


MACRA BACKGROUND

The Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) places each Medicare Part B provider into the following categories:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (Advanced APMs)

THE MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

- MIPS replaces PQRS, Value-Based Modifier (VBM) and Meaningful Use reporting programs
- A Clinician's composite performance score for 2018 will be the basis for a positive, negative, or neutral payment adjustments .



MIPS Eligible Clinicians

Only eligible clinicians (ECs) who exceed both of the following thresholds are required to participate in MIPS

- EC or group \leq \$90K in Medicare Part B reimbursement, OR
- \leq 200 Unique Part B beneficiaries

2018 MIPS COMPONENTS AND WEIGHTS



50%
QUALITY



10%
COST

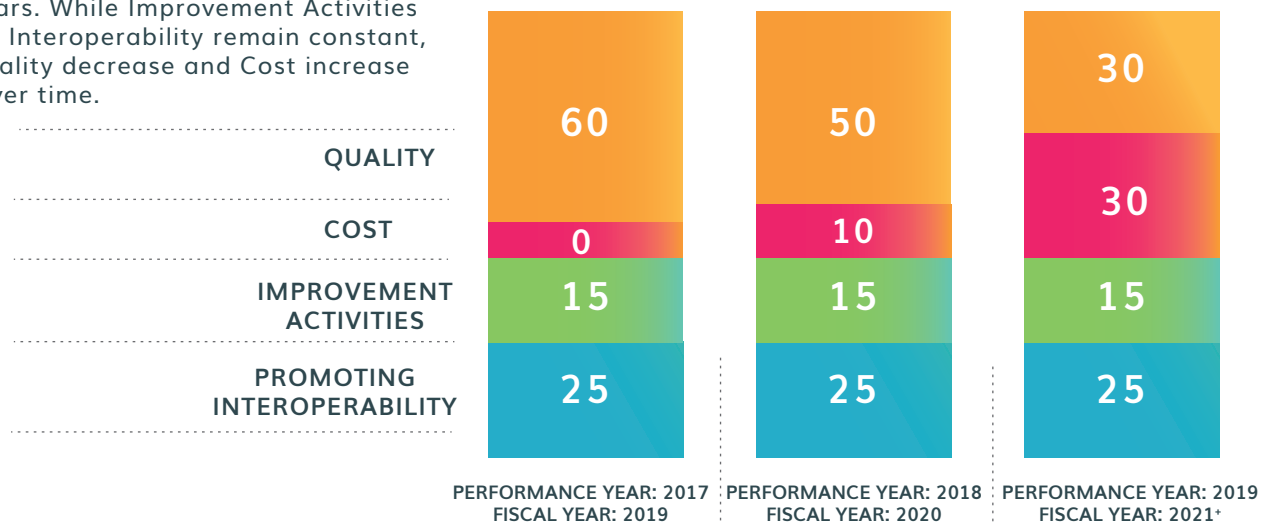


15%
IMPROVEMENT
ACTIVITIES



25%
PROMOTING
INTEROPERABILITY

MIPS will become increasingly difficult in subsequent years. While Improvement Activities and Promoting Interoperability remain constant, weights for Quality decrease and Cost increase significantly over time.





MINIMUM SCORE REQUIRED TO AVOID A PENALTY IS HIGHER THAN THE PREVIOUS PERFORMANCE YEAR

MIPS 2018

- 15 - Minimum score necessary to Avoid a Penalty
- 70+ - Minimum point threshold for sharing the \$500 million Bonus Payments

MIPS 2017

- 3 - Minimum score necessary to Avoid a Penalty
- 70+ - Minimum point threshold for sharing the \$500 million Bonus Payments

WHAT IS YOUR OBEJECTIVE?



IGNORE

Receive a 5% negative 2020 pay adjustment



WALK

Earn 15-20 Points (avoid pay adjustment)



JOG

Earn 21-69 Points (0.1 - 0.35%) upward adjustment



RUN

Earn 70-100 Points (0.85 - 2.4%) includes Bonus

HOW ARE YOU GOING TO REPORT?



