



Countdown to Merit-based Incentive Payment System (MIPS) Data Submission Webinar Series Now That You Know Your MIPS Eligibility Status, Pick Your Pace

Florida Physician Office Team
Health Services Advisory Group (HSAG)
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Acronyms in the Presentation

APM: Alternative Payment Model

CMS: Centers for Medicare & Medicaid Services

EC: Eligible Clinician

MACRA: Medicare Access and CHIP* Reauthorization Act of 2015

MIPS: Merit-based Incentive Payment System

PTN: Practice Transformation Network

QIN-QIO: Quality Innovation Network–Quality Improvement Organization

QPP: Quality Payment Program

SAN: Support and Alignment Networks

SURS: Small, Underserved and Rural Support

Agenda

- Today's topics
 - Now that you know your MIPS eligibility status, pick your pace
 - Upcoming events



Now That You Know Your MIPS Eligibility Status, Pick Your Pace

Eligible Clinicians

Clinicians billing more than \$30,000 a year in Medicare Part B allowed charges
AND providing care for more than 100 Medicare patients a year.

BILLING
>\$30,000

AND

>100

These clinicians include:

Physicians

Physician
Assistants

Nurse
Practitioner

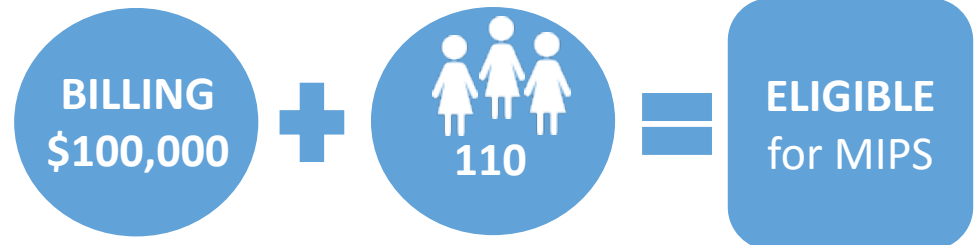
Clinical
Nurse
Specialist

Certified
Registered
Nurse
Anesthetists

Eligibility Example

Dr. "A" is:

- An eligible clinician
- Billed \$100,000 in Medicare Part B charges
- Saw 110 patients



Therefore, Dr. A would be **ELIGIBLE** for MIPS.

Remember: To be eligible



Who Is Exempt From MIPS?

Clinicians who are:



Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)



Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to \$30,000 a year
- OR**
- See 100 or fewer Medicare Part B patients a year

Advanced APM

Significantly participating in Advanced APMs

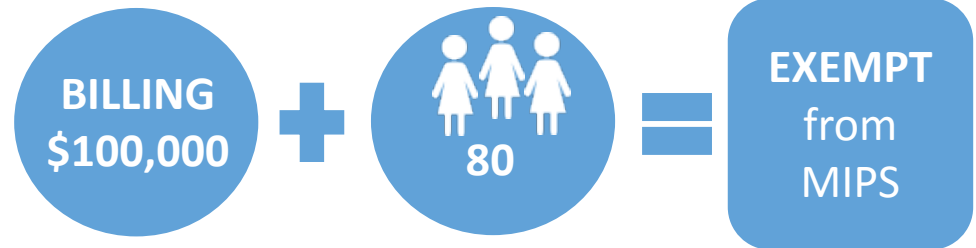
- Receive 25 percent of Medicare payments
- OR**
- See 20 percent of Medicare patients through an Advanced APM

Exempt Example

Dr. "B" is:

- An eligible clinician
- Billed \$100,000 in Medicare Part B charges
- Saw 80 patients

Therefore, Dr. B would be **EXEMPT** from MIPS due to seeing less than 100 patients.



Remember: To be eligible



If You Are Exempt

- You may choose to voluntarily submit quality data to CMS to prepare for future participation, but you will not qualify for a payment adjustment based on your 2017 performance.
- This will help you hit the ground running when you are eligible for payment adjustments in the future.

Eligibility for Clinicians in Specific Facilities

- Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)
 - ECs billing under the RHC or FQHC payment methodologies are not subject to the MIPS payment adjustment.

However...

- ECs providing other services and billing for those services under the Physician Fee Schedule (PFS) are required to participate in MIPS and are subject to a payment adjustment.

Eligibility for Clinicians in Specific Facilities (cont.)

Critical Access Hospitals (CAHs)

1

For ECs practicing in Method I:

- MIPS payment adjustment would apply to payments made for items and services that are Medicare Part B charges billed by the MIPS-ECs.
- Payment adjustment **would not** apply to the facility payment to the CAH itself.

2

For ECs practicing in Method II (who assigned their billing rights to the CAH):

- MIPS payment adjustment would apply to the Method II CAH payments.

3

For ECs practicing in Method II (who have not assigned their rights to the CAH):

- MIPS payment adjustment would apply similar to Method I CAHs.

