



Update: The Quality Payment Program

Susy Postal DNP, RN-BC
Chief Health Informatics Officer

June 14, 2017



Disclaimer



This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Important Note: Sections of this presentation were developed in collaboration with Centers for Medicare & Medicaid Services (CMS).

Some slides are courtesy of CMS from various CMS webinars and presentations about the Quality Payment Program.



Objectives



1. Identify the background and purpose of the Quality Payment Program (QPP): Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.
2. Review the final rule with comments, addressing framework paths: Merit Based Incentive Payment Systems (MIPS) and Advanced Alternative Payment Models (APMs).
3. Discuss payment adjustments and bonuses related to MIPS and APMs.
4. Identify measures submitted for Improvement Activity.
5. Identify steps to prepare for the Quality Payment Program within the IHS.



Quality Payment Program Overview



Quality Payment Program (QPP)

- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ **Streamlines** multiple quality reporting programs into the new **Merit-based Incentive Payment System (MIPS)**
- ✓ **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**



The Merit-based Incentive
Payment System (MIPS)

or

Advanced Alternative
Payment Models (APMs)

- ✓ First step to a fresh start
- ✓ CMS is listening and help is available
- ✓ A better, smarter Medicare for healthier people
- ✓ Pay for what works to create a Medicare that is enduring
- ✓ Health information needs to be open, flexible, and user-centric



Timeline

April 27, 2016: Notice of Proposed Rule Making

October 14, 2016: Final Rule with Comments

2017: Performance Period (MIPS & APMs)

2019: Payment Year for Quality Payment Program

2017	2018	2019	2020	2021	2022	2023	2024	2025
Performance Period		Payment Year						



Quality Payment Program: Pick Your Pace



- Ready- Begin January 1, 2017
- Not Quite Ready
 - Start anytime between January 1, 2017 - October 2, 2017.
- Send in Performance Data by March 31, 2018





Quality Payment Program: Two Paths



Health care providers to take part in CMS' quality programs in one of two ways:

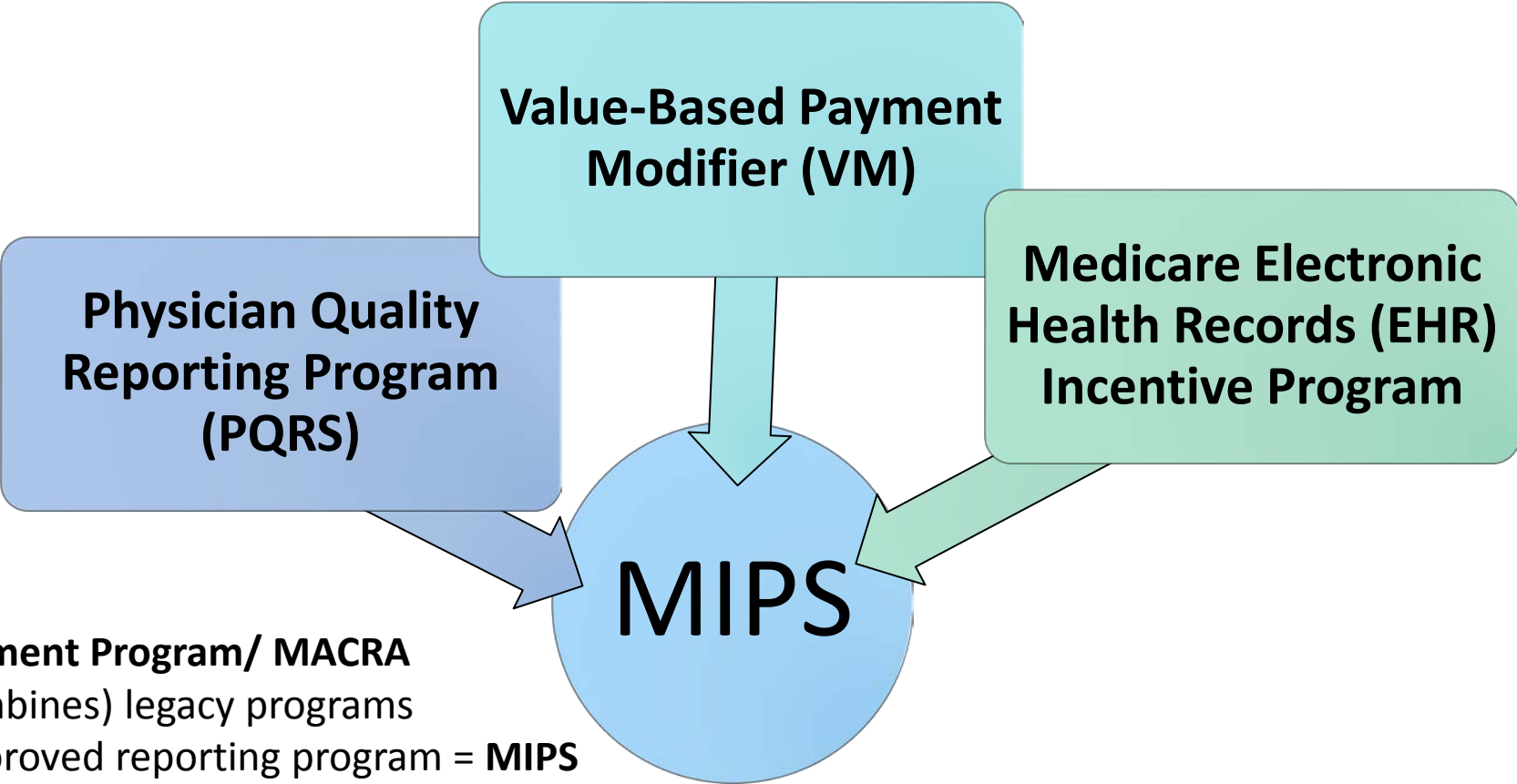
1. Merit-Based Incentive Payment System (MIPS)
2. Advanced Alternative Payment Models (**Advanced** APMs)





