2018 QPP Series: A Closer Look at the Quality Performance Category

Michelle Brunsen and Sandy Swallow

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Quality Improvement Organizations
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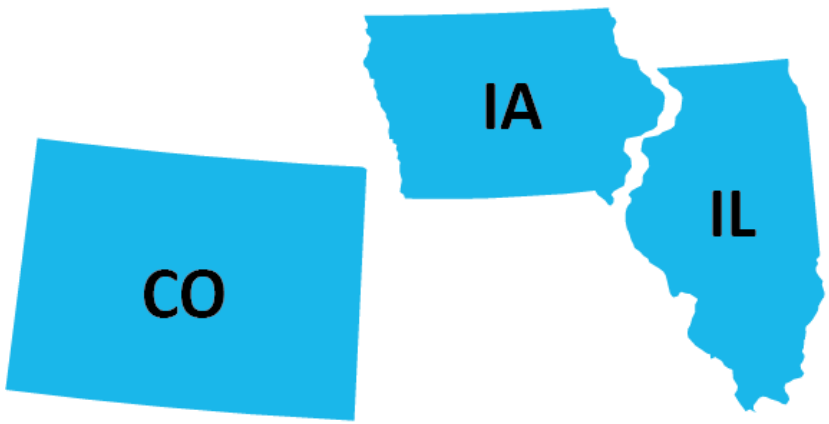
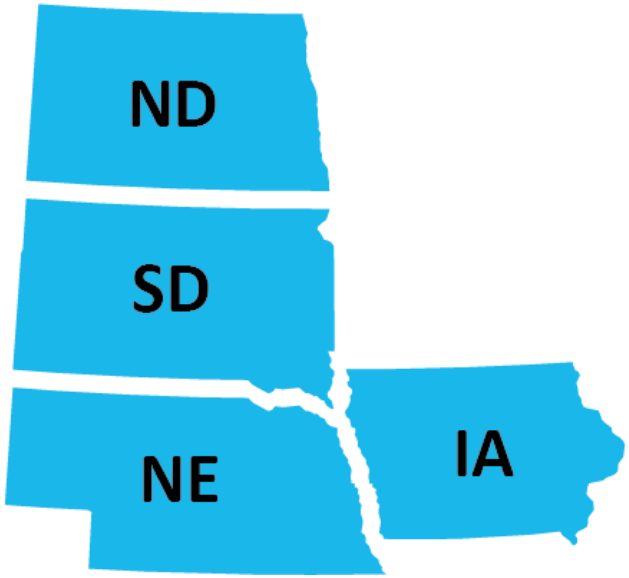
Telligen's Region

QIO 16 or more



SURS 15 or fewer



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Today's Agenda

- Review the basic requirements of the quality performance category
- Discuss the submission mechanisms
- Describe the quality scoring methodology including the APM quality scoring
- Explore new quality improvement bonus
- Assistance & Resources
- Your questions!

Prepare for More Robust Years to Come!

Performance Category Weights

Performance Year	2017	2018	2019	2020
Quality	60%	**50%**	30%	30%
Cost	0%	***10%**	25%	25%
ACI	25%	***25%**	25%	25%
IA	15%	**15%**	15%	15%

Quality Category Basic Requirements

Quality Performance Category Basics

- Three measure selection options
  - Select 6 individual measures
    - 1 must be Outcome or High Priority Measure
    - 270+ measures available
  - Select a specialty set
    - More than 30 available
  - Web interface submission (applicable to groups ≥ 25)
    - 15 clinical quality measures
    - MSSP ACOs required to use

Quality Performance Category Basics

- Reporting period
  - Full calendar year
  - Jan. 1 – Dec. 31
  - No exceptions
- Data completeness increases
  - ≥ 60% reporting rate
- Earn up to 10 points per measure
  - Based on the benchmark

Quality Performance Category Basics

- Group size 16+ and ≥ 200 attributed hospitalizations report:
  - 1 Administrative Claims Measure: All Cause Readmissions
  - Medicare calculates
  - No submission required
- Data Submission Mechanisms

Individual	Group
✓ QCDR (Qualified Clinical Data Registry) ✓ Qualified Registry ✓ EHR Vendor ✓ Administrative Claims	✓ QCDR (Qualified Clinical Data Registry) ✓ Qualified Registry ✓ EHR Vendor ✓ Administrative Claims ✓ CMS Web Interface (groups of 25 or more) ✓ CAHPS for MIPS Survey

Quality Category Data Submission

What if I submit more than 6 measures?

