Medicare QCDR

Deadline: Postmarked no later than September 1, 2017
Credit: 2 AAMA CEUs (gen/adm)  Code: 132013

Directions: Determine the correct answer to each of the following, based on information derived from the article.

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1. The Medicare Electronic Health Record (EHR) Incentive Program has been discontinued and its principles have been incorporated into the Quality Payment Program (QPP).

2. The Medicare Access and CHIP (Children’s Health Insurance Program) Reauthorization Act of 2015 (MACRA) replaces fee-for-service with the sustainable growth rate (SGR) as the mechanism for paying providers for Medicare services.

3. The advancing care information category counts for more than 50 percent of the composite Merit-Based Incentive Payment System (MIPS) score.

4. Under MACRA, providers are rewarded for high quality of care, not high quantity of care.

5. For 2017, providers are permitted to choose from four reporting options for first-year reporting.

6. Because of the need to make a profit to survive, commercial insurance companies usually implement payment reform before the Medicare system.

7. Under MIPS, eligible providers must participate as part of a group and are not permitted to participate as individuals.

8. The temperature of a patient under anesthesia is a significant quality measure for anesthesiologists.

9. The Advanced Alternative Payment Model (APM) payment track has higher risks and higher rewards.

10. Providers who treat 100 or fewer Medicare patients annually are exempt from participating in MIPS.

11. Physicians participating in the qualified clinical data registry (QCDR) are permitted to report only non-MIPS performance measures.

12. Data have shown that measuring outcomes does not affect physician performance.

13. Physicians reporting as a group are nevertheless permitted to report individually on different measures within the four MIPS reporting categories.

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Multiple choice

14. Which of the following is a payment track under the QPP?
   □ a. MIPS
   □ b. Fee-for-service reimbursement
   □ c. SGR formula
   □ d. Diagnosis-related groups (DRGs) reimbursement

15. Which of the following is a reporting category under MIPS?
   □ a. Number of diagnostic tests per patient
   □ b. Race or ethnicity of each patient
   □ c. Cost
   □ d. Medicare benefits history for each patient

16. Which of the following health professionals are not permitted to participate in MIPS?
   □ a. Certified registered nurse anesthetists
   □ b. Clinical psychologists
   □ c. Physician assistants
   □ d. Clinical nurse specialists
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