What is MIPS

Currently there are **multiple quality and value reporting programs** for Medicare clinicians.



The Quality Payment Program/ MACRA streamlines (combines) legacy programs into a single, improved reporting program = **MIPS**



MIPS Performance Categories

How will physicians and practitioners be scored under MIPS?

A single MIPS composite performance score will factor in performance in 4 weighted performance categories on a 0-100 point scale:



Quality



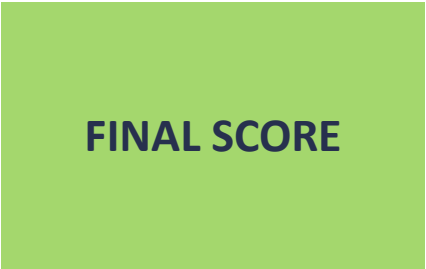
Improvement Activities



Advancing Care Information



*Cost



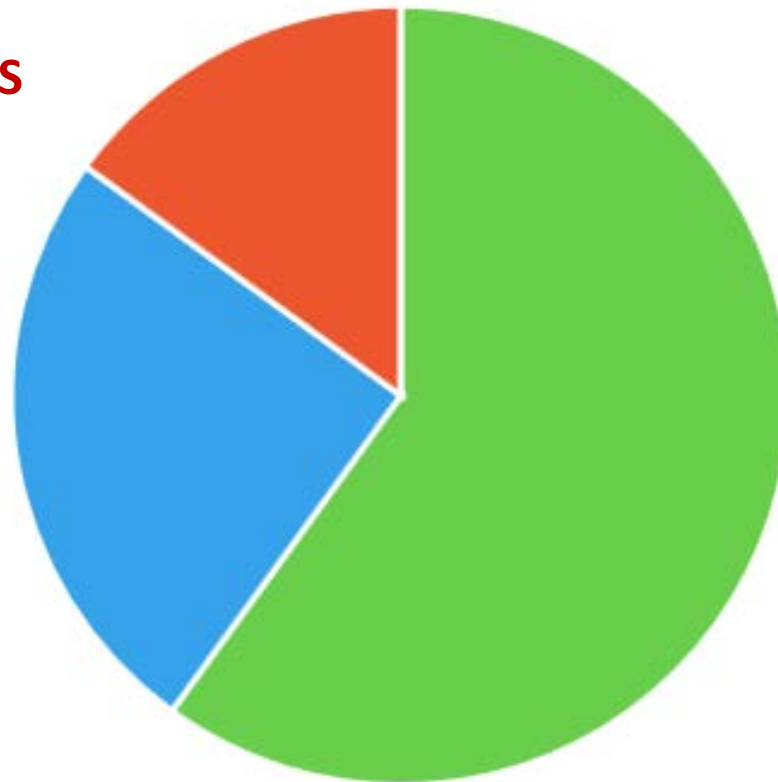
*Cost= 0 % weighting the first year



Year 1 Performance Category Weights for MIPS

IMPROVEMENT ACTIVITIES
15%

**ADVANCING CARE
INFORMATION (ACI)**
25%



QUALITY
60%

Cost: Counted starting in 2018



Clinician Impact

**Which clinicians does
The Quality Payment Program
affect?
(Will it affect me?)**

**Short answer:
Quality Payment Program
affects clinicians who participate
in Medicare Part B.**



Who Will Participate in MIPS?

Medicare Part B clinicians billing **more than \$30,000 in allowed charges** a year **AND** providing care for **more than 100 Part B-enrolled Medicare patients** a year.

Affected clinicians are called **“MIPS eligible clinicians”** and will participate in MIPS.

Years 1 and 2

Years 3+



Doctors of Medicine, Doctors of Osteopathy, Chiropractors, Dentists, Optometrists, Podiatrists, Nurse Practitioners, Physician Assistants, Certified Registered Nurse Anesthetists, And Clinical Nurse Specialists

Secretary may broaden Eligible Clinicians group to include others such as



Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals

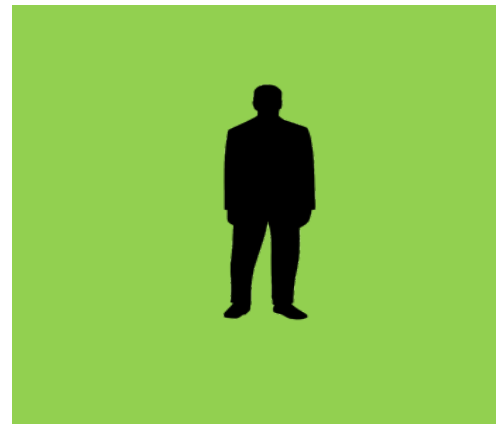


Who will NOT Participate in MIPS?