Eligibility for Non-Patient Facing Clinicians

- Non-patient facing clinicians are eligible to participate in MIPS as long as they exceed the low-volume threshold, are not newly enrolled, and are not a Qualifying APM Participant (QP) or Partial QP that elects not to report data to MIPS.
- The non-patient facing MIPS-eligible clinician (MIPS-EC) threshold for individual MIPS-ECs is ≤ 100 patient facing encounters in a designated period.
- A group is non-patient facing if > 75 percent of National Provider Identifiers (NPIs) billing under the group's Taxpayer Identification Number (TIN) during a performance period are labeled as non-patient facing.
- There are more flexible reporting requirements for non-patient facing clinicians.

MIPS Eligibility Lookup Tool Available

Quality Payment Program

Learn About the Program

Explore Measures

Education & Tools

How Do I Participate in the Program?

How Do I Participate in Alternative Payment Models?

Am I included in MIPS?

What Can I Do Now?

Am I included in MIPS?

To check if you need to submit data to MIPS, enter your 10-digit [National Provider Identifier \(NPI\)](#) number.

If you're exempt from MIPS with the first review, you won't need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2017. [Learn more about MIPS eligibility.](#)

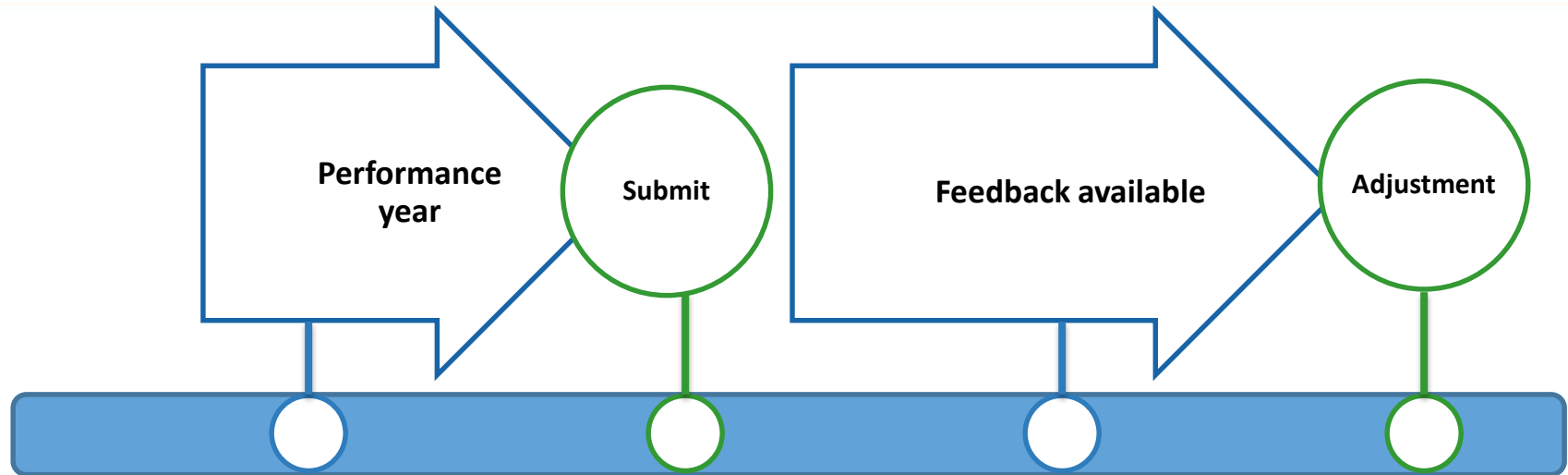
National Provider Identifier (NPI)

Check Now

Participating in an Alternative Payment Model (APM)? Talk to your Center for Medicare & Medicaid Innovation (CMMI) team or leaders managing your participation. If you need help finding this information, please email us at qpp@cms.hhs.gov or call 1-866-288-8292

<https://qpp.cms.gov/learn/eligibility>

When Does MIPS Officially Begin?



2017 Performance Year

- Performance period opens January 1, 2017.
- Performance period closes December 31, 2017.
- Clinicians care for patients and record data during the year.

March 31, 2018 Data Submission

- Deadline for submitting data is March 31, 2018.
- Clinicians are encouraged to submit data early.

Feedback

- CMS provides performance feedback after data is submitted.
- Clinicians will receive feedback before the start of the payment year.

January 1, 2019 Payment Adjustment

- MIPS payment adjustments are prospectively applied to each claim beginning on January 1, 2019.

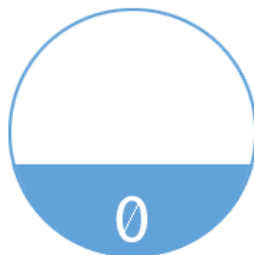
Pick Your Pace for Participation for the Transition Year

Participate in an Advanced APM



- Some practices may choose to participate in an Advanced APM in 2017

Test Pace

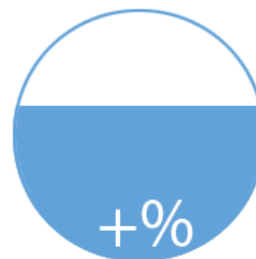


Submit Something:

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

MIPS

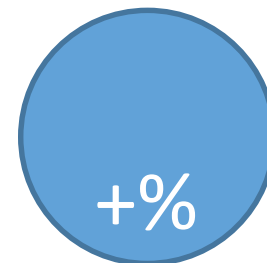
Partial Year



Submit a Partial Year:

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

Full Year



Submit a Full Year:

- Fully participate starting January 2017
- Positive payment adjustment

Note: Clinicians do not need to tell CMS which option they intend to pursue.

