FACT SHEET

Health IT in the Quality Payment Program

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Under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the new Quality Payment Program (QPP) will bring the biggest change in Medicare reimbursement in decades. It offers a critical opportunity to drive health system transformation that results in authentic patient- and family-centered care.

Beginning in 2017, eligible health care providers will be paid through one of two pathways that will link payments to the quality of care provided: the **Merit-based Incentive Payment System** (MIPS) or **Advanced Alternative Payment Models** (APMs). Together, the MIPS and APM tracks make up the QPP. Performance in 2017 will affect reimbursement in 2019.

For MIPS, the first performance and reporting year will be a "transition" year, during which providers can choose how much data to report. For the 2017 reporting period, there will be a smaller set of measures in the Advancing Care Information performance category, and an improved set of measures for 2018.

As Centers for Medicare & Medicaid Services (CMS) works with various stakeholders to implement and evaluate the new rules, the requirements for providers will change and evolve. Continued consumer involvement in monitoring program implementation and HIT requirements will be important for enhancing the patient- and family-centered experience.

The Merit-Based Incentive Payment System

MIPS builds on the traditional fee-for-service architecture in Medicare but is structured so that payment rewards providers for delivering high-quality care and achieving better health outcomes. The track combines three existing programs and adds one new category, clinical practice improvement activities. CMS uses these four performance categories and weights to evaluate eligible clinicians:

- Quality = 60% in 2017, 50% in 2018+
- Cost = 0% in 2017, 10% in 2018+
- Improvement Activities = 15 percent
- Advancing Care Information = 25 percent

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Advancing Care Information

The Advancing Care Information (ACI) category replaces the "Meaningful Use" Electronic Health Record (EHR) Incentive Program for eligible Medicare professionals and rewards providers for specific uses of technology that improve patient care. It expands the pool of participants to include clinicians not previously eligible for Meaningful Use. Performance periods begin in 2017 at 90 days and increase to a full calendar year in 2019. The overall ACI score comprises a **base score** for basic participation and reporting; a **performance score** to reward exceptional performance on high-priority measures; and a **bonus score**.

Under the final rule, MIPS eligible clinicians can earn up to 155 percentage points when the base (50%), performance (up to 90%) and bonus (up to 15%) scores are added together, but the total will be capped at 100 percent.

The ACI performance category will no longer include the Computerized Provider Order Entry (CPOE) and Clinical Decision Support (CDS) measures. However, these measures are still required as part of ONC's Certified EHR Technology (CEHRT) criteria.

Base Score

CMS reduced the required measures from 11 to 5 measures in its final rule: (1) security risk analysis; (2) electronic prescribing; (3) providing patient access to health information; (4) sending a summary of care document; and (5) requesting/accepting a summary of care.

Performance Score

CMS increased the measures for which MIPS eligible clinicians can earn performance score credit from eight to nine measures in the final rule. Providers can choose from nine high-priority measures in areas of patient engagement, care coordination and health information exchange. They include view, download and transmit health information; secure email messaging with patients or applicable caregivers; and patient-generated health data.

Bonus Score

Bonus points up to 15 percent are available to MIPS eligible clinicians who earn a base score. To receive a bonus score, clinicians may report to one or more additional public health and clinical data registries besides the immunization registry, and they may report on at least one specified improvement activity using CEHRT. The additional registry measures are Syndromic Surveillance Reporting, Electronic Case Reporting, Public Health Registry Reporting and Clinical Data Registry Reporting.

Defining "Meaningful User"

If more than 75 percent of clinicians are "Meaningful Users" in a performance year, the Secretary of Health and Human Services may reduce the weight of the ACI performance category to no less than 15 percent. CMS defines meaningful users as MIPS eligible clinicians who earn 75 points in the ACI performance category. To do so, a physician must accomplish the full base score (50%), plus additional performance/bonus scores (25%).

