MINGLE ANALYTICS

Starting at
Noon EST
Wed 12/13/2017

2018 Final Rule from CMS for Alternative Payment Models

Dr. Dan Mingle

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Agenda

- First Quality Payment Program rule under the new Republican Administration
- Overview of APM rules 2018
- Other Payer APM 2019

Timeline

- Proposed Rule Published 6/30/2017
- Unofficial Version Final Rule released 11/2/2017
- Official Version published 11/16/2017
- Effective January 1, 2018
- Comments accepted through 5PM EST January 1, 2018
  - Submit electronic comments on this regulation to *http://www.regulations.gov*. Follow the ‘‘Submit a comment’’ instructions.
  - Refer to CMS–5522–FC when commenting on issues in the final rule
  - Refer to CMS-5522-IFC when commenting on issues in the interim final rule

Comments on the Final Rule accepted through 5PM EST January 1, 2018

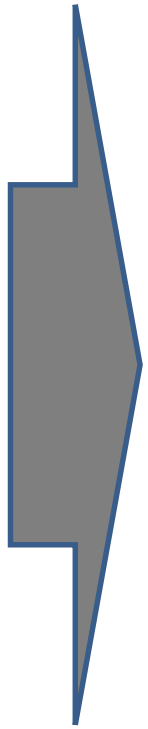
https://www.federalregister.gov/documents/2017/11/16/2017-24067/medicare-programs-cy-2018-updates-to-the-quality-payment-program-and-quality-payment-program-extreme

Physician Quality Reporting System (PQRS)

Value Based Modifier (VBM or VM)

Quality Tiering

Medicare EHR Incentive Program (aka: meaningful use)



Quality Payment Program(QPP)

First Pathway

Alternative Payment Models (APM)

- APM Type
- APM Entity
- Advanced APM
- Qualifying Participants (QP)
- Partial QP

Second Pathway

Merit-Based Incentive Payment System (MIPS)

- Eligible Clinicians
- Composite Performance Score
- Quality Performance Category
- Advancing Care Information
- Practice Improvement Activities
- Resource Use

March 31, 2017	Last PQRS Submissions Made
2018	Last PQRS and VBM Payment Adjustments Applied

Jan 1, 2018	Start of 2018 QPP Performance Year
March 31, 2018	2017 MIPS Submissions Due
2019	First QPP Payment Adjustments Applied

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APM - 2018

- Medicare Estimates 185k – 250k participants in 2018
- 2018 Options:
  - MSSP Tracks 1+, 2, and 3
  - Next Generation ACO
  - Comprehensive Primary Care Program (CPC+)
  - Advanced APM track of the Comprehensive Care for Joint Replacement (CJR) Model
  - Oncology Care Model (OCM) (two-sided Risk Arrangement)
  - Vermont All-Payer ACO
  - Comprehensive ESRD Care (CEC) – Two Sided risk.

Elements of the Alternative Payment Model

- Alternative Payment Model (APM)
- Advanced Alternative Payment Model (aAPM)
- Full TIN Model
- Partial TIN Model
- APM Entity
- Qualified Participant (QP)
- Partially Qualified Participant (Partial QP)

Advanced Alternative Payment Model (aAPM) Defined

- Requires participants to use Certified EHR Technology (CEHRT)
- Payment is based on Quality Measures comparable to MIPS
- Financial Risk
  - Bears risk for losses over a nominal amount (owes the At-Risk Amount)

    OR
  - Is a Medical Home Model (Foregoes the At-Risk Amount)

Nominal Amount Standard for aAPMs
"Owes or Foregoes"

QP Performance Period	QP Payment Period	Percent of the Average Estimated Total MC Parts A&B Revenue of All Providers and Suppliers in APM Entities
2018	2020	8%
2019	2021	8%
2020	2022	8%
2021	2023	TBD

Nominal Amount Standard for CPC+ and Medical Home "Owes or Foregoes"

