



The Quality Payment Program

Guidance for Small and Rural Practices

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CAFP Playbook

Guidance for Small and Rural Practices

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Webinar Goals

1. Provide an overview of the Quality Payment Program (QPP)
2. Illustrate how to access FREE technical assistance
3. Discuss special considerations for small and rural practice physicians
4. Offer additional Resources



CAFP's Mission

Ensure family physicians in all practice settings thrive in California

- Solo, small and rural practice family physicians face unique challenges in the shift toward value-based payment
- **CAFP offers guidance on the QPP, tailored to small and rural practices, as part of our ongoing effort to ensure these practices succeed in a future with value-based payment**



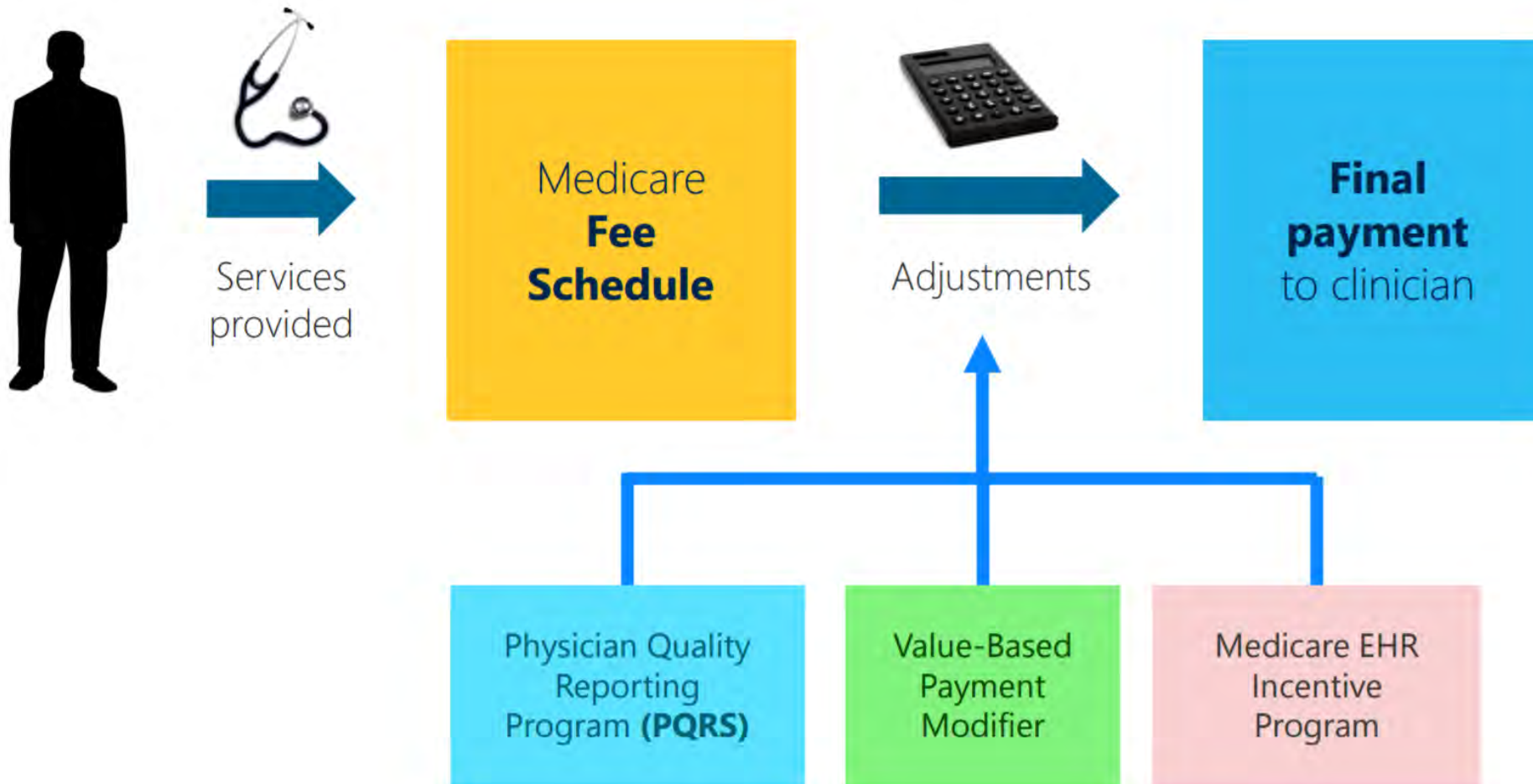
Origins of the Quality Payment Program: MACRA

