Qualifying APM Participant (QP) Calculations and MIPS APM Reporting

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Housekeeping

- All attendee phone lines have been placed in a listen-only mode.
- We are recording today's event. The slides, transcript, and recording from today will be available on OCM Connect after this event.
- You may submit questions during the event using the Q&A pod to the right of your webinar screen, or after the event to OCMSupport@cms.hhs.gov.
- If you have any technical questions or issues today, please submit your question in the Q&A pod and we will be happy to assist you. You may also contact Adobe Connect Customer Support at 1-866-335-2256.

Welcome & Objectives

- Provide OCM Participants with insight into how OCM participation streamlines QPP Reporting
  - One-sided risk practices use MIPS APM track
  - Two-sided risk practices may be eligible for QP status and exclusion from MIPS
- Improve understanding of how QPPs QP determinations apply to OCM Practitioners at OCM practices in two-sided risk arrangements
- Give early notice of changes to QPP that may mean OCM practices need to adjust strategy for reporting to QPP

OCM Risk Arrangements

- OCM Two-Sided Risk Arrangement
  - The two-sided risk arrangement qualifies as an Advanced Alternative Payment Model (APM)
  - Eligible Clinicians may earn Qualifying APM Participant (QP) status and a 5% incentive payment and MIPS exclusion
  - Includes both original and alternative two-sided risk arrangements
- OCM One-Sided Risk Arrangement
  - MIPS Alternative Payment Model (APM)
  - Report to MIPS

Is Your OCM Practice in an Advanced APM or a MIPS APM?

The OCM One-Sided Risk Arrangement is a MIPS APM. The OCM Two-Sided Risk Arrangements are Advanced APMs; participants must meet "Qualifying APM Participant" (QP) criteria to receive the QP Incentive Payment.

Are you a MIPS Eligible Clinician?

- I am a physician, PA, NP, CNS, or CRNA
- I am not in my first year as a Medicare provider
- I bill over $30,000 to Medicare and care for over 100 Medicare patients annually

OCM One-Sided Risk Arrangement:

Not eligible for QP status

OCM Two-Sided Risk Arrangements:

Are you a Qualifying APM Participant (QP)?

Threshold Score **below** the QP threshold

Threshold Score **above** the QP threshold

Clinicians are **not** QPs
(MIPS APM – report to MIPS)

Clinicians **are** QPs

How Are MIPS APM Clinicians and Advanced APM QPs Paid?

MIPS ECs

CMS will adjust the PFS rate based on the OCM practice's MIPS final score, calculated by applying the favorable APM Scoring Standard to the four MIPS categories in the performance period.

OCM Payments

+

Physician Fee Schedule + **MIPS adjustment**

QPs

QPs are exempt from MIPS. CMS will make a lump sum payment to the clinician that is equal to 5% of payments for the clinician's Part B professional services furnished during the calendar year immediately prior to the payment year.

