

GIQuIC and the MIPS 2017 QCDR Reporting Option

Part I

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Meaningful Measurement of GI Practice

Purpose

This presentation provides information about the Merit-Based Incentive Payment System (MIPS) for the 2017 program year and shares available information on the participation option in Qualified Clinical Data Registries (QCDRs), specifically via GIQuIC which has self-nominated for status as a QCDR.



GIQuIC: A Quality Improvement Registry

We created GIQuIC based on a belief that the scientific measurement of the quality of endoscopic procedures will provide valid and reliable comparative information to participating physicians and facilities to support their quality improvement initiatives.

~ Irving M. Pike, MD, FACG, FASGE

Founding President, GI Quality Improvement Consortium

February 23, 2010



Qualified Clinical Data Registry (QCDR)

A QCDR is an entity that collects medical or clinical data for the purposes of patient and disease tracking to foster improvement in the quality of care provided and that has self-nominated, successfully completed a qualification process, and been approved by CMS as a reporting mechanism.



GIQuIC Goal

- Support units in demonstrating their quality to public and private payers
 - GIQuIC deemed a QCDR for reporting to CMS for the 2014, 2015, and 2016 reporting years
 - **CMS will announce the list of approved QCDRs for the 2017 reporting year by May 2017**



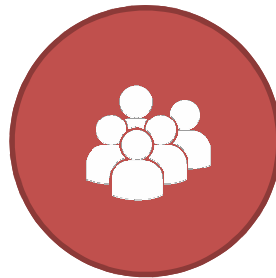
What is MACRA?

Medicare Access and CHIP Reauthorization Act

- Created by Congress.
- Repealed the Sustainable Growth Rate and replaced it with the **Quality Payment Program (QPP)**.
- Shifts payment equation from number of services provided to a system that rewards clinicians for their work on improving overall quality of care.



Better Care for Individuals



Better Care for Populations



Lower Cost

QPP: Two Paths to Payment

Merit-Based Incentive Payment System (MIPS)

If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.

Advanced Alternative Payment Models (APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.



Merit-Based Incentive Payment System

Current Quality and Value Programs

Physician Quality
Reporting
Program (PQRS)

Value-Based
Payment
Modifier

Medicare EHR
Incentive
Program

MACRA Streamlines these Programs into 4 MIPS Performance Categories

Quality
Performance

Resource Use

Advancing Care
Information

Improvement
Activities



2017 “Pick Your Pace”

- **Test Pace** — Report any information. For example, one quality measure, or one improvement activity, or 4 or 5 required advancing care information measures any point in 2017.
- **Partial** — Report more than one quality measure, more than one improvement activity or more than the required advancing care information measures for at least 90 days and possibly receive a positive payment adjustment.

