



MAP and Pre-Rulemaking: How to Get Involved

Bonus Slides

Nov. 14, 2016

Clinician Programs



Merit-based Incentive Payment System (MIPS)

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- Sunsets PQRS, VBPM, EHR Incentive programs in 2018
- Authorizes MIPS program beginning 2019 - consolidates existing clinician quality and incentive programs
- Positive and negative payment adjustments based on performance in 4 categories:
 - » Quality – 30%
 - » Resource use – 30%
 - » Clinical practice improvement activities – 15%
 - » Meaningful use of certified EHR technology – 25%
- Will use measures from existing programs (PQRS, VBPM, EHR)

Medicare Shared Savings Program

- Authorized by the Affordable Care Act
- Designed to facilitate coordination and cooperation among providers of Medicare FFS patients
- Participants are Accountable Care Organizations (ACOs)
- ACOs may earn shared savings by meeting program requirements and quality standards
- Beneficiaries are assigned to an ACO based on utilization of primary care services provided by ACO professionals
- ACA specified following measures for the MSSP:
 - Clinical processes and outcomes
 - Patient and caregiver experience of care
 - Utilization

Hospital and Acute Care Facility Programs



Inpatient Psychiatric Facilities Quality Reporting Program (IPFQR)

- Program Type:
 - Pay for Reporting
- Incentive Structure:
 - Inpatient psychiatric hospitals or psychiatric units that do not report data on the required measures will receive a 2 percent reduction in their annual federal payment update.
- Program Goals:
 - Provide consumers with quality information to help inform their decisions about their healthcare options.
 - Improve the quality of inpatient psychiatric care by ensuring providers are aware of and reporting on best practices.
 - Establish a system for collecting and providing quality data for inpatient psychiatric hospitals or psychiatric units.

Hospital Value-Based Purchasing Program (HVBP)

- Program Type:
 - Pay for Performance
- Incentive Structure:
 - Medicare bases a portion of hospital reimbursement on performance through the Hospital Value-Based Purchasing Program (VBP).. The amount withheld from reimbursements for 2017 and future fiscal years is 2%
 - Hospitals are scored based on their performance on each measure within the program relative to other hospitals as well as on how their performance on each measure has improved over time.
- Program Goals:
 - Improve healthcare quality by realigning hospitals' financial incentives.
 - Provide incentive payments to hospitals that meet or exceed performance standards.

IQR - EHR Incentive Program

- Program Type:
 - Pay for reporting and public reporting
- Incentive Structure:
 - Hospitals that do not participate or meet program requirements receive a $\frac{1}{4}$ reduction of the annual payment update
- Program Goals:
 - Progress towards paying providers based on the quality, rather than the quantity of care they give patients
 - Interoperability between EHRs and CMS data collection
 - To provide consumers information about hospital quality so they can make informed choices about their care

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

- Program Type:
 - Pay for Performance, Public Reporting
- Incentive Structure:
 - As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of two percent per year.
- Program Goals:
 - Improve the quality of dialysis care and produce better outcomes for beneficiaries.

Hospital Readmissions Reduction Program (HRRP)

- Program Type:
 - Pay for Performance and Public Reporting. HRRP measure results are publicly reported annually on the Hospital Compare website.
- Incentive Structure:
 - Diagnosis-related group (DRG) payment rates will be reduced based on a hospital's ratio of predicted to expected readmissions. The maximum payment reduction is 3%.
- Program Goals:
 - Reduce readmissions in acute care hospitals paid under the Inpatient Prospective Payment System (IPPS), which includes more than three-quarters of all hospitals.
 - Provide consumers with information to help them make informed decisions about their health care.

Hospital Acquired Condition Reduction Program (HACRP)

- Program Type:
 - Pay for reporting and public reporting
- Incentive Structure:
 - The 25% of hospitals that have the highest rates of HACs (as determined by the measures in the program) will have their Medicare payments reduced by 1.0%.
- Program Goals:
 - Provide an incentive to reduce the incidence of HACs to improve both patient outcomes and the cost of care
 - Drive improvement for the care of Medicare beneficiaries, but also privately insured and Medicaid patients, through spill over benefits of improved care processes within hospitals

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

- Program Type:
 - Data Reporting
- Incentive Structure:
 - PCHQR is a voluntary quality reporting program. Data are published on Hospital Compare.
- Program Goals:
 - Provide information about the quality of care in cancer hospitals, in particular the 11 cancer hospitals that are exempt from the inpatient prospective payment system and the Inpatient Quality Reporting Program.
 - Encourage hospitals and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices

Hospital Outpatient Quality Reporting Program (OQR)

- Program Type:
 - Pay for Reporting – Information is reported on the Hospital Compare website.
- Incentive Structure:
 - Hospitals that do not report data on the required measures will receive a 2 percent reduction in their annual Medicare payment update.
- Program Goals:
 - Establish a system for collecting and providing quality data to hospitals providing outpatient services such as clinic visits, emergency department visits, and critical care services.
 - Provide consumers with quality of care information that will help them make informed decisions about their health care.

