MIPS for Rural Healthcare Providers

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Data & Quality – Project Manager
Strategic Healthcare Partners
Performance Analytics
We offer real-time data dashboard backed by a team of analysts to deliver actionable information for better financial, operational, and population health management.

Provider Enrollment
Maintaining provider enrollment is an important and often time consuming process. We can get you enrolled and take the burden off your practice with ongoing enrollment maintenance.

Managed Care Contracting
Our contracting team has relationships with insurance companies and can help you negotiate the best fee schedules.

IPA & CIN Management
We manage four IPAs across the state of Georgia and provide consultation and management services for CINs nationwide.
Topics

1. What is MIPS?

2. Determining Eligibility

3. Virtual Groups

4. Support for Practices
Why Should I Care?

• Exemptions won’t last forever

• Private payers are looking at MIPS scores for payment

• Ignoring MIPS/Quality is no longer an option
What is MIPS
What is MIPS?

1. Merit-based Incentive Payment System

2. Passed in 2015 as a part of the MACRA (Medicare Access and CHIP Reauthorization Act)

3. Consolidated all the Quality programs into one program administered by CMS

4. Consists of four categories

5. MIPS is now in its third Reporting Year (RY)

6. Applies to more providers

7. Continuing to evolve
## Categories

<table>
<thead>
<tr>
<th>MIPS Category Name</th>
<th>Historical name</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Quality</td>
<td>• PQRS &amp; CQM</td>
</tr>
<tr>
<td>• Promoting Interoperability</td>
<td>• Meaningful Use</td>
</tr>
<tr>
<td>• Cost</td>
<td>• Value-based Modifier</td>
</tr>
<tr>
<td>• Improvement Activities</td>
<td>• None - created for MIPS</td>
</tr>
</tbody>
</table>

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Measures & Activities

• Quality, Cost & Promoting Interoperability have “Measures”

• Improvement Activities have “Activities”

• Performing measures & activities earn you points

• Total points earned in a category are scaled to Final Score

• Final score determines incentive or penalty
Incentives & Penalties

**Incentives**
- Up to 7% Medicare Part B payments in 2021
- Up to 9% in 2022 & beyond

**Penalties**
- Up to -7% Medicare Part B payments in 2021
- Up to -9% in 2022 & beyond
RY 2020 Point Thresholds

-9%  -0.01% -9%

11.25 POINTS  45 POINTS

+0.01% - +9%

+0.5% - +10%

80 POINTS

Exceptional performance bonus
Determining Eligibility
qpp.cms.gov/participation-lookup

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

Want to check eligibility for all clinicians in a practice at once? View practice eligibility in our signed in experience.
Associated Practices (3)

[Practice 1 Information]

MIPS Eligibility: Individual, Group
Opt-in Option: Opt-in eligible as individual

[Practice 2 Information]

MIPS Eligibility: Individual, Group

[Practice 3 Information]

MIPS Eligibility: Individual, Group


**MIPS ELIGIBLE**

- **Exceeds Low Volume Threshold:** Yes
- **Medicare Patients at this Practice:**
- **Allowed Charges at this Practice:**
- **Covered Services at this Practice:**
- **Special Statuses, Exceptions and Other Reporting Factors:** none

**MIPS EXEMPT**

- **Opt-in eligible**
- **Exceeds Low Volume Threshold:** No
- **Medicare Patients at this Practice:**
- **Allowed Charges at this Practice:**
- **Covered Services at this Practice:**
- **Special Statuses, Exceptions and Other Reporting Factors:** Health Professional Shortage Area (HPSA), Non-patient facing, Small practice
How Eligibility is Determined

• NPI & TIN - combo
• Determination Period – Part B & PECOS review
  • Low-Volume Threshold
    • 1) Bill >$90k Part B, 2) see >200 Part B patients, 3) AND provide >200 services to Part B patients
• Clinician Types
  
  qpp.cms.gov/mips/how-eligibility-is-determined
2019 Determination Periods and Snapshots

https://qpp.cms.gov/about/eligibility-determination-periods-and-snapshots
Changes to Eligibility

• No new providers will be MIPS eligible in 2020

• Exclusions for non-patient facing groups

• No changes to Low-Volume Threshold, Opt-in, or determination period
The Opt-in Option

• AKA the Katniss Option

• Clinicians can chose to participate if they are Opt-in Eligible

• Same risk as clinicians who are mandatory participants

• Process to opt-in will be revealed “soon”
Special Status Benefits

**Status**
- Small Practice (<15 clinicians)
- HPSA Practice
- Rural Practice

**Benefit**
- 2x IA Points & 6 Quality Points
- 2x IA Points
- 2x IA Points
Virtual Groups
Virtual Groups

• What is a Virtual Group?
  • Practices of 1 – 10 clinicians teaming together

• Who can form or join a VG?
  • Any practice that is MIPS or opt-in Eligible

• When can I form a VG?
  • Nomination deadlines for PY 2020 is Dec 31st
What are the Benefits?

• Meet mandatory case minimums for measures
• Achieve potentially higher scores
• Share costs and resources
• Benefits smaller practices with multiple TINs
VG Management

• CMS offers VGs flexibility for submissions
  • Access to the Web Interface, QPP Attestation, QPP Upload, claims & third-party (Registry, QCDR)

• VGs must aggregate its data before submission
  • How a VG does that, is up to the VG

• VGs last 1 performance year
  • The VG must elect in Q4 of the following year to continue
Resources & Next Steps
Next Steps

• Final Rule Webinar
  • Tentatively scheduled for Nov 14

• We can help you make your MIPS plan
  • Contact SHP for more information
Small/Rural Practice Resources

• Georgia-specific resource
  Alliant GMCF QPPSURS@alliantquality.org

• US-wide resource
  IMPAQ International QPPSURS@IMPAQINT.com
Got Questions?

Send us your MIPS questions:

quality@shpllc.com