

Answers to Recent MIPS APM Participation, Exemption and Reporting Questions

In recent weeks, our Network Team has received a number of questions about participation, exemptions and reporting requirements for MIPS APM, the Medicare payment model that applies to participants in the MaineHealth ACO's Medicare Shared Savings Program (MSSP) contract. (MIPS APM, by the way, stands for Merit-based Incentive Payment Program Alternative Payment Model). Since these questions are probably common to many of our participants, we wanted to share answers with you here.

Who is Participating in the MIPS APM?

CMS considers any eligible provider who is participating in the MaineHealth ACO's MSSP contract to be participating in the MIPS APM. CMS determines a provider's MSSP contract participation based on information found in its Provider Enrollment, Chain, and Ownership System (PECOS) and by recording the provider's contract participation on one of three "snapshot" dates during the performance year: March 31, June 30 or August 31. If a provider leaves an ACO practice before March 31 or joins one after August 31 that provider will need to report separately from the ACO. These providers can submit their data as an individual or through their prior practice, if that practice reports as a group.

Is My Practice Eligible for a Low-Volume Threshold Reporting Exemption?

Practices participating in the MaineHealth ACO MSSP contract are not eligible for the low-volume threshold exemption. (The threshold is less than \$30,000 in Medicare Part B billing or fewer than 100 Medicare Part B patients seen per year). CMS calculates volume by looking at all ACO practices as a whole and their combined volume is well above the threshold.

How Do I Collect and Report Advancing Care Information?

MaineHealth ACO participants are required to report Advancing Care Information (ACI) separately from the ACO. Groups have two options to collect data:

1. Collect aggregate data at the tax ID level and submit to CMS if your EHR is capable of group reporting and is considered to be Certified EHR Technology by CMS.
2. Collect data at the individual provider level and add the numerators and denominators to determine aggregate level data for submission

MaineHealth ACO participants can submit Advancing Care Information via data attestation portal, the Web Interface, Qualified Clinical Data Registry or Certified EHR Technology.

CMS will calculate a practice or group's score at the tax ID (TIN) level as a combined weighted average based on the number of providers in the TIN participating in MIPS. A single ACO group score will be calculated and applied to all MIPS clinicians in the ACO.

CMS strongly urges you to keep copies of information submitted and keep a roster of providers that ACI data were submitted for.

Who Can Be Excluded from Reporting Advancing Care Information?

Providers who can be excluded are:

- Hospital-based providers
- PAs/NPs/CRNAs/CNSs
- Non-patient facing clinicians
- Providers with approved hardship exemptions

Please remember that these providers may be excluded from reporting for the **Advancing Care Information category only**. Groups have the option to include or exclude their data as part of Advancing Care Information group reporting. If data are submitted for these providers, the data will be included and used to determine the group score.

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Need clarification or questions answered about MIPS? We're happy to help. Please contact Jenn Maurice at jmaurice@mmc.org or (207) 482-7054.