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QPP Roundup: December 2017

Mark Your Calendars! PAI Webinar on Updates to Medicare's Quality Payment Program

Please join PAI and Healthsperien Consulting for an educational webinar to discuss policies that CMS adopted under the CY 2018 QPP Final Rule and highlight the changes in CY 2018 physician participation requirements. Register today! PAI's summary of the final regulation is available here.

PAI's Quality Payment Program Resource Center: Tools to Help Physicians Succeed

With QPP policies finalized for CY 2018 performance period, it is important to understand how your Medicare Part B fee-for-service (FFS) payments are affected depending on which of the two QPP paths— Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs)—you select. PAI has developed a resource to help guide you through this process entitled "How the QPP Affects Medicare Part B Payments." Be sure to review it to better understand the payment adjustments, incentive payments, and fee schedule updates for each of the two QPP paths.

Additional resources on the QPP, MIPS, and Advanced APMs are available at PAI's MACRA QPP Resource Center.

PAI Submits Comments in Response to CMS Innovation Center RFI

In September, CMS released a request for information (RFI) seeking feedback on new direction for the CMS Innovation Center. The Innovation Center seeks to promote patient-centered care and test reforms that empower beneficiaries, provide price transparency, increase choices and competition to increase quality, reduce costs, and improve outcomes. In its comments, PAI identified five overarching objectives for innovation to inform the future development and modification of alternative payment models (APMs):

1. Provide increased flexibilities, incentives, and greater resources for physicians and other clinicians;
2. Be patient-centric and include elements that focus on patient needs, as well as encourage and incentivize patient engagement;
3. Include pilots and programs with clear guidance and enhanced clarity;
4. Rely upon input from, and collaboration with, state medical associations; and
5. Reduce the physician burden.

In response to the RFI, PAI provided comments based on the application of these principles and objectives, and more specifically on the different potential model categories outlined in the RFI, as well as responses to specific questions posed in the RFI. PAI's complete comments are available here, and a summary is available here.

End-of-Year MIPS Checkup

It's not too late to participate in the 2017 MIPS program and avoid a -4% payment adjustment of your 2019 Medicare Part B reimbursements. With the test participation option, you can submit a minimum amount of data for 2017 to avoid the payment adjustment, and you can do so without an electronic health record (EHR) system. You have two options for satisfying test participation for 2017.

Option 1: Report at least one measure for at least one patient for the MIPS Quality Category.
Under this option, you can review the list of MIPS Quality category measures on the CMS QPP website and select one measure that is applicable to your practice. While measures can be reported via several mechanisms (e.g., EHR and qualified registry), the claims option may be the most practical and cost-effective for your practice. You will then report the measure for at least one patient for whom the measure is applicable. For additional details on this option and the steps for reporting, please see PAI's 2017 Transition Year Flexibility Quality Category Options.

Option 2: Attest to performing one improvement activity.
Under this option, the minimum threshold for the Improvement Activities option is to submit one improvement activity regardless of its assigned weight. There are no restrictions on the type of improvement activity that can be reported, so you may select any of the 92 improvement activities listed on the CMS QPP website. For additional details on this option and the steps for reporting, please see PAI's 2017 Transition Year Flexibility Improvement Activities Category Options.

QPP Updates from CMS

CMS QPP Resources

CMS has posted several new resources on specialty-specific MIPS measures:

- MIPS Measures for Optometrists
- MIPS Measures for Podiatrists
- MIPS Measures for Radiologists

CMS has also posted new resources on 2017 QPP FAQs and a MIPS 101 Scoring Guide, and the following resources on supporting documentation:

- Web Interface Measures & Supporting Documents
- Quality Measure Specifications Supporting Documents

For additional resources, please visit PAI's MACRA QPP Center and CMS's QPP Resource Library.

QPP in the News

Association of Practice-Level Social and Medical Risk with Performance in the Medicare Physician Value-Based Payment Modifier Program
One of the MIPS program's legacy programs is the value-based payment modifier (VM). A recent study published in the Journal of the American Medical Association (JAMA) found that, under the VM, physicians who served socially and medically high-risk patients had lower quality scores, and those who served more medically high-risk patients also had higher costs. This study supports a common criticism of the QPP and its unintended consequence of penalizing physicians and practices for providing care to higher-risk, more complex patients, potentially discouraging them from providing care to these patient populations. This is also discussed in the Modern Healthcare article entitled, Practices with High-Risk Patients are Vulnerable to Value-Based Payment Penalties.

Kaiser Family Foundation Medicare Payment Reform Tracker
The Kaiser Family Foundation (KFF) Foundation launched a Medicare payment reform tracker that highlights the latest announcements in Medicare payment and delivery system reform from CMS, the CMS Innovation Center (CMMI), and the Department of Health and Human Services (HHS). The trackers provide links to proposed rules, news and announcements, and results from the different programs.

House Health Subcommittee on APMs Under MACRA Implementation
On November 8, the House Energy & Commerce Health Subcommittee, chaired by Representative Michael C. Burgess, MD, held a hearing on existing and new APMs and the transition to value-based care. The hearing had two panels, the first with representatives from the Physician-Focused Technical Advisory Committee (PTAC), and the second with providers sharing their experience and/or expertise on APMs, for example, the Next Generation Accountable Care Organization (ACO) model. The press release with links to statements from the panelists is available here.