ASCO PracticeNET™

Networking for Education and Transformation

Monthly Network Call

September 19, 2019

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Agenda – 2020 Proposed Rules

Quality Payment Program

- Performance Thresholds
- Payment Adjustments
- Category Weights
- 2020 Updates
- 2021 MIPS Value Pathways

Outpatient Quality Reporting Program

- Measure Changes
  - OP-35: Admissions & ED Visits
  - OP-33: EBRT for Bone Mets

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Speakers

Karen Hagerty
Director, Regulatory Affairs
ASCO Policy & Advocacy

Brian Bourbeau
Director, Business Metrics and Analysis
ASCO Clinical Affairs

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Recap of September Call

Medicare Physician Fee Schedule

- Annual Updates
- Drug Administration Reductions
- Care Management
- Medical Documentation
- Bundled Payments
- E&M Codes
- Comments due September 27

Outpatient Prospective Payment System

- Annual Updates
- 340B Reimbursement
- E&M Visits in Off-campus Centers
- Price Transparency
- Hospital Supervision
- Prior Authorization
- Comments due September 27

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National Impact on Oncology Reimbursement

Specialty	Allowed Charges (mil)	Impact of Work RVU Changes	Impact of PE RVU Changes	Impact of MP RVU Changes	Combined Impact
Hematology/Oncology	$1,673	0%	0%	0%	0%
Radiation Oncology	$1,756	0%	0%	0%	0%
Nurse Practitioner	$4,503	0%	0%	0%	0%
Physician Assistant	$2,637	0%	0%	0%	0%

Adapted from Table 110 of the proposed rule

- 2019 Conversion Factor: $ 36.0391
- Budget Neutrality Adjustment: 0.14%
- 2020 Conversion Factor: $ 36.0896

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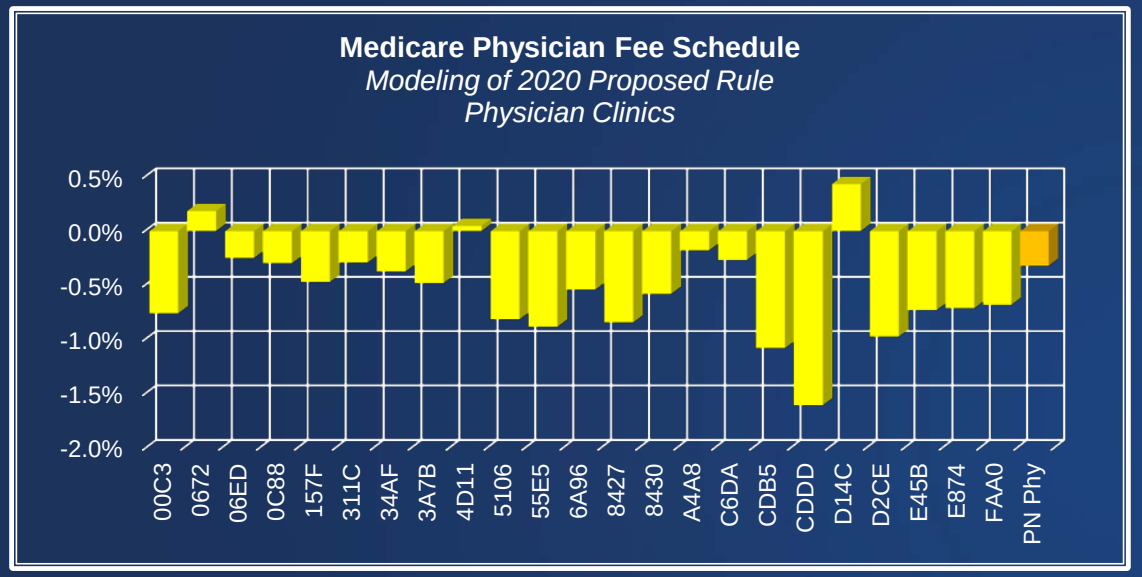
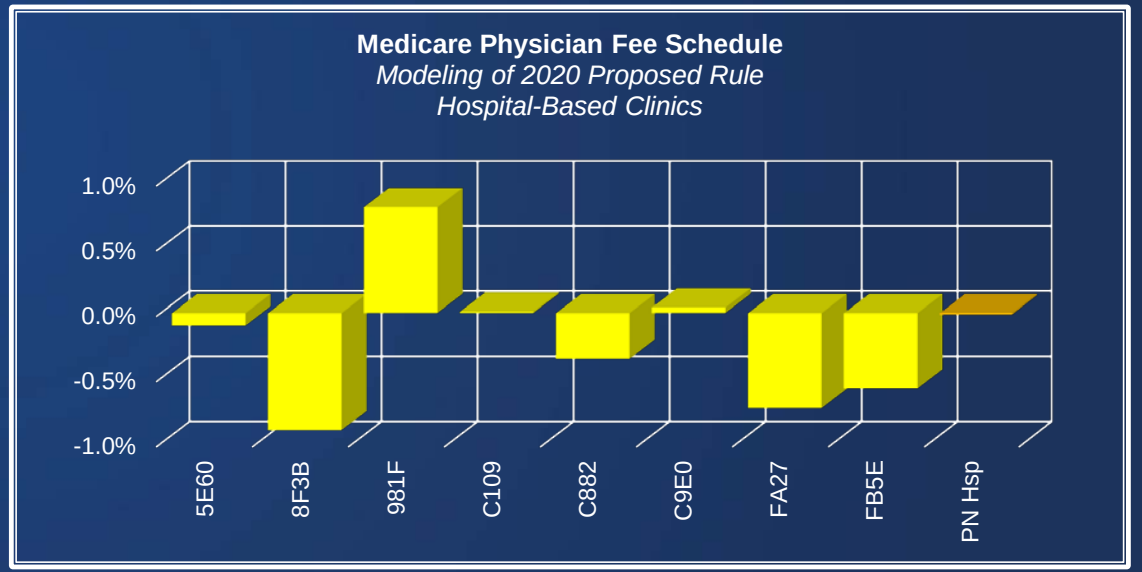
Local Impact on Oncology Reimbursement





