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Your MIPS Score Sticks With You

The Medicare Access and CHIP Reauthorization Act of 2015 ([MACRA](#)) and its Quality Payment Program ([QPP](#)) introduced a new approach to Medicare payments. The QPP, effective since January 1, 2017, is meant to reward the delivery of high-quality patient care. The QPP has two pathways: the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM). Clinicians participating in MIPS earn scores for their performance in Quality, Cost, Improvement Activities (IA) and Advancing Care Information (ACI). The scores are weighted by category with the end result known as the MIPS Final Score. Clinicians receive a positive, negative or neutral adjustment to future Medicare payments based upon how their MIPS score compares with an established threshold.

While there has been much focus on MIPS reporting requirements and timelines, there is one significant component that may have been missed: your MIPS score - with the payment adjustment it generates – can follow you, the individual eligible MIPS clinician, even if you change practices from one year to the next.

Clinicians may participate in MIPS either at the individual or the group level. When participating as an individual, the MIPS score in the performance period is assigned to the individual NPI and Tax ID combination. If the clinician moves to a new group after the performance period, the adjustment to future revenue (two years after the performance period) will follow the NPI and not be tied to a specific Tax ID.

According to the 2017 Centers for Medicare & Medicaid Services (CMS) [Final Quality Payment Program Rule](#): (CMS-5517-FC):

“In response to concerns about the adverse effect on a new TIN that hires an individual that had a lower final score in the performance period, we want to reiterate that the MIPS payment adjustment is only being applied to that individual TIN/NPI and not all NPIs in that same hiring TIN and that in some cases the MIPS payment adjustment is positive. We believe that our policy tracks accountability to the clinician and will actually encourage all clinicians to seek high performance.”

Because the final score and resulting payment adjustment will follow the provider’s individual NPI, joining a new group will not affect the individual’s MIPS total score at the new practice. In short, there is no “fresh start” with a new TIN.

Physician anesthesiologists joining a practice may have a payment adjustment applied based on the score earned during the performance period. If they worked for multiple practices during the reporting period, their highest MIPS score earned will determine their payment adjustment at the new practice. If they were not eligible for MIPS reporting because they did not meet threshold requirements or were new to Medicare, no payment adjustment will apply.

Practice administrators and physician leaders may want to consider operational and financial impacts regarding a new clinician’s previous MIPS performance. For example, should MIPS participation history be discussed at some point in recruitment and contracting discussions? An

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individual's performance year MIPS score may impact an individual physician anesthesiologist's revenue earned from Medicare two years later. A physician anesthesiologist with a positive payment adjustment could generate more revenue than a physician anesthesiologist with the same productivity numbers but who may, due to a low MIPS score, be receiving a negative payment adjustment.

Practices might consider including in contracts language specific to revenue impacts from MIPS to incentivize positive MIPS payments and active engagement with the MIPS program's Quality, Cost, Advancing Care Information and Improvement Activities. Basing productivity and any corresponding bonus structure on Net Revenue rather than gross collections may help alleviate the impact of negative adjustments.

Understanding how MIPS scoring and corresponding payment adjustments will be applied can assist anesthesiology and pain medicine practices in recognizing the potential impacts to their practice operations and revenue.

For more information on both MIPS and APMs, please see www.asahq.org/macra.