Bipartisan Legislation: Medicare Access and CHIP Reauthorization Act of 2015

Two goals:

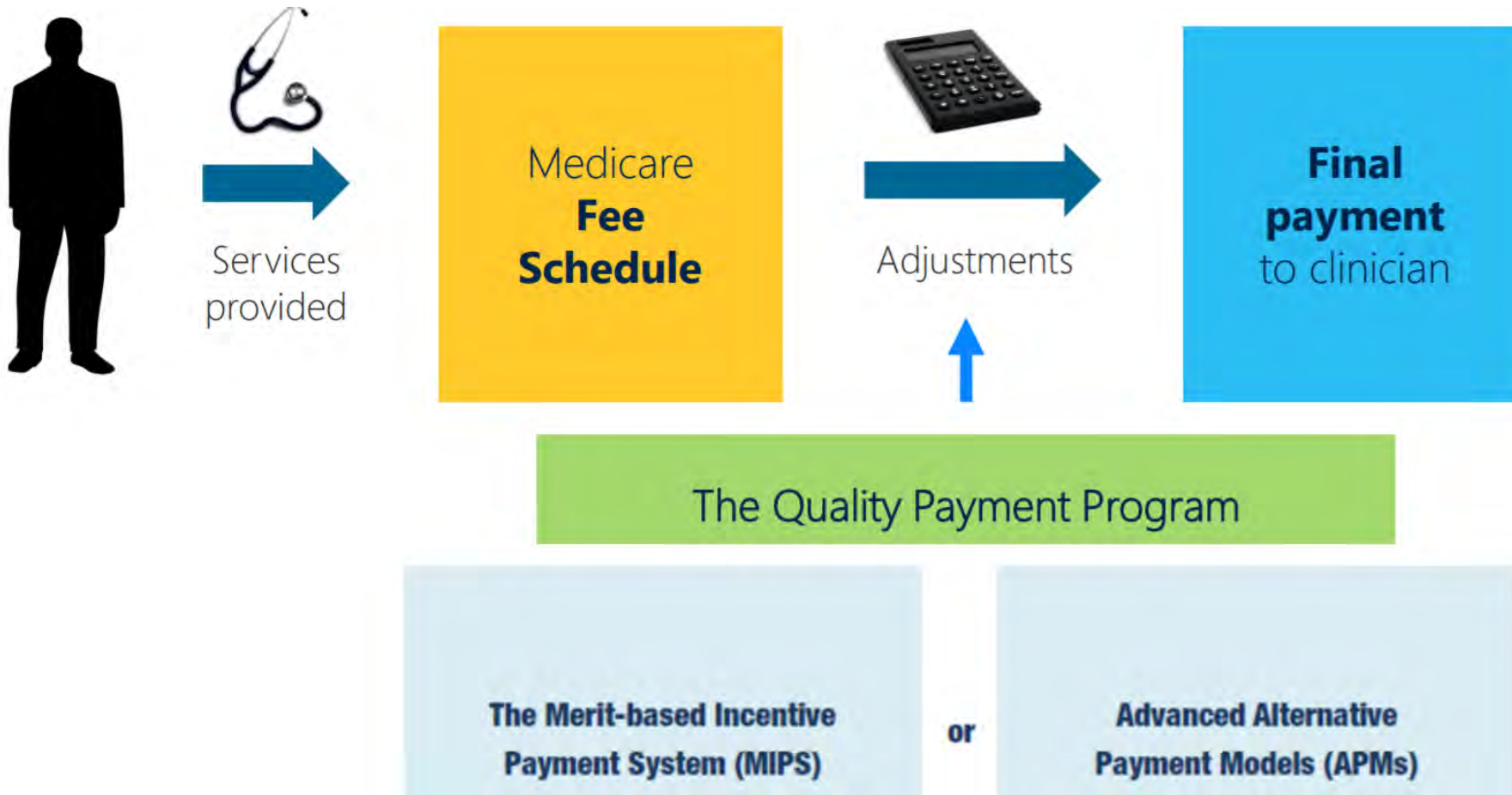
- Value-based payment: Increased focus on quality and cost
 - Shifts payments away from number of services to overall work of clinicians
 - Clear intent that outcomes needed to be rewarded, not number of services
- Replaced Sustainable Growth Rate (SGR)





