Session 11
Your Accountable Health Journey in the Quality Payment Program

June 15, 2017
Disclosures

Lisa Gall and Candy Hanson have no relevant financial or nonfinancial relationships to disclose.
Lake Superior Quality Innovation Network (LSQIN)

Three quality improvement organizations:

- MPRO in Michigan
- Stratis Health in Minnesota
- MetaStar in Wisconsin

Collaboration to improve health care for Medicare consumers, share best practices, and maximize efficiencies
Objectives

• Learn about the Quality Payment Program's two reporting paths: Merit-Based Incentive Program (MIPS) and Alternative Payment Program (APM)

• Learn to set the stage for improved health outcomes and improved patient experiences

• Discover eligibility requirements for MIPS and APMs

• Understand your role in preparing for 2017
Overview of the Quality Payment Program (QPP)
Medicare Access and CHIP Reauthorization Act of 2015

Quality Payment Program

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- **Provides incentive payments** for participation in Advanced Alternative Payment Models (APMs)

The Merit-based Incentive Payment System (MIPS)  

or  

Advanced Alternative Payment Models (APMs)
Quality Payment Program – 2 Tracks for Eligible Clinicians

Merit-based Incentive Payment System

Eligible for *MPBPFS performance adjustment + high performance bonus
* Medicare Part B Physician Fee Schedule

Advanced Alternative Payment Model

Eligible for 5% *MPBPFS bonus if participating in Advanced APM through Medicare Part B
Path 1: Advanced Alternative Payment Models (APM)

Promotes quality over volume by moving away from traditional Medicare Part B Physician Fee Service

2017 CMS Advanced APMs

1. Medicare Shared Savings Program (MSSP) Tracks 2, 3
2. Next Generation ACO Model
3. Comprehensive ESRD Care (CEC) (2-sided risk)
4. Oncology Care Model (OCM) (2-sided risk)
5. Comprehensive Primary Care Plus (CPC+) Model
   — meets the criteria to be a Medical Home Model

*A current list of CMS and MIPS APMs is posted at QPP.CMS.GOV*
Path 2: Merit-Based Incentive Payment System (MIPS)

Replaces PQRS (Physician Quality Reporting System) 60 %

New Category 15 %

Replaces Meaningful Use (EHR Incentive Program) 25 %

Replaces VBM (Value Based Modifier) 0 %

Maximum MIPS Composite Score 100

Source: CMS Quality Payment Program – Train-The-Trainer
Medicare Part B clinicians billing more than $30,000 a year AND providing care for more than 100 Medicare patients a year

Physicians include:
Doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, or optometry, and doctor of chiropractic

Who is Exempt?

Below the Low Volume Threshold in performance year
- See <100 Medicare Part B PFS patients OR
- Bill <$30,000 to Medicare Part B PFS

Significantly participating in an Advanced APM
- 25% of Medicare Payments paid through AAPM OR
- 20% of Medicare Beneficiaries seen through AAPM

Newly enrolled in Medicare (for first year)
Non patient facing clinicians (<100 F2F visits)

More to be added in 2019
Payment Adjustments

Medicare Incentive Payments: 2015-2022

Pre-MIPS

Post-MIPS

Source: Minnesota Medical Association, Jan. 26, 2016, Janet Silversmith: Making Sense of MACRA (webinar presentation)
Annual Measurement Periods

- MU for Medicaid EPs
- MU for Medicaid EHs, CAHs
- MU for Medicare EHs, CAHs
- MU for Medicare EPs
- ACI for Medicare ECs

Source: CMS Quality Payment Program – Train-The-Trainer
CMS Timeline

### FEE Schedule Updates
- 2015 and earlier: 0.5
- 2016: 0.5
- 2017: 0.5
- 2018: 0.5
- 2019: 0
- 2020: 0
- 2021: 0
- 2022: 0
- 2023: 0
- 2024: 0
- 2025: 0.75
  - QAPMCF*
- 2026 and later: 0.25
  - N-QAPMCF**

### Quality
- 2015 and earlier: 4%
- 2016: 5%
- 2017: 7%
- 2018: 9%

### MIPS Payment Adjustment (+/-)

### Qualifying APM Participant
- Medicare Payment Threshold
- Excluded from MIPS

### 5% Incentive Payment

### Excluded from MIPS

*Qualifying APM conversion factor
**Non-qualifying APM conversion factor
The Two Paths for QPP:
MIPS & APMs

APMS

Advanced APMs & MIPS APMs
Path 1: Advanced Alternative Payment Models (APM)

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Partially Qualified Participants in Advanced APM

During the QP Performance Period (January – August), CMS will take three “snapshots” (March 31, June 30, August 31) to determine which eligible clinicians are participating in an Advanced APM and whether they meet the thresholds to become Partially Qualified APM Participants.