Ambulatory Surgical Center Quality Reporting Program (ASCQR)

- Program Type:
 - Pay for reporting and public reporting
- Incentive Structure:
 - Ambulatory surgical centers (ASCs) that do not participate or fail to meet program requirements receive 2.0 % reduction in annual payment update
- Program Goals:
 - Promote higher quality, more efficient health care for Medicare beneficiaries through measurement
 - Allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care

Post-Acute Care and Long Term Care Programs



Skilled Nursing Facility Quality Reporting Program

- Program Type:
 - Pay for Reporting
- Incentive Structure:
 - The IMPACT Act added Section 1899 B to the Social Security Act establishing the SNF QRP. Beginning FY 2018, providers [SNFs] that do not submit required quality reporting data to CMS will have their annual update reduced by 2 percentage points.
- SNF QRP Information:
 - Facilities that submit data under the SNF PPS are required to participate in the SNF QRP, excluding units that are affiliated with critical access hospitals (CAHs).
 - Data sources for SNF QRP measures include Medicare FFS claims as well as Minimum Data Set (MDS) assessment data.

Home Health Quality Reporting Program

- Program Type:
 - Pay for Reporting; Data are reported on the Home Health Compare website.
- Incentive Structure:
 - The HH QRP was established in accordance with section 1895 of the Social Security Act. Home health agencies (HHAs) that do not submit data receive a 2 percentage point reduction in their annual HH market basket percentage increase.
- Program Information:
 - Goal: Alignment with the mission of the IOM which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.
 - Data sources for the HH QRP include the Outcome and Assessment Information Set (OASIS) and Medicare FFS claims

Inpatient Rehabilitation Facility Quality Reporting Program

- Program Type:
 - Pay for Reporting
- Incentive Structure:
 - The IRF QRP was established under the Affordable Care Act. Beginning in FY 2014, IRFs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable IRF Prospective Payment System (PPS) payment update.
- Program Information:
 - Goal: Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.
 - Applies to all IRF facilities that receive the IRF PPS (e.g., IRF hospitals, IRF units that are co-located with affiliated acute care facilities, and IRF units affiliated with critical access hospitals [CAHs]).
 - Data sources for IRF QRP measures include Medicare FFS claims, the Center for Disease Control's National Health Safety Network (CDC NHSN) data submissions, and Inpatient Rehabilitation Facility - Patient Assessment instrument (IRF-PAI) records.

Long-Term Care Hospital (LTCH) Quality Reporting Program

- Program Type:
 - Pay for Reporting
- Incentive Structure:
 - The LTCH QRP was established under the Affordable Care Act. Beginning in FY 2014, LTCHs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable annual payment update (APU).
- Program Information:
 - Goal: Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).
 - New LTCHs are required to begin reporting quality data under the LTCH QRP no later than the first day of the calendar quarter subsequent to 30 days after the date on its CMS Certification Number (CCN) notification letter

Skilled Nursing Facility Value-Based Purchasing

- Program Type:
 - Pay for Performance
- Incentive Structure:
 - Section 215 of the Protecting Access to Medicare Act of 2014 (PAMA) authorizes establishing a SNF VBP Program beginning with FY 2019 under which value-based incentive payments are made to SNFs in a fiscal year based on performance.
- Goal:
 - Transform Medicare from a passive payer of SNF claims to active purchaser of quality health care for beneficiaries
 - Linking payments to performance on identified quality measures

Hospice Quality Reporting Program

- Program Type:
 - Pay for Reporting
- Incentive Structure:
 - The Hospice QRP was established under the Affordable Care Act. Beginning in FY 2014, Hospices that fail to submit quality data will be subject to a 2.0 percentage point reduction to their annual payment update.
- Program Goals:
 - Make the hospice patient as physically and emotionally comfortable as possible, with minimal disruption to normal activities, while remaining primarily in the home environment.