

PQRS-MIPS 2017

How to plan for the transition

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Goal of PQRS



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



- Final year of PQRS reporting
- Not reporting will negatively impact 2018 payments,
 - 4% from Medicare fee-for-service beginning January 2018
- Still have time to submit data via Covisint registry
- Submission deadline to Covisint is March 3, 2017
- Simple reporting of 20 patients, using one of 24 measures groups
- Combination of Medicare and non-Medicare patients

Measure Groups

- Asthma
- Acute Otitis Externa (AOE)
- Cardiovascular Prevention - new
- Coronary Artery Bypass Graph (CABG)
- Coronary Artery Disease (CAD)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Dementia
- Diabetes
- Diabetic Retinopathy - new
- General Surgery
- Heart Failure
- Hepatitis C
- HIV
- Inflammatory Bowel
- Multiple Chronic Conditions -new
- Oncology
- Optimizing Patient Exposure to Ionizing Radiation
- Parkinson's
- Preventive Care
- Rheumatoid Arthritis
- Sinusitis
- Sleep Apnea
- Total Knee Replacement

MIPS 2017



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 “sunsetting”, including PQRS, Value Based Payment Modifier, and Meaningful Use
- All physicians and other eligible clinicians will automatically participate in MIPS
- Eligible physicians and others (Eligible Professionals) who “significantly” participate in an Advanced Alternative Payment Model are excluded from MIPS

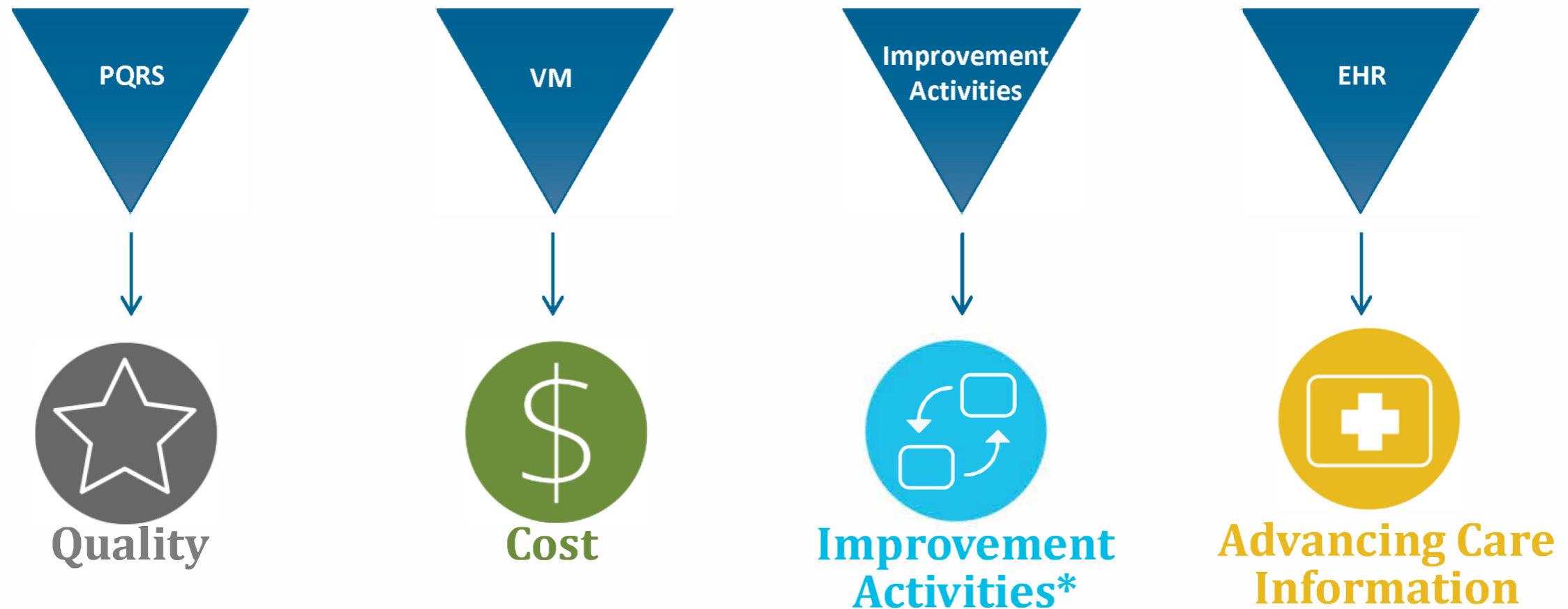
MIPS 2017 - Pick Your Pace



So What Does My Practice Do to Avoid Penalties?

