



# PUTTING THE PIECES TOGETHER PRACTICAL SOLUTIONS FOR THE GI PRACTICE



## Merit-Based Incentive Payment System 2017 Performance Categories and Scoring

### QUALITY

- ◆ 60% of composite score
- ◆ Eligible clinicians report 6 quality measures (or one specialty measure set). At least one measure must be an outcome measure
- ◆ Measure thresholds:
  - ◇ 50% for claims (*Medicare patients only*)
  - ◇ 50% for Qualified Clinical Data Registries (QCDRs), EHRs, Registry (*Medicare and non-Medicare patients*)
- ◆ If a measure falls below 50% threshold, the measure receives 3 points
- ◆ Each measure worth 0-10 points. Bonus points for reporting high-priority measures

### IMPROVEMENT ACTIVITIES

- ◆ 15% of composite score
- ◆ Improvement Activities weighted as "high" and "medium"
  - ◇ High Improvement Activities = 20 points
  - ◇ Medium Improvement Activities = 10 points
- ◆ Highest score of 100% = 40 points (Groups with 15 or fewer eligible clinicians must only report 1 high- or 2 medium-weighted Improvement Activities)
- ◆ 90-day continuous performance period
- ◆ If at least one clinician within the group is performing an Improvement Activity for a continuous 90 days in the performance period, the entire group may report on that activity

### ADVANCING CARE INFORMATION

(Formerly EHR Meaning Use)

- ◆ 25% of composite score
- ◆ Stage 3 EHR meaningful use measures and objectives form the basis of the Advancing Care Information category
- ◆ No more measure thresholds
- ◆ Performance score divided into three components:
  - ◇ Base Score (50 points)
  - ◇ Performance (90 points)
  - ◇ Bonus (15 points)

### COST

- ◆ 0% of composite score
- ◆ Cost data, including data on 10 episode groups, will be collected and included in feedback reports but not scored
- ◆ GI-related episode groups include:
  - ◇ Colonoscopy and Biopsy
  - ◇ Cholecystectomy and Common Duct Exploration

MIPS applies to all eligible clinicians with 3 exceptions: 1) those newly enrolled in Medicare; 2) those with  $\leq$  \$30,000 in Medicare charges and  $\leq$  100 Part B enrolled Medicare patients; and 3) those significantly participating in an Advanced Alternative Payment Model (APM). MIPS eligible clinicians include: physicians, nurse practitioners, physician assistants, clinical nurse specialists, and certified registered nurse anesthetists. MIPS does not apply to facility payments.