The 2018 QPP Proposed Rule

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Speakers

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Agenda

• Key Impacts of the 2018 QPP Proposed Rule
• MIPS Financial Impact
• MIPS Eligibility
• MIPS Categories (Quality, ACI, IA, Cost)
• Organization Type (Small Practices, Virtual Groups, APMs)
• Q&A

• Note: This icon denotes that CMS is seeking comment on this topic
Key Impacts of the 2018 QPP Proposed Rule

• More flexibility = more optimization decisions to make
  • Example: Multiple Quality reporting methods for the same clinician/group
  • Example: Bonus points for year-to-year quality improvement

• MIPS performance threshold: 3 → 15
  • CMS Reiterates: All-in on move to value-based care
  • MIPS is competitive and accelerating, with large step up in 2019

• MIPS max penalty and incentive increase
• Increase in MIPS low-volume threshold → 570k MIPS eligible clinicians
• Other relief for small practices (≤ 15)
• Easier for APM to be an Advanced APM
MIPS Financial Impacts

• CMS projects increase in max incentive to ~3% if 90% participation
• If actual participation is 80%, then max incentive ~ 4%, and so on

QPP 2018 Proposed Rule, p459
MIPS Eligibility

2017
Below low patient volume threshold
Part B allowed charges less than or equal to $30,000 or provides care for 100 or fewer Medicare patients during a low volume threshold determination period that occurs during the performance period or a prior period.

2018
Below low patient volume threshold
Part B allowed charges less than or equal to $90,000 or provides care for 200 or fewer Medicare patients during a low volume threshold determination period that occurs during the performance period or a prior period.
### What Stays the Same for 2018 (Proposed)

- Category weight = 25
- 2014 CEHRT extended
  - 10% bonus points for operating solely on 2015 CEHRT in 2018
- Maintain 90-day reporting (thru 2019)
- Automatic weighting of category to 0 for non-patient facing clinicians and hospital-based clinicians

### What Changes for 2018 (Proposed)

- Modified scoring for immunization/public health/registry
- Exclusions added for ePrescribing and HIE
- > Improvement Activities for bonus percentage
- 0% weighting for hardship application includes small practices
- Automatic weighting added for ambulatory surgery center-based clinicians
### MIPS Categories: Quality

#### What Stays the Same for 2018 (Proposed)

- Category weight = 60%
- 6 measures required (excluding Web Interface), with no cross-cutting measure
- 1 population-based measure for groups >15 clinicians and 200+ cases
- Measures without benchmarks/not meeting 20 case minimum have a 3-point floor
- Measures in lowest deciles have a 3-point floor

#### What Changes for 2018 (Proposed)

- Full year reporting
- Up to an additional 10 category points for improvement over prior year (requires full participation in Quality category)
- 6 topped out measures have a max score of 6 points
- 1 point for measures not meeting the data completeness standard (3 for small practices)
- Data completeness at 50% (instead of originally proposed 60%)
### MIPS Categories: Improvement Activities

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<tr>
<th>What Stays the Same for 2018 (Proposed)</th>
<th>What Changes for 2018 (Proposed)</th>
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<tr>
<td>• Category weight = 15%</td>
<td>• PCMH gets full credit if 50% of practices within the TIN are recognized as PCMH</td>
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<td>• 90-day period</td>
<td>• Group reporting threshold may be increased</td>
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<td>• Small practices, HPSA, rural practices, non-patient-facing clinicians receive double points</td>
<td>• 2017: 1 clinician performing qualified for the group</td>
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<td>• APMs get at least half credit</td>
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## MIPS Categories: Cost

### What Stays the Same for 2018 (Proposed)

- Category weight
  - 0% in 2018
  - 30% in 2019
- Total cost per capita and MSPB measures will be monitored and feedback will be provided

### What Changes for 2018 (Proposed)

- Episode-based measures revised using stakeholder input
- An improvement score will be calculated using the net number of measures with improvement vs decline in performance
- Maximum improvement score of 1 point added to Cost category score
Organization Type: Small Practices

- Increasing the low volume threshold reduces the number of small groups required to participate
- A new ACI hardship exemption is available (application required)
- Small practice bonus of 5 points added to MIPS score
- Small practices receive double points for each IA activity
- CMS will no longer require attestation on group size
  - Claims data will be used to determine practice size, including clinicians that are not MIPS eligible clinicians

CMS estimates: 80% of clinicians in small practices will receive a positive or neutral MIPS payment adjustment in 2018
Organization Type: Virtual Groups

- **Who’s interested:** Communities of small practices (IPAs, CINs, ...)

- **Virtual Group:** Groups of practices (TINs) each with 10 clinicians or less that are rated for MIPS *as if* under a group sharing a single TIN

- No location nor specialty restrictions on group formation

- Practices sign mutual agreements and apply to CMS (mid-Sep to Dec 1)

- Performance data must be aggregated to virtual group level and submitted as a group

- Cannot yet subdivide a TIN for rating MIPS

**Pro:**
Practices lacking infrastructure can ride group’s performance

**Con:**
Data aggregation may be difficult
Organization Type: APMs

- Extend flexibility in nominal risk requirements for Advanced APMs to 2019 & 2020 - fosters growth of Advanced APMs
- Add a Dec 31st “MIPS APM” participation snapshot date – reduces exposure to full MIPS for clinicians joining an APM late in the year
- For MSSP and Next Gen ACOs, add CAHPS for ACOs survey into MIPS APM quality scoring
- MIPS APMs earn bonus for year-to-year quality improvement
- Details on “Other Payer Advanced APMs” implementation

CMS Estimates:
Number of clinicians in Advanced APMs expected to double from 2017 to 2018
Comments Summary: Make Your Voice Heard

• Raising the low volume threshold
  • 30K in billing / 100 patients → 90K in billing / 200 patients

• MIPS performance threshold: 3 → 15
  • 3 → 6 or 33

• Virtual groups
  • Definition, composition, election process, agreements, reporting requirements

• Facility-based measurement
  • Opt-in or opt-out

• Quality category
  • Increasing the data completeness threshold
  • Process to cap and eliminate topped out measures

• Cost category
  • Retain weight at 0% in 2018

• Improvement Activities category
  • Future threshold for credit

Submitting Comments
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Reference file code: CMS-5522-P
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