

MACRA and the Quality Payment Program

City & County of San Francisco Health Service Board
Special Meeting

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What is MACRA?

- ◆ Medicare Access and CHIP Reauthorization Act of 2015
- ◆ Multiple components
 - ◆ Payment system for physicians and other clinicians who care for Medicare beneficiaries
 - ◆ Quality measure development
 - ◆ Children's Health Insurance Program extension

Medicare payment before MACRA

- ◆ Fee-for-service (FFS) payment system, where clinicians are paid based on **volume** of services, not **value**
- ◆ “Cost control” through the sustainable growth rate (SGR) formula



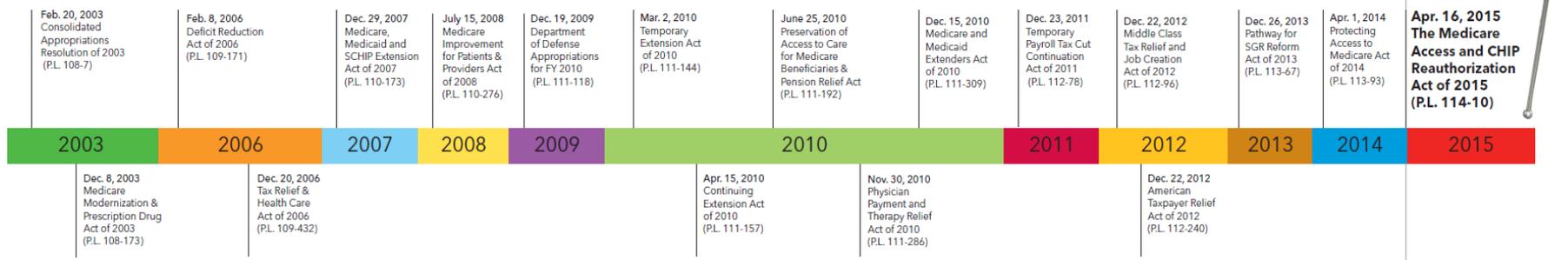
Each year, Congress passed temporary “doc fixes” to avert cuts (no fix in 2015 would have meant a 21% cut in Medicare payments to clinicians)

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Timeline: The Long Journey Toward SGR-Repeal 12 Years, 17 Patches, \$169.5 billion

Patch Legislation (Delayed scheduled SGR cuts to physicians) Enacted



**SGR-Repeal
Legislation
Enacted**

THE WALL STREET JOURNAL

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OUR GOAL

Goals for U.S. Health Care

2016

30%

In 2016, at least 30% of U.S. health care payments are linked to quality and value through APMs.

2018

50%

In 2018, at least 50% of U.S. health care payments are so linked.

These payment reforms are expected to demonstrate better outcomes and lower costs for patients.

Updated Jan. 26, 2015 1:14 p.m. ET

WASHINGTON—The Obama administration on Monday set an ambitious goal to rework hundreds of billions of dollars in Medicare payments to doctors and hospitals in an effort to reduce waste and make older Americans healthier.

BECKER'S Hospital CFO

BECKER'S HOSPITAL REVIEW
6th Annual Meeting

153 Health System
Executive Speakers
May 7-9, 2015 • Chicago

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Financial Management



Email Print

20 major health systems, payers pledge to convert 75% of business to value-based arrangements by 2020

Written by Emily Rappleye ([Twitter](#) | [Google+](#)) | January 28, 2015

A group of the top U.S. health systems, payers and stakeholders announced Wednesday the formation of the Health Care Transformation Task Force, a private-sector alliance aimed at accelerating the healthcare industry's transformation to value-based care.

