



MIPS/MACRA: 6 Things You Need to Know in 2018

PART 2

The Quality Payment Program (QPP), which resulted from the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is designed to reward or penalize physicians based on the quality of patient care they provide. Last year, physicians could “Pick Your Pace” through an introductory program that allowed physicians to test the waters. But in 2018 physicians will have to more fully engage with the program or risk a negative payment adjustment of up to 5 percent in 2020. Successful participation could earn a positive payment adjustment of 5 percent or more in that year.

QPP will be updated annually through the federal rule-making process. The 2018 rules, released on Nov. 2, made significant changes in six key areas. Physicians participating in the Merit-based Incentive Payment System (MIPS) track of QPP will need to focus on these changes to succeed during the 2018 performance period.

4. The performance period expands

During the “Pick Your Pace” period, physicians could participate in QPP at varying levels, all of which required less than a full year of reporting and some of which required less than 90 days. For 2018, the required reporting period for two of the four MIPS categories will increase.

The reporting period for Advancing Care Information and Improvement Activities will be 90 days each, the same length as in 2017.

Cost, on the other hand, will be calculated by CMS using claims data gathered over the entire performance period.

The Quality category will also require a full year of data reporting. Physicians are still required to report six measures, one being an outcome measure.

5. The data requirements increase

In 2018, if submitting quality data using a qualified clinical data registry, a qualified registry, or an EHR, physicians must submit data for at least 60 percent of patients who qualify for the measure, regardless of the insurer.

Also, if submitting data through claims, physicians must submit information for at least 60 percent of the applicable Medicare Part B patients who qualify for the measure. In 2017, this data completeness criterion required only 50 percent of applicable patients.

6. Certain practices can earn bonuses

In 2018, physicians can earn bonus points to their MIPS final score, depending on their practice size, the complexity of the patient care they provide, and their technology:

Practice size. CMS plans during the 2018 performance period to add five points to the MIPS final score of practices with 15 or fewer clinicians who submit data on at least one MIPS category. This should be helpful in 2018 because practices must now score at least 15 points to avoid a negative payment adjustment.

Patient complexity. CMS will also add up to five points to any sized practice based on patient complexity. The bonus will be calculated based in part on the physician's average Hierarchical Condition Category (HCC) risk score. (For more on HCC scores, see "[HCC Coding, Risk Adjustment, and Physician Income: What You Need to Know](#)," *FPM*, September/October 2016.)

EHR technology. Lastly, CMS will allow physicians to continue to use the 2014 edition of certified EHR technology (CEHRT) in 2018. However, if a practice has updated to the 2015 CEHRT and uses only that edition during the performance period, it could receive a bonus of 10 points to their ACI score.

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