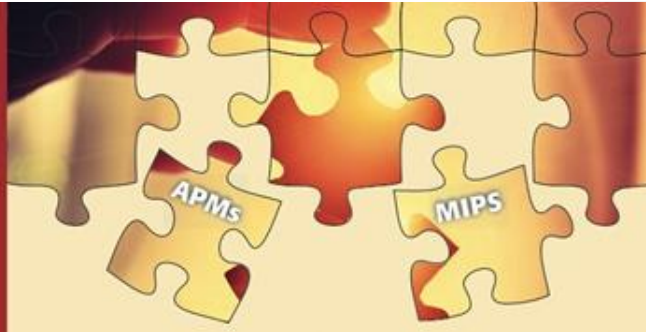




PUTTING THE PIECES TOGETHER PRACTICAL SOLUTIONS FOR THE GI PRACTICE



Preparing for MIPS? Use ASGE's Practice Readiness Guide to Stay Ahead of the Curve

Year 2 of The Quality Payment Program begins January 1, 2018. Eligible Clinicians can participate through either one of two tracks: The Merit-Based Incentive Payment System (MIPS) or Alternative Payment Models (APMs). Below are key issues to consider in helping you choose the wisest method of MIPS participation for your individual circumstances.

1) **Exemptions and Exclusions:**

Are you MIPS exempt through one of the following? Enter your National Provider Identifier (NPI) to find out (<http://qpp.cms.gov/learn/eligibility>)

- \$90,000 in Medicare Part B allowed charges per year
- 200 Medicare patients per year
- First Year of Medicare Participation

If exempt, you do not need to read further. No reporting is needed.

2) **Know the rules of MIPS. Understand the basics and the impact on your practice.** Visit ASGE's [MACRA Implementation Resource Center](#) for an overview of the new Medicare Quality payment programs. Access fact sheets, category summaries, articles, recorded webinars and other resources to help your eligible clinicians prepare and participate in 2018 reporting.

3) **Know if You Qualify for Exclusions Based on Small, Rural or Underserved Area Criteria**

All Clinicians

EHR Hardship Exception: There are three circumstances where providers can [apply](#) to receive a hardship exception from CMS regarding the Advancing Care Information (ACI) Performance Category of MIPS:

- Insufficient Internet Connectivity
- Extreme and Uncontrollable Circumstances (start and end date required)
- Lack of Control over the availability of Certified Electronic Health Record Technology (CEHRT)

1-15 Clinicians

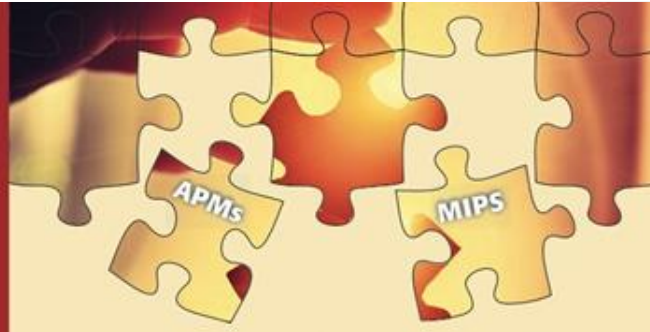
- 5 additional bonus points to the scores of small practices.
- **Quality:** 3 points for measures not meeting data completeness requirements.
- **Improvement Activities:** Only one high weighted or two medium weighted activities required.
 - 20 points for a medium weighted activity.
 - 40 points for a high weighted activity.

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1-9 Clinicians

- *Quality*: Only requiring two population health measures (as opposed to three).

4) **Will You Be Submitting as an Individual or as a Group?** Reporting can be based on either individual eligible clinician or group performance.

5) **Be aware of the different performance categories for 2018.** Know which require twelve months versus 90 days of data, and where you can be eligible for bonus points.

Quality: 50% of final composite score, twelve months of reporting

- *Potential Bonus Points*: Patient Experience, Appropriate Use, Patient Safety, Care Coordination, EHR Reporting (up to ten percent of your category score).

Cost: 10% of final composite score, data collected through automatic claims

Advancing Care Information: 25% of final composite score, 90 days continuous reporting

- *Potential Bonus Points*: 2015 reporting through CHERT (10 points), public health registry reporting beyond immunization (5 points).

Improvement Activities: 15% of final composite score, 90 days continuous reporting.

Final Composite Score

- *Potential Bonus Points*: Treatment of Complex Patients (5 points)

6) **Determine your 2018 submission mechanism for reports.** Each performance category requires a single submission method. Submission mechanisms can be used for separate categories (i.e., Qualified Registry for Quality, Attestation for Improvement Activities).

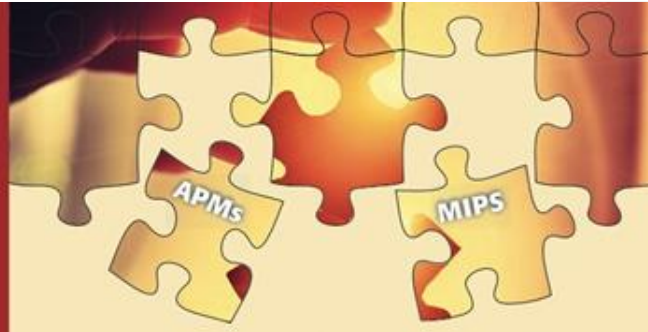
Only one submission method can be used for each performance category, however each performance category can use a different submission mechanism.

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For 50% score: Decrease to one CPIA (either medium or high).



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Quality	Cost	Advancing Care Information	Improvement Activities
Claims	Claims (automatically reported from claims data), no submission is needed	Claims	Claims
Qualified Registry		Qualified Registry	Qualified Registry
Qualified Clinical Data Registry (QCDR)		Qualified Clinical Data Registry (QCDR)	Qualified Clinical Data Registry (QCDR)
Electronic Health Record (EHR)		Electronic Health Record (EHR)	Electronic Health Record (EHR)
		Attestation	Attestation
CMS Web Interface (Groups of 25+ only)			CMS Web Interface (Groups of 25+ only)

The GIQuIC registry was founded by ASGE and the American College of Gastroenterology in 2010 and has been an approved Qualified Clinical Data Registry (QCDR) since 2014.

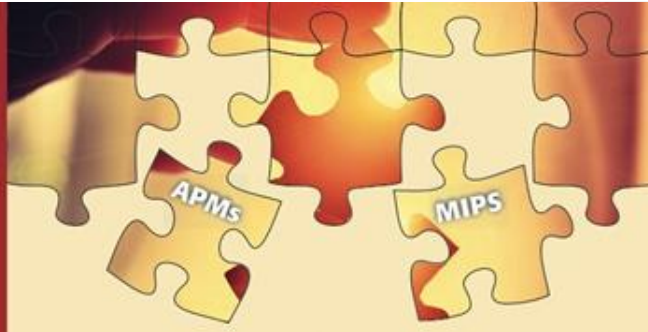
- 7) **Decide How you will fulfill the MIPS Improvement Activities Performance Category.** For 2018, CMS lists 103 Improvement Activities (21 of which are new in 2018)

To fulfill the Improvement Activities portion of MIPS, consider the following [ASGE Programming](#):

<p><u>GI Operations Benchmarking Platform</u> IA_PSPA_17: Assisting practices identify analytic capabilities to manage the total cost of care for practice populations.</p>
<p><u>Endoscopy Unit Recognition Program (EURP)</u> IA_PSPA_18: Measurement and Improvement at the Practice and Panel Level.</p>
<p><u>Skills Training Assessment Reinforcement (STAR) Certificate Programs</u> IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program.</p>
<p><u>Screening Colonoscopy Performance Improvement Module (PIM)</u> IA_PSPA_2: Participation in MOC Part IV.</p>
<p><u>GIQuIC Qualified Clinical Data Registry-Related Activities</u> There are a number of Improvement Activities for those participating in the GIQuIC Qualified Clinical Data Registry (QCDR).</p>



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8) **Refine your practice's documentation management process and assess your EHR's Readiness**

Successful reporting will require increased use of CHERT, has your practice asked the following:

- Is your EHR system ready to meet all relevant MIPS reporting requirements and eligible to accrue all available bonus points for reporting through 2015 Edition Certification?
- If your EHR does not meet 2015 Edition criteria, has your EHR vendor provided you with a plan on the vendor's process to meet these standards?
- Does your EHR vendor have a plan to train your eligible clinicians and practice staff to navigate the MIPS submission process?

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9) **Review your Feedback from CMS if you participated in 2017 MIPS Reporting**

Participating Eligible Clinicians can expect feedback from CMS by mid-2018. This report replaces the Quality and Resource Use Report (QRUR), and provides information on physician performance to physicians participating in Medicare in order to better understand the quality and efficiency of care provided to beneficiaries.

10) **Determine if you are participating through a MIPS APM or Advanced APM**

Most gastroenterologists will report through MIPS for 2018. If you are participating in the QPP through a MIPS APM or Advanced APM, determine if you are a qualified participant and meet the following:

- Thresholds for amount of payment from an Advanced APM or
- Number of patients seen through an Advanced APM

Please read ASGE's [MACRA webpage](#) for more information on 2018 Advanced APM participation and requirements.