QP Performance Period	QP Payment Period	Percent of the Average Estimated Total MC Parts A&B Revenue of All Providers and Suppliers in APM Entities
2018	2020	2.5%
2019	2021	3%
2020	2022	4%
2021	2023	5%

APM Participants

- Qualified Participants (QP)
  - Meets or Exceeds Higher Threshold
  - Exempt from MIPS Reporting for the Performance Year
  - Exempt from MIPS Adjustments in the Payment Year
  - 5% Lump Sum Bonus paid in Payment Year based on prior year charges
- Partially Qualified Participants (Partial QP)
  - Meets or exceeds Lower Threshold
  - Below Higher Threshold
  - Chooses whether/not to participate in MIPS

Scoring for MIPS APM

- participate in the APM under an agreement with CMS or by law or regulation
- APM Entities include at least one MIPS eligible clinician on a Participation List
- APM bases payment incentives on performance on cost/utilization and quality measures
- APM is neither in final year nor beginning after the start of a MIPS performance period
- Each TIN-NPI is assigned the MIPS APM final score
- Reweighting protocols in effect when any category earns 0 weight

Weights	2017		2018	
	MSSP, Next Gen	All Other	MSSP, Next Gen	All Other
Quality	50%	0	50%	50%
Cost	0	0	0	0
IA	20%	25	20%	20%
ACI	30%	75	30%	30%

Advanced Alternative Payment Model (aAPM) 3-Year Cycle

Performance Year QP Performance Period	2018	QP Performance Period = January 1 – August 31 2018 Participate Sufficiently in an Advanced APM • **Qualified Participant (QP)** • Partially Qualified Participant (Partial QP)
Analysis Year	2019	Analyze data, Measure Total Allowable Charges **QP** Excluded from MIPS Reporting Requirements for 2018 Partial QP chooses whether/not to participate in MIPS
Payment Year	2020	**QP** Excluded from MIPS Adjustments & receives Lump Sum Payment 5% of 2019 Allowable Charges Adjustments applied for Partial QP who chooses MIPS Participation

APMs

- QP Performance Period = Jan 1 – Aug 31 2yrs prior to payment yr
- “Attributed Beneficiary” only applies to Medicare Advanced APMs
- “Advanced APM Entity” term eliminated in favor of all encompassing “APM Entity”
- “Nominal risk Standard” → “Nominal amount standard”
  - Redefined as 8% of average estimated total Parts A & B revenue

APM

- MIPS APM -> report through web interface
- Other MIPS APM -> does not report through WI

QP Performance Period Calculations

- Assessed January 1 – August 31
- Must be in continuous operation ≥ 60 days
- Participation Thresholds measured relative only to the dates the program was operational
- Snapshot Dates
  - March 31
  - June 30
  - August 31
- Fourth Snapshot Date for Full TIN Model
  - December 31

MIPS APMs 2018

- add an APM Entity group assessment date(Full TIN APM only. Not applicable to QP determination)
  - March 31, June 30, August 31, **December 31**
- weight the cost performance category at zero
- No cost improvement bonus
- add the CAHPS for ACOs survey to the MSSP and NG quality performance category score
- separate MIPS APM list of quality measures for each Other MIPS APM
- for Other MIPS APMs score only those measures that
  - are tied to payment
  - are available for scoring near the close of the MIPS submission period
  - have a minimum of 20 cases
  - have an available benchmark;
- add scoring for quality improvement
- Continue, if APM fails to report, TIN may report for NPIs

Adjustments to APM Quality Scoring

- Missing measures to have a 0 score
- Below case minimum or w/o benchmark to be removed from N + D
- Assign bonus points for end to end elect, high priority
- Score on a Decile scale of “Achievement Points”
- No topped out scoring cap
- Total Score = ((Achievement Points + Bonus Points) / available achievement points) + improvement points

APM IA scoring

- APM participation = ½ of IA requirement
- Each APM has embedded IA value in the design
- Each APM has the opportunity to submit supplemental IA

