The 2017 Merit Based Incentive Payment Program (MIPS)

The Centers for Medicare and Medicaid Services (CMS) has released the Final Rule related to the Merit Based Incentive Payment Program (MIPS).

MIPS is a key part of the overall legislation known as MACRA, the Medicare Access and CHIP Reauthorization Act of 2015 which repealed the Sustainable Growth Rate (SGR) factor. It is further identified as a key component of CMS' Quality Payment Program or QPP.

Of the two "paths" in MACRA, the one that's appropriate for small or solo practices is MIPS; the one that's appropriate for some large practices is the APMs (Advanced Alternative Payment Models), such as Patient-Centered Medical Homes and others).

Here we focus mainly on MIPS as it impacts most physicians and represents the most sweeping change in Medicare payment in decades!

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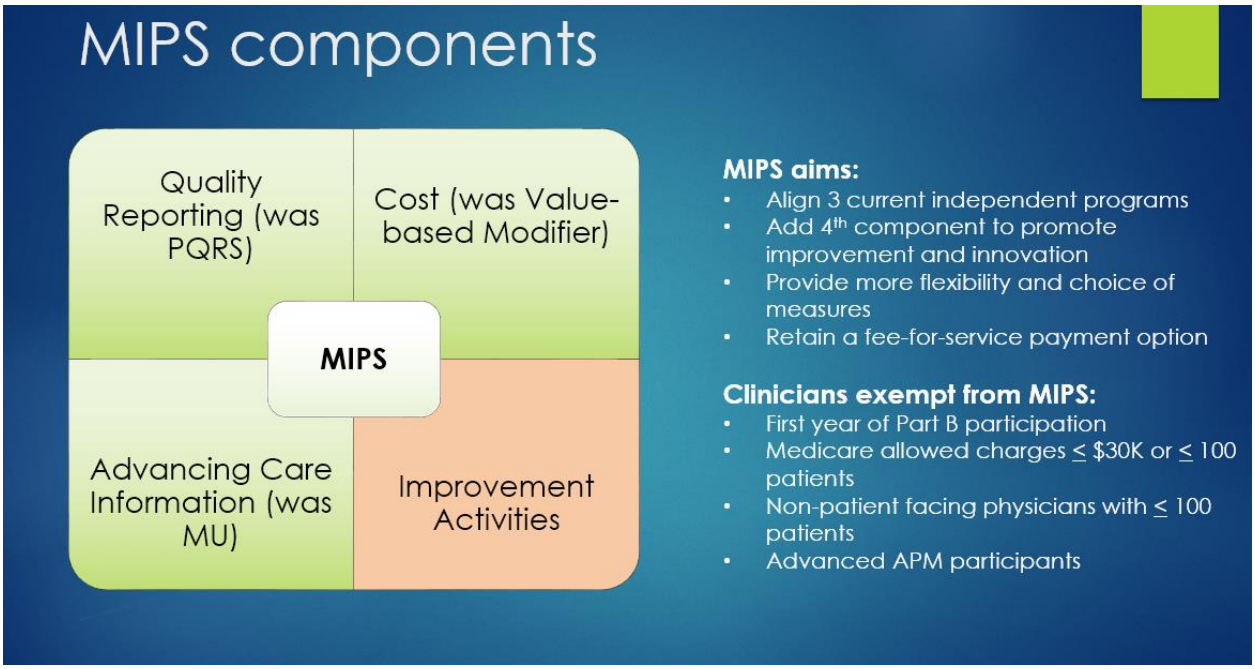
What's the Merit-based Incentive Payment System (MIPS)?

If you decide to participate in traditional Medicare Part B, rather than an APM, then you will participate in MIPS where you earn a performance-based payment adjustment to your Medicare payment through the submission of quality measure data, attesting to your Electronic Health Records software and attesting to a new component known as Improvement Activities that will be outlined further on in this document.

A key issue to understand is the fact that the MIPS program renames the old PQRS, VBM and EHR MU programs and added a new component (Improvement Activities) as follows.



Can you be exempt from the new MIPS Program?

- Physicians in the first year of Medicare Part B participation would be exempted.
- Membership in an advanced APM qualifies as an exemption.
- If you have less than $30,000.00 in Medicare revenues on an annual basis OR have less than 100 Medicare patients, you are exempt from MIPS reporting!
- Non-patient facing physicians* with ≤ 100 patients.

*A non-patient facing MIPS eligible clinician is:

- an individual MIPS eligible clinician who bills 100 or fewer patient-facing encounters (including Medicare telehealth services defined in section 1834(m) of the Act) during the non-patient facing determination period, and

- a group, if more than 75% of the NPIs billing under the group's TIN meet the definition of a non-patient facing individual MIPS eligible clinician."

For a list of Patient Facing Encounter Codes, click on the link here.

https://qpp.cms.gov/resources/education

Then scroll down and click on the Zip File entitled "Quality Measure Encounter Codes".

