Transcript Details
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Why Participating in Improvement Activities Matters

Narrator:

You're listening to ReachMD, and this is Inside Medicare's New Payment System, produced in partnership with the American Medical Association. This podcast was produced before final regulations for the quality payment program created by the Medicare Access and CHIP Reauthorization Act (MACRA) were released. Visit the AMA website for the latest news and more details on Medicare's new quality payment program.

Laura Hoffman:

You are listening to a podcast from the American Medical Association to help your practice transition to the Medicare Access and CHIP Reauthorization Act, or MACRA. I am Laura Hoffman, Assistant Director of Federal Affairs. This podcast discusses Clinical Practice Improvement Activities.

Under MACRA, most physicians will participate in a value-based payment program known as MIPS, which stands for Merit-Based Incentive Payment System. Beginning with the 2019 physician fee schedule, MIPS will replace the Physician Quality Reporting System, Value-Based Modifier and Meaningful Use of Electronic Health Records programs. Now, there will be one value-based physician payment program with a single score for each physician or group. The score will be based on their performance across the four MIPS categories – Quality, Resource Use, Clinical Practice Improvement Activities, and Advancing Care Information. This podcast provides an overview of the Clinical Practice Improvement activities, or CPIA category, including how the activities may be reported and scored by CMS.

First, an overview of CPIA. Clinical Practice Improvement Activities account for 15% of a physician's overall MIPS score. Physicians must select a number of activities from a list of more than 90 options across 9 categories. The AMA supports the broad list of CPIAs included in the proposed rule and is pleased that physicians can select from any of the identified activities. This allows physicians to customize CPIAs to best reflect their regions, specialty, patients, and practice needs. CMS plans to update the activity list annually. Examples of CPIAs include completion of the American Medical Association's "Steps Forward" program, hiring diabetes educators, and participating in a qualified clinical data registry. The full list of proposed CPIAs can be found on the AMA's website. Initially, CPIAs must be performed for at least 90 days during the performance period for CPIA credit, although CMS intends to reassess this requirement threshold in future years.

Some points about reporting. Physicians may submit CPIA data using a qualified registry, electronic health record, qualified clinical data registry, CMS web interface, and attestation data submission mechanisms. For 2017, physicians will report CPIA activities through attestation and not be required to comply with lengthy documentation or other reporting requirements. The AMA has suggested to CMS that any additional guidance on how to report CPIAs should focus on how to facilitate reporting, such as allowing organizations alternative payment models, or other entities that sponsor CPIAs, to maintain and submit participation records on behalf of physicians.

Let's focus on scoring. As stated earlier, the CPIA category is worth 15% of a physician's overall MIPS score. A physician's CPIA score is the sum of points for all of its reported CPIAs, divided by the CPIA maximum potential score of 60 points. CPIAs are weighted as high or medium. High-weight activities are worth 20 points and medium-weight activities are worth 10 points.

Examples of highly weighted activities include those that support the transformation of a clinical practice or a public health priority, such as the collection and follow up on a patient experience or seeing Medicaid patients in a timely manner. Clinicians participating in patient-centered medical homes, also known as PCMHs, can receive full credit; in other words, all 60 CPIA points, if the PCMH is a nationally recognized, accredited PCMH, a Medicaid medical home model, or has a National Committee for Quality Assurance (NCQA)

patient-centered specialty recognition. Participation in an alternative payment model will earn at least half credit. In other words, 30 points.

The AMA has urged CMS to provide full CPIA credit to APMs. Non-patient facing physicians, practices with 15 or fewer clinicians, and practices located in rural and geographic health professional shortage areas, also known as HIPSAs, will receive CPIA scoring accommodations. These physicians may select one CPIA of any weight to receive half-credit, in other words, 30 points, or two of any type of CPIA for full credit, in other words, 60 points.

Thank you for joining us for this AMA podcast on MACRA. To learn more, visit ama-assn.org/go/medicarepayment.