

MIPS 2017

How to report & avoid penalties

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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

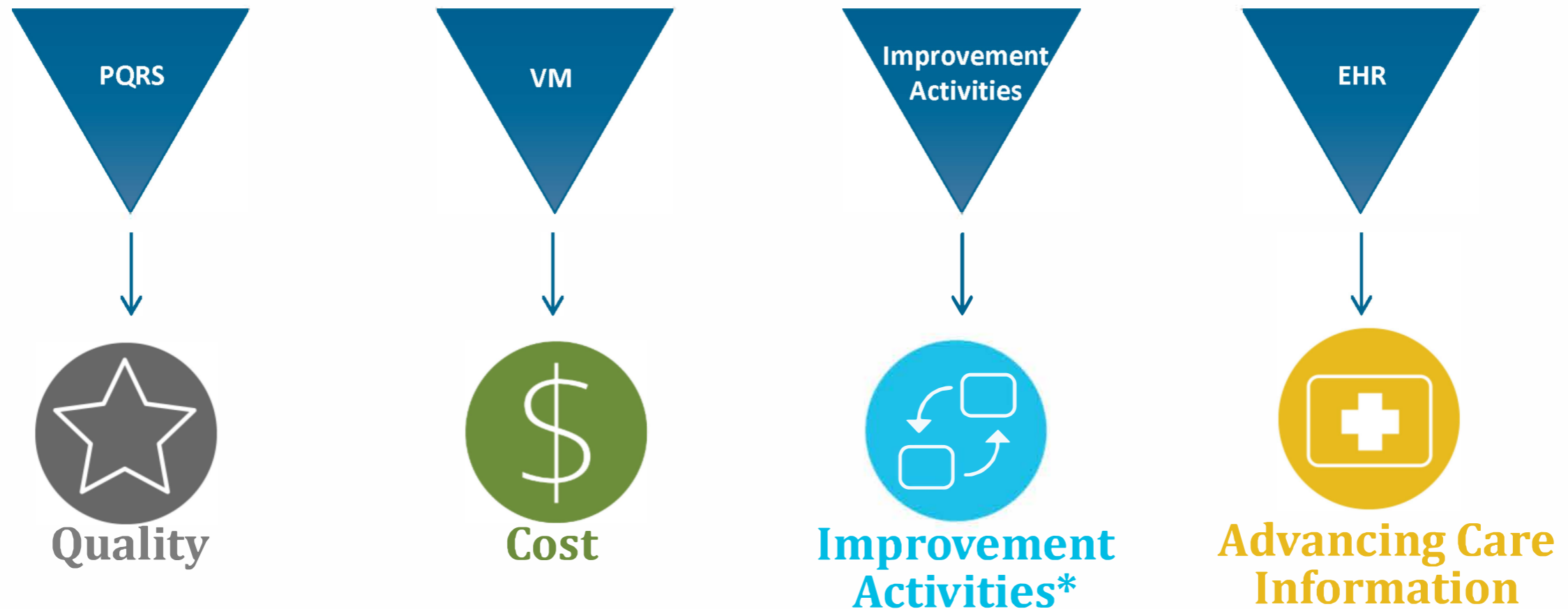
MIPS Exemption



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 later this year about 2017 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?