INDIVIDUAL LEVEL:

Every EC reports & earns own MIPS Score (low-volume exclusion applies)



GROUP REPORTING:

All ECs participate and earn the Group's MIPS score



GROUP & INDIVIDUAL:

Report as Group, and higher performing ECs also report Individually

MIPS COMPONENTS

2018 PERFORMANCE PERIOD REQUIREMENTS

Quality	1 Full Year
Resource Use (Cost)	1 Full Year
Promoting Interoperability	90-Day minimum to 1 Full Year
Improvement Activities	90-Day minimum to 1 Full Year

2018 QUALITY MEASURES

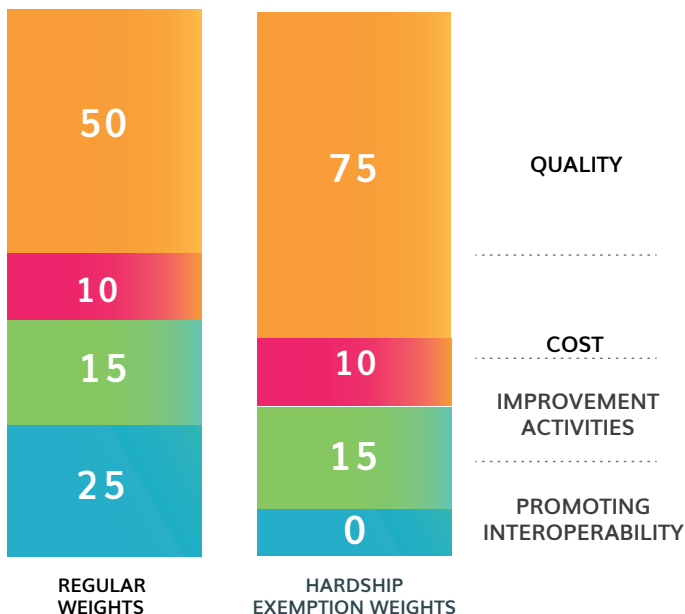
There are no QMs intentionally developed for use in Nursing Facilities. ECs and groups electing to participate in MIPS by use of individual QMs, must find 6 Measures that include CPT® codes they commonly employ. GEHRIMED's Regulatory Team compiled a complete list of 2018 QMs for use in LT-PAC Medicine. The list includes the CPT® codes associated with the measure, the quality domain, and allowable reporting options. Click Here to view GEHRIMED's complete list of LT-PAC-Specific Quality Measure <http://info.gehrimed.com/2018-quality-measures>



HARDSHIP EXEMPTION

Clinicians facing significant hardship and are unable to report Promoting Interoperability Measures, can apply to have the PI category score weighted to zero. However, doing so will re-weight the Quality Component to 75% of the total MIPS score. The points from PI will be redistributed to the Quality Component.

For an in-depth look at the PI Hardship Exemption, view our MIPS 2018 Webinar: <https://www.gehrimed.com/support-resources/webinars/mips-2018-final-rule-webinar/>



SMALL GROUPS

Small Groups: ≤ 15 NPIs (based on claims)

- +5 MIPS Points for solo/small practices added to final score.
- Quality scoring same as 2017 program – 3 points per measure for any data submission
- Exempt from 30-Day Rehospitalization Quality Measure (CMS-3)
- Improvement Activity remains unchanged – only 2 Medium, or 1 High Value Activity earns 15 points
- Small Groups always qualify for Promoting Interoperability Hardship Exemption

LARGE GROUPS

Large Groups: ≥ 16 NPIs (based on claims)

- Report 6 QMs data on 60% of eligible patients (minimum 20 patients)
- Only 1 Quality Point earned if the 'data completeness' is not met
- Un-benchmarked Quality Measures only earn 3 points
- Benchmarks published for 2017 continue in 2018.
- "7th Measure" Administrative Claims Measure: All cause Readmissions; Medicare Calculates. Only if Group size ≥ 16 and ≥ 200 attributed patients are Hospitalized

