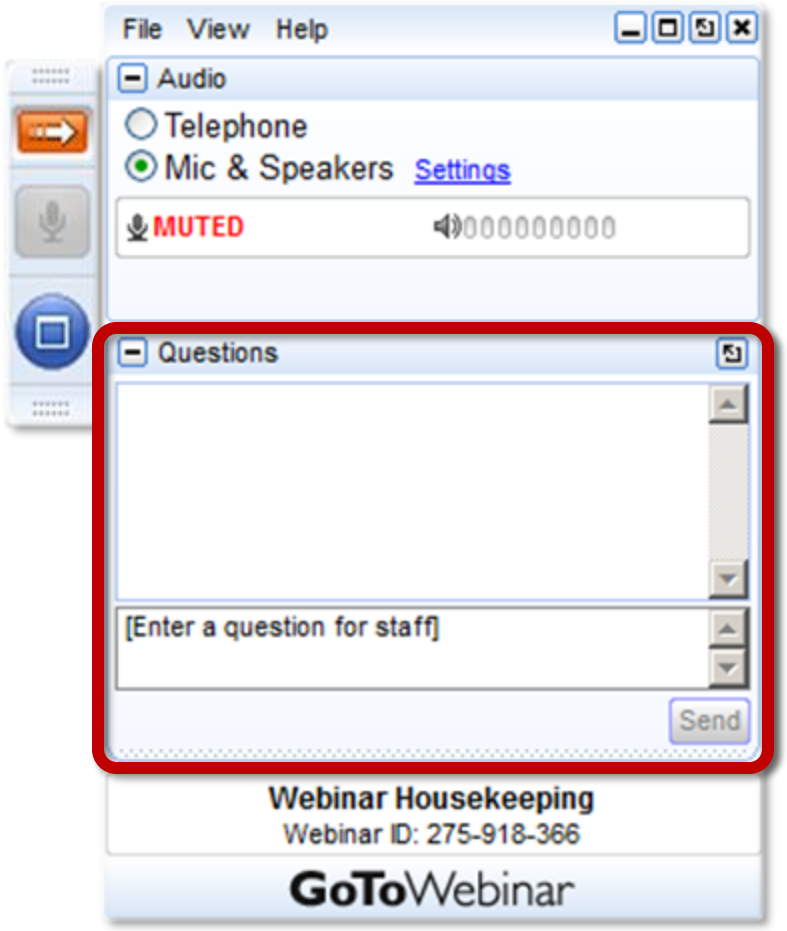
UNDERSTANDING MIPS PAYMENT ADJUSTMENTS

NAVIGATING YOUR REPORTING OPTIONS WITH GIQuIC

QUESTIONS



Your Participation

- Please submit your text questions and comments using the Questions Panel.
- Today's presentation is being recorded and will be posted by GIQuIC, ACG, and ASGE.

