

Part B Insider (Multispecialty) Coding Alert

MACRA: Avoid a 4% Penalty ☐ Report MIPS 2017 Data Before March 31

Remember you only need report 90 days of data for 2017 to sidestep penalties.

Performance Year 1 of MACRA's Quality Payment Program (QPP) ended on Dec. 31, 2017, but there's still time to submit your data to ensure a positive payment adjustment - as long as you began collecting and submitting measures by Oct. 2, 2017.

Review These Pick-Your-Pace Basics

For the inaugural year of the Merit-Based Incentive Payment System (MIPS), CMS allowed eligible clinicians to report under its "Pick-Your-Pace" plan. This option gave providers the opportunity to report as much or as little as they wanted. Here is a quick overview of the Performance Year 1 categories and the rewards or penalties for each:

- **Non-participation:** If you were eligible for MIPS and did nothing in 2017, you can expect a negative 4 percent adjustment to your payment in 2019.
- **Test:** If you sent some MIPS data - say one quality measure for one patient, or one improvement activity - you avoided the 4 percent penalty.
- **Partial year:** If you submitted 90 days' worth of 2017 data, you may earn a small positive payment adjustment.
- **Full year:** If you reported a full year of MIPS performance information, you may see a moderate payment increase in your 2019 paycheck.

Status check: Remember, that if you didn't meet the MIPS participation requirements, you are excluded from the program for Performance Year 1 and off the hook to report any measures for 2017. "Currently, if a clinician or group does not meet both the Medicare revenue and number of Medicare patients' thresholds, the clinician or group is excluded from MIPS and does not have the option to participate," reminds attorney **Benjamin Fee, Esq. of Dorsey and Whitney LLP** in the Des Moines, Iowa office. Here are the baseline essentials for reporting your MIPS measures for 2017:

- Be a Part B physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist. Group practices that employ these types of clinicians are also eligible.
- Bill \$30,000 or more in allowable charges under Medicare Part B.
- Provide services to at least 100 Part B beneficiaries annually.

Deadline: Whether you started sending your data on Jan. 1 or Oct. 2 of 2017, you have until March 31, 2018 to submit and finalize your 2017 performance data under the four MIPS categories.

For Performance Year 1, reporting clinicians receive a score in three out of the four categories, which CMS weights according to the relative importance assigned to each, to arrive at a single score between 0 and 100. Take a look at this quick refresher of what constitutes "Partial" or what CMS suggests most MIPS 2017 participants will submit:

- **Cost:** This category is not required for Performance Year 1 and will not factor into the MIPS composite score for 2017.
- **Improvement Activities:** Submit four improvement activities for at least 90 days. This is worth 15 percent of the MIPS composite score.
- **Quality:** Attest to at least six measures, including an "outcome measure" for a minimum of 90 days. This counts toward 60 percent of your total.
- **Advancing Care Information:** Report on all base-score measures (four in 2017) and up to nine optional measures for a higher score. Sufficient attestation adds 25 percent to your MIPS composite.

Resource: For more in-depth information about performance data requirements, how to report your measures before the March 31, 2018 deadline, and CMS guidance, visit <https://qpp.cms.gov>.