The MACRA Quality Payment Program: What Behavioral Health Care Professionals Should Know

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MACRA = Medicare Access & CHIP Reauthorization Act Of 2015
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Objectives

• Understand the framework and goals of MACRA and the Quality Payment Program (QPP)

• Understand how Medicare Part B reimbursement will be re-structured under the QPP, specifically:
  – Alternative Payment Models (APMs)
  – Merit Based Incentive Payments System (MIPS)

• Review essential strategies, and assess clinician readiness, for participation in the QPP

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015
MACRA & THE QUALITY PAYMENT PROGRAM (QPP)

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015 (MACRA)
Polling Question

How would you rate your level of understanding of the MACRA QPP, and how it will affect your practice or organization?

A. High – Understand the QPP rule and how our practice or organization will participate
B. Medium – Understand the general provisions of QPP, unsure of what our practice or organization needs to do
C. Low – Unclear about the provisions of QPP or how it may affect my practice or organization

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015; QPP=Quality Payment Program
Medicare Access & CHIP Reauthorization Act Of 2015 (MACRA)

Repeals The Sustainable Growth Rate (SGR) Formula

Creating The QPP

- Medicare will reimburse clinicians for **value** not **volume**
  - Streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS)
  - Provides bonus payments for participation in eligible alternative payment models (APMs)
- The first payment adjustments based on performance go into effect on January 1, 2019, based on 2017 performance

CHIP=Children's Health Insurance Plan; QPP=Quality Payment Program

Goals Of MACRA

1. Offer multiple pathways with varying levels of risk and reward for providers to tie more of their payments to value.

2. Over time, expand the opportunities for a broad range of providers to participate in APMs.

3. Minimize additional reporting burdens for APM participants.

4. Promote understanding of each physician’s or practitioner’s status with respect to MIPS and/or APMs.

5. Support multi-payer initiatives and the development of APMs in Medicaid, Medicare Advantage, and other payer arrangements.

APM=Alternative Payment Model; MACRA = Medicare Access & CHIP Reauthorization Act Of 2015 (MACRA), MIPS=Merit Based Incentive Payments System

Who Is Affected By MACRA’s Quality Payment Program In 2017?¹

Most behavioral health organizations that bill Medicare Part B using the Physician Fee Schedule

- Physicians (including psychiatrists)
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists

Non-participation will result in reductions in reimbursement in 2019

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015

**Who Is Not Affected By MACRA’s Quality Payment Program In 2017?¹**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical psychologists and licensed clinical social workers</td>
<td></td>
</tr>
<tr>
<td>First-year Medicare providers</td>
<td></td>
</tr>
<tr>
<td>Qualifying Advanced APM clinicians</td>
<td></td>
</tr>
<tr>
<td>Hospitals and facilities</td>
<td></td>
</tr>
<tr>
<td>Providers who serve fewer than 100 Medicare recipients OR bill Medicare less than $30,000 per year (&quot;low-volume threshold&quot;)</td>
<td></td>
</tr>
<tr>
<td>Clinicians and groups who are not paid under the Physician Fee Schedule (i.e. FQHCs and partial hospitalization programs)</td>
<td></td>
</tr>
</tbody>
</table>


APM=Alternative Payment Models; FQHC=Federally Qualified Health Center; MACRA = Medicare Access & CHIP Reauthorization Act Of 2015 (MACRA)
# New Two-Track Quality Payment Program

## Merit-Based Incentive Payment System (MIPS)

FFS + performance bonuses / penalties for measures on:

1. Quality
2. Cost
3. Clinical Practice Improvement Activities
4. Advancing Care Information (ACI) (formerly known as “Meaningful Use” of certified EHR technology)

## Alternative Payment Models (APMs)

Moves away from FFS and toward population-based payments

- Bear more than nominal financial risk for monetary losses or are a medical home model expanded under CMMI authority
- APMs are required to use certified EHR technology
- Clinicians who meet revenue and patient thresholds are considered Advanced APMs and earn automatic 5% bonuses on their Part B revenue

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CMMI=Center for Medicare & Medicaid Innovation; EHR=Electronic Health Record, FFS=Fee For Service


Advanced Alternative Payment Models (AAPM)$^1$

AAPMs are a subset of APMs

AAPM practices may earn 5% incentive payment for taking on some risk related to their patients' outcomes

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APM=Alternative Payment Model; AAPM=Advanced Alternative Payment Model
## Approved AAPMs For 2017

