

Year 1 Participation Highlights

First Year Success! 2017 Quality Payment Program Participation Exceeds Expectations

The Centers for Medicare and Medicaid Services (CMS) released [participation information](#) from the first year of the Quality Payment Program (QPP). For clinicians eligible for the Merit-based Incentive Payment System (MIPS), participation rates met their target benchmarks and, in some cases, even exceeded goals!

According to the announcement:

91% of MIPS-eligible clinicians participated in the first year of QPP, surpassing the original 90% goal.

94% of eligible rural practices submitted MIPS data.

98% of eligible Accountable Care Organizations (ACOs) participated in QPP.

Congratulations to the small practices that overcame hurdles to submit this data. The success of this program is due to your hard work, as well as work of the networks supporting the free technical assistance available to clinicians. Let's continue to work together to build on this success in 2018!

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This newsletter is produced by IMPAQ International who is functioning as the QPP SURS Central Support contractor.

Now Available: MIPS Performance Feedback and Final Score

If you submitted 2017 Merit-based Incentive Payment System (MIPS) data through the [Quality Payment Program website](#), you can now view your performance feedback and MIPS final score.

You can access your performance feedback and final score by:

- Going to the [Quality Payment Program website](#)
- Logging in using your Enterprise Identity Management (EIDM) credentials; these are the same EIDM credentials that allowed you to submit your MIPS data

If you don't have an EIDM account, refer to [this guide](#) and start the process now.

CMS has also provided the following resources to help walk through how to review your feedback and to assist in answering your questions:

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[MIPS Performance Feedback Fact Sheet](#): Offers an overview of what performance

feedback is, who receives the feedback, and how to access it on the Quality Payment Program website.

[2019 MIPS Payment Adjustment Fact Sheet](#): Highlights how CMS assigns final scores to MIPS eligible clinicians, and how payment adjustment factors are applied for 2019 based on 2017 MIPS final scores.

[Targeted Review of the 2019 MIPS Payment Adjustment Fact Sheet](#): Details what a targeted review is and when and how to request a targeted review.

[Targeted Review of the 2019 MIPS Payment Adjustment User Guide](#): Provides an overview of the targeted review process, and how to access and complete the targeted review request form.

If you have questions about your performance feedback or MIPS final score, please contact the Quality Payment Program by:

- **Phone: 1-866-288-8292/TTY: 1-877-715-6222 or**
- **Email: QPP@cms.hhs.gov**

Summary of Eligibility and Scoring in the 2018 Performance Year

MIPS Performance Feedback identifies areas that program participants can improve – whether it is on certain quality measures or on certain improvement activities. As you review your 2017 feedback and prepare for 2018 (i.e., Year 2), there are a few key changes in 2018 to keep in mind:

Increased Low-Volume Threshold: The Merit-based Incentive Payment System (MIPS) low-volume threshold has increased to include clinicians and groups who have greater than \$90,000 in Medicare Physician Fee Schedule allowed charges for covered professional services during a calendar year **and** see more than 200 Part B patients.

Increased Performance Threshold: Clinicians must receive at least 15 performance points in 2018 to avoid a negative payment adjustment, up from 3 points in 2017.

Inclusion of the Cost Category in 2018 Final Score: This year, the Cost Performance Category will be weighted at 10% of eligible clinicians and groups' MIPS Final Scores. In 2017, cost measures were not included in the 2017 MIPS final score, but practices will receive feedback on their performance on the cost category to help them understand their performance.

Improvement Scoring: In 2018, up to 10 additional points are available in the quality performance category based on demonstrated improvement in this category on a whole from 2017. Improvement is measured at the overall quality category score, not based on improvement on individual quality measures.

Certified Electronic Health Record Technology (CEHRT): Clinicians and groups can use either 2014 or 2015 Edition CERHT in 2018, but a 10% bonus is available for practices that use 2015 Edition CEHRT exclusively and attest only to the Promoting Interoperability Objectives and Measures.

Key Information for Small Practices:

- In 2018, small practices will receive 5 additional points towards their final score, as long as they report data for at least one performance category.
- A bonus of up to 5 points is available for treating complex patients; this is calculated on a ratio between the Hierarchical Condition Categories (HCCs) and the number of dually eligible patients served.

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WEBSITES

Centers for Medicare and Medicaid Services
cms.gov

Quality Payment Program
qpp.cms.gov

Healthcare Communities
healthcarecommunities.org

For FREE assistance funded by CMS, clinicians in small practices can contact their Direct Support Organization
qpp.cms.gov/about/small-underserved-rural-practices

CONTACT US

QPP SURS Central Support Team
 (202) 774-1060
qppsurs@impagint.com

CMS QPP Service Desk
 1 (866) 288-8292
 1 (877) 715-6222 (TTY)
qpp@cms.hhs.gov

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In 2018, there is a new hardship exception for the Promoting Interoperability (PI) performance category (formerly Advancing Care Information) that applies to all small practices (practices with 15 or fewer clinicians). Small practices can submit a hardship application by December 31, 2018 to have the 25% weight of the PI category re-weighted to the Quality category. The application will be available in late summer 2018. For more information: <https://qpp.cms.gov/mips/promoting-interoperability/hardship-exception>

Provider Spotlight—Maximizing your Cost Score

Did you know that when a patient is attributed to your practice, your cost score is affected not only by what **you** charge Medicare for that patient, but also by what **other clinicians** charge?

