

It's Not Too Late to Participate in the Quality Payment Program!

The deadline for the Quality Payment Program (QPP) reporting is rapidly approaching! Below are some key highlights about the QPP to keep in mind as you prepare.

Who? Clinicians who bill to Medicare above a certain threshold and meet other specified eligibility requirements. To determine if you are eligible, visit this website: <https://qpp.cms.gov/participation-lookup/about>.

What? Data covering the 2017 calendar year, from January 1, 2017 to December 31, 2017. In other words, it's not too late to begin collecting data on your patients and prepare to report that data once the New Year rolls around!

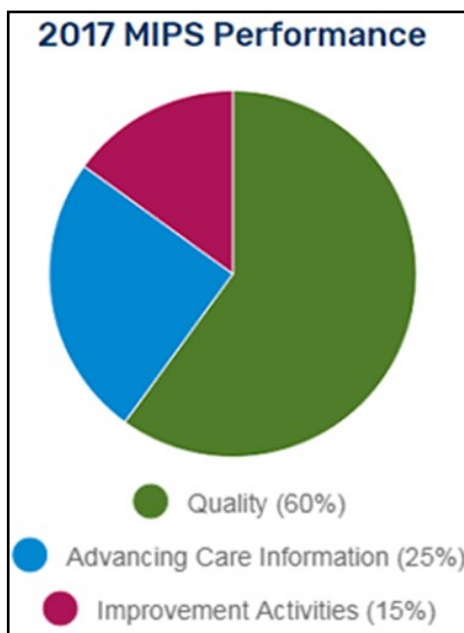
When? Eligible clinicians and practices can submit their data from January 1, 2018 through March 31, 2018.

Where? Clinicians participating in the Merit-based Incentive Payment System (MIPS)

can submit their data via electronic health record (EHR), Qualified Clinical Data Registry (QCDR), qualified registry, attestation, and/or administrative claims. For more information about reporting, see the slides and recording from the August LAN Webinar on the "Mechanics of MIPS Data Submission" found here: <https://qppsurs.wordpress.com/resources/>. If you choose to submit your MIPS data via administrative claims, see the following fact sheet for specific steps on how to do this: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/2017-MIPS-Quality-Performance-Category-Claims-Data-Submission-Fact-Sheet.pdf>.

Why? Over the short term, participating in the QPP will help you avoid a negative four percent payment adjustment (which will start in 2019), and it could potentially earn you more money than you would have had previously! Over the long term, this initiative will help you – as well as your fellow clinicians and practice managers – consider new ways of improving your quality of care and ultimately the health of your patients.

Did you know? For the 2017 performance year, you can meet the minimum MIPS requirement if you submit *one* quality measure for *one* patient for *one* day? For more information, visit the Centers for Medicare & Medicaid Services' QPP website: <https://qpp.cms.gov/>.



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This newsletter is produced by IMPAQ International who is functioning as the QPP SURS Central Support contractor. Questions or suggestions about the newsletter can be sent to QPPSURS@IMPAQINT.COM.

Fine-Tune your Reporting Strategy with MIPS Calculators

The QPP aims to drive quality improvement by rewarding the nation’s top-performing clinicians for delivering high-quality care. This means your MIPS score – and your opportunities for a positive payment adjustment – will depend on everyone else’s performance.

Using a MIPS calculator tool can help you estimate your predicted final score based on how your performance compares to others who have reported in the past through the Physician Quality Reporting System (PQRS). You can also use a MIPS calculator to predict how your score would change depending on which quality measures, improvement activities, and Advancing Care Information measures you choose to report.

You can access a MIPS calculator tool for free through your QPP SURS Direct Service Organization (DSO), which provide *free* services to support solo clinicians and small group practices transitioning to the QPP. The table below shows which tools are used by which DSOs, key features of each tool, and whether the tool is free for everyone or restricted to clinicians and practices in the DSO’s service area. Contact your DSO for one-on-one assistance to use these tools. Not sure which organization is your DSO? You can look it up here: <https://qpp.cms.gov/about/small-underserved-rural-practices>.

