

## CMS Updates 2017 MIPS Performance Feedback

On September 13, 2018, the Centers for Medicare & Medicaid Services (CMS) made revisions to the 2017 MIPS final scores and associated 2019 MIPS payment adjustments based on issues identified during the targeted review process. Targeted reviews enable clinicians or groups to request a review of their 2017 performance feedback if they believe there was an error in their 2019 payment adjustment calculation. Additionally, some clinicians may see slight changes to their payment adjustment as a result of the reapplication of budget neutrality that is required by law under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). For more information, see the following CMS statement: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-MIPS-Performance-Feedback-Statement.pdf> CMS encourages providers to sign-in to the Quality Payment Program website as soon as possible to review your performance feedback at [qpp.cms.gov](http://qpp.cms.gov). If you are in-need of additional assistance, please reach out to the Quality Payment Program Service Center by phone at 1-866-288-8292, (TTY) 1-877-715-6222 or by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), or contact your [local technical assistance organization](#) for no-cost support.

## Clinician Spotlight - Dr. Deepanshu Garg

Dr. Deepanshu Garg is an Internist at Med-Cure Internal Medicine, a four-clinician practice in Goodyear, Arizona. For the last nine years, Dr. Garg has been treating Medicare patients with conditions such as hypertension, diabetes, congestive heart failure, and COPD. As a result of MIPS, Dr. Garg's practice is tracking patient metrics more closely and making efforts to reduce the cost of care. His success in the first performance year (i.e., 2017) has even landed him recognition as a QPP Clinician Champion in 2018. For more information on Clinician Champions, please review the [Clinician Champions Fact Sheet](#).

How can a small practice like yours achieve Dr. Garg's success with MIPS? Here is some advice and recommendations he has for other small practices:

**Hold weekly meetings with staff to check progress on metrics and assign an internal MIPS "champion" to come up with an improvement plan.**

Dr. Garg's practice meets frequently to review progress on MIPS measures. The office manager will print out performance data from the EHR and share this data with the team. If the practice is not performing well on a certain measure, a "champion" is assigned to come up with a game plan to improve performance on this metric and to generate discussion on new quality improvement approaches.

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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](mailto:QPPSURS@IMPAQINT.COM).

**WEBSITES**

**Centers for Medicare and Medicaid Services**

[cms.gov](https://www.cms.gov)

**Quality Payment Program**

[qpp.cms.gov](https://qpp.cms.gov)

**Healthcare Communities**

[healthcarecommunities.org](https://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](https://qpp.cms.gov/about/small-underserved-rural-practices)

**As a reminder, we are in the last 90 days of the reporting period!**

**Be on the lookout for more information regarding the Proposed Rule for Year 3.**

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**Consider the following strategies to reduce the cost of care for your Medicare patients: Expand office hours to reduce patient visits to the emergency room.**

In addition to having an on-call provider for after-hours calls, Dr. Garg's practice blocks off a few hours during the day for patients to be able to make same-day appointments and receive urgent care.

**Implement internal chronic care management (CCM) as an alternative to contracting externally for CCM services.**

Dr. Garg's practice has implemented CCM in-house by asking each doctor to identify their top 10% of high-risk patients and assigning a nurse to provide CCM services to this group of patients.

**Follow up with patients who are hospitalized to reduce readmissions.**

Dr. Garg's practice receives alerts from their health information exchange (HIE) if their patients are hospitalized. The practice ensures that the patient is seen within one or two days of discharge from the hospital to help prevent future hospitalizations.

**Spend more time on patient education for high-risk patients.**

Spending an additional 10 to 15 minutes on education with patients who have chronic conditions has helped Dr. Garg's patients to properly monitor their care, adhere to care plans, and stay healthy.

**Communicate with specialists to reduce unnecessary testing and bring down costs.**

Dr. Garg communicates with specialists to avoid unnecessary testing by sharing patient data so that specialists are aware of the testing that has already been done and lab work is not duplicated unnecessarily.

**FAQs from September 2018 National QPP SURS LAN Webinar**

The following questions were asked by the audience during the September 2018 LAN webinar on the topic of "Understanding Advanced APMs: Advice for Solo and Small Group Practices." For access to the full Q&A document and previous LAN webinar presentations, see the QPP SURS WordPress website: <https://qppsurs.wordpress.com/resources/>.

