

MIPS Value Pathways & APM Performance Pathways

Quality Payment Program

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Agenda

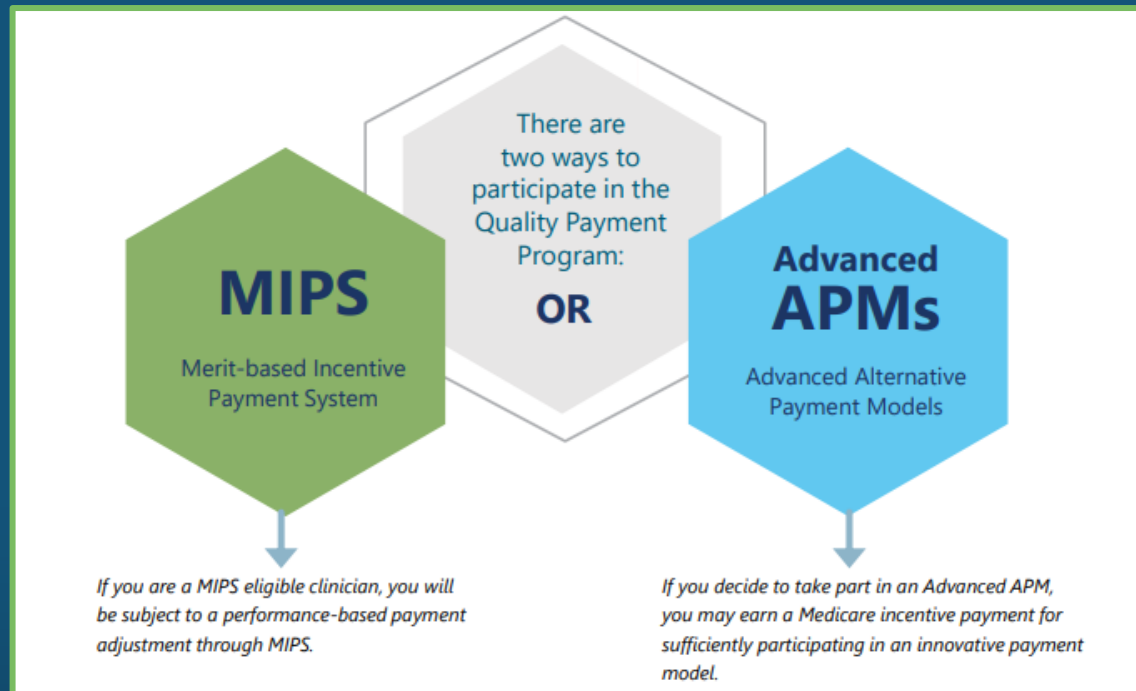
- **Quality Payment Program**
 - Brief Overview
- **MIPS Value Pathways**
- **APM Performance Pathway**
- **Key Takeaways**

Please be aware that the Centers for Medicare and Medicaid (CMS) has provided information on MVPs and the APP within **proposed rulemaking. Information in this presentation may change based on final rulemaking in future program years**

Quality Payment Program (QPP) Overview

Quality Payment Program (QPP)

Established by 2015 MACRA (Medicare Access and CHIP Reauthorization Act), the QPP seeks to reward clinicians who provide high value, high quality care.



Quality Payment Program - MIPS

MIPS – Merit Based Incentive Program

- Clinician performance is evaluated across four performance and can earn incentives or penalties based on their score



Quality Payment Program - MIPS

Data submission and reporting requirements differ for each performance category

- **Quality**

- Submit data on 6 or more Quality measures
 - Clinicians can choose from 200+ different measures

- **Improvement Activities**

- Attest to completing 1 – 4 activities during the performance year
 - Clinicians can choose from 100+ different activities