MIPS Calculator Name	Great Plains Quality Innovation Network Calculator	Stratis Health Calculator	BizMed Toolbox	MIPScast™
DSOs Using Tool	1. Alliant 2. NRHI 3. Qualis Health 4. Quality Insights 5. Telligen	1. Healthcentric Advisors 2. HSAG 3. IPRO	1. Qsource 2. TMF Health Quality Institute	1. Altarum
Features and Availability	Free Excel-based tool available here (search MACRA/ MIPS under Category): http://www.qualityinsights-qin.org/Resources.aspx	Free online tool available at: https://www.mipsestimator.org/	Free online tool available at: https://www.bizmedtoolbox.com/Account/Login.aspx Option to report data from the calculator tool to CMS through a QCDR (Polaris) for free for “Test pace” submissions, and for a fee for partial or full-year submissions.	Free online tool available at: https://www.qppresourcecenter.com/ Open to clinicians in Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, and Wisconsin.

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

Common MIPS Scoring Scenarios for Small Practices

There are a handful of MIPS calculator tools available to help clinicians estimate their final MIPS score based on the data they plan to report (see the article above on “Fine-Tune your Reporting Strategy with MIPS Calculators”). To help you understand the underlying calculations in these tools, this article summarizes a couple common scenarios with example data.

For 2017, there are three main categories that contribute to the final MIPS score: Quality (60% of final score), Advancing Care Information (25% of final score), and Improvement Activities (15% of final score). Overall, the formula for calculating the 2017 final MIPS score is:

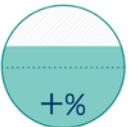
$$(Quality\ Score\ \times\ 60\%) (100) + (ACI\ Score\ \times\ 25\%) (100) + (Improvement\ Activities\ Score\ \times\ 15\%) (100)$$

Scenario #1: Test submission to avoid negative payment adjustment



To avoid a downward payment adjustment, you will need to submit a minimum amount of 2017 data (for example, one quality measure or one improvement activity for any point in 2017). This test pace will give you a final MIPS score of 3 and allow you to remain neutral in your payment adjustment.

Scenario #2: Partial submission for neutral or positive payment adjustment



To earn a potential positive payment adjustment, you will need to submit at least 90 days of 2017 data. Calculations for each of the three performance categories, as well as the final MIPS score for Scenario #2, are included below.

Scenario #2: Calculating Quality

For the Quality category, you must submit data on six quality measures covering the 90 day period in 2017. Each of the six quality measures you report on gives a possible 10 quality points, for a total of 60 possible points, and the number of points awarded depends on how performance on that measure compares to a national benchmark. For example, if a quality measure had the benchmarks shown in the table, a clinician with a 69% performance rate would be in the eighth decile for that measure, and would earn 8.0 points.

Decile	Benchmarks	Possible Points
1	0-6.9%	1.0-1.9
2	7.0-15.9%	2.0-2.9
3	16.0-22.9%	3.0-3.9
4	23.0-35.9%	4.0-4.9
5	36.0-40.9%	5.0-5.9
6	41.0-61.9%	6.0-6.9
7	62.0-68.9%	7.0-7.9
8	69.0-78.9%	8.0-8.9
9	79.0-84.9%	9.0-9.9
10	85.0-100%	10

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Common MIPS Scoring Scenarios for Small Practices

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1. If you earned eight points for all six quality measures, the total number of points would be $8 \times 6 = 48$.
2. The 48 out of the possible 60 points gives a total Quality percentage of $48 / 60 = 80\%$.
3. Since the Quality score makes up 60% of the final score, the quality score of 80% (and a multiplier of 100 to account for the percentages) would mean the quality measures would contribute $80\% \times 60\% \times 100 = 48$ MIPS points.

But wait, bonus points are also available! Submitting high priority measures or using end-to-end electronic reporting can give you bonus points. If you earned two quality bonus points, the total quality score would be $(48+2) / 60 = 83.3\%$, which translates into $83.3\% \times 60\% \times 100 = 50$ MIPS points.

