



The denominator requirements are applicable based on the reporting category selected (e.g., individual or group). In this example, if reporting as a group of 4 eligible clinicians (ECs), you report would report on 20 cases rather than 80. However, please note that the specific denominator requirements differ from measure to measure, although all measures require at least 20 cases for the denominator. Please check the requirements for your selected measure to verify what the denominator requirement is.

6. How do you attest for the IA category? Do you know how we will be attesting this year for ACI, what mechanism/portal will be available to send the data? Where can I find how to attest for an Improvement Activity?

CMS stated the IA attestation site would be available through their QPP site (<https://qpp.cms.gov/>). However, no such tool or feature is currently available. We do not have any explicit insight as to when it will be available; however, we would expect that the agency will open up the IA attestation feature closer to the data submission period, which is January 2nd through March 31st of next year.

7. Clarification on MIPS: aside from the "pick your pace" year, are physicians locked into a given track for the entirety of their participation in the QPP once they make their choice? Or are they allowed to switch between minimum and full reporting tracks in a given performance year? Conversely, could a physician go from full reporting to minimum reporting between performance years?

No, physicians are not locked into a single track (e.g., MIPS vs AAPMs) for the entirety of their QPP participation. Eligibility is determined on a yearly basis. CMS will perform 3 different snapshots during each performance year to determine clinicians' eligibility. Please note, however, that the different pace options (minimum, partial, and full) were specific to the 2017 performance year. While the proposed rule for the 2018 performance year included a similar structure, the requirements for each track in 2018 will not be exactly the same as they were in 2017. For example, reporting on just one measure for one patient would no longer satisfy the requirements for the minimum pace. We will have to wait for the final rule for 2018 to verify what the exact differences will be.

8. You mention other deadlines for SRA? Please elaborate.

CMS only requires that a Security Risk Analysis (SRA) be completed at some point during the performance year. In other words, for those required to perform an SRA, it must be completed by December 31, 2017.

9. When you say collection of data, what does this mean? I have dashboard on eclinicalworks where I monitor MIPS progress, is that what you mean or I have to do something else.

Collection is defined based on the measure category you choose to report on. ACI measures, for example, must use a Certified Electronic Health Record Technology (CERHT) to collect the data. Quality measures, on the other hand, can be reported manually through the 1500 form. You might be able to use your eCW system to collect and report certain data; however, you will need to contact them to determine their MIPS reporting and tracking capabilities and whether they are available to you based on your system.

10. If I choose the quality category for minimal participation: 1 quality measure/1 patient. Is that data submitted to CMS via a manual attestation, or does the data need to be submitted electronically?





For quality measure reporting, you have 5 different options to choose from (depending on whether you are reporting as an individual or as a group): 1) *Qualified Registry*, 2) *Qualified Clinical Data Registry (QCDR)*, 3) *Electronic Health Record (EHR)*, or 4) *Claims-based Reporting*. Please note that claims-based reporting is only available if you are reporting as an individual and is completed using the 1500 billing form.

11. With the one measure, do you have to complete all ACI?

The one measure for one patient option is not applicable to the ACI measure category. The reporting requirements for ACI will be dependent on what pace (minimum, partial, or full) you determine is best for your practice. For minimum, you will have to report performance on 4 or 5 of the base score ACI measures (depending on whether you have a 2014 or 2015 certified EHR). For partial, you will have to report on all base score measures plus at least one additional ACI measure. For full, you will have to report on all base score measures and any additional performance (or bonus) measures in addition to meeting the full requirements for Quality and IA.

12. What do you think our composite score will need to be to get a potential "bonus" for reporting this year?

CMS stated in their 2017 final rule that an eligible clinician (EC) will be eligible for an exceptional performance bonus if they earn a MIPS total performance score of 70 points or more (81 FR 77011). Although the agency estimates that a large number of ECs will exceed this level, the agency may revise its assumptions based on actual performance during the year. As a reminder, CMS will determine scores based on the performance curve that is developed after all data is reported for the performance year.

13. Is there a website you can go into to see if you qualify for MIPS, that MCR already has you categorized as having over \$30,000 or over 100 pts, etc.?

Yes. You can look-up your MIPS eligibility using CMS' look-up tool, which can be found at <https://gpp.cms.gov/participation-lookup>.

14. Can you confirm that 5 ACI bonus points are available for a specialty registry – even if the provider is not connected with the immunization registry?

MIPS eligible clinicians (ECs) can earn points by reporting the following MIPS Quality measures to a “public health agency or clinical data registry”: *Syndromic Surveillance Reporting, Electronic Case Reporting, Public Health Registry Reporting, and Clinical Data Registry Reporting*. A MIPS EC could earn a maximum bonus of 10 points using this method. If the EC is already using a registry to report to MIPS, however, it would not be able to earn bonus points by reporting these measures to the same registry (but it could earn the bonus by reporting to a different registry).

15. We have a group TIN and a physician TIN we are reporting individually (4 providers) do we use the billing TIN?

If reporting as an individual, you would report using your TIN/NPI combination. If reporting as a group, you would report using the TIN.



