The Physicians Advocacy Institute’s
Medicare Quality Payment Program (QPP)
Physician Education Initiative

Practice Assessment for MIPS
Reporting & Mechanisms
MEDICARE QPP PHYSICIAN EDUCATION INITIATIVE

Practice Assessment for MIPS Reporting & Mechanisms

Under MACRA’s Quality Payment Program (QPP), physicians may choose to participate in an Advanced Alternative Payment Model (APM) or submit data to the Merit-Based Incentive Payment System (MIPS).

MIPS is a new program that consolidates and sunsets the previous quality reporting programs, including the Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VM), and the Electronic Health Records (EHR) Incentive program (Meaningful Use), into one program. In 2017, MIPS has four weighted performance categories: quality (60%), based on PQRS; cost (0%), based on VM; advancing care information (25%), based on Meaningful Use; and improvement activities (15%), a new category not based on a previous program.

This resource provides guidance on the different MIPS categories and the multiple reporting mechanisms available for MIPS reporting for each category.
Practice Assessment Checklist

✓ Did you participate in legacy quality reporting programs?
  o Physician Quality Reporting System (PQRS) – Foundation of MIPS quality category
  o EHR Meaningful Use – Foundation of MIPS ACI category
  o Value-Based Payment Modifier (VM) – Foundation of MIPS cost category

✓ If yes, then you will recognize some similarities between the legacy reporting programs and the new MIPS program. MIPS consolidates and sunsets the previous quality reporting programs into one program.

✓ If you did not participate in one or more of the previous legacy programs, do not worry, you still have time to familiarize yourself with the new categories and their respective reporting requirements. Please see Physician Advocacy Institute’s (PAI’s) QPP tutorials on the MIPS program and the four MIPS categories.
Quality Category Considerations

MIPS Quality Category Reporting Requirements:

- Minimum of 6 individual measures, including one outcome measure or a high-priority measure if an outcome measure is not available
  - Intermediate outcome measures count as an outcome measure
  - High-priority measures are defined as appropriate use, patient safety, efficiency, patient experience, and care coordination measures
- Or alternatively (to the 6 individual measures) report 1 specialty-specific measure set
- Report each measure for 50% of applicable patients (report data for that measure for at least 50% of the patients to whom the measure applies)

Did you previously participate in PQRS?

✓ Did you successfully report as an individual or as part of a group for 2015?
  - If yes, look at previous quality resource and use reports (QRURs) to assess your past performance in PQRS for future MIPS performance in the quality category.
  - If yes, determine if measures reported for PQRS are still available and if you should report on the same measures or choose different measures in 2017. Note: Not all measures that were previously available under PQRS have been carried forward into the MIPS program.
  - Unlike the PQRS all-or-nothing scoring system, the MIPS quality category uses a scaled points system based on your performance in each measure.

✓ Did you report a measures group in previous PQRS reporting periods?
  - If yes, then it is likely that you may have a specialty-specific measure set that is applicable to your practice for 2017 MIPS reporting for the quality category.
  - New specialty-specific measure sets have also been added that go beyond previous PQRS measures group options.
  - However, reporting requirements for a specialty-specific measure set is different under MIPS. You must report each measure for 50% of applicable patients rather
than just 20 total patients as previously required under PQRS. The total number of patients you report on will vary per measure.

- Review the measures in the specialty-specific measure set and report all applicable measures (if more than six measures are applicable, you are only required to report on 6 measures, 1 of which must be an outcome or high-priority measure; if less than 6 measures are applicable, you are only required to report on those measures which are applicable to you and your practice).

✔ MIPS measures and the measures search tool are available on Center for Medicare and Medicaid Services’ (CMS’s) QPP website: https://qpp.cms.gov/measures/quality. This tool can help you search for applicable measures by keyword (e.g. diagnosis), measure type, reporting mechanism, and specialty.

For reporting requirements for the CMS Web Interface reporting mechanism and Consumer Assessment for Healthcare Providers and Systems (CAHPS) surveys, see PAI Tutorial #2 on the Quality and Cost categories.
ACI Category Considerations

MIPS ACI Category Reporting Requirements:

- Report yes/no or numerator/denominator for all required base score measures (4 or 5 measures depending on edition of certified EHR technology (CEHRT)). These must be reported to receive any score for the ACI category.
- Report additional performance score measures (up to 7 or 9 additional measures depending on edition of CEHRT). You are not required to report all additional measures, any performance measures reported in addition to base measures will increase your overall ACI score.

Did you previously participate in the EHR Meaningful Use (MU) program?

✓ Did you attest to Meaningful Use for 2015/2016?
  - If yes, then look at your previous performance and experience. While the measures and objective have been modified for the MIPS ACI category, they are still similar to the Meaningful Use Stages 2 and 3 objectives and measures.
  - If you did not attest to Meaningful Use in the past, it is recommended that you first determine if you have certified EHR technology, and if so, which edition CEHRT you have. Because in 2017 there are two measure sets you report based on your CEHRT, knowing your CEHRT editions will help you determine which measure set to report.

