

# Avoid MIPS penalties in 2019: What physicians need to know

JUN 20, 2017

## Andis Robeznieks

Senior News Writer

---

There are a variety of options available to physicians seeking to avoid future Medicare payment penalties, and a new effort is highlighting one in which physicians need only report one quality measure on one patient in 2017 to comply.

The educational campaign, "One patient, one measure, no penalty," kicks off this month and is aimed at helping physicians avoid a negative 4 percent Medicare Part B payment adjustment in 2019 by fulfilling 2017 quality-reporting requirements for the Medicare Access and CHIP Reauthorization Act's (MACRA) Merit-based Incentive Payment System (MIPS).

**Editor's note:** The Centers for Medicare and Medicaid Services (CMS) has proposed a rule that would affect the 2018 reporting year and beyond. The proposal offers a number of ways to help physicians avoid penalties. CMS has posted a fact sheet about its proposal. More details are available at this *AMA Wire*® article, "CMS proposes more flexibility, transition time for QPP's 2nd year."

It's been suggested that practices that have experience successfully participating in the federal Physician Quality Reporting System (PQRS) and Meaningful Use program for electronic health records (EHRs) will be familiar with the new data-collection and quality-reporting requirements, especially since the new system requirements are less onerous.

But for physicians who have not previously participated in quality reporting programs, a new video and step-by-step guide developed by the AMA will provide guidance to walk physicians through the steps they need to take, by Oct. 2, to meet the one-patient, one-measure requirement for 2017.

## Avoiding a penalty

This requirement is one of four “pick your pace” Quality Payment Program (QPP) options offered by CMS, and it reflects the AMA advocacy effort promoting a transition period for implementing the QPP.

While other pick-your-pace options include reporting through a clinical registry or with a group practice, the AMA guidance focuses on how a physician filing as an individual can avoid the penalty and fulfill the requirement by including a quality data code on one claim form for a Part B patient. The intent is to show how this can be done without using a third party such as a specialty registry or an EHR vendor.

The AMA also is sending materials to its state, regional and medical specialty society partners to raise awareness of this particular pick-your-pace option to help prepare them to meet the requirement and avoid the penalty.

This one-patient, one-measure option was designed as a test for physicians to try out the QPP and ensure that their systems are working and prepared for broader participation in 2018 and 2019, former acting CMS Administrator Andy Slavitt wrote in a blog post last September.

## Many exempt

Several classes of physicians, accounting for about two-thirds of the clinician population, are exempt from MIPS and QPP reporting. These include:

Physicians who practice exclusively in Rural Health Clinics or Federally Qualified Health Centers.

Physicians enrolling in Medicare for the first time during a MIPS reporting period.

Those who bill only \$30,000 or less in Part B charges or who have only 100 or fewer Part B-enrolled Medicare beneficiary patients.

Those participating in an advanced alternative payment model (APM).

Non-patient-facing specialists who bill for only 100 or fewer patient-facing encounters during a reporting period.

Physicians can check their MIPS status by entering their National Provider Identifier into the CMS QPP portal.

It's unknown what kind of transitional allowances might be developed for 2018, so physicians are encouraged to practice filing quality measures in preparation for when full reporting is required.

Learn more about MACRA, its reporting requirements and pick-your-pace options at the AMA's Understanding Medicare Payment Reform webpage.

The CMS QPP website contains more information and resources for doctors. The AMA also has a Payment Model Evaluator to help physicians decide whether they should participate in the MIPS or Advanced APM track. In addition, the AMA offers resources to help physicians navigate MIPS, guidance to help physicians better understand what is required under MACRA and information to help doctors understand and participate in the Advanced APM track.

AMA Washington Counsel Ashley McGlone and Laura Hoffman, AMA assistant director of federal affairs, answered the top questions physicians have about MACRA during a recent ReachMD podcast . It is part of a podcast series, "Inside Medicare's New Payment System."

## More on this

- | Missing from MACRA: 2 Meaningful Use millstones
- | Test the waters during QPP transition year
- | Podcast series explores new Medicare quality program, pay models