The countdown to MACRA IS ON.

Frequently asked questions

What are the exclusions for the Merit Based Incentive Payment System (MIPS)?

There are three ways an eligible clinician (EC) can be excluded from MIPS:

- Low-volume exclusion: Bills less than $30,000 in Medicare OR sees fewer than 100 Part B beneficiaries.
- New ECs: Those who have never enrolled in PECOS, and have not billed Medicare.
- Advanced Alternative Payment Model (APM) participants: Those who have achieved Full or Partially Qualified Participant Status.

When will the MIPS reporting year begin?

The MIPS program is scheduled to be a full year reporting period beginning on Jan. 1, 2017. This performance period will serve as the basis for the 2019 payment adjustment period.

Will the EC’s position in either the MIPS or APM program be set in their first performance year?

No, each year the EC will be able to switch to the MIPS or APM program depending on their participation in an Advanced APM Entity. ECs who wish to join an Advanced APM and meet the QP or Partial QP threshold will be able to be exempt from MIPS, even if they were in MIPS the year before.

Are hospitalists supposed to participate in the MIPS program?

Yes, Hospital-based Eligible Providers (EPs) will be eligible for the MIPS program if they do not qualify for a MIPS exclusion. The final rule discusses the Advanced Care Information category to see if the hospital-based provider will participate in that category, or if their score will be reweighted. The MIPS EC will include those who were not previously eligible for the EHR Incentive Program.

If I am participating in an APM, do I have to submit information for MIPS?

If you are a Qualified Participant or a Partially Qualified Participant in an Advanced APM, you are excluded from the MIPS requirements. If you are a participant in a non-advanced APM, or do not reach the Partial Qualified Participant threshold for the performance year, you are required to meet the MIPS requirements to avoid a negative payment adjustment.

Which positions will qualify for MIPS in the 2017 performance year?

The following clinicians are eligible for MIPS and/or APMs in 2017:

- A physician (as defined in section 1861(r))
- A physician assistant
- A nurse practitioner
- A clinical nurse specialist (as defined in section 1861(aa)(5))
- A certified registered nurse anesthetist (as defined in section 1861(bb)(2))
- Groups that includes such professionals

Do ECs need to be on 2015 Edition Certified Electronic Health Record Technology (CEHRT) at the start of the 2017 performance year?

What are the impacts of being on 2014 or 2015 CEHRT in 2017 performance year?

Below are the points to consider:

• If you are on 2014 Edition CEHRT for the 2017 performance year, you can only use the Modified Stage 2 measures for the ACI category in MIPS. There is a total of 7 performance measures that provide a maximum of 90 points beyond the base score for ACI.
• If you are on 2015 edition CERHT or a combination of 2014 and 2015 edition CEHRT, you can report on the Stage 3 MU measures. There is a total of 9 performance measures that provide a maximum of 90 points beyond the base score.

Note that the 2015 edition certification requirements could negatively alter the numerators for objectives like View, Download, and Transmit measure 1, as the patient will need to have access to their Application Program Interface (API) from the first encounter in the performance year.

What is different about using 2014 vs. 2015 edition CEHRT for ACI?

A key example of this difference is that medication reconciliation moves to Clinical Information Reconciliation as you upgrade to the 2015 Edition CEHRT.

The final rule provides a graphical and more detailed view of these differences.

How will CMS allocate the 5% incentive payment to ECs who are QPs in an advanced APM?

CMS will evaluate if an EC reaches the Qualified Participant status 3 different times during the performance year, as indicated in the chart below.

<table>
<thead>
<tr>
<th>Jan 17</th>
<th>Feb 17</th>
<th>Mar 17</th>
<th>Apr 17</th>
<th>May 17</th>
<th>Jun 17</th>
<th>Jul 17</th>
<th>Aug 17</th>
<th>Sep 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>QP Determination #1</td>
<td>QP Determination #1</td>
<td>QP Determination #3</td>
<td></td>
<td></td>
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</tbody>
</table>

If an EC achieves QP status, CMS will adjust the covered professional services payment made to the EC to remove any penalty or incentive (e.g. through the MU EHR Incentive Program) that artificially changes the EC’s total billing charges for that year. After CMS determines the EC’s covered professional services payment amount without the impact of negative adjustment or an incentive, they will multiply that amount by 5% and provide a lump sum payment to the EC in the respective payment year.

Which APMs are designated as Advanced APMs in 2017?

The table below lists advanced APMs in the final rule.

