

Overview of the 2018 Amendments to the MIPS Regulations

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Overview of the 2018 MIPS Amendments



2018 MIPS Amendments

- Final Rule issued November 16, 2017
- Many more amendments than mentioned here
- Today we'll note a few of the more material changes for 2018

4 Primary Topics

1. MIPS 2018 Payment Adjustments

2. Standard MIPS Scoring Weights and Scoring Methodology for 2018

3. “APM Scoring Standard” for MIPS APMs in 2018

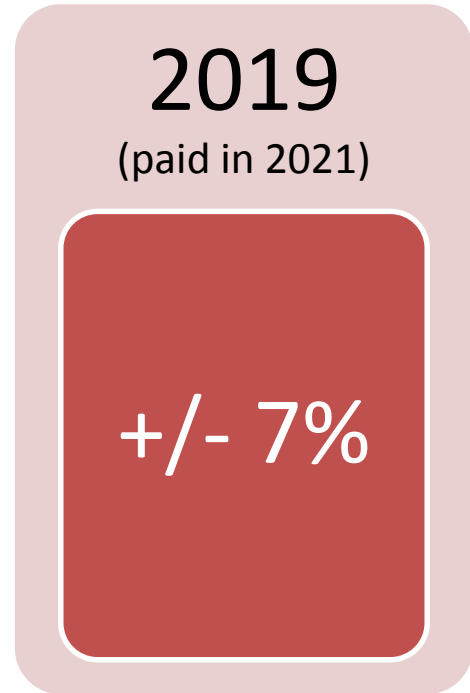
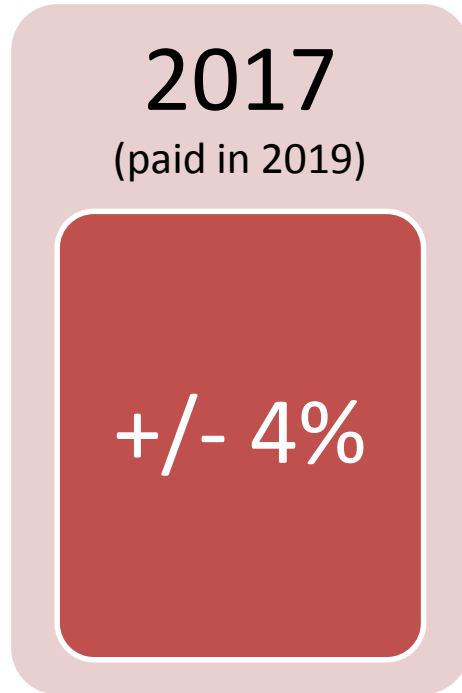
4. Treatment of “Small” Group Practices in 2018



1. MIPS 2018 Payment Adjustments



Part B Standard Payment Adjustment



MIPS Standard Payment Adjustments Are Subject to “Budget Neutrality”

- Amount of positive MIPS payment adjustments for a year *must be equal to the amount of negative MIPS payment adjustments for the year*
- May 2016 proposed MIPS Rule: **\$833 Million** (est.) available for 2019
- November 2016 final MIPS Rule: **\$199 Million** (est.) available for 2019
- November 2017 final MIPS Rule: **\$118 Million** (est.) for 2020

Why Are Relatively Few Dollars Available for the Standard Adjustment?

- A number of exceptions to MIPS
- Increase in the “low-volume” threshold
- For 2017:
 - Part B allowed charges \leq \$30,000
 - Cared for \leq 100 Part B patients
- For 2018:
 - Part B allowed charges \leq \$90,000
 - Cared for \leq 200 Part B patients

Compression of Standard Positive Payment Adjustments

- CMS estimates 622,000 clinicians will be subject to MIPS for 2018 (2020 payment year)
- Only \$118 Million (estimated) in positive payment adjustments
- CMS's "scaling factor" means that high performing MIPS eligible clinicians will not realize a 5% increase (or anything close to 5%) in their 2020 Part B payment rates

Performance Threshold

- At the Threshold: No Payment Adjustment
- Above the Threshold: Positive Payment Adjustment (sliding scale)
- Below the Threshold: Negative Payment Adjustment (sliding scale)

2017

3 points
(out of 100)

2018

15 points
(out of 100)

2019

“Mean or
Median” of all
MIPS final scores
for a prior year

Additional Positive Payment Adjustment

- For “exceptional” performance = MIPS final score \geq 70 points (same as 2017)
- Annual pool of \$500 Million set aside (for 6 years) to pay additional positive payment adjustments for “exceptional” performance
- No budget neutrality requirement
- Adjustments applied on a sliding scale, from 0.5% to 10%

