

# STI MIPS Program



**Understanding STI's MIPS Assistance Program**

# STI MIPS Assistance Program

Our MIPS Assistance Program is designed to help our clients *transform* their practices from one that is currently based on volume, to one that is based on value. STI wants to help you to maintain your Independent Practice Status and meet the MIPS requirements. We believe most of our practices will need assistance from STI to meet the goals of this program. As you review this document you can appreciate the complexity of this program.

MIPS is all about your patient data and that means you need to have an EMR to really participate in this program. STI needs to pull data from your EMR for MIPS and we can only do that if you use the STI ChartMaker EMR. So we can only help you if you implement the STI EMR prior to January 1st 2017.

MIPS is a budget neutral program because the plan is to reduce the reimbursement of many physicians to provide incentives to those who exceed the goals. My guess is that in the early going, it will be easier to earn a positive incentive (bonus) payment because many physicians do not even know that the program exists, and many will not understand how to comply because of the complexity of the program. So those who participate early have a better chance of making the bonuses. Plus the program has a two year lag period between reporting and bonus or penalties, so many physicians will incur the penalties without realizing that the program has begun.

MIPS is not just about Medicare; CMS has stated that their goal is to get all insurance companies to support this program, so if you don't do a lot of Medicare that is not going to save you. We anticipate that all major insurance companies will join this program. Why wouldn't they if they have the opportunity to reduce your reimbursement?

If all insurance companies participate, the range of penalties to bonuses in the MIPS program is from a negative 9% to a positive 27% (based upon the reporting year and scaling factor) of your total insurance revenue. Your practice should fall somewhere into this range.

## Solo and small practices will get hit hardest under the new payment system.

Practice size	Eligible clinicians	Percentage likely to be penalized	Percentage likely to get bonus
Solo	102,788	87%	12.9%
2-9	123,695	69.9%	29.8%
10-24	81,207	59.4%	40.3%
25-99	147,976	44.9%	54.5%
100 or more	305,676	18.3%	81.3%
Overall	761,342	45.5%	54.1%

# How Medicare compensation is changing due to MIPS

## MACRA Medicare Access & Chip Reauthorization Act

- Created by bipartisan legislation signed into law April 2015
- Changes the way Medicare rewards clinicians for value over volume
- Provides bonus payments for participation in eligible alternative payment models (APMs)
- Streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS)
- Repeals the Sustainable Growth Rate (SGR) Formula
- 2017 - 2018 - It applies to physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists.
- 2019 on - It applies to physical and occupational therapists, speech-language pathologists, audiologists, nurses midwives, clinical social workers, clinical psychologists and dietitians or nutrition specialists.

## MACRA streamlines multiple quality and value programs into MIPS.

MIPS — Merit Based Incentive Payment System



## How physicians and practitioners are scored under MIPS.

A single MIPS composite performance score factors in 4 weighted performance categories:



# The Merit-based Incentive Payment System (MIPS)

Currently, Medicare measures the value and quality of care provided by doctors and other clinicians through a patchwork of programs, including the Physician Quality Reporting System, the Value Modifier Program, and the Medicare Electronic Health Record (EHR) Incentive Program. Through the law, Congress streamlined and improved these programs into one new Merit-based Incentive Payment System (MIPS). Most Medicare clinicians will initially participate in the Quality Payment Program through MIPS.

Consistent with the goals of the law, the proposed rule would improve the relevance and depth of Medicare's value and quality-based payments and increase clinician flexibility by allowing clinicians to choose measures and activities appropriate to the type of care they provide. MIPS allows Medicare clinicians to be paid for providing high quality, efficient care through success in four performance categories:



## **COST**

**(10 percent of total score in year 1; replaces the cost component of the Value Modifier Program, also known as Resource Use):** The score would be based on Medicare claims, meaning no reporting requirements for clinicians. This category would use more than 40 episode-specific measures to account for differences among specialties.



