




Participation Optional (MIPS and Insurance Contracts)

Final Practice Engagement Program Webinar of the Year

December 21st 2023



Disclaimer:
I am not an expert on MIPS
and do not wish to be

I receive lots of questions about the program

- Whether participation is worth it
- How to report
- If claiming exemption/exception (due to COVID) is still possible for 2023

Following our MIPS discussion, we will provide tips and considerations for negotiating or dropping insurance contracts in the new year



First a
suggestion:
If you are
not one
already,
become an
APMA
member



Join the live webinars with Q and A sessions, watch the replays and visit their topic specific URLs (MIPS, E/Ms, Modifiers, etc.).

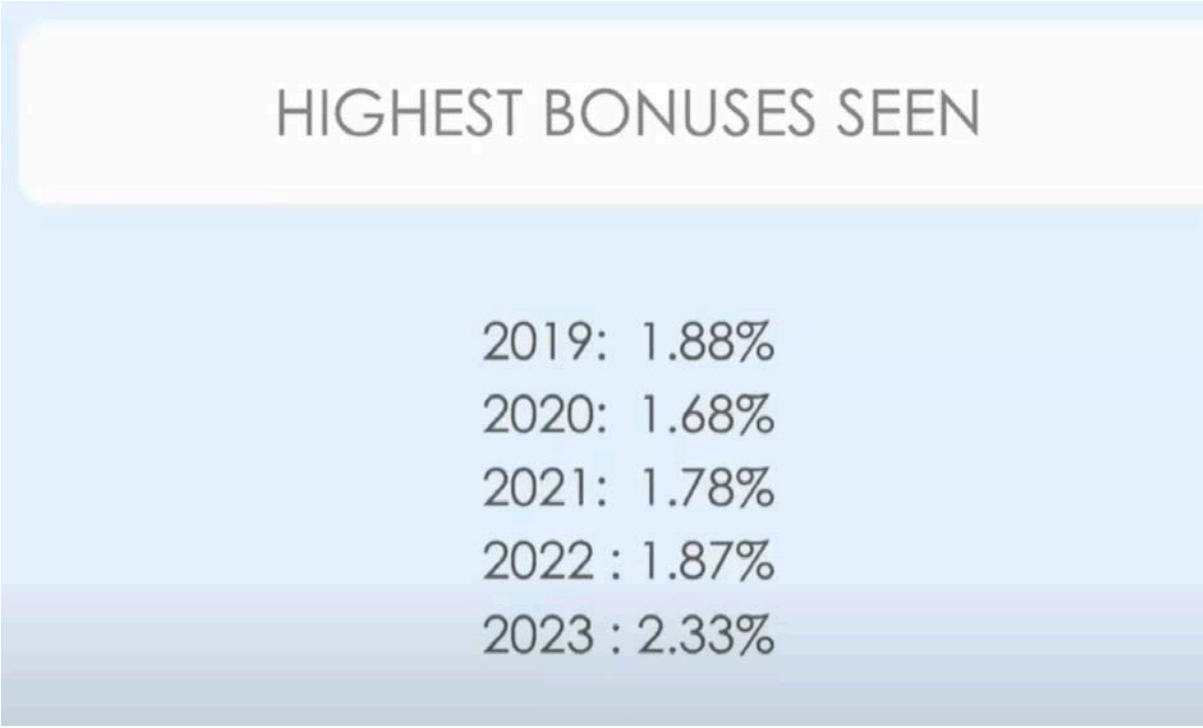


Much of the general MIPS information provided in this webinar is derived from a recent APMA webinar and combined with my personal opinions about the program.

MIPS overview

- The Merit-based Incentive Payment System (MIPS) is administered by CMS under the Medicare program.
- Under this system, MIPS-eligible providers receive a “final score” based on their performance on certain measures in four categories (although many of you will only qualify to report in three) such as quality and cost of care.
- This final score is compared to a performance threshold and is used to determine if providers receive a negative, neutral, or positive payment adjustment applied to future Medicare payments (2 years later).
- Providers may receive a larger positive adjustment if their final score surpasses a higher threshold, known as the exceptional performance threshold.
- Eligible providers who do not submit required performance data **MAY** receive a negative adjustment.

