and Mental Health



MIPS – Improvement Activities

24/7 Access

Telehealth

Data Driven QI

QCDR – Pt Engagement, Tx Plan Adherence, etc.

Care Management

Pt Satisfaction Data

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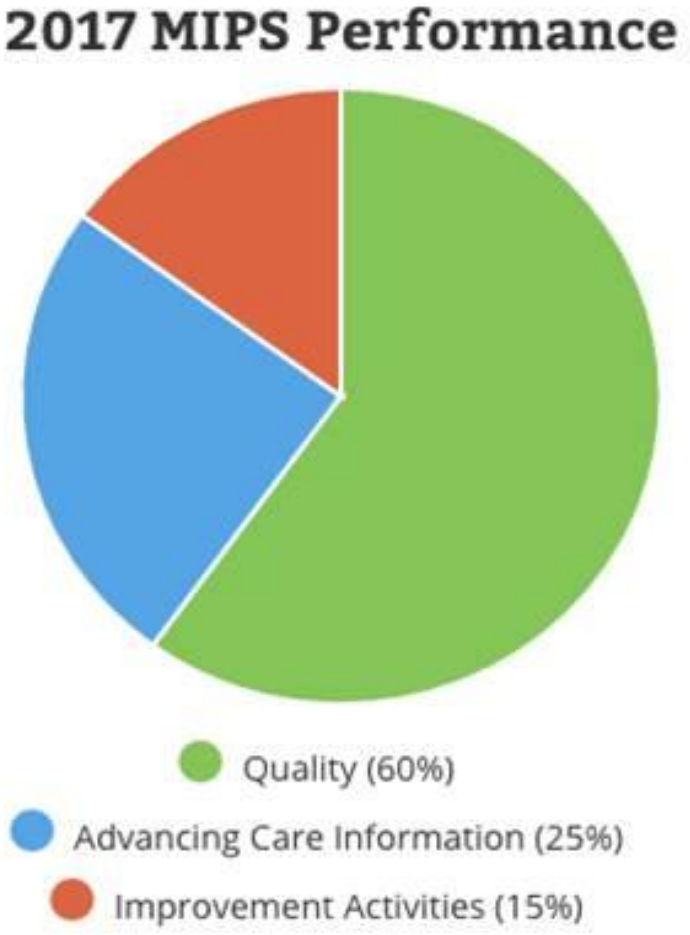
MIPS – Advancing Care Information



- Replaces *Meaningful Use* EHR Incentive
- Promotes certified EHR adoption, health information exchange, interoperability, and patient engagement
- Mix of pay for reporting and performance
- 5 required measures
- Optional measures for higher score
- 2 measure sets based on certification year of EHR

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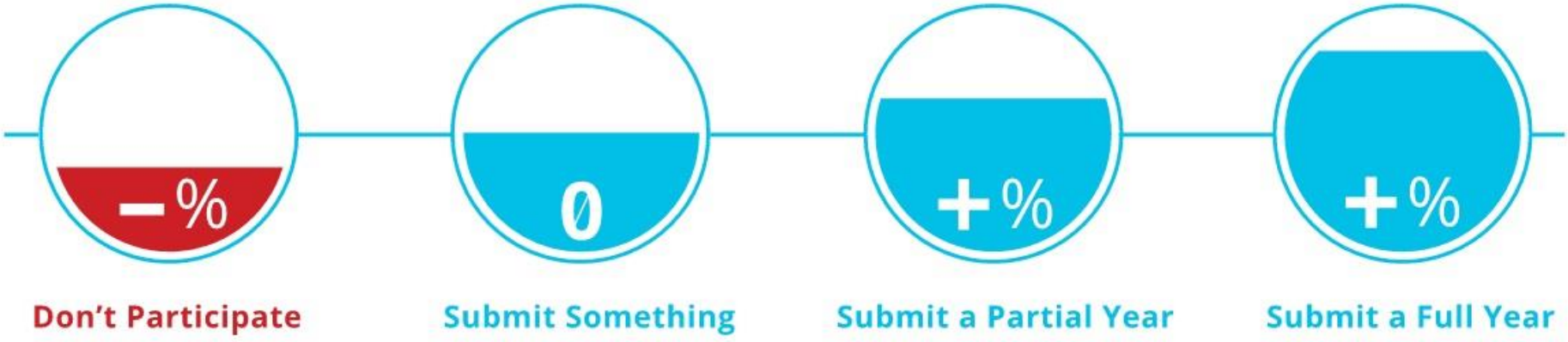
MIPS Quality Performance CY 2017
"Pick Your Pace"