WEBINAR OBJECTIVES

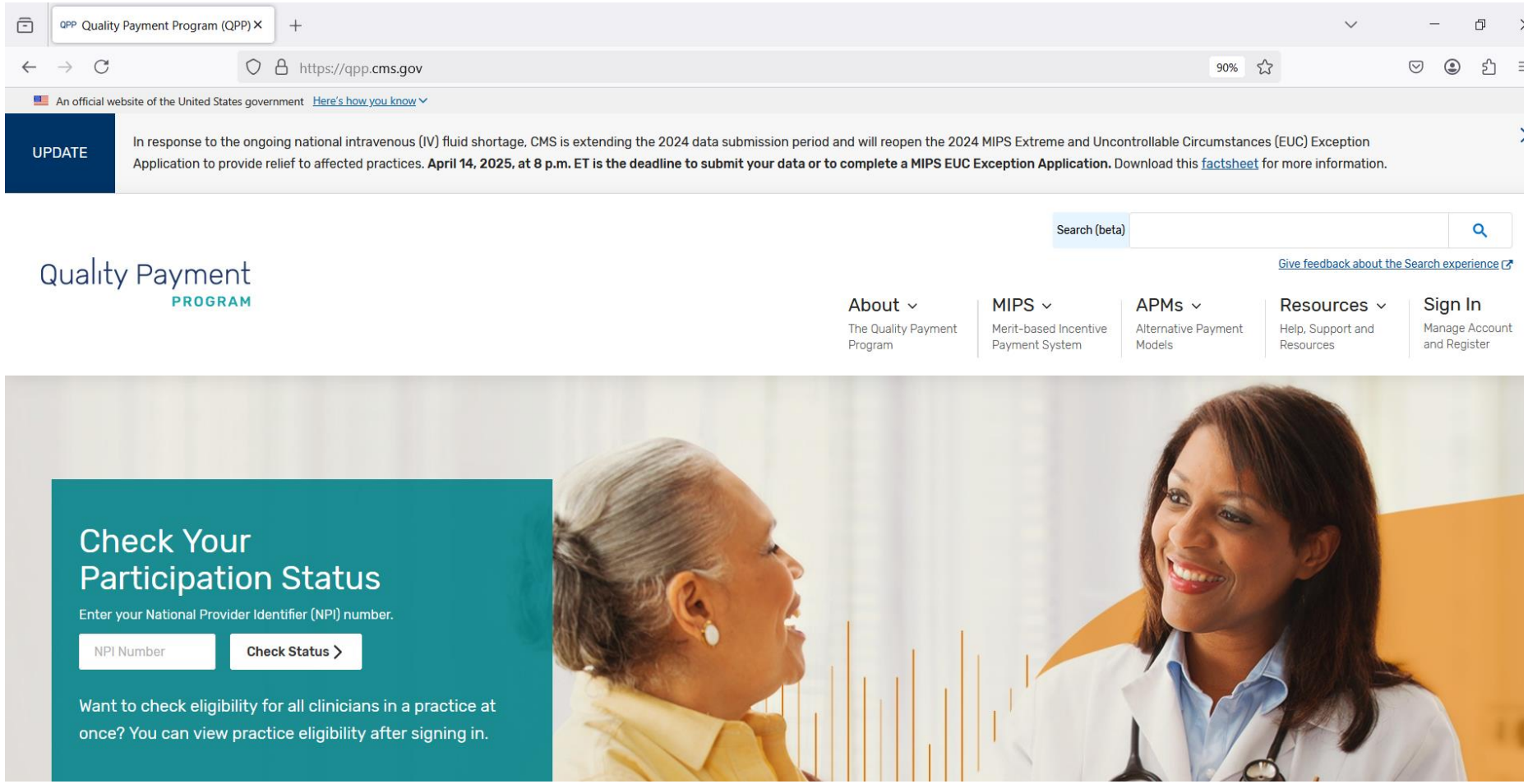
- Understand how CMS determines payment adjustments for clinicians required to report to the Merit-based Incentive Payment System (MIPS)
  - Live demonstration on checking MIPS eligibility status
- Discuss recommendations for assembling your reporting team
- Understand how participating in the GIQuIC clinical benchmarking registry can be leveraged to report to MIPS via GIQuIC's status as a qualified clinical data registry (QCDR)
- Review how reporting requirements can be met via the GIQuIC 2025 QCDR and the firm deadlines associated with reporting via GIQuIC

CMS QUALITY PAYMENT PROGRAM

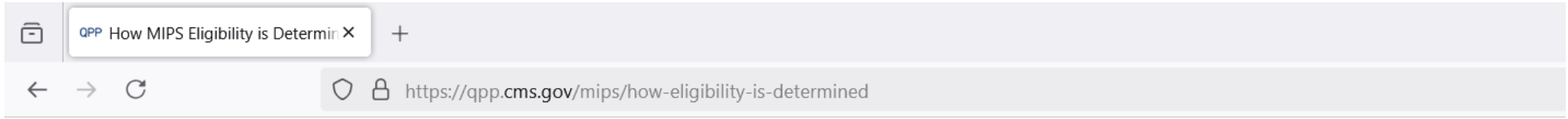
MERIT-BASED INCENTIVE PAYMENT SYSTEM

CMS QUALITY PAYMENT PROGRAM

LIVE DEMONSTRATION
CHECK YOUR MIPS ELIGIBILITY STATUS



HOW MIPS ELIGIBILITY IS DETERMINED



Low-Volume Threshold

The low-volume threshold includes 3 aspects of covered professional services:

1. Allowed charges.
2. Number of Medicare patients who receive covered professional services.
3. Number of services provided.

You exceed the low-volume threshold if you:

- Bill more than $90,000 for Medicare Part B covered professional services, **and**
- See more than 200 Medicare Part B patients, **and**
- Provide more than 200 covered professional services to Medicare Part B patients.

HOW MIPS ELIGIBILITY IS DETERMINED

2025 MIPS Determination Period and Snapshots

MIPS Determination Period

For MIPS, we review past and current Medicare Part B claims and PECOS data for clinicians and practices twice for each performance year. Each review, or "segment," analyzes data from a 12-month period. Analysis of data from segment 1 is released as preliminary eligibility determinations. Analysis of data from segment 2 is reconciled with the results from segment 1 and released as the final eligibility determination.

MIPS Determination Period Segment Details

Segment	Release on QPP Website
Segment 1 Covers October 1, 2023 – September 30, 2024	**Initial Eligibility** December 2024
Segment 2 Covers October 1, 2024 – September 30, 2025	**Final Eligibility*** December 2025

HOW MIPS ELIGIBILITY IS DETERMINED

If you bill Medicare for Part B services in both segments, you must exceed the low-volume threshold during both segments to be eligible for MIPS.

