

## Quality Payment Program Year 2 NPRM Office Hours Session FAQs

### **Q. If you're exempt from the Merit-based Incentive Payment System (MIPS) in 2017 due to the low-volume threshold, can you choose to opt into the program?**

For 2017 and 2018 performance years, individual eligible clinicians or groups that are excluded from MIPS based on the low-volume threshold have the option to voluntarily participate in MIPS. If such individual eligible clinicians and groups voluntarily participate in MIPS, they would not be subject to a MIPS payment adjustment. Starting in 2019, CMS is proposing that individual eligible clinicians and groups would be able to opt-in to MIPS and if they opted-in to participate in MIPS, such individual eligible clinicians and groups would be subject to the MIPS payment adjustment.

### **Q. Can you explain the hardship exemption application process? What criteria will be used to determine whether the applications are approved?**

MIPS eligible clinicians and groups may qualify for a reweighting of their Advancing Care Information performance category score to 0% of the final score. To be considered, clinicians must submit a hardship exception application, for one of the following specified reasons:

- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of Certified EHR Technology (CEHRT)

To submit an application, you'll need:

- Your Taxpayer Identification Number (TIN) for group applications or National Provider Identifier (NPI) for individual applications;
- Contact information for the person working on behalf of the individual clinician or group, including first and last name, e-mail address, and telephone number; and
- Selection of hardship exception category (listed above) and supplemental information.

Once an application is submitted, you will receive a confirmation email that your application was submitted and is pending, approved, or dismissed. Applications will be processed on a rolling basis.

We are proposing to change the submission deadline for the application as we believe that aligning the data submission deadline with the reweighting application deadline could disadvantage MIPS eligible clinicians. We are proposing to change the submission deadline for the CY 2017 performance period to December 31, 2017 or a later date specified by us. We believe this change would help MIPS eligible clinicians by allowing them to learn whether their application is approved prior to the data submission deadline for the CY 2017 performance period, March 31, 2018.

## **Q. What is the definition of a small practice? What are the participation requirements for small practices?**

Small practices are defined as practices with 15 or fewer clinicians. Since small practices and practices in rural and health professional shortage areas are a crucial part of the health care system, CMS has created options for the 2017 Transition Year to reduce the participation and reporting burden for them.

- If you are included in MIPS, you will be able to pick your pace during the 2017 Transition Year, ranging from submitting a minimal amount of data, to fully reporting.
- If you have less than or equal to \$30,000 in Medicare Part B allowed charges OR less than or equal to 100 Medicare Part B patients, you will not have to participate in MIPS.
- You will need to submit only a small amount of data to avoid a negative payment adjustment.
- Small practices, especially those in rural locations and in health professional shortage areas, are required to report only two (2) activities in the Improvement Activities performance category instead of the four (4) required for larger practices. If you are in a small practice:
  - Medium-weighted activities are worth 20 points of the total Improvement Activity performance category score
  - High-weighted activities are worth 40 points of the total Improvement Activity performance category score

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- You may apply to have the Advancing Care Information category reweighted to zero for the following reasons:
  - Insufficient Internet Connectivity
  - Extremely and Uncontrollable Circumstances
  - Lack of Control over the Availability of CEHRT

Visit the [CMS website](#) for more information on small practices.

## **Q. How can someone participate in an APM or Advanced APM?**

An Alternative Payment Model (APM) is a payment approach, developed in partnership with the clinician community, that provides added incentives to clinicians to provide high-quality and cost-efficient care. APMs may offer significant opportunities to eligible clinicians who are not immediately able or prepared to take on the additional risk and requirements of Advanced APMs.

To join an APM or Advanced APM:

- Visit the QPP website to learn about specific APMs and Advanced APMs and how to apply.
- Apply to an Advanced APM that fits your practice and is currently accepting applications.
- There are certain benefits of participating in an Advanced APM. For payment years 2019 through 2024, clinicians who meet certain payment or participant thresholds will be excluded from MIPS and receive a 5 percent incentive payment.

For a list of APMs, visit the Center for Medicaid & Medicaid Innovation's website: <https://innovation.cms.gov>.

