0 (0s):
Hi, it's Dr. Weitz. Thank you so much for joining me for this episode of the private medical practice Academy. If you take any form of insurances payment for your services, then you need to understand what MACRA and MIP S are. Now, you may be thinking to yourself, I don't take Medicare, so I don't really need to listen to this, but you do. And I'll tell you why. But first let's start with what MACRA and MIP S R MACRA stands for Medicare access and chip reauthorization act and MIP S stands for merit-based incentive payment system. Basically MACRA is the law and MIP S is the implementation of that law.

0 (44s):
The idea of CMS trying to improve care has been around for a long time. And my PS is Medicare's attempt at streamlining three programs, physician quality reporting system, the value-based payment modifier program, and the old meaningful use into a single payment program. Before I start telling you about MIP S I want to tell you that when meaningful use first came into being, it was a big nightmare. There was huge opposition to it, and there was a very steep learning curve somehow or another. We all learned how to play the game, and there was a lot of money at stake.

0 (1m 24s):
Actually, our practice was able to make over a hundred thousand dollars extra for Medicare, just by participating appropriately in meaningful use it. My PS is basically the same idea in all actuality. I want you to note that with MIP S there's a lot of money at stake, and it's not only Medicare money, the implications of MIP S extended well beyond Medicare before we get too far, I want to point out to you that MIP S is budget neutral, basically said another way. There are bonuses and penalties, and they basically cancel each other out. Think of it like the bell curve. We all know and hate from being pre-meds.

0 (2m 7s):
As you're going to see, this is really a lot like that. I know your first question is, am I even eligible to participate? If you see more than 200 Medicare patients and, or bill more than $90,000 annually in Medicare, part B allowed charges, you're considered eligible, but here's the kicker. If you meet these criteria, you're going to be automatically enrolled. So while eligible means that you have a choice in this case, you don't really have a choice. If you have the 200 patients and, or you build the $90,000, you're enrolled, whether you want to be, or not, let's say for a second that you don't meet the criteria.

0 (2m 52s):
Is there any situation in which you're going to want to voluntarily opt into MIP? S the answer is yes, because the practice marketing aspect of this can pay you big dividends, but at the same time, you're going to need to understand the risks associated with underperforming in Mbps, in order to make an educated decision. I'm sure you also want to know about timing and my PS collects data. And then you see the effect on your reimbursement two years later. In other words, you'll be considered eligible against these criteria based on a two year look back. So, for example, if you want 20, 21 eligibility, then you would have had to collect the data between 2019 and 2020.

0 (3m 39s):
So now we're in 2021. And the data that you would be collecting this year would apply to your payments in 2023. No, I'm sure a lot of you have already heard about MIP S and are somewhere in the process of doing it. But what you need to know is that CMS has been gradually implementing the MIP as rules over the past several years. What you need to know now is that 2021 is the last year of the phase in process. If you're listening to me and trying to multitask, I really want you to come back and listen to this part. Why is participating in MIP S such a big deal? Well, first off, the MIP S financial rewards extend beyond part B incentive payments.

0 (4m 22s):
In some ways, the part B incentive payments are just the tip of the iceberg in terms of the potential revenue gains that can come from doing well. In terms of your MIP S performance MIP S scores effectively are marketing free advertising for exceptional performers, but they also pose a potential liability for under why, because by law MACRA requires CMS to publish MIP S final scores and performance categories, scores on every MIP S participant within 12 months of the performance year through the CMS online portal, as consumers spend more out of pocket on their health care, CMS has taken public reporting a step further by making the physician comparison data sets available to third-party physician rating websites.

0 (5m 19s):
This means your MIP S score will affect patient attraction among all commercial payer populations, as well as Medicare beneficiaries, and as if that were not enough to get your attention to ensure MIP as performance measures clearly delineate peer-to-peer comparisons, the macro final rule instituted a five-star rating system to help healthcare consumers accurately interpret the MIP S a hundred point performance scale. Look, there are good doctors and bad doctors just because you're a doctor does not mean that you shouldn't be held again accountable. Trust me, I'm well aware of all the, and the various physician, Facebook groups about patient reviews and being held accountable for things you don't control.

0 (6m 4s):
And I know this is going to anchor some of you, but medicine is a business. And as with any business revenue and reputation, go hand in hand, you can look at it negatively, or you can look at the upside potential researchers at Harvard business school demonstrated that online physician reviews drive patient healthcare decisions and analysis of Yelp reviews demonstrated that a five to 9% revenue increase was linked to each star on a five-star scale, meaning that a five star rating can potentially boost a clinician's annual revenue by 36%. So now take a step back and see that if a patient can look up your score through a CMS portal, well, the effect should be pretty obvious to you.

