Objectives

- Quality Payment Program Key Points
- Advancing Care Information (ACI) Category
  - Scoring
  - Reporting
  - Reweighting
  - Objectives
- ACI Scoring Methodology
  - Individual Scoring
  - Hypothetical Example
  - Tips to Maximize Score
- Assistance & Resources
CMS Quality Payment Programs Transition

- **PQRS**: Physician Quality Reporting Program
- **VM**: Value-Based Payment Modifier
- **MU**: Medicare EHR Incentive Program (aka MU)

- 2016 Last Reporting Year
- March 31, 2017 Last Submission Date
- 2018 Last Payment Adjustment Applied

- **MACRA - QPP**
  - Quality Payment Program

- **MIPS**: Merit-Based Incentive Payment System
- **APMs**: Alternative Payment Model

- 2017 First Reporting Year
- March 31, 2018 Submission Date Deadline
- 2019 First Payment Adjustment Applied
2017 EP Transitioning to MIPS Hardship Exception

- One-time significant hardship exception for 2016 so that no 2018 payment adjustment is made
- Eligible Professional (EP) has never participated in the EHR Incentive Program prior to 2017
- Transitioning to MIPS
- Will report on the ACI performance category in 2017
- Application submission deadline 10/1/17
- Keep all relevant documentation for 6 years post attestation
- Not to be used for other hardship reasons previously available for the EHR Incentive Program
MIPS Eligible Clinicians (EC)

- **First 2 years 2017 & 2018**
  - Physicians
    - MD, DO, dental surgery, dental medicine, podiatric medicine, optometry, and chiropractic
  - Physician Assistant (PA)
  - Nurse Practitioner (NP)
  - Clinical Nurse Specialist (CNS)
  - Certified Registered Nurse Anesthetist (CRNA)

- **Secretary has discretion to specify additional ECs starting in Year 3 (2019), which may include:**
  - Certified Nurse Midwife
  - Clinical Social Worker
  - Clinical Psychologist
  - Registered Dietitian or Nutrition Professional
  - Physical or Occupational Therapist
  - Speech-Language Pathologist
  - Audiologist
Eligible Clinicians (EC)

**Exempt Clinicians**

- Low Volume Threshold
  - Medicare Part B Allowable Charges ≤ $30k
    OR
  - ≤ 100 Unique Medicare Patients
- Newly enrolled in Medicare
- Significant participants in an Advanced APM

Note: CMS eligibility letters sent in May
MIPS Eligibility Tool

NPI Lookup Tool

Quality Payment Program

Check if you're included in MIPS.

Now you can check if a clinician who bills to Medicare will need to submit data to MIPS. Just enter your National Provider Identifier (NPI) number into our tool.
MIPS Eligibility Tool

NPI Lookup Tool

Am I included in MIPS?
To check if you need to submit data to MIPS, enter your 10-digit National Provider Identifier (NPI) number.
If you’re exempt from MIPS with the first review, you won’t need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2017. Learn more about MIPS eligibility.

Enter an NPI Number
Check Now

Participating in an Alternative Payment Model (APM)? Talk to your Center for Medicare & Medicaid Innovation (CMMI) team or leaders managing your participation. If you need help finding this information, please email us at npo@cms.hhs.gov or call 1-866-288-8292.
Quality Payment Program Timeline

- **Performance Year**: 1/1/17 – 12/31/17
- **Reporting Period**: 1/1/18 – 03/31/18
- **Payment Adjustments**: 1/1/19 – 12/31/19

2017
- Record quality data and how you used technology.

2018
- Submit your quality data.

2019
- MIPS Eligible Clinicians earn MIPS payment adjustments based on submitted data.