How can you improve your cost score when you don't have control over what others charge? Valerie Porter, an office manager for a primary care practice in West Virginia, has several strategies to keep costs low while continuing to improve the quality of care. Valerie noted:



“One of the ways we’re reducing costs is by working with ACOs to reduce readmissions. We follow up with patients soon after they’re discharged from the hospital to make sure they’re getting the care they need.

We also have a chronic care manager on staff to coordinate care for patients who use health care the most.

More recently, we’ve been identifying independent practices that provide high-quality care. Whenever possible, we refer our patients to these practices, rather than referring them to hospital-based clinicians. This helps to avoid facility fees and other surcharges.”

For more information about how costs are attributed to your practice, check out your MIPS final performance feedback by logging into your EIDM account at qpp.cms.gov. While the cost category was not included in your 2017 final score, CMS did provide performance feedback that you can utilize to work towards reducing costs in 2018.

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Promoting Interoperability and Certified EHR Technology for MIPS 2018

What is the Promoting Interoperability Performance Category?

The Promoting Interoperability (PI) category (formerly Advancing Care Information), worth 25 of the 100 possible MIPS final score points, focuses on and promotes:

Patient engagement; and

The electronic exchange of health information using certified electronic health record technology (CEHRT).

The PI performance category replaced the Medicare EHR Incentive Program for Eligible Professionals and gives you more flexibility when you pick measures.

Does the version of the CEHRT have an impact on how and which measure sets I can report on for the PI Category?

The version(s) of the CEHRT that you have will determine which of the two measure set options you can report on. In 2018, there are still two measure set options to report¹:

PI Objectives and Measures – you can report the PI Objectives and Measures if you have technology certified to the 2015 Edition, or a combination of technologies certified to the 2014 and 2015 Editions that support these measures.

2018 PI Transition Objectives and Measures – you can report the 2018 PI Transition Objectives if you have technology certified to the 2015 Edition, technology certified to the 2014 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.

Clinicians and groups that exclusively report the PI Objectives and Measures, using only 2015 Edition CEHRT, will earn a 10% bonus towards the PI category score. In addition, the Year 2 Final Rule states that 2015 CEHRT will be a requirement for the 2019 program².

Clinicians and groups may also submit a hardship exception application by December 31, 2018 for CMS to reweight the PI performance category to 0 percent for one of the following reasons³:

- If they are a small practice (with 15 or fewer clinicians)
- If they are using decertified EHR technology.
- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

¹ <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Promoting-Interoperability-Fact-Sheet.pdf>

² <https://www.federalregister.gov/documents/2017/11/16/2017-24067/medicare-program-cy-2018-updates-to-the-quality-payment-program-and-quality-payment-program-extreme>

³ <https://qpp.cms.gov/mips/promoting-interoperability/hardship-exception>

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Note: Clinicians and groups, eligible for the hardship exception may still report on the PI Performance Category, if they choose to report, in which case they will be scored on the data submitted and the hardship exception will be dismissed.

For more information, please refer to the [QPP 2018 MIPS Promoting Interoperability Performance Category Fact Sheet](#).

Some helpful resources:

[eCQM and Provider Directory Toolkit: An Introductory Conceptual Guide for States Medicaid Agencies](#)

Security Risk Assessment Tool

<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment>

Monthly Observance: Minority Mental Health Awareness Month

Mental health conditions affects one in five adults and one in 10 children in the United States, yet nearly two-thirds of people with a diagnosable mental health conditions don't seek treatment. Members of racial and ethnic minority groups are even less likely to get help for their mental health conditions, according to the National Institute of Mental Health.⁴ MIPS offers several measures that are relevant to mental health, including those related to suicide risk screening, documentation of appropriate treatment plans, and treatment adherence. You can find links to all 2018 MIPS quality measures here: [explore measures](#) For additional information on Minority Mental Health Awareness Month, visit: [mental health awareness month resources](#)

Additionally, see the Integrating [Behavioral and Mental Health category of 2018 MIPS Improvement Activities](#) created by CMS.

⁴ <https://www.nimh.nih.gov/about/organization/gmh/minority-health-and-mental-health-disparities-program.shtml>

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Upcoming Events

Information regarding upcoming events, along with registration information, can be found below:



July 2018 LAN Webinar: Understanding MIPS for Specialties: Advice for Solo and Small Group Specialty Practices

Date: **Thursday, July 19, 2018** 3:30pm to 4:30pm ET, Register here: https://qppsurs.adobeconnect.com/ediebwk6xbbu/event/event_info.html

August 2018 LAN Webinar: How to Maximize your EHR Use to Succeed in MIPS: Advice for Solo and Small Group Practices

Date: **Tuesday, August 14, 2018** 3:30pm to 4:30pm ET, Register here: https://qppsurs.adobeconnect.com/e5ea8mq6x9g8/event/event_info.html

Date: **Thursday, August 16, 2018** 11:00am to 12:00pm ET, Register here: https://qppsurs.adobeconnect.com/e14xbdefw2j5/event/event_info.html

September 2018 LAN Webinar: Understanding Advanced Alternative Payment Models (APMS): Advice for Solo and Small Group Practices

Date: **Tuesday, September 11, 2018**, 11: 00 a.m. – 12:00 p.m. ET, Register here: https://qppsurs.adobeconnect.com/el1ml6aww6yq/event/event_info.html

Date: **Thursday, September 13, 2018** 3:30 p.m. – 4:30 p.m. ET, Register here: https://qppsurs.adobeconnect.com/e5b20f9tamj1/event/event_info.html

Past Events

Past QPP SURS events are listed here: <https://qppsurs.wordpress.com/resources/>

Upcoming and past CMS events related to MACRA, MIPS, and APMS are listed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>