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

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a collection of reporting programs with one program, the Quality Payment Program. You'll be able to practice like you always have, but you might earn higher Medicare payments based on your performance. There are 2 paths in this Program:

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

The CMS Web Interface

Under MIPS, there are 6 ways to submit data, including the CMS Web Interface (formerly known as the Group Practice Reporting Option (GPRO) Web Interface). The CMS Web Interface is a secure internet-based data submission mechanism for groups of 25 or more MIPS eligible clinicians can use to report quality data to us.

When you choose to submit data through the CMS Web Interface, you're agreeing to report on all 15 CMS Web Interface measures, so you don't have to search for and pick quality measures. To use the CMS Web Interface, you must have at least 25 MIPS eligible clinicians who submit 12 months of quality data (January 1-December 31) for the performance period.

To help you decide whether to participate in MIPS through the CMS Web Interface, make sure your group is eligible to participate.

- Your group is eligible to participate in the Quality Payment Program using the CMS Web Interface if the group has met the following criteria:[1]

  o Has billed more than $30,000 in Medicare Part B allowed charges and provided care for more than 100 Medicare Part B patients a year.
  o Is a single Taxpayer Identification Number (TIN) with 2 or more MIPS eligible clinicians (including at least 1 MIPS eligible clinician) as identified by their National Provider Identifiers (NPIs) who've reassigned their Medicare billing rights to their TIN. You're a MIPS eligible clinician if you're a physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist, or a group that includes such clinicians.

- Has registered for the 2017 performance period (between April 1-June 30, 2017), which notifies us that you're choosing to report through the CMS Web Interface.

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[1] Accountable Care Organizations (ACOs) do not need to determine if they are eligible to participate in MIPS nor do they need to register to report via the CMS Web Interface.

- Will report on a sample of your Medicare beneficiaries we identified using the MIPS beneficiary assignment methodology. If the sample of eligible assigned beneficiaries is less than 248, then your group will report on 100% 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've been assigned to the group. This data has demographic and utilization information for those assigned beneficiaries. After that, you'd have to populate the rest of the data fields and submit the data during the submission period in the first quarter of 2018.

CMS Web Interface Quality Measures

If your group chooses to submit its data through the CMS Web Interface, use the Quality Measure Specifications and Quality Measure Specifications documents on the Quality Payment Program Resource Library to make sure your group can report on those measures.

MIPS Beneficiary Assignment

With the CMS Web Interface beneficiary assignment methodology, some groups may not be able to report MIPS quality measures using the CMS Web Interface because they won't have enough beneficiaries assigned to them.

If the CMS Web Interface measures don't apply to your patient population, or if you don't have at least 12 months of data for your Medicare patients for assignment and sampling, we urge your group to submit data using a different submission mechanism.

Submitting Data

You can enter data into the CMS Web Interface by either manually entering data or uploading an Excel file, which can be populated by Certified EHR Technology (CEHRT). We'll calculate the reporting and performance rates.

In order to meet program requirements for the 2017 transition year of MIPS, your group will need to meet requirements for each performance category (Quality, Improvement Activities, and Advancing Care Information) and use CEHRT.

- To achieve the maximum points under the Quality performance category, a group would need to report 12 months of data for all 15 CMS Web Interface Quality Measures
- To fulfill the required base score measures under the Advancing Care Information performance category, a group would need to report on the base score measures for a minimum of 90 days to earn points. Also, a group would be able to earn additional points by submitting performance score measures and bonus score measures under the Advancing Care Information performance category.
- To achieve full credit under the improvement activities performance category, a group would need to report 4 medium-weighted or 2 high-weighted activities for a minimum of a continuous 90-day period in calendar year (CY) 2017. If one MIPS eligible clinician (NPI) in a group completed an improvement activity, the entire group (TIN) would receive credit for that activity.

The submission period for the CMS Web Interface will open on January 22, 2018 and close on March 16, 2018 at 8:00 pm ET.

Maximizing Performance

As a group participating in MIPS using the CMS Web Interface, you may also choose to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey. The CAHPS for MIPS survey is an extra way to submit data and earn additional points under the Quality performance category that's focused on patient experiences. In order to conduct the CAHPS for MIPS survey, your group would need to have registered between April 1, 2017 and June 30, 2017. Your group will need to choose an approved survey vendor to administer your CAHPS for MIPS survey and pay all of the costs.

In addition, your group could earn bonus points by submitting data using end-to-end electronic reporting when your group reports through the CMS Web Interface. You can't earn an end-to-end bonus if you manually enter your data.

Training and Resources

We'll offer trainings and support calls for groups using the CMS Web Interface throughout the submission period. We'll post a schedule of the trainings and support calls in the fall of 2017.

You can find more information:

- 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 ET or by e-mail at QPP@cms.hhs.gov