

AGA Report

MIPS FOR GIS AT-A-GLANCE

Analysis Prepared for AGA Members
April 2017



W W W . G A S T R O . O R G / M A C R A

The Quality Payment Program (QPP) is a two-track Medicare physician payment system — the Merit-based Incentive Payment System (MIPS) and advanced alternative payment models (APMs) — established through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

**The policy became effective
Jan. 1, 2017.**

MACRA

2017: TWO PATHWAYS FOR PAYMENTS

ADVANCED ALTERNATIVE PAYMENT MODELS (APM)

Most appropriate for
larger systems able to take
downside risk

OR

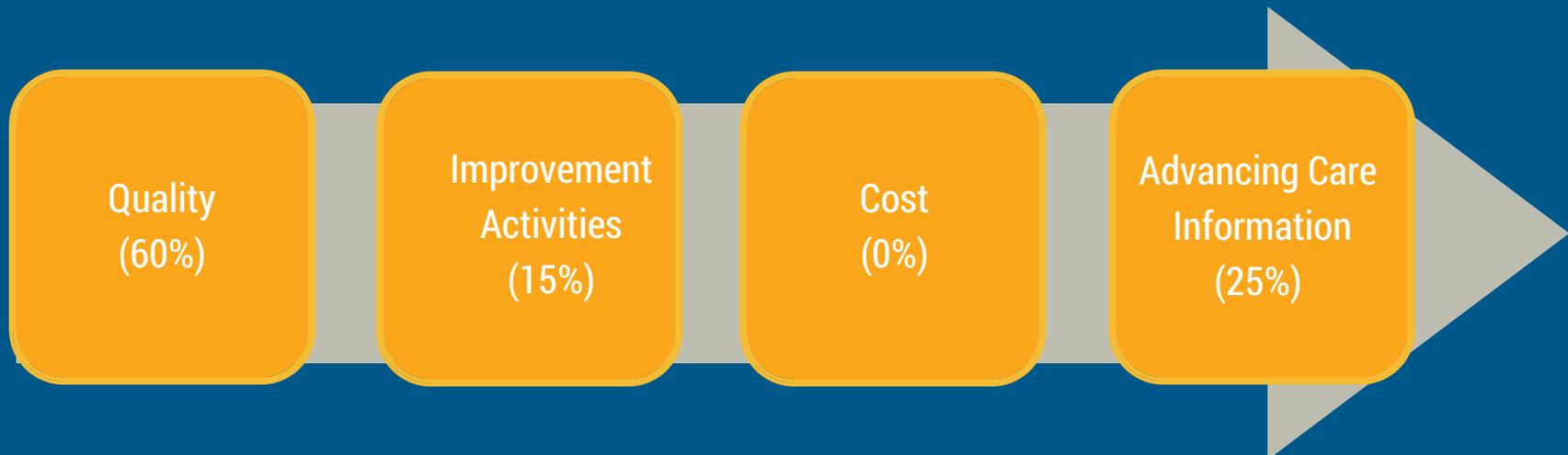
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Most GIs will participate
in MIPS

What you do in 2017 will impact your pay in 2019

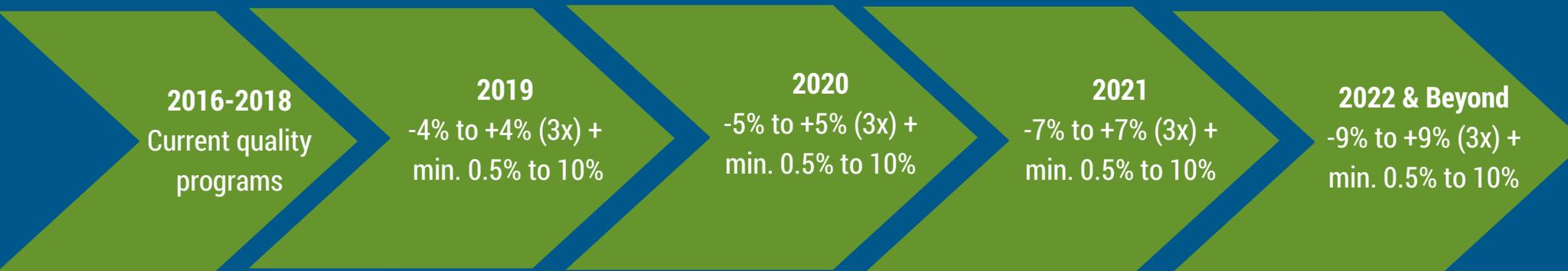
Merit-based Incentive Payment System (MIPS)

MIPS combines elements of existing Medicare quality improvement programs with new practice-based improvement activities into a single payment update program. There are four integrated MIPS performance categories, each with relative weights that contribute to an annual MIPS final score of between 0 and 100 points.