MIPS payment adjustments only affect Medicare Part B participating Eligible Clinicians.
## Reporting Options

<table>
<thead>
<tr>
<th>Type</th>
<th>Identification Mechanism</th>
</tr>
</thead>
</table>
| Individual         | • Single NPI tied to TIN  
                    • Submit individual-level data  
                    • Data submission via claims, EHR, registry or QCDR                                                                                               |
| Group              | • Set of clinicians identified by NPIs sharing common TIN  
                    • Submit group-level data  
                    • Register as a group by June 30, 2017 if 25+ clinicians using CMS web interface to submit data  
                    • Data submission via CMS web interface (25+), EHR, registry or QCDR                                                                                |
| APM Entity Group or MIPS-APM | • Collection of entities participating in an APM that don’t qualify for Advanced APM or meet thresholds  
                                • Submit MIPS data to avoid downward payment adjustment                                                                                         |
Quality Payment Program

Performance Categories and Weights

- **Quality**: 60% MIPS, 50% MIPS-APMs
- **Advancing Care Information**: 25% MIPS, 30% MIPS-APMs
- **Improvement Activities**: 15% MIPS, 20% MIPS-APMs
- **Cost**: 0%
Pick Your Pace

2017 Transition Year Only

- **Test Pace**
  - Submit Something
  - Neutral or small bonus
  - Avoid Penalty

- **Partial Year**
  - 90 day Submission
  - Neutral or small bonus
  - No penalty

- **Full Year Submission**
  - Neutral or Moderate bonus, No penalty

- **Participate in an Advanced APM in 2017**

- **Don’t Participate**
  - Receive -4% payment adjustment
MIPS Financial Impact on Clinicians

How Are Payments Adjusted Under MIPS?

- Calculate the final score by sum of performance categories
- Positive, negative, neutral adjustments based on CMS-established threshold
  - Budget neutral program
- Clinicians at or above performance threshold will receive a neutral or positive adjustment factor based on a linear sliding scale
- Adjustments applied to a clinician’s Medicare Part B claims
# 2017 Performance Score Thresholds

<table>
<thead>
<tr>
<th>Final Score Points</th>
<th>Payment Adjustment</th>
</tr>
</thead>
</table>
| ≥ 70 points        | • Positive adjustment  
                      • Eligible for exceptional performance bonus – minimum of additional 0.5% |
| 4-69 points        | • Positive adjustment  
                      • Not eligible for exceptional performance bonus |
| 3 points           | • Neutral payment adjustment |
| 0 points           | • Negative payment adjustment of -4%  
                      • 0 points = does not participate |

Payment Adjustments in CY 2019
Composite Performance Score Thresholds

2017

- 3+ points avoid the negative payment adjustment
- 70+ points gain access to $500 million bonus pool for exceptional performers
Quality Payment Program Performance Category

Advancing Care Information Requirements
## Reporting

| Reporting                                      | • Choice between 2 measure sets  
|                                               | • Option 1: 2017 Transition Base and Performance Measures  
|                                               | • Option 2: ACI Base and Performance Measures  
|                                               | • 2015 Edition CEHRT, 2014 Edition CEHRT or a combination  
|                                               | • Report yes/no or numerator/denominator  
| Reporting Period                              | • Minimum 90 consecutive days, or for any period between 90 days and the full calendar  
| Submission Methods                            | • Attestation, QCDR, Qualified Registry, EHR vendor or CMS Web Interface (groups of 25 or more)  

**Healthcare Intelligence**
## Advancing Care Information Requirements

### ACI Scoring Categories

| Base Score                                                                 | Must report on either 4 or 5 measures specific to the EHR certification 2014 or 2015  
|                                                                           | All 50 Base Score points have to be earned to earn Performance Points |
| Performance Score                                                        | Based on performance rates for selected measures |
| Bonus Points                                                              | Extra registry data connection  
|                                                                           | Use of CEHRT in Improvement Activities |

Scoring is specific to the EHR certification edition
Advancing Care Information Requirements

ACI Scoring Categories

50 points
90 points possible
15 points possible
Advancing Care Information Reweighting

Automatic Reweighting to Quality Category

- Hospital-based MIPS clinicians
  - If $\geq$ 75% Medicare charges in POS 21, 22 or 23
  - Hospital-based determination period 9/1 through 8/31 – 2 years prior
- New clinician to ACI: PA, NP, CNS, CRNA
- Lack of face-to-face patient interaction

- ACI = 0%; Assign 25% to the Quality performance category
- If reweighted, EC can still earn up to 100 points for Final Score
- ACI points awarded, if reported
Advancing Care Information Reweighting

