

MACRA Readiness Assessment

For MIPS eligible clinicians

The first performance year for the of the Quality Payment Program (QPP) begins January 1, 2017. A majority of physicians will fall in the **Merit-Based Incentive Payment System (MIPS)** track. If you are a Memorial Hermann physician in CMS' MSSP program with MHMD, you do not need to complete this assessment. Please see handout **Quality Payment Program: MIPS APM** for further information on how MSSP physicians will report via the MIPS APM track.

It is important to prepare now in order to earn a positive payment increase on Medicare Part B payments and avoid future penalties.

CMS has called the 2017 Performance Year (PY) a "transition year" and is allowing clinicians to pick their pace for this first year as physician practices prepare for future MIPS reporting criteria. This assessment is designed to help you identify how ready you are to report within the 3 MIPS categories – Quality, Advancing Care Information (ACI), and Improvement Activities (IA).

First Step: Determine if you are excluded from MIPS reporting for PY 2017.

Do you fall in any of the following categories?

 <p>Newly enrolled in Medicare</p> <p>Enrolled in Medicare for the first time during the performance period (exempt until following PY)</p>	 <p>Below the low-volume threshold</p> <p>Medicare Part B allowed charges less than or equal to \$30,000 a year OR See 100 or fewer Medicare Part B patients a year</p> <p>*Clinicians must bill more than \$30,000 AND see more than 100 Medicare beneficiaries. <i>For example, if you bill \$29,000 and see 101 patients/year, then you are exempt because you didn't bill over \$30,000.</i></p>	 <p>Significantly participating in Advanced APMs</p> <p>Receive 25% of Medicare payments OR See 20% of Medicare patients through an Advanced APM OR Participate in MHMD MSSP ACO. MSSP ACO physicians will report through the MIPS APM track. Please refer to handout Quality Payment Program: MIPS APM on how to report.</p>
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If you answered **YES** to any of the above categories, you are **exempt** from 2017 MIPS reporting requirements.

If you answered **NO** to any of the above options, **AND** you are a *physician, physician assistant, nurse practitioner, clinical nurse specialist, or a certified RN anesthetist*, you are considered a MIPS eligible clinician. **Please proceed with this assessment.**

Instructions: Please have a clinician, clinical staff or office staff answer the questions in each MIPS category to assess how ready your practice is in preparing for MIPS required reporting metrics.

- 1) Read each question and choose the option that best describes your practice as your answer. Based on your answer, you can assess how ready your practice is within each category:
 - "Run" - ready 
 - "Walk" - almost ready 
 - "Crawl" - not yet ready 
- 2) Once you've selected your answer, follow the next steps listed under that option.
- 3) Based on the answer you choose, use the "projected points" assigned to that answer and record the points at the bottom right corner of each sheet in the box labeled "Estimated Score."
- 4) At the end of the assessment, fill in your scores to determine your total projected score. There is a total of 100 possible points.



Quality

60% of the 2017 MIPS Scoring is based on quality reporting via PQRS.

QUESTION: 2 Have you reported PQRS?



RUN



Option A: CONSISTENT— Yes: I am consistently reporting quality measures to CMS and/or MHMD.

If this is your answer, great job! You are ready for MIPS. Here are your next steps:

- 1) Look at your EMR PQRS codes, and confirm that at least 6 PQRS codes match the quality measure list from CMS. See <https://qpp.cms.gov/measures/quality> for those quality measures.
- 2) Continue reporting all year long.
- 3) GOAL: Report 6 measures for a minimum of 90 days.

Projected
Points:
40-60



WALK



Option B: NOT CONSISTENT: I have reported quality measures in the past, but not consistently.

If this is your answer, you are in good shape! Here are your next steps:

- 1) **Select 6 quality** measures from the CMS list. See <https://qpp.cms.gov/measures/quality> for those quality measures.
- 2) Set up your EMR and workflows to capture these codes during patient visits.
- 3) Select a **90 consecutive day** window in which you are going to report all applicable measures to CMS (starting before October 1, 2017).
- 4) GOAL: Report 6 measures for a minimum of 90 days.