Medicare Payments Prior to MACRA





Medicare Payments After MACRA



Eligibility

- Medicare Part B-eligible clinicians who:
 - Bill more than \$30,000 a year in Medicare charges AND
 - Provide care for more than 100 Medicare Part B patients in a given year
- Eligible clinicians:
 - Physicians
 - Physician Assistants
 - Nurse Practitioners
 - Clinical Nurse Specialists
 - Certified Registered Nurse Anesthetists



Two Pathways: MIPS and APMS



Merit-based Incentive Payment System (MIPS)

A modified fee-for-service model; consolidates quality programs

Alternative Payment Models (APM)

A payment model with incentives to provide high-value care. Advanced APMs are a subset that require providers to take on some risk



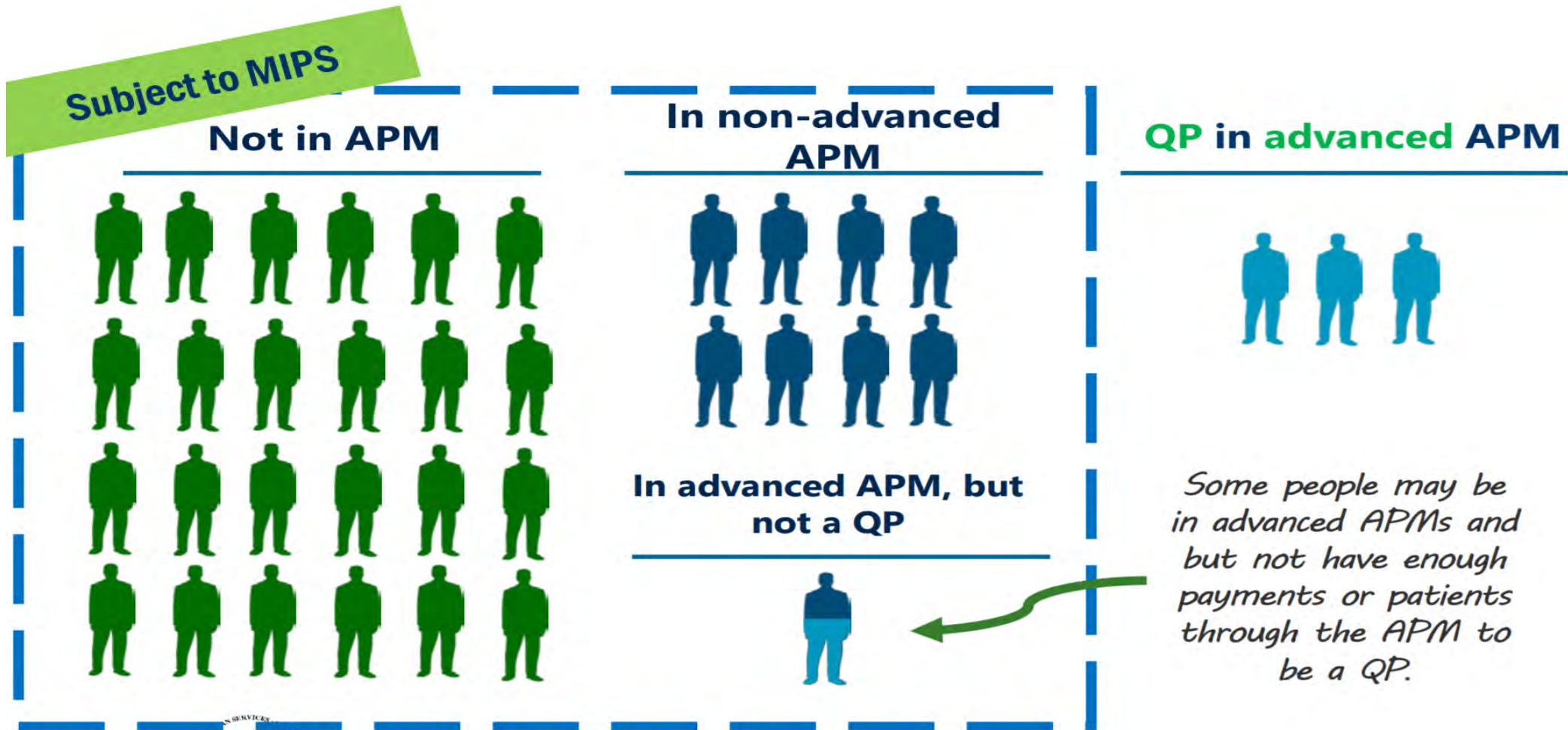
APMs in 2017

Advanced APMs in the 2017 performance year:

- **Medicare Shared Savings Program (Track 2 and 3)**
- **Next Generation Accountable Care Organization Model**
- **Comprehensive Primary Care Plus**
- **Oncology Care Model**
- **Comprehensive End Stage Renal Disease Care**



Note: Most clinicians will start in the MIPS pathway



Some people may be in advanced APMs and but not have enough payments or patients through the APM to be a QP.