OCM Payments

+

Physician Fee Schedule

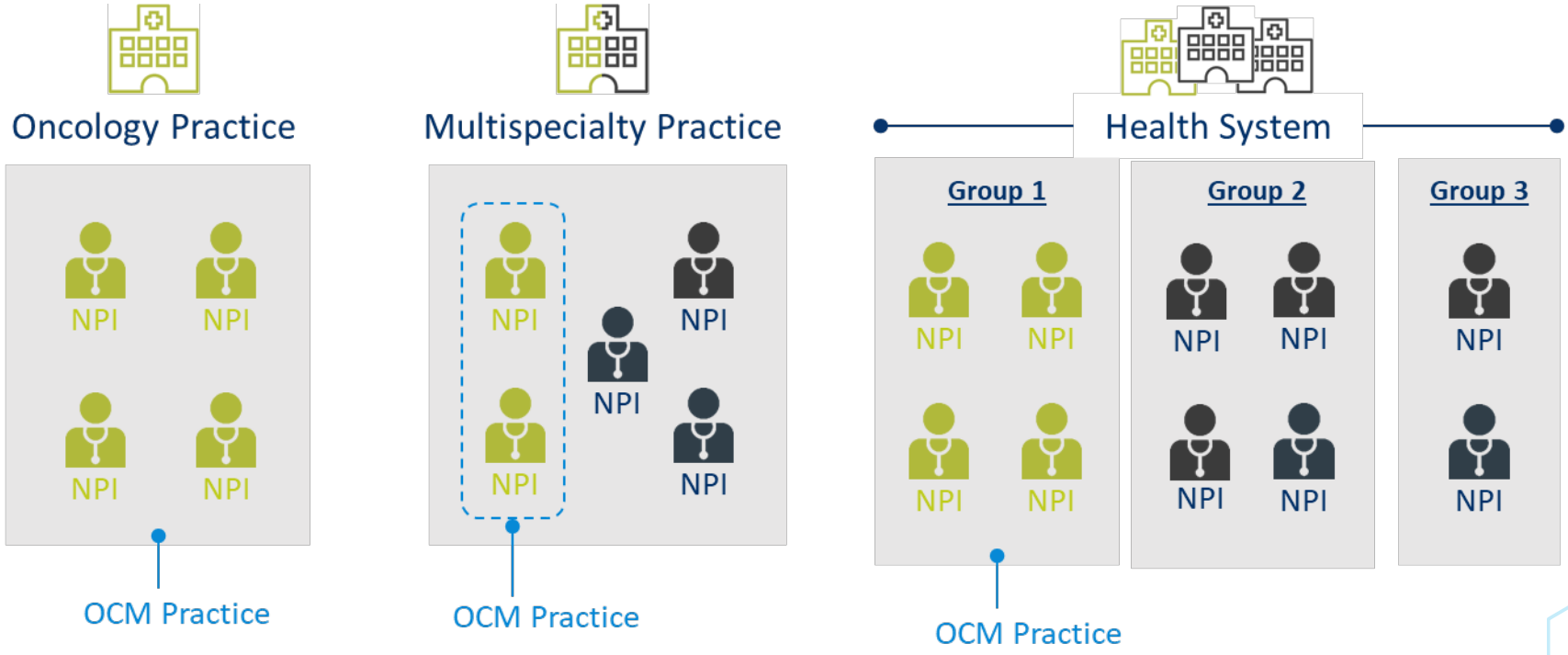
+

5% lump sum bonus

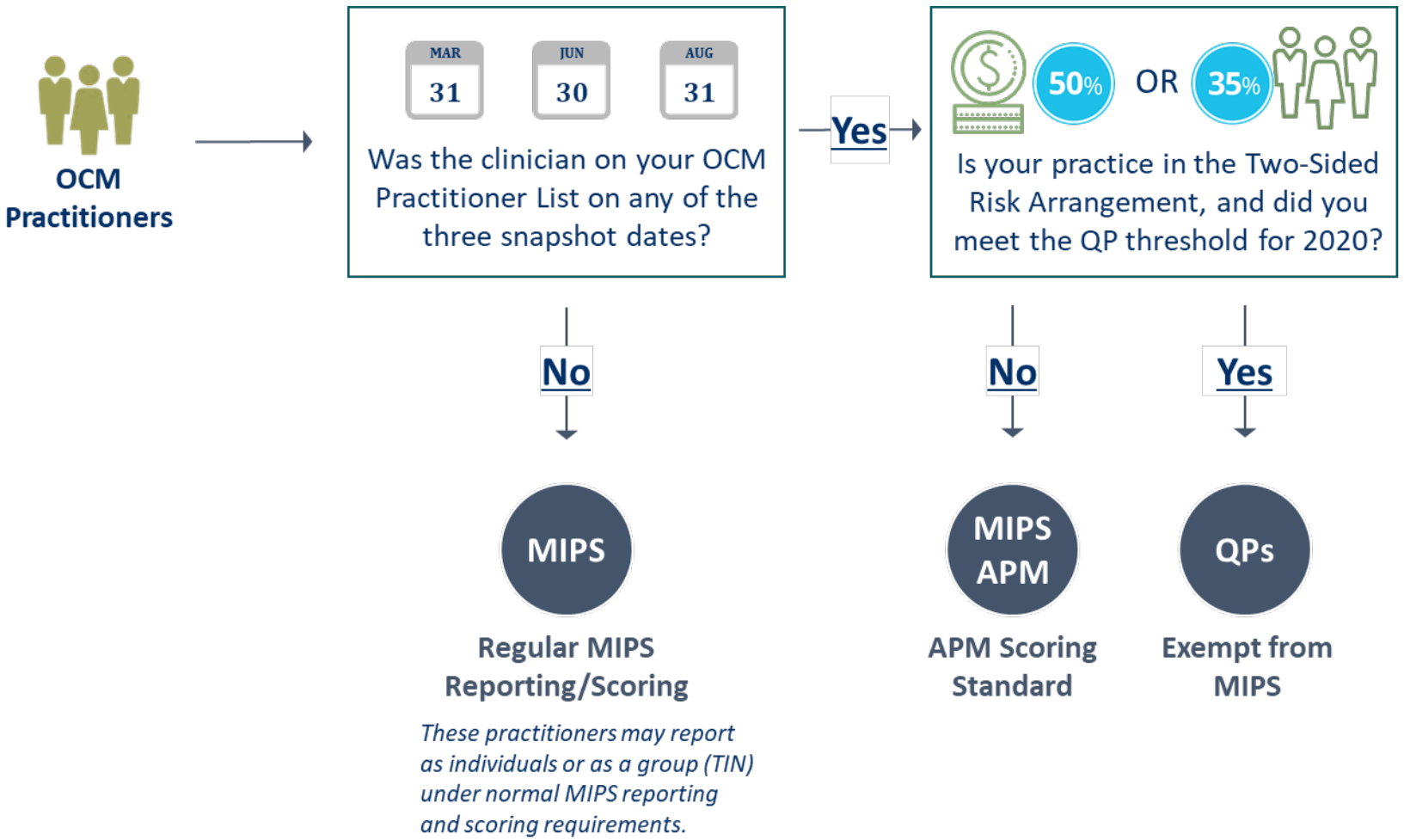
How does QPP define “OCM practice?”

