aaPM&R American Academy of Physical Medicine and Rehabilitation

Merit-based Incentive Payment System (MIPS)

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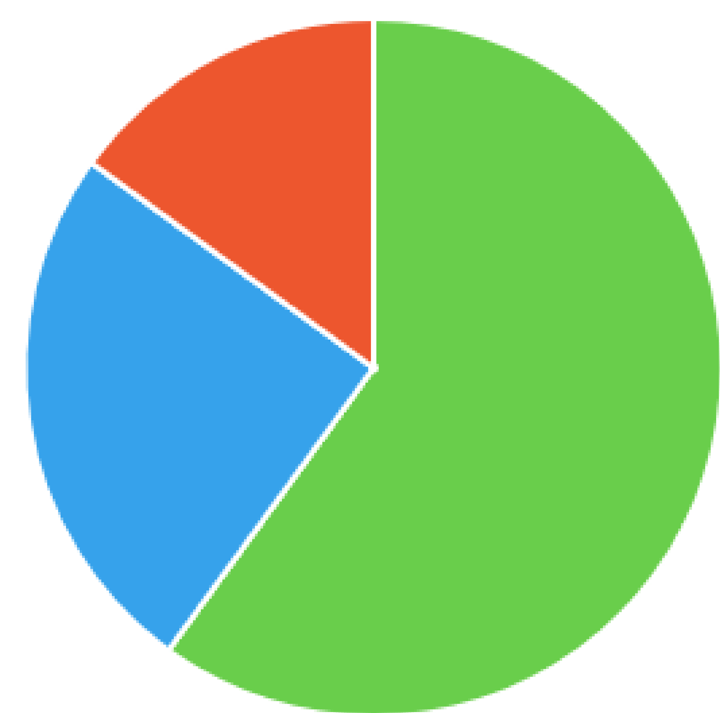
Introduction

Currently, physicians participate in several overlapping Medicare reporting programs – the electronic health records incentive program (Meaningful Use or MU), the Physician Quality Reporting System (PQRS) and the value-based modifier (VBM).

Physician Quality Reporting Program (PQRS)	Value-Based Payment Modifier (VM)	Medicare Electronic Health Records (EHR) Incentive Program

MIPS replaces these 3 reporting programs and introduces a 4th component. For 2017, only three components will be weighted and scored.

2017 MIPS Performance



Eligibility

All physicians billing Medicare Part B are eligible for MIPS. Under the proposed rule, the following exclusions apply:

- It is your first year of Medicare Part B Participation;
- You meet the low volume threshold of Medicare billing charges less than or equal to $30,000 or care for 100 or fewer Medicare patients in one year;
- Certain participants in ADVANCED Alternative Payment Models

Participation in 2017

The final MACRA rule will exempt physicians from any risk of penalties in 2019 ***if*** they choose one of three distinct MIPS reporting options in 2017:

1) Full-year reporting that begins January 1, 2017
2) Partial year reporting for a reduced number of days
3) A "test" option under which physicians can report minimal amounts of data

Quality

60% of 2017 composite score

- Replaces PQRS
- Reduces reporting burden:
  - Physicians report on 6 measures rather than 9
  - No longer have to choose from 3 national quality strategy domains
- No longer uses "all or nothing" method. You can receive partial credit for reporting a measure.
- Provides bonus points

Resource Use

0% of 2017 composite score

- Replaces Value-based Modifier
- Based on claims data so there are not reporting requirements
- Transitions to episode-based measures
  - Episode groups have the potential to more appropriately measure resource use and provide more actionable feedback than cost measures

Advancing Care Information

25% of 2017 composite score

- Replaces Meaningful Use
- Moves away from "pass-fail" scoring program:
  - Base score requires yes/no attestation
  - Performance score does not use thresholds and allows for partial credit
  - Can also receive bonus points for reporting to clinical data registries
- Reduced number of measures
- Easier reporting process:
  - Group data submission is now allowed
  - Reporting can be done through QCDR

Clinical Practice Improvement Activities

15% of 2017 composite score

- New reporting requirement
- Offers choice of 90+ activities:
  - Full credit for patient-centered medical homes
  - Half credit for participation in APM
- Short reporting period:
  - Activities would only need to be performed for 90 days
- Simple reporting through attestation

FACT: 47% of physiatrists do not comply with current CMS mandated quality reporting programs.

Visit www.aapmr.org/quality-practice for up to date information