

PHYSICIAN SPECIALISTS GAIN MORE OPPORTUNITIES FOR MEDICARE BONUS PAYMENTS TIED TO QUALITY

Number of CMS-approved QCDRs tied to payment grows by more than 60 percent in 2017

New analysis from Avalere finds that physician specialists have more than 700 measures available for reporting under the Merit-Based Incentive Payment System (MIPS) through Qualified Clinical Data Registries (QCDRs). MIPS is the value-based physician payment program in Medicare fee-for-service, created under the Medicare Access CHIP Reauthorization Act (MACRA) of 2015.

Under MIPS, physicians must report on three areas to receive bonus payments: performance against quality measures, practice improvement activities, and implementation of meaningful use components. One reporting option is a QCDR, a tool to collect data, established by the Centers for Medicare & Medicaid Services (CMS) in 2014.

Beginning this year, clinicians participating in MIPS must report on six quality measures to be eligible for a bonus payment. According to Avalere experts, the expanded list of QCDRs offers clinicians flexibility in meeting these reporting requirements by allowing them to report on measures more relevant to their specialty. QCDRs may also be a valuable vehicle to fill measure gaps for specialties where measures have not yet been developed.

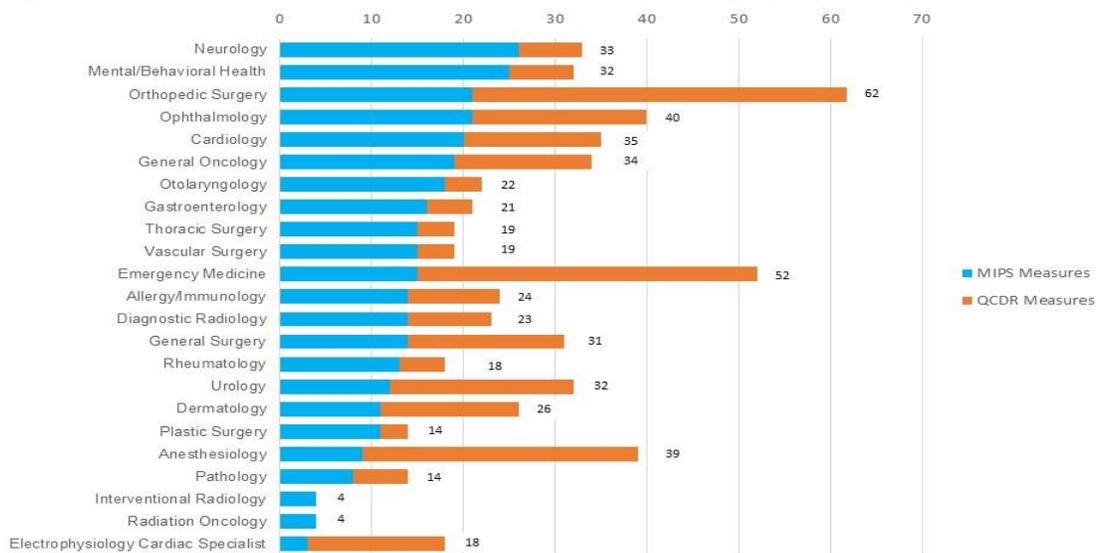
“Some physicians have expressed concern about the lack of meaningful specialty-focused quality measures available for reporting,” said Nelly Ganesan, a senior director at Avalere. “The QCDRs are one way to alleviate some of that concern.”

Earlier this month, CMS released the 2017 QCDR list, which included 113 total registries, which was up 61 percent from the 69 approved registries in 2016. The increase in QCDRs makes 478 more measures available for reporting to clinicians, bringing the total to over 700. Given the availability of specialty measures within the QCDRs (see Figure 1), specialists are likely to use the QCDR reporting option to meet their MIPS requirements. Some of the newly approved registries for 2017 include those from:

- American Psychiatric Association
- Collaborative Endocrine Surgery Quality Improvement Program
- Society of Dermatology Physician Assistants



Figure 1. Number of Measures Available for Reporting by Specialty Area



Source: Avalere review of measures finalized for MIPS reporting and QCDR Measures in 2017

Note: Measures by specialty are not mutually exclusive, thus measures do not total 700+

According to Avalere experts, given the lengthy and resource-intensive process involved in measure development, specialty societies have opted out of developing new measures, resulting in a lack of available measures for reporting. QCDRs are one way in which specialty measures can be “tested” and used prior to inclusion into public and private value-based programs. Given the expanded use of QCDRs, more innovative and outcome-focused measures are likely to emerge.

“In acknowledgement of the needs of specialists, CMS’ shift towards data collection through the use of QCDRs is a step in the right direction.” said Kristi Mitchell, a senior vice president at Avalere. “Moreover, the development of QCDRs will provide greater opportunities for engagement and innovative partnerships between industry, professional societies, and measure developers. That said, there will be an even greater need for CMS to harmonize all of the measures to eliminate redundancy and reduce reporting burden.”

Methodology

Avalere reviewed the list of final measures for 2017 MIPS reporting, as established in the Quality Payment Program final rule on October 14, 2016 and published on CMS’ website qpp.cms.gov. Avalere identified all the individual measures tagged to each specialty-set in addition to those measures introduced in the preliminary 2017 QCDR List (released May 25, 2017). CMS did note that that this release represents version 1 of the 2017 CMS-Approved QCDR qualified posting, inclusive of approved QCDR (non-MIPS) measures thus far. Version 2 of the QCDR qualified posting will be the final version that is set to be published in June 2017. Version 2 may contain additional approved QCDR (non-MIPS) measures, added to the “QCDR Measures Supported” column for inclusion in 2017. Version 1 of the list is incomplete and lacks clarity around total number of measures and/or details regarding individual measures, the information gathered for this press release is reflective of the current version of the QCDR list.

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