CareCloud

MACRA: MIPS Track

PICK YOUR PACE

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This Supplementary Document is designed to help guide Eligible Professionals as to the options available in participating in MIPS along with related ramifications.

REPORTING OPTIONS

1. **Individual Reporting**
   If reporting individually, the eligible clinician will be assessed at the TIN/NPI-level across the MIPS performance categories.
   The provider would be assessed across all 4 MIPS performance categories accordingly.

   - *Exempt if:*
     - *Provider bills less than $30K in Medicare Part B allowed charges during a calendar year.*
       or
     - *Provider sees less than 100 Medicare Part B patients during a calendar year.*
       or
     - *Enrolled in Medicare for the first time during the performance period (exempt until following performance year).*

2. **Group Reporting**
   A group, as defined by Taxpayer Identification Number (TIN), would be assessed as a group practice across all 4 MIPS performance categories.
   If 1 provider submits data for the entire group that is sufficient for all within the group.
   The more data that's reported, the better score you may receive and therefore a better payment adjustment (the more providers that actively participate the better).

Each eligible clinician participating in MIPS via a group will receive a payment adjustment based on the group's performance.

- ■ *Exempt if:*
    - *Group bills less than $30K in Medicare Part B allowed charges during a calendar year.*
    - *or*
    - *Group sees less than 100 Medicare Part B patients during a calendar year.*

REPORTING REQUIREMENTS OVERVIEW

1. **Submit Something** (Avoid 4% penalty)

    a. **Improvement Activity**
    - Providers must report 1 Improvement Activity

    or

    b. **Quality Measures**
    Providers must report 1 Quality Measure

    or

    c. **Advanced Care Information**
    - EPs must meet the following :
        - Receive a 50% base score in Advancing Care Information
        - *Required base measures for a 2014 CEHRT are as follows:
            1. Security Risk Analysis
            2. E-Prescribing
            3. Provide Patient Access
            4. Health Information Exchange

*Please Note: These objective requirements are for the 2017 Advancing Care Information Transition Objectives and Measures. CareCloud is a 2014 CEHRT and follows this Advancing Care track.

2. **Submit at Least 90 Days** (Avoid penalty, and earn a potential incentive)

    a. **Quality Measure**
    - Most participants
        - 6 Quality Measures (including an outcome measure or another high priority measure if an outcome measure is not available)

        or
        - 1 Specialty-Specific Measure Set

- ADDITIONAL INFORMATION
    - EACH Quality Measure has to pass the following criteria in order to be compared to that Measure's Benchmark which will determine how many points they get for the Measure.
        - (1) Data Completeness Rate must be 50%, or higher.
        - (2) Performance Rate has to be greater than "0".
        - (3) They must have 20, or more, patient encounters in the Numerator of the Measure.
    - If the Measure meets all 3 criteria then the Performance Rate of that Measure will be compared to the Benchmark and points will be rewarded depending on which Decile Range the percentage lands in.
    - Each Measure is worth 3 -10 Points and CMS will utilize the 6 Highest Scoring Measures (if one of them includes the required Outcome Measure) to determine their Quality Measures Score.
    - Bonus points can be earned by Reporting additional Outcome Measures (2 points each) or additional High-Priority Measures (1 point each) up to a Maximum of 6 points for this Bonus.

- The Maximum points that can be scored for the Quality Category is 60 points which will go towards the final MIPS Score.
- *PQRS Benchmark information available via the QPP website (*https://qpp.cms.gov/docs/QPP_Quality_Benchmarks_Overview.zip*).

b. Improvement Measures
- Individual Providers and Groups less than 15 Providers must submit the following Improvement Measures:
    - 1 high Improvement Measure

    or
    - 2 medium Improvement Measures
- Groups with 15 or more Providers must submit the following Improvement Measures:
    - 2 high Improvement Measures

    or
    - 1 high and 2 medium Improvement Measures

    or
    - 4 medium improvement Measures

c. **Advancing Care Information**
- EPs must meet the following:
  - The required measures for meeting the Base and Performance Scores are as follows (select up to 7 measures):
    - 1) e-Prescribing (required) ------------------------------- At least 1
    - 2) Health Information Exchange (required) -------- Up to 20%
    - 3) Provide Patient Access (required) ----------------- Up to 20%
    - 4) Security Risk Analysis (required) ------------------- NA
    - 5) Immunization Registry Reporting-------------------- 0 or 10%
    - 6) Medication Reconciliation----------------------------- Up to 10%
    - 7) Patient-Specific Education----------------------------- Up to 10%
    - 8) Secure Messaging--- Up to 10%
    - 9) View, Download, or Transmit (VDT)----------------- Up to 10%
  - A bonus score of 10% can be earned by reporting Improvement Activities that are tied to Advancing Care Information Measures.

- Flexibility
  - CMS will automatically reweight the Advancing Care Information performance category to zero for Hospital based MIPS clinicians, clinicians with lack of Face to-Face Patient Interaction, NP, PA, CRNAs and CNS.
    or
  - If clinician faces a significant hardship and is unable to report advancing care information measures, they can apply to have their performance category score weighted to zero.

3. **Submit a Full Year** (Avoid penalty, and earn a potential incentive)
   a. Follows the same requirements of 90 days, but data must be submitted for the entire year.

REPORTING METHOD(S) OVERVIEW (CARECLOUD PREFERRED)

1. **Quality Measures**
   - Claims (via CareCloud System)
     - Reporting via claims is not accepted if reporting as a group.
   - Qualified Registry (via 3rd Party Vendor)
2. **Improvement Activity**
   - Attestation
3. **Advanced Care Information**
   - Attestation

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