FYI, the list of patient-facing encounter codes is used to determine the non-patient facing status of MIPS eligible clinicians.

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If you are not exempt, you must then make the decision as to whether you want to participate in this new program or accept the penalties, how to report if you choose to take part and what time frames and reporting periods you will be subject to.

If you choose to participate in the MIPS reporting program, should you do this as an individual or a group practice?

Reporting as an individual.

- If you send MIPS data in as an individual, your payment adjustment will be based on your performance. An individual is defined as a single National Provider Identifier (NPI) tied to a single Tax Identification Number.

- You'll send your individual data for each of the MIPS categories through an electronic health record, registry, or a qualified clinical data registry. You may also send in quality data through your routine Medicare claims process.

Reporting as a group.

- If you send your MIPS data with a group, the group will get one payment adjustment based on the group's performance. A group is defined as a set of clinicians (identified by their NPIs) sharing a common Tax Identification Number, no matter the specialty or practice site.

- Your group will send in group-level data for each of the MIPS categories through the CMS web interface or an electronic health record, registry, or a qualified clinical data registry. To submit data through our CMS web interface, you must register as a group by June 30, 2017.

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Once you have decided on how you wish to report, as an individual or as a group, you can then take advantage of the staggered "Pick Your Pace" process as follows.

Depending on the data or measures you submit or attest to by March 31, 2018, which is the "drop dead" date for data reporting under MIPS in 2017, your 2019 Medicare payments will be adjusted up, down, or not at all.

The information provided below is only relevant for the 2019 payment year. CMS will provide additional information on payment adjustments for 2020 and beyond beginning next year.

Pick Your Pace!

- Not participating in the Quality Payment Program: If you don't send in or attest to any 2017 data, then you will receive a negative 4% payment adjustment/penalty.

- Test: If you submit or attest to a minimum amount of 2017 data to Medicare, you can avoid a downward payment adjustment/penalty as follows: During the 2017 transition year, MIPS eligible clinicians may choose to report for one (1) patient a minimum of (1) a single measure in the quality performance category, OR (2) a single activity in the improvement activities performance category OR the required measures in the advancing care information performance category, to avoid a negative payment adjustment.

- Partial: If you submit or attest to 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

- Full: If you submit or attest to a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

As noted previously, all data must be submitted/attested to by March 31, 2018.

How does MIPS work?

In addition to the normal payments received via your claim submissions, you can earn a payment adjustment (positive or negative) based on evidence-based and practice-specific quality data that show you provided high quality, efficient care supported by technology by sending in information via measures or objectives in the following categories.

Quality – Replaces the PQRS Program - 60% of final score - Method of Submission: Claims Based Reporting – Registry – EHR et al

- Most participants: Report on 6 quality measures via claims based reporting, registry, etc. including an outcome measure, or one specialty-specific or subspecialty-specific measure set for a minimum of 90 days.
- Groups using the web interface: Report 15 quality measures for a full year.

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Improvement Activities (IA or AKA Clinical Practice Improvement Activities or CPIA) – This is a new category under MIPS - 15% of final score – Method of Submission: Attestation – Qualified Registry – EHR Vendor

- Most participants: Attest that you completed up to 4 improvement activities for a minimum of 90 days.
- Groups with fewer than 15 participants or if you are in a rural or health professional shortage area: Attest that you completed up to 2 activities for a minimum of 90 days.

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Advancing Care Information (ACI) – Replaces the Medicare EHR Incentive Program also known as Meaningful Use - 25% of final score – Method of Submission: Attestation – QCDR – Qualified Registry – EHR Vendor

Attest to/submit the 5 required measures below for a minimum of 90 days:
- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send Summary of Care
- Request/Accept Summary of Care

Choose to attest to up to 9 measures for a minimum of 90 days for additional credit.

For bonus credit, you can:
- Attest/Report Public Health and Clinical Data Registry Reporting measures
- Use certified EHR technology to complete certain improvement activities in the improvement activities performance category

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Resource Use/Cost – Replaces the VBM Program, which in turn was triggered off your PQRS submissions in the past – 0% of final score.

This facet of the MIPS Program will not be in play in 2017 but may be brought back in future years so it will not be calculated in 2017.

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Interactive Resource Tools

CMS has provided a series of resource tools that enable you to identify and choose those quality measures, ACI objectives and measures and Improvement Activities that best fit your practice.

These interactive tools are located at the links shown in the next sections and the material presented is for your information only and will enable you to determine which measures, objectives and activities are germane to your individual practice.

These tools cannot be used to submit claims or attest to measures, objectives or activities.

The process of reporting or attesting to data (Quality measures, ACI measures and objectives, etc.) will remain the same as in the past – submit Quality Measures via claims based reporting, registry or, in the case of ACI and the new IA category, use the attestation process as you did when meaningful use was in play.

