Introduction to ASCO Clinical Affairs
MACRA: Learn the Basics, Get Ready for a Post SGR World

Idaho Society of Clinical Oncology
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Disclosures

None
ASCO Clinical Affairs Department

*Helping practices survive and thrive…today AND in the future*

- Approved by the Board in 2014 to provide direct support and services to oncology practices
- In response to
  - Rapid escalation in scope of practice issues
  - Increasingly volatile practice environment
    - Economic pressures
    - Consolidations and mergers
    - Focus on value
    - New care delivery and payment models
    - Growing administrative burden
    - MACRA legislation
Resources for Practices

• Hands on help
  – Practice efficiency
  – Staffing models/work flow
  – Quality reporting
  – QI training and projects
  – Learning networks
  – Billing and coding reimbursement support

• Information and analysis
  – Practice trends
  – Economic analysis
  – Performance measurement
  – Payment reform
Clinical Affairs Divisions

• Analysis and Consulting
• Practice Management
• Performance and Quality
Analysis and Consulting Services Division

- PracticeNET
- Practice trends and forecasting
- Practice management forums
- MACRA education
- Clinical Affairs Data Warehouse and analysis
- Payment reform modeling
- Direct consulting services
• A rapid learning network for oncology practice knowledge – benchmarking, standards and best practices
  – Initial focus on administrative, operational, financial and quality improvement activities
• For practices in all practice settings
• Peer to peer interactive collaboration for knowledge sharing
• Reports:
  • Quarterly benchmarks produced by practice and by physician, compared against a national database of similar practices
  • Annual “state of your practice” assessment for key production and cost measurements
• Our vision is for PracticeNET to become the largest oncology practice collaborative of its kind, allowing greater opportunities for sharing, assessment, reporting, and identifying practice trends and patterns
Weighted average among *Practice* physicians for established patient office visits (99211 – 99215)

**Weighted avg among Practice (practice data)**

![Bar chart showing weighted average among Practice physicians for established patient office visits (99211 – 99215).](chart.png)
% deviation of all physicians at *Practice*, established patient office visits (99211 – 99215)
• Networking opportunities
  – Peer to peer meetings
    • Agenda driven by practice needs
    • First meeting, spring 2016
  – Moderated listserv

• Enrollment is open!
  – First practices have enrolled and are submitting data
  – For more information…. Elaine.towle@asco.org or PracticeNET@asco.org
Clinical Affairs Data Warehouse

- A new data resource to support the work of Clinical Affairs, Policy & Advocacy, and other ASCO departments and initiatives
  - Publicly available data from CMS
    - Medicare provider Utilization and Payment Data: Physician and Other Supplier Public Use File, CY 2012 and 2013; Medicare Provider Utilization and Payment Data: Part D Prescriber for CY2013
    - Physician Compare
      - Relative value units
      - Data from practices participating in PracticeNET
- Additional information: surveys; data from analytical work performed by ASCO when use is authorized
- Data aggregation processes allow analysis across disparate data sources
What is a PUF?

- Public Use File
- There are many and new ones are being produced by CMS at a steady pace.
- The ones we are using are the *Physician and Other Supplier PUF* for part B and D; and *Physician Compare*
- *Physician and Other Supplier PUF*, Part B
  - Data include utilization, payment (allowed amount and Medicare payment), and submitted charges organized by National Provider Identifier (NPI), Healthcare Common Procedure Coding System (HCPCS) code, and place of service for calendar years 2012 and 2013 and contains 100% final-action physician/supplier Part B non-institutional line items for the Medicare fee-for-service population.
And why are we talking about it?

- Because these data are public, complete, and very detailed.
- Others will misunderstand and/or misrepresent “conclusions” that are reached and preached from these data.
- This gives you the opportunity to see how you compare to the population of oncologists.
Weighted average for established patient office visits (99211 – 99215)
% deviation among Society practices, established patient office visits (99211 – 99215)
Medicare PUF

Beneficiary service count per physician, established patient office visits (99211-99215)

Medicare beneficiary services/physician

Beneficiary service count

- 100.00
- 200.00
- 300.00
- 400.00
- 500.00
- 600.00
- 700.00

States: PR, MN, DC, VI, GU, OR, AK, MA, PA, RI, NY, VT, UT, WA, CO, NM, HI, OH, WI, ME, TX, ND, MI, CA, ID, WY, NH, MD, CT, AZ, NC, IL, MO, KS, OK, LA, NV, MT, KY, NJ, TN, WV, GA, NE, SD, IN, FL, IA, VA, DE, AL, SC, MS, AK
Practice Management Division