Projected
Points:
30-50



CRAWL



Option C: NOT AT ALL: No, I have never reported quality measures.

If this is your answer, do not worry, 2017 is a transition year. Here are your next steps:

- 1) Report at least **1 PQRS measure, 1 time to CMS**, anytime during 2017. This will guarantee that you will **not** receive a negative payment adjustment in 2019.
- 2) GOAL: Report 1 PQRS measure, 1 time.

Projected
Points:
3

Projected Points
for Quality:



ACI (Advancing Care Information)

25% of the 2017 MIPS Scoring is based on meaningful use metrics.

QUESTION 3: Have you attested for Meaningful Use (MU)?



RUN Option A: Yes, I'm on an electronic medical record (EMR) and have attested for MU Stage 1, Stage 2, or Stage 3.

If this is your answer, great job! You are ready for MIPS. ACI is just like MU. Here are your next steps:

- 1) Determine if your EMR is the 2014 or 2015 Edition.
See <https://qpp.cms.gov/measures/aci> for instructions on which set of measures you will report.
- 2) Follow the recommended metrics based on your edition.
- 3) Report for the full year or select a 90 consecutive day window in which you are going to report all applicable measures to CMS.
- 4) GOAL: Report for a year (or minimum of 90 days) the Base, Performance and Bonus measures to reach FULL credit.

**Projected Points:
25**

(100 earned points ÷ 100 max points) x 25 (% of category weight) = 25 points



WALK Option B: I have not attested, but I have an EMR and can be ready to attest.

If this is your answer, you are in good shape! Here are your next steps:

- 1) Work with your EMR vendor to determine whether your EMR is 2014 or 2015 edition.
See <https://qpp.cms.gov/measures/aci> for instructions on which set of measures you will report.
- 2) Review the recommended metrics based on your edition (from #1 above) and determine whether your practice will have the capacity to report and attest for 90 days.
- 3) Set a goal to at least report the base measures for 90 days. You must complete the base qualifiers to receive any credit for this category.
- 4) Select a 90 consecutive day window in which you are going to report as many additional measures to CMS.
- 5) GOAL: Report "Base" measures to reach at least HALF credit.

**Projected Points:
12.5**

(50 earned points ÷ 100 max points) x 25 (% of category weight) = 12.5 points



CRAWL Option C: No, I have not attested in the past. I am not ready and/or am not on an EMR.

If this is your answer, it's time to make the move to an EMR! CMS will continue to push this basic requirement. Contact your MHMD Practice Consultant if you want to discuss options and recommendations for an EMR.

Here are your next steps:

- 1) GOAL: Purchase an EMR to start reporting for next performance year.
- 2) No reporting in ACI equals no points awarded in the ACI category.*

**Projected Points:
0**

**Do not forget to report 1 PQRS measure, 1 time to CMS, anytime during 2017 for 3 points. This will guarantee you will not receive a negative payment adjustment in 2019.*

(0 earned points ÷ 100 max points) x 25% = 0 points

**Projected Points
for ACI:**



Improvement Activities (IA)

15% of the MIPS scoring is based on clinical improvement activities, similar to those required by certified medical homes.

QUESTION 4: Are you a certified Medical Home – by NCQA or similar agency?



RUN Option A: Yes, I am a certified medical home.



If this is your answer, congratulations! You will automatically be awarded full points in this category if you are certified for **at least 30 days in 2017**.

1) GOAL: Full 40 points for 100% credit

(40 earned points/40 max points) x 15 (% category weight) = 15 points

Projected
Points:
15



RUN Option B: No, I am not a certified medical home, but I am ready to report on these activities.



If this is your answer, here are your next steps:

1) Review the list of over 90 activities and see if you are performing some of these already.

2) Select the most applicable measures that add up to 40 points for full credit.