Scenario #2: Calculating Advancing Care Information (ACI)

Scoring for ACI is split among three subcategories:

- Base score: You need to report on all five of the base score measures for a maximum of 50% of your ACI score.
- Performance score: These are scored based on your performance on the measures you selected against a decile scoring table like the one in the Quality category above. Reporting on performance measures can earn you up to an additional 40% of your ACI score, which combined with your 50% base points would equal 90% of your ACI score.
- Bonus score: You can earn an additional 15% from bonus score activities, such as completing a specified improvement activity using certified EHR technology (CEHRT). These bonus activities could bring you up to the 100% maximum score in the ACI category. While bonus points make it possible to earn an ACI score higher than 100%, ACI scores are capped at 100%.

Since the ACI score makes up 25% of the final MIPS score, an ACI score of 68%, for example, would mean the ACI measures contribute $68\% \times 25\% \times 100 = 17$ MIPS points.

Scenario #2: Calculating Improvement Activities (IA)

Solo clinicians and small group practices (15 clinicians or less) get a boost in the IA category to make it easier for them to get full credit: these clinicians and practices need 20 total points for a maximum IA score, while all others need 40 total points.

1. If you earned 11 points, that would give a total IA percentage of $14/20 = 70\%$.
2. Since the IA score makes up 15% of the final score, the IA score of 70% would mean that the IA measures contribute $70\% \times 15\% \times 100 = 10.5$ MIPS points.

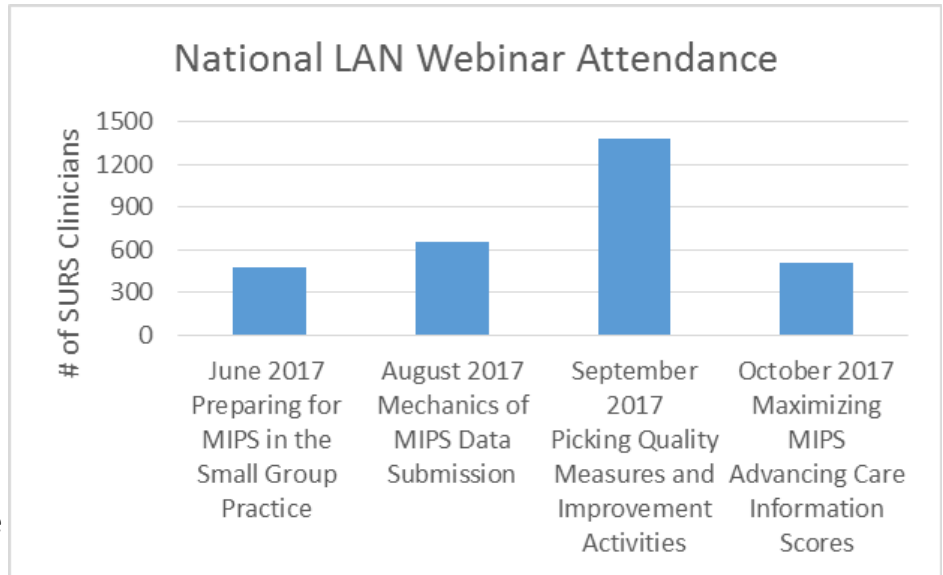
Scenario #2: MIPS Final Score

Pulling from our work above, this clinician has 50 MIPS points from the Quality category, 17 from the ACI category, and 10.5 from the IA category, which equals a **final MIPS score of 77.5**.

For free technical assistance to help calculate your final MIPS score based upon the measures you've selected, please reach out to your DSO directly. They can help you maximize your score and payment adjustment, or show you how to simply report one measure to avoid the negative adjustment. Find your DSO here: <https://qpp.cms.gov/about/small-underserved-rural-practices>. For more information on MIPS scoring, visit the MIPS Scoring 101 Guide: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/MIPS-Scoring-101-Guide.pdf>.

Data Spotlight: MIPS LAN Webinars for Solo Clinicians and Small Group Practices

Did you know? IMPAQ International, the QPP SURS Central Support Contractor, hosts monthly Learning & Action Network (LAN) webinars to help solo clinicians and small group practices participate in QPP? Past webinar topics have included how to select Quality Measures and Improvement Activities, maximizing Advancing Care Information scores, and the mechanics of MIPS data submission. If you missed any of these past LAN webinars and are interested



in reviewing the content, recordings and materials, these are available at <https://qppsurs.wordpress.com/resources/>.

