



**DATE:** January 6, 2017

**TO:** Chief Executive Officers, Clinical Directors, Chief Medical Officers, Meaningful Use Coordinators and stakeholders preparing for the Quality Payment Program/ MACRA

**FROM:** Acting Chief Medical Officer and Chief Health Informatics Officer

**SUBJECT:** Indian Health Service (IHS) Quality Payment Program/ Medicare Access & Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA) preparation.

This memorandum is directed to IHS stakeholders to help prepare for the Quality Payment Program/ MACRA as the performance period begins as early as January 1, 2017, see below for more details.

**Utilize Quality Payment Program Resources**

- **Centers for Medicare & Medicaid Services (CMS) Resources:**
  - We highly encourage you to visit CMS’s Quality Payment Program website to learn more about the program, explore measures and education and tools. URL: <https://qpp.cms.gov/>
  - Attend CMS’s webinars and educational programs.
  - CMS’s Quality Payment Program Education & Tools resource library offers links to official Quality Payment Program information. URL: <https://qpp.cms.gov/education>
- **IHS Resources**
  - Visit IHS’s Quality Payment Program website: <https://www.ihs.gov/qpp/>. IHS Specific presentations can be found at <https://www.ihs.gov/qpp/resources/>
  - Subscribe to IHS’s Quality Payment Program - MACRA LISTSERV URL: [https://www.ihs.gov/listserv/topics/signup/?list\\_id=357](https://www.ihs.gov/listserv/topics/signup/?list_id=357)
- **Training/ Education and Technical Assistance:**
  - We encourage you to reach out to CMS to request training, education and technical assistance. The Quality Payment Program Service Center is available by phone 1-866-288-8292 or email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).
  - The National MACRA Working Group issued a data call to determine IHS’s MIPS eligible providers and is working with CMS in hopes of receiving training and educational support for the Quality Payment Program MACRA.
  - Each state offers CMS resources, the following URL is recommended for more information on resources available: [https://qpp.cms.gov/docs/QPP Where to Go for Help.pdf](https://qpp.cms.gov/docs/QPP%20Where%20to%20Go%20for%20Help.pdf).



## **IHS Specific Preparation**

The performance period for the Quality Payment Program, both Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APMs) begins anytime between January 1, 2017 and October 2, 2017 (refer to Pick your Pace).

The first year of the Quality Payment Program / MACRA is known as the “transition year.”

This transition year corresponds to the first performance period of the program, calendar year (CY) 2017, and the first payment year, CY 2019. Here are some action items and information to help you prepare:

### • **MIPS or APM Framework Path:**

- Determine which path your facility is taking: MIPS or Advanced APMs. Initially, most IHS facilities will be following the MIPS framework path.
- Determine how many clinicians in your IHS Facilities are eligible for MIPS.

#### **Additional Information:**

- Clinicians **eligible** to participate in MIPS:
  - Medicare Part B clinicians billing **more than \$30,000** a year **AND** providing care for **more than 100 Medicare patients** a year.
  - For the first two years, the rule refined the number of eligible clinicians by restricting the sample to doctors of medicine, doctors of osteopathy, chiropractors, dentists, optometrists, podiatrists, nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical nurse specialists since those are the practitioner types that can be MIPS eligible clinicians for CY 2017.
  - More clinicians will be determined to be eligible to participate in the program in future years.
  - Eligible clinicians who are not included in the definition of a MIPS eligible clinician during the first 2 years of MIPS (or any subsequent year) **may voluntarily report on measures** and activities under MIPS, **but will not be subject to the MIPS payment adjustment.**
- Clinicians **excluded** from new requirement are: 1.) First year Medicare Part B participation; 2.) Below low-volume threshold, which has been set at less than or equal to \$30,000 in Medicare Part B allowed charges **OR** less than or equal to 100 Medicare patients; 3) Certain participants in **ADVANCED** Alternative Payment Models
- Identify performance measures you will be reporting.

### • **Quality Payment Program / MACRA Roles and Responsibilities:**

- Identify resources needed to implement MACRA within your facility.

#### **Additional Information:**

- IHS’s National MACRA Working Group identified MACRA roles and responsibilities and the various resources needed to support the program. We will be sending this information out separately and posting on the IHS Quality Payment Program website.

### • **Registries and Qualified Clinical Data Registries (QCDRs):**

- Determine if you are submitting your performance measures as an individual or group.