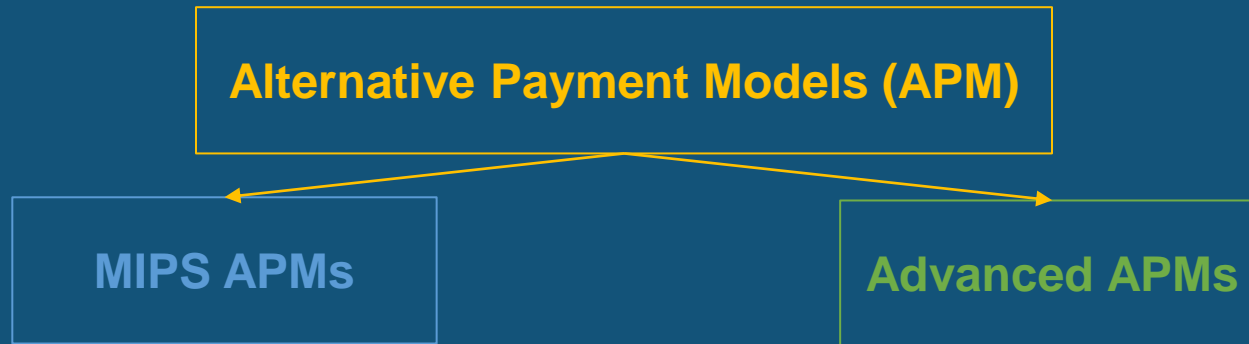
- **Promoting Interoperability**

- Submit data and attestations for 4 category objectives

- **Cost**

- No data submission required; CMS calculates score based on Medicare claims data

Quality Payment Program - APMs



- **NOT** excluded from MIPS
- MIPS reporting is (somewhat) streamlined and scored differently
- All eligible clinicians receive same final score and payment adjustment

- Exempt from MIPS once sufficient participation is met
 - Clinicians must achieve QP status
- 5% lump sum incentive payment until 2024
 - .75% increase to fee schedule for future years

MIPs Value Pathways (MVP)

MIPS Value Pathways (MVPs)

CMS introduced MVP framework in 2020 rulemaking

- **MVPs are intended to be the ‘future’ of MIPS**
 - Goal is to transition away from **siloes performance categories** to **aligned measures and activities** more meaningful to a clinician’s practice, specialty, or public health priority.
 - Better align with APM framework, making it easier to transition to the AAPM track of QPP
- **MVPs group cost, quality, and improvement measures together for specific conditions or specialties**
 - Promoting Interoperability category is the ‘foundation’ of all MVPs

MIPS Value Pathways (MVPs)

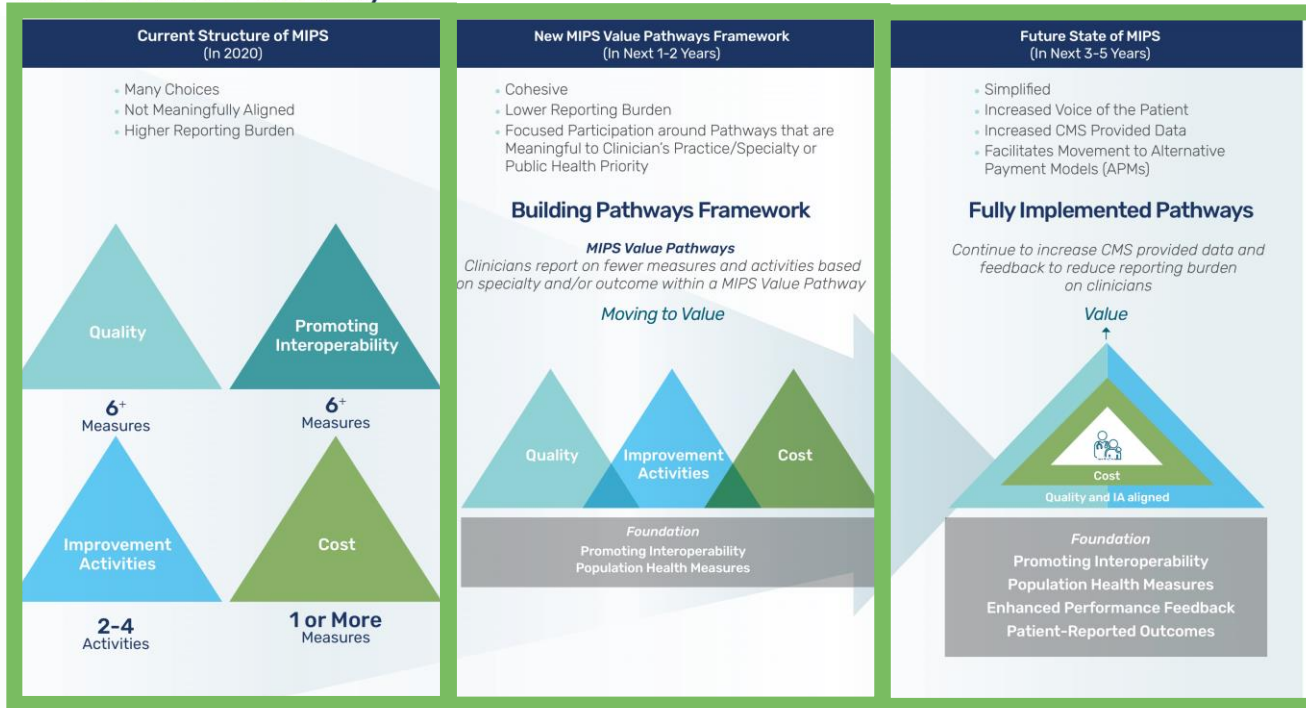
CMS aims to reduce clinician burden and streamline reporting requirements through MVPs

