Transition to MIPS 2017

How to report under MIPS & avoid penalties

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Goal of PQRS

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Improve health care and help physicians and patients by:

- Assessing the quality of care provided to Medicare patients
- Ensuring patients get the right care at the right time
- Measuring quality of care by comparing against a set of quality metrics
- Rewarding value of care rather than volume

PQRS 2016

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Final Year of PQRS Reporting

- Not reporting will negatively impact 2018 payments,
  - -4% from Medicare fee-for-service beginning January 2018

MIPS 2017

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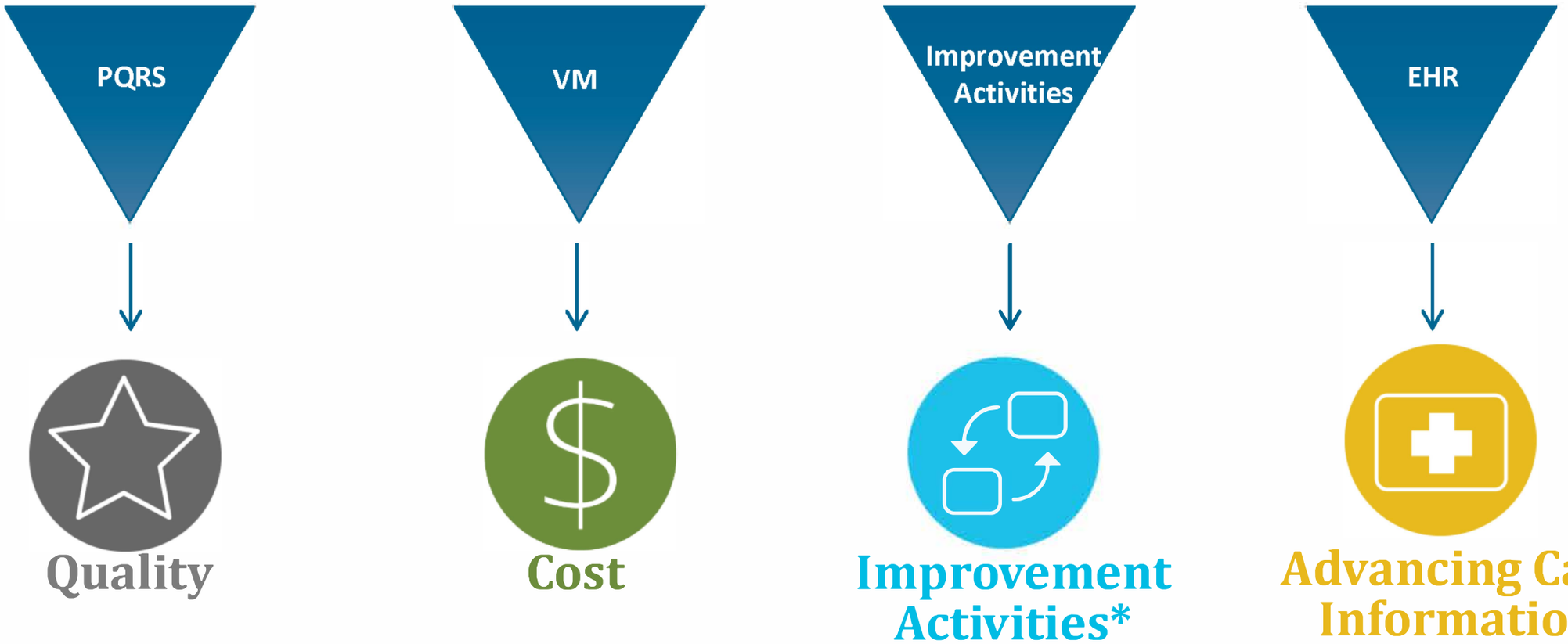
MIPS (Merit-based Incentive Payment System) 2017

- Part of MACRA (Medicare Access and CHIP Reauthorization Act)
- Combines portions of several existing Medicare initiatives that are being “sunsetted”, including PQRS, Value-based Payment Modifier, and Meaningful Use
- 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) are excluded from MIPS

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.*

Slide courtesy of CMS:
Transitioning from the Physician Quality Reporting System (PQRS) to the Merit-based Incentive Payment System (MIPS), 1/24/17

What are the Performance Category Weights?

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

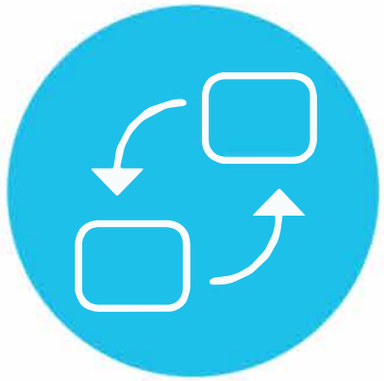
Transition Year Weights

Quality

60%

Cost

0%



Improvement Activities

15%

Advancing Care Information

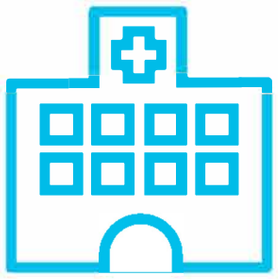
25%

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

Slide courtesy of CMS:
Transitioning from the Physician Quality Reporting System (PQRS) to the Merit-based Incentive Payment System (MIPS), 1/24/17

Pick Your Pace for Participation for the Transition Year

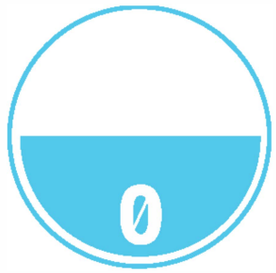
Participate in an Advanced Alternative Payment Model



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

MIPS

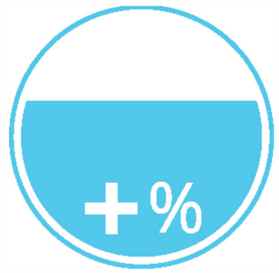
Test



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.

Slide courtesy of CMS:
Transitioning from the Physician Quality Reporting System (PQRS) to the Merit-based Incentive Payment System (MIPS), 1/24/17

MIPS 2017

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Eligible Clinicians

- Physician
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Clinical Registered Nurse Anesthetist

MIPS 2017

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90-day Reporting Period

- Must report on all patients, all payers - not just Medicare
- Report up to 6 quality measures, including an outcome measure
- To see all 271 measures, go to:

  https://qpp.cms.gov/

MIPS 2017

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Specialty Measure Set Example
Preventive Medicine - 7 Measures

1. Care Plan
2. Closing the Referral Loop: Receipt of Specialist Report
3. Communication with the Physician or Other Clinician - Managing On-going Care Post-fracture for Men and Women Aged 50 Years and Older
4. Controlling High Blood Pressure
5. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
6. Documentation of Current Medications in the Medical Record
7. Osteoarthritis (OA): Function and Pain Assessment

MIPS 2017 - pick your pace

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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 - Dec. 31, 2017 (last start date for 90-days reporting is Oct. 2, 2017)
- Report through a certified registry - Covisint will offer a reporting system simplifying the requirements for eligible clinicians to participate

Final Thoughts

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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 on how to participate in MIPS

Questions & Answers

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Thank you.

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