There are **3 groups** of clinicians who will NOT be subject to MIPS:



FIRST year of Medicare Part B participation



Below **low patient volume** threshold



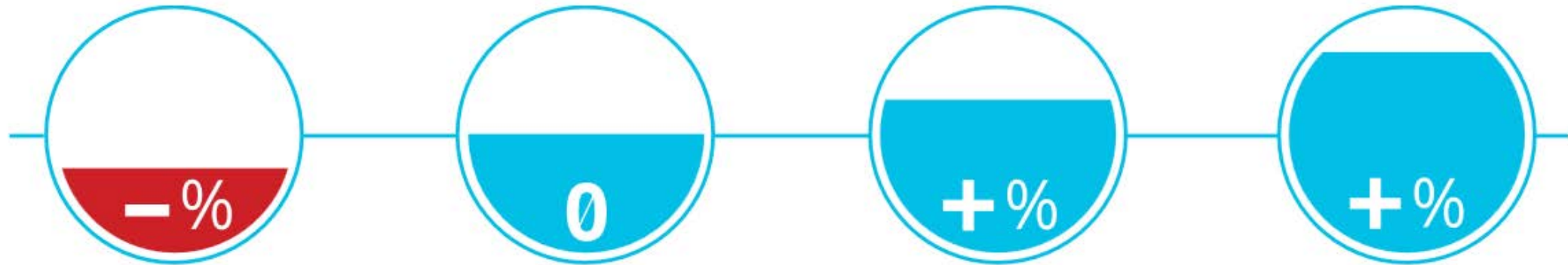
Certain participants in **ADVANCED** Alternative Payment Models

*Has billed for Medicare Part B allowed charges less than or equal to \$30,000 **OR** provided care for 100 or fewer Part B-enrolled Medicare patients in one year*

Note: MIPS **does not** apply to hospitals or facilities (Part A)



MIPS: Pick Your Pace



Don't Participate

Submit Something

Submit a Partial Year

Submit a Full Year

Positive adjustments are based on performance data on the performance information submitted.
Not the amount of information or the length of times submitted.

Pick Your Pace for Participation for the Transitional Year

DO SOMETHING!

Participate in an Advanced Alternative Payment Model



- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

Test Pace

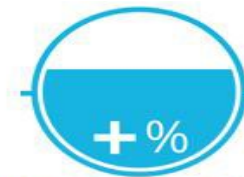


Submit Something

- Submit some data after January 1, 2017
- Neutral or small payment adjustment

MIPS

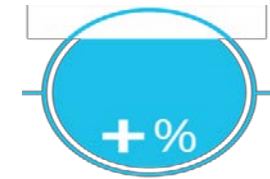
Partial Year



Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year



Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.



Incentives for Advanced APM Participation



What is an Alternative Payment Model (APM)?



APMs are **new approaches to paying** for medical care through Medicare that **incentivize quality and value**.

As defined by
MACRA,
APMs include:

- ✓ **CMS Innovation Center model**
(under section 1115A, other than a Health Care Innovation Award)
- ✓ **MSSP** (Medicare Shared Savings Program)
- ✓ **Demonstration** under the Health Care Quality Demonstration Program
- ✓ **Demonstration** required by federal law

MACRA **does not change how any particular APM rewards value**.
APM participants who are not “QPs” will receive **favorable scoring under MIPS**.
Only **some** of these APMs will be **Advanced** APMs.

