



**Presentation title:** Thriving under MIPS - Where to start? Breaking down the complexity

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With many feeling overwhelmed by the complexity of the Quality Payment Program (QPP), physicians struggle to answer 1 key question—where do I start? To help remedy this issue, the AMA has released a new customizable resource—the MIPS Action Plan—that breaks down the complexity of the Merit-based Incentive Payment System (MIPS) track of QPP into specific actionable steps. In this 1-hour webinar, attendees learned how to use this tool to create and/or validate their strategies for MIPS implementation in 2017.

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## Follow-up Questions

*(from the webinar presentation)*

1. Do we know when the final 2017 and 2018 rules will be finalized? Also, does anyone know when the 2018 CMS fee schedule will be released as some of us are negotiating payer contracts based on CMS fee schedule?

**No. We still do not know exactly when the 2018 QPP final rule (or 2018 CMS fee schedule) will be released. We expect them both to be released in the coming weeks, but we have not heard of any specific dates to this point. Please note that the 2017 QPP regulations were finalized in Oct. of 2016.**

2. Are there any benefits to doing the full pace now?

**Potentially depending on the specifics of your practice and whether you already have systems in place that properly collect the data necessary to meet the reporting requirements under the full pace. If these systems have not appropriately collected data as of Oct. 2<sup>nd</sup> (at minimum), you will not be able to report under the full pace for the 2017 performance year.**

3. Just to clarify, we can submit one measure on one patient in order to attest?

**Correct. You can submit one measure on one patient in 2017 to avoid the 4% penalty on your 2019 Medicare reimbursement. AMA has some great resources on our website (<https://www.ama-assn.org/qpp-reporting>) regarding this topic.**

4. Can you go back and collect the data after October 2?

**Depends. If you already have systems in place (e.g., EHR, QCDR, etc.) that automatically captures data in an acceptable format, then yes you can back into these systems to pull the necessary data to meet the necessary requirements. However, if you are reporting quality measures via claims, you cannot go back and recreate these interactions in order to meet the quality measure requirements under MIPS.**

5. We will be reporting as a group for quality measures and I understand we need 20 cases in the denominator, is that 20 cases for each physician (for us 4 so 80) or is 20 total in the denominator enough to report successfully?





The denominator requirements are applicable based on the reporting category selected (e.g., individual or group). In this example, if reporting as a group of 4 eligible clinicians (ECs), you report would report on 20 cases rather than 80. However, please note that the specific denominator requirements differ from measure to measure, although all measures require at least 20 cases for the denominator. Please check the requirements for your selected measure to verify what the denominator requirement is.

6. How do you attest for the IA category? Do you know how we will be attesting this year for ACI, what mechanism/portal will be available to send the data? Where can I find how to attest for an Improvement Activity?

**CMS stated the IA attestation site would be available through their QPP site (<https://qpp.cms.gov/>). However, no such tool or feature is currently available. We do not have any explicit insight as to when it will be available; however, we would expect that the agency will open up the IA attestation feature closer to the data submission period, which is January 2<sup>nd</sup> through March 31<sup>st</sup> of next year.**

7. Clarification on MIPS: aside from the "pick your pace" year, are physicians locked into a given track for the entirety of their participation in the QPP once they make their choice? Or are they allowed to switch between minimum and full reporting tracks in a given performance year? Conversely, could a physician go from full reporting to minimum reporting between performance years?

**No, physicians are not locked into a single track (e.g., MIPS vs AAPMs) for the entirety of their QPP participation. Eligibility is determined on a yearly basis. CMS will perform 3 different snapshots during each performance year to determine clinicians' eligibility. Please note, however, that the different pace options (minimum, partial, and full) were specific to the 2017 performance year. While the proposed rule for the 2018 performance year included a similar structure, the requirements for each track in 2018 will not be exactly the same as they were in 2017. For example, reporting on just one measure for one patient would no longer satisfy the requirements for the minimum pace. We will have to wait for the final rule for 2018 to verify what the exact differences will be.**

8. You mention other deadlines for SRA? Please elaborate.

**CMS only requires that a Security Risk Analysis (SRA) be completed at some point during the performance year. In other words, for those required to perform an SRA, it must be completed by December 31, 2017.**

9. When you say collection of data, what does this mean? I have dashboard on eclinicalworks where I monitor MIPS progress, is that what you mean or I have to do something else.

**Collection is defined based on the measure category you choose to report on. ACI measures, for example, must use a Certified Electronic Health Record Technology (CERHT) to collect the data. Quality measures, on the other hand, can be reported manually through the 1500 form. You might be able to use your eCW system to collect and report certain data; however, you will need to contact them to determine their MIPS reporting and tracking capabilities and whether they are available to you based on your system.**

10. If I choose the quality category for minimal participation: 1 quality measure/1 patient. Is that data submitted to CMS via a manual attestation, or does the data need to be submitted electronically?





For quality measure reporting, you have 5 different options to choose from (depending on whether you are reporting as an individual or as a group): 1) *Qualified Registry*, 2) *Qualified Clinical Data Registry (QCDR)*, 3) *Electronic Health Record (EHR)*, or 4) *Claims-based Reporting*. Please note that claims-based reporting is only available if you are reporting as an individual and is completed using the 1500 billing form.