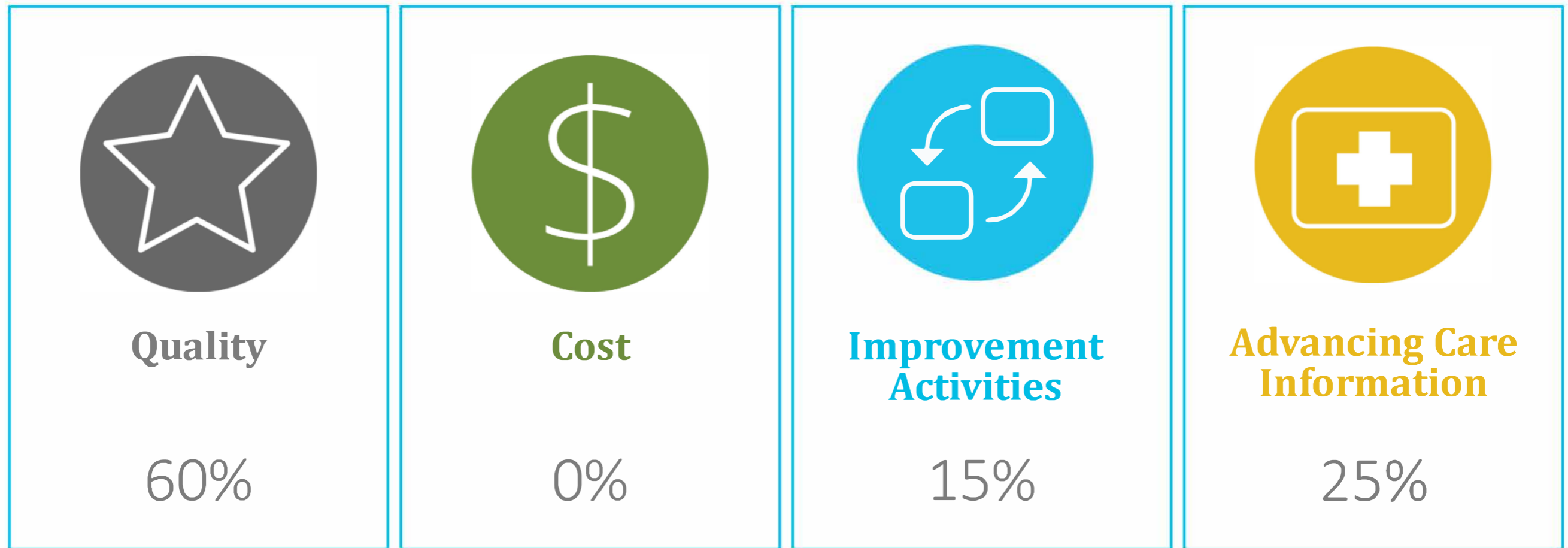
- Moves Medicare Part B clinicians to a performance-based payment system
- Provides clinicians with flexibility to choose the activities and measures that are most meaningful to their practice
- Reporting standards align with Advanced APMs wherever possible

**This is a new category.*

What are the Performance Category Weights?

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

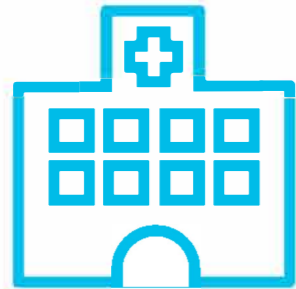
Transition Year Weights



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

Pick Your Pace for Participation for the Transition Year

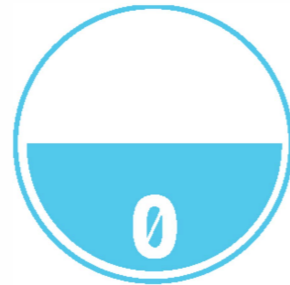
Participate in an Advanced Alternative Payment Model



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

MIPS

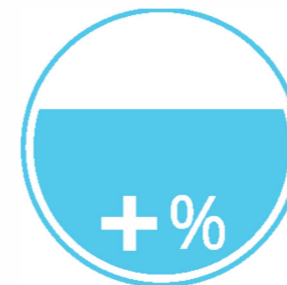
Test



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 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.

MIPS Participation -- 2017



Who needs to report?

Eligible Clinicians

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

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



Several ways to report MIPS in 2017

1. Submit using your certified EMR.
2. Use a certified registry. Physician Partners is once again working with Covisint, who is Medicare-certified.
3. Go to <https://www.covisint.com/solutions/mips/>
4. Cost to submit through Covisint = \$249 with Physician Partners discount.
5. Coupon Code – VIPMIPS
6. Enter coupon code before submission of data to Covisint.

MIPS Participation -- 2017



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 Participation -- 2017



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 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.

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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