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Proposed Payment Increase for 2021 E&M Visits

- 2020 MPFS Proposed Rule
  - 2021 Impact to Hematology/Oncology:
    - +8% with revised RVUs
    - +12% with revised RVUs and GPC1X
  - 2021 Impact to Radiation Oncology:
    - -2% with revised RVUS
    - -4% with revised RVUs and GPC1X

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Quality Payment Program (QPP)

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Performance Thresholds & Payment Adjustments

Thresholds & Adjustments	2019	2020
Performance Threshold	30	45
Exceptional Performance Threshold	75	80
Max Payment Adjustment (Budget Neutral)*	+/- 7%	+/- 9%
Additional Exceptional Payment Adjustment	Up to 10% ($500m)	

*$584m (estimated)

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Performance Category Weights

Performance Category	2019	2020
Quality	45%	40%
Cost	15%	20%
Promoting Interoperability	25%	25%
Improvement Activities	15%	15%

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Select Notable Performance Category Changes

- Improvement Activities
  - *Current*: 1 clinician, 90 days, full group credit for activity
  - *Proposed*: 50% of group's clinicians, same 90 days, full group credit for activity
  - *NEW* - Patient relationship code reporting credit
  - *NEW* - Financial counseling credit
- Promoting Interoperability
  - Opioid/PDMP measure changes for 2019 and 2020
- Quality
  - Increase from 60% to 70% data completeness for reporting
- Cost
  - 10 new episode-based measures
  - Revisions to Total-per-capita-cost and MSPB measures

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TPCC Refinements

New attribution method better identifies the existence of a primary care relationship between multiple clinician groups and beneficiaries.

Attribution	
Current Measure	Revised Measure
Beneficiary attributed to TIN-NPI from whom the beneficiary received the most E&M primary care services (if a tie, the TIN-NPI billing the most recent PCS is attributed) If beneficiary did not receive primary care services from a primary care provider, beneficiary attributed to the non-primary care clinicians who provided the most E&M primary care services	E&M primary care services must have an associated primary care service or follow up E&M service to indicate sustained involvement with the beneficiary Allows for the attribution of beneficiary months to multiple clinicians and clinician groups over the course of a performance period Excludes clinicians who frequently perform certain non-primary care services (e.g., major surgeries) from attribution; *chemotherapy included in these services but certain criteria must be met* Excludes clinicians who belong to any of the 56 HCFA specialties that were identified as not providing chronic care for significant medical conditions (**hematology/oncology and radiation oncology NOT excluded**)

