Thriving Under MIPS - Where to start?
Breaking down the complexity of MIPS

AMA's SL2 (Share, Listen, Speak, Learn) Series
October 2017

Your MISSION is Our MISSION
Share, Listen, Speak, Learn (SL2) Series

- Share existing resources
- Participate in the live event
- Join the conversation in the digital community
- Learn from resources in the Education Center
Share, Listen, Speak, Learn about MIPS

Share

- AMA Corporate website: MIPS Action Plan
- AMA Wire story: Customizable MIPS tools help physicians build QPP Strategy
- AMA Wire story: 2018 Quality Payment Program: 3 things to like, 3 that need fixes

Listen

- Link to the recorded webinar will be provided with the survey
FYI...

Post-webinar evaluation:

• Complete the survey now

Next scheduled webinars:

• Diabetes care begins with diabetes prevention
  Wednesday, November 15th, 12 noon CST
  Registration link: https://cc.readytalk.com/r/bgn3q1s2xzdx&eom

• Quality Improvement - Root cause analysis: Digging deep to improve
  Wednesday, November 29th, 12 noon CST
  Registration link: https://cc.readytalk.com/r/aobwvje4lb2v&eom
AMA’s Strategic Arcs

1. Vital practice resources
   Our commitment to supporting physicians in their life’s work.

2. Lifelong professional development
   Our commitment to physician growth.

3. Improving the health of the nation
   Our commitment to patients.
Today’s Objectives
By the End of Today’s Webinar, You should be able to…

1) Increase your understanding of how MIPS is structured
2) Determine how MIPS track applies to you / your practice
3) Verify which MIPS pathway is best suited for you / your practice
Merit-Based Payment System (MIPS) 
Background & Overview
MIPS aims:
- Align 3 current independent programs
- Add 4th component to promote improvement and innovation
- Provide more flexibility and choice of measures
- Retain a fee-for-service payment option

Clinicians exempt from MIPS:
- First year of Part B participation
- Medicare allowed charges ≤ $30K or ≤ 100 patients
- Advanced APM participants
MIPS component weights (when fully transitioned)

Component Weights

- Quality: 30%
- Advancing Care Information (ACI): 30%
- Improvement Activities (IA): 15%
- Cost: 25%

Component Scoring

- **Quality:**
  - 60 points for groups ≤15
  - 70 points for larger groups

- **Advancing Care Information (ACI):**
  - 50 points base score
  - 90 points performance score

- **Improvement Activities (IA):**
  - 40 points (2-4 activities; 1-2 activities for practices ≤ 15 clinicians, rural practices, and non-patient facing physicians)

- **Cost:**
  - 10 points per measure
  - Score is average of attributable measures

For 2017:
- Quality = 60%
- ACI = 25%
- IA = 15%
- Cost = 0%
What does this mean for Me / My Practice?
Essential Questions to Consider

1) Does MIPS apply to me / my practice?
2) What pace is best for me / my practice?
3) **What measure category or categories should I / my practice report on?**
4) Should I report as an individual or a group?

**Only applicable to those that select minimal / partial pace as the answer to Q #2**
Where to start? How to verify your progress?
Breaks Down Requirements into Manageable Steps

**STEP #1** – Eligibility

- Y / N

**STEP #2** – Pace

- Minimum
- Partial
- Full

**STEP #3** – Measure(s)

- Q, ACI, or IA
- Q, ACI, or IA
- Q, ACI, and IA

**STEP #4** – Reporting Type

- Group
- Individual
- Group
- Individual
- Group
- Individual

**STEP #10** – Report to CMS

- Submit Data
- Submit data
- Submit Data
- Submit Data
- Submit Data
- Submit Data

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MIPS Action Plan Overview

Status: On Track

- You have no overdue steps. Jump to the next step due
- You have selected the partial participation pace. Click here for more details.

5 of 11 steps Completed

- Minimum
- Partial
- Full

COMPLETED
- Review Performance Categories

COMPLETED
- Review Data
Deep dive into Vital Steps
Vital Step #1 – Determine Eligibility

• Physicians exempt from the 2017 performance year if:
  − New to the Medicare Program
  − See 100 or fewer unique Medicare patients annually
  − Bill $30,000 or less in allowable charges to Medicare annually
  − See a significant % of patients through an Advanced APM

• Eligibility calculated by CMS
  − Based on 12-month historical data (September – August)
  − Includes Part B drug costs, but not Part D

• Exempted physicians receive annual fee schedule updates, but no bonuses or penalties
Key Considerations (Eligibility)

• Determine how long you’ve been enrolled in Medicare and your Medicare volume

• Identify all MIPS-eligible clinicians in your practice

• Check MIPS eligibility look-up tool and CMS correspondence on MIPS eligibility

• If you practice in an AAPM and think you might be MIPS-exempt, check the Qualifying APM Participant look-up tool or inquire with your AAPM administrator to determine whether you may be MIPS-exempt, or if special reporting rules apply.
Vital Step #2 – Pick Your Pace

• Choice of three participation tracks

  - **Minimum**: 1 Quality Measure, 1 Improvement Activity (high or medium weight), OR 4/5 base score ACI measures (depending on your CEHRT)

