STI’s MIPS Assistance Program

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Why You Need STI's Clinical EMR for MIPS

MIPS is all about your patient data and that means you need to have an EMR to really participate in this program. STI needs to pull data from your EMR for MIPS and we can only do that if you use the STI ChartMaker Clinical EMR. We can only help you if you implement the STI EMR prior to January 1st 2017.

“Small practices...ability to be successful in a value-based world will hinge on their ability to collect and measure data.”
Daphne Saneholtz, JD - Medical Economics 8/10/16

Twenty five percent (25%) of your MIPS score is based upon Advancing Care Information which replaces the old Medicare EMR Incentive Program also known as “Meaningful Use”. To maximize your MIPS score you need to report on customizable medical measures that correlate to your medical practice and specialty.

These measures also need to reflect how you use an EMR in your day-to-day medical practice, with particular emphasis on interoperability and information exchange with other clinicians, medical laboratories, and medical centers. To do this you need a certified EMR like ChartMaker Clinical.

“High Scoring practices receive bonuses, while lagards are penalized.”
Jeffrey Bendix - Medical Economics 8/10/16

The STI Clinical EMR allows you to ePrescribe, interface with medical laboratories, and medical centers as well as send other physicians direct messages including clinical information. It also includes a patient portal to communicate with your patients. STI Clinical EMR includes medical specialty specific templates, but you can also create customized templates for specific needs and to create progress notes, provide personalized patient handouts, and additional correspondence. Plus, you can improve your level of chart documentation with our E&M Coding Assistant.

If you do not currently use the ChartMaker® Clinical EMR, please contact me and we will provide a price quotation that includes installation and training. You must be installed and trained prior to January 1st 2017 if you plan to participate in MIPS.

MIPS is a budget neutral program because the plan is to reduce the reimbursement of many physicians to provide incentives to those who exceed the goals. My guess is that in the early going, it will be easier to earn a positive incentive payment because many physicians do not even know that the program exists, and many will not understand how to comply because of the complexity of the program. So those who participate early have a better chance of making the positive incentives. Plus the program has a two year lag period between reporting and penalties, so many physicians will incur the penalties without realizing that the program has begun.

“...practices are finding the data collection requirements difficult to meet, both because they lack the necessary technology and their priorities lie elsewhere.”
Daphne Saneholtz, JD - Medical Economics 8/10/16

MIPS is not just about Medicare; CMS has stated that their goal is to get all insurance companies to support this program, so if you don’t do a lot of Medicare that is not going to save you. We anticipate that all major insurance companies will join this program. Why wouldn’t they if they have the opportunity to reduce your reimbursement?

If all insurance companies participate, the range of penalties to bonuses in the MIPS program is from a negative 9% to a positive 27% (based upon the reporting year and scaling factor) of your total insurance revenue. Your practice will fall somewhere into this range.

Our MIPS Assistance Program is designed to help our clients transform their practices from one that is currently based on volume, to one that is based on value. STI wants to help you maintain your independent practice status and meet the MIPS requirements. We believe most of our practices will need assistance from STI to meet the goals of this program. As you review this document you can appreciate the complexity of this program.
Understanding STI's MIPS Assistance Program

MACRA Medicare Access & Chip Reauthorization Act

- Created by bipartisan legislation signed into law April 2015
- Changes the way Medicare rewards clinicians for value over volume
- Provides bonus payments for participation in eligible alternative payment models (APMs)
- Streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS)
- Repeals the Sustainable Growth Rate (SGR) Formula
- 2017 - 2018: applies to physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists
- 2019 on: applies to physical and occupational therapists, speech-language pathologists, audiologists, nurses midwives, clinical social workers, clinical psychologists and dietitians or nutrition specialists

MACRA streamlines multiple quality and value programs into MIPS

MIPS — Merit Based Incentive Payment System

How physicians and practitioners are scored under MIPS

A single MIPS composite performance score factors in 4 weighted performance categories:
Currently, Medicare measures the value and quality of care provided by doctors and other clinicians through a patchwork of programs, including the Physician Quality Reporting System, the Value Modifier Program, and the Medicare Electronic Health Record (EHR) Incentive Program. Through the law, Congress streamlined and improved these programs into one new Merit-based Incentive Payment System (MIPS). Most Medicare clinicians will initially participate in the Quality Payment Program through MIPS.