<table>
<thead>
<tr>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Primary Care Plus</td>
</tr>
<tr>
<td>MSSP Tracks 2 &amp; 3 (Track 1+ pending)</td>
</tr>
<tr>
<td>Next Gen ACOs</td>
</tr>
<tr>
<td>Oncology Care Model (2-sided risk)</td>
</tr>
<tr>
<td>Comprehensive ESRD Model (2-sided risk)</td>
</tr>
<tr>
<td>Comprehensive Joint Replacement Model</td>
</tr>
<tr>
<td>Vermont Medicare ACO Initiative</td>
</tr>
</tbody>
</table>

ACO=Accountable Care Organization; APM=Alternative Payment Model; ESRD=End Stage Renal Disease; MSSP=Medicare Shared Savings Program

Are You In MIPS Or APM?¹

APM=Alternate Payment Model; MIPS=Merit-Based Incentive Program


¹ The information provided by PsychU is intended for your educational benefit only. It is not intended as, nor is it a substitute for medical care or advice or professional diagnosis. Users seeking medical advice should consult with their physician or other healthcare professional.
MIPS Maximum Adjustment To Payments\textsuperscript{1}

Physicians and practitioners will receive positive, negative, or neutral adjustments up to these percentages.

CPS=Composite Performance Score; MIPS=Merit Based Incentive Payment System

Pick Your Pace: Options For 2017

1. Mirror under the nose test
   - Any reporting at all prevents penalties
     - e.g. 1 quality measure, OR 1 improvement activity measure, OR the ACI measure set for at least 90 consecutive days
     - No reporting = full 4% MIPS penalty

2. Partial year reporting
   - Full reporting in one 90-day period qualifies clinicians for MIPS bonus based on performance

3. Full year reporting in 2018 on Quality & Resource
   - Full year reporting in all categories 2019 and thereafter

4. Participate in an Advanced APM
   - Qualifies for 5% AAPM bonus

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ACI= Advancing Care Information; APM=Alternative Payment Model; AAPM=Advanced Alternative Payment Model; MIPS=Merit Based Incentive Payment System

Polling Question

Overall, what percent of providers are expected by CMS to receive a bonus or no penalty in the 2019 payment year?

A. 10%
B. 25%
C. 50%
D. 90%
MIPS Scoring: Transition Years (2017-2018)

**Quality: 60% of 2017 MIPS score**

- MIPS measures quality of care through evidence-based clinical quality measures, created by or supported by clinical leaders and endorsed by a consensus-based process.

**Cost: 0% of 2017 MIPS score**

- Calculate measures of total per capita costs for all attributed beneficiaries and a Medicare Spending per Beneficiary (MSPB) measure.

**Clinical Practice Improvement Activities: 15% of 2017 MIPS score**

- Providers attest to participation in activities that improve clinical practice.

**Advancing Care Information: 25% of 2017 MIPS score**

- Promotes patient engagement and the electronic exchange of information using certified EHR technology.

EHR=Electronic Health Record; MIPS=Merit-Based Incentive Payment System


THE IMPORTANCE OF QUALITY IN PAYMENT REFORM
The Movement Toward Value-Based Purchasing¹

Compensation Continuum by Level of Financial Risk

<table>
<thead>
<tr>
<th>Small % of Financial Risk</th>
<th>Moderate % of Financial Risk</th>
<th>Large % of Financial Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Financial Accountability</td>
<td>Moderate Financial Accountability</td>
<td>Full Financial Accountability</td>
</tr>
<tr>
<td>Passive Involvement</td>
<td>Provider Engaged</td>
<td>Provider Active In Management</td>
</tr>
<tr>
<td>Fee-For-Service</td>
<td>Performance-Based Contracting</td>
<td>Bundled &amp; Episodic Payments</td>
</tr>
</tbody>
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MACRA In The Context Of Value-Based Payments

Value-Based Payment (VBP) arrangements refer to the shift from volume to value\(^1\).

Value-based systems incentivize efficient, high quality, patient-centered care\(^2\).

MACRA reflects a broader industry trend toward VBPs—and it’s not going to go away\(^1\).

