



Quality Payment Program

Are you prepared for MIPS reporting?

- Is your EHR certified?
- Is your vendor capturing the necessary information?
- Has the vendor updated reports?
- Have you chosen improvement activities and decided on the quality measures you will report?
- Do you know how you will report quality measures? Will you use a registry to extract and submit your quality data?
- What extra advancing care information measures will you report (lots of opportunity to improve your score by doing more)?

Feeling lost with all the changes?

Check out the Quality Payment Program website!

<https://qpp.cms.gov/>

Your Practice Support Consultants are here to help!

Contact us with any questions or concerns you may have.

[Erin Cloutier](#)
704.512.6052

[Laura Conner](#)
704.512.6580

[Sigrid Smith](#)
704.512.6619

[Cathy Webb](#)
704.512.6081

For the 2017 program year a practice can **avoid MACRA MIPS penalties** by choosing one of three flexible options for clinicians to succeed in the first year of the new physician payment system under the Medicare Access and CHIP Reauthorization Act (MACRA) therefore if you choose any of the three options for 2017, clinicians will not see a pay cut.

- Option one: Test the program Submit some data to the Quality Payment Program, including data from after January 1, 2017, and avoid a negative payment adjustment. This option is designed to ensure that the system is working and that physicians are prepared for broader participation in the coming years.
- Option two: Partial-year reporting Report Quality Payment Program information for a 90-day reporting period. Your first performance period could begin well after January 1, 2017 and your practice could still qualify for an incentive payment.
- Option three: Full-year reporting Report Quality Payment Program information for the full calendar year beginning January 1, 2017 if you are ready and you might qualify for a modest positive payment. Choosing any of these options guarantees that you will not receive a negative payment adjustment.

Remember if you choose to do nothing you will receive a negative 4% payment adjustment.



Don't Participate

If you don't participate, you'll receive a negative 4% payment adjustment.

Submit Something

If you submit the minimum amount of 2017 data, you won't receive a negative payment adjustment.

Submit a Partial Year

If you submit 90 days of 2017 data, you may earn a neutral or small positive payment adjustment.

Submit a Full Year

If you submit a full year of 2017 data, you may earn a positive payment adjustment.

PCMH Deadlines

If you are planning to apply for **2014 PCMH** recognition you need to know about the deadlines that are approaching!

Important dates!	Why?
March 31	Last day to purchase PCMH 2014 <i>survey licenses</i>
May 31	Last day to submit PCMH 2014 Corporate Survey
June 30	Last day to request PCMH 2014 <i>Add-On Surveys</i>
July 31	Last day to submit PCMH 2014 Corporate Add-On Tools
Sept.30	Last day to submit all PCMH 2014 Site Surveys

Important link to find the 2014 Application and 2014 Survey tool:

<http://store.ncqa.org/index.php/recognition/patient-centered-medical-home-pcmh.html>

If you are currently recognized under PCMH 2014 click [here](#) for more information.



Medicaid EHR Incentive Program 2017 Changes to objectives for Modified Stage 2

Objective 8

More than 5% of patients seen must view download or transmit their health information. This a change from 1 patient in 2016.

Objective 9

More than 5% of unique patients seen must receive a secure message. To count the physician may initiate the message or respond to a message sent by the patient. This a change from 1 patient in 2016.

Start a campaign today! Let your patients know they can access their health information on the portal! Provide a handout with the steps for logging on to the portal. Providers – encourage your patients to use the portal. Your encouragement goes a long way in getting patients on board. Tell your patients to message you and let you know how they are doing.



MIPS Advancing Care Information Category (ACI)

If you have been participating in the Medicare EHR Incentive program the measures for the Advancing Care Information category in MIPS will look very familiar to you.

To achieve the **Base Score of** 50% in this category you will report either 4 or 5 measures depending on your EHR version.

- *Security Risk Analysis
- *e-Prescribing
- *Provide Patient Access
- *Send Summary of Care
- *Request/Accept Summary of Care

The **Base Score** is achieved by submitting “yes” for the Security Risk Analysis and at least a 1 in the numerator/denominator for the other measures.
This receive any points in the ACI category all measures must be met.

Opportunities for ACI bonus points!

If the Base Score is met there is opportunity to receive a performance score by submitting numerators and denominators for up to an additional 9 measures. Most of the measures are worth up to 10%. For example, if you submit the Patient Education measure and your performance is 80% you will receive 8% towards your total ACI score. Even more bonus points may be achieved if you are engaged with a public health registry or choose an Improvement Activity that can be reported using your certified EHR.

ACI
Score

$$= \text{Base Score} + \text{Performance Score} + \text{Bonus Score}$$