Consistent with the goals of the law, the proposed rule would improve the relevance and depth of Medicare’s value and quality-based payments and increase clinician flexibility by allowing clinicians to choose measures and activities appropriate to the type of care they provide. MIPS allows Medicare clinicians to be paid for providing high quality, efficient care through success in four performance categories:

**COST**

(0 percent of total score in year 1; replaces the cost component of the Value Modifier Program, also known as Resource Use): The score would be based on Medicare claims, meaning no reporting requirements for clinicians. This category would use more than 40 episode-specific measures to account for differences among specialties.

**QUALITY**

(60 percent of total score in year 1; replaces the Physician Quality Reporting System and the quality component of the Value Modifier Program): Clinicians would choose to report six measures versus the nine measures currently required under the Physician Quality Reporting System. This category gives clinicians reporting options to choose from to accommodate differences in specialty and practices.

**CLINICAL PRACTICE IMPROVEMENT ACTIVITIES**

(15 percent of total score in year 1): Clinicians would be rewarded for clinical practice improvement activities such as activities focused on care coordination, beneficiary engagement, and patient safety. Clinicians may select activities that match their practices’ goals from a list of more than 90 options. In addition, clinicians would receive credit in this category for participating in Alternative Payment Models and in Patient-Centered Medical Homes.

**ADVANCING CARE INFORMATION**

(25 percent of total score in year 1; replaces the Medicare EHR Incentive Program for physicians, also known as “Meaningful Use”): Clinicians would choose to report customizable measures that reflect how they use electronic health record (EHR) technology in their day-to-day practice, with a particular emphasis on interoperability and information exchange. Unlike the existing Meaningful Use program, this category would not require all-or-nothing EHR measurement or quarterly reporting.
MIPS Scoring and Payments

MIPS Score

Under MIPS, clinicians will have the option to be assessed as a group across all four MIPS performance categories. The MIPS score measures clinicians’ overall care delivery. Therefore, clinicians do not need to limit their MIPS reporting to the care provided to Medicare beneficiaries.

Payment Adjustments

The law requires MIPS to be budget neutral. Therefore, clinicians’ MIPS scores would be used to compute a positive, negative, or neutral adjustment to their Medicare Part B payments.

In the first year, depending on the variation of MIPS scores, adjustments are calculated so that negative adjustments can be no more than 4 percent, and positive adjustments are generally up to 4 percent. The positive adjustments will be scaled up or down to achieve budget neutrality, meaning that the maximum positive adjustment could be lower or higher than 4 percent.

Per the law, both positive and negative adjustments would increase over time. Additionally, in the first five payment years of the program, the law allows for $500 million in an additional performance bonus that is exempt from budget neutrality for exceptional performance. This exceptional performance bonus will provide high performers a gradually increasing adjustment based on their MIPS score that can be no higher than an additional 10 percent.

As specified under the statute, negative adjustments would increase over time, and positive adjustments would correspond. The maximum negative adjustments for each year are:

- **2019**: -4%
- **2020**: -5%
- **2021**: -7%
- **2022 and after**: -9%
The Merit Based Incentive Payment System (MIPS) is a program designed to replace the current “fee for service” payment model to one that reimburses physicians based on the “value or quality” of the services they provide to their patients. This value assessment is based on two things: the quality of care and the cost to provide that care to the beneficiaries.

Our MIPS Assistance Program is designed to help our clients transform their practices from one that is currently based on volume to one that is based on value. Medicare will begin assessing providers based on quality beginning in 2017, and payments to providers will be either positively or negatively adjusted according to performance in 2019. We need time to get ready so please sign up now.

If you sign up for this program, an STI MIPS Coach will be assigned to your practice to help the providers enrolled in the STI MIPS Assistance Program work towards meeting the goals for MIPS. Starting in 2016, the MIPS Coach will work with the providers enrolled, and the practice staff, to help achieve the goals of PQRS reporting and MU attestation. Failure to report for these two programs for 2016 will result in a penalty in 2018 and will negatively impact quality scores going into the MIPS program in 2017. Then at the beginning of 2017, the MIPS Coach will work with the providers enrolled, and the practice staff, to begin the process of transforming the practice from one focused on volume of services, to one based on quality of services, in order to meet the MIPS requirements for Quality, Advancing Care, Practice Improvement, and Cost.

**Important aspects of this program are:**

**2016 Kickoff Meeting** Help the provider(s) access their QRUR (see Page 9) reports starting with 2013. Review reports to determine current standing and identify any deficiencies. Assess current status for PQRS reporting and MU attestation and recommend/make necessary adjustments.

