



Improving Practice Performance in the Merit-Based Incentive Payment System

April 24, 2020



ABOUT MHCC

- Advancing innovative value-based care delivery models and health information technology statewide
- Provide timely and accurate information on availability, cost, and quality of health care services to policy makers, purchasers, providers, and the public

AGENDA

- Overview
- Value-Based Care in Podiatry
- MIPS – What You Need to Know
- Q&A: anene.onyeabo@maryland.gov

BACKGROUND

- Value based health care is changing the way providers deliver and are reimbursed for care, focusing less on volume and more on health outcomes and coordinated care
- MIPS is part of the Quality Payment Program implemented under the provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- The aim of the program is to promote and incentivize quality and cost-efficiency in care

HOW VALUE-BASED CARE IMPACTS PODIATRISTS

- Reward better management of diseases
- Practices should leverage data to better manage and measure the costs of care delivery
- Increase focus on coordination between treating providers

Source – Healthcare Trends Podiatric Practice Management 2019
Available at: <https://podiatrym.com/pdf/2019/10/White1019web.pdf>



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questions

MIPS 2020 WHAT YOU NEED TO KNOW

ALAN BASS, DPM, CPC

JARALL MEDICAL MANAGEMENT CONSULTING

PARE CODING AND COMPLIANCE

CONFLICT OF INTEREST DISCLOSURE

- Dr. Bass has a financial relationship with the following companies and/or products. These relationships may or may not apply to this lecture:
 - Owner of JARALL Medical Management Consulting,
 - Partner, PARE Coding and Compliance

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DISCLAIMER

Any information presented by Dr. Bass is solely his opinion. Any decisions made by attendees based on the information they received in the lecture is solely their responsibility

IMPORTANT INFORMATION FOR “RIGHT NOW”

For those of you who need to submit your MIPS data for **2019**, CMS announced that the deadline for submission of data has been extended to

April 30, 2020 at 8pm EDT

IMPORTANT INFORMATION FOR “RIGHT NOW”

Whether participating in MIPS or an ACO, eligible clinicians who have not submitted any data by April 30, 2020 will qualify for the automatic extreme and uncontrollable circumstances policy and will receive a neutral payment adjustment for the 2021 MIPS payment year.

<https://lnkd.in/eMkkwAT>

MIPS AND BUDGET NEUTRALITY

- MIPS is a budget neutral program
- Remember that no matter how much is “promised” to you if you fully participate in MIPS, the pool of money is only so big.
- The “losers” pay the “winners”. The more winners there are the less money that is out there to pay them.

HISTORY

2017 MIPS PARTICIPATION

- 71% of EP's received a positive adjustment plus the exceptional performance bonus
- 22% of EP's received a positive adjustment (approximately +0.5%)
- 2% of EP's remained neutral
- 5% of EP's received a -4% penalty

If 71% of eligible providers (EP) participated in MIPS in 2017, then CMS must have paid each one of those EPs a nice amount of money in 2019, right?

WRONG!

What do you think the bonus was in 2019 for doing all that work?

1.88%

MIPS Adjustment(s)

- Payment Adjustment 0.29%
- Exceptional Performance Adjustment (for >70%) 1.59%

Total +1.88%

LET'S DO THE MATH!

- Your Medicare reimbursement for 2019 was \$100,000

$$\$100,000 \times 1.88\% = \$1,880$$

- Let's take that one step further

$$\$1,880/52 \text{ weeks in 2019 (no matter how many patients)} = \$36.15/\text{week}$$

THAT SEEMS LIKE A LOT OF WORK FOR SO LITTLE

- You're right!
- Now it's time to ask yourself some questions:
 - Do I need to participate?
 - What if I just don't want to be penalized?



NOW LET'S TALK ABOUT YOUR DATA FROM 2018

If you were an exceptional performer in 2018, and scored 100%, the maximum bonus to be paid in 2020 is.....

2018 PERFORMANCE VS. 2020 INCENTIVE

2018 Score	2020 Impact
0 MIPS Points	-5%
15 MIPS Points	Neutral
35 MIPS Points	+ 0.07%
83 MIPS Points	+ 0.89%
100 MIPS Points	+ 1.68%

DO I HAVE TO PARTICIPATE IN 2020?

If you meet all three of the following criteria, you are required to participate in MIPS

- Dollar amount: \$90,000 in covered services under the Physician Fee schedule (PFS)
- Number of beneficiaries: 200 Medicare Part B beneficiaries
- Number of services*(new) 200 covered professional services under the Physician Fee schedule (PFS) (I claim line)

If you do not meet any of the above, you are EXCLUDED

If you meet one or more of the above, you MAY voluntarily report or not participate at all

DO I HAVE TO PARTICIPATE IN 2020?

