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Customer Questions

Q: Where can I see the maximum points achievable for each MIPQ Quality measure?

A: You can access the deciles spreadsheet [HERE](#).

Q: Do I have to register as a group if I am planning to report using a Registry or QCDR for 2017?

A: No. The only exception is if the provider/practice plans to report on the CAHPS for MIPS survey measure.

Send us your question(s) info@ReportingMD.com

Important Links

[Feedback Reports website](#)

[CMS PQRS website](#)

[Physician Compare website](#)

ReportingMD

ReportingMD Quarterly Newsletter

Quarter - 2 - 2017

ReportingMD News/Updates

RMD can report and submit on all submission categories under the Merit-Based Incentive Payment System (MIPS).

The criteria to determine MIPS eligibility is multi-faceted and complicated. ReportingMD can help you to understand the different components of MIPS eligibility.

Check out the News link on the ReportingMD website for important news and program updates <http://reportingmd.com/important-updates/>

[Contact us](#) if you have any questions.

It's Not Too Late...

... To apply for a hardship exception to avoid a 2018 payment adjustment for failing to report successfully under the EHR Incentive Program in 2016. July 1st, 2017 (which is a Saturday) is the last date to submit a hardship application. More information and the application for the hardship exceptions can be found [HERE](#).

... To register to report CAHPS for MIPS or to report using the web-interface measures for 2017. The registration window is open 4/1/17 to 6/30/17.

... To report for the new Merit-based Incentive Payment System (MIPS) to avoid a -4% payment adjustment in 2019.

[Contact us](#) to help figure out how.

Did You Know...?

... Measure Group reporting is no longer an option for reporting Quality under MIPS in 2017. Work with ReportingMD to understand what your reporting options are for 2017.

... MIPS is not solely based on Medicare Part B. MIPS is an all payer program so MIPS eligible clinicians and group practices need to report on all payer data under MIPS in 2017 and beyond.

... There is no registration to report at the group level for 2017 for reporting through a qualified registry or through a Qualified Clinical Data Registry (QCDR).

[Contact us](#) for more information.

Brochures

[Medical Informatics Calculator \(MIC\)](#)

[Total Outcomes Management \(TOM\)](#)

New Hampshire

Trivia

Which of the 13 colonies was the first to declare independence from Mother England?

[Trivia Answer](#)

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2018 Medicare Quality Payment Program (MACRA) Proposed Rulemaking

On June 20th, 2017, CMS released the Calendar Year (CY) 2018 Quality Payment Program proposed rule, which can be accessed [HERE](#).

There are quite a few changes proposed in the rule under MIPS including:

- Reintroduction of the concept of virtual groups, which was previously proposed in 2017
- Increasing the low-volume threshold to make MIPS exempt those providers who either bill \leq \$90,000 in Medicare Part B allowable charges or provide care to \leq 200 Part B beneficiaries
- Maintaining the ability to use 2014 ONC certified EHR Technology (CEHRT) but adding bonus points for those who move to 2015 CEHRT
- Additional flexibilities for clinicians in smaller practices

There are also a few changes proposed in the rule under Alternative Payment Models (APMs), like:

- Extending the revenue-based nominal amount standard, which allows an APM to meet the financial risk criterion to qualify as an Advanced APM if participants are required to bear total risk of at least 8% of the Med Parts A and B revenue
- Changing the nominal amount standard for Medical Home Models so that the minimum required amount of total risk increases at a slower rate
- Allowing providers to become Qualifying Participants (QPs) of Advanced APMs based on all-payer combinations, which would take into account the Advanced APM billing along with other APMs the provider is participating in.

[Contact us](#) for more information.

2017 Merit-based Incentive Payment System (MIPS)

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is aimed at strengthening Medicare access and improving physician payments among other improvements. Out of MACRA is the Quality Payment Program (QPP), which is made up of 2 tracks: The Advanced Alternative Payment Models (Advanced APMs) track and the Merit-Based Incentive Payment System (MIPS) track.

