

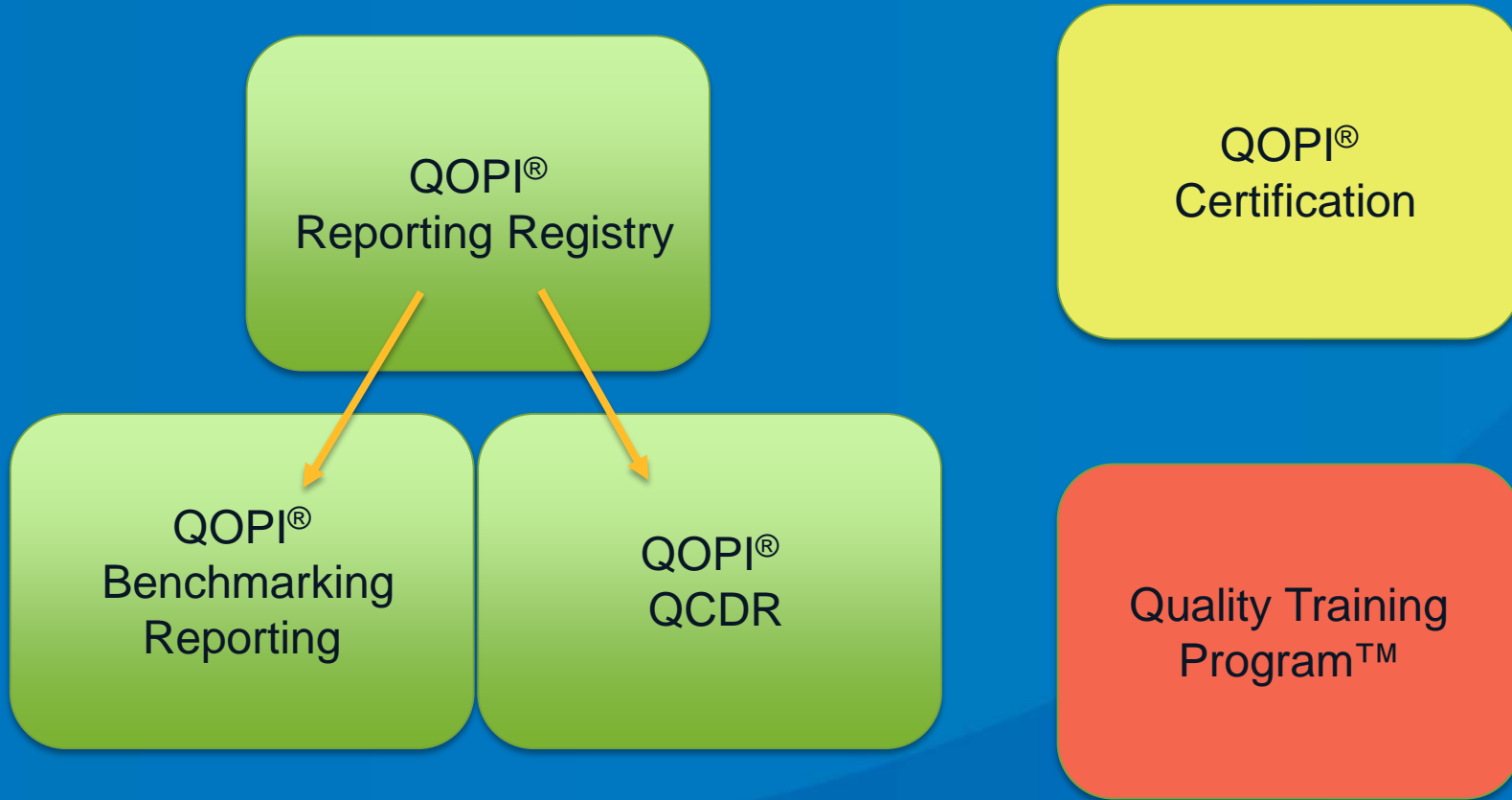
# The QOPI<sup>®</sup> Reporting Registry

