MEDICARE QUALITY PAYMENT PROGRAM

MIPS ACTION PLAN
10 Key Steps for 2017

THE BASICS

The Medicare Quality Payment Program (QPP) began on January 1, 2017 and requires that eligible physicians and certain non-physician practitioners participate in either the Merit-Based Incentive Payment System (MIPS) or in an advanced Alternative Payment Model (APM). MIPS-eligible clinicians that do not participate in either track in 2017 will receive a **4% penalty** in their 2019 Medicare reimbursement. More information is available at the AMA's Understanding Medicare Payment Reform site.

HOW TO USE

This Action Plan is intended for physicians who plan to participate in MIPS and not as part of an advanced APM. (If you are unsure whether you are MIPS eligible or exempt, you can check your status through CMS' MIPS-eligibility look up tool. You can also use the AMA Payment Model Evaluator tool for a personalized assessment of the financial impact on your practice.)

The steps below are to assist you with successful MIPS implementation. For more detailed information, refer to the MIPS Action Plan Supplementary FAQs. Keep in mind that completion of certain steps (for example, Step 7, "Perform a Security Risk Assessment," and Step 8, "Report for at Least 90 Days,") may or may not be applicable, depending on your level of MIPS participation.

STEP 1	☐ ***Determine whether MIPS Applies to You***
STEP 2	☐ ***Review Available Performance Categories***
STEP 3	☐ ***'Pick Your Pace' for MIPS Participation***
STEP 4	☐ ***Review your Data***
STEP 5	☐ ***Decide whether to Report as an Individual or a Group***
STEP 6	☐ ***Identify your Reporting Mechanism***
STEP 7	☐ ***Perform a Security Risk Analysis****
STEP 8	☐ ***Report for at Least 90 Days**** **[CMS DEADLINE: OCT. 2, 2017]**
STEP 9	☐ ***Complete MIPS performance*** **[CMS DEADLINE: DEC. 31, 2017]**

STEP 10	☐ **Submit*2017 MIPS Data*** *May or may not be applicable, depending on your level of MIPS participation.

Reminder: You can avoid a 4% penalty on your 2019 Medicare reimbursement by reporting one Quality measure in 2017. See the below guidance regarding the MIPS Minimum Participation track for more details.

STEPS	ACTION ITEMS

Step 1

☐ ***Determine whether MIPS Applies to You***

If you take care of Medicare patients, you may be required to participate in MIPS. Most clinicians who participate in Medicare Part B, including physicians and some non-physician practitioners (such as Nurse Practitioners and Physician Assistants) are MIPS-eligible clinicians.

If you meet the below exclusion criteria, you are *not* MIPS-eligible:

- You are newly enrolled in Medicare; or
- You see 100 or fewer Medicare Part B patients per year; or
- You have less than or equal to $30,000 allowed Medicare Part B charges annually; or
- You are on the participant list on at least one of 3 snapshot dates (3/31, 6/30, or 8/31) for a model that CMS has deemed an Advanced Alternative Payment Model (AAPM) for purposes of QPP participation. [See the Centers for Medicare & Medicaid Services (CMS) list of AAPMs]

In April 2017, CMS began sending out correspondence to all individuals or groups with a Taxpayer Identification Number (TIN) enrolled in Medicare to communicate whether an individual or group is MIPS-eligible, and CMS also has a MIPS-eligibility look up tool.

Note that, if you qualify as MIPS-eligible, participation in the program in 2017 is required to avoid a 4% penalty on your 2019 Medicare reimbursement.

Step 2

☐ ***Review Available Performance Categories***

In 2017, MIPS will count your performance in three categories:

- **Quality** – In this category, an individual or group reports quality data on clinician-selected measures. This category is a replacement for CMS' Physician Quality Reporting System (PQRS) and includes nearly 300 possible Quality measures (for example, providing receipt of specialist report or documentation of current medications in the medical record). Additional measures may be available through your specialty society's Quality Clinical Data Registry (QCDR).
- **Advancing Care Information (ACI)** – In this category, an individual or group attests to performance on certain Electronic Health Record (EHR) measures. This is the replacement for CMS' EHR Incentive Program (Meaningful Use) and requires use of Certified Electronic Health Technology (CEHRT).
- **Improvement Activities (IA)** – In this category, an individual or group attests to performance on certain CMS-designated improvement activities (for example, annual registration in a

Prescription Drug Monitoring Program or improvements to care transition in the 30 days following patient discharge).

Review the performance categories and identify which categories will have measures that are applicable to your practice. Note that, in 2017, CMS will not count a cost category toward your MIPS score, but may in future years.

Step 3 □ ***'Pick Your Pace' for MIPS Participation***

You have a choice of three participation tracks in 2017. You should choose your participation track based on how you think you will perform on the Quality, ACI, and/or IA performance categories. The tracks are:

- ***Minimum Participation*** – To avoid a 4% penalty in 2019, you need to report performance on either:
  - 1 Quality measure; or
  - 1 IA, either high or medium weight (depending on practice size); or
  - 4 or 5 base score ACI measures (depending on whether you have a 2014 or 2015 certified EHR, respectively)

- **Partial Participation** – To avoid a 4% penalty in 2019 and potentially receive a positive payment adjustment, you need to report on at least 90 days of data for:
  - More than 1 Quality measure; or
  - More than one IA; or
  - Base score ACI measures plus at least one additional ACI measure.