TPCC Refinements (cont'd)

Current Measure	Revised Measure
Cost Assignment	
Entire annual cost during the measurement period for a beneficiary is assigned to the attributed clinician regardless of when the patient-beneficiary relationship started (leads to assignment of cost to a clinician prior to ever seeing the beneficiary)	Each attributable event initiates a one-year risk window during which a beneficiary's costs may be attributable to a clinician Therefore, cost is only assigned after the clinician has seen the beneficiary
Risk Adjustment "Lookback Period"	
Determine beneficiary's risk score using risk factors from the year prior to measurement period	Determine beneficiary's risk score using risk factors for each covered month measured using risk factors from the year prior to each beneficiary month

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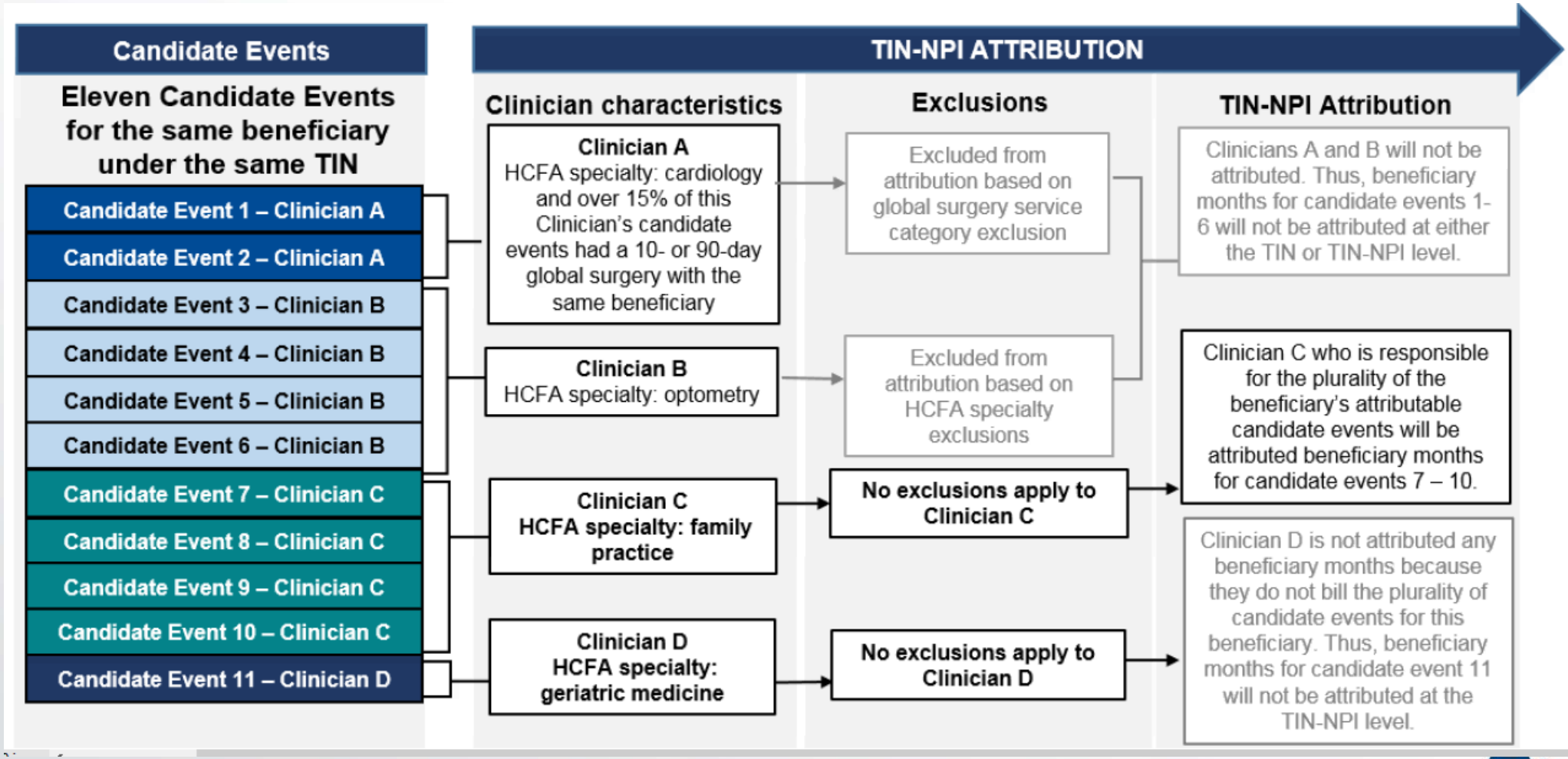
Revised TPCC Measure: Illustration of Attribution of Beneficiary Months



