



# An Overview of MIPS - Quality Payment Program for 2017 Transition Year

#1 in an Educational Webinar Series for IHS

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# Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

**Important Note:** This presentation was developed in collaboration with Centers for Medicare & Medicaid Services (CMS).

Slides are courtesy of CMS from various CMS webinars and presentations about the Quality Payment Program.



# Objectives



1. Identify the background and purpose of the Quality Payment Program (QPP): Medicare Access and CHIP Reauthorization Act (MACRA) of 2015
2. Discuss who is Eligible for the Quality Payment Program
3. Provide Overview of Reporting Categories and Reporting Options for MIPS
4. Recognize Roles for Implementing the Quality Payment Program
5. Introduce Educational Webinar Series



# MACRA For 2017



MACRA = Medicare Access and CHIP Reauthorization Act of 2015

QPP = Quality Payment Program

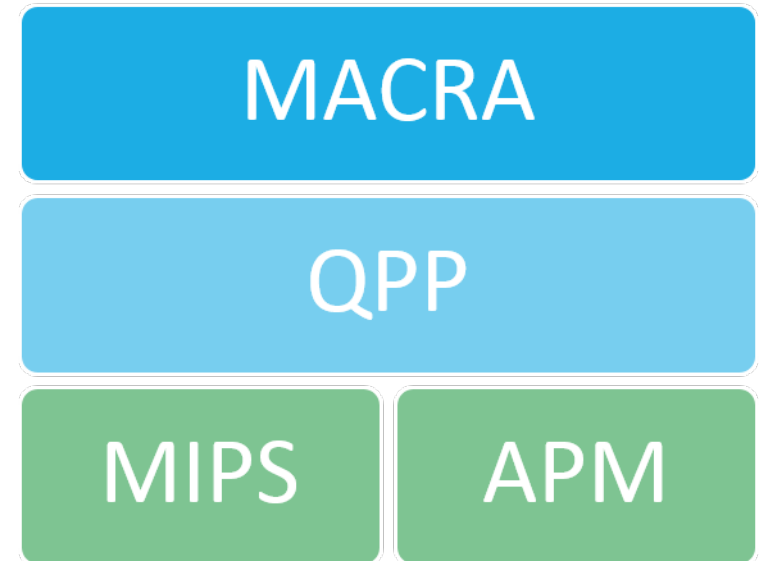
MIPS = Merit-Based Incentive Payment System

APM = Advanced Alternative Payment Model

- Advanced APM (like CPC+)

Transition Year = 2017 Only

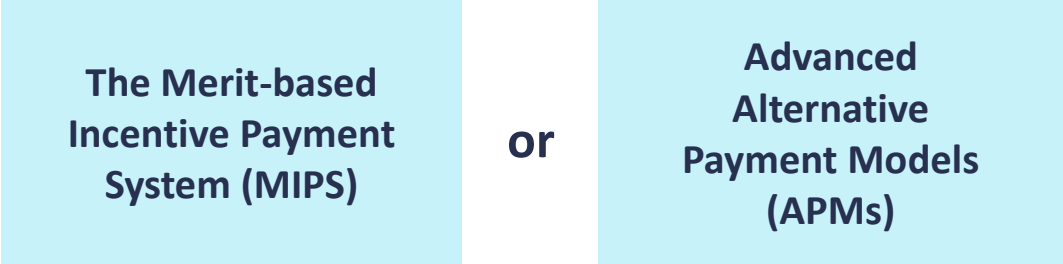
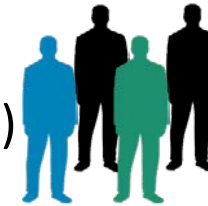
***Most of IHS will report through MIPS Option.***





# Quality Payment Program (QPP)

- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ **Streamlines** multiple quality reporting programs into the new **Merit-based Incentive Payment System (MIPS)**
- ✓ **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**



- ✓ First step to a fresh start
- ✓ CMS is listening and help is available
- ✓ A better, smarter Medicare for healthier people
- ✓ Pay for what works to create a Medicare that is enduring
- ✓ Health information needs to be open, flexible, and user-centric



# Quality Payment Program: Two Paths

Health care providers to take part in CMS' quality programs in one of two ways:

- 1. Merit-Based Incentive Payment System (MIPS)
- 2. Advanced Alternative Payment Models (APMs)

Advanced Alternative Payment Models (APMs)  
If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

or

The Merit-based Incentive Payment System (MIPS)  
If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.





