

MIPS 2017

Filing for MIPS & ACI -- It's not too late

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PQRS – MACRA – MIPS ?? What’s the Point?

- PQRS (Physician Quality Reporting System) reporting ended in 2016; 2018 is the final year for penalties (-4%) for not reporting PQRS
- MACRA is the Medicare Access and CHIP Reauthorization Act
- MIPS (Merit-based Incentive Payment System) is a new way of achieving Medicare’s goals:
 - Ensuring patients get the right care at the right time
 - Measuring quality of care by comparing individual performance against a set of quality metrics
 - Rewarding value of care rather than volume

MIPS 2017



MIPS (Merit-based Incentive Payment System) 2017

- Part of MACRA (Medicare Access and CHIP Reauthorization Act), now referred to as QPP
- Combines portions of several existing Medicare initiatives that are being “sunsetting”, including PQRS, Value-based Payment Modifier, and Meaningful Use

MIPS 2017 -- who must participate?



All physicians and other eligible clinicians will automatically participate in MIPS, except:

- Eligible physicians and others (Eligible Clinicians) who significantly participate in an Advanced Alternative Payment Model (ACO)
- Clinicians who enrolled in Medicare for the 1st time in 2017
- Clinicians who billed Medicare Part B for \$30,000 or less
- Clinicians who have 100 or fewer Medicare Part B patients
- Clinicians whose practice is at least 75% hospital-based
- Clinicians whose practice is non-patient facing

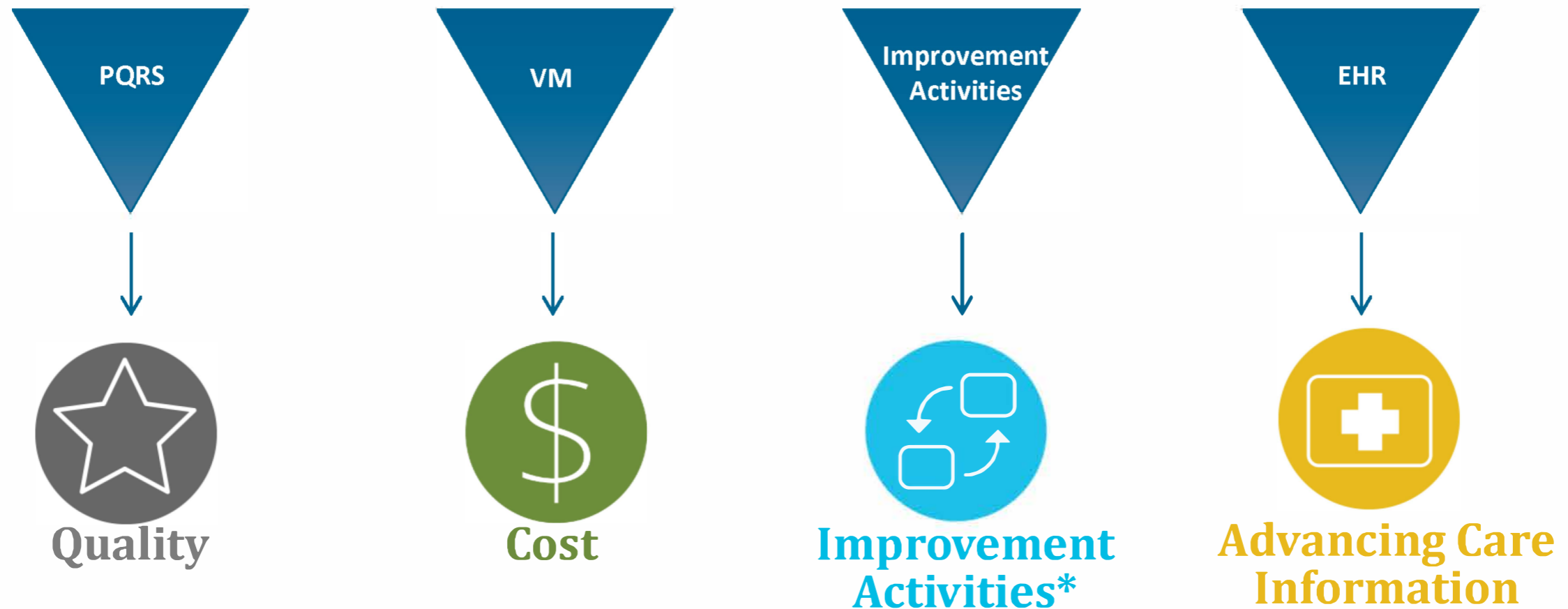
MIPS Exemption



ACO Participation

- Scripps has qualified at the “entity level” as an Advanced Alternative Payment Model
- Scripps ACO team will be reaching out with more info about 2017 reporting, including ACI reporting
- Questions re: Scripps ACO should go to Eydie Strouse, for physicians in central and south county; and to Stacy Pevney, for physicians in north county

What is the Merit-based Incentive Payment System?



