QPP Roundup: June 2018

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

PAI's QPP Tip of the Month - Check Your Eligibility!

Your practice must earn at least 15 points collectively across all four Merit-based Incentive Payment System (MIPS) categories in 2018 to avoid a -5 percent payment adjustment to your Medicare Part B fee-for-service (FFS) reimbursements in 2020. CMS has introduced new bonus points opportunities for 2018 MIPS participation to help you get closer to meeting, and even exceeding, the 15-point threshold. Evaluate whether the following categories apply to you/your practice (more than one may be applicable):

- Small Practice – additional five points automatically earned if you are a small practice (15 or fewer clinicians) for your overall MIPS score if you submit data on at least one performance category. This means that you only need to earn an additional 10 points across the four categories to avoid a negative adjustment.
- Complex Patients – earn up to five bonus points if your practice provides care to more complex patients, which CMS will calculate using a combination of the HCC risk scores and number of dual eligibles served by a practice.
- Quality – additional bonus points can be earned by reporting additional high-priority measures; reporting measures electronically; and through improvement scoring.
• Promoting Interoperability – up to 25 bonus points can be earned for reporting to additional public health agencies or clinical data registries, reporting certain improvement activities using certified electronic health record technology (CEHRT), and using 2015 CEHRT exclusively.

To learn more about category-level bonus points and scoring across all MIPS categories, please find PAI’s comprehensive resources here.

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**PAI Responds to CMS's Request for Information (RFI) on Direct Provider Contracting (DPC) Models**

PAI provided input on the development of DPC models between payers and primary care or multi-specialty groups within the Medicare program (Parts A and B), Medicare Advantage program (Part C), and Medicaid, to be tested through the CMS Innovation Center. Overall, the model aligns with PAI’s goals for advancing policies that support physician leadership, improve outcomes, empower patients, and advance innovative, market-driven approaches. Additionally, PAI encouraged CMS and the Center for Medicare and Medicaid Innovation (CMMI) to address current barriers through its model design work, including,

• Developing physician-led models that improve patient access and care across a wide range of geographies, settings, and communities, including underserved communities, and ensuring that models incorporate a risk adjustment model that better addresses factors including health status, frailty, socioeconomic factors, social determinants of health.;
• Revising federal payment policies that favor hospital-based care;
• Crushing regulatory burden that is overly costly for small practices (e.g., CEHRT; HIE); and
• Modernizing various outdated laws and regulations that restrict physicians’ abilities to compete on a level playing field with hospitals, health systems, and insurers (e.g., physician-owned hospitals; self-referral; antitrust laws).

PAI's full response to the DPC models RFI is available here.

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**Reminder: CMS Renamed Advancing Care Information (ACI) Category to Promoting**
Interoperability

On April 24, CMS renamed the Advancing Care Information (ACI) category to the Promoting Interoperability performance category. Please note that some resources may not be updated to reflect this change, so reference to ACI should be cross-referenced to the Promoting Interoperability category. CMS did not change the category or reporting requirements already finalized for the ACI category.

CMS Reports that QPP Year 1 Participation Exceeds 90 Percent

CMS Administrator Seema Verma announced that over 90 percent of eligible clinicians (ECs) participated in MIPS during QPP year one, and that the submission rates for Accountable Care Organizations (ACOs) was 98 percent and for clinicians in rural practices was 94 percent. However, the announcement does not provide information on performance rates or how many ECs will receive payment adjustments or the exceptional performance bonus. CMS will provide feedback reports to ECs later this year with performance and adjustment information.

CMS QPP Updates

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

- Improvement Activities Performance Category Fact Sheet – overview of the improvement activities measures, performance and scoring
- Promoting Interoperability (formerly ACI) Fact Sheet – overview of the promoting interoperability category measures, performance and scoring
- 2018 Quality Performance Category Scoring for Alternative Payment Models (APM) Fact Sheet – overview of the APM scoring standard for the quality category for MIPS APMs, including the Medicare Shared Savings Program, Next Generation ACO Model, and Medicare ACOs Track 1+ Model
- 2018 Other MIPS APM Quality Performance Category Fact Sheet – overview of the scoring methodology for the quality performance category for MIPS eligible clinicians in certain APMs under MIPS, including the Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model, the Comprehensive Primary Care Plus (CPC+) Model, and the Oncology Care
Model (OCM)

Additional resources on MIPS and Advanced APMs are available on the PAI's QPP Resource Center and the CMS QPP Resource Library.

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**CMS Upcoming QPP Webinars**

- **MIPS Promoting Interoperability Performance Category** – Tuesday, June 12, 1:00 pm – 2:00 p.m. ET. Registration for the webinar available [here](#).
- **CMS Quality Measures: Development, Implementation, and You Webinar (Part 2)**
  - Wednesday, June 13, 12:00 pm – 1:00 pm ET. Registration for the webinar is available [here](#).
  - Thursday, June 14, 4:00 pm – 5:00 pm ET. Registration for the webinar is available [here](#).