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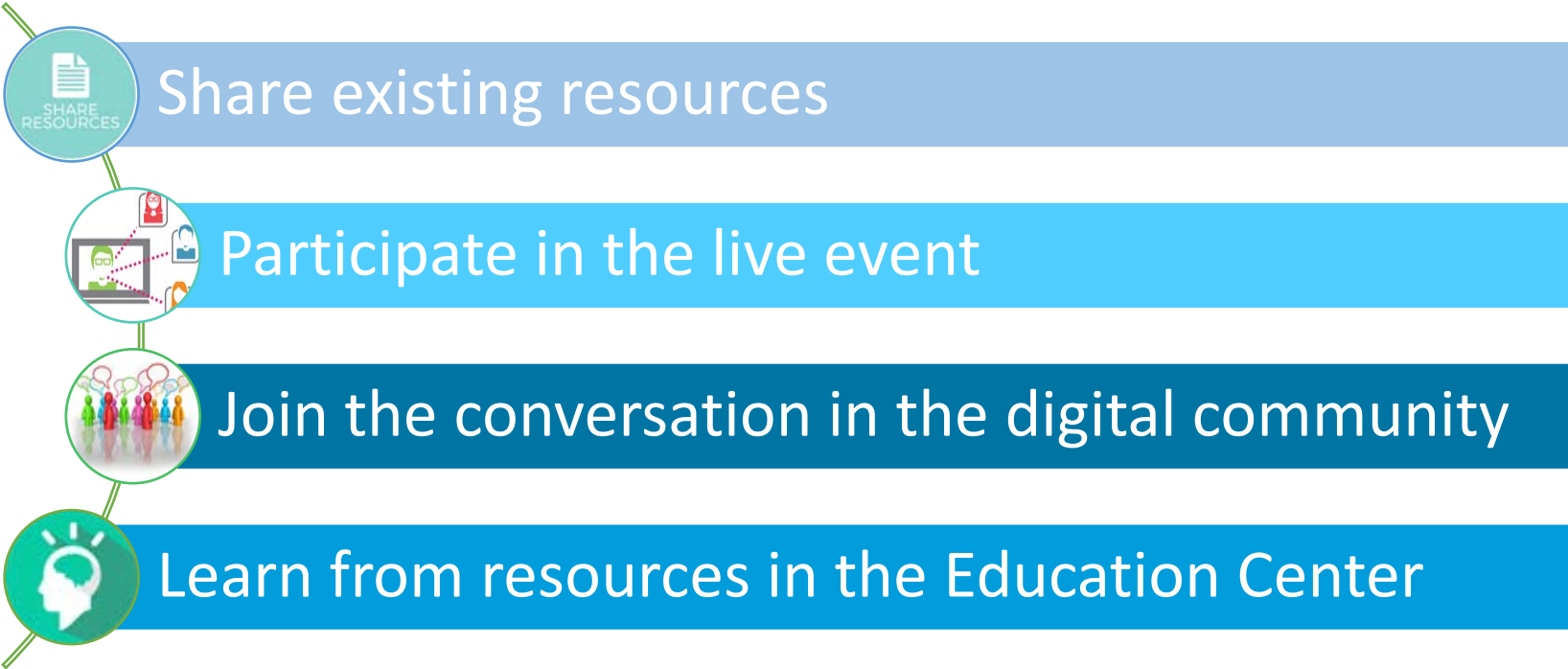
# Thriving Under MIPS - Where to start? Breaking down the complexity of MIPS

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

*Your* MISSION is *Our* MISSION

# Share, Listen, Speak, Learn (SL2) Series



# *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 15<sup>th</sup>, 12 noon CST  
Registration link: <https://cc.readytalk.com/r/bgn3q1s2xzdxd&eom>
- Quality Improvement - Root cause analysis: Digging deep to improve  
Wednesday, November 29<sup>th</sup>, 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.

