Clinical Practice Improvement Activities (CPIA) Fact Sheet

Content is based upon the proposed rule. Educational content regarding the final rule will be available after it is published in the fall of 2016.

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THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) RELEASED ITS PROPOSED RULE TO IMPLEMENT THE MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT (MACRA). THIS IS A SIGNIFICANT RULE WITH FUNDAMENTAL CHANGES FOR MEDICARE.

The proposed rule creates a two-track Quality Payment Program. The first, called the Merit-based Incentive Payment System (MIPS), consolidates components of the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VM) and the Medicare Electronic Health Record (EHR) Incentive Program. A second track involves alternative payment models (APM). Because of the high bar set to qualify for the APM track, CMS projects that only 30,000 to 90,000 clinicians will be in the APM track. An estimated 687,000 to 746,000 physicians will be in MIPS. The program is expected to begin grading physicians in 2017 for changes in their payments starting 2019.

MACRA allows eligible professionals and eligible organizations to identify quality measures and then tailor the quality measures that best fit their individual practice and specialty. Eligible professionals are assessed only on the categories that apply to them, and if their scores fall into a high performance category they will receive an additional bonus payment, and providers who make notable gains in performance will be rewarded.

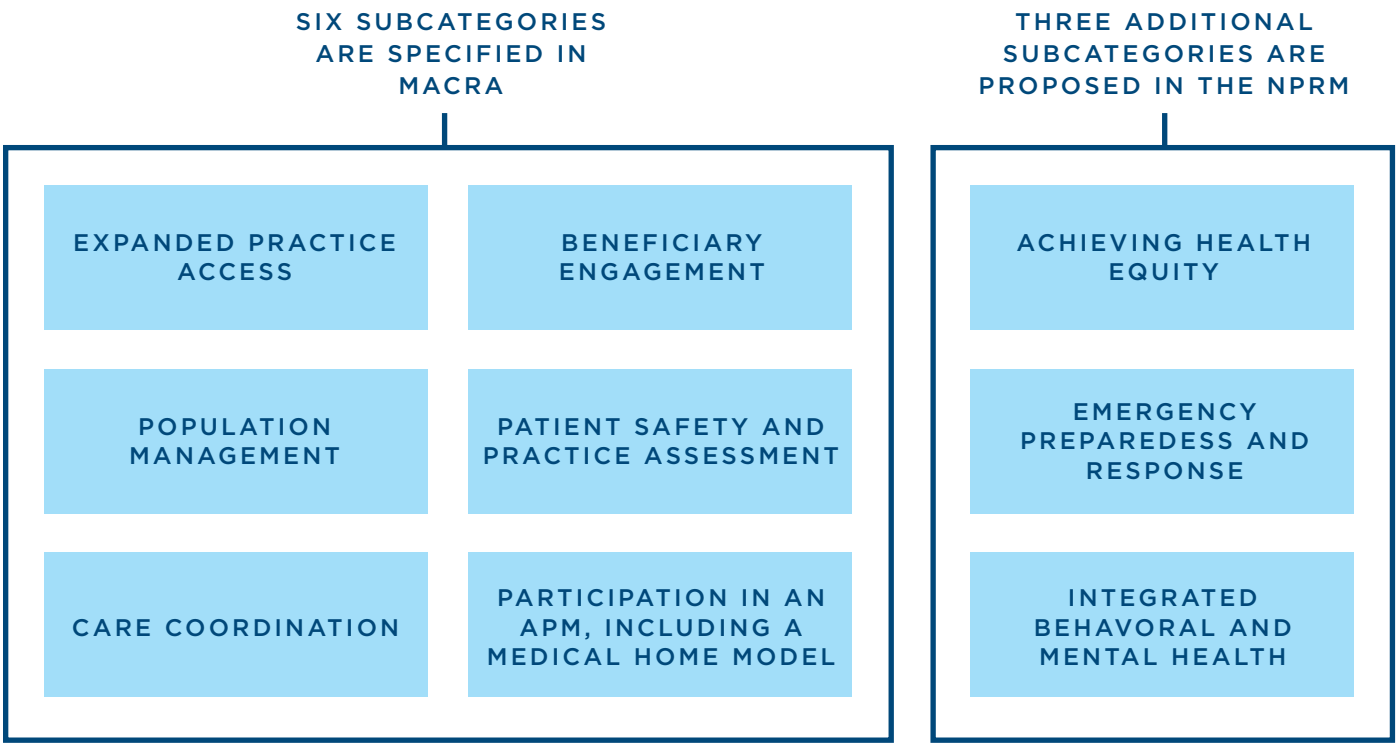
Clinical Practice Improvement Activities category (CPIA)

The clinical practice improvement activities category is one of the four performance categories under MIPS and accounts for 15% of the MIPS score in the first year. This is a new area so it may be advisable to invest some time learning about the category.