0 (6m 53s):
Let's also acknowledge that this data will be available to any of the commercial insurers. I've talked to you

before about negotiating commercial insurance contracts. If you received the MIP as bonus and the highest scores, then your ability to negotiate for better contracted rates just improved. You also need to understand that MIP S scores are irrevocable since they become a part of the permanent public record. Furthermore, now pause for the mic drop. CMS ties MIP S scores to the practitioner so that the scores follow you when you move from one practice to another. So for example, if you perform poorly in 2020, and then join a group in 2021,

1 (7m 39s):
The new group, or you

0 (7m 42s):
Will be affected by those poor scores. And what do I mean by affected? I mean that if your scores are poor, then your payment two years later is going to be reflected. Even though you are no longer with the group that you had the poor scores with, as you can see, MIP S scores can give you a tremendous advantage or can handicap you performances are not only going to impact reimbursement and patient attraction and retention, but also physician recruiting, contracting, and compensation plans. Now for a big decision, you need to know that MIP S participants can choose to report either individually or as a group.

0 (8m 27s):
If you're currently working for a group, you're going to want to know whether they're reporting you individually, or as part of a group, especially based on what I told you about how your scores are going to follow you. If you're part of a group and the data is submitted collectively, then each provider in the group is going to receive the same payment adjustment based on the group's final score. You can quickly see that you're judged by the company that you keep. And let me point out to you. That's groups. That report is a group have increased risk relative to a large group or reporting as an individual as should be immediately apparent being a small group reporting as a group, doesn't afford you much dilution.

0 (9m 9s):
If one or more of your root members is a dud. Now that I've explained to you why you should pay attention to this, let's talk about how MIP S actually works in my PS consists of four categories. You, as the clinician have the flexibility to choose the activities and measures that are most meaningful to your practice. You'll then get a score in each of these categories. Pause here for a second to understand that there are certain parts of this, where you have a choice and I'll point them out to you, take your time to do the research and choose activities that are most relevant to your practice. I promise it'll be much easier to collect the data and therefore get your point. If the measures that you're measuring are actually useful to you in all fairness, many of the measures are things that we are doing anyway, or at least we should be doing and eligible clinicians performance.

0 (10m 2s):

In each of the four weighted performance categories combined to form what's called the MIP S composite performance score, otherwise known as the MIP S final score. This final score is ultimately, what's going to be used in determining your future Medicare part B payment adjustment. The first is the quality category. This requires eligible clinicians to report data, to CMS, for quality measures, related to patient outcomes, appropriate use of medical resources, patient safety, efficiency, patient experience, and care coordination. This category makes up 40% of your total score.

0 (10m 43s):
You need to choose and report on six measures that are most relevant to your practice, including one outcome measure, look, CMS defines which outcome measures it once reported each year. The data is collected for a 12 month period, January 1st to December 31st. And the amount of data that you have to submit depends on the type of collection that you're doing. One of these measures must be categorized as an outcome measure or a high priority measure. You can also choose to report based on a specialty measure, set as a side tip. If you're a small practice, meaning fewer than 16 physicians, and you submit at least one quality measure, you'll get three bonus points for each provider.

0 (11m 33s):
There will be multiple ways to earn bonus points, and you're going to want to try and accumulate as many bonus points as you can, because this can obviously only help your overall score. The next category is something called promoting inter operability. I have to tell you when I first saw this, I thought, what exactly is that? Well, basically this category emphasizes patient engagement and electronic exchange of health information through EMR. It makes up 25% of your final score. You'll need to submit collected data for measures from each of these categories. E-prescribing health information exchange provider to patient exchange and public health and clinical data exchange for a minimum of 90 continuous days during 2021.

0 (12m 26s):
One of the criteria that's very important in order to get these points is that your EMR must have 2015 edition, C E H R T functionality in place. Let me say that your EMR vendor should be the one to help you get these points. And if they can't, then you probably don't have the right EMR. The best thing you can do to get yourself ready for MIP S is to check whether you are using the best up-to-date EMR software. Now, maybe you've listened to my podcast on the key features you want in an EMR, a not so gentle hint. This is why those features are so important. Aside from saving you time and effort features like online appointment scheduling tele-health and having a patient portal are going to help you meet the requirements for scoring the maximum MIP S points.

0 (13m 16s):
Realistically, you're going to get better reimbursement, and that should more than cover any additional costs for a better EMR. I also want to tell you a side tip. You can get 10 extra bonus points in this category for checking the patient's PMP in case you don't know what that means. It's the query of the prescription drug

monitoring program. Now don't you want to know whether your patient is on opioids or benzos, or whether they've been doctor shopping. Of course you do. So why not scoop up those extra points just for doing the right thing? Category improvement, activities, measures how well clinicians improve their care processes, enhance patient engagement and increase access to care.

0 (14m 3s):
This category is worth 15 points. As with the quality performance scores. You can choose the activities that are most relevant to your practice. When you participate to earn full credit in 2021, you're going to need to submit one of the following combinations of activities to high weighted activities, one high weighted activity, and two medium weighted activities, or four medium weighted activities. The improvement here needs to be measured over a continuous 90 day period. And finally, the fourth category cost. This category represents 20% of your final score.