The following table demonstrates what your final eligibility status determination would be based on the outcome of the low-volume threshold analyses conducted on data from each of the 2 segments:

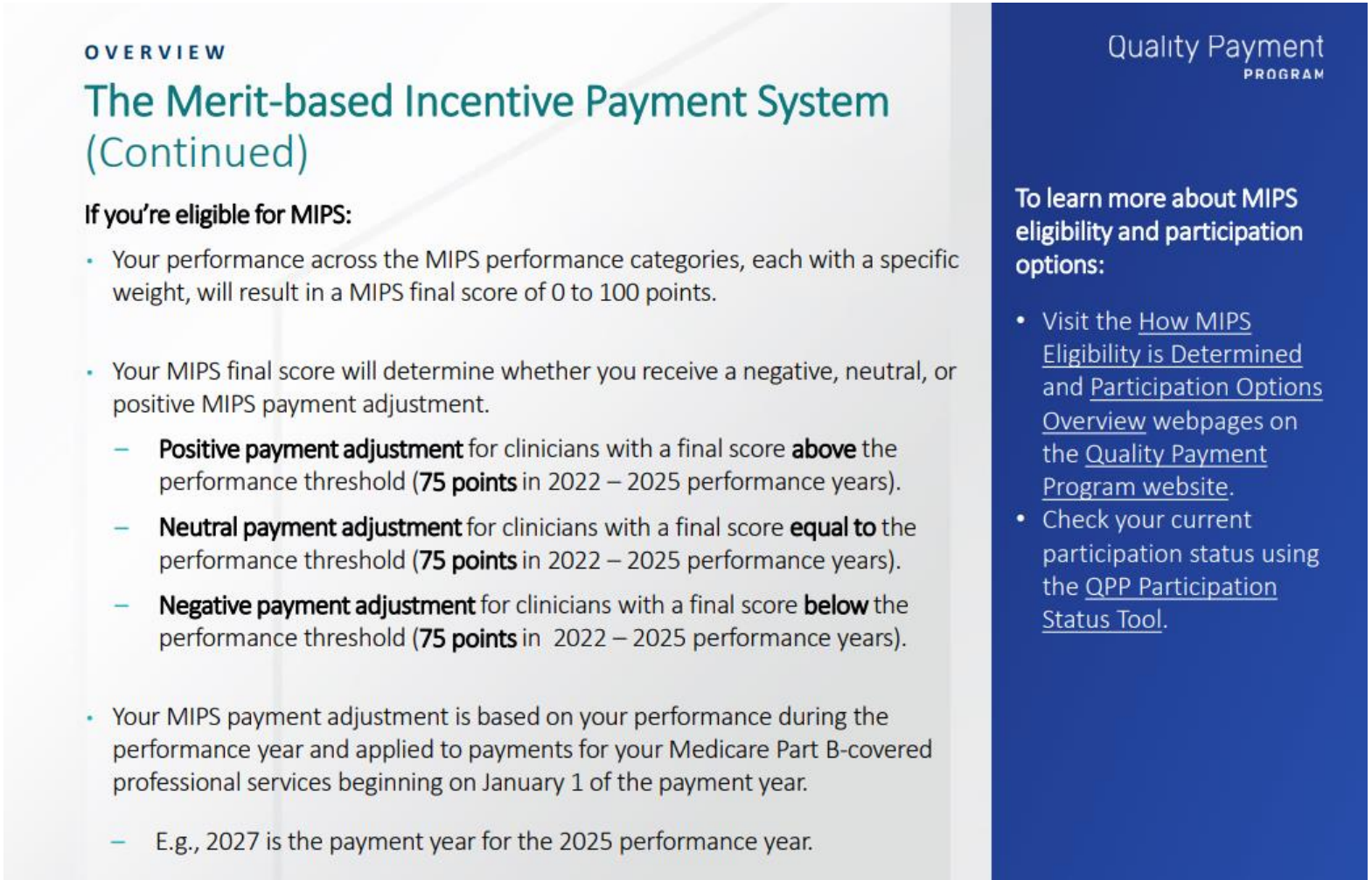
Segment 1		Segment 2		Final Determination
Below Low-volume Threshold	&	Below Low-volume Threshold	=	⊘ MIPS Exempt
Below Low-volume Threshold	&	Above Low-volume Threshold	=	⊘ MIPS Exempt
Above Low-volume Threshold	&	Below Low-volume Threshold	=	⊘ MIPS Exempt
Above Low-volume Threshold	&	Above Low-volume Threshold	=	✓ MIPS Eligible

EXEMPTED CLINICIANS

- Exempted physicians receive annual fee schedule update but no penalties or bonuses.
- If an individual clinician or group exceeds at least one, but not all, of the low-volume threshold criteria, the individual clinician or group can opt to participate in MIPS by reporting on applicable measures and activities and receive a positive, neutral, or negative payment adjustment.
- There is also voluntary reporting through which an opt-in eligible clinician or exempted clinician can report and receive performance feedback but no payment adjustment.

