FACT SHEET: Quality Payment Program and Health Information Technology

On October 14, 2016, the U.S. Department of Health and Human Services (HHS) announced a final rule to implement key provisions of the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) in a new program called the Quality Payment Program. The Program advances Medicare's value-based transformation for hundreds of thousands of physicians and other eligible clinicians by tying these payments to quality patient care. A number of the provisions in MACRA directly relate to the use of certified electronic health record (EHR) technology and health information technology (health IT), including the Advancing Care Information performance category under the Quality Payment Program. The Advancing Care Information category will modernize, streamline, and replace the Medicare EHR Incentive Program for eligible professionals (also known as "Meaningful Use"). The Quality Payment Program advances the use of certified EHRs and health IT as tools to improve the flow of health information among clinicians and, ultimately, improve the quality of care provided to patients.

The 2015 Edition and the Quality Payment Program

The Office of the National Coordinator for Health IT (ONC), through the 2015 Edition Health IT Certification Criteria, provides the health IT foundation for the Quality Payment Program, including interoperability-focused standards required for certified EHR technology systems.[1] Published in the fall of last year and required for use in 2018, the 2015 Edition incorporates key advances to make electronic health information available when and where it matters most for clinicians and individuals. For example, the 2015 Edition requires vendors to publish application programming interfaces (API), which make it easier for software programs such as smartphone apps to access information from other programs, for certified health IT. The rule also promotes transparency in that developers are required to disclose any additional types of costs that a customer might incur to implement or use certified health IT, as well as any limitations, including contractual and technical impediments that could prevent users from successfully implementing and using certified health IT.

Both of the Quality Payment Program's paths for clinicians and groups – the Merit-based Incentive Payment System (MIPS) and the Advanced Alternate Payment Models (Advanced APMs) – require use of certified EHR technology to exchange information across providers and with patients to support improved care delivery, including patient engagement and care coordination.

[1] Technology certified to the 2014 Edition criteria can be used during the "Pick Your Pace" performance period of 2017.

MIPS - Advancing Care Information

The objectives in the Advancing Care Information performance category of MIPS emphasize measures that support clinical effectiveness, information security and patient safety, patient engagement, and health information exchange. The final rule does not require reporting on the Clinical Decision Support and the Computerized Provider Order Entry measures. Additionally, the final rule reduces the number of measures clinicians must report to five measures that are focused on interoperability; this is reduced from 18 measures in Stage 3 of "Meaningful Use" and from 11 measures in the Quality Payment Program proposed rule. Key interoperability goals in this performance category include:

- **Closing the Health Information Referral Loop:** Focuses not only on sending electronic patient health information, but also on receiving or querying for that information and incorporating it into the patient's record.

- **Bridging the Information Gap across Care Settings:** Focuses on clinicians' ability to share and obtain information from multiple settings beyond their own office through the use of secure electronic messaging and health information exchange, and incorporating patient generated health data and data from a non-clinical setting. These provisions will help to improve the accessibility of health data in arenas like long-term care, home health, and behavioral health.

- **Incentivizes Public Health and Population Health Management:** Focuses on outcome-related goals, such as care coordination, participation in public health registries and clinical data registries (including immunizations), and reporting health data related to clinicians' specialties. Clinicians participating in these activities and reporting can earn higher scores in this performance category.

- **Streamlining Reporting and Providing Flexibility:** Focuses on smoothing the path for clinicians to succeed by allowing clinicians to select the measures that reflect how technology best suits their day-to-day practice and simplifying reporting.

MIPS - Quality

To encourage the widespread use of electronic clinical quality measure (eCQM) reporting, the Centers for Medicare & Medicaid Services (CMS) has established a bonus scoring opportunity in the quality performance category for end-to-end electronic reporting of clinical quality measures, as well as reporting mechanisms that support electronic reporting. The ability to use eCQMs is critical to ultimately achieving truly seamless and secure flow of clinical quality information.

- **Seamless Information Exchange through Health IT**: MIPS eligible clinicians can earn bonus points for using certified EHRs and other health IT to capture, calculate, and submit clinical quality measures using structured data standards and automated data exports.

- **Flexible Options for Electronic Reporting**: Eligible clinicians will have multiple options to electronically submit data to CMS, including leveraging certified EHR technology or qualified clinical data registries, as well as expanding the availability of third parties to automatically calculate and report measures on a provider's behalf.

MIPS - Improvement Activities

The Improvement Activities category includes a wide range of options that leverage certified health IT to support eligible clinicians in implementing clinical practice improvements.

- **Inventory and Certified Health IT:** Participants using certified health IT will likely be engaged in many activities that satisfy requirements for the Improvement Activities performance category. This may include emerging health IT capabilities such as technology certified to capture social, psychological, and behavioral data, as well as technology certified to generate and exchange an electronic care plan.

- **Certified EHR Technology Bonus for Improvement Activities:** MIPS participants may also earn a bonus under the Advancing Care Information performance category for the use of certified EHR technology for certain clinical practice improvement activities. These activities focus on actions that may be paired with high priority quality measurement, areas where the use of health IT can support efforts toward improvement in patient outcomes, and other key delivery system reform goals.

Advanced Alternative Payment Models

Advanced Alternative Payment Models (Advanced APMs) offer certain clinicians engaged in initiatives to provide high-quality, coordinated, and cost-efficient care the potential to earn a five percent lump-sum incentive payment. Eligible clinicians and groups in Advanced APMs are excluded from the MIPS reporting requirements and payment adjustment. Advanced APMs offer another way to reward clinicians for using certified health IT.

- **Advanced APM Criteria**: In order to qualify as an Advanced APM, at least 50 percent of the clinicians in an APM Entity must use certified EHR technology to document and communicate clinical care information with patients and other health care professionals.[2] Many models have requirements exceeding this baseline.

- **Other Payer Advanced APM Criteria**: Starting in the 2019 performance period, eligible clinicians will be able to combine their experience in CMS Advanced APMs with experience in other payer APMs – for instance, those established by Medicaid or commercial payers – to potentially earn the APM incentive for a year. To qualify, these Other Payer APMs will also require participants in each entity to use certified EHR technology.

[2] The Medicare Shared Savings Programs do not include the 50% use of certified EHR technology requirement. For Advanced APMs where the Advanced APM Entities are hospitals, each hospital must use certified EHR technology.