Are You Ready for the Quality Payment Program?
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Rising costs of health care in the U.S. are threatening the sustainability of the Medicare, Medicaid and CHIP programs. To address the problem the Centers for Medicare & Medicaid Services (CMS), along with congress, have designed alternative payment models (APMs) that align payment more with quality and cost outcomes rather than just paying for each visit or procedure. This payment reform comes through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which was passed in 2015 and repealed the sustainable growth rate. MACRA created a payment model that, in addition to fee-for-service payments, adds potential payments or penalties based on quality reports, cost containment and use of secure technology. The act replaced three Medicare reporting programs (Meaningful Use, the Physician Quality Reporting System and the Value-Based Payment Modifier) with the Merit-Based Incentive Payment System (MIPS) and created an alternative option to participate in advanced alternative payment models (AAPMs). CMS created the Quality Payment Program (QPP) to execute MACRA.

HealthInsight believes that the QPP’s realignment of payment offers incentives for eligible clinicians to focus more on the health and well-being of their patients through a care team that can address patient needs in a variety of ways. Improving quality and eliminating unnecessary cost may require practices to use very different approaches in their work processes, and HealthInsight has resources to help practices build the necessary capabilities. These capabilities include identifying patients with particular needs, such as those with frequent hospital visits or those missing critical care that addresses preventive care and chronic diseases. It also includes improving engagement of patients in their own health and self-care, optimal and secure use of health information technologies, coordination with other health care providers, and helping link patients to social services to address their needs so they don’t get in the way of their health.

There is wide variation in practice’s readiness for this “transformation journey” to significantly redesign their health care delivery processes. For those that are ready, participation in AAPMs provides the most flexibility and potential reward. The great majority of practices, however, will begin with MIPS. We encourage practices to take a holistic approach by focusing attention in ways that support multiple components. Thoughtfully meeting the requirements for MIPS should prepare practices to become ready for AAPMs.

Beyond MIPS, HealthInsight strongly suggests practices prepare for QPP by providing services that use newer revenue codes to bring in revenue now, rather than waiting two years for a MIPS payment adjustment to cover staff, technology and workflow changes needed to improve QPP scoring. These include Annual Wellness Visits, Chronic and Transitions Care Management, and Advanced Care Planning.

HealthInsight is available to answer questions that practice staff have on QPP and we will continue to connect clinicians in our communities to useful resources. Email us at QPP@healthinsight.org.