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MSPB(-clinician) Refinements

Current Measure	Revised Measure
Attribution	
Attributed first at the clinician (TIN-NPI) level Attributed each episode to the clinician billing the plurality of costs for Medicare Part B services rendered during an index admission	Attributed first at the clinician group (TIN) level Separate attribution methods for medical and surgical episodes: 1) Medical episodes: Attribute medical episodes to any clinician group that is responsible for managing the medical condition 2) Surgical episodes: Attribute surgical episodes to the surgeon performing the main procedure of an episode
Service Assignment	
All-cost measure that included all Medicare Parts A and B claims paid during the period from three days prior to the index admission through 30 days after discharge	Unrelated services excluded specific to groups of DRGs aggregated by MDC level Examples include: no orthopedic procedures for episodes triggered by DRG under Disorders of Gastrointestinal System (MDC 06 and MDC 07); no valvular procedures for episodes triggered by DRG under Disorders of the Pulmonary System (MDC 04) No hospice costs

Alternative Payment Models (APMs)

- Proposed refinements to the APM scoring standard to improve flexibility for participants
- Proposed MIPS APM “Quality Reporting Credit” for APM participants in Other MIPS APMs where quality scoring through the APM is not technically feasible.
- Proposed application of the existing extreme and uncontrollable circumstances policies to MIPS eligible clinicians participating in MIPS APMs who are subject to the APM scoring standard and would report on MIPS quality measures
- CMS seeking comment on:
  - APM scoring in future years of the QPP
  - How to potentially align the Medicare Shared Savings Program quality performance scoring methodology more closely with the MIPS Quality Performance scoring methodology

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MIPS “Value Pathways” (“MVPs”)

- For CY 2021, CMS proposing “MIPS Value Pathways” (MVPs)
- Conceptually similar to ASCO’s previous suggestions for performance category alignment and AMA’s “ACE” (Accountable Care Episodes) work
- Moves away from siloed activities and measures, towards an aligned set of measure options more relevant to a clinician’s scope of practice and meaningful to patient care

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“MVPs” (cont’d)

- Clinicians would be scored on a “bundle” of aligned quality and cost measures and improvement activities, with the use of health information technology playing a foundational role
- CMS also proposing to include “public health” or “population health” measures
- ASCO sees great opportunity and challenges with this proposal