**Q. What are the benefits of being in an ACO/APM?**

A. Accountable Care Organizations (ACOs) are groups of doctors, hospitals and other health care providers who come together voluntarily to give coordinated high-quality care to their Medicare patients. One-sided ACO models keep some of the savings distributed among members and don't lose money if care costs more than expected. Two-sided ACO models keep a bigger share of the savings, but it is important to note that for two-sided ACOs, if costs are higher than expected, the ACO may lose money.

APMs provide several benefits including benefits to care coordination; flexibility and shared incentives and savings; population management capabilities; opportunities and support such as health IT, data analytics and quality reporting; greater rewards for taking on some risk related to patient outcomes; and an ability to focus more on outcomes.

In the Quality Payment Program, ACOs are APMs but your level of attributed patients or payment volumes dictate whether you are a Qualifying APM Participant (QP) and are thus participating in an Advanced APM or a MIPS APM.

When you achieve certain threshold levels of payments and patients to be deemed a Qualifying APM Participant in an Advanced APM, you are eligible to earn a 5% incentive and are excluded from the MIPS reporting requirements and payment adjustment. You must, however, meet any reporting requirements set forth by your APM.

When you are in a MIPS APM and are not excluded from MIPS, you may be scored using the APM scoring standard. The MIPS APM scoring standard was designed to eliminate the need for MIPS clinicians to duplicate submission of Quality and Improvement Activity performance category data and aims to allow participants to focus instead on the goals of the APM.

**Q: How does a practice become a Qualifying APM Participant (QP)?**

A: In order to achieve status as a Qualifying APM Participant, qualify for the 5% APM incentive payment for a year, and be excluded from MIPS, eligible clinicians must receive a certain percentage of Part B payments for covered professional services or see a certain percentage of patients through an Advanced APM during the associated performance period. During Performance Year 2018, in order to be deemed a QP, eligible clinicians must:

- Receive 25 percent of their Medicare Part B payments through the Advanced APM; or
- See 20 percent of their Medicare patients through an advanced APM.

QP determinations can be made at both the individual and APM entity levels.

The QP Methodology Fact Sheet at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/QP-Methodology-Fact-Sheet.pdf> can help you understand how the QP status and partial QP status are determined based on eligible clinician performance. CMS also posted YouTube videos that provide additional information around Advanced APMs:

- Introduction to Advanced Alternative Payment Models (APMs): <https://youtu.be/cCsI8bQJHHA>
- What is a Qualified APM Participant (QP)?: <https://youtu.be/cWqHRL5Mzy8>
- What is the APM Scoring Standard?: <https://youtu.be/Inalfc4jqU>

**Q: Does the practice have to take on risk in order to receive the 5% bonus? Does the practice have to be a Qualified Participant (QP)?**

A: Yes, in order to receive the 5% APM incentive payment by achieving QP status in a qualifying Advanced APM, the practice has to take on “a more than nominal amount” of financial risk. The risk arrangement is either revenue-based or benchmark-based but must be two-sided (which means they must take on down-side risk). In two-sided risk models, if actual costs exceed targets, the practice would be penalized for missing the targets.

Some APM Entities participating in Advanced APMs—such as those participating in certain episode-based payment models—may use either a Participation List or an Affiliated Practitioner List. In this case, CMS will identify eligible clinicians for QP determinations using the APM Entity’s Participation List (making determinations at the APM Entity level), when available. If the APM Entity does not identify eligible clinicians on a Participation List, CMS will use the APM Entity’s Affiliated Practitioner List (making determinations at the individual eligible clinician level). Determining the QP status and partial QP status for eligible clinicians in APM entity groups can also be performed at the APM Entity Group level. If the Threshold Score calculated during a QP determination period for the APM Entity group (based on the payment amount or patient count method) meets or exceeds the relevant QP threshold for the payment amount or patient count method, CMS will consider all eligible clinicians in the APM Entity group to be QPs or Partial QPs (as applicable) for that performance year. For more information on determining QP Status, visit the QP Methodology Fact Sheet at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/QP-Methodology-Fact-Sheet.pdf>

## New MIPS Scoring 101 Guide

How will your MIPS score be calculated for the 2018 reporting period? CMS has published an updated MIPS 2018 scoring guide that explains:

- What level of data reporting is required in within each performance category
- How measure scores are calculated based on benchmarks
- How to earn bonus points in the Quality and Promoting Interoperability performance categories
- How the complex patient bonus is calculated
- Special provisions for small practices
- Which special statues are eligible for reweighting the Promoting Interoperability performance category to zero
- What help is available for practices experiencing extreme and uncontrollable circumstances (e.g., hurricanes); and
- How payment adjustments will be calculated (based on your MIPS Final Score)

Access the MIPS Scoring 101 Guide here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-MIPS-Scoring-Guide.pdf>

## Monthly Observance - American Diabetes Month

In November, join the American Diabetes Association in observing American Diabetes Month. You can use this month to raise awareness about the risk factors for diabetes and encourage your patients to make healthy lifestyle choices. According to the Centers for Disease Control & Prevention, 1 in 10 Americans have diabetes (over 30 million Americans) and 84 million American adults are at high risk of developing type 2 diabetes.

MIPS rewards providers for activities that support the goals of American Diabetes Month, such as checking your patient's blood pressure and cholesterol, as well as encouraging healthy eating and physical activity. MIPS quality measures that relate to diabetes care include:

- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (Quality ID: 001)
- Diabetes: Foot Exam (Quality ID: 163) and Diabetes: Eye Exam (Quality ID: 117)
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Quality ID: 019)
- Diabetes: Medical Attention for Nephropathy (Quality ID: 119)
- Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions (Quality ID: 325)

MIPS Improvement Activities related to diabetes care include:

- Additional improvements in access as a result of QIN/QIO TA (Activity ID: IA\_EPA\_4)
- Chronic Care and Preventative Care Management for Empaneled Patients (Activity ID: IA\_PM\_13)
- Diabetes screening (Activity ID: IA\_BMH\_1)
- Engagement with QIN-QIO to implement self-management training programs (Activity ID: IA\_BE\_3)
- Glycemic management services (Activity ID: IA\_PM\_4)
- Glycemic Referring Services (Activity ID: IA\_PM\_20)
- Glycemic Screening Services (Activity ID: IA\_PM\_19)
- Use group visits for common chronic conditions (e.g., diabetes) (Activity ID: IA\_BE\_19)

Additionally, if you submit data to the Diabetes Collaborative Registry, a Qualified Clinical Data Registry (QCDR) that aggregates data on diabetes patients to improve patient care, you can gain points in the Promoting Interoperability (PI) performance category. You can even select to have the registry report your MIPS data to CMS for free. For more information about the Diabetes Collaborative Registry, click here: <https://www.ncdr.com/WebNCDR/Diabetes/publicpage>

By focusing on and better engaging patients who are larger consumers of healthcare services, clinicians and practices can help to avoid unnecessary emergency room visits and work to avoid inpatient admissions, resulting in improved performance on the two cost measures: Medicare Spending Per Beneficiary (MSPB), and Total Per Capita Costs (TPCC).

For more information on American Diabetes Month, click here:  
<https://healthfinder.gov/NHO/NovemberToolkit.aspx>

## New Quality Data Feedback for Claims Based Submissions

### Monthly Performance Feedback Now Available for Quality Data Reported Via Claims

Are you submitting your quality performance category data via claims in 2018? If so, you can access your quality data performance feedback in real time by logging into the QPP portal ([qpp.cms.gov](http://qpp.cms.gov)). CMS is updating quality measure performance feedback on a monthly basis based on the quality data codes (G-codes) that are attached to your claims. If you are a MIPS-eligible clinician reporting as an individual, log in to the QPP portal using your EIDM credentials to track your progress and performance feedback today!

For more information on claims-based reporting for MIPS, check out the [2018 Claims data submission fact sheet](#).

## Updates to QPP Participation Status Tool

### QPP Participation Status Tool Update – Qualifying Alternative Payment Model (APM) Participant Status

As of August 2018, CMS has updated the [Quality Payment Program Participation Status Tool](#) to include information on Qualifying APM Participant (QP) and MIPS APM status based on the first determination period of 2018 APM entity data. The Participation Status Tool will be updated later this year with results from the second period, analyzing claims from January 1 to August 31, 2018.

