



Countdown to Merit-based Incentive Payment System Have You Decided? Negative, Neutral, or Positive Payment Adjustment

September 2017

Acronyms in the Presentation

CMS: Centers for Medicare & Medicaid Services

EC: Eligible Clinician

MACRA: Medicare Access and CHIP* Reauthorization Act of 2015

MIPS: Merit-based Incentive Payment System

Agenda

1. Introductions
2. Assumptions
3. Goals for today
4. What again is MIPS?
5. How does MIPS affect you?
6. Your pace
7. What to do
8. Sample measures
9. How to report
10. Get help! Call to action

Goals for Today

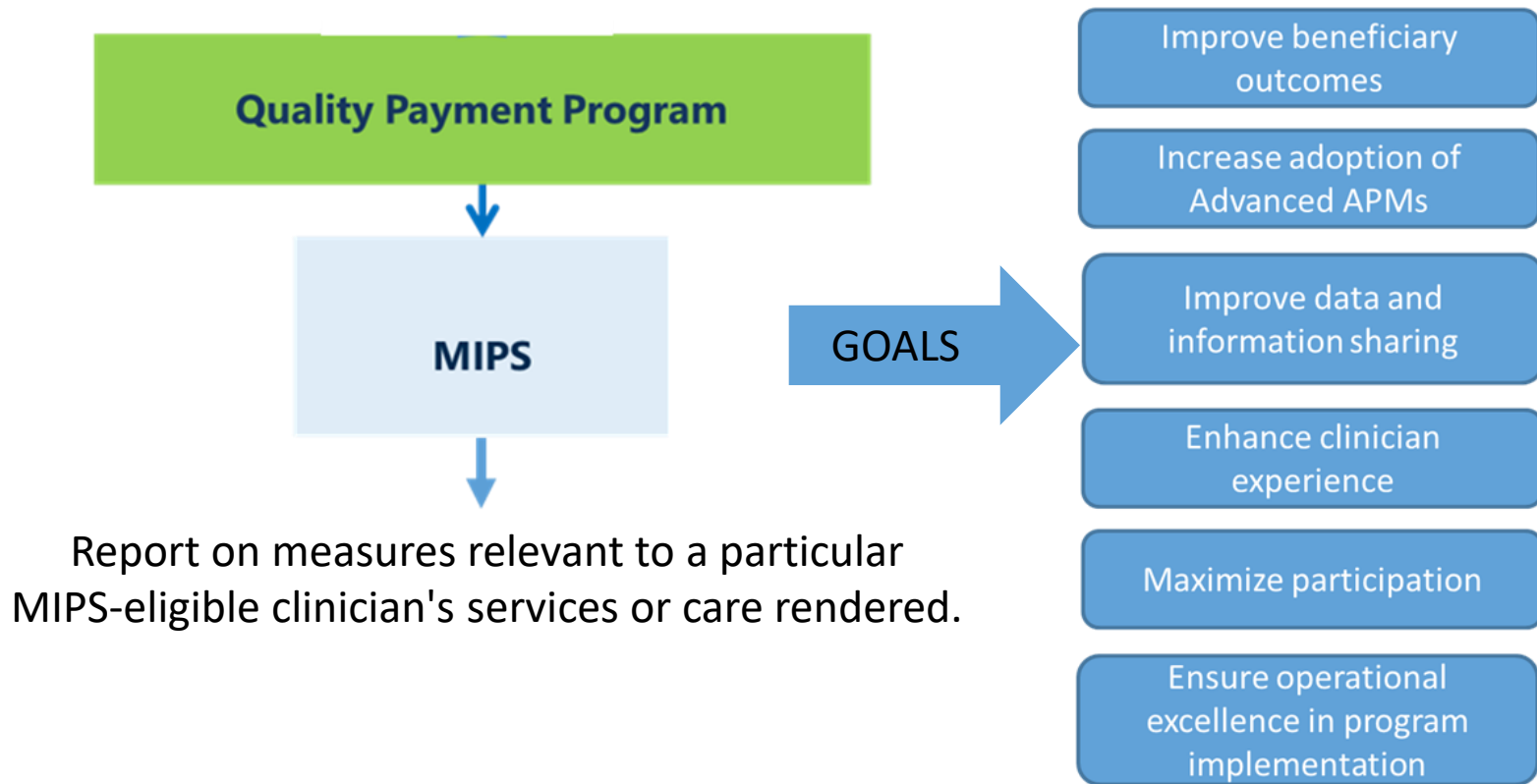
- ✓ *Provide guidance to successfully avoid a payment reduction.*
- ✓ *Commitment to register for help.*