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:
If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

Partial:
If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

Full:
If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

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MIPS Reporting

	Individual Reporting (individual NPI/TIN)	Group Reporting (2 or more clinicians with assigned TIN/APM entity)
Quality	•QCDR •Qualified Registry •EHR •Administrative Claims (no submission required) •Claims	•QCDR •Qualified Registry •EHR •Administrative Claims (no submission required) •CMS Web Interface (groups of 25 or more) •CAHPS for MIPS Survey
Improvement Activities	•Attestation •QCDR •Qualified Registry •EHR	•Attestation •QCDR •Qualified Registry •EHR •CMS Web Interface (groups of 25 or more)
Advancing Care Information	•Attestation •QCDR •Qualified Registry •EHR	•Attestation •QCDR •Qualified Registry •EHR •CMS Web Interface(groups of 25 or more)
Cost	•Administrative Claims (No submission required)	•Administrative Claims (No submission required)

MIPS Scoring in CY2017

Quality Performance

\+ 

Improvement Activities

\+ 

Advancing Care Information

MIPS Score (threshold 3 CY 2017)

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Palliative Care and the MACRA/MIPS Connection

Domain	MIPS Category
Structure and Processes of Care	Quality (CAHPS), Improvement Activity, Advancing Care Information, Cost
Physical Aspects of Care	Quality
Psychological and Psychiatric Aspects of Care	Quality, Cost
Social Aspects of Care	Quality, Cost
Spiritual, Religious and Existential Aspects of Care	Quality
Cultural Aspects of Care	Quality
Care of the Imminently Dying	Quality, Improvement Activity, Cost
Ethical and Legal Aspects of Care	Quality, Improvement Activity, Advancing Care Information

Where do we fit into all this?

- Understand ***global*** environment and ***local*** situation
- Key questions (for self and team)
  - Are services billed to Medicare part B?
  - Is the volume ≥ 100 patients ***and*** $30,000 per year?
  - Are we participating in PQRS and Meaningful Use?
  - Are we participating in an Alternative Payment Model?
  - Are we a small or rural practice or certified medical home?
  - Do we report as individuals or a group?
  - What reporting mechanism do we use?
  - Who decides what to measure and how to report?
  - What quality measures and QI activities matter most?

Alternative Payment Models (APMs)

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What is an Alternative Payment Model (APM)?

APMs are **new approaches to paying** for medical care through Medicare that **incentivize quality and value.**

As defined by MACRA, **APMs:**

- ✓ Hold providers **accountable** for both **quality and cost** of care
- ✓ Are **incentivized by MACRA,** but development is **led by providers**
- ✓ Include **CMS Innovation Center Models, MSSPs,** and certain **Demonstrations** either in development or required by federal law

What is an Advanced APM?

As defined by MACRA, Advanced APMs **must meet the following criteria**:

- ✓ The APM requires participants to use **certified EHR technology**.
- ✓ The APM **bases payment on quality** measures comparable to those in the MIPS quality performance category.
- ✓ The APM either: **(1)** requires APM Entities to bear more than nominal **financial risk** for monetary losses; **OR (2)** is a **Medical Home Model expanded** under CMMI authority.

