Quality Payment Program (QPP) Office Hours

July 13, 2017

Questions & Answers:

Where can I find the Merit-Based Incentive Payment System (MIPS) Estimator Tool?

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

Many of the Quality Measures have multiple parts but when you look up what decile you are in, the QPP website only gives one range. How do we take a 2-5 part Quality Measure and look that up on the decile spreadsheet?

Unfortunately, we have not received an answer from Center for Medicare & Medicaid Services (CMS) on this matter.

Can you clarify what is expected of clinicians who are exempt as individuals but work at a practice that is reporting as a group?

Clinicians can report individually or as a group. If a practice decides to report individually, the eligible clinicians that meet the minimum volume threshold ($30,000 and 100 patients) are required to report). If the practice decides to report as a group and the group meets the minimum volume threshold ($30,000 and 100 patients) then all eligible clinician types within in the group must be included in the reporting. For more information, please see the MIPS participation Fact Sheet found at https://qpp.cms.gov/docs/QPP_MIPS_Participation_Fact_Sheet.pdf.

Are clinicians that are not eligible based on provider type able to report?

Clinicians who are not included in MIPS now, may choose to voluntarily submit data individually to Medicare to learn, to obtain feedback on quality measures, and to prepare in the event MIPS is expanded in the future. Clinicians who submit data voluntarily will not be subject to a positive or negative payment adjustment. For addition information regarding MIPS participation please see the MIPS participation Fact Sheet found at,
https://qpp.cms.gov/docs/QPP_MIPS_Participation_Fact_Sheet.pdf

If we report as a group and we choose to submit data for non-eligible clinicians (based on provider type) are those individuals eligible for payment adjustments?

No, their scores can contribute to your group MIPS score, but those provider types will not receive a payment adjustment for performance year 2017. Please see slide 11 in the presentation found at https://qpp.cms.gov/docs/QPP_Group_Participation_in_MIPS_2017.pdf for a more detailed explanation on submitting data for non-eligible clinicians.

We bill for radiologists along with any other specialties will meet the reporting threshold, but I understand that they may not need to report as they don't have face-to-face visits with the patient's. Is that true? Do we then remove those providers from our denominators?

If you are reporting as a group and 75 percent of your clinicians are non-patient facing, then they are excluded. If you are reporting as a group and fewer than 75 percent of your clinicians are non-patient facing, the non-patient facing clinicians are included in reporting, but the practice has the choice of including or excluding them from the Advancing Care Information (ACI) category. If you do choose to include one of these non-patient facing clinicians in the ACI category, you should include all of them. Please see the MIPS participation fact sheet for more information regarding non-patient facing clinicians. https://qpp.cms.gov/docs/QPP_MIPS_Participation_Fact_Sheet.pdf

What impact will not reporting in the ACI category have on the MIPS scoring of a non-patient facing clinician?

If a non-patient facing clinician is reporting as an individual and chooses not report for the ACI category, the scoring is reweighted so that quality accounts for 85 points. If a non-patient facing clinician is part of a Tax ID Number (TIN) reporting as a group, the practice has the option of not including those clinicians in the ACI category and there is no change to the weighting of the score at the group level.

What quality measures do you choose as an organization when you have multi-specialty and providers in the organization?

It depends on how your group scores on all of those measures. Only the six best scoring measures reported will be used by CMS regardless of how many measures your group reports. Not all clinicians will have data for all quality measures and that is okay

If a provider is in an Accountable Care Organization (ACO) and exempt from Medicare Access and CHIP Reauthorization Act (MACRA), do they still have to submit ACI information to the ACO to submit for CMS?

The design of ACOs differ and participants should check with their ACOs for specific guidelines. Information regarding many ACOs can be found at https://qpp.cms.gov/docs/QPP_MSSP_and_QPP.pdf

What considerations are there for practices reporting as a group that includes hospitalists?

If the hospitalist was not a mandated reporter for Meaningful Use last year, the practice has the choice of including or excluding them from the ACI category.

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.

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