The list of NPIs on your practice’s OCM Practitioner List.
Other NPIs report separately from OCM Practitioners.

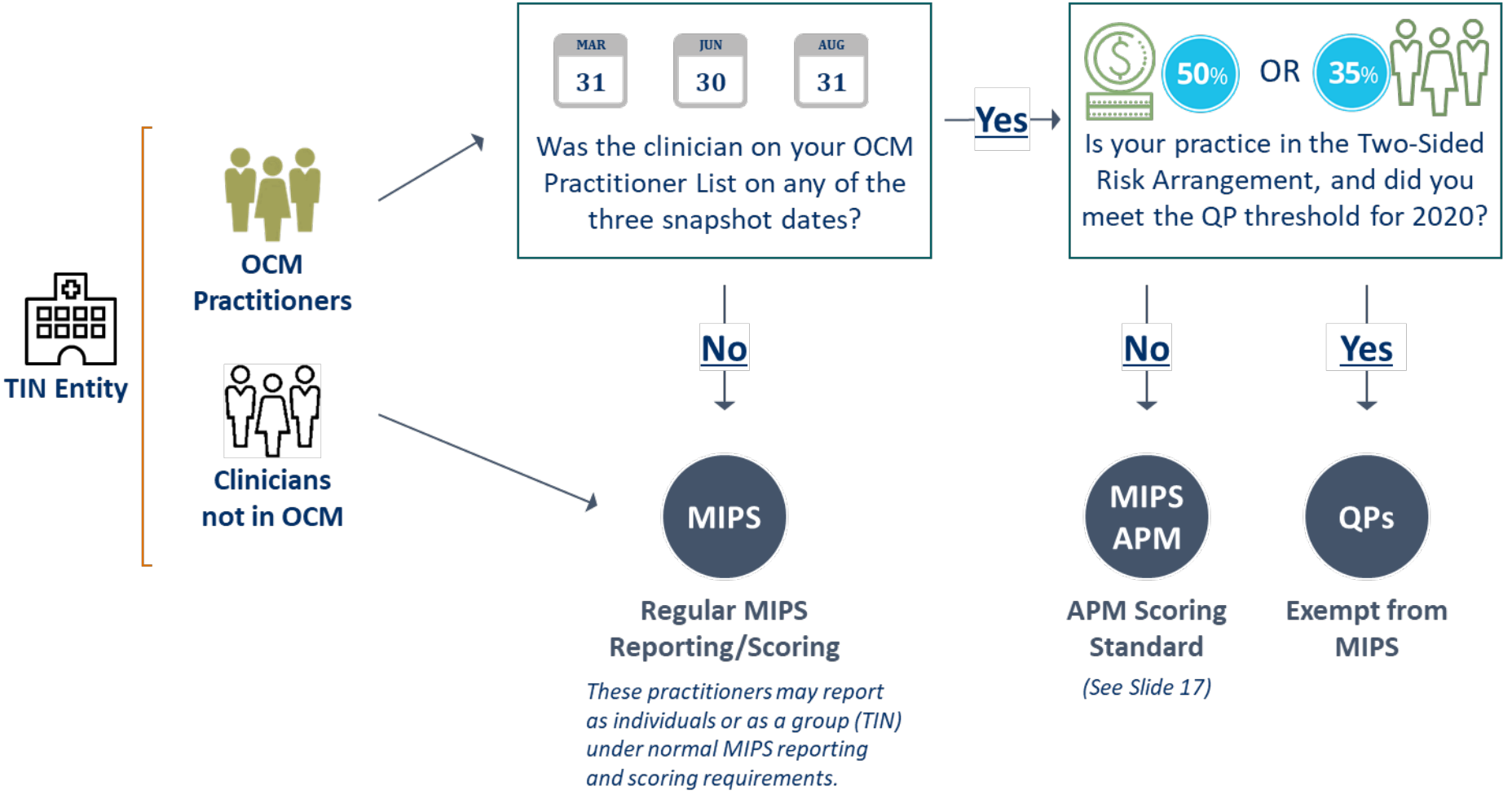
3 examples of OCM Participants (TINs)



