Top Story

2018 MIPS Reporting: What to Expect

As MIPS reporting for 2017 comes to an end, we want to let you know what to expect for MIPS reporting going forward.

*Please note that the following information pertains to TINs (*a stand-alone practice or a group of practices under one legal entity*) participating in the Medicare Shared Savings Program (MSSP) with the MaineHealth ACO. By virtue of their participation in MSSP, these TINs report under the MIPS Advanced Payment Model (APM), a preferred model with a smaller reporting burden than traditional MIPS. All clinicians within the TIN must report as the low-volume threshold does not apply at the clinician level in this model.*

<u>**2018 MIPS Reporting Requirements: Category by Category**</u>

Quality Category

On behalf of each TIN, the ACO reports quality data to MIPS through the Medicare Shared Savings Program annually. As in past years, quality data from each TIN will be aggregated to generate one quality score for the entire ACO. **For 2018 reporting, CAHPS scores from MSSP will now be included in the MIPS Quality Score.**

Advancing Care Information (ACI) Category

Each TIN is required to submit this information on its own. You must submit as a group if there are two or more clinicians. If you are a solo physician, you report as an individual. The following clinicians are optional for reporting: hospital-based clinicians, NPs, PAs, CRNAs, CNS, non-patient facing clinicians and clinicians in ambulatory surgery centers; however, the clinicians would still receive the final payment adjustment. Reporting must include at least a 90-day period (the same for all clinicians within the group).

> **ACI Measure Reporting Exclusions** – although the low-volume threshold does not apply to clinicians in the MIPS APM model, there are certain clinician-level reporting exclusions associated with two measures within the ACI category:

- Health Information Exchange Measure – any eligible clinician who transfers a patient to another setting or refers a patient <u>fewer than 100 times</u> during the performance period is excluded from reporting this measure.
- ePrescribing Measure - any eligible clinician who writes <u>fewer than 100 permissible prescriptions</u> during the performance period is excluded from reporting this measure.

Improvement Activities Category

Congratulations! CMS automatically provides you with full credit as a MIPS APM participant. No reporting necessary.

Cost Category

Not scored in 2018 for MIPS APMs

Hardship Exemptions

Hardship Exemptions are still available in 2018, however, they have changed. Although not available yet, information about these changes will appear on the Quality Payment Program resource webpage.

Tips: Preparing for 2018

- Stay up-to-date by attending ACO webinars and reading the monthly ACO eNews. This is your best source for timely, relevant and useful information about how to succeed as a MaineHealth ACO participant. Also review the 2018 MSSP Quality Measures and attend CMS webinars for updates.

- Communicate with your EHR vendor about availability of MIPS dashboards to monitor your progress and discuss direct MIPS reporting through your EHR.

- Identify areas for improvement and make changes to workflow, if necessary. Focus on meeting the minimum base measures for ACI or determine if you are eligible for a hardship.

- Accurately reflect the complexity of your patient population through accurate and specific clinical documentation and coding. For 2018 there is now a **5 point bonus** available for care for **complex patients** – based on hierarchical condition categories (HCC) and dually eligible patients

- Download CMS MIPS feedback reports (when available). Apply for an EIDM account to obtain access to the QPP portal whether or not you reported on the portal as CMS will post reports on this website. Instructions for setting up an EIDM account can be found here.

As always, we're available to answers your questions about MIPS reporting. Email Gail Mazzone or give her a call at (207) 482-7059.