MIPS PERFORMANCE CATEGORIES

MIPS PAYMENT ADJUSTMENTS



OVERVIEW

The Merit-based Incentive Payment System (Continued)

If you're eligible for MIPS:

- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
  - **Positive payment adjustment** for clinicians with a final score **above** the performance threshold (**75 points** in 2022 – 2025 performance years).
  - **Neutral payment adjustment** for clinicians with a final score **equal to** the performance threshold (**75 points** in 2022 – 2025 performance years).
  - **Negative payment adjustment** for clinicians with a final score **below** the performance threshold (**75 points** in 2022 – 2025 performance years).
- Your MIPS payment adjustment is based on your performance during the performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1 of the payment year.
  - E.g., 2027 is the payment year for the 2025 performance year.

Quality Payment PROGRAM

To learn more about MIPS eligibility and participation options:

- Visit the How MIPS Eligibility is Determined and Participation Options Overview webpages on the Quality Payment Program website.
- Check your current participation status using the QPP Participation Status Tool.

THE REPORTING TEAM

REPORTING IS A TEAM EFFORT

ASSEMBLE A REPORTING TEAM

MIPS reporting is based on the NPI/**TIN used to bill for professional services at all places of service**.

Endoscopy Unit Team

Practice Manager

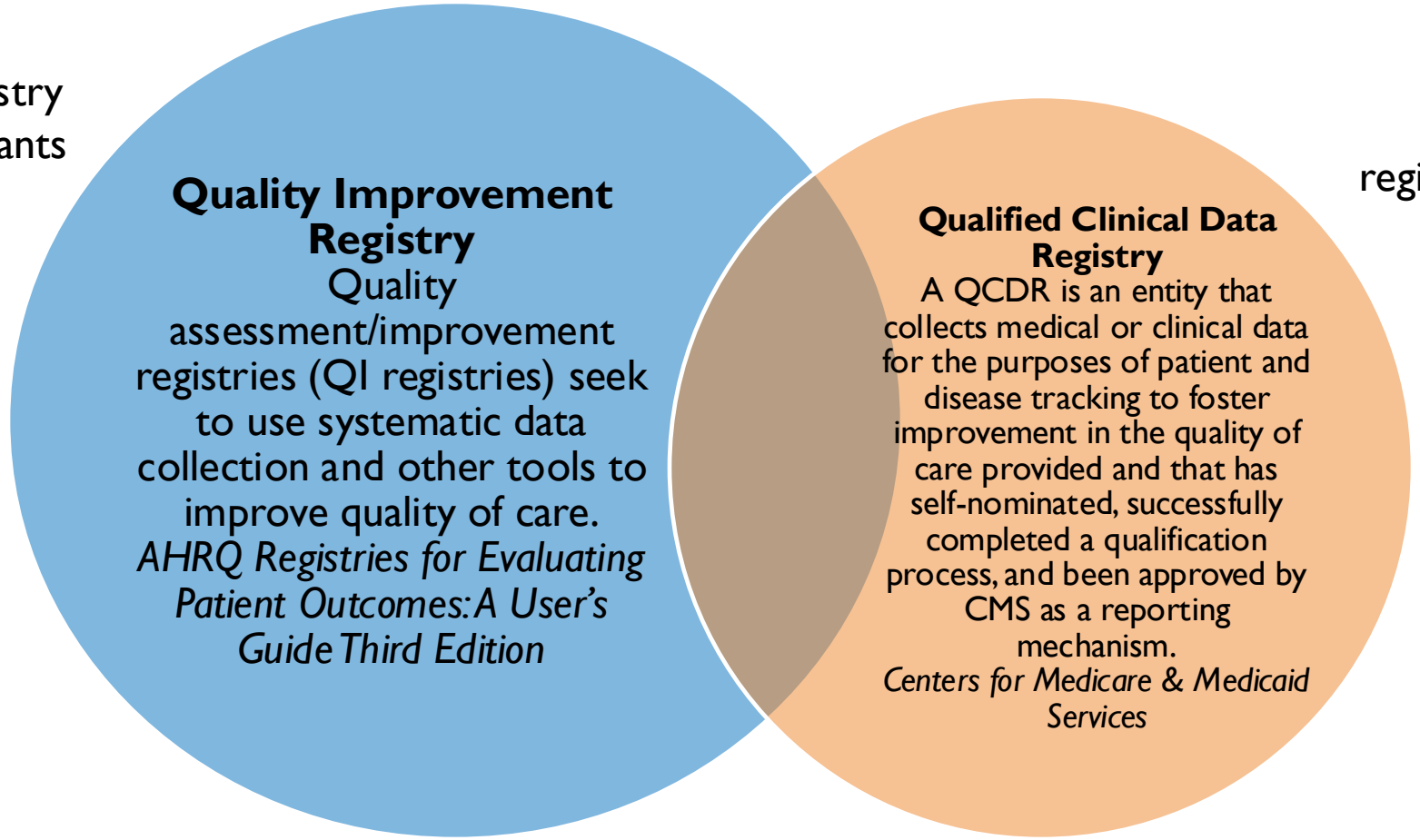
MIPS reporting spans all places of services. The TIN involved is generally <u>not</u> the facility TIN.

