

# QOPI's<sup>®</sup> Reporting Registry

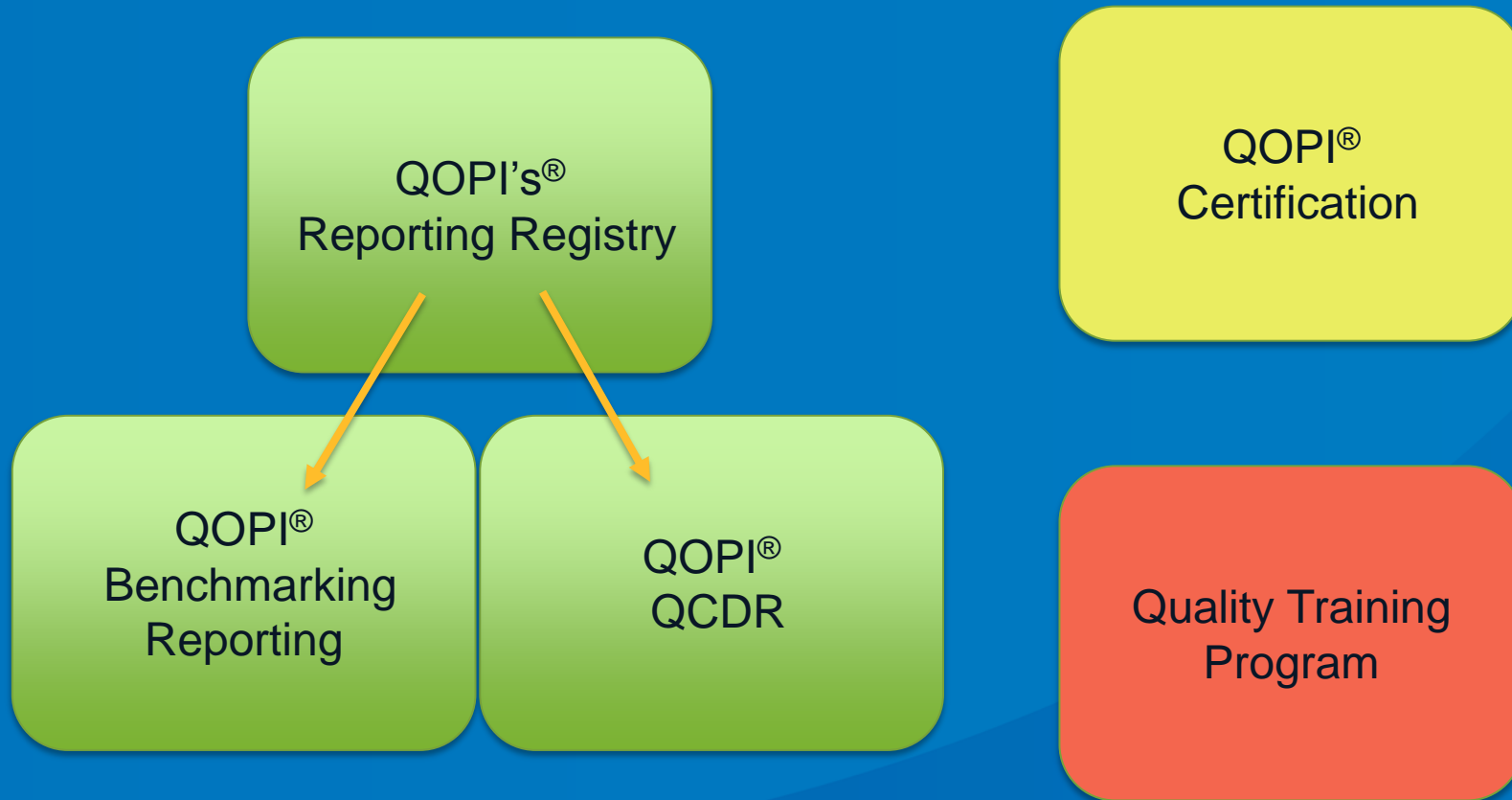
2017 MIPS Reporting and Beyond

Whitney Lloyd

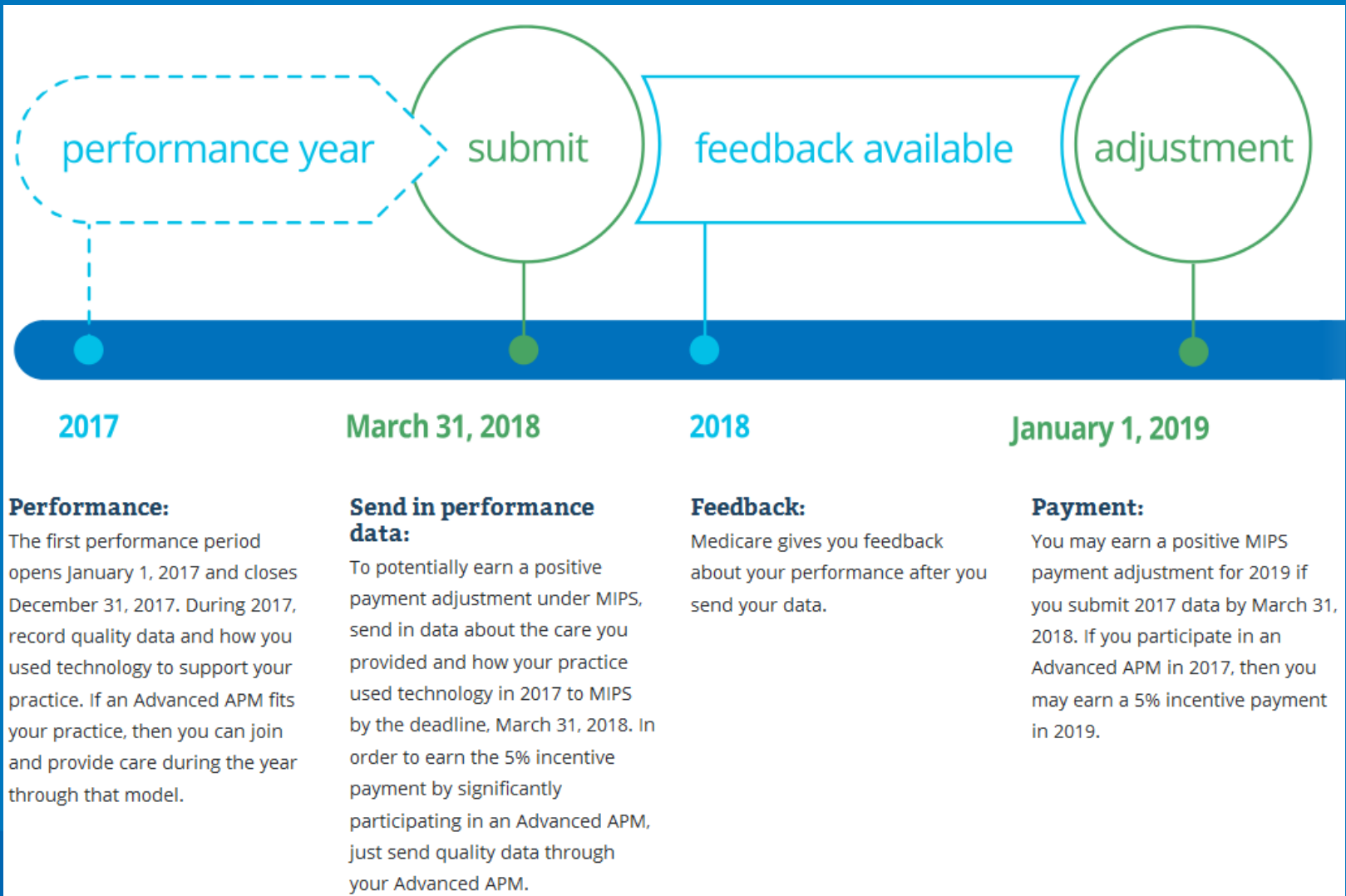
QOPI<sup>®</sup> Practice Integration and Support  
Administrator




# 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**

# QOPI's® Reporting Registry 2017 Strategy for MIPS

- 25 **Quality Measures** (13 MIPS approved measures) submitted for 2017 reporting
- Providers who report a **single measure** in 2017 will avoid the 2019 penalty, but are encouraged to report as much as possible
- 2017 transition year - both the QOPI QCDR and providers are “**practicing**” **electronic reporting** in 2017 in order to be positioned to report at the higher volume requirement (60% of charts) in 2018

# 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

# 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.

# Thank you.

Any questions, contact [qopi@asco.org](mailto:qopi@asco.org)