Bonuses and penalties are based on the number of providers who participate nationwide and their scores (no matter what they threaten or promise)



If you are unsure about participation eligibility visit (because if you don't HAVE to, why WOULD you?):

The screenshot shows the top portion of the CMS website. At the top, a light blue box contains the URL: [HTTPS://QPP.CMS.GOV/PARTICIPATION-LOOKUP](https://qpp.cms.gov/participation-lookup). Below this is a navigation bar with the following items: "Quality Payment PROGRAM", "About" (with a dropdown arrow), "MIPS" (with a dropdown arrow), "APMs" (with a dropdown arrow), "Resources" (with a dropdown arrow), and "Sign In" (with a dropdown arrow). Under "About" is "The Quality Payment Program". Under "MIPS" is "Merit-based Incentive Payment System". Under "APMs" is "Alternative Payment Models". Under "Resources" is "Help, Support and Resources". Under "Sign In" is "Manage Account and Register".

Below the navigation bar is a dark blue header with the text "Home /" and "QPP Participation Status".

The main content area has a heading: "Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY)."

Below the heading is a form with the label "NPI Number". It contains a text input field with the placeholder "NPI Number" and a blue button labeled "Check All Years >".

Below the form is a link: "Want to check eligibility for all clinicians in a practice at once? [View practice eligibility](#) in our signed in experience."

At the bottom, there is a light blue information box with an "i" icon and the text: "Please note that the QPP Participation Status Tool is only a technical resource and is not dispositive of any eligible clinician's, group's, or organization's status under QPP. For more information, please refer to the Quality Payment Program regulations at 42 C.F.R. part 414 subpart C."

The page number "28" is visible in the bottom right corner.

For 2024, small practices (15 providers or less) are exempt from the “Promoting Interoperability (PI)”

Category

(you would report on the 3 categories shown below on the right).

2024 CATEGORY WEIGHTS*

- Quality – 30%
- Promoting Interoperability (PI) – 25%
- Improvement Activities (IA) – 15%
- Cost – 30%

2024 CATEGORY WEIGHTS WITH SMALL PRACTICE PI EXCEPTION

- Quality – 40%
- Improvement Activities (IA) – 30%
- Cost – 30%

If you plan to participate in 2024, keep up with the APMA webinars (they will provide all the details you need)

MIPS 2023 RESOURCES PAGE

www.APMA.org/MIPS2023



apma | MIPS

24

2024 CHANGES

Improvement Activities Category

- Added 5 activities
- Removed 3 activities
- Changed 1 activity

Avoid The Penalty

75 MIPS Points

2024 CHANGES

Quality Category

- Added 11 measures
- Removed 11 measures
- Removed 3 measures from traditional MIPS
- Changes to 59 measures

Claiming exemption/exception for 2023

- Since 2020, we have been able to claim exemption from reporting due to “Extreme and Uncontrollable Circumstances” brought on by the COVID-19 Public Health Emergency.
 - This meant no penalty or reward.
- Even though the PHE was declared “over” as of May 11th 2023, we can still claim exemption this year!
- If you haven’t already started this process and know that you will not be reporting, DO IT NOW!
- You have until January 2nd at 8:00 p.m. EST.



Applying for the COVID-19 Exception with QPP

By Cindy Pezza | January 6, 2021 | 0

For those who feel they will fall short of MIPS reporting standards for 2020, you will be relieved to know that you can apply for the COVID-19 MIPS exemption/exception. Claiming this exception will allow you to remain neutral while submitting data (meaning you will not see a reduction in reimbursement). For those who tried to stay on track with recording of measures and wish to report, doing so should allow you to receive an incentive. The deadline to submit the exception application has been extended to February 1st.

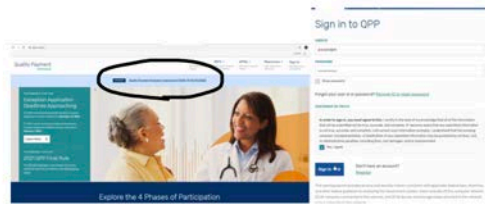
This afternoon I walked through this process via screen share with one of my doctors. Other than having to call and request a password reset, resulting in multiple two step verifications and a grueling effort to come up with a new password that met requirements, it was pretty straightforward.