- May earn bonus points on measures that don't contribute to the score
  - Outcome Measure – 2 pts. each
  - Patient Experience – 2 pts. each
  - High Priority – 1 pt. each
  - Electronic Flow – 1 pt.
    - End-to-end reporting from EHR to registry, QCDR or via the CMS web interface
    - Clinical data must be documented in CEHRT
    - All mechanisms eligible except Claims
- Bonus points capped at up to 10% of denominator
- Performance rate must be greater than zero
- Measure must meet case minimum and data completeness requirements

What if I submit fewer than 6 measures or don't submit an Outcome/High Priority Measure?

- Eligible Measure Applicability (EMA)
  - Use clinical relations test
  - Minimum threshold test looks at the Medicare claims submitted for at least 20 denominator
  - Claims and qualified registry submissions only
  - If find no applicable measures, not held accountable
  - If applicable measure, partial credit awarded
  - Resource EMA Fact Sheet

Who is required to report CAHPS for MIPS?

- Required for ACOs
  - Must use CAHPS for ACOs vendor
  - Counts for one of the following:
    - 1 quality measure
    - 1 Patient experience measure (2 bonus points)
    - 1 High Priority Measure
  - Survey period is minimum of 8 weeks between Nov. 1 and Feb. 28
  - Must secure certified vendor by June of Performance Year
- Voluntary option for all other groups

Data Completeness

Reporting Rate Requirements

- Increased to ≥ 60% reporting rate required
  - All submission methods except Web Interface and CAHPS
- All payer data for:
  - Registry
  - QCDR
  - EHR
  - At least one measure must contain data on one Medicare patient
- Medicare beneficiary data only for:
  - Claims
  - Web Interface
- Finalized the same criteria for 2019

Data Completeness - continued

Expanded the Measure Stratification Classes

- Class 1
  - Complete: 3-10 points
    - 60% reporting rate
    - 20 case minimum
    - Has a benchmark
- Class 2
  - Not complete: 3 points
    - < 20 Cases or No Benchmark
- Class 3
  - Not complete: 1 point (3 points for small practices)
    - < 60% Reporting Rate

Topped Out Quality Measures

- New phasing out timeline
  - 4-year lifecycle
- What is a topped out measure?
  - Majority of clinicians near top of the distribution
    - Little room for improvement
    - Little basis for comparison
  - 45% of measures are topped out
    - 6 measures identified
- Does not apply to CMS Web Interface measures

Topped Out Quality Measures - continued

- 4-year lifecycle years
  1. Identify as Topped Out Measure
  2. Special scoring applied

     7-point cap
  3. Consider removal through rulemaking
  4. Removal decisions made through rulemaking

Measure	#
Preoperative Care: Selection of Prophylactic Antibiotic	21
Melanoma: Overutilization of Imaging Studies in Melanoma	224
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis	23
Image Confirmation of Successful Excision of Image-Localized Breast Lesion	262
Optimizing Patient Exposure to Ionizing Radiation:	359
Chronic Obstructive Pulmonary Disease (COPD): Inflated Bronchodilator Therapy	52

Quality Category Scoring Methodology

Quality Scoring Methodology

Two Sets of measures calculated for maximum number of points:

Provider submitted and CMS Calculated

- **CMS Web Interface Reporter total score**
  - **120 points** for groups with complete reporting and the readmission measure
  - **110 points** for groups with complete reporting and no readmission measure

- **Other submission mechanisms total score**
  - **70 points** for 6 measures + 1 readmission measure
  - **60 points** if readmission measure does not apply

Quality Scoring Methodology

Quality category scoring

- Each quality measure has a benchmark
  - Identifies measure achievement score
  - Established using historical data
  - Numerator/denominator converted to a performance percentage rate
- Benchmarks scored on 1-10 decile scale
  - Performance percentage is converted to a standard score
  - Measure benchmark varies depending on submission method – very important!
- All measures submitted are scored
  - Top 6 measures are used
  - May receive bonus points for other measures

