



2020 MIPS Reporting Options:

Understanding COVID-19 Changes



Today's Presenter

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Agenda:

- MIPS 2020 Pre-pandemic
- The arrival of COVID-19
- Hardship Exception
- Extreme & Uncontrollable Circumstances
- Telehealth
- Reweight Categories
- Strategy heading into Fall

Quality Payment Program

MIPS

- Streamlined Medicare incentive programs
- Expands participants
- Adds flexibility

APMs

- Sets thresholds for revenue and risk
- Limited to CMS designated Advanced APMs

MIPS Eligible Clinicians

- Physicians
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Specialists
- CRNAs
- Physical Therapists
- Occupational Therapists
- Qualified Speech Language Pathologists
- Clinical Psychologists
- Qualified Audiologists
- Registered Dieticians/ Nutrition Professionals

NOT Subject to MIPS

- EC in first year of Medicare participation
- Providers who do not bill Medicare Part B
- Hospitals & Facilities (Medicare Part A)
- Medicare Advantage Plans (Medicare Part C)
- Certain APM participants
- Medicaid

Eligibility Requirements

Have >\$90,000 in Part B allowed charges
for covered Professional Services

AND

Provide care for >200 Medicare Part B
enrolled beneficiaries

AND

Provide >200 covered professional
services under PFS

Providers or groups can “opt-in” to participate in MIPS 2020

- ✓ Meet at least 1, but not all 3 of the eligibility criterion
- ✓ Will be subject to +/- or neutral payment adjustment

OR – Voluntarily report – no PFS adjustment

Must log into QPP and “opt-in”

Opt-in is irrevocable!

Determination dates

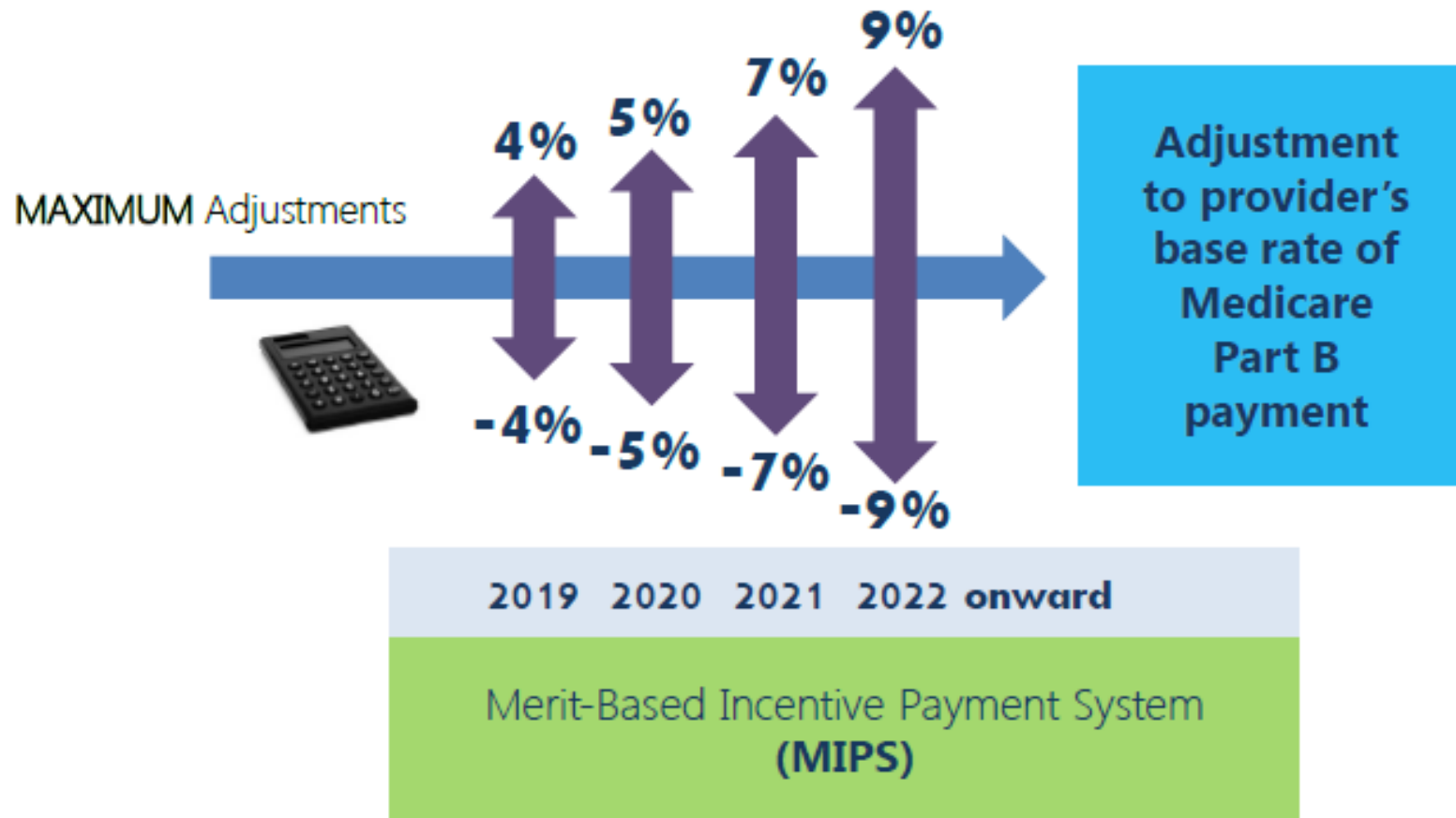
- **October 1, 2018 – Sept 30, 2019**
 - If exempt after first period, remain exempt.
Special status applies if determined in either period.
- **October 1, 2019 – Sept 30, 2020 (no claims runout)**
 - 2nd determination period used to determine
Complex Patient bonus