- Clinical Practice Committee and work groups
- Patient Centered Oncology Payment (PCOP) model evolution and implementation
- Billing and Coding hot line
- Oncology Practice Insider e-newsletter
- FDA Alerts
- Medicare and commercial payer forums
- Support ASCO representatives to CPT & RUC committees and AMA HOD
- Member of AMA Advanced payment Model Work Group
Clinical Affairs Department Volunteers

• Clinical Practice Committee
  – Practice Administrators Workgroup
  – PCOP Implementation Workgroup
  – Data Review Workgroup
  – Physician Compensation Workgroup
  – Coding, Reimbursement, and Billing Workgroup

• Quality
  – QOPI Certification Oversight Council
  – Quality Training Program Faculty Workgroup
  – Niarchos Grant Steering Group
• Developed by ASCO volunteers and consultants and published May, 2015
• Multiple meetings and phone calls with practices and payers
• Educational webinars with payers, practices, practice managers and meetings with payers and practices
• ASCO is prepared to perform data modelling
  – Claims data (payer) and Clinical data (practice EMR)
• Developing and acquiring tools to prepare practices to be successful in Alternative Payment Models
A Continuum for Practice Transformation

Level 1: New E&M Codes
Level 2: Monthly Payments
Level 3: Bundled Monthly Payments

Allows any practice—regardless of starting point—to participate in some alternative payment model
Practice Related Activities

- Practice Administrators
  - CPC Work Group expansion
  - Expanded ASCO Membership
- AMA activities: Support CPT meetings and CPT Advisory Committee, RUC meeting and RUC Advisory Committee, House of Delegates
- Annual meetings: Carrier Advisory Committee (with ASH); Provider Payer Initiative
- Billing and Coding Reimbursement Service (billingandcoding@asco.org)
Oncology Practice Insider (OPI)

• A free e-newsletter devoted to oncology practice management
• Updates on Medicare initiatives, Medicare coverage information, FDA drug alerts, legislative activities, coding and billing and more
• Redesigned and relaunching
• Over 600 subscribers and expanding audience
• Subscribe to OPI by e-mailing practice@asco.org
Performance and Quality Division

- QOPI Certification Program (QCP)
- Quality Training Program (QTP)
- Quality Improvement grant management
  - Niarchos Grant
The primary goal of the program is to improve care provided to patients with cancer and to recognize those practices that provide quality oncology care.

Your Practice Name has been recognized by the Quality Oncology Practice Initiative (QOPI®) Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO).

An oncologist-led program defining cancer quality standards and provides the designation of quality care based on published performance measures and site standards.
QOPI Certification Program Growth

525 Applicant Practices
298 Certified practices
336 New Applicants
189 Recertifying
Representing
3,826 Oncologists
Quality Training Program (QTP)

Purpose

- Oncology providers design, implement and lead successful quality improvement (QI) activities in their practice settings.
- Oncologists assume quality leadership positions and champion quality initiatives.

Design/Curriculum

- 6-month, comprehensive education and training for interdisciplinary oncology teams. Structured improvement project selected by each team
- In-person and virtual learning sessions with expert Faculty and Improvement Coaches experienced in oncology;
- Topics: improvement science, team building, and leadership.

Value/Benefits

- Knowledge and skills to lead local QI activities.
- Expert assistance to complete a QI project.
- Achieve and sustain improvements – processes of care; clinical outcomes.

www.asco.org/qualitytraining
How to Apply for QTP or Obtain More Information:

Go to ASCO website:
http://www.asco.org/qualitytraining

Contact:
Barbara Corning-Davis
Email: Barbara.Corningdavis@asco.org
Ph: 571.483.1783
Clinical Affairs Special Projects

• UVA Darden School of Business MBA student project
• ASCO Practice Account Manager Pilot
• 2017 Oncology Business Conference
• 2016 MACRA practice workshops
• MIPS and OCM measurement packages
A NEW ACRONYM
Medicare Access and CHIP Reauthorization Act
A Wild Ride on the Sustainable Growth Rate Roller Coaster Comes to an End