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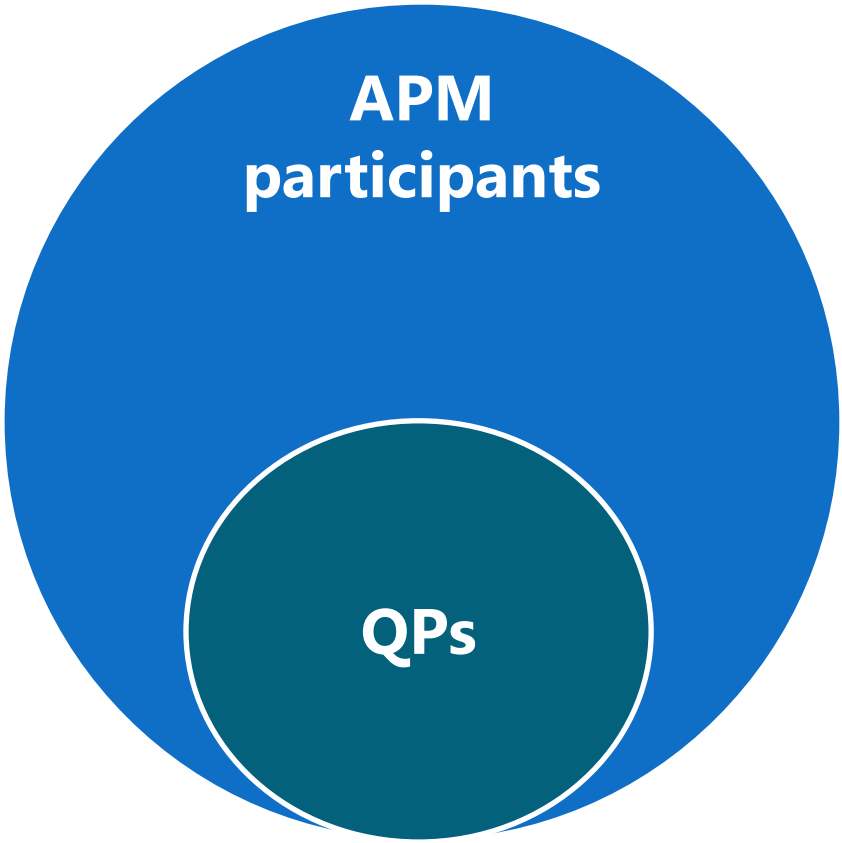
How does MACRA provide additional rewards for participation in Advanced APMs?

Most physicians and practitioners who participate in APMs will be subject to MIPS and will receive **favorable scoring** under the MIPS clinical practice improvement activities performance category.

Those who participate in **Advanced** APMs and are determined to be **qualifying APM participants ("QPs")**:

1. Are **not subject** to MIPS
2. Receive 5% lump sum **bonus payments** for years 2019-2024.
3. Receive a **higher fee schedule update** for 2026 and beyond (**0.75% for QPs** vs. 0.25% for all others)



How do I become a Qualifying Provider (QP)?

QPs are physicians and practitioners who have at least **20% of their patients or 25% of payments** through an **Advanced** APM.

5-8% of clinicians in CY 2017

The QP thresholds for will rise steadily through 2024, to **50% of patients or 75% of payments** through an **Advanced** APM

Beginning in 2021, this threshold % may be reached through a **combination** of Medicare and other **non-Medicare payer arrangements**, such as private payers and Medicaid.

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Current Advanced APMs include:

- ❑Medicare Shared Savings Program (Tracks 2 and 3)
- ❑Next Generation ACO Model
- ❑Comprehensive ESRD Care (CEC) (large dialysis organization arrangement)
- ❑Comprehensive Primary Care Plus (CPC+)
- ❑Oncology Care Model (OCM) (two-sided risk track available in 2018)

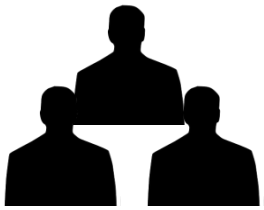
Currently excluded: Medicare Shared Savings Track 1; Independence at Home demo; Medicare Care Choices Model; Bundled Payment for Care Improvement

Physician Focused Payment Models

PFPM = Physician-Focused Payment Model

Encourage new **APM options** for Medicare physicians and practitioners.

Submission of model proposals



Technical Advisory Committee (11 appointed care delivery experts)

Review proposals, submit recommendations to HHS Secretary

Secretary comments on CMS website, CMS considers testing proposed model

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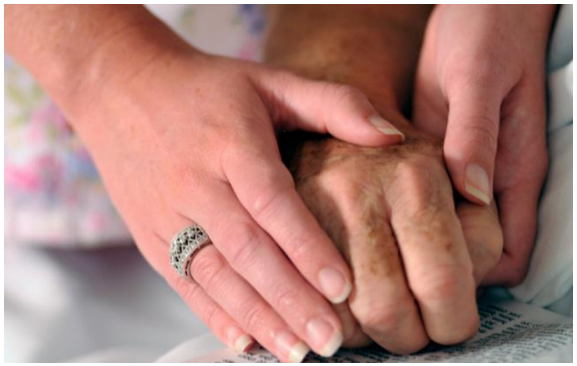
What do Advanced APMs mean for Palliative Care Providers?

