

Merit-Based Incentive Payment  
System:  
**Clinical Practice  
Improvement Activities  
Performance Category**



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## **KEY TOPICS:**

- 1) The Quality Payment Program and HHS Secretary's Goals**
- 2) What is the Quality Payment Program?**
- 3) How do I submit comments on the proposed rule?**
- 4) The Merit-based Incentive Payment System (MIPS)**
- 5) Clinical Practice Improvement Activities Performance Category**
- 6) Additional Information**

# The Quality Payment Program is part of a broader push towards value and quality

In January 2015, the Department of Health and Human Services announced **new goals** for **value-based payments** and **APMs in Medicare**

## Medicare Fee-for-Service

### GOAL 1:

Medicare payments are tied to quality or value through **alternative payment models (categories 3-4)** by the end of 2016, and 50% by the end of 2018

**30%** 

### GOAL 2:

Medicare fee-for-service payments are **tied to quality or value (categories 2-4)** by the end of 2016, and 90% by the end of 2018

**85%** 



### STAKEHOLDERS:

Consumers | Businesses  
Payers | Providers  
State Partners



Set **internal goals** for HHS



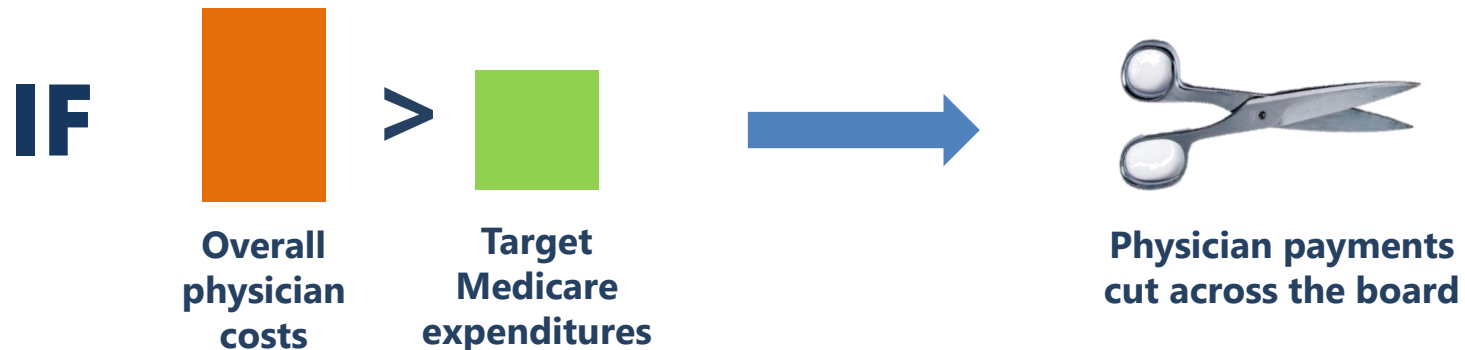
Invite **private sector payers** to match or exceed HHS goals

# Medicare Payment Prior to MACRA

**Fee-for-service** (FFS) payment system, where clinicians are paid based on **volume** of services, not **value**.

## The Sustainable Growth Rate (SGR)

- Established in 1997 to **control the cost of Medicare payments** to physicians



Each year, Congress passed temporary **“doc fixes”** to avert cuts (no fix in 2015 would have meant a **21% cut** in Medicare payments to clinicians)

# **INTRODUCING THE QUALITY PAYMENT PROGRAM**

# Quality Payment Program

- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- ✓ **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**



**The Merit-based  
Incentive  
Payment System  
(MIPS)**

**or**

**Advanced  
Alternative  
Payment Models  
(APMs)**

- ✓ **First step to a fresh start**
- ✓ **We're listening and help is available**
- ✓ **A better, smarter Medicare for healthier people**
- ✓ **Pay for what works to create a Medicare that is enduring**
- ✓ **Health information needs to be open, flexible, and user-centric**

# **THE MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)**



# Who Will Participate in MIPS?

Affected clinicians are called “**MIPS eligible clinicians**” and will participate in MIPS. The types of **Medicare Part B** eligible clinicians affected by MIPS may expand in future years.

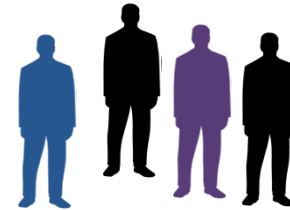
Years 1 and 2



**Physicians, PAs, NPs, Clinical nurse specialists, Certified registered nurse anesthetists**

Years 3+

**Secretary may broaden Eligible Clinicians group to include others such as**



**Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals**

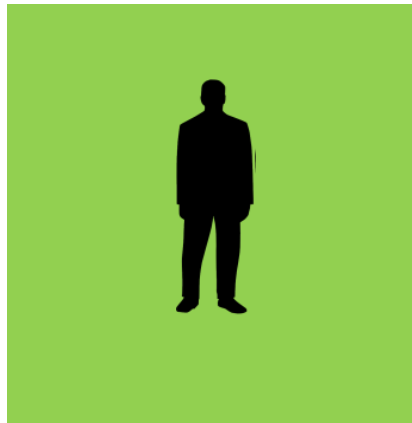
**Note: Physician means doctor of medicine, doctor of osteopathy (including osteopathic practitioner), doctor of dental surgery, doctor of dental medicine, doctor of podiatric medicine, or doctor of optometry, and, with respect to certain specified treatment, a doctor of chiropractic legally authorized to practice by a State in which he/she performs this function.**