If you meet all three of the following criteria,
you are required to participate in MIPS

- Adjustments

- 2022: -9% to +9%

(based on your 2020 score)

2020 REPORTING PERIODS

- Quality – 365 days
- Promoting Interoperability – any consecutive 90 days
- Improvement Activities - any consecutive 90 days
- Cost – 365 days



2020

Exceptional performance bonus is
80 points

2020

- Promoting Interoperability: 25 points
- Quality: 45 points
- Improvement Activities: 15 points
- Cost: 15 points

- The threshold to remain neutral has been raised to 30 points from 15 points
- The exceptional performance bonus level has been raised to 80 points

PROMOTING INTEROPERABILITY MEASURES

1. **E-rx** – the eligible provider must e-prescribe
2. **Provider to Patient Exchange** - Provide Patients Electronic Access To Their Health Information
3. **Health Information Exchange**
 1. Support Electronic Referral Loops by Sending Health Information
 2. Support Electronic Referral Loops by Receiving and Incorporating Health Information
4. **Protect Patient Health Information** – Security Risk Analysis
5. **Public Health and Clinical Data Exchange (2 of 5)**
 1. Clinical Data Registry Reporting
 2. Electronic Case Reporting
 3. Immunization Registry Reporting
 4. Public Health Registry Reporting
 5. Syndromic Surveillance Reporting

PROMOTING INTEROPERABILITY EXCEPTION

Providers in practices with less than 15 providers
are eligible for an exception to the PI category

PROMOTING INTEROPERABILITY EXCEPTION

If claim the exception:

- Quality: 70 points
- Improvement Activities: 15 points
- Cost: 15 points



QUALITY CATEGORY

Report on 70% or more of eligible patients

QUALITY CATEGORY

Quality Measures Typically Used in Podiatry

- 001 Diabetes – Hemoglobin a1c
- 047 Care Plan
- 110 Influenza
- 111 Pneumonia
- 126 Diabetes – Peripheral Neuropathy
- 127 Diabetes - Ulcer Prevention

QUALITY CATEGORY

Quality Measures Typically Used in Podiatry

- 128 BMI
- 130 Document Current Meds
- 226 Tobacco
- 317 High Blood Pressure
- 154 Falls: Risk Assessment
- 155 Falls: Plan of Care

IMPROVEMENT ACTIVITIES

- List of 105 activities to choose from
 - Medium Weight: 10 IA points
 - High Weight: 20 IA points
- Activity weight is doubled for group of 15 or less DPM's
- Perfect score: 40 points



MIPS EXCEPTIONS

- <https://qpp.cms.gov/mips/exception-applications>

1st way to remain neutral

HOW DO I
JUST REMAIN
NEUTRAL?

Four QM at 100% (10 points/QM) +
perfect IA

Quality Measures

100% performance for 4 quality measures

$40/60 \text{ Quality} = 0.67\% \times 45\% =$

30 Quality points

Improvement Activities

Perfect IA = 15 IA points

$30 + 15 = 45 \text{ total MIPS points}$

HOW DO I JUST REMAIN NEUTRAL?

2nd way to remain neutral

1 perfect Quality measure + perfect PI + perfect IA

1 perfect Quality measure = $10/60 = 0.17$

$0.17 \times 45\% = 7.5$ **Quality** points

Perfect PI = 25 **PI** points

Perfect IA = 15 **IA** points

So, $7.5 + 25 + 15 = 47.5$ **total MIPS points**

HOW DO I JUST REMAIN NEUTRAL?

3rd way to remain neutral

3 minimum threshold Quality measures +
perfect PI + perfect IA

3 minimum threshold Quality measures =
 $9/60 = 0.15 \cdot 0.15 \times 45\% =$

6.75 Quality points

Perfect PI = 25 PI points

Perfect IA = 15 IA points

So, 6.75 Quality points + 25 PI points + 15 IA
points =

46.75 total MIPS points

HOW DO I
JUST REMAIN
NEUTRAL?

4th way to remain neutral

6 perfect quality measures

6 perfect quality measures =

$$60/60 = 1.0$$

$1.0 \times 45\% = 45$ Quality points

So, 45 Quality MIPS points =

45 total MIPS points

5th way to remain neutral

(Small Practices with PI Exception)

HOW DO I
JUST REMAIN
NEUTRAL?

4 perfect quality measures

4 perfect Quality measures = 40/60

6 small practice bonus Quality points

$$40+6/60 = 46/60 = 0.77$$

$$0.77 \times 70\% = 53.9 \text{ Quality points}$$

53.9 Quality MIPS points =

53.9 total MIPS points

6th way to remain neutral

(Small Practices with PI Exception)

HOW DO I
JUST REMAIN
NEUTRAL?

2 perfect Quality measures + perfect
IA

2 perfect Quality measures = 20/60 6
small practice bonus Quality points

$$20 + 6 / 60 = 26 / 60 = 0.43$$

$$0.43 \times 70\% = 30.3 \text{ Quality points}$$

Perfect IA = 15 IA MIPS points

So, 30.3 Quality points + 15 IA points =
45.3 total MIPS points

SO THE QUESTION IS, SHOULD I PARTICIPATE?

- Look at the ROI
- Is there something else that you can be doing to generate the lost “incentive” payment?

SO HOW DO I MAKE UP FOR THAT LOST REVENUE?

- See more patients
- Improve billing and coding
- Automating processes: patient portals
- Staff
- Purchasing: decrease costs = increase cash



WHAT SHOULD YOU DO?

DON'T DO NOTHING!

RESOURCES

- **APMA**

- https://www.apma.org/Search/CategorizedSearchResults_Solr.cfm?Keywords=MIPS

- **CMS**

- <https://qpp.cms.gov/>



QUESTIONS?



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Thank you

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