



The 2018 QPP Final Rule: Your Questions Answered

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Quality Payment Program Panel



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Agenda

Executive Summary/Key Impacts

MIPS Categories

- Quality
- ACI
- Improvement Activities
- Cost

Organization Types

- APMs
- Small Practices
- Virtual Groups

Summary

Executive Summary

1. MIPS Cost category weight increased to 10% in 2018
 - Required by MACRA legislation to be 30% in 2019
2. Additional MIPS relief and exclusions for small practices
3. More demanding MIPS for rest of the market
4. Amount of risk required for Advanced APMs reduced for years 2019 and 2020
5. CMS estimates 75% of MIPS participants will earn > 70 points in 2018
 - MIPS performance threshold must be national mean or median in 2019



POINTS

MIPS performance threshold increases from 3 to 15

INCENTIVES

MIPS max penalty is 5% and max incentive is roughly the same as 2017

CATEGORIES

2018 MIPS category weights change
Quality: 50%
ACI: 25%
IA: 15%
Cost: 10%

VOLUME

Increase in MIPS low-volume threshold:
 $\leq \$90,000$ or
 ≤ 200 Medicare patients

PARTICIPATION

Fewer MIPS eligible clinicians expected to participate (~600K)

SIZE

Other relief for small practices (≤ 15)

COMPLEXITY

Bonus for complex patients

DATA

Data completeness threshold requirement increases to 60%

TECHNOLOGY

Bonus for exclusively using 2015 certified electronic health record technology (CEHRT)

APMS

Preparing for other payer APMs starting in 2019

Eligibility



Low patient volume threshold

- For low volume threshold, it is \leq \$90K or \leq 200 patients during all of 2018 or a prior year (2017) for determination that affects 2018? Will the new threshold amount be for the date range Sept 1, 2016 to August 31, 2017?
- Does “allowed charges” mean what you were paid by Medicare?
- Will the \$90,000 threshold remain in 2019 to exclude providers from MIPS?
- Can you confirm, relative to low volume threshold, that performance period is calendar year (2018), whereas reporting period is per Category (Quality and Cost is full year, ACI and IA is 90 days)?

Eligibility



Exclusions

- The final rule seems to indicate that the HIE exclusion (fewer than 100) will be according to a 90-day reporting period, regardless if an eligible clinician is submitting ACI for a full year. Is that accurate and how would you anticipate that working?

Reporting

- If we have providers that work for our organization, do we include them in group reporting if they are not under our TIN on the QPP website?
- Will providers need to attest for every TIN their Individual NPI is associated with that is eligible for MIPS?
- Can a TIN choose to participate voluntarily if they do not meet the threshold?

MIPS Categories: Quality



Reporting

- The Quality category now requires 12 months of reporting, correct? What is the outcome if less than 12 months are reported?
- For full year Quality reporting, will there be an exception if you switch EHRs mid-year?
- For 2018, can a group report Quality via registry and ACI and IA through CMS web portal? Can we report the different categories via different submission methods?

Measures

- Where can I find the list of topped out measures in general and how will they be scored differently?
- If an eligible clinician chooses six 2017 Quality measures and six different measures in 2018, how will this affect their improvement score?
- Is there a negative impact by switching quality measures midstream during a reporting period?

Data Completeness

- Please explain exactly what CMS means by data completeness threshold in more detail.
- How does CMS measure data completeness when they can only see the Medicare claims data?

MIPS Categories: ACI Category



Use of 2014/2015 CEHRT

- How do I get the 10% bonus points for using a 2015 CEHRT? Do I need to be on the CEHRT for the full year?
- Can I get the bonus points for being on a combined 2014/2015 CEHRT?
- Do I need to report stage 3 measures on the 2015 CEHRT in order to receive bonus points?
- Is the 10% bonus applied to the overall MIPS score, to the ACI category, or to the points that make up the category?

Exclusions

- Which exclusions are available in the ACI category?
- When can I take an exclusion? How does it work if I'm reporting as a group?
- If we have less than 100 transitions of care, how do we take the exclusion?

MIPS Categories: Improvement Activities

- Are Improvement Activities re-usable each year?
- If one submits more than one Improvement Activity, can they be different 90-day periods?
- Are there specific measures to meet for an Improvement Activity or is it just a yes/no?
- Will the descriptions remain the same from 2017 to 2018?
- How will they define “practice locations” for purposes of PCMH credit?
- If not all practices in an organization are recognized as PCMH, how do PCMH practices address group reporting?



MIPS Categories: Cost

- How is the Cost category measured and calculated?
- When will the calculations of cost be decided on and when will that scoring come into play?
- How will we know the specifics on the Cost category to be able to "manage cost in 2018"? What are the expectations?
- Can you review the data in the QRUR that we can use to look at our cost data? Where would we find it?



Organization Type: APMs

- Are there any significant changes for those Track 1 ACOs that have to report under MIPS?
- 50% of practice sites within which TIN - the ACO overall TIN or for instance a TIN under the ACO with several locations - needs to have 50% tagged as a medical home?
- Can you have a practice in a Next Gen ACO that must still report MIPS?
- For an ACO MSSP Track 1, what is the percent of the Cost category weight for CY 2018? If I am reading the fact sheet from CMS correctly it will be 0.
- How did the APM scoring standard change?
- How does the final rule affect practices in a Track 1 ACO, do they still receive full credit in the IA domain for MIPS APM participation?



Organization Type: Small Practices & Virtual Groups



Small Practices

- What is considered a small practice?
 - Related: Does small group size include MIPS eligible clinicians or all clinicians in the practice?
- Is there an ACI exemption for just being a small practice?
- Are small practices allowed a 90-day reporting period for the Quality category in 2018?



Virtual Groups

- Can you provide a little more information about Virtual Groups and give a scenario of a possible group of practices that might form a Virtual Group?
- Do you see any advantage to Virtual Groups?
- In a Virtual Group scenario, who will manage the group?
- What is the expectation for how Quality measures will be reported for Virtual Groups that are in separate EHRs? Would this be separate data capture and separate measure calculations? Would the measures be calculated from each EHR, but all submitted at one time?
 - Related: How will Virtual Groups report as a group if the members have data capture in separate EHRs?



Action Items

1. Create a strategy to manage Cost in 2018.
2. If you are in a small practice, check the revised low-volume thresholds and learn more about virtual groups in advance of deadlines.
3. Understand the changes to the categories/weighting, the increase in minimum participation to avoid a penalty, the new data completeness threshold, and more.
4. If you are in an Alternative Payment Model, understand the changes to the APM scoring standard
5. Plan to continuously improve. Scores in the 70-80 range may not exceed the performance threshold in the future.

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