Not participating in the QPP for the Transition Year will result in a negative 4 percent payment adjustment.

MIPS for First-Time Reporters

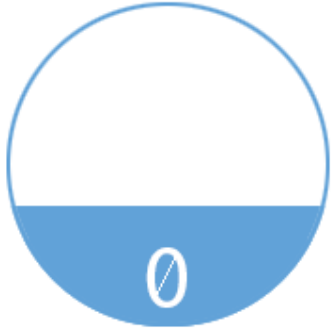
You Have Asked: “What if I do not have any previous reporting experience?”

CMS has provided options that may reduce participation burden to first-time reporters by:

Adjusting the low-volume threshold to exclude more individual clinicians and groups

Allowing clinicians to pick their pace of participation for Transition Year 2017 by lowering the performance threshold to avoid a negative adjustment

MIPS: Choosing to Test for 2017



- Submit a minimum of 2017 data to Medicare
- Avoid a downward adjustment
- Gain familiarity with the program

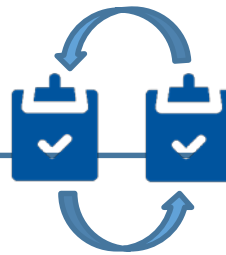
**Submit
Something**

Minimum Amount of Data



1 Quality Measure

OR



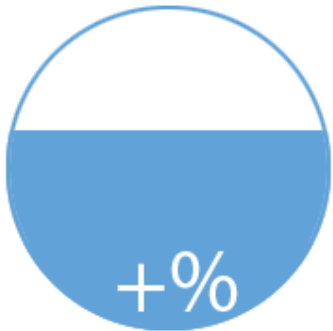
**1 Improvement
Activity**

OR



**4 or 5* Required
Advancing Care
Information
Measures**

MIPS: Partial Participation for 2017



**Submit a
Partial Year**

- Submit 90 days of 2017 data to Medicare
- May earn a positive payment adjustment

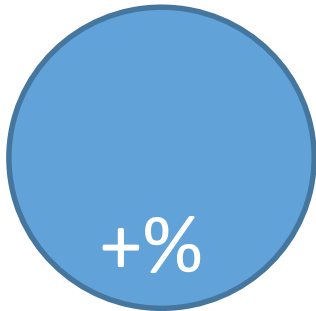
“So what?” — If you are not ready on January 1, you can start anytime between January 1 and October 2



Need to send
performance data
by **March 31, 2018**



MIPS: Full Participation for 2017



Submit a Full Year

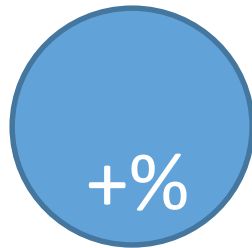
- Submit a full year of 2017 data to Medicare
- May earn a positive payment adjustment
- Best way to earn largest payment adjustment is to submit data on all MIPS performance categories

Key takeaway:

Positive adjustments are based on the performance data on the performance information submitted, not the **amount** of information or **length of time submitted**.

Bonus Payments and Reporting Periods

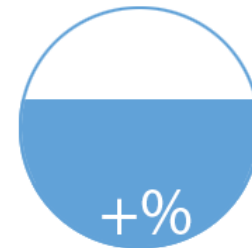
MIPS payment adjustment is based on data submitted.
Clinicians should pick what is best for their practice.



Submit a Full Year

Full-year participation

- Is the best way to get the maximum adjustment
- Gives the most measures to choose from
- Best preparation for the future of the program



Submit a Partial Year


Partial participation (Report for 90 days.)

- You can still earn the maximum adjustment


Call to Action: Request No-Cost Assistance



www.hsag.com/QPP



Call Us
844.472.4227



Email Us
HSAGQPPSupport@hsag.com

Request the appropriate technical assistance now!

- *QPP support for practices with **15 or less clinicians** under TIN, visit <https://goo.gl/MTGhua>*
- *QPP support for practices with **16 or more clinicians** under TIN, visit <https://www.hsag.com/QPPEnroll>*

Next Learning Forum Friday Event: June 9, 2017

“Choosing the Best Data Submission Method”

For event topics and registration information please visit:
www.hsag.com/LFF



*Topics and dates are subject to change, so please check the
webpage for up-to-date information.*

Resources

- CMS Quality Payment Program Website–
Subscribe to the QPP ListServ <https://qpp.cms.gov>
- Medicare Learning Network Learning Management System (LMS)
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html?redirect=/mlngeninfo/>



HSAG QPP Technical Assistance Line

Toll free: 1.844.472.4227

Monday–Friday 8–8 p.m. ET

HSAG QPP Email Support: HSAGQPPSupport@hsag.com



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