

MIPS Improvement Activities: Quality Insights Tips, Tools and Support

Q&A from Live Webinar – March 14, 2017

1. Are there any items that are in the quality, improvement activity, and advancing care information categories?

Answer: Yes, there are some quality and Advancing Care Information (ACI) measures that are related to improvement activities. One example is medication reconciliation. The 2017 ACI performance measure requires the clinician to perform medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the Merit-Based Incentive Payment System (MIPS) eligible clinician. The improvement activity IA_PM_16 is to manage medications to maximize efficiency, effectiveness and safety, which can include medication reconciliation across transitions of care. The quality measure, ID #130, tracks documentation of current medications in the medical record.



2. Are there crossover activities in the Improvement Activities category that will cover one of the other two categories?

Answer: Yes, there are Improvement Activities that are related to ACI measures and Quality measures. See question #1.

3. Our CRNPs and midwives bill under our physicians. Can they participate in MIPS?

Answer: A Certified Nurse Midwife is not an eligible clinician that can participate in MIPS in 2017 or 2018; however, they may be added to the list of eligible clinicians in the future. Nurse Practitioners (NP) are eligible to participate in MIPS in 2017; however, in your practice the NP is not eligible because he/she bills under a physicians' NPI. The NP must bill using her/his own NPI in order to participate.

4. When will this seminar be available in the archive?

Answer: The recording, slides, and transcript, are posted on the Quality Insights website Events tab under [Archived Events](#).

5. As an ENT practice, what activities will need to be completed?

Answer: CMS created a list of 92 activities so each practice can choose improvement activities that are applicable to their patient population. Most activities can be performed by either primary care physicians or specialists. The number of activities that

must be completed to earn full credit for this category varies according to the number of clinicians in the practice and whether the practice is located in a rural zip code or health professional shortage area, or if the clinician is non-patient facing.

6. What are the chances this will all go away, if the government is really cutting regulations?

Answer: The new Quality Payment Program is bipartisan. Value-based care is not going away.

7. Can you attest after 90 days or do we wait until year end?

Answer: 2017 reporting cannot be done until after the year ends. Submission will begin January 2, 2018 and end March 31, 2018.

8. Where do you get the Improvement Activity Readiness Assessment & QI tracking tool?

Answer: The Improvement Activity tracking tool is available on the [Resource tab on the Quality Insights website](#). Select the "MACRA/MIPS" category from the drop down menu.

9. Does the Improvement Activity period have to be the same 90 days as the Quality Measures?

Answer: The reporting period that you select to complete your Improvement Activity/Activities does not need to be the same period as the Quality or Advancing Care Information categories. Each category can be reported for a different length of time and using different dates.

10. If our PCPs are participating in CPC+ track 1, how does that impact our specialists and do our PCPs need to attest in MIPS?

*Answer: The CPC+ track 1 is an Advanced Alternate Payment Model (APM) for primary care providers. This is a separate track from MIPS. CMS will inform clinicians throughout 2017 if they are an APM participant. Certain criteria must be met to be a **qualifying** APM participant. Clinicians will not be informed of this until after the end of the year when CMS reviews data. Therefore, even if a PCP participates in an Advanced APM, they might still need to report MIPS. The specialists in your practice will definitely need to participate in MIPS.*

11. Our EHR vendor has stated that all insurances are looked at for this information, not just Medicare patients, like PQRS used to do. Is this correct?

Answer: Correct. Improvement activities should be completed for ALL patients in your practice, not just Medicare patients.

12. If I understand correctly, we are a PCMH so we will already meet the requirement for Improvement Activity section. So, the 92 activities are not applicable to us for the 2017 year, but could be applicable for years 2 and 3?

Answer: A practice that is a certified PCMH will automatically receive full credit for the IA category in 2017. This is worth 15 MIPS points. Clinicians/practices will need to report

activities and measures annually. We will not know if PCMH participation will provide full credit for the IA category again in 2018 until CMS publishes their Final Rule later this year.

13. How do you know if a zip code is considered rural?

Answer: We have included a list of all rural designated zip codes for PA, NJ, DE, LA, and WV in our IA tool. It is located on the third tab.

14. Is rural designation based on TIN zip code or practice location zip code?

Answer: Rural designations are based on practice location zip codes, not the TIN zip code.

15. If a practice has multiple locations and some of the locations are in the rural areas and some are in an urban location, how do you know what points you get for a high or median activity?

Answer:

Group reporting rules:

- *If TIN has 15 or fewer ECs, the rural designation does not matter.
High weight = 40 points and Medium weight = 20 points*
- *If TIN has more than 15 ECs, the rural designation is applied only if **all practice locations under the TIN have a rural zip code:**
High weight = 40 points and Medium weight = 20 points*
- *If TIN has more than 15 ECs and all of the practice locations do **not** have a rural zip code, High weight = 20 points and Medium weight = 10 points*

Individual reporting rules:

- *If the clinician works at multiple locations, **all practice locations under the TIN must have a rural zip code for the rural designation to apply.**
High weight = 40 points and Medium weight = 20 points*
- *If the clinician works at one practice that has a rural zip code, the rural designation is applied. High weight = 40 points and Medium weight = 20 points*
- *If the clinician works at a practice that does not have a rural zip code, is not in a health professional shortage area, is not a non-facing clinician, and the practice has more than 15 clinicians. High weight = 20 points and Medium weight = 10 points*

16. What is meant by "non-facing provider"?

Answer: A "non-patient facing" provider does not routinely have an office or outpatient visit with a patient, i.e. see patients face-to-face. Examples are radiologists and pathologists. The non-patient facing MIPS-eligible clinician threshold for individual MIPS-eligible clinicians is <100 patient facing encounters in a designated period. A group is non-patient facing if > 75% of NPIs billing under the group's TIN during a performance period are labeled as non-patient facing.

17. Can you please review non-patient facing providers, like radiologists, for CPIA reporting?

Answer: Non-patient facing clinicians will receive 40 points (full credit) for completing one HIGH weight improvement activity and 20 points for completing one MEDIUM weight activity.

18. How many of the 92 activities do you need to participate in?

*Answer: The number of activities you need to do is based on how many points you want to earn for your MIPS score. The maximum score for full credit is 40 points. Points are awarded based on the weight of the activity AND the number of clinicians in the practice, the location of the practice, and if a clinician is non-patient facing. If your practice has 16 or more MIPS eligible clinicians: **HIGH weight = 20 points and MEDIUM weight = 10 points.** If your practice has ≤15 clinicians OR is located in a RURAL zip code OR is located in a health professional shortage area (HPSA) OR you are a non-patient facing eligible clinician: **HIGH weight = 40 points and MEDIUM weight = 20 points***

19. Can you clarify what measure set should pulmonology, endocrinology and chiropractic practices use to attest for MIPS?

Answer: There are not measure 'sets' for Improvement Activities. Almost all activities are applicable for both primary care physicians and specialists. If you are referring to the Quality category, we will discuss that during our Quality category educational session on April 19, 2017 at 1:00 p.m. EST.

