

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/perspectives-ama/preparing-for-quality-reporting-keys-to-keeping-your-practice-on-track/8369/>

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Preparing for Quality Reporting: Keys to Keeping Your Practice on Track

Narrator:

You're listening to ReachMD, and this is Inside Medicare's New Payment System, produced in partnership with the American Medical Association. This podcast was produced before final regulations for the quality payment program created by the Medicare Access and CHIP Reauthorization Act (MACRA) were released. Visit the AMA website for the latest news and more details on Medicare's new quality payment program.

Koryn Rubin:

You're listening to a podcast from the American Medical Association to help your practice transition to the Medicare Access and CHIP Reauthorization Act, or MACRA. I'm Koryn Rubin, Assistant Director, Federal Affairs.

This podcast describes the reporting options under the Merit-Based Incentive Payment System (MIPS), specifically related to the Quality Performance Category. By listening to this podcast, you should obtain a basic understanding between reporting as an individual or reporting as a group practice under MIPS.

First, a review of the Quality Performance Category. The MIPS Quality Performance Category Program encourages individual, eligible professionals, known as EPs, and group practices to report information on the quality of care to Medicare. The Quality category gives participating EPs and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time. Under Quality, physicians and practices have multiple reporting mechanisms and options to choose from to satisfy the MIPS Quality category requirements.

Let's turn now to individual versus group reporting. A physician will have to determine whether they want to participate as a group or as an individual under MIPS. Deciding to participate as an individual or group, under the Group Practice Reporting Option known as GPRO, is a choice specific to each practice. A group is classified as two or more EPs; however, a physician who is part of a group may participate as an individual under MIPS.

In some instances, it might be more advantageous for a group practice to participate and report as individuals. If reporting as a group, all physicians within the group must report on the same set of measures across all four MIPS categories. This might pose a challenge for multispecialty groups. For example, because the orthopedic surgeon, radiologist, cardiologist, and primary care physician in the group would potentially be reporting on the same quality measures; therefore, if you are in a multispecialty practice where all the physicians, national provider identifiers (NPI) fall under a single tax identification number (TIN), group reporting might not be the best option for you. If reporting as an individual, a physician has the option to satisfy the quality requirements by reporting through one of the following mechanisms: Claims, Clinical Data Registry, Qualified Clinical Data Registry (QCDR), or Electronic Health Record (EHR). Keep in mind, claims reporting is unique to individual participation and not an option if reporting under GPRO.

Conversely, a group practice is defined as a single tax identification number (TIN) with two or more individual, eligible professionals, as identified by the individual NPI numbers, who have reassigned their billing rights to the TIN. In order to participate as a group practice under GPRO, the practice will participate in quality through a single submission mechanism and report on the same set of quality measures. If reporting as a GPRO, the group has the option to satisfy the quality requirements through one of the following mechanisms: Clinical Data Registry, Qualified Clinical Data Registry (QCDR), Electronic Health Record, or Web Interface. The Web Interface option is unique to group practice reporting.

Also of note, the Web Interface option is only open to practices of 25 or more eligible professionals, due to CMS' sampling methodology and the restrictive nature of the quality measures that are reported on under this mechanism. Given these understandings, here are some of the AMA's tips for success with quality reporting. Begin researching reporting options and mechanisms now, in preparation for a successful MIPS launch. If considering whether to report as a GPRO, make sure to review the requirements for the Advancing Care Information, known as ACI, and Clinical Practice Improvement Activities, known as CPIA.

If you participate as a GPRO under Quality, you must participate as a GPRO under ACI and CPIA, which means all physicians in the group must report on the same ACI and CPIA measures. In some instances, this might be beneficial to the practice. In other cases, it might make more sense for the MIPS under the TIN to report separately as individuals.

Also, check with your EHR vendor on whether it will support a quality category performance requirement, and whether the available electronic quality measures, known as ECQMs, are applicable to your practice. There are a limited number of electronic clinical quality measures, compared to the other measures that can be reported on through other mechanisms.

Lastly, check with your specialty society to see whether they have a QCDR. QCDR reporting is often much more specialty specific and provides more routine feedback and benchmarking information. It also can assist with satisfying other MIPS category requirements, particularly the Clinical Practice Improvement Activities.

Thank you for joining us for this AMA podcast on MACRA. To learn more, visit ama-assn.org/go/medicarepayment.