# Who will NOT Participate in MIPS?

There are 3 groups of clinicians who will NOT be subject to MIPS:



**FIRST** year of Medicare Part B participation



Below **low patient volume** threshold



Certain participants in **ADVANCED** Alternative Payment Models

↓  
Medicare billing charges less than or equal to \$10,000 and provides care for 100 or fewer Medicare patients in one year

Note: MIPS **does not** apply to hospitals or facilities

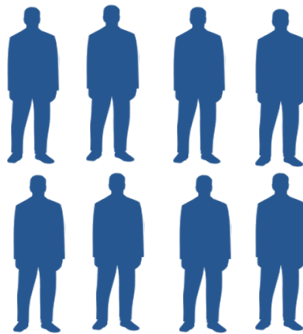
**Note: Most clinicians will be subject to MIPS.**

**Subject to MIPS**

**Not in APM**



**In non-Advanced APM**



**In Advanced APM, but not a QP**



**QP in Advanced APM**



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

*Note: Figure not to scale.*

# Medicare Reporting Prior to MACRA

Currently there are **multiple quality and value reporting programs** for Medicare clinicians:

**Physician Quality  
Reporting Program  
(PQRS)**

**Value-Based Payment  
Modifier (VM)**

**Medicare Electronic  
Health Records (EHR)  
Incentive Program**

# MIPS: First Step to a Fresh Start

- ✓ **MIPS is a new program**
  - **Streamlines 3 currently independent programs to work as one and to ease clinician burden.**
  - **Adds a fourth component to promote ongoing improvement and innovation to clinical activities.**



**Quality**



**Resource use**



**Clinical practice  
improvement  
activities**



**Advancing care  
information**

- ✓ **MIPS provides clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.**

# What will determine my MIPS Score?

A single MIPS composite performance **score** will factor in performance in **4 weighted performance categories on a 0-100 point scale:**