How Does QPP Work for an Independent OCM Practice?



What Determines QPP Reporting If an OCM Practice Shares a TIN With Non-OCM Clinicians?



When Does CMS Assess Clinicians for Participation in a MIPS APM or an Advanced APM in 2020?

- To potentially qualify as a QP or to receive the MIPS APM scoring standard, an eligible clinician must be on an APM participation list (OCM Participant List) on at least one of the following three "snapshot" dates of the performance period.

- Otherwise, an eligible clinician must report to MIPS under the standard MIPS methods.

What Are the QP Threshold Score Percentages Needed For an OCM Practitioner To Earn QP Status?

Requirements for Incentive Payments for Significant Participation in Advanced APMs (Clinicians must meet payment or patient requirements)						
Performance Year	2017	2018	2019	2020	2021	2022 and later
Percentage of Payments through an Advanced APM	25%	25%	50%	50%	75%	75%
Percentage of Patients through an Advanced APM	20%	20%	35%	35%	50%	50%

What does an OCM Practice Need to Understand About Beneficiary Attribution for QP Determinations?

- CMS will calculate a percentage "Threshold Score" for each OCM Practice using two methods (payment amount and patient count).
- Methods are based on Medicare Part B professional services and OCM eligible beneficiaries attributed to the practice.
- CMS will use the method that results in a more favorable QP determination for each OCM Practice.

These definitions are used for calculating Threshold Scores under both methods.

$$\frac{\text{Attributed OCM Beneficiaries (based on quarterly feedback report data)}}{\text{Attribution-eligible OCM Beneficiaries (all beneficiaries who could potentially be attributed)}} = \text{Threshold Score \%}$$

How do Eligible Clinicians in OCM become QPs for performance year 2020?

- CMS will calculate a percentage **"Threshold Score"** for each OCM Practice that is in a Two-Sided Risk Arrangement using **two methods:** Medicare Part B professional services payment amount, and count of beneficiaries that may be attributed to your OCM Practice.
- CMS will use the method that results in a more favorable QP determination for each OCM Practice.