Assumptions

- ✓ *You are a clinician deemed MIPS-eligible.*
- ✓ *Our focus is the 2017 performance year.*
- ✓ *No one wants a payment reduction!*

What Again is MIPS?



Quality / Practice Improvement / Advancing Care Information / Cost

How Does MIPS Affect You?


Eligible Clinicians

Clinicians billing more than \$30,000 a year in Medicare Part B allowed charges
AND providing care for more than 100 Medicare patients a year.

BILLING
>\$30,000

AND

>100

 *Keep in mind next year may be >\$90,000 and >200*

These clinicians include:

Physicians

Physician Assistants

Nurse Practitioner

Clinical Nurse Specialist

Certified Registered Nurse Anesthetists

Who Is Exempt From MIPS?

Clinicians who are:



Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)



Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to \$30,000 a year
OR
- See 100 or fewer Medicare Part B patients a year

Advanced APM

Significantly participating in Advanced APMs

- Receive 25% of Medicare payments
OR
- See 20% of Medicare patients through an Advanced APM

What Again is MIPS: Individual or Group Participation?

Individual

- **Payment adjustment will be based on your performance.**
- A single clinician (a single National Provider Identifier [NPI] tied to a single Tax Identification Number [TIN])

Group

- **Payment adjustment will be based on the group's performance.**
- A group is defined as a single TIN with 2 or more eligible clinicians (including at least one MIPS-eligible clinician), as identified by their NPIs, who have reassigned their Medicare billing rights to the TIN.



Use your NPI to verify <https://qpp.cms.gov/participation-lookup>

How Does MIPS Affect You?

Pick Your Pace

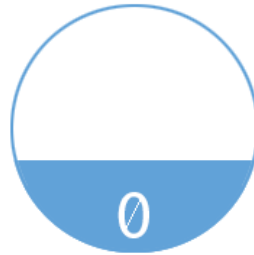
Participate in an Advanced APM



- Some practices may choose to participate in an Advanced APM in 2017

MIPS

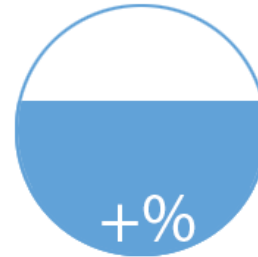
Test Pace



Submit Something:

- Submit some data after January 1, 2017
- Neutral payment adjustment


Partial Year



Submit a Partial Year:

- Report for 90-day period after January 1, 2017
- Neutral or positive payment adjustment

