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MEDICAL PRACTICE
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The Centers of Medicare & Medicaid (CMS) has been given the task of moving from a fee based quantitative payment system (fee for service) to a quality payment system. Their authority is under the direction of the Medicare Access & CHIP Reauthorization Act (MACRA) of 2015. The proposed rule was issued on April 27, 2016 by the Centers for Medicare & Medicaid Services (CMS) and currently goes into effect on January 1, 2017.

Three important changes will be made which will directly affect how Medicare will pay for services rendered by health care providers to patients. The three changes are:

1. Ending the SGR (Sustainable Growth Rate) forum
2. Rewarding health care providers for better care outcome rather than quantity
3. Combining several government quality reporting programs

These changes will greatly reduce payments determined primarily by number of services billed (quantity) to a quality measurement by implementing two payment paths.

- Merit-based Incentive Payment System (MIPS)
- Alternative Payment Model (APM)

The purpose of this posting is to focus on the MIPS portion of the MACRS.

What is MIPS?

The MIPS path feels somewhat comfortable to a vast majority of healthcare providers because of its relationship to several current methods of payments and penalties they have been dealing with over the last several years. However, there are some rather significant differences. It will incorporate components from several of the current quality measurement CMS programs but in the end determine a weighted scale of 0-100 which will result in a composite score including both the good and bad outcomes. The quality programs that have survived thus far are:

- Physician Quality Reporting System (PQRS)
- Value-based Payment Modifier (Value Modifier)
- Medicare Electronic Health Record (EHR) incentive and penalties.



Who IS affected and who IS NOT?

The MIPS program is only applicable to physicians and CMS defined physician/providers

(nurse practitioners, physician assistants, clinical nurse specialist, and certified registered nurse anesthetists).

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There are three categories of professionals who cannot be a part of MIPS.

1. First year enrollee to Medicare
2. Low volume provider
3. Participants in eligible Alternative Payment Models who qualify for the bonus payment

What are MIPS merit-based incentive performance categories?

Eligible professionals will be measured on:

- **Quality** – There will be a deeper drive into current reporting methodologies with a reduction from nine to six. In the absence of an applicable outcome measure, a high priority measure may be substituted such as the patient’s experience, safety, to name a few.
- **Resource use** – There will be a comparison of resources used to treat similar care episodes and clinical conditions groups across practices, without additional data submission.
- **Clinical practice improvement (CPIA)** – There will be 9 categories you can earn partial credits which will help increase your score.
 1. Integrated behavioral and mental health
 2. Participation in an APM or medical home
 3. Emergency preparedness
 4. Population management
 5. Expanded practice access
 6. Achieving health equity
 7. Care coordination
 8. Beneficiary engagement
 9. Patient safety
- **Meaningful use** of certified EHR technology

Resources

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

<http://www.ama-assn.org/ama/pub/advocacy/topics/medicare-physician-payment-reform.page>

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-LAN-PPT.pdf>



Tina L. Wright, CPA, CPMA services as a Senior Consultant of MPC. With over 20 years of healthcare experience in compliance and internal audit, she has proven to be a valuable and gifted asset in investigative analysis. Her advanced education has earned her distinction as a Certified Public Accountant (CPA) as well as a Certified Professional Medical Auditor (CPMA), AAPC.

Nick Henson serves as Senior Consultant of MPC. Nick is an expert at analyzing and evaluating billing and collection statistical information, benchmarking comparisons, and comprehensive operational reviews. Nick received both his Master's and Bachelor's Degrees from East Central University in Ada, OK.

Renee M. Brown, CMIS, ACS-EM, CHA is president and managing partner of Medical Practice Consultants, Inc. (MPC). As a Certified Healthcare Auditor (CHA), Renee is distinctively qualified to assist organizations with determination of problematic root causes found in the healthcare organization with the performance of gap analysis to assist the organization on corrective actions. Additionally, as a Certified Medical Insurance Specialist (CMIS), Renee fully understands the complete reimbursement process, documentation, coding.

Advanced Coding Specialist for Evaluation/Management services (ACS – EM). The ACS – EM certification allows her the opportunity to audit E/M services with attention to the tough scrutiny from RAC and payer audits.

Trainer to prestigious organizations such as Medical Group Management Association (MGMA) and American Academy of Professional Coders (AAPC) as well as large hospital organizations throughout the United States.

“Autumn..The year’s last,

loveliest smile.”

William Cullen Bryant