



Indiana Council of Community Mental Health Centers

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A Macro and Micro Look at MIPS

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Terms

- “MACRA”: Medicare Access and Chip Reauthorization Act of 2015
- “Quality Payment Program”:
 1. “MIPS” (Merit-Based Incentive Payment System)
 2. “Advanced APM” (Advanced Alternative Payment Model) Incentive Payments



Fundamentals



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Fundamentals:

Overall Reimbursement Timetable

CY 2019 and beyond	CMS will distribute negative and positive MIPS Part B payment adjustments <i>on a budget neutral basis</i> .
CY 2019 – CY 2024	\$500 million available annually for “additional” Part B positive payment adjustments for “exceptional” MIPS “final scores” (<i>no budget neutrality requirement for these “additional” adjustments</i>)
CY 2019 – CY 2024	Lump sum payment = 5 percent of prior year’s Part B approved claims, available annually for a “Qualifying APM professional” (“QP”). <u>No MIPS payment adjustment</u> .
CY 2026 and beyond	QPs receive 0.75 percent physician fee schedule increase.



Fundamentals (cont'd): “MIPS Eligible Clinician

- CMS computes a MIPS “final score” for every MIPS eligible clinician (“MEC”)
 - MECs (for 2017):
 - Physicians (psychologists are “eligible clinicians,” but are not MECs)
 - Physician assistants
 - Nurse practitioners
 - Clinical nurse specialists
 - CRNAs
- There are exceptions (e.g., “low volume” providers, Medicare providers less than a year)



Fundamentals (cont'd): “MIPS Final Score”

- MIPS is part of CMS’s transition from reimbursement based on “volume” to reimbursement based on “value”
- The MIPS “final score” earned by a MEC will determine a negative, neutral, or positive adjustment to a MEC’s Part B reimbursement rates
 - e.g., MIPS final score earned for performance in 2017 will result in adjustment to Part B rates in 2019



Fundamentals (cont'd): “MIPS Final Score”

- A MIPS “final score” is comprised of a MEC’s performance on up to 4 MIPS performance categories:
 - Quality
 - Cost
 - Advancing Care Information
 - Improvement Activities
- But not all 4 performance categories will be scored for 2017



MIPS Performance Category Weights for CPSs for the 2017 Performance Period	Individual MIPS Eligible Clinicians ("MECs") in Physician Groups Not Participating in a MIPS APM*	MECs in Physician Groups Participating in a Medicare Shared Savings ACO	MECs in Physician Groups Participating in a Next Generation Model ACO	MECs in Physician Groups Participating in "Other" MIPS APMs
Quality	60%	50%	50%	0%
Cost	0%	0%	0%	0%
Advancing Care Information	25%	30%	30%	75%
Improvement Activity	15%	20%	20%	25%

*MIPS APMs: (1) Medicare Shared Savings Program; (2) Next Generation ACO Model; (3) Oncology Care Model; (4) Comprehensive Primary Care Plus Program; and (5) Comprehensive ESRD Program.



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MIPS Performance Period

- For 2019 MIPS payment adjustments:
 - For all performance categories and most submission mechanisms:
 - **MIPS performance period = any continuous 90-day period within CY 2017**
 - *Need not score all performance categories during the same 90 day period*
 - Exception: For data reported through the CMS Web Interface, the CAHPS for MIPS survey, and administrative claims-based cost and quality measures, the performance period under MIPS **is CY 2017**



Individual or Group Scoring?



Individual or Group Scoring

- Two scoring methodologies for MECs in physician groups not participating in a MIPS APM:
 - Physician group elects to have its MECs scored individually
 - I got mine, you get yours
 - Physician group elects to have its MECs scored as a group.
 - All for one, one for all



Individual or Group Scoring (cont'd)

- MECs in physician groups participating in a MIPS APM (e.g., the Medicare Shared Savings Program):
 - Separate MIPS scoring methodologies for:
 - the Medicare Shared Savings Program
 - the Next Generation ACO Program
 - all “other” MIPS APMs (e.g, the Oncology Care Model)
- There are pros and cons to these scoring methodologies
 - MIPS scoring relevant in deciding to join or withdraw from a MSSP ACO, Next Gen ACO, or other MIPS APMs?



“You can run, but you can’t hide”

Clinician’s 2017 MIPS final score (scored individually or as a group) and associated 2019 payment adjustment will follow clinician to his/her new practice.