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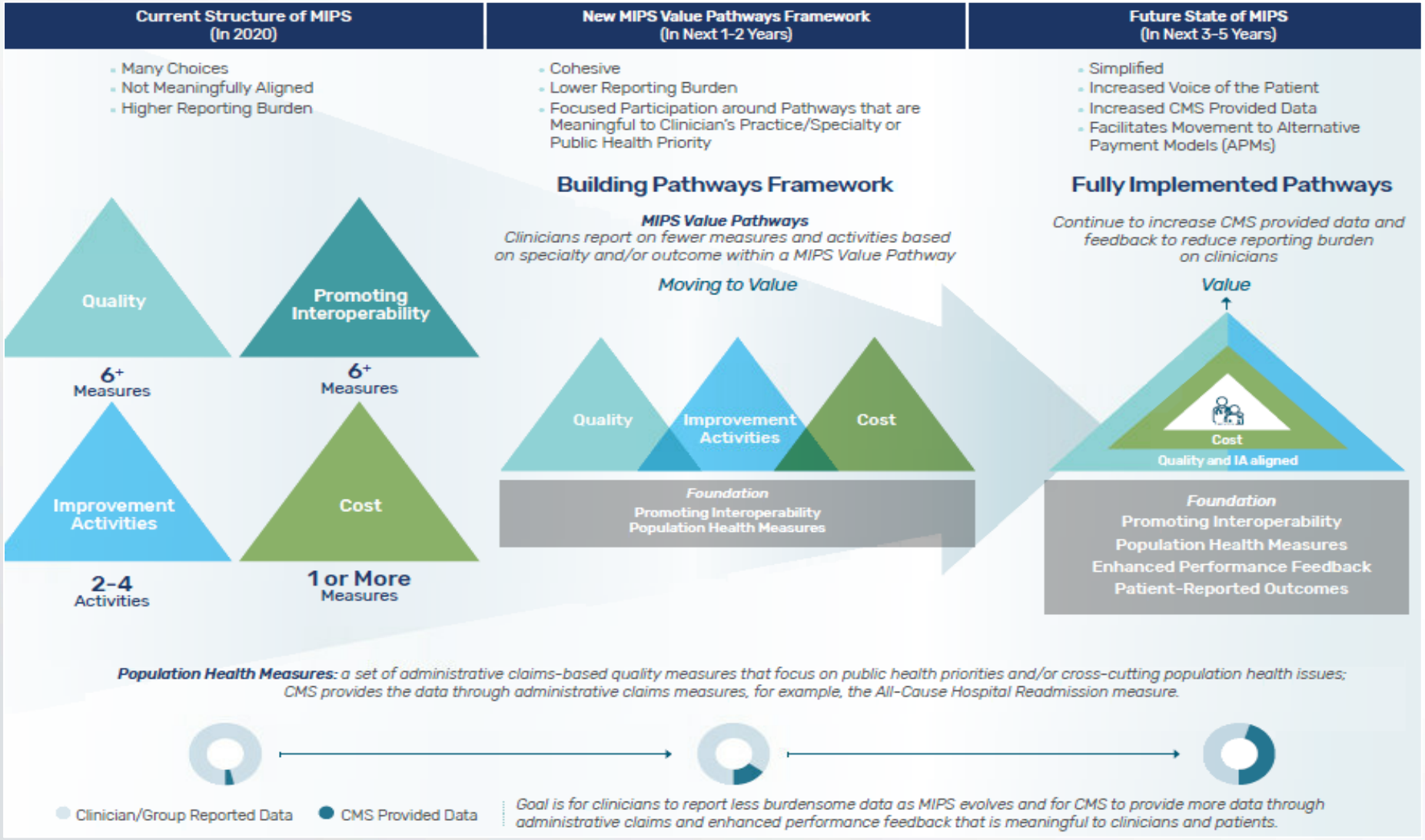
CMS' MVP Vision