How Repeal of the Sustainable Growth Rate Formula Happened

- **March 26, 2015**: House passes the Medicare Access and CHIP Reauthorization Act of 2015 to (392-37) which permanently repeals and replaces the SGR
- **April 14, 2015**: Senate passes the Medicare Access and CHIP Reauthorization Act of 2015 (92-8)
- **April 16, 2015**: President signs Medicare Access and CHIP Reauthorization Act of 2015 into law

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MACRA

- Built in period of stability
  But changes on the way for 2019
- Push to Alternative Payment Models
- Focus on Registries and QCDRs
- Streamlines current reporting requirements
- Provides some support for practice transformation
The Players

HHS

AMA

MedPAC

TAC

CMS

Congressional Committees

Finance

Ways & Means

Energy and Commerce
MPFS/MACRA PAYMENT ADJUSTMENT MILESTONES

- 2020: APMs 5% Payment Bonus

- 2025: 0.75% for QUALIFYING APMs
- 0.25% + MIPS adjustment for NON-QUALIFYING APMs

- 2030+: 0% Increase and MIPS Adjustments

- 2015: +/− 4% 2019
- 2020: +/− 5%
- 2021: +/− 7%
- 2022+: +/− 9% 2022+

- 2019: 0.5% increase in PFS
2019 MACRA PAYMENT OPTIONS

Merit Based Incentive Payment System
- Default
- 0-100 Composite Scoring
- PQRS, RU, CPIA, MU
- +/- 4-9% Adjustments

Alternative Payment Models
- New Delivery Models
- Physician Focused Payment Model
- 5% Payment Adjustment
- Quality & Value Measures
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

- Measures Medicare Part B providers in four performance categories:
  - Quality
  - Value Based Modifier
  - Meaningful Use
  - Clinical Practice Improvement

- Assigns a composite score of 0-100
- Score reimbursement impact ranges start at a minimum +/- 4 and increases to at least +/- 9
- For the 2015 and 2016 performance years, the VBM, PQRS, and MU programs will continue as separate payment adjustment programs.
Years 1 and 2, Eligible Providers include:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Nurse Anesthetists

Years 3 and beyond, Eligible Providers include:

- Occupational Therapists
- Speech-language Pathologists
- Audiologists
- Nurse Midwives
- Clinical Social Workers
- Clinical Psychologists
- Dieticians/nutrition professionals
Only three classes of Part B providers are exempt from MIPS:

- APM Participants
- Low patient volume
- First time Medicare providers
Scores will be publicly reported on the CMS Physician – Compare website

- Composite score rating reported
- All providers
- Comparison to peers
- Available to consumers
The MIPS payment adjustments can be significant

- Score reimbursement impact ranges start at a minimum
  - +/- 4% and increases to at least +/- 9
  - Exceptional performers can receive up to 3x the incentive

- Must be budget neutral
  - Winners and Losers
  - MIPS incentive pool equal to penalty pool
**Merit-based Incentive Payment System**
- Consolidates existing program
- Adds Clinical Practice Improvement Activity
- Incentives/Penalties
- Focuses on quality, not volume
- Jan. 2019 Implementation

**Current Programs**
- Physician Quality Reporting System
- Meaningful Use
- Value-Based Modifier
  - Incentives/Penalties
  - Sunset Dec. 2018

**MACRA STREAMLINES CURRENT REPORTING PROCESS**

**2016 through 2018**

**MIPS**
2019 and Beyond

**CPIA (2019)**
MIPS COMPOSITE – POTENTIAL IMPACT

- Meaningful Use
- PQRS (Quality)
- Resource Use (Cost)
- Clinical Practic Improvement Activity

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Performance</th>
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<tbody>
<tr>
<td>0 – 100</td>
<td>Low Performers -9%</td>
</tr>
<tr>
<td>101 – 120</td>
<td>National Median Composite Score</td>
</tr>
<tr>
<td>120 – 130</td>
<td>Medicare Provider Composite Score</td>
</tr>
<tr>
<td>130 – 140</td>
<td>High Performers +9%</td>
</tr>
<tr>
<td>140 – 150</td>
<td>Top Performers +27%</td>
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</table>
0.75% for QUALIFYING APMs
0.25% + MIPS adjustment for NON-QUALIFYING APMS