APM ACI scoring

- Attributed to MIPS APM TIN-NPI
- Best of applicable Individual or GPRO ACI submissions will contribute to a single aggregate APM entity score
- For a TIN that must report ACI and a member NPI qualified for 0% weighting.
  - TIN must report.
  - May exclude NPI data from the report
  - NPI is assigned the APM aggregate score
- For a TIN that is 100% eligible for 0% weighting
  - TIN not required to report ACI
  - If not reported, weighted at 0 in the APM aggregate
  - APM aggregate assigned to all APM-TIN-NPI
- For APM that is 100% eligible for 0% weighting
  - AND chooses not to submit
  - ACI weighted at 0 and score distributed to quality

Applies to APMs

- MIPS complex patient scoring
- Small practice bonus

Define Other MIPS APM measure sets

- 14 measures for Oncology Care Model
- 16 measures for Comprehensive ESRD Care
- 21 measures for CPC+

CPC+
50 Eligible Clinician Limit

- As of 2018 QP Performance Period
- CPC+ and Medical Home Model limited to practices with < 50 eligible clinicians in the Parent Organization
- EXCEPTIONS
  - CPC+ Round 1 Participants (2017 Performance Year Starts)
  - Medical Home Models expanded under section 1115A of the Act

Other Payer Arrangement to Begin in 2019

- Anything other than Traditional Medicare
- Includes
  - Medicare Advantage
  - Medicaid-Medicare plans
  - 1876 Cost Plans
  - Programs of All Inclusive Care for the Elderly

- To Qualify Must:
  1. ≥ 50% of Participating Clinicians (or Hospitals) must use CEHRT
  2. Measures of Quality comparable to MIPS
  3. More than nominal risk or is a Medicaid Medical Home Model
     1. Revenue-based standards equivalent to the Medicare Models
     2. OR Benchmark based standard

All Payer Combination Option

- Begins in Performance Year 2019, Payment Year 2021
- QP determination based on:

  Medicare APM Participation Patient or Payment Thresholds

  + (if not qualified on Medicare alone)

  Other Payer APM Participation Patient or Payment Thresholds

Other Payer APM Participation Thresholds Payment Method

All-Payer Combination Option – Payment Amount Method										
Payment Year	**2019**	**2020**	**2021**		**2022**		**2023**		**2024 and later**	
QP Payment Amount Threshold	N/A	N/A	50%	25%	50%	25%	75%	25%	75%	25%
Partial QP Payment Amount Threshold	N/A	N/A	40%	20%	40%	20%	50%	20%	50%	20%
			Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum

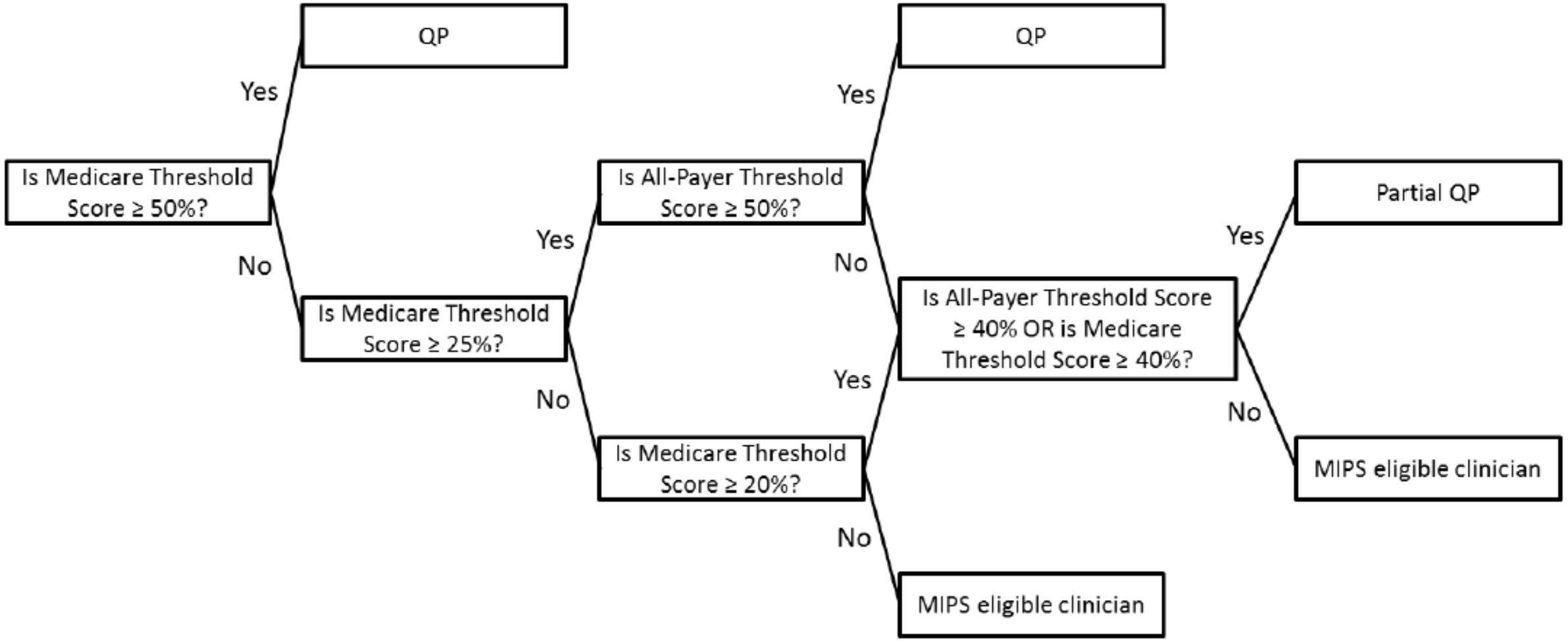
From the Final Rule

Other Payer APM Participation Thresholds
Patient Count Method

All-Payer Combination Option – Patient Count Method										
Payment Year	**2019**	**2020**	**2021**		**2022**		**2023**		**2024 and later**	
QP Patient Count Threshold	N/A	N/A	35%	20%	35%	20%	50%	20%	50%	20%
Partial QP Patient Count Threshold	N/A	N/A	25%	10%	25%	10%	35%	10%	35%	10%
			Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum

From the Final Rule

QP Determination Tree
Based on Payment, Payment Years 2021 - 2022



From the Final Rule

Identifying Other Payer Advanced APM

- Payer Initiated Process
  - Payer Initiated Submission Form
  - Voluntary for all payers
  - States invited to nominate Medicaid Programs
  - Due date to align with program life-cycles
  - Requested and determined prior to the start of the performance year
  - Effective for 1 year
- Eligible Clinician Initiated Process
  - Eligible Clinician Initiated Submission Form
  - Available to clinicians and APM Entities
  - Submission Period during Performance Period
    - August 1 through December 1
    - Or September 1 through November 1 for Title XIX arrangments

Mingle Analytics Provides Support for Complex Organizations

Community-Based

Integrated Delivery Network (IDN)

- Characteristics
  - One Community
  - Multiple Entities
  - Multiple Data Systems
- Needs
  - Integrated Data
  - Integrated Analytics
  - Combine Multiple Data Sets into One Integrated Submissions

Multi-Region Network

- Characteristics
  - Many Communities
  - One Entity
  - One or Many Data Systems
- Needs
  - Integrated Data
  - Integrated Analytics
  - Site and Division Specific Analytics
  - Divide One Data Set into Multiple Submissions

Q&A

Kari asks:

Will the Advanced Alternative Payment Models have to attest for ACI on the QPP website?

Q&A

Sandy asks:

Are qualifying participants (QPs) in an Advanced APM required to submit ACI data for the 2017 reporting period?

Q&A

Thoma Asks:

The APM does not have to aggregate data, each entity can send in for the APM, is that correct?

Q&A

Kristi Asks:

Is the Final Rule for those of us in an approved APM CPC+ the same?

Thank You

Ask your questions now or
send by email to daniel.mingle@mingleanalytics.com

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