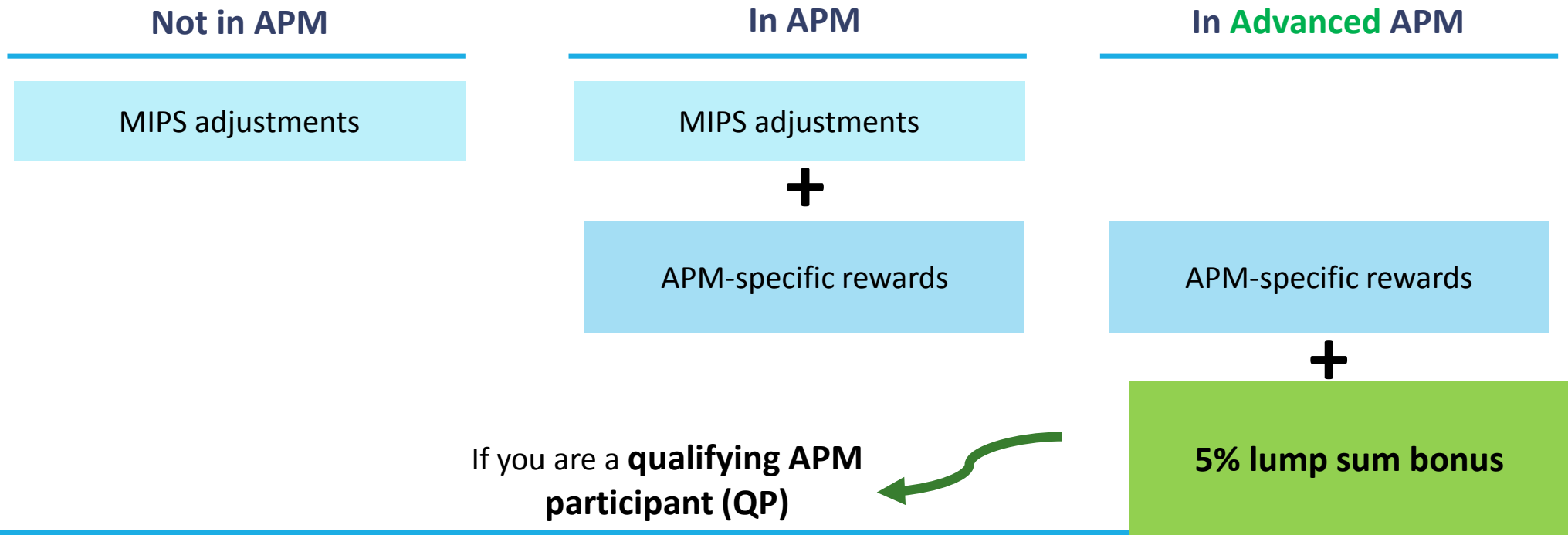


Rewards for APM Participants

QPP provides **additional** rewards for participating in **APMs**.

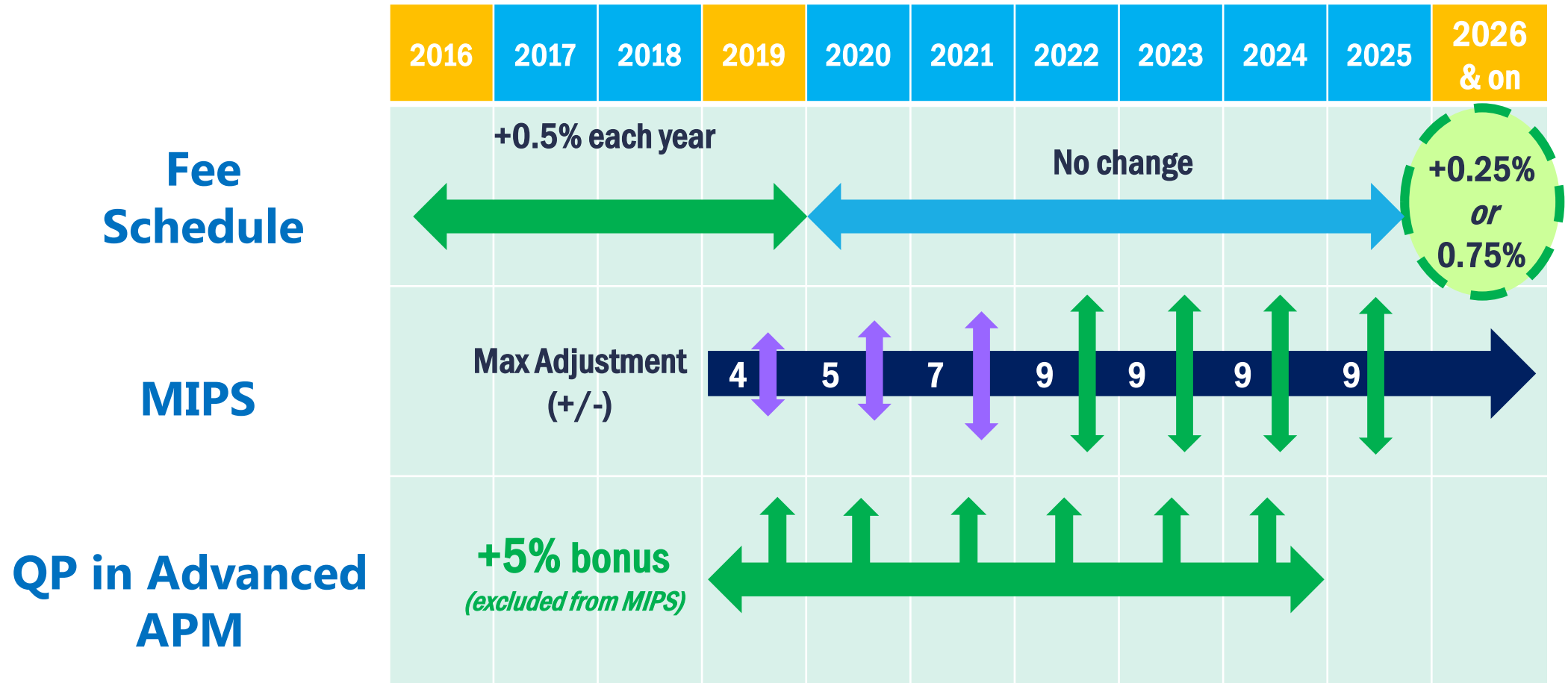


Potential financial rewards





Putting it all together





Annual Call for MIPS Measures



Annual Call for MIPS Measures:



Submitting Measures and Activities for MIPS

The Centers for Medicare & Medicaid Services (CMS) opened the submission period for the Annual Call for Measures and Activities of the Merit-Based Incentive Payment System (MIPS) track of the Quality Payment Program (QPP).

