

Health Information Compliance Alert

Toolkit: Master MACRA's Advancing Care Information Measures in 2018

Hint: You can still use your 2014 CEHRT without penalty.

CMS has a new mantra going into CY 2018: "Patients Over Paperwork." What that means for providers and health IT staff is a slowdown, particularly for Medicare Part B clinicians, as they get ready to ramp up for MACRA's Quality Payment Program (QPP) Year 2.

"During my visits with clinicians across the country, I've heard many concerns about the impact burdensome regulations have on their ability to care for patients," said **Seema Verma**, CMS Administrator. "These rules move the agency in a new direction and begin to ease that burden by strengthening the patient-doctor relationship, empowering patients to realize the value of their care over volume of tests, and encouraging innovation and competition within the American healthcare system."

Review: CMS instituted its new payment program in 2017 under MACRA called the Quality Payment Program with two points of entry into the program - the basic Merit-Based Incentive Payment System (MIPS) or the higher-level Advanced Alternative Payment Models (APMs). Last year's opus for reporting in 2017, "Pick-Your-Pace," was replaced by "QPP Year 2" in CMS's final rule on Nov. 2, 2017 for eligible Medicare Part B clinicians for the 2018 reporting year.

Adding to the confusion of this major overhaul of Medicare's payment delivery system is the change for MIPS providers' low-volume threshold reporting requirements.

Transition year 2017: Though the deadline to sign up to report your MIPS measures was Oct. 2, CMS guidance was very specific about MIPS participants for 2017. Medicare Part B providers who billed more than \$30,000in payments and saw more than 100 Medicare Part B-enrolled patients, were required to report measures under MACRA - for CY 2017. However if you didn't meet the 2017 low-volume threshold, you were exempt from reporting and will avoid the 4-percent penalty to your reimbursements paid out in 2019.

Big news for 2018: Under the QPP Year 2 final rule, the low-volume threshold is increased, easing the burden substantially. To be subject to MIPS in 2018, you must see over 200 Medicare Part B beneficiaries or bill \$90,000 in Part B-allowed charges, the MACRA final rule fact sheet says.

The positive: Despite the added confusion with the threshold increase, CMS did respond to the public outcry instead of steamrolling over a year's worth of providers' complaints, adjusting the QPP Year 2 accordingly. "It shows that CMS is continuing to listen to feedback from providers about the burdens individual and small groups related to the payment reform have," maintains attorney **Benjamin Fee, Esq.** of Dorsey and Whitney LLP, in the Des Moines, Iowa office.

"While CMS estimates that 134,000 additional clinicians will be excluded from MIPS as a result of the increased threshold levels, it also estimates that 65 percent of Medicare payments would still be captured under MIPS," Fee explains.

Check Out These Advancing Care Information Changes

For MIPS and Advanced APM providers, Advancing Care Information (ACI) ousts Meaningful Use as the required technical component for Medicare Part B reimbursement and covers 25 percent of the MIPS composite score, which is what determines your eventual Medicare payment amount. By far the most complicated and intricate of thecategories, there are two options for attestation in 2017 to avoid financial censure, but the good news is ACI requirements are only slightly tweaked for QPP Year 2 reporting.

Now: If you're in the midst of getting your measures updated in the CMS system, here's a handy checklist for the transition year 2017 measures' requirements to keep your practice in the clear:



- 1. Option 1 proposes that you can submit "ACI Objectives and Measures" if you have either Certified EHR Technology (CEHRT) for 2015 or a combination of CEHRT in the 2014 and 2015 editions. There are 15 measures under this grouping.
- 2. Option 2 allows you to report "2017 ACI Transition Objectives and Measures" if your CEHRT is part of the 2014, 2015, or 2014 and 2015 editions. There are 11 measures in this set.

This is what your ACI data must include, according to the QPP fact sheet:

- Show that you've done a security risk analysis.
- Offer e-Prescribing.
- Provide patient access.
- Promote patient engagement with a summary of care.
- Detail either the request or acceptance of summary of care.
- Report at least 9 measures over a 90-day period of care.

For bonus ACI points and higher payout:

- Include public health initiatives.
- Add data about clinical data registry reporting.
- Utilize CEHRT in the CPIA category.

Remember: All performance data for MIPS 2017 must be in by March 31, 2018.

Find the ACI-measure options at: qpp.cms.gov/mips/advancing-care-information.

2018: However the big news to cheer about in 2018 concerns the CEHRT requirements. CMS is going to continue to allow practices to use their 2014 Edition CEHRT without penalty; however, a 10 percent bonus is available for clinicians who opt to upgrade or utilize the 2015 Edition.

Though your MIPS composite score in 2018 must still include 25 percent from ACI measures, CMS has lightened some issues under the technical component for QPP Year 2. Here's a quick overview of what's new for CY 2018 that will impact your 2020 Medicare Part B pay:

- Opportunities to score bonuses ranging from 5 to 10 percent for reporting performance measures for a public health agency or clinical data registry.
- Utilizing the "authority of the 21st Century Cures Act," CMS will offer MIPS providers and small practices some ACI exceptions for hardship, the QPP fact sheet says.
- Due to the extenuating circumstances caused by Hurricanes' Harvey, Irma, and Maria, as well as the
 California Wildfires, the final rule offers a CEHRT hardship application with a deadline of Dec. 31, 2017
 (transition year) and "automatically" weights "the Quality, Advancing Care Information, and Improvement
 Activities performance categories » at 0% of the final score [for 2018] for clinicians impacted by Hurricanes'
 Irma, Harvey and Maria and other natural disasters."

Read the QPP Year 2 final rule in the Federal Register at:

https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-24067.pdf.