11. With the one measure, do you have to complete all ACI?

The one measure for one patient option is not applicable to the ACI measure category. The reporting requirements for ACI will be dependent on what pace (minimum, partial, or full) you determine is best for your practice. For minimum, you will have to report performance on 4 or 5 of the base score ACI measures (depending on whether you have a 2014 or 2015 certified EHR). For partial, you will have to report on all base score measures plus at least one additional ACI measure. For full, you will have to report on all base score measures and any additional performance (or bonus) measures in addition to meeting the full requirements for Quality and IA.

12. What do you think our composite score will need to be to get a potential "bonus" for reporting this year?

CMS stated in their 2017 final rule that an eligible clinician (EC) will be eligible for an exceptional performance bonus if they earn a MIPS total performance score of 70 points or more (81 FR 77011). Although the agency estimates that a large number of ECs will exceed this level, the agency may revise its assumptions based on actual performance during the year. As a reminder, CMS will determine scores based on the performance curve that is developed after all data is reported for the performance year.

13. Is there a website you can go into to see if you qualify for MIPS, that MCR already has you categorized as having over \$30,000 or over 100 pts, etc.?

Yes. You can look-up your MIPS eligibility using CMS' look-up tool, which can be found at <https://gpp.cms.gov/participation-lookup>.

14. Can you confirm that 5 ACI bonus points are available for a specialty registry – even if the provider is not connected with the immunization registry?

MIPS eligible clinicians (ECs) can earn points by reporting the following MIPS Quality measures to a “public health agency or clinical data registry”: *Syndromic Surveillance Reporting, Electronic Case Reporting, Public Health Registry Reporting, and Clinical Data Registry Reporting*. A MIPS EC could earn a maximum bonus of 10 points using this method. If the EC is already using a registry to report to MIPS, however, it would not be able to earn bonus points by reporting these measures to the same registry (but it could earn the bonus by reporting to a different registry).

15. We have a group TIN and a physician TIN we are reporting individually (4 providers) do we use the billing TIN?

If reporting as an individual, you would report using your TIN/NPI combination. If reporting as a group, you would report using the TIN.





16. What is the deadline to submit data?

**Submission due dates will vary by reporting mechanism. For example, the submission deadline is February 28, 2018 for those reporting quality measures through the claims reporting option. If you are using the CMS Web Interface, the submission period will occur during an 8-week period (following the close of the 2017 performance period) that will begin no earlier than January 1 and end no later than March 31 (specific start and end dates will be published on the CMS Web site). Also, each vendor may have its own deadlines. You should check with your chosen reporting vendor to understand your applicable due date to report MIPS data. Closer to the end of the reporting period (e.g., December 31<sup>st</sup>) and submission deadline (March 31<sup>st</sup>), you should check the CMS QPP website ([www.qpp.cms.gov](http://www.qpp.cms.gov)) for any changes to the submission deadlines.**

17. What are your thoughts on reporting more than the six Quality measures? Would it be a risk to report more and let CMS decide on your best?

**There are no explicit risks to reporting more than the 6 Quality measures other than the additional level of effort, etc. required to report them. You will have to determine whether this additional effort (and potential cost) is worth it to you or your practice. Please note that reporting 6 Quality measures is only required if you are reporting under the “full” pace; in that case, you will also need to meet the full requirements for ACI and IA.**

18. What was the percentage increase payment for doing partial or full again?

**There isn't a specific percentage increase between the partial and full pace options. They are both eligible to receive up to 4% positive payment adjustment in 2019. The full pace option, however, provides eligible clinicians with the highest probability to receive the full 4%.**

19. Do nurse practitioners have to report MIPS as well as physicians?

**Yes. Nurse Practitioners are eligible clinicians under MIPS.**

20. Is there a presentation slide deck for the action plan?

**No, one is not currently available. However, we are working on one that will be available in the near future. In the meantime, please do not hesitate to reach out to the AMA team directly; they would be happy to walkthrough the tool in more detail with you and/or any of your colleagues.**

21. There are deadlines for collecting data, but the submission deadline is March 31<sup>st</sup>, 2018?

**See Answer to #18.**

22. We qualify for APM because we are part of an ACO track 3 with a hospital. This would be a small number of patients. Are we better off to go with MIPS or APM?

**Most likely. If you qualify as an Advanced APM, you automatically qualify for the 5% payment adjustment for your 2019 Medicare reimbursements. If you participated in MIPS, the most you would most likely be eligible for would be 4% and that is not guaranteed since your MIPS score is determined based on comparing your performance to others of similar qualifications**





(practice size, etc.). It is possible to receive more than 4%, but only if you have a high enough final core to be considered an “exceptional performer”. Exceptional performers are paid out of a separate, non-budget neutral pool. In theory, they could earn an additional bonus equal to up to 5% of their prior year's Medicare Part B professional collections. However, since CMS assumed a large number of eligible clinicians would be "exceptional," the actual amount will likely be much smaller.

Visit the [AMA Transforming Clinical Practice Initiative website](#) for information on all the great resources and the Share, Listen, Speak, Learn monthly series.