## **QUALITY**

**(50 percent of total score in year 1; replaces the Physician Quality Reporting System and the quality component of the Value Modifier Program):** Clinicians would choose to report six measures versus the nine measures currently required under the Physician Quality Reporting System. This category gives clinicians reporting options to choose from to accommodate differences in specialty and practices.



## **CLINICAL PRACTICE IMPROVEMENT ACTIVITIES**

**(15 percent of total score in year 1):** Clinicians would be rewarded for clinical practice improvement activities such as activities focused on care coordination, beneficiary engagement, and patient safety. Clinicians may select activities that match their practices' goals from a list of more than 90 options. In addition, clinicians would receive credit in this category for participating in Alternative Payment Models and in Patient-Centered Medical Homes.



## **ADVANCING CARE INFORMATION**

**(25 percent of total score in year 1; replaces the Medicare EHR Incentive Program for physicians, also known as "Meaningful Use"):** Clinicians would choose to report customizable measures that reflect how they use electronic health record (EHR) technology in their day-to-day practice, with a particular emphasis on interoperability and information exchange. Unlike the existing Meaningful Use program, this category would not require all-or-nothing EHR measurement or quarterly reporting.

# MIPS Scoring and Payments

## MIPS Score

Under MIPS, clinicians will have the option to be assessed as a group across all four MIPS performance categories. The MIPS score measures clinicians' overall care delivery. Therefore, clinicians do not need to limit their MIPS reporting to the care provided to Medicare beneficiaries.

## Payment Adjustments

The law requires MIPS to be budget neutral. Therefore, clinicians' MIPS scores would be used to compute a positive, negative, or neutral adjustment to their Medicare Part B payments.

In the first year, depending on the variation of MIPS scores, adjustments are calculated so that negative adjustments can be no more than 4 percent, and positive adjustments are generally up to 4 percent. The positive adjustments will be scaled up or down to achieve budget neutrality, meaning that the maximum positive adjustment could be lower or higher than 4 percent.

Per the law, both positive and negative adjustments would increase over time. Additionally, in the first five payment years of the program, the law allows for \$500 million in an additional performance bonus that is exempt from budget neutrality for exceptional performance. This exceptional performance bonus will provide high performers a gradually increasing adjustment based on their MIPS score that can be no higher than an additional 10 percent.

As specified under the statute, negative adjustments would increase over time, and positive adjustments would correspond. The maximum negative adjustments for each year are:



# How Can STI Help

We offer our Clinical EMR clients the MIPS Assistance Program for \$250/month/practice and the first provider, and \$125/month for each additional provider in the same practice.

## Here's how we arrived at that cost:

- Based upon the costs of coaching your practice and assisting with MIPS attestation, we set our goal to be about 1% of a typical provider's gross receipts. Additional providers require less work so the fee is reduced.
- Paying monthly helps your cash flow and spreads out the cost.

