

## 2017 Merit-based Incentive Payment System (MIPS): CMS Web Interface Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of reporting programs with a single system where Medicare physicians and clinicians have a chance to be rewarded for better care. You'll be able to practice as you always have, but you may receive higher Medicare payment based on your performance. There are two paths in this program:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

### Focusing on the CMS Web Interface

Under MIPS, there are six data submission mechanisms, including the CMS Web Interface (formerly known as the Group Practice Reporting Option (GPRO) Web Interface), which is a secure internet-based data submission option for groups of 25 or more MIPS clinicians reporting quality data to CMS.

By choosing the CMS Web Interface, you eliminate the need to search for and select quality measures because you agree to report on all 15 CMS Web Interface measures. Participating via the CMS Web Interface means that you have at least 25 MIPS clinicians that submit 12 months of quality data (Jan 1-Dec 31) for the 2017 performance year.

Should you choose to participate in MIPS via the CMS Web Interface, consider the following:

1. Determine that your group is eligible to participate in MIPS
  - You are a group of clinicians billing more than \$30,000 in Medicare Part B allowed charges AND providing care for more than 100 Medicare Part B patients a year.
  - Your group is a single Taxpayer Identification Number (TIN) with two or more MIPS clinicians (including at least one MIPS clinician) as identified by their National Provider Identifiers (NPIs) who have reassigned their Medicare billing rights to their TIN. MIPS clinicians include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and groups that include such clinicians.



2. You'll need to complete a registration process (between April-June 2017) that notifies CMS that you are choosing this data submission mechanism. Note: If you are a part of an Accountable Care Organization, you do not need to register to report via the CMS Web interface.

3. Your group will report on a sample of your Medicare beneficiaries identified by CMS using the MIPS beneficiary assignment methodology. If the sample of eligible assigned beneficiaries is less than 248, then your group will report on 100 percent of assigned beneficiaries.

The CMS Web Interface will be partially pre-populated with 2017 claims data from your Medicare Part A and B beneficiaries who have been assigned to the group. This data contains demographic and utilization information for those assigned beneficiaries. Thereafter, you would be responsible for populating the remaining data fields and submitting the data during the submission period in the first quarter of 2018.

### **CMS Web Interface Quality Measures**

MIPS groups electing to report via the CMS Web Interface should refer to the Quality Measure Specifications and Quality Measure Specifications Supporting Documents on [CMS.gov](https://www.cms.gov) to ensure that the group will be able to report on the measures.

### **MIPS Beneficiary Assignment**

Given the CMS Web Interface beneficiary assignment methodology, some groups may not be able to report MIPS quality measures using the CMS Web Interface because the number of beneficiaries assigned to them will be insufficient.

If the CMS Web Interface measures are not applicable to your patient population, or if you do not have at least 12 months of data for your Medicare patients to be used for assignment and sampling, it is advised that the group participate in MIPS via another data submission mechanism.

### **Data Submission**

Web Interface Data can either be manually entered or uploaded into the CMS Web Interface via an Extensible Markup Language (XML) file, which can be populated by Certified EHR Technology (CEHRT). CMS will calculate the reporting and performance rates.

Requirements to be successful in the transition year of MIPS (for the entire program), include use of CEHRT, and improvement activities. You are encouraged to:

- Report 12 months of data for all 15 CMS Web Interface Quality Measures (satisfies Quality Performance Category)
- Report at least 90 days of CEHRT measures (satisfies Advancing Care Information Performance Category)
- Report at least 90 days of improvement activities (satisfies Improvement Activities Performance Category)

The CMS Web Interface will open January 2018 for data submission.

## 2017 Registration for CMS Web Interface

To participate in the 2017 CMS Web Interface, groups needed to register between April 1, 2017 and June 30, 2017 on [gpp.cms.gov](http://gpp.cms.gov).

The Registration System can be accessed at [gpp.cms.gov](http://gpp.cms.gov) using a valid EIDM account. Information on obtaining an EIDM account to access the Registration System is available on the Quality Payment Program website at [gpp.cms.gov](http://gpp.cms.gov). In addition to meeting the Quality Performance Category by reporting through the CMS Web Interface, MIPS groups can also use the system to meet the MIPS Improvement Activities and Advancing Care Information Performance Categories.

## Maximizing Performance

As a MIPS group participating via CMS Web Interface, you may also choose to participate in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey measures. The CAHPS for MIPS survey is a supplemental submission option for the MIPS Quality Performance Category, focused on capturing patient experience. Election of this option is also made during registration (April 1- June 30, 2017). Selection of an approved survey vendor to administer your CAHPS for MIPS survey and all cost associated with this option would be owned by your group.

Additionally, if you report to the CMS Web Interface via CEHRT in a manner that meets the end-to-end reporting requirements, you may be eligible to receive bonus points. Manually entering data is not eligible for the end-to-end bonus.

# Quality Payment PROGRAM

## Training and Additional Resources

As in years past, CMS intends to offer trainings and support calls for CMS Web Interface reporters throughout the submission period. A schedule will be provided on the CMS [website](#) during the fall 2017.

Quality Payment Program can be reached at 1-866-288-8292 (TTY 1-877-715- 6222), available Monday through Friday, 8:00 AM-8:00 PM Eastern Time or via email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