Exploring Quality Measures:

Quality Measures: https://qpp.cms.gov/measures/quality

Click on the link and then:

- Review and select measures that best fit your practice.
- Add up to six measures from the list provided on this site, including one outcome measure. You can use the search and filters to help find the measures that meet your needs or specialty.
- If an outcome measure is not available that is applicable to your specialty or practice, choose another high priority measure.
- Download a CSV file of the measures you have selected for your records.

Key Changes under Final Rule:
In 2017, physicians must report a measure for 50 percent of patients, and in 2018, they must report on 60 percent of patients. If only avoiding a penalty and not attempting to earn an incentive, only required to report on 1 patient. The agency also finalized its proposal requiring physicians to report on six quality measures to receive full credit in this category. Cross-cutting measures and Domains have been eliminated.

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Exploring Advancing Care Information (ACI):

In 2017, there are two measure set options for reporting. The option you use to submit your data is based on your electronic health record edition. *

- Option 1: Advancing Care Information Objectives and Measures

- Option 2: 2017 Advancing Care Information Transition Objectives and Measures

Advancing Care Information: https://qpp.cms.gov/measures/aci

Click on the link and then:

- Review the advancing care information measures available. Remember, to get credit for advancing care information, you must submit information for the required measures.
- Download a CSV file of the measures for your records.

Key Changes under Final Rule:
CMS reduced the number of required measures from 11 to five. The agency is also made several difficult-to-reach measures optional. For example, the measure requiring patients to download or transmit their health data using an online portal is now optional.

CMS also removed the computerized provider order entry (CPOE) measure.

*To determine your electronic health record edition, click on the link above and then on the link that says: “Need help identifying your electronic health record edition?”

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Exploring Improvement Activities:

In this new performance category for 2017, clinicians are rewarded for care focused on care coordination, beneficiary engagement, and patient safety.

Improvement Activities: https://qpp.cms.gov/measures/ia

Click on the link and then:

Review and select activities that best fit your practice.

- Most participants: Attest that you completed up to 4 improvement activities for a minimum of 90 days.
- Groups with fewer than 15 participants or if you are in a rural or health professional shortage area: Attest that you completed up to two (2) activities for a minimum of 90 days.

Download a CSV file of the activities you have selected for your records.

Key Changes under Final Rule:
CMS' reduced the required number of clinical practice improvement activities on which providers must report. Small practices with 15 or fewer clinicians can attest to two (2) activity to earn full credit for this category. Those in larger practices must report on two high-weight activities or four medium-weight activities to be eligible for a larger bonus.

Improvement Activities Categories	Examples
Expanded Practice Access	• Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care • Collection of patient experience and satisfaction data on access to care and development of an improvement plan
Population Management	• Monitoring health conditions of individuals to provide timely health care interventions • Take steps to improve health status of communities, such as collaborating with key partners and stakeholders to implement evidence-based practices to improve a specific chronic condition • Participation in CMMI models such as Million Hearts Campaign
Care Coordination	• Timely identification and communication of abnormal test results • Participation in the CMS Transforming Clinical Practice Initiative • Provide a guide to available community resources
Beneficiary Engagement	• Participation in a QCDR that promotes implementation of patient self-action plans • Use of evidence-based decision aids to support shared decision making • Regularly assess patient experience through surveys, advisory councils, and or/ other mechanisms
Patient Safety and Practice Assessment	• Participate in an AHRQ-listed patient safety organization • Regularly review quality measures and use relevant data sources to create performance goals at practice and panel level
Achieving Health Equity	• Seeing new and follow-up Medicaid patients in a timely manner
Emergency Preparedness And Response	• Participation in Disaster Medical Assistance Teams, or Community Emergency Responder Teams • Participation in domestic or international humanitarian volunteer work

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For guidance on this issue, contact us through the Third-Party Insurance Help Program or send your questions about the Quality Payment Program directly to CMS at QPP@cms.hhs.gov

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MIPS Quality Measures

Please note, a final list of Quality Measures is now available.

To download a Zipped file showing the 2017 Quality Measures with numerator/denominator codes, go to the link here.

https://qpp.cms.gov/education

Then, click on the ZIP file link here to download the full list of Quality Measures.

https://qpp.cms.gov/docs/QPP_quality_measure_specifications.zip

(NOTE: The MIPS Quality Measure specifications that are eCQMs are available at: https://ecqi.healthit.gov/ecqm).

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Additional Resources:

American Academy of Ophthalmology (AAO)
https://www.aao.org/medicare

AMA Overview of Advocacy Results on Major MACRA Rule Provisions
https://download.ama-assn.org/resources/doc/washington/thumbs-up-chart-10-17-16.pdf

AMA Summary
https://download.ama-assn.org/resources/doc/washington/qpp-summary-10-17-16.pdf