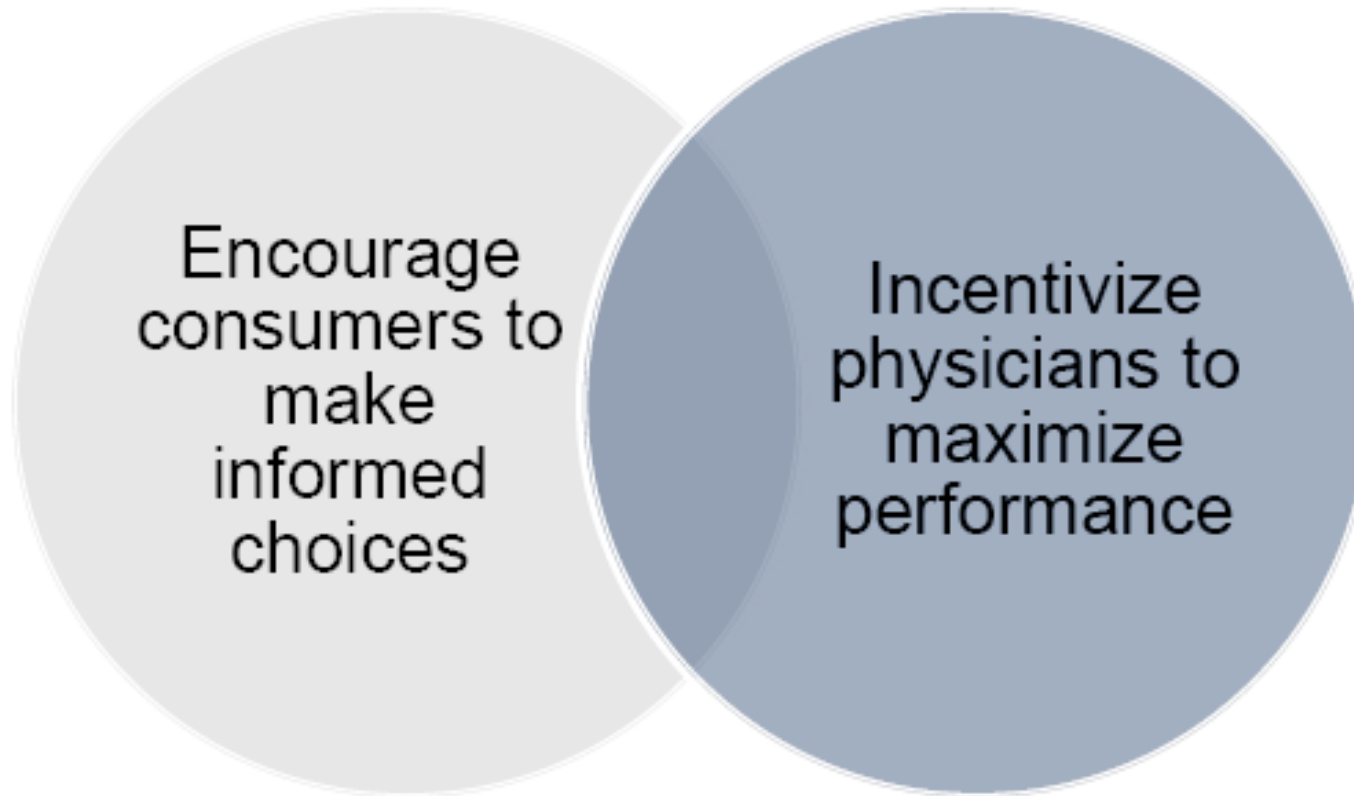


2017 “Pick Your Pace”

- **Full** — For full participation in MIPS and to achieve the highest possible final scores and positive payment adjustment, MIPS eligible clinicians submit required measures and activities in all three performance categories: quality, improvement activities, and advancing care information. Report for a full year (or at least 90 days).
- **APM Participation** — Join an Advanced APM in 2017. If enough Medicare payments or patients through the APM, qualify for a 5% incentive payment in 2019.
 - ❖ *Positive adjustments are based on the performance data on the performance information submitted, not the amount of information or length of time submitted.*



Physician Compare



Physician Compare

Primary specialty: **Gastroenterology**
Additional specialty: Internal medicine

✓ Accepts [Medicare assignment](#)

% Performance scores available

SUITE 703,
NEW YORK NY 10011
[\(212\) 260-6505](tel:(212)260-6505)

Map and directions

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General information

Locations

% Performance scores

Performance scores from partner organizations

These performance scores are based on information this clinician reported to Medicare through a qualified clinical data registry (QCDR). A QCDR is a Medicare partner organization that is committed to improving the quality of care for patients and is generally focused on a specific area or type of care. A QCDR collects and reports information using a set of specific criteria and guidelines designed by the experts for that QCDR.

Adequate preparation of patients' bowels before colonoscopy.	★★★★★	90%	Show +
Documenting patient history and physical health before a colonoscopy.	★★★★★	100%	Show +
Performing a complete exam of the lower digestive tract during colonoscopy.	★★★★★	100%	Show +
Performing a complete exam of the lower digestive tract during a screening colonoscopy.	★★★★★	100%	Show +
Performing colonoscopies for appropriate reasons.	★★★★★	93%	Show +



Merit-Based Incentive Payment System

Quality
Performance

Improvement
Activities

Resource Use

Advancing Care
Information



MIPS Eligibility

- **Who are MIPS Eligible Clinicians?**

Physicians, Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists

❖ *CMS will notify clinicians if they are MIPS eligible. Look-up tool available.*

- **Who can participate in GIQuIC?**

Physicians from hospitals, universities, ambulatory surgery centers, and office-based endoscopy units nationwide for whom GIQuIC measures are applicable to their practice



