

Clarity on 2017 MIPS: 4 things physicians must do to participate

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At this point, there are two big items that should be on physicians' to-do list regarding their 2017 obligations for the new Medicare Merit-based Incentive Payment System (MIPS): Verify that they are on the right path for their goals for the program; and, if not, take advantage of the "one patient, one measure" reporting option to avoid a 4 percent payment penalty in 2019.

That was part of the broader message delivered in "Thriving Under MIPS—Where to start?" a webinar that is part of the AMA Share, Listen, Speak, Learn (SL2) series and the Transforming Clinical Practice Initiative.

MIPS is a complex government program, but it can be broken down into manageable steps. The webinar highlighted four vital steps physicians must take to determine where they are and what they must do:

1. Determine MIPS eligibility (many physicians are exempt).
2. Pick a "pace," either: minimum, partial or full reporting.
3. Pick a category for quality measurement.
4. Decide whether to report as an individual or a group.

The webinar explains that many physicians are exempt from 2017 MIPS program. Those exempted include physicians who:

- Billed Medicare for the first time in their careers in 2017.
- See fewer than 100 Medicare beneficiaries annually.
- Bill Medicare \$30,000 or less annually.
- See a significant percentage of patients through an advanced alternative payment model (APM).

Exempt physicians will receive annual fee schedule payment adjustments, but no bonuses or

penalties. Physicians who are unsure of their status can use the MIPS eligibility look-up tool provided on the Centers for Medicare & Medicaid Services (CMS) website.

Key considerations to avoid penalty

In deciding which pick-your-pace participation track to choose, physicians should consider whether their focus will be earning a bonus or avoiding a penalty. They also need to determine which measures are the most feasible to report, and evaluate their capacity for submitting 90 or more days of data.

For physicians who have not collected quality-measure data, are confused by the whole MIPS process, or who are just preparing for more active participation in 2018, the minimum reporting option may be the best course of action to take. The AMA “One Patient, One Measure, No Penalty” tutorial offers a step-by-step guide to complete the minimum-reporting process and help physicians avoid a 4 percent Medicare payment penalty for 2019.

Physicians who choose the minimum or partial participation pace will also need to determine which measure category to report on. They can choose from nearly 300 quality measures, attest to performance on electronic health record/advancing care information (ACI) measures, or attest to performing CMS-designated improvement activities (IAs).

There may be a strategic benefit to reporting more categories or on more patients than required, according to information presented in the webinar. Since quality measures are scored on percentages, it was noted that reporting on more patients was a good way to address outliers.

Some measures will count in both the ACI and IA categories; hospital-based physicians and non-patient-facing physicians will not be evaluated in the ACI category.

Physicians have the option of reporting via their National Provider Identifier (NPI) or as a group via their organization’s Taxpayer Identifier Number (TIN). But if physicians practice under multiple NPIs or groups operate under multiple TINs, then they must participate in MIPS under each one to avoid a penalty.

Many MIPS resources available

For employed physicians or members of large medical groups, some of these decisions will be made by others. But even if this is the case, physicians should engage in the conversations in which these

decisions will be made.

More information specifically geared toward these physicians can be found in the AMA's "Deep Dive FAQs for 2017 Performance Year" document for hospital-employed physicians. A similar document outlining 2017 MIPS data-mapping recommendations has also been developed.

Other AMA resources on the Medicare Quality Payment Program (QPP) include a MIPS Action Plan frequently-asked-questions document and the Payment Model Evaluator, which offers physicians guidance on what QPP care models, reporting measures and methods may be best suited to their practices.

More on this

- | Last call for MIPS reporting: 6 steps to be prepared
- | Customizable MIPS tools helps physicians build QPP strategy
- | Avoid MIPS penalties in 2019: What physicians need to know