Practices with 15 or less activities are weighted the following: **High metrics = 40, Medium metrics = 20**

Practices with 15 or more activities are weighted the following: **High metrics = 20, Medium metrics = 10**

3) Select a 90 consecutive day window in which you are going to report the activities to CMS.

4) GOAL: Full credit for a total of 40 points (*activity weight may vary based on practice size as mentioned in #2 above*).

(40 earned points/40 max points) x 15 (% category weight) = 15 points

Projected
Points:
15



WALK Option C: No, I am not a certified medical home and I am not quite ready to fully report on all required activities for full credit, but I can report at least half.



If this is your answer, here are your next steps:

1) Review the list of over 90 activities and see if you are performing some of these already.

2) Select the most applicable measures that add up to 20 points for half credit.

Practices with 15 or less activities are weighted the following: **High metrics = 40, Medium metrics = 20**

Practices with 15 or more activities are weighted the following: **High metrics = 20, Medium metrics = 10**

3) Select a 90 consecutive day window in which you are going to report the activities to CMS.

4) GOAL: Half credit for a total of 20 points (*activity weight may vary based on practice size as mentioned in #2 above*).

(20 earned points/40 max points) x 15 (% category weight) = 7.5 points

Projected
Points:
7.5



CRAWL Option D: No, I am not a certified medical home and am not prepared to report in this category.



If this is your answer, here are your next steps:

1) GOAL: Prepare to report in PY 2018 in this category. Please note, you will not receive any points in this category.

2) No reporting in IA equals no points awarded in the IA category.*

* Do not forget to report 1 PQRS measure, 1 time to CMS, anytime during 2017 for 3 points. This will guarantee you will not receive a negative payment adjustment in 2019.

Projected
Points:
0

Projected Points
for IA:



Scoring

Now that you've completed your assessment, please input your total score for each category below – these are the scores from the bottom of each of the previous pages. Add up your 3 scores and input your total score in the box below.

Once you know your total score, see what “Pace Option” you fall into below.

Category	Projected Score:
Quality	
Advancing Care Information	
Improvement Activities	

Total Projected Score:

Point Scorecard for MIPS

“Pace” Option:	Reporting Requirement for this “Pace”	Minimum Performance for this “Pace”	Projected Payment Adjustment at this “Pace”
“Run”  ≥ 70 points	Report for 90 or more consecutive days Aim to report a whole year, for better possibilities of higher payment adjustment, but not mandatory	Achieve Highest Points Possible:  6 Quality measures  IAs sufficient for full credit  ACI: “Base” plus “performance” measure(s); and bonus measures for additional points	Positive payment adjustment Possible exceptional performance incentives for achieving 70+ points
“Walk”  4 - 69 points	Minimum of 90 consecutive days	Any combination of:  ≥ 2 Quality measures and  ≥ 2 IAs and  ACI: minimum “Base” 4-5 measures & ≥ 1 “performance” measure(s)	Possible nominal positive payment Adjustment: the more you report, the higher your potential points
“Crawl”  1 - 3 points	Can report less than 90 days	Any:  One Quality measure or  One IA or  ACI: minimum “Base” 4-5 measures	Avoid penalty Neutral - no payment adjustment
“Do Nothing”  0 points	Not report at all	Choosing to not report even one measure or activity will <i>guarantee</i> the clinician will receive a negative 4 percent	Negative Payment adjustment Negative 4%



QRUR (Quality Resource Use Reports)

Although QRUR is not a category that is scored in 2017, it will be scored in the future, so this will help you to prepare.

Review your mid-year and annual QRUR to see how your practice fared.

1. Your first step is to obtain your QRUR (Quality Resource Use Reports) for 2014 & 2015 mid-year.
2. Obtain your report here: <https://portal.cms.gov>.
3. Know how your practice fared under the program: (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2014-QRUR.html>).
4. Next, develop a Quality Improvement (QI) plan incorporating results from your QRUR report.