# Who Participates?



# Clinician Impact



**Which clinicians does  
The Quality Payment Program  
affect?  
(Will it affect me?)**

**Short answer:**  
Quality Payment Program  
affects clinicians who participate  
in **Medicare Part B.**





# Who Will Participate in MIPS?

Medicare Part B clinicians billing **more than \$30,000** a year **AND** providing care for **more than 100 Medicare patients** a year.

Affected clinicians are called **“MIPS eligible clinicians”** and will participate in MIPS.

**Years 1 and 2**

**Years 3+**



**Doctors of Medicine, Doctors of Osteopathy, Chiropractors, Dentists, Optometrists, Podiatrists, Nurse Practitioners, Physician Assistants, Certified Registered Nurse Anesthetists, And Clinical Nurse Specialists**

Secretary may broaden Eligible Clinicians group to include others such as



**Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals**

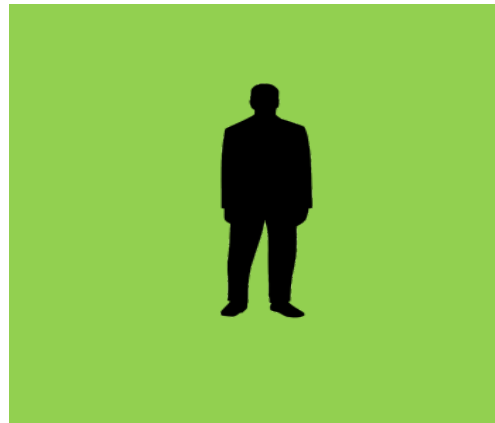


# Who will NOT Participate in MIPS?

There are **3 groups** of clinicians who will NOT be subject to MIPS:



**FIRST** year of Medicare Part B participation



Below **low patient volume** threshold



**Certain** participants in **ADVANCED** Alternative Payment Models

*Medicare billing charges less than or equal to \$30,000 **OR** provides care for 100 or fewer Medicare patients in one year*

Note: MIPS **does not** apply to hospitals or facilities (Part A)



# Small, Rural and Health Professional Shortage Areas (HPSAs) Exceptions



- Established low-volume threshold
  - Less than or equal to \$30,000 in Medicare Part B allowed charges or less than or equal to 100 Medicare patients
- Reduced requirements for Improvement Activities performance category
  - One high-weighted activity or
  - Two medium-weighted activities
- Increased ability for clinicians practicing at Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Federally Qualified Health Centers (FQHCs) to qualify as a Qualifying APM Participant (QP).