2019 Payment Adjustments:

“Standard Adjustment”

v.

Additional Adjustment”



“Standard” Adjustments

- Applicable Part B MIPS standard adjustment percentages:
 - Payment year 2019 (2017 performance): +/- 4 percent
 - Payment year 2020 (2018 performance year): +/- 5 percent
 - Payment year 2021 (2019 performance year): +/- 7 percent
 - Payment year 2022 (2020 performance year) and each subsequent MIPS payment year: +/- 9 percent



“Standard” v. “Additional” Adjustments

Part B Payment Adjustments for 2019 (based on 2017 performance):

- “Standard” Payment Adjustments
 - MIPS final score of 3 points = no adjustment
 - *Report 1 quality measure, 1 improvement activity measure, or the ACI “base score” measures = 3 points*
 - MIPS final score less than 3 points = a negative payment adjustment (up to -4 percent) from the 2019 Part B PFS
 - MIPS final score greater than 3 points and less than or equal to 100 points = a positive payment adjustment for 2019
 - *In theory, a score of 100 points would earn a +4 percent payment adjustment for 2019; in practice, however, a score of 100 points will likely earn a positive payment adjustment that is far less +4 percent*



“Standard” v. “Additional” Adjustments (cont’d)

- “Standard” Payment Adjustments

- **KEY:** Total amount of standard positive payment adjustments = total amount of negative payment adjustments (“budget neutrality”)
- \$833 million (million (proposed rule’s estimate of total amount available for positive payment adjustments for 2019) / \$199 million (final rule’s estimate of total amount available for positive payment adjustments for 2019)
- Bottom line: the total amount of standard positive payment adjustments available for 2019 will be *far* less than estimated in the proposed rule
 - *The percentages of standard positive payment adjustments are not guaranteed. . . not even for MECs who score 100 points*



“Standard” v. “Additional” Adjustments (cont’d)

Part B Payment Adjustments for 2019 (based on 2017 performance):

- **“Additional” Positive Payment Adjustments**
- MIPS final score of at least 70 points (up to the 100 point maximum)
- \$500 million will be paid out (no budget neutrality)
- Paid on a sliding scale, from a 0.5 percent positive adjustment (for 70 points) through a 10 percent positive adjustment (for 100 points).
 - Percentages could be reduced in the unlikely event that an extraordinary large number clinicians score 70 points or more
- ***May be the best opportunity to earn a material amount of MIPS \$\$\$ in 2019***



Availability of APM Incentive Payments



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Availability of APM Incentive Payments

- Available for CYs 2019 through 2024
- The payment is a lump sum payment equal to 5 percent of a QP's ("Qualifying APM Participant's") prior year's payments for Part B services
- QPs are not subject to MIPS payment adjustments
 - "Partial QPs" are not eligible for an APM incentive payment but may elect not to be subject to a MIPS payment adjustment



Availability of APM Incentive Payments (cont'd)

- Qualification for QP status:
 - Clinician must be identified on the "Participation List" of an "Advanced APM" as of March 31, June 30, or August 31 of the "QP Performance Period" (i.e., 2017)
 - Advanced APMS must satisfy certain criteria. Under the final rule's criteria, the following current APMs would be "Advanced APMS" (subject to CMS's official announcement prior to January 1, 2017):
 - (1) Medicare Shared Savings Program, Tracks 2 and 3 only;
 - (2) Next Generation ACO Model;
 - (3) Oncology Care Model, 2-sided risk arrangement only;
 - (4) Comprehensive Primary Care Plus Program; and
 - (5) Comprehensive ESRD Program, LDO arrangement only



Availability of APM Incentive Payments (cont'd)

QP status (or Partial QP status) is awarded on a collective basis to all clinicians identified as participating in an "Advanced APM Entity."

Threshold	2019 & 2020	2021 and 2022	2023 and beyond
QP <u>Payment Amount</u>	25%	50%	75%
<u>Partial QP Payment Amount</u>	20%	40%	50%
QP <u>Patient Count</u>	20%	35%	50%
<u>Partial QP Patient Count</u>	20%	35%	50%



Implications Beyond Medicare

- MIPS will “plow the road” for Medicaid and commercial payers to implement similar programs
 - After a few years under MIPS, most physician groups will have the experience and infrastructure necessary to work within similar programs established by Medicaid and commercial payers



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