

MACRA, MIPS, AAPMs and the New Alphabet Soup of Medicare Payment: What Freestanding Radiation Oncology Centers Need to Know

CMS has released its [proposed rule](#) implementing the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Models (APMs). These new payment systems, now being referred to by CMS as the “Quality Payment Program,” are required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the same law that repealed the sustainable growth rate (SGR) methodology. The proposed rule is almost 1,000 pages, but there is a shorter summary available on the CMS [website](#). The proposal is subject to public comment and will be finalized later in the year. For now, here is what freestanding radiation oncology centers need to know.

- The good news is that, under the MACRA legislation, physicians with substantial participation in an Advanced Alternative Payment Model Payment (AAPM) are exempt from MIPS, .eligible to receive a 5% payment bonus from 2019 through 2024, and eligible to receive increased payment adjustments after that. The bad news is that, under CMS’ proposed rule, virtually no one will qualify, and almost everyone will have to deal with MIPS, which is basically a consolidation of the current PQRS, Meaningful Use (MU), and Value-Based Modifier programs, with a few extra bells and whistles.
- Under MIPS, in 2019 Medicare payment for your services could go up or down by up to 4% depending on MIPS score. By 2022, the amount at risk increases to 9%.
- An individual can receive either an individual or a group score.
- MIPS scores for 2019 will depend on performance in 2017.
- Fifty percent (50%) of your MIPS score in 2019 will be based on whether you successfully report six quality measures, at least one of which must be a “cross cutting” measure and at least one of which must be an “outcomes” measure. A number of the quality measures of particular relevance to radiation oncology are set forth in Attachment A.
- Twenty five percent (25%) of your MIPS score in 2019 will depend on your performance in a category called “Advancing Care Information,” which is basically the old Electronic Health Record “Meaningful Use” (MU) program updated and made a bit more flexible. A more detailed summary of this aspect of MIPS can be found on the CMS [website](#).
- Fifteen percent (15%) of your MIPS score in 2019 will depend on your performance in a new “Clinical Practice Improvement Activity” (CPIA) category, and will require that you attest that you performed 2-3 CPIAs (chosen from a list of 90) for at least 90 days in 2017. A number of CPIAs that may be relevant for radiation oncologists are set forth at Attachment B.
- Ten percent (10%) of your MIPS score in 2019 will depend on your performance in the cost/resource use category. However, it is unclear whether radiation oncologists generally will receive scores in this category, since radiation oncologists generally do not perform the types of services that will serve as the basis for assigning beneficiaries to physicians for the purpose of this measure; since none of the episodes that will be scored for resource use relate to radiation oncology and since the other measures used in this category relate primarily to resource use for

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hospitalized patients. The other three MIPS performance categories will receive greater weight for physicians who are not scored on the cost/resource use category.

By law, the program must be budget neutral, so reductions in payment for those who score poorly will fund the incentives of those who score highly. CMS estimates that 54.1% of clinicians (54.4% of radiation oncologists) will receive a positive adjustment during the first year and 45.4% (44.2% of radiation oncologists) will receive a negative adjustment. In the aggregate, negative adjustments for radiation oncology will total -\$16 million and positive adjustments will total +\$27 million.

CMS estimates that about 1281 radiation oncologists will be excluded from MIPS. Clinicians with fewer than \$10,000 in Medicare Allowed Claims and fewer than 100 Medicare patients for a given year are not subject to MIPS. Medicare Advantage patients do not count toward these thresholds. Another basis for exclusion is successful participation in an advanced alternative payment model (AAPM).

The most significant redistributive impact anticipated as the result of implementation of the new payment system in 2019 is projected to be a significant increase in Medicare payment for large groups and a significant reduction in payment for small practices. It is anticipated that, under the new system, practices of 100 physicians or more will experience aggregate positive adjustments of +\$522 million.

Attachment A: Proposed MIPS Quality Measures Relevant To Radiation Oncologists

MIPS ID Number	NOF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Data submission Method	Measure Type	Measure Title and Description [§]	Measure Steward
* !	0419/130	68v 5	Patient Safety	Claims, Registry, EHR	Process	Documentation of Current Medications in the Medical Record: Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services/ Mathematica / Quality Insights of Pennsylvania
!	0650/137	N/A	Communi- cation and Care Coordinati- on	Registry	Structure	Melanoma: Continuity of Care – Recall System: Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes: <ul style="list-style-type: none"> • A target date for the next complete physical skin exam, AND • A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment. 	American Academy of Dermatology / American Medical Association- Physician Consortium for Performance Improvemen- t
* § !!	0389/102	129 v5	Efficiency and Cost Reduction	Registry, EHR	Process	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	American Medical Association- Physician Consortium for Performance Improvemen- t
	0390/104	N/A	Effective Clinical Care	Registry	Process	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist).	American Medical Association- Physician Consortium for Performance Improvemen- t/ American Urological Association Education and Research