Payment Amount Method

$$\frac{\text{\$\$\$ for Part B professional services to OCM feedback report beneficiaries}}{\text{\$\$\$ for Part B professional services to *QPP attribution-eligible beneficiaries}} = \text{Threshold Score \%}$$

50%

2020 Threshold

Patient Count Method

$$\frac{\text{\# of OCM feedback report beneficiaries given Part B professional services}}{\text{\# of *QPP attribution-eligible beneficiaries given Part B professional services}} = \text{Threshold Score \%}$$

35%

2020 Threshold

QP Calculations (continued)

QP attribution-eligible (denominator) beneficiary criteria:

(1) Is not enrolled in Medicare Advantage or a Medicare cost plan;

(2) Does not have Medicare as a secondary payer;

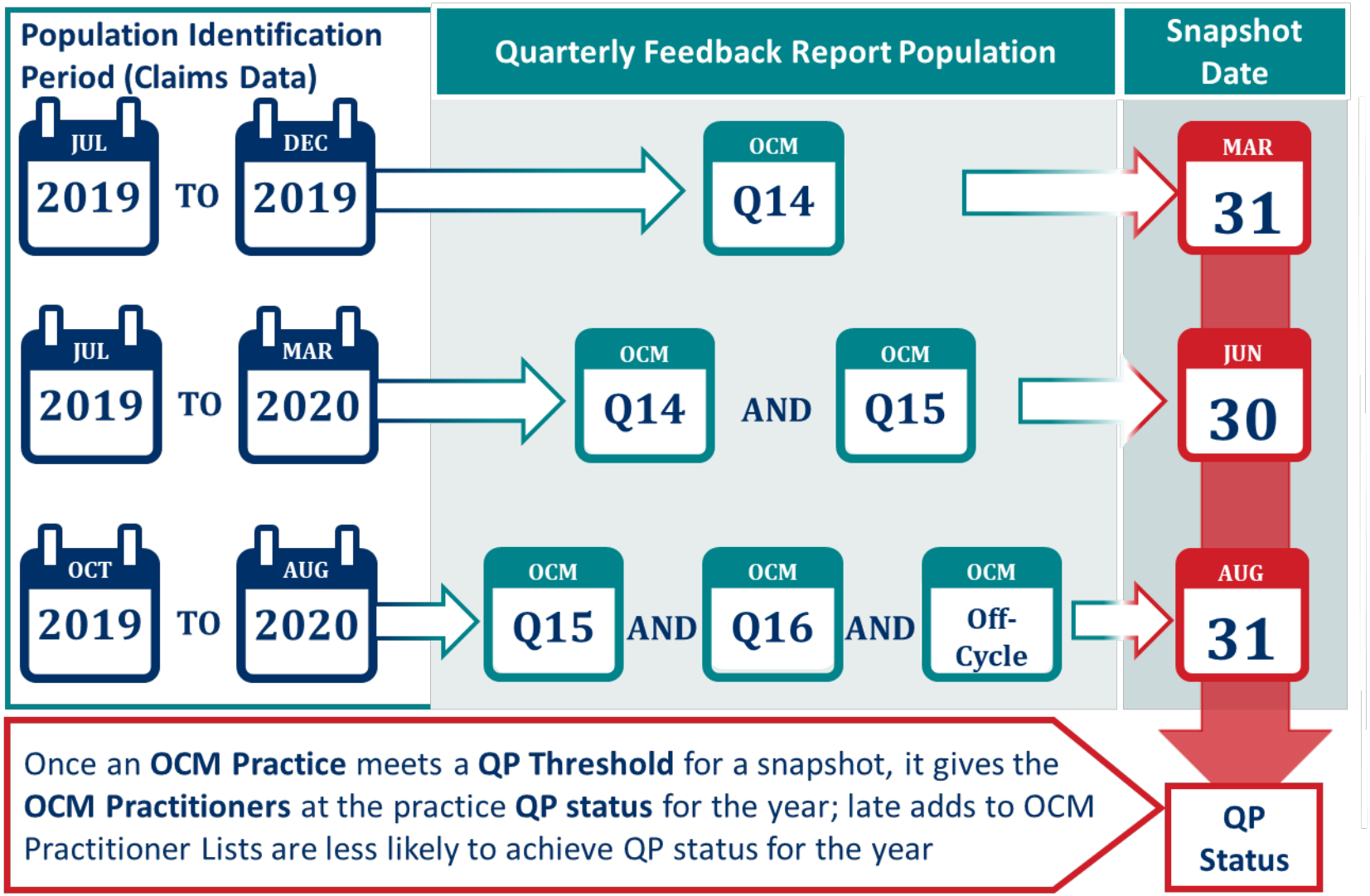
(3) Is enrolled in both Medicare Parts A and B;

