

Merit-Based Incentive Payment System Participation: Radiologists Can Run but Cannot Hide

SA-CME

Andrew B. Rosenkrantz, MD, MPA^a, Julia E. Goldberg, BA^a, Richard Duszak Jr, MD^b, Gregory N. Nicola, MD^c

Abstract

Purpose: To optimize the flexibility and relevancy of its Merit-Based Incentive Payment System (MIPS), CMS exempts selected physicians and groups from participation and grants others relaxed reporting requirements. We assess the practical implications of such special status determinations.

Methods: For a random sample of 1,000 Medicare-participating radiologists, the CMS MIPS Participation Lookup Tool was manually searched. Individual radiologists' and associated groups' participation requirements and special statuses were assessed.

Results: Although only 55% of radiologists were required to participate in MIPS as individuals when considering only one associated taxpayer identification number (TIN), 83% were required to participate as individuals when considering all associated TINs. When using the group reporting option, 97% of radiology groups were required to participate. High participation requirements persisted across generalist and subspecialist radiologists, small and rural, and both academic and nonacademic practices. Non-patient-facing and hospital-based statuses were assigned to high fractions of individual radiologists (91% and 71%, respectively), but much lower fractions of group practices (72% and 25%). Rural and health professional shortage area statuses were assigned to higher percentages of groups (27% and 39%) than individuals (13% and 23%). Small practice status was assigned to 22% of individuals versus 16% of groups.

Conclusion: Although not apparent if only considering individual radiologist-TIN combinations, the overwhelming majority of radiologists will be required to participate in MIPS, at the individual or group level. Radiology groups are strongly encouraged to review their physicians' MIPS participation requirements and special statuses to ensure optimal performance scores and payment bonuses.

Key Words: Radiologists, MACRA, MIPS, Medicare, health policy

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INTRODUCTION

The Medicare Access and CHIP Reauthorization Act (MACRA) [1] of 2015 stands to be the single most impactful piece of legislation on physician payments of the present generation. Through a comprehensive

regulatory process [2], CMS established the Quality Payment Program (QPP) to implement MACRA's statutory provisions. Under the QPP, most physicians will initially be paid through the Merit-Based Incentive Payment System (MIPS). MIPS is a complex modified fee-for-service payment system whereby a final score, derived from a range of individual measures, objectives, and activities in up to four discrete performance categories, is compared against national benchmarks to determine future positive, negative, or neutral payment adjustments.

In developing MIPS, CMS has sought to keep it flexible and relevant to physicians' unique circumstances, recognizing the wide variation in physicians' practice patterns [2]. For example, CMS has provided criteria by which certain physicians may be deemed exempt from the QPP, and hence MIPS, altogether. In addition, for radiologists

^aDepartment of Radiology, NYU Langone Medical Center, New York, New York.

^bDepartment of Radiology and Imaging Sciences, Emory University School of Medicine, Atlanta, Georgia.

^cHackensack Radiology Group, P.A., River Edge, New Jersey.

Corresponding author and reprints: Andrew B. Rosenkrantz, MD, MPA, Center for Biomedical Imaging, Department of Radiology, NYU School of Medicine, NYU Langone Medical Center, 660 First Avenue, 3rd Floor, New York, NY 10016; e-mail: Andrew.Rosenkrantz@nyumc.org.

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included in MIPS, CMS has provided numerous special statuses, each with its own criteria. MIPS participants who receive a given special status in turn receive somewhat relaxed reporting requirements, such as needing to report a fewer number of activities in a given performance category or perhaps becoming exempt from a given category altogether. Two special status options are of particular relevance to radiologists: non-patient-facing status (indicating having infrequent face-to-face patient interactions) and hospital-based status (indicating that a large majority of one's services are furnished in the hospital setting). Physicians receiving either special status are exempt from MIPS requirements measuring performance on utilization of certified electronic health records technology in the advancing care information performance category; those receiving the non-patient-facing status additionally may report a fewer number of improvement activities. Furthermore, for physicians practicing in small, rural, and underserved areas, CMS offers not only a reduced reporting burden but also free technical assistance through a gamut of education and outreach initiatives as well as enhanced opportunities for alternative payment model participation.

An additional key aspect of MIPS flexibility is the option for a physician to participate either as an individual, regardless of practice size, or as a group [2], as long as there is more than one physician included in the practice's taxpayer identification number (TIN). If choosing to participate as a group, then all members receive a single overall performance score and the same resulting payment adjustment. Given that group reporting is administratively far simpler and less costly, its use is likely to grow substantially under MIPS. However, CMS has crafted separate rules for determining the MIPS special statuses for groups than for individual physicians. Earning a given special status as a group may be easier in some instances, yet more challenging in others. Awareness of the implications of these differences could influence a practice's decision whether to participate as a group or as individuals, for instance, preferring the method that maximizes the chance of receiving a given special status. Past investigations of the impact of MIPS regulations on radiologists have largely been conducted at the individual physician level, such that there are minimal available data regarding the potential impact of group reporting for radiologists.

CMS recently released public information [3] regarding physicians' participation status in MIPS, in terms of inclusion in the program and receipt of special statuses, as well as in terms of individual and group reporting options. Although intended as a resource to allow individual

physicians to check their own MIPS reporting requirements, the searchable tool provides a unique opportunity to assess the real-world impact of current MIPS participation regulations. Specifically, the tool indicates how the regulations will actually impact radiologists as decided by CMS itself (in comparison with previously attempted predictions based on independent claims-based computations). Therefore, the aim of this study was to assess the practical implications of MIPS special status determinations as made by CMS.

METHODS

This study of publicly available data did not use any private identifiable information. Therefore, it did not represent human subject research or require institutional review board approval.

The primary data source for this study was the MIPS Participation Lookup tool [3] provided by CMS on its QPP website. The tool is searchable by physicians' National Provider Identifier number. The search results provide information regarding the physician's official MIPS participation status in 2017 (the first performance year of MIPS). Consistent with a process outlined in its earlier regulations [2], CMS determined the information based on a review that it conducted in December 2016 of Medicare Part B claims data for a 1-year period from September 1, 2015, through August 30, 2016. For a given physician, the tool indicates for each associated TIN with which the physician submitted claims to CMS whether both the individual and the group must report to MIPS, as well as whether the individual and the group receive each of five separate special statuses (non-patient-facing; hospital based; small practice; rural; and health professional shortage area) [4]. Table 1 summarizes the CMS criteria for these various determinations. In addition, the tool provides an overall individual participation status for each physician. This overall individual participation status is determined such that the physician must submit data to MIPS if the physician is required to submit data to MIPS as an individual for *any* associated TIN. On the other hand, the overall individual participation status indicates that the physician is not required to participate if exempt from MIPS for all associated TINs when using the individual reporting option. However, if a group elects to use the group reporting option and is not exempt from MIPS at the group level, then all individual physicians associated with that group are required to be included, even if an individual physician is exempt at the individual level across all associated TINs.

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