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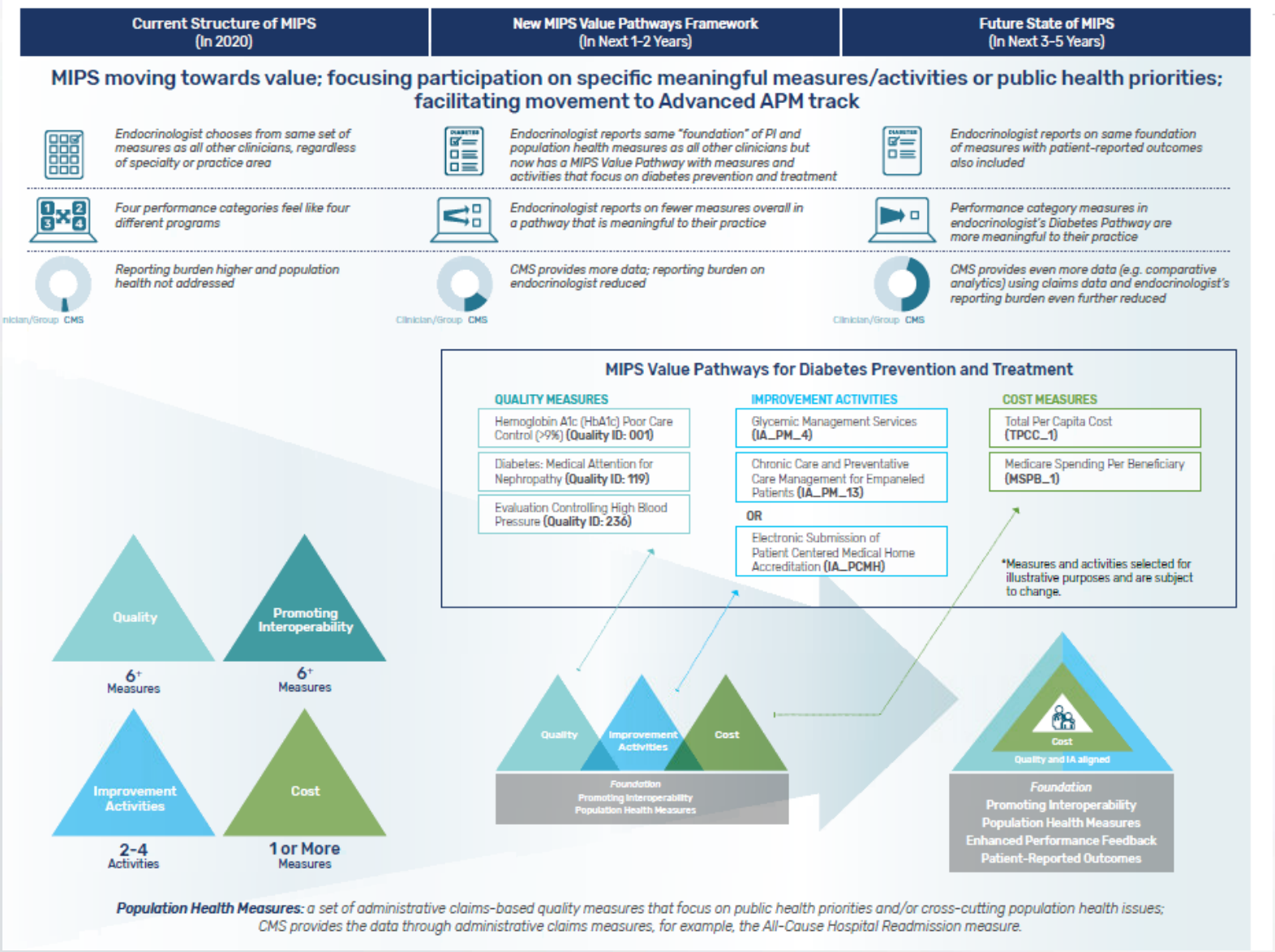
MVP Diabetes Example



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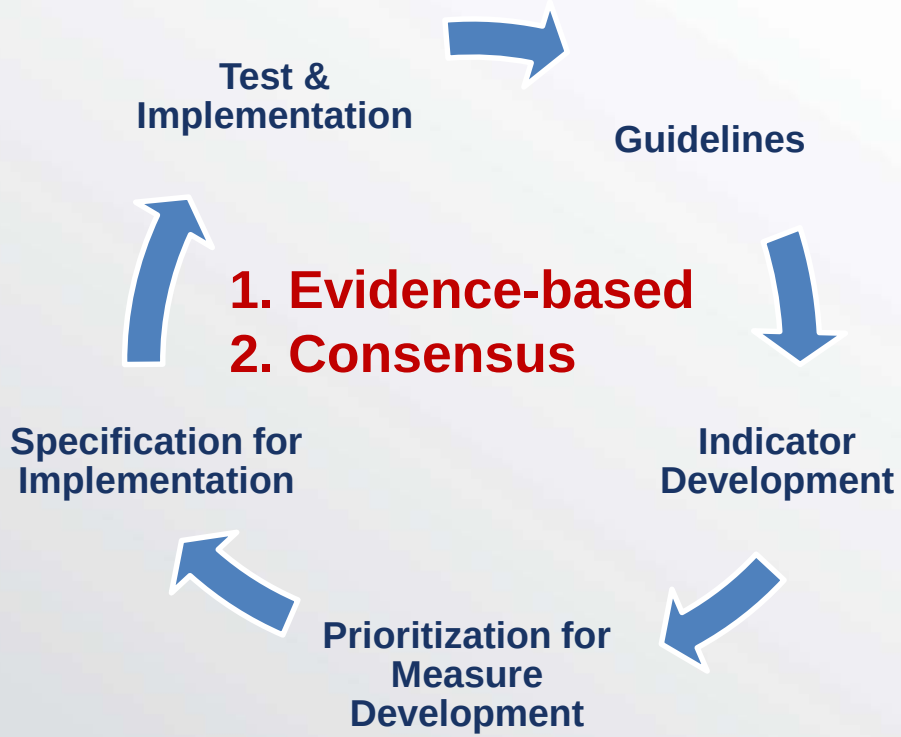
ASCO Measure Development and Library of Measures

