

Medical Practice Management, MIPS/MACRA: Why October 2nd is Important and What You Need to be Doing Now!

MACRA & MIPS
Medicare Access and CHIP Reauthorization Act Merit-Based Incentive Payment System

YOUR DUE DATE
OCTOBER
2

WHAT YOU NEED TO KNOW

MACRA replaces the flawed sustainable growth rate formula and significantly changes how Medicare pays physicians.
What you do in 2017 will impact what you get paid in 2019

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Wait! Don't let your medical practice miss this deadline. You cannot afford to pass up Medicare revenue and incentives in years to come. Most physician practices are running a race against time to implement Medicare's value-based payment system. Read on to learn about MIPS, MACRA and what you need to do today.

Understanding MACRA's complexities is critical since the law exposes both providers and payers to greater risk and opportunity. MACRA does more than address physician payments; it is designed to reduce health care costs by rewarding quality care over service and procedure volume.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) created the Merit-Based Incentive Payment System (MIPS), a new program that means important reimbursement changes for most medical practices like yours. In MIPS, you earn a payment adjustment that is evidence-based and practice-specific quality data. Depending on your performance in 2017, you will see a positive, neutral, or negative adjustment of up to 4% to your Medicare payments for covered professional services furnished in 2019. This adjustment percentage grows to a potential of 9% in 2022 and beyond. During the first six payment years of the program (2019-2024), MACRA also allows for up to \$500 million each year in additional positive adjustments for exceptional performance.

You are eligible to participate in the MIPS track of the Quality Payment Program if you bill more than \$30,000 to Medicare, and provide care to more than 100 Medicare patients per year, and are a Physician, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist or Certified Registered Nurse Anesthetist.

In general, if you participate in MIPS, you have a total of six options for reporting Quality Performance data to CMS, but you must decide by October 2nd, 2017.

What's the difference between them? Well, the CMS Web Interface is for physician groups of 25 or more, while CAHPS is for groups of two or more. If your group submitted 2016 PQRS data via the Group Practice Reporting Option (GPRO) Web Interface and you wanted to do the same for MIPS this year, no action was required to register and there's no need to worry. The other four choices, which have the October 2nd deadline, are submitting via claims (for individuals only), qualified registry, qualified clinical data registry (QCDR), and electronic health record (EHR). If your group used the old Physician Quality Reporting System, then you do not need to register with CMS to report Quality Payment Program data via a qualified registry, QCDR, or EHR.

Here are some dates to remember: If you haven't already, you must start reporting before October 2, 2017. No matter when you start, you'll need to send in your performance data by March 31, 2018. The first payment adjustments based on performance go into effect on January 1, 2019.

Depending on the track of the Quality Payment Program you choose and the data you submit before March 31, 2018, your 2019 Medicare payments will be adjusted up, down, or not at all. CMS will provide additional information on payment adjustments for 2020 and beyond beginning next year. Carefully choose how your practice will prepare to comply with the MIPS track of the Quality Payment Program. You have four options.

1. Not participating in the Quality Payment Program: If you don't send in any 2017 data, then you will receive a negative 4% payment adjustment.
2. Test: If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity), you can avoid a downward payment adjustment.
3. Partial: If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.
4. Full: If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

Quality replaces the Physician Quality Reporting System (PQRS) and accounts for 60% in 2017. Most participants need to report 6 quality measures, including an outcome measure, for a minimum of 90 days to receive full credit.

Improvement Activities is a new category and accounts for 15% in 2017. Most participants need to attest completion of up to 4 improvement activities for a minimum of 90 days to receive full credit.

Advancing Care Information replaces the Medicare EHR Incentive Program also known as Meaningful Use and accounts for 25% in 2017. By fulfilling the required measures for a minimum of 90 days, which include: Security Risk Analysis, e-Prescribing, Providing Patient Access, Sending Summary of Care, and Request/Accept Summary of Care. In addition, choose to submit up to 9 measures for a minimum of 90 days for additional credit in 2017.

Most small and medium-sized practices have trouble complying with MIPS on their own. If you need a resource for expert advice or someone to take MIPS worries off your shoulders, contact Tower Physician Solutions. Tower's staff is experienced in a variety of quality programs and they are experts in medical practice compliance with MIPS and MACRA.

The next and final deadline will be October 2, 2017. To avoid a penalty in 2019, don't delay. Choose your path, make a plan, reach out for help and start on your MIPS reporting today.