**Quality**



**Resource  
use**



**Clinical  
practice  
improvement  
activities**

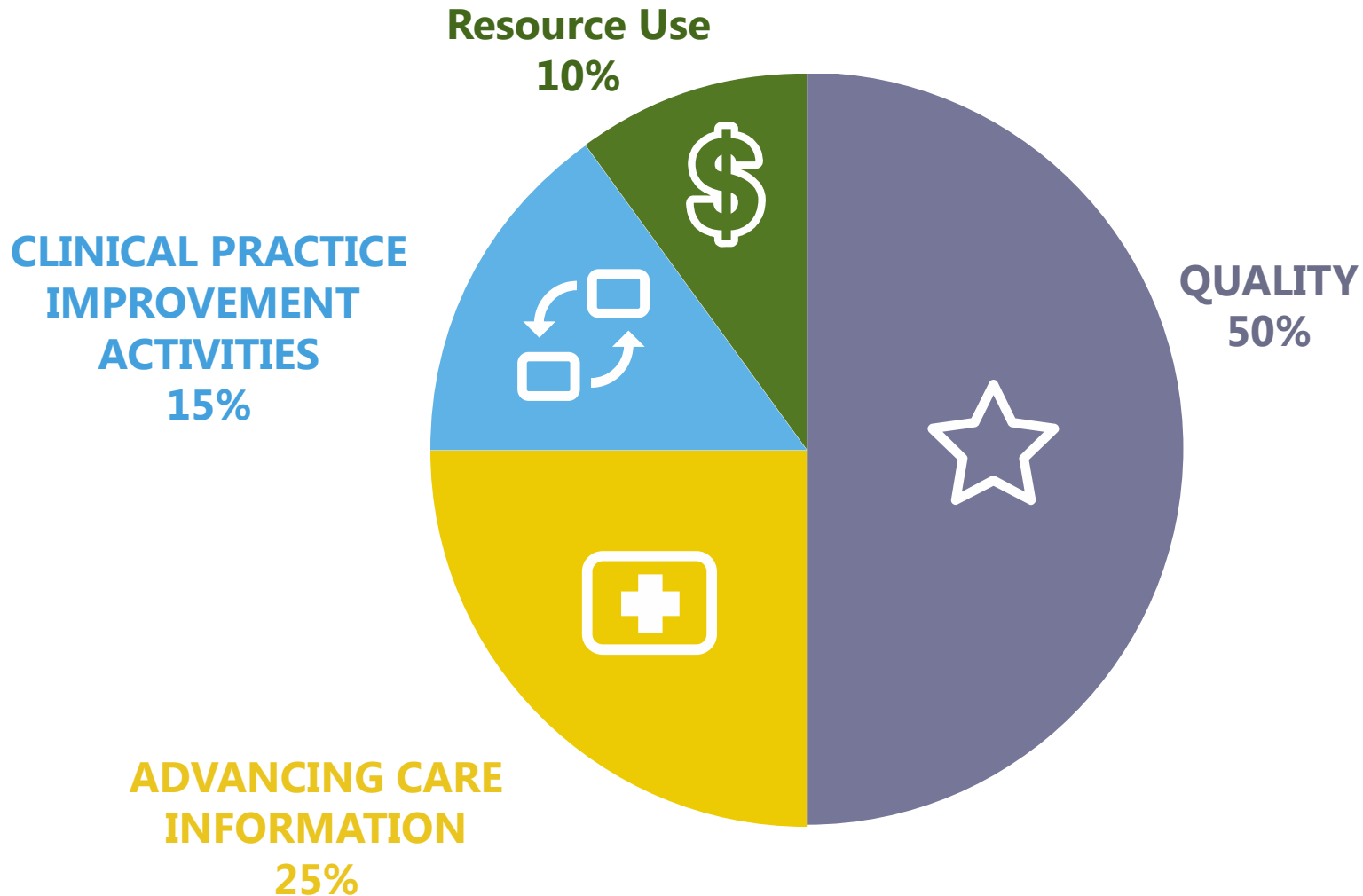


**Advancing  
care  
information**







**MIPS  
Composite  
Performance  
Score (CPS)**

# Year 1 Performance Category Weights for MIPS



# Calculating the Composite Performance Score (CPS) for MIPS

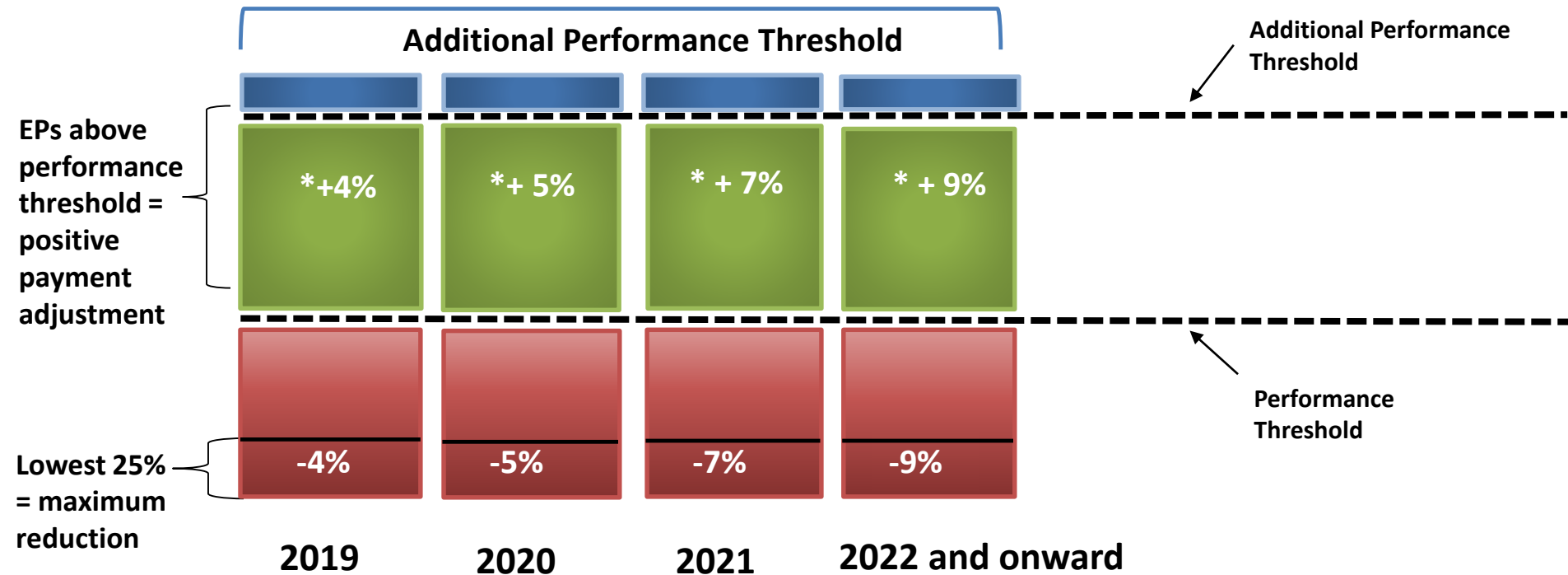
Category	Weight	Scoring
 <b>Quality</b>	50%	<ul style="list-style-type: none"> <li>Each measure 1-10 points compared to historical benchmark (if avail.)</li> <li>0 points for a measure that is not reported</li> <li>Bonus for reporting outcomes, patient experience, appropriate use, patient safety and EHR reporting</li> <li>Measures are averaged to get a score for the category</li> </ul>
 <b>Advancing care information</b>	25%	<ul style="list-style-type: none"> <li>Base score of 50 percentage points achieved by reporting at least one use case for each available measure</li> <li>Performance score of up to 80 percentage points</li> <li>Public Health Reporting bonus point</li> <li>Total cap of 100 percentage points available</li> </ul>
 <b>CPIA</b>	15%	<ul style="list-style-type: none"> <li>Each activity worth 10 points; double weight for "high" value activities; sum of activity points compared to a target</li> </ul>
 <b>Resource Use</b>	10%	<ul style="list-style-type: none"> <li>Similar to quality</li> </ul>

- ✓ Unified scoring system:
  1. Converts measures/activities to points
  2. Eligible Clinicians will know in advance what they need to do to achieve top performance
  3. Partial credit available



