

FROM THE PRESIDENT'S DESK



Payment Readine\$\$

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2016 - 2017 ACOFP President

Everyone wants to know how they are going to get paid now and in the future. ACOFP understands that payment requirements are going to change on January 1, 2017. These changes will have impact on what you are paid, either for the positive (incentives) or negative (penalty).

While “confusion” seems to describe the state of payment today, ACOFP wants you to know that we will provide you the most updated information on CMS and payor reform in a manner that you can apply to your practice. No CMS-speak, just relevant and actionable information. We want our members to survive and thrive in this changing payment environment. But first, you need to understand it.

The Four Pillars of Payment

CMS is requesting all doctors who see Medicare patients to comply with these four “pillars of payment.” Each pillar, or category, represents part of a total score that is called your “Composite Performance Score” or CPS.

The CPS is then translated into the “Payment Modifier” that is used to calculate payment on each Medicare claim you make. It can be a positive modifier, like +4 percent, or a negative modifier, - 3 percent. This will be the modifier on all of your Medicare claims for the year. In the coming years, the payment modifier may go as high as +9% or -9%.^{1,2}

If we look at each category in Table 1, you will likely have heard of three of them. The difference is that they are now combined into one score that will be used to determine your payment. Quality Reporting is the most heavily weighted component of the CPS, accounting for 50 percent of the total.³

ACOFP has been diligently speaking to members about ACOFP Quality Markers 7.0™. For a low ACOFP Member Service rate, physicians can insure that Quality Reporting is completed annually and avoid the non-reporting penalties. Contact Debbie Sarason, Manager of Practice Enhancement and Quality Reporting at 847-952-5523 or debbies@acofp.org.

CMS has continued to include “Resource Use” and “Meaningful Use,” (now called Advancing Care Information) as categories in assessing a physician’s payment modifier. CMS has added a new category called “Clinical Practice Improvement Activities” (CPIA). This measurement is worth 15 percent of your total score. Each CPIA is rated either “High,” worth 20 points, or “Medium,” worth 10 points.⁵

The total points you can earn from CPIA’s is 60 points. There is a list of 90 CPIA’s to select from. (For a copy of the activities, e-mail Debbie Sarason at ACOFP at debbies@acofp.org).

CPIA’s are segmented into sub-categories. These include:

- Population Management
- Expanded Practice Access
- Care Coordination
- Integrated Behavioral and Mental Health⁶

CMS will require documentation of the activities performed (this might include copies of patient charts, care plans, minutes of staff meetings, etc.) as well as signed attestations.

TABLE 1:

Four Clinical Measurements Comprise the CMS Composite Performance Score (CPS) for 2017.⁴

Measurements	% of CMS Composite Performance Score (2017)
Quality Reporting	50%
Resource Use	10%
Advancing Care Information (Previously Meaningful Use)	25%
Clinical Practice Improvement Activities	15%

A few of the actual activities include:

- Collection of patient experience/satisfaction data on access to care and development of an improvement plan, such as outlining steps for improved communication with patients to help understanding of urgent needs. Medium Level – 10 points
- Participation in Million Hearts Campaign, or other Center for Medicare and Medicaid Innovation model (CMMI). Medium Level – 10 points
- Seeing new and follow-up Medicaid patients in a timely manner including individual dually eligible for Medicaid and Medicare. High Level – 20 points

It only takes a few of them to add up to 60 points. CMS is allowing physicians to select those that are most relevant to their practice. In completing these activities, physicians will have a positive impact on outcomes, patient satisfaction, and patient engagement. Some of these activities are easily completed and documented by using ACOFP Quality Markers 7.0™.

I hope this has given you greater confidence in meeting one of the four pillars of CMS's Composite Performance Score. Please check the "Payment and CMS Policy" at www.acofp.org for updates on CMS policies, and ways to meet CMS payment requirements. We will also have other featured articles on the "Pillars of Payment" for your review in the coming months.

Sincerely,



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ACOFP President

REFERENCES:

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2. Federal Register, Vol. 81, No. 89. May 8, 2016/Proposed Rule; 409-426
3. www.cms.gov webinar. "Merit-based Incentive Payment System."
4. Mullins, Amy. "Medicare Payment Reform: Making Sense of MACRA." Family Practice Management, March-April 2016; 23(2); 12-15
5. www.cms.gov. MACRA, MIPS, Advanced APM, accessed July 6, 2016
6. Federal Register. "Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models; Proposed. May 9, 2016.