

EARLY SUMMER 2017 NEWSLETTER

Since the passage of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, the implementation of the plan continues to evolve. We provided an overview in our [Late Fall 2016 Newsletter](#). As with any new program, there are as many questions as there are answers. This newsletter focuses on choices for 2017 with an emphasis on the Merit-Based Incentive Payment System (MIPS) option in which most physicians will participate. What are the right choices for you? Read on, and stay tuned for a late summer newsletter addressing proposed 2018 changes for the Quality Payment Program (QPP) component of MACRA.



Margie Satinsky

MACRA AND MIPS – WHAT SHOULD WE DO RIGHT NOW?

With the passage of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, Congress replaced the flawed sustainable Growth Rate formula and accelerated the conversion of Medicare Part B clinician payments from fee-for-service to a value-based payment system. The law was the first step in changing reimbursement not only for Medicare patients, but also eventually for all patients.

MACRA went into effect on January 1, 2017. This first year is transitional. Payment changes based on data submitted for 2017 will begin in 2019. On June 20, 2017, CMS issued a proposed rule that would make changes in the second year of the Quality Payment Program (QPP) under MACRA. Let's focus on what's currently in place, particularly on the MIPS option that most physicians will choose.

Do I have the option of ignoring MACRA?

No, not if you accept public or private insurance and even if you apply to be excluded from participation through an exemption. Eventually the concepts embedded in MACRA will impact all physicians other than some concierge practices, direct pay practices and others that do not take insurance. Although the MACRA approach of pay-for-value starts with Medicare, in all likelihood it will eventually impact other payers.

Can clinicians decide whether or not MACRA applies to them?

No. CMS has identified clinicians who are eligible to participate in MACRA in 2017 and 2018 and those who may become eligible in 2019.

- **Eligible in 2017-2018:** physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse anesthetists.
- **Excluded in 2017-2018 and potentially eligible in 2019:** physical and occupational therapists, speech-language pathologists, audiologists, nurse midwives, clinical social workers, psychologists and dietitians/nutritional professionals. These categories may change over time.

What options do eligible clinicians have for participating in MACRA?

There are two options for participation. The Medicare payment adjustment depends on the pathway selected.

- Most clinicians who meet the eligibility criteria will initially participate in the Merit-based Incentive Payment System (MIPS). MIPS offers a small annual inflationary performance-based adjustment to the Medicare Part B fee schedule. For example, in 2019, in addition to the 0.5% increase in Medicare fees that will apply across the board, MIPS participants can gain or lose an additional 4%.
- The Alternative Payment Model (APM) approach gives added incentive payments to provide high-quality and cost efficient care. Here are the important elements of this approach.
 - APMs may apply to a specific clinical condition, care episode or population.
 - Advanced Alternative Payment Models, a subset of the broader category Alternative Payment Models, offers payment adjustments plus an incentive payment for participating in the APM. Examples of arrangements that qualify as APMs are the CMS Innovation Center models, Shared Savings Program tracks and statutorily required demonstration programs that offer clinicians both risk and reward. Primary care medical home models are often considered to be Advanced APMs. In addition, there are Medicare as well as commercial and multi-payer APMs.
 - In 2019, APM participants will receive the 0.5% increase in Medicare fees that will apply across the board and an additional 5% incentive payment. Note that participation in an Advanced APM doesn't guarantee payment of the 5% incentive. It is contingent on receipt of 25% of Medicare Part B payments or seeing 20% of Medicare patients through the Advanced APM.

Is there a way to request an exemption from MIPS?

Yes. Although MIPS applies to all eligible clinicians, there are three ways to apply for an exemption.

- Clinicians who enroll in Medicare for the first time during a MIPS performance period are exempt from reporting measures and activities for MIPS until the next performance period.
- Qualifying APM Participants (QP) are exempt from MIPS participation. Partial QPs who do not report on measures and activities that are required to be reported under MIPS for a given performance period in a year are not considered a MIPS clinician and are exempt from MIPS participation.
- A MIPS clinician or group that does not exceed the low-volume threshold (i.e. Medicare Part B billing charges less than or equal to \$30,000 or provides care for 100 or fewer Part-B enrolled Medicare beneficiaries) is exempt from MIPS participation for the performance period. CMS estimates that 32.5% of eligible clinicians will meet the low-volume threshold in 2017.

MIPS offers a "Pick Your Pace" feature in 2017, allowing eligible clinicians to start anytime between January 1 and October 2, 2017 and submit data no later than March 31, 2018. What are the timing options?