Reporting – Collection Type

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Quality	<ul style="list-style-type: none"> Claims (Only if part of small practice) MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) 	<ul style="list-style-type: none"> Claims (Small practices only) Web Interface ≥ 25 MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) CAHPS Survey for MIPS 	<ul style="list-style-type: none"> Web Interface ≥ 25 MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) CAHPS Survey for MIPS

- **Quality**
 - 365 days – Calendar year
- **PI**
 - 90 consecutive day minimum
- **IA**
 - 90 consecutive day minimum
- **Cost**
 - 365 days – Calendar year

Payment Adjustments



Source: Center for Medicare & Medicaid Services

Reimbursement in 2022

- Budget neutral program
- **Penalties fund incentives**
- **45 point floor**
 - Score to avoid a negative adjustment
- **85 points**
 - Performance threshold for 2020 for exceptional performance incentives
 - 70% Data Completeness

Positive adjustments are based on performance data submitted.

Points Available

MIPS Category	Maximum Denominator	Percent of Composite Score
Quality	60	45%
PI	100	25%
IA	40	15%
Cost	N/A	15%

1. 6 Measures to report for 365 days
2. Report quality measures using various Collection Types allowed
3. Required Outcome measure or High Priority if not available or Specialty Measure Set
4. Consider how your organization has been affected by COVID 19

Bonus Points Still Available

Category	Measures	Bonus Points	Maximum
Quality	Additional Outcome or Patient Experience Measure	2 points each	6 point max
Quality	Additional High Priority Measure	1 point each	
Quality	CEHRT Submission	1 point each	6 point max

2015 CEHRT PI Measures

OBJECTIVE	MEASURES	REPORT TYPE	Max. Points
Protect Patient Health Information	Security Risk Analysis	Required	None
Electronic Prescribing	e-Prescribing	Numer/Denom	10 points
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP) (Optional 2020)	Yes/No	5 point bonus
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Numer/Denom	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Numer/Denom	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	Numer/Denom	40 Points
Public Health and Clinical Data Exchange	Report to <u>two</u> different public health agencies or clinical data registries for any of the following: Immunization Registry ** Electronic Case Reporting ** Public Health Registry ** Clinical Data Registry ** Syndromic Surveillance **	Yes/No	10 points

