Welcome to APTA’s podcast series on value-based care, which explains how value is measured in the provision of health care, and describes different aspects of the Quality Payment Program, including the Merit-based Incentive Program, or MIPS, and Advanced Alternative Payment Models, or Advanced APMs. Episode 6 is Introduction to the Quality Payment Program. To get the most out of this podcast, you may want to listen to earlier podcasts in this series.

I’m Kara Gainer, APTA’s director of regulatory affairs.

- The Medicare Access and CHIP Reauthorization Act of 2015 ended the sustainable growth rate formula and required the Centers for Medicare and Medicaid Services, or CMS, to implement the Quality Payment Program, which was designed to improve care across the entire health care delivery system.
- The Quality Payment Program, or QPP, reforms Medicare Part B payments for more than 600,000 clinicians in all areas of health care.
- The program’s objectives include improving beneficiary outcomes, reducing burden on clinicians, increasing adoption of Advanced APMs and maximizing participation within them, improving data and information sharing, ensuring operational excellence in implementing programs, and delivering technology capabilities that meet the needs of the users.
- Clinicians can choose from 2 QPP tracks: The Merit-based Incentive Payment System, or MIPS, and the Advanced Alternative Payment model, or Advanced APM.
- If you decide to participate in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.
- If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS if you’re a MIPS-eligible clinician.
- I won’t go into a ton of detail on MIPS or Advanced APMs here, but it would be helpful for you to have a base understanding of the 2 tracks of the QPP before diving into any of our other podcasts in this value-based series.
- MIPS is a performance-based payment system that streamlines several Medicare programs. The Physician Quality Reporting System, or PQRS, is now the MIPS Quality category. The value-based payment modifier program is now the Cost category, and the EHR incentive program, or meaningful use, is the Advancing Care Information category. A fourth category, Clinical Practice Improvement Activities, is a new program that focuses on care coordination, beneficiary engagement, and patient safety.
- CMS allows clinicians choose the activities and measures within MIPS that are most meaningful to their practice. An eligible clinician’s performance in each of the 4 categories is combined to create a final score, which is then used to determine Medicare Part B payment adjustments in future years, whether positive, negative, or neutral.
- So you may be asking yourself—am I required to participate in MIPS?
• For 2018, only physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists are REQUIRED to participate. Further, only Medicare Part B clinicians who meet the low-volume threshold can participate. The threshold is billing of more than $90,000 a year AND providing care for more than 200 Medicare patients a year. Also excluded from MIPS are newly enrolled Medicare clinicians and clinicians who choose the other QPP track and significantly participate in Advanced APMs.

• What this means is that for 2018, physical therapists are excluded from mandatory participation in MIPS. However, because we anticipate that physical therapists will be required to participate as early as 2019, we encourage you to voluntarily participate by submitting data under the Quality category, just as you have been doing under PQRS. This will allow you to get familiar with the MIPS program without any fear of receiving a penalty.

• Moving to the second QPP track, APMs—physical therapists are eligible in 2018 to pursue opportunities to participate in an Advanced APM, although the number of current Medicare models in existence are few and far between.

• Advanced APMs enable clinicians and practices to earn greater rewards for taking on some risk related to their patients’ outcomes.

• So, if you successfully participate, you would be eligible to receive not only the APM-specific rewards, but also a 5% lump sum incentive.

• For more information about MIPS, APMS, and Advanced APMs, please refer to our other podcasts in this value-based series.

This has been Episode 6 of the podcast series on value-based care. To find all episodes of this series, go to www.apta.org/MACRA/. You also can find these and all APTA podcasts on iTunes by searching APTA Podcasts or by going to www.apta.org/Podcasts. Thanks for listening.

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