MIPS

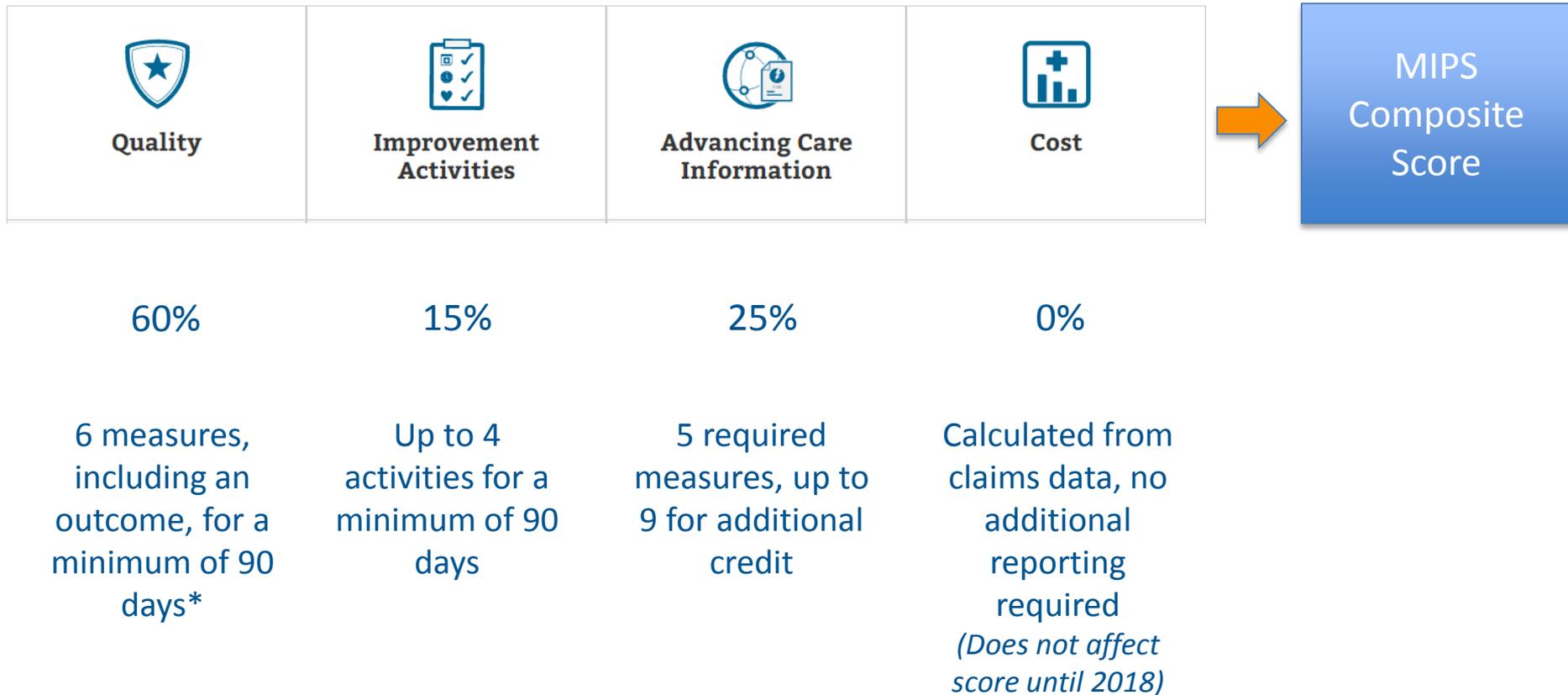
(Merit-based Incentive
Payment System)

- Traditional Medicare plus new bonuses and penalties based on performance
- Streamlines multiple CMS quality and value reporting programs into single program