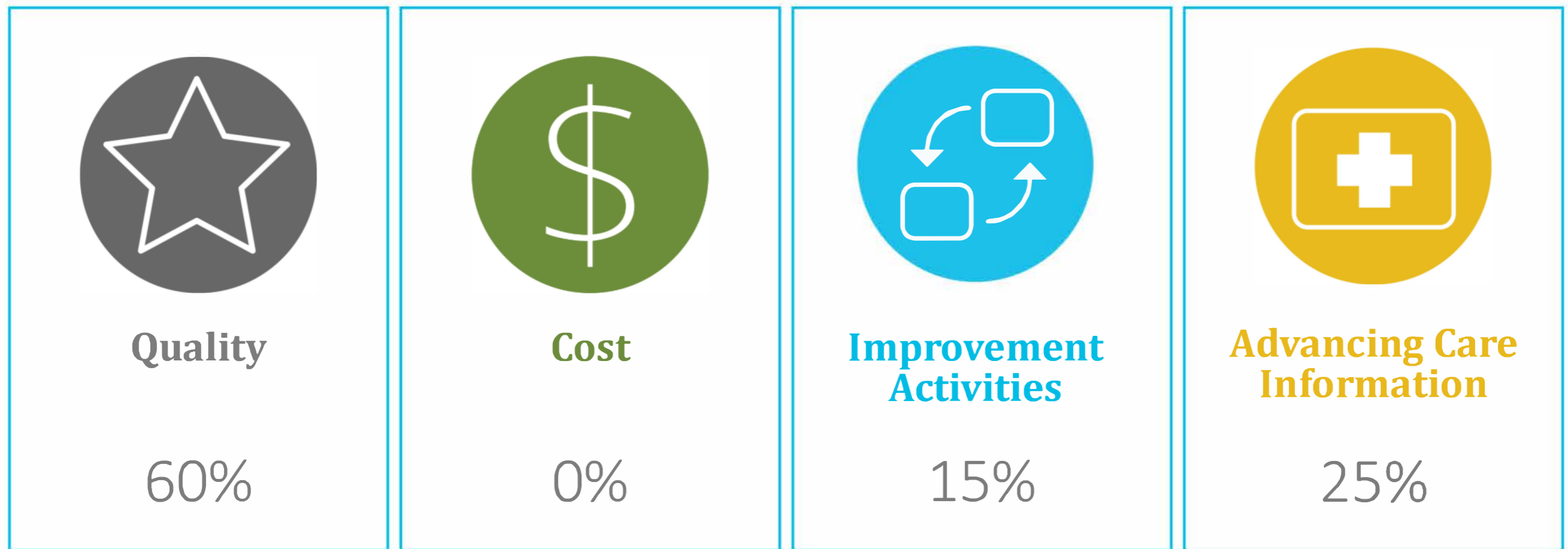
- Moves Medicare Part B clinicians to a performance-based payment system
- Provides clinicians with flexibility to choose the activities and measures that are most meaningful to their practice
- Reporting standards align with Advanced APMs wherever possible

**This is a new category.*

What are the Performance Category Weights?

Weights assigned to each category based on a 1 to 100 point scale

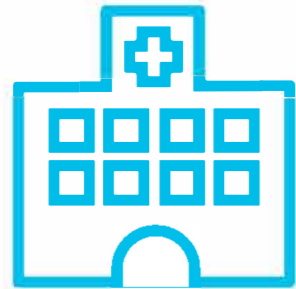
Transition Year Weights



Note: These are default weights; the weights can be adjusted in certain circumstances

Pick Your Pace for Participation for the Transition Year

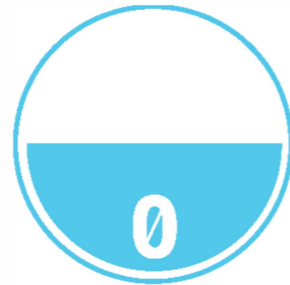
Participate in an Advanced Alternative Payment Model



- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

MIPS

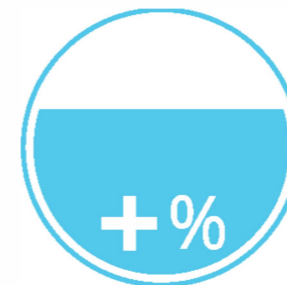
Test



Submit Something

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

Partial Year



Submit a Partial Year

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

Full Year



Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the Transition Year will result in a negative 4% payment adjustment.