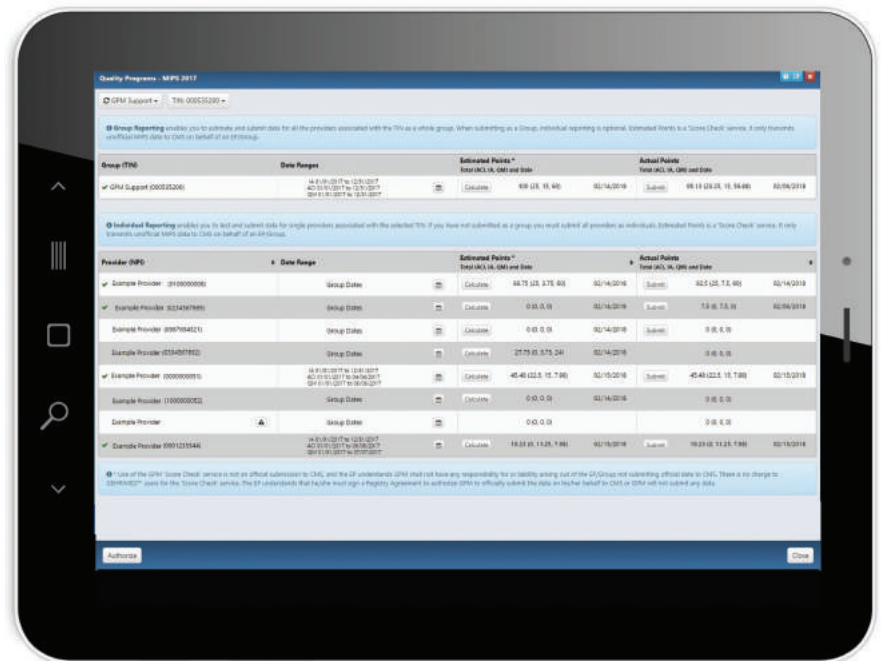
MIPS DASHBOARDS

As the stakes get higher and the program increases in complexity, GEHRIMED has made MIPS as easy to understand as possible, now you can track your MIPS progress with the GEHRIMED MIPS Dashboards. The MIPS Dashboards are easy-to-manage tools that allow you to track your progress in the following MIPS categories: Promoting Interoperability, Quality, Improvement Activities, and a MIPS overview dashboard.



MIPS SCORE CHECK

Now Practitioners and Groups have unlimited access to CMS's MIPS Score Calculator to unofficially send data and preview their MIPS score free of charge. GEHRIMED enables practitioners and groups to test submission data and receive an estimate score that will provide some insight into your final submission score. Calculating estimated points is free of charge and is not recorded by CMS.



BONUS POINT OPPORTUNITIES

- 5-Point Small practice bonus (≤ 15 clinicians)
- 5-Point complex patient bonus (dual eligibility ratio & HCC risk score)
 - Based on Risk Score year prior to performance year
 - Patient attribution overlapping performance year (Sept-Aug)
- 10% PI Bonus Points for completing an IA involving CEHRT
- 10% PI bonus for reporting via 2015 Edition CEHRT for entire 90 Day Reporting Period
- Submit extra outcome or high priority measures
 - 2 points for each additional outcome measure
 - 1 point for each additional high priority measure
 - if reporting > 6 measures, CMS scores performance and QM Bonus awards independently
- Submit data via end-to-end CEHRT
 - Additional 1 point per measure will be awarded (up to 10 percent)
 - Registry Electronic Submission using CEHRT Data also qualifies

For more information visit www.gehrimed.com



KEY TAKEAWAYS

- The performance threshold increases to 15 points in 2018 (from 3 points in 2017).
- LTPAC practitioners will receive 5 bonus points for treating complex patients
- If a practice or EC takes the PI hardship exemption, their Quality Score will be re-weighted to 75% of their total MIPS score
- Large Groups have bigger challenges achieving high performance scores
- Small groups receive an automatic 5 bonus points
- GEHRIMED is a CEHRT and a Registry
- GEHRIMED compiled a list of Quality Measures specific for LT-PAC practitioners info.gehrimed.com/2018-quality-measures

MIPS STRATEGY & NEXT STEPS

To learn more about MIPS access our on-demand webinar. Throughout the webinar our Clinical Regulatory Team will guide you through a better understanding of MIPS and share LTPAC-specific insights and strategies. Our Regulatory Team dissects the MIPS 2018 Final Rule and analyzes how it specifically impacts LTPAC practitioners. <http://bit.ly/gehrimedmips>

GEHRIMED'S REGULATORY TEAM

GEHRIMED's in-house Regulatory Team helps keep your practice compliant in an ever-changing regulatory environment, from avoiding penalties to earning incentives, GEHRIMED has you covered. Contact a specialist for more information: www.gehrimed.com/contact/