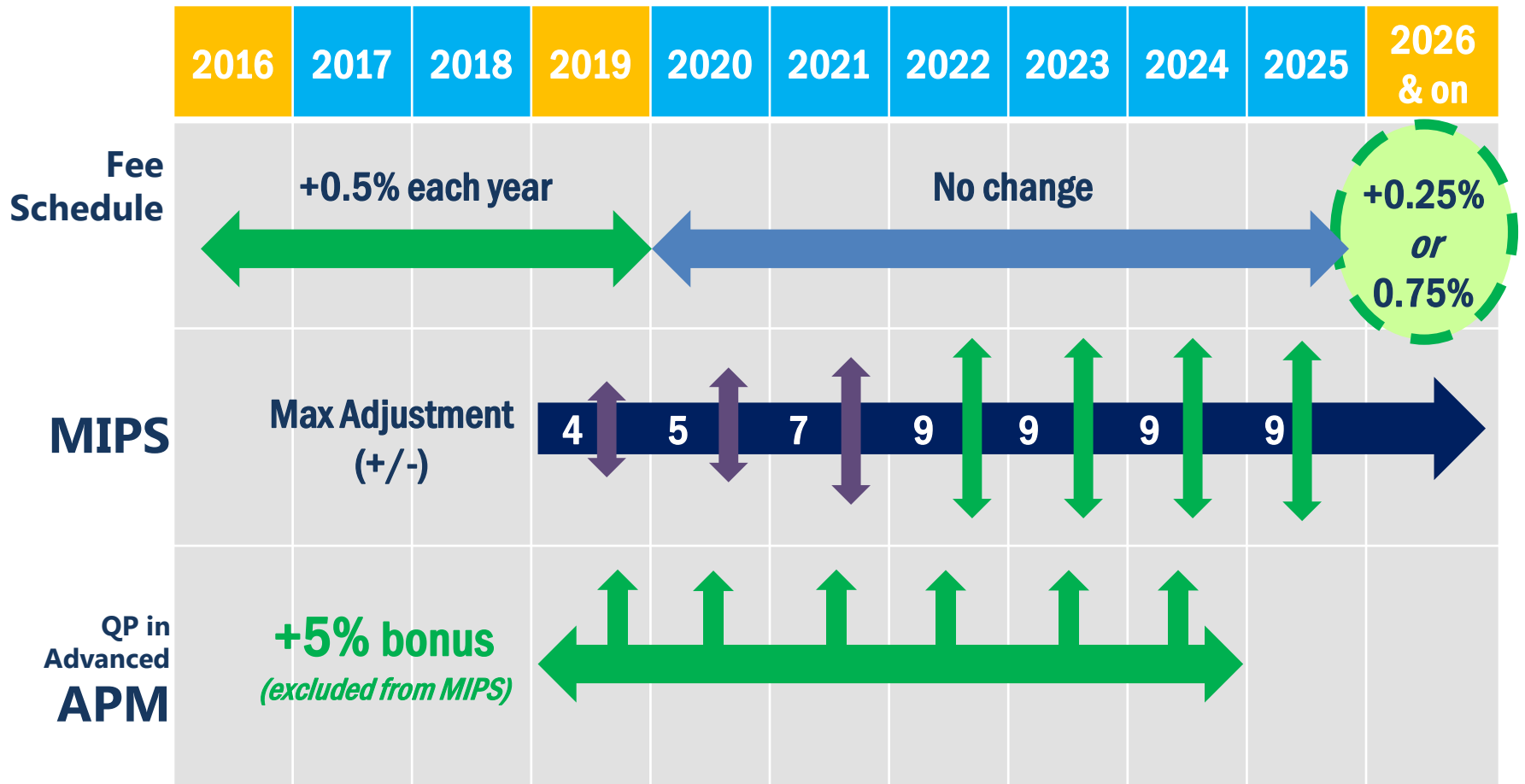
# MIPS Incentive Payment Formula

Exceptional performers receive additional positive adjustment factor – up to \$500M available each year from 2019 to 2024



*\*MACRA allows potential 3x upward adjustment BUT unlikely*

# Putting it all together:



**PROPOSED RULE**  
**MIPS: PERFORMANCE**  
**CATEGORIES & SCORING**

## PROPOSED RULE

# MIPS: Calculating the Composite Performance Score (CPS) for MIPS

- ✓ **MIPS composite performance scoring method that accounts for:**
  - **Weights of each performance category**
  - **Exceptional performance factors**
  - **Availability and applicability of measures for different categories of clinicians**
  - **Group performance**
  - **The special circumstances of small practices, practices located in rural areas, and non-patient facing MIPS eligible clinicians and groups**

# Focusing on Quality and Resource Use



*\*Examples include care coordination, shared decision-making, safety checklists, expanding practice access*

**CLINICAL PRACTICE  
IMPROVEMENT ACTIVITIES  
PERFORMANCE CATEGORY**

# PROPOSED RULE

## Clinical Practice Improvement Activities Performance Category

Who can participate?



All MIPS Eligible  
Clinicians

Participating  
as an...