Promoting Interoperability 2020

1. Most likely remains **your biggest challenge for 2020**
2. 2015 CEHRT /Implement HIE Receive & Incorporate
3. Reweighting available – 2 options
4. Hospital-based – **75% of NPIs in TIN** defined as hospital based (decrease from 100% in 2019)
5. Must start 90 days by October 3, 2020

Automatic Reweighting of **PI - 2020**

- Hospital-based Clinicians (>75% NPIs in TIN)
- Nurse Practitioners
- Physician Assistants
- CRNAs
- Clinical Nurse Specialists
- Ambulatory Surgical Centers
- PT, OT, Speech Language Pathologists
- Clinical Psychologists
- Qualified Audiologists
- Registered Dietician/Nutrition Professionals

- Declared disaster; ie hurricane/fire areas (*Zip codes/ HRSA list*)
- MIPS ECs in small practices (≤ 15) is available
- MIPS eligible clinicians whose EHR was decertified
- Insufficient Internet connectivity
- Switched EHRs during year
- Financial difficulty or practice closure
- **Deadline to apply: December 31, 2020**

Improvement Activities 2020

1. Confirm that >50% of practice locations in your TIN were a recognized PCMH or ACO/APM participant
2. > 50% of providers in group participated in common IA's
3. Keep evidence that you worked on each measure for 90 consecutive days and the improvement made
- 4. Easiest points to get in 2020**
- 5. Points doubled for small or rural practices**
40 points = 15 MIPS total score points

- Performance is calculated by CMS based on which measures meet the case minimum
 - MSPB-C – 35 | TPCC – 20
- 18 episode-based measures – inpatient & procedural
 - 13 Procedural attributed to a single provider
 - 5 Inpatient medical measures – may be attributed to many providers
- Must meet case minimum per group or individual
 - 10 procedural/ 20 inpatient

- **Small Practice Bonus**
 - 6 points added to quality numerator (<15 ECs)
- **Complex Patient Care Bonus**
 - Up to 5 points (Added to Total Score)
 - **Increased to 10 points for 2020 ONLY – COVID 19**
- **Quality Improvement Bonus**
 - Up to 10 percentage points (Added to Quality Score)

Predicting your performance for 2020

- Read 2018 & 2019 QPP report – determine which special statuses and bonuses were earned for 2018 & 2019 and which cost measures were calculated
- If you receive reweighting of the PI category and you submit PI data, **you will be scored on the data submitted** (Hardship or Automatic Reweighting for certain MIPS ECs)
- Targeted review of your 2019 performance must be requested within 60 days of release of performance feedback (October 5, 2020)

1. Was your hospital, area, or state especially hard hit with COVID?
2. Were staff furloughed or let go due to COVID?
3. Were IT staff or quality staff reassigned to staff your hospital because of COVID?
4. Was the revenue for your physician practices or hospital impacted by COVID?
5. Did you newly implement telehealth?

1. Some quality measures require that the initial visit is face to face
2. E & M codes allowed to be used for telehealth – is modifier being used?
3. Some measures will not allow patient reported data; ie BPs, Height & Weight
4. Review measure specifications – CQMs vs eCQMs

TABLE 2. NOT ELIGIBLE FOR TELEHEALTH ENCOUNTER^{b,c} ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2020 REPORTING

CMS eCQM ID	MIPS Quality ID	Measure Title	Reason Not Eligible for Telehealth
CMS22v8 ^b	317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth
CMS69v8 ^b	128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth
CMS157v8 ^b	143	Oncology: Medical and Radiation - Pain Intensity Quantified	Measure guidance specifies face-to-face encounter is required
CMS129v9 ^c	102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Measure does not contain telehealth-eligible codes and does not require an encounter during the measurement period
CMS133v8 ^c	191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Measure does not contain telehealth-eligible codes and does not require an encounter during the measurement period

^bTelehealth is not appropriate for encounters within these eCQMs for performance period 2020, based on other information provided directly in the measure specification, such as in the measure guidance section, precluding them from becoming telehealth eligible. The 2020 specifications are final and guidance cannot be changed. Medicare telehealth-eligible codes found in any encounter value set in these measures cannot be used for telehealth encounters and must only be used for in-person encounters for these eCQMs.