✓ Determine the edition of CEHRT you have. Visit the ONC Certified Health IT Product List website: https://chpl.healthit.gov/#/search. There, you can search by the name of your CEHRT and on the left column you will see the edition for your CEHRT (please see screenshot on the next page).
Improvement Activities Category Considerations

This is a new category not based on any previous legacy reporting programs. This category rewards physicians and practices for engaging in activities that improve clinical practice or care delivery that are likely to lead to improved patient outcomes. You are probably already performing at least one improvement activity in your practice but may be calling it by a different name.

MIPS Improvement Activities Category Reporting Requirements:

- Report any combination of medium and high weight activities to achieve 40 points.
- For solo practitioners, groups of 15 or fewer eligible clinicians, non-patient facing physicians, and/or physicians in a rural area or health professional shortage area (HPSA):
  - Medium weight activities = 20 points each; High weight activities = 40 points each
- For groups of more than 15 eligible clinicians:
  - Medium weight activities = 10 points each; High weight activities = 20 points each
 ✓ Determine which quality or other clinical improvement activities your practice already engages in
 ✓ Cross-walk your current practice activities to the menu of 92 improvement activities.
 ✓ The list of improvement activities and activities search tool are available on CMS’ website
 ✓ The table below provides examples of the subcategories and sample activities available for the improvement activities category.

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Sample Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving Health Equity</td>
<td>Leveraging a Qualified Clinical Data Registry (QCDR) for use of standard questionnaires</td>
</tr>
<tr>
<td>Behavioral and Mental Health</td>
<td>Depression screening; diabetes screening</td>
</tr>
<tr>
<td>Beneficiary Engagement</td>
<td>Engagement of patients, family and caregivers in developing a plan of care</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Care transition documentation practice improvements</td>
</tr>
<tr>
<td>Emergency Response &amp; Preparedness</td>
<td>Participation on disaster medical assistance team, registered for 6 months</td>
</tr>
<tr>
<td>Expanded Practice Access</td>
<td>Use of telehealth services to expand practice access</td>
</tr>
<tr>
<td>Patient Safety &amp; Practice Assessment</td>
<td>Implementation of fall screening and assessment programs</td>
</tr>
<tr>
<td>Population Management</td>
<td>Engagement of community and health status improvement</td>
</tr>
</tbody>
</table>

**Cost Category Considerations**

**Value-based Payment Modifier (VM)** ➞ **MIPS Cost Category**

**MIPS Cost Category Requirements**
- This category measures and attributes costs to physicians for the services they provide
- No reporting/data submission is required for the cost category
- CMS will use administrative claims data to assess your cost performance on the following measures (if applicable):
  - Medicare spending per beneficiary measure
  - Total per capita cost for all attributed beneficiaries measure
  - 10 episode-based measures, plus other measures that may be introduced into MIPS in future years
Did you previously participate in the value-based payment modifier (VM)?

✓ Whether you participated directly or did not participate in the VM program, it is still recommended that you review your previous QRURs. CMS used administrative claims data to provide feedback on the cost measures used for the VM score even for those who were not subject to the VM. These cost measures may be continued going forward under the MIPS cost category, so it is recommended that you review your previous QRURs to gain a better understanding of these measures and your performance.

✓ While the cost category will not be scored for 2017 MIPS performance, CMS will still provide feedback on the cost category. It is recommended that you review your 2017 MIPS feedback reports to gain a better understanding of what your performance will look like in this category going forward.

Selecting a Reporting Option

Individual Reporting
If you are electing to report as an individual, no registration is required, and payment adjustments will be based on your individual performance across the MIPS categories.

Group Reporting
If you are reporting as a group, payment adjustments will be based on group performance. Group registration is required only if you choose to report data via the CMS Web Interface and/or CAHPS for MIPS survey. The registration deadline for these reporting options is June 30, 2017.

- Physician would report under an NPI number and the tax identification number (TIN) of the practice to which they reassign their benefits
- 2 or more eligible clinicians (2 or more NPIs) who are part of the same practice with the same TIN
- Specific reporting requirements and certain reporting options are available for groups of 25 or more physicians and other eligible clinicians
- All eligible clinicians in the group would receive the same aggregated scoring and corresponding payment adjustment across the group

Participate individually

Participate as a group
Selecting Reporting Mechanisms
Physicians should be aware of reporting options as well as specific applicability by category and reporting type, including:

1) Reporting mechanisms, which are available and/or approved differ depending on whether reporting as an individual or group;
2) Available reporting mechanisms differ for individuals and groups across each of the four MIPS performance categories; and
3) Costs vary by reporting mechanism and if you report individually or as a group.