0 (14m 42s):
CMS is interested in the overall cost of care, provided to Medicare patients. They're especially focused on the primary care. They received the cost of services to Medicare patients relative to a hospital, stay and cost for items and services provided during 18 episodes of care. For Medicare patients. These measures are calculated by CMS based on claims and the availability of data. Before you get all uptight over this physicians don't have to report any data related to cost nor admittedly can affect this data. So in other words, while being cost conscious, maybe beneficial, which honestly you should be doing anyway, there's nothing you're going to do to affect your score in this category.

0 (15m 25s):
So in reality, while there are four categories, there are really only three that you can directly impact. Now, let's talk about how the actual final score is determined. The final score is actually a weighted total from each of your scores. So here's an easy example. If you get 30 points out of an available 40 points, then you have 75 points for that category. If the performance category is worth 40%, then you would get 75% of the available 40%. On the other hand, if a category is worth 15%, then you would get 75% of the available 15%.

0 (16m 6s):
Remember how I was telling you that this is just like reading on the curve. I'm sure your next question is going to be okay. Then how many points do I actually need in 2021, you need to earn at least 60 points to avoid a penalty and to start earning an incentive and novel concept, higher scores or new higher incentives. There is an additional performance threshold at 85 points for MIP S 2021. What this means is that if you achieve at least 85 points, then you're eligible to start earning additional incentives. The additional incentive pool is worth $500 million. Again, higher scores or new hire additional incentives.

0 (16m 50s):
The thing that you need to understand is that your final total score is compared to everyone else participating

in MIP. S so if there are more people who meet each threshold than the pot of money for bonuses gets divided by that many people stated another way, the more points you get, the higher, your chance of getting the most money aside from thinking, Oh, wow, this is super complicated. The question you should be asking is what can I do to make sure that I'm positioned to get the most number of points to start with? Let me tell you that I cannot stress enough that having a robust EMR that meets all of the MIP S requirements is going to make your life much easier.

0 (17m 34s):
And while not all of your staff needs to be fully briefed on the MIP S requirements you'll want to have at least one expert to stay on top of them. I want you to realize that the MIP S is a dynamic entity and like everything else, CMS, the rules are always changing. So you're going to need somebody who can help you anticipate the adjustments that are most likely going to come on a yearly basis to get you started. Here's a laundry list of some of the things you're going to want to put in place, set your reporting goals for the performance period, determine which improvement activities you're already doing. I suspect you're already doing some of them without even knowing it.

0 (18m 17s):
And then look at what you can add. That's easy and relevant to your practice. So you can boost your final score. You're going to want to review the quality measures and select those that apply to your practice. The more measures you report on the higher, your chance of getting that better score. But again, I don't want you to stress over this because I suspect that many of you are already doing those quality measures anyway, accurate coding to the highest level of specificity is essential to get the proper credit in MIP S having a certified coder can certainly help you with this. Remember, this doesn't necessarily mean that you need to hire a separate coder.

0 (18m 58s):
If you have in-house billing, then make sure that when you hire a biller, that person is also a certified coder. If you're outsourcing, make sure that your practice management software and your billing company have certified coders, looking at your claims, given that this is a Medicare program that basically everybody is doing. I don't think you're going to have any problems finding a certified coder as part of a billing solution. You're going to want to make sure that the coder audits, your medical documentation to support the quality measures you need to determine is submission mechanism for the MIP as quality data to CMS.

0 (19m 38s):
So this could be claims. It could be from your EMR. There are multiple ways, but the thing you need to understand is that not all measures can be submitted every way. So you're going to want to make sure that who's ever helping. You has read through each of the measures specifications and is doing the right thing. Last, you want to retain your MIP as data that's submitted to CMS for six years, from the end of the performance period, this includes the documents verifying your annual it security assessment, because

you're going to need this for the promoting interoperability performance.

0 (20m 18s):
So as you can see from this Wondery list of things to get you started without at least some concerted effort on your part, you're likely to end up in the lower tier of the rankings and experience a negative impact on your Medicare reimbursement, as well as your revenue overall and your reputation. But before you panic, recognize that much of this process can be done by your billing folks and staff, much of the data is already in your EMR. Your is simply to understand the impact of MIP S to assign the person who's going to be responsible for hunt, showing the process to meet these requirements.

0 (20m 58s):
And then you need to monitor that they're actually doing what they need to be doing over the course of the performance period, so that you're not taken by surprise at the end of the year, when there was actually something that you could have corrected. I included links in the show notes below to help you learn more about MIP S I also will be doing a live zoom question and answer session on Monday, April 5th, at 6:00 PM central time, you can sign up in the show notes or on Facebook or on my website, the practice building md.com. Thanks for joining me, be sure to sign up for my newsletter below, and I'll be sending you tips on how to start your practice best run your practice, grow the practice, and then ultimately be able to leverage your medical practice into multiple other businesses.

0 (21m 54s):
I hope to see you soon.