How are we doing? Nationally, more than 3,000 solo clinicians and small group practices have attended LAN webinars to date. Post event survey results for recent LAN webinars demonstrate that most participants (approximately three out of four) were very satisfied with the information and technical assistance they received during the webinar and would recommend these events to others preparing for MIPS. Three out of four participants indicated that they intended to participate in full or partial year reporting, with the other quarter indicating that intended to participate in the test pace reporting. The post event surveys also revealed that about 10 to 15 percent of attendees felt fully prepared for MIPS, and the most common barrier to participating in MIPS was issues with electronic health records. Fortunately, there are more LAN webinars to come and the QPP SURS Direct Support Organizations are available – and excited – to answer your questions and guide you through your transition to MIPS and the QPP!

As solo clinicians and small group practices, what would make the LAN webinars valuable to you? What would motivate you to attend these webinars? How can our DSOs better support your attendance? And what MIPS questions do you have that might be helpful to cover during an upcoming LAN webinar? Please let your DSO know by contacting them here: <https://qpp.cms.gov/about/small-underserved-rural-practices/>

Emerging News: Metrics Updates

On November 2, 2017, the Centers for Medicare & Medicaid Services (CMS) issued a final rule with changes to the second year of the QPP (i.e., calendar year 2018). For small, independent, and rural practices, changes in the proposed rule are intended to increase flexibility and ease participation.



Some of the relevant features in the final Year 2 rule for solo clinicians and small group practices include:

1. Increasing the threshold in which clinicians are eligible to participate in the QPP (from billing \leq \$30,000 or having \leq 100 Part B enrolled beneficiaries to billing \leq \$90,000 or having \leq 200 beneficiaries) so that more clinicians will be exempt from MIPS participation in 2018.
2. Weighting the MIPS Cost performance category to 10% of your total MIPS final score, up from 0% in 2017, and the Quality performance category to 50%, down from 60%.
3. Raising the MIPS performance threshold to 15 points in Year 2, up from 3 points in the transition year. In other words, in 2018, avoiding negative payment adjustments will require submitting data on more than one measure.
4. Adding five bonus points to the MIPS final score for clinicians in small practices, and for clinicians caring for complex patients.
5. Continuing to award small practices three points for measures in the Quality performance category that don't meet data completeness requirements.
6. Continuing to allow the use of 2014 Edition CEHRT (Certified Electronic Health Record Technology) in Year 2, while providing additional bonus points for the use of only 2015 CEHRT.
7. Automatically weighting the Quality, Advancing Care Information, and Improvement Activities performance categories at 0% of the MIPS final score for clinicians impacted by Hurricanes Irma, Harvey, and Maria, and other natural disasters.
8. Offering a Virtual Groups participation option, which would allow solo practitioners and groups of 10 or fewer eligible clinicians under two tax identification numbers to participate in MIPS as a single group.

An overview of the final rule with comment can be found at <https://www.cms.gov/Medicare/Quality-Payment-Program/resource-library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf>.

Monthly Observance: World AIDS Day, December 1

World AIDS Day is a global initiative to raise awareness, fight prejudice, and improve education about human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). In the United States, about 37,600 people get infected with HIV every year, and about one in seven people who have HIV don't know it. The only way to know whether or not you have HIV is to get tested. MIPS rewards providers for activities that support the goals of World AIDS Day. For example, clinicians can earn MIPS points and positive payment adjustments by conducting and reporting on the activities in the table below.

What Clinicians Can Do	Corresponding MIPS Measures
Perform screenings as appropriate	<p>Quality measure 205: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis</p> <p>Description: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea, and syphilis screenings were performed at least once since the diagnosis of HIV infection.</p>
Prescribe for HIV/AIDS diagnoses	<p>Quality Measure 160: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis</p> <p>Description: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP)</p>

Upcoming Events

Information regarding upcoming events can be found below:

January LAN Webinar: MIPS Data Submission; Practical Advice for Small Group Practices and Solo Practitioners

Session 1

Date: Tuesday, January 23

Time: 11:00 am—12:00 pm ET

Registration: Information is forthcoming

Session 2

Date: Thursday, January 25

Time: 3:30—4:30 pm ET

Registration: Information is forthcoming