In 2017, physicians who have decided to participate in MIPS have four options:

- Submit the minimum amount of 2017 data required to Medicare in order to avoid a negative payment adjustment.

- Submit a minimum of 90 days of 2017 data to Medicare and qualify for a neutral or positive payment adjustment.
- Submit up to a full year of data to earn a positive payment adjustment.
- Submit no data for 2017 and receive a 4% negative payment adjustment.

Can physicians decide whether or not to participate in MIPS as an individual or as a group?

Yes, physicians can decide how to participate, but they must participate the same way across the four categories of measurement described in the next question.

- Those who participate as individuals would report under the NPI number and the tax identification number (TIN) of the practice to which they reassign their benefits.
- The group participation option is available to 2 or more physicians who are part of the same practice with the same TIN. Every physician in the group receives the same aggregated scoring and payment adjustment that applies to the whole group. Within a group practice, all physicians must participate the same way - i.e. as individuals or as a group. Group size also impacts reporting requirements and options. There are special provisions for groups of 25 or more physicians.

MIPS has four performance categories that have different weights in calculating a total score for Year 1: Cost/Resource Use (0%), Quality (60%), Clinical Practice Improvement Activities (15%), and Advancing Care Information (25%). Within each category, are there choices in the method of data submission?

Yes, there are options for data submission for each of the four categories. Here's an example for groups submitting under the Quality category. The choices are Administrative Claims, Qualified Registry, Qualified Clinical Data Registry Reporting (QCDR), Electronic Health Record (EHR), CMS Web Interface and Consumer Assessment of Healthcare Providers and System (CAHPS) and MIPS Survey. There's no right method of submission for all; the choice depends on whether or not the submission is for an individual, a group or a group with 25 or more.

Can groups choose the measures for which they report data under MIPS?

Requirements differ depending on the performance category for which the reporting is done. Let's use Quality as an example. For 2017, individual physicians and physicians in groups of fewer than 25 physicians have two choices of reporting.

- Report from 271 MIPS individual measures across all specialties and settings. The CMS search tool (<https://qpp.cms.gov/measures/quality>) facilitates filtering down the large list to measures that are applicable to one outcome measure or a high-priority measure if an outcome measure is unavailable.
- Report one of 30 specialty-specific measures sets.

I'm bombarded with information about written resources, workshops and webinars. What is the best way to learn more?

CMS, the North Carolina Medical Society, national specialty societies, other professional organizations and software vendors have published comprehensive resources.

- The CMS website is the best starting place. Explanations are comprehensive and clear. Visit <http://qpp.cms.gov>.
- CMS also has a Quality Payment Program Center. Call (866) 288-8292 Monday through Friday, 8 a.m. - 8 p.m. Eastern Time. Or send an email to QPP@cms.hhs.gov.
- CMS has approved several local organizations to support clinician practices in quality improvement strategies. Practice Transformation Networks (PTNs) support clinician practices in quality improvement strategies. Send an email to TCPI.ISC@TruvenHealth.com. Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs) are regionalized organizations that can provide assistance. Visit <http://qioprogram.org/contact>.
- The Small, Underserved, and Rural Support initiative provides direct and customized support to small practices. In North Carolina, Alliant GMCG is the designated support organization. Send an email to QPPsupport@Alliantquality.org.
- Visit the North Carolina Medical Society website at <http://www.ncmedsoc.org> in order to access information offered by the Physicians Advocacy Institute. The April 2017 MACRA Educational Series is excellent.
- Contact Satinsky Consulting, LLC at 919.383.5998 or Margie@satinskyconsulting.com.
- Talk with your vendor. The major software vendors offer an array of resources such as guides, webinars and technical support.

How Can Satinsky Consulting Help Your Practice?

For assistance with the following, please contact us at 919.383.5998 or margie@satinskyconsulting.com.

- Medical Practice Start-up & Expansion
- Assistance in Setting Up Concierge, Direct Pay, & Integrative Medicine Practices
- HIPAA Privacy and Security Rule Compliance & Training
- Information Technology Planning & Implementation Consulting
- Managed Care Rate Negotiations & Contract Review
- Revenue Cycle Management Consulting
- Strategic Planning
- Operational Analysis & Improvement
- Medical Practice Marketing
- Development of Website Content
- Human Resource Management
- Speaking & Teaching on Medical Practice Management