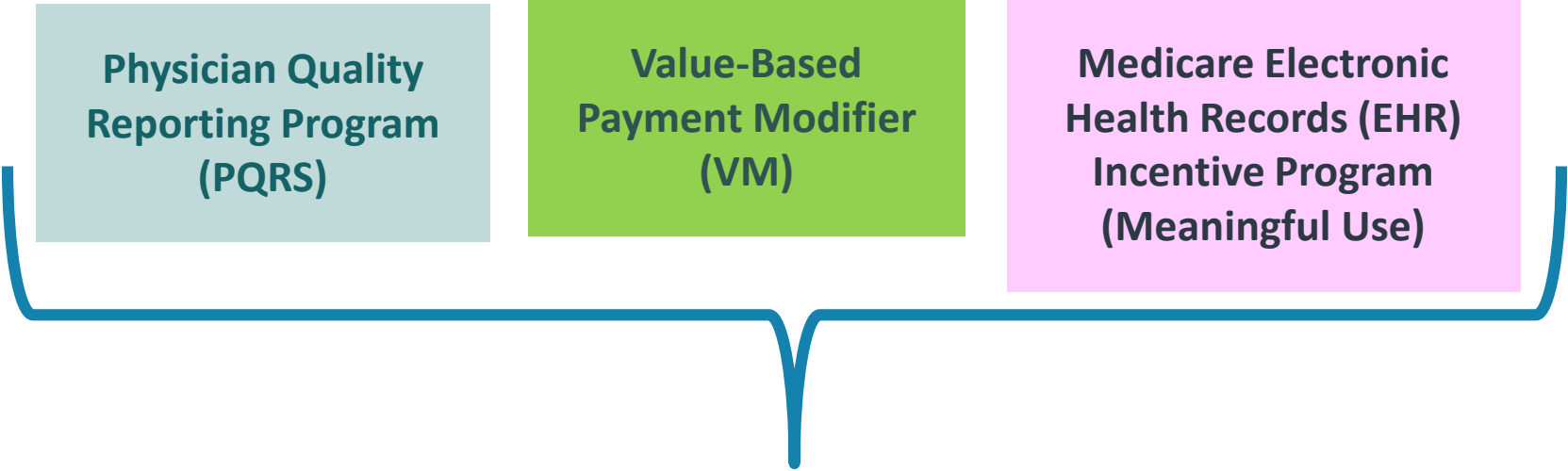


# Reporting Categories under MIPS



# Medicare Reporting Prior to MACRA

Currently there are **multiple quality and value reporting programs** for Medicare clinicians:



The **Quality Payment Program/ MACRA** streamlines those programs into **MIPS**

**MIPS**



# MIPS Performance Categories

How will physicians and practitioners be scored under MIPS?

A single MIPS composite performance score will factor in performance in 4 weighted performance categories on a 0-100 point scale:



Quality



Improvement Activities



Advancing Care Information



\*Cost



FINAL SCORE

\*Cost= 0 % weighting the first year

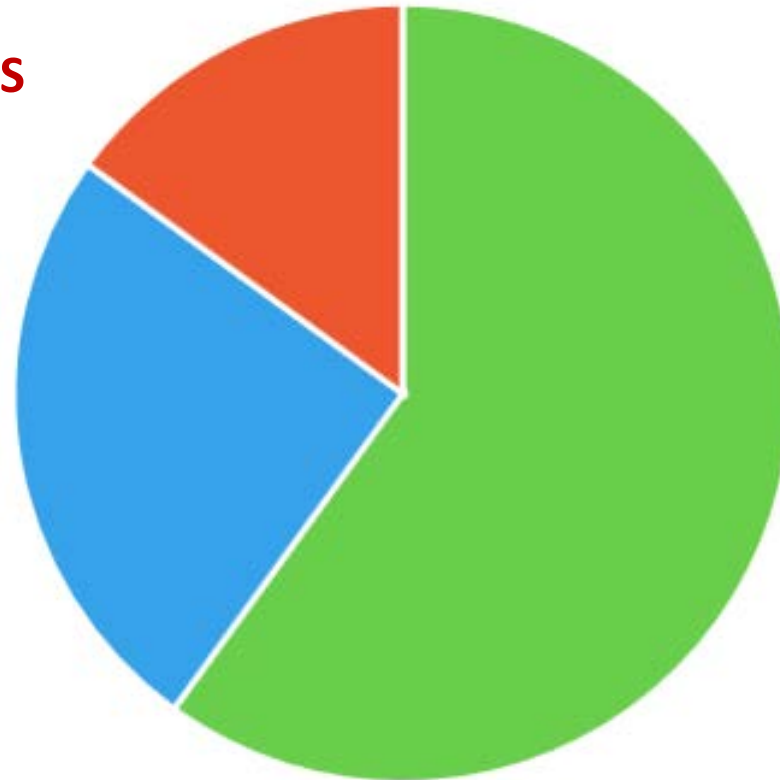


# Year 1 Performance Category Weights for MIPS



**IMPROVEMENT ACTIVITIES**  
15%

**ADVANCING CARE  
INFORMATION (ACI)**  
25%



**QUALITY**  
60%

**Cost:** Counted starting in 2018



# Quality Payment Program: Pick Your Pace



- Ready- Begin January 1, 2017
- Not Quite Ready
  - Start anytime between January 1, 2017 - October 2, 2017.
- Send in Performance Data by March 31, 2018



