The 2020 Medicare Physician Fee Schedule final rule includes provisions for the 2020 Quality Payment Program (QPP), which impacts 2022 payment. The QPP includes both the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

This guide summarizes the Advanced APM provisions of the final rule and includes information on MIPS APMs, which offer the opportunity for physicians participating in certain models to receive credit under the MIPS program. ASCRS also has developed a guide on MIPS participation for Medicare Shared Savings Program Basic Track Accountable Care Organizations (ACOs) and guides on the full QPP and each of the four components of MIPS. We will continue to provide additional resources and training materials to assist ASCRS and ASOA members in complying with the program in 2020 for 2022 payment.

What Is an Advanced APM?

CMS is encouraging participation in Advanced APMs. Eligible clinicians who participate in advanced APM entities that meet certain revenue or patient thresholds each year will receive a 5% bonus for each year from 2019 to 2024. Advanced APMs are a subset of APMs that meet the requirements under MACRA.

CMS defines an Advanced APM as a model that:

- Involves more than nominal risk of financial loss,
- Includes a quality measure component, and
- Has the majority of participants using certified EHR technology (CEHRT).

Advanced APMs include Accountable Care Organizations (ACOs) with two-sided risk and medical homes participating in the Comprehensive Primary Care Plus model.

For 2020, to impact 2022 payment, the following are considered Advanced APMs:

- Medicare Shared Savings Program (enhanced track)
- Next Generation ACO Model
- Comprehensive End-Stage Renal Disease (ESRD) Care (large dialysis organization arrangement)
- Comprehensive Primary Care Plus Model (CPC+)
- Oncology Care Model (OCM)
- Comprehensive Care for Joint Replacement Payment Model (Certified Electronic Health Record Technology [CEHRT] track)
- Advancing Care Coordination through Episode Payment Models Track 1 (CEHRT)
- Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)
- Maryland Total Cost of Care Model (Maryland Primary Care Program)
- Independence at Home Model
Currently, there is no ophthalmology specific Advanced APM. In addition, current available models are, for the most part, focused on primary care, such as ACOs or certified medical homes. Some ophthalmologists currently participate in Medicare Shared Savings Program Basic Track (formerly Track 1) ACOs, but since those models do not include two-sided risk, they are not considered Advanced APMs and will not be eligible for bonus payments under the APM category.

In future years, ophthalmologists may be able to participate in bundled payment models, such as for cataract surgery, built from episode-based cost measures. There are no formal proposals currently in development for ophthalmic surgery bundled payment models; however, there are bundled payment models for non-ophthalmic procedures. ASCRS continues to provide input to CMS through technical expert panels on the development of the episode-based cost measures—particularly to ensure costs are accurately attributed and risk adjustment is included—and monitor surgical community efforts to develop bundled payment APMs.

Qualifying Participants and Partially Qualifying Participants

To receive a bonus payment for participation in an Advanced APM, a provider, or group of providers billing through a common Tax ID (TIN), must be considered a Qualifying Participant (QP). A provider’s QP status is determined by his or her participation in an Advanced APM entity that collectively meets certain revenue or patient thresholds.

For 2022, based on performance year 2020, providers are considered QPs for participating in an Advanced APM entity for which either:

- The collective Part B payment for services delivered by the Advanced APM entity’s clinicians to patients who are attributed to that entity is at least 50% of the payments for services delivered by the entity’s clinicians to all patients who could, but may not, be attributable to the entity (“attribution-eligible”).
- The collective number of patients who receive services delivered by the Advanced APM’s clinicians and who are attributed to that Advanced APM is at least 35% of the number of all patients who are attribution-eligible and received services delivered by the Advanced APM’s clinicians.

Clinicians participating in APMs that achieve those thresholds will be excluded from MIPS requirements. These percentages of payment or patients required to qualify for the APM bonus will continue to increase in future years.

Physicians participating in Advanced APM entities that fall short of requirements for the incentive payments, but meet lower thresholds, would be considered Partial QPs and able to choose whether they would like to receive a payment adjustment through MIPS. To opt out of the MIPS payment adjustment, the clinician must participate in an Advanced APM entity that collectively reached lower thresholds of Medicare payments or patients. For 2022, the collective threshold is 40% of eligible Medicare payments or 25% of eligible Medicare patients for partial participation. Partial QPs do not qualify for the 5% bonus payment under the APM category. While Partial QPs may opt out of MIPS, it is important to remember that they may qualify for a bonus if they do select to participate in MIPS.

If a physician participates in multiple Advanced APMs, and one of the APM entities he or she participates in does not meet the collective thresholds, CMS will determine if the individual physician’s total participation in multiple APM entities meets the thresholds for the year. If the sum of the individual provider’s participation in multiple entities hits the threshold, he or she receives the 5% bonus and is exempted from MIPS.
Revenue or Patient Thresholds for Advanced APMs

CMS finalized thresholds for the percentage of eligible payments or eligible patients derived through Advanced APM entities.

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MIPS APMs – Including Medicare Shared Savings ACOs Basic Track

Physicians also have the opportunity to earn points in MIPS by participating in certain APMs and Advanced APMs that CMS determines to be “MIPS APMs.” Each year, CMS will release a list of MIPS APMs prior to the performance period.

