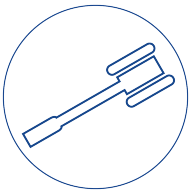
Take Action Now to Avoid Medicare Penalties



The Centers for Medicare and Medicaid Services (CMS) says over 33,600 psychiatrists provide services reimbursed under Medicare Part B. The Merit-based Incentive Payment System (MIPS) is part of Medicare's new Quality Payment Program (QPP). MIPS payment adjustments begin in 2019, and depend on your performance score from two years earlier. So now is the time to take action to avoid penalties in 2019.

Step 1: Must I Do MIPS Reporting to Avoid Future Penalties?

NO	I DO NOT have to report to avoid a penalty
	I am not a physician, physician assistant, nurse practitioner, or clinical nurse specialist. (Psychologists, social workers, and other non-physicians will likely be added in the future.)
	I see no Medicare patients, or none enrolled in Part B. I only see patients through Medicaid, CHIP, private payors, and/or health insurance exchanges.
	I see Medicare patients but my services are paid only through Medicare Advantage.
	I have formally opted out of Medicare and see Medicare patients only under private arrangement.
	This was the first year I enrolled in Medicare. 8% of psychiatrists (over 2,600) may be exempt for 2017.
	For 2017: I (or my group practice) have no more than 100 Medicare Part B patients OR $30,000 in Part B allowable charges per year. 49% of psychiatrists (over 16,000) may be exempt for 2017. **For 2018 & Beyond:** The "low-volume threshold" MAY increase to $90,000/200 patients per year.
	I am a "qualifying participant" in an Advanced Alternative Payment Model or a "partially qualifying participant" and choose not to participate in MIPS. (See the Alternative Payment Models Fact Sheet on the APA Payment Reform Toolkit at www.psychiatry.org/psychiatrists/practice/practice-management/coding-reimbursement-medicare-and-medicaid/payment-reform.)
	I am above the "low-volume threshold" but prefer to receive the highest MIPS financial penalty (4% in 2019, 5% in 2020, 7% in 2021, and 9% starting in 2022) rather than doing the reporting.

YES	I DO have to report to avoid a penalty (or earn a bonus)
	For 2017: I am a physician, physician assistant, nurse practitioner, or clinical nurse specialist, and I (or my group practice) have over 100 Medicare Part B patients AND over $30,000 in Part B allowable charges per year. These include separate Part B payments/patients seen through federally qualified health centers (FQHCs) and rural health centers (RHCs). This is a great year to try out MIPS reporting, since less is required to avoid future penalties. **For 2018 & Beyond:** The low-volume threshold MAY increase to $90,000/200 patients per year.
	I am a "partially qualifying participant" in an Advanced Alternative Payment Model and I choose to participate in MIPS reporting.
	This is a great year to try MIPS reporting. Minimal reporting is needed to avoid a future penalty. And it is good preparation for when other payors adopt quality programs similar to MIPS.

In other words, under the MIPS "low-volume threshold," for the 2017 MIPS performance year:

- You are EXEMPT from MIPS reporting if you have up to (no more than) $30,000 in Medicare Part B allowed charges per year**; OR** provide care for up to (no more than) 100 Part B enrolled beneficiaries per year.
- You are SUBJECT to MIPS reporting requirements and payment adjustments **ONLY** if you annually bill Medicare Part B more than $30,000 **AND** see more than 100 Medicare Part B patients per year.
- If you practice in multiple settings – for example, you see patients in your solo practice as well as in a facility or group practice – you may be exempt for some settings but subject to MIPS for others.

If you are unsure of your MIPS participation status, you can:

- Check your status using the CMS Lookup Tool (at https://qpp.cms.gov/participation-lookup). Enter your national provider identifier (NPI) to see your status.
- You may also have received a MIPS Participation/Exemption Letter indicating your status, from the Medicare Administrative Contractor that processes your claims.
- CMS allows clinicians who are not subject to MIPS requirements to submit MIPS data and receive a MIPS composite score. It is not possible to earn a MIPS bonus in 2019, but this may be an option in future years.

Step 2: When Should I Do MIPS Reporting?

MIPS reporting for quality, improvement activities, and advancing care information can be submitted during 2017, via Medicare claims (for quality only), electronic health records, qualified data registry, or qualified clinical data registry. From January 1 through March 31, 2018, you can submit attestation for improvement activities through CMS's online portal available through the Quality Payment Program (QPP) website (at https://qpp.cms.gov/). The final deadline to submit all data for the 2017 performance year is March 31, 2018.

Step 3: What Should I Report to Earn a MIPS Bonus?

Under the "Pick Your Pace" approach for 2017, to earn a bonus in 2019, you must report for three MIPS categories (quality, improvement activities, and advancing care information) for at least 90 days in 2017. (The last 90-day period in 2017 is October 3 to December 31.) The highest MIPS bonus in 2019 is 4%, for those who report on all three categories for the full year. "Exceptional performers" scoring in the top 30% may earn an extra bonus of up to 10%.

Step 4: What Should I Report to Avoid a MIPS Penalty?