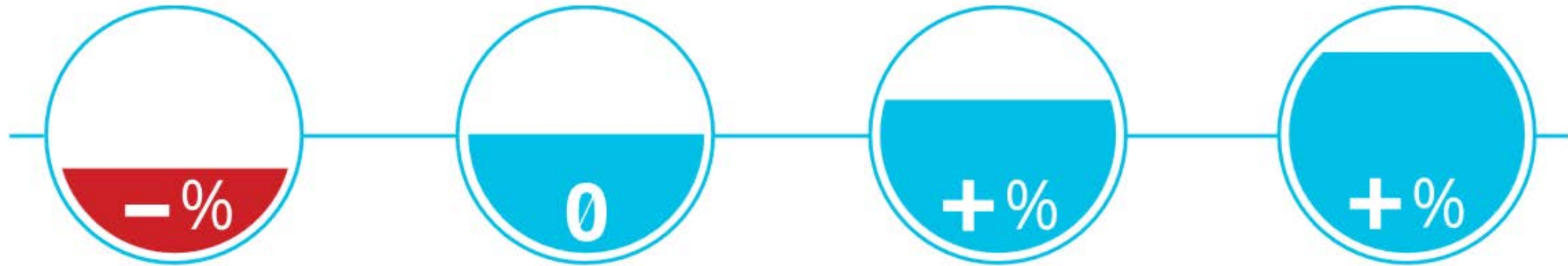




# MIPS Flexible Options for Reporting - 2017



# MIPS: Pick Your Pace



Don't Participate

Submit Something

Submit a Partial Year

Submit a Full Year

Positive adjustments are based on performance data on the performance information submitted.  
**Not the amount of information or the length of times submitted.**



# Pick Your Pace for Participation for the Transitional Year



## Participate in an Advanced Alternative Payment Model



- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

## Test Pace



Submit Something

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

## MIPS

## Partial Year



Submit a Partial Year

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

## DO SOMETHING!

## Full Year



Submit a Full Year

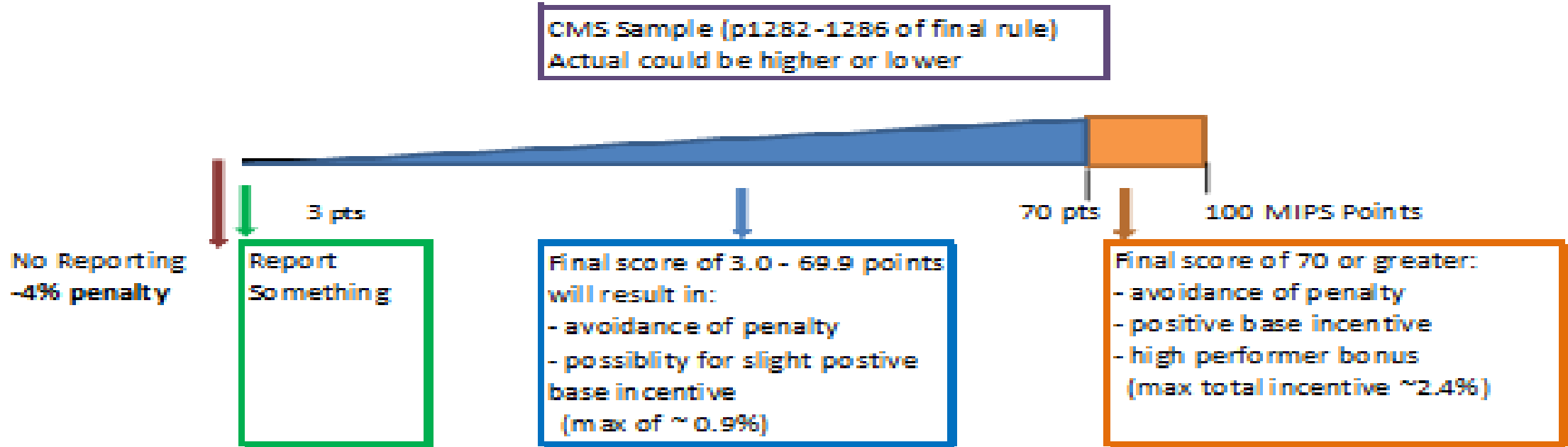
- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.



