

2017 MIPS Reporting: Final Reminders

2017 Data Submission for MIPS

The deadline to submit 2017 data via the QPP portal is March 31, 2018. The claims-submission deadline to submit for the quality category closed on March 1, 2018. Note that if you are using a qualified registry to report your 2017 data, you may be required to submit data in advance of the CMS March 31 deadline. Confirm your data submission deadline with your selected registry.

Note: There is not a *SAVE* or *SUBMIT* button on the data submission portal as it automatically updates your scores as you enter your data, and becomes final as of the close of the period.

2017 Data submission for ACOs or other APMs

If you are part of an Accountable Care Organization (ACO) or other Alternative Payment Model (APM) that is submitting Quality Measures and Improvement Activities on your behalf, make sure the ACO or APM have any patient information they need to report. Also, remember that you need to report Advancing Care Information (ACI) Measures on your own.

2018 Data Collection

Reach out to your Technical Assistance Contractor for help strategizing on your plan to collect and report 2018 data. The 2018 performance year ends December 31, 2018. Find your Technical Assistance Contractor here: <https://qpp.cms.gov/about/small-underserved-rural-practices>

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This newsletter is produced by IMPAQ International who is functioning as the QPP SURS Central Support contractor. Questions or suggestions about the newsletter can be sent to QPPSURS@IMPAQINT.COM.

I just found out that I am eligible for MIPS for 2017. What should I do?

One quick and easy option to avoid a negative adjustment for 2017 is to attest to performing an improvement activity. Chances are, some of the work you have done in the past year qualifies. View the list of improvement activities here: <https://qpp.cms.gov/mips/improvement-activities>.

You'll need your Enterprise Identity Data Management (EIDM) login information to attest to an improvement activities in 2017 through the QPP portal. Log in or register here: <https://portal.cms.gov>



"I see MIPS as helping me and my patients be in a better spot. Even if you take the incentive out of your mind, the MIPS requirements make so many things automatic and systematic, you don't have to keep lists in your head. It has been beneficial for me."

Dr. Ingrid Bermudez, primary care physician, New York

Call your Technical Assistance Contractor today for *free* help to pick an option and get it done.

Clinician Spotlight: Jennifer Brull, MD



Jennifer Brull, MD, a solo family physician in a rural Kansas community, is committed to making the most of her electronic health records (EHR) to improve her patients' health. When she first ran numbers in her EHR, she found that the colon cancer screening rate among eligible patients was 37 percent. So she designed an EHR reminder - which increased this screening rate to 81 percent. What has this meant for her patients?

"I found colon cancer early in three patients —so early that the patients did not even have to have chemotherapy or radiation. For those people, it was a huge difference, the difference between early colon cancer and invasive colon cancer." And the improvement is true across many diseases, not just colon cancer. **"The EHR allowed me to develop a workflow and a process that means we look at everything that is important every time a patient comes in."**

She shared a few tips for other solo practitioners and small practices:

- Practices that are new to EHRs should connect with other practices that are experienced using EHRs for advice.
- The work pays off: Dr. Brull's team put in the front-end work to integrate the EHR data entry into their workflow. That way, the EHR system was not a lot of effort to maintain.
- Ultimately, "a practice just needs to do it, and do it as early as possible. It's hard to get started and people get intimidated, but you just need to do it."

"The biggest advantage as a solo practice is that I'm the only person I have to ask to do something. That advantage helps so much and I think outweighs most of the disadvantages."

So be encouraged! There are resources available to help you use your EHR to set goals, achieve them, and earn points for MIPS in the Advancing Care Information (ACI) category. Find your Technical Assistance Contractor and connect today: <https://qpp.cms.gov/about/small-underserved-rural-practices>

For more about Dr. Brull, see the HealthIT.gov highlight here: <https://www.healthit.gov/profiles/preventative-care>

WEBSITES

Centers for Medicare and Medicaid Services
cms.gov

Quality Payment Program
qpp.cms.gov

Healthcare Communities
healthcarecommunities.org

For FREE assistance funded by CMS, clinicians in small practices can contact their Direct Support Organization
qpp.cms.gov/about/small-underserved-rural-practices

CONTACT US

QPP SURS Central Support Team
 (202) 774-1060
qppsurs@impagint.com

CMS QPP Service Desk
 1 (866) 288-8292
 1 (877) 715-6222 (TTY)
qpp@cms.hhs.gov

Putting Patients over Paperwork

Did you know? The Centers for Medicare & Medicaid Services (CMS) is working to reduce the burden of reporting – so that you can focus on your patients.