APMs 5% Payment Bonus

0% Increase and MIPS Adjustments

+/- 4% 2019
+/- 5% 2020
+/- 7% 2021
+/- 9% 2022+

0.5% increase in PFS
ALTERNATIVE PAYMENT MODELS (APMS)
ALTERNATIVE PAYMENT EXISTING MODELS

- New approaches to paying for care
- Incentivizes quality and value
- Some existing models will be eligible APMs
- Non-qualifying APM participants get favorable MIPS scoring

- Accountable Care Organizations
- Primary Care & Specialty Medical Home Models
- Bundled Payment Initiatives
- Integrated Care & Care Management
NEW PATHWAY AVAILABLE

- Accountable Care Organizations
- Primary Care & Medical Home Models
- Bundled Payment Initiatives
- Integrated Care & Care Management
- PHYSICIAN FOCUSED PAYMENT MODELS (PFPM)
PHYSICIAN FOCUSED PAYMENT MODEL REQUIREMENTS

- Quality measures
- Certified EHR
- “more than nominal financial risk”
- Includes financial incentives (e.g., shared savings)
By November 1, 2016: Secretary must release criteria for qualifying APM, including specialty APMs

Stakeholders can submit proposals

“Physician Focused Payment Model Technical Advisory Committee” reviews and advises Secretary (11 member committee, no more than 5 physicians)

Secretary will respond publicly to requests
Qualifying APM Participant (QP): participation in an advanced APM

- Not subject to MIPS
- 2019 – 2014: 5% lump sum bonus payment
- 2026 – beyond: higher fee schedule updated
- NOT all APM participants recognized as QPS, but most APM participants will receive favorable MIPS scoring.
Eligible APMs are the most advanced APMs:

- Base payment on quality measures comparable to those in MIPS
- Require use of certified EHR technology
- Either:
  - (1) bear more than nominal financial risk for monetary losses; or
  - (2) is a medical home model expanded under CMMI authority
APMS – ELIGIBILITY
QPS IN ELIGIBLE APMS

- Participation in an eligible APM
- APM must comprise a “significant” share of provider revenue or patients
  - 25% 2019-2020
  - 50% 2021-2022*
  - 75% 2023 and on

* Beginning in 2021 may be Medicare revenue or revenue from Medicare and other payers (including Medicaid)
2019-2024: 5%
  - Annual payment
  - Based on estimate of aggregate Part B professional services
  - Can extrapolate

2026 and beyond: 0.75%

*Participation in an APM can help with composite score for MIPS professional*
APM PAYMENT ADJUSTMENT MILESTONES

- **2015**: 0.5% increase in PFS
- **2020**: APMs 5% Payment Bonus
- **2025**: 0% Increase and MIPS Adjustments
  - 2019: +/- 4%
  - 2020: +/- 5%
  - 2021: +/- 7%
  - 2022+: +/- 9%
- **2030+**: 0.75% for QUALIFYING APMs + 0.25% + MIPS adjustment for NON-QUALIFYING APMs
Beginning 2016 contract with QIOs or similar organizations

$20 million/year from 2016-2020

Practices of under 15 or less

Focused on practices in rural or underserved areas or with low composite scores
POTENTIAL MACRA REWARDS

- **MIPS Only**
  - MIPS adjustment

- **APMs**
  - APM- Specific Reward (or loss)
  - MIPS Adjustment

- **Eligible APMs**
  - Eligible APM- Specific reward (or loss)
  - 5% lump sum bonus

Adapted from: CMS "THE MEDICARE ACCESS & CHIP REALAUTHORIZATION ACT OF 2015 Path to Value",
MACRA makes three important changes to how Medicare pays healthcare providers who care for Medicare beneficiaries:

- Repeals the Sustainable Growth Rate (SGR) formula as a mechanism for determining Medicare payments for physicians’ services
- Establishes two payment options
  - MIPS
  - APM
- Incentivizes practice transformation
GENERAL TIMELINE

2015
- TAC Appointments
- RFI on implementation issues

2016
- PQRS, MU, VBM continue
- Funding for technical assistance to practices begins
- Resource Use: Episode/Patient Relationship Group development
- Draft Measure Development Plan
- First annual list of MIPS quality measures released
- Criteria for APMs/PFPMs published

