QPP Roundup: October 3, 2017

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

PAI's Medicare Quality Payment Program (QPP) Resource Center: Tools to Help You Succeed

Earlier this summer, PAI launched a new MACRA QPP Resource Center to help physicians understand and successfully navigate the QPP. The Resource Center contains comprehensive overviews, guides, and FAQs to support physicians, regardless of their QPP readiness, for both the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (Advanced APM) pathways.

This month, we would like to highlight the MIPS Transition Year Overviews for each of the three scored MIPS categories for 2017:

- [2017 Transition Year Quality Category Overview](#)
- [2017 Transition Year Advancing Care Information (ACI) Category Overview](#)
- [2017 Transition Year Improvement Activities Category Overview](#)

These overviews walk through the minimum reporting thresholds you will need to satisfy in 2017 in order to avoid a -4% penalty of your 2019 Medicare Part B FFS payments. As long as you satisfy the minimum reporting requirements in one of the three categories (ACI, Quality, or Improvement Activities) you will be...
able to avoid a penalty. PAI recommends reviewing each of the overviews to determine the best option for you and your practice.

**PAI Submits Comments on CY 2018 QPP Proposed Rule**

PAI submitted comments in response to the [CY 2018 QPP Proposed Rule](#). PAI commended the agency for proposing to continue some 2017 transition year policies, provide greater flexibility for physicians, incentivize participation by small practices, and reward quality improvement over time. However, PAI also expressed concerns that some proposals may put patients, physicians, and practices at a disadvantage, and that other proposals lack clarity and could increase the complexity of the program. PAI provided comments in response to several proposals, including the following:

- Merit-based incentive payment system (MIPS) low-volume thresholds
- MIPS submission mechanisms
- MIPS performance category weights and requirements
- MIPS performance scoring
- MIPS audit, targeted review, and appeal processes
- MIPS virtual groups
- MIPS Advanced alternative payment models (APMs)
- Medicare Advanced APMs
- Other-Payer Advanced APMs

PAI's comment letter is available on [PAI's website](#).

**Centers for Medicare & Medicaid Services: Innovation Center (CMMI) New Direction**

On Wednesday, September 20, CMMI issued a [request for information](#) seeking feedback on new direction to promote patient-centered care and test reforms that empower beneficiaries, provide price transparency, increase choices and competition to increase quality, reduce costs, and improve outcomes. Their core guiding principles are:

1. Choice and competition in the market
2. Provider choice and incentives
3. Patient-centered care
4. Benefit design and price transparency
5. Transparent model design and evaluation
6. Small scale testing

Specifically, CMMI is interested in feedback and comments on the following eight areas:

1. Increased participation in Advanced APMs for MACRA’s Quality Payment Program (QPP)
2. Consumer-Directed Care & Market-Based Innovation Models
3. Physician Specialty Models
4. Prescription Drug Models
5. Medicare Advantage (MA) Innovation Models
6. State-Based and Local Innovation, including Medicaid-focused Models
7. Mental and Behavioral Health Models
8. Program Integrity

Comments in response to the RFI are due November 20. Additional information is available on CMMI’s website.

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**New CMS QPP Resources**

CMS has posted several new resources on specialty- and provider-specific MIPS measures:

- MIPS Measures for Anesthesiologists and CRNAs
- MIPS Measures for Emergency Medicine Clinicians
- MIPS Measures for Ophthalmologists
- MIPS Measures for Orthopedists
- CAHPS for MIPS CMS-Approved Survey Vendors

CMS has also posted an overview on Group Participation in MIPS, as well as an updated list of 2017 Qualified Clinical Data Registries (QCDRs).

For additional resources, please visit PAI's MACRA QPP Center and CMS's QPP Resource Library.

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**QPP in the News**

[The Future of Value-Based Payment-Time to Reexamine and Refocus Our Efforts](#)

[Physician Offices, Hospitals Still Trying to Prepare for MACRA's Reimbursement Changes](#)
A HealthAffairs blog discusses the need to reexamine the current value-based payment models and efforts and determine how they can be improved and refocused to be effective and meaningful, since many currently believe that existing policies are focusing on the wrong measures and capturing the wrong data. There are many frustrations with current programs including the lack of available and applicable measures, use of paper records over electronic health records (EHRs), and the lack of alignment between “hospital and clinical quality measurement and reporting.” In response to these issues, the blog’s author discusses the need for solutions focused around measures that improve patient care and meet patient needs, result in positive return on investment (ROI) for quality measurement activities, and alignment of measures and reporting across all payers.

This Modern Healthcare articles discusses the challenges many providers are still facing in understanding and meeting the requirements of the QPP. Some key challenges identified in the article include the lack of readiness of electronic health record (EHR) vendors to support the clinical needs of the program, the complexity of the program, and unfamiliarity with the changes.