



4 MIPS ‘Must Do’s’ by Dec. 31, 2017

The second year of the Medicare Incentive Payment System (MIPS) begins on January 1, 2018. Unlike the previous year, some of the requirements encompass a full year of reporting—meaning that you must be ready to participate on Day 1. We’ve compiled four ‘must-do’ items to complete before the end of 2017.

1. Apply for Applicable Exemptions for 2017

CMS DEADLINE: DEC. 31, 2017

Clinicians (or groups) may still be eligible for exemptions from various obligations under MIPS for the 2017 performance year. You will need to [file an application](#) to obtain an exemption in most cases.

For 2017, you can apply to have the Advancing Care Information (ACI) category reweighted to zero if you qualify for an exemption. You can apply for an exemption based on Insufficient Internet Connectivity, Extreme and Uncontrollable Circumstances (such as natural disasters [See special rules below]), and a Lack of Control over the availability of Certified EHR Technology (CEHRT) for your practice. Consequently you may, for example, qualify for an exemption if you had insufficient Internet Connectivity to operate CEHRT. You will need to submit an application attesting that you practice in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure. CMS recommends that you should consult the Federal Communications Commission’s [National Broadband Map](#) to determine if you qualify. You can see a [detailed list](#) of all exemption categories on CMS’s Quality Payment Program (QPP) [website](#). **If you believe you qualify for one of these exemptions for 2017, the deadline for applying for an exemption is December 31, 2017.**

Additionally, due to the significant impact of hurricanes and wildfires this year, CMS created a special rule for practices located in certain **counties affected by Hurricanes Harvey, Irma, or Maria, or the Northern California wildfires**. For those counties, **CMS will automatically apply a hardship exemption to you for all the MIPS categories (not just ACI)**. In effect, you will be ineligible for any MIPS bonuses or penalties, unless you choose to submit data. [Check to see](#) if your practice location qualifies for this policy. **If your practice is located in one of these counties, you do not need to apply for an exemption.** However, if you were unable to report MIPS data due to **any other** natural disaster or similar circumstance, you may apply for a Hardship Exemption based on “Extreme and Uncontrollable Circumstances.”

2. Test your Data Collection Tools and Processes for 2018

To prepare for 2018 participation, you need to **make sure that any data collection method(s) you use is able to process and submit Quality data for a full year** (i.e., starting January 1, 2018). (Quality reporting is a component of MIPS and accounts for 50% of a clinician’s MIPS score in 2018.) You are allowed to use a variety of different methods to collect and submit data under MIPS. Data collection vendors may have their own specific requirements for you to collect and submit data through their systems. You should work with your vendor to be sure they are able to collect 2018 Quality data starting on January 1, 2018. This is particularly important if you are working with a new vendor, or if your vendor previously submitted less than a full year’s worth of data.

Individual clinicians can choose to report certain Quality information on their actual claims for payment. If you plan to use this approach, you should review your data collection and coding processes to be sure you are ready to start submitting this information with dates of service starting January 1, 2018.

3. Select Your Quality Measures for 2018

You should review the Quality measures available to you to make an informed decision about your reporting strategy before heading into the 2018 performance year. You should choose at least six Quality measures (or a full Specialty Data Set) to collect data on if you want to participate fully, and make sure you understand the numerator, denominator, and data completion rules applicable to each Quality measure. Alternatively, **you can participate partly in multiple tracks to achieve a minimum of 15 total points in MIPS.**

Most of the 2017 measures still apply—these can be found on the [CMS website](#). CMS also added, removed, and modified certain Quality measures for 2018. A [list of detailed specifications](#) for these changes is available.

CMS says it will eventually make all of this information available through its website. If you are using a Qualified Clinical Data Registry (QCDR) to report data, that vendor may have added, modified, or changed the Quality measures it will report on your behalf. Check with your vendor to be sure.

4. Consider Whether to Join a Virtual Group for 2018

CMS DEADLINE: DEC. 31, 2017

If qualified for MIPS, solo practitioners or practices with 10 or fewer eligible clinicians can work together with other groups as a “virtual group” in 2018. Virtual groups may have more flexibility than other small groups to select MIPS Quality and Improvement Activity measures. **The deadline to apply to create virtual group is December 31, 2017.** CMS has provided [additional information](#) on their website.

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