^cThese eCQMs are not appropriate for telehealth, as they either do not require an encounter or the encounter value sets within the measure do not contain any temporary or permanent “telehealth-eligible” CPT or HCPCS codes from the Medicare Telehealth Service list.

Option 1: Report Full MIPS

1. Able to report all categories for required length of time – Quality, PI & IA
2. Data collection & performance were not impacted by COVID
3. Able to maintain close to normal revenue
4. Already had telehealth in place
5. Staffing stayed close to normal
6. Minimal impact from COVID
7. Current estimated score 75 + cost

Option 2: PI Hardship

- If your practice meets any one of the reasons to apply for the exception, then submit any time –
 - **No later than Dec 31, 2020**
- Remember if you submit PI data it will override your reweighting of 25 PI points to Quality

Extreme & Uncontrollable Circumstances Exception

Apply by December 31, 2020 at 8 pm

- Reweighting is available for 1 to 4 categories
- Decisions are individual as to how many categories you apply to reweight
- **Exceptional Performance Bonus** is available for 2020 – Threshold is 85 points

Extreme & Uncontrollable Circumstances Exception is available to APMs for 2020

- The APM Entity can apply for the Exception
- The participants in the APM can apply for PI Hardship
- Contact your APM to understand their plans for reporting for PY 2020

Cost in 2020

- Consider applying for Extreme & Uncontrollable Circumstances Exception due to COVID 19
- Cost is an unknown 15% of your score
- If application is approved, cost **will not** be calculated for 2020 (final decision)

- Submit at least one category
- CMS will calculate cost (2 categories total)
- PFS will receive neutral adjustment for 2020
- If you apply for hardship or E&UC, any data submitted will overwrite the exception except COST