The MIPS data submission system, or QPP Portal, is an improvement from the former systems, which required clinicians to submit data on multiple websites. In addition, users who submit data via claims,

“I like the [QPP] portal. It’s a big improvement from what we had previously.”
 Dr. Deborah Tracy, Anesthesiologist, Florida

registries, or QCDRs will be able to view that data on the portal as well as upload their own data, and receive an estimated MIPS score for an idea of what their final score will look like. Be sure to log on early to the integrated, centralized website at <https://qpp.cms.gov/login> to familiarize yourself with the system.

To learn more about CMS’s efforts to put patients over paperwork, visit: <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/PatientsOverPaperwork.html>

How to Choose a Registry

A registry is one way to submit MIPS data to CMS across all three performance categories. It may also be useful for other activities related to how you care for your patient population. Choosing the right registry can make your work easier, as Dr. John Wachter experienced:



The registry I use is submitting all of our MIPS data for us. It’s very good - they’re very helpful, pretty much fool-proof. You have your own account manager who usually responds within 24 hours and is very knowledgeable about all the changes that occur throughout the year.

John B. Wachter, O.D.

Which registry should you choose? Let’s start by reviewing a few basic facts. There are two types of registries, and both can submit MIPS measures on your behalf:

- Qualified Registries; and
- Qualified Clinical Data Registries (QCDRs).

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How to Choose a Registry (continued from Page 3)

The difference between the two is that Qualified Registries are limited to the standard menu of MIPS measures, whereas QCDRs can get approval from CMS to offer additional measures that are relevant to their specialty. This may be particularly helpful for specialties that have a limited set of standard MIPS measures from which they can choose.

To choose a registry, consider these questions:

- Which registries, if any, does your professional association recommend?
- Is your registry in good standing with CMS? Check the list of CMS-approved qualified registries (see link at the bottom of this article).
- How much experience does your registry have? CMS regulations change every year, so if your registry has been around for a few years, it probably has some agility in responding to changes.
- What measures does your registry support? Does it support measures that are meaningful for your practice and your patient population?
- If you have an electronic health record (EHR):
 - ⇒ How well does your registry communicate with your electronic health record (and vice-versa)?
 - ⇒ Does your EHR support the same measures as your registry? If not, can you negotiate that feature with your EHR vendor?
 - ⇒ Can the data be automatically sent to the registry by your EHR? If not, what are your options for reporting to the registry? Ideally, the EHR or registry can submit your data on your behalf, or export data in the required QRDA-3 file format.
- What is the cost? Consider not only the fees associated with your registry, but also the cost of time spent to submit data to the registry, retrieve data, and interpret reports.
- Can you use a registry for purposes besides MIPS data submission? As population health grows in importance, a registry can be helpful to manage your entire patient population, whether they see you regularly or not.
- What do your fellow clinicians say about their experience with registries, especially with respect to customer service, data accuracy, ease of use, or other considerations that matter to you?
- Does your registry have a data submission deadline that's before the CMS submission deadline? Some registries may require you to submit data before the CMS deadline.

Some registries allow you to retroactively report data for the past year, so you may still be able to pick a registry for your 2017 MIPS data reporting. If not, think about whether a registry is right for you in 2018. You can find the latest lists of qualified registries and QCDRs here:

Qualified registries: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Qualified-Registries-Qualified-Posting.zip>

Qualified QCDRs: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Qualified-Clinical-Data-Registries-QCDRs-Qualified-Posting.zip>

New Medicare Cards for Beneficiaries: April 2018

CMS will issue new Medicare cards to all people with Medicare beginning in April 2018. The new cards will have a Medicare Beneficiary ID (MBI) that is different from their social security number to help protect their identity.

If you're a Medicare fee-for-service provider, you'll need to get your systems and business processes ready to accept the new MBIs by April 2018 for billing, claim status, eligibility status, and other interactions with your Medicare Administrative Contractor (MAC) contact center. You should have received a letter from your MAC informing you about the change and how to prepare for it. Your letter will contain information specific to your MAC, so please review it carefully.

- For more information, see this resource: <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>
- Patients can access information about the new cards here: <https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>
- Sign up for your MAC portal now: <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf>

You can also help your patients to get ready for the change by reminding them to make sure the social security administration has their current address on file, so that their new card can be mailed to them.

