Texas Medical Association
Physicians Caring for Texans

MIPS Reporting: Is It Worth It?

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Welcome!

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Practice Management Consultant

About Your Speaker

- Registered Nurse for 24 years
- Pediatrics neurosurgery, transplant, ICU, and home health
- Nurse Manager in adult acute care, urgent care, rehab, primary care
- Nurse Recruitment, Case Manager, Consultant

MIPS or APM

- If you don't qualify as an APM, then you'll be in the MIPS track – which unsurprisingly includes the vast majority of clinicians (83-90% by CMS' estimates).

You may be exempt….

- Have ≤$90K in Part B allowed charges for covered professional services
- Provide care to ≤200 Part B enrolled beneficiaries
- **(NEW!)** Provide ≤200 covered professional services under the Physician Fee Schedule (PFS)
- With this increase, a significant number of providers fall into the exempt category and they are now breathing a sigh of relief.

Skewed Results

- Small practices versus large practices
- Need a variety of organizations for a representative sample.
- Estimated 37% of Medicare Providers will need to comply.
- Decision based on data from a small, homogenous group.

Opt-In

- There is a new Opt-In policy for MIPS in effect for 2019. Physicians and groups are eligible to opt in to MIPS if they meet or exceed at least one of the low-volume threshold criteria, but not all of them.
- Once opted-in, you cannot reverse your participation choice for the reporting year.

Small Practice Bonus

- The updates continue to provide small practice bonuses in 2019; however, it will be included within the Quality category as of January 1.
- The bonus itself increased to 6 points if a physician submits data on at least one measure within the Quality category, and small practices will continue to be eligible for at least three points for quality measures that do not meet data completeness standards.

To Participate, or Not

Reduction in Medicare payments

Data made publicly available

Private payers often follow CMS

There's more….

- These online ratings play a role in the hiring process as well. If two providers were seeking employment at an organization and one has a high performance rating and the other has none, which is more likely to be hired?

And More…

- Another factor to consider is that you will be ineligible for payment incentives - bonuses - if you do not participate.
- Although the current penalty or bonus is 2%, that increases to 9% in 2022. Add in the impact of the budget neutrality factor (x-factor) and high performer bonuses and a provider could receive **as much as a 37% bonus** (9% x 3 [*capped neutrality factor*] + 10% [*high performer bonus*]).

Participation Pearls

- The magic number this year to avoid a negative payment adjustment is **30**. This is double the threshold from last year—but still a relatively low bar.
- For those wanting their shot at part of the $500M exceptional performance bonus pool, you must score at least 75 points (up 5 points from last year).
- To put things in perspective, the average score in 2017 was 55.08 and only 5% of eligible clinicians received a negative payment adjustment.

Negative Payment Adjustment

- 0 to <30 points, the maximum negative payment adjustment is set at -7% for the 2021 payment year

Positive Payment Adjustment

- >30 points, the payment adjustment can be up to 7%
- The upward payment adjustment factor is multiplied by a scaling factor to achieve budget neutrality, which could result in an adjustment above or below 7%

Scenarios Leading to Reweighting

- 0% to cost – If an EC does not have any measures with the required case minimum or any measures with a sufficient number of ECs to create a benchmark
- 0% to quality – If no measures are able to be scored, the quality performance score is unable to be calculated
- 0% for PI – if an EC is not eligible for PI (because of hardship, clinician type, etc.)
- 0% for IA – in limited extreme and uncontrollable circumstances (like natural disasters), or if a clinician joins a practice after October 2 of a performance year (in the last 3 months of a performance period)

Reweighting

Reweighting Scenario	Quality	Cost	Improvement Activities	Promoting Interoperability
No Reweighting Needed				
Score for all four performance categories	45%	15%	15%	25%
Reweight One Performance Category				
No Cost	60%	0%	15%	25%
No PI	70%	15%	15%	0%
No Quality	0%	15%	40%	45%
No IA	60%	15%	0%	25%
Reweight Two Performance Categories				
No Cost and no PI	85%	0%	15%	0%
No Cost and no Quality	0%	0%	50%	50%
No Cost and no IA	75%	0%	0%	25%
No PI and no Quality	0%	15%	85%	0%
No PI and no IA	85%	15%	0%	0%
No Quality and no IA	0%	15%	0%	85%

MIPS Calculator

Your Estimated MIPS Payment Adjustment
Estimated by SA Ignite MIPS Calculator
The calculator built by the regulatory experts

There are more factors and more detailed analyses that can be done to determine financial impact, including additional PI measures points for the Quality category. We highly recommend engaging directly with SA Ignite to understand in more detail how factors in the rule(s) impact your outcomes. Contact us at info@saignite.com for a deeper level analysis.

Equivalent MIPS Points for Each Category

Based on the category performance % you input and the category weights for each year, your MIPS points are calculated below. Note that the same performance % for each year does not equate to the same category points each year because weighting changes year-over-year.

Estimated MIPS Points Equivalent	2017	2018	2019
Quality (Incl Bonus Pts)	57.0	47.0	36.0
Promoting Interoperability (PI)	24.5	24.5	21.3
Improvement Activities	15.0	15.0	15.0
Cost	0.0	0.0	12.0
Complex Patient Bonus	0.0	3.0	3.0
Estimated MIPS Points:	96.5	94.5	87.3

*CMS anticipates that the median Complex Patient Bonus score would be three points, not to exceed five points.

Estimated Payment Adjustment

An estimated payment adjustment is calculated based on the projected MIPS score and Part B payments for your practice.

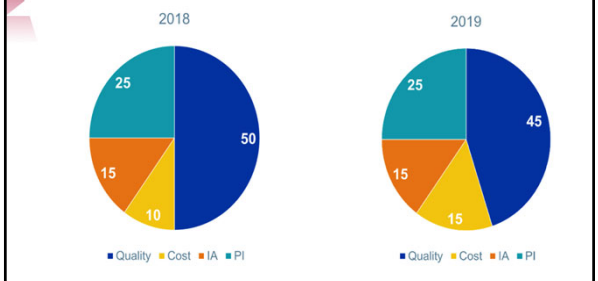
Estimated MIPS Annual Payment Adjustment based on Organization's Estimated MIPS Scores				
Performance Year:	2017	2018	2019	2017-2019
Payment Year:	2019	2020	2021	Three Year Average
Estimated MIPS Points:	96.5	94.5	87.26	92.75
Annual Total Payment Adjustment %:	1.742%	1.801%	2.917%	2.15%

Other 2019 Changes

- In 2019, the final score weights of Quality and Cost will also change. The Quality category is now weighted at 45 percent of the final score (down from 50 percent in 2018). Subsequently, the Cost category has been increased to 15 percent of the final score.

$$\text{Healthcare Value} = \frac{\text{Quality of Care}}{\text{Cost of Care}}$$

Category Changes



Performance Time Frames

MIPS Category	Performance Period
Quality	Calendar year
Cost	Calendar year
Improvement Activities	At least 90 continuous days
Promoting Interoperability	At least 90 continuous days

Promoting Interoperability

CATEGORY	MEASURES		MAXIMUM POINTS
E-Prescribing	e-Prescribing	Required	10
	Query of Prescription Drug Monitoring Program (PDMP)	Optional	5 (bonus)
	Verify Opioid Treatment Agreement	Optional	5 (bonus)
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Required	20
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Required	20
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	Required	40
Public Health and Clinical Data Exchange	Choose **two** of the following: • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	Must Select Two	10

Thank you!

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