The Advanced Alternative Payment Models (APMs) track
CMS encourages many providers and practices to move to Alternative Payment Models like the Medicare Shared Savings Program (MSSP ACO). The MSSP ACO is an example of an Advanced APM and CMS will reward Qualifying Participants (QPs) of Advanced APMs with a 5% lump sum bonus. Additionally, QPs will also avoid the MIPS downward payment adjustment in 2019 based on their participation in an Advanced APM.

The Merit-Based Incentive Payment System (MIPS) track
Under MACRA, many of the pay-for-performance programs that have been active for the last few years have been turned into categories under the MIPS program. There are various measures, activities, and standards for each of those performance categories under MIPS.

The Composite Performance Score (CPS) or "MIPS score" is the determining component of any payment adjustment and exceptional performance bonus a MIPS eligible clinician ("MIPS EC") is entitled to. The +/-4% payment adjustment is budget neutral, which means that all the money collected from penalties will be given out as positive payment adjustments. The yearly \$500 million is money set aside for payment years 2019 through 2024 for those MIPS ECs who reach a MIPS score that establishes them as exceptional performers.

For the +/-4% payment adjustment, a MIPS score of 3 to 100 will result in a payment adjustment ranging from 0% to 4%, which will be distributed using a scaling factor that could go up to a possible 12%, as long as there is money in

the pot to be distributed.

For the exceptional performance bonus, MIPS ECs who earn a MIPS score of between 70 to 100 points will be eligible for a piece of the yearly \$500 million exceptional performance bonus in addition to any performance based payment adjustments earned by the practice. The \$500 million will be distributed by up to a maximum rate of 10% of the MIPS EC's Medicare Part B billings. The payment rate will be equitably distributed based on the scale of lower to higher MIPS scores.

It should be noted that because CMS made 2017 a transition year, there will be fewer than originally anticipated MIPS ECs susceptible to the MIPS penalties. This is because of the increased low-volume threshold for eligibility. Additionally, because the transition year performance threshold was changed to a score of 3, the bar is set much lower for achieving a performance that prevents any penalization. Because of this, the +/-4% payment adjustment may end up being more along the lines of +/-1% payment adjustment because there is less penalty money in the pot to pay out in positive payment adjustments.

Even though 2017 is a transition year, it is not the year to shoot for reporting the minimum. Even though the payment adjustment rate may end up being +1%, the \$500 million dollar exceptional performance bonus money is still well within reach by any MIPS EC or group practice who chooses to pursue a possible 10% bonus based on Medicare Part B billings.

The 3 performance categories that make up the CPS are: Quality, Improvement Activities (IA), and Advancing Care Information (ACI). For the majority of MIPS ECs, the percentage breakdowns are the following:

- Quality makes up 60% of the MIPS score
- Improvement Activities (IA) make up 15% of the MIPS score
- Advancing Care Information (ACI) makes up 25% of the MIPS score

[Contact us](#) for more information.

2017 MIPS: Quality Performance Category

Quality Performance Category

Each eligible MIPS clinician/practice will select 6 measures to report on. 1 of the 6 measures must be an outcome measure or other high priority measure if no outcome measure is available.

Links below to the list of all 2017 Quality measures and the 2017 CMS Quality performance category measure specifications are below:

- All 2017 MIPS Quality measures listing: http://reportingmd.com/wp-content/uploads/2017_MIPS_Quality_Measures-listing_271.xlsx
- 2017 MIPS Quality Measure Specifications link: http://reportingmd.com/wp-content/uploads/2017_MIPS_Quality_IM_SpecManual.pdf

[Contact us](#) for more information about the MIPS Quality performance category.

2017 MIPS: Improvement Activities (IA) Performance Category

Improvement Activities (IA) Performance Category - new (doesn't replace any program) - makes up 15% of the MIPS CPS. ReportingMD can submit all activities in this category.