**Table 34—QP Patient Count Thresholds—Medicare Option**

<table>
<thead>
<tr>
<th>Medicare Threshold Option—Patient Count Method</th>
<th>2019 (percent)</th>
<th>2020 (percent)</th>
<th>2021 (percent)</th>
<th>2022 (percent)</th>
<th>2023 (percent)</th>
<th>2024 and later (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QP Patient Count Threshold</td>
<td>20</td>
<td>20</td>
<td>35</td>
<td>35</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Partial QP Patient Count Threshold</td>
<td>10</td>
<td>10</td>
<td>25</td>
<td>25</td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>

**Table 32—QP Payment Amount Thresholds—Medicare Option**

<table>
<thead>
<tr>
<th>Medicare Option—Payment Amount Method</th>
<th>2019 (percent)</th>
<th>2020 (percent)</th>
<th>2021 (percent)</th>
<th>2022 (percent)</th>
<th>2023 (percent)</th>
<th>2024 and later (percent)</th>
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</thead>
<tbody>
<tr>
<td>QP Payment Amount Threshold</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>50</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Partial QP Payment Amount Threshold</td>
<td>20</td>
<td>20</td>
<td>40</td>
<td>40</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>
Benefits and Risks of Participating in an APM

Partial Qualifying Professional

• Upside and downside P4P
• Option to report to MIPS/payment adjustment
• Higher APM MIPS scoring
• Exceptional performance bonus if MIPS score > 70

Qualifying Professional

• Upside & downside P4P
• No MIPS payment adjustments
• Group report
• 5% Bonus payments
• Higher fee schedule in 2026
Alternative Payment Models

Quality Payment Program

Advanced APMs
- Qualified Participants
  - *More downside risk
  - *5-8% of providers

MIPS APMs
- Eligible Clinicians

MIPS
- Eligible Clinicians
  - *92%-95% of providers

Source: CMS Quality Payment Program – Train-The-Trainer
Advanced APMs Must Meet 3 Criteria

1. Require participants to use certified EHR technology

2. Payment for covered services based on quality measures comparable to those used in (MIPS)

3. Either:
   • be a Medical Home Model expanded under CMS Innovation Center authority; or
   • bear more than a nominal amount of financial risk
The Two Paths for QPP: MIPS & APMs

MIPS
The Two Paths for QPP: MIPS & APMs

MIPS: Advancing Care Information (ACI) category
Advancing Care Information: 25% of MIPS Score in 2017

Replaces “Meaningful Use”

• Maximum score 100 of 155 possible points
• 5 required base measures (50% of score)
• 7-9 performance measures (50% of score)

• Available Bonus points:
  • Using CEHRT for Improvement Activities
  • Reporting to additional PH or clinical registries
Exemptions for Advancing Care Information

**Exemptions are for the whole ACI Category** –
- Automatic exemption for those not previously required to report to EHR Incentive program (NP, PA, hospital-based)
  - May choose whether or not to include ACI category in MIPS scoring – just need to report to ACI
- For others: Applications are similar to MU hardship exemptions
  - Submit annually

**There are no individual Objective Exclusions**
- Exception for one BASE objective
  - Clinicians with <100 prescriptions written in the performance period

**Claiming an Exemption for this Category affects MIPS Scoring**
- ACI Category reweighted to zero
- Quality weight increases to 85%
ACI Category **Base Score** – Required for Any Score in ACI: Accounts for 50% of ACI Score

2014 CEHRT: 4 measures

2015 CEHRT: 5 measures

Source: CMS Quality Payment Program – Train-The-Trainer
ACI Category Performance Score: Accounts for 50% of ACI Score

2014 CEHRT 7 measures

2015 CEHRT 9 measures

* 2 measures weighted higher to make up the difference

* Objectives renamed, 3 new measures

Source: CMS Quality Payment Program – Train-The-Trainer
MIPS Reporting With 2014 CEHRT

4 Base Measures required to receive ANY score in the ACI category
PLUS 7 Performance Measures – 10 points each, 2 worth 20 points each

<table>
<thead>
<tr>
<th>MEASURE NAME</th>
<th>Measure Completed (Yes/No)</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Risk Analysis</td>
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<tr>
<td>e-Prescribing</td>
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<tr>
<td>Send Summary of Care</td>
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<tr>
<td>Provide Patient Access</td>
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<td>Immunization Registry Reporting</td>
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<td>Medication Reconciliation</td>
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<td>Patient-Specific Education</td>
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<td>Secure Messaging</td>
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<td>View, Download, or Transmit (VDT)</td>
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<tr>
<td>Specialized Registry Reporting</td>
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<tr>
<td>Syndromic Surveillance Reporting</td>
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</tbody>
</table>
MIPS Reporting With 2015 CEHRT

5 Base Measures required to receive ANY score in the ACI category
PLUS 9 Performance Measures – 10 points each

<table>
<thead>
<tr>
<th>MEASURE NAME</th>
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<tr>
<td>Send Summary of Care</td>
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<tr>
<td>Request/Accept Summary of Care</td>
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<tr>
<td>Provide Patient Access</td>
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<tr>
<td>Clinical Information Reconciliation</td>
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<tr>
<td>Patient-generated Health Data</td>
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<td>Immunization Registry Reporting</td>
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<td>Clinical Data Registry Reporting</td>
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<td>Public Health Registry Reporting</td>
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<td>Electronic Case Reporting</td>
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<td>Syndromic Surveillance Reporting</td>
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</table>
Quality Payment Program Technology

