2018 CHANGES IN MACRA QPP

2018 CHANGES TO MIPS PATH

GENERAL

Increase in smaller practice exemptions from MIPS. In 2018, CMS expands the money and patient thresholds. If a MIPS eligible clinician or group with has less than or equal to $90,000 in Part B charges or care for 200 or less beneficiaries, then the clinician or group is exempt from reporting performance in 2018. This is up from $30,000 or 100 patients in 2017**.**

Sets the 2018 Composite Performance Score (CPS) threshold at 15 points (as opposed to the 3 point CPS threshold for 2017), and maintains the exceptional performance threshold at 70 points.

Virtual Groups begin in 2018. CMS introduces virtual groups, which allow small practices to join together to expand their ability to improve quality and have sufficient patients for quality measurement. Virtual groups can be made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together "virtually" (no matter what specialty or location). To participants in a virtual group, a clinician must meet the low-volume threshold for participation in MIPS. If a group chooses to join or form a Virtual Group, all eligible clinicians under the TIN will have their performance assessed as part of the Virtual Group.

Solo practitioners and small practices have the choice to form or join a virtual group to participate with other practices. The rule prevents the smallest practices from joining virtual groups by defining "low-volume" practices as ineligible for MIPS. (Practices who want to join a virtual group need to meet the money and patient thresholds to be eligible for MIPS).

Bonus points for small practices. For small practices (practices of 15 or fewer clinicians), CMS gives 5 bonus points towards your overall score.

Up to 5 bonus points for clinicians that treat complex patients.

Automatic extreme and uncontrollable circumstance hardship exemption for physicians affected by recent hurricanes and wildfires. NOTE: If impacted clinicians do not submit data, they will be exempt from penalties. Meanwhile, those who do submit data will be scored on the data they submit, but the categories will be reweighted. If a clinician was impacted in 2017, the clinician may submit an application for reweighting of ACI category. If the clinician does not submit an ACI application, CMS will automatically exempt the impacted clinician from Quality, Cost and IA for 2017.

COST PERFORMANCE CATEGORY

Cost will count for 10% in the 2018 performance reporting year and the associated 2020 payment year. Initially, CMS did not incorporate Cost into the MIPS equation for 2018 report year. But now, cost

will be factored into the equation starting January 1, 2018. In 2019 the cost category will account for 30%. CMS will calculate cost scores for each practice based on Medicare Spending per Beneficiary (MSPB) and total per capital cost measures. The practice is not responsible for sending anything to CMS regarding the cost section. The increase in the cost performance category results in 2018 in a reduction in the Quality category to 50% of the total MIPS score.

QUALITY PERFORMANCE CATEGORY

- **Decrease in the quality performance category weight from 60% in 2017 to 50% in 2018 performance year for the 2020 payment year.** This reduction results from a change in the cost performance category weight from 0% in 2017 to 10% in 2018. **NOTE:** For 2019 performance year the quality performance category will be weighted at 30% for the 2021 payment year.

- **Practices of 15 or fewer clinicians exempt from the All-Cause Readmission measure.**

- **In 2018, eligible clinicians and groups have the following 3 options to maximize scoring in the Quality Performance Category:**

  - ✓ **Select six quality measures** from a pool of over 300 evidence-based measures. One of these measures must be an outcome measure. If there is no applicable outcome measure, one of the six quality measures must be a high-priority measure. **NOTE:** The MIPS Consumer Assessment of Healthcare Providers and Systems (MIPS CAHPS) survey counts as a high-priority quality measure.
  - ✓ **Select a specialty-specific measure set (measures specific to eligible clinician or group specialty)**. There are 34 specialty-specific measure sets for the 2018 performance year. If the measure set has more than six measures, the clinician or group may select six for submission, including one outcome measure if available. If no outcome measure is available in the set, the clinician or group must submit a high-priority measure.
  - ✓ **Select a CMS web interface measure set.** Clinicians submitting quality measures via the CMS web interface must submit all measures pre-loaded into the interface mechanism for the first 248 ranked and assigned Medicare beneficiaries as provided by CMS.