# Points & Adjustments

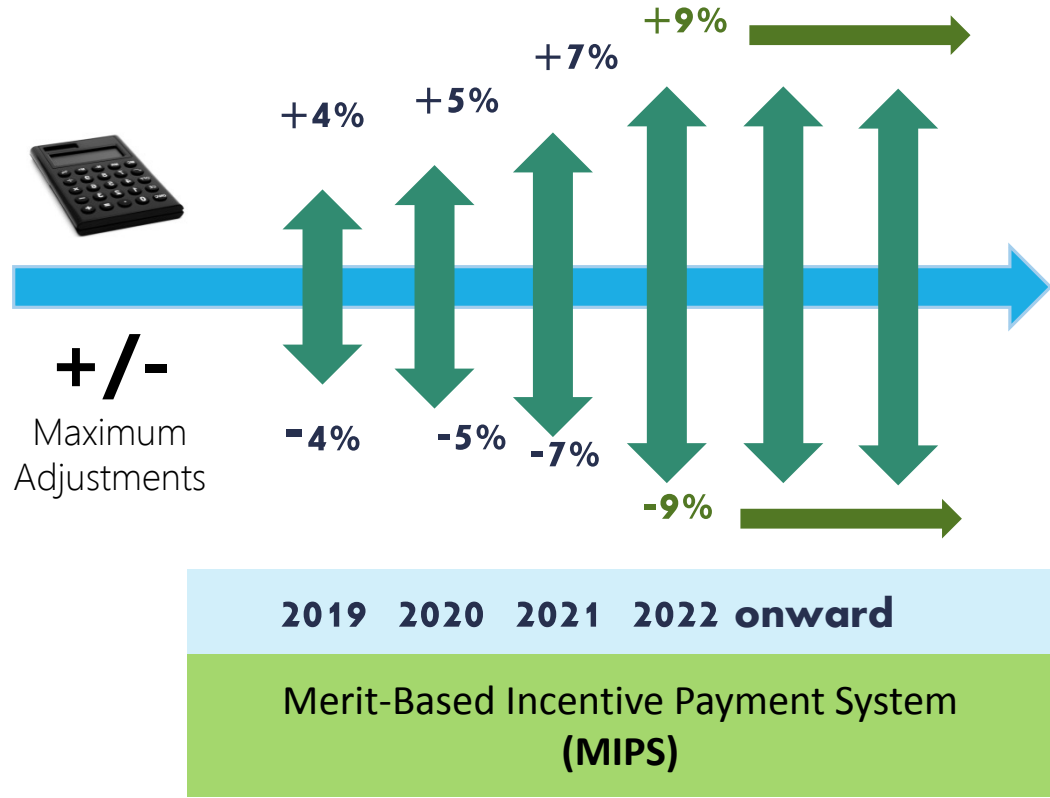
Score 0





# How much can MIPS adjust payments?

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments up to the percentages below.