GIQUIC CLINICAL BENCHMARKING REGISTRY

QUALIFIED CLINICAL DATA REGISTRY STATUS

MEANINGFUL MEASUREMENT OF SPECIALTY PRACTICE

All registry participants



Self-selected registry participants

GIQuIC

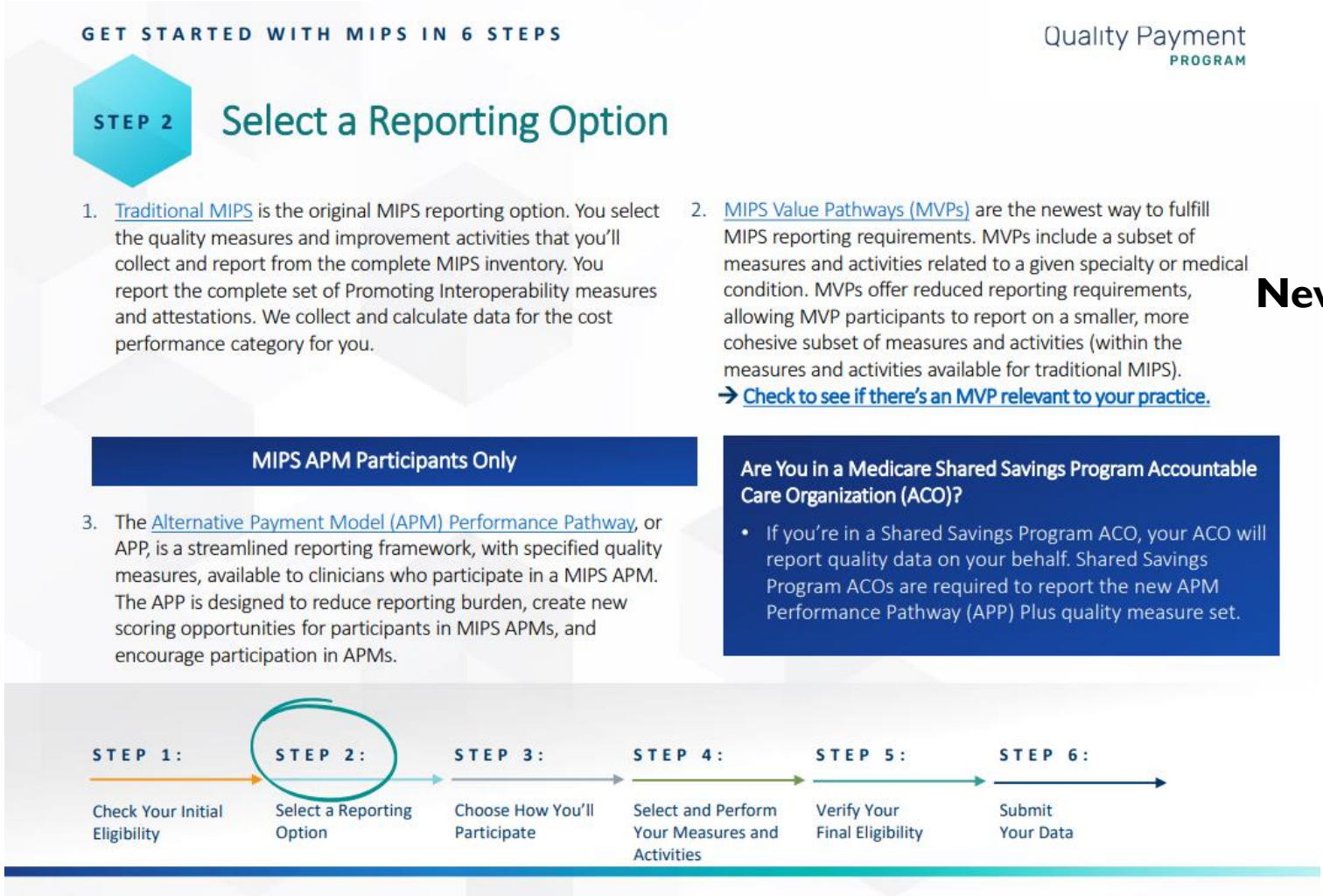
MEANINGFUL MEASUREMENT OF SPECIALTY PRACTICE