Converting a Performance Rate to a Standard Score

Submit to CMS 0-100% → Expressed as a Normalized Score 1.0 – 10.0

Quality Scoring Methodology

Individual Measure Calculation

- Measure class
  - Class 1: Met data completeness 3-10 points
  - Class 2: < 20 cases or no benchmark 3 points
  - Class 3: <60% data completeness 1 point (3 points small practice)
- Missing measure score = 0
- Measures submitted and valid but not scored removed from average

Quality Scoring Methodology

Converting a Performance Rate to a Standard Score

Benchmark Decile	Hypothetical Benchmarks	Scored
1	0 – 6.9%	1.0 – 1.9
2	7.0 – 15.9%	2.0 – 2.9
3	16.0 – 22.9%	3.0 – 3.9
4	23.0 – 35.9%	4.0 – 4.9
5	36.0 – 40.9%	5.0 – 5.9
6	41.0 – 61.9%	6.0 – 6.9
7	62.0 – 68.9%	7.0 – 7.9
8	69.0 – 78.9%	8.0 – 8.9
9	79.0 – 84.9%	9.0 – 9.9
10	85.0 – 100%	10

Performance	Score
36.00% - 36.48%	5.0
36.49% - 36.97%	5.1
36.98% - 37.46%	5.2
37.47% - 37.95%	5.3
37.96% - 38.44%	5.4
38.45% - 38.93%	5.5
38.94% - 39.42%	5.6
39.43% - 39.91%	5.7
39.92% - 40.40%	5.8
40.41% - 40.90%	5.9

Quality Scoring Methodology

New scoring language

- Measure Achievement Points at a measure level
  - Total Available Measure Achievement Points (TAMAP)
  - Total Measure Achievement Points (TMAP)
  - Measure Bonus Points
  - Total Measure Bonus Points (TMBP)
  - Scoring equation
    - (TMAP + TMBP)/TAMAP = Total Quality Performance Category Score
    - Multiply the Quality Performance Category Percent Score % quality category weight = Quality Performance Category Final Score

Quality Scoring Methodology

Steps to determine Quality Category Performance Final Score:

1. Evaluate submitted measures achievement score (numerator/denominator)
2. Identify the corresponding benchmark decile score based on achievement score and the chosen data submission method
3. Add together all measure performance deciles for the total measure achievement points (TMAP) earned on submitted measures with the total measure bonus points (TMBP) earned
4. Divide by maximum total available measure achievement points (TAMAP)
5. Equals the total quality performance category score
6. Multiple category score by the category weight (50%)
7. Receive ***Quality Performance Category Final Score***

Quality Scoring Methodology

Hypothetical Scoring Example

Measure	Type	Elig Inst	Perf Points	Possible	Priority Bonus	CEHRT Bonus
A	Outcome CEHRT	20	4.1	10		1
B	Patient Experience CEHRT	21	9.3	10	2	1
C	Process CEHRT	22	10	10		1
D	Outcome	50	10	10	2	
E	High Priority Patient Safety	43	8.5	10	1	
F	Missing	NA	0	10		
Readmit	Adm Clms	NA	Not Scored	0		
			41.9	60	5	3

41.9 TMAP
+ 8 TMBP
= 49.9 Total Points
/ 60 TAMAP
= 83.2

Category weight for 2018 = 50%

83.2 x .50 = 41.60
Quality Final Score

Quality Category Improvement Bonus

New improvement bonus for quality

- Full current year participation required
- Comparison only to previous year data at category level
  - If previous year Quality score $\leq$ 30, then 30% is used as comparison
  - Will convert data for comparison if entities do not match
- Calculated as
  - Capped at 10% points
  - Category Percentage Scores without Bonus Points
  - Based on statistically significant changes
    - (This Year Score – Last Year Score/Last Year Score)

APM Scoring Standards for 2018

Align Weighting across all MIPS-APM

- All MIPS APM participants will be scored under MIPS using the quality measures that they are already required to report on as a condition of their participation in their APM.
- A 4th snapshot date of December 31st is added for full TIN APMs for determining which eligible clinicians are participating in a MIPS APM for purposes of the APM scoring standard.
  - This allows participants who joined full TIN APMs between September 1st and December 31st of the performance year to benefit from the APM scoring standard

All MIPS APMS

Domain	2018
Quality	50%
Cost	0%
ACI	*30%
IA	20%

* **Complex re-weighting protocols**

Quality Scoring Standards for MIPS-APMs

Domain	Reporting Requirements	Category Scoring
Quality	• The ACO submits 30+ MSSP via the CMS Web Interface. • Full calendar year reporting required • Data is submitted on the first 248 consecutively ranked and assigned Medicare beneficiaries. The ACO submits this information once for purposes of both the MSSP and MIPS.	• MIPS benchmarks will be used to assign one score at the APM Entity Group (ACO) level. • All MIPS eligible clinicians on the certified ACO Participation list will receive the same score (unless they are excluded from MIPS). • Note that the performance of all clinicians in the ACO will contribute to this score, even if they are not subject to MIPS payment adjustments.

