



## Quality Payment Program Practice Profiles

CAFP introduces **Quality Payment Program Practice Profiles!** California family physicians describe how they are preparing for required measurement and reporting in Medicare and how they are building efficient practice processes to maximize payment.



**Dr. Larry Shore**, a practicing family physician in San Francisco since 1981 and an active CAFP member, works in a small practice with three other family physicians and three midlevel providers. The primary care practice is independent, but situated on the busy St. Mary's Medical Center campus by Golden Gate Park. They use an Allscripts Electronic Medical Record (EMR), supported by their local IPA, Brown and Toland.

Dr. Shore and his colleagues are eligible for the Merit-based Incentive Payment System (MIPS) track of the Quality Payment Program (QPP). The physicians never received MIPS Participation Status letters from Noridian, the Medicare Administrative Contractor that processes Medicare claims, but were able to confirm eligibility with Brown and Toland. Dr. Shore also used the MIPS eligibility lookup tool on [CMS's QPP website using his National Provider Identifier \(NPI\)](#).

## MIPS Participation Status

To check if you need to submit data to MIPS, enter your 10-digit [National Provider Identifier \(NPI\)](#) [↗](#) number.

If you're exempt from MIPS with the first review, you won't need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2017. [Learn more about MIPS eligibility.](#)

NATIONAL PROVIDER IDENTIFIER (NPI)

 

**Participating in an Alternative Payment Model (APM)?** Talk to your Center for Medicare & Medicaid Innovation (CMMI) team or leaders managing your participation. If you need help finding this information, please email us at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov) or call [1-866-288-8292](tel:1-866-288-8292)

Dr. Shore is concerned about the insufficient reporting capacity of Allscripts on quality measures and the potential for that to reduce their composite score. "I wish that the EMR could identify gaps in care at any point of contact, clearly define panels and disease registries and provide on-demand reports to

support patient outreach for screening, immunizations and chronic disease management,” he tells CAFP. But overall, Dr. Shore maintains a positive attitude about the Quality Payment Program and MIPS.

*“I look at MIPS as the gateway drug to population health for primary care providers ... we are likely moving in this direction with many insurers in the future.”*

The Quality Payment Program has not caused Dr. Shore and his colleagues to reconsider their small practice model. At least not yet.

Bolstered by experience in the PQRS, Meaningful Use and Value-Based Payment Modifier programs, Dr. Shore and his colleagues began their preparations for MIPS reporting by first learning more. Dr. Shore reviewed [CAFP’s Small and Rural Practice Family Physicians’ Quality Payment Program Primer](#) and participated in several [CAFP webinars](#), which he says, “provided lots of useful information to help me understand MIPS.”

The practice then assigned its office manager and one interested physician to take charge of the planning, measurement and reporting work associated with MIPS. They decided to report as a group, viewing group reporting as simpler and more consonant with the culture and structure of their practice. Brown and Toland supported the practice’s preparations by providing a [Qualified Clinical Data Registry](#), [Mingle Analytics](#), that previously supported PQRS reporting. Dr. Shore considered the [PRIME Registry](#), a Qualified Clinical Data Registry that is available for free through ABFM to board-certified family physicians, but notes “we have a much longer history with Mingle Analytics and a good working relationship with them.”

Dr. Shore contacted the [Health Services Advisory Group \(HSAG\)](#), which offers free technical assistance to MIPS-eligible clinicians in small California practices with 15 or fewer clinicians. The technical assistance is available immediately and includes:

- QPP education and updates;
- A MIPS “Readiness Assessment Checklist” to identify potential issues and steps forward and a MIPS “Scoring Analysis Tool” to predict performance;
- Support selecting MIPS quality measures and improvement activities;
- Opportunities to participate in Improvement Activities;
- Regular MIPS performance score reviews;
- Individual MIPS performance improvement plans and services;
- MIPS measure submission support; review and analysis of the CMS MIPS feedback report; and
- Evaluating practice readiness for joining an Advanced Alternative Payment Model (APM).

Dr. Shore signed up for assistance in July after several useful conversations online and via telephone and looks forward to working with HSAG.

Dr. Shore’s practice is still deciding how much of their 2017 data to report (i.e., to test the program, report for 90 days or report for a full year). They will work with HSAG to make this decision. The practice is focused on Improvement Activities in the third quarter of 2017 and will focus on quality measures in the fourth quarter. They anticipate selecting quality measures tracking diabetes and hypertension screening and care, cancer screening and influenza prevention.

### **CAFP's Key Takeaways**

- Determine your eligibility for MIPS using the [CMS look-up tool](#).
- Contact your IPA and ask how it is supporting QPP reporting.
- Contact [HSAG](#) about free technical assistance.
- Appoint a physician and office manager or staff person to lead your practice's QPP reporting effort.
- Leverage your experience in PQRS to improve your performance in the QPP.

*If you are willing share your story about your practice's preparations for MACRA, please contact CAFP's Manager of Medical Practice Affairs, Sonia Kantak, at (415) 345-8667.*