

2018 <u>PROPOSED</u> MIPS APM Reporting Changes for Participants in the MaineHealth ACO's MSSP Contract		
Topic	2017 Reporting Year	2018 Reporting Year (PROPOSED)
<b>Identifying Shared Savings Program ACO Participants</b>	Determination based on information found in CMS and PECOS and inclusion on an APM Participant List on one of three “snapshot” dates: March 31, June 30 or August 31	A fourth “snapshot” date will be added to determine inclusion on an APM Participant List: December 31
<b>Quality</b>	Continue to use quality measure data reported through MSSP	Quality Improvement points will be available based on 2017 quality performance data reported through MSSP
<b>Improvement Activity</b>	Award full credit in this category	Continue to award full credit
<b>Advancing Care Information (ACI) Performance Category</b>	Allow eligible clinicians to use either 2014 or 2015 Edition CEHRT	Remove requirement to use ONLY 2015 Edition CEHRT – CMS will allow the use of either 2014 or 2015 Edition CEHRT
		Bonus points awarded for use of 2015 Edition CEHRT
<b>Cost</b>	Not evaluated	Not evaluated
<b>Low-Volume Threshold (Calculated for APM Entity Group as a Whole)</b>	≤ \$30,000 in Part B allowed charges OR Providing care for ≤ 100 Part B beneficiaries	≤ \$90,000 in Part B allowed charges OR Providing care for ≤ 200 Part B beneficiaries
<b>Non-Patient Facing</b>	Groups: > 75% NPIs billing under Group TIN are labeled as non-patient facing	Adding Virtual Groups to non-patient facing criteria using same definition
<b>Virtual Groups</b>	N/A	Proposing to add that Virtual Groups participating in MIPS APMS payment adjustments are based on the APM Entity score using the APM scoring standard
<b>Submission Mechanisms</b>	Required to use only 1 submission mechanism per performance category	Allow to submit through multiple submission mechanisms within a performance category

For more detailed information regarding the proposed changes please visit [Proposed Rule Fact Sheet](#)