#### How does QP Status affect your practice?

A clinician or practice with QP status is eligible for a 5% incentive bonus on Medicare and is exempt from MIPS reporting requirements.

#### What APMs are included in the Participation Status Tool?

The tool includes, but is not limited to, the following 2018 Advanced APMs and MIPS APMs:

- Medicare ACO Track 1+ Model
- Medicare Shared Savings Program – Track 1
- Medicare Shared Savings Program – Track 2
- Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1 – CEHRT)
- Medicare Shared Savings Program – Track 3
- Next Generation ACO Model
- Oncology Care Model (OCM)
- Bundled Payments for Care Improvement Advanced (BPCI Advanced)
- Comprehensive Primary Care Plus (CPC+)
- Maryland All-Payer Care Re-design Program
- Comprehensive ESRD Care (CEC) – Two-Sided Risk

## How to Check Your QP Status

To view your QP or MIPS APM status at the individual level:

- Go to: <https://qpp.cms.gov/participation-lookup>
- Enter your 10-digit National Provider Identifier (NPI)

To check your group's 2018 eligibility at the APM entity level:

- Log into the CMS [Quality Payment Program website](#) with your [EIDM credentials](#)
- Browse to the Taxpayer Identification Number affiliated with your group
- Access the details screen to view the eligibility status of every clinician based on their NPI

## Questions?

To learn more about how CMS determines QP and MIPS APM status, be sure to review CMS' [QP Methodology Fact Sheet](#).

If you need additional support, reach out to your region's Technical Assistance Contractor: <https://qpp.cms.gov/about/small-underserved-rural-practices>.

## Resources for Specialists - State Medical Societies

Are you having trouble finding MIPS quality measures relevant to your specialty? Are you searching for local resources that could assist your practice in MIPS reporting? Remember to check out the resources available on your state medical association or society's website. State medical societies offer a variety of QPP webinars, decision guides, EHR resources, and other online tools. They may also provide tailored information for specialists.

For instance, the [Texas Medical Association](#) (TMA) provides links to national specialty societies to help connect practices to the MIPS resources tailored to their specialty, including specialty registries, relevant quality measures, and specialty-specific toolkits and Alternative Payment Models (APMs) resources. Additionally, CMS provides access to specialty measure sets, which can be accessed on the QPP Portal using the "Explore Measures" tool available here: <https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2018#measures>.

State medical societies also provide general QPP educational materials and can serve as a forum for specialists to meet other clinicians and practices. The [Connecticut State Medical Society](#) offers free webinars, as well as an in-person MACRA "Boot Camp," where you can network with other SURS practices. As you continue your 2018 MIPS reporting, don't forget to check out your state medical society's website for additional QPP resources, discounts, and networking opportunities!

# Upcoming Events

INFORMATION REGARDING UPCOMING EVENTS, ALONG WITH REGISTRATION INFORMATION, CAN BE FOUND BELOW:



**November 2018 LAN Webinar:** Overview of the 2019 Final Rule: Implications for Solo and Small Group Practices

Date: [Tuesday, November 27, 2018 11:00am – 12:00pm ET](#)

Date: [Thursday, November 29, 2018 3:30pm – 4:30pm ET](#)

**CMS Quality Conference**, January 29-31, 2019. Please visit [www.cmsqualityconference.com](http://www.cmsqualityconference.com) to register.

**Quality Payment Program in 2018: Advanced APMs Web-Based Training Course — Revised.** With Continuing Education Credit A revised Quality Payment Program in 2018: Advanced APMs Web-Based Training Course is available through the [MLN LMS](#). Learn about:

- Advanced Alternative Payment Models (APMs), including how to identify an Advanced APM and a CMS Advanced APM
- How to participate in QPP via an Advanced APM

Participants will gain knowledge and insight on the program all while earning valuable continuing education credit. Keep checking back with us for updates on new courses. First time participants will need to register for the MLN Learning Management System. Once registered, you will be able to access additional courses without having to register. For information on how to login or find training, please visit our MLN Learning Management System FAQ sheet.

The Centers for Medicare & Medicaid Services designates this enduring material for a maximum of 0.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit for this course expires October 23, 2021. *AMA PRA Category 1 Credit™* is a trademark of the American Medical Association

## Additional Upcoming Events and Links to Past Events

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>

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