“Exceptional performance” is where the MIPS \$\$\$ are in 2018



2. Standard MIPS Scoring Weights and Scoring Methodology For 2018



Standard MIPS Scoring Weights and Scoring Methodology for 2018

MIPS Performance Categories	2017 Performance Period	2018 Performance Period
Quality	60%	50%
Cost	0%	10%
Improvement Activities	15%	15%
Advancing Care Information	25%	25%

Standard MIPS Scoring Weights and Scoring Methodology for 2018

Advancing Care Information Performance Category

- Use of 2014 Edition EHR technology is permitted in 2018
- Clinicians may also choose to use the 2015 Edition EHR technology or a combination of the two.
- Clinicians will earn 10 bonus points for using only 2015 Edition EHR technology in 2018
- Applies to the standard MIPS scoring methodology and the "APM Scoring Standard" for the ACI performance category

Standard MIPS Scoring Weights and Scoring Methodology for 2018

Cost Performance Category

- Not really “new” for 2018 (scored, but not weighted)
- Consists of two measures:
 - Total per capita costs for all attributed beneficiaries
 - Medicare spending per beneficiary

Standard MIPS Scoring Weights and Scoring Methodology for 2018

Improvement Scoring

- Awarded for improvement in performance in 2018 compared to performance in 2017
- Limited to the MIPS quality performance category and the MIPS cost performance category



3. “APM Scoring Standard” For MIPS APMs in 2018



“APM Scoring Standard” for 2018

Medicare Shared Savings Program ACOs

MIPS Performance Categories	2017 Performance Period	2018 Performance Period
Quality	50%	50%
Cost	0%	0%
Improvement Activities	20%	20%
Advancing Care Information	30%	30%

“APM Scoring Standard” for 2018

Medicare Shared Savings Program ACOs

- Additional “snapshot” date for determining MIPS eligible clinicians participating in MIPS APMs: December 31 (along with current “snapshot” dates of March 31, June 30 and August 31)
- Improvement scoring for the MIPS quality performance category applied to the ACO’s “group” of MIPS eligible clinicians

“APM Scoring Standard” for 2018

Next Generation Model ACOs

MIPS Performance Categories	2017 Performance Period	2018 Performance Period
Quality	50%	50%
Cost	0%	0%
Improvement Activities	20%	20%
Advancing Care Information	30%	30%

“APM Scoring Standard” for 2018


Next Generation Model ACOs

- Improvement scoring for the MIPS quality performance category applied to the ACO’s “group” of MIPS eligible clinicians


“APM Scoring Standard” for 2018

Comprehensive ESRD Model, Oncology Care Model, and
Comprehensive Primary Care Plus Model

MIPS Performance Categories	2017 Performance Period	2018 Performance Period
Quality	0%	50%
Cost	0%	0%
Improvement Activities	25%	20%
Advancing Care Information	75%	30%



4. Treatment of “Small” Group Practices in 2018



Treatment of “Small” Group Practices

- The 2018 MIPS amendments provide special treatment for a number of clinicians who provide care under distinctive circumstances, including:
 - Ambulatory surgery center-based clinicians
 - Hospital-based clinicians
 - Non-patient facing clinicians
 - Facility-based clinicians
 - Clinicians in rural areas and in HPSAs
 - “Small” group practices

Treatment of “Small” Group Practices

- Virtual Groups
 - A new way to participate in MIPS for solo practitioners and group practices
 - A virtual group is as a combination of two or more TINs assigned to one or more solo practitioners or one or more groups (**consisting of 10 or fewer eligible clinicians**) that elect to form a virtual group for a performance period for a year

Treatment of “Small” Group Practices

- The virtual group must exceed new the low-volume threshold
 - 2018 annual low volume threshold: Part B allowed charges \leq \$90,000; cared for \leq 200 Part B patients
 - **NOTE: The new low volume threshold applies to all MIPS eligible clinician and groups, not simply virtual groups.**
- Participants in a virtual group must notify CMS of their election to form a virtual group no later than **December 31** prior to the MIPS performance year.

Treatment of “Small” Group Practices

- Small Group Practice Scoring Bonus:
 - 5 points will be added to the final MIPS score (for 2018 only) for groups, virtual groups, and APM Entities with 15 or fewer participating eligible clinicians
 - Small group practices (15 or fewer eligible clinicians) also receive special scoring treatment in several other circumstances specified in the regulations

Reminder: Submission Dates for 2017 Performance Data

- Submission deadline for the qualified registry, QCDR, EHR, and attestation submission mechanisms is from **January 2, 2018 through March 31, 2018**.
- For the CMS Web Interface submission mechanism, the submission deadline will occur during an **8-week period** that will begin no earlier than January 2, 2018 and end no later than March 31. **The specific deadline during this timeframe will be published on the CMS Web site.**



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