**2017 First MIPS Year**

- **1st Meeting (on-site)** Select the Quality measures the practice will report on. Make changes for Advancing Care Information documentation to meet the required objectives.

- **Touch Base Call** Short phone meeting between MIPS practice coordinator and STI Coach to discuss progress and answer questions.

- **2nd Meeting (web)** Review the provider(s) Performance Report (formerly QRUR report); Review status of Quality measures and Advancing Care Information dashboard.

- **Touch Base Call** Short phone meeting between MIPS practice coordinator and STI Coach to discuss progress and answer questions.

- **3rd Meeting (on-site)** Select and begin implementation of Clinical Practice Improvement Activities.

- **Touch Base Call** Short phone meeting between MIPS practice coordinator and STI Coach to discuss progress and answer questions.

- **4th Meeting (web)** MIPS attestation.
How Can STI Help

We offer our Clinical EMR clients the MIPS Assistance Program for $250/month/practice and the first provider, and $125/month for each additional provider in the same practice.

Here’s how we arrived at that cost:
- Based upon the cost of coaching your practice and assisting with MIPS attestation, we set our goal to be about 1% of a typical provider’s gross receipts. Additional providers require less work so the fee is reduced.
- Paying monthly helps your cash flow and spreads out the cost.

Here is the bottom line – if you do nothing you will incur a penalty of between 4% and 9% based upon the reporting year. If you participate, you could reduce the penalty and in fact receive an incentive of as much as 27% in the present plan (the final rule to be released soon will tell us more).

So even after you pay the cost of about 1% for the MIPS Assistance Program you could potentially make between 3% and 26% more revenue as opposed to doing nothing and taking the penalty. That’s a pretty good investment opportunity.

It is important that you sign up for the MIPS Assistance Program now if you want our help. STI needs time to prepare for the program, and we need to know how many people have signed up and what type of resources we require to get ready to assist you.

STI is offering a series of free MIPS educational webinars. We recommend that you attend all of them in order to fully understand the details of this new Quality Payment Program. You can register on the Events page of our website at www.sticomputer.com. The educational webinars will help you decide whether you need our assistance to meet the requirements for MIPS to potentially earn a positive payment adjustment. At a minimum, you will want to avoid a negative payment adjustment.

Note: STI can’t guarantee that you won’t be penalized or that you will attain a bonus but if you don’t participate in MIPS you will incur a penalty of between 4% and 9%.
Have You Checked Your Medicare QRUR Snapshot?

Source: CMS
Since we first released ChartMaker® in 1997, we’ve learned how to move a physician office from paper-based to computerized patient charts in two steps. This experience is one of the primary benefits of using our phased implementation approach.

**STI’s ChartMaker® Lite EMR benefits:**

STI’s ChartMaker® Lite is a low-cost, Electronic Medical Record (EMR) System for medical practices. ChartMaker® Lite is step one and designed to overcome physician’s objections to time consuming, computer data entry of patient data into the medical chart.

**We Can Get You There**

I’ve heard from many physicians that they are concerned that implementing an EMR in their practice will be both expensive and disruptive and that they will be required to reduce the number of patient visits that they can schedule during implementation as they learn to use an EMR.

**ePrescriptions and Prescription Printing**

When you see a patient for a problem, you can review any medications that you prefer to prescribe for this condition. With a mouse click or pen tap, you can ePrescribe the patient prescription, with dispensing and personal instructions, update the active medication list, and add the drug to the patient’s history.

**STI receives 2015 White Coat of Quality Award**

For the sixth consecutive year, Sure-scripts, the nation’s leading health information network, honors 16 health systems and technology vendors with the 2015 White Coat of Quality Award, recognizing their dedication to continually improving data quality and patient safety in e-prescribing.

STI is one of only 16 recipients in the US that received this award.

The STI ChartMaker® Clinical module is step two and allows the physician and your staff to create customized templates for specific needs and to create progress notes, provide personalized patient handouts, and additional correspondence. ChartMaker Clinical is required for MIPS.

You can easily select a template(s) and complete an evaluation. Notes can be entered either by mouse, pen, transcription, or spoken directly into the ChartMaker® voice recognition module. Prescriptions or laboratory work is monitored through the system. You can quickly create any required correspondence to a referring physician based upon the information found in the chart. Plus, you can improve your level of chart documentation with our E&M Coding Assistant.