- 2017 is a transition year
- Participate in an APM/ACO
- Report on at least 90 days of activity starting on Jan. 1, 2017 – Dec. 31, 2017 (last start date for 90-day reporting is Oct. 1, 2017)
- Report through a certified registry – Covisint will offer a reporting system simplifying the requirements for eligible clinicians to participate

What is the Merit-based Incentive Payment System?



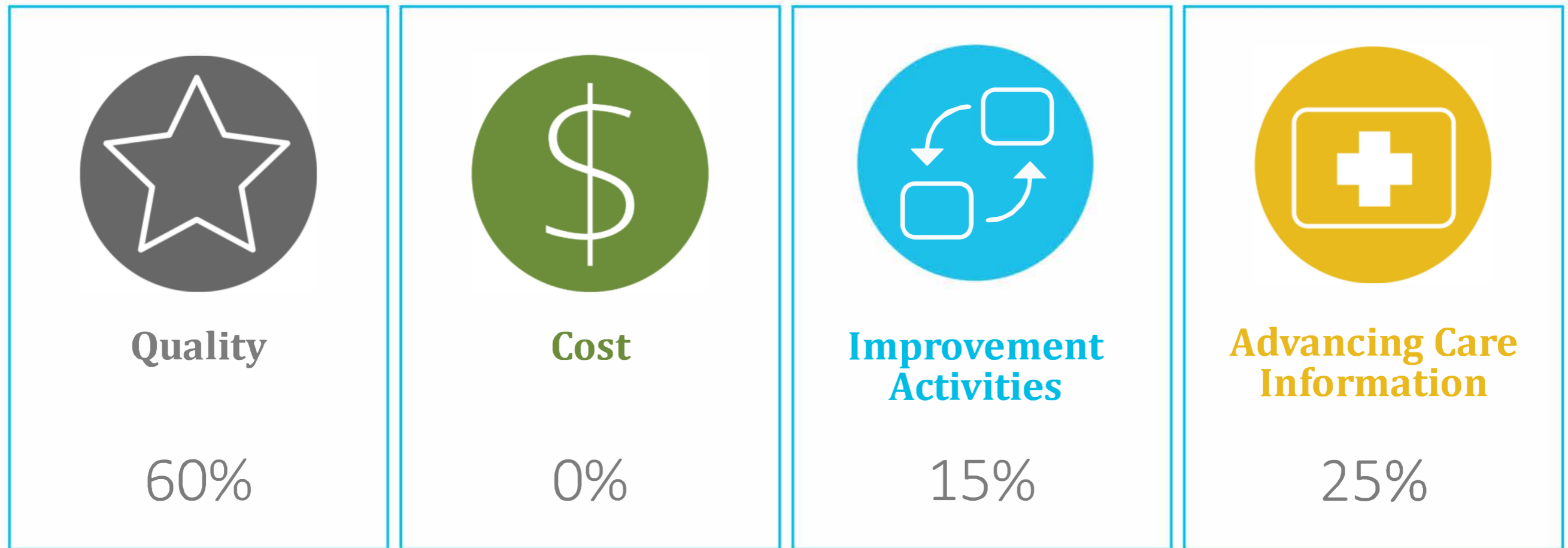
- Moves Medicare Part B clinicians to a performance-based payment system
- Provides clinicians with flexibility to choose the activities and measures that are most meaningful to their practice
- Reporting standards align with Advanced APMs wherever possible

**This is a new category.*

What are the Performance Category Weights?

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

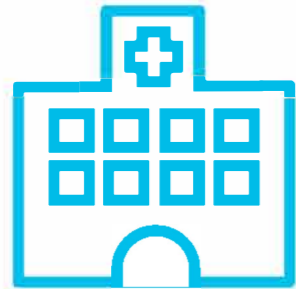
Transition Year Weights



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

Pick Your Pace for Participation for the Transition Year

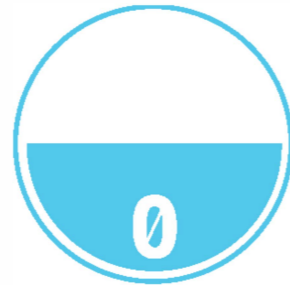
Participate in an Advanced Alternative Payment Model



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

MIPS

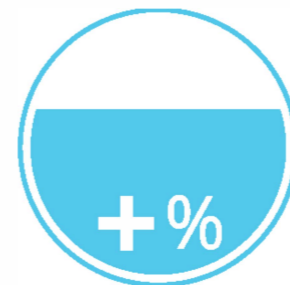
Test



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.

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 on how to participate in MIPS and avoid a negative payment penalty from Medicare in 2019.

Questions & Answers



Thank you.

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