- Advancing Care Information:
  - Registries vs QCDR
  - HIE
  - Public Health Reporting
  - Summary of Care
- Quality:
  - Registries vs QCDR
  - What is “end to end reporting”
- Improvement Activities
  - Registries vs QCDR
  - What qualifies as using CEHRT for IA bonus eligible activities
The Two Paths for QPP: MIPS & APMs

MIPS: Quality category
Quality Category: 60% of MIPS Score in 2017

Replaces PQRS: Maximum score 60

- Report six quality measures* from over 300 quality measures OR measures from Specialty set
  - Report via Claims, EHR, Registry
  - Benchmark scores differ between reporting methods
- Groups of 25+ can use CMS GPRO Web Interface
  - Report 14 quality measures*
- APMs report quality as a groups

*Measure must meet qualification criteria for all methods
If reporting as a group, combine all EC scores
Quality Measures

MIPS Performance Category: Quality – Reporting

**Individual clinicians may report through:**
- Qualified Registry
- Electronic Health Record (EHR)
- Qualified Clinical Data Registry (QCDR)
- Claims

**Groups may report measures through:**
- Qualified Registry
- EHR
- QCDR
- CMS Web Interface (groups of 25 or more)
- CAHPS for MIPS Survey
  - Counts as 1 patient experience measure
  - Must submit 5 other measures through a different mechanism above
The Two Paths for QPP: MIPS & APMs

MIPS: Improvement Activities (IA) Category

- Quality
- Improvement Activities
- Advancing Care Information
- Cost
New Category: Maximum score 40

- Help participants prepare to transition to APMs and Medical Home Models

- Engage in up to **four activities for at least 90 days**
  - Medium activity = 10 points
  - High activity = 20 points
    - Double points for small, rural, non-patient facing clinicians
    - Full score for PCMH, MHM (MN model counts)
    - APMs – choose activities based on model criteria
Improvement Activities Examples

- Implementation of medication management practice improvements
- Use of decision support and standardized treatment protocols
- Implementation of documentation improvements for practice/process improvements
The Two Paths for QPP: MIPS & APMs

MIPS: Cost category
Replaces VBM: No score in 2017

- Category has been set to 0% for 2017 with a reweighting of the other three categories
- Category score will increase from 0 to 30% by 2021 as required by MACRA law, starting in 2018
- No data submission required; Calculated from adjudicated claims
MIPS Scoring

Quality  Improvement Activities  Advancing Care Information  Cost
Pick Your Pace 2017

Pick your pace in MIPS: If you choose the MIPS track of the Quality Payment Program, you have three options.

1. Don’t Participate
   Not participating in the Quality Payment Program: If you don’t send in any 2017 data, then you receive a negative 4% payment adjustment.
   Test: If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity), you can avoid a downward payment adjustment.
   NOT RECOMMENDED!
   Source: CMS Quality Payment Program – Train-The-Trainer

2. Submit Something
   Submit a Partial Year
   Partial: If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

3. Submit a Full Year
   Full: If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

4. Engage as a Qualified Participant (QP) in an Advanced APM...no MIPS requirements!
### MIPS 2017 Transition Year Scoring (0-100 Points)

<table>
<thead>
<tr>
<th>Points</th>
<th>Payment Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥70 points</td>
<td>Eligible for positive payment adjustment and exceptional performance bonus</td>
</tr>
<tr>
<td>4-69 points</td>
<td>Positive payment adjustment. No exceptional performance payment. No negative payment adjustment</td>
</tr>
<tr>
<td>3 points</td>
<td>Neutral payment adjustment</td>
</tr>
<tr>
<td>Do nothing – 0 points</td>
<td>-4% payment adjustment</td>
</tr>
</tbody>
</table>
Avoiding a Negative Payment Adjustment in 2017 Transition Year

Score at least 3 points to avoid a 4% negative payment adjustment in 2019 by reporting in at least one category

1. Report to ACI - 12.5 MIPS points: (25% of total MIPS score)
   • Report 4 - 5 required base objectives (50 points x .25) OR

2. Report Quality Measures - 3 MIPS points: (60% of total MIPS score)
   • Individuals/groups: report 1 quality measure
   • Groups using GPRO web interface: report 14 quality measures OR

3. Report Improvement Activities - 3-15 MIPS points: (15% of total MIPS score)
   • Practices >15 clinicians: report 2 medium or 1 high activity 3 MIPS points
   • Small, rural, underserved, non-patient facing clinicians (double points): report 1 medium or 1 high activity 3-6 MIPS points
   • APM, PCMH or MHM (automatically receive full credit) 15 MIPS points
MIPS Reporting Options are at the Tax ID Number level

**Individual**
- NPI plus TIN – clinician reassigns MPBPFS to TIN

**Group**
- 2 or more clinicians (NPI) reassign MPBPFS to TIN
- As a MIPS APM Entity
- Assessed as a group across all categories
Stratis Health
MIPS Estimator
Pre-Release Version
MIPS Estimator Example: 2016 Quality Measures Reports & 2017 Quality Measures Targets