Women's History and Colorectal Cancer Awareness

March is Women's History Month, so take a moment to celebrate the many contributions that women have made to the scientific and health communities: <https://www.hhs.gov/blog/2017/03/23/women-scientists-americas-history.html>

March is also Colorectal Cancer Awareness Month, which is important since each year, over 50,000 people in the United States die from colorectal cancer, the second leading cause of U.S. cancer deaths. Because risk increases with age, particularly for adults 50 years of age and older, screening tests are highly effective.¹

The table on the next page lists a few MIPS measures focused on women's health and colorectal cancer for the 2017 performance period. You can see all MIPS quality measures on the CMS QPP website: <https://qpp.cms.gov/mips/quality-measures>

¹<https://www.cdc.gov/cancer/dccp/resources/features/colorectalawareness/index.htm>

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Women’s History and Colorectal Cancer Awareness (continued from Page 5)

What Clinicians	Corresponding MIPS Measures
<p>Perform tests and screenings for women patients as appropriate</p>	<p>Quality Measure 112: Breast Cancer Screening Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.</p> <p>Quality Measure 309: Cervical Cancer Screening Description: Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: 1) Women age 21-64 who had cervical cytology performed every 3 years; or 2) Women age 30-64 who had cervical cytology/ human papillomavirus (HPV) co-testing performed every 5 years.</p> <p>Quality Measure 310: Chlamydia Screening for Women Description: Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.</p> <p>Quality Measure 369: Pregnant Women that had HBSAg Testing Description: This measure identifies pregnant women who had an HbsAg (hepatitis B) test during their pregnancy.</p>
<p>Help women manage osteoporosis</p>	<p>Quality Measure 039: Screening for Osteoporosis for Women Aged 65-85 Years of Age Description: Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis.</p> <p>Quality Measure 418: Osteoporosis Management for Women Who Had a Fracture Description: The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.</p>
<p>Perform test and screenings for colorectal cancer as appropriate</p>	<p>Quality Measure 113: Colorectal Cancer Screening Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.</p> <p>Quality Measure 343: Screening Colonoscopy Adenoma Detection Rate Description: The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy.</p>

New Resources

There are two interesting new resources we would like to bring to your attention.

2018 APM Table Published

If you participate in an Alternate Payment Model (APM), you can get additional help to report MIPS data and earn extra credit towards your MIPS score. And, if you participate in an Advanced APM, you may qualify to be part of the “Advanced APM Track.”

Interested in exploring your APM options?

- Read about the APM track here: <https://qpp.cms.gov/apms/overview>
- Review CMS’s list of APM models for 2018: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Comprehensive-List-of-APMs.pdf>
- See which APM models are operating in your state. Select your state and click “select all”, then look at which health care facilities are involved, on this website: <https://innovation.cms.gov/initiatives/map/index.html>

Technical Assistance Contractor Spotlight: Videos on MIPS Categories

The Technical Assistance Contractor, TMF Health Quality Institute, produced the following set of videos to help clinicians learn about the different MIPS categories and how experts from TMF Health Quality Institute are helping clinicians successfully participate in the Quality Payment Program and MIPS.

- Quality: https://www.youtube.com/watch?v=njtJ_HgMrUQ&
- Improvement Activities: <https://www.youtube.com/watch?v=SGEiySIDAME>
- Advancing Care Information: <https://www.youtube.com/watch?v=rblnLs9rISO>
- Cost: <https://www.youtube.com/watch?v=k2fLHRqjRw>
- Extra ad about free technical assistance: <https://www.youtube.com/watch?v=PPwGbmPFggc>

Upcoming Events

Information regarding upcoming events, along with registration information, can be found below:

March 2018 LAN Webinar: How to Prepare for MIPS Cost Scoring

Date: **Tuesday, March 20, 2018** at 11:00 am ET, Register here: https://qppsurs.adobeconnect.com/e04kt9d4m70q/event/event_info.html

Date: **Thursday, March 22, 2018** at 7:00 pm ET, Register here: https://qppsurs.adobeconnect.com/e3xwvolv70ni/event/event_info.html

April 2018 LAN Webinar: Using Improvement Activities to Enhance Performance Scores

Dates: **Tuesday, April 17, 2018** at 3:30pm ET and **Thursday, April 19, 2018** at 11:00am ET

Registration information coming soon!

Past Events

Past QPP SURS events are listed here: <https://qppsurs.wordpress.com/resources/>

Upcoming and past CMS events related to MACRA, MIPS, and APMS are listed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>