APMs

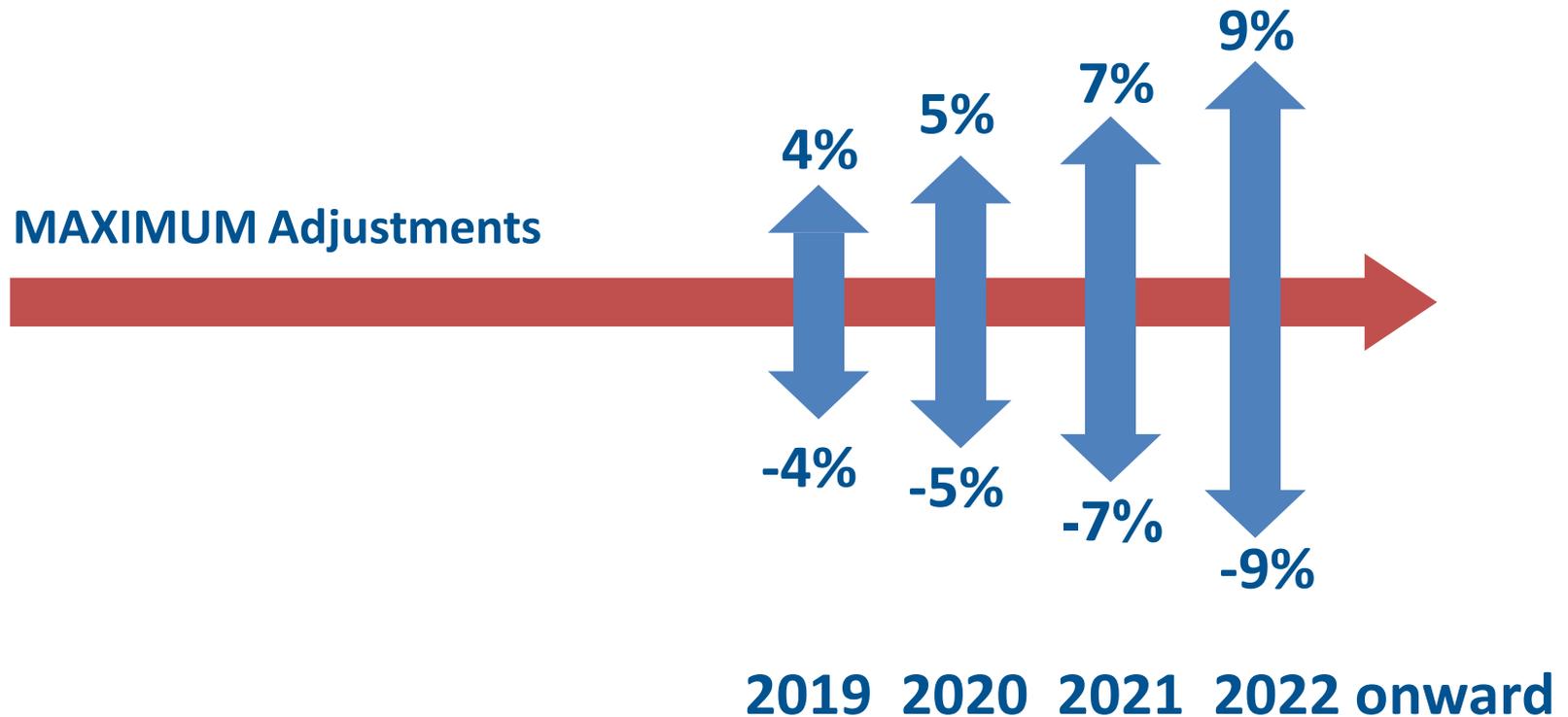
(Advanced Alternative
Payment Models)

- New guaranteed 5% bonus payment for taking part in an innovative payment model
(criteria apply)



MIPS Incentives

Additional \$\$ available for
“exceptional performance”
(top quartile scores)



- ◆ Certain programs and models: CMS Innovation Center models, Shared Savings Program tracks, federal demonstration programs
- ◆ Use certified EHR technology
- ◆ Base payments on quality metrics similar to those in MIPS
- ◆ Expanded medical home model OR bear more than nominal financial risk for losses

Advanced APMs
<p>Advanced APM-specific rewards (i.e., program design)</p> <p style="text-align: center;">+</p> <p>5% lump sum incentive</p>

APM Volume Requirements

	2017	2018	2019	2020	2021	2022
% Medicare \$ through APM	25%	25%	50%	50%	75%	75%
% Medicare patients in APM	20%	20%	35%	35%	50%	50%

Advanced APMs: 2017

Comprehensive End Stage Renal
Disease Care Model
(Two-Sided Risk Arrangements)

Comprehensive Primary Care Plus (CPC+)

Shared Savings Program Track 2

Shared Savings Program Track 3

Next Generation ACO Model

Oncology Care Model
(Two-Sided Risk Arrangement)

Final list to be published by January 2017

- ◆ Physician-Focused Payment Model Technical Advisory Committee (PTAC) recommendations
- ◆ Likely additional models:

Comprehensive Care for Joint Replacement
(CJR) Payment Model (CEHRT)

Advancing Care Coordination through
Episode Payment Models Track 1 (CEHRT)

ACO Track 1+

New Voluntary Bundled Payment Model

Vermont Medicare ACO Initiative (as part of
the Vermont All-Payer ACO Model)

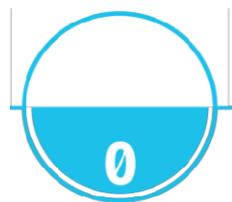
Transitional Year: “Pick Your Pace” for 2017

Participate in an Advanced Alternative Payment Model



- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

Test Pace

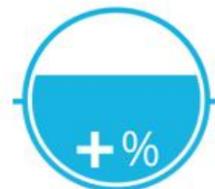


Submit Something

- Submit **some** data after January 1, 2017
- Neutral or small payment adjustment