<table>
<thead>
<tr>
<th>Reported in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Diabetes: Hemoglobin A1c Poor Control</td>
</tr>
<tr>
<td>2 Breast Cancer Screening</td>
</tr>
<tr>
<td>3 Colorectal Cancer Screening</td>
</tr>
<tr>
<td>4 Falls: Risk Assessment</td>
</tr>
<tr>
<td>5 Diabetes: Foot Exam</td>
</tr>
<tr>
<td>6 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
</tr>
<tr>
<td>7 Controlling High Blood Pressure</td>
</tr>
<tr>
<td>8 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</td>
</tr>
<tr>
<td>9 Pneumonia Vaccination Status for Older Adults</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Diabetes: Eye Exam</td>
</tr>
<tr>
<td>11 Documentation of current medications in the medical record</td>
</tr>
<tr>
<td>12 Weight Assessment &amp; Counseling for Nutrition and Physical Activity for Children and Adolescents</td>
</tr>
<tr>
<td>13 Hypertension: Improvement in Blood Pressure</td>
</tr>
<tr>
<td>14 Preventive Care and Screening: Influenza Immunization</td>
</tr>
<tr>
<td>15 Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
</tr>
</tbody>
</table>
Welcome to the Stratis Health 2017 MIPS Estimator

Current data for PQRS and Meaningful Use and a score for the Improvement Activities category based on your setting and the activities you believe your organization will be successful at attesting to for 2017. Your score will be an "estimate" of how you might score in 2017 for reporting and attesting to similar measures with like numerators and denominators.

Once you learn your approximate score for the 2017 transition year, you be able to use the MIPS Estimator throughout the year to enter data in real time pulled from your electronic health record or QI/RUR reports to track your progress towards your goals.

To begin, we'll walk you through a few pages where we need to learn more from you.

There are three main categories to enter data: Advancing Care Information, Improvement Activities, and Quality Measures. Cost is not included in the 2017 transition year MIPS Composite Score.

Fields that do not apply to your situation based on your selections will turn gray because data in those cells are not needed.

Scroll down for detailed instructions.

Disclaimers

Who report for them, to monitor and plan for reporting to the Quality Payment Program in transition year 2017 based on past and/or present performance. This is NOT your final MIPS Composite Score which will not be known until CMS calculates it for you based on your actual submission and CMS data. The MIPS Estimator is based on the best understanding of the CMS final published rule. Slight to moderate variations are expected from the estimated MIPS score to the final MIPS score. Stratis Health is held harmless to any final score estimates and/or assumptions by end users.

Disclaimer (CMS): eligible clinicians, regardless of whether they are Partial QPs, will NOT be able to know their MIPS payment adjustments until they are actually announced just before the payment year, so a Partial QP decision to report to MIPS does carry with it some unavoidable uncertainty. Each Advanced APM Entity will need to weigh its options of the burden of reporting and likelihood of positive MIPS adjustments with the certainty of choosing exclusion from MIPS payment adjustments, which could be upward, neutral, or downward adjustments for the payment year.

https://www.federalregister.gov/d/2016-25240/p-5390

The MIPS Estimator was developed by Stratis Health, www.stratishealth.org.

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ACRONYMS

ACI – Advancing Care Information
AMA – American Medical Association
APM – Alternative Payment Model
AAPM – Advanced Alternative Payment Model
AHRO – Agency for Healthcare Research & Quality
CAHPS – Consumer Assessment of Healthcare Providers
CEHRT – Certified Electronic Health Record Technology
CMS – Centers for Medicare & Medicaid Services
CPIA – Clinical Practice Improvement Activities
EC – Eligible Clinician
EHR – Electronic Health Record
FQHC – Federally Qualified Health Center
IA – Improvement Activities
IHS – Indian Health Services
MACRA - Medicare Access & CHIP Reauthorization Act
MIPS – Merit-Based Incentive Program
MOC – Maintenance of Certification
PBPS – Part B Physician Fee Schedule
PCMH – Patient Centered Medical Home
PQRS – Physician Quality Reporting System
QP – Qualified Professional
QCDR – Qualified Clinical Data Registry
QM – Quality Measures
QRUR – Quality Resource & Use Report
RHC – Rural Health Clinic
VBM or VM – Value BasedModifier
## Main Page (Individuals)

### Medicare Merit-Based Incentive Program (MIPS) Estimator 2017

#### Practice/Provider Questions - In the green boxes provide your answers to the practice and provider questions to get started with your MIPS estimation.