<table>
<thead>
<tr>
<th>Medicare Program Name</th>
<th>Qualifies as APM</th>
<th>Qualifies as Advanced APM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive ESRD Care (CEC) (LDO arrangement)</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Comprehensive ESRD Care (CEC) (non-LDO arrangement)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Comprehensive Primary Care Plus (CPC+)</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Medicare Shared Savings Program - Track 1 (MSSP)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Medicare Shared Savings Program - Track 2 (MSSP)</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Medicare Shared Savings Program - Track 3 (MSSP)</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Next Generation ACO Model</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Oncology Care Model (OCM) one-sided risk arrangement</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Oncology Care Model (OCM) two-sided risk arrangement</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

Do providers that participate in an advanced APM need to track MIPS?

If ECs meet the Partially Qualified Participant or Qualified Participant threshold for the performance year during any one of the evaluation periods (see chart above), they will not need to submit data to MIPS. If they do not meet that threshold, they will be included in the MIPS program.

CMS will assign the Qualified Participant and Partially Qualified Participant threshold at the APM entity level. All ECs under that entity who meet one of those thresholds will achieve either QP or Partial QP status.

How are ECs who are participating in an APM measured for MIPS?

This depends on the APM.

• For ECs a Medicare Shared Savings Program or a Next Generation Accountable Care Organization (ACO), the cost category performance score will be reallocated...
to the Advancing Care Information and Improvement Activities categories.

- For ECs in other APMs, both the quality and cost categories will be reallocated to the Advancing Care Information and Improvement Activities categories.

**Why would an EC report as a group or an individual?**

Group reporting evaluates the compilation of all ECs within the group, so a clinician who may not see many patients in a manner that would impact the Advancing Care Information category is still included in the ACI group score. For instance, if a Nurse Practitioner does not do a workflow that requires ACI measures, he or she would still get credit for ACI if the physician performed those tasks. ECs reporting as individuals, need only be concerned with their overall scores for each of the measures, as they could have some of the categories reweighted based on their performance.

**When do providers have to decide if they are reporting as a group or individual?**

The timing of this decision depends on the method of submission for quality measures. If a provider is going to submit quality measures via the CMS Web Interface or CAHPS, then they must indicate that by June of the performance year. If they elect to use a different quality measure reporting mechanism, the group or individual determination can be made at the end of the reporting period.

**Does MIPS impact Medicare and Medicaid payment?**

No, MIPS and APM will not impact Medicaid payment.

**Does meaningful use go away starting in 2017?**

No, from an Eligible Provider perspective, Meaningful Use remains if the EP is still receiving Medicaid incentive payments. EPs receiving Medicaid incentive payments will need to attest to Meaningful Use in addition to the Advancing Care Information for Medicare payment under MIPS. This means 2 attestations and 2 sets of documentation are needed. From a hospital perspective, the Meaningful Use program is unchanged and will continue for Medicare payment adjustments.

**Can you earn more points over the total amount required to increase your Composite Performance Score?**

No, all the category points top out even if there are more points available. For example, in the ACI category there are a total of 155 points available, but it is only measured out of a total of 100 points. CMS will cap the total possible points in the numerator to 100 points. You are not allowed to score more points to increase your Composite Performance Score.

**Are providers who practice in Rural Health Clinics (RHC), and Federally Qualified Health Centers (FQHC) required to participate in MIPS?**

All ECs who do not meet an exclusion criterion will be considered for the Quality Payment Program (QPP). The MIPS adjustment will be applied to Medicare Part B payments. ECs who furnish their items and services in the RHC or FQHC, and the RHC or FQHC bills those services and items under the all-inclusive payment methodology will not be impacted by payment adjustments. If the EC furnishes items and services in the RHC or FQHC, but bills those under the Physician Fee Schedule, then the payments would be impacted by the adjustment.

**Will providers in the Ambulatory Surgery Clinics be impacted by MIPS?**

ECs who do not meet the exclusion criteria are included in QPP. Surgeons who are in an Ambulatory Surgery Clinic, however, may be eligible for a hardship exemption on the Advancing Care Information category if they do not have the ability to impact their practices’ Health IT decisions. Those providers may be able to apply for a hardship exemption and be measured through other categories. Any payments made through the Ambulatory Surgical Center Payment System will not be impacted by the MIPS payment adjustments.

**Will practices that move vendors in the middle of a reporting period be impacted by the MIPS program?**

The Advancing Care Information category requires the use of CEHRT... Organizations that switch vendors in the middle of the performance year will need to indicate both vendors and the CEHRT used during the performance year to submit their data to CMS. In certain circumstances, ECs can apply for hardship exemptions. Refer to the CMS MACRA QPP FAQ (12653) for more information.

**Will the submission of the Quality measures for the MSSP Track 1 qualify for the Quality component for MIPS?**

Track 1 ACO participants will submit their quality measures through the Web Interface mechanism as usual to meet the ACO requirements. That data will be used by CMS to calculate the MIPS quality performance category score at the APM entity group (ACO) level. Data that is not submitted to the Web Interface (claims data and CAHPS survey data) will not be included in the MIPS quality performance category score.