Full Year

 *Final 90 Day reporting starts October 2 !!!*

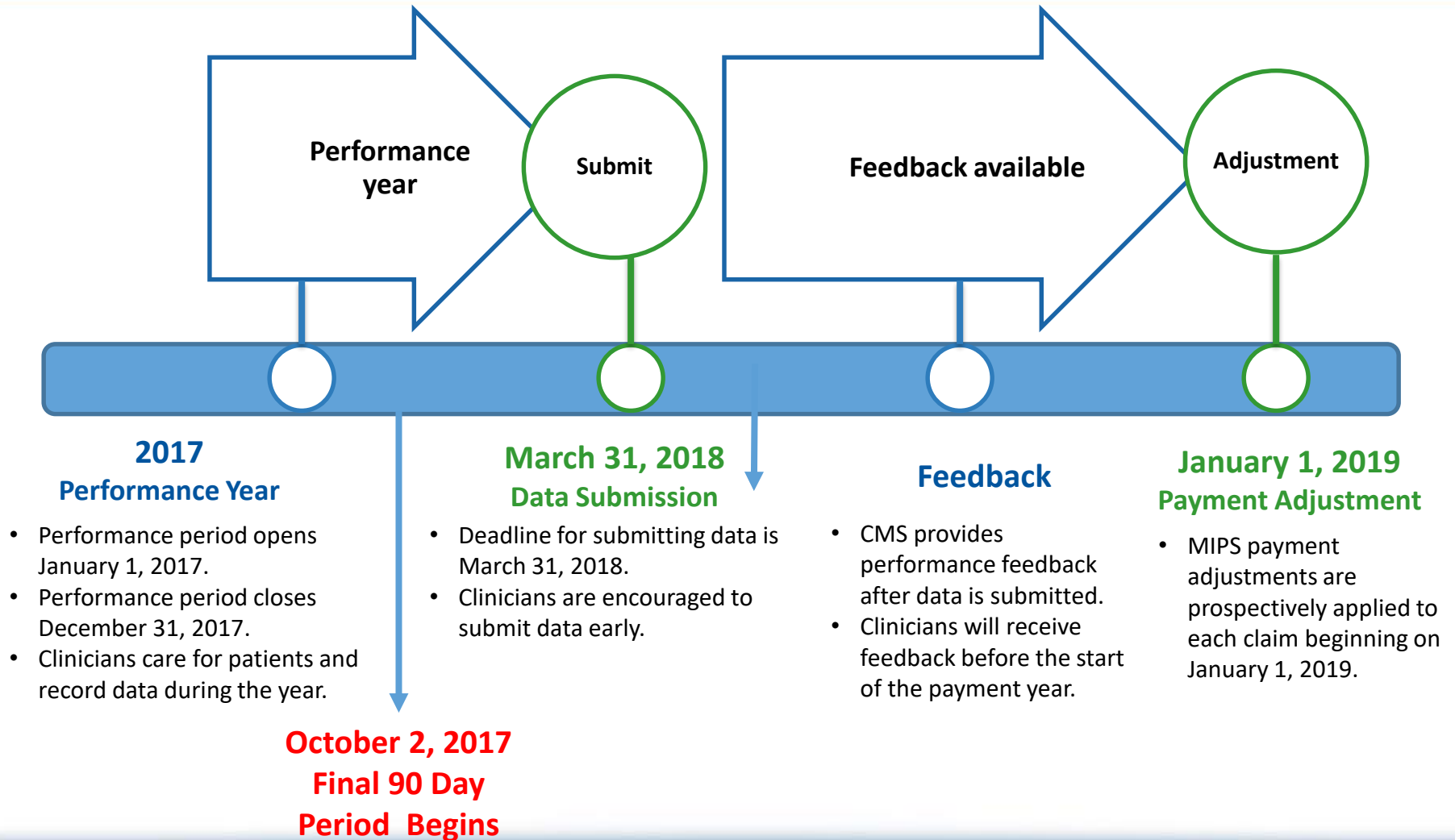
Submit a Full Year:

- Fully participate starting January 2017
- Positive payment adjustment

Not participating in the QPP for the Transition Year will result in a negative 4 percent payment adjustment.

How Does MIPS Effect You?

Timelines



Your Pace: Choosing to Test for 2017

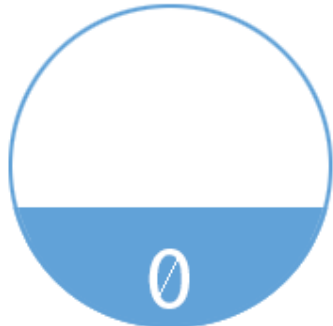


https://www.youtube.com/watch?v=IW_kHiNYV8s AMA

provides steps



“One Patient, One Measure” submit more than one to be safe ...