1. **Practice Name:**
   - Provider Name:
   - Provider ID:

2. **How are you entering your MIPS data for this MIPS Estimator?**
   - [ ] Individual
   - [x] Group

3a. **If you are reporting as an individual:**
   - Enter individual provider name here:
   - [ ] Eligible for ACI
   - [x] Not Eligible

3b. **If you are reporting as a group:**
   - Enter group name here:
   - [ ] Eligible for ACI
   - [x] Not Eligible

4. **Are you reporting from:**
   - [ ] Main-SFM
   - [ ] Main-APM
   - [ ] Main-JPNA
   - [ ] MIPS Alternative Payment Models: Next Generation ACO Models
   - [ ] MIPS Alternative Payment Models: Medicare Shared Savings Program Tracks 2/3/4
   - [ ] MIPS Alternative Payment Models: CPC
   - [ ] MIPS Alternative Payment Models: Comprehensive Care Models
   - [ ] MIPS Alternative Payment Models: Comprehensive Practice Models
   - [ ] MIPS Alternative Payment Models: Comprehensive IP Models

5. **Are you a Primary Care Medical Home (PCMH) or decedent PCMH status by CMS for 2017?**
   - [ ] No
   - [ ] Yes

6. **How do you plan to report quality measures for 2017?**
   - [x] Individual
   - [ ] Group

7. **Is this the first time you are using this MIPS Estimator?**
   - [ ] Yes
   - [x] No

---

### Data Entry Status
- **Category Page Navigation Button:**
  - [ ] Advancing Care Information (ACI)
  - [ ] Improvement Activities (IA)
  - [ ] Quality Measures (QM)

- **Data Entry Status:**
  - [ ] Data Partially Entered
  - [ ] CMS Advancing Care Information
  - [ ] Some Data Entered
  - [ ] CMS Improvement Activities
  - [ ] All Data Entered
  - [ ] CMS Quality Measures

---

**Click the Results button below to see your estimated MIPS results. You may create a PDF estimation report from the results page.**

**Click to view your MIPS Estimator**

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### Acute Care (ACI) Data Entry Page

<table>
<thead>
<tr>
<th>Objective Name</th>
<th>Measure Name</th>
<th>Measure Description</th>
<th>Measure Required for Base Score?</th>
<th>Eligible for Bonus?</th>
<th>Measure Completed (Yes/No)</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% Rate</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information</td>
<td>Security Risk Analysis</td>
<td>CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR164.312(a)(2)(iv) and 45 CFR 164.306(d)(2), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician’s risk management process.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Electronic Prescribing</td>
<td>e-Prescribing</td>
<td>At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Health Information Exchange</td>
<td>Health Information Exchange</td>
<td>The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CHERT to create a summary of care record, and (2) electronically transmits such summary to a receiving health care clinician for at least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician’s discretion to withhold certain information.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Electronic Access</td>
<td>Provide Patient Access</td>
<td>The MIPS eligible clinician must meet the following requirements for at least one patient seen by the eligible clinician: (1) provide the patient with the ability to access their health information electronically; (2) communicate the patient’s health information electronically to other participating clinicians; (3) electronically transmit the patient’s health information to the patient.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Reporting</td>
<td>Communication Registry Reporting</td>
<td>The MIPS eligible clinician must meet the following requirements for at least one patient seen by the eligible clinician: (1) provide the patient with the ability to access their health information electronically; (2) communicate the patient’s health information electronically to other participating clinicians; (3) electronically transmit the patient’s health information to the patient.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>Medication Reconciliation</td>
<td>The MIPS eligible clinician must meet the following requirements for at least one patient seen by the eligible clinician: (1) provide the patient with the ability to access their health information electronically; (2) communicate the patient’s health information electronically to other participating clinicians; (3) electronically transmit the patient’s health information to the patient.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Specific Education</td>
<td>Patient-Specific Education</td>
<td>The MIPS eligible clinician must meet the following requirements for at least one patient seen by the eligible clinician: (1) provide the patient with the ability to access their health information electronically; (2) communicate the patient’s health information electronically to other participating clinicians; (3) electronically transmit the patient’s health information to the patient.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure Messaging</td>
<td>Secure Messaging</td>
<td>For at least one patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CHERT to the patient (or the patient-authorized representative) or in response to a secure message sent by the patient (or the patient-authorized representative) during the performance period.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Electronic Access</td>
<td>View, Download, or Transmit (VTI)</td>
<td>At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Reporting</td>
<td>Specialized Registry Reporting</td>
<td>The MIPS eligible clinician must meet the following requirements for at least one patient seen by the eligible clinician: (1) provide the patient with the ability to access their health information electronically; (2) communicate the patient’s health information electronically to other participating clinicians; (3) electronically transmit the patient’s health information to the patient.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Reporting</td>
<td>Syndromic Surveillance Reporting</td>
<td>The MIPS eligible clinician must meet the following requirements for at least one patient seen by the eligible clinician: (1) provide the patient with the ability to access their health information electronically; (2) communicate the patient’s health information electronically to other participating clinicians; (3) electronically transmit the patient’s health information to the patient.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Your ACI Base Score:** 90
**Your ACI PH Bonus Score:** 5
**Your ACI IA Bonus Score:** 10
**Your Total ACI Score:** 100
**Maximum Possible Score:** 100

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Improvement Activities

Improvement Activities Data Entry Page

Please list the activity ID for each of the improvement activities you believe you will be attesting to for the 2017 transition year. List up to six improvement activities or until you reach a score of 40. Clinicians in Primary Care Medical Homes must list at least one activity. At least one activity must be listed as eligible for CEHRT to receive a bonus in this category.