#### **Additional Information:**

- **An individual** is defined as a **single National Provider Identifier (NPI)** tied to a single Tax Identification Number (TIN).
- **A group** is defined as two or more clinicians (**identified by their NPIs**) sharing a common **Tax Identification Number (TIN)**

- **Registries and Qualified Clinical Data Registries (QCDRs) - Continued:**
  - Decide if you will work with a third party intermediary; if so consider using a qualified registry and find one that best suit your needs (e.g. open to clinicians and supports general submission for all of the MIPS measures).
    - Areas/ facilities will need to find their own data registries to support performance measures submission, this includes incurring the registry cost.
    - The list of registries is not finalized as they are currently in the process of completing their self-nomination to be qualified to submit for the 2017 reporting year.
      - The Registry self-nomination period ends on January 15, 2017.
      - Once this information is compiled, a list of the 2017 "Qualified Registries" will be available on CMS's Quality Payment Program website at <https://qpp.cms.gov>.
      - From there, facilities will be able to locate a registry which supports their measures.
  - CMS is also working on alternate ways to submit performance data other than using registries. More information from CMS will be forthcoming.
  - Additional information about registries can be found at: <https://qpp.cms.gov>.
  
- **Pick Your Pace for the Quality Payment Program:**
  - Identify which "Pick Your Pace" option you will pursue.
    - You get to pick your pace. If you're ready, you can begin January 1, 2017 and start collecting your performance data.
    - If you're not ready on January 1, you can choose to start anytime between January 1, 2017 and October 2, 2017. Whenever you choose to start, you'll need to send in your performance data by March 31, 2018.
    - The first payment adjustments based on 2017 performance go into effect on January 1, 2019.
    - For this transition year,
      - Minimum reporting entails submitting performance data for one measure.
      - An exceptional performance is achieving a final score of 70.



Additional Information

- For full participation in MIPS and in order to achieve the highest possible final scores, MIPS eligible clinicians are encouraged to submit measures and activities in all three integrated performance categories: quality, improvement activities, and advancing care information.
- For the transition year, for MIPS the performance threshold will be lowered to a threshold of 3 points. Clinicians who achieve a final score of 70 or higher will be eligible for the exceptional performance adjustment, funded from a pool of \$500 million.
- For the transition year, for quality, clinicians who submit one out of at least six quality measures will meet the MIPS performance threshold of 3; however, more measures are required for groups who submit measures using the CMS Web

Interface.

- **Improvement Activities/ Patient-Centered Medical Homes (PCMH):**
  - Participants in certified PCMHs, comparable specialty practices, or an APM designated as a Medical Home Model will automatically earn full credit for the Improvement Activity Performance Category.
  - We encourage facilities to work towards becoming certified PCMH.
  - More information on how to become PCMH certified is available from these nationally recognized accreditation organizations:
    - The National Committee for Quality Assurance  
<http://www.ncqa.org/programs/recognition>;
    - The Accreditation Association for Ambulatory Health Care  
<http://www.aaahc.org/en/accreditation/primary-care-medical-home/>; or
    - The Joint Commission  
[https://www.jointcommission.org/certification/primary\\_care\\_medical\\_home\\_certification.aspx](https://www.jointcommission.org/certification/primary_care_medical_home_certification.aspx).
  - There are other ways to achieve a full score for the Improvement Activities Category, so if a facility is not yet a certified PCMH, you can still report and earn full points in this category.
- **Advancing Care Information (ACI) / Certified Electronic Health Record Technology (CEHRT)**
  - For calendar year 2017, an electronic health record (EHR) certified to either the 2014 or 2015 standards may be used (e.g. 2014 Edition & 2015 Edition).
  - The current version of the Resource and Patient Management System (RPMS) EHR is certified to 2014 Edition and can be used.
  - Due to contract delays, the IHS EHR will not achieve the requirements for 2015 certification to meet the 2018 timeframe for sites using RPMS as their EHR.

If you have any questions, please feel free to reach out to Dr. Susy Postal at [susy.postal@IHS.gov](mailto:susy.postal@IHS.gov).

Thank you,

Dr. Sarah Linde, Acting Chief Medical Officer,  
Dr. Susy Postal, Chief Health Informatics Officer, and  
IHS National MACRA Working Group