

Quality Payment Program: Overview of MIPS

April 25, 2017 - Below, find an update on MEDITECH's evaluations and support of the Quality Payment Program (QPP) and Merit-Based Incentive Payment System (MIPS) requirements.

Overview

The [Medicare Access and CHIP Reauthorization Act](#) (MACRA) combines parts of the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier (VBM), and the Medicare Electronic Health Record (EHR) Meaningful Use (MU) Incentive Program into a single program called the Quality Payment Program (QPP).

The QPP Final Rule with Comment Period, which was legislatively mandated through MACRA, was released on October 14, 2016. There are two tracks for attestation within MIPS.

1. The first is MIPS, which is outlined in this document — more information is also available in the [Final Rule for MIPS White Paper](#).
2. The second track includes participation through an Alternative Payment Model (APM) — more information is available in the [Final Rule for APMs White Paper](#).

MEDITECH is preparing for changes that will affect eligible clinicians (ECs) starting in 2017. We are participating in Centers for Medicare & Medicaid Services (CMS) meetings, in addition to HIT Vendor workgroups, that strive to uncover the complexities of the QPP.

ECs are evaluated for their MIPS Final Score in three categories: Quality Measures, Advancing Care Information (ACI) Measures, and Improvement Activities (IAs).

Quality Measures

At Least 60% of MIPS Final Score

The QPP offers 271 Quality Measures to choose from and multiple specialty sets to accommodate a variety of ECs. This category comprises the largest percent of the Final Score: 60% in 2017. Clinicians will be evaluated based on the six measures in which they score the highest. We encourage clinicians to begin reviewing the Quality Measures that best apply to their environment. MEDITECH is now evaluating measures for use in the Acute setting as well as developing measures for the Ambulatory and Oncology settings. A full list of measures can be found [here](#). For more details on the Quality Measures category, please review [MEDITECH's Program Overview](#).

Advancing Care Information Measures

Up to 25% of MIPS Final Score

Under MIPS, ECs have the option to achieve 25% of their MIPS Final Score based on their performance in the ACI category. ACI is the MIPS rebranding of MU, and the objectives are categorized into Base and Performance measures. The changes made to this category allow for much more flexibility to meet the reporting criteria.

If a clinician feels they cannot meet the ACI category requirements, they may apply for a significant hardship exception based on:

- Insufficient internet connectivity
- Lack of control over the availability of CEHRT

- Lack of face-to-face patient interaction
- Extreme and uncontrollable circumstances.

If CMS determines the clinician indeed faces a significant hardship, the ACI category will be reweighted to 0, and the 25% will be redistributed to the Quality score. This means any EC who receives a hardship exception for ACI Measures will have their performance in the Quality Measures category worth 85% of their MIPS Final Score. For more information about ACI, please reference [MEDITECH's Program Overview](#).

Improvement Activities 15% of MIPS Final Score

IAs are a completely new category, worth 15% of the MIPS Final Score. In order to receive a high score, a clinician must attest to completion of 40 points worth of improvement activities. There are over 90 activities available, each scored as either medium weight (10 points) or high weight (20 points). A clinician only needs to perform their chosen activities for 90 days to have a full reporting period considered for this category.

EC Eligibility

For the 2017 reporting year, MIPS ECs include providers who bill Medicare Part B under the Medicare Physician Fee Schedule: physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. Under the MIPS program, ECs may report as individuals or as a group. A group under MIPS is defined as a group of two or more individual NPIs who have reassigned their billing rights to the TIN. Group reporting allows hospital-based clinicians and other clinicians who may have difficulties meeting the individual reporting requirements to report successfully through their group.

Certain clinicians will not be eligible to participate under MIPS. Those who meet the low volume threshold or those who are considered non-patient facing do not need to report for the program. A clinician who bills less than \$30,000 in MCR charges or sees fewer than 100 MCR beneficiaries will not need to participate in MIPS. In future years, MACRA legislation requires the program to allow for the creation of Virtual Groups — a group of 10 or fewer clinicians who may or may not be affiliated — to combine MIPS scores with the intent of receiving a higher score or to ease reporting burdens. CMS is still considering the implementation of Virtual Groups, which will not be available in 2017.

ECs Using MEDITECH Acute Applications

- **ACIs:** ECs need to participate in the ACI category unless they meet the hospital-based provider criteria. The Final Rule defines these providers as “a MIPS-eligible clinician who furnishes 75 percent or more of his or her covered professional services in sites of service identified by the Place of Service (POS) codes used in the HIPAA standard transaction as an inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or emergency room (POS 23) setting, based on claims for a period prior to the performance period as specified by CMS.” A Qualified Registry will also be used for these measures.
- **IAs:** MEDITECH has reviewed the list of IAs. ECs should review the list and select activities they can attest to. For a sortable list, see the [Improvement Activities webpage](#). For more information on IAs, reference [MEDITECH's Program Overview](#).
- **Quality Measures:** MEDITECH is recommending the use of a Qualified Registry for submission of measures to CMS. Customers can contact [Acmeware](#) or [Medisolv](#) to further evaluate submission offerings.

ECs Using MEDITECH Web Ambulatory/Medical Practice Management

- **ACIs:** MEDITECH is currently certified for the 2014 edition software — and, therefore, will support the eight objectives for the Transition Year of ACI 2017 Measures and Objectives. Best practice documents are available for clinicians to review.

- **IAs:** MEDITECH has reviewed the list of IAs. ECs should review the list and select activities they can achieve. For a sortable list, see the [Improvement Activities webpage](#). For more information on IAs, reference [MEDITECH's Program Overview](#).
- **Quality Measures:** MEDITECH provides all 53 electronic quality measures for Ambulatory customers to report to the Quality Measures category of the MIPS program. Customers should review and select the Quality Measures that best apply to your clinicians. MEDITECH will also provide references for certified Quality Registries services which you may choose to use for your submissions. Best practice documents are available on the [MACRA Resources page](#) to assist in determining which measures may enable your clinicians to achieve the highest possible score.

ECs Using MEDITECH Oncology

- **ACIs:** MEDITECH is currently certified for the 2014 edition software — and therefore, will support the eight objectives for the Transition Year of ACI 2017 Measures and Objectives. Best practice documents will be available for clinicians to review.
- **IAs:** MEDITECH has reviewed the list of IAs. ECs should review the list and select activities they can attest to. For a sortable list, see the [Improvement Activities webpage](#). For more information on IAs, reference [MEDITECH's Program Overview](#).
- **Quality Measures:** MEDITECH has certified 11 measures to meet the Quality Measures component of MIPS for Oncology ECs. Best practice documents will be available to determine which measures your ECs will want to attest for.

What You Can Do Today

- ECs should start determining the amount of data they will submit to MIPS this year (if any). 2017 is considered to be a transition year. Clinicians can choose one of four options for participation under the 2017 “Pick Your Pace” model:
 1. Submit nothing, and receive the maximum downward adjustment of 4%.
 2. Report at least one measure in the Quality Measures category, or one activity in the Improvement Activities category, or the required measures of the Advancing Care Information category, to avoid a negative MIPS payment adjustment.
 3. Report to each of the MIPS categories for 90 days or longer. ECs may report up to an entire year of data in order to earn a small positive adjustment.
 4. Report one full year of performance data to MIPS in 2017 to maximize your chances of receiving a moderate upward adjustment.
- Customers should review Quality Measures that best apply to their ECs.
- MEDITECH will provide references for certified Quality Registries services you will be able to use for your submissions.

Questions

Contact the [MACRA Support Mailbox](#).