For this category, MIPS would reward clinical practice improvement activities such as activities focused on care coordination, beneficiary engagement and patient safety, which clinicians would select from a list of more than 90 options.

In addition, clinicians would receive credit toward scores in this category for participating in Alternative Payment Models and Patient-Centered Medical Homes (PCMH).

Based on the law and the feedback received in the 2015 Request for Information, CMS proposes more than 90 activities* (which will be updated annually) that clinicians may choose from in the following subcategories:



MIPS Data Submission Options for CPIA Category

For the first year, all MIPS eligible clinicians or groups, or third-party entities, must designate a yes/no response for activities on the CPIA Inventory. For third party submission, MIPS eligible clinicians or groups will certify all CPIAs have been performed and the health IT vendor, Qualified Clinical Data Registry (QCDR), or qualified registry will submit on their behalf.

The administrative claims method is proposed, if technically feasible, to supplement CPIA submissions. For example, MIPS eligible clinicians or groups, using the telehealth modifier GT, could get automatic credit for this activity.

INDIVIDUAL	GROUP
• Attestation • QCDR • Qualified registry • EHR • Claims (No submission needed)	• Attestation • QCDR • Qualified registry • EHR • CMS Web Inteface (Group of 25+) (GPRO) • Claims (no submission needed)

*For a full list of the proposed CPIA activities and their scoring weights visit: http://policymed.typepad.com/files/inventory-of-proposed-cpias-proposed-rule.pdf

CPIA Scoring Overview

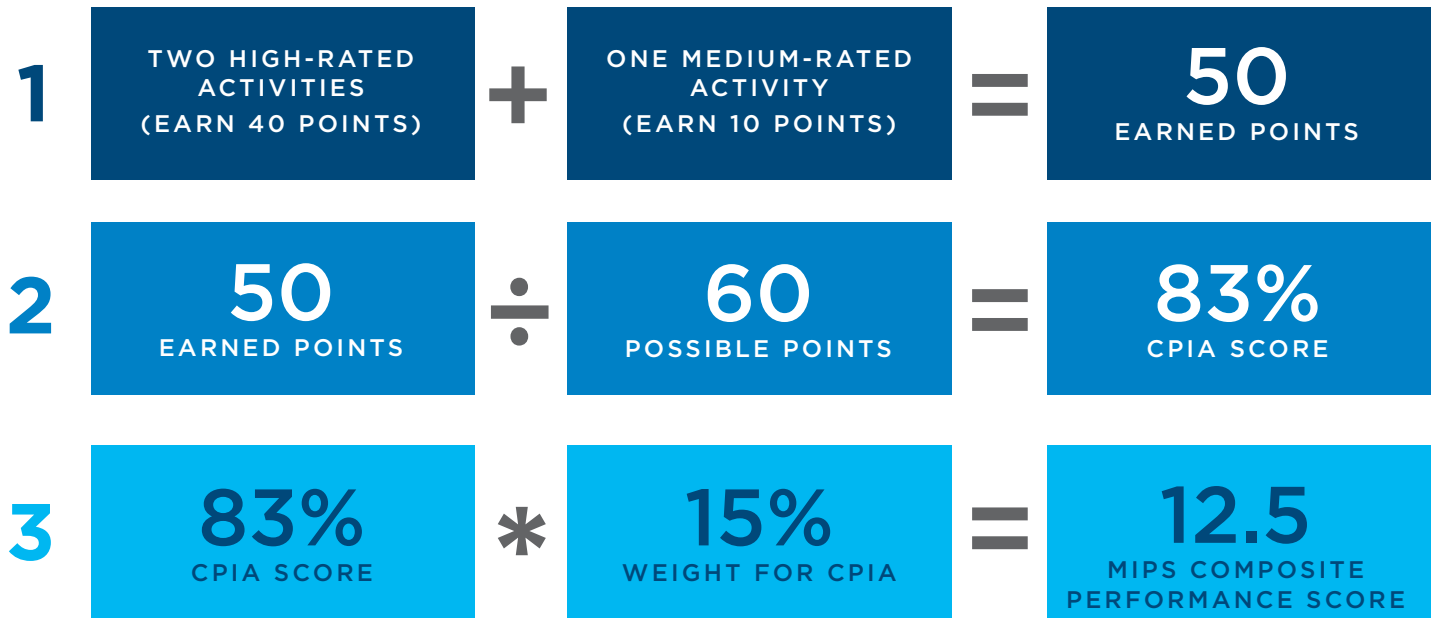
The maximum total points in this category would be 60 points. CMS proposes to determine a clinician's score by rating the activities on which they report.