**STI’s ChartMaker® Clinical EMR benefits:**

- Eliminate paper charts and their related storage space.
- Eliminate lost charts and manual chart pulls.
- Get out of the office sooner and work or access your electronic charts from home or another location.
- Provide printed patient handouts to reduce medical liability.
- Produce legible, compliant chart notes for proper billing.
- Eliminate or reduce transcription costs.

**STI’s ChartMaker® Clinical EMR features:**

- Chart Organization with customized tabs
- Workflow Management
- Messaging
- Orders Management
- Document Management
- E&M Coding Assistant
- Laboratory and Medical Center Interfaces
- Query & Reports
- Flow Sheets over Time
- Custom “Flex Form” Feature
- Wireless Pen Tablet Input
- Template Building Services
- Faxing Documents
- Training Either On-Site or Web-Based
- Illustration of drawings and photographs
- Security & Privilege System
- Patient Tracking System
- Patient Portal
- Health Portal
STI Revenue Cycle Management Option

STI also now provides an option for Revenue Cycle Management (RCM) that can provide additional billing assistance to practices and reduced costs. RCM is a “Rising Trend” in the physician marketplace because it relieves the practice of time consuming, insurance billing telephone follow-up and provides more time for patient care; often at less cost than practices currently pay to collect their receivables. In addition to this cost saving, practices using RCM receive a 25% discount on the MIPS Assistance Program with the aid of an on-site Account Service Manager.

The billing process relies on getting the correct patient and insurance information into the system. Errors in data entry result in rejections, and it’s possible that a claim can be electronically submitted but immediately denied without ever entering the payer’s system for processing. Often, staff in the physician’s office forget or don’t have time to retrieve the next-day reports that will tell you if your claims were accepted. A rejection on this vital report means that your claim was not in fact submitted. If your staff doesn’t catch the error in time, the claim may be rejected for timely filing with no appeal possible.

RCM can ensure that charges entered by you or your office staff are done correctly and completely. They will submit your claims, retrieve the next-day reports, and resubmit any necessary corrections. They will record payments and follow up on denials, rejections, and low payments.

Skilled RCM staff can review your aging reports for slow pays, uncover unpaid claims that have been purged by the insurance companies, and send bills to secondary payers. Patient bills can be submitted for you, and if you choose, your patients can call the RCM Partner with questions instead of interrupting your busy staff.

The advantage of using RCM is that you reduce internal labor costs and a professional partner most likely will have more experience dealing with the insurance carriers than your own staff since this is all that they do. That frees your staff to provide better patient service and not sit on the phone talking to insurance carriers.

Since an RCM company only gets paid a percentage of your collections, they need to work your accounts to get paid. For example, the RCM company receives only pennies of each dollar collected for you.

To evaluate an RCM option you need to determine your internal cost of collections and compare that to the RCM cost plus any additional collections that they can provide. For example, if they can collect an additional $10,000/month you receive more revenue than before using RCM, and your staff is available to do more important work on patient care. So RCM can in effect pay for itself.

RCM staff have been trained to work with the STI ChartMaker software. These companies can provide you the option of either STI Cloud or a client-server version of STI ChartMaker.

The combination of STI ChartMaker Clinical with RCM to verify the accuracy of billing information and to follow-up on claims can provide any practice an advantage. The STI MIPS Account Service Manager frees your staff of time consuming telephone calls and provides you with more compensation to maximize your revenue.
To participate in this program or opt out go to: www.sticomputer.com/mipsassistanceprogram, or fill out this form and fax it to 800-971-7735.

- MIPS is all about your patient data which means you need to have the ChartMaker Clinical EMR by 1/1/2017 to participate. If you don’t currently have ChartMaker® Clinical EMR, we can only help you if you implement and complete training by December 31st, 2016. One of our salespeople will contact you soon.

- I agree to participate in the STI MIPS Assistance Program option. The cost is $250/month/practice and the first provider, and $125/month for each additional provider in the same practice. I understand that there is no charge until October 1st, 2016 and payment will be by credit card for a period of 15 months. Afterwards I have the option to continue for additional 12 month terms (if offered by STI) or cancel my participation in the program.

- Please send additional information on the STI Revenue Cycle Management (RCM) Option.

- I opt out.

_____________________________________________                _______________________
Signature                Date

_____________________________________________
Practice Name

Participating Physician Names (list all below)  NPI Number

________________________________________________________________________________________

Go to: www.sticomputer.com/mipsassistanceprogram, or select your option(s), sign and fax the completed form to 800-971-7735

If you have any questions, call the STI Sales line at 800-487-9135 ext. 1188 or email jcerra@sticomputer.com.