2017 MIPS Reporting

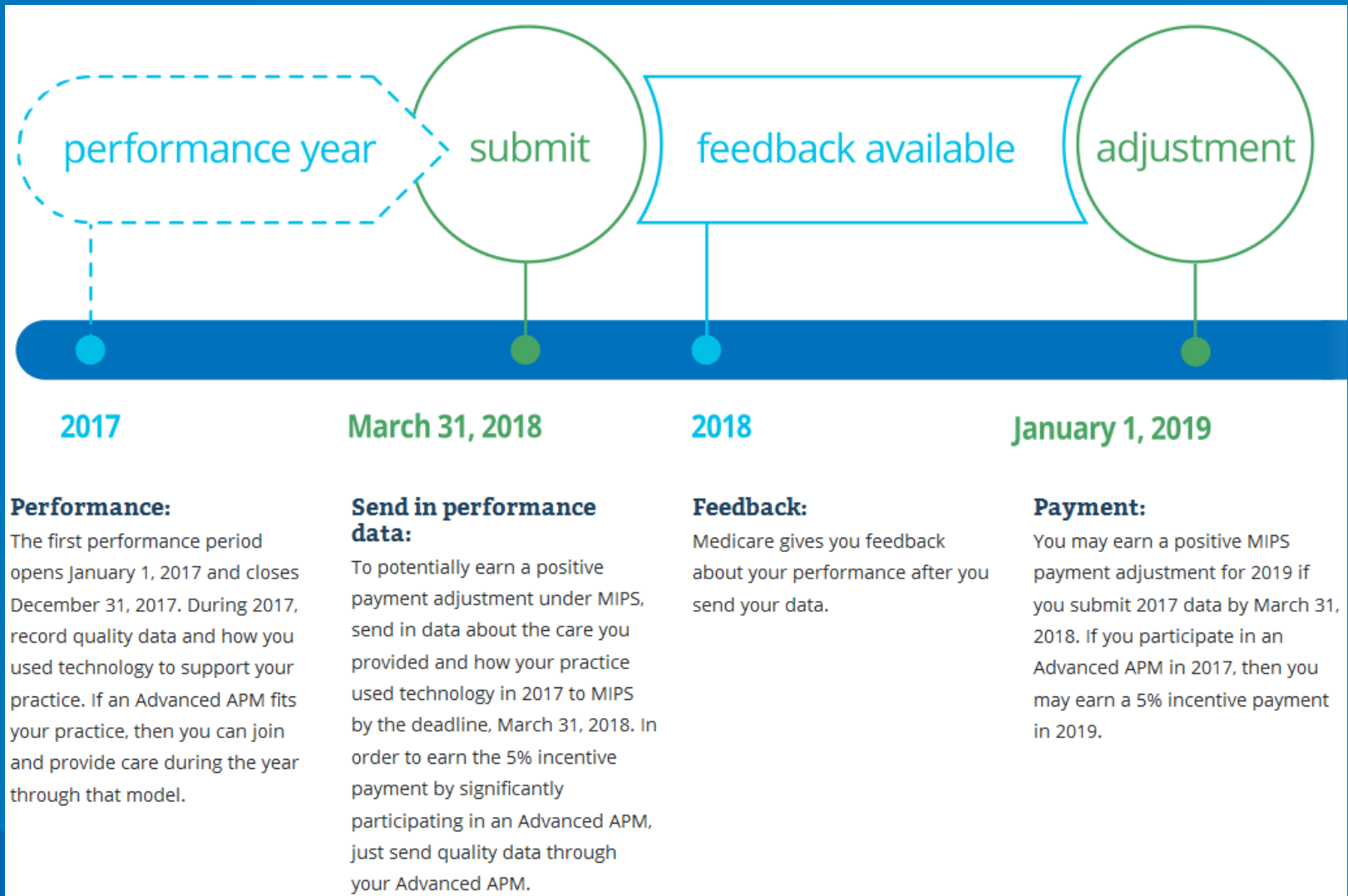
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# ASCO's Quality Programs



# Merit-Based Incentive Payment System (MIPS) Timeline



# What does MIPS consist of?

 <b>Quality</b>	 <b>Improvement Activities</b>	 <b>Advancing Care Information</b>	 <b>Cost</b>
Replaces PQRS.	New Category.	Replaces the Medicare EHR Incentive Program also known as Meaningful Use.	Replaces the Value-Based Modifier.