The Annual Call for Measures and Activities allows providers and measure stewards from stakeholder organizations to identify and submit measures and activities for three of the four MIPS performance categories:

1. Quality measures for the quality performance category;
2. EHR measures for the advancing care information performance category; and
3. Activities for the improvement activities performance categories for consideration.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallForMeasures.html>



Annual Call for MIPS Measures: Fact Sheet



Fact Sheet:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Annual-Call-for-Measures-and-Activities-for-MIPS_Overview-Factsheet.pdf

Submission Forms:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallForMeasures.html>

Quality Payment Program

Fact Sheet

Annual Call for Measures and Activities The Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of programs (the Medicare Electronic Health Record (EHR) Incentive Program, the Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier) with a single system where every Medicare physician and clinician has a chance to be rewarded for better care. You'll be able to practice as you always have, but you may receive higher Medicare payments based on your performance. There are two (2) paths in the Quality Payment Program:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

Under MIPS, there are four connected categories that will affect your Medicare payments – quality, clinical practice improvement activities (referred to as "improvement activities"), use of certified EHR technology (referred to as "advancing care information"), and resource use (referred to as "cost").

The Annual Call for Measures and Activities for MIPS

The *Annual Call for Measures and Activities* process allows clinicians and organizations, including but not limited to those representing eligible clinicians such as professional associations, and medical societies, and other stakeholders such as researchers and consumer groups to identify and submit:

- Quality measures for the quality performance category;
- EHR measures for the advancing care information performance category; and
- Activities for the improvement activities performance categories for consideration.

Presumably, stakeholders would not submit measures or activities for consideration unless they believe that the measure or activity is applicable to clinicians and can be reliably and validly measured at the individual clinician level. CMS quality measure selection is a rigorous process that includes stakeholder recommendation. As part of our quality measure selection process, stakeholders recommend quality measures by submitting specifications and related research, and background to CMS for review and consideration. This information is necessary to determine whether or not the quality measure is applicable to clinicians as well as feasible, reliable, valid at the individual clinician level and that they are evidence-based and scientifically acceptable.



Annual Call for MIPS Measures:



Submission Details

- **Quality:** Measures proposed for inclusion should be submitted through JIRA. Submissions should include the JIRA Measures Under Consideration (MUC) template and other associated documents CMS deems necessary for the submission process.
- **Advancing Care Information:** Measures proposed for inclusion should be sent using the Advancing Care Information Submission Form to CMSCallforMeasuresACI@ketchum.com.
- **Improvement Activities:** Activities proposed for inclusion should be sent using the Improvement Activities Submission Form to CMSCallforActivitiesIA@ketchum.com.

Submission forms will be accepted for review through June.

Read the Call for Measures Fact Sheet to learn more and to understand the process for submitting measures for the MIPS performance categories.

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallForMeasures.html>



IHS Submitted: Improvement Activities



- ❑ **Improvement Activity Subcategory:** Population Management
- ❑ **Activity:** Increasing adult immunization coverage
- ❑ **Measure:** Age appropriate routine vaccination for all adults 19 years and older
 - ✓ Tetanus & diphtheria (Td)
 - ✓ Tetanus, diphtheria & acellular pertussis vaccine (Tdap)
 - ✓ pneumococcal vaccines (e.g. PCV 13 & PPSV 23)
- ❑ **Question:** Amy V. Groom, MPH (IHS Immunization Program Manager)

Note: this measure was submitted to CMS on 2/27/17 and has not been approved for use by CMS.



Steps to Prepare for the Quality Payment Program



Getting Ready to Participate in MIPS



- Identify which Tracks your taking
 - ✓ MIPS vs. Advanced APM
- Determine your eligibility status.
- Determine readiness and choose “how you want to start.”
- Choose if you will be reporting as an individual or group.
- Decide if you will work with a third party intermediary
 - ✓ Consider using Qualified Clinical Data Registry (QCDR).
- Use CMS resources (website) to explore options on measures to use.



Eligibility: Check Your Participation Status



Quality Payment PROGRAM

Learn About the Program | Explore Measures | Education & Tools

Modernizing Medicare to provide better care and smarter spending for a healthier America.

Check your participation status

Enter your National Provider Identifier (NPI) number

Attachment A: Who's included and should actively participate in MIPS to avoid a penalty and possibly earn a positive adjustment

<TIN> Reference # QPP201701
<PROVIDER NAME> <DATE>
<PROVIDER ADDRESS>

Below is a list of the clinician(s) associated with your TIN, their National Provider Identifier(s) (NPI), and whether they are subject to the Merit-Based Incentive Payment System (MIPS).

Inclusion in MIPS is based on a number of factors, including whether the group or the individual clinician exceeds the low volume threshold criteria. Under this criteria, you will be exempt from MIPS if you bill Medicare less than \$30,000 a year or provide care for less than 100 Medicare patients a year.

Note, however, that if your group chooses to report as a group, MIPS assessment will be based on all individuals in the group, and the payment adjustment will include those clinicians who do not exceed the low-volume threshold as individuals.

If you are currently subject to MIPS, please prepare to participate in the program; we will notify you of any changes in your participation status.

This information should be shared with the clinicians associated with your TIN. If you have questions, please call the Quality Payment Program at 1-866-288-8292 (Monday-Friday 8AM-8PM ET). TTY users can call 1-877-715-6222.