  - **Partial**: More than 1 Quality Measure, 1 Improvement Activity (high or medium weight), OR base score ACI measures (plus at least one additional ACI measure) for at least 90 days of data

  - **Full**: 6 quality measures (incl. 1 outcome measure), combination of high- and medium-weigh Improvement Activities, AND base score ACI measures (plus any additional performance bonus measures)

**REMINDER**: You can avoid a 4% penalty on your 2019 Medicare reimbursement by reporting one Quality measure in 2017.
Key Considerations (Pick Your Pace)

• Consider which measures are feasible for your practice to report and whether they are applicable through your chosen reporting tool(s)

• Decide whether you will focus on avoiding a penalty or attempting to earn any bonus payment in 2019

• Get to know the three different performance categories and determine which of these you are comfortable reporting during the 2017 transition period

• Evaluate your capacity to submit Medicare data for 90 days or more [i.e., must have started collecting data by Oct. 2nd at the latest]

• Determine whether you will participate as an individual or under the group practice reporting option (GPRO)
Vital Step #3 – Pick Your Category [Minimum or Partial Pace Only]

• Choice of three measure categories
  
  − **Quality**: Report quality data on clinician-selected measures. This category is a replacement for CMS’ Physician Quality Reporting System (PQRS) and includes nearly 300 possible Quality measures. Additional measures may be available through your specialty society’s Quality Clinical Data Registry

  − **ACI**: Attest to performance on certain Electronic Health Record (EHR) measures. This is the replacement for CMS’s EHR Incentive Program (Meaningful Use) and requires use of Certified Electronic Health Technology (CEHRT)

  − **IA**: Attest to performance on certain CMS-designated improvement activities

• In 2017, CMS will not count a cost category toward your MIPS score, but may in the future
Key Considerations (Pick Your Category)

• **Quality**
  - You may be able to change the Quality measures you choose to report over the course of the year
  - To ensure you achieve the case minimum, pick Quality measures that reflect patient populations and clinical services that you or your practice commonly provide
  - Most Quality measures are based on percentages, so you may be able address outliers in your data by reporting on more patients

• **IA**
  - Practices that plan to report on IAs should have reviewed the [CMS list of IAs](#) early in the year to plan their data collection
Key Considerations (Pick Your Measure)  [Con’t]

• **ACI**
  - For 2017 your EHR may be certified to the 2014 or 2015 CEHRT edition. Slightly different measures apply depending on the edition you use
  - Many of the EHR measures are similar to ones you may have reported under the Meaningful Use program
  - If you choose to complete the Security Risk Analysis this year, other deadlines will apply
  - Hospital-based clinicians, non-physician practitioners, and non-patient-facing physicians will not be evaluated under the ACI category
  - Some measures count towards both the ACI and IA categories
Vital Step #4 – Reporting Categories

• Two types of reporting categories
  - **Individual**: Data reported at the National Provider Identifier (NPI) level
  - **Group**: Data reported at the Taxpayer Identification Number (TIN) level under the group practice reporting option (GPRO)

• Physicians or practices that operate under multiple TINs must successfully participate in MIPS for each NPI/TIN combination to avoid a penalty

• In order to submit data as a group, your EHR or registry must be able to support your data under the group option

• Groups of at least 25 eligible clinicians have option to report through CMS Web Interface (must have registered with CMS by June 30th)
Key Considerations (Reporting Categories)

• Consider your practice’s areas of specialization and the different measures that practitioners in your group may choose to report

• Understand how group reporting may affect your entire practice’s MIPS score, including future bonuses or penalties

• Understand your group’s existing relationships with third party vendors such as qualified registries, qualified clinical data registries, or electronic health record providers that are able to assist with MIPS reporting
Questions?
Other AMA MACRA / QPP Resources

• FAQs
  – **MIPS Action Plan FAQs**: Addresses more detailed questions that may arise using the Action Plan
  – **Data Mapping**: Provides guidance & recommendations for QPP data strategies
  – **Hospital-Employed Physicians**: Provides strategic QPP guidance to hospital-employed physicians

• **Overview of Basic MIPS Reporting**: Learn how to avoid a penalty adjustment via CMS’ claim form

• **Payment Model Evaluator**: Gauge QPP’s potential financial impact on you / your practice
Contact Information

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Next Steps
Share, Listen, **Speak, Learn** about MIPS

**Speak**

- Check out our Running Your Practice digital community to interact with other physicians and practice professionals.


**Learn in the AMA Education Center and other resources**

- [The JAMA ®Network: United States Health Care Reform: Progress to Date and Next Steps](https://www.jamanetwork.com/netarticle/2274660)
Transforming Clinical Practice Initiative

• The Transforming Clinical Practice Initiative is designed to help clinicians achieve large-scale health transformation.

• The initiative is designed to support 140,000 clinicians over four years in sharing, adapting and further developing their comprehensive quality improvement strategies.

• https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/

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Implementation support or Share Your Story

• The AMA is committed to helping you implement the solutions presented in this module.
  • If you would like to learn about available resources for implementing the strategies presented in this module, please contact us.

• Please share your story of implementing today’s content by sending us an email.
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