- **Maintains the number of quality measures a clinician must report for 2017 (6 measures) for full participation in the Quality performance category.**

IMPROVEMENT ACTIVITIES (IA)

- **CMS to continue to allow clinicians to report on Improvement Activities through simple attestation.**

- **Broadens 2017 IAs from 92 IAs to 112 IAs, with activities added to or removed from each of the original eight IA subcategories.** The number of new and removed 2018 by subcategory is as follows: (See **Attachment A** for a breakdown of the new activity adds and 2017 activity drops)

  - ✓ Achieving Health Equity *(6 activities – 2 new)*
  - ✓ Behavioral and Mental Health *(9 activities – 1 new)*
  - ✓ Beneficiary Engagement *(23 activities)*
  - ✓ Care Coordination *(17 activities – 3 new)*

- ✓ Emergency Response and Preparedness *(2 activities)*
- ✓ Expanded Practice Access *(5 activities – 1 new)*
- ✓ Patient Safety and Practice Assessment *(30 activities – 9 new)*
- ✓ Population Management *(20 activities – 6 new, 1 removed)*

Stronger Improvement Activities requirements for multi-practice entities. To receive auto-credit for Improvement Activities, the final rule stipulates that 50% of practices within a Tax Identification Number (TIN) must have recognition for all practices to receive auto-credit for Improvement Activities. Previously only 1 practice within a TIN needed recognition. Now, if applying under a multi-practice entity, 50% must be recognized. If this isn't possible, a practice can decide to report individually rather than as a group under MIPS.

ADVANCING CARE INFORMATION (ACI)

Auto-credit for NCQA Patient Centered practices. If a practice is a NCQA-Recognized Patient-Centered practice, the practice will receive auto-credit for the Advancing Care Information (ACI) category.

Allows the use of 2014 edition CEHRT past 2017. CMS will not mandate that physicians update their EHRs in 2018.

Bonus points for using 2015 edition Certified Electronic Health Record Technology (CEHRT) in ACI. Practices can use either 2014 or 2015 Edition CEHRT. However, if a practice uses ***ONLY*** the 2015 Edition CEHRT, the practice will receive a 10% bonus towards your overall ACI score.

Permits clinicians to continue to report Modified Stage 2 measures in 2018 instead of new Stage 3 measures.

Stage 2 Measures:

- Protect Electronic Information
- Clinical Decision Support
- CPOE for Medication, Lab, Radiology Orders
- e-Prescribing
- Health Information Exchange
- Patient Specific Education Resources
- Medication Reconciliation
- Patient Electronic Access
- Secure Electronic Messaging
- Public Health

Finalizes exclusions for e-prescribing and health information exchange measures. CMS has introduced new exclusions that would allow MIPS eligible clinicians to claim an exclusion from one or both of the e-prescribing or health information exchange measures and still earn a base score. **NOTE:** These exclusions are being applied to the 2017 performance year as well as 2018. To claim the e-prescribing exclusion, a clinician or group must write fewer than 100 permissible prescriptions during the reporting period. For the health information exchange exclusion, they must refer or transition fewer than 100 times during the reporting period.

2018 CHANGES IN APMs

- **Medicare Advantage Demonstration.** In 2018, CMS will hold a Medicare Advantage Alternative Payment Models (APMs) demonstration to test the effects of allowing credit for participation in Medicare Advantage APMs. It has been argued that this change is an important step towards harmonizing APMs from all payers, which greatly reduces burden on clinicians who now must meet different requirements for different insurers.

- **Addition of Track 1+ Model for Medicare Shared Savings Program ACOs, with opportunity for a 3-day Skilled Nursing Home Waiver.**

ATTACHMENT A

2018 ADDED AND REMOVED MIPS IMPROVEMENT ACTIVITIES

Sub-Category: Expanded Practice Access (5 Activities 1 New for 2018)

New Activity IA_EPA_5---Participation in User Testing of the Quality Payment Program Website.
User participation in the Quality Payment Program website testing is an activity for eligible clinicians who have worked with CMS to provided substantive, timely, and responsive input to improve the CMS Quality Payment Program website through product user-testing that enhances system and program accessibility, readability and responsiveness as well as providing feedback for developing tools and guidance thereby allowing for a more user-friendly and accessible clinician and practice Quality Payment Program website experience. **Activity Weight = Medium**

Sub-Category: Care Coordination (17 Activities 3 New for 2018)

New Activity IA_CC_15--- PSH Care Coordination.
Participation in a Perioperative Surgical Home (PSH) that provides a patient-centered, physician- led, interdisciplinary, and team-based system of coordinated patient care, which coordinates care from pre-procedure assessment through the acute care episode, recovery, and post-acute care. This activity allows for reporting of strategies and processes related to care coordination of patients receiving surgical or procedural care within a PSH. The clinician must perform one or more of the following care coordination activities:

- ✓ Coordinate with care managers/navigators in preoperative clinic to plan and implementation comprehensive post discharge plan of care;
- ✓ Deploy perioperative clinic and care processes to reduce post-operative visits to emergency rooms;
- ✓ Implement evidence-informed practices and standardize care across the entire spectrum of surgical patients; or
- ✓ Implement processes to ensure effective communications and education of patients' post-discharge instructions. **Activity Weight = Medium**

New Activity IA_CC_16--- Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients.