Hardship Exception Application Needed

- Insufficient interoperability
- Lack of control over CEHRT
- Extreme and uncontrollable circumstances
  - More information about the application will be available later this year
## ACI Objectives and Measures (2014 Edition)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Base Score</th>
<th>Perf Score</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information</td>
<td>Security Risk Analysis</td>
<td>Required</td>
<td>NA</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>e-Prescribing</td>
<td>Required</td>
<td>NA</td>
<td>Num/Den</td>
</tr>
<tr>
<td>Electronic Prescribing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Electronic Access</td>
<td>Provide Patient Access</td>
<td>Required</td>
<td>Up to 20%</td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td>Patient-Specific Education</td>
<td></td>
<td>Up to 10%</td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination of Care Through Patient Engagement</td>
<td>View, Download, or Transmit (VDT)</td>
<td>Required</td>
<td>Up to 10%</td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td>Secure Messaging</td>
<td></td>
<td>Up to 10%</td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>Send a Summary of Care</td>
<td>Required</td>
<td>Up to 10%</td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td>Request/Accept Summary of Care</td>
<td></td>
<td>Up to 20%</td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td>Clinical Information Reconciliation</td>
<td></td>
<td>Up to 10%</td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health and Clinical Data Registry</td>
<td>Immunization Registry Reporting</td>
<td></td>
<td>0 or 10%</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# ACI Objectives and Measures (2015 Edition)

<table>
<thead>
<tr>
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<th>Measure</th>
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<td>Yes/No</td>
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<td>e-Prescribing</td>
<td>Required</td>
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<td>Provide Patient Access</td>
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<tr>
<td>Patient-Specific Education</td>
<td></td>
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<td></td>
<td>Num/Den</td>
</tr>
<tr>
<td>Coordination of Care Through Patient Engagement</td>
<td>View, Download, or Transmit (VDT)</td>
<td>Up to 10%</td>
<td></td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td>Secure Messaging</td>
<td>Up to 10%</td>
<td></td>
<td>Num/Den</td>
</tr>
<tr>
<td></td>
<td>Patient-Generated Health Data</td>
<td>Up to 10%</td>
<td></td>
<td>Num/Den</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>Send a Summary of Care</td>
<td>Required</td>
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<tr>
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<td></td>
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<td>Num/Den</td>
</tr>
<tr>
<td>Public Health and Clinical Data Registry Reporting</td>
<td>Immunization Registry Reporting</td>
<td>0 or 10%</td>
<td></td>
<td>Yes/No</td>
</tr>
<tr>
<td>Objective</td>
<td>Measure</td>
<td>Bonus</td>
<td>Report</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------</td>
<td>-------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Public Health and Clinical Data Registry Reporting</td>
<td>Syndromic Surveillance Reporting</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electronic Case Reporting</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public Health Registry Reporting</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Data Registry Reporting</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report improvement activities using CEHRT</td>
<td>10%</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>
### Report Improvement Activities Using CEHRT

