Quality Payment Program

- "The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which threatened clinicians participating in Medicare with potential payment cliffs for 13 years."
- https://qpp.cms.gov/
Changing Quality Environment Under Medicare & Impact on PTs

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### Long Term Care Hospitals (LTCH)
- Facility
- Population
- Target cost tied to quality of care

### Inpatient Rehabilitation Facilities (IRF)
- Patient Functional Limitation Reporting (FLR)
- Condition of payment

### Abbreviations:
- Comprehensive Joint Replacement (CJR)
- Accountable Care Organizations (ACO)
- Post-acute Care (PAC)
- Tax Identification Number (TIN)
- National Provider Identification (NPI)
- Quality Payment Program (QPP)
- Merit-based Incentive Payment System (MIPS)

#### “The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) streamlines a patchwork collection of programs with a single system where you can be rewarded for better care.”


There are two paths in this program:

- **Merit-based Incentive Payment System (MIPS)**
- **Advanced Alternative Payment Models (APMs)**
Advanced APM

You may earn an incentive payment for participating in an innovative payment model.

The "other" clinical path in the Quality Payment Program

Advanced Alternative Payment Models (APM) (Value Based Initiatives)

➢ Payment approach that gives added incentive payments to provide high-quality and cost-efficient care.
➢ APMs can apply to a specific clinical condition, a care episode, or a population.

Familiar example of an APM...

Comprehensive Care for Joint Replacement (CJR)

The CJR model holds participant hospitals financially accountable for the quality and cost of a CJR episode of care and incentivizes increased coordination of care among hospitals, physicians, and post-acute care providers.

http://innovation.cms.gov/initiatives/ccjr/
MIPS
You will earn a performance-based payment adjustment.

Eligible MIPS professionals in 2017/2018
- Physicians, which includes doctors of medicine, doctors of osteopathy (including osteopathic practitioners), doctors of dental surgery, doctors of dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors;
- Physician assistants (PAs);
- Nurse practitioners (NPs);
- Clinical nurse specialists;
- Certified registered nurse anesthetists; and
- Any clinician group that includes one of the professionals listed above

Under current MIPS, there are four connected performance categories that will affect your Medicare payments:
- Quality,
- Improvement Activities,
- Advancing Care Information, and
- Cost
What might MIPS look like for PTs in 2019?

• "Eligible clinicians will earn points in each performance category, producing a total annual MIPS score. That score will determine whether the clinician will earn a payment incentive, remain neutral in payment, or be subject to a penalty."

What might MIPS look like for PTs in 2019?

• "Payment incentives and penalties will be much higher under MIPS than they were under PQRS: plus and minus 4% in 2019, 5% in 2020, 7% in 2021, and 9% in 2022 and beyond."

FLR as part of MIPS?

• APTA recommends 3 changes to the FLR requirements in 2019 as a first phase of changes to make improvements to the program:
  1. Allow FLR through clinical data registries, EHRs, facility-based submission vehicles, and other means.
  2. Require FLR only upon patient intake and patient discharge from a course of outpatient therapy services. No longer require reporting at intervals.
  3. Include FLR by therapy providers under MIPS as a clinical practice improvement activity.
PQRS as the basis of the “Quality” measure ??

- Measure 128 - Preventive Care and Screening BMI
- Measure 130 - Documentation of Current Meds
- Measure 131 - Pain Assessment and Follow Up
- Measure 154 - Falls Risk Assessment
- Measure 155 - Falls Plan of Care
- Measure 182 - Functional Outcome Assessment

Still many unanswered questions about PT and MIPS!
Let’s look at Orthopedics!

For 2017 MIPS participants there was some leniency....

• If you are participating in the Quality Payment Program through MIPS, you will be able to pick your pace the first year through three participation options—test, partial, and full participation.
• Source: MIPS for Orthopedists
For 2017 MIPS participants there was some leniency....
• Note: cost is 0% of the MIPS score in the 2017 performance year; there is no data submission requirement.

• Source: MIPS for Orthopedists

60% of score
Quality Performance Category
Assess the value of care to ensure patients get the right care at the right time
...PQRS for PTs????

15% of score
Improvement Activities Performance Category
• Clinicians choose activities from among a list:
  • Collect and use patient experience and satisfaction data to improve care
  • Implement practice improvements that engage community resources to support patient health goals
  • Implement care coordination agreements that promote improvements in patient tracking across settings
  • Communicate specialist reports back to referring clinicians to close referral loop
25% of score
Advancing Care Information
Performance Category

Support the secure exchange of health
information and the use of certified electronic
health record technology

0% of score
Cost Performance Category

Helps create efficiencies in Medicare spending

BQ: Is EHR/EMR going to become mandatory starting in 2019?
Regulatory Quality Issues for PTs: Top 4 for 2018

1. PAC settings are a step closer to a fully standardized data set and it will change how we look at data across the continuum.

2. CMS will tell us if PTs will be included in the MIPS program for 2019.

3. APMs will continue to evolve with or without our participation.

4. Technology is unavoidable – the question of when is now.

Invest in technology???

- **Claims-based reporting is allowed in MIPS this year, but only in the quality category.** Reporting in the other categories must be done through certified electronic health records (EHRs) or registries.
- If you are using EHRs, ensure that your vendor is certified, or will be certified by 2019, by the Office of the National Coordinator for Health Information Technology.

Preparing for MIPS

- If you’re considering a new EHR...Make sure your electronic health record is certified by the Office of the National Coordinator (ONC) for Health Information. [https://chpl.healthit.gov/fr/search](https://chpl.healthit.gov/fr/search)
- You may want to investigate a qualified clinical data registry or other registry to submit your quality data.
Subscribe to the Quality Payment Program Listserv
https://qpp.cms.gov/

Discussion/Questions