









# Medicare Access and CHIP Reauthorization Act (MACRA) / Merit-Based Incentive Payment System (MIPS) for 2018 MVP Participants

The Quality Payment Program makes Medicare better by helping you focus on providing quality care and the one thing that matters most – making patients healthier. Your quality performance score is the composite score of four measures: quality, cost, improvement activities and promoting interoperability (also known as advancing care information).

As a Medicare Value Partners (MVP) participant, there are certain reporting requirements MVP takes care of for you, and certain requirements that fall under your responsibility. The below chart provides an overview of each category, along with the performance tracking information. Please note that cost is not a factor for MVP participants in 2018.

Components	MVP Benefits	Provider Reporting Requirements	Performance Tracking	Weight
 <p>Quality</p>	<ul style="list-style-type: none"> <li>✓ MVP submits quality measures to the CMS Web Interface on behalf of its participating MIPS eligible clinicians</li> </ul>	<ul style="list-style-type: none"> <li>✓ Work with Arcadia (our data collection vendor)</li> <li>✓ Understand and capture all required quality data</li> </ul>	<ul style="list-style-type: none"> <li>✓ All eligible MIPS clinicians will have one aggregated score under MVP</li> </ul>	
 <p>Cost</p>	<ul style="list-style-type: none"> <li>✓ No additional reporting necessary for 2018</li> </ul>	<ul style="list-style-type: none"> <li>✓ No additional reporting necessary for 2018</li> </ul>	<ul style="list-style-type: none"> <li>✓ No additional reporting necessary for 2018</li> </ul>	
 <p>Improvement Activities</p>	<ul style="list-style-type: none"> <li>✓ No additional reporting necessary for 2018</li> </ul>	<ul style="list-style-type: none"> <li>✓ No additional reporting necessary for 2018</li> </ul>	<ul style="list-style-type: none"> <li>✓ CMS will assign a 100% score for being in MVP</li> </ul>	
 <p>Advancing Care Information</p> <p>Promoting Interoperability (also known as ACI)</p>	<ul style="list-style-type: none"> <li>✓ While MVP cannot submit ACI for you, MVP <b>DOES</b> provide hands on trained staff to help you through the process</li> </ul>	<ul style="list-style-type: none"> <li>✓ Perform and attest to Security Risk Analysis completed in 2018</li> <li>✓ Report that at least one Medicare patient in your TIN has each of the following:                             <ul style="list-style-type: none"> <li>• An E-prescribed prescription</li> <li>• Provided Patient Portal Access</li> <li>• Requested and accepted Health Information Exchange &amp; A Summary of Care</li> </ul> </li> <li>✓ 10% bonus is available if you only use the 2018 CEHRT</li> </ul>	<ul style="list-style-type: none"> <li>✓ All eligible MIPS clinicians will have one aggregated score under MVP</li> <li>✓ Base score requirement is needed to earn any point value</li> </ul>	

## How to prepare your submission for Advancing Care Information:

- Work with your EMR vendor to understand how to access required reporting data
  - Data should reflect the current performance period: Jan 1, 2018 – Dec 31, 2018
- Submit performance data from Jan 1, 2019 to Mar 31, 2019. This data submission will impact your Medicare reimbursement payment in 2020

## To learn more about MACRA/MIPS:

- CMS' website (a resource frequently updated information) — [Qpp.cms.gov](http://Qpp.cms.gov)
- MACRA System Website — [www.presencehealth.org/physicians-macra](http://www.presencehealth.org/physicians-macra)

## To learn more about Advancing Care Information (ACI):

- ACI Overview — [QPP.cms.gov/mips/advancing-care-information](http://QPP.cms.gov/mips/advancing-care-information)