# QOPI's® Reporting Registry

2017 MIPS Reporting and Beyond

Whitney Lloyd QOPI® Practice Integration and Support Administrator



# ASCO's Quality Programs

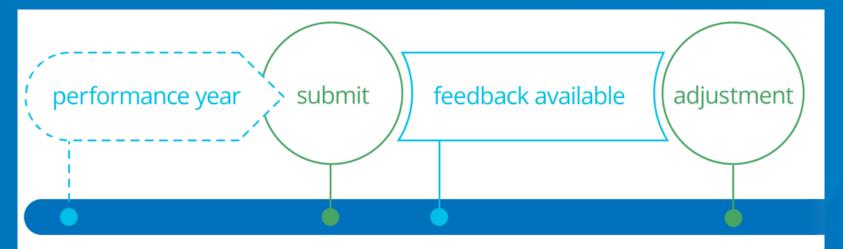
QOPI's® Reporting Registry QOPI®
Certification

QOPI®
Benchmarking
Reporting

QOPI<sup>®</sup> QCDR

Quality Training Program

### Merit-Based Incentive Payment System (MIPS) Timeline



2017

#### Performance:

The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can join and provide care during the year through that model.

March 31, 2018

### Send in performance data:

To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5% incentive payment by significantly participating in an Advanced APM, just send quality data through your Advanced APM.

2018

#### Feedback:

Medicare gives you feedback about your performance after you send your data.

January 1, 2019

#### Payment:

You may earn a positive MIPS payment adjustment for 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you may earn a 5% incentive payment in 2019.





Quality Cancer Care: Pursuing Excellence

## What does MIPS consist of?

Quality	Improvement Activities	Advancing Care Information	Cost
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



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

- Softwareinstallation 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 MIPSeligible 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