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Data submission Method	Measure Type	Measure Title and Description*	Measure Steward
§ !	0384/143	157 v4	Person and Caregiver- Centered Experienc e and Outcomes	Registry, EHR	Process	Oncology: Medical and Radiation – Pain Intensity Quantified: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	American Medical Association- Physician Consortium for Performance Improvemen t
!	0383/144	N/A	Person and Caregiver- Centered Experienc e and Outcomes	Registry	Process	Oncology: Medical and Radiation – Plan of Care for Pain: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	American Society of Clinical Oncology
!!	N/A/145 0562/224	N/A	Patient Efficiency and Cost Reduction	Claims Registry	Process	Radiation Exposure Time Reported for Melanoma: Overutilization of Imaging Studies in Melanoma: Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered.	American Academy of Dermatology / American Medical Association- Physician Consortium for Performance Improvemen t
§ !	0506/325 0005 & 0006/321	N/A	Person and Caregiver- Centered Experienc e and Outcomes	CMS- approved Survey Vendor	Patient Engagement/ Experience	CAHPS for MIPS Clinician/Group Survey: <u>Summary Survey Measures may include:</u> <ul style="list-style-type: none"> • Getting Timely Care, Appointments, and Information; • How well Providers Communicate; • Patient’s Rating of Provider; • Access to Specialists; • Health Promotion and Education; • Shared Decision-Making; • Health Status and Functional Status; • Courteous and Helpful Office Staff; • Care Coordination; • Between Visit Communication; • Helping You to Take Medication as Directed; and • Stewardship of Patient Resources. 	Agency for Healthcare Research & Quality
!	N/A/374	50v 4	Communi cation and Care Coordinati on	EHR	Process	Closing the Referral Loop: Receipt of Specialist Report: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services/ Mathematica
+ § !!	0216/New		Effective Clinical Care	Registry	Outcome	Proportion admitted to hospice for less than 3 days: Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there.	American Society of Clinical Oncology
+ § !!	0215/New		Effective Clinical Care	Registry	Process	Proportion not admitted to hospice: Percentage of patients who died from cancer not admitted to hospice.	American Society of Clinical Oncology

!	N/A/138	N/A	Communication and Care Coordination	Registry	Process	Melanoma: Coordination of Care: Percentage of patient visits, regardless of age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.	American Academy of Dermatology / American Medical Association-Physician Consortium for Performance Improvement
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Attachment B: CPIAs Relevant to Radiation Oncologists

Subcategory	Activity	Weighting
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
Care Coordination	Implementation of regular care coordination training.	Medium
Beneficiary Engagement	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.	High
Patient Safety and Practice Assessment	Participation in Maintenance of Certification Part IV for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program. Performance of activities across practice to regularly assess performance in practice, by reviewing outcomes addressing identified areas for improvement and evaluating the results.	Medium
Patient Safety and Practice Assessment	For eligible professionals not participating in Maintenance of Certification (MOC) Part IV, new engagement for MOC Part IV, such as IHI Training/Forum Event; National Academy of Medicine, AHRQ Team STEPPS®.	Medium
Patient Safety and Practice Assessment	Administration of the AHRQ Survey of Patient Safety Culture and submission of data to the comparative database (refer to AHRQ Survey of Patient Safety Culture website http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/index.html)	Medium
Patient Safety and Practice Assessment	Participation in designated private payer clinical practice improvement activities.	Medium

<p>Patient Safety and Practice Assessment</p>	<p>Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following:</p> <ul style="list-style-type: none"> Train all staff in quality improvement methods; Integrate practice change/quality improvement into staff duties; Engage all staff in identifying and testing practices changes; Designate regular team meetings to review data and plan improvement cycles; Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; and/or Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families. 	<p>Medium</p>
<p>Patient Safety and Practice Assessment</p>	<p>Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following:</p> <ul style="list-style-type: none"> Make responsibility for guidance of practice change a component of clinical and administrative leadership roles; Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or Incorporate population health, quality and patient experience metrics in regular reviews of practice performance. 	<p>Medium</p>
<p>Patient Safety</p>	<p>Implementation of fall screening and assessment programs to</p>	<p>Medium</p>
<p>Population Management</p>	<p>Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following:</p> <ul style="list-style-type: none"> Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews. 	<p>Medium</p>