(4) Is at least 18 years of age;

(5) Is a US resident; and

(6) Has a minimum of one claim for evaluation and management services furnished by an eligible clinician who is in the OCM practice for any time period during the QP Performance Period

QP Calculation for OCM Practitioners: Timing and Data Sources



Overview of MIPS Reporting Requirements

For OCM Practices in One-Sided Risk, and those in Two-Sided Risk that do not meet the QP Threshold

	REPORTING REQUIREMENT	PERFORMANCE SCORE	OCM PRACTICE RESPONSIBILITY	WEIGHT
Quality	✓ The MIPS quality performance category requirements and benchmarks will be used to score quality at the APM Entity level, based on APM Entity reporting, or an aggregated average of the quality scores earned by the MIPS eligible clinicians in the APM Entity ✓ A credit of 50% is available to APM Entities that are required to report additional measures to their APM; OCM Practices must report to MIPS through normal MIPS reporting track; OCM will not submit measures results to QPP			50%
Cost	✓ MIPS eligible clinicians will not be assessed on cost.	✓ N/A	OCM Practices are not required to report on Cost.	0%
Improvement Activities	✓ No additional reporting necessary.	✓ CMS will automatically assign the OCM practice the highest possible performance score.	OCM Practices are not required to report Improvement Activities.	20%
Promoting Interoperability	✓ Each MIPS eligible clinician in the OCM practice reports Promoting Interoperability to MIPS through either group reporting at the TIN level or individual reporting.	✓ All of the APM Entity TIN or individual level scores will be aggregated as a weighted average based on the number of MIPS eligible clinicians in each TIN to yield one APM Entity group score.	**Report PI individually or as a group.** CMS will provide further details on where and how to report PI soon.	30%

Changes for MIPS APM Reporting

- You may have noticed in the previous slide that the reporting requirements for the Quality Performance Category under the APM scoring standard are different than in previous years. Let's pause here and discuss:
  - Effects of possible asynchrony between OCM quality measures reporting timing and QPP Performance Years
  - Fairness factors considered that drive MIPS and APM reporting options
  - Benefits of 50% reporting credit for Quality Performance in QPP, for some APM participants that may need to report data both to an APM program and additional data for MIPS reporting

CMS Question & Answer

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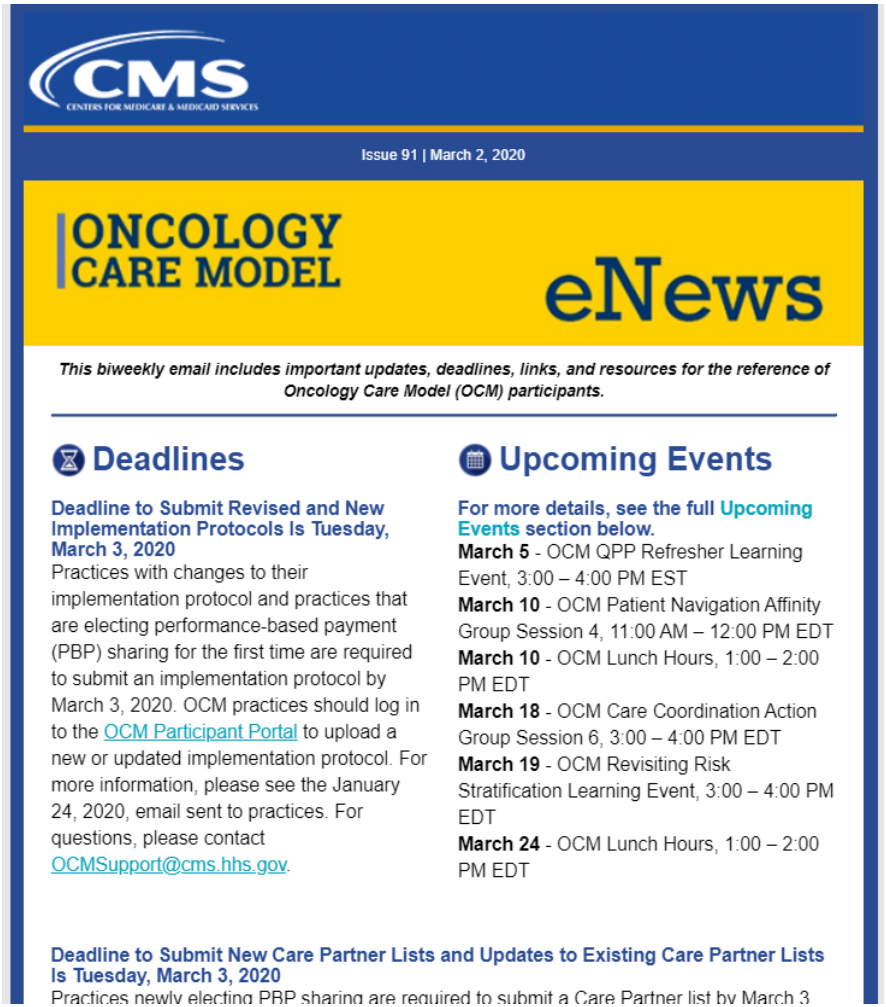
ANNOUNCEMENTS IN MARCH 2
OCM eNEWS



