

Medicare Shared Savings Program and the Quality Payment Program for Performance in Year 2017 Affecting Payment in 2019

What's the Quality Payment Program?

The Quality Payment Program combines three existing Medicare value-based payment programs:

- the Physician Quality Reporting System (PQRS);
- the Physician Value-Based Payment Modifier (VM); and
- the Medicare Electronic Health Record (EHR) Incentive Program.

The Quality Payment Program focuses on quality, cost, and use of certified electronic health record technology (CEHRT), in one combined program that lowers clinician reporting burden.

The Quality Payment Program also encourages clinicians to participate in Alternative Payment Models (APMs), such as the Medicare Shared Savings Program (Shared Savings Program). Merit-based Incentive Payment System (MIPS) clinicians participating in MIPS APMs are subject to special reporting and scoring (as explained later in this document) and will receive a MIPS payment adjustment. Certain clinicians with sufficient participation in an Advanced APM may receive a 5% APM incentive payment instead of the MIPS payment adjustment.

How do the Quality Payment Program and the Shared Savings Program work together?

CMS aligned the reporting requirements for the Quality Payment Program with the Shared Savings Program regulations to bring Accountable Care Organization (ACO) participation and quality reporting requirements in line with the Quality Payment Program. This fact sheet explains:

- How the Shared Savings Program and Quality Payment Program align reporting requirements for participating ACOs and MIPS clinicians.

- How quality data is reported, used, and applied under each program to:
 - Determine performance of ACOs under the Shared Savings Program.
 - Assess MIPS clinicians participating in Shared Savings Program ACOs under the Quality Payment Program.
- How certain tracks in the Medicare Shared Savings Program meet Advanced APM criteria under the Quality Payment Program.

How does MIPS determine if a MIPS clinician is participating in a Shared Savings Program ACO?

For the Quality Payment Program, each ACO participant list that is certified by the ACO will be used to determine the MIPS clinicians who are participating in a Shared Savings Program ACO for the 2017 performance year.

The Quality Payment Program makes this determination based off information found in, for example, the Centers for Medicare & Medicaid Services (CMS) claims and the Provider Enrollment, Chain, and Ownership System (PECOS) enrollment system at three “snapshot” dates during the performance period. For 2017, these snapshot dates are March 31, June 30, and August 31. MIPS clinicians who leave an ACO participant Tax Identification Number (TIN) before March 31, 2017 or who join an ACO participant TIN after August 31, 2017, should plan to report separately from the ACO for the MIPS 2017 performance period.

How does the Quality Payment Program determine if a clinician participating in an Advanced APM (Shared Savings Program Tracks 2 and 3 ACO) is participating sufficiently (i.e. that the clinician meets the Qualifying APM Participant (QP) threshold)?

For clinicians participating in an Advanced APM (Shared Savings Program Tracks 2 and 3 ACOs) the Quality Payment Program will determine if clinicians participating in the Advanced APM meet the QP threshold at each snapshot date (March 31, June 30, and August 31).

CMS will make the QP threshold determination based on the amount of Part B claims of all the clinicians participating in the ACO and the number of beneficiaries assigned to the ACO. If the QP threshold is met, all the clinicians' participating in the ACO at the time of the snapshot in 2017 will be a QP for the performance year, earn a 5% incentive payment in 2019, and will be excluded from the MIPS payment adjustment in 2019. You can learn more about the [QP calculation and thresholds](#).

As a clinician in a Shared Savings Program ACO, what are my reporting requirements?

Quality Performance Category: Your ACO is required by the Shared Savings Program to report quality measures through the CMS Web Interface. The quality data reported to the CMS Web Interface by the ACO will be used to score the MIPS Quality performance category and the score will apply to each MIPS clinician in the ACO.

Improvement Activities and Cost Categories: As a MIPS clinician in the Shared Savings Program ACO you won't need to report any data for the MIPS Improvement Activities performance category because you will automatically receive full points for this category. In addition, MIPS clinicians in a Shared Savings Program ACO will not be assessed on the MIPS Cost performance category.

Advancing Care Information Category: All ACO participant TINs in a Shared Savings Program ACO, including ACO participant TINs that are in a Track 2 or 3 ACO, are responsible for submitting data on the Advancing Care Information performance category apart from the ACO as specified by MIPS. This information is necessary for the Shared Savings Program to measure the level of CEHRT use among clinicians participating in the ACO.

APM Scoring Standard: The Shared Savings Program is a MIPS APM, and all MIPS clinicians in Shared Savings Program ACOs will receive special scoring for MIPS under the APM scoring standard. Consequently, all MIPS clinicians in your ACO will receive the same MIPS final score.

What if my ACO does not successfully report quality measures through the CMS Web Interface?

While unlikely, since most ACOs successfully report quality measures through the CMS Web Interface, if you believe your ACO won't report what it needs to under the Shared Savings Program, your ACO

participant TIN can submit quality data for the performance year under any of the MIPS standard reporting options. If the ACO doesn't meet its reporting requirements, we'll look for and use any quality data for the performance year that your ACO participant TIN sent in apart from the ACO to score your quality domain under MIPS. Your ACO participant TIN will still receive full points for the MIPS Improvement Activity performance category and it will not be assessed on the MIPS Cost performance category. Your ACO participant TIN will still need to report for the Advancing Care Information category according to the MIPS requirements for this category. Instead of being scored at the ACO level, the MIPS clinicians under each ACO participant TIN will receive their own MIPS final score.

For More Information

- [Quality Payment Program website](#)
- [Medicare Shared Savings Program in the Quality Payment Program](#)
- [Fact sheets on MIPS Performance Categories](#)
- [Medicare Shared Savings Program website](#)