How are MVPs different than MIPS?

- Clinicians no longer have to select measures from large pool
- CMS will provide **MVPs** to groups or clinicians based on provider specialty or clinical condition
- MVP scoring would be different than traditional MIPS

- **All measures within an MVP are required**
 - **Examples from CMS show reduced number of measures**
 - 3 Quality measures
 - 1 to 2 Improvement Activities
 - 2 Cost measures

MIPS Value Pathways



Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.



Goal is for clinicians to report less burdensome data as MIPS evolves and for CMS to provide more data through administrative claims and enhanced performance feedback that is meaningful to clinicians and patients.

We Need Your Feedback on:

Pathways:

What should be the structure and focus of the Pathways?
What criteria should we use to select measures and activities?

Participation:

What policies are needed for small practices and multi-specialty practices?
Should there be a choice of measures and activities within Pathways?










Public Reporting:

How should information be reported to patients?
Should we move toward reporting at the individual clinician level?

MIPS Value Pathways: Diabetes Example

Current Structure of MIPS (In 2020)	New MIPS Value Pathways Framework (In Next 1-2 Years)	Future State of MIPS (In Next 3-5 Years)
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MIPS moving towards value; focusing participation on specific meaningful measures/activities or public health priorities; facilitating movement to Advanced APM track

 <p>Endocrinologist chooses from same set of measures as all other clinicians, regardless of specialty or practice area</p>	 <p>Endocrinologist reports same "foundation" of PI and population health measures as all other clinicians but now has a MIPS Value Pathway with measures and activities that focus on diabetes prevention and treatment</p>	 <p>Endocrinologist reports on same foundation of measures with patient-reported outcomes also included</p>
 <p>Four performance categories feel like four different programs</p>	 <p>Endocrinologist reports on fewer measures overall in a pathway that is meaningful to their practice</p>	 <p>Performance category measures in endocrinologist's Diabetes Pathway are more meaningful to their practice</p>
 <p>Reporting burden higher and population health not addressed</p> <p>Clinician/Group CMS</p>	 <p>CMS provides more data; reporting burden on endocrinologist reduced</p> <p>Clinician/Group CMS</p>	 <p>CMS provides even more data (e.g. comparative analytics) using claims data and endocrinologist's reporting burden even further reduced</p> <p>Clinician/Group CMS</p>

MIPS Value Pathways for Diabetes Prevention and Treatment

QUALITY MEASURES	IMPROVEMENT ACTIVITIES	COST MEASURES
Hemoglobin A1c (HbA1c) Poor Care Control (>9%) (Quality ID: 001)	Glycemic Management Services (IA_PM_4)	Total Per Capita Cost (TPCC_1)
Diabetes: Medical Attention for Nephropathy (Quality ID: 119)	Chronic Care and Preventative Care Management for Empaneled Patients (IA_PM_13)	Medicare Spending Per Beneficiary (MSPB_1)
Evaluation Controlling High Blood Pressure (Quality ID: 236)	OR Electronic Submission of Patient Centered Medical Home Accreditation (IA_PCMH)	

*Measures and activities selected for illustrative purposes and are subject to change.



Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.

MIPS Value Pathways (MVPs)

MVP Scoring

- Quality and Cost categories scored on a scale of 1-10
- CMS would use current approach to establish benchmarks in an MVP
- Quality measures would use a single benchmark
 - All clinicians in the MVP would be compared against the same standard
- Improvement Activities and Promoting Interoperability score should remain the same
- Same category weighting as MIPS

MIPS Value Pathways (MVPs)

- Group reporting would still be an option under MVP
- Multi-specialty groups will likely have to report multiple MVPs
- Reweighting of performance categories may still apply
 - Ex – special statuses
 - However, CMS feels that adoption of MVPs eliminates the need for special scoring policies down the line (bonus points)
- MVPs will not be mandatory and will run in tandem with traditional MIPS at first (2022 or later)

MIPS Value Pathways (MVPs)

MVPs in the 2021 MPFS Proposed Rule

- CMS released additional guiding principles on the creation of MVPs and delayed start date
- CMS proposing MVP submission process and standard template
- CMS is soliciting feedback from stakeholders

APM Performance Pathway (APP)

APM Performance Pathway (APP)

CMS introducing APP framework in 2021 MPFS proposed rule

- **APP provides MIPs APM participants with an MVP style reporting structure**
 - Standard set of **Quality** measures and full participation in **Promoting Interoperability** category
 - Can be reported at the individual, group, or APM entity level
 - **Optional** unless you are in a **Medicare Shared Savings Program ACO**
- **APP aligns with several other proposals impacting the future of MIPs APM participation**
 - **EX** – sunsetting the CMS web interface and APM scoring standard

APM Performance Pathways (APP)

Proposed APP Framework

Quality	Promoting Interoperability	Improvement Activities	Cost
CAHPS for MIPS	All standard measures in the PI category	Automatic score of 100%	None
Diabetes: Hemoglobin A1c (HbA1c) Poor Control			
Preventive Care and Screening: Screening for Depression and Follow-up Plan			
Controlling High Blood Pressure			
(New) Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate			
(New) Risk Standardized, All Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs			

APM Performance Pathways (APP)

Proposed APP Framework – MSSP AAPMs

Quality	Promoting Interoperability	Improvement Activities	Cost
CAHPS for MIPS	Not required to participate in the remaining MIPS categories		
Diabetes: Hemoglobin A1c (HbA1c) Poor Control			
Preventive Care and Screening: Screening for Depression and Follow-up Plan			
Controlling High Blood Pressure			
(New) Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate			
(New) Risk Standardized, All Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs			

APM Performance Pathways (APP)

- **APPs would be scored under same weights as ‘APM Scoring Standard’** – appropriate category reweighting would still apply
 - Quality – 50%
 - Promoting Interoperability – 30%
 - Improvement Activities – 20%
 - Cost – 0%
- **The APP measures counts towards both MIPS and MSSP quality requirements** – streamlining reporting
 - Individuals/Groups may still be required to report PI on their own
- **APPs proposed to begin in 2021 Performance Year**

Key Takeaways

- **MVPs and APPs intend to reduce clinician burden and make it easier to participate in the Quality Payment Program**
- **APP likely to be available before MVPs**
- **Clinicians will need to consider the transition to MVPs/APPs once more information is available**
 - **More MVPs will be added to program through rulemaking**
- **MIPS APM participants should confirm MIPS reporting with their APM starting now**

Stakeholder Feedback

Comments on the proposed rule (including MVPs and APPs) are open until October 5th

[CLICK HERE for the 2021 Proposed Rule on the Federal Register](#)

Final rule is anticipated early December

Questions?

Thank you!

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