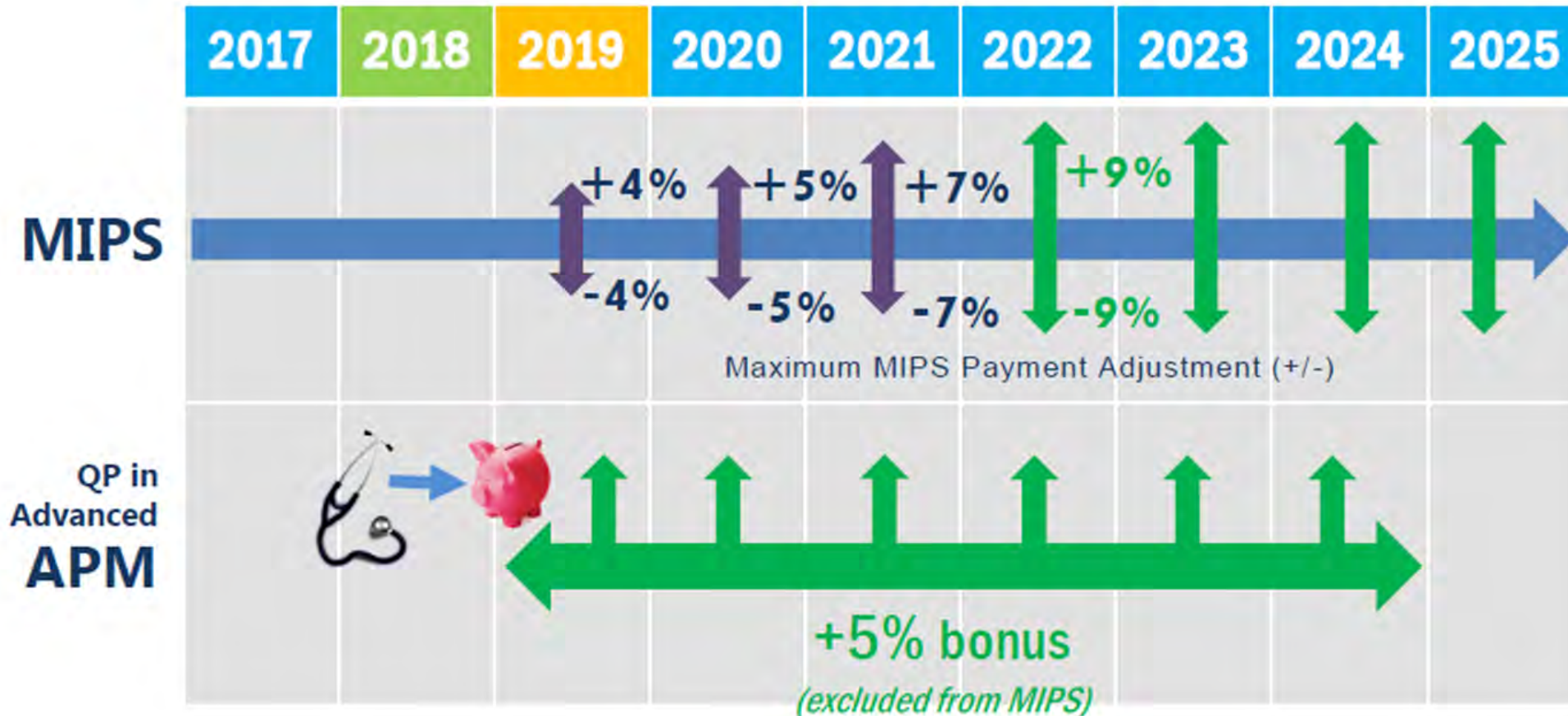
MIPS Eligibility Look-Up Tool

MIPS Participation Status letter sent by Noridian Healthcare Solutions mailed in May 2017

Look-up MIPS eligibility on the new [MIPS eligibility section](https://qpp.cms.gov/learn/eligibility) of CMS's QPP website: <https://qpp.cms.gov/learn/eligibility>



Timeline and Payment Changes



MIPS Reporting Options

Physicians who submit *ANY* data in 2017 can avoid a negative adjustment to their payments.

Physicians who submit *more* data may get a positive payment adjustment.

Consider your options:

- Test the program
- Participate for 90 days of the calendar year
- Participate for the full calendar year
- No Data = 4 percent negative adjustment



Reporting: Individual or Group

INDIVIDUAL

- Payment adjustments will be based on your performance.
- You will report through an EHR, registry or a qualified clinical data registry. You also may send in quality data through your routine Medicare claims process.

GROUP

- A group will get one payment adjustment based on the group's performance.
- Your group will report group-level data for each of the MIPS categories through the CMS web interface or an EHR, registry or qualified clinical data registry.



Reporting Mechanisms

Performance Category	Mechanism – Individual	Mechanism -- Group
QUALITY	Claims	QCDR
	QCDR	Qualified Registry
	Qualified Registry	EHR
	EHR	CMS Web Interface
	Administrative Claims	CMS-approved survey vendor for Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS

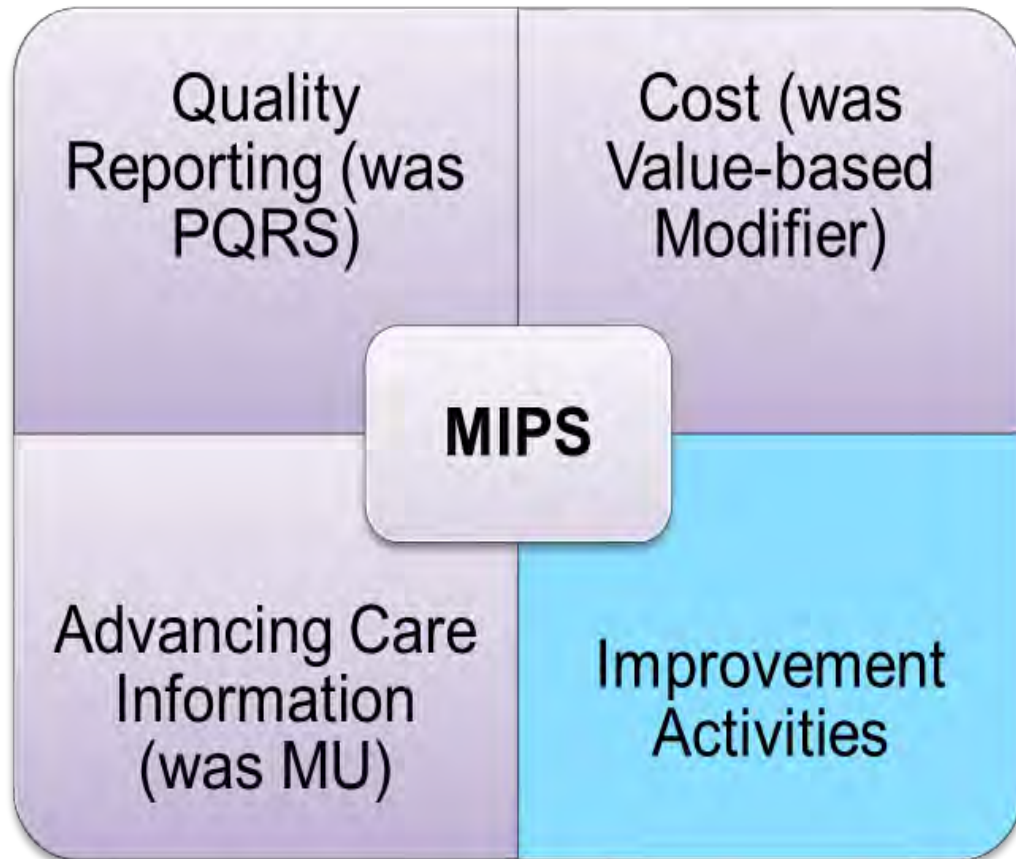


Reporting Mechanisms

Performance Category	Mechanism – Individual	Mechanism -- Group
ADVANCING CARE INFORMATION	Attestation	Attestation
	QCDR	Qualified Registry
	Qualified Registry	EHR
	EHR	CMS Web Interface
IMPROVEMENT ACTIVITIES	Attestation	Attestation
	QCDR	Qualified Registry
	Qualified Registry	EHR
	EHR	CMS Web Interface
	Administrative Claims	Administrative Claims



MIPS: 4 Performance Categories



- MIPS measures in 4 categories
- MIPS aligns with 3 current programs
- Adds 4th category to promote improvement

For 2017:

- **Quality = 60%**
- ACI = 25%
- IA = 15%
- **Cost = 0%**



FREE Technical Assistance!

CA's Technical Assistance Provider:

Health Services Advisory Group

Enrollment: <https://hsag.com/qpp>

Phone: (844) 472-4227

This support line is open from 5 am
to 5 pm



HSAG's Services

HSAG will help physicians:

- Select and report appropriate measures under MIPS
- Design a quality-improvement strategy
- Optimize the use of health information technology (HIT)



CMS Helpline



CMS has also launched a QPP helpline:
(866) 288-8292 (8 am to 8 pm ET)

qpp@gms.hhs.gov



Special Considerations for Small/Rural Practices

- Low-Volume Exemption
- Reporting Options
- Improvement Activity Requirements
- Reweighting Advancing Care Information
- Virtual Groups



Low-Volume Exemption

Exemption for “Low-Volume” providers:

Those who bill Medicare \$30,000 or less in Part B-allowed charges a year OR provide care for 100 or fewer Medicare patients a year **are exempt from MIPS:**

- Likely to include many small and rural practices
- Check the CMS Eligibility Look-Up Tool TODAY:
<https://qpp.cms.gov/learn/eligibility>



Reporting Options

Reporting requirements in 2017 allow small and rural practice physicians to build up to meet full QPP requirements for 2018 reporting without being penalized

