



QPP Resource Center: MACRA Minute October 2017

It's The Final Stretch for 2017: Let's Finish Strong!

Data collection began October 2 for clinicians reporting 90-consecutive days of MIPS data. If you missed the October 2 date, *it's not too late to submit "test data" (see below) to avoid the negative four percent payment adjustment.*

As a reminder, here are the three 2017 "transition year" options:

- 1. Submit a full year of data**
- 2. Submit a consecutive 90-days of data** To report 90-consecutive days for the 2017 transition year, you must start collecting data no later than October 2, 2017. If you're attesting to completion of one Improvement Activity, you must start implementing the activity no later than October 2nd. *By submitting 90-consecutive days of data, you will avoid a negative payment adjustment and may be eligible for a positive payment adjustment.*
- 3. Submit a minimum amount of test data (< 90 days):** Quality data is the only MIPS component that can be submitted for less than a 90-day period to avoid the negative payment adjustment (this is considered a test submission). Data collection can occur as late as December 31; however, we recommend beginning as soon as possible as getting questions answered during the holidays might be challenging.

When is data submission?

Submit your 2017 MIPS performance data between January 2 and March 31, 2018. If you are MIPS-eligible but choose NOT to submit data, you will automatically receive a negative four percent Medicare Part B payment adjustment effective January 1, 2019. This negative adjustment will be applied to every Medicare Part B claim submitted.

Thursday, October 19

What:

October LAN Webinar: *Advancing Care Information*

Description:

Interested in tips for achieving a higher score in the Advancing Care Information performance category of MIPS? Join CMS for one of two October LAN Webinars: Maximizing MIPS Advancing Care Information Scores for Small Group Practices and Solo Clinicians.



CMS puts considerable time and energy into providing valuable content and great speakers for the LAN webinars, so don't miss out! We consistently hear positive comments from clients who attend these webinars.

[Thursday, October 19 at 11:00 a.m., ET](#)

In Case You Missed It . .

Telligen QPP-SURS Webinar: *MIPS Calculator Tool* (9/28/17)

Telligen and the Great Plains QIN collaborated on a [recent webinar](#) demonstrating a FREE MIPS Calculator Tool to estimate the financial impact of your final MIPS score.

This is a fabulous resource that will help all clinicians & practices better understand the components factoring into their MIPS final score. If you would like to review the tool, please contact Michelle Brunsen at 515-453-8180 or email mbrunsen@telligen.com.

CMS Webinar: *MIPS Overview for Small, Rural, & Undeserved Practices* (9/8/17)

- [Recording](#)
- [Slides](#)
- [Transcript](#)

Coming Soon: Virtual Groups for MIPS Reporting

Virtual groups provide a way for small practice providers to come together and participate in MIPS as a group. Those eligible for virtual groups include:

1. Clinicians in a solo practice or group practice of 10 or fewer;
2. Clinicians that surpass 2018 low volume threshold requirements;
3. Clinicians that are not new to Medicare (< 1 year); and
4. Clinicians not considered a Qualifying Participant (QP) or partial

QP of an APM.

What are the benefits/considerations for joining a virtual group?

- You don't have enough cases to report quality measures.
- You would like to work together with other clinicians and share resources.
- You're not ready to join an ACO, but would like to join forces with others (no specialty or location restrictions apply).

What are next steps?

The Virtual Group election process begins Tuesday, October 10 and ends Friday, December 1 (unless changed by the 2018 Year Two Final Rule). To discuss eligibility or find out more, contact Telligen at 844-358-4021 or e-mail qpp-surs@telligen.com. We will continue sharing information as it becomes available.

Take Action: Correct PECOS Information

Please check your data in the Provider Enrollment, Chain, & Ownership System (PECOS) to verify the contact information listed for your practice/providers is current. Please visit the [PECOS webpage](#) to view tutorials and/or update incorrect information.

Use the links below to access PECOS-related webinars, examples, and MLN articles. The first resource (Who Should I Call?) will help you identify which organization to contract regarding your specific issue.

- **Guide:** [Who Should I Call?](#)
- **Tutorials:**
 - [Viewing Practitioner Status & Specialty Type](#)
 - [PECOS Enrollment](#)
 - [Upgrading to Application & PECOS PI: Before & After](#)
- **National Education Products:** [Medicare Provider-Supplier Enrollment](#)
- **How to Guides:**
 - [E-Signature](#)
 - [Digital Document Repository](#)
 - [Convert 855O to 855I](#)
- **Presentation:** [Decision Health PECOS](#)

Resources: Latest QPP Tools

CMS recently released more QPP tools, which can be found on the [Resource Library](#) section of the program website. The latest tools include:

- [Quality Category: Claims Data Submission](#)

- [CAHPS for MIPS: CMS-Approved Survey Vendors](#)
- [CMS-Approved QCDRs](#)
- [Group Participation in MIPS 2017](#)
- MIPS Measures for:
 - [Emergency Medicine Clinicians](#)
 - [Ophthalmologists](#)
 - [Orthopedists](#)

Subscribe to QPP listserv to receive reminders of important deadlines and program updates. To subscribe, visit the [QPP website](#) and select "Subscribe to Updates" at the bottom of the screen. The [Resource Library](#) page includes program resources to help you learn more about eligibility and how to participate.

Attention: APM Participants

If you're participating in an APM, but unsure whether to submit MIPS data, this information is for you.*

**Although unlikely to apply to most QPP-SURS clients, we are sharing to keep you informed of key developments.*

An interactive tool is available for participants to look-up their Qualifying Participant (QP) status based on calculations from claims occurring between January 1 through March 31, 2017 (the tool will be updated soon to include claims occurring between January 1 through June 6, 2017).

The [Methodology Fact Sheet](#) provides an excellent resource for understanding how QP status is determined from the approximately 75K National Provider Identifiers (NPI). All statistics are based on the following:

- A clinician is defined by an NPI
- ECs participating in the Comprehensive Joint Replacement Model are not included
- All ECs were assessed as part of an APM Entity group

Certain exceptions were made for QPs at an individual clinician level, including:

- Clinicians participating in multiple Advanced APM entities, none of which achieve QP status as a group
- ECs on an Affiliated Practitioner List when that list is used for the QP determination; as there are no ECs on a Participation List for the Advanced APM entity.
 - For example, Affiliated Practitioners in the CJR Track 1- CEHRT Model will be assessed individually.

Please Note: Shared Savings Program Track 1 is not an Advanced APM;

therefore, CMS did not perform QP determinations for clinicians in Shared Savings Program Track 1. MIPS eligible clinicians in the Medicare Shared Savings Program Track 1 should participate in MIPS.

This material was prepared by Telligen QPP-SURS Resource Center, the Quality Payment Program for Iowa, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health & Human Services. The contents presented do not necessarily reflect CMS policy. HHSM-500-2017-00012C.

Update: New Medicare Numbers & Cards

Medicare Administrative Contractors (MACs), on behalf of CMS, recently mailed letters updating all Medicare fee-for-service providers about issuing new Medicare Beneficiary Identifiers and Medicare cards to beneficiaries effective April 2018. CMS' top priorities include ensuring:

- Medicare beneficiaries continuous access to care
- Clinicians have the tools and information necessary for a smooth transition.
 - Starting June 2018, clinicians can view their patients' new Medicare numbers using MAC's secure web portal.

To prepare for the change, we encourage clinicians to carefully review the letter (containing specific information from your MAC) and accompanying fact sheet. For more information, see the [sample letter](#) and [print-friendly fact sheet](#), or review the [new Medicare card design](#) and [press release](#).

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