- Palliative care delivers benefits to APMs for their high-cost, seriously-ill patients:
  - minimize ED visits, avoid low-value care (cost)
  - improve satisfaction and quality performance
- Requires some accountability for cost, with negotiated boundaries
- APM participation might mean:
  - Funding for the full IDT
  - Funding for social supports
  - Avoiding the potential penalties in MIPS



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Connection to Psychosocial-Spiritual

The Rev. George Handzo, BCC CSSBB
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Opportunities for Psychosocial-Spiritual Care

- New Payment Models Reward Value = Quality/Cost (Resource Use)
- Payment is Based on Outcome of Provider or Group Not Just on the Service Provided by An Individual
- Social Work & Chaplaincy Can Make Contributions to both Quality and Resource Use

Potential Contributions of Psychosocial-Spiritual Providers

Contribution	Connection to MACRA
Increasing Patient & Family Satisfaction	Quality (CAHPS), Improvement Activity
Reducing Aggressive Care at EOL Though Meeting Spiritual & Emotional Needs	Cost, Quality
Improving Physician-Patient Communication & Compliance Through Reducing Emotional & Spiritual Distress	Quality, Improvement Activity
Reducing Symptoms Including Pain and Dyspnea Through Use of Complimentary Therapies Such as Relaxation and Prayer	Quality, Improvement Activity, Cost (indirect)
Facilitating Culturally/Ethnically/ Religiously Appropriate Communication and Decision Making	Quality, Improvement Activity

PUTTING IT ALL TOGETHER

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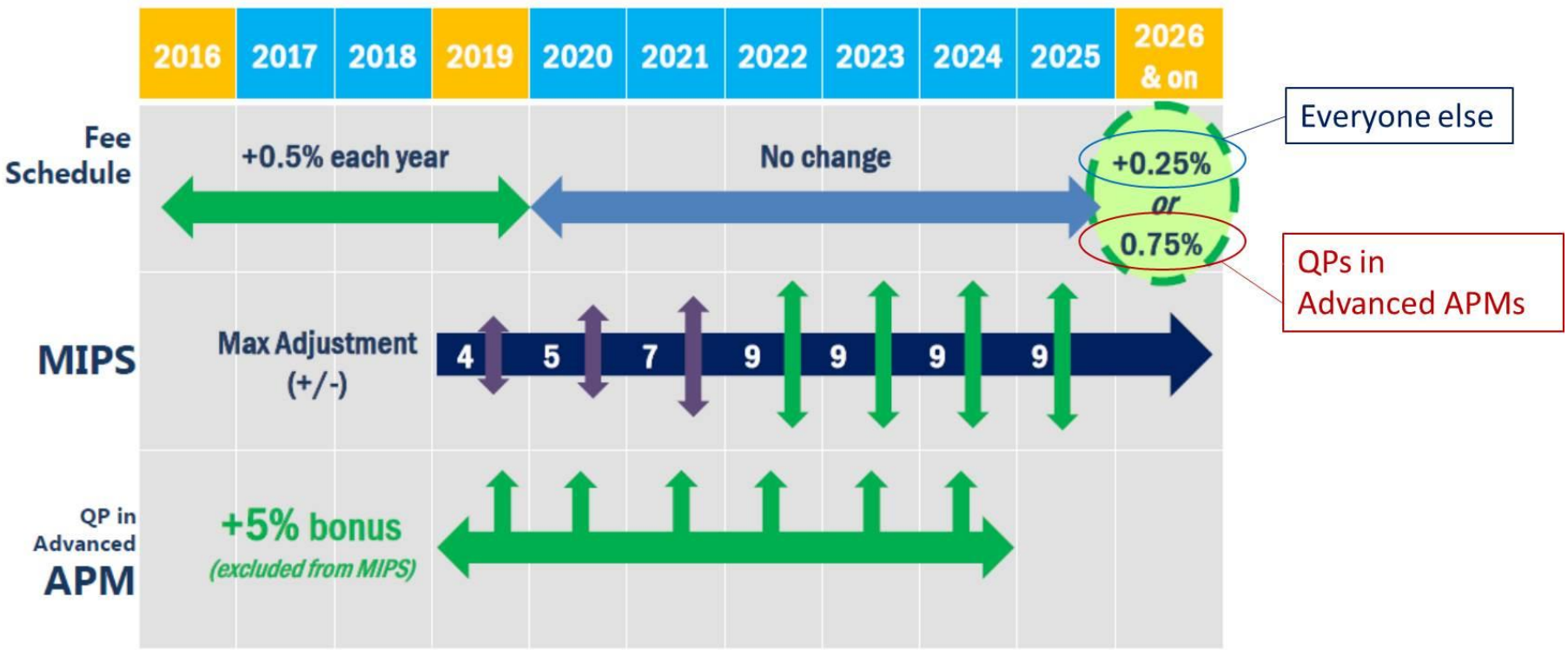
Overview of Payment Incentives