CAFP strongly urges you to submit **one Quality measure, **one** Improvement Activity or **four or five** Advancing Care Information measures to avoid that penalty.**



Reporting Options

CAFP's Medical Practice Affairs Committee suggests some achievable measures for your consideration in CAFP's Primer for Small and Rural Practice Family Physicians.



Improvement Activity Requirements

Most MIPS clinicians are required to complete up to four Improvement Activities for a minimum of 90 days.

MIPS clinicians in small, rural or HPSA practices, however, must complete **only two Improvement Activities for a minimum of 90 days.**



Reweighting Advancing Care Information

- MIPS clinicians must use certified EHR technology (CEHRT) to satisfy the requirements of the Advancing Care Information performance category
- There is an exception for rural practices in areas of limited Internet connectivity
- CMS will reweight the category to zero percent and reassign the 25 percent to the Quality performance category



Reweighting Advancing Care Information

A MIPS clinician's overall performance score may be reweighted if the clinician applies for reweighting, citing one of three specified reasons:

- Insufficient Internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT.



Virtual Groups

MIPS clinicians will have the option to be assessed as a group across all four MIPS performance categories.

The law provides that solo and small practices may join “virtual groups” and combine their MIPS reporting.

CMS is not permitting virtual groups in the 2017 performance year, but watch for information from CAFP on virtual groups in future years.



Additional Resources

Quality Payment Program

Learn About the Program Explore Measures

Quality Payment Program

Modernizing Medicare to provide better care and smarter spending for a healthier America.



What's the Quality Payment Program?