For 2022, based on 2020 performance, CMS will likely consider these APMs as MIPS APMs:
- Medicare Shared Savings Program All Tracks
- Next Generation ACO Model
- Comprehensive ESRD Care Model (all arrangements)
- Oncology Care Model (OCM) (all arrangements)
- Comprehensive Primary Care Plus Model (CPC+)
- Comprehensive Care for Joint Replacement Payment Model (Certified Electronic Health Record Technology [CEHRT] track)
- Advancing Care Coordination through Episode Payment Models Track 1 (CEHRT)
- Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)
- Maryland Total Cost of Care Model
- Independence at Home Model

To earn MIPS points from a MIPS APM, a provider must:
- Be included in the participant list of a non-Advanced APM that CMS has determined to be a MIPS APM, or
- Be included in the participant list of an Advanced APM entity that did not meet the thresholds to be eligible for the bonus payment and, therefore, elect to participate in MIPS.

For models that CMS determines to be MIPS APMs, in 2020 participants will:
- Report the required quality measures for the APM through the APM entity (if an APM entity does not report data on behalf of individuals or groups participating in the APM, those physicians will be required to report quality data on their own);
- Report data for the Promoting Interoperability (previously Advancing Care Information) category on their own; and
- Earn full credit for the Improvement Activities category score.

Medicare Shared Savings ACOs Final Rule

Separate from the 2019 MPFS final rule, CMS released a final rule for the MSSP in December 2018 that seeks to accelerate ACOs’ transition to taking on downside risk, which could impact some ophthalmologists participating in MIPS through Track 1 ACOs. Under the new rule, beginning in July 2019, CMS created two tracks, basic and enhanced. New ACOs would begin in the basic track and not have to bear risk for two years, as opposed to the current six-year period allowed before taking on risk. Current Track 1 ACOs would have one year to move to the enhanced, risk-bearing track. ASCRS recommends that any ophthalmologists who were previously participating in Track 1 ACOs reach out to their ACO’s managers for details about their specific ACOs under this new policy.
Similar to determining the thresholds for participation in Advanced APMs, CMS will award the same final MIPS score to all the participants in a MIPS APM entity—including for data they reported individually or as a group under a single TIN. Under the terms of the models considered MIPS APMs, participants in the APM entities are already assessed collectively for meeting certain quality and cost metrics; therefore, CMS will score the Promoting Interoperability and Improvement Activities collectively, as well. CMS will use an average score of all the participants’ scores for Promoting Interoperability to determine a group score. All participants in the MIPS APMs will receive the same total available score for Improvement Activities.

For each model approved as a MIPS APM, CMS re-weighted the MIPS categories to reflect the design of the particular model.

- For all Medicare Shared Savings ACOs and Next Generation ACOs, category weights are 50% Quality, 0% Cost, 20% Improvement Activities, and 30% Promoting Interoperability.
- For all other models, category weights are 0% Quality, 0% Cost, 25% Improvement Activities, and 75% Promoting Interoperability.

The MIPS APM entity’s final MIPS score will be applied to the participants in the entity at the TIN/NPI level. If a physician participates in multiple MIPS APMs, CMS will award that physician the score from whichever MIPS APM he or she participates in that has the highest final score.

MIPS APM Participation

Physicians may participate in MIPS APMs at the individual or group level. Not all physicians billing under a particular TIN are required to participate in a MIPS APM entity if one or more physicians billing under that TIN elects to participate in a MIPS APM. Certain specialties, such as ophthalmology, are permitted to participate in more than one ACO.

CMS will determine providers’ eligibility to be scored under the MIPS APM scoring standard by checking three times during the performance year to confirm that individuals or groups are listed on the APM entities’ participant lists. CMS will check the lists on March 31, June 30, and August 30 of the performance year.

If a provider is on the list at any time, he or she will be considered as participating in the APM entity. If a provider only participates in the APM entity for a portion of the year but is only on the list at one or two of the designated dates on which CMS checks the list, he or she is still considered a participant.

If a full TIN joins an APM later in the year, it can be considered a QP or participate in MIPS through the APM if it is listed on an APM’s participant list by December 31 of the performance year. On December 31, only full TINs participating in the APM will qualify. If not all physicians billing under the TIN join the APM, they must be on the participant list on one of the three earlier dates.

Other Payer APMs

Other Payer APMs include payment arrangements under any payer other than traditional Medicare, including Medicare Advantage, other Medicare-funded plans, and Medicaid. Beginning in performance year 2019, these other payers will count toward APM thresholds. However, the 5% bonus for significantly participating in an Advanced APM will be based on traditional Medicare and will not include Medicare Advantage payments. To meet the APM thresholds through participation in an Other Payer APM, physicians must also participate in a Medicare Advanced APM. The 5% bonus for significantly participating in an Advanced APM will be based on traditional Medicare and will not include Medicare Advantage payments.

Additional Resources

For additional information, you may contact Allison Madson, manager of regulatory affairs, at amadson@ascrs.org or 703-591-2220.