TIN	NPI	MIPS Participation
*****		Included in MIPS; OR
		Your group fell below threshold for Medicare Part B payments or patients
	*****	Included in MIPS
	*****	Exempt from MIPS. Below threshold for Medicare Part B payments or patients, unless participating as a Group.
	*****	Exempt from MIPS. Not an eligible provider type.

Please note, clinicians who practice under multiple TINs will be notified at the TIN level of their eligibility and therefore may have different eligibilities for each of their TIN/practice combinations.

1

Quality Payment PROGRAM

MIPS Merit based Incentive Payment System | APMs Alternative Payment Models | About The Quality Payment Program

MIPS Participation Status

To check if you need to submit data to MIPS, enter your 10-digit National Provider Identifier (NPI) number.

If you're exempt from MIPS with the first review, you won't need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2017. [Learn more about MIPS eligibility.](#)

NATIONAL PROVIDER IDENTIFIER (NPI)

Participating in an Alternative Payment Model (APM)? Talk to your Center for Medicare & Medicaid Innovation (CMMI) team or leaders managing your participation. If you need help finding this information, please email us at qpp@cms.hhs.gov or call 1-866-288-9292

- ☐ CMS website
- ☐ CMS MIPS Participation Status Letters

Source: <https://qpp.cms.gov/>
<https://qpp.cms.gov/resources/education>
<https://qpp.cms.gov/participation-lookup>



QPP / MACRA Next Steps for IHS



Operationalize the Quality Payment Program

- ❑ IHS's Quality Payment Program- MACRA National Working Group
- ❑ Encourage using resources - IHS Website and LISTSERV
- ❑ Provide Community Outreach - training and education
 - Crosswalked eCQM with MIPS Measures
 - Defined QPP – MACRA Roles and Responsibilities
 - Webinar Series
 - Review approved registries



Steps to Prepare for the Quality Payment Program



Utilize Quality Payment Program Resources:

- ❑ Centers for Medicare & Medicaid Services (CMS): <https://qpp.cms.gov>
- ❑ Training, Education and Technical Assistance Resource Information: <https://qpp.cms.gov/resource/>
- ❑ IHS Resources: <https://www.ihs.gov/qpp/>

Quality Payment PROGRAM

Learn About the Program | Explore Measures | Education & Tools

Education Resources | **Ea Documents**

CMS Website
<https://qpp.cms.gov/resources/education>

Educational Resources

Welcome to the Quality Payment Program Educational resource library where you'll find links to official information to help you prepare for success in the Quality Payment Program.

Read the Official Rule

Learn more about the Quality Payment Program through the final rule with comment period.

Read the Final Rule at the Federal Register
UPDATED OCTOBER 14TH, 2016

Read the Executive Summary of the Rule
UPDATED OCTOBER 14TH, 2016

MACRA Legislation

Read the official Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

Read the Legislation

MIPS Participation Status Letter

Read the sample letter and attachments about MIPS participation status sent to clinician offices in late April and early May 2017.

MIPS Participation Status Mailing

Video Library

Delivery System Reform: Paying for What Works

Webinars and Educational Programs

Webinars About the Quality Payment Program

Documents & Downloads

Jump to Document Type -



Technical Assistance Support

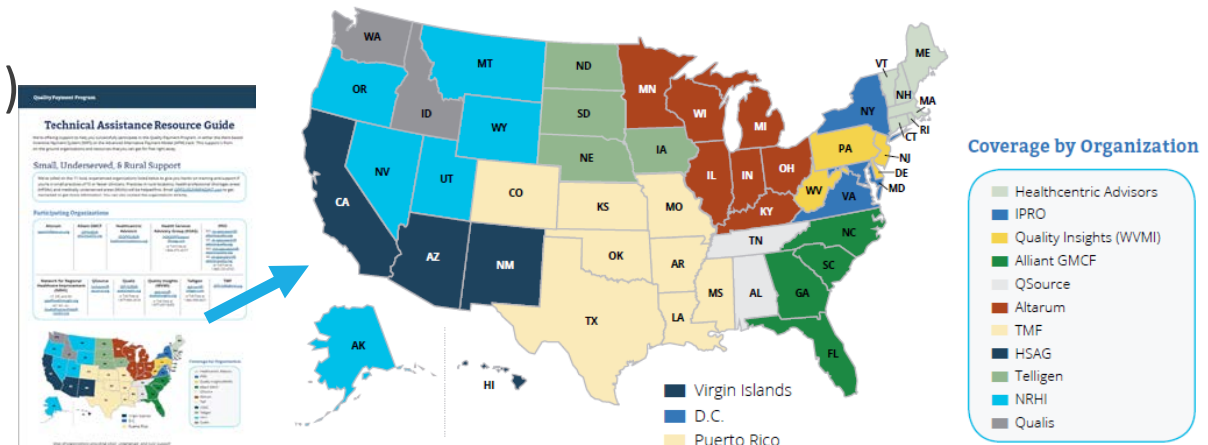


Technical Assistance Resource Guide

- ❑ Small, Underserved, & Rural Support (SURS)
 - Small practices of 15 or fewer clinicians
 - Practices in rural locations, health professional shortages areas (HPSAs), and medically underserved areas (MUAs)