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ONCOLOGY CARE MODEL eNews

This biweekly email includes important updates, deadlines, links, and resources for the reference of Oncology Care Model (OCM) participants.

Deadlines

Deadline to Submit Revised and New Implementation Protocols Is Tuesday, March 3, 2020
Practices with changes to their implementation protocol and practices that are electing performance-based payment (PBP) sharing for the first time are required to submit an implementation protocol by March 3, 2020. OCM practices should log in to the OCM Participant Portal to upload a new or updated implementation protocol. For more information, please see the January 24, 2020, email sent to practices. For questions, please contact OCMSupport@cms.hhs.gov.

Upcoming Events

For more details, see the full Upcoming Events section below.
March 5 - OCM QPP Refresher Learning Event, 3:00 – 4:00 PM EST
March 10 - OCM Patient Navigation Affinity Group Session 4, 11:00 AM – 12:00 PM EDT
March 10 - OCM Lunch Hours, 1:00 – 2:00 PM EDT
March 18 - OCM Care Coordination Action Group Session 6, 3:00 – 4:00 PM EDT
March 19 - OCM Revisiting Risk Stratification Learning Event, 3:00 – 4:00 PM EDT
March 24 - OCM Lunch Hours, 1:00 – 2:00 PM EDT

Deadline to Submit New Care Partner Lists and Updates to Existing Care Partner Lists Is Tuesday, March 3, 2020
Practices newly electing PBP sharing are required to submit a Care Partner list by March 3

Deadlines

- March 25 –Reconciliation & MEOS Recoupment Reports Contestations
- March 31 – Aggregate Measure Results for OCM-4a, OCM-4b, and OCM-5
- April 3 – Updates to OCM Practitioner Lists and Pooling Protocols

CMS Updates

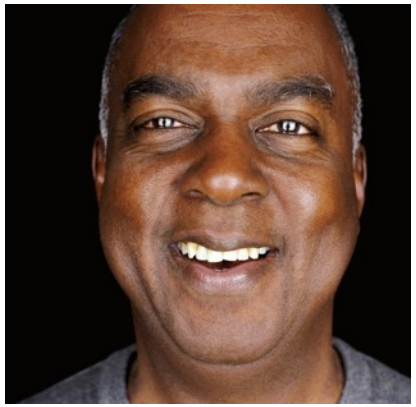
- Updated PBP Methodology Document
- Q13 Feedback Reports and Beneficiary-Level Data Files

Practice Spotlight

- Debriefing Support Groups: Helping Employees through Grief

UPCOMING OCM LEARNING EVENTS

Refer to the OCM Connect Calendar for registration and log in details



- **OCM Patient Navigation Affinity Group Session 4**, March 10, 2020, 11:00 AM – 12:00 PM EDT
- **OCM Lunch Hours**, March 10, 2020, 1:00 – 2:00 PM EDT
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- **OCM Revisiting Risk Stratification Learning Event**, March 19, 2020, 3:00 – 4:00 PM EDT
- **OCM Lunch Hours**, March 24, 2020, 1:00 – 2:00 PM EDT
- **OCM Using Data for CQI Group**, April 22, 2020, 2:00 – 3:00 PM EDT