Below is an instruction overview of the process accompanied by screenshots:

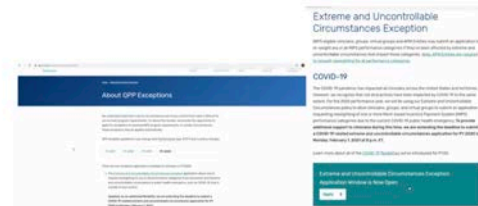
1. Go to <https://qpp.cms.gov> and log in

a. If you don't have your current username and password or you receive a troubling email following a password reset request, you will have to call the help desk (a phone number and error code are found in the email)

*We were able to get through and were assisted by the Help Desk with minimum wait time



2. From anywhere on the website you will find more information on the QPP Exceptions and Apply under the "Extreme and Uncontrollable Circumstances"



3. Once you click "Apply" you will then want to Select the Blue Box "Add New Exception"



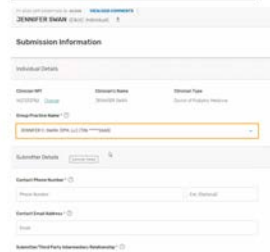
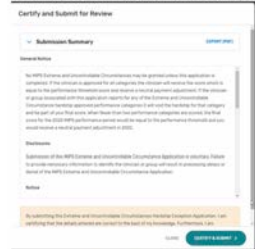
4. Then click the box "Extreme and Uncontrollable Circumstances"

5. Enter the Application Type (Individual or Group) and the Date and Location

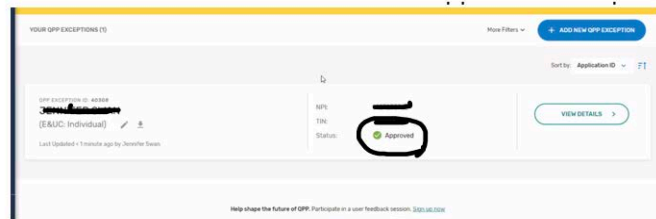
6. Based on the "Extreme and Uncontrollable Circumstances" (E&UC) Basis Form (2020-19) and the dates March 15, 2020 to the date you are applying for the exception



9. After filling in your remaining practice information you will click "Certify and Submit"



10. You will then receive confirmation of approval and export for your records.



Posted in *Uncategorized*

Since January 2021 there has been a step-by-step tutorial for applying for exception in the PPA resource library. The process hasn't changed but YOU have to do it yourself. Search "Applying for the COVID-19 MIPS exception").

If you don't believe in the QPP program (as it does not improve the quality of care provided to patients) or care about the threat of a penalty for not participating (because of the additional work, time and expense involved). . . I agree
Dispense one more pair of orthotics per month and you have outweighed the penalty.



There are other issues to consider (OR NOT)

PUBLICLY REPORTED SCORES

- Physician Compare
<https://www.medicare.gov/physiciancompare/#>
- Provider Data Catalog
- Online Rankings
- Employers ?
- Non-Medicare Payers?

MEDICARE SUMMARY NOTICE

“This claim shows a quality payment program adjustment”

If your patients
bother to look up
this information
or question your
QPP adjustment

- Tell them how you feel
 - This is a program developed by Congress and serves no purpose other than data mining.
 - Forcing providers to document findings unrelated to their scope of practice and adding more administrative burden does NOT improve the quality of patient care.
 - You would rather spend time using your training and expertise to treat foot and ankle problems and getting your patients better than checking boxes.

This is just my
opinion

If you have been participating and plan to continue, I support your decision.


PPA will not provide detailed information on reporting measures, thresholds or methods.

I leave this to the experts

CMS resources regarding MIPS
(Quality Payment Program) include:

qpp.cms.gov

[qpp.cms.gov/resources/resource-
library](https://qpp.cms.gov/resources/resource-library)



And now we move onto
Payer Contracts
To Negotiate or To Drop?
That is the question. . .

This portion of our webinar will be provided
by Omid Ebrahimi-Sohi of
Modern Practice Solutions

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Read Your Contracts

- Look for term details
- Confirm rates in your contract are actually what is being reimbursed
- Determine if there are multiple fee schedules based on plan
- Upload fee schedules to your EMR/PM, if possible

