



# Practice Support Newsletter May 2017

## Preparing for MACRA



Join us to Network, Talk about MACRA, and Hear from a Heart Now Practice!!!!

**Save The Date for this important Charlotte AHEC Collaboration event!**

**Thursday, May 18, 2017**

**6 PM – 8 PM**

Dinner Provided

**Make Your Reservation Now**

**Reservation Deadline: May 15<sup>th</sup>**

Network with your peers  
Learn how to be successful with *MACRA*  
Hear from a practice involved in the Heart Health Now Cooperative

**Providers and staff are encouraged to attend**



**For information contact:**

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**Please join us for dinner on May 18<sup>th</sup>!**

**Make your reservation online  
or contact**

[erin.cloutier@carolinashealthcare.org](mailto:erin.cloutier@carolinashealthcare.org)

## Your Practice Support Consultants are here to help!

Contact us with any questions or concerns you may have.

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## Not sure if you should participate in MIPS in 2017?

**Eligible clinicians should participate in 2017 if they:**

- Have more than \$30,000 in Medicare part B allowed charges
- **AND**
- Care for more than 100 Part B enrolled Medicare beneficiaries

If you are not sure if you meet these thresholds be on the lookout for a letter from your Medicare Administrative Contractor. The letter will provide you with the participation status of each MIPS clinician who is associated with your Taxpayer Identification Number (TIN). These letters will be sent in late April and May.

Clinicians who practice under more than one Taxpayer Identification Number (TIN) may have more than one eligibility. For example, a clinician may be exempt from participation at one location but included in MIPS at another location. It is important that clinicians understand if they are exempt or included in MIPS under each TIN/NPI combination. For a sample of the letter that will be sent from your Medicare Administrative Contractor (MAC) go to the QPP website. Under the “Education & Tools” tab access more information on the “MIPS Participation Status” letter.



## Choices, choices, so much to choose from!

### How are you going to report your MIPS quality measures????

In MIPS there are several options for reporting quality measures; QCDR (Qualified Clinical Data Registry), Qualified Registry, EHR, Claims and CMS Web Interface (groups of 25 or more).

Many of you are already familiar with qualified registries and have used one in the past to submit PQRS. A qualified registry will collect clinical data from a MIPS eligible clinician and submit it on their behalf to CMS. A list of approved registries may be found on the [Quality Payment Program website](#).

## CAHPS for MIPS – to participate register by June 30<sup>th</sup>!

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for MIPS measures patient experience and care within a group. The survey counts as a measure towards the MIPS quality performance category and is also counted as a high weighted activity in the improvement activities category.

This option is available to groups (2 or more eligible clinicians). If a group is interested in participating they must register by June 30, 2017.

CMS will approve survey vendors and groups that are registered will select an approved vendor. The timeline for administration is November 2017 – February 2018. Data will be submitted to CMS by the vendor. Survey scores will be available to the public on Physician Compare. Any vendor costs are the responsibility of the group.

Questions? Contact Quality Payment Program at 1-866-288-8292 or [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov)



## Is Patient Centered Medical Home recognition on your “to do” list?



### Are you ready to seek PCMH recognition for the 2017 version? 2017 NCQA PCMH Recognition

The *new* recognition process has three parts which replaces the current 3-year recognition cycle:

- **Commit.** The practice completes a self-assessment *before* committing to transformation and the recognition process.
- **Transform.** Practices *gradually* transform, building on successes through scheduled virtual check-ins with NCQA.
- **Succeed.** The practice continues to implement and enhance its PCMH model to improve how it meets the needs of patients with *yearly check-ins*.

See more at:

<http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign#sthash.Fc4AvjIp.dpuf>



### Blue Quality Physician Program

Are you working on PCMH recognition with a goal of entering the [Blue Quality Physician Program](#)? Get prepared by reviewing the new 2017 criteria! Take a look at the points summary. Review the quality scorecard and start working on improving any measures that are not at the 90<sup>th</sup> percentile. Eligible practices may apply twice a year March 1 – April 30 or August 1 – September 30.