

MIPS Calculator Demonstration

Q&A from Live Webinar – May 24, 2017

Below are answers to the questions that were submitted by attendees during the Quality Insights MIPS Calculator Demonstration webinar on May 24, 2017.



- 1. Can practices that do not have an EHR utilize the tool? They will be using claims.**

Answer: Practices that do not have an EHR and are going to report quality measures via claims will not have performance data readily available to enter into the calculator. Quality measure data can be abstracted from paper medical records with a registry.

- 2. Can a practice get a positive adjustment if they don't achieve points in any specific category?**

Answer: A MIPS score of zero will automatically impose a negative 4 percent penalty. A MIPS score of 3 will result in no payment adjustment. MIPS scores between 4 and 69 points are eligible for a positive payment adjustment. MIPS scores between 70 and 100 are eligible for a positive payment adjustment and the exceptional performance bonus. It doesn't matter if one of the three categories has a score of zero. The payment adjustment is based on the total MIPS score.

- 3. If the clinicians in my practice elect to report as individuals, could we use this tool for each eligible clinician?**

Answer: Yes, you can enter data for either individuals or groups.

- 4. Does the calculation only apply to how a single clinician does?**

Answer: The calculations are based on data that is entered. If the numerators and denominators represent an individual clinician's data, then the MIPS score is for that clinician. If the data entered is for a group, then the MIPS score applies to everyone in the group.

- 5. What is the difference between QCDR and specialized registry?**

Answer: A QCDR is a CMS-approved entity that collects and submits data to CMS to satisfy MIPS reporting. A QCDR is different from a qualified registry because it isn't limited to measures within the Quality Payment Program. The QCDR can report "non-MIPS" measures approved by CMS for reporting. Measures submitted by a QCDR may include measures from one or more of the following categories, with a maximum of 30 non-MIPS measures allowed per QCDR:

- CAHPS Survey
- National Quality Forum (NQF) endorsed measures

- *Current 2017 MIPS measures*
- *Measures used by boards or specialty societies*
- *Measures used by regional quality collaborations*
- *Other approved CMS measures*

6. Is this something that is required (using the calculator) to send in to be able to report measures?

Answer: No, the calculator is simply a tool to help you monitor your performance rates so you can implement changes and try to improve your scores.

7. Does the ACI reweighting apply to clinicians performing >75% of their services in the IP setting (like hospitalists)?

Answer: Yes, reweighting of the ACI category can occur for a PA, NP, CNS, CRNA, non-patient facing clinician, and hospital-based MIPS clinician. Thank you for noting that hospital-based clinicians should be added to slide 12 in the presentation.

8. We have a large multi-specialty practice and have several registries that we are enrolled in. Does each individual Eligible Clinician need to be enrolled in two registries? Or does this apply to the group?

*Answer: Reporting data to a specialty registry is not required for MIPS. If reporting is done to a public health or specialized clinical data registry, five points are added to the Advancing Care Information category score, if all of the base ACI measures are met. If the practice reports MIPS as a **GROUP**, then only one clinician in the group has to report to one registry and everyone in the group gets credit. If clinicians in the group are going to report MIPS **INDIVIDUALLY**, then each clinician would have to report to one registry IF they want five ACI bonus points.*

9. Where do we get the performance rates from?

Answer: Performance rates are obtained by running reports in your EHR. Please contact your EHR vendor to see if they have a MIPS dashboard available. If not, you can run the Meaningful Use report because the 2017 ACI Transition measures were all MU measures in 2016. Quality measure data should also be available from your EHR.

10. Are we welcome to use this with our practices?

Answer: Yes, absolutely. We encourage everyone to use the calculator to monitor measure rates and provide feedback to clinicians. Contact your Quality Insights QIN state QPP specialist if you need assistance or want suggestions on how you can improve performance rates or select measures.