MIPS

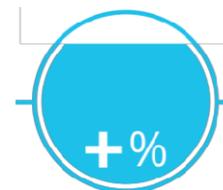
Partial Year



Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year

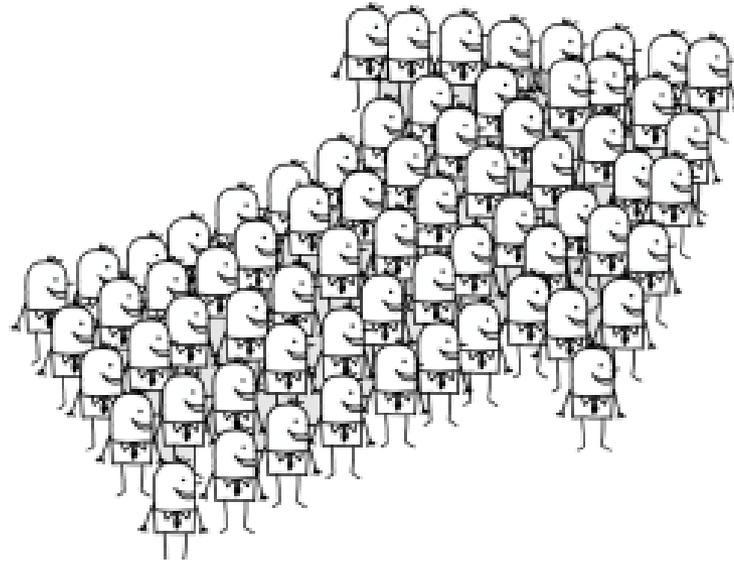


Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.

How will this drive system change?

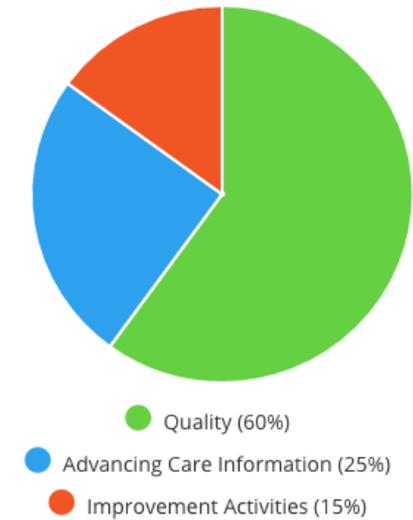


MIPS Overview

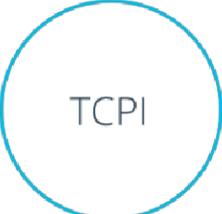
Use this tool to browse the different MIPS measures and activities.

Category	What do you need to do?
 <p>Quality Replaces the Physician Quality Reporting System (PQRS).</p>	<p>Most participants: Report up to 6 quality measures, including an outcome measure, for a minimum of 90 days.</p> <p>Groups using the web interface: Report 15 quality measures for a full year.</p> <p>Groups in APMs qualifying for special scoring under MIPS, such as Shared Savings Program Track 1 or the Oncology Care Model: Report quality measures through your APM. You do not need to do anything additional for MIPS quality.</p>
 <p>Improvement Activities New category.</p>	<p>Most participants: Attest that you completed up to 4 improvement activities for a minimum of 90 days.</p> <p>Groups with fewer than 15 participants or if you are in a rural or health professional shortage area: Attest that you completed up to 2 activities for a minimum of 90 days.</p> <p>Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model: You will automatically earn full credit.</p> <p>Participants in certain APMs under the APM scoring standard, such as Shared Savings Program Track 1 or the Oncology Care Model: You</p>

2017 MIPS Performance



How can clinicians get ready for MACRA?



TCPI

Transforming Clinical Practice Initiative (TCPI): TCPI is designed to support more than 140,000 clinician practices over the next 4 years in sharing, adapting, and further developing their comprehensive quality improvement strategies. Clinicians participating in TCPI will have the advantage of learning about MIPS and how to move toward participating in Advanced APMs. Click [here](#) to find help in your area.



QIN-QIOs

Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs): The QIO Program's 14 QIN-QIOs bring Medicare beneficiaries, providers, and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality. More information about QIN-QIOs can be found [here](#).



APM Learning Systems

If you're in an APM: The Innovation Center's Learning Systems can help you find specialized information about what you need to do to be successful in the Advanced APM track. If you're in an APM that is not an Advanced APM, then the Learning Systems can help you understand the special benefits you have through your APM that will help you be successful in MIPS. More information about the Learning Systems is available through your model's support inbox.

How can clinicians get ready for MACRA?

- ◆ Connect locally with organizations and use their websites
- ◆ AMA <https://www.ama-assn.org/practice-management/medicare-payment-delivery-changes>
- ◆ AHA <http://www.aha.org/advocacy-issues/physician/index.shtml>
- ◆ AAFP <http://www.aafp.org/practicemanagement/payment/macraready.html>
- ◆ ONC <https://chpl.healthit.gov/#/search> list of certified vendors

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