### Reporting Options for Individuals and Groups for Each Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Reporting Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td><strong>Individual</strong>&lt;br&gt;Claims, QCDR, Qualified Registry, EHR&lt;br&gt;<strong>Group</strong>&lt;br&gt;QCDR, Qualified Registry, EHR, CMS Web Interface (groups of 25 or more eligible clinicians), CMS-approved survey vendor for CAHPS (used in conjunction with another reporting mechanism), Administrative Claims (no reporting required and only for all-cause hospital readmission measure for groups of 16 or more eligible clinicians)</td>
</tr>
<tr>
<td>Improvement Activities &amp; Advancing Care Information</td>
<td><strong>Individual</strong>&lt;br&gt;Attestation, QCDR, Qualified Registry, EHR&lt;br&gt;<strong>Group</strong>&lt;br&gt;Attestation, QCDR, Qualified Registry, EHR, CMS Web Interface (groups of 25 or more eligible clinicians)</td>
</tr>
<tr>
<td>Cost</td>
<td><strong>Individual</strong>&lt;br&gt;No submission required. CMS will use administrative claims data.</td>
</tr>
</tbody>
</table>
Reporting Option Resources

- Consumer Assessment of Healthcare Providers & Systems (CAHPS)
  - CAHPS for MIPS Fact Sheet\(^1\)

- CMS Web Interface
  - CMS Web Interface Fact Sheet\(^2\)
  - 2017 Registration Guide for the CMS Web Interface and CAHPS for MIPS Survey\(^3\)

- Electronic Health Record (EHR)
  - CEHRT Product List\(^4\)

- Qualified Clinical Data Registry (QCDR)
  - CMS approved list of 2017 MIPS QCDRs\(^5\)

- Qualified Registry (QR)
  - MIPS 2017 Qualified Registries\(^6\)

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\(^1\) [https://qpp.cms.gov/docs/QPP_CAHPS_for_MIPS_Fact_Sheet.pdf](https://qpp.cms.gov/docs/QPP_CAHPS_for_MIPS_Fact_Sheet.pdf)
\(^2\) [https://qpp.cms.gov/docs/QPP_CMS_Web_Interface_Fact_Sheet.pdf](https://qpp.cms.gov/docs/QPP_CMS_Web_Interface_Fact_Sheet.pdf)
\(^3\) [https://qpp.cms.gov/docs/QPP_Web_Interface_Registration_Guide.pdf](https://qpp.cms.gov/docs/QPP_Web_Interface_Registration_Guide.pdf)
\(^4\) [https://chpl.healthit.gov/#/search](https://chpl.healthit.gov/#/search)
\(^5\) [https://qpp.cms.gov/docs/QPP_2017_CMS_Approved_QCDRs.pdf](https://qpp.cms.gov/docs/QPP_2017_CMS_Approved_QCDRs.pdf)
\(^6\) [https://qpp.cms.gov/docs/QPP_MIPS_2017_Qualified_Registries.pdf](https://qpp.cms.gov/docs/QPP_MIPS_2017_Qualified_Registries.pdf)
### How do I select the best option to report?

<table>
<thead>
<tr>
<th>Reporting Mechanism</th>
<th>Pros/Cons</th>
</tr>
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</table>
| **Claims**           | • No additional administrative cost; the affordable option  
• Quality data codes/G-codes may be reported by billing staff or billing companies  
• Confusion and inaccurate reporting of quality data codes/G-codes for the quality measures  
• Not available for all categories (only available for individuals for the quality category) |
| **Attestation**      | • No submission of data is required; another affordable option |
| **QCDR/Qualified Registry** | • Most MIPS measures are reportable via registries and QCDRs  
• QCDRs include MIPS and non-MIPS measures (eligible for MIPS credit that can be specialty-specific and may be more applicable to some physicians  
• Participants must pay a registration fee and additional costs (varies per registry/QCDR vendor). However, some national specialty societies offer registries/QCDRs at no or low cost.  
• Performance feedback may be provided within the performance period  
• Difficulty linking to EHR systems and automatically extracting the data  
• Manual data entry option may be time consuming |
| **EHR**              | • Many practices already use EHRs in daily practice (not all practices have access to EHRs)  
• Convenient collection of data captured directly from EHR system  
• EH vendors may submit the data on your behalf, but you must trust that the vendor will correctly and accurately submit the information  
• Limited availability of applicable quality measures that can be reported via an EHR |
| **CMS Web Interface** | • Only available for groups of 25 or more eligible clinicians  
• Higher reporting thresholds for Quality measures (must report data on more measures)  
• Must register with CMS by June 30, 2017  
• May enter data manually or upload data directly from EHR system |
| **CAHPS**            | • Takes place of one quality measure for the MIPS quality category  
• Must register with CMS by June 30, 2017  
• Must pay a CMS-certified survey vendor to conduct CAHPS for MIPS survey  
• Must be reported in conjunction with another reporting mechanism |
| **Administrative Claims** | • No submission is required  
• Uncertainty about your performance and how CMS will use the data in its calculations |

**Note:** Must keep records for all data submitted to MIPS for audit purposes