MIPS Eligibility

- **MIPS Exclusions**

- Clinicians newly enrolled in Medicare (*enrolled for the first time during the performance period*)
- Low-volume clinicians or groups (\leq \$30,000 in Medicare charges **or** see \leq 100 Medicare patients)
- Clinicians significantly participating in an Advanced APM
- ❖ *MIPS does not apply to hospital- or facility-based payment programs.*
- ❖ *Exempt clinicians cannot participate for positive adjustment.*



MIPS Reporting Options

- **Individual**
- **Group**

❖ *Eligible clinicians must participate consistently (as group or individual) across all 4 performance categories.*

△ **GIQuIC has self-nominated to support both Individual and Group reporting options.**



MIPS Payment Adjustments

- MIPS adjustment applied at the TIN/NPI level.
 - Individuals eligible clinicians required to meet MIPS requirements for each TIN/NPI association.
 - For group reporting, scoring at TIN level and payment adjustment at the TIN/NPI level.
- ❖ *If an individual eligible clinician is associated with multiple TINs, the clinician will either report at the individual level if the group elects to report at the individual level, or be included in the group-level reporting if the group elects group-level reporting*



MIPS Performance Category Weighting

Category	2019	2020	2021 and beyond
Quality	60%	50%	30%
Cost	0%	10%	30%
Advancing Care Information	25%	25%	25%
Improvement Activities	15%	15%	15%



Range of Possible FFS Updates and Incentive Payments

Date	Baseline		MIPS (incentive adjustments), without exceptional performance adjustment*		Baseline, plus/minus MIPS, without exceptional performance adjustment*	MIPS maximum, with exceptional performance adjustment*
4-1-2015	0% instead of 21% SGR cut		N/A		N/A	N/A
7-1-2015 thru 12-31-2018	0.5%		N/A		N/A	N/A
2019	0.5%	+/-	4.0%**	=	-3.5% to +4.5%**	14.5%
2020	0%	+/-	5.0%**	=	-5.0% to +5.0%**	15%
2021	0%	+/-	7.0%**	=	-7.0% to +7.0%**	17%
2022, 2023 and 2024	0%	+/-	9.0%**	=	-9.0% to +9.0%**	19%
2025	0%	+/-	9.0%**	=	-9.0% to plus 9.0%**	N/A
2026 and subsequent years	0.25% (for non-APM physicians only)	+/-	9.0%**	=	-8.75% to plus 9.25% **	N/A

*Exceptional performance adjustment for those with the highest composite scores, limited to additional adjustment of 10% per year.

**HHS can increase the maximum MIPS *positive* adjustment (not counting the exceptional performance adjustment) to no more than 3x maximum MIPS *incentive adjustment* for that calendar year, if there are sufficient funds available. HHS cannot increase the maximum *negative* MIPS adjustment by more than the amount specified.

MIPS Quality Performance Category

Criteria to avoid the 2019 PQRS payment adjustment

Requirement	GIQuIC QCDR Self-Nomination
Report at least 6 individual measures	The GIQuIC QCDR self-nomination included 6+ measures
One outcome measure required or one high-priority measure if outcome measure is not available	The GIQuIC QCDR self-nomination included outcome and high-priority measures
Readmission measure for groups with 16+ eligible clinicians	No reporting is required
Data Completeness Requirement For 50% or more of all applicable patients regardless of payer; Submission must include at least one Medicare patient	To participate in GIQuIC a provider must upload 100% of colonoscopy cases done at the participating site(s) - all payers, not just Medicare

MIPS Quality Scoring

- **Clinicians receive 3 to 10 points on each quality measure based on performance against benchmarks**
 - Measure thresholds must be met
 - Measure must have a benchmark
 - Bonus points are available
- **3 point floor for 2017**
 - Reporting thresholds not met
 - No case minimum (20)
 - No published benchmark (performance cannot be assessed)
 - Year 1 participants automatically receive 3 points for completing and submitting a measure
- **Failure to submit performance data for a measure = 0 points**

MIPS Improvement Activities Category

Improvement Activity ID	Subcategory Name	Activity Description	Activity Weighting	Shared Savings Program Tracks 1, 2 and 3	Next Generation on ACO Model	Comprehensive ESRD Care Model	Oncology Care Model
IA_CC_1	Care Coordination	Performance of regular practices that include providing specialist reports back to the referring MIPS eligible clinician or group to close the referral loop or where the referring MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the certified EHR technology.	Medium	√			√
IA_CC_2	Care Coordination	Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.	Medium	√	√		
IA_CC_6	Care Coordination	Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups).	Medium				√
IA_CC_8	Care Coordination	Implementation of practices/processes that document care coordination activities (e.g., a documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through day of procedure).	Medium	√		√	
IA_CC_9	Care Coordination	Implementation of practices/processes to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s).	Medium	√	√		√