Year	Event
2006	ASGE/ACG Quality indicators for GI endoscopic procedures published.
2006	The Physician Quality Reporting System established by the Tax Relief and Health Care Act.
2009	Sentara Healthcare pilot project completed.
2010	GIQuIC quality improvement registry launched by ACG and ASGE.
2013	CMS qualified clinical data registry (QCDR) reporting option established via rulemaking beginning with the 2014 performance year.
2014	GIQuIC successfully self-nominated to be a QCDR.
2015	GIQuIC reported to CMS on behalf of over 1,000 gastroenterologists* as a free benefit of registry participation for the 2014 performance year. * Over 4,500 gastroenterologists participate in the GIQuIC registry
2016	The Medicare Access and CHIP Reauthorization Act of 2015 established the Quality Payment Program with two pathways for participation: Alternative Payment Models (APM) and the Merit-based Incentive Payment System (MIPS).
2024	GIQuIC is notified by CMS that it has successfully self-nominated to serve as a QCDR for the 2025 performance year. This will be the 12th consecutive year for which GIQuIC can offer the QCDR reporting benefit.

GIQUIC 2025 QCDR

MEETING CMS REPORTING REQUIREMENTS

SELECT A REPORTING OPTION



GET STARTED WITH MIPS IN 6 STEPS

Quality Payment PROGRAM

STEP 2

Select a Reporting Option

1. Traditional MIPS is the original MIPS reporting option. You select the quality measures and improvement activities that you'll collect and report from the complete MIPS inventory. You report the complete set of Promoting Interoperability measures and attestations. We collect and calculate data for the cost performance category for you.

2. MIPS Value Pathways (MVPs) are the newest way to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities related to a given specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS).
→ Check to see if there's an MVP relevant to your practice.

MIPS APM Participants Only

3. The Alternative Payment Model (APM) Performance Pathway, or APP, is a streamlined reporting framework, with specified quality measures, available to clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

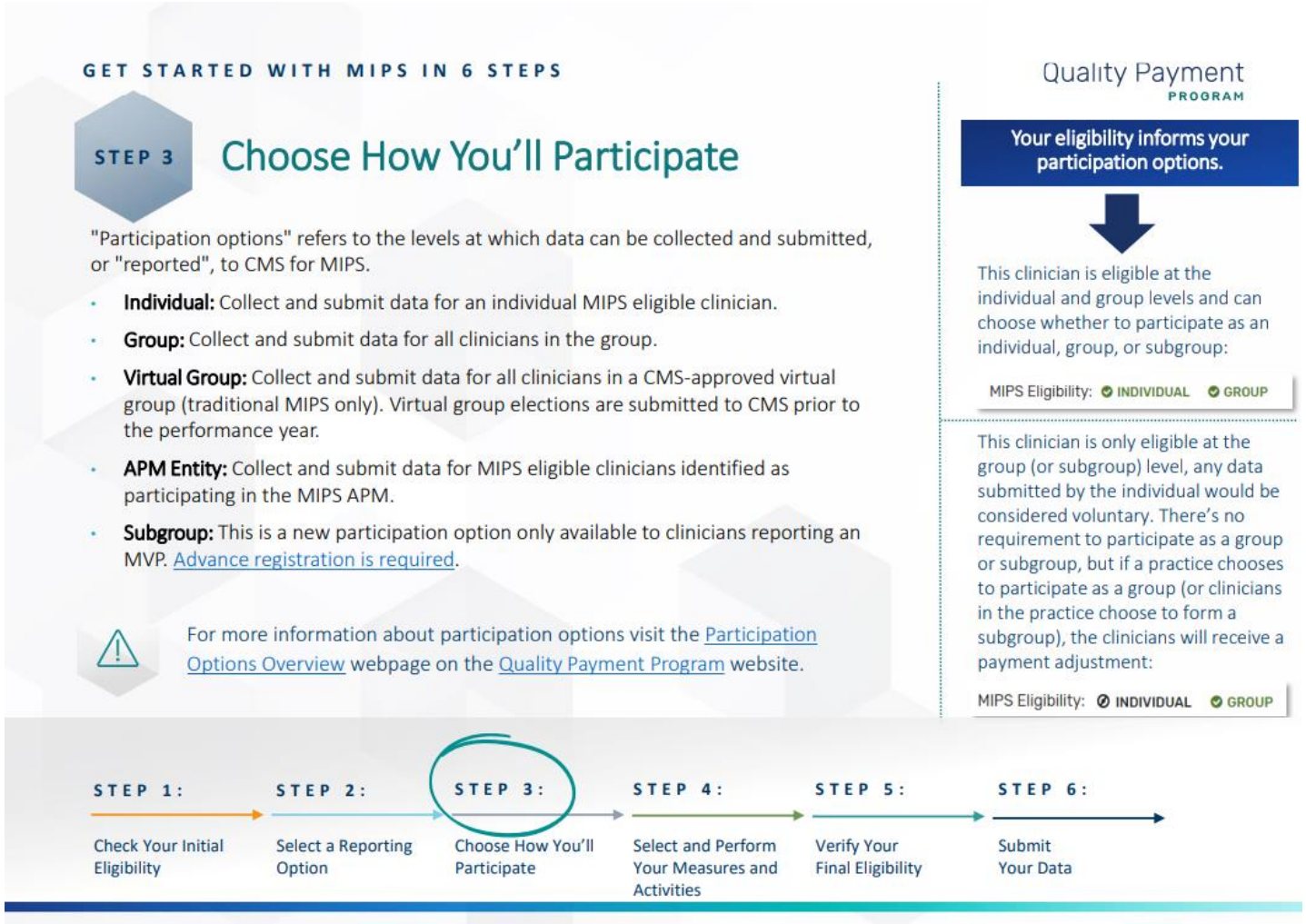
Are You in a Medicare Shared Savings Program Accountable Care Organization (ACO)?