<https://qpp.cms.gov/>

View Edit Webform Outline Results Track



On October 14, 2016, the Centers for Medicare and Medicaid Services (CMS) published a final rule implementing the Quality Payment Program. CMS also launched a Quality Payment Program website designed to help providers understand the Program and a Quality Payment Program Overview Fact Sheet, which is a terrific starting point for physicians interested in learning more. CAFP urges California family physicians to explore the CAFP MACRA Playbook web pages, review the Fact Sheet, and

<http://familydocs.org/payment-reform>

Search

Search

Practice Res

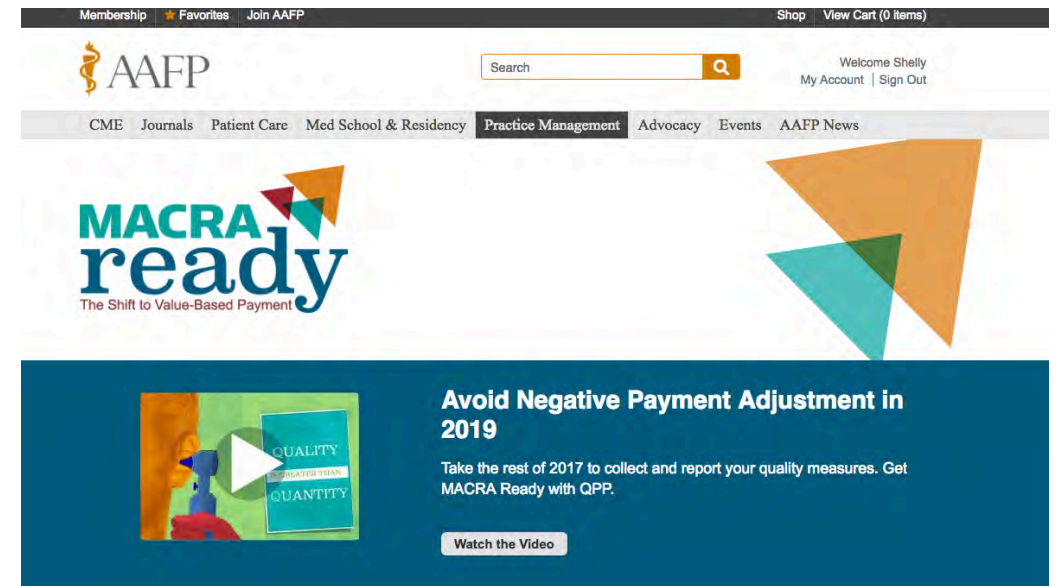
- » MACRA Playbook
- » Advocacy
- » MACRA 101
- » News and Info
- » Pick Your Pace
- » Prepare for MI
- » Accountable Care
- » Frequently As
- » Physician Resc
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- » Regulations
- » Coding + Billing
- » Health Informat
- » EHR Tools
- » Meaningful Us



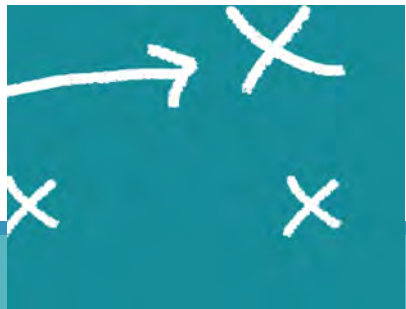
Additional Resources

CAFP's Small and Rural Practice Family Physicians' Quality Payment Program Primer includes a library of resources.

[AAFP's MACRA Ready](#) webpage offers videos, learning modules and more.



The screenshot displays the AAFP website interface. At the top, there is a navigation bar with links for Membership, Favorites, and Join AAFP on the left, and Shop and View Cart (0 items) on the right. Below this is the AAFP logo and a search bar. A secondary navigation bar includes links for CME, Journals, Patient Care, Med School & Residency, Practice Management, Advocacy, Events, and AAFP News. The main content area features a large graphic with the text "MACRA ready" and the tagline "The Shift to Value-Based Payment". Below this graphic is a video player with a play button and a thumbnail showing a person and a sign that says "QUALITY MEASURES". To the right of the video player, there is a section titled "Avoid Negative Payment Adjustment in 2019" with a sub-headline "Take the rest of 2017 to collect and report your quality measures. Get MACRA Ready with QPP." and a "Watch the Video" button.



Thank You!

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