The Quality Payment Program: Your Questions Answered

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Quality Payment Program Panel

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Agenda

I. Quality
II. ACI
III. Reporting / Submission
IV. Audits / CAHPS / Financial Impact Clarification
V. Multi-location EHR
VI. Exception Providers
VII. Special Categories

Quality Category

Patient Data

- Can you explain what “data completeness” means?
- Did the final rule address eliminating the cherry picking of which patients are submitted?
- Are we only reporting for Medicare patients or all patients?

Benchmarks

- Are the decile benchmarks for quality measures publicly available? How is this different than the benchmarks we have now?
- If you report via web interface, are you compared against groups that report via EHR?
- When will CMS 2017 benchmarks be available?

Measures and Scoring

- Are the measures in the quality category CQM measures or PQRS measures?
- If we send in data via two different methods, will CMS take the best 6 quality measures or will they combine all of them?

ACI Category

Measures

- Did CPOE and CDS make it as measures as part of the final rule?
- Are there still exclusions for measures?

Scoring

- If I have a zero denominator for Health Information Exchange, thus a zero numerator, do I receive a zero on my base ACI score?
- If providers are reporting as a group, are their individual MU scores combined together and averaged to determine a score?
- How does the 20 points work for the Provide Patient Access measure? Do you just double the score for that category?

Bonus Points

- How are bonus points earned?
- Specifically, how are the 10 ACI bonus points earned for doing a CPIA activity?

Reporting/Submission

Time Period

- Can I report different 90-day periods for the different categories within MIPS?

Reporting Options (Individual vs. Group)

- Do we have to choose one reporting option for all MIPS categories? Or, can we choose group for some and individual for others?
- Can you choose to report via individual one year and then report via group the next?
- Is it true that we will be able to report both individually and as a group, and that CMS would use the best score? Is that still an option in the final rule?

Submission Options (Attestation, EHR Direct, Registry, etc.)

- If measures group reporting has been eliminated, what is the process for reporting quality measures?
- Will CPIA be submitted in the same way as ACI?
- What is the difference between web-based and EHR reporting?

Audits/Financial Impact Clarification

Audits

- Has CMS discussed how they will approach audits for MIPS?
- What are the reporting requirements for the Risk Analysis Assessment?

Financial Impact

- Are we eligible for the $500M Exceptional Performance Bonus if we only report for 90 days?
- Is the maximum incentive for 365 days reporting 2.4%?
- Do provider-specific penalties go with the provider if they change practices? TINs? Organizations? How does this affect pay for practices?

Multi Location/EHR Clarification

Multiple EHR / Multiple Location

- What is the MIPS impact on providers working in multiple locations (or providers changing practices during the reporting period)?
- Under MIPS, can we submit via different reporting mechanisms (EHR Direct, Registry, etc.) for different TINs? What about different locations within the same TIN?
- We have several sites (and multi-specialty), which results in multiple data-sets. Some of the sites will be part of the CPC+ program, (Advanced APM) so for our other sites and specialties how do we submit for them? What is the criteria with regards to submitting for the same TIN but having the data come from two different data sets?

Exception Providers

Mid-levels (e.g., PAs and NPs)

- Do PAs and NPs have to submit data in 2017 under MIPS?
- Can mid-levels still choose not to report ACI and get a possible incentive under the 2017 flex options?
- How are performance and financial penalties applied when a provider bills under another provider?

Determination and Timing of Designation

- What timeframe is used to determine if a provider is considered hospital-based?
- How are non-patient-facing providers determined?

Unique Reporting Scores

- How do certain specialists still report with not enough applicable measures in quality?
- Will automatic exemptions be made for non-patient-facing providers (and therefore have their ACI category re-weighted)?

Special Categories

FQHC/RHC/CAH

- How are FQHCs, Rural Health Centers, and Critical Access Hospitals impacted by the new rule?

Medicaid Eligible Meaningful Use Providers

- If I attest through our state under the Medicaid EHR program, will I be exempt from MIPS?
- Our practice currently reports Medicaid for most providers for Meaningful Use but we also see Medicare patients. In 2017, will we have to report MIPS *and* Medicaid Meaningful Use?

Medicare Advantage

- Where does Medicare Advantage fall within MIPS?

Thank you for joining us

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HITECH Answers