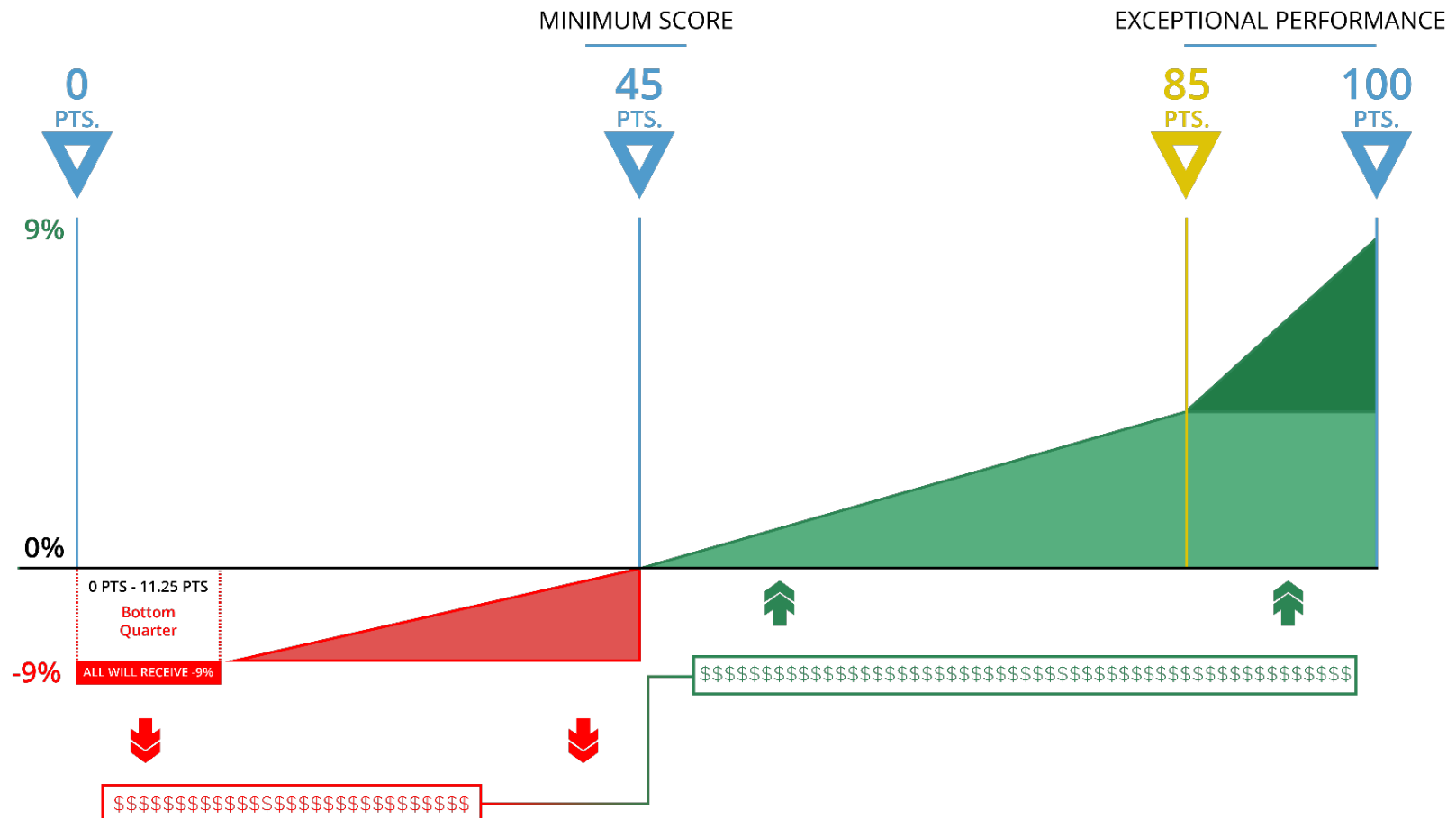
Extreme & Uncontrollable Circumstances

Performance Category Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
No Reweighting Applies	45%	15%	15%	25%
Reweight 1 Performance Category				
No Cost	55%	0%	15%	30%
No Promoting Interoperability	70%	15%	15%	0%
No Quality	0%	15%	15%	70%
No Improvement Activities	60%	15%	0%	25%

Extreme & Uncontrollable Circumstances

	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
Reweight 2 Performance Categories				
No Cost and No Promoting Interoperability	85%	0%	15%	0%
No Cost and No Quality	0%	0%	15%	85%
No Cost and No Improvement Activities	70%	0%	0%	30%
No Promoting Interoperability and No Quality	0%	50%	50%	0%
No Promoting Interoperability and No Improvement Activities	85%	15%	0%	0%
No Quality and No Improvement Activities	0%	15%	0%	85%

2020 Positive & Negative Adjustments (2022 PY)



What is your goal?

- Review the options available
- What best fits your organization's impact from COVID-19
- Many have challenges with PI in 2020
- Cost performance is an unknown/ how did COVID affect your organization?
- Aim for Exceptional Performance Bonus

Reporting All Categories

Quality - 50 $50/60 = .833 \times 45 =$ **37.48**

IA - 15 $15 =$ **15**

PI - 68 $68/100 = .68 \times 25 =$ **17**

Cost **?**

+ Sm Pract, CPC, Improve **69.48**

6 pts

Up to 10 points each

Exception for Cost Category

Quality – 50 $50/60 = .833 \times 55 =$ **45.83**

IA – 15 **15**

PI – 68 $68/100 = .68 \times 30 =$ **20.4**

Cost **?**

+ Sm Pract, CPC, Improve **81.23**

6 pts

Up to 10 points each

Quality - 50 $50/60 = .833 \times 85 =$ **70.83**

IA - 15 **15**

~~PI - 68~~ $68/100 = .68 \times 25 =$ ~~17~~

~~Cost~~ ~~?~~

+ Sm Pract, CPC, Improve **85.83**

6 pts

Up to 10 points each

~~Quality – 50 50/60 x 85 = 70.83~~

IA - 15 15

PI - 68 68/100=.68x 85 = 57.8

~~Cost ————— ?~~

+ Sm Pract, CPC, Improve 72.8

6 pts

Up to 10 each

- **CMS QPP website – (qpp.cms.gov)**
 - Measure Selection Tools
 - Program Information
 - Participation Status
 - **Resource Library**
 - **Resources Provided**
- **Medisolv.com**



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