MIPS Payment Adjustments

Your annual MIPS final score determines your MIPS payment adjustment, which is applied to Medicare Part B payments two years after the performance year — 2019 is the payment adjustment year for the 2017 performance year.



83%

of Medicare-enrolled gastroenterologists are expected to be MIPS-eligible clinicians.

MIPS Eligibility: Who's In? Who's Out?

MIPS-eligible clinicians:

- Physicians (as defined in section 1861(r) of the Social Security Act).
- Physician assistants.
- Nurse practitioners.
- Clinical nurse specialists.
- Certified registered nurse anesthetists.

Excluded from MIPS:

- Newly enrolled in Medicare (for the first time during the performance period).
- Below low-volume threshold (Medicare Part B allowed charges \leq \$30,000 a year or see \leq 100 Medicare Part B patients a year).
- Qualifying advanced APM participants.

PICK YOUR PACE IN 2017

Four options available for transition year.

1. Test the quality payment program.

Report as little as one quality measure for one patient to yield three points or one improvement activity and avoid a penalty in 2019.

2. Participate for part of 2017.

Engage in 90 days of continuous reporting to qualify for a positive payment bonus.

3. Start Jan. 1, 2017.

If your quality reporting program is ready to go, report for a period longer than 90 days up to a full year to improve performance scores.

4. Participate in an Advanced Alternative Payment Model.

While there are no GI-specific advanced APMs in 2017, some in large multi-specialty institutions may be able to participate.

Clinicians who decide not to participate in 2017 are assured a -4 percent penalty in 2019.

Submitting Data to CMS

There are many ways to report data to CMS, including the use of third-party vendors. You may choose to submit data for the:

- **Quality Performance category** — report at least one measure through claims, a qualified registry, Qualified Clinical Data Registry (QCDR) or electronic health record (EHR).
- **Improvement Activity category** — CMS's attestation website.
- **Advancing Care Information Performance category** — certified-eligible EHR technology (CEHRT).

Note: qualified registries, QCDRs and CEHRT can be used to submit all categories of performance data. A MIPS-eligible clinician may opt to report all of his or her data through one submission mechanism, where available.

MIPS Submission Mechanisms

	Claims	Qualified Registry	Qualified Clinical Data Registry (QCDR)	Certified EHR Technology	Attestation
Quality	✓	✓	✓	✓	
Improvement Activities		✓	✓	✓	✓
Advancing Care Information		✓	✓	✓	✓
Cost	Administrative claims (no submission required)				

Quality Performance Category

To earn a neutral or positive payment, submit data for 90 days to a full year on at least six quality measures, including one outcomes measure, during 2017. You may also choose to report a specialty-specific measure, such as for GI.

Group practices of 16 or more MIPS-eligible clinicians may also be subject to additional population, claims-based quality measures, if they meet certain criteria.

60%

of final MIPS score in year one.

If you choose to submit your quality data to CMS via claims-based submission, you need to report on at least 50 percent of your Medicare Part B patients. For all other submission mechanisms, the threshold is 50 percent of all patients.

Improvement Activities Performance Category

15%

of final MIPS score in year one.

GIs must attest to completing up to four improvement activities for a minimum of 90 continuous days.

92

improvement activities to choose from. Most GIs should be confident in meeting requirements of this performance category.

If at least one clinician in a group performs an improvement activity for a continuous 90 days, the group may report on that activity.

Cost Performance Category

0%

In 2017, cost category will not affect your final MIPS score.

GIs do not need to submit data to CMS for this category; analyses are conducted using administrative claims data.

CMS will provide feedback on certain cost and resource use measures from predecessor program — the Value-based Payment Modifier (VM) — as well as 10 episode-based measures, including one focused on colonoscopy and biopsy.

GIs should review prior **Quality and Resource Use Report (QRURs)** to better understand performance on cost measures and consider how practice patterns might impact scores.

Advancing Care Information Performance Category

Replaces Medicare EHR Incentive Program, or “Meaningful Use.”

View a list of measures and objectives at

<https://qpp.cms.gov/measures/aci>.

Inherent to the required measure set is the security risk analysis — the primary measure that caused practices audited under MU to fail and return incentives to the government.

25%

of final MIPS score in year one.

GIs must fulfill required set of measures for minimum of 90 consecutive days.



* For scoring purposes, MIPS eligible clinicians may earn a maximum score of up to 155 percent, but any score above 100 percent will be capped at 100 percent.

Physician Compare

CMS will publicly report your MIPS final score and performance for each category on Physician Compare. For eligible clinicians who chose not to participate in MACRA, CMS will publish a MIPS score of zero. CMS will maintain the 30-day preview period in advance of the publication of data on Physician Compare.

You should review your existing profile at <https://www.medicare.gov/physiciancompare>. If a record is not available, confirm that all information in CMS' Provider Enrollment, Chain and Ownership System (PECOS) is correct.

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