- If you're in a Shared Savings Program ACO, your ACO will report quality data on your behalf. Shared Savings Program ACOs are required to report the new APM Performance Pathway (APP) Plus quality measure set.

STEP 1: Check Your Initial Eligibility → STEP 2: Select a Reporting Option → STEP 3: Choose How You'll Participate → STEP 4: Select and Perform Your Measures and Activities → STEP 5: Verify Your Final Eligibility → STEP 6: Submit Your Data

GI Care MVP
New beginning in 2025

CHOOSE A PARTICIPATION OPTION



TRADITIONAL MIPS REPORTING REQUIREMENTS

GASTROENTEROLOGY CARE MVP REPORTING REQUIREMENTS

GIQUIC 2025 QCDR TRADITIONAL MIPS QUALITY MEASURES

Measures The following measures are available for reporting via the GI Care MVP as well	**Points available as of April 2, 2025** Based on historical benchmarks Assumes data completeness and case minimums met
GIQIC26 Screening Colonoscopy Adenoma Detection Rate	2nd Year Measure – 5-point scoring floor
GIQIC23 Appropriate Follow-Up Intervals based on Pathology Findings in Screening Colonoscopy	1 to 10 points depending upon performance
NHCR4 Repeat Screening or Surveillance Colonoscopy Recommended within One Year Due to Inadequate Bowel Preparation	1 to 10 points depending upon performance
QPP185 Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	1 to 7 points depending upon performance
QPP275 Inflammatory Bowel Disease: Assessment of Hepatitis B Virus Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy	No historical benchmarks
QPP320 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	1 to 7 points depending upon performance

GIQUIC 2025 QCDR GI CARE MVP QUALITY MEASURES

Measures Quality measure options include those available via Traditional MIPS and those listed below. The measures below, if reported via the GIQuIC 2025 QCDR, require data abstraction and upload separate from current GIQuIC registry data upload. An additional fee of $275 per provider applies to reporting measures from this set.	**Points available as of April 2, 2025** Based on historical benchmarks Assumes data completeness and case minimums met
QPP113 Colorectal Cancer Screening	1 to 10 points depending upon performance
QPP400 One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation	No historical benchmarks
QPP401 Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis	No historical benchmarks
QPP130 Documentation of Current Medications in the Medical Record	1 to 7 points depending upon performance
QPP226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	1 to 10 points depending upon performance
QPP374 Closing the Referral Loop: Receipt of Specialist Report	1 to 10 points depending upon performance
QPP487 Screening for Social Drivers of Health	1 to 10 points depending upon performance
QPP503 Gains in Patient Activation Measure (PAM®) Scores at 12 Months	2nd Year Measure – 5-point scoring floor