Individual

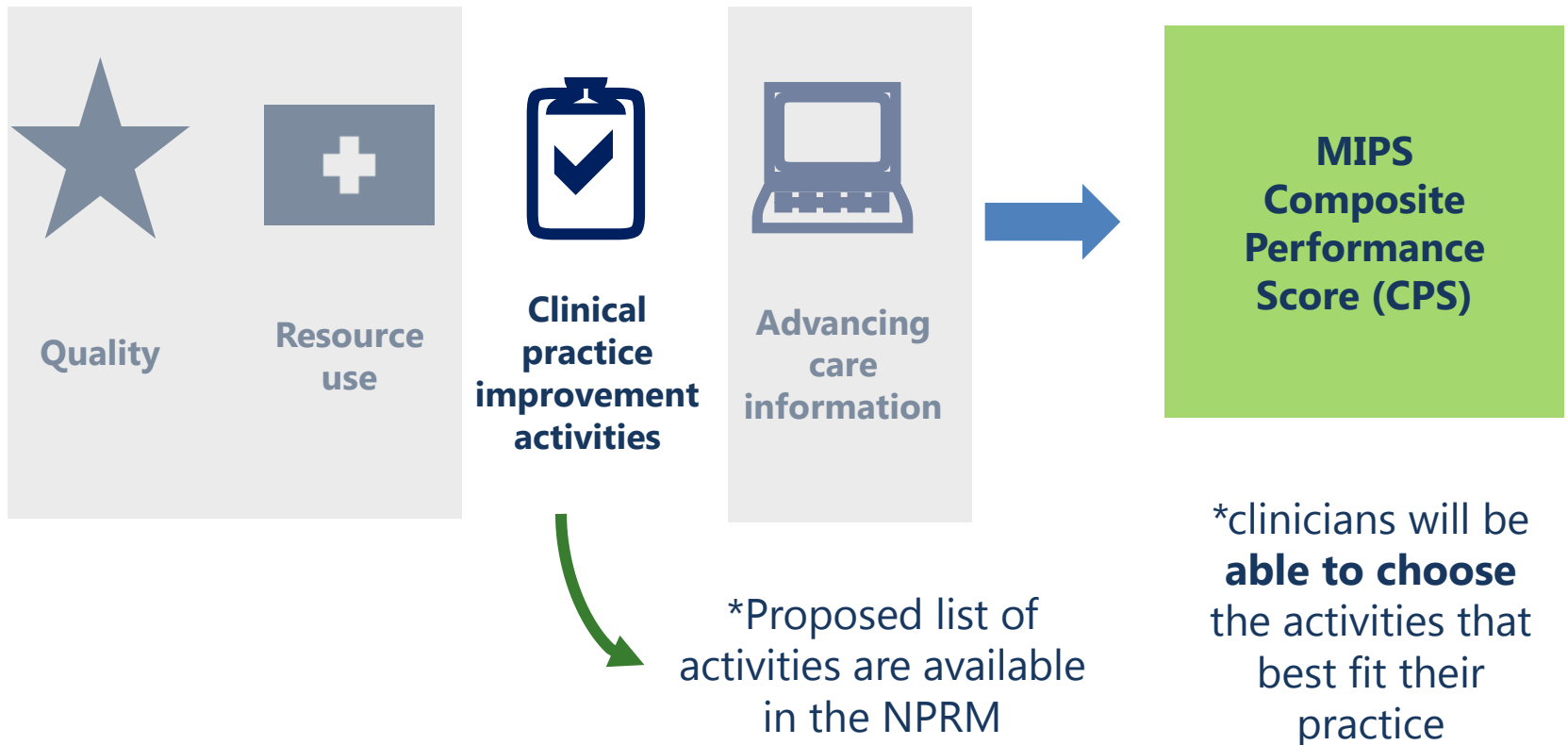
or



Groups

# What will determine my MIPS score?

The MIPS composite performance **score** will factor in performance in **4 weighted performance categories on a 0-100 point scale** :





