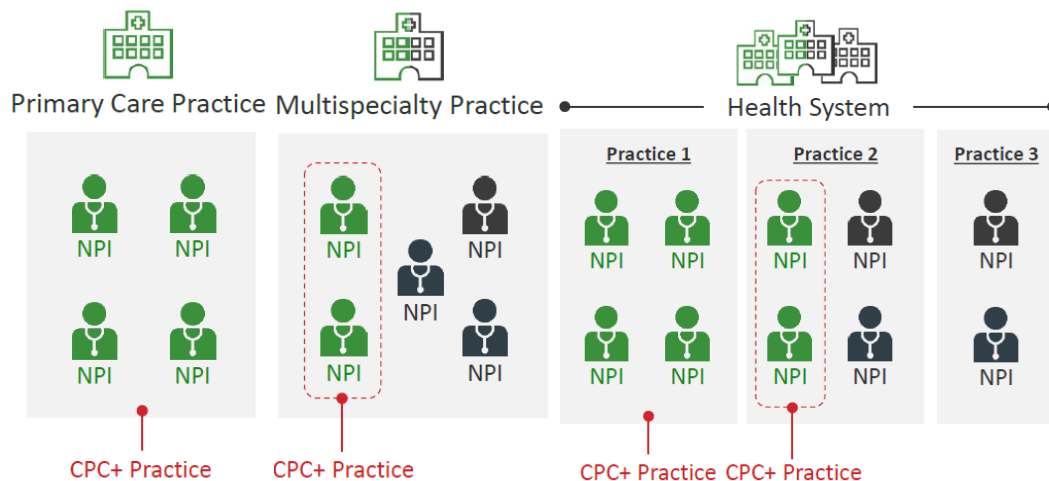


## CPC+ and the Merit-Based Incentive Payment

### What is a “CPC+ Practice” for reporting purposes?

- The list of NPIs on your practice portal CPC+ Practitioner Roster
- If you are in a multi-specialty clinic ALL providers that are not recognized CPC+ providers need to report MIPS (ex. Chiropractors, specialists, DO, pediatricians, etc.)



\*\*CPC+ Primary Care Practitioners are highlighted in **green**

### If I am a CPC+ Practice will I automatically be a Qualifying Participant (QP) in an Advanced Payment Model (APM)?

No, you must “earn” your QP status by meeting the minimum threshold score.

**Exception:** If you are in an MSSP Track 1 ACO, you are automatically considered to be a MIPS EC and will forego the CPC+ threshold scoring. If you are in an MSSP Track 2 or 3, then you are automatically considered to be a QP in an APM.

### What is the “Threshold Score?”

- CMS calculates a percentage score based on Medicare Part B **ONLY** beneficiaries
- There are two methods of calculating the threshold score

### Method 1- Payment amount

$$\frac{\text{\$ for Part B professional services to attributed beneficiaries}}{\text{\$ for Part B patients eligible for professional services}} = 25\%$$

### Method 2-Patient Count Method

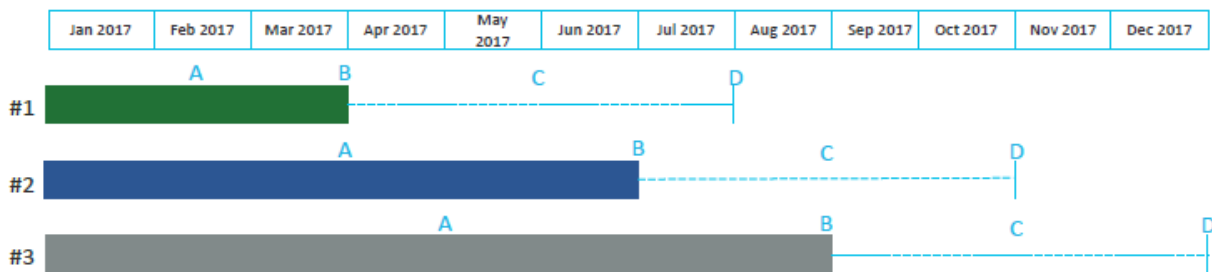
$$\frac{\text{\# Of attributed beneficiaries given Part B professional services}}{\text{\# Of Part B patients eligible for professional services}} = 20\%$$

### How will I be notified if I met the CPC+ threshold score?

To receive the APM scoring standard, an eligible clinician must be on an APM participation list (CPC+ Practitioner Roster or ACO Participant List) on at least one of the following three “snapshot” dates of the performance period.



