

Transcript Details

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“Pick Your Pace” Options Under the CMS Quality Payment Program

Dr. Matt Birnholz:

It's time to get the word out about the Quality Payment Programs Pick Your Pace options for quality reporting under the Centers for Medicare and Medicaid Services. But how should physicians navigate these new reporting options to avoid any payment penalties? This and other questions will be the target of today's discussion.

This is inside Medicare's new payment system on ReachMD and I'm Dr. Matt Birnholz. Joining me from the Centers for Medicare and Medicaid Services is Dr. Kate Goodrich, Director of the Center for Clinical Standards and Quality and CMS's Chief Medical Officer.

Dr. Goodrich, welcome to the program.

Dr. Kate Goodrich:

Thank you. Good to be here.

Dr. Matt Birnholz:

Good to have you with us. So, to start, maybe you can help us understand this Pick Your Pace option that I mentioned for Merit-based Incentive Payment System, or MIPS, participation. What is it exactly?

Dr. Kate Goodrich:

Sure. We heard from clinicians pretty loud and clear when we started defining the program, the MIPS program itself, that they really needed more time to understand the requirements to get their systems ready to be able to report, in particular, for small practices, and clinicians who are in rural areas who maybe hadn't participated in what we now call our Legacy Program so PQRS and meaningful use. So, we really defined 2017 as a transition year into MIPS and we offered an option that you've identified, Pick Your Pace. So, under Pick Your Pace, any clinician can really participate however they want; whatever makes the most sense for their practice. If they're fully ready they can choose a full participation track. If they're really uncertain, have not participated before but want to get started, they can elect a minimum participation track, and then in between is sort of partial. So these options really vary based upon the reporting categories that a clinician has to complete and how much data they are ready to submit to Medicare throughout the year. So we would advise clinicians to choose their participation track based upon how they think they will perform on quality measures, on improvement activities, and on advancing care information which is sort of the new name for meaningful use. And so, clinicians again who have more familiarity with the Legacy Program, probably will feel more comfortable with full participation but those who maybe aren't so familiar or experienced with reporting quality to CMS may choose either a minimal or partial participation. It is really up to them.

Dr. Matt Birnholz:

That makes sense. It's very intuitive, but let me backtrack for one second because all of this is contingent on being MIPS eligible and I just want to clarify for our audience what that means. Can you talk about that?

Dr. Kate Goodrich:

Sure. So, if you are determined to be MIPS eligible, what that means is that you must participate in MIPS in order to avoid a 4% penalty unless you meet one of our exclusion criteria. So, you may be excluded from MIPS if you don't see a large enough volume of patients

or don't have a large enough revenue from Medicare. You also could be excluded if you are in your first year as participating in the Medicare Program, or if you are what's called a qualified participant or just participating in an advanced alternative payment model such as Track 2 or 3 of the Medicare Shared Savings Program. Now, the good news is you can know this information really easily right now. You can actually check your status on the CMS Quality Payment Program website at QPP.CMS.gov and on the home page you will see a link to be able to put in your NPI number and right away it will tell you whether or not you are MIPS eligible.

Dr. Matt Birnholz:

That's great. Thank you. Why don't we dive right in then and talk about these different Pick Your Pace tracks from minimum to partial to full. Maybe you can give us another rundown of each of them just so that we get a base point, a foundation, for going forward.

Dr. Kate Goodrich:

Absolutely. So, let me start with minimum participation. This really is the easiest track and under minimum participation, you can submit just a single quality measure for one patient encounter or a single quality measure for as many patient encounters as you want and you can avoid the 4% penalty in 2019. You can also submit one improvement activity which will be an attestation on our website, or you can submit the four base measures within the Advancing Care Information category in order to succeed in this track. So, again, one quality measure or one improvement activity, or the four base measures within the ACI category. Just doing that little bit for any of those categories will allow you to avoid the penalty. Now, on the flip side, you probably won't get much of a bonus for doing minimum but at least you will avoid the penalty.

Now, for partial participation, this track requires MIPS reporting on more than one quality measure or more than one improvement activity or the base Advancing Care Information measures plus at least one additional Advancing Care Information measure. So, essentially, for partial participation you only have to participate for 90 consecutive days in 2017. We chose 90 days because folks in particular who have participated in the Meaningful Use Program are used to that time frame as part of that program. But, unlike the minimum participation track, you actually can potentially receive a modest bonus if you are successful in that track. And, because it's 90 days, you can actually wait until as late as October 2, 2017 to track your performance.

And then finally, we have full participation and we know that over 60% of clinicians now in the Legacy Programs do participate for a full year so we anticipate that a good number of folks who are used to these programs will take advantage of full participation in 2017. So this track requires you to submit full MIPS data for at least 90 days or, ideally, a full year. So really, if the amount of data that you have that you are ready to submit that can be anywhere from 90 days to a full year and, by doing this, you will be eligible to qualify to earn a moderate, upward payment adjustment or a bonus, although we can't always guarantee a bonus, at least you certainly would avoid a penalty, but the amount of bonus will depend upon your performance on the data that you send in.

Dr. Matt Birnholz:

And given what you said about the participation you expect within the full participation option, maybe we can talk a little bit more about that track because it seems like there's a lot more details especially for our audience that they're going to want to know about that.

Dr. Kate Goodrich:

Yup, absolutely. So, remember that MIPS, by law, has four separate categories that we have to score clinicians on. One of those is cost measures but we elected to down weight cost measures to 0% for the first year, so that's actually not required for 2017, so let's take that one off the table to begin. There's three other categories; quality, improvement activities, and Advancing Care Information. So, let me go through each one of those for full participation. For the quality measures, we have a requirement for a clinician to report on at least six quality measures which should include at least one outcome-based measure. Where there is not an outcome-based measure available to a clinician, they can choose another type of high value measure and we have all of those on our website so people can easily look those up by their specialty. So, for improvement activities, clinicians should attest to a combination of high and medium weighted improvement activities and the exact number of activities is going to vary a little bit based upon the practice size and whether or not they are in a rural or a non-rural location and to give you the high level point on that one, if you are in a small practice, so 15 or fewer clinicians, or certainly if you're an independent practitioner, or you practice in a rural area, the requirements for improvement activities is about half of what it is for everybody else. And then finally for Advancing Care Information, there's a certain number of measures, four, that are in the base score and then there are additional measures that are part of the performance score. So your total score in this category is base plus performance. And so for the full participation track you would have to report on the base score measures under this category plus any additional performance measures and we actually have some bonus measures available for folks who are doing some extra activities using their EHR technology that they can also use for improvement activities. Now, keep in mind, you don't have to tell us ahead of time what your pace is, what your participation pace is. So, you don't need to tell us anything ahead of time. We will determine your pace based upon the data that you submit to us. So, if you submit us one thing, we know you're a

minimum participant and if you submit everything that I just described under full participation, we know that you are a full participant.

Dr. Matt Birnholz:

Now, Dr. Goodrich, a question that often comes up when hearing these options is, what will the outcome be if one doesn't pick a participation track in 2017? What can you tell us about that?

Dr. Kate Goodrich:

Yeah, so if you are a MIPS eligible clinician and, again, you can find that on our website, and you elect not to participate at all, so not to send in anything, then you will receive a 4% penalty in 2019. So, again, we would encourage folks to report at least a single quality measure, a single improvement activity or the base Advancing Care Information measures. Now we do permit reporting based upon claims for individual clinicians so the burden of reporting really can be minimal as long as you stay abreast of the timeline for participation.

Dr. Matt Birnholz:

And what about physicians who participate in Advanced Alternative Payment Models or AAPMs. I understand they don't have to participate in MIPS and can get a 5% bonus payment instead. Is that accurate and, if so, how do physicians qualify?

Dr. Kate Goodrich:

Absolutely. So, CMS designated Advanced APM such as, again, tracks 2 and 3 of the Medicare Shared Savings or ACO Program, the Next Gen ACO Program and there's about three other Advanced APMs. Clinicians who are in those AAPMs meet the requirements for their participating physicians to earn the 5% bonus payments and they are exempt from MIPS, as you said. So, in order to qualify, clinicians must be listed on the Advanced APM Participant List on at least one of three dates and we get this information from the Advanced APM several times throughout the year. So, those dates are, if you're on the list by March 31, 2017, which of course is already passed, if you're on the list June 30th or August 31st, then we know that you're part of that Advanced APM and you do not have to participate in MIPS. Remember that if you're a part of Advanced APM that you are already, or your APM, is reporting quality measures and other types of activities on your behalf already that reflect, in part, your own performance. And so, we don't require extra reporting for MIPS because that's already being assessed through the Advanced APM. And if the Advanced APM organization participants, as a whole, have 25% of their Medicare revenues coming through that APM for the 2017 performance period, then all of the physicians who are on those lists that I described will receive the bonus payments in 2019. And we actually know that the vast, vast, vast majority of clinicians who are participating in Advanced APMs meet that 25% threshold.

Dr. Matt Birnholz:

Dr. Goodrich, before we wrap up, any other ideas or parting comments you would recommend a practice to consider in 2017?

Dr. Kate Goodrich:

Absolutely. First of all, you want to determine whether or not you want to report as an individual, such as to report on your own information, your own data, or have your group report as a group. So, that's the first thing. Second, you want to identify your reporting mechanism, how are you going to submit data to us, and this is really most relevant in terms of all the different choices that you have for the Quality category, although it is relevant for the other categories as well. And there's a number of different reporting mechanisms that are available for MIPS reporting. They include claims-based reporting through your electronic health record which your vendor may report on your behalf; through a qualified registry and there's, I think, about 85 or so registries available and most of which contain almost all of the MIPS measures; and then something called the Qualified Clinical Data Registries which are often run by specialty societies and other local societies that have measures in them that may be a little bit different from the measures that are a part of the MIPS portfolio. And then finally, for larger group practices, usually 100 or more clinicians, we have something called the CMS web interface. And finally, when contacting a vendor or registry, you need to be sure to ask what capabilities they have for MIPS reporting and confirm that your selected reporting mechanism will be able to report the performance measures that you've chosen. So, you want to be sure that the registry contains the measures that are most relevant for your practice that you want to report. And, if you're reporting as a group, you want to confirm that that vendor or registry will support the group practice reporting option. We know that most of them do, but it's never a bad idea to just confirm that. And, remember, the longer that you participate in 2017 and meet the full requirements the greater chance you have to earn an incentive. And, finally, I do have to put in a plug for our website which is QPP.CMS.gov. This is a very information rich, easy to navigate, easy to use website and I would also recommend for folks who need a little bit more help to contact their local or state medical society or specialty medical societies who we work with very closely as does the AMA. These are incredible resources for more information as well.

Dr. Matt Birnholz:

Great parting comments. And with that, I want to thank my guest, Dr. Kate Goodrich, from the Centers for Medicare and Medicaid Services. We've been talking about the Quality Payment Programs Pick Your Pace options for physicians. Dr. Goodrich, it was great having you with us.

Dr. Kate Goodrich:

Thank you so much.

Dr. Matt Birnholz:

A reminder to our audience to visit the AMA's website to check out videos explaining how physicians can report to avoid payment penalties under the QPP in 2019.

I'm Dr. Matt Birnholz, as always, inviting you to be part of the knowledge. Thanks for listening.