MIPS Improvement Activities Category

- Each improvement activity be performed for a continuous 90-day period during performance period.
- If at least one clinician within the group is performing the activity for a continuous 90 days in the performance period, the group may report on that activity.
- Maximum achievable points = 40
- Improvement Activity weights:
 - medium: 10 points per activity
 - high: 20 points per activity
 - Reporting modifications for small, rural, and non-patient facing clinicians



MIPS Cost Performance Category

- 0% weight for 2019 payment calculation.
- For the Cost measures, clinicians are assessed on Medicare claims data. The Cost measures will be included in feedback reports, including colonoscopy with biopsy episode group.



MIPS Advancing Care Information Category

- 25% weight for 2019 payment calculation.
- MIPS eligible clinicians have the option of attestation if their CEHRT, QCDR or registry are not prepared to support ACI data submission in 2017.
- 5% bonus: Reporting to one or more public health or clinical data registries beyond the Immunization Registry Reporting measure.



- Bonus only available to MIPS eligible clinicians who earn a base score.

MIPS Final Score Calculation

Quality performance category **score** x
Quality performance category **weight** +

Cost performance category **score** x
Cost performance category **weight** +

Improvement Activities performance category **score** x
Improvement Activities performance category **weight** +

Advancing Care Information performance category **score** x
Advancing Care Information performance category **weight**



x 100 = final score

MIPS Transition Year Scoring

Final Score	Payment Adjustment
≥ 70 points	<ul style="list-style-type: none">• Positive Adjustment• Eligible for exceptional performance bonus – minimum of additional 0.5%
4-69 points	<ul style="list-style-type: none">• Positive adjustment• Not eligible for exceptional performance bonus
3 points	<ul style="list-style-type: none">• Neutral payment adjustment
0 points	<ul style="list-style-type: none">• Negative payment adjustment of -4%• 0 points = does not participate



MIPS Performance Period

- January 1, 2017 - December 31, 2017 is the performance period for 2019 payment.
- Choose to start reporting anytime between January 1, 2017 and October 2, 2017 to achieve a 90-day performance period under MIPS.
- Data must be submitted *by the vendor* by March 31, 2018.
 - ❖ Keep in mind vendors such as GIQuIC typically have deadlines in advance of this final submission deadline to CMS.



Preparing to Report

- **Continue to submit all case data to GIQuIC as normal**
 - If you are not yet registered with GIQuIC, contact **Hannah Miller**, hmillergi@gi.org, to begin the registration process.
- **Run your measure reports – at least 6X prior to end of December 2017**
 - **Reminder:** The GIQuIC registry Home Page includes User Guides and training recordings. Additionally, live training sessions are held monthly.
 - Contact GIQuIC data analysts if you have questions you can not resolve relative to your data.



GIQuIC Data Analysts

Jennifer Holub – jholub@gi.org

Luke Williams – lwilliams@gi.org

Preparing to Report

- **Know your NPI/TIN combination under which you bill for professional services**
 - **NPI:** The individual NPI can be found in form field 24-J of the CMS-1500 claim form. **Individual NPIs** should be used for reporting PQRS, **not the group NPI**
 - **TIN:** The TIN can be found in form field 25 of the CMS-1500 claim form
- **Decide your “pace” for reporting referring back to CMS’s Pick Your Pace options. Visit CMS’s QPP web site, <https://qpp.cms.gov/>**
- **Ensure you are not affiliated with an Accountable Care Organization (ACO)**
 - QCDRs are not able to support participants that have registered as an ACO



Additional Questions

- ▶ **Quality Payment Program**

<https://qpp.cms.gov/>

qpp@cms.hhs.gov

- ▶ **GIQuIC/ACG**

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lparker@gi.org or info@giquic.org

To register with GIQuIC, contact **Hannah Miller**, hmiller@gi.org

Visit www.giquic.org to learn more about the GIQuIC registry

- ▶ **GIQuIC/ASGE**

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