

Patient Facing Clarification for MIPS 2017 Participation

CMS is authorized by MACRA to use flexibility in setting MIPS participation requirements for eligible clinicians considered to be non-patient facing. This affects the Advancing Care Information and Improvement Activity category requirements as shown:

Advancing Care Information: Reporting is optional for non-patient facing and hospital-based MIPS clinicians; the category is “reweighted” to zero. If clinicians choose to report they will be scored.

Improvement Activities: Activities are weighted double, so that non-patient facing clinicians complete up to two activities – one “high-weighted” or two “medium-weighted.”

In early January, CMS provided specific guidance on how non-patient facing status is determined. It is largely based on the number of patient facing encounters billed to Medicare as shown below.

- If you bill Medicare for **less than or equal to 100 patient facing encounter codes** in a designated period you are a non-patient facing clinician
- If you bill Medicare **for more than 100 patient facing encounter codes** in a designated period then you are a patient facing provider
- For group reporting, if greater than 75% of NPIs billing under the group’s TIN during a performance period are non-patient facing then the group is considered non-patient facing

CMS will notify by letter providers of their patient- facing or non-patient facing status.

Given the flexibility in MIPS program requirements for non-patient facing clinicians, the encounter codes are critical for CMS to identify MIPS eligible clinicians. Those codes may be found here: [2017 Face-to-Face Encounter Codes](#).

Patient Facing Determination Period

For the 2017 performance period, CMS will use historical claims data to make non-patient facing determinations. For purposes of the 2019 MIPS payment adjustment, CMS will initially identify individual MIPS eligible clinicians and groups who are considered non-patient facing MIPS eligible clinicians based on 12 months of data as follows:

- **1st Eligibility Determination Period:** September 1, 2015 to August 31, 2016 with a 60-day claims run out

- **2nd Eligibility Determination Period:** September 1, 2016 to August 31, 2017 with 60-day claims run out.

All MIPS eligible clinicians who meet the definition of a non-patient facing MIPS eligible clinician will be considered non-patient facing for the duration of a performance period. Furthermore, a clinician who identified as non-patient facing during the first eligibility determination analysis will continue to be considered non-patient facing for the duration of the performance period regardless of the results of the second eligibility determination analysis.

Resources

- [CMS Patient-Facing Encounter Codes Overview](#) – This document details how CMS defines a patient-facing encounter codes that are categorized as Evaluation and Management Codes; Surgical and Procedural Codes, and Visit Codes.
- [2017 Face-to-Face Encounter Codes](#) – This list of codes will be used to determine whether a clinician qualifies as patient-facing when determining MIPS participation requirements.
- [Radiologist Patient Facing Dataset](#) (RPF) – This tool developed by the Neiman Health Policy Institute provides an estimation of whether radiologists will be designated as “patient facing” for the purpose of Merit-Based Incentive Payment System (MIPS) participation.

For more information visit www.acr.org/gpp or www.acr.org/macra