Each eligible MIPS Providers/practice will choose activities from the IA inventory, which lists over 90 proposed activities.

Full credit for this category is given for all patient-centered medical homes. MIPS APM participants can also receive full credit for the IA category based on their Alternative Payment Model (APM) participation. Participation must be in a short list of qualifying APMs.

Link below to the list of all 2017 Improvement Activities:

- MIPS Improvement Activities listing: http://reportingmd.com/wp-content/uploads/2017_IA_Category_Additional_Info.pdf

[Contact us](#) for more information about the MIPS Improvement Activities (IA) performance category.

2017 MIPS: Advancing Care Information (ACI) Performance Category



Advancing Care Information (ACI) Performance Category - replaces Meaningful Use - makes up 25% of the MIPS CPS. ReportingMD can report and submit all measures in this category.

Scoring the ACI category will be comprised of a score for participation/reporting, which is the "base score" and a score for performance, called the "performance score".

Links below to the list of all 2017 Advancing Care Information (ACI) objectives/measures and the list for all 2017 transition ACI objectives/measures:

- MIPS ACI listing: http://reportingmd.com/wp-content/uploads/2017_MIPS_ACI_Measures_15.xlsx
- MIPS ACI Transition listing: http://reportingmd.com/wp-content/uploads/2017_MIPS_ACI_TRANSITION_Measures_11.xlsx

The MIPS ACI objectives/measures are for practices using 2015 ONC-certified EHR systems.

The MIPS Transition ACI objectives/measures are for practices using either 2014 or 2015 ONC-certified EHR systems.

[Contact us](#) for more information about the Advancing Care Information (ACI) performance category.

2017 Accountable Care Organization (ACO) Reporting -

Advanced APM Reporting: those practices that receive 25% of Medicare payments or see 20% of their Medicare patients through an Advanced APM, like the Shared Savings Program Track 2 or Track 3 or the Comprehensive Primary Care Plus (CPC+), will be considered Qualifying Participants (QPs) and will not be considered MIPS eligible. Those QPs will earn a 5% incentive payment in 2019 for their participation in the Advanced APM.

- In addition to the 5% incentive for being a QP in an advanced APM, CPC+ members can earn additional monthly care management fees for higher risk patients depending on their risk stratification. These funds are intended to be reintroduced back into the system to aid in furthering the goals of the CPC+ initiative within the practice.

MIPS APM Reporting: A MIPS APM includes Alternative Payment Models (APMs) that did not qualify as Advanced APMs (AAPMs). MIPS APMs do not qualify as AAPMs because they either do not meet the nominal risk criteria or the AAPM participants do not meet the payment or patient thresholds. CMS will apply an "APM scoring standard" to ECs participating in MIPS APMs. The APM scoring standard will also be applied to clinicians who did not meet QP thresholds, and are determined to be partial QPs and elect to participate in MIPS (although participation is optional).

[Contact us](#) for more information.

How Do I...

... Learn more about the new Merit-based Incentive Payment System (MIPS)? There are several ways to learn about MIPS:

- Attend a ReportingMD educational webinar
- Read this informative quarterly newsletter
- Call or email ReportingMD to learn about our systems and services

- Check out the new CMS QPP website: <https://qpp.cms.gov/>

... Check a provider's individual National Provider Identifier (NPI) for MIPS eligibility? You can navigate to the CMS Quality Payment Program (QPP) website to check MIPS eligibility [HERE](#)

Recent/Upcoming Shows...

ReportingMD recently exhibited at the 2017 New England MGMA Conference in Cape Cod, MA May 10-12, 2017.



ReportingMD is looking forward to exhibiting at several conferences in 2017. Check out our Events page on the ReportingMD website for a listing of upcoming events and where you can come to meet some of our staff in person. <http://ReportingMD.com/events/>

We hope you found this newsletter informative. Please provide us with any feedback and/or topics you would like addressed in future publications. You can email us at [Contact Us](#)

Sincerely,

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