To avoid 2019 MIPS penalties, you only need to do ONE of the following:

- **Report ONE quality measure for ONE patient** – Via claims, electronic health record (EHR), qualified data registry, or qualified clinical data registry (QCDR). (See the Quality Fact Sheet in the APA Payment Reform Toolkit.)
- **OR** – **Report ONE improvement activity --** Submit an attestation (marked "Yes") that you have performed the activity for at least 90 days, to CMS via the QPP website, EHR, qualified registry, or QCDR.
- **OR** – **Report ALL base score measures** for the advancing care information category, for use of certified electronic health record technology (CEHRT), for part of 2017. (See the ACI Fact Sheet in the APA Payment Reform Toolkit.)
- **EXCEPT** – Group practices (of 25 or more clinicians) that register to report via the CMS Web Interface must report all Interface measures, on all assigned beneficiaries, for all of 2017.

Step 5: What is the Easiest Way to Do MIPS Reporting?

The easiest way to do MIPS reporting is to join the APA's national mental health registry, PsychPRO, which CMS has approved as a qualified clinical data registry (QCDR). APA members can sign up for free by going to the Sign-up Portal at https://registry.psychiatry.org/signup/Registration.aspx. Once you are connected, PsychPRO does your MIPS reporting for you. It is really that simple. Non-members are free for 2017, but will incur a participation charge starting in 2018.

Step 6: How Can I Report One MIPS Improvement Activity?

You can "attest" to one (or more) improvement activities in 2017 through CMS's online portal on the QPP website, from January 1 to March 31, 2018. Or submit activities via a QCDR or qualified registry (such as PsychPRO), or your electronic health record system. Groups of 25 or more may use the CMS Web Interface. You should keep supporting documentation for 6 years. All but a few activities must be done for at least 90 days, and the last 90-day period in 2017 begins October 3. However, you may already be doing some activities on an ongoing basis. Here are some recommendations. The complete list is in the CMS Improvement Activities Fact Sheet (at https://qpp.cms.gov/docs/QPP_2017_Improvement_Activities_Fact_Sheet.pdf.)

ACTIVITY	TITLE & DETAILS
Multiple	**Activities for QCDR Participation.** Participating in PsychPRO for at least 90 days automatically qualifies you for several activities involving QCDR participation, for that performance year.
IA-PSPA-9	**Completion of training and receipt of approved waiver for provision of opioid medication-assisted treatment.** After completing the course, you must receive a letter of approved waiver for provision of opioid medication assisted treatment and a prescribing number. For information about the APA course, send an email to educme@psych.org.
IA-BMH-1	**Diabetes screening—for people with schizophrenia or bipolar disease who are using antipsychotic medication.**
IA-BMH-4	**Depression screening—and follow-up plan for patients with co-occurring behavioral or mental health conditions.**
IA-BMH-5	**Major Depressive Disorder (MDD) prevention and treatment interventions.**
IA-EPA-2	**Use of telehealth services that expand practice access—and analysis of data for quality improvement.**
IA-PSPA-5	**Annual registration in the Prescription Drug Monitoring Program.**
IA-PSPA-6	**Consultation of the Prescription Drug Monitoring Program.**
IA-PSPA-9	**Completion of AMA Steps Forward program.** Can be done in less than 90 days. Available at https://www.stepsforward.org/. (APA is not responsible for the content or the process.)

Step 7: How Can I Report One MIPS Quality Measure?

MIPS quality measures can be reported via Medicare claims, EHR, qualified registry, or qualified clinical data registry (such as PsychPRO). All you need to avoid a penalty in 2019 is to report at least one MIPS Quality measure for one patient. The Quality Fact Sheet in the APA Payment Reform Toolkit includes a list of recommended measures for psychiatrists and detailed reporting instructions. If you choose to do claims-based reporting of MIPS quality measures, you must include your selected quality measure(s) when you file your Medicare claims. Here are some detailed instructions on how to do that.

HOW TO REPORT MIPS QUALITY MEASURES ON MEDICARE CLAIMS
1. Complete boxes 1 through 20 on your 1500 Medicare claims form as you normally would, including box 21, the patient's diagnoses and procedure codes.
2. Find one or more MIPS quality measures by consulting the CMS search tool at www.qpp.cms.gov/measures/quality or the Quality Fact Sheet in the APA Payment Reform Toolkit. Write down the 3-digit quality ID number for each measure you would like to report.
3. Go to www.qpp.cms.gov/resources/education to find the "Quality Measure Specifications" ZIP file. Download it on your computer and "unzip" it. Open the folder named "QPP_quality_measure_specifications."
4. Using the quality ID number(s) you recorded in step 2, find the claims document for each measure you are reporting. Write down the Quality Data Code (QDC) for each measure.
5. On your 1500 claims form, enter the QDC code(s) in box 24D and one cent ($0.01) in box 24F.
6. Complete boxes 25 through 33 and submit your 1500 claims form to your Medicare Administrative Contractor (MAC).

Where Can I Get Help and More Information?

- The APA Payment Reform Toolkit includes detailed fact sheets and links to recorded webinars.
- APA members can consult with APA experts by sending an email to qualityandpayment@psych.org or calling 1-800-343-4671.
- To learn about the APA qualified clinical data registry (QCDR), PsychPRO, go to www.psychiatry.org/registry, sign up on the Sign-up Portal, or send an email to registry@psych.org.
- CMS has many resources on the Quality Payment Program website and a "Pick Your Pace" online course on its Learning Management System. Send an email to CMS experts at QPP@cms.hhs.gov or speak to someone directly by calling 1-866-288-8292.
- The American Medical Association has a short video, "One patient, one measure, no penalty: How to avoid a Medicare payment penalty with basic reporting," and other resources on the AMA website at ama-assn.org/qpp-reporting.