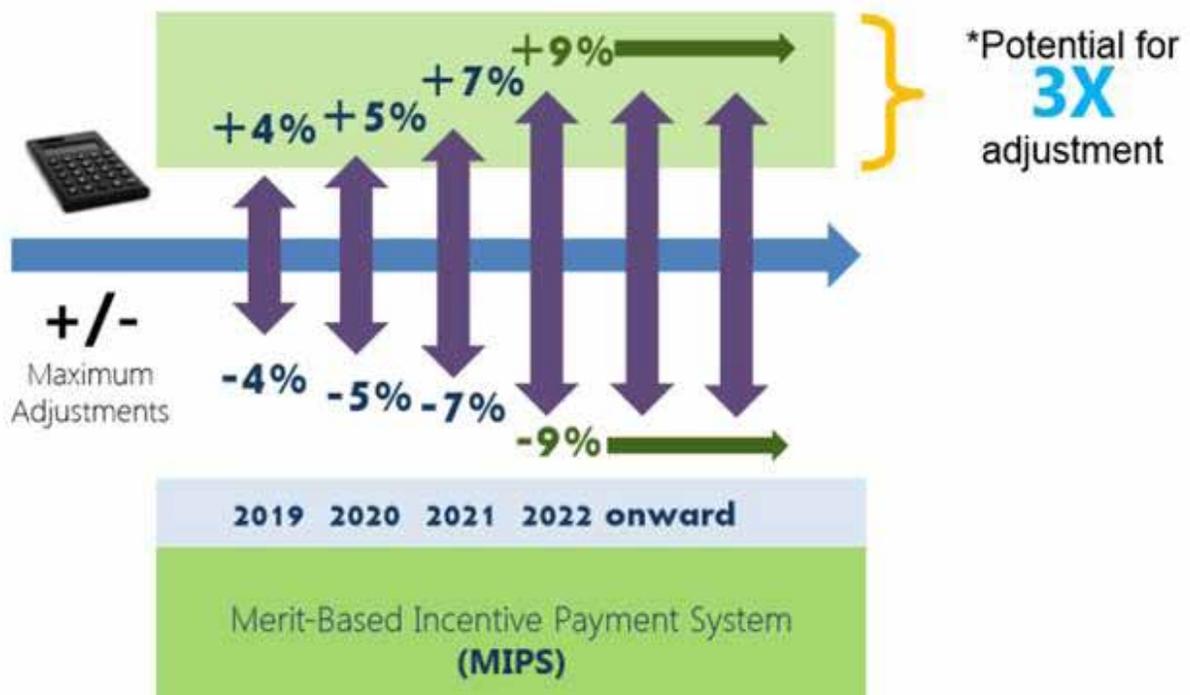
Here is the bottom line – if you do nothing you will incur a penalty of between 4% and 9% based upon the reporting year. If you participate you could reduce the penalty, and in fact get a incentive of as much as 27% in the present plan (the final rule to be released soon will tell us more).

So even after you pay the cost of about 1% for the MIPS Assistance Program you could potentially make between 3% and 26% more revenue as opposed to doing nothing and taking the penalty. That's a pretty good investment opportunity.

It is important that you sign up for the MIPS Assistance Program now if you want our help. STI needs time to prepare for the program, and we need to know how many people have signed up and what type of resources we require to get ready to assist you.

STI is offering a series of free MIPS educational webinars. We recommend that you attend all of them in order to fully understand the details of this new Quality Payment Program. You can register on the Events page of our website at [www.sticomputer.com](http://www.sticomputer.com). The educational webinars will help you decide whether you need our assistance to meet the requirements for MIPS to potentially earn a positive payment adjustment. At a minimum, you will want to avoid a negative payment adjustment.

Note: STI can't guarantee that you won't be penalized or that you will attain a bonus but if you don't participate in MIPS you will incur a penalty of between 4% and 9%.



# A Summary of the MIPS Program Option

The Merit Based Incentive Payment System (MIPS) is a program designed to replace the current “fee for service” payment model to one that reimburses physicians based on the “value or quality” of the services they provide to their patients. This Value assessment is based on two things: the quality of care and the cost to provide that care to the beneficiaries.

Our MIPS Assistance Program is designed to help our clients transform their practices from one that is currently based on volume to one that is based on value. Medicare will begin assessing providers based on quality beginning in 2017, and payments to providers will be either positively or negatively adjusted according to performance in 2019.

We need time to get ready so please sign up now, but no later than October 1st, 2016.

## **MIPS Assistance Program (for \$250/month/practice and the first provider, and \$125/month for each additional provider in the same practice):**

If you sign up for this program, an STI MIPS Coach will be assigned to your practice to help the providers enrolled in the STI MIPS Assistance Program work towards meeting the goals for MIPS. Starting in 2016, the MIPS Coach will work with the providers enrolled, and the practice staff, to help achieve the goals of PQRS reporting and MU attestation. Failure to report for these two programs for 2016 will result in a penalty in 2018 and will negatively impact quality scores going into the MIPS program in 2017. Then at the beginning of 2017, the MIPS Coach will work with the providers enrolled, and the practice staff, to begin the process of transforming the practice from one focused on volume of services, to one based on quality of services, in order to meet the MIPS requirements for Quality, Advancing Care, Practice Improvement, and Cost.