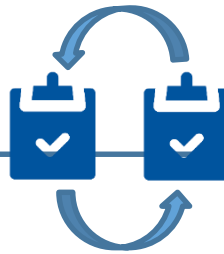
**Submit
Something**



1 Quality Measure

OR

Minimum Amount of Data



**1 Improvement
Activity**

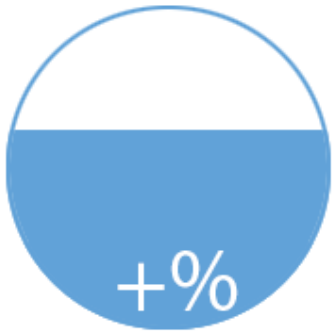
OR



**4 or 5* Required
Advancing Care
Information
Measures**

Source: The Centers for Medicare & Medicaid Services

Your Pace: Partial Participation for 2017



**Submit a
Partial Year**



<https://www.youtube.com/watch?v=ZRmGq0U9Wu8>

HSAG provides guidance if you don't have an EHR

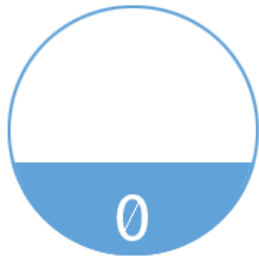
“So what?”—You must start data collection by October 2



Need to send
performance data
by **March 31, 2018**

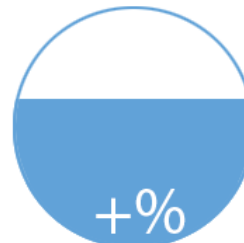


Quality: Requirements for the Transition Year

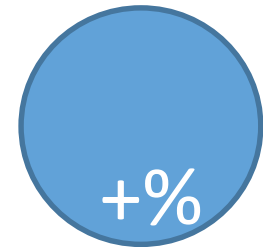


Submit Something

- **Test Means:**
 - Submitting 1 Quality Measure



Submit a Partial Year

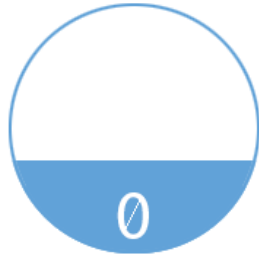


Submit a Full Year

- **Partial and Full Means:**
 - Submitting at least 6 Quality measures, including 1 Outcome or 1 High-Priority measure
 - 90 days for Partial Year
 - 1 year for Full Year

For a full list of measures, please visit QPP.CMS.GOV.

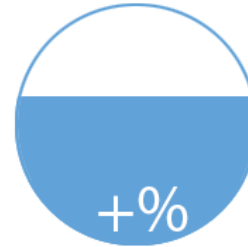
Improvement Activity: Requirements for the Transition Year



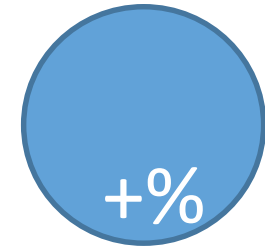
Submit Something

- **Test Means:**
 - Attesting to 1 Improvement Activity
 - Activity can be high or medium weight
 - In most cases, to attest you need to indicate that you have done the activity for 90 days.

For a full list of measures, please visit
QPP.CMS.GOV.



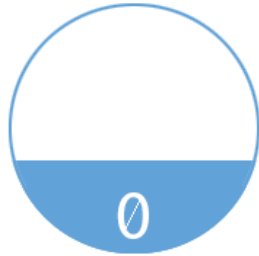
Submit a Partial Year



Submit a Full Year

- **Partial and Full Means:**
 - Attesting to 1 of the following combinations:
 - 2 high-weighted activities
 - 1 high-weighted activity and 2 medium-weighted activities
 - At least 4 medium-weighted activities

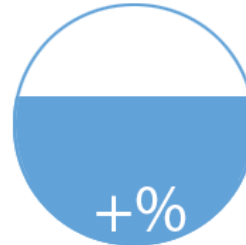
ACI: Requirements for the Transition Year



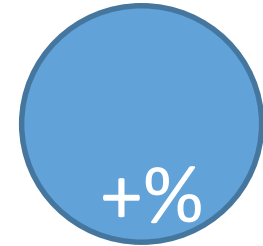
Submit Something

- **Test Means:**
 - Submitting 4 or 5 base score measures
 - Depends on use of 2014 or 2015 Edition
 - Reporting **all** required measures in the base score to earn any credit in the Advancing Care Information performance category

For a full list of measures, please visit
QPP.CMS.GOV.