The cost category will be calculated in 2017, but will not be used to determine your payment adjustment. In 2018, we will start using the cost category to determine your payment adjustment.

# Pick-Your-Pace for 2017: MIPS Reporting



2017

Don't Participate	Test the Program	Partial MIPS Reporting	Full MIPS Reporting
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**Not participating in the Quality Payment Program:** If you don't send in any 2017 data, then you receive a negative adjustment for 2019

- Report:**
- ✓ 1 quality measure **or**
  - ✓ 1 Improvement Activity **or**
  - ✓ The required ACI measures

- Report for at least 90 days:\***
- ✓ 1+ Quality measure **or**
  - ✓ 1+ Improvement Activity **or**
  - ✓ More than the required ACI

- Report for at least 90 days:\***
- ✓ Required Quality measures **and**
  - ✓ Required Improvement Activities **and**
  - ✓ Required ACI

\*consecutive days

\*consecutive days

2019

**Negative 4% payment adjustment**

**Avoid penalties**

**Avoid penalties and eligible for partial positive payment adjustment**

**Avoid penalties and eligible for full positive payment adjustment and exceptional performance bonus**

# Participation Requirements

## MIPS Minimum (Test) Quality Reporting Requirement (per eligible provider)

- Avoids negative payment adjustment
- Report a minimum of **one quality measure** for **one Medicare Part B patient**

## MIPS Partial Quality Reporting Requirement (per eligible provider)

- Avoids negative adjustment, may be eligible for a positive adjustment
- Report on **minimum of 90 days** for up to **six quality measures**, including one outcome measure (or one high priority, if outcome isn't available)
- Report on at least **50% of patients** (Medicare and private payer) with **at least 20 patients per measure**

## MIPS Full Quality Reporting Requirement (per eligible provider)

- Avoids negative adjustment, may be eligible for a positive adjustment
- Report on a **full year** of 2017 data for a **minimum of six quality measures**
- Report on at least **50% of patients** (Medicare and private payer) with **at least 20 patients per measure**

# QOPI® QCDR Submission Methods

## System-Integrated Approach

- Software-installation behind practice firewall
- Data pulls directly from EHR
- Able to attest to IA/ACI components

## Web-Interface Approach

- Web-based
- Manual data input
- For practices who want solely to avoid the penalty

# CMS Approved Measures

MEASURE NAME	NQF	QUALITY ID
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	389	102
Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer	390	104
Documentation of Current Medications in the Medical Record	419	130
Oncology: Medical and Radiation - Pain Intensity Quantified	384	143
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	28	226
Radical Prostatectomy Pathology Reporting	1853	250
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	N/A	317
HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies	1857	449
Trastuzumab Received By Patients With AJCC Stage I (T1c) - III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy	1858	450
KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy	1859	451
Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies	1860	452
Proportion Receiving Chemotherapy in the Last 14 Days of Life	210	453
Proportion Admitted to Hospice for less than 3 days	216	457
Chemotherapy treatment administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented. (Lower Score - Better)	N/A	N/A
Combination chemotherapy treatment received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) and IB - III ER/PR negative breast cancer	559	N/A
GCSF administered to patients who received chemotherapy for metastatic cancer (Lower Score-Better)	N/A	N/A



# Systems Integrated Workflow

- Register for QCDR participation
- Sign QCDR Agreements
- Set up Call for Remote Practice Connector (RPC) Install
  - Data pull only
- Begin Mapping
  - ASCO would like to stress the iterative nature of the mapping process for 2017 and beyond so practices understand that performance can actually improve with better mapping for most of the measures
  - ASCO will work with practices/EHRs to help change the documentation practice by providing evidence of why it is crucial.
- Review performance on dashboard
- Payment
- ASCO to submit data to CMS

# Web Interface Tool

- Register for QCDR participation
  - Sign QCDR Agreements
  - Begin manual abstraction of data
  - Review performance on dashboard
  - Payment
  - ASCO to submit data to CMS
- 
- Practice should use this time to become systems-integrated in order to be ready for 2018

# Legal Agreements

- QOPI QCDR BAA
- QOPI QCDR Participation Agreement

Both will need to be signed  
in order to participate in the  
QOPI QCDR

# MIPS Improvement Activities Category

Participation in both QOPI® and QOPI® Certification can earn your practice points within the MIPS IA category. ASCO is in the process of developing a more comprehensive list of these opportunities. Additionally, practices reporting through the QOPI QCDR will earn ACI points.