Value = Outcomes / Cost\(^3\)

MACRA= Medicare Access & CHIP Reauthorization Act Of 2015

Mental & Behavioral Health Measures In MACRA’s Quality Payment Program

25 behavioral health measures in the final rule

Examples:

- Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions
- Anti-Depressant/Antipsychotic Medication Management
- Child and Adolescent MDD: Suicide Risk Assessment
- Dementia (6 measures)
- Depression Remission at 6 and 12 Months
- Depression Utilization of the PHQ-9 Tool
- Follow-Up After Hospitalization for Mental Illness
- Preventive Care and Screening (5 measures)
- Tobacco Use and Help with Quitting Among Adolescents

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015; PHQ-9 = Patient Health Questionnaire 9

DISCUSSION
STRATEGIES FOR PARTICIPATION IN THE QPP
Virtual Groups

APM=Alternative Payment Model; ASAP=As Soon As Possible; CMS=Centers for Medicare & Medicaid Services; MACRA=Medicare Access & CHIP Reauthorization Act of 2017


Patient-Centered Medical Homes (PCMH) & Patient-Centered Specialty Practices (PCSP)

Practices with PCMH and PCSP recognition receive automatic full credit in the MIPS CPIA category¹

• Automatic credit for CPIA makes up 15% of the MIPS score that determines whether clinicians get bonuses or penalties

CPIA=Clinical Practice Improvement Activity, MIPS=Merit Based Incentive Payment System; NCQA=National Committee for Quality Assurance


ASSESSING CLINICIAN COMPETENCIES FOR PARTICIPATION IN THE QPP
How Do You Demonstrate Quality Of Care?

Partial and full year reporting option requires providers to report at least six quality measures in 2017¹

Emphasis on outcome/high priority measures:¹

- Appropriate use
- Care coordination
- Patient experience
- Patient safety

Option to use “mental/behavioral health” specialty measure set²

How Do You Maximize Use Of Electronic Health Record Technology?\(^1\)

Do you use certified EHR technology (CEHRT)?

Emphasis on:

- Clinical effectiveness
- Information security
- Patient safety
- Patient engagement
- Health information exchange across providers and with patients

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How Do You Demonstrate Continuous Quality Improvement?¹

MIPS-eligible clinicians can choose from 90+ activities under nine sub-categories:

- Expanded Practice Access
- Beneficiary Engagement
- Achieving Health Equity
- Population Management
- Patient Safety and Practice Assessment
- Emergency Preparedness and Response
- Care Coordination
- Participation in an APM, including a medical home model
- Integrated Behavioral and Mental Health

APM=Alternative Payment Model; MIPS=Merit Based Incentive Payment System

How Do You Measure & Reduce Total Cost Of Care?

What does your Quality and Resource Use Report (QRUR) tell you about your cost of care?

Emphasis on:

• Total per capita cost for all attributed beneficiaries
• Medicare spending per beneficiary (MSPB)
• 10 episode of care measures (not yet finalized)

GET STARTED & STAY INFORMED
How To Prepare For The Quality Payment Program

START NOW – The QPP went into effect on **January 1st, 2017**

Determine QPP eligibility and “pick your pace” for 2017

Review CMS PQRS performance feedback/QRUR to identify opportunities for improvement in 2017

Review and select applicable quality measures\(^1\) and improvement activities\(^2\)

Make sure your EHR is certified\(^3\) by the Office of the National Coordinator for Health Information Technology

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CMS=Centers for Medicare & Medicaid Services; EHR=Electronic Health Record; PQRS=Physician Quality Reporting System; QPP=Quality Payment Program; QRUR=Quality and Resource Use Report


Stay Up-to-Date

✓ Check out the National Council’s MACRA resources¹
✓ Stay up-to-date by subscribing to the Capitol Connector blog²
✓ Join a Transforming Clinical Practice Initiative Practice Transformation Network (PTN)³

MACRA= Medicare Access & CHIP Reauthorization Act Of 2015

## Transforming Clinical Practice Initiative (TCPi): Change Package

### Patient and Family-Centered Care Design
- Patient & family engagement
- Team-based relationships
- Population management
- Practice as a community partner
- Coordinated care delivery
- Organized, evidence-based care
- Enhanced access

### Continuous, Data-Driven Quality Improvement
- Engaged and committed leadership
- QI strategy supporting a culture of quality and safety
- Transparent measurement and monitoring
- Optimal use of HIT

### Sustainable Business Operations
- Strategic use of practice revenue
- Staff vitality and joy in work
- Capability to analyze and document value
- Efficiency of operations

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HIT=Health Information Technology; QI=Quality Improvement
CMS Resources

Quality Payment Program Service Center

- (Monday-Friday, 8am-8pm ET)

Quality Payment Program Online Portal

Quality Innovation Networks (QINs)

Quality Improvement Organizations (QIOs)

CMS=Centers for Medicare & Medicaid Services; ET=Eastern Time, TTY=Text Telephone

QUESTIONS
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