

October 19, 2017



COMMUNITY CARE  
OF  
BROOKLYN

NEWSLETTER

Dear Colleagues —

In this newsletter, you will find updates on the following:

- [CCB Launches Online Learning System](#)
- [Increasing Connectivity and HIE Participation Across the CCB Network](#)
- [Reporting Required to Avoid MIPS Medicare Payment Adjustments](#)

In recognizing your busy schedules, we have added a “Bottom Line Up Front” feature at the beginning of all newsletter articles. This way, you can ensure that you are reading the content most relevant to you. We hope you like this new feature!

## CCB Launches Online Learning System

*CCB is offering compensation to partners whose staff complete online and/or in-person training courses, now accessible through the CCB Resource Portal. Staff may also be eligible to receive CME credits.*

CCB has launched our new online learning system! There are now more than 15 online training courses available to members of our network and their staff through CCB’s online [Resource Portal](#). If the joy of learning is not enticing enough, to encourage participation and emphasize the importance of these educational resources, training stipends and/or CME credits may be available to your organization for eligible staff participating in specific courses.\*

Following a simple sign-up process within the Resource Portal, users can access a “My Training” page with a list of available courses, register for upcoming in-person instructor-led trainings, and re-visit materials from prior, completed courses.

Here is just a taste of some of the upcoming instructor-led trainings available for enrollment (all located at the 1199SEIU Employment Center, at 25 Elm Place, Brooklyn, NY):

- October 25th: Adult Mental Health First Aid
- October 25th: Social Determinants & the Law
- October 26th: Cultural Competency & Health Literacy
- October 30th: Introduction to Registries (online webinar)
- November 1st: Cultural Competency & Health Literacy
- November 8th: Social Determinants & the Law
- November 15th: Motivational Interviewing
- November 21st: Youth Mental Health First Aid

The online courses currently available include a palliative care series and workshops for social workers and nurses. There are more on the way, so watch out for news about more trainings offered by CCB!

We hope that you will take advantage of this opportunity to access our online courses at your convenience and stay up-to-date on upcoming in-person, instructor-led courses. Please contact our Support Team at [support@CCBrooklyn.org](mailto:support@CCBrooklyn.org) if you have any questions or have any difficulty accessing the Resource Portal.

*\* Registration is limited to those working with organizations that have a signed Master Services Agreement (MSA) with CCB. All stipends and credits are contingent on the successful completion of a "post-test" after each training.*

## Increasing Connectivity and HIE Participation Across the CCB Network

*NYS SHIN-NY regulations require certain providers to join a Qualified Entity for health information exchange by March 2018.*

National Health IT Week was October 2-6, 2017. In recognition of the event, we would like to remind our partners of the important role that health IT plays in our collaborative efforts to become a more integrated network of providers in Brooklyn. We are encouraging all of our partners to use electronic health records, share care plans supported by an online care coordination platform, and connect to a Qualified Entity (QE), which the new State Health Information Network of New York (SHIN-NY) regulation will soon require.

[Healthix](#), the Qualified Entity with which we are working in Brooklyn, allows participants to securely exchange information about patients — something that can be essential to understanding the “big picture” of an individual’s healthcare needs in an environment where patients may be receiving care from multiple providers at multiple locations. In support of this transition to more widespread QE participation, NYS has issued a SHIN-NY regulation requiring that **all Article 28 providers join a QE by March 1, 2018.**

We continue to work closely with Healthix on outreach and education for our partners regarding health information exchange (HIE), data integration, and other benefits such as real-time event notifications.

To help offset costs associated with connection to a QE, certain organizations and providers are eligible for the Data Exchange Incentive Program (DEIP), which is available through September 2018. More information on the DEIP is available [here](#).

## Reporting Required to Avoid MIPS Medicare Payment Adjustments

*If you are a clinician required to participate in MIPS and do not report MIPS data, your Medicare Part B payments may be reduced by 4% beginning January 1, 2019. Data collection begins now.*

It can be easy to get lost in the alphabet soup of healthcare (DSRIP, CCB, PCMH, QE... the list goes on!). However, one acronym that you need to understand, as it affects Medicare Part B payments, is MIPS.

### **What is MIPS?**

The Quality Payment Program was established by Centers for Medicare & Medicaid Services (CMS) to implement key provisions of the *Medicare Access and CHIP Reauthorization Act of 2015* (“MACRA”). The Quality Payment Program applies to clinicians that Medicare pays under the Physician Fee Schedule and includes three options of participation:

**Option 1: Merit-Based Incentive Payment System (MIPS):** MIPS consolidates three existing Medicare quality reporting and payment programs: the Physician Quality Reporting System, the Value-Based Payment Modifier, and the Medicare Electronic Health Record (EHR) Incentive Program. *Clinicians participating in MIPS are required to report on quality measures, EHR use, clinical improvement activities, and healthcare utilization, per MIPS requirements.*

**Option 2: Advanced Alternative Payment Model (APMs):** Advanced APMs are value-based payment approaches, such as certain kinds of Accountable Care Organizations, that provide payment to providers based on quality measures, require the use of Certified EHR Technology, and insist that providers bear more than a nominal amount of risk for monetary losses. *Clinicians participating in an Advanced APM are exempt from MIPS reporting requirements.*

**Option 3: MIPS-APM:** This option blends the MIPS and Advanced APM options, allowing participation in a payment model, such as the Medicare Shared Savings Program Track 1, that does not meet the risk requirements to be considered an Advanced APM. *Clinicians participating in this option are still required to report for MIPS, but are given certain reporting preferences. A CCB solution to accessing these reporting preferences is in the works. Stay tuned!*

#### **Do I have to report to MIPS?**

To see if you are required to participate in MIPS, click [here](#).

In general, clinicians currently required to report under MIPS include clinicians that provide care for more than 100 Medicare patients and bill more than \$30,000 in Medicare Part B claims per year. Some clinicians that are new to the Medicare program or practicing in FQHCs may not be required to participate in MIPS.

#### **How do I do my MIPS reporting to avoid payment penalties?**

Payment adjustments or bonuses under the Quality Payment Program will begin in 2019, based on the performance of clinicians [this year](#). Failing to report may result in a 4% negative payment adjustment in clinicians' Medicare B payments beginning January 1, 2019.

In order to avoid these penalties, all MIPS-reporting clinicians must do at least one of the following:

- Submit a full year of data starting January 1, 2017 (you could even earn a payment bonus for this!)
- Submit data for at least 90 day period after January 1, 2017. This will help you avoid a negative payment adjustment, and possibly earn a payment bonus. Data collection would have been required from October 2, 2017 to pursue this option.
- Submit data on at least one Medicare patient or qualifying activity before January 1, 2017 to avoid a negative payment adjustment.

While focused on Medicare payments, the Quality Payment Program is complementary to DSRIP. It supports participation in value-based payment models, measures and improves the quality of care, focuses on containing costs, improves information exchange, and emphasizes clinical practice improvement activities. For more information on the Quality Payment Program, please see CMS Quality Payment Program website [here](#).

***We have also been in touch with IPRO, CMS's technical assistance vendor, about providing additional technical assistance on MIPS reporting and selection of measures. If you are interested in these services, you can contact IPRO through [this link](#).***



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