

MACRA FAQ's

1. How do I know if our practice needs to participate in the Quality Payment Program?
If you are a physician, physician assistant, nurse practitioner, clinical nurse specialist or certified RN Anesthetist who bills more than \$30,000 in Medicare and provide care for more than 100 Medicare patients per year, you are eligible for the QPP. First year clinicians are also exempt from the QPP.
2. I own a small practice and fear I will get hit with a penalty – can you go back over the minimum requirements to avoid a negative payment adjustment for next year (2017)?
1 Quality measure OR 1 Improvement Activity or 5 Advancing Care Information Measures. If you choose not to participate at all, you WILL receive the maximum 4% negative payment adjustment.
3. We are currently on the upgrade waiting list for our EHR – will my practice be penalized if we don't have the latest MIPS edition?
No – there are flexible reporting option in 2017 including “transition” measures for those who have not yet upgraded their EHR
4. Can you clarify what we need to do to earn full credit under the Quality performance category if our specialty does not have outcome measures?
To earn full credit, you will need to select 6 measures total, including one outcome measure. If your specialty does not include an outcome measure, you can select an outcome measure that is not specialty specific. However, if none of the outcome measures are applicable, you may choose any other high priority measure.
5. Can we select any Quality outcome measure or does it have to be specialty specific?
To receive maximum credit under Quality, you need to report one outcome measure. Whether the outcome measure comes from the specialty specific measures or the general, non-specialty specific list, is up to you and your practice. If there are no outcome measures applicable to your practice, you may select any high priority measure.
6. Can we select a high priority measure instead of outcome or are we required to select an outcome measure?
If no outcome measures are applicable to your practice, you may select any high priority measure in its place.
7. We are in a PCMH – I heard we are exempt from MIPS, is that true?
No. Currently, PCMH is not considered an Advanced APM so you will still be subject to MIPS. Fortunately, if you are participating in a certified PCMH you will automatically receive full credit under the Improvement Activities performance category of MIPS. Additionally, those

that are in any other APM that is not considered an Advanced APM, will automatically receive partial to full credit under Improvement Activities.

8. Do we need to report for MIPS if we are in an ACO?
If you are in a Shared Savings Track 2 or 3, or are in a Next Generation ACO, you will likely fall into the Advanced APM path under the QPP. If you are in any other ACO, you will fall into the MIPS path. Under MIPS, you will automatically receive partial to full credit in the Improvement Activities (IA) performance category for participating in an APM.
9. Are there specialty measures available for Pediatrics?
Yes. There are specialty-specific Quality measures for: Allergy/Immunology, Anesthesiology, Cardiology, Dermatology, Diagnostic Radiology, Electrophysiology Cardiac Specialist, Emergency Medicine, Gastroenterology, General Oncology, General Practice/Family Medicine, General Surgery, Hospitalists, Internal Medicine, Interventional Radiology, Mental/Behavioral Health, Neurology, Obstetrics/Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pathology, Pediatrics, Physical Medicine, Plastic Surgery, Preventative Medicine, Radiation Oncology, Rheumatology, Thoracic Surgery, Urology and Vascular Surgery
10. Where can I find a full list of measures?
All Radiology Quality measures are included in this slide deck. If you prefer an excel version, you can also find a downloadable list on the CMS QPP site.
11. Where can we view past/upcoming MACRA webinars?
**Past: <http://ihealthinnovations.com/resources.htm>
Upcoming: <http://ihealthinnovations.com/webinars-and-events.htm>**
12. If my practice decides to move forward with the partial reporting option, when is the latest we can start?
Oct 2nd would be the last day to start if you choose the partial reporting option
13. We are a 7 doc group – I thought I heard you say we don't have to report as many improvement activities as larger practices. Can you clarify?
Correct. Groups with 15 or fewer participants are only required to report 1 high weighted or 2 medium weighted activities to receive points under the Improvement Activities performance category.
14. I've heard there are additional flexibilities under ACI for clinicians that weren't previously eligible for MU. Is that true?
Yes, clinicians that were not previously eligible for meaningful use can optionally participate in ACI for 2017. By default, if you weren't previously eligible for MU, your ACI score will automatically be zeroed out by CMS, unless you choose to participate and submit ACI measures.

15. Can we get bonus points under Quality if we report on more than one high priority measure?
Yes. You can receive additional bonus points if you report outcome or high priority measures beyond what is required.

16. Do we report Improvement activities through our APM?
If you are in an APM but participating in MIPS, yes, your improvement activities would be reported through your APM model

17. What happens if my practice does not have 6 Quality measures that apply?
CMS will adjust the scoring. For example, if only 4 measures apply to your practice, you would be scored on a scale of 40 points vs. 60.

18. Can we report any mix of high and medium weighted improvement activities or does it have to be 2 high weighted and 4 medium weighted?
If you plan to report for a partial or full year in 2017, you can choose any combination of 2 high weighted, OR 1 high weighted and 2 medium, OR at least 4 medium weighted activities.

19. If we decide to report the test option by using ACI measures, we can choose to report on any 4 or 5 measures?
No, you must report on the base measures per CMS to receive any credit for ACI. If you opt to report for ACI in 2017, pending your certified EHR version, you will be required to either report on 4 base measures or 5 base measures. Those on the latest EHR certification are required to report on 5 preselected base measures and those on the earlier certified version are required to report on 4 preselected base measures.