- ❑ Quality Innovation Networks – Quality Improvement Organizations (QIN-QIOs)
 - Large practice of more than 15 clinicians

- ❑ Transforming Clinical Practice Initiative (TCPI)



Source: https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf

Map of organizations providing small, underserved, and rural support



Roles and Responsibilities of QPP



Indian Health Service Quality Payment Program (QPP)		
Planning	Planning	Planning
MU Stage 3	MACRA Stage	2015 CEHRT Stage
(Magnitude of Effort - High)	(Magnitude of Effort - High)	(Magnitude of Effort - High)
Area MU Coordinator	National MACRA Coordinator	Area MU Coordinator
Site MU Coordinator 1. Identify Eligible Professionals 2. Identify Eligible Hospitals 3. Understanding Stage 3 Requirements	Area MACRA Coordinator	Area MACRA Coordinator
Area CAC	Site MACRA Coordinator	
Site CAC	Area MU Coordinator	
	Site MU Coordinator	Site MU Coordinator
Physician Champion (Healthcare Provider)	Area CAC	Area CAC
Nurse Champion (Healthcare Provider) 1. Understanding Stage 3 Requirements	Site CAC	Site CAC
Area ISSO	Area ISSO	Area ISSO
	IT Specialist	IT Specialist
	Physician Champion (Healthcare Provider)	Physician Champion (Healthcare Provider)
	Nurse Champion (Healthcare Provider)	Nurse Champion (Healthcare Provider)
Area Health Information Management (HIM) Staff		
Comments:	Comments:	Comments:



Information Technology Roles and Responsibilities for QPP



Role	Responsibilities	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
DIT Informaticist	Analyzes Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT) so that it can be developed in EHR. Confirms functionality built to support use in field, Provides communication and training to site and area levels when enhancements/patches are built. Supports testing.		X	X	X						X	X
Area IT Specialist	Provides Health IT (e.g. RPMS, EHR, iCare) configuration. Maintains IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.		X	X							X	X
Site IT Specialist	Site specific and works with Area and DIT. Health IT (e.g. RPMS, EHR, iCare) Configuration. Maintain IT functionality, enhancements, and patches. Performs testing.		X	X							X	X
Providers/ Clinicians/ Others												

Area IT Specialist	Provides Health IT (e.g. RPMS, EHR, iCare) configuration. Maintains IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.
Site IT Specialist	Site specific and works with Area and DIT. Health IT (e.g. RPMS, EHR, iCare) Configuration. Maintain IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.



IHS QPP - MACRA Resources



IHS Website: <https://www.ihs.gov/qpp/>

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Home About IHS Locations for Patients for Providers Community Health Career Opportunities Newsroom

IHS Home - Quality Payment Program (QPP)

IHS QPP Website

Quality Payment Program (QPP)

This webpage is for staff to learn more and amplify guidance about the [CMS' Quality Payment Program](#). The Quality Payment Program is established under the [Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015](#) (also known as MACRA). MACRA reforms Medicare payments and creates the Quality Payment Program to pay clinicians for the value and quality of health care provided.

What is the Quality Payment Program (QPP)?

The QPP helps move the national healthcare system toward the goal of paying for value and quality care by establishing two paths to Medicare payment:

- a [Merit-Based Incentive Payment System \(MIPS\)](#) and
- an advanced [Alternative Payment Models \(APMs\)](#)

Please click on the links above or the links in the resources section to learn more about these programs.

Indian Health Service (HQ) - 5600 Fishers Lane, Rockville, MD 20857 - Find a Mail Stop

Accessibility • Disclaimer • FAQs • Website Privacy Policy • Plain Writing Act • Freedom of Information Act • HIPAA • No Fear Act • Contact Information • Download Plug-Ins

STAY CONNECTED
f y in

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Home About IHS Locations for Patients for Providers Community Health Career Opportunities

IHS Home - for Providers - [LISTSERV Email Groups](#) - Topics - Quality Payment Program (QPP) - MACRA

IHS QPP LISTSERV

Quality Payment Program (QPP) - MACRA

Purpose of this listserv is to serve as an avenue for community outreach and mission critical education about Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the Quality Payment Program, which include two paths: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMS).

If you'd like to subscribe to this list fill out the below form fields and press subscribe.

* indicates a required field

* Name:

* Email:

Subscribe

For more information please contact [Susy Postal](#), or if you want to email this list send an email to MACRA@listserv.ihs.gov.

Indian Health Service (HQ) - 5600 Fishers Lane, Rockville, MD 20857 - Find a Mail Stop

Accessibility • Disclaimer • FAQs • Website Privacy Policy • Plain Writing Act • Freedom of Information Act • HIPAA • No Fear Act • Contact Information • Download Plug-Ins

STAY CONNECTED
f y in

LISTSERV Email: MACRA@listserv.ihs.gov

Subscribe URL: https://www.ihs.gov/listserv/topics/signup/?list_id=357



CMS Web Interface



One of six data submission methods, includes the CMS Web Interface

Web Interface Quality Measures (15 Measures)

- MIPS groups electing to report via the CMS Web Interface should refer to the Quality Measure Specifications and Quality Measures Specifications Documents on the Quality Payment Program website at qpp.cms.gov under the Education and Tools tab to ensure that the group will be able to report on the measures.

