

Quality Payment Program (QPP) Office Hours

August 10, 2017

Reminders:

1. Most attendees should have either received notification regarding eligibility letters for clinicians based on their individual National Provider Identification (NPI).
2. There is a look up tool at <https://qpp.cms.gov/> that may be used to determine eligibility. Remember the look up tool reflects a clinician's eligibility in Merit-Based Incentive Payment System (MIPS) and does not reflect a clinician's participation in an Advanced Alternative Payment Model (APM).
3. The quality payment program Hardship Exceptions is located at <https://qpp.cms.gov/about/hardship-exception>.
4. The Medicare learning network has accredited online courses that are available at this time. These courses can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HAC/Hospital-Acquired-Conditions.html>

Questions & Answers:

Where can I find the MIPS Estimator Tool?

The MIPS Estimator Tool is located at <https://www.stratishealth.org/providers/data/MIPS-Estimator/>

Is the hardship exception for the entire QPP?

The QPP Hardship Exception mentioned at the beginning of this Webinar is for the Advancing Care Information (ACI) Category of the QPP. Some clinician types such as Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists and Certified Registered Nurse Anesthetists qualify for an automatic exception for the ACI Category. These individuals do not need to file for an exception and no data submission for the ACI category is required. It is important to note if you report ACI data on these individuals it will be scored. Any clinician that receives an exception or has an automatic exception and does not submit data will have the ACI category reweighted to zero and the quality category reweighted to 85 percent. Please see the Hardship link above for more information.

If we attest as a group will the clinicians in our group that are exempt from MIPS at the individual level need to report?

Yes. When doing group reporting all clinicians in that group must be included in the group reporting. An example of this is if you have a group under one Tax ID Number (TIN) with ten providers some of them are required to submit to MIPS and some are not. If I report as a group, do I need to include those that are not required to report? Yes. Remember that MIPS eligibility threshold is based on volume thresholds of \$30,000 and 100 patients. If you report individually, this threshold is based on the individual. If you report as a group, the threshold is based on the group. Therefore, if you report as a group everyone within the TIN needs to report.

In the past, any new provider that was completely new to Meaningful Use, had to attest by October 1 to avoid a penalty in the following payment year. Is this true for MIPS this year? How can a new provider avoid the 2018 payment penalty?

The MIPS quality payment program is for Medicare. There is no required registration other than for groups reporting through the Centers for Medicare & Medicaid Services (CMS) Web Interface or using CAHPS for MIPS.

However, Eligible professionals (EPs) who are first time participants in the EHR Incentive Program have until October 1 of their first year to attest and avoid payment adjustments in the subsequent year. Those EPs who are first time participants in 2017 have until October 1, 2017 to avoid the 2018 payment adjustment and may attest through the CMS Registration & Attestation portal.

<https://ehrincentives.cms.gov/hitech/login.action>

Since, 2017 is also the first year of the Merit-Based Incentive Payment System. The Advancing Care Information (ACI) Category carries similar EHR reporting requirements to those of the Medicare EHR Incentive Program for EPs. Therefore, for first time Medicare EHR Incentive Program participants in 2017, CMS is offering a one-time significant hardship exception for the Medicare EHR Incentive Program 2018 payment adjustment to provide EPs ample time to collaborate with their EHR vendors and adjust to the new reporting requirements in the advancing care information performance category of the MIPS. CMS' goal is to help those first time participants successfully participate in the MIPS for the 2017 program year.

A first time participant EP may apply for this one-time significant hardship from the 2018 payment adjustment if:

- The EP is a first time participant in the EHR Incentive Program in CY 2017 and intends to participate in the Medicare EHR Incentive Program in CY 2017, and
- The EP is transitioning to MIPS for the 2017 performance period, and
- The EP intends to report on measures specified for the advancing care information performance category under the MIPS in 2017

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

Disclaimer: Information provided in this presentation is based on the latest information made available by the Centers for Medicare & Medicaid Services (CMS) and is subject to change. CMS policies change, so we encourage you to review specific statutes and regulations that may apply to you for interpretation and updates.

Lake Superior Quality Innovation Network serves Michigan, Minnesota, and Wisconsin, under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.

www.lsqin.org | Follow us on social media @LakeSuperiorQIN

This material was prepared by Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy.

11SOW-MI/MN/WI-D1-17-122 081617