- Highly-rated activities would be worth 20 points
- Other activities would be worth 10 points

CMS proposes that activities that would be highly rated would be those activities that support the PCMH, as well as activities that support the transformation of clinical practice or a public health priority. Some examples of highly rated activities are the collection and follow-up on patient experience or seeing Medicaid patients in a timely manner. Clinicians who are not patient-facing (for example, pathologists or radiologists) will only need to report on one activity.

Category	
Total points needed	60 points
High-rated activity	20 points
Medium-rated activity	10 points
Participation in Certified (AAAHC, NCQA, URAC, Joint Commision) Medicare Medical Home or Medical Home Model	60 points
Alternate Payment Model (APM) participation (ACO, Bundled payment, PCMH (not certified)...	30 points + combination of high- and medium-rated Activities
Large groups 16+	Can use any combination of high- and medium-rated activity to get to 60 points
Groups of 15 or eligible clinicians and non-patient-facing clinicians	One medium-or high-rated provides 50% of score Two medium-or high-rated activities 100% of score

Example:



CPIA: Special Scoring Considerations

- For non-patient-facing eligible clinicians and groups, small practices (15 or fewer professionals), practices located in rural areas and geographic health professional shortage areas
  - First activity gets 50% of the 60 points
  - Second activity gets 100% of the 60 points
- For APMs reporting in the CPIA performance category.
  - APM participation is automatically half of highest potential score, with opportunity to select additional activities for full credit
- Certified patient-centered medical homes, comparable specialty practices, or Medical Homes receive highest potential score

What Physician Leaders can do now to prepare

- ☐ Educate yourself.
- ☐ Understand that this is a work in progress. The MIPS and APMs proposed rule is subject to change. A final rule is expected in the fall of this year.
- ☐ Assess your practice's performance under current federal quality reporting programs. Although different, performance in PQRS, Meaningful Use, and the Value-Based Payment Modifier will provide insight into future performance under MIPS.
- ☐ Evaluate EHR readiness. Contact your EHR vendor to assess their ability to support the transition to MIPS and determine your EHR vendor's expected timing to be certified under ONC's 2015 requirements.
- ☐ Review your internal workflow processes related to patient engagement and data exchange. What percentage of your patients engaged your clinicians through secure messaging and/or your web portal? What percentage of your external transitions of care involved data exchange via your EHR? Evaluate your vendor and staff allocation/training needs in both of these areas.
- ☐ Explore clinical practice improvement opportunities. Practices will be given credit in MIPS for activities such as extending hours and managing transitions of care.
- ☐ Consider participating in a value-based payment initiative that would prepare your practice for an APM. Substantial participants in eligible APMs will receive an annual 5% lump-sum bonus from 2019 through 2026 and be exempt from MIPS.
- ☐ Leverage your CareAllies representative to get access to webinars, educational tools, advisory services, readiness assessments and performance projections. See below for examples of how we've helped our customers.

CareAllies expertise

1. Helped large multispecialty medical group achieve level 3 PCMH.
2. Helped physician organizations successfully achieve Stage 1 and Stage 2 Meaningful Use criteria.
3. Helped physician organizations achieve PQRS reporting requirements.
4. Extensive expertise in developing actionable quality improvement plans that have been deemed by CMS as a best practice.

HOW WE CAN HELP

Have questions about MACRA or CPIA? Want to learn more about how CareAllies can help you maximize your reimbursements? Just ask.

866.302.7560
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"The Medicare Access & Chip Reauthorization Act of 2015 – Merit-Based Incentive Payment System: Clinical Practice Improvement Activities Performance Category" Centers for Medicare & Medicaid Services

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