

MIPS Milestone: Begin Data Collection TODAY for 90 Consecutive Days of Participation

10/02/2017



- [MIPS Milestone: Begin Data Collection by October 2nd for 90 Consecutive Days of Participation](#)

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It's not too late to participate in the first year of the [Merit-based Incentive Payment System \(MIPS\)](#)—one of the two tracks in the [Quality Payment Program](#). The transition year of MIPS has been underway since January 1, 2017 and runs until December 31, 2017.

Transition year (2017) Participation:

For 2017, you can participate in one of three ways:

- Submit data covering a full year, or
- Submit data covering at least a consecutive 90-day period, or
- Submit a minimum amount of data (<90 days)

Remember: You should begin data collection no later than October 2, 2017, to report 90 consecutive days of data for the transition year. For example: If you are planning to submit 90 days or more of your quality data via your claims, you would need to begin adding the applicable quality data codes to your claims no later than October 2nd.

If you submit data for at least 90 days, you avoid the negative payment adjustment, and may be eligible for a **positive payment adjustment**.

Are you planning to submit less than 90 days of data?

If so, you can begin data collection as late as Dec 31st and still avoid the negative payment adjustment. However, more data increases your likelihood of earning a positive payment adjustment.

When is data submission?

This listerv is a reminder to begin data collection. You will begin submitting your 2017 MIPS performance data on January 2 through March 31, 2018. If you are eligible to participate but choose not to submit data, you'll get a **negative 4% payment adjustment** which will go into effect on January 1, 2019.

Need Help Participating?

- Use the [MIPS Look-Up Tool](#) on the [Quality Payment Program website](#) to determine if you should participate in MIPS.
- Review resources available in the [Resource Library](#) including A Quick Start Guide to Participating in MIPS.
- Learn about the free [Technical Assistance](#) available to clinicians, especially those in [small, underserved, and rural practices](#).
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 1-866-288-8292 (TTY: 1-877-715-6222).

Quality Payment PROGRAM

Now Available: 2018 Electronic Clinical Quality Measure Value Set Addendum and Logic Flows

10/03/2017



- [Now Available: 2018 Electronic Clinical Quality Measure Value Set Addendum for Eligible Clinician, Eligible Professional, and Hospital Quality Reporting Programs](#)
- [Now Available: 2018 Electronic Clinical Quality Measure \(eCQM\) Logic Flows for Eligible Clinicians and Eligible Professionals](#)

Now Available: 2018 Electronic Clinical Quality Measure Value Set Addendum for Eligible Clinician, Eligible Professional, and Hospital Quality Reporting Programs

The Centers for Medicare & Medicaid Services (CMS) has issued an addendum to the electronic clinical quality measure (eCQM) annual update specifications published in May 2017. The addendum updates the eCQM value sets, technical release notes, and the binding parameter specification for

the 2018 Reporting period for [Eligible Hospitals and Critical Access Hospitals \(CAHs\)](#) and the Performance period for [Eligible Professionals \(EPs\) and Eligible Clinicians](#), and is now available on the eCQI Resource Center.

These changes affect electronic reporting of eQMs for the following programs:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM)
- Hospital Inpatient Quality Reporting (IQR)
- Medicaid Electronic Health Record (EHR) Incentive Program for EPs
- Medicare and Medicaid EHR Incentive Programs for Eligible Hospitals and CAHs

All changes to the 2018 Reporting/Performance Period eCQM value sets are available through the [National Library of Medicine's Value Set Authority Center \(VSAC\)](#). The value sets are available as a complete set, as well as value sets per measure. Measure implementers should review these changes to ensure their submissions comply with the updated requirements.

Please note that we have revised the value sets based on updates to the following terminology code systems:

- International Classification of Diseases, 10th Revision – Clinical Modification and Procedure Coding System (ICD-10-CM/PCS)
- Logical Observation Identifiers Names and Codes (LOINC)
- RxNorm
- SNOMED CT
- Current Procedural Terminology (CPT) and Vaccine Administered (CVX)
- Healthcare Common Procedure Coding System (HCPCS)

No changes have been made to the measure logic, the Health Quality Measure Format (HQMF) specifications, the value set object identifiers (OIDs), and the measure version numbers for 2018 eCQM reporting.

For More Information

Questions regarding the addendum and eCQM value sets should be submitted to the [ONC CQM Issue Tracker](#). For information about eCQM specifications and supplemental materials, visit the [eCQI Resource Center](#).

Now Available: 2018 Electronic Clinical Quality Measure (eCQM) Logic Flows for Eligible Clinicians and Eligible Professionals

The Centers for Medicare & Medicaid Services (CMS) have published the 2018 performance period electronic Clinical Quality Measure (eCQM) Logic Flows for Eligible Clinicians and Eligible Professionals to the [eCQI Resource Center](#). The eCQM Measure Logic Flows are designed to assist in interpretation of the eCQM logic and calculation methodology for performance rates. The flows begin with the identification of the initial population (denominator) for the measure, and then outlines the measure's quality action (numerator) as well as reasons why the measure's numerator was not met.

The eCQM Logic Flows supplement eCQM specifications for the following programs:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)
- Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Professionals

These flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the measure specification.

Questions on the measure flows should be directed to the [ONC CQM Issue Tracker](#). For more information about the Merit-based Incentive Payment System, please visit us online at gpp.cms.gov.

Quality Payment PROGRAM

Now Avail: Qualifying APM Participant Look-Up Tool

10/04/2017



Now Available: Qualifying APM Participant Look-Up Tool

Today we are announcing the results of the first Qualifying APM Participant (QP) determinations based on eligible clinician participation in the 2017 Advanced Alternative Payment Models (APMs). We are unveiling an [interactive look-up tool](#) where many 2017 Advanced APM participants can look up their QP status based on calculations from claims with dates of service between 1/1/17 and 3/31/17 for the first QP snapshot.

Under the Quality Payment Program, eligible clinicians who meet certain criteria are considered QPs in Advanced APMs, and are therefore excluded from the MIPS quality reporting program. QPs identified based on the 2017 performance year will receive a 5 percent lump sum Medicare incentive payment in 2019. The tool will be updated soon with calculations from claims with dates of services between 1/1/17 and 6/30/17.

The [Methodology Fact Sheet](#) is an excellent resource to understand how we determine QP Status. In addition, the [supplemental service payments fact sheet](#), which reflects the supplemental service payments included in our APM Incentive Payment calculations, is now available.

Quality Payment PROGRAM