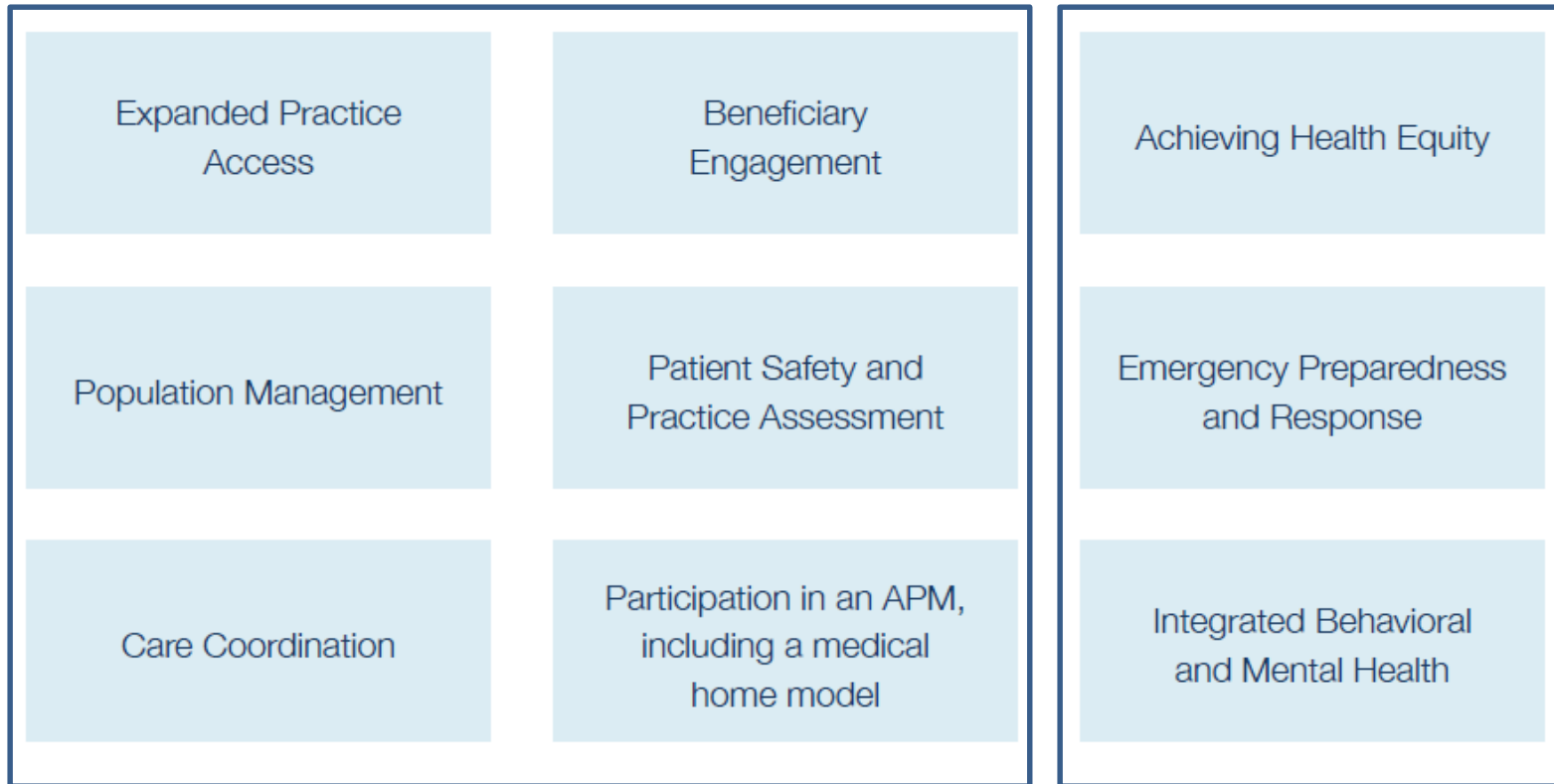
**PROPOSED RULE**

# **MIPS: Clinical Practice Improvement Activities Performance Category**

## **Summary:**

- ✓ **Minimum selection of one CPIA activity (from 90+ proposed activities) for a partial score, with additional scoring for more activities**
- ✓ **Activities categorized as “high” or “medium” weight, earning 20 or 10 points each, respectively**
- ✓ **Full credit is achievement of 60 points**
- ✓ **Full credit for patient-centered medical home, Medical Home, or comparable specialty practice**
- ✓ **Minimum of half credit for APM participation, with opportunity to select additional activities for full credit**
- ✓ **Year 1 Weight: 15%**

# Subcategories of Clinical Practice Improvement Activities



**Six subcategories are specified in MACRA**

**Three additional subcategories are proposed in the NPRM**

# PROPOSED RULE

## MIPS Data Submission Options for CPIA Performance Category

### Individual Reporting



### Group Reporting



- ✓ Attestation
- ✓ QCDR
- ✓ Qualified registry
- ✓ EHR
- ✓ Administrative claims (if technically feasible, no submission required)

- ✓ Attestation
- ✓ QCDR
- ✓ Qualified registry
- ✓ EHR
- ✓ CMS Web Interface (groups of 25 or more)
- ✓ Administrative claims (if technically feasible, no submission required)

## Data Submission for CPIA



✓ **For the first year, all MIPS eligible clinicians or groups, or third party entities, must designate a yes/no response for activities on the CPIA Inventory.**

- For third party submission, MIPS eligible clinicians or groups will certify all CPIAs have been performed and the health IT vendor, QCDR, or qualified registry will submit on their behalf.

✓ **The administrative claims method is proposed, if technically feasible, to supplement CPIA submissions.**

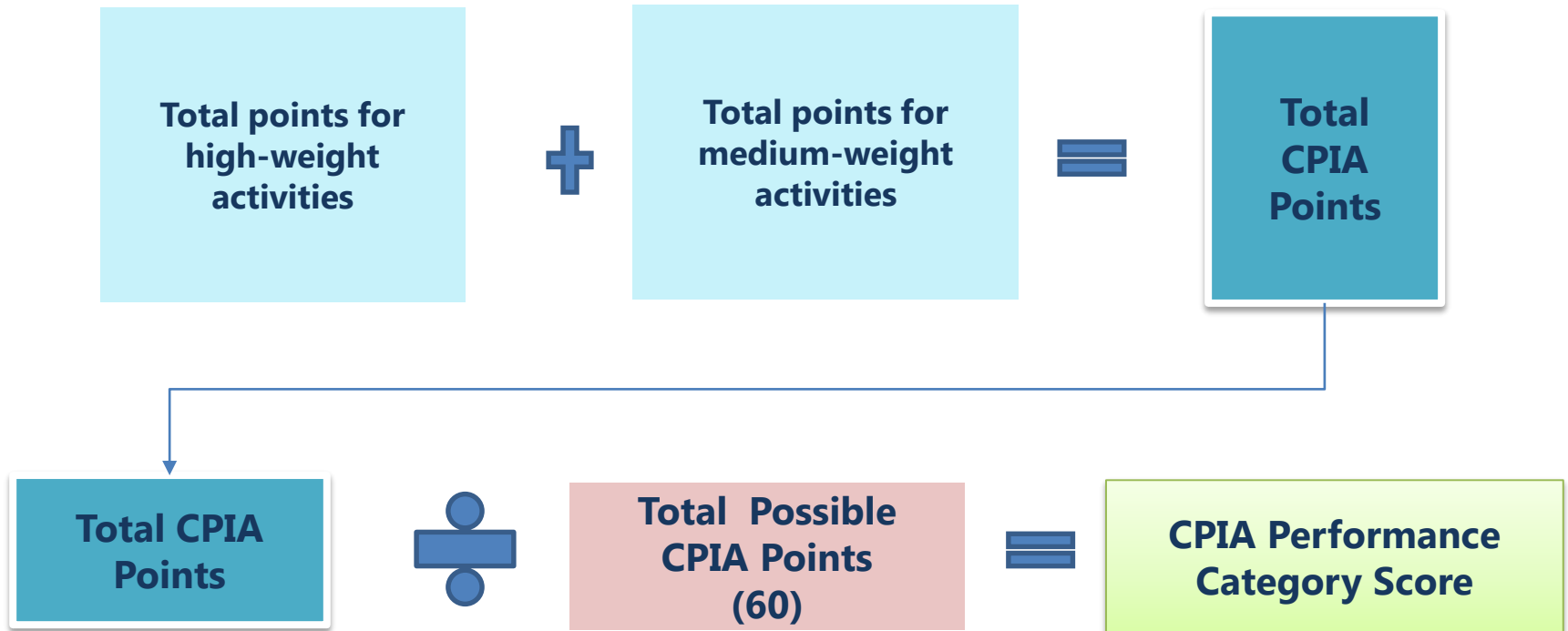
- For example, if technically feasible, MIPS eligible clinicians or groups, using the telehealth modifier GT, could get automatic credit for this activity.



