

# 2017 Scores Released: Merit-based Incentive Payment Plan

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In July, the Centers for Medicare & Medicaid Services (CMS) issued the scores for the first year of the Quality Payment Program (QPP). Your 2017 Merit-based Incentive Payment System (MIPS) scores and performance feedback reports can be retrieved from the [Quality Payment Program's website](#). These scores determine the adjustment – a payment boost or a penalty – that CMS will make to your 2019 Medicare rates. In addition to the scores, CMS [released a fact sheet titled: 2019 Merit-based Incentive Payment System \(MIPS\) Payment Adjustments based on 2017 MIPS Final Scores](#). As this information will impact your 2019 Medicare payments, let's review the action items based on CMS' recent announcements.

**Check your score.** The scores for your performance in 2017 were released; it's important to take the opportunity to review this information. If you disagree with the score for any reason, [submit a request for a targeted review](#). Be prepared to provide supporting documentation for the assessment; applications are due by September 30, 2018, and decisions are binding.

**Determine the impact.** In addition to the negative or positive adjustment to Medicare payments in 2019, recognize that your score will be reported later this year on [Medicare's Physician Compare](#) website. Furthermore, all of the data is slated to be released to the public, which will allow access to by media and researchers, as well as third-party suppliers, including rating websites such as HealthGrades.

**Lower your expectations.** CMS had previously revealed that positive adjustments may not be as high as anticipated. In the [MIPS Scoring 101 Guide](#), CMS opines: "it is anticipated that the positive adjustments may be considerably less than +4%." Because the program was constructed to be budget neutral, the fact that most physicians were successful reduces the opportunity to receive the maximum increase. This, combined with CMS' exemptions for all physicians in several states due to natural disaster in 2017, means that even successful physicians will only see small payment increases in 2019. Scoring 70 points or higher put physicians in the "exceptional performance" category to achieve boosts even higher than 4%, however, CMS reveals that "the amount of the adjustment is also applied on a linear scale...the amount of the adjustment is scaled and will depend on the scores and the number of clinicians receiving a score at 70 or higher." In the payment adjustment fact sheet, CMS reveals that "an additional adjustment factor of 0.5 percent is

assigned to a final score of 70.” The final maximum allowance is reported to be 2.02% - for a perfect score. In sum, the promises of 12% - the highest amount reported to be available for successful program participants – cannot and will not be obtained. The reason for this conclusion – too many eligible clinicians were successful – is a great one in terms of participation, but it’s disappointing for those who made a lot of effort, only to see a small return.

**Recognize that it’s hard to wipe the slate clean.** If you were one of the few practices that did not successfully participate in MIPS in 2017, you may have considered altering your QPP identification number. A change to the Tax Identification Number (TIN) might have been an option, as CMS is applying payment adjustments to eligible professionals on the basis of unique TIN/NPI combinations. This is in contrast to the “meaningful use” penalties, which followed physicians on the basis of tracking by NPI only. The QPP was expected to be a reversal in course; however, CMS fails to provide a simple option to avoid problems associated with historical poor performance. CMS cites: “In cases where there is no 2017 MIPS final score associated with a TIN/NPI that’s being used in 2019--because a clinician changed practices or established a new TIN--CMS will apply the payment adjustment associated with the NPI’s final score under the TIN(s) the NPI was billing under during the 2017 performance period.” Furthermore, practices that tried to add physicians to their group reporting after the final quarter started are in for a surprise as CMS declares: “Individual MIPS eligible clinicians who started billing to a group’s TIN between 9/1/2017 and 12/31/2017 will receive a neutral payment adjustment for that TIN in the 2019 payment year.”

**Understand the impact of the payment adjustment on patients.** CMS is applying its adjustment to the Medicare paid amount; as noted by CMS “...it does not impact the portion of the payment that a beneficiary is responsible to pay.” Furthermore, CMS clarifies that the adjustments are for Medicare Part B covered services, and the adjustments will not extend to Medicare Advantage plans. These declarations further erode the financial benefits for successful participants. [1]

While there are many changes to the Quality Payment Program, it’s time to take a pause in order to reflect on your 2017 performance. Accessing your scores today will avoid surprises come January, and may help you to determine how to best allocate resources to the QPP moving forward.

[1] <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2019-MIPS-Payment-Adjustment-fact-sheet.pdf>

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