Please list the activity ID for each of the improvement activities you believe you will be attesting to for the 2017 transition year. List up to six improvement activities or until you reach a score of 40. Clinicians in Primary Care Medical Homes must list at least one activity. At least one activity must be listed as eligible for CEHRT to receive a bonus in this category.

<table>
<thead>
<tr>
<th>Required Activities</th>
<th>Activity ID (choose from drop-down)</th>
<th>Activity Description</th>
<th>Eligible for Certified Electronic Health Record Technology (CEHRT) AC1 Bonus?</th>
<th>Are you using CEHRT to complete this activity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1</td>
<td>IA_EPA_1</td>
<td>Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Activity 2</td>
<td>IA_PM_13</td>
<td>Chronic care and preventative care management for empanelled patients</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Activity 3</td>
<td>IA_PM_16</td>
<td>Implementation of medication management practice improvements</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Activity 4</td>
<td>IA_CC_12</td>
<td>Care coordination agreements that promote improvements in patient tracking across settings</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Activity 5</td>
<td>IA_CC_5</td>
<td>CMS partner in Patients Hospital Engagement Network</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Activity 6</td>
<td></td>
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</table>

Your Total IA Score: 40
Maximum IA Score: 40

Copyright © 2017 Stratis Health
<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Description</th>
<th>Measure Type</th>
<th>High Priority Measure?</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Measure Rate</th>
<th>Minimum case size of 20 eligible cases?</th>
<th>Were the cases included in this reporting method? 50% of all cases for the measure? (Yes/No)</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diabetes Hemoglobin A1c Poor Control</td>
<td>Outcome</td>
<td>Yes</td>
<td>5</td>
<td>11</td>
<td>38%</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>Breast Cancer Screening</td>
<td>Process</td>
<td>No</td>
<td>10</td>
<td>30</td>
<td>30%</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>Colorectal Cancer Screening</td>
<td>Process</td>
<td>No</td>
<td>23</td>
<td>69</td>
<td>33%</td>
<td>Yes</td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>104</td>
<td>Falls Risk Assessment</td>
<td>Process</td>
<td>Yes</td>
<td>40</td>
<td>52</td>
<td>77%</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>161</td>
<td>Diabetes Foot Exam</td>
<td>Process</td>
<td>No</td>
<td>6</td>
<td>11</td>
<td>56%</td>
<td>No</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>209</td>
<td>Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention</td>
<td>Process</td>
<td>No</td>
<td>62</td>
<td>63</td>
<td>100%</td>
<td>No</td>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>210</td>
<td>Controlling High Blood Pressure</td>
<td>Outcome</td>
<td>Yes</td>
<td>26</td>
<td>43</td>
<td>77%</td>
<td>Yes</td>
<td>Yes</td>
<td>6.9</td>
</tr>
<tr>
<td>211</td>
<td>Preventive Care and Screening: Screening for High Blood Pressure and Fully Documented</td>
<td>Process</td>
<td>No</td>
<td>17</td>
<td>117</td>
<td>12%</td>
<td>Yes</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>212</td>
<td>Pneumococcal Vaccination Status for Older Adults</td>
<td>Process</td>
<td>No</td>
<td>40</td>
<td>53</td>
<td>75%</td>
<td>Yes</td>
<td>Yes</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Showing Scores for reporting method: EHR

| Your Base QM Score | 40 |
| Total Bonus Points | 5 |
| Your Total QM Score | 45 |
| Maximum Possible Score | 60 |
## Quality Measures Data Entry Page - CMS Web Interface

Instructions.

Please fill in responses in the green cells to complete your Quality Measure data entry. Orange cells will display your measure rate and measure score.