# CPIA Scoring Overview

- ✓ **In general:**
- ✓ **Each activity in the CPIA activity list is worth a certain number of points**
  - Most are worth 10 points (medium weight)
  - Some activities have high weight, and are worth 20 points
- ✓ **To get maximum credit, must achieve 60 points**
  - Can be achieved by selecting any combination of activities:
    - High- and medium-weight
    - All high-weight
    - All medium-weight activities
- ✓ **Special scoring considerations for specific types of eligible clinicians and groups are discussed later.**

# CPIA Scoring Process Summary



# Scoring Example: CPIA Performance Category

## Dr. Joy Smith

Total points for high-weight activities



Total points for medium-weight activities



Total CPIA Points

Dr. Smith completes 2 high-weight activities (earning her 40 points)



She also completes 1 medium-weight activities (earning her 10 points)



She gets 50 total points

Total CPIA Points

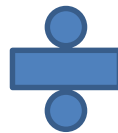


Total Possible Points



CPIA Performance Category Score

50 Total Points



60 Total Possible Points



83% CPIA Score

Dr. Smith earns 12.5 points toward her MIPS Composite Performance Score (83% x 15% weight for CPIA)



## **CPIA: Special Scoring Considerations**

- ✓ **For non-patient facing eligible clinicians and groups, small practices (15 or fewer professionals), practices located in rural areas and geographic health professional shortage areas:**
  - First activity gets 50% of the 60 points
  - Second activity gets 100% of the 60 points
- ✓ **For APMs reporting in the CPIA performance category:**
  - APM participation is automatically half of highest potential score, with opportunity to select additional activities for full credit
- ✓ **Certified patient-centered medical homes, comparable specialty practices, or Medical Homes receive highest potential score**



**CLINICAL PRACTICE  
IMPROVEMENT ACTIVITIES:  
ADDITIONAL INFORMATION**

# Planning for Future Subcategories and Activities

- ✓ **Seeking public comment on 2 additional CPIA subcategories for future consideration.**
  - Specifically, requesting examples of activities that can demonstrate improvement over time and go beyond current practice expectations in the areas of:
    - Promoting health equity and continuity
    - Social and community involvement
  
- ✓ **In future years, MIPS eligible clinicians or groups and other relevant stakeholders may recommend activities for potential inclusion in the CPIA Inventory.**
  - As part of the process, MIPS eligible clinicians or groups would be able to nominate additional activities that we could consider adding to the CPIA Inventory.

## **Feedback and Review**

- ✓ **Performance feedback will be available at least annually, starting July 1, 2017**
  - Minimally, will address quality and cost performance categories
- ✓ **MIPS eligible clinicians or groups will have an opportunity to request a targeted review of the calculation of their payment adjustment.**

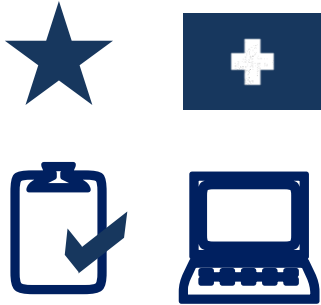
## **An Opportunity: CMS Study on Practice Improvement and Measurement**

- ✓ **MIPS eligible clinicians or groups may elect to join a study examining clinical quality workflows and data capture using a simpler approach to quality measures**
- ✓ **Study participants who are selected and complete the study receive full credit for CPIA**
- ✓ **To volunteer, send a request to the MIPS Inquiry Mailbox: [Macra\\_MipsInquiry@cms.hhs.gov](mailto:Macra_MipsInquiry@cms.hhs.gov)**

**PROPOSED RULE  
MIPS PERFORMANCE  
PERIOD & PAYMENT  
ADJUSTMENT**

# PROPOSED RULE

## MIPS Performance Period



**MIPS Performance  
Period  
(Begins 2017)**

- ✓ All MIPS performance categories are aligned to a performance period of one full calendar year.
- ✓ Goes into effect in first year  
(2017 performance period, 2019 payment year).

2017	2018	2019	2020	2021	2022	2023	2024	2025
<b>Performance Period</b>		<b>Payment Year</b>						

## PROPOSED RULE

# MIPS: Payment Adjustment

- ✓ A MIPS eligible clinician's payment adjustment percentage is based on the relationship between their CPS and the MIPS performance threshold.
- ✓ A CPS below the performance threshold will yield a negative payment adjustment; a CPS above the performance threshold will yield a neutral or positive payment adjustment.
- ✓ A CPS less than or equal to 25% of the threshold will yield the maximum negative adjustment of -4%.