- 2016 Kickoff Meeting** Help the provider(s) access their QRUR (see Page 9) reports starting with 2013. Review reports to determine current standing and identify any deficiencies. Assess current status for PQRS reporting and MU attestation and recommend/make necessary adjustments.
- 2017 First MIPS Year**
- 1st Meeting (on-site)** Select the Quality measures the practice will report on. Make changes for Advancing Care Information documentation to meet the required objectives.
- Touch Base Call** Short phone meeting between MIPS practice coordinator and STI Coach to discuss progress and answer questions.
- 2nd Meeting (web)** Review the provider(s) Performance Report (formerly QRUR report); Review status of Quality measures and Advancing Care Information dashboard.
- Touch Base Call** Short phone meeting between MIPS practice coordinator and STI Coach to discuss progress and answer questions.
- 3rd Meeting (on-site)** Select and begin implementation of Clinical Practice Improvement Activities.
- Touch Base Call** Short phone meeting between MIPS practice coordinator and STI Coach to discuss progress and answer questions.
- 4th Meeting (web)** MIPS attestation.

## QRUR Snapshot

<https://portal.cms.gov/wps/portal/unauthportal/home>

**Your Quality Composite Score** →

**Your cost composite score** →

**Your beneficiaries' average risk score** →

**Your Quality Tiering Performance Graph** →

**Your payment adjustment based on quality tiering** →

**Your Cost Composite Score: Average**  
Standard Deviations from National Mean: -1.0, -0.5, 0.0, 0.5, 1.0, 1.5. Score: 0.71

**Your Beneficiaries' Average Risk Score: 67th Percentile**  
Standard Deviations from National Mean (Negatives Scores are Better): -1.0, -0.5, 0.0, 0.5, 1.0, 1.5. Score: 0.42

**Your Quality Tiering Performance: Average Quality, Average Cost**  
Scatter plot showing quality vs cost performance.

**Your Value-Based Payment Adjustment Based on Quality Tiering**  
Based on 2013 performance, electing the quality tiering approach would result in a payment adjustment of +0.0%.

	Low Quality	Avg Quality	High Quality
Low Cost	0.00%	+1.00%	+2.00%
Avg Cost	-0.5%	0.0%	+1.00%
High Cost	-1.0%	-0.5%	0.00%

Note: \* refers to a payment adjustment factor yet to be determined due to budget neutrality requirements.

Source: CMS

### Your TIN's Performance: Average Quality, Average Cost

The scatter plot below displays your TIN's quality and cost performance ("You" diamond), relative to that of your peers.



Note: The scatter plot reflects the performance of a representative sample of your peers.

# Sign Up Form

To participate in this program or opt out go to: [www.sticomputer.com/mipsassistanceprogram](http://www.sticomputer.com/mipsassistanceprogram), or fill out this form and fax it to 800-971-7735.

- I agree to participate in the STI MIPS Assistance Program. The cost is \$250/month/practice and the first provider, and \$125/month for each additional provider in the same practice. I understand that there is no charge until October 1st, 2016 and payment will be by credit card for a period of 15 months. Afterwards I have the option to continue for additional 12 month terms (if offered by STI) or cancel my participation in the program.
- MIPS is all about your patient data which means you need to have the ChartMaker Clinical EMR by 1/1/2017 to participate. If you don't currently have ChartMaker® Clinical EMR, we can only help you if you implement and complete training by December 31st, 2016. In addition to the above option, please check here if you plan to participate in the MIPS program and you need a quote for the ChartMaker Clinical EMR. One of our salespeople will contact you soon.
- I opt out.

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Signature

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Date

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Practice Name

Participating Physician Names (list all below)

NPI Number

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**Go to: [www.sticomputer.com/mipsassistanceprogram](http://www.sticomputer.com/mipsassistanceprogram), or select your option(s),  
sign and fax the completed form to 800-971-7735**

To participate you must sign up prior to October 1st, 2016.

If you have any questions, call the STI Sales line at 800-487-9135 ext. 1188 or email [jcerra@sticomputer.com](mailto:jcerra@sticomputer.com).