2017
- Performance Year for 2019 adjustments

2019
- PQRS, MU and VBM end
- MACRA Program begins including incentive payments

2020
- Automatic .5% update ends. Update 0%

2026
- .75% update for APM; .25% for MIPS
Measures

• Draft Measure Development Plan published Dec. 2015
  – Strategic framework for developing quality measures in MIPS and APMS
  – Does not include specific measures
  – No oncology measures listed in 2016 PQRS measure counts by specialty
• ASCO in the process of developing new measures
• ASCO recommendations:
  – Use funding to focus on developing and refining oncology measure
  – Leverage existing quality improvement programs like QOPI
  – Maintain exemption for QCDR measures
Resource Use

- Resource Use Care Episodes and Patient Relationship summary released October, 2015, seeks input on:
  - 2 Methodologies laid out
  - 2 cancer episodes presented
- ASCO recommendations:
  - Need for accurate information on cancer stage and molecular markers
  - Align Resource Measurement with Patient Treatment Goals and Clinical Realities
  - Assess drug utilization through pathways
  - Evaluate Oncology at the Group Practice Level
  - Clear definition of episode start and end
  - Cancer-specific risk adjustment methodology
  - Drug costs should be appropriately considered
  - Fair and Accurate Attribution of Patients to Medical Oncology Providers
  - Recognize that cancer patients require more than just evaluation and management (E&M) and chemotherapy

- Post List of Episode groups
- Public Comments Due on Episode Groups
- Posting of Patient Relationships
- Draft list of codes for Episode Groups
- Final Operational list of Patient Relationships and Codes
- Public Comments on Episode Group Codes due
- Posting of Final list of groups and codes
- Updated groups, relationships and codes

Annually
Physician Focused Payment Models

- First meeting of Technical Advisory Committee held Feb 1, 2016:
  - Charged with review of new models, recommendations to Secretary
  - Highlighted importance of:
    • improvements in payment and delivery of healthcare services
    • Identifying and testing new payment models for specialty physicians
    • Innovation, feasibility and consistency of models; and ability for small practices to adopt and operationalize the models

- ASCO has weighed in:
  - PCOP is a viable PFPM--APM
  - Specialty society models fit definition of PFPM
  - PFPM financial risk/savings should not be the only qualifier for model approval
  - Financial incentives should not incentivize diminished access to
  - CMS should implement PTAC recommendations as APMs

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<thead>
<tr>
<th>Dec – Mar</th>
<th>Apr – Aug</th>
<th>Nov</th>
</tr>
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<tbody>
<tr>
<td>Review Public Comment and prepare proposed criteria</td>
<td>Review public comment and prepare final rule</td>
<td>Final Secretary’s Criteria</td>
</tr>
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2015

April
Issue Proposed criteria

Sep – Nov
Final rule on criteria for PFPM

2016
MACRA will transform all oncology practices in two major ways:

- how you conduct your Medicare reporting requirements, and
- how you are paid for the services you provide to Medicare beneficiaries

The ultimate goal of these changes is to move toward a value-based healthcare system that ensures high-quality, affordable health care.

ASCO has long embraced this goal and has dedicated significant resources that will provide you with the foundation needed

- Quality Oncology Practice Initiative (QOPI®); and
- Patient-Centered Oncology Payment Reform model
- Value Frame Work (in evolution)
ASCO Education Planning

• Two workgroups focused on member education
  – Education/Webinars
  – Content Development

• Readiness assessment
  – Tool to guide development of educational opportunities (100 practices have completed)
  – Target audience: State affiliate practice members; practice administrators; ASCO communication channels
ASCO Educational Opportunities

• MACRA “Basics” webinar
  – Two live presentations have been completed
  – Slides and recording available at www.asco.org/macra

• Additional webinars to be developed based on member feedback and readiness assessment

• In-person workshops at ASCO HQ, summer/fall 2016

• 2016 Annual Meeting Town Hall session (Saturday, June 4, 3:00 – 4:15 p.m.)
ASCO Educational Opportunities

• 2016 Best of ASCO meetings
  – Goal is to have a longer session than previous years (90 minutes?)
  – Town Hall-type session with expert speakers and dialogue with attendees

• New business-focused meeting in 2017
  – One-day meeting, day before Quality Symposium (March 2, 2017, Orlando); MACRA will be one focus of this meeting
For the latest MACRA developments, please visit:

www.asco.org/macra