Quality



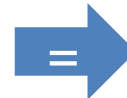
Resource  
use



Clinical  
practice  
improvement  
activities



Advancing  
care  
information



MIPS  
Composite  
Performance  
Score (CPS)



## PROPOSED RULE

# MIPS: Payment Adjustment

- ✓ A CPS that falls at or above the threshold will yield payment adjustment of 0 to +12%, based on the degree to which the CPS exceeds the threshold and the overall CPS distribution.
- ✓ An additional bonus (not to exceed 10%) will be applied to payments to eligible clinicians with exceptional performance where CPS is equal to or greater than an “additional performance threshold,” defined as the 25th percentile of possible values above the CPS performance threshold.



Quality



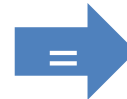
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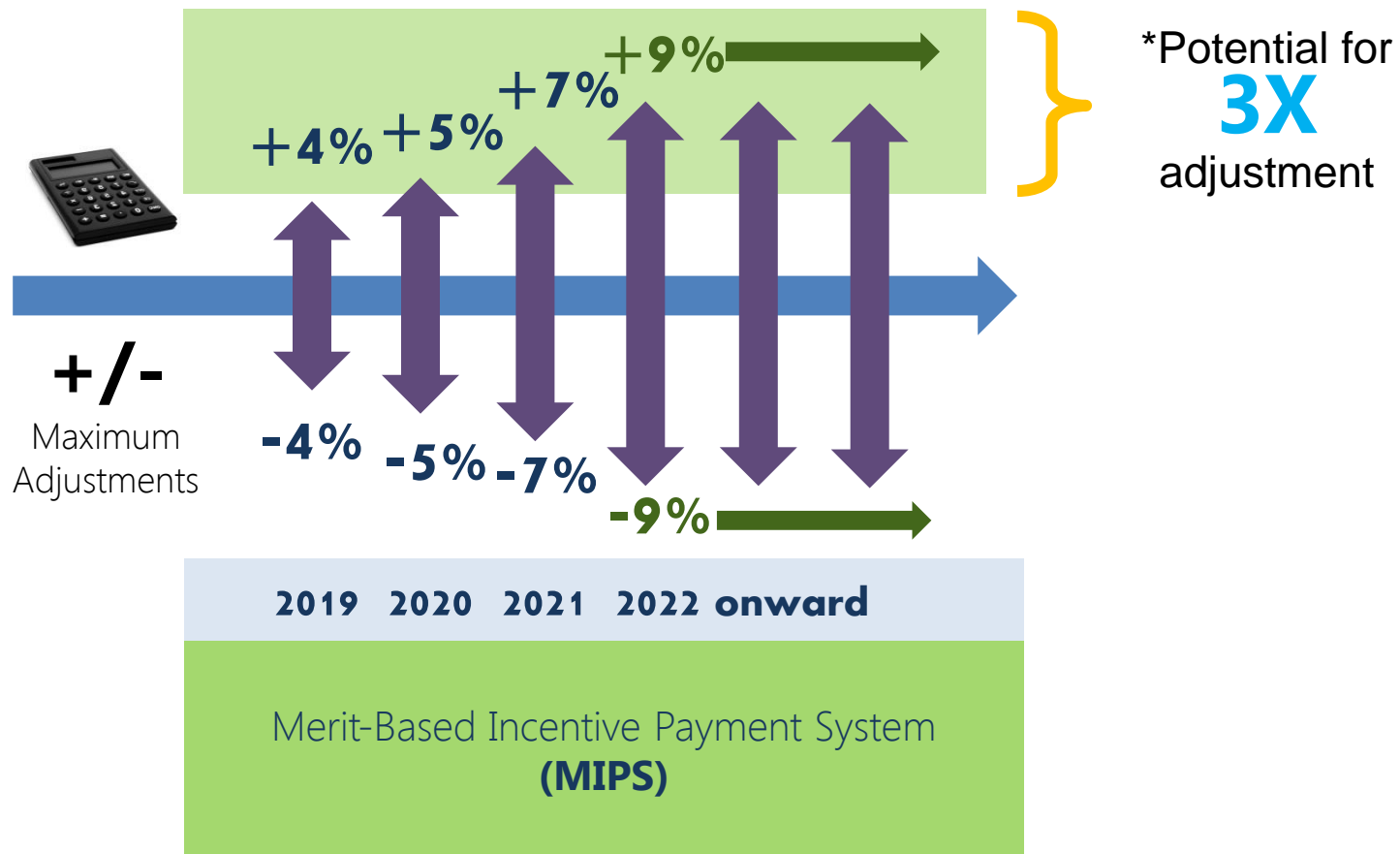
MIPS  
Composite  
Performance  
Score (CPS)





# How much can MIPS adjust payments?

**Note:** MIPS will be a **budget-neutral** program. Total upward and downward adjustments will be balanced so that the average change is 0%.





# THANK YOU!

More Ways to Learn To learn more about the Quality Payment Programs including MIPS program information, watch the <http://go.cms.gov/QualityPaymentProgram> to learn of Open Door Forums, webinars, and more.

## When and where do I submit comments?

- The proposed rule includes proposed changes not reviewed in this presentation. We will not consider feedback during the call as formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the 60-day comment period on June 27, 2016. When commenting, refer to file code CMS-5517-P.
- Instructions for submitting comments can be found in the proposed rule; FAX transmissions will not be accepted. You must officially submit your comments in one of the following ways: electronically through
  - Regulations.gov
  - by regular mail
  - by express or overnight mail
  - by hand or courier
- For additional information, please go to:  
<http://go.cms.gov/QualityPaymentProgram>