MIPS 2017 - pick your pace



How to Avoid Penalties

- 2017 is a transition year
- Participate in MIPS
- Report on at least 90 days of activity starting on Jan. 1, 2017 - last start date for 90-days reporting is Oct. 2, 2017
- Report through a certified registry - Covisint is offering a reporting system simplifying the requirements for eligible clinicians to participate

MIPS Participation -- 2017



- 2017 is a transition year for MIPS, designed to help ease clinicians from earlier PQRS and meaningful use reporting, to the new 4-part MIPS reporting system.
- Instead of requiring year-long reporting, this year clinicians only need to report for a period of 90 consecutive days to avoid a non-reporting penalty and possibly earn a small incentive payment.
- Now, you can still avoid a non-reporting penalty, if you use the "one patient, one measure, no penalty" program (developed by AMA).

MIPS Participation -- 2017



I Missed the 90-Day Deadline -- Help!

For those of you who have not yet started reporting, you can still avoid a 4% penalty on your 2019 Medicare payments, if you just do the following:

Report at least one measure for all qualifying patients for a week.

Example:

- Ask patients if they smoke.
- If the patient says “No”, document it in the patient’s chart.
- Bill code 1036F with your standard office visit code and charge \$.01.
- When received by Medicare, they will respond with RA Remark Code N620 or CO246, meaning that they recognized and recorded the charge.
- This corresponds to Measure #226 – Preventive Care & Screening.

MIPS Participation -- 2017



I Missed the 90-Day Deadline -- More Help

Other possible codes to bill and avoid the Medicare payment penalty in 2019:

- G8427 – Medications reviewed, obtained or updated
- G8428 – Current list not documented or obtained
- G8430 – Patient not eligible for current list of medications

These codes would also be billed with an office visit/E&M code, and you must charge \$.01 in order for it to be recognized and processed.

MIPS Participation -- 2017



One patient, one measure, no penalty

A step-by-step guide to avoiding Medicare payment penalties

[Click here](#) to view the instructions

ACI Reporting -- 2017



- Advancing Care Information is about using an electronic reporting system to e-prescribe, to give patients access to their health records & education about their medical conditions, and to communicate public health information.
- Everyone needs to submit ACI reporting or request a hardship exception.
- [Click here](#) to access the Hardship Exception form.

ACI Reporting -- 2017



- The ACI category is 25% of your 2017 MIPS score.
- There are 2 measure set options for reporting:
 - Option 1 – Advancing Care Information Objectives and Measures (similar to MU Stage 3)
 - Option 2 – 2017 ACI Transition Objectives and Measures (similar to MU Stage 2 modified measure set)
 - If your EMR is a 2014 edition, you can only submit Option 2
 - If your EMR is a combination of 2014 & 2015 editions, you can submit either Option 1 or Option 2

ACI Reporting -- 2017



Scoring -- the ACI score is a combination of the following:

- 50% required Base Score, 90% Performance Score, 15% Bonus Score BUT you'll be capped at 100%.
- The Base Score must be recorded first.

How do I receive the 50% Base Score?

- Submit a "yes" for the Security Risk Analysis Measure, and at least a 1 in the numerator for the numerator/denominator of the remaining measures.

Base Score Measures are:

- Security Risk Analysis
- E-Prescribing
- Providing Patient Access
- Sending a Summary of Care (or Participate in a Health Information Exchange)
- Request/Accept Summary of Care (2-way communication)

ACI Reporting -- 2017



Performance Score is calculated by using numerators and denominators submitted for measures included in the performance score, or for one measure, by the yes or no answer submitted.

Bonus Score is awarded to clinicians who report a “yes” to 1 or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure.

Submitting the Data to CMS

ACI Category Measures can be submitted to CMS through:

- Attestation
- Qualified Clinical Data Registry
- Your EHR Vendor

ACI Category Measure data can be submitted to CMS beginning January 2, 2018, and is due to CMS no later than March 31, 2018.

Remember that you are submitting data for a 90-day period in 2017.

Final Thoughts



Remember -- MACRA requires budget neutrality, meaning that positive payment adjustments must be balanced by negative payment adjustments.

Physician Partners will continue to update our members regarding MIPS and other regulatory information and programs.

Questions & Answers



Thank you.

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