A photograph of a female doctor with dark hair, wearing a white lab coat and a stethoscope, smiling at an elderly male patient. The patient is seen from the side, wearing a plaid shirt. They are sitting at a desk in a clinical setting. The entire image is covered with a semi-transparent purple overlay. The text "Today's Objectives" is centered in white serif font.

# Today's Objectives

# By the End of Today's Webinar, You should be able to...

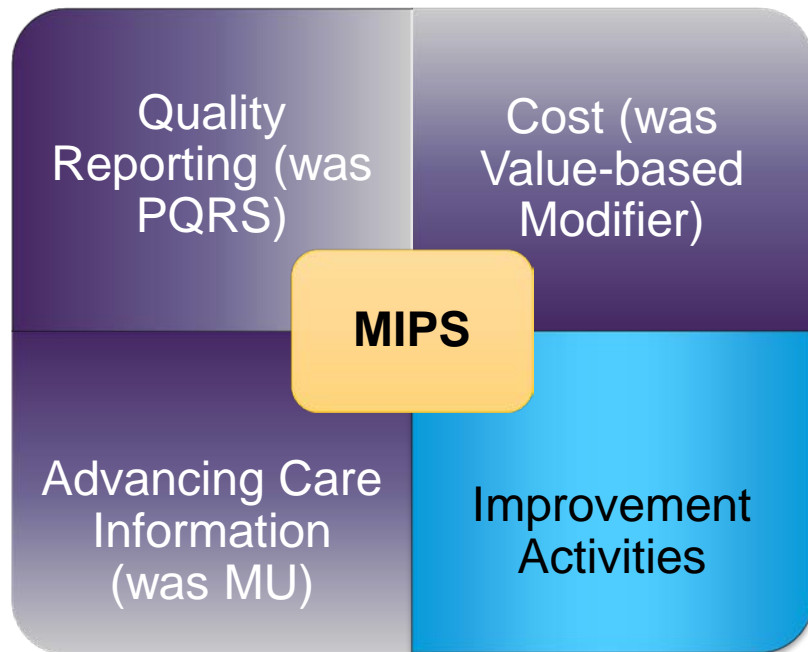
- 1) Increase your understanding of how MIPS is structured
- 2) Determine how MIPS track applies to you / your practice
- 3) Verify which MIPS pathway is best suited for you / your practice

A hand is pointing at a laptop keyboard. The entire image is covered with a semi-transparent purple overlay. The text is centered in the middle of the image.

# Merit-Based Payment System (MIPS) Background & Overview



# MIPS Components



## MIPS aims:

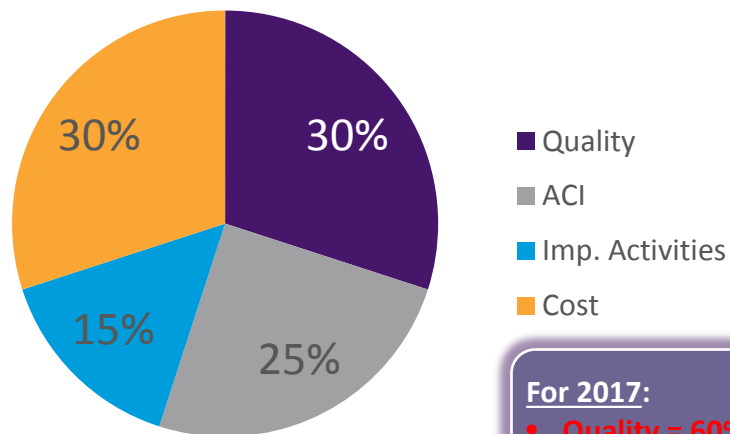
- Align 3 current independent programs
- Add 4<sup>th</sup> component to promote improvement and innovation
- Provide more flexibility and choice of measures
- Retain a fee-for-service payment option

## Clinicians exempt from MIPS:

- First year of Part B participation
- Medicare allowed charges  $\leq$  \$30K or  $\leq$  100 patients
- Advanced APM participants