<table>
<thead>
<tr>
<th>MEASURE ID</th>
<th>MEASURE NAME</th>
<th>MEASURE TYPE</th>
<th>High Priority?</th>
<th>Benchmark?</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Measure Rate</th>
<th>Were the cases included in this reporting method &gt; 50% of all cases for this measure?</th>
<th>Measure score</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACO-15</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>Process</td>
<td>YES</td>
<td>3</td>
<td>28</td>
<td>15</td>
<td>YES</td>
<td>68%</td>
<td>6</td>
</tr>
<tr>
<td>ACO-16</td>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</td>
<td>Process</td>
<td>YES</td>
<td>5</td>
<td>15</td>
<td>23</td>
<td>YES</td>
<td>35%</td>
<td>3</td>
</tr>
<tr>
<td>ACO-17</td>
<td>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</td>
<td>Process</td>
<td>YES</td>
<td>3</td>
<td>28</td>
<td>10</td>
<td>YES</td>
<td>50%</td>
<td>5</td>
</tr>
<tr>
<td>ACO-18</td>
<td>Colorectal Cancer Screening</td>
<td>Process</td>
<td>YES</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>YES</td>
<td>100%</td>
<td>100</td>
</tr>
<tr>
<td>ACO-19</td>
<td>Breast Cancer Screening</td>
<td>Process</td>
<td>YES</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100%</td>
<td>Yes</td>
<td>100</td>
</tr>
<tr>
<td>ACO-20</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>Outcome</td>
<td>YES</td>
<td>28</td>
<td>100</td>
<td>23</td>
<td>YES</td>
<td>70%</td>
<td>70</td>
</tr>
<tr>
<td>ACO-21</td>
<td>Controlling High Blood Pressure</td>
<td>Outcome</td>
<td>YES</td>
<td>39</td>
<td>100</td>
<td>90%</td>
<td>YES</td>
<td>90%</td>
<td>90</td>
</tr>
<tr>
<td>ACO-22</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
<td>Process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACO-23</td>
<td>Depression Remission of Twelve Months</td>
<td>Outcome</td>
<td>YES</td>
<td>30</td>
<td>100</td>
<td>30</td>
<td>YES</td>
<td>100%</td>
<td>100</td>
</tr>
<tr>
<td>ACO-24</td>
<td>Diabetes: Eye Exam</td>
<td>Process</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACO-25</td>
<td>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</td>
<td>Process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACO-26</td>
<td>Risk Standardized, All Condition Readmission</td>
<td>Outcome</td>
<td>YES</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your Base QM Score: 61
Total Bonus Points: 6
Your Total QM Score: 70
Maximum Possible Score: 100
### 2017 MIPS Estimated Results

**Report Date:** 4/18/2017  
**Report Type:** Baseline 1  
**Practice Name:** Test Practice #1  
**Provider Name (if applicable):** Provider #1  
**Setting:** <= 15 clinicians, rural, HPSA, non-patient facing  
**Selected Reporting Method:** EHR

#### ESTIMATED MIPS SCORE using Claims to report for quality

<table>
<thead>
<tr>
<th>Improvement Activities</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>MIPS scoring Weight</th>
<th>MIPS final score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td>60</td>
<td>40</td>
<td>40</td>
<td>100%</td>
<td>60.00</td>
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<tr>
<td>Advancing Care Information</td>
<td>16</td>
<td>16</td>
<td>100</td>
<td>100</td>
<td>100%</td>
<td>25.00</td>
</tr>
<tr>
<td>Quality</td>
<td>25</td>
<td>4</td>
<td>25%</td>
<td>50%</td>
<td>40%</td>
<td>25.00</td>
</tr>
<tr>
<td>Cost</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0.00</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total MIPS points</strong></td>
<td>100.00</td>
<td><strong>83.50</strong></td>
<td></td>
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</table>

#### ESTIMATED MIPS SCORE using EHR to report for quality

<table>
<thead>
<tr>
<th>Improvement Activities</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>MIPS scoring Weight</th>
<th>MIPS final score</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td>60</td>
<td>40</td>
<td>40</td>
<td>100%</td>
<td>60.00</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>16</td>
<td>16</td>
<td>100</td>
<td>100</td>
<td>100%</td>
<td>25.00</td>
</tr>
<tr>
<td>Quality</td>
<td>40</td>
<td>6</td>
<td>40%</td>
<td>60%</td>
<td>60%</td>
<td>40.00</td>
</tr>
<tr>
<td>Cost</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td><strong>Total MIPS points</strong></td>
<td>100.00</td>
<td><strong>88.70</strong></td>
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</table>

#### ESTIMATED MIPS SCORE using Registry to report for quality

<table>
<thead>
<tr>
<th>Improvement Activities</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>Category Bonus Points</th>
<th>MIPS scoring Weight</th>
<th>MIPS final score</th>
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<tbody>
<tr>
<td></td>
<td>40</td>
<td>60</td>
<td>40</td>
<td>40</td>
<td>100%</td>
<td>60.00</td>
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<tr>
<td>Advancing Care Information</td>
<td>16</td>
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<td>Quality</td>
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<td>100</td>
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<td><strong>Total MIPS points</strong></td>
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<td><strong>89.50</strong></td>
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### 2017 MIPS Estimated Results

**Report Date:** 12/10/2017  
**Report Type:** Baseline  
**Practice Name:** Test Practice #1  
**Provider Name (if applicable):** Provider #1  
**Setting:** <= 15 clinicians, rural, HPSA, non-patient facing  
**Selected Reporting Method:** EHR

#### ESTIMATED MIPS SCORE using Claims to report for quality

<table>
<thead>
<tr>
<th>&lt;= 15 clinicians, rural, HPSA, non-patient facing</th>
<th>Category Bonus Score</th>
<th>Category Score</th>
<th>possible category points</th>
<th>Category points earned</th>
<th>MIPS scoring Weight</th>
<th>MIPS final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement Activities</td>
<td>40</td>
<td>40</td>
<td>100%</td>
<td>15.00</td>
<td>15.00</td>
<td></td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>92</td>
<td>15</td>
<td>100%</td>
<td>25.00</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>23.3</td>
<td>4</td>
<td>46%</td>
<td>60.00</td>
<td>27.30</td>
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<tr>
<td>Cost</td>
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<td>N/A</td>
<td>N/A</td>
<td>0.00</td>
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</tr>
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<td><strong>Total MIPS points</strong></td>
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<td></td>
<td><strong>100.00</strong></td>
<td><strong>67.30</strong></td>
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</table>