The primary care and behavioral health practices use the same electronic health record system for shared patients or have an established bidirectional flow of primary care and behavioral health records. **Activity Weight = Medium**

New Activity IA_CC_17--- Patient Navigator Program.

Implement a Patient Navigator Program that offers evidence-based resources and tools to reduce avoidable hospital readmissions, utilizing a patient-centered and team-based approach, leveraging evidence-based best practices to improve care for patients by making hospitalizations less stressful, and the recovery period more supportive by implementing quality improvement strategies. **Activity Weight = Medium**

Sub-Category: Population Management (20 Activities 6 New and 1 Dropped for 2018)

Drop Activity IA_PM_8---Participation in CMS Innovation (CCMI) models such as the Million Hearts Cardiovascular Risk Reduction Model. **Activity Weight = Medium**

New Activity IA_PM_17--- Participation in Population Health Research.

Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population. **Activity Weight = Medium**

New Activity IA_PM_18-- Provide Clinical-Community Linkages.

Engaging community health workers to provide a comprehensive link to community resources through family-based services focusing on success in health, education, and self-sufficiency. This activity supports individual MIPS eligible clinicians or groups that coordinate with primary care and other clinicians, engage and support patients, use of health information technology, and employ quality measurement and improvement processes. An example of this community based program is the NCQA Patient-Centered (PCCC) Recognition Program or other such programs that meet these criteria.
Activity Weight = Medium

New Activity IA_PM_19--- Glycemic Screening Services.

For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the 2018 performance period and 75 percent in future years, of electronic medical records with documentation of screening patients for abnormal blood glucose according to current US Preventive Services Task Force (USPSTF) and/or American Diabetes Association (ADA) guidelines. **Activity Weight = Medium**

New Activity IA_PM_20--- Glycemic Referring Services.

For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the CY 2018 performance period and 75 percent in future years, of medical records with documentation of referring eligible patients with prediabetes to a CDC-recognized diabetes prevention program operating under the framework of the National Diabetes Prevention Program. **Activity Weight = Medium**

New Activity IA_PM_21--- Advance Care Planning.

Implementation of practices/processes to develop advance care planning that includes: documenting the advance care plan or living will within the medical record, educating clinicians about advance care planning motivating them to address advance care planning needs of their patients, and how these needs can translate into quality improvement, educating clinicians on approaches and barriers to talking to patients about end-of-life and palliative care needs and ways to manage its documentation, as well as informing clinicians of the healthcare policy side of advance care planning. **Activity Weight = Medium**

Sub-Category: Patient Safety and Practice Assessment (30 Activities 9 New for 2018)

New Activity IA_PSPA_22---CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain.

Completion of all the modules of the Centers for Disease Control and Prevention (CDC) course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain." Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score. **Activity Weight = High**

New Activity IA_PSPA_23--- Completion of CDC Training on Antibiotic Stewardship.

Completion of all modules of the Centers for Disease Control and Prevention antibiotic stewardship course. **Note:** This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score. **Activity Weight = High**

New Activity IA_PSPA_24--- Initiate CDC Training on Antibiotic Stewardship.

Completion of greater than 50 percent of the modules of the Centers for Disease Control and Prevention antibiotic stewardship course. **Note:** This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis, but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score. **Activity Weight = Medium**

New Activity IA_PSPA_25--- Cost Display for Laboratory and Radiographic Orders.

Implementation of a cost display for laboratory and radiographic orders, such as costs that can be obtained through the Medicare clinical laboratory fee schedule. **Activity Weight = Medium**

New Activity IA_PSPA_26--- Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event.

