

The **Medicare Access and CHIP Reauthorization Act (MACRA)** of 2015 established the Quality Payment Program, which includes the payment track of the **Merit-based Incentive Payment System (MIPS)** and **Alternative Payment Models (APMs)**. The 2017 transition year enables eligible clinicians (ECs) to have flexibility in reporting, so they can trial the program with minimal reporting effort.

# 1

## Determine How You Will Report

Questions about information found on the NPI look-up tool? **Contact the QIO for help:** [neqpp.org](http://neqpp.org)

## MaineHealth ACO Participation Status

Check with the ACO administrator to ensure that your practice TIN and all applicable NPIs are on the MaineHealth ACO participant list, and verify participation in the Medicare Shared Savings Program (MSSP).

**MSSP Participants:** TINs participating in the MSSP are considered part of a MIPS APM. MIPS APMs are those that do not take on a two-sided risk sharing model and have special scoring under the APM scoring standard.

**Non-MSSP Participants:** TINs or individual NPIs that are not part of the MSSP will need to submit data independent of the MaineHealth ACO and determine how they wish to report MIPS. Reporting options:

- **Individual reporting** - Use the NPI look-up tool to determine which eligible clinicians are required to report MIPS for 2017 ([qpp.cms.gov](http://qpp.cms.gov)).
- **Group reporting** - TINs should include data on all NPIs, regardless of the individual clinician exclusion status (see Table 1). Must report as a group across all MIPS performance categories.

**Table 1: Non-MSSP Participant Reporting Requirements for Clinicians with Individual MIPS Exclusions**

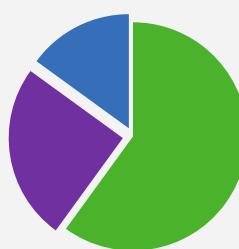
Individual Clinician MIPS Exclusion	Reporting Type	Quality Data (Y/N)	Advancing Care Information Data (Y/N)	Improvement Activities (Y/N)	Payment Adjustment (Y/N)	Notes
First Year Medicare	Individual	N	N	N	N	
	Group	Y	Y	Y	N	
Low-volume threshold (LVT)	Individual	N	N	N	N	
	Group	Y	Y	Y	Y	LVT is calculated at the TIN level for group reporting

## MSSP Participants: 2017 MIPS APM Scoring



- **Quality – 50%**, reported through ACO, clinical quality measures via the CMS web interface
- **Advancing Care Information – 30%**, reported by participant TINs for a weighted score
- **Improvement Activities – 20%**, full credit given for participation in APM

## Non- MSSP Participants: 2017 MIPS Scoring



- **Quality – 60%**, earn points based on performance; choose from 270+ measures
- **Advancing Care Information – 25%**, attest to required base measures, and earn additional points based on performance
- **Improvement Activities – 15%**, implement one to four improvement activities for at least a 90-day period

## 2 Quality

### MSSP Participants

- MaineHealth ACO will submit quality measures on behalf of the participating MIPS eligible clinicians
- Reporting period is a full calendar year
- Performance is evaluated based on 15 clinical quality measures
- Score is aggregated at the ACO level

To learn more about quality measures and scoring for MSSP ACOs:

[https://qpp.cms.gov/docs/QPP\\_2017\\_MIPS\\_Quality\\_Scoring\\_for\\_MSSP\\_and\\_ACOs.pdf](https://qpp.cms.gov/docs/QPP_2017_MIPS_Quality_Scoring_for_MSSP_and_ACOs.pdf)

### Non-MSSP Participants

- MaineHealth ACO does NOT report quality data for non-MSSP participants
- 2017 Transition year allows flexibility and 'Pick Your Pace' reporting options
- To maximize score, report at least 6 quality measures for a 90-day reporting period
- Be sure to check the 2017 Quality Measure Benchmarks to estimate performance based on reporting method:  
[https://qpp.cms.gov/docs/QPP\\_Quality\\_Benchmarks\\_Overview.zip](https://qpp.cms.gov/docs/QPP_Quality_Benchmarks_Overview.zip).

## 3 Advancing Care Information

### MSSP Participants

- Participant TINs will be required to submit ACI according to MIPS **group reporting** requirements.
- **Include all MIPS eligible clinicians** (even those that would have been excluded from MIPS participation due to the Low Volume Threshold or First Year Medicare)
- Optional for 2017:
  - Hospital-based MIPS clinicians
  - Nurse Practitioners
  - Physician Assistants
  - Clinical Nurse Specialists
  - Certified Registered Nurse Anesthetists (CRNAs)
  - Non-patient facing clinicians

In 2017, TINs will have the option to exclude certain clinician types without it negatively affecting the overall ACI score. Read the ACI Fact sheet for more info:

[https://qpp.cms.gov/docs/QPP\\_ACI\\_Fact\\_Sheet.pdf](https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf)

### Non-MSSP Participants

- Report individually or as a group (reporting must be consistent across all performance categories).
- **Group reporting: Include all MIPS eligible clinicians** (even those that would have been excluded from MIPS participation due to the low-volume threshold or first year Medicare)
- Optional for 2017:
  - Hospital-based MIPS clinicians
  - Nurse Practitioners
  - Physician Assistants
  - Clinical Nurse Specialists
  - Certified Registered Nurse Anesthetists (CRNAs)
  - Non-patient facing clinicians

## 4 Improvement Activities

### MSSP Participants

- Participation in the MaineHealth ACO in 2017 fulfills the requirements for the Improvement Activities category
- No additional reporting necessary

### Non-MSSP Participants

- Implement **two to four improvement activities** into your practice for at least a 90-day reporting period. Begin no later than October 2<sup>nd</sup>.
- Small (≤15 eligible clinicians) or rural practices: report on **one to two improvement activities** to earn full credit.
- Participating in a **Patient Centered Medical Home (PCMH)** Earn full credit towards the improvement activity requirement.

**Unsure of how you should prepare to report or what you need to do now?** Contact the NE QIN-QIO for personalized support at: <http://neqpp.org/ask-question/support-team/>