CMS has not released information to the CPC+ practices confirming how or when they will be notified if they made it to the APM participation list, but the notification will take place sometime after the four month of the claims run-out period. See timeline below:







A = performance period  
 B – D = claims run-out period  
 Any time after D = notification period

Montana Practice Facilitator: Kristen Schuster  
[KSCHUSTER@MPQHF.ORG](mailto:KSCHUSTER@MPQHF.ORG)  
**(407) 871.6031**

Hawaii Practice Facilitator: Christine Asato  
[CASATO@MPQHF.ORG](mailto:CASATO@MPQHF.ORG)  
**(808) 440.6006**

## What if you don't meet the minimum requirement for the threshold score?

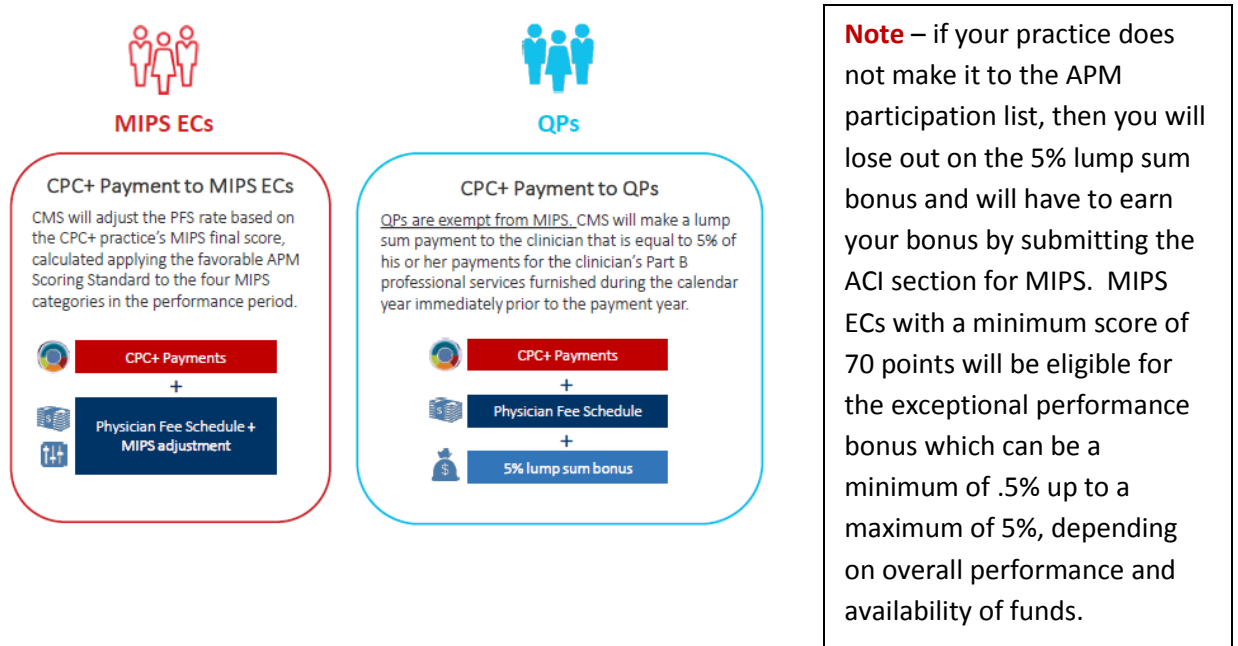
- CPC+ practices will be considered to be a MIPS APM and will need to report the Advancing Care Information category for MIPS to qualify for a bonus payment.

	REPORTING REQUIREMENT	PERFORMANCE SCORE	WEIGHT
 Quality	✓ The CPC+ practice will not be assessed on quality under MIPS in the first performance period.	✓ N/A	0%
 Cost	✓ MIPS eligible clinicians will not be assessed on cost.	✓ N/A	0%
 Improvement Activities	✓ No additional reporting necessary.	✓ CMS will automatically assign the CPC+ practice the highest possible performance score.	25%
 Advancing Care Information	✓ Each MIPS eligible clinician in the CPC+ practice reports advancing care information to MIPS through either group reporting at the TIN level or individual reporting.	✓ This score will be the highest score attributable to the TIN/NPI combination of each MIPS eligible clinician, which may be derived from either group or individual reporting. The scores attributed to each MIPS eligible clinician will be averaged to yield a single group score.	75%

## Advancing Care Information- Replaces Meaningful Use

- 90 day reporting period for 2017 on *required measures*
  - Security risk analysis
  - E-prescribing
  - Provide patient access
  - Send summary of care documents
  - Request/accept summary of care document
  - CMS Guidelines are at <https://qpp.cms.gov/measures/performance>

## How Are MIPS APM Clinicians and Advanced APM QPs Paid?



### Summary of MIPS APM versus QP APM for CPC+ Practices:

