

ArcBITS Newsletter

Inside this issue:

MACRA and MIPS	1
Automatic Updox	1
Pivot Report + MIPS	2

ArcSys Hot Tip

A new Red Planet feature is available to automate your use of Updox appointment reminders and check ups. This feature runs unattended as a part of your nightly backup process. You configure it, for instance, to send out appointments 1 to 5 days in advance for each day of the week. This way you never forget to perform your reminders.

The MIPS Monster Cometh

The Quality Payment Program improves Medicare by helping you focus on care quality and the one thing that matters most – making patients healthier. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which threatened clinicians participating in Medicare with potential payment cliffs for 13 years. You can choose how you want to participate based on your practice size, specialty, location, or patient population.

The Quality Payment Program has two tracks you can choose:

- Advanced Alternative Payment Models (APMs). (See the CMS web site for more information—it is too much to cover in this newsletter.)
- The Merit-based Incentive Payment System (MIPS)

If you decide to participate in an Advanced APM, through Medicare Part B you *may* earn an incentive payment for participating in an innovative payment model.

If you decide to participate in traditional Medicare Part B, then you will participate in MIPS where you *may* earn a performance-based payment adjustment.

With respect to Red Planet, you need to understand the following:

1. 2017 is the first year in which data is collected and measured.
2. The data must be collected utilizing a 2014 Edition (or 2015) Meaningful Use Certified product like Red Planet 2.2.
3. In the year 2018, you must use a 2015 Edition of Red Planet (not yet available).
4. Your practice will need to utilize the features of Updox to electronically communicate with your patients.
5. If you don't send in any 2017 data, then you receive a **negative 4%** payment adjustment.
6. If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you *can avoid* a downward payment adjustment.
7. If you submit 90 days of 2017 data to Medicare, you may earn a *neutral or small positive* payment adjustment.
8. If you submit a full year of 2017 data to Medicare, you may earn a *moderate positive* payment adjustment.
9. Depending on the data you submit by March 31, 2018, your 2019 Medicare payments will be adjusted up, down, or not at all.

As you can see, this is not a small undertaking. Continue on page 2 for more information on computing the monetary penalty of doing nothing. If you are currently collecting Meaningful Use data, option 7 may be worth considering. Option 8 may be difficult to achieve.

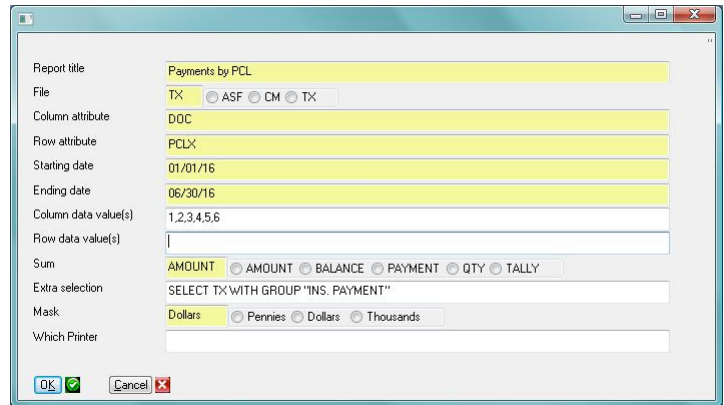


Only A 1% Hit?

If you have successfully read and digested the information on the reverse page, you probably want to have a quick idea of what your practice is facing if you decide to do **nothing**. A custom report may already be in place to help you get a measure. If not, utilizing a Pivot Report is another way. This menu option is typically defined on your reports menu and would display something similar to the screen on the left. If you don't have a "Payments by PCL" option, choose the "*** Make A New Report ***" option and set it up as shown in the next screen.



If you don't have a "Payments by PCL" option, choose the "*** Make A New Report ***" option and set it up as shown in the next screen.



The report that is produced would generate something like the following:

Payments by PCL FOR 01/01/16 - 06/30/16 (SELECT TX WITH GROUP "INS. PAYMENT")
 PRINTED 07:53:20 31 OCT 2016
 PAGE 1

DOC----->	1	2	3	4	5	6	Total	%
PCLX								
AETNA	-33159	-42629	-14510	-28238	-58292	-3810	-180637	7
ALTIUS NON-C	-3308	-11704	-4211	-7235	-20230	-1043	-47731	2
AUTO/3RD PAR	0	0	-1716	-1444		-1785	-4945	0
BC/BS	-64923	-101250	-36887	-76470	-144121	-5597	-429247	16
CIGNA	-25743	-32535	-2686	-24971	-22402	-6	-108343	4
DMBA	-6780	-32129	-9840	-17681	-44984	-3098	-114512	4
EDUCATOR MUT	0		-696	-134	-2099	0	-2929	0
GROUP INS	-28690	-21896	-10403	-11490	-31085	-17549	-121113	5
HEALTHWISE	0	-858		-17			-875	0
IHC CARE/CAR	-9339	-38724	-9022	-14267	-16863	-394	-88610	3
IHC NETWORK	-7211	-237	-2049	-6601	-169	-135	-16403	1
INDUSTRIAL	-36887	-17075	-33710	-19284	-8597	-3951	-119504	4
MAIL HANDLER	-433	-226		-241	-555	0	-1455	0
MEDICAID	-65	-1451	-246	-2567	-2835	-393	-7558	0
MEDICARE	-45938	-198927	-35381	-92082	-352740	-6448	-731516	27%
PEHP	-18607	-42865	-11700	-32415	-32481	-2132	-140198	5
PRIVATE PAY	-2939	-1365	-3200	-134	0	0	-7638	0
SELECT MED/P	-78796	-63079	-26456	-83999	-89659	-3138	-345128	13
UHC NON-CAP	-48733	-49760	-13035	-41390	-44217	-517	-197652	7
VALUECARE	-2593	-2386	-1957	-520	-602	-164	-8222	0
	-414145	-659096	-217705	-461179	-871931	-50160	-2674216	
%	15	25	8	17	33	2		100

You can see that Medicare accounted for 27% of all insurance monies received in the 6 month period. If this practice did nothing with respect to MIPS, a 4% reduction would occur in 2019. This is \$29,260 x 2 (because of 6 months being measured) or \$58,521. Or, another way of looking at it, a 1.09% reduction on the practice as a whole.

Remember, utilizing and collecting data to measure one's compliance with Meaningful Use is no small matter. It takes time, people, enthusiasm and energy. Is it worth it?