Measures are selected and adapted by practicing oncologists



>150 measures maintained and in use (QOPI)

33 measures available for MIPS reporting through the QOPI Reporting Registry

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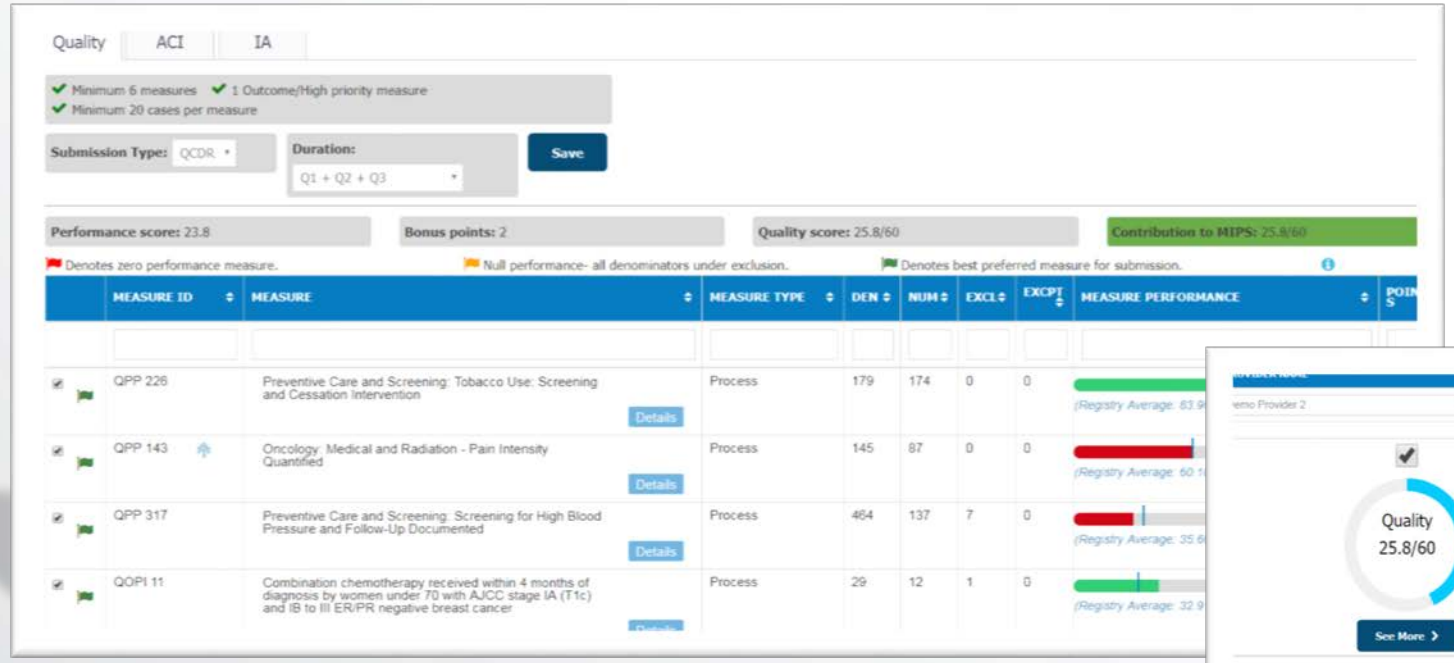
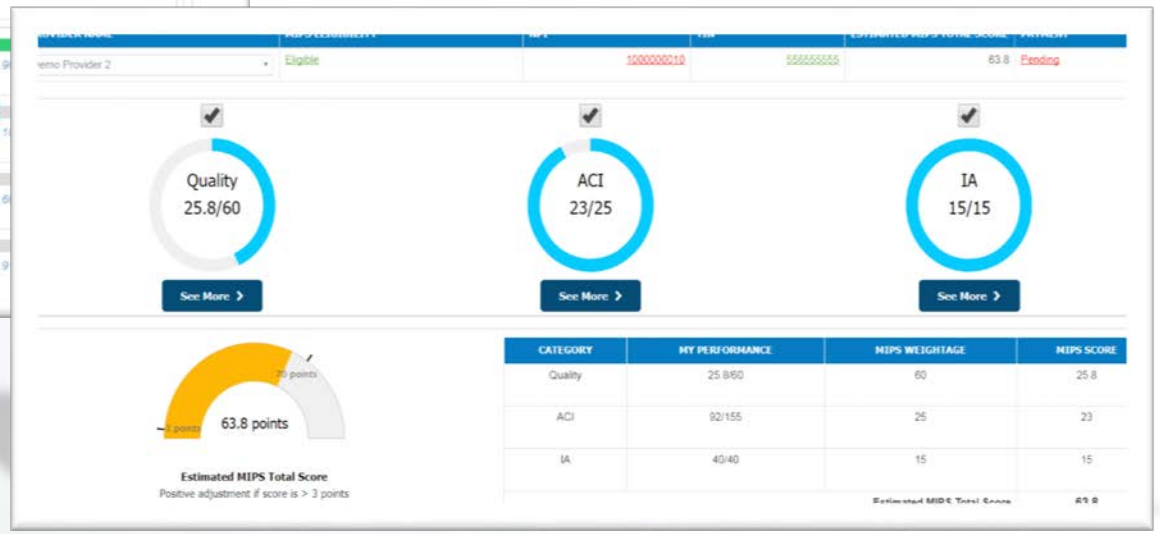
QOPI® Reporting Registry