The following are examples of Improvement Activities that can be met through QOPI® participation:

1. Participation in ABIM Maintenance of Certification Part IV
2. Use of QCDR data for ongoing practice assessment and improvements
3. Tobacco use screening and intervention

The following are examples of Improvement Activities that can be met through QOPI® Certification:

1. Implementation of processes for developing regular individual care plans
2. Improved processes that disseminate appropriate self-management materials
3. Practice improvements that engage community resources to support patient health goals

# MIPS Improvement Activities Category

As the self-identified improvement projects vary from practice to practice, no definitive list of MIPS-eligible Improvement Activities can be identified, however it is very likely practices who have completed a Quality Training Program session in 2017 will have activities to submit for MIPS.

The following are examples of Improvement Activities that can be met through the Quality Training Program:

1. Measurement and improvement at the practice and panel level
2. Depression screening
3. Implementation of formal quality improvement methods, practice changes or other practice improvement processes

More information: <http://www.asco.org/practice-guidelines/billing-coding-reporting/macra-quality-payment-program/latest-asco-macra>

# QOPI® QCDR – Individual vs Group Reporting

- Report as **individual** clinician within a group:
  - Each clinician evaluated individually based on specific measures they choose to report
  - The **payment adjustment is applied to the individual NPI** and is **portable** with the provider if they change TINs
- Report as a **group**:
  - MIPS eligible clinicians that report as part of a group are evaluated on the measures that are reported by the group, **regardless** of whether the group's measures are **specifically applicable** to the individual MIPS-eligible clinician
  - The subsequent **group payment adjustment is applied to each NPI** within the group and is not **portable with the NPI if he/she changes TIN**

# What's required in 2018?

Practices will be required to report on **60%** of their eligible charts for ALL measures to avoid a Medicare reimbursement penalty in 2020.

- ASCO is using 2017 as a transition year to modify the QOPI QCDR to allow practices to meet this requirement and will provide updates on our progress throughout 2017.
- ASCO encourages all oncology practices to use 2017 to ensure they are positioned to report at the significantly higher volume requirement in 2018.

# Timeline

- We will be announcing in the next couple weeks when the QOPI QCDR will launch officially
- Tentative launch date is July 2017
- Tentative cost \$75 per NPI
- Practices must have legal agreements signed by October 1 in order to participate in the 2017 QOPI QCDR
  - This is due to onboarding time required
  - Data submission tentatively to end 12/31/2017
- Onboarding of practice to QOPI QCDR will be in order of



# Recommendations

- Practices should try to do Systems-Integrated
- If your practice cannot for EHR or legal reasons, we recommend using the rest of 2017 to make steps to transition to systems-integrated before 2018 so that your practice will be ready
- Encourage documentation in existing fields in EHR to facilitate better mapping of data
- We are happy to work with your practice's EHR vendor to help develop fields but work will need be to done on the practice end regarding modifying documentation practices



# Further Resources

For more information on how to register for any of these programs or if you have additional questions, please contact:

QOPI®/QOPI® QCDR: email [gopi@asco.org](mailto:gopi@asco.org) or visit [gopi.asco.org](http://gopi.asco.org)

QOPI Certification: email [gopicertification@asco.org](mailto:gopicertification@asco.org) or visit [gopi.asco.org](http://gopi.asco.org)

Quality Training Program™: email [qualitytraining@asco.org](mailto:qualitytraining@asco.org) or visit <http://goo.gl/zxtY9u>

For more information on MACRA: email [macra@asco.org](mailto:macra@asco.org) or visit [asco.org/MACRA](http://asco.org/MACRA)