

# Just Say Yes to MIPS Participation in 2017

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January 1, 2017, marked the commencement of the Quality Payment Program (QPP). The government's initiative is mandated for physicians and other eligible clinicians who provide care for Medicare patients. By 2019, non-participation fines will be up to 4% of Medicare payments, so it is important to enroll now. The QPP offers two tracks to participate – joining an Advanced Alternative Payment Model (APM) or reporting the elements required for the Merit-based Incentive Payment System (MIPS). Since Advanced APMs are difficult to find, even for those who would like to join, the vast majority of clinicians are participating in MIPS in the initial year of the program. Since the reporting year began on January 1, what action steps should you take today?

The first step is to determine your eligibility. A significant portion of physicians and other eligible clinicians – 35%, based on the government's estimates – need not be concerned with the QPP. If you bill less than \$30,000 in total allowed Medicare Part B charges, see less than 100 Medicare patients, or are in your first year of practice - then there is no need to participate in the QPP. The government has promised a resource at which you can query your inclusion, but that has yet to launch. Until then, examine your practice management reports to determine your eligibility.

If you choose to take the MIPS path instead of the Advanced APM path, you can choose to submit **one** of the following:

- 1) One Quality measure, all of the base Advanced Care Information (ACI) criteria, or one of the Improvement Activities to simply avoid a penalty, or
- 2) More than one measure – but not all of them for a potential small increase in payments, or
- 3) Full participation; this includes six Quality measures, all of the base ACI criteria plus the additional ACI requirements which add up to 100 points, as well as two to four Improvement Activities, depending on practice size for a larger incentive.

The first option is not only the easiest one, but it requires only three letters: “YES.” The easiest route to eliminating the 4% reduction in your Medicare payments in 2019 - the first “adjustment” year of the program – is to declare your engagement in one of the Improvement Activities. This won't be a difficult exercise, as there are 92 Improvement

Activities from which to choose. The list includes: regular training in care coordination; timely communication of test results; and collection of patient experience and satisfaction data on access to care and development of an improvement plan. [Click here](#) for the complete set of Improvement Activities.

The list doesn't end there - seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare – is also one of the activities. Therefore, if you see Medicaid patients – and/or those with Medicare/Medicaid coverage – you can submit a positive response for MIPS, and avoid all penalties.

If you want to participate in full, it pays to aim high. You will want to position yourself to gain 70 points, as that's the number needed to reach the threshold to qualify for the "exceptional" performance. Achieving this mark means that you are in the running for a bonus of up to 12% of all Medicare reimbursement. Don't sweat it if you haven't already started; despite the fact that the government's material speaks to the reporting year, submitting any consecutive 90-day period in 2017 equates to full participation in MIPS.

Regardless of the "pace" you choose, data submission isn't yet available. Indeed, it will likely be early next year before you can report your 2017 performance. Picking your option today, however, means that you can be prepared to submit the data in accordance with program requirements – whether it be a simple "YES" – or collecting the 20-plus elements required for full participation.

### **MIPS - Isn't This Program Being Repealed?**

Many physicians and practice executives are under the impression that the Merit-based Incentive Payment System (MIPS) is being eliminated. The assumption results from the likely repeal of the Affordable Care Act, also known as "ObamaCare." It's important to recognize that MIPS is a product of another law – the Medicare Access to Care and CHIP Reauthorization Act (MACRA). MACRA became law in April 2015 with overwhelming support from Republicans and Democrats. In addition to its bicameral support, the law only pertains to physicians and other eligible clinicians. The law does not impact hospitals, nursing homes, ambulatory surgery centers, etc. Given the history of its passage and lacking other stakeholders to exert pressure on lawmakers, it is doubtful that MACRA will be overturned.

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