- **Full Participation** – To avoid a 4% penalty and potentially receive a positive payment adjustment, you need to report data on at least 90 days of data for:
  - 6 Quality measures, including one outcome measure; and
  - A combination of high- and medium-weight IAs (exact number will vary based on practice size and rural or non-rural location); and
  - Base score ACI measures plus any additional performance or bonus measures.

You do not have to affirmatively elect a participation pace; CMS will determine your pace based on the data that is submitted.

Step 4 □ ***Review your Data***

To better understand how you may perform in the MIPS program and tailor your participation in 2017, take an inventory of your past performance in other Medicare quality programs, such as PQRS, the EHR Incentive Program (Meaningful Use), and the Value Based Modifier (VBM). You can use your September 2016 Quality Resource Use Report (QRUR) or your 2016 PQRS Feedback Report to help gauge future performance. These reports have drill down tables that detail performance by group and individual, and can help you understand how you've done in the past and how you might do in the future. For quality reporting, if you would like to earn an incentive it is suggested you review the 2017 quality measure benchmarks.

You'll need an account with CMS' Enterprise Identity Management (EIDM) system to view your QRUR, which may take time to initiate or reactivate. This is the time to make sure that your practice has a

registered account and the properly designated "role" to access these reports. Contact the CMS help desk for assistance.

Step 5 □ ***Decide whether to Report as an Individual or a Group***

You can submit MIPS data as an individual or as a group under the group practice reporting option (GPRO). If reporting under GPRO, analysis is performed at the Taxpayer Identification Number (TIN) level. The decision to report as an individual or a group is both an administrative and a strategic one. For example, under GPRO all members of the group must use the same measures and penalties or incentives will be applied to the group as a whole. Keep in mind, if you are a physician who is part of a group your group does not have to report under GPRO— the group still has the option to report as individuals.

Physicians or practices that operate under multiple TINs must successfully participate in MIPS for each NPI/TIN combination in order to avoid a penalty. In order to submit data as a group, your Electronic Health Record (EHR) or registry must be able to support your data under the group option.. Groups of at least 25 eligible clinicians have the additional option of reporting through the CMS Web Interface, but must register to do so by June 30, 2017.

Step 6 □ ***Identify your Reporting Mechanism***

There are a number of reporting mechanisms available for MIPS reporting:

- **Qualified Registries** – These entities collect and submit clinical data on patients to CMS, regardless of payor, on behalf of providers. CMS recently released a list of approved MIPS 2017 Qualified Registries.
- **Qualified Clinical Data Registries (QCDRs)** – Like qualified registries, CMS approves these entities for tracking disease and patient data. QCDRs report on patients seen through all payors and are not limited to measures within the current PQRS system. QCDRs often include specialty-specific measures. Check with your specialty society and listen to an AMA-ReachMD podcast on QCDRs.
- **CMS Web Interface** – This option is only available for groups of 25 or more who can report 12 months of Quality data. Groups must register with CMS by June 30, 2017.
- **EHR** – When considering whether to use an EHR for reporting, ask your vendor about dashboard functionality (which may help you track performance), whether the EHR is federally certified and to what set of criteria (2014 or 2015), if the available electronic quality measures are applicable to your practice, anti-data blocking attestation, and compliance with privacy and security requirements. If reporting under the GPRO, ask your EHR vendor whether they support GPRO reporting or only individual reporting.
- **Claims-based reporting** – This is reporting using codes on Medicare claims and is available for individual physician quality reporting only.

When contacting a vendor or registry, ask what capabilities it has for MIPS reporting and confirm that your selected reporting mechanism will be able to report the performance measures that you have chosen. If reporting as a group, confirm the vendor or registry will support the group practice reporting option.

Step 7 □ ***Perform a Security Risk Analysis (If Reporting ACI Measures)***

If you are reporting on the ACI category, performance of a Security Risk Analysis in 2017 is required to avoid an overall score of zero in that category. Entities that create, receive, maintain, or transmit electronic protected health information (ePHI) must complete a Security Risk Analysis under HIPAA. Allocate time to address any deficiencies to ensure that you can successfully attest. The AMA has additional resources on the **HIPAA Security Rule & Risk Analysis** to help you complete the analysis.

Step 8 □ ***Report for at Least 90 Days (If Reporting ACI, IA, or Certain Quality Measures)*** **CMS DEADLINE: OCT. 2, 2017**

Remember that you can successfully participate in the Minimum Participation track and avoid the 4% penalty by reporting one Quality measure. However, if you plan to participate in the Full or Partial Participation tracks, CMS requires a minimum 90 day participation period, which means that you must begin participating in those activities no later than October 2, 2017.

Step 9 □ ***Complete MIPS Performance*** **CMS DEADLINE: DEC. 31, 2017**

Make sure that you have sufficient data for your selected Quality measures and to meet ACI and IA requirements, as required by your chosen participation track. If you don't have the required data, be sure to report on one quality measure to successfully participate in the Minimum Participation track and avoid the 4% penalty on your 2019 Medicare reimbursement.

Step 10 □ ***Submit 2017 MIPS Data***

You should check with your chosen reporting vendor to understand your applicable due date to report MIPS 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. Closer to the end of the reporting period and submission deadline, you should check the CMS QPP website (www.qpp.cms.gov) for any changes to the submission deadlines.

Once CMS receives this data it will have the information it needs to calculate your 2017 performance for purposes of avoiding a 4% penalty on your 2019 Medicare reimbursement and potentially receiving a modest upward payment adjustment. CMS will notify you of your score in a MIPS feedback report in fall 2018 but has stated that it will try to provide more timely feedback.