

## Centers for Medicare & Medicaid Services Quality Payment Program Fact Sheet for the Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)

### What are MACRA, QPP, MIPS, and APMs?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced the previous fee-for-service Medicare Part B reimbursement with a new value-based format: The Quality Payment Program (QPP). There are two tracks in the Quality Payment Program: (1) Merit-based Incentive Payment System (MIPS) and (2) Advanced Alternative Payment Models (Advanced APMs). MIPS was designed to update and consolidate previous Centers for Medicare and Medicaid Services (CMS) programs, including the Medicare Electronic Health Records (EHR) Incentive Program for Eligible Clinicians, the Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier (VBM).

### What is an Advanced APM?

*Advanced Alternative Payment Models* are a track of the Quality Payment Program that offer a 5 percent incentive for achieving threshold levels of payments or patients. To be an Advanced APM, the model must meet these three criteria:

- Requires participants to use certified EHR technology;
- Provides payment for covered professional services based on quality measures comparable to those used in the MIPS Quality performance category; and
- Either: (1) is a Medical Home Model expanded under CMS Innovation Center authority OR (2) requires participants to bear a significant financial risk.

### What is the relationship between the QPP and BPCI Advanced?

CMS has determined that the Bundled Payments for Care Improvement Advanced (BPCI Advanced) model qualifies as an Advanced APM under the Quality Payment Program. Therefore, BPCI Advanced Participants that achieve Qualifying APM Participant (QP) status receive the following benefits:

- A 5 percent incentive payment per payment year through 2024
- Are excluded from MIPS
- A higher Physician Fee Schedule updating starting in 2026

## **If BPCI Advanced is an Advanced APM, then why are some BPCI Advanced Participants not exempt from MIPS?**

Although the BPCI Advanced model qualifies as an Advanced APM, some participating providers may not meet the QP threshold to be exempt from MIPS. An eligible clinician's QP status is determined by either:

1. Patient count (35 percent for PY2019 and PY2020; higher thereafter); or
2. Payment amounts (50 percent for PY2019 and PY2020; higher thereafter)

If providers in BPCI Advanced achieve these thresholds, they become a QP and are excluded from the MIPS reporting requirements and payment adjustment (in addition to receiving the 5 percent incentive payment). However, some BPCI Advanced providers may not meet the QP threshold. In such cases, they could still meet the partial QP threshold, as defined as either:

1. Patient count (10 percent for PY2019 and PY2020; higher thereafter); or
2. Payment amounts (20 percent for PY2019 and PY2020; higher thereafter)

These partial QPs have the option to be excluded from MIPS and receive a neutral payment adjustment, or to participate in MIPS.

For BPCI Advanced providers who do not meet the criteria above, they are subject to the MIPS requirements. Providers who do not meet the QP or partial QP status will be scored under the APM Scoring Standard to minimize provider burden.

## **How do I know if I'm a QP or partial QP?**

CMS uses three snapshot dates each year (March 31, June 30, and August 31) to determine which providers meet the QP threshold. This is searchable by provider National Provider Identifier (NPI) on the CMS QPP website [here](#).

## **Which providers in BPCI Advanced are affected by the MIPS APM scoring standard for QPP purposes?**

BPCI Advanced providers who are MIPS eligible clinicians, are participating in the Model on one of the three QPP snapshot dates (March 31, June 30, August 31), but do not meet the QP thresholds are affected. MIPS eligible clinicians include provider types such as physicians, physician assistants, nurse practitioners, and several [others](#).

## **Is participation in a Medicare Advanced APM the only way for me to be a QP or partial QP?**

No, starting in the 2019 QP Performance Period, eligible clinicians will have an opportunity to be assessed for QP status through the [All-Payer Advanced APM Option](#). In order to do so, an eligible clinician must be in a Medicare Advanced APM and meet or exceed minimum Medicare payment or beneficiary volume thresholds.

## **What if I am not determined to be a QP or a partial QP by the Medicare Part B threshold, but I participate in alternative payment models through other payers? Can that count?**

Under the All-Payer Advanced APM option, CMS will make Other-Payer Advanced APM determinations based on information submitted by payers according to published [schedules](#). CMS will review the information submitted by payers on each payment arrangement to determine whether it meets the Other-Payer Advanced APM criteria. Once reviewed and approved, CMS will post a list of Other-Payer Advanced APMs online before the QP Performance Period. If the payment arrangement was determined to be an Other-Payer Advanced APM, the clinicians practicing under that payer would not need to partake in the payment arrangement submission process but will have to submit data on all Other Payer activity to be eligible for QP status determination under the All-Payer Advanced APM option.

