

QPP

Navigating MACRA's Quality Payment Program

The **Quality Payment Program (QPP)** changes the way Medicare pays clinicians for Part B services, offering financial incentives for providing high value care, and adjusting payments accordingly by the year 2019. Established as part of the Final Rule for the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA), the QPP has two distinct paths:

- 1. The Merit-Based Incentive Payment System (MIPS)**
- 2. Advanced Alternative Payment Models (AAPM)**

The QPP policy will reform Medicare payments for more than 600,000 clinicians. Most Medicare Part B clinicians will participate in MIPS. Some (~5-8% nationally) will become qualified participants through participation in an Advanced APM.



MIPS Performance Categories

MIPS affects "traditional Medicare" (i.e. Part B) and combines into the following categories facets of legacy programs set to phase out over the next two years.

- **Quality Measures:** Key changes from Physician Quality Reporting System (PQRS) program include reduced reporting from 9 measures to 6, with no NQS Domain requirement; and an emphasis on outcomes measures.
- **Resource Use:** Key changes from Value-based Modifier program include adding 40+ episode specific measures to address specialty concerns.
- **Advancing Care Information:** Key changes from the Medicare Meaningful Use (MU) EHR Incentive Program* include no "all or nothing" and threshold measurement; removal of "one-size-fits-all" perspective; removal of redundant measures; removal of CDS and CPOE objectives; and reduction of public health reporting measures.
- **Improvement Activities:** This is a brand new category.

**MIPS does not change the requirements under the Medicaid EHR Incentive Program.*



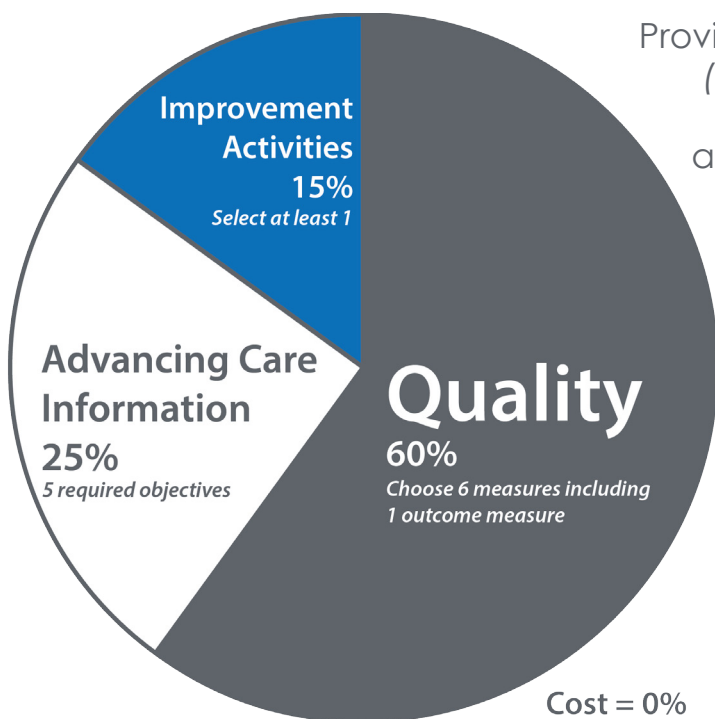
MIPS 2017

The Transition Year



The MIPS performance year is a full calendar year. You can **“pick your pace”** in 2017, with the option to choose one of the following:

- **Report No Data:** Don't submit any data and receive a negative payment adjustment.
- **Test the QPP:** Submit a minimum amount of data.
- **Partial Participation Year:** Submit a partial set of data to avoid a negative payment adjustment.
- **Full Participation Year:** Submit all the required data for a potential modest positive payment adjustment.



Providers are assessed in four weighted categories (*no weight for cost category in 2017*). Flexibility within categories allows clinicians to choose activities & measures most meaningful to them.

A Composite Performance Score is then assigned, based on a 0-100 scale.

QUESTIONS ABOUT MIPS?

How you decide to approach your participation in the program *now* will make a big difference down the road. To help you best plan your strategy, your GLPTN Quality Improvement Advisor (QIA) has carefully studied how each MIPS performance category is scored.