QPP Roundup: April 2018

Providing monthly updates on PAI's activities and QPP news for you and your practice.

New Interactive Resource Navigation Tools for 2018 MIPS Participation

PAI's QPP Resource Center recently added several new resources to help physicians understand the 2018 participation rules for the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) pathways. The resources include overviews of: the various MIPS categories, MIPS scoring and payment adjustment, MIPS reporting mechanisms, Advanced APMs, and Advanced APM participation requirements.

Not sure where to start? Check out our NEW Interactive Resource Navigation Tools to better understand how to maximize PAI's and Centers for Medicare and Medicaid Services's QPP resources and direct you to other organizations that can provide additional value to your efforts.

- QPP Resource Navigation Tool – will help you navigate resources available for the QPP if you aren’t sure where to begin or would like additional details on both
MIPS and APMs.

- **MIPS Resource Navigation Tool** – will help you navigate resources that provide detailed information on MIPS categories, scoring, reporting, etc.
- **Advanced APM Resource Navigation Tool** – will guide you to the appropriate resources to determine if the Advanced APM track is right for your practice, and if so, to successfully participate as an Advanced APM entity.

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**Administration Announces New Initiatives to Improve Interoperability**

CMS Administrator Seema Verma, along with Jared Kushner, director of The White House Office of American Innovation, recently announced three new initiatives to improve interoperability, promote the exchange of medical data, and give patients greater access and control over their health care data.

- **MyHealthEData** – A government-wide initiative, led by the White House Office of American Innovation, is intended to give patients greater authority over their medical data. Patients would be entitled to an electronic copy of their entire health record on any device of their choice and the ability to freely share their data.
- **Medicare’s Blue Button 2.0** – CMS launched a programming interface enabling Medicare beneficiaries to upload claims data from the past four years to different health apps and share the information with their physicians.
- **Ensuring Patient Access to Plans’ Claims Data** – CMS intends to examine the patient health data-related expectations for its health plan partners and review quality measures across Medicare Advantage Stars programs, focusing on ensuring that patients have access to their claims data. The agency wants all commercial health insurers to release their quality data and has indicated that private plans contracting through MA and the exchanges should offer a service akin to Medicare’s Blue Button 2.0.

PAI will continue monitoring developments on these initiatives in order to protect the interests of physicians. Further information from CMS on the initiatives is available [here](#).

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**Secretary Azar Outlines Value-Based Care Priorities**

In a speech before the Federation of American Hospitals, U.S. Department of Health & Human Services (HHS) Secretary Alex Azar outlined four priorities for value-based care:
1. Increasing patient access to their medical records.
2. Increasing transparency.
3. Using MACRA and the CMS Innovation Center “to drive real change.”
4. Reducing government burdens.

PAI has been a consistent voice and advocate for physicians on these priorities. A video of the speech is available here, and the text is available here.

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**QPP Updates**

CMS has posted several new fact sheets to its QPP Resource Library:

- [Cost Category Fact Sheet](#) – overview of the cost category measures, performance, and scoring.
- [Improvement Activities Category Fact Sheet](#) – overview of the reporting requirements with guidance on how to select and report improvement activities.
- [Advancing Care Information Category Fact Sheet](#) – overview of ACI measures and objectives, as well as the certified EHR technology (CEHRT) requirements.
- [CAHPS for MIPS Survey Fact Sheet](#) – overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey, which can be reported as one measure for the MIPS quality category.

Additional resources on MIPS and Advanced APMs are available on the [CMS QPP Resource Library](#).

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**QPP in the News**

**MedPAC Recommends Elimination of MIPS**

The Medicare Payment Advisory Commission (MedPAC) Chair and three Commissioners published a blog via Health Affairs on their recommendation to eliminate MIPS, which they believe fails to achieve its intended purpose of adding a value component for clinician services in traditional Medicare to promote high-quality care. They discuss flaws with MIPS including:

- A majority of clinicians do not have a large enough number of ‘discrete beneficiary medical issues and resultant processes of care during a year’ to ensure that the program actually produces reliable, statistically significant comparative results.
- Basing payment adjustments on quality and efficiency measurements at the
individual clinician level ignores the fact that the practice of medicine is transitioning to a ‘team sport.’
- The reporting requirements are burdensome, complex and expensive.

**House Launches Health Care Innovation Caucus**
U.S. House of Representatives lawmakers have formed a new caucus called the ‘Health Care Innovation Caucus’ focused on exploring and advancing successful, innovative value-based care payment models and accompanying technologies that are needed to support these models. An announcement for the caucus is [here](#) and a related article is [here](#).