Brought to you by ASCO and ASTRO





Practices participating in the QOPI® Reporting Registry can choose between two different methods of data entry to report their MIPS data to CMS.

Electronic Reporting: System Integrated Approach: QRR connects to the practice's Electronic Health Record, enabling quality data to be mapped and pulled electronically.

Manual Data Entry: Web Interface Tool: a web-based platform to manually enter their quality data. Practices using the Web Interface Tool still have the option to attest to Improvement Activities and Advancing Care Information.

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Comments

- Comments for the 2020 MPFS Proposed Rule are due by 5 p.m. on September 27, 2019
- By mail or electronically – http://www.regulations.gov

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Hospital Outpatient Quality Reporting Program

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Measure Changes

- OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
  - One or more inpatient admissions for anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis within 30 days of chemotherapy treatment; and one of more ED visits for any of the same 10 diagnoses within 30 days of chemotherapy treatment
  - October 2019 – anticipated release of Facility Specific Report
  - January 2020 – publication on Hospital Compare & application to CY 2020 payment determinations

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Measure Changes

- OP-33: External Beam Radiotherapy for Bone Metastases
  - Percentage of patients, regardless of age, with a diagnosis of bone metastases and no history of previous radiation [to the same anatomic site] who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme.
  - Proposed to remove effective for October 2020 encounters, to affect CY 2022 payment determinations.
  - Justification: Factor 8, “costs associated with a measure outweigh the benefit of its continued use in the program.”

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Measure Changes

- Patient Safety Measures
  - Request for comment on potential future adoption into OQR.
  - ASC-1: Patient Burn
  - ASC-2: Patient Fall
  - ASC-3: Wrong Site, Wrong Side, Wrong Procedure, Wrong Implant
  - ASC-4: All-Cause Hospital Transfer/Admission

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Comments

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Upcoming PracticeNET Events

- October 17, 2019 – Monthly Network Call
  - 4:00 PM – 5:00 PM, Eastern
  - Agenda: Congressional activity for research and reimbursement, review of learnings from Oncology Care Model performance period 4, and highlights from the 2019 Oncology Practice Conference
  - *Note: agendas are subject to change, based on new developments in legislation and administrative rulemaking.*

- E-mail David.Harter@asco.org for invitations or visit

  https://practice.asco.org/calendar

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Registration Open for the Quality Training Program (QTP) Winter 2020 Session!

Alexandria, Virginia (ASCO Headquarters)

Meeting 1 – January 16 - 17
Meeting 2 – March 19 - 20
Meeting 3 – June 26

Registration: September 2 - November 22, 2019
***Early registration discount in September!**

Registration Link: https://practice.asco.org/quality-improvement/quality-programs/quality-training-program/apply-quality-training-program

For more information, please email:
QualityTraining@asco.org

Old Town Alexandria

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