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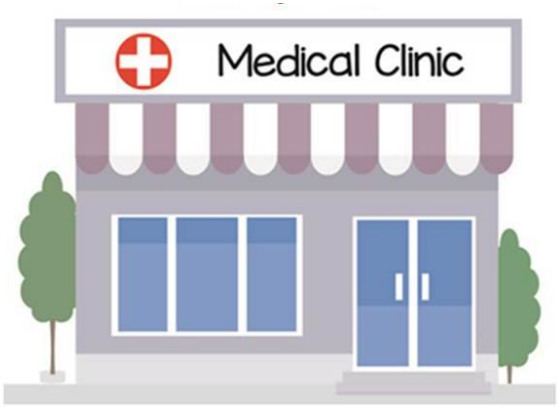
Implications for Palliative Care

- This is how we will be paid as of 2017.
- Bonus or penalties will hit in 2019.
- Impact varies depending on your work environment and whether you are already part of an ACO or other APM.
- CMS offers exemptions/low volume/technical assistance for small practices.



What Should You Be Doing Now?

- Understand how (and if) you are participating in the Quality Payment Program, starting Jan 1, 2017
- Review (and align, where possible) your quality measurement & improvement strategy with your practice/group leadership
- Identify opportunities for your program to add value to QPP performance
  - Individual quality metric performance
  - Cost reduction
  - Contributing to APM performance (CPC+, OCM, others)
  - QCDR potential (practice measurement, analysis, improvement, etc.)

Putting It All Together!

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Polling Question #3

How are you planning to participate in the QPP in 2017?

- Will not participate
- MIPS – Test option
- MIPS – Partial participation
- MIPS – Full participation
- Advanced APM

Resources

- **CMS Quality Payment Program** page (link)
- Final Rule in the Federal Register (link)
- Advisory Board on MACRA (link)
- American Medical Association on MACRA (link)
- Bull J, Kamal A, et al., Top 10 Tips About the PQRS for Palliative Care Professionals (link)
- CMS List of Qualified Clinical Data Registries (link)

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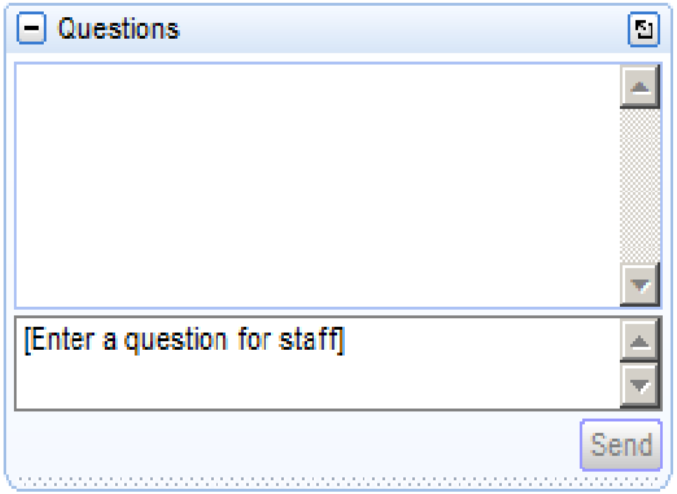
Q & A

- To participate in the Q & A, please type your questions and comments into the chat box.
- Guiding questions:
  - What questions do you have on the material provided?
  - What information would you like us to share with CMS?
    - Where do you suggest modifications that could account for the high value palliative care provides?
    - What are the potential unintended consequences for palliative care providers?



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Closing

- Webinar slides and recording will be available following the call.
- We are accepting questions/comments on MACRA on a rolling basis – contact Stacie.Sinclair@mssm.edu.
- Please complete the follow-up survey!

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THANK YOU!

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