Continuing the Conversation

- **Performance Improvement Discussion**
  - Planning
    - What will you analyze to identify your target?
    - Where do you have high leverage opportunities?
    - Practically, how much time/effort can you spend on this?
    - What barriers exist?
  - Execution
    - What will you use as your levers to drive change?
  - Analysis
    - When/how frequently do you revisit what you planned?
    - How do you communicate a changing target?

Your Opportunity to Share with CMS

- Apply to participate in the 2018 CMS ***"Study on Burdens Associated with Reporting Quality Measures"***
  - Help make future recommendations for changes to eliminate burden, improve quality data collection & reporting and enhance clinical care
  - Receive full credit for Improvement Activities for 2018
  - Applications accepted through March 23rd
  - MIPS eligible clinicians individual or group reporting
- To Apply
  - Click here to begin your application
  - Email MIPS_Study@abtassoc.com

2018 Annual Call for Quality Measures

- Submit Quality measures for consideration for future years in MIPS
- Review the Call for Quality Measures fact sheet
- Available on the CMS website to guide clinicians through the submission process.
- Accepted through June 1, 2018
- Proposed measures will be published no later than 11/1/18 in the Federal Register

2018 QPP Webinar Series Continues

- April 10 - 2018 QPP Series: A Closer Look at the Cost Performance Category: Register Here
- May 8 - 2018 QPP Series: A Closer Look at the Advancing Care Information and Improvement Activities Performance Categories: Register Here
- 11:00 – 12:00 CST

CMS Help Desk and Resources

CMS Help Desks

- **EHR Information Center Help Desk**
  - (888) 734-6433 / TTY: (888) 734-6563
  - Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on federal holidays)
- **NPPES Help Desk**
  - Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do
  - (800) 465-3203 -TTY (800) 692-2326
- **PECOS Help Desk**
  - Visit https://pecos.cms.hhs.gov/
  - (866)484-8049 / TTY (866)523-4759
- **Identification & Access Management System (I&A) Help Desk**
  - PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049
  - TTY 1-866-523-4759
  - E-mail: EUSSupport@cgi.com
- **QPP Service Center**
  - 1-866-288-8292
  - Email: qpp@cms.hhs.gov

Full Service QPP Technical Assistance

Do you need technical assistance to help you participate in the Quality Payment Program? The Centers for Medicare & Medicaid Services has specialized programs and resources for eligible clinicians across the country.

PRIMARY CARE & SPECIALIST PHYSICIANS

Transforming Clinical Practice Initiative

- Supports physicians and other clinicians through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.

Locate the PTN(s) and SAN(s) in your state

SMALL & SOLO PRACTICES

Small, Underserved Rural Support Technical Assistance

- Provides outreach, guidance, and direct technical assistance to clinicians in solo or small practices (15 or fewer), particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
  - Assistance will be tailored to the needs of the clinicians.
  - Organizations selected to provide this technical assistance will be available in late 2016.

LARGE PRACTICES

Quality Innovation Network-Quality Improvement Organizations (QIN-QIO) Education and Support

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.

Locate the QIN-QIO that serves your state

Quality Innovation Network (QIN) Directory

TECHNICAL SUPPORT

All Eligible Clinicians Are Supported By:

Quality Payment Program Portal
Serves as a starting point for information on the Quality Payment Program.

Quality Payment Program Service Center
Assists with all Quality Payment Program questions including program basics and tips for getting started.

Advanced Alternative Payment Model (APM) Learning Networks
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs.

THANK YOU!

Telligen

Sandy Swallow

515.223.2105

sswallow@area-d.hcqis.org

Colorado, Iowa & Illinois

Michelle Brunsen

515.453.8180

mbrunsen@telligen.com

Iowa, Nebraska, North Dakota & South Dakota

Websites

- www.telligenqinqio.com
- www.telligenqpp.com
- www.qpp.cms.gov