A MIPS eligible clinician providing unscheduled care (such as an emergency room, urgent care, or other unplanned encounter) attests that, for greater than 75 percent of case visits that result from a clinically significant adverse drug event, the MIPS eligible clinician provides information, including through the use of health IT to the patient's primary care clinician regarding both the unscheduled visit and the nature of the adverse drug event within 48 hours. A clinically significant adverse event is defined as a medication-related harm or injury such as side-effects, supratherapeutic effects, allergic reactions, laboratory abnormalities, or medication errors requiring urgent/emergent evaluation, treatment, or hospitalization. **Activity Weight = Medium**

New Activity IA_PSPA_27--- Invasive Procedure or Surgery Anticoagulation Medication Management.

For an anticoagulated patient undergoing a planned invasive procedure for which interruption in anticoagulation is anticipated, including patients taking vitamin K antagonists (warfarin), target specific oral anticoagulants (such as apixaban, dabigatran, and rivaroxaban), and heparins/low molecular weight heparins, documentation, including through the use of electronic tools, that the plan for anticoagulation management in the periprocedural period was discussed with the patient and with the clinician responsible for managing the patient's anticoagulation. Elements of the plan should include the

following: discontinuation, resumption, and, if applicable, bridging, laboratory monitoring, and management of concomitant antithrombotic medications (such as antiplatelets and nonsteroidal anti-inflammatory drugs (NSAIDs)). An invasive or surgical procedure is defined as a procedure in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice. **Activity Weight = Medium**

New Activity IA_PSPA_28--- Completion of an Accredited Safety or Quality Improvement Program.

Completion of an accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria:

- ✓ The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;
- ✓ The activity must have specific, measurable aim(s) for improvement;
- ✓ The activity must include interventions intended to result in improvement;
- ✓ The activity must include data collection and analysis of performance data to assess the impact of the interventions; and
- ✓ The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information. **Activity Weight = Medium**

New Activity IA_PSPA_29--- Consulting AUC Using Clinical Decision Support when Ordering Advanced.

Clinicians attest that they are consulting specified applicable AUC through a qualified clinical decision support mechanism for all applicable imaging services furnished in an applicable setting, paid for under an applicable payment system, and ordered on or after January 1, 2018. This activity is for clinicians that are early adopters of the Medicare AUC program (2018 performance year) and for clinicians that begin the Medicare AUC program in future years as specified in our regulation at §414.94. The AUC program is required under section 218 of the Protecting Access to Medicare Act of 2014. Qualified mechanisms will be able to provide a report to the ordering clinician that can be used to assess patterns of image-ordering and improve upon those patterns to ensure that patients are receiving the most appropriate imaging for their individual condition. **Activity Weight = High**

New Activity IA_PSPA_30--- PCI Bleeding Campaign.

Participation in the PCI Bleeding Campaign which is a national quality improvement program that provides infrastructure for a learning network and offers evidence-based resources and tools to reduce avoidable bleeding associated with patients who receive a percutaneous coronary intervention (PCI). The program uses a patient-centered and team-based approach, leveraging evidence-based best practices to improve care for PCI patients by implementing quality improvement strategies:

- ✓ Radial-artery access,
- ✓ Bivalirudin, and
- ✓ Use of vascular closure devices. **Activity Weight = High**

Sub-Category: Behavioral and Mental Health (9 Activities 1 New for 2018)

New Activity IA_BMH_9--- Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients.

Individual MIPS eligible clinicians or groups must regularly engage in integrated prevention and treatment interventions, including screening and brief counseling (for example: NQF #2152) for patients with co-occurring conditions of mental health and substance abuse. MIPS eligible clinicians would attest that 60 percent for the CY 2018 Quality Payment Program performance period, and 75 percent beginning in the 2019 performance period, of their ambulatory care patients are screened for unhealthy alcohol use. **Activity Weight = High**

Sub-Category: Achieving Health Equity (6 Activities 2 New for 2018)

New Activity IA_AHE_5--- MIPS Eligible Clinician Leadership in Clinical Trials or CBPR.

MIPS eligible clinician leadership in clinical trials, research alliances or community-based participatory research (CBPR) that identify tools, research or processes that can focuses on minimizing disparities in healthcare access, care quality, affordability, or outcomes. **Activity Weight = Medium**

New Activity IA_AHE_6--- Provide Education Opportunities for New Clinicians.

MIPS eligible clinicians acting as a preceptor for clinicians-in-training (such as medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists) and accepting such clinicians for clinical rotations in community practices in small, underserved, or rural areas.
Activity Weight = High

Sub-Category: Beneficiary Engagement (23 Activities No Drops or Adds for 2018)

Sub-Category: Emergency Response and Preparedness (2 Activities No Drops or Adds for 2018)