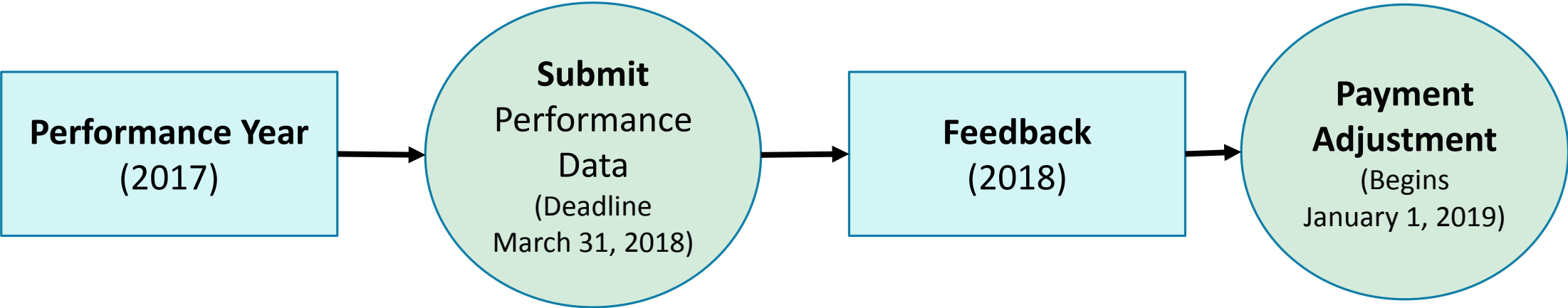


**Adjusted Medicare Part B payment to clinician**

The potential maximum adjustment % will increase each year from 2019 to 2022



# Performance Period



Source: <https://qpp.cms.gov/>



# 2017 – Getting Started



# Getting Ready to Participate in MIPS



- Assemble your team for QPP planning
- Determine your eligibility status.
- Choose if you will be reporting as an individual or group.
- Determine readiness and choose “how you want to start.”
- Choose data submission options.
- ✓ 2014 EHR certification.
- Determine what is realistic for you to report to avoid a penalty
  - What is the simplest thing to report?
  - What quality measures are you familiar with and working on?
  - Have you been attesting to Meaningful Use?
  - Do your current improvement activities align with a QPP Improvement Activity?
- Review your chosen item(s) to determine a start date
- Use CMS resources (QPP website) to explore options on measures to use.

Webinar #2

Webinar #3





# Identifying Roles and Responsibilities



## TEAM Approach

- Recommended Roles from HQ MACRA Working Group
  - MACRA Coordinator
- Active Participation from all Departments
- Reality – Resources are Limited
  - Transition, New, Additional
- Integrate into your Quality Activities



## Lesson Learned from MU:

- Spread the Knowledge and the Tasks of the Quality Payment Program
  - Achieve Program Success and tangible Quality Improvement



# MACRA Educational Webinars



- Provide guidance on the path to participating in MACRA –QPP Program
- Present in shorter sessions on specific topics on QPP
- Focus Information and Examples for IHS/Tribal/Urban environment



# MACRA Educational Series



## Initial Three Webinar Topics and Dates

Webinar	Topic	Date
1	MACRA - An Overview of MIPS for 2017 Transition Year	03/23/2017
2	MACRA - MIPS - Eligibility, Individual or Group Reporting	03/24/2017
3	MACRA - A Look at Reporting for 2017 (Categories and Options)	03/28/2017

### Other Ideas for Topics:

Review of each Option in more Detail; TEST Option – Submit Something, Partial Year Option, Full Year Reporting and Planning for 2018

MIPS Scoring Strategy

What must we do with non-MIPS providers and Hospitals?

Sessions to assist with various Option Questions and Lessons Learned





# CMS Resources

## Contact the Quality Payment Program:

Visit [qpp.cms.gov](http://qpp.cms.gov) or email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or call 1-866-288-8292 (Mon-Fri 8 AM to 8 PM ET).  
TTY users can call 1-877-715-6222.

CMS has organizations on the ground to provide help to clinicians who are eligible for the Quality Payment Program:



**Transforming Clinical Practice Initiative (TCPI):** TCPI is designed to support more than 140,000 clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies. Clinicians participating in TCPI will have the advantage of learning about MIPS and how to move toward participating in Advanced APMs. Click [here](#) to find help in your area.



**Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs):** The QIO Program’s 14 QIN-QIOs bring Medicare beneficiaries, providers and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality. More information about QIN-QIOs can be found [here](#).



**If you are in an APM:** The Innovation Center’s Learning Systems can help you find specialized information about what you need to do to be successful in the Advanced APM track. If you are in an APM that is not an Advanced APM, then the Learning Systems can help you understand the special benefits you have through your APM that will help you be successful in MIPS. More information about the Learning Systems is available through your model’s support inbox.

**List is being prepared of those Organizations available for Support in your States.**



# IHS QPP - MACRA Resources



IHS Website: <https://www.ihs.gov/qpp/>

LISTSERV Email: [MACRA@listserv.ihs.gov](mailto:MACRA@listserv.ihs.gov)

Subscribe URL: [https://www.ihs.gov/listserv/topics/signup/?list\\_id=357](https://www.ihs.gov/listserv/topics/signup/?list_id=357)



# Choosing Your 2017 Plan



## Avoid the Penalty

- Easier to meet in 2017 than in 2016
- Multiple options

## Achieve a Positive Adjustment

- Look at quality measure benchmarks to aid in measure selection
- Report for 90 days or longer

## Shoot for the High Performance Bonus!!



**DO SOMETHING!**



# Questions





# Survey



Please take the time to complete the short Survey.  
We can better align Future Webinars with your Needs!



**Thank You!**