Submit a Partial Year



Submit a Full Year

- **Partial and Full Means:**
 - Submitting more than the base score in the Transition Year

What to Do?

1. Determine your eligibility.
2. Prepare to participate by reviewing practice readiness, ability to report, and the *Pick Your Pace* options and measures.
3. Assess where you are in your career.
4. Assess your financial considerations.
5. Choose to submit data as an individual or as a part of a group. If Individual, select Pace.
6. Select Pace.
7. Choose your measures. Visit <https://qpp.cms.gov> for measure selection and remember to review your current billing codes to help identify measures that best suit your practice.
8. Choose your submission method and verify its capabilities.
9. Verify your EHR vendor or registry's capabilities before your chosen reporting period.

What to Do?



Use your NPI to verify <https://app.cms.gov/participation-lookup>



Approved Medicare Charges	No Participation	Test Pace	Partial Year Pace
\$30,000	(\$1,200)	\$0	\$1,200
\$50,000	(\$2,000)	\$0	\$2,000
\$75,000	(\$3,000)	\$0	\$3,000
\$100,000	(\$4,000)	\$0	\$4,000

bonuses not included



Avoiding a penalty? Likely not worth the administrative process change to submit data as a group. However, if you seek a full bonus, sharing the administrative load with a group may make reporting/requirements easier.

Choose Your Measures/Activities (cont.)

How do I do this?

- Go to qpp.cms.gov.
- Click on the **Explore Measures** at the top of the page.
- Select the performance category of interest.

Quality Measures **Advancing Care Information** **Improvement Activities**


- Review the individual Quality and Advancing Care Information measures as well as Improvement Activities.

Sample Measures

Quality 21 Orthopaedic Measures	Improvement 93 measures	Advancing Care 5 Measures
<ul style="list-style-type: none"> • Care Plan <ul style="list-style-type: none"> – High priority measure – Claims, Registry • Documentation of Current Medications in the Medical Record <ul style="list-style-type: none"> – High priority measure – Claims, EHR, Registry • Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention <ul style="list-style-type: none"> – High priority measure – Claims, EHR, Registry • Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis <ul style="list-style-type: none"> – High priority measure – Registry 	<ul style="list-style-type: none"> • Care transition standard operational improvements <ul style="list-style-type: none"> – Medium activity weighing • Collection and use of patient experience and satisfaction data on access <ul style="list-style-type: none"> – Medium activity weighing • Consultation of the Prescription Drug Monitoring program <ul style="list-style-type: none"> – High activity weighing • Implementation of practices/processes for developing regular individual care plans <ul style="list-style-type: none"> – Medium activity weighing 	<ul style="list-style-type: none"> • e-Prescribing • Prevention of Information Blocking Attestation • Provide Patient Access • Request/Accept Summary of Care • Security Risk Analysis

Electronic health record = EHR

How to Report

 Consider measures reporting path and past participation

	Individual	Group
Quality	<ul style="list-style-type: none"> • Qualified Clinical Data Registry (QCDR) • Qualified Registry • EHR • Claims 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Administrative Claims • CMS Web Interface • CAHPS for MIPS Survey
Improvement Activities	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Attestation 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • CMS Web Interface • Attestation
Advancing Care Information	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Attestation 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Attestation • CMS Web Interface

*Must be reported via a CMS approved survey vendor together with another submission method for all other Quality measures.

Call to Action

Get Help! Request No-Cost Assistance

- Register for assistance at www.hsag.com/calhipso
- Submit MIPS questions via email at info@CalHIPSO.org
- Contact us at 888.541.5759

Available Resources

- Learning Action Network—For event topics and registration information, please visit: www.hsag.com/LFF.
- CMS Quality Payment Program Website: <https://qpp.cms.gov>
Subscribe to the QPP ListServ.
- Medicare Learning Network Learning Management System (LMS):
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html?redirect=/mlngeninfo/>

Thank you!



“We are committed to supporting your organization in meeting quality improvement goals and reporting requirements.”



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