Quality Payment Program (QPP) Final Rule Overview

The Quality Payment Program final rule published by CMS on October 14, 2016 finalized changes to regulatory reporting under MACRA. Starting in 2017, eligible clinicians must participate in one of two tracks to determine future payment adjustments:

- Merit-based Incentive Payment System (MIPS) track. Eligible clinicians report on four performance categories to determine their payment adjustment.
- Advanced Alternative Payment Models (APMs) track. Eligible clinicians who are part of an Advanced APM designated by CMS receive a 5% bonus incentive payment.

Participating in MIPS for the 2017 Transition Year

CMS describes 2017 as a "transition year" where clinicians who are participating in MIPS can choose to report on one of the following options for a 90-day reporting period:

- Report on MIPS to maximize possibilities for a positive adjustment.
- Report on more than one quality measure, more than one improvement activity, or more than the required ACI measures to avoid a negative adjustment and possibly receive a positive adjustment.
- Report on one quality measure, one improvement activity, or the required ACI measures to avoid a negative adjustment.

CMS encourages providers to submit data for more than 90 days to improve their scores and gain experience with the program. In 2018, clinicians report on a full year for the quality and cost performance categories and a 90-day period for the ACI and improvement activities performance categories.

Reporting on MIPS

Eligible clinicians can report on MIPS either as individuals or as part of a group. Individuals report at the TIN/NPI level, so a clinician who practices in multiple TINs would report for each TIN. Groups report at the TIN level, and their results are aggregated for all of the performance categories. Low-volume clinicians are excluded from MIPS reporting. Clinicians who are in their first year participating in Medicare are also excluded fron MIPS reporting.

For the 2017 transition year, the MIPS performance threshold is three points, so clinicians who submit for a single quality measure meet the performance threshold and avoid a negative adjustment. Clinicians who don't report on at least one measure or activity receive the full negative 4% adjustment. Additionally, clinicians who have a final score of 70 or higher are eligible for an exceptional performance adjustment. As Epic users, you should be well positioned to earn scores of 70 or higher in 2017. Make achieving an exceptional performance bonus your target for next year.

Who Participates:

Physicians

Physician Assistants

Nurse Practitioners

Clinical Nurse Specialists

Certified Registered Nurse Anesthetists

Participating in Advanced APMs

Advanced APMs:

CPC+

Medicare Shared Savings Program (MSSP) Track 2 and Track 3

Next Generation ACO

Comprehensive ESRD Care (CEC)

Oncology Care Model

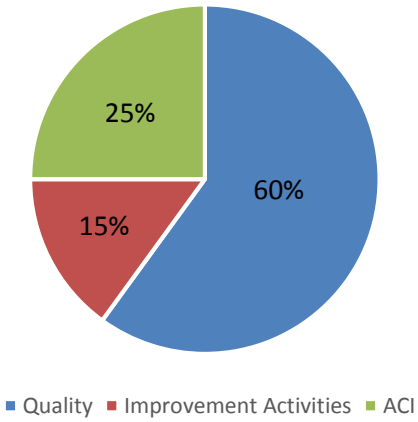
Clinicians who participate in Alternative Payment Models (APMs) are considered Qualifying Participants (QPs) or Partial QPs, depending on the number of patients they see in the APM. QPs who are part of an Advanced APM are excluded from MIPS reporting and receive a five percent incentive payment. CMS has identified Advanced APMs for 2017 and note that the list will be updated regularly. The Final Rule also suggests a new Medicare Shared Savings Program ACO Track 1+ model with lower risk levels that could count as an Advanced APM starting in the 2018 performance year.

APMs that do not count as Advanced APMs because they bear a lower risk for monetary loss can still report on MIPS as MIPS APMs and use a different scoring system.

MIPS Performance Categories

In 2017, an eligible clinician reports on four categories that are totaled for a final score. The weights below are for 2017 and will change in later years when clinicians receive a score for the cost category.

Quality (60%) Clinicians report on six quality measures, including at least one outcome measure, with specialty sets available based on scope of practice. If fewer than six quality measures are applicable to a clinician or if the chosen specialty set has fewer than six quality measures available, clinicians report on only those measures. Similarly, if no outcome measures are available in a measure set, clinicians report another high priority measure instead. Clinicians reporting using the CMS Web Interface have different measure requirements and must report for a full year. The quality category is similar to the Physician Quality Reporting System (PQRS).



Improvement Activities (15%) Clinicians must attest to completing a combination of high-weighted activities (20 points each) or medium-weighted activities (10 points each) for a total of 40 points. Clinicians who attest to activities that use certified EHR technology can receive bonus points in the ACI category.

Advancing Care Information (25%) See the section below.

Cost (Weighted to 0% in 2017) Measures are calculated based on administrative claims data with no minimum number of measures to report on, similar to VM reporting today. In 2017, the cost category is not included in your score, but CMS will calculate your performance on certain cost measures and provide feedback.

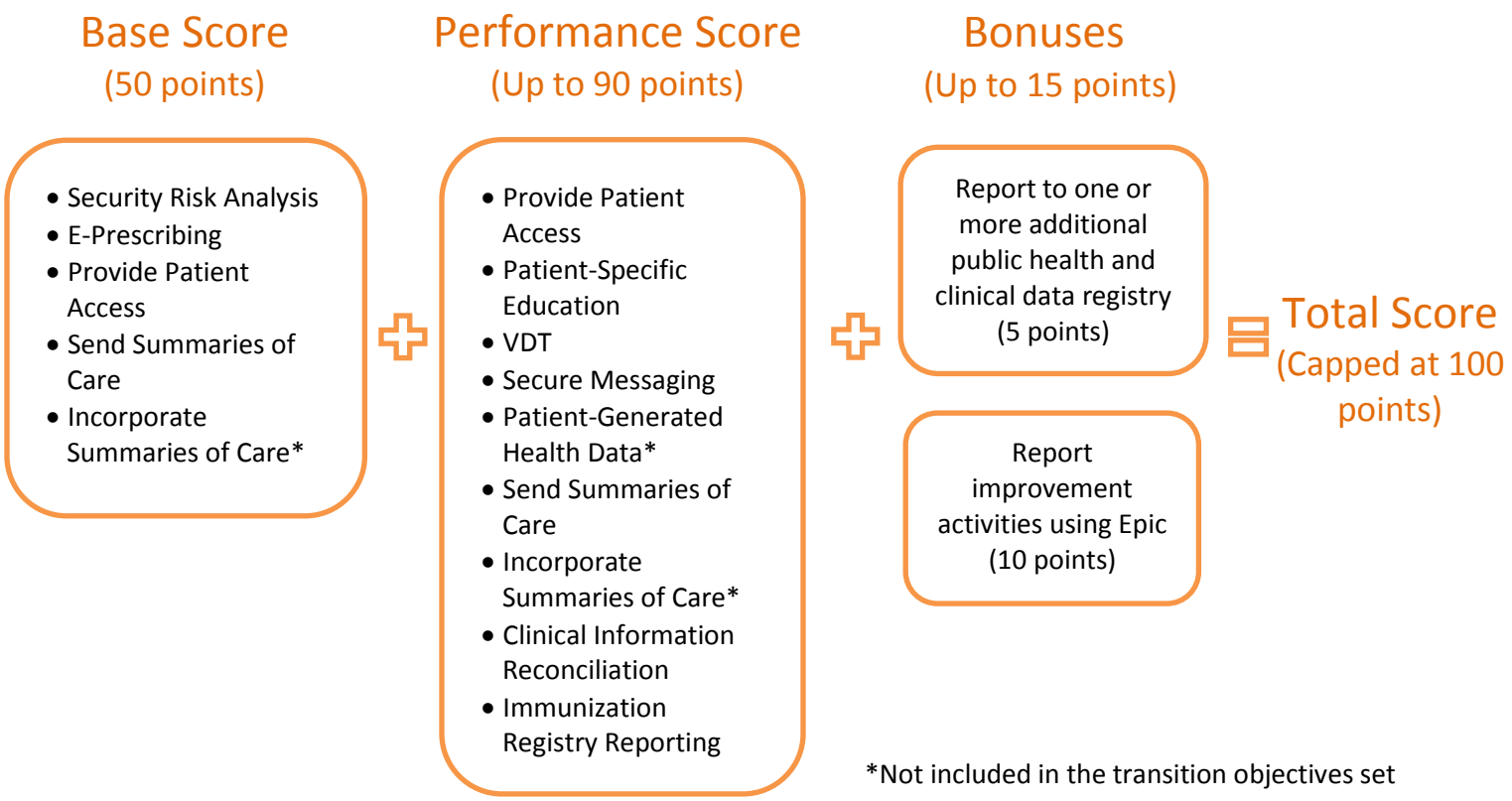
Advancing Care Information Category

The Advancing Care Information performance category uses the same measures you're familiar with through Meaningful Use, but with a different scoring system and more flexibility for clinicians.

In 2017, clinicians can use 2014 ONC Edition certified software to report on the 2017 Advancing Care Information Transition objectives, which correspond to Meaningful Use Modified Stage 2 objectives, or use 2015 ONC Edition certified software to report on the Advancing Care Information objectives, which correspond to Meaningful Use Stage 3. In 2018, all clinicians are required to use 2015 ONC Edition certified software to report on Advancing Care Information objectives.

The ACI score has two parts, with possible bonus points, and the total score for the category is capped at 100 points:

- **Base Score (50%).** Clinicians must report for the four or five required measures to earn 50 points. The base score is all or nothing and required to earn any points in the ACI category.
- **Performance Score (50%).** Clinicians can choose from up to nine measures to report on, and they receive partial points for a measure based on their performance, such as 9 points for a measure where they achieve 90%. Unlike in Meaningful Use, there are no defined thresholds, and clinicians don't have to report on all measures.
- **Bonus Points (15%).** Clinicians can earn up to 15 extra points with the following opportunities:
  - Report to one or more additional public health or clinical data registries beyond the Immunization Registry Reporting measure for 5 bonus points.
  - Report on activities from the improvement activities category that use certified EHR technology for 10 bonus points.



*Not included in the transition objectives set

Refer to the Meaningful Use Stage 3 Objectives Guide for more information on Epic support for reporting on objectives or to the Meaningful Use 2015 ONC Edition Certification document for more information about our certification.