#### Bonus Score Opportunities

<table>
<thead>
<tr>
<th>Improvement Activity Performance Category Subcategory</th>
<th>Activity Name</th>
<th>Improvement Activity Performance Category Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded Practice Access</td>
<td>Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record</td>
<td>High</td>
</tr>
<tr>
<td>Population Management</td>
<td>Anticoagulant management improvements</td>
<td>High</td>
</tr>
<tr>
<td>Population Management</td>
<td>Glycemic management services</td>
<td>High</td>
</tr>
<tr>
<td>Population Management</td>
<td>Chronic care and preventative care management for empanelled patients</td>
<td>Medium</td>
</tr>
<tr>
<td>Population Management</td>
<td>Implementation of methodologies for improvements in longitudinal care management for high risk patients</td>
<td>Medium</td>
</tr>
<tr>
<td>Population Management</td>
<td>Implementation of episodic care management practice improvements</td>
<td>Medium</td>
</tr>
<tr>
<td>Population Management</td>
<td>Implementation of medication management practice improvements</td>
<td>Medium</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Implementation of use of specialist reports back to referring clinician or group to close referral loop</td>
<td>Medium</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Implementation of documentation improvements for practice/process improvements</td>
<td>Medium</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Implementation of practices/processes for developing regular individual care plans</td>
<td>Medium</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Practice improvements for bilateral exchange of patient information</td>
<td>Medium</td>
</tr>
<tr>
<td>Beneficiary Engagement</td>
<td>Use of certified EHR to capture patient reported outcomes</td>
<td>Medium</td>
</tr>
<tr>
<td>Beneficiary Engagement</td>
<td>Engagement of patients through implementation of improvements in patient portal</td>
<td>Medium</td>
</tr>
<tr>
<td>Beneficiary Engagement</td>
<td>Engagement of patients, family and caregivers in developing a plan of care</td>
<td>Medium</td>
</tr>
<tr>
<td>Patient Safety and Practice Assessment</td>
<td>Use of decision support and standardized treatment protocols</td>
<td>Medium</td>
</tr>
<tr>
<td>Achieving Health Equity</td>
<td>Leveraging a QCDR to standardize processes for screening</td>
<td>Medium</td>
</tr>
<tr>
<td>Integrated Behavioral and Mental Health</td>
<td>Implementation of integrated PCBH model</td>
<td>High</td>
</tr>
<tr>
<td>Integrated Behavioral and Mental Health</td>
<td>Electronic Health Record Enhancements for BH data capture</td>
<td>Medium</td>
</tr>
</tbody>
</table>
CMS QPP Website

Select Measures

Advancing Care Information Objectives and Measures

Showing 15 Measures

- Security Risk Analysis
- e-Prescribing
- Provide Patient access
- Send a Summary of Care
- Request/Accept Summary of Care
- Patient-Specific Education
- View, Download and Transmit (VDT)
- Secure Messaging

2017 Advancing Care Information Transition Objectives and Measures

Selected Measures

0 Measures Added

Once you select measures, they will appear here.
Quality Payment Program

Advancing Care Information Scoring Methodology
2017 ACI Performance Scoring

- Earn up to 155% maximum score, which will be capped at 100%

Advancing Care Information category score includes:

- 50% Required Base score (50%)
- 90% Performance score (up to 90%)
- 15% Bonus score (up to 15%)

*Keep in mind:* You need to fulfill the Base score or you will get a zero in the Advancing Care Information Performance Category.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Base Score Required</th>
<th>Performance Score</th>
<th>Reporting Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information</td>
<td>Security Risk Analysis</td>
<td>X</td>
<td>0%</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>e-Prescribing</td>
<td>X</td>
<td>0</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Provide Patient Access (VDT)</td>
<td>X</td>
<td>Up to 20% (Transition) 10% (ACI)</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Patient VDT</td>
<td></td>
<td>Up to 10%</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Patient-Specific Education</td>
<td></td>
<td>Up to 10%</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Medication Reconciliation (Transition Objectives only)</td>
<td></td>
<td>Up to 10%</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Secure Messaging</td>
<td></td>
<td>Up to 10%</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Patient-Generated Health Data</td>
<td></td>
<td>Up to 10%</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Send a Summary of Care</td>
<td>X</td>
<td>Up to 20% (Transition) 10% (ACI)</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Request/Accept Summary of Care</td>
<td>X</td>
<td>Up to 10%</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Clinical Information Reconciliation</td>
<td></td>
<td>Up to 10%</td>
<td>n/d</td>
</tr>
<tr>
<td></td>
<td>Immunization Registry Reporting</td>
<td></td>
<td>Up to 10%</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>Syndromic Surveillance Reporting</td>
<td></td>
<td>5% Bonus</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>Electronic Case Reporting</td>
<td></td>
<td>5% Bonus</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>Public Health Registry Reporting</td>
<td></td>
<td>5% Bonus</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>Clinical Data Registry Reporting</td>
<td></td>
<td>5% Bonus</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Bonus (up to 15%)</td>
<td>Report improvement activities using CEHRT</td>
<td>10% bonus</td>
<td></td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
# 2017 ACI Performance Scoring