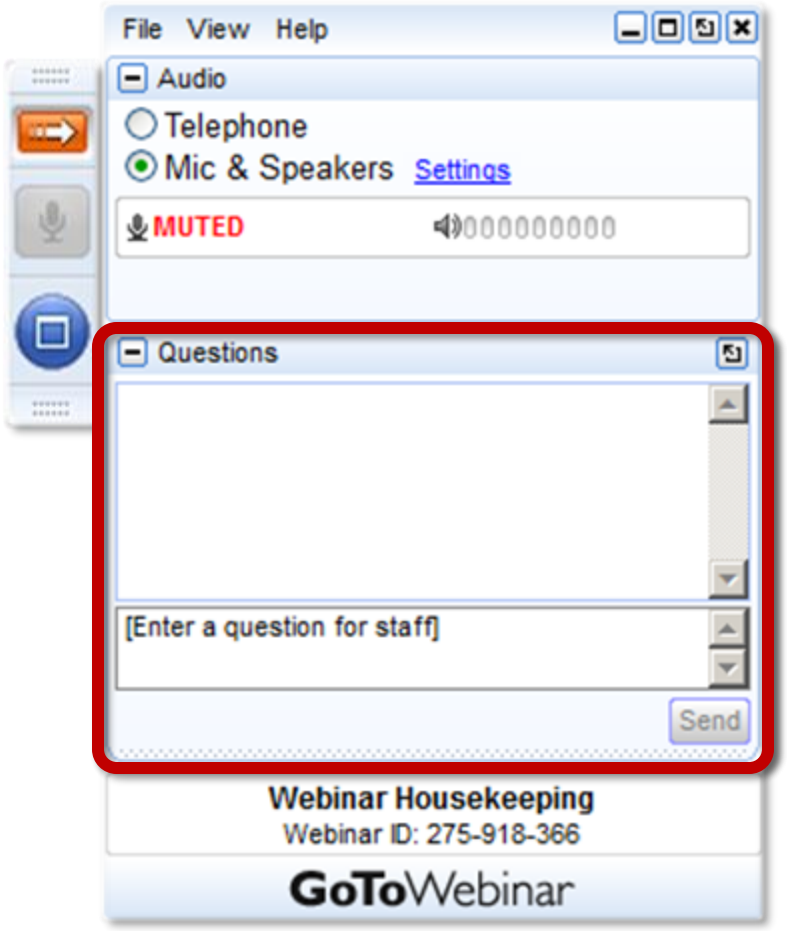
CRITICAL TAKE-AWAYS

- Know your preliminary MIPS eligibility status and if you are MIPS eligible in Segment 1 (i.e., now), plan to report via at least one reporting-participation option combination
  - Reporting for an NPI/TIN (individual clinician reporting) or TIN (group reporting) can be done via multiple reporting-participation option combinations and CMS will base payment adjustment on the highest scoring one
  - Subgroup reporting will be mandatory for those in multispecialty practices reporting an MVP beginning in 2026
- An overall score of at least 75 points is needed to avoid a negative payment adjustment
  - Negative payment adjustments can be up to -9% so better to report as much as you can
  - Reporting to the following performance categories can be done via the GIQuIC 2025 QCDR: Quality, Improvement Activities, or Promoting Interoperability (1, 2, or all 3 performance categories)
  - Reporting to the Quality performance category can done via multiple mechanisms
- Pull together your reporting team now, if you have not already
  - The performance year started January 1, 2025
- **Reporting the GI Care MVP** as an individual, group, or subgroup **requires your registering to do so with CMS** in addition to signing a data release consent form with GIQuIC but MVP registration does not obligate you or your group to report the MVP (CMS opened registration April 1 and will close it December 1, 2025)

2025 PERFORMANCE PERIOD TIMELINE
DEADLINES FOR REPORTING VIA THE GIQUIC 2025 QCDR

- January 1 – December 31, 2025, is the performance period for 2027 payment adjustments
- April 1 – December 1, 2025, is the window to register with CMS to report an MVP (no obligation to report it)
- **May 1-June 6, 2025**, is the GIQuIC 2025 QCDR registration window during which a GIQuIC **data release consent form**(s) [DRCF] by reporting-participation option must be signed (Registration = signing a DRCF)
- **June 30, 2025**, is the deadline to be registered and actively submitting quality data to GIQuIC to be able to report via the GIQuIC 2025 QCDR (While MIPS is clinician-based reporting, GIQuIC participation is facility-based)
- Data for reporting to the Quality, Improvement Activities, and Promoting Interoperability MIPS performance categories must be submitted between January 2 – March 31, 2026, with all data and activities reflective of 2025
  - Keep in mind GIQuIC deadlines are typically earlier than CMS deadlines and to report via the GIQuIC 2025 QCDR individual clinicians and groups must adhere to GIQuIC's reporting deadlines (No exceptions made)
- Subsequent steps and associated deadlines to be published soon

QUESTIONS



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ADDITIONAL INFORMATION

- **Quality Payment Program**

  https://qpp.cms.gov/

  qpp@cms.hhs.gov

- **GIQuIC Registration**

  Anna Chareon, achareon@gi.org

  info@giquic.org

- **Current GIQuIC Participants**

  Please open a ZenDesk ticket with any questions