# MIPS component weights (*when fully transitioned*)

## Component Weights



### For 2017:

- **Quality = 60%**
- **ACI = 25%**
- **IA = 15%**
- **Cost = 0%**

## Component Scoring

- **Quality:**
  - 60 points groups  $\leq 15$
  - 70 points for larger groups
- **Advancing Care Information:**
  - 50 points base score
  - 90 points performance score
- **Improvement Activities:**
  - 40 points (2-4 activities; 1-2 activities for practices  $\leq 15$  clinicians, rural practices, and non-patient facing physicians)
- **Cost:**
  - 10 points per measure
  - Score is average of attributable measures

A female doctor with dark hair, wearing a white lab coat over dark scrubs, is walking towards the camera in a brightly lit hospital hallway. She has a stethoscope around her neck and is smiling. The hallway has white walls, a polished floor, and several doors on the left. A medical cart is visible in the background on the right.

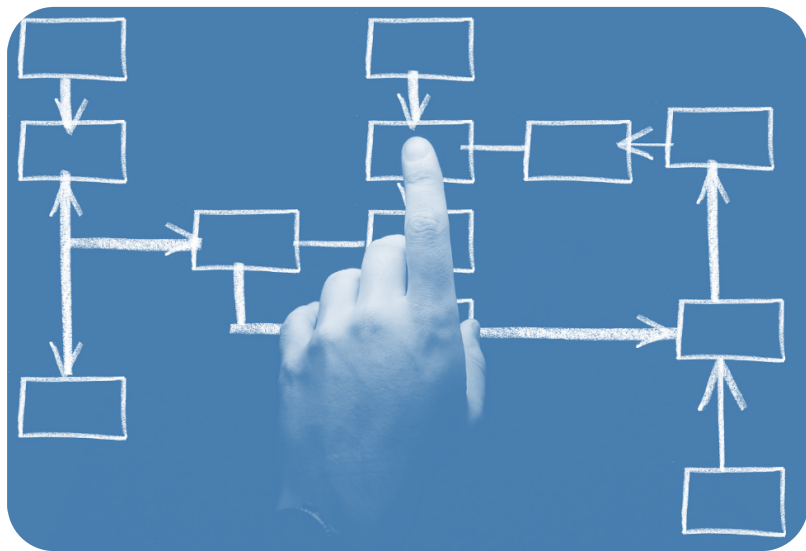
What does this mean for Me / My Practice?

# 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?



## AMA's MIPS Action Plan

# 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



## MIPS Action Plan

### Action Plan Overview



Status: On Track

5 of 11 steps Completed

✓ You have no overdue steps. [Jump to the next step due](#)

You have selected the **partial** participation pace. [Click here](#) for more details.

Minimum

**Partial**

Full



COMPLETED

Review Performance Categories ▼ Expand



COMPLETED

Review Data ▼ Expand



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-weight 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. 2<sup>nd</sup> 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 30<sup>th</sup>)



## 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

A stethoscope is positioned diagonally across the frame, resting on a grid background with a white ECG line. The stethoscope's chest piece is on the right, and its binaural is on the left. The entire image is covered with a semi-transparent purple overlay. The word "Questions?" is written in white, serif font, centered over the stethoscope's tubing.

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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A woman with dark hair, wearing a white lab coat over dark scrubs, is walking towards the camera in a long, brightly lit hospital hallway. She has a stethoscope around her neck and is smiling. The hallway has a polished floor that reflects the overhead lights. On the left, there are several dark-colored doors. On the right, there is a medical cart with various equipment. The overall image has a purple tint.

# 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.
- <https://run-your-practice.communities.ama-assn.org/>



## Learn in the AMA Education Center and other resources

- [The JAMA ®Network: United States Health Care Reform: Progress to Date and Next Steps](#)

# 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](#).





*Your* **MISSION** is *Our* **MISSION**

