

The Merit Based Incentive Payment System (MIPS) and What it Means to Your Practice

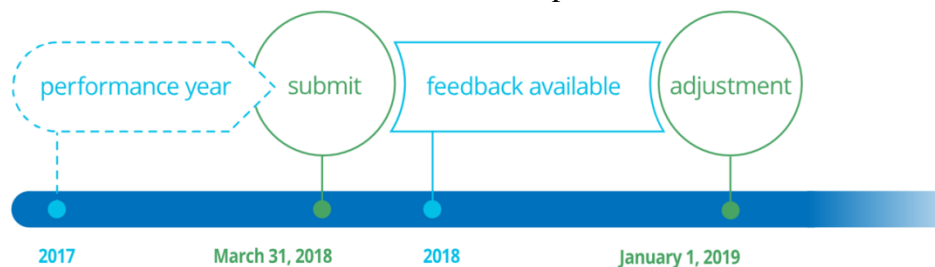
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We Have a Whole New System

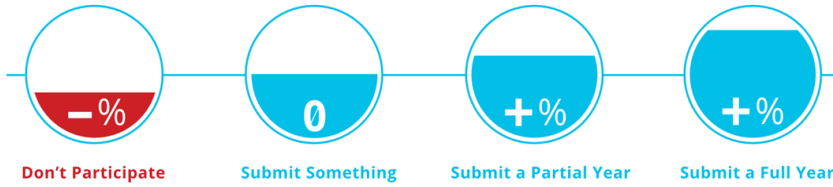
- The Physician Quality Reporting System (PQRS)
- The Electronic Health Records Attestation (EHR) program
- The Value Based Modifier (VBM)
- Have all been replaced and combined into the Merit Based Incentive Payment System (MIPS)

The Merit Based Incentive Payment System

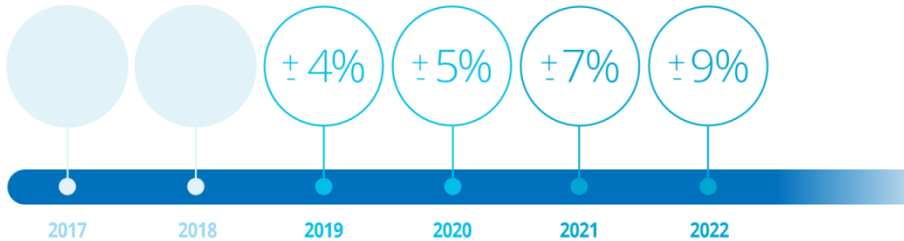
- There are four performance categories to MIPS;
 - Quality – takes the place of PQRS.
 - Improvement Activities – new measure.
 - Advancing Care Information – takes the place of EHR.
 - Cost – Replaces Value-Based Modifier.
- Each of these programs will constitute a percentage of your final MIPS score.
- MIPS is designed to streamline these legacy programs.
- Chiropractors are eligible to participate
- If you billed less than \$30,000 in allowable charges or provided care for less than 100 Medicare Part B beneficiaries, you are exempt for participation this year.
- CMS will use claims data from September 1, 2015 to August 31 2016 to determine your exclusion.
- This is determined by the TIN you are billing under.
- You are also excluded if this is your first year enrolled as a provider in Medicare.
- If you are excluded you can still voluntarily report MIPS measures and activities.
- Quoting from 42 CFR 414.1310(d): “In no case will a MIPS payment adjustment apply to the items and services furnished during a year by individual eligible clinicians, as described in paragraphs (b) and (c) of this section, who are not MIPS eligible clinicians, including eligible clinicians who voluntarily report on applicable measures and activities specified under MIPS.”
- The year starts January 1, 2017 and ends December 31, 2017.
- You have until March 31, 2018 to report measures.



- There are 4 ways to participate;
 - Submit nothing
 - Submit something or test
 - Submit a partial year (90 days)
 - Submit a full year



- If you submit nothing you will receive a 4% reduction in 2019.
- If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.
- If you are submitting minimum data you can submit it any time between January 1, 2017 and March 31, 2018 for services performed in 2017.
- If you submit 90 days of 2017 data to Medicare, you may earn a neutral or positive payment adjustment.
- If you submit a full year of 2017 data to Medicare, you may earn a positive payment adjustment.
- If you are submitting for the entire year you can start on January 1.
- If you are submitting for 90 days you can start any time between January 1 and October 2.
- Your participation (or lack thereof) will affect your payments in 2019.
- The percentage of cut or increase will be up to 4% in 2019 and increase each year through 2022.



- 2017 is the transition year.
- That is why there is a testing option of reporting just 1 measure to avoid the negative payment adjustment.
- That is also why cost is not considered this year at all.
- This will change for 2018.

Quality Performance Measure

- There are 271 quality measures available.
- Chiropractors are recommended to report 2
- Functional Outcome Assessment

- Pain Assessment and Follow-Up
- Eligible professionals are supposed to report 6 measures unless there are less than 6 available.
- This counts as 60% of your total score for 2017.
- That will change in 2018.
- At least 1 outcome measure must be completed.
- Both of these measures are outcome measures.
- Both of these measures are submitted through your claims.

Advancing Care Information Measure

- Advancing Care Information counts as 25% of your MIPS Score.
- This is put together from a base score plus a performance score plus a bonus score.
- If you have a problem accessing Certified Electronic Health Records Technology (CEHRT) you can apply for an exemption (called reweighting) from this measure.
- There are 3 reasons that your performance score could be reweighted:
 - Insufficient Internet Connectivity
 - Extreme and Uncontrollable Circumstances
 - Lack of Control over the Availability of CEHRT
- You need to apply to have your performance score reweighted.
- There are 2 measure set options for reporting:
 - Advancing Care Information Objectives and Measures
 - Technology certified to the 2015 edition; or
 - A combination of technologies from the 2014 and 2015 editions that support these measures.
 - 2017 Advancing Care Information Transition Objectives and Measures
 - Technology certified to the 2015 edition; or
 - Technology certified to the 2014 edition; or
 - A combination of technologies certified to the 2014 and 2015 editions
- There are required measures for each option, performance measures for each option, and bonus measures for each option.
- Your score is based on how many patients you perform each measure on and is shown as a percentage.
- I have included a Fact Sheet from CMS in my note packet.
- This category is reported through the attestation process.

Improvement Activities Measure

- Improvement Activities is a new category.
- Clinicians are rewarded for care focused on care coordination, beneficiary engagement, and patient safety.
- This counts for 15% of your total score.

- You have to attest that you have completed 4 out of 92 possible Improvement Activities for 90 days.
- You can find these activities at www.qpp.cms.gov/measures/ia.

Summary

- Even though we have been working toward this for over a year, this is a new program and there are still some questions.
- These questions will be answered as we go along through the year.
- Most chiropractors will be excluded from MIPS due to the low volume threshold (Medicare estimates about 90% exclusion rate for us).
