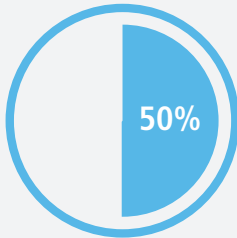




Using AQUA Registry for 2018 MIPS Reporting

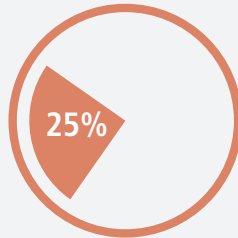
Merit-Based Incentive Payment System (MIPS) Categories:

Quality Reporting



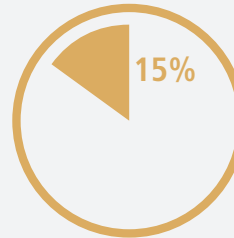
Maximum Points: 60 – 70
(based on group size)

Promoting Interoperability (PI)



Maximum Points: 100

Improvement Activities (IA)



Maximum Points: 40
(based on group size and location)

Cost (Resource Use)



Average score of attributable resource measures
(based on group size)

AQUA Registry Provides:

- The ability to report on 6 out of 44 measures—including one outcome measure or, if an outcome measure is not available, one high priority measure.
- The best combination of measures that bring urologists with the highest performance scores through system optimization in reporting to Center for Medicare and Medicaid Services (CMS).

- A score calculator where eligible providers can input numerator/denominator and see the score before attesting.
- An attestation module where providers are able to attest for the required measures.
- 5 bonus points for participating with a specialized registry.

(Note: Participation in the AQUA Registry alone is not sufficient to meet this category; eligible providers must use their certified EHR, in conjunction with the AQUA Registry, to meet the required measures.)

- An attestation module which allows providers the ability to attest to a series of weighted activities, geared towards improving clinical practice and care delivery.
- The ability to select from any one of CMS' 112 improvement activity measures.
- The ability to attest to certain high weight activities, only available to providers participating with a QCDR.

(Note: Contact the AQUA Registry Team to learn more about specific IA measures that AQUA can support.)

- CMS will calculate Cost performance using administrative claims data.
- Providers are not required to submit any information for the Cost performance category.



Using AQUA Registry for 2018 MIPS Reporting

How can you use AQUA Registry for MIPS (Merit-based Incentive Payment System) reporting?

MIPS is a path to participate in the Quality Payment Program (QPP) created by CMS under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 to combine multiple value-based programs. The AQUA Registry is a one-stop shop, which reports on measures in all required MIPS categories. See the table on the reverse side, to learn how the AQUA Registry can help streamline your practice’s MIPS reporting needs. If you participate in Medicare Part B, you may earn a performance-based payment adjustment through MIPS.

Removal of pick-your-pace in MIPS

For the 2018 performance year, CMS finalized to remove the previous pick-your-pace options. Per the 2018 final rule, eligible providers are required to submit a full year’s worth of data for the Quality performance category. Additionally, providers will be required to report on a continuous 90 days for the Promoting Interoperability and Improvement Activities performance categories.

Who is eligible?

Eligible providers must bill Medicare Part B more than \$90,000 annually AND provide care to more than 200 individual Part B beneficiaries, per year. Both requirements must be met in order to partake in the program. For MIPS, you must also be a:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist

Penalty for not reporting

Eligible providers who do not report their data will receive a financial penalty under MIPS. The maximum negative adjustment under MIPS has increased from 4% to 5%, from the 2017 and 2018 performance years respectively. The table below shows the maximum negative adjustments based on the practice size:

Practice Size	Maximum Negative Adjustment under MIPS [^] (5%, 2018 performance year)
Solo	\$7,610
10	\$76,100
20	\$152,200
50	\$380,500

[^]Figures are based on 2014-2015 CMS payments to urologists.