## How is the Performance Score Calculated?

### Performance Rates for Each Measure Worth up to 10%

<table>
<thead>
<tr>
<th>Performance Rate</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>1%</td>
</tr>
<tr>
<td>11-20</td>
<td>2%</td>
</tr>
<tr>
<td>21-30</td>
<td>3%</td>
</tr>
<tr>
<td>31-40</td>
<td>4%</td>
</tr>
<tr>
<td>41-50</td>
<td>5%</td>
</tr>
<tr>
<td>51-60</td>
<td>6%</td>
</tr>
<tr>
<td>61-70</td>
<td>7%</td>
</tr>
<tr>
<td>71-80</td>
<td>8%</td>
</tr>
<tr>
<td>81-90</td>
<td>9%</td>
</tr>
<tr>
<td>91-100</td>
<td>10%</td>
</tr>
</tbody>
</table>

- Numerators and Denominators converted to percentage score
- Most measures maximum of 10%
- Transition set has two measures worth 20%
  - Provide Patient Access
  - HIE
- Submit “Yes” for Immunization Registry receive the full 10% in the Performance Category
- Other registries 5%
- Submit “Yes” for using CEHRT for Improvement Activity receive 10% bonus
Measure Example: **HIE - Send a Summary of Care**

**Base Score (required)**
- Numerator requires that you have at **least one transition of care or referral** for which you transition or refers the patient to another setting of care or clinician – 1) creates a SOC and 2) electronically exchanges the SOC record
- Denominator: Number of transitions of care and referrals during the performance period for which the MIPS eligible clinician was the transferring or referring clinician.

**Performance Score**
- Numerator: Number of TOC in the denominator where a SOC record was created using CEHRT and exchanged electronically
- Denominator: Number of transitions of care and referrals during the performance period for which the MIPS eligible clinician was the transferring or referring clinician.
- n/d = % points
- % points are ranked in the measures performance rates
- Example 150/300 = 50% or 5% points
### Hypothetical ACI Scoring Example

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Rptd Perf</th>
<th>Base Score</th>
<th>Perf Score</th>
<th>Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Protect Patient Health Information</td>
<td>Security Risk Analysis</td>
<td>Yes</td>
<td>Pass</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>2 Electronic Prescribing</td>
<td>e-Prescribing</td>
<td>50%</td>
<td>Pass</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>3 Patient Electronic Access</td>
<td>Provide Patient Access (x2)</td>
<td>50%</td>
<td>Pass</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>View, Download, or Transmit (VDT)</td>
<td>1%</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4 Patient-Specific Education</td>
<td>Patient-Specific Education</td>
<td>10%</td>
<td>Pass</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5 Secure Messaging</td>
<td>Secure Messaging</td>
<td>1%</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6 Health Information Exchange</td>
<td>Health Information Exchange (x2)</td>
<td>10%</td>
<td>Pass</td>
<td>2</td>
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</tr>
<tr>
<td>7 Medication Reconciliation</td>
<td>Medication Reconciliation</td>
<td>50%</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>8 Public Health and Clinical Data Registry Reporting</td>
<td>Immunization Registry Reporting</td>
<td>Yes</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Optional Syndromic Surveillance Reporting</td>
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<td></td>
<td>Optional Electronic Case Reporting</td>
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<td>Optional Public Health Registry Reporting</td>
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<td></td>
<td>Optional Clinical Data Registry Reporting</td>
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</tr>
</tbody>
</table>

**Total**

50 Base points + 30 Perf. Points + 0 Bonus Pts = 80 points

80 points x 25% weight = 20 points for Composite Score
Special ACI Scoring Standards for MIPS-APMs

<table>
<thead>
<tr>
<th>Category</th>
<th>Reporting Requirements</th>
<th>Category Scoring</th>
<th>Category Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advancing Care Information (MU)</td>
<td>• ACO participant TINs will submit directly to MIPS via a MIPS data submission mechanism.</td>
<td>• ACO participant TIN scores will be aggregated as a weighted average to yield one score for the APM Entity group.</td>
<td>30%</td>
</tr>
</tbody>
</table>
Survive & Thrive in the ACI Category

First Things First!

- Provide high quality care proactively
- Review the ACI measures available
- Capture data without interrupting workflow
- Document the care
- Appoint someone to routinely extract the data
- Monitor and track the data
- Share the data with clinicians and staff often
- Know how you want to submit your data to CMS
Survive & Thrive in the ACI Category

Tips for Success

▪ Schedule 2015 EHR upgrade immediately
▪ Understand the scoring methodology to maximize score
▪ Utilize high functioning EHR for every possible process
  – EHR vendor is a partner
▪ Adopt patient-centric workflows
  – Stress preventive care with patients
  – Daily team huddles
  – All clinicians and staff continue to suggest patient portal for every use to increase Patient Access to Info, HIE, VDT, Secure Messaging, Patient Education points
Survive & Thrive in the ACI Category

Transition of Care Tips – Start Now!

▪ Implement easy-to-understand strategies to improve transitions of care and referral care
  – Determine your workflow for sending/receiving summaries of care
    ▪ Identify who will check the incoming email box for summaries of care and who will be the backup
  – Understand how to document sending and receiving/incorporating a summary of care in EHR

▪ Use EHR to share patient data efficiently
  – Find out your direct address
  – Call referral providers to gather their direct addresses to add to EHR
  – Send a test summary of care after they provide their direct address
Quality Payment Program

Assistance & Resources
Full Service QPP Technical Assistance

Do you need technical assistance to help you participate in the Quality Payment Program? The Centers for Medicare & Medicaid Services has specialized programs and resources for eligible clinicians across the country.

**PRIMARY CARE & SPECIALIST PHYSICIANS**
*Transforming Clinical Practice Initiative*
- Supports physicians and other clinicians through active, collaborative and peer-based learning networks over 4 years.
- Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs) are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.

![Locate the PTN(s) and SAN(s) in your state](image)

**SMALL & SOLO PRACTICES**
*Small, Underserved Rural Support Technical Assistance*
- Provides outreach, guidance, and direct technical assistance to clinicians in solo or small practices (15 or fewer), particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
  - Assistance will be tailored to the needs of the clinicians.
  - Organizations selected to provide this technical assistance will be available in late 2016.

**LARGE PRACTICES**
*Quality Innovation Network-Quality Improvement Organizations (QIN-QIO) Education and Support*
- Supports clinicians in large practices (more than 15 clinicians) in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.

![Locate the QIN-QIO that serves your state](image)

**TECHNICAL SUPPORT**
*All Eligible Clinicians Are Supported By:*
- **Quality Payment Program Portal**
  Serve as a starting point for information on the Quality Payment Program.
- **Quality Payment Program Service Center**
  Assist with all Quality Payment Program questions including program basics and tips for getting started.
- **Advanced Alternative Payment Model (APM) Learning Networks**
  Help clinicians share best practices for success, and move through stages of transformation to successful participation in APMs.
In Summary

- Value-based payments have arrived
- Evidence suggests that value-based models deliver better patient care
- The language of MIPS and APMs will replace the language of PQRS, MU and VM
- Technology plays a key role in healthcare’s future
- Patient and family engagement becomes of greater value
- We all share a similar goal to improve patient outcomes
- Easy to understand strategies, implemented well, will lead to success
Upcoming Learning Opportunities

QPP Coffee Talks with Telligen QIO Quality Advisors
Thursday, June 8
11 a.m. CST
Register at:
https://qualitynet.webex.com

MIPS Survive & Thrive:
Improvement Activities & Cost
Thursday, June 22
12:00 p.m. – 1:00 p.m. Central
Register here or at:
https://telligenqpp.com/events/
Resources

- CMS QPP Website: https://qpp.cms.gov/
  - List of ACI Objectives and Measures: https://qpp.cms.gov/measures/aci
  - 2017 EP Transitioning to MIPS Hardship Instructions and Application
  - MIPS Performance Categories: ACI and Improvement Activities: CMS ACI and IA Webinar
  - ACI Fact Sheet: ACI Fact Sheet
    - ACI Measures and Scores AND 2017 ACI Transition Measures and Scores
    - Improvement Activities eligible for the ACI Performance Category Bonus

- Telligen QPP Website: https://telligenqpp.com/
  - Assistance Fact Sheet
  - Webinar recording and slides
Thank you for joining us!

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This material was prepared by Telligen, the Quality Payment Program Small, Underserved and Rural Support contractor 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 and Human Services. The contents presented do not necessarily reflect CMS policy.

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