#### ESTIMATED MIPS SCORE using EHR to report for quality

<table>
<thead>
<tr>
<th>&lt;= 15 clinicians, rural, HPSA, non-patient facing</th>
<th>Category Bonus Score</th>
<th>Category Score</th>
<th>possible category points</th>
<th>Category points earned</th>
<th>MIPS scoring Weight</th>
<th>MIPS final score</th>
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<tbody>
<tr>
<td>Improvement Activities</td>
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<td>40</td>
<td>100%</td>
<td>15.00</td>
<td>15.00</td>
<td></td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>92</td>
<td>15</td>
<td>100%</td>
<td>25.00</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
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<td>60.00</td>
<td>46.30</td>
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</tr>
<tr>
<td>Cost</td>
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<td>N/A</td>
<td>N/A</td>
<td>0.00</td>
<td>N/A</td>
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</tr>
<tr>
<td><strong>Total MIPS points</strong></td>
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<td></td>
<td><strong>100.00</strong></td>
<td><strong>86.30</strong></td>
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</table>

#### ESTIMATED MIPS SCORE using Registry to report for quality

<table>
<thead>
<tr>
<th>&lt;= 15 clinicians, rural, HPSA, non-patient facing</th>
<th>Category Bonus Score</th>
<th>Category Score</th>
<th>possible category points</th>
<th>Category points earned</th>
<th>MIPS scoring Weight</th>
<th>MIPS final score</th>
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</thead>
<tbody>
<tr>
<td>Improvement Activities</td>
<td>40</td>
<td>40</td>
<td>100%</td>
<td>15.00</td>
<td>15.00</td>
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</tr>
<tr>
<td>Advancing Care Information</td>
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<td>15</td>
<td>100%</td>
<td>25.00</td>
<td>25.00</td>
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</tr>
<tr>
<td>Quality</td>
<td>37.7</td>
<td>6</td>
<td>73%</td>
<td>60.00</td>
<td>43.70</td>
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<tr>
<td>Cost</td>
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<td>0.00</td>
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</tr>
<tr>
<td><strong>Total MIPS points</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>100.00</strong></td>
<td><strong>83.70</strong></td>
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</tbody>
</table>
Preparing for QPP in 2017
From an IT Perspective

- Provide dashboards, reports on measure performance to allow providers to see how they are doing during the performance year
- Help staff interpret data
- Focus on new CEHRT guidelines for 2018 for Advancing Care Information
Determine Eligible Clinicians
• Medicare Part B Professional services across all settings, including CAH Method II Billing, outpatient
  — ER, ambulatory, observation, procedures, surgeries
  — CMS sends MIPS eligibility letters to billing entity

Determine path: MIPS or APM
1. APM Path – Group reporting (at APM level)
   • Quality: CMS web Interface
   • IA and ACI - (varies by APM)
   • Will any of your clinicians report to MIPS?

2. MIPS Path:
   • Determine group or individual reporting (at NPI/TIN level)
     — Group: 2 or more clinicians who reassigned MPB billing to TIN
   • ‘Pick Your Pace’ in 2017
Set Quality Improvement and Quality Reporting Goals

• Assess current state using Stratis Health MIPS Estimator

• Align QI goals to patients’ and community’s needs
  — Impacts outcomes and patient experience

• Align Quality Metrics to practice and to other reporting requirements (UDS, Hedis, ACO, PTN, PH, etc.)
  — Impacts outcomes and payments

• Utilize data analytics to identify patients and populations at risk and set targets for improvement
  — Impacts outcomes and cost
Resources and Tools
Stratis Health Role in QPP

- Education
- Technical Assistance
- Physician/Eligible Clinician Engagement
- Beneficiary Engagement
1. **QPP Technical Assistance for Practices >15**
   Stratis Health/Lake Superior QIN: [QPPHelp@stratishealth.org](mailto:QPPHelp@stratishealth.org)

2. **QPP SURS**: Technical Assistance for Small, Rural, Underserved practices (15 and under)
   Stratis Health QIO: [QPPHelp@stratishealth.org](mailto:QPPHelp@stratishealth.org)

3. **Stratis Health** [http://www.stratishealth.org](http://www.stratishealth.org)

4. **Lake Superior Quality Innovation Network**
   Home page: [https://www.lsqin.org](https://www.lsqin.org)
   Previous and upcoming webinars and Regional Office Hours: [https://www.lsqin.org/events/](https://www.lsqin.org/events/)
CMS QPP Help Desk
  • (866) 288-8292 Email: QPP@cms.hhs.gov
  •
Practice Transformation Networks (PTN)
  • CMS funded Transforming Clinical Practice Initiative (TCPI)
https://qpp.cms.gov/sources
Ongoing Questions?

QPPHelp@stratishealth.org

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This material was prepared by Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11SOW-MN-D1-17-83 052417
Thank you!