TERMS TO KNOW

Relevant Terms

- National Provider Identifier (NPI) – 10-digit numeric identifier for individual clinicians
- Tax Identification Number (TIN) – Number used by the Internal Revenue Service to identify an organization/entity, such as a group or medical practice.
- APM Name – The APM in which you participate as a part of your APM Entity.
- Subdivision Name (SD Name) – The specific APM in which you participate, including track (if applicable).
- APM Entity Name (APME) – The name of the organization in which you participate.

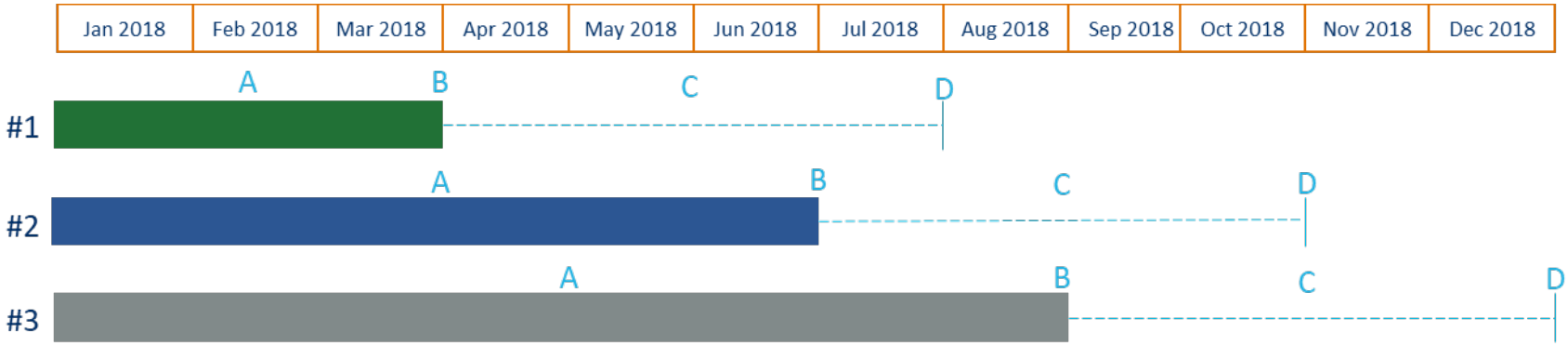
NPI	APM Name	Subdivision Name	APME
1234567890	Oncology Care Model	N/A	Sample Oncology Practice

Additional Terms

- **APM Entity** - An entity that participates in an APM or payment arrangement with a non-Medicare payer through a direct agreement or through Federal or State law or regulation.
- **Advanced APM** – A payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population.
- **Affiliated Practitioner** - An eligible clinician identified by a unique APM participant identifier on a CMS-maintained list who has a contractual relationship with the Advanced APM Entity for the purposes of supporting the Advanced APM Entity's quality or cost goals under the Advanced APM.
- **Affiliated Practitioner List** - The list of Affiliated Practitioners of an APM Entity that is compiled from a CMS-maintained list.
- **MIPS APM –** Most Advanced APMs are also MIPS APMs so that if an eligible clinician participating in the Advanced APM does not meet the threshold for sufficient payments or patients through an Advanced APM in order to become a Qualifying APM Participant (QP), thereby being excluded from MIPS, the MIPS eligible clinician will be scored under MIPS according to the APM scoring standard. The APM scoring standard is designed to account for activities already required by the APM.
- **Participation List** - The list of participants in an APM Entity that is compiled from a CMS-maintained list.
- **Qualifying APM Participant (QP)** - An eligible clinician determined by CMS to have met or exceeded the relevant QP payment amount or QP patient count threshold for a year based on participation in an Advanced APM Entity.

How are QPs determined during the Performance Period?

- For each of the three QP determinations, CMS will use claims data from period "A" for the APM Entity participants captured in the snapshot at point "B." CMS then allows for claims run-out during period "C" and finalizes QP determinations at point "D."

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