National Center for Medical Legal Partnership
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THE QUALITY PAYMENT PROGRAM:

A Primer on Improvement Activities for Medical-Legal Partnerships

Introduction

A critical part of making sure that legal services are available as part of quality healthcare is ensuring that screening for legal needs is a recognized and reimbursable activity for health care providers. In the rule for the 2018 performance year of the Quality Payment Program (QPP), established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the Centers for Medicare & Medicaid Services (CMS) included "screening for health-harming legal needs" as a recognized Improvement Activity (IA) under Medicare's Merit-based Incentive Payment System (MIPS). Now eligible clinicians who screen patients for legal needs will receive credit in the IA category, which could potentially lead to an increased Medicare reimbursement rate. This primer discusses which clinicians are eligible for the QPP, how to claim credit for IAs, and implications for medical-legal partnerships.

Overview of the Quality Payment Program

The QPP is a quality payment incentive program for physicians and other eligible clinicians, which rewards value and outcomes in one of two ways: through MIPS, which is a modified fee-for-service model, and through Advanced Alternative Payment Models (AAPMs), in which clinicians participating in certain payment models can receive an annual bonus payment. Because clinicians participating in AAPMs do not need to perform IAs, this primer will focus on the MIPS pathway, in which most clinicians will participate in 2018.

Clinicians Eligible to Participate in the Quality Payment Program

Clinicians eligible to participate in the QPP are physicians–including dentists, optometrists, podiatrists, and some chiropractors—physician assistants, nurse practitioners, certified registered nurse anesthetists, and clinical nurse specialists. Clinical social workers may be added to this list in 2019. These clinicians may participate individually or in groups. Exempt clinicians include those in their first year of participating in Medicare and those who fall below a low-volume threshold, such as individuals or groups that have ≤$90,000 in Part B allowed charges or ≤200 Part B beneficiaries. Clinicians can verify their 2018 eligibility status on the CMS website, at: https://qpp.cms.gov/participation-lookup.

Clinicians practicing in Rural Health Clinics (RHCs) or Federally Qualified Health Centers (FQHCs) who provide services that are billed exclusively under the RHC or FQHC payment methodologies are not required to participate in MIPS, and are not subject to a payment adjustment. However, if these clinicians provide other services and bill for those services under the Physician Fee Schedule (PFS), they are required to participate in MIPS and such other services are subject to a payment adjustment.

How the Merit-based Payment System Affects Medicare Payments

Eligible clinicians must participate in MIPS to potentially earn an upward adjustment and avoid a negative adjustment to their Medicare Part B payments. Because there is a two-year look-back period for QPP participation and payment adjustment, QPP participation in 2018 will lead to payment adjustment in 2020, participation in 2019 will lead to payment adjustment in 2021, and so on. Payment year 2020 has a +/- 5 percent adjustment rate, payment year 2021 has a +/- 7 percent adjustment rate, and from payment years 2022 forward there is a +/- 9 percent adjustment rate.

In 2018, clinicians eligible for MIPS will be scored on four categories: IA, Quality (formerly PQRS), Cost (formerly Value-based Modifier), and Advancing Care Information (formerly Meaningful Use). The IA category is worth 15 percent of an eligible clinician's composite score.

Improvement Activities

The IA category of the QPP includes over 110 activities that CMS has determined improve clinical practice or care delivery and, when effectively executed, are likely to result in improved outcomes. Generally, IAs are intended to support broad aims within healthcare delivery, including care coordination, beneficiary engagement, population management, and health equity.

The activities are weighted "high" (20 points) and "medium" (10 points). To earn full credit in the IA category, most eligible clinicians will need to perform between two and four activities for a total of 40 points; eligible clinicians in Health Professional Shortage Areas (HPSAs) or small practices—15 or fewer clinicians—need only perform one "high" weighted activity or two "medium" weighted activities. IAs must be performed for at least a continuous 90 days during the 2018 calendar year.

Eligible clinicians must attest to their performance of their selected IAs when they report on their QPP participation. Clinicians participating in and reporting on MIPS as a group as opposed to individually need only have one clinician in the group perform the IA for the whole group to receive credit in the IA category. Clinicians must submit data on IAs in one of the following manners: via qualified registries, electronic health record (EHR) submission mechanisms, QCDR, CMS Web Interface, or on www.qpp.cms.gov. Only activities with a "yes" attestation will be scored.

Because IAs are central to improved patient outcomes, and to encourage the use of Certified Electronic Health Records Technology (CEHRT) to facilitate such outcomes, CMS has designated some IAs as eligible for Advancing Care Information bonus points. In other words, if a clinician uses certain CEHRT functionalities to perform certain IAs, the clinician will receive credit not only in the IA category, but also in the Advancing Care Information category.

Opportunity for Medical-Legal Partnerships

One such IA that will be of interest to the medical-legal partnership community is a medium-weighted activity, "Practice Improvements that Engage Community Resources to Support Patient Health Goals" (IA_CC_14). This activity requires eligible clinicians to develop pathways to neighborhood or community-based resources to support patient health goals, which could include one or more of the following:

- Maintain formal (referral) links to community-based chronic disease self-management support programs, exercise programs and other wellness resources with the potential for bidirectional flow of information;
- Including through the use of tools that facilitate electronic communication between settings;
- **Screen patients for health-harming legal needs;**
- Screen and assess patients for social needs using tools that are preferably health IT enabled and that include to any extent standards-based, coded question/field for the capture of data as is feasible and available as part of such tool; and/or
- Provide a guide to available community resources.

Since clinicians who work at organizations that have medical-legal partnerships typically screen patients for health-harming legal needs, those participating in the QPP should consider whether they or their practice can attest to this IA for the 2018 performance year. If the MLP team uses CEHRT to make referrals or assist with screening, the clinician may also be eligible to claim the Advancing Care Information bonus.

The complete list of IAs is available on the CMS website. For more information about the QPP, visit www.qpp.cms.gov.