However, starting in 2019, if you believe you meet the All Payer Medicare Advanced APM threshold but do not see a determination for a particular payment arrangement, you may use the APM entity or Eligible Clinician Initiated Other-Payer Advanced APM Determination Process (Eligible Clinician Initiation Process) to submit information about that payment arrangement. CMS will review the payment arrangement information to determine whether it meets the Other-Payer Advanced APM criteria. Additional details about the submission process are available in the submission form itself [here](#).

## **What do I have to do to satisfy the MIPS requirements?**

There are four categories under MIPS that make up the final MIPS score. They are (1) Quality; (2) Cost; (3) Improvement Activities; and (4) Promoting Interoperability. CMS is keenly aware of the need to minimize provider burden while achieving its goal to improve patient care. Therefore, for all but the Promoting Interoperability category below, BPCI Advanced Participants do not have to do anything extra beyond participating in BPCI Advanced under its model rules.

1. For the **Quality performance category** under MIPS, BPCI Advanced Participants will be assessed based on existing BPCI Advanced quality measures. The quality measures will be scored separately by CMS under the APM Scoring Standard to satisfy MIPS reporting.
2. For the **Cost performance category**, this category has a weight of zero under the APM Scoring Standard in PY2019, and will not be calculated.
3. For the **Improvement Activities performance category**, MIPS Eligible Clinicians under BPCI Advanced will automatically receive the full score for this category by virtue of participating in the model because your APM already requires you to meet certain improvement activities standards. For example, these include activities such as *beneficiary engagement* through collection and follow-up on patient experience and satisfaction data on beneficiary engagement, and improving *care coordination* by implementing practices/processes for developing regular individual care plans.
4. For the **Promoting Interoperability performance category**, BPCI Advanced providers who are not QPs will need to report to QPP at either the individual or TIN-level. They must

[log in](#) and attest to their promoting interoperability measure data, or work with your third-party intermediaries to upload your promoting interoperability measure data in an approved file format. More information on this category can be found [here](#).

Note that for the PY2019, because the Quality performance category is not scored given the lack of available quality measure data from BPCI Advanced, this category will be reweighted from 50 percent to 0 percent. As a result, the Improvement Activities category will be reweighted from 20 percent to 25 percent, and the Promoting Interoperability Category will be reweighted from 30 percent to 75 percent. Therefore, for PY2019, the MIPS final score for BPCI Advanced Participants who are MIPS eligible clinicians will be based on only the Improvement Activities and the Promoting Interoperability category, respectively weighted at 25 percent and 75 percent.

PY2019

- Quality 0%
- PI 75%
- IA 25%
- Cost 0%

### **What does BPCI Advanced being an Advanced APM mean for participating practices?**

Having an Advanced APM designation under QPP does not change the structure of the BPCI Advanced model. The quality measures, eligibility requirements, and incentive calculations remain subject to the Participation Agreement under the BPCI Advanced model. Participants in the BPCI Advanced model who are not exempt from MIPS (i.e., providers who are not QPs) will have a reduced reporting burden under MIPS for the 2019 performance year, as they will not be required to report separate quality measures for MIPS scoring.

### **Will I, as a BPCI Advanced provider, be affected by the MIPS payment adjustments?**

If you meet the QP status under any of the three snapshots in the performance year, then you are exempt from MIPS and will not be affected by the MIPS payment adjustments. If you are a MIPS eligible clinician that does not meet the partial or full QP status, you are subject to the MIPS payment adjustment on Part B fee-for-service reimbursements based on your MIPS final score. Your MIPS final score for the performance period (January 1st through December 31st each year) determines what your payment adjustment will be two years after the performance period ends (e.g., 2019 MIPS final score will be used for payment adjustment in 2021).

It is important to know that MIPS is separate from any payments or financial obligations associated with participating in BPCI Advanced. As a BPCI Advanced Participant, you will be bound by the terms and conditions of the BPCI Advanced Participation Agreement.