Participation and Reporting Criteria

- Groups of 25 or more eligible clinicians reporting quality data to CMS.
- Submit/ Report 12 months of quality data (Jan 1-Dec 31 for the 2017 performance year) for all 15 Web Interface Quality Measures (satisfies Quality Performance Category)

2017 Registration for CMS Web Interface

- Groups can register to participate in the 2017 CMS Web Interface Registration between April 1, 2017 and **June 30, 2017** (11:59 pm EDT).

Source: https://qpp.cms.gov/docs/QPP_CMS_Web_Interface_Fact_Sheet.pdf

Quality Payment Program Fact Sheet

2017 Merit-based Incentive Payment System (MIPS): CMS Web Interface Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of reporting programs with a single system where Medicare physicians and clinicians have a chance to be rewarded for better care. You'll be able to practice as you always have, but you may receive higher Medicare payment based on your performance. There are two (paths in this program):

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

Focusing on the CMS Web Interface

Under MIPS, there are six data submission methods, including the CMS Web Interface (formerly known as the GPRO Web Interface) which is a secure internet based data submission option for groups of 25 or more eligible clinicians reporting quality data to CMS.

By choosing the Web Interface, you eliminate the need to search for and select quality measures because you agree to report on all 15 Web Interface measures. Participating via the Web Interface means that you have at least 25 eligible clinicians that submit 12 months of quality data (Jan 1-Dec 31) for the 2017 performance year.

Should you choose to participate in MIPS via the CMS Web Interface, consider the following:

1. Determine that your group is eligible to participate in MIPS
 - You are a group of clinicians billing more than \$30,000 in Medicare Part B allowed charges AND providing care for more than 100 Medicare Part B patients a year.
 - Your group is a single Taxpayer Identification Number (TIN) with two or more eligible clinicians (including at least one MIPS eligible clinician) as identified by their National Provider Identifiers (NPI) who have reassigned their Medicare billing rights to their TIN. MIPS eligible clinicians include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and groups that include such clinicians.



Future Plans for RPMS



- Perform Market Research
 - Explore what products can interface with EHR to submit CQMs
- Update Clinical Quality Measures (CQM) Logic
 - Workgroup completed initial review (high level analysis)



Resources



American Medical Association. **Medicare Payment Reform**. Available at: <http://www.ama-assn.org/ama/pub/advocacy/topics/medicare-physician-payment-reform.page>

Centers for Medicare & Medicaid Services. **2017 Merit-based Incentive Payment System (MIPS): CMS Web Interface Fact Sheet**. (April, 12, 2017) Available at https://qpp.cms.gov/docs/QPP_CMS_Web_Interface_Fact_Sheet.pdf

Centers for Medicare & Medicaid Services. (November 2, 2016) **Advanced Alternative Payment Models (APMs) in The Quality Payment Program** (slide deck) Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>

Centers for Medicare & Medicaid Services. Merit-Based Incentive Payment System: **Advancing Care Information Performance Category**. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Advancing-Care-Information-Presentation.pdf>

Centers for Medicare & Medicaid Services. **MACRA: Delivery System Reform, Medicare Payment Reform**. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System (MIPS): 2017 CMS-Approved Qualified Clinical Data Registries (QCDRs)** . (May 25, 2017) Available at: https://qpp.cms.gov/docs/QPP_2017_CMS_Approved_QCDRs.pdf

Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System (MIPS): 2017 CMS-Approved Qualified Registries**. . (May 11, 2017) Available at: https://qpp.cms.gov/docs/QPP_MIPS_2017_Qualified_Registries.pdf

Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System: Advancing Care Information Performance Category**. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Advancing-Care-Information-Presentation.pdf>

Centers for Medicare & Medicaid Services. **The Merit-Based Incentive Payment Systems (MIPS)**. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-MIPS-NPRM-Slides.pdf>



Resources



Centers for Medicare & Medicaid Services. **MACRA: Delivery System Reform, Medicare Payment Reform.** Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

Centers for Medicare & Medicaid Services. **Quality Payment Program** (slide deck). Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-MACRA-NPRM-Slides.pdf>

Centers for Medicare & Medicaid Services. Quality Payment Program: **Educational Resources.** Available at :<https://qpp.cms.gov/resources/education>

Centers for Medicare & Medicaid Services. Quality Payment Program: **Modernizing Medicare to provide better care and smarter spending for a healthier America.** Available at: <https://qpp.cms.gov/>

Centers for Medicare & Medicaid Services. Quality Payment Program: **Technical Assistance Resource Guide.** (May 10, 2017) Available at https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf

Federal Register. **Final Rule with Comments** 42 CFR Parts 414 and 495. Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models. (November 4, 2016) Available at: <https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm>

Health Information and Management Systems Society. **MACRA Resource Center.** Available at: <http://www.himss.org/MACRA-resource-center>

Zaroukian M. Medicare Access and CHIP Reauthorization Act of 2015: **An Executive Overview of the Proposed Rule presentation.** Health Information and Management Systems Society (HIMSS). 2016. Available at: <http://www.himss.org/Events/EventDetail.aspx?ItemNumber=48362>



Questions



susy.postal@IHS.gov