Evaluate Practice
Payer Mix and
Reimbursement

| CPT | Medicare | BCBS TX | Aetna | UHC | Cigna |
|----------------------|------------|------------|------------|------------|-----------|
| 11720 | 31.83 | 40.11 | 24.19 | 35.33 | 29.28 |
| 11721 | 43.15 | 54.37 | 32.79 | 47.90 | 39.70 |
| 11730 | 112.20 | 124.71 | 85.33 | 124.54 | 103.22 |
| 11732 | 32.58 | 40.89 | 24.76 | 36.16 | 29.97 |
| 11750 | 155.46 | 195.88 | 118.15 | 172.56 | 143.02 |
| 20553 | 59.54 | 75.02 | 45.25 | 66.09 | 54.78 |
| 73610 | 27.51 | 29.81 | 20.91 | 30.54 | 25.31 |
| 73620 | 37.44 | 47.17 | 28.45 | 41.56 | 34.44 |
| 73630 | 33.32 | 27.90 | 22.46 | 36.99 | 30.65 |
| 99204 | 161.95 | 171.87 | 135.78 | 179.76 | 148.99 |
| 99213 | 87.83 | 77.58 | 74.12 | 97.49 | 80.80 |
| L1902 | 99.90 | 54.35 | 75.92 | 110.89 | 91.91 |
| L4361 | 259.89 | 327.46 | 197.52 | 288.48 | 239.10 |
| L4396 | 169.40 | 92.15 | 128.74 | 188.03 | 155.85 |
| 10060 | 122.34 | 154.15 | 96.67 | 135.80 | 112.55 |
| 17110 | 110.51 | 139.24 | 88.69 | 122.67 | 101.67 |
| 11755 | 119.62 | 150.72 | 91.25 | 132.78 | 110.05 |
| % of Revenue | 41% | 20% | 17% | 13% | 3% |
| % of PT Count | 27% | 21% | 22% | 19% | 5% |

Other Things to Consider



Do they pay for some items well?

Great reimbursement for orthotics but terrible reimbursement for at risk foot care



Are they reimbursing high ticket items like skin substitute/grafts but no nail care coverage?



What do your referring providers require or need for continued referrals?



Which require authorizations consistently?



Which require referrals?

Decide Which Option to Choose



Negotiate and
continue care
with patients



Leave as is and
close your panel
to new patients



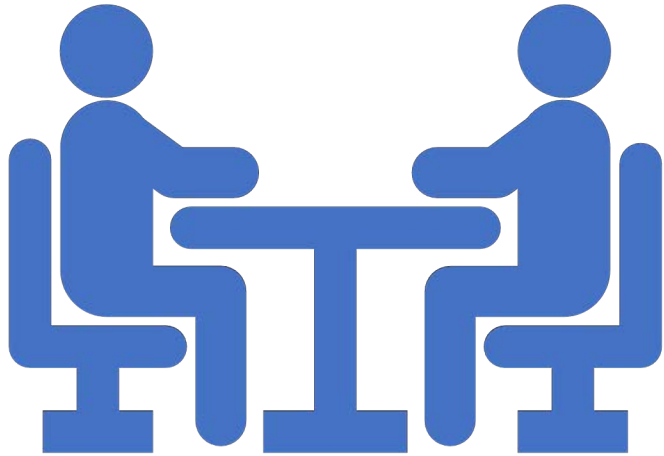
Drop the payer
altogether

1. Negotiate and continue care with patients

If you can negotiate or have the muscle in your region to do so, try it.

- Justify your value to the payer.
- Don't ask for an increase simply because you feel you deserve it.
- MAKE YOUR CASE!
- What differentiates you from other clinics in your area? Do you have an in-office surgical suite? Do you dispense diabetic shoes and inserts while no other podiatry clinics do in your area?
- Be nice, but firm.
- Re-emphasize it is for THEIR members.
- Don't provide empty threats. If you threaten to drop them, be willing to actually drop them.

2. Leave as is and close your panel to new patients



In cases where we are okay with the current, make sure your talk track across the board is accurate and compliant.

- *“We are credentialed with Medicaid, but we are not currently accepting new patients for our Medicaid panel.”*
- DO NOT SAY... *“We don’t accept Medicaid.”* This is incorrect and contradicts the insurance registry.

3. Drop the payer altogether

If you feel you need to discontinue with the payer, make certain you do this compliantly and appropriately.

- Verify the termination requirements for the payer.
- Notify your patients with that plan in writing with ample notice.
- Send notice to the payer via mail or email depending on their requirement per contract.
- Keep your staff informed! We should not schedule new patients once you have made this decision unless they have plans to change insurance or pay cash.





Thank you for joining us and we wish you a Happy and Healthy New Year!

- Don't forget to :
 - Login often to the PPA library for newly added content.
 - Take advantage of Pinnacle discounts from preferred vendors.
 - Read your "Extra Extra" emails to stay informed (if you are not receiving emails from Pinnacle contact: admin@pinnaclepa.com) and check your spam folder.
 - Attend our live monthly webinars and watch replays through the library
 - Stay tuned for information on our next Virtual Pop-up Meeting in early 2024!