ACI Performance Category, Objectives and Measures – 2018 and following							
Proposed				Final			
Objective	**Measure**	**Base Score (50%)**	**Performance Score (Up to 80%)**	**Objective**	**Measure**	**Base Score (50%)**	**Performance Score (Up to 90%)**
Protect Patient Health Information	Security risk analysis	Yes/No	NA	Protect Patient Health Information	Security risk analysis	Yes/No	0
Electronic Prescribing	e-Prescribing	1 patient	NA	Electronic Prescribing	e-Prescribing	1 patient	0
Patient Electronic Access	Patient access	1 patient	% of patients	Patient Electronic Access	Provide patient access	1 patient	% of patients
	Patient-specific education	1 patient	% of patients		Patient-specific education	1 patient	% of patients
Coordination of Care through Patient Engagement	View, download or transmit (VDT)	1 patient	% of patients	Coordination of Care through Patient Engagement	View, download or transmit (VDT)	Not required	% of patients
	Secure messaging	1 patient	% of patients		Secure messaging	Not required	% of patients
	Patient-generated health data	1 patient	% of patients		Patient-generated health data	Not required	% of patients
Health Information Exchange	Patient care record exchange	1 patient	% of patients	Health Information Exchange	Send a summary of care	1 patient	% of patients
	Request/accept patient care record	1 patient	% of patients		Request/accept summary of care	1 patient	% of patients
	Clinical information reconciliation	1 patient	% of patients		Clinical information reconciliation	Not required	% of patients
Public Health & Clinical Data Registry Reporting	Immunization registry reporting	Yes/No	NA	Public Health & Clinical Data Registry Reporting	Immunization registry reporting	Not required	0 or 10%
					Surveillance reporting	Not required	Bonus
					Electronic case reporting	Not required	Bonus
					Public health registry reporting	Not required	Bonus
					Clinical data registry reporting	Not required	Bonus
				BONUS (up to 15%)	Report to registry besides immunization registry	5% bonus	
					Report improvement activities using CEHRT	10% bonus	

Improvement Activities

Improvement activities is a new performance category with a broad swath of activities designed to reward clinicians for care focused on beneficiary engagement, care coordination and patient safety. Several improvement activities leverage person-centered uses of health information technology (see examples below). A 10 percent bonus will be awarded in the ACI performance category if a MIPS eligible clinician attests to completing at least one of the improvement activities using CEHRT functionality.

Providers participating in an APM will automatically receive half the points toward credit in the Improvement Activities category; some providers may be eligible for full credit.

Improvement activities eligible for the ACI category bonus include:

- Achieving Health Equity
  - Screening for social determinants of health such as food security and housing
- Beneficiary Engagement
  - Use of certified EHR to capture patient reported outcomes
  - Engagement of patients, family and caregivers in developing a plan of care
- Care Coordination
  - Implementation of practices/process for developing regular individual care plans that are shared with the beneficiary or caregiver
  - Practice improvements for bilateral exchange of patient information
- Expanded Practice Access
  - Providing 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record
- Population Management
  - Provide longitudinal care management to patients at high risk of adverse health outcome or harm, including integrating patient goals, values and priorities

Advanced Alternative Payment Models

Providers can choose to participate in an eligible Advanced APM and be excluded from the MIPS payment adjustments. APMs move away from traditional fee for service and toward value-based arrangements that tie payment for health care services to quality performance, health outcomes and value for a specific population. Under the QPP, an Advanced APM must tie payment to quality performance, including at least one outcome measure in the set; use certified EHR technology; and bear financial risk.

Use of Certified EHR Technology

The final rule proposes that an Advanced APM must require at least 50% of eligible clinicians to use the certified health IT functions. For the APM criterion, CMS will adopt the definition of CEHRT proposed for MIPS, which includes the certification criteria and standards for functions related to information exchange, patient engagement, quality reporting and protecting the privacy of electronic protected health information.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at http://www.NationalPartnership.org.

The Consumer Partnership for eHealth (CPeH) is a coalition of more than 50 consumer, patient, and labor organizations working at the national, state, and local levels to advance private and secure health information technology in ways that measurably improve the lives of individuals and their families. The combined membership of CPeH represents more than 127 million Americans.

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